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Patient Perceptions of Cosmetogynecology

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ORIGINAL ARTICLE

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Obstetrics and gynecology has historically delivered comprehensive care. Over the past 50 years, the specialty has yielded to others for expertise in breast, cosmetic, and bladder treatments. Cosmetic surgery was first performed by gynecologists. Liposuction was invented by Giorgio Fischer in 1974. The first abdominoplasty was performed by Howard Kelly in 1910. With the advent of new techniques, surgery has minimal morbidity. This safety makes it possible for the gynecologist to reclaim the tradition as a cosmetic surgeon. There are no citations using the terms cosmetic patient survey gynecology. However, there are 534 in Ovid and 730 in PubMed using cosmetic patient survey. None were related to gynecology; most were patient satisfaction of the procedure. We therefore initiated a study to test the hypotheses that patients would (1) accept these additions to an obstetrics and gynecology practice, (2) be more likely and satisfied to have a procedure because the environment is comfortable, (3) refer other patients, and (4) perceive that the quality of care would not change.

Methods

From September to December 2007, questionnaires were offered to patients by the receptionist as they arrived for their visit. The questionnaires maintained patients' anonymity and consisted of 17 questions regarding patient demographics and patient perception about gynecologists performing cosmetic procedures. The practice also offered laser vaginal rejuvenation/G-shot and vein removal, liposuction, Pelosi-Avellanet tuck, Botox, and filler. A total of 106 women responded (5% of the total in the practice): 76% were patients of less than 5 years and 49% were referrals.

Results for Patient Perceptions of Cosmetogynecology Survey Data

This study was developed to test 4 hypotheses: (1) patients would accept and welcome the additional cosmetic procedures to an obstetrician/gynecology practice, (2) patients would be more likely to have a procedure and be satisfied because the environment is comfortable, (3) patients would refer other patients for cosmetic procedures, and (4) the patients' perception of the quality of obstetrician/gynecologist would not change. We conducted statistical analyses of the survey questions related to these hypotheses.

Methodology

A large sample normal approximation to binomial (for 2-option questions) or multinomial (for multi-option questions) distribution was used to test if the proportion of patients choosing one option was greater than that for another option.

Results

H0 indicates the null hypothesis. All conclusions were made using a significance level of .05. Z indicates the Z-test statistic. Under the null hypothesis, it can be approximated by a normal distribution.

(1) Should obstetricians/gynecologists do cosmetic procedures? (See Table 1)

H0: The proportion of patients who thought that obstetricians/gynecologists should do cosmetic procedures is less than or equal to the proportion of patients

Table 1. Summary of Responses to Question 1

Yes	77 (73%)	Z = 5.229, 1-sided P value <.0001
No	29 (27%)	

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Table 2. Summary of Responses to Question 2

Yes	84 (79%)	$Z = 7.424$, 1-sided P value $<.0001$
No	22 (21%)	

who thought that obstetricians/gynecologists should not do so.

Conclusion: The null hypothesis was rejected. We can conclude that a significantly larger proportion of patients thought that obstetricians/gynecologists should do cosmetic procedures.

(2) *Do you feel comfortable discussing cosmetic procedures with your obstetrician/gynecologist? (See Table 2)*

H0: The proportion of patients who feel comfortable discussing cosmetic procedures with their obstetricians/gynecologists is less than or equal to the proportion of patients who do not feel comfortable.

Conclusion: The null hypothesis was rejected. We can conclude that a significantly larger proportion of patients feel comfortable discussing cosmetic procedures with their obstetrician/gynecologist.

(3) *Because your obstetrician/gynecologist offers cosmetic procedures, does this make you more or less likely to have something done? (See Table 3)*

H0: The proportion of patients who would be more likely to have a cosmetic procedure performed by their obstetricians/gynecologists is less than or equal to the proportion of patients who would be less likely to have something done.

Conclusion: The null hypothesis was rejected ($Z = 8.446$, 1-sided P value $<.0001$). We conclude that a significantly larger proportion of patients would be more likely to have something done with their obstetricians/gynecologists than those who would be less likely to have something done.

H0: The proportion of patients who would be more likely to have something done with their obstetricians/gynecologists is less than or equal to the proportion of patients who have no influence on their decision.

Table 3. Summary of Responses to Question 3

1. More	56 (53%)
2. Less	5 (5%)
3. No influence on decision	45 (42%)

Table 4. Summary of Responses to Question 4

1. Yes, family and friends	77 (73%)
2. No, do not want others to know that I have had something done	3 (3%)
3. No	25 (24%)

Conclusion: The null hypothesis cannot be rejected ($Z = 1.1001$, 1-sided P value = .1355).

(4) *Would you refer your family or friends to your obstetrician/gynecologist for cosmetic procedures? (See Table 4)*

H0: The proportion of patients who would refer others for cosmetic procedures is less than or equal to the proportion of patients who do not want others to know that they have had something done.

Conclusion: The null hypothesis was rejected ($Z = 14.023$, 1-sided P value $<.0001$). We conclude that a significantly larger proportion of patients would refer others for cosmetic procedures compared with those who do not want others to know that they have had something done.

H0: the proportion of patients who would refer others for cosmetic procedures is less than or equal to the proportion of patients who said no.

Conclusion: The null hypothesis was rejected ($Z = 5.955$, 1-sided P value $<.0001$). We conclude that a significantly larger proportion of patients would refer others for cosmetic procedures than those who said no.

(5) *Has the quality of the obstetrician's/gynecologist's care changed since your doctor started cosmetic surgery? (See Table 5)*

H0: The proportion of patients who believe that the quality of their obstetrician's/gynecologist's care has not changed is less than or equal to the proportion of patients who believe that the quality has changed.

Conclusion: The null hypothesis was rejected. We can conclude that a significantly larger proportion of patients thought that the quality of their obstetrician's/gynecologist's care has not changed since their doctor started doing cosmetic surgery.

Table 5. Summary of Responses to Question 5

Yes	3 (3%)	$Z = 29.28$, 1-sided P value $<.0001$
No	103 (97%)	

Conclusions

Although our report indicates a statistically significant proportion of patients in our particular cosmetogynecology practice is comfortable with the cosmetic part of the services offered, we cannot extrapolate our results to all gynecology practices. A large-scale study is necessary to form such a conclusion. In addition,

many obstetric-gynecologic practices do not offer cosmetic surgery services. We admit that our personal marketing efforts with our patients (many of whom know and trust us) has some influence. We await others to use our protocols on a larger scale to prove our point: it is clear that women are comfortable with an obstetrician/gynecologist performing cosmetogynecology.