

Adolescents Cosmetic Surgery Psychiatric and Ethical Implications

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Egypt. J. Psychiatry, June 2009; 29 (2): 1-6

INTRODUCTION

Adolescent cosmetic surgery is not new, but the topic has come to the forefront as a result of recent media attention.

Also the number of adolescents requesting and undergoing cosmetic procedures has increased dramatically over the last decade.

The American Society of Plastic Surgeons (ASPS) estimates that more than 333,000 cosmetic procedures were performed on patients 18 years of age or younger in the United States in 2005, compared to approximately 14,000 in 1996. (The American Society for Aesthetic Plastic Surgery News Release, 2006).

So it is important to review the risks and benefits, as well as the need for improved standards for screening and informed consent of such surgeries.

First we should differentiate between reconstructive and cosmetic surgeries. Reconstructive surgery is defined as a procedure to correct a clear abnormality. Reconstructive procedures such as correction of cleft lip or p can provide enormous benefit to children and teenagers. In contrast, cosmetic surgery is defined as surgery to improve a "Normal" appearance, such as reshaping a nose or augmenting breasts. (Sarwer, 2001 and Crerand, et al. 2006)

Teens are often uncomfortable with their evolving bodies.

Distortions in body appearance can lower self-confidence and disrupt social acceptance.

This can result in difficulty with school, aggression, or withdrawal.

Physical appearance has been linked to moral worth. Those considered good-looking are more likely to get married, be hired, get paid more, and be promoted sooner.

Most interventions have been practiced by women, rather than men, who, as a result of their more privileged position in society, have been able to rely more upon their intellectual abilities to achieve respectability.

Common Cosmetic Plastic Surgical Procedures for Teens:

The following are among the most common surgical procedures performed on those 18 years of age and younger, according to ASAPS statistics:

- Rhinoplasty: Nose reshaping is the most requested aesthetic surgical procedure by teens. It can be performed when the nose has completed 90 percent of its growth, which can occur as early as age 13 or 14 in girls and 15 or 16 in boys.
- Breast reduction: Breast reduction is frequently performed on girls with overly large breasts that may cause back and shoulder pain, as well as restrict physical activity. Breast reduction usually is delayed until the breasts have reached full development.
- Correction of breast asymmetry: Surgery can be performed when one breast significantly differs from the other either in size or shape. Except in cases of asymmetry and post trauma reconstruction, federal regulations prohibit breast implants for those under 18.
- Treatment of Gynecomastia: In some teenage boys, excessive breast development (Gynecomastia) can become a significant psychosocial problem. Excess tissue can be removed to achieve a more masculine body contour.
- Chin augmentation: Chin augmentation often is performed in conjunction with rhinoplasty to achieve facial balance.

- Lipoplasty (Liposuction): Lipoplasty may be appropriate for a select number of teenagers of normal weight with localized fat deposits when diet and exercise fail to achieve results. Stubborn fat deposits can be a hereditary condition. (The American Society for Aesthetic Plastic Surgery News Release, 2006)

Breast Augmentation: A debatable cosmetic surgery for teens:

Although the FDA approved saline breast implants only for women ages 18 and older, and silicone gel breast implants for women ages 22 and older, it is legal for doctors to perform breast augmentation using either type of implant for teens under 18, as an "Off-label" (i.e., not approved) use with parental consent (Food and Drug Administration, 1982).

FDA pointed out that breast development can continue into the late teens and early 20s. Breast size may also increase with weight gain, and growth charts indicate that the average female gains weight between the ages of 18 and 21.

Distorted body image and a distorted ideal body image could also result in the desire for breast augmentation.

A Dutch study examining the psychological benefit of cosmetic surgery among 12- to 22-year-olds, found that satisfaction with the body parts that the patients considered deformed improved 6 months after cosmetic surgery, especially for breast reduction and augmentation patients. (Simis, et al. 2002)

Mutilating cosmetic procedures:

Some procedures done by adolescents as piercing and tattooing are not cosmetic procedures we could rather consider them as mutilating and dangerous procedures.

Body Piercing:

Body piercing is the practice of puncturing or cutting a part of the human body, creating an opening in which jewellery may be worn. Body piercing is a form of body modification. The word piercing can refer to the act or practice of body piercing, or to an opening in the body created by this act or practice. The cultural norms reflected in body piercing are various.

Risks of piercing include poor healing, pain, edema, scar formation, allergic reactions to metal, tooth and gum damage from oral or tongue piercing, and infections, including hepatitis B and C and HIV.

Tattooing:

A tattoo is a permanent marking made by inserting ink into the layers of skin to change the pigment for decorative or other reasons. Tattoos on humans are a

type of decorative body modification, while tattoos on animals are most commonly used for identification or branding:

- Direct risks of tattooing include infections, such as hepatitis B and C and HIV, particularly when needles are inadequately sterilized.
- The American Association of Blood Banks requires a 1-year wait between getting a tattoo and donating blood.
- Allergic reactions, granulomas, keloids, local swelling, and burns are not uncommon.

Cosmetic Surgeries and Mental Health:

A major factor when considering an adolescent patient for plastic surgery is that:

1. The patient is still growing.
2. The body itself is maturing.
3. Decision-making skills are evolving.
4. Social skills are forming.

The Body Image Development and Cosmetic Surgery:

The process of body image development begins at an early age. Parental approval and attention, or parental criticism and neglect, influence how children think about themselves.

Children's body image concerns may be further influenced by sociocultural influences such as dolls, television characters, and characters in children's books and movies (Herbozo, et al. 2004).

The adolescent body image is continually developing in response to internal and external cues, and the physical changes of puberty occur at a time when teens are especially sensitive to how others look and what others think (McGrath and Mukerji, 2000).

A Dutch study examining the psychological benefit of cosmetic surgery among 12- to 22-year-olds, found that satisfaction with the body parts that the patients considered deformed improved 6 months after cosmetic surgery, especially for breast reduction and augmentation patients (Simis, et al. 2002).

However, the no-treatment comparison group of Dutch adolescents with self-reported deformities also felt better about themselves 6 months later, especially among those 18 and older. Similarly, a longitudinal study of adolescent males and females, ages 11 to 18, found body image satisfaction rates were highest at age 18 in both sexes, and that the satisfaction of individual participants varied as a function of their age and developmental stage (Rauste-von, 1988).

This indicates that many adolescents who are very dissatisfied with their appearance will feel more satisfied a few years later, whether or not they undergo surgery.

Also the research literature on eating disorders provides useful clues about body image and its implications for adolescents' motivation to undergo plastic surgery. Studies indicate that distorted body image and other mental health issues, rather than actual weight problems, are the main incentive for adolescents to go to extreme measures to lose weight (Striegel and Bulik, 2007)

Low Self Esteem and Plastic Surgery:

Why do people opt to get Plastic Surgery?

Is it because they have low self esteem, crave attention, or are forced to by a image-obsessed society?

There is a definite relationship between aesthetic plastic surgery and low self esteem.

Self-esteem refers to the degree to which people are satisfied or dissatisfied with themselves. If people are satisfied with themselves and their bodies, they would have no need to resort to aesthetic plastic surgery. Another factor may be the increasing Westernization of the world.

Although many cultures in the world do not value the Barbie figured women, rather the larger and fuller female that is considered more attractive.

At this time, there are no well-designed studies that conclusively demonstrate that cosmetic surgery significantly improves body image for the surgically altered feature in the long term. Similarly, there are no conclusive studies that indicate that cosmetic surgery improves overall body image or quality of life for adolescents or adults.

Short-term studies suggest that any benefits are likely to be specific to self-concept regarding the specific body part that was surgically altered, rather than a more general improvement in self-esteem, self-concept, or quality of life. (Zuckerman and Abraham, 2008).

Body Dysmorphic Disorder (BDD):

People with BDD have an extremely distorted view of their physical appearance despite the fact that there are no actual or noticeable physical defects present. Sufferers are unable to interact with others or function normally for fear of ridicule and humiliation at their appearance. People with dysmorphophobia are extremely critical of their looks and often undergo cosmetic surgery to change what they don't like about their bodies. The condition is not as rare as one might imagine, and even many celebrities including Uma Thurman are known to struggle with the condition.

Even after having surgery, doctors say that most BDD sufferers are only satisfied with their new look for a short period of time before finding more faults with their appearance

Symptoms of Body Dysmorphic Disorder are:

- Compulsive mirror checking, glancing in reflective doors, windows and other reflective surfaces. (Alternatively, an inability to look at one's own reflection or photographs of oneself; often the removal of mirrors from the home).
- Compulsive skin-touching, especially to measure or feel the perceived defect.
- Reassurance-seeking from loved ones.
- Comparing their looks to others.
- Trying to camouflage the imagined defect with clothes, makeup, hands etc.
- Repeatedly asking about the defect, or trying to convince others how ugly it looks.
- Excessive dieting or exercise.
- Use of drugs to change body shape and size.
- Low self-esteem and lack of confidence.
- Social withdrawal and co-morbid depression.

For patients suffering from BDD, cosmetic surgery is not recommended, since the psychiatric condition will continue to manifest itself even after repeated surgery and must be treated as a psychiatric illness, rather than a physical defect.

SCREENING

One way to help ensure that teenagers are mature enough to make decisions about plastic surgery is to screen potential patients using psychological testing. Plastic surgeons often describe careful interviews aimed at determining why the teen wants plastic surgery. Unrealistic expectations or having the surgery to please a boyfriend is considered inappropriate, but having surgery so that "I will feel better about myself" or "Clothes will fit better" are considered reasonable responses. Currently, there is no evidence that effective screening is widespread. (Zuckerman and Abraham, 2008)

Every analysis for potential surgery must weigh the following:

- *Purpose for surgery:* Is the proposed surgery realistic? Does the patient seem competent to make the decision to have surgery?

- **Degree of deformity:** Is the deformity noticeable? Are the patient's expectations for correction appropriate?
- **Level of physical maturity:** Will the patient grow out of the deformity?
- **Social costs:** Does the patient suffer socially because of the problem?
- **The patient-parent decision:** Are the parents supportive of the surgery? Are the parents pushing for the surgery against the patient's desires?
- **Post-surgery patient attitude:** Will the patient be able to adhere to a post-operative regimen?

Addiction to Cosmetic Surgery:

Some people, especially females, are too interested in having the perfect body. But because the perfect body is unachievable, these people may have continual plastic surgeries with hopes of finding personal satisfaction. These persons may be beautiful. In spite of that, an unrealistic view of their body says otherwise.

Unfortunately, many of plastic surgery patients are repeat patients. Having the initial cosmetic surgery is the hard part. But once the first surgery is complete, it is easy for the patient to seek more enhancements. Persons addicted to cosmetic surgery usually demonstrate a measure of psychological problems.

CONSENT

Although parents have the legal responsibility for their adolescents, the impetus for surgery needs to come from the patient. Requiring parental consent for patients under 18 does not ensure informed consent, since research is lacking on long-term risks for many cosmetic procedures.

Three questions to be asked before allowing an adolescent to have a cosmetic surgery:

1. Do adolescents undergoing plastic surgery have a realistic view of their body?
2. How urgent is the psychosocial need of adolescents to undergo plastic surgery?
3. Which relations exist between bodily attitudes and psychosocial functioning and personality?

Will adolescents who want to improve their appearance consider the risks?

Studies by implant manufacturers report that most women have at least one serious complication within the first 3 years, including infection, haematomas and seromas, capsular contracture

(A sometimes painful hardening of the breasts), loss of nipple sensation, and hypertrophic scarring. Breast implants also interfere with mammography and increase the likelihood of insufficient lactation when a woman tries to breast-feed. Since breast implants typically last 10 years, an adolescent will require repeated surgeries throughout her lifetime. (Institute of Medicine, 2000).

Psychosocial issues in the field of cosmetic surgery:

1. The preoperative psychological profile of cosmetic surgery patients is likely to differ from that of people who don't come for surgery. Despite several decades of research, this difference is not well understood.
2. Cosmetic surgery patients often look for more than changes in their physical appearance. If these procedures do not lead to improvements in body satisfaction, self-esteem, or quality of life, then what is their purpose.
3. Patient-surgeon rapport is very important. Patient satisfaction, reduced legal liability, and improved surgical outcome can all be direct reflections of the surgeon's mastery of relationship-building techniques.
4. Identifying and screening out patients who should not have cosmetic surgery can prevent both patient and surgeon frustration and more extreme adverse outcomes.
5. A wide range of studies document the use of psychological techniques to improve surgical outcome. (Grossbart and Sarwer, 2003).

Factors associated with poor psychosocial outcome:

- Being young.
- Being male.
- Having unrealistic expectations of the procedure.
- Previous unsatisfactory cosmetic surgery.
- Minimal deformity.
- Motivation based on relationship issues.
- A history of depression, anxiety, personality disorder or body dysmorphic disorder.

Survey: 37% of Arab girls would consider plastic surgery:

A survey done in 2007 by cosmetics manufacturer Dover reveals that 37% of Arab girls aged between 15 and 17 would consider having plastic surgery.

However, as women become older, their appetite for undergoing aesthetic surgery falls off, with only 27% of Arab women aged between 18 and 64 saying that they would consider plastic surgery to improve their looks.

Of those that would consider plastic surgery, the most common aspiration of the women was to look more like Lebanese singer Nancy Ajram.

The survey involved 3,300 Arab women and girls across ten different countries, including Saudi Arabia. Surgeons in the region said that they notice a different attitude towards cosmetic surgery between different age groups.

Teenage girls coming in for plastic surgery don't see the procedures as dangerous, as women over 30 tend to view cosmetic surgery.

They see it as a simple procedure that is a real option which they are aggressive about." **The survey also found that:**

- 63% of Arab women feel pressurised by the perfect images of beauty of the media.
- 9 out of 10 Arab women felt unhappy with their appearance (Liposuction and Plastic Surgery Information, 21 May 2007)

Are teens Too Young for Cosmetic Surgery?

There were 174,851 cosmetic surgeries done on teenagers that were 18 years old or younger in 2005. Though it has decreased from 2004, with 240,682 surgeries done on teenagers then, there still is a significant amount of them making permanent and risky changes. (The American Society for Aesthetic Plastic Surgery News Release, 2006)

On November 2007, President Chavez of Venezuela criticizes teen surgery:

Speaking on his weekly TV show, he said:

Now some people think, 'My daughter is 15, let's give her breast enlargements'. That's horrible. It's the ultimate degeneration.

Venezuela is famous for its beauty queens, who regularly win world beauty titles. Aspiration to beauty is culturally ingrained and it is not uncommon for girls to aspire being beauty queens when they grow up. Many women in this country undergo when they reach this point in their lives. cosmetic surgery. It is traditional in Venezuela to celebrate a girl's 15th birthday. Recently there has been an increasing trend for girls to be given gifts of cosmetic surgery by their families. (Liposuction and Plastic Surgery Information, 22 November 2007)

Germany to ban cosmetic surgery on children:

In a move that has been criticized by professional surgical bodies, German lawmakers are proposing a ban on plastic surgery for children and adolescents.

The bill's parliamentary co-sponsors used industry data to estimate that as many as 100,000 children and teenagers undergo plastic surgery in Germany each year. (Liposuction and Plastic Surgery Information, 29 April 2008)

While Germany has banned cosmetic surgery for children and adolescents, in the same month a Chinese school tells students to undergo cosmetic surgery.

The Chinese school has attracted criticism after telling more than 30 of its final year students to undergo cosmetic surgery before they graduated. The school, in Wuhan, Hubei Province, told students, mostly girls, that they would have a better chance of employment if they improved their appearance, by undergoing such procedures as double-fold eyelids, breast enlargement and removal of moles on their faces.

The school justified the advice by saying that since many of the students want to work as airline cabin attendants upon graduation, their appearance will be important to a potential employer. (Liposuction and Plastic Surgery Information, 28 April 2008)

Evaluating Teenagers for Cosmetic Plastic Surgery:

The American Society for Aesthetic Plastic Surgery News Release, (2006) offers these guidelines for evaluating teenagers who are considering cosmetic plastic surgery:

- ***Assess physical maturity:*** Operating on a feature that has not yet fully developed could interfere with its growth, and continued growth could negate the benefits of surgery in later years.
- ***Explore emotional maturity and expectations:*** As with any patient, the young person should appreciate the benefits and limitations of the proposed surgery, and have realistic expectations.
- Check credentials.
- Explore risks and expected recovery times. Teens and their parents should understand the risks of surgery, postoperative restrictions on activity, and typical recovery times.

The ASAPS said that anyone under the age of eighteen has to have the consent from a parent before undergoing the surgery and the FDA has disallowed anyone under the age of eighteen to have breast augmentation surgery.

With this new standards set in place, there should be less and less teens having cosmetic surgery each year but, still many doctors are saying yes when they should be saying no to the brainwashed teenagers.

The doctors should spend enough time on finding out what motive the teenager has to alter himself/herself.

The key to achieving success with plastic surgery is patient selection, and good patient management that includes the following:

- Selecting candidates with clear and realistic expectations.
- Candidates who are free of psychopathology.
- Attention to psychological issues must continue into the postoperative period.
- It is the responsibility of both the patient's physician and plastic surgeon to recognize a need for psychiatric evaluation and to help the patient get this as needed.

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