

# THE GREAT ROUND TABLE DEBATE...



We continue our theme of looking good and feeling great about yourself with the return of one of our most popular features - where we invite a group of experts to sit down and chat about a hot topic

**T**his time round we have three leading consultant plastic surgeons plus a much respected cosmetic doctor. Over the following three pages they talk about taking the safe approach to surgical and non-surgical

cosmetic procedures, the dangers of the wrong people treating you, the emotions involved and the trend today towards believing that 'less is more.' This is a must read for anyone thinking of having work done on their face or body. So...

## MEET OUR PANEL...



**Anita Hazari** is a Consultant Plastic Surgeon at Spire Hospital in Tunbridge Wells where she performs aesthetic and reconstructive surgery of the breast, body contouring, liposuction and aesthetic abdominal surgery. She has been a Consultant at the Queen Victoria Hospital NHS Foundation Trust, East Grinstead since 2006. As the Plastics Breast Lead, Anita has been a key member of the Kent Breast Cancer Network, helping to formulate the breast reconstruction pathway, policy for pre-op screening in breast reduction surgery and the use of fat transfer in breasts. She is a Council member of BAPRAS and a member of BAAPS.  
[www.anitahazari.co.uk](http://www.anitahazari.co.uk)



**Nora Nugent** is a Consultant Plastic Surgeon based at the Queen Victoria Hospital in East Grinstead, Purity Bridge in Tunbridge Wells and other private hospitals in the Tunbridge Wells and East Grinstead area. She has an interest in all aspects of aesthetic (cosmetic) surgery including facial rejuvenation, breast surgery and body contouring. Nora also runs a reconstructive surgery practice. She is actively involved in plastic surgery education and training and is the Surgical Tutor at The Queen Victoria Hospital, East Grinstead. She is a member of BAPRAS and a Member of Council for the plastic surgery section of the Royal Society of Medicine.  
[www.noranugent.co.uk](http://www.noranugent.co.uk)



**Marc Pacifico** is a Consultant Plastic Surgeon based at Purity Bridge in Tunbridge Wells. His aesthetic plastic surgery interests include facial rejuvenation surgery, breast and abdominal contouring surgery, aiming for a natural and fresh post-surgical result. Marc opened the cosmetic clinic, Purity Bridge, in June 2013 which continues to grow and thrive thanks to its reputation for high quality care and excellent treatment results. Marc is on the Specialist Register for Plastic Surgery with the General Medical Council and is a member of BAPRAS, BAAPS & ISAPS.  
[www.marcpacifico.co.uk](http://www.marcpacifico.co.uk)  
[www.puritybridge.co.uk](http://www.puritybridge.co.uk)



**Sophie Shotter** runs Illuminate Skin Clinics, offering a comprehensive range of advanced injectable and skincare treatments across Kent. She trained in the NHS as an anaesthetist prior to establishing her cosmetic medicine clinics. Sophie has been driven by delivering treatments that she feels will offer the most benefit to her patients, from facial rejuvenation to body sculpting. Sophie believes in creating a natural, radiant look - leaving other people noticing a difference but never quite knowing what it is. Patient safety is at the forefront of Sophie's practice in an industry which has been unregulated for many years - Sophie uses only top quality products in a safe environment.  
[www.illuminateskinclinic.co.uk](http://www.illuminateskinclinic.co.uk)

## BRINGING TOGETHER HEALTH PROFESSIONALS TO TALK ABOUT THE PROS AND CONS OF PLASTIC SURGERY AND OTHER UPLIFTING PROCEDURES

Welcome to another in our series of Round Table Debates where moderator Richard Moore is joined by plastic surgeons Anita Hazari, Nora Nugent and Marc Pacifico along with cosmetic doctor Sophie Shotter. Their full biogs are on the previous page...

**RICHARD:** Tell us first, about your specialities.

**ANITA:** I am a consultant plastic surgeon, and I would say about 80% of the work I do is breast and tummies.

**MARC:** I am also a consultant plastic surgeon, and my areas of interest from a cosmetic or aesthetic side are surgery to the face, breasts and I enjoy body contouring as well.

**NORA:** I am also a consultant plastic surgeon and my cosmetic areas of interest are face body and breasts as well, but I also have a strong reconstructive practice.

**SOPHIE:** I am a cosmetic doctor with a background of training in anaesthetics. I also target facial rejuvenation and body sculpting, but using non-surgical techniques.

**RICHARD:** What's the difference between cosmetic surgery then and plastic surgery?

**ANITA:** Plastic surgery is a recognised speciality and one has to go through medical school and a plastic surgery training programme, which lasts six to eight years. It's a very rigorous programme in which you are assessed at every point, similar to what Sophie has undertaken in anaesthetics. It takes 19 years on average to become a consultant

**"Your local hairdresser can go on a two-day training course and inject dermal fillers"**

plastic surgeon. So, anyone cannot call themselves a plastic surgeon. There is no speciality as a cosmetic surgeon and any doctor can call themselves a cosmetic doctor or a surgeon. There is no qualification or training programme for cosmetic surgery in this country. It is completely unregulated.

**SOPHIE:** The mandatory training requirements to call yourself a cosmetic doctor and do some Botox and fillers are virtually none. You can do a one-day course and then go and call yourself whatever you like, charging hundreds of pounds to do it.

**ANITA:** The same applies to cosmetic surgery. One doesn't need to have a higher surgical qualification to do an operation. You can have a basic medical degree and still do cosmetic surgery and call yourself a cosmetic surgeon.

**RICHARD:** How concerned are you about it being totally unregulated?

**NORA:** It's very concerning, because it has left the market as a free for all. It means that people find it very difficult to tell who is properly qualified, who isn't, who should be doing these procedures, be it surgical or non-surgical, where it should be done, how to tell the difference between a string of initials after a name, and what any of it means. It's extremely confusing to someone who isn't in the medical profession.

**SOPHIE:** We need to encourage patients to ask the right questions. To research

whoever they go to, and to see a few practitioners to find out who they have the best rapport with.

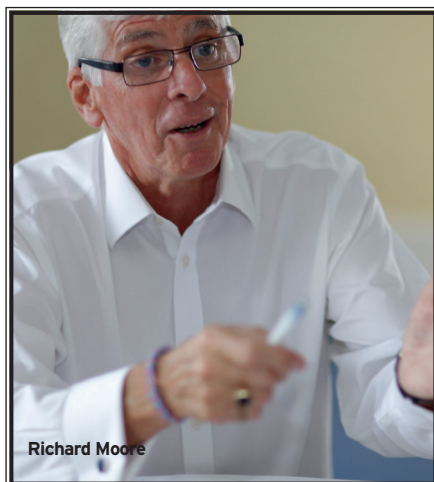
**NORA:** Another problem is that not all products require you to be in a medical facility or even need a medical practitioner to use them, for example, dermal fillers.

**SOPHIE:** I took over in a clinic where they didn't have any idea about the dangers. They had a beautician charging £80 to put permanent silicone fillers into faces. Young girls were having these procedures and could have lifelong complications - it is absolutely horrifying.

**ANITA:** Your local hairdresser can go on a two-day training course and inject dermal fillers. However, the surgical side is different. A good starting point for finding a surgeon who is qualified is to see if a cosmetic surgeon is a consultant plastic surgeon in an NHS facility or has been in the past. Then you are pretty much guaranteed that he/she has been through the training programme and has got the necessary qualifications. Every plastic surgeon has to go through revalidation and appraisal every year to continue to perform as a plastic surgeon. Plastic surgeons will generally offer the whole range of cosmetic surgery.

**RICHARD:** What makes people want to become plastic surgeons?

**MARC:** I always wanted to be a surgeon, and I have always loved art, sculpture, drawing and painting and being creative and making things, so it was a perfect marriage. I really enjoy it because at the end of the day, whether we are performing surgery to rejuvenate someone or reconstruct someone, it is sculpting with skin and



Richard Moore



Anita Hazari



Sophie Shotter

tissues and recreating things. I like the fact that it is visual and the patient is the final arbiter of how good we are and we can have such an impact on their lives. When it comes to internal surgery, no one is going to say 'oh that gallbladder was stitched very well!'

**RICHARD: Why do people come to you?**

**NORA:** Some people come because they have one particular feature that has always troubled them, something about themselves that they don't like, and it can affect a lot of aspects of their lives. For example, if someone dislikes their nose, it is very visual, it's in the middle of their face, or patients may dislike having very small or very large breasts. These things can affect their self-confidence and how they project themselves and how they socially interact. A cosmetic procedure to change this feature can make a huge difference to their quality of life. Other people come to us for different reasons; they may want an improvement in their skin quality or to reduce or counteract the effects of ageing or pregnancy on their bodies. We see a huge variety of reasons for people coming to us.

**RICHARD: What about the people who say it's pure vanity?**

**MARC:** The one thing you learn is that you cannot be judgmental. There is a wide



Nora Nugent

**"Whether we like it or not we live in a society where image matters, and we are judged on the way we look"**

range of emotional psychology involved. For example, almost every 'nose job' patient I see will never talk to anyone unless they are sitting directly facing them. One patient told me that every time she pulled up at traffic lights and there was a car alongside her, she'd shield her nose with her hand. So there are everyday impacts that people have with certain areas of concern. The other common thing is people will one day look in the mirror and say 'who is this old person looking back at me? That's not me. I feel a completely different person.' People might also be telling them they look tired, which gets them down, and now they have an opportunity to do something about it.

**SOPHIE:** It's all about confidence rather than vanity. Every single person has something about themselves that they don't like, and it affects some people to a more extreme degree than others. Whether we like it or not we live in a society where image matters, and we are judged on the way we look - that can have a really big impact on some people. It's about bringing people self-confidence when they look in the mirror, and that carries forward to other aspects of their lives.

**ANITA:** I agree with all of that, but at the

same time I think as clinicians who are ethical, we do need to be careful about patients who come asking to be changed to something else. When it's affecting their self-confidence or they want to improve a feature, that's fair enough, but only if that particular issue is actually a physical problem.

**RICHARD: Have you ever told people you won't do something?**

**ANITA:** For about 20% of the people I see, I tell them they are being a little bit unrealistic, that something is not achievable with surgery. A perceived problem by a patient can, in fact, be a psychological issue rather than actually a physical problem. This is where psychological counselling is very important, because you may do an operation for a specific body part, but no amount of surgery is ever going to make that person happy because the problem is more to do with perceived body image. There are a few times in one's life when undergoing plastic surgery should be avoided: Soon after bereavement, going through divorce or moving house. Then, I will say 'put it on the back burner and if you still feel the same way come back in six months or a year'.

I recently did a breast reduction for a young woman. She had very large breasts but she also had a lot of psychological and emotional baggage associated with it, so I suggested that she see a psychologist. She had a few sessions, which helped her to sort out her emotions about herself and her perception of her own body image. It was still very much the case that she needed the operation, but her other issues were sorted out first and she was in a better place to undergo the operation and be realistic about the results.

**NORA:** You have to be very honest with whoever has come to you about what the procedure can and cannot achieve and if they need to go away and think about things, that's better still. They should have at least two consultations before embarking on any cosmetic procedure.



Marc Pacifico

Nora Nugent



Left to right: Marc Pacifico, Anita Hazari, Richard Moore, Sophie Shotter and Nora Nugent

**SOPHIE:** There are limits to what non-surgical treatments can achieve and I think it is important to be honest with my patients about it. I have referred several people to Marc when I think something he can offer a patient is more suited to them. A good cosmetic doctor will always have a referral relationship with a plastic surgeon.

**MARC:** Yes I think there are limits. We are all saying that you must be honest and not oversell any treatment, either surgical or medical, because the patient is going to be the one who loses out and runs into problems emotionally and physically as well.

**RICHARD:** What trends are you seeing?

**NORA:** I would say the non-surgical side of aesthetics has grown enormously and that more people are looking for smaller surgical procedures such as a one-stitch facelift instead of a full facelift.

**SOPHIE:** Also there are non-surgical procedures that have come in over the last few years that can achieve similar effects to liposuction. Yes the results won't be as dramatic but they don't have to go through a general anaesthetic, they don't have to take time off work, and the procedures are virtually pain-free. These types of procedures have grown hugely.

**ANITA:** At the moment non-surgical procedures account for nine out of ten cosmetic interventions, and that is 75% of the cosmetic market. Non-surgical is where a patient does not have an operation, things like Botox, fillers, peels, micro-needling (dermaroller) and laser.

**MARC:** People are looking for procedures that will achieve noticeable effects with less downtime, maybe less expense, and people are more prepared to have repeat procedures.

**ANITA:** Another reason why women and men want to go for non-surgical is because it

**"There is a big difference between looking good when you look in the mirror, and having the trout pout and looking completely filled"**

goes hand in hand with economy. Surgical procedures cost money, they are what I would call a premium market. When there is not that much in one's pocket, having a little bit of Botox, filler or micro-needling gives an instant uplift. It's the feel-good factor and it doesn't break the bank.

**RICHARD:** Do patients always want others to know what they've had done?

**SOPHIE:** There are some people, and I think this is true of the Tunbridge Wells population, that don't want others to look at them and know what they have had done. It's about achieving subtle improvements and not sudden drastic transformations. Some people do want a more 'obvious' look - huge lips, pillow cheeks and frozen foreheads - but that isn't the look I enjoy working towards.

**ANITA:** There is a big difference between looking good when you look in the mirror, and having the trout pout and looking completely filled. I think it can work in a reverse fashion. If women start too young, I personally feel it ages them.

**SOPHIE:** There are several high profile celebrities who admit to starting Botox and fillers in their early 20s and now many of them look ten years older than they actually are. They lose that natural youthful look.

**MARC:** Keeping on the theme of the looks people are aiming for, I often hear, when out socially, people making comments like 'oh I would never have a facelift, they look terrible'. And my comment is 'well you have only noticed the terrible ones, the really bad outcomes'. Because a good facelift you wouldn't notice; people look refreshed; rejuvenated and bright. They don't look different.

But when someone is overfilled, with big artificial looking lips - if I have anyone like that in my waiting room who is coming to see me about something else I get worried! I don't want anyone to think I, or anyone else at Purity Bridge, has done that. And I have had that happen, that sort of patient coming to see me about another part of their body, and it's worried me that people might think it was my work!

**SOPHIE:** Every patient we treat is an advert for us, and if they walk around with something that looks a bit strange it isn't a good advert. If someone says to them [fibbing] 'you look brilliant, where did you get that done?' and they say 'oh it was Dr Sophie', they will think in their head 'I'm never going to her'.

**ANITA:** Today, less is more and it is not just non-surgical treatments, it is true for surgical treatments, too. With a facelift, you don't want the wind tunnel effect; you want to look fresher. Maybe the facelift won't take 20 years off, but it will take five to ten years off and make one look fresher and younger. It's the same thing with every body part. I do a lot of breasts and tummies - for breasts I think the days of the Baywatch round look belong to the past. Pretty much all women who come to me want to look natural. Once they have had a couple of children they want volume restoration, something in keeping with the rest of the body shape. A lot of them say 'when I am wearing a bikini and I am on the beach I don't want anyone to know I have breast implants'. That is achievable if the correct size implants are chosen.

**RICHARD:** How much damage do you think that whole breast implant scandal had?

**ANITA:** It has caused a tremendous amount of damage but there is a silver lining with the PIP scandal. It has brought the whole problem of regulation right to the forefront.

**NORA:** It's made people ask the right questions. What are you putting into me? How many of these have you done? How did you

train? It's made people ask the right questions before they have something done. Obviously it was disastrous for the people who had those implants put in but it's made the next group of people looking for implants much more cautious and much more aware of the right questions to ask and the right information they should get.

**SOPHIE:** But I think, unfortunately, the vast majority of regulations that were suggested won't happen. Dermal fillers are classed as a medical device, they are not a prescription-only product. Botox is a prescription only medication, yet compared to dermal fillers Botox carries far fewer risks. Anita, Marc and Nora must have seen several complications from fillers.

**MARC:** Oh yes.

**SOPHIE:** In the wrong hands and with the wrong product they are terrifying. Blindness, skin ulceration, infections - they can even happen in safe hands, but a good practitioner will know how to spot complications and have systems in place to deal with them. At the moment they are just not being treated with enough respect.

**ANITA:** There is a drive now, though, to try and make fillers a prescription only product.

**RICHARD:** Where's it all heading?

**MARC:** Maybe not in our lifetime, but the progress being made in respect to what can be harnessed from stem cells in the future is incredibly exciting. Whether it's for rejuvenation or restoration, the sky is the limit. We will see what happens because science and research is a slow process, but it's a bright future from that point of view.

**RICHARD:** What reaction do you get at social gatherings when people find out what you do for a living?

**NORA:** They want to show some area they are not happy with and ask what cosmetic surgery could be done.

**ANITA:** When that happens, I am usually asked 'by the way can you have a look at this in the loo?'

**SOPHIE:** I get a lot of 'please don't look at my wrinkles!'

**RICHARD:** Really?



**"The progress being made in respect to what can be harnessed from stem cells in the future is incredibly exciting"**

**SOPHIE:** Yes, I get a lot of that. I try to switch off my professional eye in social situations - I don't look at people like that unless they ask me to. It is tricky as a lot of people do feel quite self-conscious about it.

**RICHARD:** Tell us about the plastic surgery procedure that you feel you might benefit from most.

**ANITA:** I can give you two. For a non-surgical treatment, I would say micro-needling is something I may have. A dermaroller looks like a little roller with lots of needles and causes superficial trauma to the treated skin, usually the face and neck.

**RICHARD:** What does it do for you?

**ANITA:** The body generates collagen as a reaction to the micro-needling and the skin looks plumper and fresher. It is quite subtle.

**RICHARD:** And the second one?

**ANITA:** My mother is in her 70s now and her eyelids are really heavy, making her look tired. If I am going to have something when I am older, it would be under local anaesthetic with least downtime, so it would have to be my upper eyelids so I wouldn't look tired all the time.

**RICHARD:** What would you have done Marc?

**MARC:** A bit of lipo! (much laughter - he's slim)

**RICHARD:** Very much?

**MARC:** No, just a touch-up, sculpting.

**NORA:** I would agree with Anita, I think probably the first surgical procedure would be upper eyelids and non-surgical it would probably be Botox.

**SOPHIE:** I would love to have Platelet-Rich Plasma - the Vampire facial, combined with micro-needling at the same time. It makes your skin look healthier, volumised and glowing, and would refine a few pores I have around my nose. I need to train a friend!

**RICHARD:** Ok, I'm afraid we have run out of time - thank you all for such a fascinating Round Table.

**UPDATE ON MEASURES TO IMPROVE REGULATION IN COSMETIC SURGERY**

**Breast Implant registry:** The Dept of Health has completed a pilot and is in the process of setting up a nationwide Breast implant registry.

**Cosmetic Surgery InterSpeciality Committee (CSIC):** The Royal College of Surgeons of England is in the process of:

Setting up a clinical database of cosmetic operations

Setting standards for training and certification in cosmetic surgery

Dissemination of information on cosmetic surgery to patients

**Non-Surgical:** A review of qualifications and accreditation that will be required by all practitioners administering non-surgical cosmetic treatments

