

Cosmetic Surgery Idea Conflicts

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Abstract

Cosmetic surgery is a common medical practice worldwide. However, a high ratio of surgery failures is present due to idea conflict between surgery patients and performers. It result in high-ratio of secondary treatment afterwards. This editorial discusses this matter.

Keywords: Cosmetic Surgery; Therapeutic Failure; Orthopedic; Side-Effects; Facial Beauty

Introduction

Cosmetic surgery is a common medical practice worldwide. However, a high ratio of surgery failures is present due to idea conflict between beauty seeker and doctors. It result secondary treatment afterwards. People seeking facial surgery commonly want to be nose or eyes of whole image of some beautiful celebrity or country beauty. They do not know if he/or she is suitable for this type of condition or overall suitability. Also, doctors are many times adapt only to one or two prototypes. In order to change this situation, many factors are discussed.

Idea conflicts

People desires and limitation

- Change his/or her image to some famous celebrity or national beauty;
- Physiological limitations (skin color, age or future prognosis).

Doctor's limitation

- Image similarity due to the limitation of ideology for many doctors;
- Do not have the capability to optimize surgery tailored for individual persons.

Clinical outcomes

There are a lot of therapeutic disappointments for many people after surgery. A secondary surgery is needed in the clinic. The idea conflict

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between doctors and surgery-seekers is the major factor. Dialogue before surgery and scientific study is needed for practice promotion.

Future pathways

Guideline for these undesired outcome must be built

Early communication between doctors and people. Do not exchange information about surgery-fee only.

Understanding the overall information of potential patients, like blood glucose levels or other potential complications [1-6].

Deeper understanding the long-term outcomes of every cosmetic surgery (facial development for long time intervals) [7,8].

Conclusion

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