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EDITOR'S INVITED COMMENTARY

Invited Discussion on: Quality Assessment of Online Information on Body Contouring Surgery in Post-bariatric Patient

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The authors have embarked on a critically important and highly relevant issue that faces all physicians wanting to deliver high-level care to their patients. Ever since the World Wide Web and social media have propagated, we (plastic surgeons) have been faced with a constant war between delivering optimal medical recommendations/treatment plans and incorrect/incomplete online information [1]. Social media has complicated this further with plastic surgeons and nonplastic surgeons spreading poor information and exaggerated or manipulatively false outcomes through a highly effective visual media that is often only seconds long [2, 3].

To further complicate the issues above, post-bariatric patients are a unique category of patient cohort, who historically have been well researched and aware of the complexity of their pre- and post-weight loss rehabilitation, both medically and morphologically. In the past, information came from hospital-based, academic and nonacademic centers as this sub-specialty expanded. This, like many other aspects of plastic surgery, has now evolved to faster quicker routes of Web research and information (or misinformation). Some of the worst of the current pathways of delivering information are chat room-type message boards, which are inherently biased and may create a state of misinformed heightened anxiety for prospective patients. These chat and review style sites are promoted as locations where patients (and sometimes providers) can exchange medical concerns and information with other patients. More often than not, however, they are inundated with incorrect, dangerous, and/or maliciously motivated misinformation.

The post-massive weight loss patient requires surgical treatments that mandate a diligent preoperative workup, nutritional optimization, and meticulous postoperative care. Even with careful and precise surgical execution, complication rates are higher than nonpost-bariatric patients seeking breast and body contouring. These factors make it imperative that they receive complete and accurate information during the pre- and postoperative phases. As the authors have discovered, the Internet-based sources score low on the expanded EQIP Scale for numerous categories.

The low scores and lack of information regarding complications, treatment for these complications, sequencing of surgery, and details of medical/surgical procedures themselves are deleterious to providing proper consent and care. It was disappointing but not surprising that personal physician Web sites scored below 20 on the EPIQ scale as well. While one would expect general healthcare portals to be lacking in details, there should be an individual responsibility of plastic surgeons specializing in and seeking post-bariatric patients to provide information of a caliber well beyond that which is generally available.

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There may be several reasons as to why these findings have come to be. First and foremost, Web-generated information and text have become shorter and less comprehensive as Web site companies advocate presenting concise information that is organized in a particular syntax and fashion in order to increase SEO and SEM optimization. This will constantly change based on ever-shifting Google and other search engine algorithms. Web host companies often will further edit and shorten the information, especially when plastic surgeons are requesting and expecting higher Google rankings.

There are also a plethora of resources now that may not necessarily fall into the category of "healthcare portals" and Web pages in which people are drawn toward for information, the most significant of which is social media. Instagram and Twitter are full of extremely short, visual, text, and sound bytes of information that are meant to appease the short attention span of today's potential patient population. The information is presented in a way in which a few seconds is expected at best to grab the viewer and convey 1–2 concise messages. This clearly will not serve any patient well when it comes to acquiring complete information and data in order to make an informed medical decision. The myriad of complex pre- and postoperative issues and factors post-bariatric patients face may simply not be possible within these current Web-based paradigms. Instead, the patient will have to travel from page to page, post to post, and landing page to landing page from and between social media portals only to obtain basic, incomplete information and data.

As the authors discovered, there was a disappointing paucity of qualitative and quantitative data-driven descriptions of complication and revision rates in post-bariatric operations. Perhaps the solution is to require patients to individually watch standardized informational videos and short animations of post-massive weight loss operations that describe realistic expectations, possible revisions, and adverse events along with their reported frequencies and solutions. Furthermore, our plastic surgery societies can include landing pages that are promoted on social media and Web sites to direct patients toward more comprehensive portals than currently present. These are all present-day and future challenges that require solutions that adhere to the short attention span of the public. As younger generations continue to age, so must our paradigms and style of delivering vital surgical information.

Compliance with Ethical Standards

Conflict of interest The author declares that he has no conflict of interest to disclose.

Human and Animal Rights This article does not contain any studies with human participants or animals performed by any of the authors.

Informed Consent For this type of study, informed consent is not required.

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