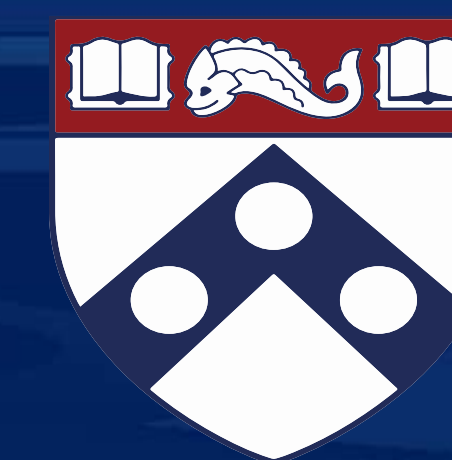


The Impact Of Psychiatric Comorbidities On Outcomes And Quality Of Life In Plastic Surgery Patients

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Background

Increased body image dissatisfaction is often reported in individuals who seek plastic surgery and is believed to play a role in these individuals' decisions to undergo a variety of body contouring procedures. While evidence has shown that body image frequently improves post-operation, severe dissatisfaction may contraindicate plastic surgery when recognized as a symptom of a psychiatric disorder. The purpose of this study was to provide a comprehensive analysis comparing postoperative clinical outcomes and QoL in patients with or without psychiatric comorbidities who have undergone the most common plastic surgery procedures, including reduction mammoplasty and body contouring surgery. We sought to identify psychiatric risk factors for surgical morbidity and poor QoL measures and establish a patient population that may benefit from preoperative interventions.

Methods

A retrospective review from 2016 to 2022 of patients with and without psychiatric comorbidities undergoing reduction mammoplasty and body contouring (panniculectomy and/or abdominoplasty) was conducted. Propensity-score matching considered age, BMI, ethnicity, bariatric surgery history, ptosis, and breast tissue mass. Patient demographics, clinical characteristics, and postoperative details were compared. QoL changes were assessed using pre- and postoperative BREAST-Q and BODY-Q.

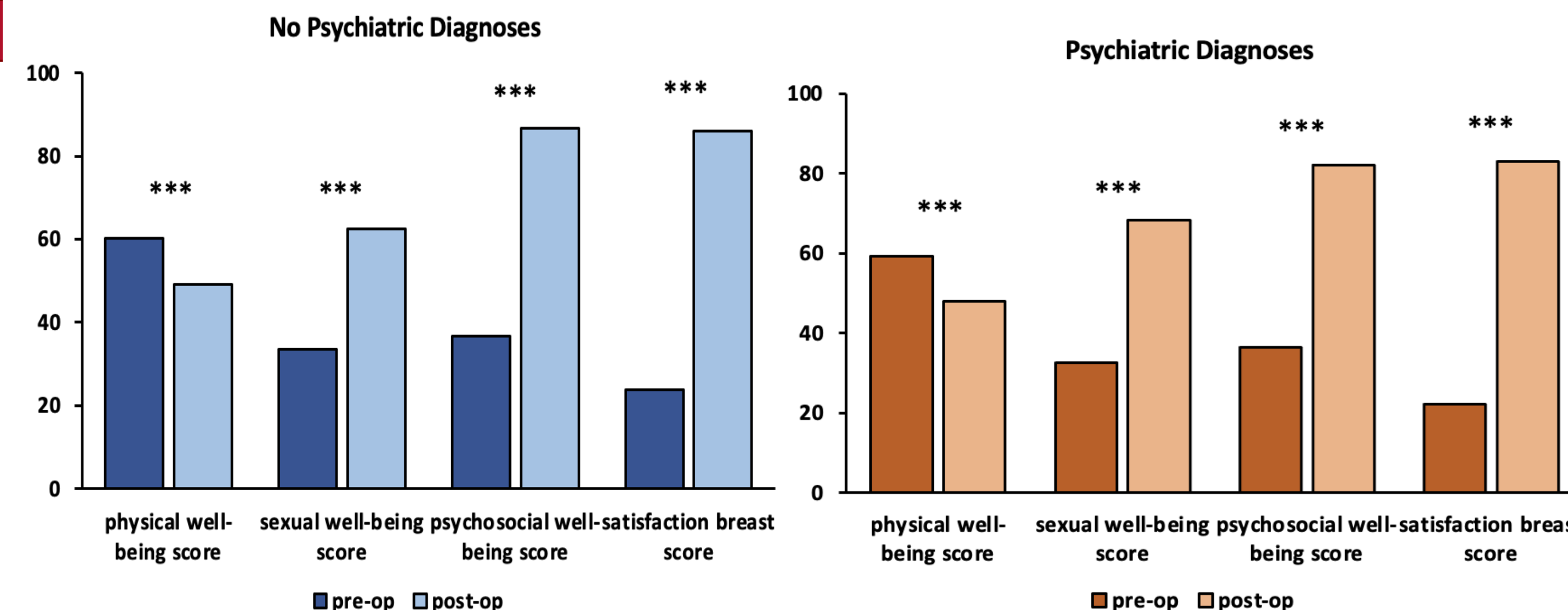


Figure 1. BREAST-Q Scores for Reduction Mammoplasty Patients.

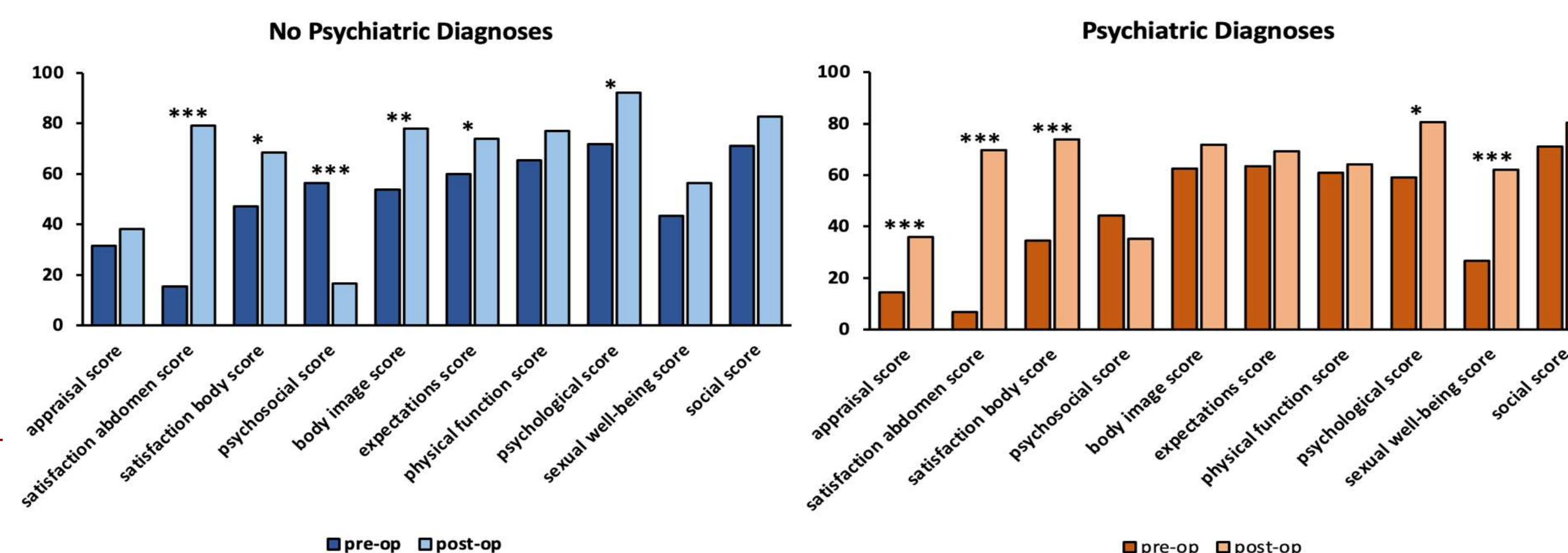


Figure 2. BODY-Q Scores for Body Contouring Patients.

Results

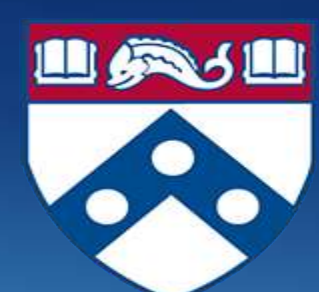
Of 554 patients, 194 were in the body contouring cohort (97 each with and without psychiatric diagnoses) and 360 in the reduction mammoplasty cohort (180 each). The body contouring group averaged 46.7 years with a mean BMI of 31.2, and psychiatric comorbidity was associated with increased surgical site occurrence and length of stay ($p < 0.05$). Psychiatric comorbidity independently predicted increased SSO (AOR 3.02, $p < 0.05$) and LOS (AOR 1.73, $p < 0.05$). The reduction mammoplasty cohort averaged 36.3 years with a mean BMI of 29.7, and psychiatric comorbidity was linked to a higher rate of readmissions and ED visits ($p < 0.05$). Psychiatric comorbidity independently predicted increased ED visits (AOR 4.86, $p < 0.05$). Both groups showed enhanced postoperative QoL regardless of psychiatric status.

Conclusions

The high prevalence of psychiatric diagnoses in patients seeking plastic surgery underscores the importance in understanding the impact of these psychiatric comorbidities on postoperative outcomes and QoL. In this matched cohort study, patients with psychiatric diagnoses had an increased likelihood of readmissions and ED visits following reduction mammoplasty, and an increased incidence of SSOs and a more extended LOS following panniculectomy and/or abdominoplasty. Critically, the results demonstrate that QoL improvement was comparable across patients with and without psychiatric comorbidities. Establishing comprehensive preoperative screening practices and tailored postoperative care is therefore critical for maximizing safety and satisfaction in this vulnerable patient population.

References

1. Pertschuk MJ, Sarwer DB, Wadden TA, Whitaker LA. Body Image Dissatisfaction in Male Cosmetic Surgery Patients. *Aesthetic Plast Surg.* 1998;22(1):20-24. doi:10.1007/s002669900160
2. Sarwer DB, Gibbons LM, Magee L, et al. A Prospective, Multi-Site Investigation of Patient Satisfaction and Psychosocial Status Following Cosmetic Surgery. *Aesthet Surg J.* 2005;25(3):263-269. doi:10.1016/j.asj.2005.03.0092021;41(6):NP684-NP694. doi:10.1093/asj/sjaa31324.
3. Cash TF, Duel LA, Perkins LL. Women's Psychosocial Outcomes of Breast Augmentation with Silicone Gel-Filled Implants: A 2-Year Prospective Study. *Plast Reconstr Surg.* 2002;109(6):2122.



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