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Aesthetic surgery and Google: ubiquitous, unregulated and enticing websites for patients considering cosmetic surgery[☆]

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Summary *Background:* Patient safety is a fundamental issue in aesthetic surgery. In an attempt to improve safety, the Department of Health (DoH) and Professor Sir Bruce Keogh published a review in 2013 of the regulation of cosmetic interventions. Proposals included: (1) Banning free consultations; (2) Restricting time-limited promotional deals; (3) Two-stage written pre-operative consent; (4) Consultations with a medical professional rather than a sales 'consultant'. The Cosmetic Surgical Practice Working Party (CSWP) recommended a two week "cooling off" period before surgery. This study quantified compliance with the above national initiatives by aesthetic surgery providers in the UK.

Methods: To replicate a patient searching for aesthetic surgery providers, "cosmetic surgery UK" was searched via Google. The top fifty websites of aesthetic surgery providers were included in the study. Websites were analysed for compliance with the DoH Keogh and CSWP recommendations. When clarification was required, aesthetic surgery providers were contacted via telephone. Pearson's Chi-squared test compared actual compliance with national recommendations of full compliance.

Results: Fifty cosmetic surgery providers in the UK entered the study. Consultations with the operating surgeon occurred in 90% of cases. Mean compliance with all parameters from the national guidelines was 41%, significantly less than the desired level of full compliance ($P < 0.001$). The majority offered free consultations (54%) and promotional deals (52%), of which 27% were time limited. No provider stipulated compliance with two stages of signed consent.

[☆]**Presentations and Prizes:** The British Association of Aesthetic Plastic Surgeons 29th Annual Scientific Meeting (27 September 2013, London, UK). **Hackett Memorial Prize – Highly Commended.** Doctors Academy 3rd International Academic and Research Conference (17 August 2013, Manchester, UK) **2nd Prize Awarded.**

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Conclusion: This study demonstrated low compliance with national guidelines for aesthetic surgery. Aggressive sales techniques and enticing offers by aesthetic surgery providers were widespread. Statutory government guidelines on aesthetic surgery and increased public awareness into potential risks from inappropriate cosmetic surgery may improve patient decision making and safety.

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Introduction

Aesthetic surgery is a growth industry, with a record 43,172 procedures carried out by British Association of Aesthetic Surgeons (BAAPS) members in 2012.¹ Patient safety in aesthetic surgery is a fundamental issue, with an extensive evidence-base supporting safe aesthetic surgery.^{2,3} Hippocrates' words of "first, do no harm" are particularly relevant for aesthetic surgeons, where harm includes morbidity⁴ and mortality⁵ for patients and litigious repercussions and a negative reputation for the surgeon.⁶

In a bid to improve regulations and safeguard patients, Professor Sir Bruce Keogh led the Department of Health's (DoH) 'Review of the Regulation of Cosmetic Interventions', published in 2013.² Supported by the British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS),⁷ the review incorporated responses from professional bodies, industry leaders and patient groups after a 'Call for Evidence'. The following proposals for aesthetic surgery practice were made:^{2,8}

- Consultations with a medical professional rather than a sales 'consultant'
- Banning free consultations
- Restrict time-limited promotional deals
- Two-stage written pre-operative consent

The above DoH recommendations are supported by national initiatives published by the Cosmetic Surgical Practice Working Party (CSWP) based at the Royal College of Surgeons of England (RCS) and the General Medical Council (GMC). In 2013, 'Professional Standards for Cosmetic Practice' was published by the CSWP.³ This included the recommendation of a minimum "cooling off" period of two weeks after consultation before invasive surgical procedures could be performed, affording patients the time to reflect on benefits and risks of treatment without pressure or obligation to proceed. This endorses the evidence from the 2008 GMC document 'Consent: patients and doctors making decisions together' that outlines the ethical and legal obligation of informed consent.⁹

A pilot study suggested that the recommendations from the DoH's Keogh Report are not universally followed by cosmetic surgery providers.¹⁰ Surgical and non-surgical procedures may be inaccurately presented as risk-free procedures with guaranteed positive outcomes and framed as a benign undertaking and a routine commodity.^{11,12} This national review aimed to quantify compliance of aesthetic surgery providers with the DoH's Keogh Report and the CSWP Professional Standards for Cosmetic Practice.

Methods

Google was used to replicate the internet search strategy of a patient researching information on cosmetic surgery. This allowed the identification of freely available and commonly accessed material by potential patients. Google was chosen due to its presence as the most widely used search engine.¹³ The search term "cosmetic surgery UK" was entered into www.google.co.uk in order to examine UK based cosmetic surgery providers. The top fifty websites of UK based cosmetic surgery providers that appeared from the Google search were included in the study.

Recommendations were extracted from the two national guidelines published by the DoH² and CSWP.³ Each recommendation was categorised into one of three sections: Consultations, Promotions and Consent. The clinical practice of each of fifty aesthetic surgery providers was compared against these parameters by answering the following questions:

- Consultations
 - Is the initial consultation with a surgeon?
 - Does the provider offer free consultations?
- Promotions
 - Does the provider offer promotions, including discounts and 'multibuy' deals?
 - If so, are these offers time limited?
- Consent
 - Are two rounds of consent required?
 - Does the provider stipulate a two week cooling off period?

Data were obtained from the websites accessed via the initial Google search. Where information was unavailable online, a telephone call was made to the company. The researcher introduced the study and asked questions as above to mirror the strategy used when manually assessing the websites. Ethical approval was not required for this study due to the data availability within the public domain.

Statistical analyses: Pearson's Chi-squared test was performed for each metric against a desired outcome of 100% compliance with national guidelines. Further analyses sought to establish the level of compliance with levels below 100%. $P < 0.05$ was set as the level of statistical significance. The word 'significant' is used in the manuscript to refer to the statistical significance only, and is not interchangeable with clinical significance.

Results

Fifty cosmetic surgery providers in the UK were identified via Google. From analysing the DoH and RCS documents, there

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