

Original Article

Awareness among medical fraternity regarding the role of plastic surgeon

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ABSTRACT

The field of plastic surgery, while being famous for aesthetic surgery, also includes craniofacial surgery, hand surgery, burn surgery, microsurgery, reconstructive plastic surgery and paediatric plastic surgery. The magnanimous progress in these areas, though a hot topic in conferences, remains cryptic to the layman and also to generalists who are and will remain to be the most important referral source of these patients.^[1] Hence, it becomes the duty of plastic surgeons themselves to spread awareness regarding their chosen field of endeavour.

KEY WORDS

Awareness, plastic surgery, referral

INTRODUCTION

Spending hours in plastic surgery OPD in a government medical college and dealing with the kind of queries posed to us by patients and often having to see delayed and neglected patients made us question and wonder on various views that people have of plastic surgery. We set out by asking a series of framed questions to our OPD visitors. Most of the patients had no idea of the range of our services and had reached us after having visited a series of generalists and eventually being referred to us. Hence, we undertook this study with an aim to ascertain current awareness among the medical students and residents (the future practitioners) about the surgical procedures that a plastic surgeon performs.

MATERIALS AND METHODS

This study was conducted in four medical colleges chosen from four zones of India: King George Medical College (KGMU), Lucknow; All India Institute of Medical Sciences (AIIMS), New Delhi; King Edward Memorial (KEM) Hospital, Mumbai; and Stanley Medical College (SMC), Chennai.

They were distributed a questionnaire.^[2] The questionnaire had 35 surgical situations, whereby the respondents were to refer a patient to any department or departments where a particular problem can be managed. The questions had conditions pertaining to various surgical specialties. None of the respondents were aware of the source of the questionnaire.

OBSERVATIONS AND RESULTS

A total of 2000 questionnaires were distributed and 1552 responses were received. There were 440 respondents from KGMU, 312 from AIIMS, 418 from KEM, and 382 from SMC. The respondents were categorized into four

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groups: MBBS students, Interns, Junior residents, and Senior residents. The following responses were obtained [Figures 1–5]. The Y-axis reveals percentage of referral to plastic surgeons and X-axis shows the group studied.

SUMMARY OF OBSERVATION

It was observed [Table 1] that there was a good deal of awareness (>60%) regarding the role of plastic surgeons in dealing with burn injuries, rhinoplasty, liposuction, hair grafting and cleft lip and palate. There was a moderate degree of awareness (40–60%) regarding wound management and pressure ulcer, being managed by plastic surgeons. Only 15–30% respondents were aware that craniofacial anomalies, congenital hand anomalies, facial fractures, scalp avulsion, hand injuries and peripheral nerve injuries are

reconstructed by us. There was a poor knowledge (<15%) about brachial plexus surgery and temporomandibular joint (TMJ) ankylosis being managed by plastic surgeons. There was no statistically significant difference between the respondent groups of different colleges. The residents were, as expected, better aware than students. Table 1 is an ascending order depiction of the awareness regarding treatment of various conditions by plastic surgeons.

DISCUSSION

The findings of our study are similar to those of previous

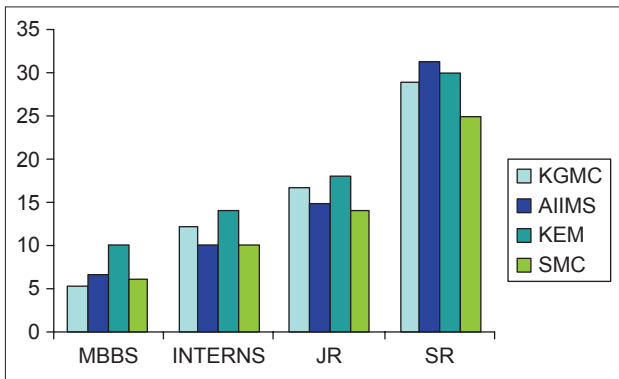


Figure 1: Facial fractures, craniofacial surgery, temporomandibular joint dysfunction

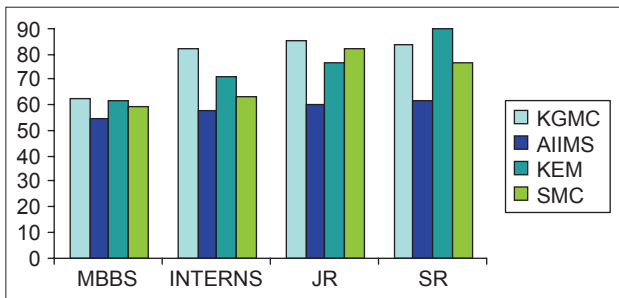


Figure 3: Liposuction, rhinoplasty, hair grafting

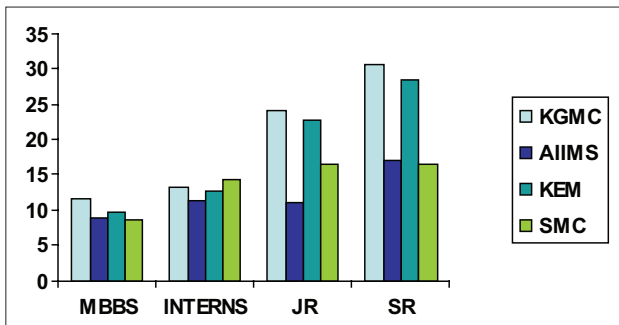


Figure 5: Peripheral nerve injury, hand anomalies and trauma

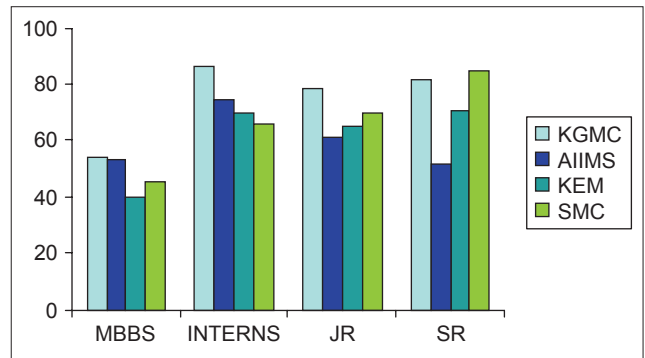


Figure 2: Cleft lip/palate, burns

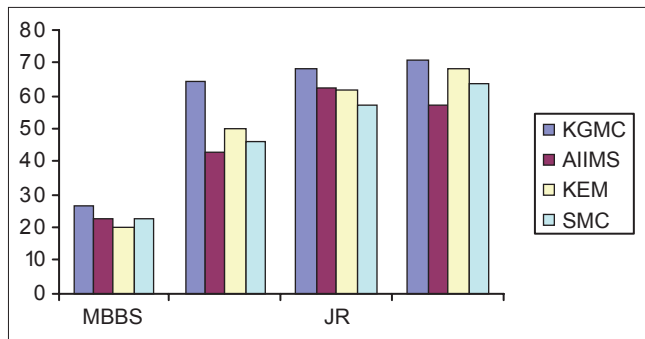


Figure 4: Wound cover, pressure ulcer, scalp avulsion

Table 1: Percentage awareness of individual conditions in plastic surgery

Parameter	Percentage
TMJ ankylosis	8.6
Brachial plexus injury	14.65
Hand anomalies	18.75
Craniofacial anomalies	21.63
Facial fractures, scalp avulsion	29.86
Hand injury	31.99
Microsurgery	48.2
Ear reconstruction	53.05
Cleft lip and palate	72.84
Wound management	79.21
Liposuction	79.80
Hair grafting	81.82
Burns	100

studies on different population and socioeconomic groups which show the public to be poorly informed about plastic surgery. In his paper "Perception of plastic surgery in the society",^[1] the author concludes that Indian public associates plastic surgeons with cosmetic and burn surgeries. The knowledge is also limited among medical students and nurses and the source of their knowledge is magazines and newspapers.

In their study "Perception and reality—a study of public and professional perceptions of plastic surgery"^[3] conducted in the British public population, medical students and general practitioners, plastic surgery was associated with reconstruction for trauma and cancer and procedures with a strong aesthetic element by all the three groups and hand was associated with orthopaedic surgeons.

In a study conducted in Philadelphia in the USA,^[4] among consecutive patients visiting a primary care facility, medical students, and primary care physicians, the authors demonstrate that public perception of the plastic and reconstructive surgeon is limited and grossly underestimates this specialty. Although the plastic surgeons are associated with reconstructive surgery, they are not necessarily identified as primary surgeons for procedures fundamental to this specialty.

Many people who do not come into contact with plastic surgery in their hospitals are under the popular misconception that plastic surgeons spend their time fixing noses and altering the size of breasts.^[5] The public believes that aesthetic operation is a commodity. It is not really surgery since it can be done in the office and is not covered by insurance.^[6]

The media is also little informed about the versatility of plastic surgeons and ends up building false expectation in public and wrong images of plastic surgeons as scavengers for money.^[7] In their paper "Plastic surgery in the cinema",^[8] the authors concluded that films usually incorporate cosmetic surgery and burns in the screenplay. The face is depicted as the most common body part requiring surgical intervention. These movies also depict major body transformation and change identities. The results of surgery are often dramatic and unrealistic. Also, plastic surgeons are depicted to be living in affluent localities, making a lot of money. Patients visiting plastic surgeons are also shown to be ultra rich.^[7-10] This often deters many patients from primarily consulting us.

Patients visiting the department late in the course of disease process have often revealed that they had feared to visit our department fearing the expenditure they would incur.

Although the findings of this paper may not surprise practicing plastic surgeons, it does quantify a reality we all share that various works of our specialty are not easily identified by public and medical professionals. We have made an attempt to reason out the cause for the same in our country and suggest remedial measures.

The specialised Department of Plastic Surgery virtually exists in only select centres. Hence, rotation in plastic surgery clinics is the privilege of a few. Also, the commonly followed Textbook of General Surgery in the undergraduate curriculum discusses mostly burns and cleft lip and palate under plastic surgery section. To add to these, the lectures devoted to plastic surgical topics are few and often delivered by general surgeons who are less equipped to spread awareness among medicos. Hence, plastic surgery department must be developed in all colleges, and medical students and surgical residents must be rotated for at least a week or two as part of their training programme. This is a long-term goal, and till it is in place, a few committed and reverent teachers in the society may come forward to deliver planned lectures to MBBS students in colleges where the department is lacking. This can be put forward by the Association of Plastic Surgeons of India (APSI) as part of expansion of plastic surgery.

We should also develop methods to educate the general practitioners because they are the people who reach out to public at large. This can be done by actively involving them in awareness programmes and conferences.

Films and print media^[9,10] mostly cover the cosmetic part of plastic surgery. Our primary aim then should be to educate and sensitise the media regarding the role of plastic surgeon even in day-to-day life of a common man. The contribution of prominent members of plastic surgery society will be more than sufficient to open the eyes of media regarding various subspecialities. APSI may invite media personnel on an awareness trip to well-established centres to see a variety of procedures and the necessity of plastic surgeon in trauma centres, burn care, as reconstructive surgeons in trauma, congenital and oncological surgeries besides their role as an aesthetic surgeon. We should encourage media personnel to

project a real picture to the general public and publicise the various conditions in which plastic surgeons play a role. At the village level, this may be done by plays and distributing pamphlets and posters showing preoperative and postoperative photos.

Regular monitoring of progress in the endeavour to spread awareness can be conducted yearly, and necessary intervention may be added as and when required welcoming newer ideas for the same.

CONCLUSIONS

Our study clearly shows that knowledge about the field of plastic surgery is highly lacking and lot needs to be done to spread awareness. The best way to describe plastic surgeons is that we are a problem solving specialty. The amazing developments made in our field must be made available and accessible to the mass and a collective part played by plastic surgeons can go a long way in making our specialty really known to even layman as to it being a necessity rather than a privilege.

REFERENCES

1. Agarwal P. Perception of plastic surgery in the society. *Indian J plastic surg.* 2004;37:110-4.
2. Stone DH. How to design a questionnaire. *BMJ* 1993;307:1264-6.
3. Dunkin CS, Pleat JM, Jones SA, Goodacre TE. Perception and reality-a study of public and professional perceptions of plastic surgery. *Br J Plast Surg* 2003;56:437-43.
4. Kim DC, Kim S, Mitra A. Perceptions and misconceptions of the plastic and reconstructive surgeon. *Ann Plast Surg* 1997;38:426-30.
5. Fudge L. NHS plastic surgery-is it what you think it is? *Br J Theatre Nurs* 1994;4:5-7.
6. Goldwyn RM. What people think of plastic surgery? *Plast Reconstr Surg* 1987;80:294-5.
7. Vanderford M, Smith D, Olive T. The image of plastic surgeons in news media coverage of the silicone breast implants controversy. *Plast Reconstr Surg* 1995;96:521-38.
8. Calle S, Evans J. Plastic surgery in the cinema, 1917-1993. *Plast Reconstr Surg* 1994;93:422-33.
9. Romm S, Goldwyn RM. Plastic surgeon in the writer's eye. *Plast Reconstr Surg* 1987;80:455.
10. Bodenham DC. Training of Plastic Surgeons. *Br J Plast Surg* 1971;23:97.

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