

Letter to the Editor

Strategies to prevent extinction of plastic surgery

Sir,

“What we need is not the will to believe, but the wish to find out.” William Wordsworth

Plastic surgery is a rare combination of carpentry and aesthetics. These skills are so judgmental that the perception of the ideal form varies radically between the surgeons.¹ Plastic surgery being surface surgery is unique as the results are obvious and almost instantaneous. Younger surgeons usually face difficulties in satisfying the patients because of the visibility of surgical results. Litigation and compensation issues may also dissuade medical students to join the revered specialty. Many other issues related to the specialty merit due attention.

In 1992, Furlow underlined the importance of cooperation with colleagues from other specialties such as otolaryngology, orthopedics and neurosurgery.²

Table 1: Plastic surgical procedures which are performed by other specialties.

Speciality	Procedure
Orthopaedics	Hand fracture, skin grafting, neurolysis, release or transposition of nerves
Ophthalmology	Blepharoplasty, blepharoptosis, socket reconstruction
Otorhinology	Rhinoplasty, maxillofacial fractures
Neurosurgery	Brachial plexus surgery, peripheral nerve surgery, carpal tunnel syndrome, nerve biopsy
General Surgery	Skin grafting, flaps
Oral and Maxillofacial surgeons	Maxillofacial surgery, cleft lip and palate
Urology	Hypospadias
Paediatric Surgery	Hypospadias, cleft lip and palate
Dermatology	Cosmetic surgery
Oncology	Regional flaps, free flaps
Polytrauma	Brachial plexus surgery, tendon injuries

At the same time plastic surgery is inherently susceptible to succumb to other specialties mainly due to the inability of the plastic surgeons to advertise and adequately educate the colleagues and the masses.³ These lapses have adversely affected the specialty. It has given opportunity

to various other specialties to perform procedures previously performed by plastic surgeons (Table 1).

The plastic surgeons need to showcase better results than the related specialties to get their clientele back. A complex branch like plastic surgery should be propagated more to provide a clear understanding of the surgical procedures and their outcome. In brief, it's a social responsibility to convey the message to every concerned individual so that they consult the right physician.

It is also important to curb dissemination of incorrect information by non-plastic surgeons.³ Therefore, qualified plastic surgeons should harness the social media and correctly inform the people concerning the surgical skills, operations performed and the post procedure outcomes.

As competition soars higher, just a degree in plastic surgery may not give surgeons the cutting edge. Disappointment sets in when the young surgeons face difficulties in getting the rightfully deserved employment. They begin to perceive their academic qualifications as inadequate in a congested and competitive world.⁴ They increasingly feel the need to add value to their credentials to gain advantage over the others. Therefore, training after the post graduate degree becomes essential and the outcomes may be fruitful in the years to come. This, nevertheless, increase the study years and obscures timely settlement. This, sometimes, demotivates the post-graduates from joining the specialty.

Aesthetic surgery is challenging as plastic surgeons may have differences in abilities to judge with their eye. The uncertainty and variable results usually scare the patients at the prospect of surgically changing their appearance.¹ Patients who undergo non-invasive procedures such as injectables choose plastic surgeons to perform them but they may choose non-plastic surgeons if they provide competitive results. Therefore, plastic surgeons should expand the nonsurgical cosmetic services to remain competitive.⁵

Is imperative to state that the government policies have overlooked and underrated plastic surgery due to the bias of the policymakers and indifferent attitude towards the specialty. Kadam pointed the absence of a plastic surgeon in the Ayushman Bharat Yojana in the formulation of surgical packages of the scheme.⁶ Number of surgeries have been omitted and the packages exclusive to plastic surgery can be finger counted: hemangioma, tissue expander, negative-pressure wound therapy (inpatient

only), microtia, revascularization of limb/digit, pressure sore- surgery and scalp avulsion reconstruction.

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