



PIPS *Steps*

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Cosmetic Surgery on a budget on a budget on a budget

If cosmetic surgery were “covered” by health insurers, every plastic surgeon, even in the smallest hamlet, would be overwhelmed by the demand for cosmetic surgery. Such is the level of interest in cosmetic surgery and its benefits. But, alas, cosmetic surgery is not “covered” by health insurers and consequently many individuals who otherwise would undergo cosmetic surgery are dissuaded by its cost. What follows are a few tips which should help cosmetic surgery-minded individuals to purchase such surgery as intelligently and economically as possible.

First, don't assume that a surgical procedure which produces an improvement in appearance is a cosmetic surgical procedure. Admittedly, many health insurers regard any surgical procedure which produces an improvement in appearance as a cosmetic surgical procedure and, in an attempt to limit health insurance benefits in order to control health insurance premiums, have reclassified formerly non-cosmetic surgical procedures—such as Dermabrasion of acne-scarred facial skin—as cosmetic surgical procedures. But, some surgical procedures which produce an improvement in appearance still are considered by many health insurers as medically necessary and therefore “covered”. The best example of the foregoing is Bilateral Breast Reduction which produces more ideally sized/shaped breasts but primarily is undertaken to relieve neck pain, upper back pain, bra strap irritation/grooving, etc. which large breasted women experience. By the same token, a “Facelift” undertaken to rejuvenate an aged face is a cosmetic surgical procedure but that same “Facelift” undertaken to correct a facial deformity secondary to facial nerve paralysis is a non-cosmetic surgical procedure since, in the latter situation, the “Facelift” is not undertaken to improve upon normality, but instead to restore normality, at least to the extent possible. A simple inquiry of a health insurer as to the availability of “coverage” for a presumed cosmetic surgical procedure may provoke a surprisingly positive response on the part of that health insurer. After all, nothing ventured, nothing gained.

Second, “piggybacking” a cosmetic surgical procedure onto a non-cosmetic surgical procedure provides an opportunity to purchase that cosmetic surgical procedure much less expensively. I commonly see women who are faced with not only gynecological problems, perhaps necessitating a Hysterectomy and/or other pelvic surgery, but also redundant lower abdominal skin/fat and a loss of muscular integrity of the lower abdomen, secondary to multiple preg-

nancies, weight gain and weight loss, previous abdominal surgery, etc. These women are good candidates for Abdominoplasty (“Tummy Tuck”), a procedure which can be combined with pelvic surgery. The Abdominoplasty does not add to the postoperative discomfort and disability associated with, nor the recuperation from, pelvic surgery. Indeed, the recuperation from most pelvic surgery is considerably longer than that following Abdominoplasty. It's a convenient way to “kill two birds with one stone”. And, because operative facility and anesthesiologist services related to the Abdominoplasty are provided in conjunction with those related to the pelvic surgery, the individual undergoing an Abdominoplasty may face no or minimal operative facility and anesthesiologist costs, either of which would be considerably more substantial were that same individual to undergo an Abdominoplasty alone.

Third, “piggybacking” one cosmetic surgical procedure onto another cosmetic surgical procedure also is an effective way to get the biggest bang for the cosmetic surgical buck. When I undertake two or more cosmetic surgical procedures upon the same individual, I discount the total of my fees for those procedures, since undertaking two cosmetic surgical procedures on one person is more time and cost effective for me than is undertaking one on one person and the other on a second person. Similar cost savings are realizable from the standpoint of related operative facility and anesthesiologist services as well, because the costs of an operative facility and an anesthesiologist are “front end loaded”. By the foregoing I mean that the cost of the first hour of the use of an operative facility and an anesthesiologist reflects not only the cost related to the rental, if you will, of both but also the cost related to preparation for surgery, disposable equipment and supplies, etc. The second hour of any surgical procedure (whether cosmetic or non-cosmetic) is much less expensive from the standpoint of the cost of the operative facility and the anesthesiologist than is the first hour. The same is true of the third hour, the fourth hour, etc. Therefore, it should be obvious that combining two or more cosmetic surgical procedures during one operative session is less expensive than is the cost associated with those same procedures undertaken individually at different times. Furthermore, because most cosmetic surgical procedures do not translate into much postoperative discomfort and disability, most individuals can tolerate two or more cosmetic surgical procedures and find that, with rare exception, they are able to resume their normal day-to-day activities shortly after surgery. And, since operative facility and anesthesiologist costs are time related, a plastic surgeon who operates efficiently and expeditiously may contribute to a less expensive operative procedure overall.

For more information about this and other cosmetic and non-cosmetic procedures, please call The Pittsburgh Institute of Plastic Surgery at 1-800-321-7477 or The Plastic Surgery Information Service at 1-800-635-0635.



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