PSYCHOLOGICAL ASPECTS OF RHINOSEPTOPLASTY

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Abstract: Rhinoseptoplasty is the most difficult and the most responsible operation in the facial plastic surgery. As the nose is the most protruding part of the face, all imperfections during operations on it are easily seen. The psycho-emotional analysis, which is part of the pre-operational analysis, is the most important one during the operation. To study and analyze the risks of psycho-emotional aspects connected with the reasons and motives and the expectations of the patients regarding the correction of their nose. Participating are 194 people and patients who are going to have a rhinoseptoplasty, who all have been consulted, checked and operated in Dept of Otorhinolaryngology, University hospital, Stara Zagora - 60 women took part (31%) and 134 men (69%). On the basis of questionnaire we found out two motivational models for patients who want rhinoseptoplasty:

1. Outer motivations, professional and social ambitions and the necessity to avoid conflicts (for example the avoidance of stereotypes)
2. Inner motivation, including paranoia and depression, long-lasting feeling for wanting to change a particular part of your face, low self-esteem, sense of aging or the absence of self-esteem which has originated from inappropriate parental identifications.

The psychological aspects of the pre-operational judgment are very important for the rhinoseptoplasty. The most important are the motivation and the expectations. The well-informed patients are perfect for rhinoseptoplasty.

Keywords: rhinoseptoplasty, psychological aspects, motivation, facial plastic surgery.

INTRODUCTION

Rhinoseptoplasty is the most difficult and the most responsible operation in the facial plastic surgery. As the nose is the most protruding part of the face, all imperfections during operations on it are easily seen. The psycho-emotional analysis, which is part of the pre-operational analysis, is the most important one during the operation. To study and analyze the risks of psycho-emotional aspects connected with the reasons and motives and the expectations of the patients regarding the correction of their nose.

To research and analyze the risks of psycho-emotional essence, connected with the reasons, motives and expectations of patients according to their desired nose correction.

To justify guidelines hence optimising the relationship between the surgeon and patient so as to take an informed concert that is compliant with both sides when choosing an operation.

Sociological method for accumulating and analyzing the needed information (quests)

In order to accomplish the aim and tasks of the research, we came up with an individual quest card, which includes three groups of questions.

The First group of questions covers indification characteristics of the patients – gender, age, race, education, profession and family status.

The next two groups of questions correspond directly with the tasks of the research, and their aim is to reveal the risks, connected with unrealistic expectations of the the effect of quality of life, psycho-emotional and social wellbeing and career development etc.

PSYCHO-EMOTIONAL RISK

Indicator 1. Expectations of the patient towards the objective capabilities for correction of the esthetic and/or functional characteristics of the nose (realistic or not)

Indicator 2. Expectations of the patient towards the effect of the operation on their appearance, psycho-emotional and social wellbeing (realistic or not)

Indicator 3. Way of taking the decision (separately or under external influence).

Indicator 4. Period of considering the decision (spontaneously or as a result of continuous consideration).
ProFESSIONALY-EthICAL RISK

Indicator 1. Trust from the patient towards the surgeon and complying with his recommendations for the possible operation decision (present or not).

Indicator 2. Previous experience of the patient in the area of rhinopasty or in other plastic-reconstructive intervention (positive or negative).

Size of the Research

194 patients are covered, distributed as follows:

- Gender: Female – 60 /31%/ , Male – 134 /69%/ 
- Age: 0-17 years – 11 patients /5.67%/ , 18-29 years – 149 patients /76.80%/ , 30-59 years – 29 patients /14.95%/ , over 60 years – 5 patients /2.58%/ 
- Education: Primary – 10 patients /5.15%/ , Secondary – 115 patients /59.28%/ , Higher – 69 patients /35.57%/ 
- Family status: Married – 60 patients /30.93%/ , Single -105 patients /54.12%/ , Living in cohabitation – 29 patients /14.95%/ 
- Race: Asian – 1 patient /0.52%/ , Afroamerican – 1 patient /0.52%/ , Caucasian race – 192 patients /98.96%/ 
- Nationality: Bulgarian – 166 patients /85.57%/ , Gypsies – 15 patients /7.73%/ , Italian – 4 patients /2.05%/ , Cypriots – 3 patients /1.55%/ , Jews – 2 patients /1.03%/ , American – 2 patients /1.03%/ , Chinese /Hong Kong/- 1 patient /0.52%/ , Nigerian – 1 patient /0.52%/ 
- Profession: Students – 11 patients /5.67%/ , University students – 33 patients /17.01%/ , Employed – 116 patients /59.79%/ , Unemployed – 34 patients /17.53%/ 
- Operations: Primary operation – 104 patients /53.61%/ , Following operations – 90 patients /46.39%/ , by which secondary operation – 20 patients /22.22%/ , operation for the third time – 65 patients /72.22%/ for operation for the forth time – 5 patients /2.56%/ 
- Types of rhinoseptoplasty by ethymology: Congenial causes – 70 patients /36.08%/ , posttraumatic – 34 patients /17.53%/ , After another rhinoseptoplasty – 90 patients /46.39%/ 
- Visiting psychiatrist or psychologist: Yes – 90 patients /46.39%/ , No – 104 patients /53.61%/ 

Rhinoseptoplasty is psycho-therapeutic intervention also known as „psycho surgery“. The esthetic expectations are the first and most important motivation for the patient about the rhinoseptoplasty.

We research the psychological aspects of rhinoseptoplasty in three different generations of investigation. The main purpose of every investigation is to show if patients with psychological disorders are inappropriate candidates for rhinoseptoplasty /first generation/ or to show if the changes in the physical condition after the operation improves their mental health /second generation/. The Third generation is developed in the last 10-15 years. On the basis of serious diagnostic criteria in postoperative evaluations we proved that 20-40% from the candidates are with mental diagnose. Most of the researches show that patients are unsatisfied with their appearance before the operation and expect big improvement after.

On the basis of questionnaire we found out two motivational models for patients who want rhinoseptoplasty:

(1) Outer motivations, professional and social ambitions and the necessity to avoid conflicts (for example the avoidance of stereotypes)

(2) Inner motivation, including paranoia and depression, long-lasting feeling for wanting to change a particular part of your face, low self-esteem, sense of aging or the absence of self-esteem which has originated from inappropriate parental identifications.

According to us, patients with Body Dismorphic Disorders are absolutely unfit for rhinoseptoplasty, but with some patients with minimal defects, the operations may bring very good psychological result if their expectations match the end result. In our opinion the rhinoseptoplasty can have a good psychological effect on the patient, only if the doctor complies with the desires of the patient and performs the operation which would fulfill him fully.

The psychological aspects of the pre-operational judgment are very important for the rhinoseptoplasty. The most important are the motivation and the expectations. The well-informed patients are perfect for rhinoseptoplasty.

BIBLIOGRAPHY

