

Without question, observes Dr. Cynthia Gregg, “one of the most challenging aspects of facial plastic surgery is not the surgery itself, but managing patients’ expectations. The surgery is complex, involving innumerable variables. But it begins and ends with the patient—with the change the patient wants and the results we can achieve.”

This is not surprising, she acknowledges. “We’re not operating on an internal organ; we’re altering your face—the ‘you’ that you see in the mirror and that you present to the world. Every patient comes in with an idea, an image in their mind, of the changes they want. Our first, most important job is to align that image with the options available.”

Her colleague, Dr. Cindy Wu, a specialist in breast and body plastic surgery, agrees heartily. “One of the most important lessons you learn in this profession,” she says with a smile, “is how to say ‘no.’”

“It’s not so much that people are looking for radical transformations,” she adds. “Rather, it’s that so many factors influence what’s possible surgically, and some patients are not the greatest candidates for whatever reason. For example, when a tiny, 100-pound woman with no breast tissue wants to end up with a C cup implant, you have to say ‘No, that’s not going to happen.’ Her anatomy won’t permit it.”

“Similarly, tummy tuck patients often have an expectation of a flat tummy—something I can’t offer them if they’re obese,” says Dr. Wu. “If you have visceral fat, which is fat around the organ, I can’t fix that surgically. So, I don’t recommend a tummy tuck for those patients, because it’s a lot of surgery for very little



Dr. Gregg, right, and Dr. Wu.

Managing *Complicated Expectations*

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improvement. Instead, I suggest that they get to their goal weight before performing such an extensive surgery.”

Unrealistic expectations, agrees Dr. Gregg, are always challenging. “But, for the most part, they’re the result of people not understanding what’s surgically possible. Our job is to educate them.”

“Dr. Google,” she adds, “has made this task more difficult in recent years. Because of social media and the vast amounts of information available on the Internet, there’s a lot of misinformation—misinformation that seems perfectly reasonable to the prospective patient. So, job number one is to make sure that such expectations are based in reality—whether we’re talking

about Botox, skin care products, or surgery.”

Dr. Gregg and Dr. Wu agree that the most important task is to help their patients understand what’s possible for them. “It can be difficult for some prospective patients to accept that limitations exist,” says Dr. Gregg, “even though we have great medical technology. Our job is to help them understand that some limitations exist in their own skin or genetic makeup. Their underlying facial anatomy, for example, offers its own constraints and there are a host of variables that we cannot change. We’re three-dimensional; and we’re each unique. The thickness of our skin or the shape of our face—everything influences the surgical options available.”

UNDERSTANDING OPTIONS: PRE-OP

“That’s why the pre-op consultation process is so important,” agrees Dr. Wu. “This is when we get a clear understanding of the patient’s wishes and concerns, and can explore all realistic options for achieving their goals.”

“One of the most valuable tools we have,” says Dr. Wu, “is 3D computer imaging. We can project with remarkable accuracy the likely result of various surgical procedures. It’s also very helpful to have patients bring in ‘wish photos’—pictures from magazines or the Internet that illustrate the aesthetic results they want.”

“One of the most common things I hear from patients,” Dr. Wu says, “is that they want to look ‘natural.’ And then I’ll show them images of high, modern profile implants and they’ll say, ‘Oh, I want to look more like that.’ Even though those implants are not natural—because it’s not natural for your breast to be so high or so projecting. So we rely less on terminology and much more on images to get to define our goals.”

“We take a great deal of time with our patients—long before the first incision—to reach a shared understanding of the desired and possible outcome,” says Dr. Gregg. “The surgical experience thus becomes a partnership, and outcomes are successful. As one patient expressed it:

They listened to me, really took the time, and walked me through the process of this new surgical journey, step by step. And the results were nothing short of amazing. It’s been a great experience. h&h

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