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# 1. The Aesthetic Surgery Patient

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Sammy Sinno, Jeremie Oliver Piña  
See *Essentials of Aesthetic Surgery*, pp. 3–12

## DEMOGRAPHICS AND STATISTICS

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**1. Approximately what percentage of aesthetic surgery patients undergo multiple procedures (either simultaneously or consecutively)?**

- A. 20%.
- B. 32%.
- C. 57%.
- D. 71%.
- E. 95%.

## DEMOGRAPHICS AND STATISTICS

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**2. In evaluating a patient's candidacy for aesthetic surgical procedures, which of the following should weigh most heavily on the decision to pursue surgery?**

- A. Age <20.
- B. Age >60.
- C. History of prior aesthetic surgical procedures.
- D. Body habitus.
- E. Overall health.

## DEMOGRAPHICS AND STATISTICS

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**3. Which of the following has been positively correlated with greater patient satisfaction, shorter recovery times, and less postoperative pain?**

- A. Desire to change appearance in order to advance in career.
- B. Desire to salvage a romantic relationship.
- C. Consultation with at least four other aesthetic surgeons.
- D. A high level of internal motivation for change.
- E. History of multiple aesthetic surgical procedures.

## DEMOGRAPHICS AND STATISTICS

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**4. Which of the following scenarios depicts a "red flag" for undergoing an aesthetic surgical procedure?**

- A. The patient keeps referring to wanting to look like their 20-year-old self.
- B. The patient has been planning a particular aesthetic procedure only for a few weeks.
- C. The patient is currently being treated for multiple psychiatric illnesses and/or has a history of several psychiatric hospital admissions.
- D. The patient has an anatomic flaw that is visible to the surgeon but not the patient.
- E. The patient has an anatomic flaw but is not terribly preoccupied by it.

## DEMOGRAPHICS AND STATISTICS

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**5. Under which circumstance should an aesthetic surgeon agree to operate on a patient with body dysmorphic disorder?**

- A. The patient is overly concerned with the appearance of only one anatomical region.
- B. The physical flaw the patient perceives is significantly disrupting the daily life of the patient.
- C. The symptoms of body dysmorphic disorder are accompanied by an eating disorder, and the patient feels the aesthetic procedure would alleviate the associated symptoms.
- D. The patient does not want to obsess over the physical flaw any longer.
- E. Aesthetic surgery is not indicated in patients with active body dysmorphic disorder.

### DEMOGRAPHICS AND STATISTICS

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**6. Which of the following is an indication for an aesthetic surgeon to refuse to proceed with surgery?**

- A. The patient is currently taking a selective serotonin receptor inhibitor (SSRI).
- B. The patient has a history of major depressive disorder.
- C. The patient shows signs of neuroticism.
- D. The patient was under the impression that aesthetic surgery did not produce postoperative scars.
- E. The surgeon feels persistently uneasy about the patient or the procedure.

### DEMOGRAPHICS AND STATISTICS

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**7. Considering the emotional response of the “healing curve,” at which postoperative time point would you expect the patient to be most critical, nit-picky, scared, impatient, or complaining?**

- A. Day 1.
- B. Week 2.
- C. Week 4.
- D. Week 8.
- E. Week 12.

### DEMOGRAPHICS AND STATISTICS

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**8. Which of the following is considered an essential adjunct to any facial rejuvenation procedure?**

- A. Following a strict low-carb diet.
- B. Exercising five times per week.
- C. Losing 10 pounds prior to the operation.
- D. A consistent skin care regimen.
- E. Physical therapy.

### DEMOGRAPHICS AND STATISTICS

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**9. Which of the timeframes listed below is the most appropriate to undergo a revision procedure following primary rhinoplasty?**

- A. At least 3 months.
- B. Between 3 and 6 months.
- C. At least 6 months.
- D. At least 12 months.
- E. At least 18 months.

## Answers

### DEMOGRAPHICS AND STATISTICS

**1. Approximately what percentage of aesthetic surgery patients undergo multiple procedures (either simultaneously or consecutively)?**

**C. 57%.**

Approximately 57% of aesthetic surgery patients have multiple procedures performed. Specifically, 44% of patients who have a cosmetic procedure will return for another one and 57% of patients have multiple procedures performed simultaneously.<sup>1</sup>

### REFERENCE

1. Plastic Surgery Statistics Report. American Society of Plastic Surgeons. Available at <https://www.plasticsurgery.org/documents/News/Statistics/2020/plastic-surgery-statistics-full-report-2020.pdf>

### DEMOGRAPHICS AND STATISTICS

**2. In evaluating a patient's candidacy for aesthetic surgical procedures, which of the following should weigh most heavily on the decision to pursue surgery?**

**E. Overall health.**

As part of the preoperative evaluation for aesthetic surgery candidacy, baseline health, comorbidities, tobacco use, prior surgeries, and prior pregnancies are fully discussed. Surgical risk is often dependent upon general health at consultation, as well as the specific desired procedure. As a general rule, health criteria for aesthetic surgery should be at least as stringent as those for reconstructive cases given the strictly elective nature of aesthetic cases. Thus, aesthetic surgery may be deemed inappropriate for unhealthy patients as well as those with a high risk of post- or intraoperative complications. Age should not be considered a significant determinant of aesthetic surgical candidacy. Rather, overall health should be the primary factor to consider in evaluating any patient's candidacy to undergo aesthetic surgery.<sup>1</sup>

### REFERENCE

1. Gorney M. Recognition and management of the patient unsuitable for aesthetic surgery. *Plast Reconstr Surg* 2010;126:2268

### DEMOGRAPHICS AND STATISTICS

**3. Which of the following has been positively correlated with greater patient satisfaction, shorter recovery times, and less postoperative pain?**

**D. A high level of internal motivation for change.**

Both internal and external motives can be driving patients' desire for aesthetic surgical procedures. Intensity of motivation has been shown to positively correlate with satisfaction and shorter recovery, while negatively correlating with postoperative pain. Patients with primarily internal motives tend to be greater surgical candidates overall, while patients with substantial external motives (e.g., desire to change appearance to salvage a romantic relationship, satisfy a relative, advance in their career, etc.) tend to display greater dissatisfaction with aesthetic surgical results.<sup>1,2</sup> These patients may be pressured into undergoing surgery, thus demonstrating less motivation, often predicating a more difficult postoperative course.

### REFERENCES

1. Ferraro GA, Rossano F, D'Andrea F. Self-perception and self-esteem of patients seeking cosmetic surgery. *Aesthetic Plast Surg* 2005;29:184  
 2. Nahai F. Evaluating the cosmetic patient on antidepressants. *Aesthet Surg J* 2014;34:326

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**DEMOGRAPHICS AND STATISTICS**


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**4. Which of the following scenarios depicts a “red flag” for undergoing an aesthetic surgical procedure?**
**C. The patient is currently being treated for multiple psychiatric illnesses and/or has a history of several psychiatric hospital admissions.**

Psychological indicators are important for the aesthetic surgeon to consider when evaluating a patient's surgical candidacy. A thorough evaluation of a patient's motivation and mental state is essential and a predictor of patient's behavior postoperatively. While turning down or referring patients for psychological evaluation is rare, when this is indicated, it must be handled delicately. In patients currently being treated for multiple psychiatric conditions and/or those who have an extensive history of hospital admission for psychiatric illness, it is warranted to first seek psychological evaluation and perhaps delay the surgery until the mental state is more controlled.<sup>1</sup>

**REFERENCE**


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1. Nahai F. Evaluating the cosmetic patient on antidepressants. *Aesthet Surg J* 2014;34:326

**DEMOGRAPHICS AND STATISTICS**


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**5. Under which circumstance should an aesthetic surgeon agree to operate on a patient with body dysmorphic disorder?**
**E. Aesthetic surgery is not indicated in patients with active body dysmorphic disorder.**

Patients with body dysmorphic disorder are rarely satisfied, and symptoms of this disorder may actually be exacerbated with aesthetic surgery. Therefore, aesthetic surgical procedures are contraindicated, and patients should be referred for the appropriate psychiatric care.<sup>1,2,3</sup>

**REFERENCES**


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1. Rohrich RJ. Streamlining cosmetic surgery patient selection—just say no! *Plast Reconstr Surg* 1999;104:220
2. Gorney M. Recognition and management of the patient unsuitable for aesthetic surgery. *Plast Reconstr Surg* 2010;126:2268
3. Nahai F. Evaluating the cosmetic patient on antidepressants. *Aesthet Surg J* 2014;34:326

**DEMOGRAPHICS AND STATISTICS**


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**6. Which of the following is an indication for an aesthetic surgeon to refuse to proceed with surgery?**
**E. The surgeon feels persistently uneasy about the patient or the procedure.**

Aesthetic surgeons should not disregard their “gut” feeling. They should listen to their instincts and not proceed with surgery if they are uneasy about the patient or the surgery. For patients with unrealistic aesthetic goals, surgeons should attempt to clarify that these results are not achievable. To prevent confrontation, if a patient insists on proceeding even when the surgeon feels uneasy, the surgeon can claim that he or she is not able to achieve the patient's desired results.<sup>1</sup> SSRI use, major depressive disorder in the past that is now controlled, and patients with psychiatric conditions are not absolute contraindications for a procedure. However, surgeons should tread carefully. Patients who have wanted a procedure for a long time are good candidates to proceed with surgery. Patients who impulsively want a cosmetic surgery are not suitable candidates.

**REFERENCE**


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1. Rohrich RJ. Streamlining cosmetic surgery patient selection—just say no! *Plast Reconstr Surg* 1999;104:220

**DEMOGRAPHICS AND STATISTICS**


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**7. Considering the emotional response of the “healing curve,” at which postoperative time point would you expect the patient to be most critical, nit-picky, scared, impatient, or complaining?**
**B. Week 2.**

Patients commonly feel a wide range of emotions in the postoperative period. There are certain time points, which typically display common emotional reactions in patients following surgery,<sup>1</sup> as follows:

- Week 1: “I wish it was a month from now.”
  - Days 1 to 3: “I’m beat.” Patient is exhausted, sleepy.
  - Days 4 to 7: “What did I do?” Patient is sad, irritated, angry.

- Week 2: “You should have told me about....” Patient is critical, nitpicky, scared, impatient, and complaining.
- Week 3: “Not too bad....” Patient begins to normalize and see results.
- Weeks 4 to 5: “You look great.” Patient notices others’ reactions and compliments and begins to feel good about surgery.
- Weeks 6 to 8: “But what about....” As most of the swelling and bruising resolve, some focal areas may lag in recovery or may not appear as expected.
- Weeks 8 to 12: “Wow, I love it.”
- After 3 to 6 months: “What’s next?”

## REFERENCE

1. Nahai F, ed. *The Art of Aesthetic Surgery: Principles and Techniques*. 2nd ed. New York: Thieme Publishers; 2010

## DEMOGRAPHICS AND STATISTICS

### 8. Which of the following is considered an essential adjunct to any facial rejuvenation procedure?

#### D. A consistent skin care regimen.

A consistent skin care regimen for facial procedures in particular is essential in enhancing the desired results and preserving longevity of the surgical intervention.<sup>1</sup> Otherwise a good diet including low alcohol use and decreased salt intake in the first few months is helpful but not a requirement. Exercise, weight loss, and physical therapy are helpful but not essential.

## REFERENCE

1. Nahai F, ed. *The Art of Aesthetic Surgery: Principles and Techniques*. 2nd ed. New York: Thieme Publishers; 2010

## DEMOGRAPHICS AND STATISTICS

### 9. Which of the timeframes listed below is the most appropriate to undergo a revision procedure following primary rhinoplasty?

#### D. At least 12 months.

A clear, documented revision policy should be agreed upon prior to surgery. Adequate time should be allowed for healing and resolution of edema before considering any revision. The operating surgeon should have a thorough understanding of the indications for and expectations of revision surgery. The following timeframes (while not absolute) are useful guidelines<sup>1</sup> for different types of aesthetic procedures:

- Breast: Wait for at least 3 months.
- Blepharoplasty: Wait for 3 to 6 months.
- Body contouring: Wait for at least 6 months.
- Facelift: Wait for 6 to 12 months.
- Rhinoplasty: Wait for at least 12 months.

## REFERENCE

1. Nahai F, ed. *The Art of Aesthetic Surgery: Principles and Techniques*. 2nd ed. New York: Thieme Publishers; 2010

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## 2. The Artistry of Plastic Surgery

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Sammy Sinno, Jeremie Oliver Piña  
See *Essentials of Aesthetic Surgery*, pp. 13–20

### AESTHETICS AND ITS ASSOCIATION

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1. **Which of the following best explains the evolving social acceptance of aesthetic medicine and surgery in various cultures around the world?**
- A. “Ideal” beauty is a constant.
  - B. Caucasian beauty standards have influenced social acceptance of plastic surgery.
  - C. Clinical studies have failed to show positive outcomes after aesthetic procedures.
  - D. There is an increasing relationship between the science of aesthetic medicine and the safety of invasive and noninvasive procedures.
  - E. Aesthetic surgeons are more skilled today than they were 20 years ago.

### BEAUTY AND ITS CONCEPTS

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2. **Which of the following is an example of documented measures taken by the ancient Egyptians to enhance appearance?**
- A. Use of kohl (lead-based mineral) as eye makeup.
  - B. Creation of Pythagorean theorem.
  - C. Creation of architecture symbolizing both symmetry and proportion.
  - D. Development of the “golden ratio.”
  - E. Living a virtuous lifestyle.

### BEAUTY AND ITS CONCEPTS

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3. **The famous Greek statue “Venus de Milo” (formerly, the logo of PRS and the seal of ASPS) best represents which form of beauty?**
- A. Classical beauty.
  - B. Mankind's ideal.
  - C. Manufactured beauty.
  - D. Natural beauty.
  - E. Mythical beauty.

### BEAUTY AND ITS CONCEPTS

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4. **Vitruvius was quoted, “Just so the parts of Temples should correspond with each other, and with the whole.” How can this best apply to an aesthetic surgeon's practice?**
- A. One external aesthetic ideal guiding the surgeon's practice.
  - B. The golden ratio is critical in plastic surgery and should not be deviated from.
  - C. Making a compromise between what is desired and what is achievable, individualized to each patient.
  - D. Strictly follow canons set forth by neoclassical artists and philosophers.
  - E. Strive for greater variation in surgical technique.

### BEAUTY AND ITS CONCEPTS

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5. **Although objective studies have consistently failed to confirm the applicability of many neoclassical canons to aesthetic surgery practice, which of the following choices lists three components of facial attractiveness considered to be critical?**
- A. Uniqueness, symmetry, skin tone.
  - B. Averageness, interalar width, neoteny.
  - C. Intercanthal distance, malar projection, defined jawline.
  - D. Averageness, symmetry, neoteny.
  - E. Pigmentation, symmetry, bone structure.

**BEAUTY AND ITS CONCEPTS**

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- 6. Which of the following anatomical features is most concordant with an aesthetic male dimorphic trait?**
- A. Less prominent cheek bones.
  - B. Thicker lips.
  - C. Supraorbital ridges.
  - D. Smaller noses.
  - E. Smaller eyes.

**BEAUTY AND ITS CONCEPTS**

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- 7. In women, sexual dimorphism toward the aesthetic ideal implies which of the following?**
- A. Lower set eyebrows.
  - B. Smaller eyes.
  - C. Thinner lips.
  - D. Smaller jaw.
  - E. Longer nose.

## Answers

### AESTHETICS AND ITS ASSOCIATION

1. *Which of the following best explains the evolving social acceptance of aesthetic medicine and surgery in various cultures around the world?*

**D. There is an increasing relationship between the science of aesthetic medicine and the safety of invasive and noninvasive procedures.**

The rise in social acceptance and popularity of aesthetic medicine and surgery in the sexes and in various cultures around the world is thought to be intrinsically connected with the increasing relationship between the science of aesthetic medicine and the safety of invasive and noninvasive procedures. The standard of care in aesthetic medicine and surgery is founded upon evidence-based practice, born from clinical and psychological studies, which have shown an overall sense of well-being of patients who seek aesthetic procedures.<sup>1,2,3</sup>

### REFERENCES

1. Saariniemi KM, Helle MH, Salmi AM, et al. The effects of aesthetic breast augmentation on quality of life, psychological distress, and eating disorder symptoms: a prospective study. *Aesthetic Plast Surg* 2012;36:1090
2. Saariniemi KM, Salmi AM, Peltoniemi HH, et al. Does liposuction improve body image and symptoms of eating disorders? *Plast Reconstr Surg Glob Open* 2015;3:e461
3. Saariniemi KM, Salmi AM, Peltoniemi HH, et al. Abdominoplasty improves quality of life, psychological distress, and eating disorder symptoms: a prospective study. *Plast Surg Int* 2014;2014:197232

### BEAUTY AND ITS CONCEPTS

2. *Which of the following is an example of documented measures taken by the ancient Egyptians to enhance appearance?*

**A. Use of kohl (lead-based mineral) as eye makeup.**

Ancient Egyptians left behind vast evidence suggesting that both sexes went to great lengths to improve their appearance. Based upon ubiquitous beauty products left by ancient Egyptians in burial settings, much of what is perceived as symbolic of beauty is influenced by what we think was considered beautiful in ancient Egypt. For example, kohl, a mineral base composed of lead, was used as eye makeup in ancient Egypt, which may have given rise to the smoky eye makeup worn today. Also, it is thought that kohl may have antibacterial properties and was utilized as a protectant from the glare of the sun, thus providing not only enhanced beauty, but also function.<sup>1</sup>

### REFERENCE

1. Al-Kaff A, Al-Rajhi A, Tabbara K, El-Yazigi A. Kohl—the traditional eyeliner: use and analysis. *Ann Saudi Med* 1993;13(1):26–30

### BEAUTY AND ITS CONCEPTS

3. *The famous Greek statue “Venus de Milo” (formerly, the logo of PRS and the seal of ASPS) best represents which form of beauty?*

**A. Classical beauty.**

The idea of “classical beauty” arose from the Renaissance referring to re-adoption of ancient Greek idealism and the study of nature. This is symbolized by a woman who conforms to the standard Greek classical ideal, with proportion and symmetry as it relates to nature's ideal, and not necessarily “mankind's ideal.”<sup>1</sup>

### REFERENCE

1. Brent B. The reconstruction of Venus: following our legacy. *Plast Reconstr Surg* 2008;121:2170



**BEAUTY AND ITS CONCEPTS**

4. *Vitruvius was quoted, “Just so the parts of Temples should correspond with each other, and with the whole.” How can this best apply to an aesthetic surgeon’s practice?*

**C. Making a compromise between what is desired and what is achievable, individualized to each patient.**

As aesthetic surgeons, we hardly ever work with the anatomy that we would like, but rather the anatomy that we have been given. To that end, in practice, the surgeon is guided by the principles described by Vitruvius’ quotation of aligning internal aesthetic goals with external aesthetic ideals but must also reach a compromise between what is desired and what is achievable.<sup>1,2</sup>

**REFERENCES**

1. Bashour M. History and current concepts in the analysis of facial attractiveness. *Plast Reconstr Surg* 2006;118:741
2. Bashour M. An objective system for measuring facial attractiveness. *Plast Reconstr Surg* 2006;118:757

**BEAUTY AND ITS CONCEPTS**

5. *Although objective studies have consistently failed to confirm the applicability of many neoclassical canons to aesthetic surgery practice, which of the following choices lists three components of facial attractiveness considered to be critical?*

**D. Averageness, symmetry, neoteny.**

Averageness indicates similarity to a typical phenotype for a group and therefore signals genetic diversity, which has presumable links to greater health and disease resistance.

Symmetry seems obvious as a characteristic of attractiveness; in fact, studies across a number of species have shown that greater symmetry is associated with both fitness and fertility.

Neoteny (juvenile features in an adult) is not simply youthfulness in the aging adult face. A baby’s features (large eyes, small nose, round cheeks, smooth skin, glossy hair, and lighter skin tones) correlate with greater perceived attractiveness, more paternal attention, and even a lower incidence of childhood abuse. The preference for childlike facial features appears consistently across ethnic populations, regardless of sexual orientation.<sup>1,2</sup>

**REFERENCES**

1. Bashour M. History and current concepts in the analysis of facial attractiveness. *Plast Reconstr Surg* 2006;118:741
2. Bashour M. An objective system for measuring facial attractiveness. *Plast Reconstr Surg* 2006;118:757

**BEAUTY AND ITS CONCEPTS**

6. *Which of the following anatomical features is most concordant with an aesthetic male dimorphic trait?*

**C. Supraorbital ridges.**

Attractiveness is also related to sexual dimorphism—that is, the degree to which a particular face resembles the prototype of his or her sex. In men, this means larger jaws and supraorbital ridges; more prominent cheekbones; smaller eyes; thinner lips; and wider, larger noses. Although facial attractiveness may not always conform to algorithmic or mathematical proportions, it still derives from species-specific psychological adaptations.<sup>1</sup>

**REFERENCE**

1. Constantian MB. *Rhinoplasty: Craft and Magic*. New York: Thieme Publishers; 2009

**BEAUTY AND ITS CONCEPTS**

7. *In women, sexual dimorphism toward the aesthetic ideal implies which of the following?*

**D. Smaller jaw.**

The prototype of the female sex portrays facial features including prominent cheekbones; smooth, hairless skin; wider eyes; higher, thinner eyebrows; smaller jaws; fuller lips; and shorter, smaller noses. The other answer choices depict the aesthetic ideal for males.<sup>1,2,3</sup>

## REFERENCES

1. Bashour M. History and current concepts in the analysis of facial attractiveness. *Plast Reconstr Surg* 2006;118:741
2. Bashour M. An objective system for measuring facial attractiveness. *Plast Reconstr Surg* 2006;118:757
3. Constantian MB. *Rhinoplasty: Craft and Magic*. New York: Thieme Publishers; 2009