Can Aesthetic Surgeons Be True Artists?

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If a picture paints a thousand words, how many words might a video portray? Dr. Eng argues the virtues of video recording quite eloquently in both this article and his power point presentation entitled Postsurgical Results in Motion: Our Best Teacher. Because traditional documentation relies on still photography, wouldn't videography be superior?

The main point made by Dr. Eng is that movement is important in the assessment of surgical outcomes. It is true that artists of most media produce works frozen in time. Plastic surgeons, on the other hand, work in a dynamic medium. For years, we have depended on still photographs to record images of our work. Dr. Eng argues that we have been missing the boat on truly accurate documentation given the motion of which our subjects are capable. Face-lifts with peculiar tics and breast augmentations resulting in abnormal muscle movement cannot be captured in standard photographs.

But are these observations really important to the average surgeon? They should be. If we are to improve our techniques and strive for the highest level of care, then we must scrutinize our results consistently. Most surgeons will review before and after photos of their patients and come to some conclusions regarding the successes and failures in each case. As demonstrated by Dr. Eng, video recordings can elucidate changes in our patients that photographs do not capture, changes we have caused with our procedures.

Most surgeons have encountered some subtle oddity in a postoperative patient that shows itself only during animation. Many have needed to perform additional procedures to correct these abnormal movements. If we document our cases using still and video photography in a consistent manner, we likely will learn more about our results and quite possibly improve techniques to maximize the quality of our outcomes.

Consistency should come in both the use of video and the manner in which it is used. The first hurdle to pass is starting to use video recording regularly. Once this commitment is made, a standard protocol for each type of operation needs to be chosen. Standards must be established, and Dr. Eng has offered his suggestions. With greater consistency in our methods will come greater usefulness of the video documentation.

I have written about the need for more use of video in plastic surgery education. I applaud Dr. Eng for his efforts to incorporate video documentation in his practice. Perhaps his article will inspire plastic surgeons to begin using video. With video recording equipment as ubiquitous as cell phones, more surgeons should join the cause and begin examining their own postsurgical results in motion.

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