

## The case against Nip ‘n’ Tuck

Nip’n’Tuck was such a catchy slogan that it became synonymous with any type of cosmetic surgery. There was even an American television series with that name. The TV surgeons were handsome. Their patients idolized them. The drama itself was mostly confined to the personal lives of the surgeons as opposed to surgical side of plastic surgery. Each week, I was riveted to it. It readily reflected the commodification and trivialization of plastic surgery. It was fantasy at its best, just as the phrase Nip’n’Tuck is.

The phrase Nip’n’Tuck trivializes cosmetic surgery. Isn’t it time this phrase was retired? It is part of a slogan plastered across the front of the RCS building on a prominent twitter feed as a mark of the fun nature of the charity.

Cosmetic surgery is not a nip and a tuck. [Cosmeticsupport.com](http://Cosmeticsupport.com) In 2012 gave evidence with Fazel Fatah (then President of BAAPS) and Susie Orbach about the trivialisation of surgery through advertising. The surgeons agree with the evidence and call for changes in advertising but still allow the phrase Nip’n’Tuck as a media byline. How can we take their calls to reduce trivialization seriously?

Why has it taken so long for calls to safety to be made? Thirteen years ago when I set up [www.cosmeticsupport.com](http://www.cosmeticsupport.com) it was very clear that plastic surgery had been seriously commodified and yet nobody seemed remotely concerned. Commercial clinics offering cosmetic surgery renamed their sales people ‘counselors’, abusing that title. Patients were misled and misinformed. Patients believed they were seeing a counsellor when they were seeing a sales person. Patients saw ‘advisors’ believing them to be totally adequate in the absence of a real surgeon. Patients were put under enormous pressure to sign on the dotted line there and then in order to benefit from time-limited discounts. People were almost afraid not to have cosmetic surgery. Where was our hero surgeon to come in and save the day? Was he being briefed by media savvy gurus to say one thing and do another? Why was the ethical surgeon’s voice not heard through all the years of tomfoolery in the industry? It has taken a long time for the call to change advertising to be made. Let’s hope that patients respond faster than they do.

The scandalous drama of the PIP implants has caused everyone to sit up and take notice. Professor Sir Bruce Keogh, Medical Director of the NHS launched an enquiry in August. The enquiry asked the public about their experiences and recommendations for the industry and whether the public wanted the changes to advertising which were being called for by the surgeons. I wrote to him and received a standard response from someone by email that gave no indication whether my original letter was ever read. The response was so underwhelming that it made me despair. These days I am a Member of The Expert Reference Group of the Health Education England NWL offering support and information on the non-surgical cosmetic intervention group. I am also a Partner of the All Party Parliamentary Group on Body Confidence helping to raise awareness about emotional support in cosmetic surgery. We are still unfunded in our mission. If the powers that be would like the safety message to be more glamorous then that can be arranged but safety remains safer when it is independent and not sent out in sound bites by those in advertising.

Cosmetic surgery is a bit of a feminist issue. Is it really true that in 2013, women are still not to be treated as equal human beings? Given that the PIP scandal affected women, one wonders if women have ever really earned the right to be treated seriously as patients, let alone human beings? How

did the PIP scandal come about? Who was really asleep at the switch? Surely we have enough safety committees in this country to spot an avalanche before it starts? We now know that mattress grade silicone was used to create breast implants when medical grade silicone should have been used. Clinics who used these cheaper implants refused to take responsibility on behalf of their patients. Why were so many women allowed to suffer like this? How was this allowed to happen? It is as a result of the PIP Scandal that surgeons are making calls to change. Who are they calling to? Who are they calling for? Are they fully versed at grass roots level where the patient is? Will a change in advertising be enough to create safety for patients? Why didn't they call out over the many deaths through cosmetic surgery that have gone before? Many people have died from complications from cosmetic surgery. Some died from badly trained surgeons performing profit-making surgery and some died from other complications, but the important point is that death occurred. Why did it take a disaster of such epic proportion before we heard these surgeons making their calls for safety? I have been offering emotional support, voluntary, independent and non-profit, for 14 years and if this were not needed, I would not still be here. Why don't surgeons take more notice of what their patients really need? Protection must be in the mind as much as it is in the body. Support must be emotional as well as physical. Unlike many others offering this support, I am qualified to do so.

I believe that surgeons who are making calls for safety would be wise to consider the history of patient support and safety that has gone before this situation in other arenas. For example, before an abortion, counselling is part of the process. This helps the patient put to rest all the issues that have come up for them before and after abortion. Different abortion clinics have different counsellors. Some are pro abortion and some are anti abortion and the patient who winds up with the wrong counsellor might find themselves seriously struggling emotionally for many years to come. However, trained integrated counsellors do not allow personal opinion on cosmetic surgery either way to interfere with their work. Counsellors are trained to help patients explore their issues, not to explore the counsellors views or issues. Religion is not involved in cosmetic surgery in the same way that it is involved with abortion counselling. With the use of appropriate counselling, the message goes direct to where the safety is needed the most, to the patient. Surgeons will benefit by having a patient who is both well-informed surgically as well as personally. Being informed reduces anxiety. Cosmetic surgery is emotional as well as physical.

If **all** cosmetic surgeons in all clinics are obliged to offer cosmetic surgery counselling with fully qualified cosmetic surgery counsellors only then can patient safety truly be ensured. Patients will understand the different types of qualifications of different types of surgeons and understand what is involved in an informed choice. Some patients may decide to go ahead with their surgery with a better-trained surgeon than the one they have originally chosen. Patients will have more time to consider all the information that is currently obscured by misleading information. No longer will sales people be allowed to call themselves 'counselors'. [Cosmeticsupport.com](http://Cosmeticsupport.com) fully supports the idea that advertising in cosmetic surgery must change in order to reflect a more realistic perspective on what it is that people are choosing when they consider elective surgery. However, even with those changes in effect, patients still need a place to go where they can find objective support (counselling) to help them explore all the issues that are involved for them. Every patient will have their own set of issues before and after surgery. It would make an enormous difference to all patients if they were helped to explore their issues before and after cosmetic surgery. I believe that existential psychotherapy is the best-suited psychotherapy for this exploration as it is a philosophy concerned with the individual and his/her meaning in the world. Existential psychotherapy allows for an unbiased exploration of the individual's world-view.

(Existentially trained) cosmetic surgery counsellors will help to produce a more informed, relaxed patient because the patient will have clarified much confusing misinformation. Patients will also have had the opportunity to explore all the ramifications of a particular type of elective surgery. Every patient has issues before and after a surgery and if the goal of the calls to change are to be heard, then the response must surely be for counsellors to be invited in to answer.

Let's nip trivialization in the bud and tuck in patient support.