

Briefing Papers: Plastic Surgery For Teenagers

Teenagers who want to have plastic surgery usually have different motivations and goals than adults. They often have plastic surgery to improve physical characteristics they feel are awkward or flawed, that if left uncorrected, may affect them well into adulthood. Teens tend to have plastic surgery to fit in with peers, to look similar. Adults tend to have plastic surgery to stand out from others.

Common physical characteristics or concerns teenagers wish to correct include nose reshaping, protruding ears, overly large breasts, asymmetrical breasts, and severe acne and scarring. Teens frequently gain self esteem and confidence when their physical problems are corrected. In fact, successful plastic surgery may reverse the social withdrawal that so often accompanies teens who feel different. According to American Society of Plastic Surgeons (ASPS) statistics, more than 331,000 cosmetic plastic surgery procedures were performed on people age 18 or younger in 2003.

Not every teenager seeking plastic surgery is well suited for an operation. Teens must demonstrate emotional maturity and an understanding of the limitations of plastic surgery. In addition, certain milestones in growth and physical maturity must be achieved before undergoing plastic surgery.

With the introduction of reality plastic surgery shows like MTV's "I Want a Famous Face," the ASPS cautions teenagers and parents to keep in mind that plastic surgery is real surgery, with great benefits, but also carries some risks. Teens should have realistic expectations about plastic surgery and what it can do for them. Patients should be cautious of any physicians claiming they can make you look like someone else. Everyone has different and unique facial features and bone structure, which greatly influence the outcome of any plastic surgery procedure.

Although health insurance does not pay for cosmetic plastic surgery, coverage is often provided when a procedure alleviates physical symptoms or improves a body function. Such is usually the case, for instance, when breast reduction eliminates severe back and neck pain. It should be noted, however, that health insurance coverage varies greatly between health plans.

Statement

The ASPS has no formal position on plastic surgery for teenagers. As with any surgery, parental consent is required for all plastic surgery procedures performed on teens younger than 18. ASPS advises parents to evaluate the teenager's physical and emotional maturity and believes that individual cases merit careful evaluation under the guidance of a plastic surgeon certified by The American Board of Plastic Surgery. The most rewarding outcomes are expected when the following exist:

The teenager initiates the request.

While parental support is essential, the teenager's own desire for plastic surgery must be clearly expressed and repeated over a period of time.

The teenager has realistic goals.

The young person must appreciate both the benefits and limitations of plastic surgery, avoiding unrealistic expectations about life changes that will occur as a result of the procedure.

The teenager has sufficient maturity.

Teenagers must be able to tolerate the discomfort and temporary disfigurement of a surgical procedure. Plastic surgery is not recommended for teens who are prone to mood swings or erratic behavior, who are abusing drugs and/or alcohol, or who are being treated for clinical depression or other mental illness.

Common Plastic Surgery Procedures

Rhinoplasty (nose reshaping)

Plastic surgery may be performed on the nose to straighten the bridge, remove an unsightly hump, reshape the tip or open breathing passages. Ordinarily this is not performed until the nose reaches its adult size – about age 15 or 16 in girls and a year later in boys. In the event of a prior injury or obstruction to breathing, insurance may cover a portion of the procedure. According to ASPS statistics, rhinoplasty was performed on 42,513 patients age 18 or younger in 2003. The procedure made up more than 50 percent of all cosmetic surgical procedures performed on this age group.

Otoplasty (ear surgery)

Surgical correction of protruding ears, in which the ears are pinned back, may be performed any time after the age of five. Otoplasty made up 20 percent of all cosmetic surgical procedures performed on this age group in 2003, with more than 16,000 procedures. Insurance reimbursement for otoplasty is possible, but typically occurs in extreme cases.

Correction of Breast Asymmetry

When one breast grows to a much larger size than the other, an operation may correct the difference by reducing the larger breast, augmenting the smaller, or both. Insurance reimbursement is occasionally possible with this procedure.

Breast Augmentation

Saline-filled breast implants can be used for breast augmentation in women 18-years or older and for breast reconstruction (Food and Drug Administration approval; May, 2000). Many teenagers who want breast augmentation have one breast that is larger than the other – sometimes a full cup size or more in difference. This condition is called breast asymmetry. Using a saline-filled implant in the smaller breast allows the patient to have breasts of the same size. Although waiting may prolong the physical awkwardness, it is advisable to delay surgery until breast growth ceases in order to achieve the best result. Breast augmentation made up less than 5 percent of

the total number of cosmetic surgical procedures performed on this age group in 2003, with 3,841 procedures.

Breast Reduction

Surgical reduction of very large breasts can overcome both physical and psychological burdens for a teenage girl. In fact, many teenagers suffer ongoing back pain due to overly large breasts. Although waiting may prolong the psychological awkwardness, it is advisable to delay surgery until breast growth ceases in order to achieve the best result. Insurance reimbursement is often possible with this procedure. In 2003, 16,085 patients age 18 or younger had breast reductions, accounting for 15 percent of all breast reductions performed in 2003.

Acne and Acne Scar Treatment

Acne eruptions may be brought under control by the proper use of modern prescription drugs. In addition to supervising the use of these medications, plastic surgeons may improve acne scars by smoothing or "refinishing" the skin with a laser or with a sanding technique called dermabrasion. In 2003, nearly 3,000 dermabrasion procedures were performed on patients age 18 or younger. Treatments for other acne related skin problems include microdermabrasion and chemical peels. In 2003, more than 74,000 microdermabrasion procedures were performed on patients 18 or younger, accounting for 29 percent of all cosmetic minimally invasive procedures for this age group. Chemical peels made up almost 50 percent of cosmetic minimally invasive procedures in this age group, with 126,327 procedures performed in 2003.

Correction of Enlarged Breasts in Boys

Teenage boys with large breasts, known as gynecomastia, are often eager to undergo plastic surgery. Surgical correction, accomplished in a variety of ways, is occasionally covered by insurance. Gynecomastia accounted for almost 4 percent of cosmetic surgical procedures for patients age 18 or younger in 2003, totaling more than 3,000 procedures.

Additional information on these procedures can be found on the ASPS Web site at www.plasticsurgery.org.

Considerations Before Plastic Surgery

Although millions of people have plastic surgery every year without complications, no surgical procedure is risk-free. When considering plastic surgery, a person's motivation is generally driven by the expected result rather than the surgical process. ASPS urges teenagers contemplating plastic surgery, as well as their parents or guardian, to consider the following:

Certification

Patients should be sure that their plastic surgeon is certified by the American Board of Plastic Surgery (ABPS). All ABPS-certified physicians have:

- Graduated from an accredited medical school;
- Completed a combination of at least five years of general surgery and plastic surgery residency training; and
- Passed comprehensive written and oral exams.

Accreditation

ASPS requires that all members who perform surgery under anesthesia, other than minor local anesthesia and/or minimal oral tranquilization, must do so in a facility that meets at least one of the following criteria.

- Accreditation by a national or state recognized accrediting agency/organization such as the American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF), the Accreditation Association for Ambulatory Health Care (AAAHC), or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO);
- Certified to participate in the Medicare program under Title XVIII; or
- Licensed by the state in which the facility is located.

Informed Consent

At the highest level of care, every surgery has risks as well as benefits. ASPS recognizes the physician-patient relationship is one of shared decision-making. This decision-making process is called informed consent. The ASPS "Statement of Principle on Informed Consent" details the information that should be discussed and understood by the patient as well as the patient's parents or guardian, including: details of the surgery, benefits, possible consequences and side effects of the operation, potential risks and adverse outcomes as well as their probability and severity; alternatives to the procedure being considered and their benefits, risks and consequences; and the anticipated outcome. For more information on informed consent, patients are encouraged to talk with their surgeons.

To assist people considering plastic surgery ASPS has developed a brochure, "Make the Right Choice," which offers information on managing expectations and questions to ask before plastic surgery which can be found on the [ASPS Website](#).

Visit www.plasticsurgery.org, for referrals to ASPS Member Surgeons and to learn more about cosmetic and reconstructive plastic surgery.

ASPS is the largest organization of board-certified plastic surgeons in the world and the foremost authority on cosmetic and reconstructive plastic surgery. With nearly 6,000 members, more than any other plastic surgery organization, ASPS is the definitive voice of the plastic surgery specialty. Viewed throughout the world as the pinnacle of information for new techniques, advances and plastic surgery trends, the

society represents 90 percent of all the board-certified plastic surgeons in the U.S. Ninety-four percent of all ASPS members perform cosmetic plastic surgery and 89 percent of all ASPS members perform reconstructive plastic surgery. ASPS, founded in 1931, represents physicians certified by The American Board of Plastic Surgery or The Royal College of Physicians and Surgeons of Canada.

This document is designed to provide accurate and authoritative information on the topic covered as of the date of publication and is subject to change as scientific knowledge and technology advances and as practice patterns evolve. The views expressed represent the collective, but not necessarily the individual, views of members of the American Society of Plastic Surgeons.

Recommended Reading

Lukash, F. Children's art as a helpful index of anxiety and self-esteem with plastic surgery. *Plastic and Reconstructive Surgery* 2002. 109:1777-1786.

McGrath, M.H. and Mukerji, S. Plastic surgery and the teenage patient. *Journal of Pediatric & Adolescent Gynecology* 2000; 13:105-118.

Pearl, A. and Weston, J. Attitudes of adolescents about cosmetic surgery. *Annals of Plastic Surgery* 2003; 50:628-630.

Rosen, D. Question from the clinician: Adolescent gynecomastia. *Pediatrics in Review* 2003; 24:317-319.

Sarwer, D.B. Plastic surgery in children and adolescents. In: Thompson, J.K., Smolak L. (eds.). *Body image, eating disorders and obesity in children and adolescents: Theory, assessment, treatment and prevention*. Washington, DC: APA Press, 2001, pp 341-366.

Sarwer, D.B., Wadden, T.A. and Whitaker, L.A. An investigation of changes in body image following cosmetic surgery. *Plastic and Reconstructive Surgery* 2002. 109:363-371.

Sheerin, D., Morag, M. and Kusumakar, V. Psychosocial adjustment in children with port-wine stains and prominent ears. *Journal of the American Academy of Child & Adolescent Psychiatry* 1995. 34:1637-1647.

Simis, K.J., Hovius, S.E.R., Beauford, I.D., Verhulst, F.C., Koot, H.M. and the Adolescence Plastic Surgical Research Group. After plastic surgery: Adolescent-reported appearance ratings and appearance-related burdens in patient and general population groups. *Plastic and Reconstructive Surgery* 2002. 109:9-17.

Simis, K.J., Verhulst, F.C. and Koot, H.M. Body image, psychosocial functioning and personality: How different are adolescents and young adults applying for plastic surgery? *Journal of Child Psychology & Psychiatry* 2000; 42:669-678.