



ELSEVIER



Public perception of Plastic Surgery[☆]



Catherine de Blacam^{*}, Darren Kilmartin, Clodagh Mc Dermott, Jack Kelly

Department of Plastic and Reconstructive Surgery, University College Hospital Galway, National University of Ireland Galway, Ireland

Received 25 July 2014; accepted 4 October 2014

KEYWORDS

General public;
Perception;
Plastic surgery;
Cosmetic surgery

Summary *Background:* Public perception of Plastic Surgery is strongly influenced by the media and may not reflect the broad scope of work within the speciality. The aim of this study was to provide an assessment of the general public's perception of plastic surgical practice and to report the perceived importance of Plastic Surgery relative to other specialities working within a large tertiary referral centre.

Methods: 899 members of the public who attended our Emergency Department completed a questionnaire where they matched eight surgical specialities with 30 operative procedures and ranked the importance of 30 different hospital specialities using a Likert scale.

Results: The majority of respondents correctly identified plastic surgeons as performing each of the cosmetic procedures listed (abdominoplasty 63.7%; breast augmentation 59.1%; facelift 61.35%; liposuction 59.7%). Plastic Surgery was identified as the primary speciality involved in breast reconstruction (49.3%) and burns surgery (43.0%). There was poor understanding of the role of plastic surgeons in hand surgery, with only 4.7% of respondents attributing tendon repair to plastic surgeons. Plastic Surgery ranked lowest of 30 specialities in terms of importance in providing care for patients within the hospital.

Conclusion: Plastic Surgery is often misunderstood within the wider community and misconceptions reflect the influence of the media in highlighting certain aspects of the speciality. It behoves our professional organisations to highlight the importance of Plastic and Reconstructive Surgery within major tertiary referral centres.

© 2014 British Association of Plastic, Reconstructive and Aesthetic Surgeons. Published by Elsevier Ltd. All rights reserved.

[☆] This paper was presented at the ESPRAS meeting in Edinburgh UK on 9th July 2014.

^{*} Corresponding author. Department of Plastic and Reconstructive Surgery, University College Hospital Galway, Newcastle Road, Galway, Ireland. Tel.: +353 91 5442377; fax: +353 91 544915.

E-mail address: catherinedeblacam@rcsi.ie (C. de Blacam).

Introduction

The scope of work undertaken by plastic surgeons is broad. The speciality is unique in that expertise extends across all anatomical areas of the body. In addition, there is an increasing crossover of procedures between Plastic Surgery and other specialities including Orthopaedic Surgery, ENT, General Surgery, Dermatology, Ophthalmology and Maxillofacial Surgery. Such diversity can create confusion for those outside the speciality regarding the role of plastic surgeons within the health service.

Ten years ago, Dunkin et al. demonstrated limited understanding of the scope of plastic surgical practice amongst the UK public.¹ Since this study was carried out, both reconstructive and aesthetic procedures have attracted significant publicity. Events including the first face transplant in 2005 and the PIP implant scandal in 2009 reflect both the diversity of the speciality and its attractiveness to the media. While patients have direct access to aesthetic surgical practice, the tertiary care nature of reconstructive work means that their understanding of this aspect of the profession may be lacking. Furthermore, it has recently been shown that misconceptions of Plastic Surgery exist amongst general practitioners, who often direct patients' entry in to tertiary care.^{2,3}

In 2005, the British Association of Plastic Surgeons changed its name to the British Association of Plastic, Reconstructive and Aesthetic Surgeons in order to better reflect the broad nature of the discipline.⁴ The media and the general public continue to use the terms plastic, aesthetic and cosmetic interchangeably however.⁵ As a result, patients entering the system for the first time may be confused or even hesitant to be cared for by plastic surgeons.

The last ten years have also witnessed significant economic upheaval. Healthcare reform and resource allocation is increasingly influenced by politics and public opinion. In this context, misconceptions about the speciality's importance in delivering care to reconstructive and trauma patients may have significant impact on the future development of Plastic Surgery services.

The aim of this study was to provide a contemporary assessment of the general public's perception of the work carried out by plastic surgeons and to report the perceived importance of Plastic Surgery relative to other specialities in a tertiary referral centre.

Materials and methods

A cross-sectional study was conducted where the population was members of the general public attending the Emergency Department at University College Hospital Galway. A questionnaire was designed with closed-ended questions, which were phrased in simple language (CdeB, JK). The questionnaire was anonymous and incorporated a brief description of the study in addition to three separate question sections. The first asked for some basic demographic information – age, gender, education and nationality. The second section listed 8 different surgical specialities (Cardiothoracic, Ear, Nose & Throat, General,

Oral & Maxillofacial, Orthopaedic, Plastic, Vascular, Urological) and asked respondents to select which one was likely to perform 30 different procedures. Where appropriate, lay terminology was used – e.g. 'nose reshaping' instead of rhinoplasty; 'eyelid surgery' instead of blepharoplasty. A 'don't know' option was also included. Half of the procedures listed were routinely performed by plastic surgeons and the rest were managed by other specialities – e.g. removal of appendix, hip replacement or heart bypass. Respondents were therefore blinded to the Plastic Surgery focus of the questionnaire. In the final section, a selection of clinical specialities available in the hospital was listed. On a scale of 1–5, respondents were asked to list how important they thought each speciality was (1 = not important, 5 = crucially important).

Following ethical approval, the paper survey was distributed daily in the waiting room of the Emergency Department over an eight week period in June–July 2013 (CdeB, DK, CMcD). Questionnaires were returned to a box in the waiting room and were collected daily. All returned questionnaires were reviewed and responses were entered in to a spreadsheet for analysis. Defaced surveys were excluded.

Descriptive statistics were calculated to describe demographics and the speciality chosen for each procedure listed. One-way ANOVA was conducted to determine if the difference in level of importance between Plastic Surgery and other specialities was significant. There were no outliers and the data was normally distributed for each group, as assessed by boxplot and Q–Q plots, respectively. Homogeneity of variances was violated, as assessed by Levene's Test of Homogeneity of Variance ($p < 0.005$). Games-Howell post-hoc analysis was conducted to determine significant differences between Plastic Surgery and all other specialities. All statistical analysis was performed using SPSS software (IBM Corp. Released 2012. IBM SPSS Statistics for Macintosh, Version 21.0. Armonk, NY).

Results

Nine hundred and two people returned the questionnaire. Three defaced surveys were excluded from analysis. The average age of respondent was 39.3 years (range 11–89, standard deviation 15.67). Further demographic details are summarized in [Table 1](#).

Plastic Surgery was correctly identified as the speciality to carry out nine of the fifteen listed Plastic Surgery procedures ([Table 2](#)). The frequencies of speciality selection for aesthetic and reconstructive procedures are detailed in [Figures 1 and 2](#).

Respondents graded the level of importance of clinical specialities on a Likert-type scale from 1 to 5. The ranked order of all specialities is presented in [Table 3](#). Plastic Surgery scored a mean of 3.40, which was the lowest score of any speciality ([Figure 3](#)). One-way ANOVA demonstrated that the perceived level of speciality importance was statistically significantly different between clinical specialities, Welch's $F(29, 7301.328) = 70.025, p < 0.005$. Post-hoc analysis revealed that the difference in score between Plastic Surgery and all other specialities was statistically significant ([Table 3](#)).

Download English Version:

<https://daneshyari.com/en/article/6214555>

Download Persian Version:

<https://daneshyari.com/article/6214555>

[Daneshyari.com](https://daneshyari.com)