



Invited Discussion on: “The Importance of Multiple, Different Rhinoplasty Consultations in Patient Selection”

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We found this article quite relevant to the practice of any surgeon involved in rhinoplasty as well as in other facial procedures. Plastic surgery and ENT residents in most countries are not trained in detecting specific psychology issues, hence the need for new simple criteria for adequate patient selection.

As stated by Mark Constantian, when a patient declares to have finally found in us the perfect surgeon for his/her needs, after having consulted with many other doctors, we should immediately start to think we are facing a difficult patient. As human beings, we have the tendency to feel flattered by such declarations of trust, but, as specialists, we should learn to beware of them. This article confirms that the greater the number of pre-op consultations with different surgeons, the less the probability of patient post-op satisfaction.

A problem in adopting this criterion in daily practice is that patients may be reluctant to tell the surgeon if they have been previously consulting other specialists, even when specifically asked, for fear of offending the surgeon. They are more likely to be honest about it when filling out

an anonymous questionnaire post-op, but we do not see the use in doing this at that point.

Doubts can arise about the appropriate time for carrying out the ROE (Rhinoplasty Outcome Evaluation). The authors of this article specify that all of the cases in this study were primary closed rhinoplasties. This implies there may have been less and shorter lasting swelling, but it is commonly believed, and confirmed by clinical experience, that the outcome of a rhinoplasty cannot be evaluated until at least 1 year after surgery. In our opinion, for the sake of reliability, a period of 12 months post-op should be allowed to pass before filling out the final questionnaire.

One may also argue that some of the patients who consulted more than three surgeons could have objectively had particularly difficult aesthetic and functional problems to solve, which may account for their own fears and perhaps for the impossibility of the surgeons to guarantee a satisfactory result, given the circumstances. Therefore, some of the patients may have sought multiple opinions before finding a surgeon who would provide enough certainty of a good outcome. Extremely difficult cases can often be improved, but the results may not fully meet patients' expectations. Therefore, in some instances, more consultations may be linked to a particularly challenging case, which, in turn, can account for a lower degree of post-op satisfaction.

This study might be extended by including the mean number of pre-rhinoplasty consultations in different areas of the world, since we are under the impression that 3.5 consultations might already be considered a high number in certain countries, while being average in others.

One more point worth considering is that the less experienced surgeons will be seeing patients who have previously consulted more physicians when compared with

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senior surgeons, with an established reputation. Patients seeking the opinion of a well-known surgeon are in fact more likely to have already chosen whom they want to be operated on by, prior to the consultation.

In conclusion, we believe research in the psychological field can be key in producing objective data that will help in selecting good candidates for rhinoplasty as well as for other elective surgeries, so as to achieve higher satisfaction levels among both patients and surgeons.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflicts of interest to disclose.

Ethical Standard This article does not contain any studies with human participants or animals performed by any of the authors.

Inform Consent For this type of study, inform consent is not required.