

Psychological aspects of plastic surgery: Impact on self-esteem, body image, and quality of life of patients

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ABSTRACT

Plastic surgery, encompassing both reconstructive and aesthetic procedures, is a field of medicine that not only enhances patients' external appearance but also significantly impacts their psychological well-being. The aim of this study is to evaluate the psychological consequences of plastic surgery, considering the effects of such interventions on self-esteem, self-worth, quality of life, and the potential risks associated with aesthetic procedures. Research indicates that procedures such as breast augmentation or rhinoplasty can lead to significant improvements in body image perception, increased self-confidence, and enhanced social and professional functioning. However, plastic surgery also carries potential risks, particularly for patients with psychological disorders such as body dysmorphic disorder or eating disorders, where the aesthetic outcomes may not meet expectations, potentially leading to a deterioration in mental health. A critical factor in preventing adverse effects is the careful selection of patients and the conduct of a thorough psychological assessment, which allows for the evaluation of realistic expectations and the identification of potential risks associated with surgery. This study emphasizes the necessity of a holistic approach to patient care, which considers both physical and psychological aspects, to ensure optimal and long-term therapeutic outcomes in plastic surgery.

KEY WORDS: psychological well-being, plastic surgery, body dysmorphic disorder, psychological assessment, body image perception, risks of plastic surgery

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INTRODUCTION

DEFINITION OF PLASTIC SURGERY AND ITS SCOPE

Plastic surgery is a medical specialty focused on the reconstruction, correction, and aesthetic enhancement of tissues to restore or optimize their function and morphology. It encompasses both reconstructive procedures, which restore the anatomical integrity of structures damaged by trauma, pathology, or congenital defects, and aesthetic procedures aimed at improving body proportions and visual harmony. Interventions may involve the skin, subcutaneous tissue, muscles, and bone structures, utilizing surgical techniques of varying invasiveness, including minimally invasive methods [1,2].

Currently, there is no universal definition of invasive plastic surgery. It is defined as a medical procedure involving the alteration of body structure through skin incisions, aimed at improving the patient's aesthetic

appearance. Non-invasive cosmetic surgery, on the other hand, is defined as a medical procedure that uses various energy-based technologies and injectable preparations without traumatically disrupting the skin's continuity [1].

The goal of plastic surgery is to improve the patient's self-esteem and self-worth, which is closely tied to their subjective satisfaction with the surgical outcome. Comprehensive patient preparation, including a detailed analysis of risks, benefits, and limitations of the procedure, is crucial. Individuals seeking to align their appearance with their body image typically achieve postoperative satisfaction; however, the presence of mental disorders, such as body dysmorphic disorder (BDD) or acute emotional crises, can significantly limit the positive effects of the intervention. Plastic surgeons, equipped with basic psychiatric knowledge, can assess the patient's mental state and, if necessary, refer them to a psychiatric specialist experienced in diagnosing and treating these conditions [3, 4].

PSYCHOLOGICAL CONTEXT

The psychological effects of plastic surgery include factors such as body image, self-esteem, anxiety, and depression, which are closely interrelated [5]. Body image plays a significant role in shaping self-esteem, particularly among adolescents, while its importance diminishes in younger and older age groups in favor of social roles and daily functioning. A negative body image is often associated with low self-esteem, as well as depression and anxiety, which frequently co-occur and can be difficult to distinguish clinically [4,5]. Although body image is a distinct factor, it is closely related to other psychological aspects. Body image is typically assessed using the Multidimensional Body-Self Relations Questionnaire (MBSRQ), which includes beliefs, thoughts, and feelings about appearance, fitness, and health. Self-esteem, defined as a positive or negative attitude toward oneself, is measured using the Rosenberg Self-Esteem Scale (RSES) [2, 6].

AIM

The aim of this article is to analyze the psychological effects of plastic surgery and evaluate factors influencing patient satisfaction, as well as to identify risks associated with plastic surgery procedures. This includes examining how plastic surgery impacts mental health aspects such as self-worth, anxiety, depression, and overall life satisfaction, and identifying key elements that determine the psychological success of the surgery, such as patient motivations, expectations, and the quality of preoperative preparation.

MATERIALS AND METHODS

In order to achieve the aim of this review article, the literature review will focus on studies on the psychological aspects of plastic surgery, such as the impact on self-esteem, body image and quality of life of patients. A review of available scientific publications will be conducted, including clinical trials, systematic reviews and meta-analyses, with a special focus on the impact of plastic surgery on the psychological well-being of patients and their self-perception. The analysis will cover issues related to the effect of plastic surgery on improving self-esteem, changing the perceived body image, and overall quality of life of patients, both in the short and long term after the procedure. A search for relevant sources will be carried out using databases such as PubMed, Scopus, Web of Science and Google Scholar, which will allow for the identification of the latest and most significant publications on this topic. The next step will be a detailed analysis of the collected

materials, which will allow for the assessment of the strengths and weaknesses of previous studies and the identification of key challenges and future directions of research on the psychological consequences of plastic surgery.

REVIEW AND DISCUSSION

AESTHETIC MEDICINE AND SELF-ESTEEM

CHANGES IN EXTERNAL APPEARANCE AND IMPROVEMENT IN SELF-ESTEEM

Researchers agree that plastic surgery significantly improves patients' body image. Studies using the MBSRQ and BDD, assessing overall body image and appearance specific to the surgical site, have shown significant improvements in patients' self-esteem post-surgery [2, 6]. As early as three months after the procedure, patients reported a more positive body image, and this effect persisted for two years. Various procedures, such as blepharoplasty, lipoplasty, rhytidectomy, and rhinoplasty, were analyzed, with breast augmentation being the most frequently studied procedure [2, 7, 8].

Grouping patients who underwent different procedures may distort results and overlook unique aspects specific to individual procedures [7]. For example, Murphy and colleagues focused exclusively on patients who underwent breast augmentation with silicone implants. Their findings indicated a lasting improvement in the perception of sexual attractiveness, which persisted for six years post-surgery [2].

Research by Sarwer and LaRossa (University of Pennsylvania School of Medicine) found that women seeking breast augmentation perceived their breasts as smaller compared to the ideal and average size, while also exhibiting higher levels of dissatisfaction and concerns about appearance. The study did not address postoperative satisfaction [9]. Conversely, Hollyman and Lacey (St. George's Hospital Medical School, London) analyzed the impact of breast reduction on body image and well-being. Among 11 women who underwent the procedure, significant improvements in confidence, femininity, and sexual attractiveness were observed, lasting for six months post-surgery. These results confirm the positive impact of breast surgery on patients' self-esteem [8].

IMPACT OF PLASTIC SURGERY ON QUALITY OF LIFE

A meta-analysis showed that aesthetic surgery improves quality of life (QoL) both physically and psychologically, confirming its therapeutic efficacy [10].

The analyzed studies had limited sample sizes (18–228 participants), with only four involving over 100 patients [11,12,13], increasing the risk of beta error, which was corrected through meta-analysis.

Breast surgery was the most extensively studied procedure, showing significant QoL improvements compared to other aesthetic surgeries [14]. The lack of standardized measurement tools (eight different questionnaires) made comparisons challenging, although the SF-36 allowed for analysis in a broader medical context [10]. Breast reduction yielded the greatest improvements in physical functioning (PF) and general well-being (SF) domains of the SF-36, likely due to prior somatic complaints [10, 14].

The analysis also revealed that most patients undergoing breast surgery were motivated by medical recommendations or physical discomfort rather than emotional factors [15]. The limited number of studies on other aesthetic procedures makes it difficult to compare their impact on QoL, but patients who underwent breast surgery were more satisfied with the outcomes than those who underwent liposuction or facelifts [10, 16].

A meta-analysis of Korean studies found a link between plastic surgery and self-esteem. The strongest influence on satisfaction with appearance was the intention to manage appearance, while socio-cultural attitudes, BMI, and stress had lesser effects. Self-control showed the highest positive correlation, and the negative correlation between the intention to undergo surgery and its execution suggests that plastic surgery boosts self-esteem [17].

THE ROLE OF PLASTIC SURGERY IN BODY DYSMORPHIC DISORDER

Patients with body dysmorphia exhibit a distorted perception of their appearance, focusing on exaggerated or non-existent defects. Individuals with body dysmorphic disorder (BDD) obsess over their appearance, often seek reassurance, avoid social exposure, or mask perceived flaws. They may also experience delusions of changes in body structure. BDD affects 1–2% of the general population but occurs in 5–15% of plastic surgery patients [18,19]. This often leads to repeated surgical interventions that fail to deliver the expected improvement in self-esteem [19].

The most commonly affected areas are the skin, hair, nose, eyes, legs, and breasts in women, and the pectoral muscles in men [20]. BDD often co-occurs with other mental disorders, particularly depression, which is present in 40% of patients. It may also manifest as monosymptomatic psychosis or precede schizophrenia.

Patients with BDD have a significantly increased risk of psychiatric comorbidity [18, 21].

Patients with BDD rarely derive psychological benefits from plastic surgery, and preoperative mental disorders may hinder postoperative self-esteem improvement [2,22,23]. Plastic surgery does not eliminate the problem, as the disorder stems from deeper self-esteem deficits. There is no correlation between the degree of actual deformity and postoperative satisfaction. The most effective treatments continue to be serotonin reuptake inhibitors and cognitive-behavioral therapy, which help alleviate symptoms in about two-thirds of patients [24].

POTENTIAL BENEFITS OF PLASTIC SURGERY FOR MENTAL HEALTH

According to Rosenberg's concept (1965), self-esteem refers to a global evaluation of one's self-worth, which develops similarly to attitudes toward other objects. This means that the level of self-esteem can be quantified based on an individual's subjective relationship with themselves [25]. Although research findings are mixed, numerous studies indicate a beneficial impact of plastic surgery on self-esteem. One of the earliest studies on self-esteem in patients undergoing rhinoplasty showed that nasal correction significantly boosted their self-esteem, personal competence, and attractiveness within the first week post-surgery [26]. Similar results were found in a study comparing patients who underwent aesthetic and functional rhinoplasty, where significant self-esteem improvement (RSES) after six months was observed only in the aesthetic group, likely due to their initially lower self-esteem [27].

Increased self-esteem was also observed after blepharoplasty [23], maxillofacial surgery [5], and breast surgery [10,28]. The greatest benefits were noted in women with ambiguous identities and patients with higher education levels [5,22]. A meta-analysis of 16 studies involving 6,296 patients confirmed that aesthetic surgery can significantly enhance self-esteem [17].

RISKS AND MENTAL HEALTH CONCERNS ASSOCIATED WITH PLASTIC SURGERY

ADDICTION TO PLASTIC SURGERY AND "CULTURE OF APPEARANCE ENHANCEMENT"

The number of patients undergoing plastic surgery continues to rise, partly due to the popularity of minimally invasive aesthetic procedures such as Botox injections and dermal fillers [29]. In 2014, 15.6 million cosmetic procedures were performed in the United States, a

3% increase from the previous year, with total costs reaching \$12.9 billion [30]. These figures indicate that the plastic surgery sector remains resilient to economic fluctuations [29].

However, the increase in procedures underscores the need for thorough analysis of patient motivations and appropriate candidate selection to ensure that patients derive real benefits from aesthetic interventions. Since plastic surgery is an elective procedure, identifying the psychosocial characteristics of individuals seeking surgery is crucial. Research suggests that certain psychological predispositions may increase the risk of postoperative complications, posing a significant clinical challenge [31].

DISSATISFACTION WITH SURGICAL OUTCOMES AND EXACERBATION OF MENTAL HEALTH ISSUES. THE IMPACT OF SOCIAL MEDIA AND BEAUTY STANDARDS ON PATIENTS

Two studies evaluated the influence of media on adolescents' interest in plastic surgery. The first study, using questionnaires, found that a positive perception of reality shows featuring plastic surgery correlated with greater interest in aesthetic procedures. In the second study, participants were divided into two groups—one exposed to content showcasing surgical transformations, the other to neutral content. Those exposed to plastic surgery content showed a higher desire to alter their appearance compared to the control group [32].

In Western cultures, girls in mid-adolescence experience a significant decline in self-esteem, linked to changes in body image perception. The development of body image is shaped by socio-cultural factors, including unrealistic female body standards propagated in the media. A UK study of 136 girls aged 11–16 found that exposure to very thin or average-sized models reduced body satisfaction and, consequently, self-esteem. Older girls had lower self-esteem than younger ones, associated with increased internalization of socio-cultural beauty norms and social comparisons with models [33].

Another study of 401 British female students assessed the relationship between acceptance of plastic surgery and celebrity culture. Participants completed the Acceptance of Cosmetic Surgery Scale (ACSS) and the Celebrity Attitude Scale (CAS). The analysis revealed significant correlations between all ACSS and CAS subscales, as well as with age and BMI. Regression analysis showed that acceptance of plastic surgery was significantly correlated with celebrity worship and demographic variables, which together explained nearly 50% of the variance. The strongest predictor of

acceptance of aesthetic surgical interventions was an intense, personal emotional connection with media figures [34].

PSYCHOLOGICAL APPROACH TO PATIENTS BEFORE AND AFTER PLASTIC SURGERY

THE IMPORTANCE OF PSYCHOLOGICAL INTERVIEWS BEFORE PLASTIC SURGERY

Plastic surgery aims to improve patients' self-esteem and confidence, with success measured by their subjective satisfaction. Optimizing outcomes requires careful patient selection, including discussions of risks, benefits, limitations, and realistic expectations. Patients motivated by a desire to align their appearance with their body image exhibit the highest levels of satisfaction [2, 5].

Certain mental disorders, such as dysmorphophobia, crisis states, multiple surgical revisions, or loss of identity, may prevent lasting improvements in well-being. Analyzing patient motivations, aesthetic goals, and awareness of the procedure enables the surgeon to assess the likelihood of postoperative satisfaction [18]. Plastic surgeons with basic psychiatric training can identify patients requiring specialist consultation. When referral to a psychiatrist is necessary, it is crucial to consider the specific nature of these disorders in the context of plastic surgery [4,5].

Eating disorders, such as anorexia and bulimia, may be overrepresented among plastic surgery patients due to their heightened concerns about appearance. There are reports of worsening symptoms following aesthetic procedures, particularly facial and body surgeries [35]. Special risks apply to women undergoing liposuction and breast augmentation. Cases of bulimic patients experiencing symptom exacerbation after liposuction have been described. Additionally, women seeking breast augmentation often have lower body weight, suggesting a greater susceptibility to eating disorders. Thus, both anorexia and bulimia may be significant contraindications for plastic surgery [35].

WORKING WITH A PSYCHOTHERAPIST AND DECIDING TO UNDERGO PLASTIC SURGERY

Patients with psychotic disorders, though often interested in plastic surgery, are generally deemed unsuitable candidates due to the risk of aggression and dissatisfaction with outcomes. However, integrating psychiatric care with surgical treatment has shown potential benefits [36]. In a study of patients with severe mental disorders, after psychiatric evaluation and psychotherapy, 82.8%

reported improvements in self-awareness, anxiety, and depression. No suicides, psychotic decompensations, or lawsuits were recorded. Although the study did not meet rigorous scientific standards, it suggests potential benefits of combined surgical-psychological intervention for this patient group [35,36].

MONITORING PATIENTS' MENTAL HEALTH AFTER SURGERY

Effective prevention is key to minimizing the risk of patient dissatisfaction following plastic surgery. This process begins with establishing a strong doctor-patient relationship, the quality of which often determines the dynamics of postoperative interactions. Deficits in preoperative communication can lead to strained relationships under stress, while a strong therapeutic bond fosters better understanding and cooperation during recovery [18, 35].

A fundamental aspect of patient care is thorough education, including detailed discussions of potential benefits, risks, and limitations of the surgical intervention. During this process, the surgeon can assess whether the patient has realistic expectations. Comprehensive evaluation of the patient's mental state is also essential, with psychiatric consultation in doubtful cases [3].

The relationship between the patient and the plastic surgeon has significant medical and psychological implications, though data on this topic are limited. One study found a significant correlation between the surgeon's emotional engagement and the recovery process in 50 patients undergoing facelifts [37]. A survey of 115 experienced plastic surgeons revealed that nearly half had faced malpractice lawsuits. Of these, 51.6% attributed the lawsuits to poor patient relationships, while only 17% cited unrealistic patient expectations and 14.5% cited unsatisfactory outcomes. These results may be biased, as surgeons may be more likely to at-

tribute legal disputes to communication issues rather than technical shortcomings [35].

A poor surgeon-patient relationship can negatively impact surgical outcomes and increase the risk of legal conflicts. A lack of interpersonal skills in the surgeon can lead to worse clinical results and more lawsuits, posing significant risks to both patient safety and the surgeon's practice [18]. Although patient dissatisfaction is an inevitable aspect of surgical practice, its scale can be significantly reduced through careful patient selection and avoiding surgery in high-risk psychological cases. Inexperienced surgeons focus solely on technical aspects, while seasoned specialists also consider patients' psychological predispositions for postoperative satisfaction [3].

CONCLUSIONS

Plastic surgery significantly impacts patients' mental health, contributing to improved self-esteem, body acceptance, and quality of life. Properly conducted surgery, preceded by appropriate medical and psychological evaluation, can yield substantial therapeutic benefits, especially in patients with realistic expectations. Conversely, procedures performed on patients with mental disorders, such as dysmorphophobia, may lead to worsened mental health, addiction to surgical interventions, and dissatisfaction with outcomes. Social pressure and media play a key role in promoting unrealistic beauty standards, which may increase interest in aesthetic procedures. Therefore, a crucial aspect of surgical practice should be thorough assessment of patient motivations and mental state before deciding on surgical intervention. Future research should continue to explore the long-term effects of plastic surgery to better understand its impact on patients' mental health and implement preventive strategies to minimize psychological risks.

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CONFLICT OF INTEREST

The Authors declare no conflict of interest

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