Facial Esthetic Surgery—Do These Times Offer Opportunities?

It is hard to overstate the degree to which the current pandemic has disrupted our lives. Most of us know someone who has died, and all of us are aware of the suffering many of those who contracted coronavirus disease 2019 experienced during its acute phase and the lingering health problems faced by large numbers of survivors. Job losses and business disruptions have caused serious economic challenges for a sizable percentage of the world’s population, including here in North America. Yet, like in prior periods of widespread calamities, the phrase, *never let a serious crisis go to waste*, should be applied. Although it is unclear of the origin of this concept, it points to the wisdom of seeking silver linings in otherwise tragic circumstances. So where might this be put in play in our specialty? Few oral-maxillofacial surgeons (OMSs) were spared of coronavirus disease 2019–related difficulties. Access to facilities for elective procedures was limited at times, and costly new protective equipment, supplies, and protocols needed to be put into place to keep patients and those providing ambulatory oral-maxillofacial surgery services safe. However, there are other side effects of the pandemic. Leisure travel and expenditures for local distractions, such as cinemas, restaurants, professional sports, and live entertainment, have been sharply curtailed. Although these actions have hurt certain industries, for those who have not had their personal income decrease, a sizable increase in disposable assets has been realized. This has been a boom for services able to be provided online. But can OMSs find ways to tap into this situation?

A large percentage of the core procedures OMSs perform are considered necessary to maintain one’s general health. Those expenditures by patients, whether by the individuals themselves or via third parties, are likely to continue in spite of the pandemic. However, truly elective procedures, such as facial esthetic surgery, are usually only sought out by patients with the financial means to afford them. Fortunately, many OMSs already offer these services, but many do not.

Why is it that many practicing OMSs do not offer patients esthetic facial procedures? One main reason is that they did not receive sufficient training during residency training to feel comfortable to provide such care. In other cases, for procedures commonly done in the hospital setting, privileging might create a barrier. I had the privilege in the early 1990s of serving as the course director for the first American Association of Oral and Maxillofacial Surgeons–sponsored rhinoplasty course. The course had both a didactic component as well as a cadaver laboratory portion. The OMS attendees received a great introduction to performing rhinoplasties, but it was clear to me and them that those completing the course still required additional training experiences before they would be ready to independently offer rhinoplasties in their practices. The same is true for complete face lifts and many oculoplastic procedures. But there are other less invasive facial esthetic procedures that require less training to obtain competence. These procedures are usually based in an office setting and performed with local anesthesia, light sedation, or even no anesthesia. The list includes the administration of temporary neurotoxins and dermal fillers, laser hair removal, minimally invasive lifts, skin tightening procedures, microneedling, as well as resurfacing procedures, such as dermabrasion, chemical peels, and intense pulsed laser therapy. These techniques offer more refined improvements to facial appearance and are therefore not only applicable to patients with more significant changes because of aging but also for younger patients seeking less dramatic enhancements to their appearance. The demand for these procedures is being driven, in part, by the rise of selfies, Instagram, and even meeting technologies such as ZOOM where facial close-ups magnify even minor facial blemishes and lines. Performing these types of facial esthetic procedures still requires training through well-designed courses offered by fully accredited continuing education sponsors such as the American Association of Oral and Maxillofacial Surgeons. But we as OMSs are already well prepared to receive such training. Our strong skills and experience in managing soft tissue aspects of facial trauma such as abrasions and scars, as well as our facial reconstructive skills including skin grafting, give us a valuable foundation on which to build facial esthetic surgery competence. In addition, our general dental and oral-maxillofacial surgical training have ingrained in us an eye for precision and facial harmony. OMSs have office-based practices that lend themselves to providing facial esthetic procedures, including the ability to offer effective pain and anxiety control. We
also have earned the respect of patients for our capabilities in the age groups most likely to seek facial esthetic improvements particularly through our offering of oral-maxillofacial implants and other dentoalveolar procedures.

This window of opportunity also makes it important for our residency programs to strive to prepare future OMSs to be ready to provide minimally invasive facial esthetic procedures to their future patients.

Yes, catastrophes such as the 2019 severe acute respiratory syndrome coronavirus 2 pandemic cause horrible physical and mental suffering and challenging financial consequences; however, they can also offer the opportunity to find new practice strategies and patterns. The addition of facial esthetic procedures to one’s scope of practice offerings is one way to find a positive outcome in otherwise trying circumstances.

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