

Avoiding psychogenic dissatisfaction from aesthetical and functional nose surgery.

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Evitando a insatisfação psicogênica na cirurgia estética e funcional do nariz

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RESUMO

Corretamente indicada e executada, a septorinoplastia estética/funcional, na maioria dos casos remove a obstrução nasal e trás normalidade a aparência externa do nariz, melhorando a auto-estima e confiança do paciente simultaneamente. Eventualmente, tais melhorias são tão importantes que elas mudam dramaticamente para melhor o comportamento social do paciente e sua própria vida. Apesar de sua habilidade e competência, o cirurgião não está livre do descontentamento injusto de paciente com predisposições psicogênicas para isto (e para litígio) devem ser reconhecidos, controlados ou até mesmo recusados, durante a seleção pré-operatória. Não importa quão grande a perícia, nada pode ser melhor para prevenir problemas que a seleção precisa dos pacientes e a consciência médico-legal. **Objetivo:** resumir os aspectos mais importantes do descontentamento de paciente após cirurgias estéticas/funcionais do nariz, indiferentemente de um resultado sem defeito. **Método:** O propósito principal do nosso estudo foi oferecer algumas diretrizes para lidar com pacientes insatisfeitos e para evitar, por seleção pré-operatória, os pacientes com predisposição, por condições psicológicas, a problemas pós-operatórios subjetivos. **Conclusão:** A septorinoplastia remove a obstrução nasal e a aparência externa do nariz, além de melhorar a auto-estima e confiança do paciente. Em algumas ocasiões a mente do paciente pode mudar um resultado cirúrgico objetivo muito bom para um resultado subjetivo ruim despertando descontentamento

Descritores: cirurgia estética, nariz, insatisfação, fatores.

ABSTRACT

Properly indicated and performed, aesthetic/functional septorhinoplasty, in most cases removes nasal obstruction and changes towards normal the external appearance of the nose, simultaneously improving the self-esteem and self-confidence of the patient. Eventually, such improvements are so important that they dramatically change for better his social behavior and his own life. Despite the best ability and competence, the surgeon is not free from patient's unfair dissatisfaction, and patients with psychogenic predisposition for it (and for litigation) must be recognized, controlled or even refused, during the preoperative selection. No matter how great the expertise or how deft the hands, nothing can prevent problems better than accurate patient selection and medical-legal awareness. **Objective:** to summarize the most important aspects of patient's dissatisfaction after aesthetic and/or functional nose surgery, regardless a faultless result. **Method:** The main purpose was to offer some guidelines for dealing with dissatisfied patients and for avoiding, in preoperative selection, the patients with predisposing psychological conditions for subjective postoperative problems, whatever the result. **Conclusion:** septorhinoplasty removes nasal obstruction and changes the external appearance of the nose, improving the self-esteem and self-confidence of the patient. In some occasions the patient's mind may change a very good objective surgical result in a poor subjective one arousing dissatisfaction.

Keywords: esthetic surgery, nose, dissatisfaction, factors.

INTRODUCTION

Properly indicated and performed, aesthetic/functional septorhinoplasty, in most cases removes nasal obstruction and changes towards normal the external appearance of the nose, simultaneously improving the self-esteem and self confidence of the patient. Eventually, such improvements are so important that they dramatically change for better his social behavior and his own life. Despite the best ability and competence, the surgeon is not free from patient's unfair dissatisfaction, and patients with psychogenic predisposition for it (and for litigation) must be recognized, controlled or even refused, during the preoperative selection. No matter how great the expertise or how deft the hands, nothing can prevent problems better than accurate patient selection and medical-legal awareness.

OBJECTIVE

To summarize the most important aspects of patient's dissatisfaction after aesthetic and/or functional nose surgery, regardless a faultless result.

METHOD

The main purpose was to offer some guidelines for dealing with dissatisfied patients and for avoiding, in preoperative selection, the patients with predisposing psychological conditions for subjective postoperative problems, whatever the result.

REVIEW AND DISCUSSION

Noses are operated on for two main purposes: for relieving obstruction and for cosmetic improvement. Septum and rhinoplasty removes nasal obstruction and shifts towards normal (as much as possible) the external appearance of the nose, simultaneously improving the self esteem and self confidence of the patient.

For Mary Ruth Wright^{1,2}. Clinical Assistant Professor of Psychology (Baylor College of Medicine, Houston, Texas, USA): "(a) no matter how adjusted the patient might appear to be, cosmetic procedures always involve the patient's psyche.

In short, the patient undergoing a cosmetic procedure has the luxurious opportunity of indulging in whims, wishes, and unrealistic expectations. Thus, the surgeon must be attentive to underlying psychological manifestations and bear in mind that behind every request for an improved anatomical change, there is always the desire for an improved self image or self concept; (b) while it is generally agreed that the more marked the deformity, the more likely the patient is to be satisfied with operative results, the converse to this theory is not necessarily true. Evidence has shown that the patient with a minor defect is often quite pleased with the operative results;

(c) furthermore, most surgeons have observed that operative results that were disappointing to them often seemed quite acceptable to the patient; (d) studies have shown that psychological symptoms per se do not necessarily carry a poor psychological prognosis for cosmetic surgery. (...) Although psychogenic conditions are not the sole determinants of operative dissatisfactions, the cosmetic surgeon must be aware of, and be able to evaluate, the patient's psychic health. In a sense, the rhinoplasty surgeon must practice psychiatry as far as recognizing, not treating, psychic pathology. (...) There are three broad areas of psychic pathology that the surgeon needs to be able to recognize and to differentiate: psychoneurotic disorders, psychotic disorders, and personality disorders. The neurotic patient, who is recognized by his worry, anxiety, and somatic symptoms, with adequate counseling tends to make an excellent cosmetic patient". It is our experience that this is very true, but psychotic patients seem to represent an ever present danger. Therefore, it is recommended that the surgeon refer any patient in such condition to a psychiatrist or experienced psychologist before scheduling surgery with cosmetic implications.

"However, it should be noted that the dangers of operating on a psychotic have been exaggerated. Studies have shown that the psychotics are often able to withstand cosmetic surgery and, in some cases, they seem to gain psychological benefits from it"¹.

Many schizophrenic patients spent hours anxiously contemplating themselves at the mirror, in order to follow the imaginary changes of his face, including the nose.

As a consequence of such delirium some schizophrenic and other mental diseased patients require from cosmetic surgeons surgical procedures able to give them a good-looking normal aspect. In order to circumvent such problem and alleviate the patient delirium some psychiatrists have recommended surgery simulation. However, it does not seem adequate for the surgeon to do such equivocal treatment³.

"Almost all that consult us are true psychic ill patients, presenting slightly or severely the so-called Linné syndrome" (Syndrome Psychiatric of a patient desiring a rhinoplasty)⁴.

Such syndrome may be from a minor neurosis to a true schizophrenia. They are shy and introverted persons who believe that everybody is worry about his nose deformity. When the surgical correction is well performed the patient presents a phase of euphoria and exaltation. The Linné syndrome is reversed. This course of euphoric reaction, that may be near the phase of mania, very rapidly reaches the normal level"⁴.

Lynn and Goldman (1949)⁵ work on the assumption that all cosmetic patients are 'in effect, psychiatric patients'. They assume that the most disturbed patients are males who concentrated on the nose. To describe this exaggerated nasal focus, they coined the term psychiatric syndrome of the rhinoplasty patient. They associate, as Goin and Goin⁶, many of the disturbing psychological symptoms of the rhinoplasty patient to basic schizophrenic processes.

“The increasing documented cases of homicide following cosmetic surgery performed on paranoid schizophrenic patients represent an ever-present danger to cosmetic surgeons.(...) With the increase in cosmetic surgery, there has been an increase in surgeons becoming the victims of the paranoid patient. (...) Two of the four recorded acts of homicide that I have reviewed, where the patient postoperatively murdered his surgeon, were performed by male rhinoplasty patients. A finding that smacks at the emotional stability of the rhinoplasty patient”¹. “Summarizing observations from literature, four findings prevail: (1) the rhinoplasty patient, especially the male patient, is more psychologically disturbed than other surgery patients; (2) these psychological disturbances are usually long term and tend to reflect an identity conflict or the somatic manifestation of a conflict; (3) the degree of deformity cannot be equated with postoperative dissatisfaction; (4) the surgeon often becomes the recipient of the patient’s repressed hostility².” But in the case of neurotic patients, conveniently counseled by a psychiatrist or psychologist, cosmetic surgery may often be really beneficial and one may argue if rhinoplasty could not even be useful in certain cases of patients under psychotherapy.

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Apton (1955)⁷ says that improvement of the facial appearance makes easier the moral recuperation of criminals. In the Wright’s study⁸ of 90 rhinoplasty patients, the 25 patients who were re-evaluated 18 to 25 months postoperatively showed an improvement in the psychological clinical scales.

Takahashi et al (1971)⁹ observed in a group of 15 patients that “all operative cases (plastic operations) with neurosis showed improvement of their psychic state except one. Therefore, one could argue if rhinoplasty could not play an adjuvant role in certain cases of patients under psychotherapy.

With the psychiatrist approval and supervision we operated on some patients (not psychotic) on psychological treatment without problems. But the psychiatrist advised on the right moment for performing the operation. On the other hand, he said that a successful operation result could be used by him as a part of these patients’s psychotherapy

Lynn & Goldman⁵ believe that the psychologic changes initiated by rhinoplasty facilitate psychotherapy. “The nose is the most conspicuous structure of the human body and plays a special role in the structure of body image. The face configuration, dependent in great part of the nose shape, thus, it is in the base of the image that everyone has of himself (body-image). Rhinoplasty (as little important as it can be) will be an aggression to such image.”⁴

Beauty can be a promise of complete satisfaction and can lead up to this satisfaction. Our own beauty or ugliness will not only figure in the image we get about ourselves, but will also figure in the image that others build up about us and which will be taken back again into ourselves. The body image is the

result of social life. Our own body image and the body image of others, their beauty and ugliness, thus become the basis of our sexual and social activities.

“Outstanding studies have observed more emotional sequelae following rhinoplasty than other surgery. Furthermore, studies have noted that the male rhinoplasty patient demonstrates more psychopathology than his female counterpart”.²

After rhinoplasty neurosis may develop and even a latent psychosis becomes occasionally symptomatic. We had, for instance, a female patient that after a very successful rhinoplasty for correction of a conspicuous nose deformity was hospitalized with the diagnosis of a schizophrenic disorder. Lawson et al (1983)¹⁰ reported that severe psychiatric disturbances may occur in the immediate postoperative period of rhinoplasty.

“For some, the surgical trauma is the origin of this transformation. For others, such nose deformity would be a protection of the patient against his entourage and, broking this barrier (by the surgical correction), the patient will be pushed into psychosis.”⁴

The mind would influence functional results as well as the cosmetic ones. However, experience has shown that patients looking for functional nose surgery and an additional cosmetic improvement are easier to be satisfied with the surgery results than the ones asking only for a purely cosmetic improvement, mostly the ones with minimal deformities.

For Fomon & Bell (1970)¹¹ a fair idea of the outcome of the operation (rhinoplasty) from a psychologic point of view may be obtained by classifying patients into the following categories:

Class I - Mentally balanced individuals whose request for the operation is logical and in whom the deformity does not disturb his economic, emotional, or social activities. In these well balanced individuals, all that is necessary to forestall postoperative dissatisfaction is to ascertain the patient’s mental picture of the end result. He may have an erroneous preconceived idea as to what the defective part should look after operation and the surgeon may not be able to approximate this mental picture, either because it is impossible technically, or because it will not be suitable for the particular individual¹¹.

It is our experience that this class of patients are easily pleased with the surgical results since the surgeon is able to conciliate the patient’s mental picture of the end result and the real possibility of its fulfillment by surgery. Unrealistic expectations are to be recognized and prevented. In the cases of persistent unrealistic expectations it would be better to avoid surgery.

Class II - There is a well-known class of patients who cannot be benefited by operation, however successful. Such patients are to be avoided. Typical of this class is the individual who retreats behinds his handicap, actual or imagined, and uses it as a protection against responsibility. After the abnormality

has been corrected, he is cast adrift from his emotional protection and seeks some other slight defect as a plausible basis for further rationalization. Operations performed on such patients are often a cause of regret to the operator, since after a temporary improvement he is likely to return with demands for further surgery. In view of the less imperative indications, the later results will be even less acceptable, and the final outcome is likely to meet with dissatisfaction. In this group, operation is contraindicated¹¹.

Suspicion as to the success of the operation should be considered if in the course of examination the history reveals repeated plastic operations which have failed to satisfy the patient; a mal adjustment to life's problems for which he places the responsibilities outside himself; or past institutional psychiatric treatment. He may emphasize a minor defect and ignore a major one. Concern over a slight blemish may be exaggerated beyond a reasonable degree. As to his motive for surgery, he may expect, without valid evidence of qualification, that the operation will alter his interpersonal relationships and make him more popular, iron out marital difficulties, assure security, improve business acumen, or enhance his professional talents. We have learned from sad experience not to be persuaded by the persistent urging of the patient or his relatives to perform a rhinoplasty solely for the purpose of influencing his state of mind¹¹.

The surgeon can often 'spot' and rule out the individual whose motive for operation is vague or illogical and whose expectation of the result is unrealistic, comparing the patient's objective nose deformity, as judged by the surgeon, versus the patient's degree of concern with that deformity. We may have two opposite extremes (1) the patient with a major deformity but minimal concern and (2) the patient with a minor deformity causing extreme concern. The later represents a poor candidate to surgery¹².

The patient with nasal pathology is a sick person whose condition has always had elements of "somatic compliance" which sometimes support and prolong nasal symptoms. The pathology assumes significance often as a focal point for defensive maneuvers in serious unconscious conflicts¹³. "Since the purpose of rhinoplastic surgery is not the preservation of life or the relief of pain, exceptional care must be taken to appraise the functional, aesthetic, psychic, economic and social gains to be expected. Psychological testing is essential."¹¹.

"A very ancient maxim, still used by the Greeks is that the face is the mirror of the soul. And an evidence of this belief is that the words for "good" and "beautiful", still used today in their original form, were synonym. This conception, and love of beauty, were the main reason for the concern of the ancient Greek doctors about aesthetical reconstruction of the injured nose"¹⁴.

Today, the cult to beauty and youth, induced by intensive propaganda, pushes people to the office of cosmetic surgeons.

However, what beauty really is? Even in the Umberto Eco's "history of beauty"¹⁵ a clear definition of beauty is not found.

But he points out that, according to common sense, a beautiful thing is something well proportioned, and mentioning Crisipo, states that beauty is not in the individual parts but in the harmonic proportion of the several parts, one to the other.

In our practice we have been looking not for an individually beautiful nose, but rather for a nose suitable to the face and personality of each patient. Thus, for a general or people of similar leadership position a strong straight nose would certainly be suitable but not a gracious and delicate concave one with an obtuse nasolabial angle, a nose more associated to mockery than to authority.

To choose the more adequate nose for a patient is a fascinating aspect of rhinoplasty and we do not save time in doing it, because from this adequacy may largely depend the subjective success of surgery and patient's satisfaction.

Despite the fact that there is not a scientific base to establish a relation between the nose shape and a person character as proposed in the past by Lavater¹⁶, it is impossible to deny that the first impression we have from a person may be largely influenced by his facial aspect and expression, which is in a large measure associated to the nose shape.

There are noses suggesting severity and authority, as well as others suggesting kindness. For each patient's face there is an adequate nose and the surgeon must know which one is the best, after a careful analysis, in which the patient's mind and personality traits cannot be put aside, as well as the nose fundamental role as a passageway for air and the maintenance of life¹⁷. "Over time, the nose has been associated with character strengths or weaknesses".

Lawrence Olivier is supposed to have said, "I don't know how to play a character until I know what kind of nose he has". The nose is a natural site for somatic conversion. When performing a rhinoplasty, the surgeon is often faced with the difficult, sometimes impossible task of relieving disturbing symbolic symptoms without disturbing the meaningful symbol¹. Regular noses are important for a pleasant facial aspect and so for the development of fair social relationship, but eventually, as in the case of other physical handicaps, a conspicuous nose deformity can be compensated by extraordinary capabilities.

According to Adler's Theory, some individuals with a malformation or physical handicap would strive for reaching the top in his activity which would compensate such deficiency and feelings of inferiority. In order to get it, a hyper compensation may occur³. Socrates, for instance, had a very ugly nose. It is anedoctal that he got his nose deformity from trauma in the battle of Marathon, Greece, in which he fought as an hoplite (a heavily armed foot soldier in ancient Greece army). It is anedoctal also that Michelangelo's nose deformity would have induced his need for creating masterpieces of beauty and perfection.

"The question of what constitutes beauty is one that mankind has debated and about which there have been vastly different opinions throughout the ages"¹⁸.

The beauty pattern may be quite different from a culture to

another. For instance, in the old Egypt the ideal nose was the one long, slender and not very prominent. Conversely, among the Mayas the ideal nose was the prominent and adunc one^{19,20}.

Therefore, in aesthetic surgery the safer goal seems to look for harmony and so we do. However, even in this ground the surgeon must be cautious about small imperfections and/or disharmony, because occasionally such slight imperfections, as for instance certain small prognathisms, may be the most attractive and charming characteristic of one's face and it would be senseless (even harmful) a surgical procedure for their correction.

"A tradition has grown up in the field of art restoration that the restorer has best performed his function when the vital work he has done is not obvious. This is a lesson and a goal we should keep uppermost in our minds in every operation. The only real justification of aesthetic surgery is that the repaired or reconstructed part must blend harmoniously with the whole; whatever the surgery done, the hand of the restorer, once his vital labor is completed, must be withdrawn and be no longer in evidence. A particular reconstruction or reshaping of a feature that might be very desirable and well proportioned in one individual patient, might be entirely inappropriate or even ridiculous in another, simply because it would not fit in with, or contribute to, the harmony and logical balance of the face considered as a whole!"¹⁸.

Since the beginning of history, man has considered the nose to be the key to facial appearance and expression. The Papyrus of Edwin Smith (3000 B.C.) and the Nuzu Tablet Laws (1500 B.C.) state clearly that nasal mutilation was one of the main forms of punishment for prisoners of war and persons convicted of serious civil offenses. The Ebers Papyrus written about 1600 B.C. devotes a whole section to nasal deformities and their correction. "Daumier's caricatures poke fun at people by distorting their facial features, particularly the nose"²¹.

In the History of Art, and particularly in painting, a grotesque nose is an usual ornament of disgusting people as well as of the enemies, the tramps, the robbers and third rate persons²².

An outstanding example of it is found in the painting "Christ carrying the cross" (by Hieronymus Bosch, Museum of Fine Arts, Ghent, Belgium) in which a crowd of grotesque faces with grotesque noses can be seen tormenting the suffering Christ. For the ancient Egyptians the nose was an important entrance for life and so their belief that breaking the nose of a statue would produce the death of the depicted one²⁰.

It may be seen in some museums pharaoh's statues with a broken nose. For instance, we may see the ones of Sesostris III and Zoser (Cairo), Radedef (Louvre), Taharka (Cairo and Khartoum), Tutankhamon and Horemheb (Metropolitan Museum of Art, New York).

Probably such noses were not broken accidentally but intentionally with bad magic purposes. On the other hand, we know that deeply seated in the human mind is the primary need for oxygen and the nose is a very important

entrance for it. Today, rhinologists are aware of the importance of a good nose function for the human health. As said in Willemot's paper⁴, "The nose is the central pillar of the face structure and a phallic symbol. Without doubt this is the reason because certain warriors amputate the sexual organs or the nose of their enemies. In neurotics, the dysmorphophobias mostly involves the nose and hips (masculinity and femininity symbols)"²³. The nose amputation would be a symbolic castration.

The association between the beautiful and goodness and youth, the ugly and badness and old age is deeply seated in our minds since childhood and boyhood as a consequence of strong influence from the fairytales and the Hollywood movies. So, the young people, good-guys and "heroes" are good-looking, with well shaped noses, like Robert Taylor or Tyrone Power. For Basil Rathbone or Peter Lore were usually reserved the villain roles. As well as in the Walt Disney's pictures in which the "Snow-White" stepmother got a grotesque nose as soon as she became a witch. Another interesting example is the difference between the noses of Peter Pan, the children's beloved hero and the one of the famous "Captain Hook", the pirate and treacherous villain.

It may even be argued if such correlation would not have a connotation with the Jung's ideas on the archetypical representations.

A patient with a really good rhinoplasty result said us once that his life could be divided in two parts: before and after septorhinoplasty, the first one full of feelings of inferiority and the second one when such feelings of inferiority were substituted by the ones of self confidence and well being.

For Takahashi et al.⁹ among the disorders of the nose that are observed to be most intimately related to psychic factors are allergic rhinitis, vasomotor rhinitis and reflex neurosis. In the treatment of patients with rhinosinusitis consideration should be given to the psychosomatic aspect of the disease. To get frequent colds would be a consequence of nose erotization, ie, erection of an imaginary penis²³.

A common postoperative dissatisfaction, in case of preoperative nose obstruction, is that nasal breathing is not so easy as expected. It has a psychological base and experience with computerized rhinomanometry has shown that most people does not realize what normal nasal breathing really is and they idealize it¹⁷. The surgeon must explain that a good nose needs to offer some resistance to the air passage for proper breathing function and this is one reason because mouth breathing is not as efficient as nose breathing. "The ability to breath well does not consist entirely of having large nasal spaces"²⁴. "Wide open spaces are in the West, not in the nose."¹³. Computerized rhinomanometry has been an excellent tool for documentation and demonstration of the nasal flow before and after surgery as well as for comparison with the generally agreed as the normal range for nasal airway resistance^{17,25}. Nasal obstruction as a symptom is primarily related to the subjective perception of air flow by the patient, rather than his real ability for breathing through the nose. As a rule we

pay an especial attention to the patients asking for surgery that presents deformities not proportional to the complaints because a serious psychological problem may be underlying them. This is the dysmorphophobic patient and rather than nose surgery he certainly needs psychiatric care.

From Wright^{1,2} we learned that "(a) time resolves most operative dissatisfactions', mainly the purely psychologically ones; (b) while psychiatric consultation is not recommended as a standard procedure, it is essential for the psychotic patient, the severely depressed patient, and the patient with whom the surgeon feels intuitively uncomfortable; (c) it is of paramount importance that the surgeon make no comment or gesture that would implicate the initial surgeon; (d) it is far more beneficial to remember that the dissatisfied patient primarily wants the surgeon to stand by and not to reject him."

It has been well documented in the literature that the lack of rapport is a major cause for medical malpractice suits^{1,2}. Gorney²⁶ stresses that litigation in plastic surgery has as its common denominator not poor results but poor communication.

Surgeons must be aware that 1 besides a good function and shape, a nose operated on should be in harmony with the face and personality of the patient; (2) of paramount importance is the doctor/patient rapport because a good subjective result of a cosmetic or cosmetic/functional nose surgery strongly depends on the expectations and emotional attitude of the patient. Sometimes a good aesthetic and/or functional result may not be so good but a poor one, on the subjective standpoint of the patient. Conversely, occasionally a not so good objective surgical result or an insignificant deformity correction for the surgeon is an excellent subjective outcome for the patient²⁵.

"A well performed rhinoplasty will not give ipso facto an excellent result if its shape does not fit well the person's ensemble (ie, the person's face and character).Therefore, a preoperative study of the patient's character is useful."⁴. "The only justification of aesthetic surgery is that the reconstructed part must blend in harmoniously with the whole. Whatever the surgery done, the hand of the restorer, once his vital labor is completed, must be withdrawn and no longer be in evidence."¹⁸.

If the new nose is not in harmony with the patient's face and personality we may hear a comment like this : "the operation result is really excellent but the former nose was more adjusted to my face." Some patients are even asking for a new surgery in order to try to have the former nose back³. On the other hand, it is good to remind the Lavater's observation (1841) that there is not beautiful noses in ugly faces¹⁶.

Our experience is that discrepancy between the objectively correct and the subjectively unsatisfactory is mostly grounded in the patient's expectation. Expectations are elaborated in the patient's mind and are influenced by the mind abnormalities as well as feelings, emotions and desires. The result will be realistic or unrealistic expectations. Unrealistic

expectations seem to be one of the most important factors in dissatisfaction.

Therefore, a fundamental task of the surgeon in the preoperative interviews is to understand what the patient really is expecting from surgery and to make him really informed on the benefits and limitations of surgery, for avoiding the unrealistic expectations. Even a perfect nose does not make one to be loved, admired, successful or happy. As emphasized by Wright & Wright⁸, "cosmetic surgery will not increase popularity, nor will it regain lost love, create happiness, change personality, or produce vocational success(...).Very often a successful rhinoplasty may really contribute for such conditions but always through the improvement of the patient's self- esteem and self-confidence. A patient said: "my success was not properly due to my new well shaped nose but because of the improved self-confidence it gave me thanks to a more acceptable and normal appearance." Therefore, the surgeon must be very clear on the limitations and real expectations in each individual case, as well as on the vicissitudes that involve both the surgical procedure itself as the healing process.

The surgeon must be sure the patient understood his explanation and agreed to it. When dealing with married or non adult patients, it is of utmost importance to obtain the husband, wife or both parents agreement in order to save a lot of further emotional conflicts. We agree with Gorney²⁶ when he said that "we much prefer the immediate family to be in agreement with the proposed surgery and often refuse if they are not." It is advisable to reject the patient that is asking for cosmetic or functional nose surgery with unrealistic expectations, because most patient's dissatisfaction results from unrealistic expectations. Experience has shown that surgeon's must refrain from making any surgical correction without previous discussion and consent of the patient. Most of us had the experience of the disastrous consequences of a cosmetic nose correction made by some colleagues that, with the best intention but without the patient's previous consent, as a complimentary procedure, taking advantage of hospitalization and the performance of another facial surgery, as a rhytidectomy.

A good advise would be to avoid promising too much or to do anything that you are not able to make a little better than expected because when you give less than expected or promised dissatisfaction (and problems) immediately supervenes.

Wright²⁷ said that we may classify the noses in four types or grades : the perfect , the satisfactory , the ugly ones and the very ugly or grotesque noses. He used as a policy never promise an improvement greater than one step in such classification. It means, to change an ugly nose in a satisfactory one may be expected but not its transformation in a perfect nose, because the surgeon is not a magician. It would be very difficult or impossible, to make a perfect nose from a very ugly one. Thus, such expectation will be unrealistic and potentially disastrous.

"It is important for the surgeon to bear in mind that he should

not attempt to “explain away” or to deny the existence of any possible complication, as these means only tend to imply guilt on the part of the surgeon and project blame onto the patient. In case of patient dissatisfaction following cosmetic procedures, there is no specific immediate relief remedy².

I recommend that the cosmetic surgeon do what he can to relieve the complication and then continue to see the patient until the patient resolves his own feelings of dissatisfaction^{1,2}.

“In treating the dissatisfied patient, it might be helpful to remember what Titus Harris, a psychiatrist, once said: it is amazing how many patients get well on their own if we just let them.”².

“Even if the patient’s point of view is not legitimate, the surgeon must refrain from react emotionally or defensively. He must try to understand the patient and make himself understood by the patient. An understanding patient will not sue his surgeon. The patient who is feeling litigious toward the surgeon really wants respect more than legal retaliation¹.”

“Listening to the patient is the best treatment for patient dissatisfaction¹”, “It should be pointed out that psychological symptoms per se do not predict a poor psychological prognosis¹. However, “it is the patient with a personality disorder who is most prone to suing his surgeon for medical malpractice.”¹.

“Generally speaking, depression should be treated prior to cosmetic surgery. However, this axiom is somewhat paradoxical, because although surgery can exacerbate acute depression, it often seems to alleviate chronic depression.”¹.

“The obsessive-compulsive patient is recognized by his exaggerated use of rationalization, explanations and justifications. He is not necessarily dangerous but he will exhaust the surgeon with his logical and theoretical interpretations.”¹.

“A curious and dangerous condition is the patient with the Polysurgical Syndrome. (Münchhausen’s syndrome.). This syndrome describes the surgical addict who has an insatiable desire for surgery. Surgery is a fantasy to the surgical addict, a fantasy that he hopes will resolve his deep psychic conflicts, but alas, when fantasy does not resolve his psychic conflicts, the patient become more desperate and demands more surgery. It is every surgeon’s task to recognize and resist the addict’s pleas for surgery^{1,28}.”

When a patient has an underlying psychological abnormality, but surgery is indicated for a legitimate medical reason, the classification as Polysurgical syndrome is not appropriate³⁰. Another aspect of psychological problems is the “decisional conflict”. This situation results from one of two causes: (1) a disagreement concerning the decision for surgery, as when the wife desires a rhinoplasty and her husband opposes it or when a mother wants rhinoplasty for a son and the father is against it; (2) a lack of understanding, about who is the beneficiary of the surgery, as when a wife requests surgery in order to regain the affection of his husband. Since both

situations usually have disastrous results, decisional conflicts must be exposed and resolved prior to surgery¹.

Mary Ruth Wright does not recommend routinely psychiatric or psychological consultation for the rhinoplasty patient, but it is recommended for any patient who reveals disturbing psychological symptoms or for any patient with whom the surgeon feels intuitively uncomfortable. “Actually, being aware of feeling uncomfortable, is the surgeon’s primary indication of disturbing psychopathology”¹.

“It is generally agreed that there are four criteria for refusing a patient rhinoplasty surgery: (1) the presence of a delusional fixation on a body part; (2) the existence of paranoid thoughts; (3) a history of surgical insatiability; (4) a strong suggestion of malingering.” (2) For Mary Ruth Wright rhinoplasty patients have a hidden psychological agenda that cannot be described in definitive terms. However, the clever cosmetic surgeon can recognize and control most psychological manifestations and alleviate most patient dissatisfaction. Presently we must accept that the rhinoplasty patient represents a psychological risk. Still, it is recommended that this condition be viewed as a challenge - as a fascinating area to be explored rather than as inevitable danger. After all, it is the mystery of rhinoplasty that makes it the most intriguing and precarious specialty of cosmetic surgery¹.

“According to the literature, there are three major causes of patient dissatisfaction with the results of cosmetic procedures (1) a physical complication or disappointment in anatomical change; (2) an unrealistic psychological expectation on the surgical result; and (3) a lack of understanding or rapport between the surgeon and the patient”².

On the functional standpoint our experience has shown that the sensation that breathing is not so easy as expected is by far the most common disappointment and this is well understood because most people don’t realize what really normal nose breathing is and it is a surgeon’s task to explain that the nose has as an important function to offer some resistance to airflow and this is one reason because mouth breathing does not substitutes nose breathing¹⁷.

As prevention is still the best treatment for psychological disturbances that may result from rhinoplasty surgery¹, dissatisfaction inclusive, it is advisable to consider the mind as a very important aspect of the selection and preoperative care of rhinoplasty patients.

Avoidance of rhinoplasty in high psychological risk patients may be an utmost measure “Realizing that the rhinoplasty patient is a psychological risk, the surgeon must be aware that he requires thoughtful and careful counseling, both preoperatively and postoperatively. It is most important that the surgeon bear in mind that an understanding relationship between the surgeon and the patient is the best insurance against postoperative psychological complications and against litigations.”¹.

Gifford defines the risk patient as a person that attributes a lifelong history of inadequacies to a “single physical defect”, who continually seeks additional surgery, and who has a

blaming, or in extreme cases, paranoid or persecutory attitude toward doctors. He stresses the danger of operating on a patient who has a fixation on a visible body part^{1,29}.

Gifford's theory is that the fixation on a body part may psychologically serve the patient, i.e., as representing a reason for failure or as focus for anxiety. If this is the case, when a surgeon operates on and alters the somatic focus, he may unwittingly disturb the patient's focus for failures, and that consequently the surgeon may receive the patient's resentment and persecutory attitude that previously was focused on the body part. Although he acknowledges more unfavorable results in the male patient, he does not stress the sex differences as much as the basic personality of the patient. He especially warns the surgeon against the patient who has had 'previous unsuccessful cosmetic operations', the patient who has had 'disappointing experiences with previous physicians', and the patient who is currently in a crisis or statement of bereavement."¹

Goin and Goin stress the sexual symbolism of both the male and female nose, and point out that a delusion about the nose is a contraindication to rhinoplasty and may cause a major psychological decompensation following surgery⁶.

Freud probably was the first physician to recognize the sexual symbolism of the nose¹. In psychoanalytic terms the nose is a phallic symbol representing the penis and clitoris, respectively²³.

Gifford's evaluation or prognosis of the male homosexual patient differs those of other surgeons in that he feels that homosexuals are most likely to be dissatisfied with or even resentful of their surgery. The opinion of Mary Ruth Wright is that the man who owns up to his homosexuality tends to know what he wants, such as a more feminine nose, and is usually satisfied with the surgical results, while the man who is in conflict about his sexuality or has latent homosexual tendencies is not certain what he wants and therefore is more likely to be dissatisfied¹.

Goldwyn agrees with Gifford that young adolescents girls are usually quite happy with the results of their rhinoplasty, but advises the surgeon to be conservative when operating on the older woman, explaining that 'the older woman usually does not want a significant change in appearance of her nose, because after several decades she has grown accustomed to her face'³⁰.

In Roberto Farina's experience, rhinoplasty is often contraindicated in patients more than 40 years old because could be hard to them to be adapted to the new nose³.

Probably, it would be difficult to them (mainly the successful ones) to accept the change of a well established "body image".

Gifford describes how young girls who have rhinoplasties with their mother's consent, or at their suggestion, usually are quite satisfied with the results and often even gain personality functioning. He attributes this positive reaction to a mother and daughter alliance, probably against the father, and interprets it as a 'magical gift' from a mother with 'narcissistic power', a gift that can be used to obtain admiration and used to control men."¹

Another interesting situation is that one of some male patients with an ugly nose that need for functional purpose to modify the nasolabial angle but are worry about the possibility of embellishment as a consequence of the nose shape change because they are popular and widely accepted with his ugly nose, and a change would be unwanted. "Such handsome face would not certainly be the mine one, please I would prefer to keep my ugly nose because it is like my well known social and professional identity card. We had this experience with a friend and distinguished ENT doctor who was afraid of his patients opinion if he had his nose appearance changed for better by surgery".

"Cooperative endeavor between surgeon and psychiatrist will bring new gains and insights for both and great benefits for the patient. The rhinologist can modify the anatomy and function, the psychiatrist the integrative span and deformed perspectives."¹³.

CONCLUSIONS

Properly indicated and performed, septorhinoplasty removes nasal obstruction and changes to normal the external appearance of the nose, simultaneously improving the self-esteem and self-confidence of the patient. Eventually, such improvements are so important that they dramatically change for better his social behaviour and his own life.

However, in some occasions the patient's mind may change a very good objective surgical result in a poor subjective one arousing dissatisfaction.

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