



AMERICAN SOCIETY OF  
PLASTIC SURGEONS

# #FACETHEFACTS

THE PENTAMEROUS PROFESSIONALS

KAITLYN HEIN, SARAH FERDON, AMBER  
BROWNLOW, LINDSAY PIEFFER, SABRIS CANADY

UNIVERSITY OF WISCONSIN-GREEN BAY

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## **Executive Summary**

As a group, we were challenged to change the perceptions of plastic surgery. Throughout this process we had a strong focus on strategy and how those strategies could be implemented and successful in the end. We conducted a survey to learn more about the current perceptions and ideologies regarding plastic surgery. This allowed us to understand a part of our target audience and observe any gaps that are present in the current knowledge of plastic surgery. We then created a comprehensive campaign that would target individuals in different regions while also providing media attention to raise awareness for our cause. In our campaign we decided to use logos and pathos appeals that would help us target different areas of the United States based on regional perceptions. We believe that we have created a cohesive and strategic plan to change the national perceptions regarding plastic surgery. While there will always be room for improvement, we believe our campaign capable of changing the perceptions of plastic surgery as a whole.

## **Introduction**

This case was very broad and we could have chosen many different ways to approach it. As a group we decided that the best way to reach our audiences would be to target them based on their specific beliefs. Therefore, we first identified what specific beliefs and attitudes about plastic surgery are present in the continental United States. We then looked at what would be the best way to target our audiences based on where they grew up as we discovered through our research that perceptions change based on what region of the United States people live in. As a group, we talked at length about how people have a much different mindset on the coasts than they do in the Midwest when it comes to plastic surgery, and this spurred the idea that we needed to target different regions of the United States differently.

After completing extensive research, we have found that the Hollywood vision of plastic surgery is false. We needed to discover why people were holding on to these misconceptions and what we could do to change it. We found that a lack of education and awareness are major factors that contribute to so many people holding on to the negative misconceptions. Therefore, we made education and awareness a major focus of our campaign. We have created an educational advertising campaign as well as an event to show that plastic surgery is more than just boob jobs. This will be our strategic message throughout the campaign.

## **Background**

Before we began planning a campaign for our case, we did some further research on the American Society of Plastic Surgeons (ASPS). We found some positive information on ASPS that we used throughout our campaign. The American Society of Plastic Surgery was founded in 1931, and to be considered a member you must complete at least six years of surgical training following medical school, with a minimum of three years of plastic surgery residency training. This was important to note during our campaign because ASPS represents 94% of all board-certified plastic surgeons in the United States, and this helps our cause by showing the level of qualifications plastic surgeons have. The American Society of Plastic Surgeons' mission is to advance quality care to plastic surgery patients by encouraging high standards of training, ethics, physician practice and research in plastic surgery. The ASPS is a strong advocate for patient safety and only allows its members to operate in accredited surgical facilities that have passed rigorous external review (American Society of Plastic Surgeons, 2017).

## **Issue Identification**

The first stated problem for this case was that the current perceptions of plastic surgery need changing. This is the stated problem that needed to be tackled first, as we found that it helped us with our second stated problem. The second stated problem was preventing the five percent tax from being approved for some procedures. We found that this is heavily linked to whether or not we are able to change perceptions.

Our unstated problem is that we will need to address the many negative perceptions of plastic surgery. This was perhaps one of the hardest things we had to do for this case, as we needed to prioritize which issues were most important to address. There are a lot of misconceptions out there surrounding plastic surgery, and we needed to decide what ones to focus on that would give us the best result in the end. Overall, we believe we selected the most prominent negative perceptions that need combatting, and we have developed strategic plans to do so.

## **Current Perceptions**

The first and strongest perception we took note of is that plastic surgery equals cosmetic surgery. As we have previously mentioned, plastic surgery includes reconstructive procedures as well, and most would be surprised by all of the different surgeries a plastic surgeon is capable of performing. The second perception we found is that plastic surgery is just for the mega rich and celebrities. Through our research we found that sixty percent of plastic surgery patients have an income of less than 90,000 a year (American Society of Plastic Surgeons, 2017). The third perception we found was that people think plastic surgery health risks are extremely high and results are heavily unpredictable. Research shows that plastic surgery has risks just like any other surgery, but the general rate of serious complications, when a surgery is conducted by a board

certified surgeon, is less than half of one percent. Also, if a surgeon thinks the particular surgery will be too risky for the patient specifically in some way, they will often refuse to do the surgery. We found that as long as you research your surgeon and his or her past work, most individuals are satisfied with their results. Another current perception we found was that people believe cosmetic surgery only serves one purpose. The truth is that cosmetic surgery has helped aid reconstructive surgery in a variety of ways, from helping to make advancements in reconstructive surgery, to helping plastic surgeons hone their craft and perform better surgeries. We hope to combat these misconceptions through our campaign.

### **Survey**

We distributed a survey via Facebook that gave us an excellent sample. We were able to have 241 participants take our survey. The age range for our participants was all over the board (above 18) and with a handful from all parts of the United States including Texas, Michigan, Virginia, Illinois, Nevada, Colorado, Florida, and Minnesota. With our survey we started out by asking the participants if they would ever get plastic surgery themselves. 65 said yes, while 176 said no. We also found that when we asked the question “How accepting of plastic surgery are you on a scale of 1 to 10, 1 being very unaccepting and 10 being very accepting,” over 50% of survey participants rated eight or higher on the scale. This is much higher than we expected, but the numbers can still be improved.

We also found that nearly half of our respondents were not identifying all procedures that are technically plastic surgery, as plastic surgery procedures. As you can see in the bar graph (see Appendix A), most survey participants believe that Breast Augmentation and Botox fall into the plastic surgery category. However, some procedures that are also plastic surgery were not identified as plastic surgery procedures, such as skin grafts, cleft palate repairs, and nerve grafts.

This was the most significant finding we had from our survey because we felt it showed the true level of disconnect people have between their perception of plastic surgery, and what plastic surgery really is in its entirety. They did not identify the reconstructive procedures as plastic surgery, and this shows the lack of awareness that there is for the reconstructive side of plastic surgery. Our word cloud we developed showed us a collection of words that our respondents identified with most when they think of plastic surgery. The words that came up in the cloud were very close to what we had expected (see Appendix B).

We did identify some potential problems with our survey. We realize that the majority of our respondents were from the Wisconsin and Midwest area, meaning that the results are not truly representative of the population we are trying to target, which is the continental United States. That being said, we do feel that the results of the survey helped us to better understand the current perceptions, and solidify some of our current thoughts on how people perceive plastic surgery. The second potential problem we found with our survey is that only 15% of our respondents were men, which limits our understanding of that audiences' perceptions of plastic surgery.

### **Audience Analysis: KISS Charts**

To be able to tailor our messages to our multiple audiences, we created KISS charts for both our primary and secondary audiences. First, we considered female young adults ages 18- 26 to be a primary audience as well as female adults ages 27-70. We thought that because women make up 86% of the population of plastic surgery patients, they should definitely be included in our primary audience. With the female young adults, we wanted to focus more on educating them because they may not have as much knowledge on the topic as female adults. We know

that female adults are more likely to have the finances to get procedures done, and we would like to show them the issue with taxing procedures.

We wanted to make sure we targeted potential plastic surgery patients because they will be open to receiving information about the different types of plastic surgery, and the actual risks associated with them. We also wanted to include legislators as a primary audience because they have influence on the tax legislation being proposed. We want to show them how difficult it would be to differentiate between procedures to decide which ones should be taxed and which ones shouldn't be taxed.

Next, we broke the United States into two regions and included them in our primary audiences as well. We decided to break the country into regions based on how the perceptions vary between them. The first region includes the East and West coasts. These states are the ones that have the highest rates of plastic surgery and are most accepting of it, so we wanted to target them for signatures to stop the tax legislation from passing.

The second region includes the Midwest, Mountain, and Southern states. These areas are less accepting of plastic surgery and have a more negative view toward it, so we wanted to use emotional appeals in our messages to connect with this audience and persuade them to become more accepting. We thought it was very important to break the United States into regions because we did not want to have one single message when we know that the perceptions are not the same everywhere.

We included the male population as a secondary audience because they do get plastic surgery, but they make up a very small percentage of that population. That being said, we wanted to make sure we did not ignore them because they do have an influence on the female population. Their beliefs on plastic surgery will influence their wives', daughters', or sisters'



perceptions of it as well. We wanted to use a pathos appeal because it would get their attention. We also wanted to get their attention through using an informal opinion leader.

Even though people under the age of 18 cannot legally make their own medical decisions, we still wanted to include them as a secondary audience. Some teens have a negative self-image and think of plastic surgery as an easy remedy. We wanted to provide them with the necessary information for them to make an educated decision if they choose to get plastic surgery in the future as consenting adults. We also included health care clinics as a secondary audience because we know they have direct contact with potential patients. We will provide educational pamphlets for them to distribute to those showing interest in plastic surgery. They can also communicate the risks and facts about plastic surgery to the public in an environment where patients can learn more.

Our last secondary audience is the media. We know the media wants to cover newsworthy events so we can infer that they would be interested in covering the televised event we are holding. We should be sure to reach out to them and provide them with the information they will need to cover our event, and we need to make sure we do so in a timely manner. (See Appendix C).

## **Business Goals**

Our first business goal is to improve the public's perception of plastic surgery. This would help the American Society of Plastic Surgeons' bottom line as more people would be willing to look into plastic surgery, or not judge those who do. It would have a strong positive impact on the organization, as many currently would not consider plastic surgery because they feed into the misconceptions. We would like to improve the public's perception of plastic

surgery by 10%. We felt this would be an achievable goal based on the number of people we are trying to reach.

Our second business goal is to prevent the 5% tax from being approved by legislation. According to the American Society of Plastic Surgeons, many patients would begin to choose cheaper, and more dangerous, plastic surgery options if the tax was approved. As previously mentioned, the largest income bracket electing to undergo plastic surgery are middle class Americans, in the \$30,000-\$90,000 range. Many individuals in this group save up to get the surgery and if it becomes taxed, they may decide either not to get it or to get it elsewhere. This would have a dramatic impact on the amount of business the American Society of Plastic Surgeons retains. Our objective for this business goal is to receive 100,000 signatures on an online petition. We decided on this number because with 100,000 signatures, a petition can go to the white house for review and get a response. It has been found that when individuals sign a petition, they feel a stronger connection with the organization. We believe that if people sign our petition, they will in turn believe in what we are trying to achieve, and support us along the way. This is one of the reasons why we believe a petition would be so important to our campaign.

Based off our continuous improvement suggestions, we decided that our third business goal of improving the reputation of the American Society of Plastic Surgeons needed to be taken out of our goals. Upon further investigation into views of the organization, we found that the organization may not have a real reputation problem; it is more how people feel about plastic surgery in general rather than the organization. Therefore, we decided that instead, our third business goal would be to increase brand awareness for the American Society of Plastic Surgeons. More people need to know about all that this organization does. For example, the C.A.R.E project, an internal charitable program of ASPS, is quite hidden on their website. Our

objective is to increase brand awareness for ASPS by 15% by the end of the campaign (see Appendix D). We will be measuring changes in perception by survey, prior to and following the campaign.

### **Communication Goals**

Our communication goals for this campaign are first to educate nationally about plastic surgery, and also create awareness about the reconstructive side of plastic surgery. We believe these communication goals will be effective in improving perceptions of plastic surgery. Our communication goals for preventing the five percent tax are to inform the public about the proposed tax and previous attempts to enforce a tax that were unsuccessful, and persuade our audiences to sign our petition. We want to provide information about the tax that will help people to understand why it is a bad idea for legislators to try and impose one in the future. Our communication goals for increasing brand awareness for the American Society of Plastic Surgeons will be to convey the values of ASPS (integrity, safety, quality standards, etc.) and show the public how ASPS is dedicated to good causes. These goals are meant to achieve positive publicity for ASPS and in turn increase brand awareness (see Appendix D).

### **Strategies and Tactics**

For our campaign we came up with a variety of strategies that we believe will help us best achieve our goals. Our first strategy for improving the public perception of plastic surgery will be to educate nationally about what it is, focusing largely on how plastic surgery is not just cosmetic but reconstructive as well. We also want to clear up the misconceptions associated with plastic surgery.

Our first tactic to achieve this strategy will be to distribute information to healthcare facilities about the risks, costs, and what people can do to reduce the risk of undergoing a plastic surgery. We know that this would be one of the best ways for potential plastic surgery patients to learn more about the actual level of risk associated with plastic surgery, instead of feeding into the misconception that the risks are incredibly high.

Our second tactic will be to create a website dedicated to providing information about plastic surgery. This will be one of our strongest tools for educating about plastic surgery, including cosmetic and reconstructive procedures, the risks associated with the different surgeries, what people can do to avoid the risks, and information about the proposed tax. We will also be constructing an educational ad campaign that will lead people to the website. The ad campaign will run nationwide and will be tailored to the different regions we mentioned in our audience analysis. Lastly, we will be utilizing social media using the hashtag #FacetheFacts, and this will also drive people to the website. We will be using Facebook to reach our older audiences and Twitter to make sure we reach the younger demographic.

Our second strategy for improving the public's perception of plastic surgery will be to generate positive publicity for the American Society of Plastic Surgeons, and plastic surgery as a whole. Our first tactic will be to hold a large televised event, featuring a nonprofit organization. This will create a feel-good story, or a pathos appeal, around our campaign. Our second tactic will be to use an informal opinion leader to generate interest in the event. This opinion leader will also help us to reach audiences we may have had trouble reaching. We will also be highlighting the C.A.R.E project, which is an internal charitable project of ASPS that provides plastic surgery to wounded veterans. Our last tactic will be to have our informal opinion leader, as well as ASPS representatives, live-tweet and post to Facebook consistently during the event in

order to keep everyone updated about what is happening. These strategies and tactics will also help to improve brand awareness, as we will be getting a lot of media attention. With our ad campaign we will be directing people back to our website for information about plastic surgery and also about ASPS as an organization.

Our strategy to achieve our goal of preventing the 5% tax will be to inspire people to voice their opposition to the tax. We will first be providing a petition on our website for people to sign in opposition of the tax. We feel that implementing a petition will create an increased willingness to support our campaign. It has been shown that people are more willing to dedicate their time and willpower after they have signed something. We hope this will be true with our petition. We will also be directing people to the website through our ad campaign. On the coasts, where plastic surgery is more well-accepted, we will be altering our messaging that will offer more of a logos and ethos appeal, rather than pathos. Our focus will be more educational, offering factual information that will be more likely to appeal to individuals in these regions. We will be providing information about the tax and why people should oppose it, which will offer a logos appeal, along with information about board certified surgeons and their credentials, offering an ethos appeal. (See Appendix E).

## **Risk Management**

In order to manage the risks of plastic surgery, we want to make the risk less uncontrollable and unobservable (Appendix F). For many, the risks of plastic surgery are seen as extremely high because the actual risk level is not currently observed by them. That creates uncertainty and fear of both the risks and the outcome of plastic surgery. As was mentioned earlier, the actual risk for serious complications is less than one percent if the surgery is conducted by a board certified surgeon.

Our job is to educate about the actual level of risk involved for the various plastic surgeries available, this will allow people to observe the actual risk level, which is likely much lower than what they thought. We also want to educate on what they can do to help avoid the risks, for example losing weight, stopping smoking, and choosing a board certified surgeon. This will allow them to feel they have more control over the situation and the results of the surgery if they choose to get one.

To make the risks of plastic surgery more observable and controllable we can first provide healthcare facilities with extensive information pamphlets to give to interested patients. This way they can find out about the actual risk associated with the different surgeries, and this will make the risks more observable to the patients. We will secondly work to put individuals in a more proactive position by providing information such as “tips on selecting the right surgeon for you,” and “what you can do to lower the risk of your plastic surgery” in the pamphlets and on the website. This will help individuals to feel they have more control over the situation, as they have the power to impact the level of risk associated with their surgery.

### **Biggest Bang for Our Buck**

Before we get into our campaign we wanted to discuss what our focus will be based on and what we decided will have the most impact on the success of our campaign. We decided that the what, where, and how of our campaign would have the biggest bang for our buck. We decided to focus on the what because our purpose is educational, and therefore what we decide to include in our campaign is extremely important. We also wanted to focus on the where, as we have discussed how important it is to take perceptions into account based on region. Lastly, we wanted to focus on the how, as how we decide to implement our campaign will be the deciding factor for whether or not our campaign will fall flat or be impactful for our audiences.

## **Education Campaign**

Because surgical perceptions and ideologies regarding the idea of plastic surgery reside in many different audiences, we created a multi-campaign strategy in order to reach out to them. We thought it was extremely important to work with multiple campaigns in order to effectively target individuals across the United States. From our research and the limits of our budget, we have decided to create two regional campaigns. The first region will encompass the coastal sectors of the United States. The second region will include the Midwest, South, and Mountain states.

In this campaign we would like to focus on many different things. Our main goal, however, is to educate and advocate for plastic surgeons and the practice of plastic surgery as a whole. We will provide facts about misconceptions, and also make use of several emotional appeals to better reach and impact our intended audiences. These commercials will also show that both types of surgery, cosmetic and reconstructive, are intertwined. The techniques for one are the same techniques used for the other. They are also all performed by the same surgeons with the same level of training and expertise. We will also focus a small segment of each commercial to promote our website, and our event that will occur in the coming months.

First, we would like to discuss how this campaign will be presented to the public. We have decided on a nationwide television campaign that will run in two major cities per state in the continental United States. We feel that this will be the best way to reach out to local residents because all commercials will be available to cable and non-cable users and will be shown during local programming such as the afternoon and evening news. We will begin showing these commercials about three months prior to our large event, and we will begin creating these commercials about 9-12 months in advance. We have allocated \$250,000 to this campaign. From

research we found that it would cost around \$150,000 for the 96 local network commercials. It would also cost around \$100,000 to create the commercials and ensure they are created and edited properly. We have decided to move our focus away from Alaska and Hawaii due to a lack of current research, and restrictions on our budget.

Our first campaign, as stated above, will encompass the East and West coasts. We have grouped these two regions together because their pre-existing beliefs and perceptions regarding plastic surgery are already very similar. Our campaign in these regions will be focused on education. The use of ethos and logos, logic and credibility, will be better suited for this audience. From our research we have found that there is a lesser need to advocate for the procedures in these locations due to the percentage of plastic surgeries compared to residents that occur annually. We will be using the hashtag, #FacetheFacts, to have a level of continuity between our commercials and event. We feel that using this hashtag will allow for people to recognize our organization and campaign, along with the facts and media we are presenting and putting into the public. We are looking more to educate than persuade, and therefore our facts used within this campaign will be mostly statistics and definitions. This will provide meaningful content to those who do and do not know about the surgical procedures provided. During this commercial we will focus on ideas like “86% of cosmetic surgery patients are female,” “1 in 5 Americans would consider undergoing plastic surgery,” and we would also strive to define exactly what plastic surgery is. These facts together will allow for logic to educate. We also want to focus on the issue of taxing procedures. There is increased understanding and acceptance in these regions, and therefore we believe that this would be the most opportune location to advocate against the suggested tax. Here we can use statistics regarding taxation and how negatively the tax would impact patients, surgeons, and insurance companies.



The second regional campaign will be focused on the Midwest, South and Mountain states. Here we are going to have a focus on education, but have a stronger focus on advocacy. The individuals in these sectors are significantly less accepting of plastic surgery than those in the coastal regions. Therefore, we will be using emotional appeals to help our opponents become our advocates. Through this campaign we will be connecting with Operation Smile, a non-profit organization dedicated to providing life-changing plastic surgeries to infants and children. We will also be pairing with the internal ASPS foundation, Project C.A.R.E., which is dedicated to assisting military personnel injured in combat. We are working with organizations that positively influence children and members of our military, and therefore we will have a much higher chance of impacting individuals in this region. We will be able to show the positive impact plastic surgery can have on anyone, anywhere. Again, the slogan we will use for this campaign will be the hashtag #FacetheFacts, and this will be shown at the beginning and end of the commercial. Just as for the region 1 campaign, region 2 will be focusing on specific facts to better educate and advocate for plastic surgery. Here we will be focusing on reconstructive procedures such as cleft palate repairs, skin grafts for burn victims, and facial reconstruction for wounded soldiers. We would like to show that there were nearly 6 million reconstructive procedures in 2015 alone, “1 in 700 children are born with a cleft palate,” and around 40% of soldiers wounded while fighting in the Middle East suffered injuries to the face, which resulted in the need for reconstructive surgery.

Alongside our commercials, we will also be using a website, which will go live the same time our first commercials premier. We would like to feature several ideas and concepts on the website. First, we would like to further clarify the differences between cosmetic and reconstructive surgeries, however we would like to emphasize that both types of procedures use

the same surgical techniques. For example, many reconstructive surgeries use Botox and implants during the course of the procedure. These are considered two of the most stereotypical plastic surgeries, but very few recognize their multi-dimensionality in the surgical field. We would also like to provide facts about the costs of plastic surgery, along with stories about people who have received surgery, regardless of whether the surgery was cosmetic or reconstructive. Another area of the site will include different types of surgeries in both the reconstructive and cosmetic category. These will provide information on ways in which the risk of surgery can be lowered, and helpful links to find the best surgeon for the patient's needs and wants. There will also be a link out to the American Society of Plastic Surgeons' national site, so if further questions and concerns arise, the organization that created the campaign is easily accessible. Lastly, we will be using an online petition where visitors can sign against the five percent tax on plastic surgeries. We have found that New Jersey tried to tax plastic surgeries in the past, however this turned into a major issue. The state ended up losing far more than they were gaining. The imposed tax also limited surgeons and surgical practices across the state. All of this information and more will be available for visitors to read and learn more about. We hope to earn at least 100,000 signatures on our petitions.

We hope to achieve many things with this campaign. First, we hope that we will be able to improve brand awareness, and awareness of reconstructive plastic surgery by educating on the different types of surgeries. This will be done through our campaign and different logical and emotional appeals we will be providing to our audiences. We also hope to increase awareness regarding ASPS as a whole. Throughout the development of this campaign we have found that there is a very small percentage of the population that know ASPS exists. We hope to put their name into the public realm and increase awareness of the organization and what it does. Lastly,

we hope to negate the need for tax on surgeries through our online platform. This will be done by educating the coastal regions about the issues of taxing procedures, along with the online petition.

## **Event**

We decided to create an event in order to gain media attention and create a feel-good story that would resonate with our audiences. When studying different perceptions of plastic surgery we found that there was a lack of connection between cosmetic surgery and reconstructive surgery. We found that many of our survey respondents connected plastic surgery with surgeries like breast augmentation, and less with surgeries like cleft palate repairs and nerve grafts. In order to help with that divide, we decided to create an event that would gain national media attention and that would work towards closing the gap between reconstructive surgery and cosmetic surgery.

Due to suggestions from continuous improvement, we have decided to name the event Surgeons for Smiles, instead of #FaceTheFacts. We thought this would help with keeping our focus on the pathos appeal and Operation Smile, instead of overdoing it with connecting our event too heavily to our logos appeal. Throughout our research, we found that ASPS has already created a program called Project C.A.R.E., which helps provide surgeries to wounded military personnel. We feel that this event is a great time to make our audience aware of this charitable effort by ASPS. We also teamed up with Operation Smile, which provides surgeries to children with cleft palates. These two organizations will help us create awareness about the reconstructive side of plastic surgery, and also create emotional connections with our campaign.

We decided to have our event in St. Louis Missouri. We will have our event in this location because it falls within the region that we are trying to target the most with emotional

appeals. With news coverage and our feel good story, we will be able to effectively target individuals in this region. We also feel that this will be a good location for traveling. The event will be held on August 18th, 2018, and the planning for the event will start a year before the event.

Our event will honor families that have been provided with surgery from one of these charitable organizations. With the help of media we will have families tell their success stories and how these surgeries have changed their lives. We will have raffle prizes that were donated from different organizations that we have paired with, some of these organizations include the NFL, Trip Advisor, and Walmart. We estimate to have 30 different organizations that have either donated their time, money, or a raffle prize. The most important donation that we received will be five free cleft palate surgeries that were donated by surgeons associated with ASPS. We feel that this will be a way to create media attention for some time after the event, as the media can keep covering the surgeries that are done following the event.

We have asked Peyton Manning to speak at this event. We feel he is a good fit as our informal opinion leader because he has had cleft palate surgery, and has spent a lot of time traveling and speaking about his surgery and how it has changed his life. We also chose Peyton Manning because he will help us target our male audiences. We expect to receive a lot of attention on social media because of our guest speaker. Peyton Manning will be live-tweeting the event, which will help gain attention through social media. A few of the expected social media posts can be found in Appendix G.

A large portion of our success with changing the perception of plastic surgery through this event will rely on media, and the amount of media attention we receive. Therefore, we have decided to reach out to different media sources throughout the United States. We will be

scheduled to talk on the Today Show the week of the event. We will also have a red carpet entrance that will have the ASPS logo, along with the Project C.A.R.E. and Operation Smile logo. As pictures are posted on social media, along with the news channels' video, viewers will see the logos and this will help build a connection between ASPS and these charitable organizations.

With this event we have a few anticipated outcomes. First, we anticipate that with the help of media we will increase awareness of ASPS and what it does. Our second anticipated outcome is that a stronger connection will be built between plastic surgery and reconstructive surgery through our efforts. We also anticipate that our pathos appeal will grab a lot of attention. Our last anticipated outcome is gaining media attention, and gaining positive publicity around plastic surgery. We will do this by inviting the media to our event, along with live-tweeting the event, which will be done by the NFL and Peyton Manning. We will also appear on the Today Show the week of the event.

### **Measuring Effectiveness**

For measuring the effectiveness of our campaign, we will first be sending out a survey prior to and following the campaign in order gauge how much perceptions have changed. This survey will be sent out through social media. We will also be measuring effectiveness based on the number of signatures we get on the petition. Lastly, we will monitor how many hits we obtain on the website and the feedback we receive, in order to see how many people we were able to reach through the website, and also how people are responding to the campaign. By taking these steps we hope to be able to effectively determine how well our campaigns reached our audiences and changed the perceptions of plastic surgery.

## **Budget**

We were given a budget of \$750,000. Throughout both of our campaigns we have carefully crafted a budget that we will follow. First, we will pay for the educational/advertising campaign. This includes the educational pamphlets, website development, and the TV advertisements. The pamphlets will be placed strategically throughout the United States to help educate individuals about plastic surgery, and this will cost us \$50,000. Next, we will pay for the website development, where individuals will be led to sign the petition. The development of this website is a very important portion of our educational campaign, and it will cost us \$50,000. Lastly, we will have TV advertisements run in 2 major cities in each state, and this will cost a total of \$250,000.

For the second phase of our campaign, the Surgeons for Smiles event, costs include: Peyton Manning speaking, and the overall cost of the event (including: food, venue, travel cost, etc.). Peyton Manning will be a very significant piece in the success of this event because he will be one of the reasons we are able to get the media attention we intend to get. We will be spending 100,000 for him to come and speak at the event. Lastly, we will spend \$300,000 on our event. We have received numerous donations for large organizations throughout the United States. Whatever does not get spent out of the \$300,000 dollars we are putting towards the event will be available for contingencies.

## **Rejected Solutions**

Our first rejected solution was using a focus group. We decided that for this campaign we wanted to collect more quantitative than qualitative data, we wanted to reach a large number of respondents, and that surveys would offer us a level of specificity that would be more useful to us. For example, we asked the question “On the scale below, rate how accepting you are of

plastic surgery between 1 and 10, 1 being very unaccepting and 10 being very accepting” and this allowed us to get specific answers about our respondents’ level of acceptance. We were also able to get 241 respondents to take our survey which gave us a robust amount of data.

For our second rejected solution, we decided against using past plastic surgery patients as a primary audience. We realized that their feelings about plastic surgery would largely be based on what their level of satisfaction with their past surgery is. If they were highly satisfied with the outcome of their past surgery, they probably have more positive feelings about plastic surgery. If they were not satisfied with the outcome of their past surgery, they will likely have more negative feelings towards plastic surgery. We feel that they have set beliefs about plastic surgery that would be difficult to change.

Our third rejected solution is using Angelina Jolie as our spokesperson for our campaign. We had initially wanted to use her as our spokesperson because she had a double mastectomy followed by reconstructive breast surgery. However, we realized that she is too representative of the materialism that comes out of Hollywood, and this would only feed into the misconception that plastic surgery is for Hollywood celebrities. We decided to change our direction drastically and choose Peyton Manning, who has had cleft palate surgery.

When it came to choosing what angles we would use for our campaign, we discussed many ideas that would have been too controversial. The first was using the argument that the tax on some of the surgeries is discriminatory against women. Women do make up 86% of plastic surgeries, but we did not find that to be a strong enough premise to base an argument for discrimination. Another controversial argument we decided to steer away from was the “freedom of choice” argument. This argument essentially says that people are allowed to make choices about their bodies and whether or not they spend the money to make alterations, and the tax gets

in the way of that. Arguments such as these are far too controversial and would likely stir up more anger and negativity towards our campaign than anything. We decided to use a much more “middle-of-the-road” approach of focusing on education and awareness about plastic surgery.

## **So What**

Our nationwide campaign can help to improve the perception of plastic surgery as a whole because it helps audiences understand the scope of everything that plastic surgeons can do and the value plastic surgery holds in our society. We decided to use a multi-pronged approach of logos, ethos, and pathos for targeting different perceptions, which we believe will help us change perceptions about plastic surgery as well as prevent the tax. We used a logos appeal with #FaceTheFacts to increase awareness and education about plastic surgery, with the thought that this will help shatter misconceptions and change perceptions in the process. We decided to also use a pathos approach that would help people to understand the depth of plastic surgery and how it can affect lives in such a deeply positive way.

Given that this is a nationwide campaign, we didn’t want to choose just one approach to changing perceptions. As we have discussed, perceptions vary across the nation. Therefore, we needed to take a targeted approach offering either logos and ethos, or pathos appeals depending on which would resonate best with each of the regions we identified. We also realized that it would be ineffective to try and target all of our different audiences with one approach.

In the end, we were able to pinpoint where many of the problems lie in terms of negative perceptions of plastic surgery. The main one we identified was the lack of education about plastic surgery, and how that allows for people to feed into the misconceptions. There is also a lack of awareness about the reconstructive side of plastic surgery, and this was a major issue we needed to deal with. Our biggest takeaway from doing this campaign was that you need to think



about things from all sides of the issue. With such a broad case we really did need to prioritize what we would focus on and what angles we would take. Through thoughtful analysis, we were able to build a strong campaign that we believe to be most effective in changing perceptions nationwide.

## **Continuous Improvement**

For our continuous improvement we received three main areas we needed to look into. First, it was suggested that we look at the overall reputation of the American Society of Plastic Surgeons to see if they actually do have a reputation problem, as one of our business goals was to improve the reputation of ASPS. Initially, we thought that because of the negative perceptions the public has about plastic surgery, the American Society of Plastic Surgeons would also be viewed negatively as a result. After we received our continuous improvement, we realized that this is not necessarily the case. The American Society of Plastic Surgeons is a highly respected organization, and it is not the reputation of the organization that needs improvement, but the overall mindset of Americans when it comes to plastic surgery. Therefore, we decided to adjust our business goals and take that particular business goal out of our GOST.

Secondly, throughout our entire campaign we had a level of duality while working with #FacetheFacts and Operation Smile simultaneously. It was suggested that this might pose an issue because the educational, or logos, side of our campaign might interfere with the pathos appeals we were making. We thought about the implications of this and realized that we needed to work a little harder to keep these two very different approaches separate. We decided that when it came to our big event we needed to change the name from #FaceTheFacts to Surgeons for Smiles in order to focus solely on the pathos appeal with that portion of our campaign. We feel that our multi-pronged approach of targeting certain areas with a logos appeal and others

with a pathos appeal is largely what makes this campaign successful. We now realize that if we are trying to use a pathos appeal with Operation smile, we cannot try to connect it so strongly to our logos appeal. It is trying to do too much, and we would end up actually losing some of the strategic significance of using a pathos appeal in that area of our campaign. We will be more aware of how we form different rhetoric related strategies in the future.

Lastly, throughout our entire campaign we had a strong focus on the connection between cosmetic and reconstructive surgery. However, it was suggested to us to think about what the outcome might have been if the two were kept separate. When creating our campaign, we had the goal of bringing all forms of plastic surgery together to provide a well-rounded understanding to all audiences. However, it may have been more effective to create different campaigns based on the types of surgeries that need to be advocated for. Our rationale for how we decided to approach this case is that we felt the cosmetic side of plastic surgery is what gives the profession negative perceptions, and if we could connect it with the reconstructive side of plastic surgery we could then make plastic surgery in general more acceptable to society. There are pros and cons to approaching it either way, but we felt that we needed to form that strong connection between the two in order to reduce the negative connotation associated with cosmetic surgery. However, this continuous improvement really got us thinking about other ways we could have approached this case, which we had not thought about before, and which may have been more effective. It showed us that there is always room for more thoughtful analysis into a problem before you decide on how to approach it.

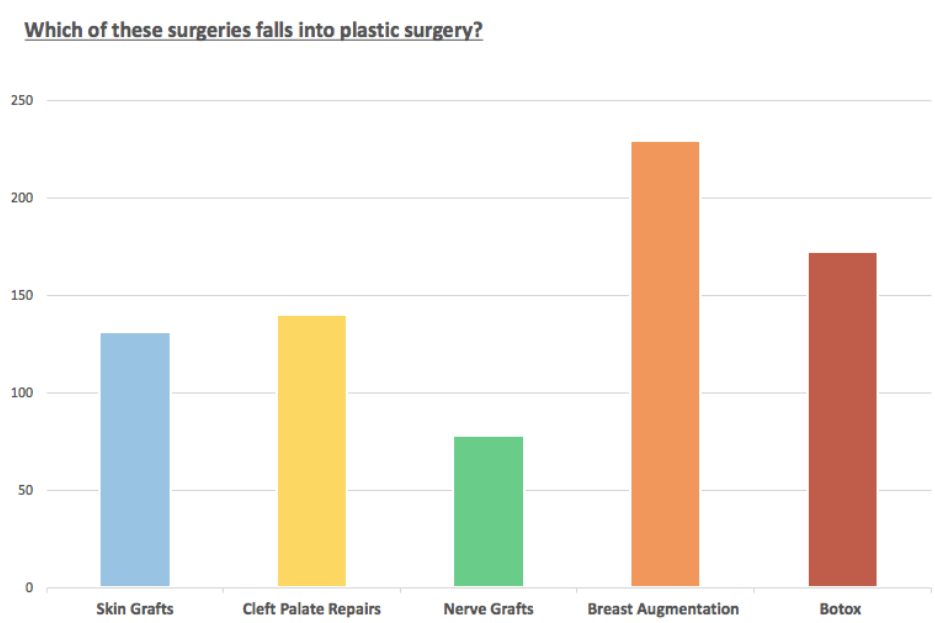
## **Conclusion**

While there was many different directions we could have chosen to go with, we believe our plan created the best possible outcomes for our goals. We feel that the use of the regional

education campaign will target our audiences efficiently while relating to what they know, and what they need to be educated on. We also feel that this regional campaign will give many people the ability to continue learning about plastic surgery and see how many different facets of plastic surgery actually exist. Our event will use strategic connections and an informal opinion leader to touch our harder to reach audiences. Our strategies and tactics will work together to allow this campaign to come to life. We believe that if we were to achieve the goals we set for this campaign, we could heavily improve the current perceptions of plastic surgery, and that one day the words that pop up in our word cloud would reflect a much different mindset about plastic surgery as whole.

## Appendices

### A. Survey results



### B. Survey word cloud



### C. Kiss Charts

Audience- Primary	Know	Infer	Should do	Should not do
<ul style="list-style-type: none"> <li>Young Adults-Female (18-26)</li> </ul>	<ul style="list-style-type: none"> <li>- Probably do not have as much finances as older women</li> </ul>	<ul style="list-style-type: none"> <li>- Less willing to think of plastic surgery as an option.</li> </ul>	<ul style="list-style-type: none"> <li>- Not ignore this audience as they may consider surgery in the future and should be educated on the risks, costs, and different procedures.</li> </ul>	<ul style="list-style-type: none"> <li>- Try to talk them into getting plastic surgery and fail to educate them on plastic surgery.</li> </ul>
<ul style="list-style-type: none"> <li>Adults-Female (27-70)</li> </ul>	<ul style="list-style-type: none"> <li>- These women are typically working full time and supporting themselves</li> <li>-34% of plastic surgeries for women are age 40-54</li> <li>-23% are age 30-39</li> </ul>	<ul style="list-style-type: none"> <li>- More likely have the finances and the drive to do it (look younger)</li> </ul>	<ul style="list-style-type: none"> <li>- Focus on education and advocacy (show the issue with taxing procedures)</li> </ul>	<ul style="list-style-type: none"> <li>- Use the 'everyone is getting it' slogan - they will know what is right for them and if they want it</li> </ul>

Audience-Primary	Know	Infer	Should do	Should not do
<ul style="list-style-type: none"> <li>Potential plastic surgery patients</li> </ul>	<ul style="list-style-type: none"> <li>- May consider undergoing a procedure in the future for cosmetic or reconstructive reasons</li> </ul>	<ul style="list-style-type: none"> <li>- They will be open to learn more about plastic surgery including the risk level, types of procedures, etc.</li> </ul>	<ul style="list-style-type: none"> <li>- Show what the actual level of risk is for plastic surgery, and educate on the different types of surgery</li> </ul>	<ul style="list-style-type: none"> <li>- Make plastic surgeries out to be purely materialistic, this will create a stigma around the surgery they may be interested in getting</li> </ul>
<ul style="list-style-type: none"> <li>Legislators</li> </ul>	<ul style="list-style-type: none"> <li>- They are willing to implement tax on certain procedures, but not all</li> </ul>	<ul style="list-style-type: none"> <li>- They need to be given enough reason to not implement the tax</li> </ul>	<ul style="list-style-type: none"> <li>- Explain the links between cosmetic and reconstructive surgeries and how you cannot tax only one</li> <li>- Gain support from the public</li> </ul>	<ul style="list-style-type: none"> <li>- Use any dialogue that would 'attack' the legislators and their goals without completely understanding them</li> </ul>

Audience-Primary	Know	Infer	Should do	Should not do
<ul style="list-style-type: none"> <li>Region 1: East Coast, West Coast</li> </ul>	<ul style="list-style-type: none"> <li>- These groups are more accepting of plastic surgery because they are more open and familiar with the procedures</li> </ul>	<ul style="list-style-type: none"> <li>- They will not want to pay the extra tax on the procedures because they are much more common here than in other regions</li> </ul>	<ul style="list-style-type: none"> <li>- Alter the messaging from the mountain and Midwest regions and put more focus on preventing the tax</li> </ul>	<ul style="list-style-type: none"> <li>- Keep the messaging the same for all regions of the U.S, not taking into account varying perceptions</li> </ul>

Audience-Primary	Know	Infer	Should do	Should not do
<ul style="list-style-type: none"> <li>Region 2: Midwest, Mountains, South</li> </ul>	<ul style="list-style-type: none"> <li>- Typically, these individuals have less celebrity influence and know less people who have undergone procedures</li> </ul>	<ul style="list-style-type: none"> <li>- Because they are not fronted with the idea daily, they are less accepting of those who get plastic surgery</li> </ul>	<ul style="list-style-type: none"> <li>- Use emotional appeals in our messages to reach our audience and connect with organizations such as Operation Smile</li> </ul>	<ul style="list-style-type: none"> <li>- Fail to get their attention or target them using a materialistic angle</li> </ul>

Audience-Secondary	Know	Infer	Should do	Should not do
<ul style="list-style-type: none"> <li>Young Adult-Males (18+)</li> </ul>	<ul style="list-style-type: none"> <li>- According to ASPS only 14% of surgeries are conducted on men</li> </ul>	<ul style="list-style-type: none"> <li>- The majority are not going to be very interested in plastic surgery, or very educated on it</li> </ul>	<ul style="list-style-type: none"> <li>- Educate them. Get their attention by using an informal opinion leader who would appeal to them in our campaign</li> </ul>	<ul style="list-style-type: none"> <li>- ignore them. Their perceptions will have an effect when it comes to the women in their lives, they deserve to be educated too.</li> </ul>
<ul style="list-style-type: none"> <li>Adult-Males (31-70)</li> </ul>	<ul style="list-style-type: none"> <li>-More mature and have had more time to cement beliefs</li> </ul>	<ul style="list-style-type: none"> <li>-Likely have more set beliefs that are harder to change</li> </ul>	<ul style="list-style-type: none"> <li>-Use a pathos appeal to get their attention, along with an influential, informal opinion leader</li> </ul>	<ul style="list-style-type: none"> <li>-Provide a weak appeal that will not get their attention</li> </ul>

Audience-Secondary	Know	Infer	Should do	Should not do
<ul style="list-style-type: none"> <li>People under the age of 18</li> </ul>	<ul style="list-style-type: none"> <li>- They will need parent/guardian consent to undergo the procedure.</li> <li>-They are in their teen years</li> </ul>	<ul style="list-style-type: none"> <li>- They will also be covered by the parent/guardian health insurance</li> <li>-they are not old enough to make this kind of decision</li> </ul>	<ul style="list-style-type: none"> <li>- Provide them with the information they need to give them a basis for making educated decisions in the future when it comes to plastic surgery</li> </ul>	<ul style="list-style-type: none"> <li>- Trying to make plastic surgery out to be glamorous and make them accepting of plastic surgery without offering up the facts</li> </ul>
<ul style="list-style-type: none"> <li>Healthcare clinics</li> </ul>	<ul style="list-style-type: none"> <li>- They will have direct communication with potential patients</li> </ul>	<ul style="list-style-type: none"> <li>- They are able to communicate about plastic surgery risks to patients and are able to provide educational brochures to them</li> </ul>	<ul style="list-style-type: none"> <li>- Provide educational pamphlets and materials for use by surgeons and patients</li> </ul>	<ul style="list-style-type: none"> <li>- Try and get healthcare professionals to encourage their patients to get procedures done. They are simply providing them with information</li> </ul>

Audience-Secondary	Know	Infer	Should do	Should not do
<ul style="list-style-type: none"> <li>Media</li> </ul>	<ul style="list-style-type: none"> <li>-The media wants to cover newsworthy events</li> </ul>	<ul style="list-style-type: none"> <li>-They will be interested in covering our televised event that we are holding</li> </ul>	<ul style="list-style-type: none"> <li>-Reach out to the media and let them know about our event, invite them to the event, and provide any information they will need to cover the event.</li> </ul>	<ul style="list-style-type: none"> <li>-Fail to notify the media in a timely manner about the event</li> </ul>



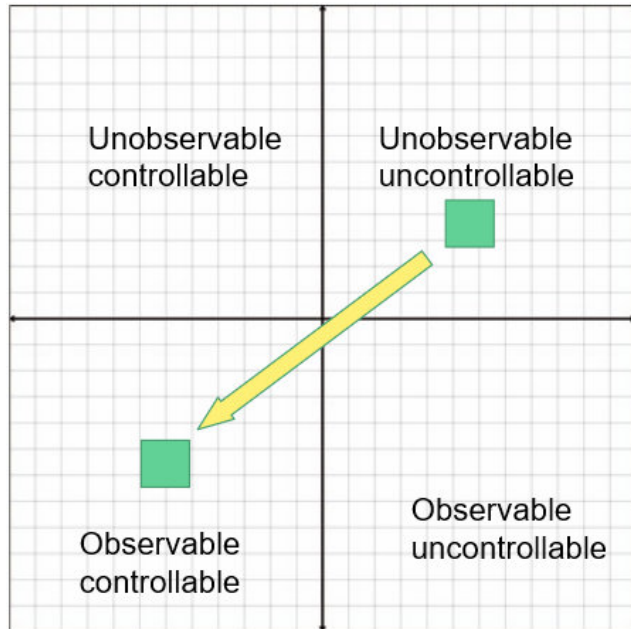
#### D. Business and Communication Goals

<u>Business Goals</u>	<u>Communication Goals</u>
Improve public perception	<ol style="list-style-type: none"><li>1. Educate nationally about plastic surgery and debunk any misconceptions.</li><li>2. Create awareness and communicate key messages</li></ol>
Prevent the 5% tax on some procedures.	<ol style="list-style-type: none"><li>1. Inform the public about the tax and previous attempts that were unsuccessful</li><li>2. Persuade our audiences to sign our petition</li></ol>
Improve Brand Awareness of American Society of Plastic Surgeons	<ol style="list-style-type: none"><li>1. Convey the values of ASPS (integrity, safety, quality standards, etc.)</li><li>2. Show the public how ASPS is dedicated to good causes</li></ol>

#### E. Objectives

<u>Business Goal</u>	<u>Objective</u>
Improve public perception	Improve overall public opinion of plastic surgery by 10%
Prevent the 5% tax	Get 100,000 signatures on an online petition.
Improve brand awareness for ASPS	Improve brand awareness ASPS by 15% over the course of the campaign

## F. Risk Management Grid



## G. Anticipated Social Media Responses



## 100 Facts

1. Plastic surgery is one of the highest costs for surgery there is. In most cases, unless you can prove a medical need for the surgery, your insurance won't cover the procedure and you can end up spending a lot of money.
2. As with any surgery, there is always a risk of complications. Muscle and tissue damage, scarring, and infections are all complications that can happen when you have surgery.
3. For many people, expectations are not always realistic. While you may be expecting to go from plain and simple girl next door to the stunning Angelina Jolie, you may be disappointed that it isn't always as you may think.
4. Depending on the extent of your surgery, you may be left with scars, numbness or parallelization. For those who have implants with their cosmetic surgery, you risk your body rejecting the implant and having to have the implant removed in another surgery.
5. Possible complications for any surgical procedure include:
  1. Complications related to anesthesia, including pneumonia, blood clots and, rarely, death
  2. Infection at the incision site, which may worsen scarring and require additional surgery
  3. Fluid buildup under the skin
  4. Mild bleeding, which may require another surgical procedure, or bleeding significant enough to require a transfusion
  5. Obvious scarring or skin breakdown, which occurs when healing skin separates from healthy skin and must be removed surgically
  6. Numbness and tingling from nerve damage, which may be permanent
6. Questions for the patient to consider before pursuing cosmetic surgery:
  1. What are the specific attributes of my appearance that I want to change?
  2. Do I have realistic expectations about the results of the surgery?
  3. What aspects of my life will be affected such as family, work, travel and social obligations?
  4. What time in my life will work best so that I have the greatest chance for a successful recovery?
  5. Have I talked about my concerns and questions openly with my health care provider?
7. Questions to ask the cosmetic surgeon:
  1. How long have you been board-certified?
  2. How many procedures have you done similar to the one I'm considering?
  3. What other health care professionals are involved in my care?
  4. What side effects can I expect?
  5. What results can I expect?
  6. What are the possible complications of the cosmetic surgery I am considering?
  7. What kind of help will I need at home following surgery?
  8. How long before I see the final results of my surgery?
  9. How long before I can go back to work and/or resume exercise?
  10. Are there complications unique to my health history?
  11. Will I have any scars and if yes, what will they look like?

12. If my procedure requires stitches, when will they be removed?
13. How much does the procedure cost?
8. **Questions to ask about a procedure:**
  1. What does the procedure do? What does it not do?
  2. What are the risks and complications associated with this procedure?
  3. How long is the recovery period?
  4. Can I expect much discomfort?
  5. Will I have scars?
  6. Are there other procedures I should consider at the same time?
  7. Will I need a physical examination prior to surgery?
  8. How long will the results last?
  9. How much does it cost?
9. What you can expect:
  1. Care is targeted to the individual needs of each patient.
  2. Realistic expectations are key — the goal is improvement, not perfection.
  3. Everyone is asymmetrical.
  4. Each patient has a different result.
  5. Patients will have at least two visits with the surgeon and/or another member of the health care team before surgery.
  6. It is essential that a patient be in good physical and mental health.
  7. Abstaining from all nicotine products and avoiding secondhand smoke for at least six weeks before and after surgery is crucial.
  8. Surgical scars are permanent.
  9. Bruising and swelling are temporary.
  10. Some surgeries require drains.
  11. Recovery times vary by person and procedure, but a minimum of 6 to 12 weeks is typical for many cosmetic surgeries.
  12. Insurance does not usually cover cosmetic procedures.
  13. Patients may need follow-up surgeries to achieve their goals.
  14. The wait between surgeries is generally at least four months
10. The American Society of Plastic Surgeons (ASPS) is the largest plastic surgery specialty organization in the world
11. Founded in 1931 - represents 94% of all board-certified plastic surgeons in the U.S.
12. Global institution - works with surgeons internationally and nationally
13. Mission: ‘to advance quality care to plastic surgery patients by encouraging high standards of training, ethics, physician practice and research in plastic surgery
14. ASPS will provide: education, advocacy, practice support and enhanced public awareness of the value of plastic surgery, while fostering the highest professional, ethical, and quality standards
15. ASPS works with The Plastic Surgery Foundation (The PSF)
  1. The goal of PSF is to ‘foster innovation in plastic surgery to improve the quality of life of plastic surgery patients through research and development, charity care, and enhance public awareness of the value of plastic surgery.’”
16. ASPS has links out to numerous publications and resources:

17. Plastic and Reconstructive Surgery (PRS): the official scientific journal of the American Society of Plastic Surgeons
  1. Plastic and Reconstructive Surgery - Global open: open access, peer reviewed international journal focusing on global plastic & reconstructive surgery
  2. Plastic Surgery News (PSN): award-winning monthly news publication of the American Society of Plastic Surgeons
  3. The Plastic Surgery Education Network (PSEN): online learning center for plastic surgeons In 2016 Congress passed the Breast Cancer Patient Education Act (BCEPA)
18. This was pushed by ASPS to provide meaningful education about breast reconstruction for patients facing a breast cancer diagnosis  
This was a top priority bill for the organization
19. One focus on the ASPS is reconstructive procedures: These are performed to ‘treat structures of the body affected aesthetically or functionally by congenital defects, developmental abnormalities, trauma, infection, tumors or disease.
  1. Not all of these procedures are covered by health care
  2. Breast reconstruction, breast reduction, cleft lip and palate, hand surgery, regenerative medicine, scar revision, skin cancer removal, tissue expansion
20. Cosmetic procedures: ‘surgical and non-surgical procedures that enhance and reshape structures of the body to improve appearance and confidence.  
Typically not covered by health insurance because these are usually elective procedures
21. Plastic surgeons perform procedures that many may not consider plastic surgery: Face transplants, burn victims, nerve damage repair etc.
  1. Bohdan Pomahac: Czech plastic surgeon that completed the first facial transplant in the United States
  2. Reconstructive burn surgery: assists those with severe burn scars to help achieve a more ‘normal’ appearance
  3. Nerve damage: often times grafts are used from donors to help those impaired by injury regain feeling or motion in their injured limb - these surgeries are often done by plastic surgeons
22. Plastic surgery: a branch of medicine concerned with the reconstruction and repair of defects in the body.
  1. Reconstructive: repairs deformities or disfigurements caused by injuries, disease, or birth defects
  2. Cosmetic: performed solely for the purpose of improving the appearance of the body
23. Used to treat birth defects: cleft palate, craniofacial abnormalities, hand/foot disorder
24. Pros of Plastic Surgery:
25. rhinoplasty or nose reshaping surgery may improve breathing at the same time it improves the aesthetics of the nose
26. Breast reduction surgery improves the body contour, but it may also relieve physical discomfort like neck and back pain and skin irritation from disproportionately large breasts.

27. Mental health benefits can be gained from plastic surgery procedures as well. Some people see a reduction in social anxiety after their surgery, due to the new feelings of self-confidence their new look inspires.
28. It is not unusual to feel greater control over your life, become more willing to take on new challenges, or take charge of your life in a whole new way.
29. Patients seeking body contouring, such as liposuction or a tummy tuck, may find it is easier to keep the weight down after their plastic surgery.
30. The positive results of the procedure may motivate the person to maintain a healthy diet and exercise program to keep their weight in check.
31. A healthy weight can also lead to a healthier body and reduced risk for some types of diseases
32. Many people use plastic surgery to enhance their looks. Whether its tightening up loose skin or smoothing out wrinkle lines
33. Many people struggle with confidence issues because of their appearance. With a little cosmetic surgery, most people are more pleased with their appearance and are more confident in the world around them because of this new found look.
34. Studies have shown that people who get cosmetic surgery and have a boost in confidence also have better relationships with their partners and with others. Most believe that it is because they aren't so worried about how people will see them and feel less judged.
35. Those who use cosmetic surgery for medical reasons may find that the surgery was the solution to their problems. One of the most common examples is a lift in the eyes and around the forehead to reduce eye pain and headaches.
36. There are many ways plastic surgeons use surgery to reconstruct areas of the body. These include skin grafting, where skin is taken from a part of the body and transferred or grafted to the area where replacement is needed.
37. Another is skin flap surgery, wherein a tissue, along with its blood vessels is transferred to another part of the body.
38. Tissue expansion, on the other hand, is a procedure where tissue surrounding the damaged area is made to grow extra skin to be used as replacement for the area the needs it.
39. Other methods include creation of devices such as prosthetic limbs, vacuum closure and fat transfer, say, removing fat from the thigh and transferring it on the buttocks.
40. Conditions present at birth that can be corrected with plastic surgery include patients with lip or cleft palate, hypospadias, birth marks, abnormally shaped heads, small ears and webbed fingers, to name a few.
41. There are children born with deviated septum, small eyes and imperforate anus. These conditions, if not treated can cause pain and discomfort on patients. By undergoing reconstructive surgery, these children can be spared from further pain and suffering. Breathing will be normal as well as their vision and bowel movement.
42. Despite the need and importance of plastic surgeries, there are also setbacks attributed to undergoing reconstruction. It is also a person's own discretion if he or she wants to undergo plastic surgery, so long as it is not a matter of life and death. Before going under the knife for fat grafting or breast reconstruction, careful consideration should be made.
43. with kids born with webbed fingers and who are lacking limbs. By operating on the hands and making use of prosthetic devices, these children can act like normal children do. Plastic surgery is a necessity in most cases

44. Reconstructing and restoring parts of the body is important and mostly, a personal choice.
45. Many American associate plastic surgery with the procedures they see on reality television, and this perception may limit plastic surgeons' scope of practice.
46. In a survey of 1000 participants, they identified plastic surgeons as the preferred surgeon most often for breast augmentation (96%), breast reconstruction (87%), rhytidectomy (85%), blepharoplasty (71%), rhinoplasty (61%). - See more at:
47. Fewer than half of participants identified plastic surgeons as the preferred surgeon for Botox (47%), cleft lip and palate surgery (46%), open facial wound (40%), thumb replantation (32%), hand/finger fracture (18%), open leg wound (15%), and mandible fracture (12%).
48. 31% of Americans have had an 'enhancing' procedure; most have a close friend or family member who has. (pew research)
49. Most Americans say enhancements available today are an appropriate use of technology (see below) (Pew Research) More in higher income, education groups see today's enhancements as appropriate
50. More Americans say cosmetic surgery has positive psychological benefits than say it has negative health effects
51. The American Society for Dermatologic Surgery Association opposes taxes on cosmetic medical procedures, because they:
52. Violate patient privacy. Cosmetic medical procedure taxes invite tax auditors into the exam room. Enforcement will include tax audits of medical practices to determine whether procedures were elective and/or cosmetic. To date, enforcement of whether these procedures are deductible medical expenses has focused on individuals, and the burden of proof has been on the patients. However, cosmetic medical procedures taxes make the physician a tax collector and hold him/her liable for the taxable amount. Thus, audits would be directed at physicians who would need to prove whether or not procedures meet the definition. Presumably patient medical records, including photographs, would be involved in proving whether a procedure met the definition or not. Tax auditors are not medical professionals, and any review of patient charts, which contain personal information and sensitive photographs, is a breach of patient privacy, patient record confidentiality, and undermines the trust which is the cornerstone of the physician-patient relationship.
53. Cost more revenue than they generate. In 2012, New Jersey passed a law to repeal the tax on cosmetic medical procedures. In 2004, New Jersey passed a 6% tax on elective medical procedures, and after that, the NJ Department of Taxation experienced a 59% shortfall based on projected revenue estimates. In fact, according to independent studies, for every \$1 NJ collected on the tax, the state lost \$3.39 in total revenue. The state lost millions in corporate income tax, in addition to "surgical flight" losses. When cosmetic procedures were completed out of state, indirect state revenues – such as taxes on personal income, gas, hotel stays, food, and surgical center or hospital fees – were paid to neighboring states. As a result, NJ Assemblyman Joseph Cryan, the sponsor of the 2004 bill, led efforts to repeal the tax in his state and communicated this experience to elected officials all over the country.
54. Are arbitrary and difficult to administer. As evidenced with the recent experience in New Jersey, the line between "cosmetic" and "reconstructive" surgery is not always clear and

leaves the decision of medical necessity up to tax auditors—a completely inappropriate proposition.

55. Send patients and physicians outside the state. Just as these taxes provided New Jersey cosmetic surgery patients with a great deal of incentive to bring their business to neighboring states, it made conducting business more expensive and burdensome for physicians.
56. Negatively impact jobs. As the expense of obtaining procedures increases, some patients will be priced out of the market and this may force medical offices to eliminate additional staff to reduce expenses. Also, many individuals have found cosmetic medical procedures are necessary to remain competitive in the workforce.
57. Make physicians into tax collectors. Cosmetic medical procedures taxes require physicians to collect the tax and then hold physicians liable should an individual fail or refuse to pay the tax.
58. Discriminate against women. Taxes on cosmetic medical procedures discriminate against women. The American Society for Dermatologic Surgery's 2009 Procedure Survey demonstrates that 83% of our members' minimally invasive cosmetic medical procedure patients are women.
59. Quote from plastic surgeon opposing a cosmetic surgery tax: "Elective surgery taxes discriminate against women, given that 86 percent of cosmetic surgery patients are female, of which 91 percent are between the working ages of 19-64," said Dr. Michael McGuire, ASPS President. "Moreover, contrary to popular belief, cosmetic surgery is no longer an exclusive luxury afforded by the very wealthy, but rather a mainstream and reasonable option most common amongst the working middle-class."
60. In a 2005 ASPS survey of people planning to have cosmetic surgery within the next two years, 60% of respondents reported an annual household income of \$30,000-\$90,000 a year. Most importantly, 40% of those reported a household income of only \$30,000-\$60,000. Only 10% of respondents reported a household income of over \$90,000, which clearly refutes the suggestion that elective surgery taxes are "luxury" or "sin" taxes affecting a privileged few.
61. This tax is effectively a "Soccer Mom" tax that will adversely impact mainstream American wives and mothers, who are the majority of plastic surgery patients," said Renato Saltz, MD, President of the American Society for Aesthetic Plastic Surgery (ASAPS). "As doctors, we understand and appreciate the need for health care reform, but taxing physicians and cosmetic surgery procedures to pay for the reform is not realistic or beneficial
62. The tax, which would be paid by the customer but collected by doctors, would be levied on any cosmetic surgery that is not necessary to address deformities arising from congenital abnormalities, personal injuries resulting from an accident or trauma, or disfiguring diseases, a definition taken directly from current tax code covering deductible medical expenses. The proposal — called the Bo-Tax, in a play on the name of Botox, the popular wrinkle-eliminating treatment — has outraged plastic surgeons, who say they are being singled out because of an outdated perception that people who have cosmetic procedures are well-to-do.
63. The 7,000-member American Society of Plastic Surgeons said its internal surveys showed that 60 percent of members' patients earn less than \$90,000 a year.



64. Whatever their pay grade, Americans seem to have a growing appetite for nips and tucks. According to the society, there were more than 12 million cosmetic procedures in 2008, up 3 percent from the year before
65. A tax might exacerbate those declines, said Dr. Haeck, who also raised the possibility that more patients might travel to other countries for procedures, which he said often cost less and might not be as safe.
66. Following the strong reaction to Oscar-winning actress Renée Zellweger's noticeably altered appearance, Americans don't particularly like the increased use of cosmetic surgery and procedures, though one-in-five would at least consider going under the knife.
67. A new Rasmussen Reports national telephone survey finds that just 17% of American Adults favor the increasing use of plastic surgery and cosmetic procedures such as Botox injections in this country. Forty-nine percent (49%) are opposed, but another 34% are not sure
68. Last year, Americans spent more than 12 billion on plastic surgery, and that's the United States alone. While beauty and self-confidence remain the top reasons to go under the knife, a recent study has found some more deeply embedded reasons for it as well. It was also found that many women think their personality's and motives are judged based off of just their face, and they are not wrong- its basic human instinct.
69. Dr. Goldberg says part of the reason people are developing a more positive outlook on plastic surgery is due to a greater number of patients choosing to speak openly about their treatment. For instance, he says celebrities have led the way in discussing their experiences. Dr. Goldberg adds that the results, if aesthetically appealing and natural-looking, often help to convince others that cosmetic surgery is neither "scandalous" nor extreme.
70. The quality of results is another contributing factor, Dr. Goldberg says, which will depend in large part on the skill and experience of the plastic surgeon. He advises patients considering cosmetic surgery to seek out a plastic surgeon who is certified by the American Board of Plastic Surgery. The ABPS certifies plastic surgeons who have a proven history of experience and accredited training in plastic surgery, among other exacting requirements.
71. The Baby Boomer generation is now approaching retirement age, and the demographic has consistently had major sway in public perception, due to its large number and vocal members. As this group has aged, they've realized that there are true benefits to a little nip and tuck. Their changing attitudes toward facelift surgery, tummy tuck surgery and the like has had a major influence across the board, especially because boomers are so active. When younger adults see a senior who looks great for his or her age, it may inspire them to reconsider any preconceived notions about cosmetic surgery.
72. Additionally, Americans are living longer than ever, which means that more people may think their appearance doesn't match how they feel on the inside. Plastic surgery is one way older adults can ensure that their looks coincide with how young they feel.
73. The word 'plastic' in plastic surgery is derived from the Greek word 'plastikos'. Plastikos means molding or giving form. Hence, the belief that that plastic surgery is an artificial one is just a misconception.
74. The new innovations in plastic surgery techniques began during World War. As the number of injured people was enormous, the surgeons were forced to improvise. This has led to new innovations and development of surgery techniques.

75. In ancient Rome, plastic surgery started as a means to remove scars. People in Rome were afraid of scars on their back as it was considered shameful and depicted that a man had turned his back during the war. – Hence, they would let their scars removed through ancient plastic surgery techniques.
76. The first Breast augmentation was performed in Germany to a singer who had a growth in her breast removed. Luckily, she had a fatty growth, lipoma on her back, which was removed and transplanted to her breast.
77. The first plastic surgery on the Nose was performed in ancient India in 600 B.C. Skin from other parts of the body, mainly the cheek or forehead, was removed and used for reshaping of the nose. Wooden tubes were inserted in the nostrils for air passage during the healing process
78. The modern liposuction technique using blunt cannulas for fat removal was developed in France in the year 1977 by Dr. Yves-Gerard Illouz. He performed this surgery for the first time on a woman who had a lipoma or fat growth on her back. – This surgery created history as the fat was removed without any scars on the back of the woman.
79. A bill stating that the cost of plastic surgeries to be covered under insurance policies was put forward for the first time by the US president Bill Clinton. The law also covered breast augmentation for achieving symmetry between opposite breasts. This was a strong move for the relief of both the plastic surgeons and their patients.
80. The British started using plastic surgery techniques in the 17th century, when they saw an Indian mason repair the nose of a British driver. They adopted the ancient surgery procedure and made some advancements in it. Since then, plastic surgeries have been performed in almost all of Europe.
81. The Egyptians used to perform surgical alterations on their dead bodies and not on the living ones. They used to insert small bones and a handful of seeds into the nose of the dead with a view of recognizing them in their afterlife. The Mummy's used to be stuffed with bandages in a similar manner as the modern day practices.
82. Nose reshaping and breast augmentation are the two most famous plastic surgeries performed all over the world. 91% of the people involved in plastic surgeries include women and men account for only 9 % of it. The 15th century Italian surgeon, Gaspare Tagliacozzi is considered to be the father of modern day plastic surgery.
83. Plastic surgeons need a doctor of medicine or doctor of osteopathy, 5-7 year residency. Have to be licensed and board certified (lots of credentials, credible experienced professionals)
84. Key responsibilities of plastic surgeons: Examine, evaluate and diagnose patient deformities caused by accident, disease or congenital abnormalities; restore normal function and appearance by performing surgical procedures to correct abnormalities and deformities.
85. 18% job growth and a median 2014 salary of \$346,408
86. The American Society of Plastic Surgeons noted in its annual statistics report that 230,000 people ages 13 to 19 had plastic surgery in 2011. Many of these surgeries are for reconstructive purposes. However, the website TeensHealth indicated that physical defects, such as birthmarks and or deformities motivate many of the surgeries. (benefits children and teens as well)
87. The ASPS found that women accounted for 91 percent of plastic surgery procedures in 2011. Of total procedures, the vast majority were minimally invasive Botox treatments.

Over 5.3 million women received these during the year, often for tightening of the forehead to hide wrinkles. Breast augmentations were the most common major surgery, with over 307,000 performed.

88. A 2009 study by UCLA found that 48 percent of women had an interest in some type of plastic surgery. Another 23 percent indicated that they might have an interest at some point. Thus, over 71 percent of those surveyed would give some level of consideration to having work done. Perhaps more surprisingly, 23 percent of men studied said they were interested and another 17 percent indicated they might have some interest.
89. People in the Pacific and Mountain regions receive the most procedures in most surgical categories. The big surprise, though, is that people in the northeastern United States seem to have a high demand for the procedure known as a "butt lift." The study revealed that 23 percent of these surgeries were performed in the northeast, compared to just 13 percent in the Pacific and Mountain zones combined.
90. However, the actual fees vary by provider and the type of procedure. According to the website Lemondrop, the most expensive surgery is the circumferential body lift, with a price tag of \$8,073 as of July 2010. Tummy tucks and face lifts were both just over \$5,000 and butt implants and butt lifts both came in at just under \$5,000.
91. You might be surprised to learn that the United States does not have the highest per capita use of plastic surgery. In fact, the U.S. was ranked 19th in per capita use of such procedures, according to the Lemondrop article. In 2009, just under 31 in every 100,000 people had a plastic surgery. Switzerland's citizens set the bar by a wide margin with just over 215 people in every 100,000 having plastic surgery in 2009.
92. If considering plastic surgery, should stop smoking (decreases blood flow to skin, increases risk of blood clots)
93. Many people believe scarring is due to the surgeon's lack of skill, however it is based on genetic factors
94. Hematoma is a pocket of blood that resembles a large, painful bruise. It occurs in 1-6 percent of breast augmentation procedures and is the most common complication after a facelift. Hematoma is a risk in nearly all surgeries, and treatment sometimes includes additional operations to drain the blood.
95. The potential for nerve damage is present in many different types of surgical procedures. Numbness and tingling are common after plastic surgery and can be signs of nerve damage. Most women experience a change in sensitivity following breast augmentation surgery and 15 percent permanently lose nipple sensation.
96. Though postoperative care includes steps to reduce the risk of infection, it remains one of the more common complications of plastic surgery. In breast surgeries, for instance, cellulitis (a skin infection) occurs in 2-4 percent of people. In some cases, infections can be internal and severe, requiring IV antibiotics.
97. Deep vein thrombosis (DVT) is a condition where blood clots form in deep veins, usually in the leg. When these clots break off and travel to the lungs, it's known as pulmonary embolism (PE). Though relatively uncommon, these complications can be fatal.
98. Surgery typically results in some scarring. Since cosmetic surgery seeks to improve the way you look, scars can be particularly troubling. Hypertrophic scarring, for instance, is an abnormally red and thick raised scar that occurs after 2-5 percent of breast augmentation procedures.

99. Although most people are satisfied with their postoperative outcomes, disappointment with the results is a real possibility. People who undergo breast surgery may experience contouring or asymmetry problems, while those undergoing facial surgeries could simply not like the result.
100. Liposuction can be traumatic for internal organs. Visceral perforations or punctures can occur when the surgical probe comes into contact with internal organs. Repairing these injuries can require additional surgery. The perforations may also be fatal.
101. Anesthesia is the practice that allows patients to undergo surgery without feeling the procedure. General anesthesia, where medication is used to make you unconscious, can sometimes lead to complications. These include lung infections, stroke, heart attacks, and death. More common anesthesia risks include waking up confused and disoriented, and shivering. A less common complication is anesthesia awareness, or waking up in the middle of surgery.

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