

AESTHETIC SURGERY & THE INDICATIONS AT A SUB-URBAN TERTIARY HOSPITAL IN EDO STATE, NIGERIA

ABSTRACT

Background: Aesthetic surgery though growing at an exponential rate in developed countries is still not well developed in Nigeria. Though lately, there has been an increasing demand for cosmetic procedures in Nigeria but still, the practice is still slow growing.

Objective: Few reports of the scope of aesthetic surgery are available from the sub region and Nigeria as a whole. In this study we seek to determine the aesthetic procedures and its indications in our centre, a sub urban teaching hospital in Irrua, Edo State, Southern Nigeria.

Method: A retrospective study of all aesthetic surgery cases carried out over a 5-year period – Jan 2019 to December 2023 at Irrua Specialist Teaching Hospital. Data from theatre records and case notes were analysed with respect to age, sex, procedure and indications for surgery done. Descriptive analysis of variables, means and percentages were considered.

Results: In the period of study, 1,066 plastic surgery procedures were documented: 34 (3.19%) were for aesthetic indications. Sixteen of the patients (47.1%) were male and 18 (52.9%) female. Age range of patients that had aesthetic surgery was 1 - 60 years and the mean age was 24.1 ± 18.08 years. The commonest aesthetic procedure was cleft repair 14 (41.17%) following cleft lip/palate, the rest were scar revisions 6 (17.65%) with the commonest indication being unsightly scar, otoplasties 5 (14.70%) following traumatic injury to the ear, liposuction 3 (8.82%) indicated by lipodystrophy, rhinoplasties 3 (8.82%) post traumatic injury to the nose, mammoplasties 2 (5.88%) which were done post mastectomy, and one (2.94%) cranioplasty following gun-shot orbital injury.

Conclusion: There is paucity in the volume of cosmetic procedures in Irrua and the pattern of requests here differs in many respects from western centres. With the current reduced pool of aesthetic surgery, it is advisable to establish an aesthetic surgery sub-unit in most tertiary institutions. This sub-unit should be fully functional including special clinic days, as this could help attract future clients and develop this branch of Plastic Surgery.

Key words: *Aesthetic surgery, indications, suburban, Edo state: Nigeria*

1. INTRODUCTION

“Aesthetic surgery, also known as cosmetic surgery is a subspecialty of plastic surgery which is concerned with the preservation, restoration, and enhancement of the body form”¹. “It is an integral part of the plastic surgery specialty. Aesthetic surgery is erroneously believed to be a modern discipline; actually, the oldest evidence is represented by the papyrus of Edwin Smith, dating back to 3000 BC, where different face plastic surgeries are described². Aesthetic surgery procedures are of great help to correct physical defects, partially or totally, allowing an increase in patients’ confidence and self-esteem. The aforementioned physical defects can be genetic, or they may arise either as a consequence of the physiological ageing process or due to paraphysiological events. The most commonly involved portions of the body include the nose, ears, and breasts. These sites, due to the important role they play in interpersonal relationships, when not in accordance with common aesthetic standards, can be limiting”².

“This branch of plastic surgery has shown a tremendous increase in the United States with a record 299% increase between 1997 and 2003”³. “In this period, liposuction was the leading procedure. More recently in the US, over 1.4 million cases of aesthetic surgeries were performed in 2019 of which breast augmentation was the most common aesthetic surgical procedure”⁴. “In Nigeria however, the practice of aesthetic surgery is slow-growing and not at its best yet. Three major factors have been known to influence the practice and patronage of aesthetic surgery which are the medical advancement/facility, patient characteristics, and media influences”¹.

“More so, the number of plastic surgeons practising in the country is grossly insufficient to handle the reconstructive burdens of the citizenry. A nation of over 193 million citizens being cared for by just 124 plastic surgeons at a ratio of about 1 plastic surgeon to about 1.5 million persons, is grossly inadequate”⁵. “This is far detached from the recommendation of the British Association of Plastic, Reconstructive, and Aesthetic Surgeon of 1 plastic surgeon to 100,000 populations”⁶.

“Previous similar studies have been carried out in Nigeria. One showed scar revision as the commonest procedure performed followed by abdominoplasty, breast reduction, liposuction, and mastopexy completing the top five”⁷. “Also in another study in southeast Nigeria, scar revision was also reported as the most common aesthetic procedure performed followed by mammoplasties, otoplasties, cranioplasties, lip augmentation, abdominoplasty and rhinoplasty respectively”⁸.

Currently there is paucity of data on the scope of aesthetic surgery from the sub region and Nigeria as a whole. Therefore the aim of this study is to add to it, reporting from our centre, a sub-urban Nigerian tertiary hospital.

2. MATERIALS AND METHODS

2.1 Study setting

This study was conducted at Irrua Specialist Teaching Hospital (ISTH), Edo state. “Irrua Specialist Teaching Hospital (formerly OtibhorOkae Teaching Hospital) was established by decree 92 of 1993 to provide tertiary health services to people of Edo State and beyond”⁸. This hospital is a 350-bed tertiary facility servicing the central and northern part of Edo State, Niger

2.2 Study design

A hospital-based retrospective study of all aesthetic surgery cases in the plastic surgery service – at Irrua Specialist Teaching Hospital carried out over a 5-year period - Jan 2019 to December 2023. The demographic features and aesthetic procedures and their common indications were also sought from theatre records. Acute trauma cases and symptomatic lesions were excluded.

2.3 Data collection/ analysis

Data from theatre records were analysed with respect to age, sex, indications for surgery and type of surgery done. Data was entered into Excel sheets and imported to SPSS Version 23 for analysis. Descriptive analysis of variables, means and percentages were considered.

3. RESULTS

In the period of study, 1,066 plastic surgery procedures were documented: 34 (3.19%) were for aesthetic indications. Sixteen of the patients (47.1%) were male and 18 (52.9%) female. Age range of patients that had aesthetic surgery was 1 - 60 years and the mean was 24.1 ± 18.08 years. The commonest aesthetic procedure was cleft repair 14 (41.17%) following cleft lip/palate, the rest were scar revisions 6 (17.65%) with the commonest indication being unsightly scar, otoplasties 5 (14.70%) following traumatic injury to the ear , liposuction 3 (8.82%) indicated by lipodystrophy, rhinoplasties 3 (8.82%) post traumatic injury to the nose, mammoplasties 2 (5.88%) which were done post mastectomy, and one (2.94%) cranioplasty following gun-shot orbital injury. All the procedures were carried out by Consultants, All the patients were Nigerians.

Table 1: Age and sex distribution of patients

Variable	Frequency (%)
N = 34	
Age (years)	
<10	14 (41.2)
11 - 20	1 (2.9)
21 - 30	5 (14.7)
31 - 40	6 (17.6)
41 - 50	5 (14.7)
51 - 60	3 (8.8)
Mean \pm SD	= 24.1 \pm 18.08 years
Gender	
Male	16 (47.1))
Female	18 (52,9)

Table 2: Aesthetic procedure distribution

Procedure	Frequency (%)
	N = 34
Cleft repair	14 (41.17%)
Scar revision	6 (17.65%)
Otoplasty	5 (14.70%)
Liposuction	3 (8.82%)
Rhinoplasty	3 (8.82%)
Mammoplasties	2 (5.88%)
Cranioplasty	1 (2.94%)

4. DISCUSSION

“Aesthetic surgery is performed on a functional part of the body primarily to enhance its appearance, and the decision as to what surgery is purely aesthetic is a difficult one”¹⁰. However, it is worth noting that most reconstructive surgeries (especially in the head) carried out post trauma also provide aesthetic results.

“The percentage of aesthetic surgical procedures in a developing country such as Nigeria is much smaller (for instance 3.19% in the centre of study) than those in western centres where it is in excess of 10% of plastic procedures”¹¹. “The low level of cases can be deduced from a number of reasons: The level of awareness among the Nigerian populace for availability of aesthetic surgery within the country even among doctors is low”¹². Also cost is a major factor in presentation for surgery¹³, morality of aesthetic surgery is still a major issue¹⁴. “There are also religious reservations to aesthetic surgery in our environment as some adherents of both Christian and Islamic faiths are discouraged from altering “God-given” characteristics such people are born with”¹⁴. “People therefore present themselves for conditions they are convinced if left alone result in increased disability or eventual fatality”¹⁴.

Similar to other studies in western countries^{3,4}, our study also revealed a female preponderance for aesthetic surgery, and the face was the commonest part of the body involved. This seems to indicate there are similarities in interests in aesthetic surgery among Nigerian clients and their western counterparts; however, the request indications are different. Procedures such as face lift,

blepharoplasty, augmentation mammoplasty common in western countries¹⁵ were not done and are still uncommon in our environment¹⁶.

Most of the procedures on the face were cleft repairs. Among these were otoplasties, rhinoplasties of which the commonest indication for request was deformity following post traumatic events. This common indication in our environment is uncommon in western populations. This again makes reference to the hypothesis¹⁴ that in developing countries, people present themselves for conditions they are convinced if left alone result in increased disability or eventual fatality.

Our study revealed cleft repair as the commonest aesthetic procedure, followed by scar revision this differed from a similar study carried out in a tertiary centre in Enugu which revealed scar revision as the commonest procedure. This discordance could be explained by the increase in the prevalence of congenital anomalies in rural/suburban communities where there is poor ante- natal care coverage.

“All the procedures were undertaken by Consultants. This is probably because of the paucity of cases and the sensitivity attached to them, it also means little experience is currently being gained by trainee surgeons in this area”¹⁴. This in itself is a push factor for trainee residents to acquire skills in aesthetic surgery abroad.

In this study, there was no objective measurement of outcome or individual appreciation as clinical photography which is also used to judge the outcome is not part of the clients' records in our centre,

CONCLUSION

There is paucity in the volume of cosmetic procedures in Irrua and the pattern of requests here differs in many respects from western centres. With the current reduced pool of aesthetic surgery, it is advisable to establish an aesthetic surgery sub-unit in most tertiary institutions. This sub-unit should be fully functional including special clinic days, as this could help attract future clients and develop this branch of Plastic Surgery

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