

AESTHETIC SURGERY: IMPACT ON QUALITY OF LIFE

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ABSTRACT

Objective: To determine the impact of aesthetic surgery on quality of life.

Study Design: Cross-sectional study.

Place and Duration of Study: The departments of Psychiatry, Plastic Surgery and ENT, Combined Military Hospital Multan, from Jan to Nov 2020.

Methodology: Seventy-four patients were enrolled for this study. They underwent aesthetic surgery. A standard questioner was designed for these patients and response was obtained before undertaking the procedure and then after six months post-operatively. The questions were designed keeping in mind the specific type of surgery. Questions on Life Satisfaction, and the Patient Health Questionnaire (PHQ-4) were asked. The data were collected and analyzed by using SSPS-25.

Results: There is high satisfaction postoperatively after aesthetic surgery. There are improvements in quality of life ($p=0.03$), physical well-being (Health) ($p=0.03$), body image ($p=0.02$), emotional stability ($p<0.01$) and emotional distress (Depression) ($p=0.04$ and anxiety ($p=0.01$) were noted to be reduced.

Conclusion: Aesthetic surgery leads to higher satisfaction in physical appearance, health, emotional stability and reduction of anxiety.

Keywords: Aesthetic surgery (Aesthet Surg), Life satisfaction, Quality of life.

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INTRODUCTION

In present era of media and glamor, looks, beauty and appearance provides attraction, appreciation and cutting edge for the desire to steal the lime light.^{1,2} Beauty showcased on media is far from the reality and difficult to attain and sustain naturally.³ It is nothing but natural to have desire to become beautiful and attain the prevailing the prevailing beauty standards no matter how unrealistic and unattainable they are.⁴ Nowadays the desire for cosmetic procedures is on the rise.³ Studies have shown that those who seek aesthetic plastic surgery ignore the risk of possible complications simply to improve their body image with expectation of improvement in quality of life (QoL).² Now a days, Liposuction is among the most commonly performed cosmetic surgeries.¹ Before undergoing any surgical procedure patients have certain expectations which if fulfilled patient feels satisfied after the procedure.⁴ Similarly success of aesthetic surgery depend mostly on the patient satisfaction and improvement in QoL.⁵ QoL is very important parameter to gauge level of resultant health after every procedure or intervention.⁶ World Health Organization (WHO) defines health as a 'state of complete physical, mental and social

well-being and not merely the absence of disease.⁷ QoL is a concept which is multifaceted concept and encompasses mental and body health, along with social, economic, environmental and cultural aspects.⁸

QoL can be measured objectively through different variables like health, education, safety, income, or environment but it is important to understand, appreciate that QoL is subjective and highly individualized.⁵ Every individual is unique and places importance to various aspects differently based on the inner cognitive image and mapping.⁷ Individuals seeking aesthetic surgery place their hope on the results of surgery for improvement in different aspects of their life.⁶ Studies have shown that individuals who seek aesthetic procedures have more mental problems than others.⁵ These clients have high expectations of having a better life after aesthetic procedure.⁹ Data of previous studies suggest that aesthetic surgery improves QoL in many aspects like family life, living conditions, mobility, and independence from assistance, Self-esteem and emotional stability.¹⁰ There are many international studies on the subject of QoL after aesthetic surgery but there is barely any local data about QoL after cosmetic surgery. This study was designed to assess the post-operative QoL among population of local patients who seek aesthetic procedures.

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METHODOLOGY

After approval of ethical committee, total sample size of 74 was estimated via Pi Tools Epidemiological calculator while keeping level of significance 5%, confidence 95%.¹⁰ We consecutively sampled 74 subjects. The patients were given a specifically designed proforma to fill before operation and six months of the operation. This proforma contained questions prepared to assess specific parameters. Demographic variables for this study included; age, qualification level, nature of job family, general health, expectations from the operation satisfaction with the outcome and any adverse outcomes of the operation were recorded. The questions for measurement of the satisfaction comprised of the sets; Overall Satisfaction, satisfaction with health, and satisfaction with physical appearance. For each component, the respondents evaluate every single item for its own importance and degree of satisfaction with this component. A value of 12 indicates the bottom level of satisfaction, whereas a value of +20 indicates the zenith level of the weighted satisfaction with the single component. Germane aspects for those three modules were examined about the subjective significance and satisfaction using five tier scale (1-5). Following mathematical rule is used to calculate the weighted satisfaction (WS); WS (weighted satisfaction) = (importance-1) × (2 × satisfaction-5), resulting in scores from - 12 up to + 20 for each item.¹¹

Patient Health Questionnaire (PHQ-4). The PHQ-4 is a brief questionnaire used to the disorders related to low mood and anxiety. It is comprised of two scales; Depression Scale (PHQ-2) and each scale has two sub-components. Patients were asked to rate how often they experienced certain problems on a scale from "not at all" (0 points) to "almost every day" (3 points) in the past two weeks. This leads to a total number of points between 0 and 12, which represents a general psychological burden (0-2=none, 3-5=Mild, 6-8=medium, 9-12=severe). In addition, scores ≥3 in each subscale represent a threshold for the likely presence of depression or anxiety disorders.¹²

SPSS-20 was utilized for statistical analysis. The sample t-tests at pre and post operatively were paired and the statistical significance level was set to a maximum of 5% ($p < 0.05$).

RESULTS

In this study there were 65 (87.8%) females and 9 (12.1%) males. The mean patient age was 36.73 ± 12.74 years (from 18-65 years). The average body mass index (BMI) for our patients was 22.65 ± 3.21 kg/m (range

17.82-32.56 kg/m); therefore, the majority of patients were believed to be of normal weight. Improvement of the waist, abdomen, ears and nose was the dominant procedure and comprised 39 (53.33%) patients.

The predominant indication for having aesthetic surgery among 69 (93.2%) was the wish to be feeling more attractive after surgery. Postoperatively 46 (61.8%) felt more attractive after surgery, 20 (27%) were more satisfied with their physical fitness, 13 (18.4) felt improved sex life while 11 (15.8%) reported improvement in social life after aesthetic surgery. A total of 39 (52.6%) perceived their QoL in general as 'improved' after aesthetic procedure. In this study 44 (59.7%) assessed their general state of health pre-operatively as 'good', whereas postoperatively 40 (53.2%) assessed as 'very good' (50%). A total 47 (63.8%) would decide on the same operation 'certainly', 19 (26.3%) quite likely' again while 43 (59.25%) would recommend it 'certainly' and 12 (17%) would 'quite likely' to a friend for similar problem (Table-I).

Table-I: Demographic variables.

(n=74)	
Age (mean ± SD)	36.73 ± 12.74
Body mass index (mean ± SD)	22.65 ± 3.21
Gender	n (%)
Male	9 (12.1)
Female	65 (87.8)
Marital Status	
Single	7 (9.4)
Married	67 (90.5)
Educational Status	
Educated	74 (100)
Occupational Status	
Employed	11 (15)
Un-employed	63 (85.1)
Wish to be attractive after surgery	69 (93.2)
Feeling more attractive after surgery	46 (61.8)
Will you opt for same procedure if required	
Certainly	47 (63.8)
Quite likely	19 (26.3)
Not sure	8 (10)
Will you recommend this procedure to others	
Certainly	43 (59.25)
Quite likely	12 (17)
Not sure	19 (25)

Postoperatively 50 (67.7%) developed swelling, 17 (23%) developed pares-thesia, 4 (2.9%) developed hardening while 6 (4.4%) did not report any complication (Table-II). Comparing pre-and post-operative results of our patients, The results of response from the patients before and after intervention; the module 'General Satisfaction' revealed that there was a considerable rise post-operatively in satisfaction with 'friends' ($p < 0.00$),

'hobbies' ($p=0.04$) while Regarding 'Satisfaction with Health', the results for the components 'fitness' ($p=0.05$), 'ability to relax' ($p=0.01$), 'energy' ($p=0.06$) 'mobility' ($p=0.80$) and 'independence from assistance' ($p=0.92$) significantly higher scores for 'ability to relax' ($p=0.01$). Looking at the findings of the 'Satisfaction with Body Image', there was a considerable rise in satisfaction with aesthetic procedure of 'abdomen' ($p=0.00$), 'waist' ($p=0.00$). Examining the anxiety and depression subscale, there is significant decrease in anxiety after aesthetic procedure ($p=0.01$) similarly scores show significant reduction in depression (0.04) (Table-III).

Table-II: Post-operative complications.

Category	n	Percentage
Swelling	50	67.7
Paresthesia	17	23
Hardening	4	2.9
No complication	6	4.4

DISCUSSION

In our study patients' age and BMI is normal on average similar to study done by Papadopoulos,¹³ but

majority were married and females due to which unemployment ratio was high as compared to other studies. Studies by Chopra and Hood has shown that local complications are commonly experienced after aesthetic surgery with very low rate of severe complications ranging from 0.7%-1.4% similarly in this study the most of the patients show some local and treatable adverse outcomes but no severe complications.^{14,15} The outcome analysis of this study highlights the desirable effect of cosmetic procedures on QoL significantly by improving body image and increasing the satisfaction with life in general as noted by Cohen and Papadopoulos.^{16,17} Aesthetic procedures result in desirable impact on emotional well-being as it is noted that there is a significant reduction of mental distress and anxiety.¹⁸ In our study the post-operative psychological advantages gained were also consistent with results of study done by By Kowski *et al.*¹⁶ In one of the study done by Oranges it is noted that after aesthetic surgery there is, improvements in physical fitness, sex life and occupational functioning,¹⁹ as it has shown to improve in

Table-III: Quality of life questionnaire statistics.

Category	General Life Satisfaction				N	Post-Operative		p-value
	Pre-Operative			Mean		SD	Mean	
Friends	74	6.5	5.9	74	9.6	4.7	0.00	
Hobbies	74	6.5	6.2	74	8.56	3.35	0.04	
Health	74	7.8	8.25	74	12.21	5.32	0.00	
Work	74	8.25	7.21	74	8.5	6.23	0.82	
Living condition	74	10.5	7.55	74	10.56	7.55	0.90	
Family life	74	11.25	6.75	74	12.12	7.65	0.02	
Partner relations	74	7.2	3.36	74	9.25	5.24	0.03	
Income	74	9.65	6.57	74	9.75	4.62	0.58	
Sum	74	67.65	33.82	74	49.37	24.68	0.02	
Satisfaction With Health								
Fitness	74	6.21	5.68	74	8.75	4.21	0.05	
Ability to relax	74	3.21	4.33	74	7.25	5.32	0.01	
Energy	74	6.75	5.75	74	9.25	4.83	0.06	
Mobility	74	14.75	6.74	74	16.25	6.82	0.80	
Vision/hearing	74	15.21	3.43	74	16.5	3.23	0.04	
Freedom from anxiety	74	8.12	5.32	74	10.25	5.65	0.07	
Freedom from aches/pains	74	7.9	2.75	74	12.25		0.01	
Independence from assistance	74	15.5	6.21	74	16.25	5.86	0.92	
Sum	74	77.65	38.82	74	96.75	48.37	0.04	
Satisfaction With Body Image								
Ear	74	6.8	3.77	74	6.5	3.44	1.00	
Nose	74	10.3	5.43	74	11.38	5.79	0.72	
Abdomen	74	1.2	5.89	74	6.28	5.15	0.00	
Waist	74	0.73	6.77	74	9.32	4.71	0.00	
Hair	74	7	8.12	74	7.2	7.88	0.56	
Sum	74	26.03	13	74	40.62	20.34	0.02	
Patient Health Questionnaire (PHQ)								
Anxiety subscale	74	1.95	1.25	74	0.53	1.35	0.01	
Depression subscale	74	1.11	1.35	74	0.72	1.28	0.04	
Sum	74	3.06	1.53	74	1.25	1.10	0.01	

this study also. Patients satisfaction with their status of health and 'ability to relax' also improved significantly similar to the observation by Rangatchew *et al.*²⁰ The positive effect of aesthetic surgery on body image is also noted by Drehe.²¹ Most patients in this study felt comfortable to opt for the same procedure again if required and felt confident to recommend the procedure to others. This observation is congruent with the findings of studies done by. Kolvekar,²² Esteves *et al*,²³ revealed a lower satisfaction post-operatively among the patients having cosmetic surgery which is contradictory to the results of our study and other studies done by Kappos *et al*,²⁴ Niehaus *et al*,²⁵ And Naraghi.²⁶ Results of our study are similar to the results of the study done by Swe *et al* is show that before aesthetic surgery patient have psychological problems of anxiety and depression.²⁷ Bolton in his study has noted that there is no improvement in psychological problems after aesthetic surgery these are contradictory to the results of this study. Patients who have realistic expectations of the results of aesthetic surgery and who want to be more attractive, as opposed to patients who are depressed are less likely to benefit from aesthetic surgery, as Margraf pointed out in the article. "Psychological Health and Aims of Aesthetic Surgery Seekers".

Aesthetic surgery not only leads to a harmonious external appearance, but also to a better QoL, including social activity, satisfaction with the body image and less psychological stress.²⁸

CONCLUSION

Aesthetic surgery results in increased level of QoL postoperatively. Improved QoL encompasses psychological, physical and social benefits after aesthetic surgery.

Conflict of Interest: None.

Authors' Contribution

SIK: Data analysis, Discussion and compilation, GA: Data collection and interpretation, HUR: Archive data search, MT: Data entry and statistical analysis, MR: Data analysis, GF: Proof reading and compilation

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