

## The New Face of Transplant Surgery: A Survey on Cosmetic Surgery in Transplant Recipients

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The authors are to be commended for bringing attention to an area of potential growth in plastic surgery. Advances in organ transplantation have been significant in the past four decades and currently the major restriction is donor availability. The advent of new immunosuppression coupled with superior surgical techniques has resulted in better functional outcomes and patient survival. With this return to better and longer lives, some will and do seek out aesthetic surgical procedures.

In order to identify current practice trends in the US, the authors designed a survey study that was mailed to all members of the American Society of Plastic Surgeons. From these data the authors contend that elective aesthetic surgery on transplant recipients is practiced widely and safely and present a list of recommendations on preoperative preparation. As with most survey data, they had poor compliance with only an 18% response rate. Aside from this, there are some additional comments about the study.

The authors assert that performing aesthetic surgery on transplant patients is widespread and safe. This was based on a total of 280 surgical and 64 nonsurgical patients treated by 201 physicians out of the 789 who responded to the survey. Therefore, only one in four physicians who responded treated one such patient during their entire practice. This would make it a rather rare occurrence. Likewise, the listing of complications on a survey is most likely derived from memory than from the review of documentation.

The physiology and treatment of each disease that leads to organ transplantation vary considerably. Certainly, the survey was limited to those who responded, and the small number poses problems gathering data on subsets. However, it would seem more appropriate to look at the safety profile of each type of transplant individually. In this study the vast majority of patients in the survey were renal transplant recipients. The condition of these patients differs compared to lung and cardiac transplant recipients.

Finally, the suggested guidelines presented by the authors are a restricted version of the thorough review of the "Preoperative Evaluation of the Transplanted Patient for Non Transplant Surgery" published by Gohh and Warren (their reference 18). As prospective studies are carried out, guidelines for cosmetic procedures will need to be delineated for type of transplant patient and type of aesthetic/elective procedure performed.

This study demonstrates that a small but not insignificant number of plastic surgeons have performed aesthetic surgeries on transplant patients and have done so with seemingly low complications. However, the true safety of this practice has yet to be established. Although most transplanted patients are able to return to normal productive daily lives, one must not underestimate the complexity of receiving a transplant and the impact that a surgical procedure could have on a transplanted organ. In addition, the complication rates in this study represent only a small list of problems encountered by a small number of surgeons. As such, the limited data should be a matter of consideration at the time of patient counseling.

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