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# TOP 25 QUESTIONS TO ASK BEFORE CHOOSING
## A PLASTIC SURGEON & COSMETIC SURGERY

*Your Weekly Newsletter*
*by Dr. Nick Sieveking*
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I'm doing something a little bit different this week. This issue is directed at patients who are considering cosmetic surgical procedures. This edition is quite lengthy, but for those of you interviewing plastic surgeons, I believe you will find this very helpful.

Choosing the right plastic surgeon can make the difference between a joyous, life-changing outcome and lingering regret.

In today's world, cosmetic surgery is heavily marketed through social media, advertising campaigns, and trendy procedure names. Unfortunately, this can make it difficult for patients to separate true expertise from marketing.

Training, experience, judgment, and honesty matter far more than trends.

After nearly 30 years practicing plastic surgery, I have learned that the best outcomes come when patients take the time to ask thoughtful questions before surgery. Cosmetic surgery should never be rushed, and patients deserve clear answers from a surgeon who has the training, experience, and integrity to guide them through the process.

Remember: You get one chance to get the perfect result. Chasing bad results with unplanned secondary surgeries is costly, time-consuming, and rarely leads to the desired outcome. Do your research and get comfortable with your surgeon and his surgical plan.

When interviewing plastic surgeons, these are the questions I believe every patient should ask:

### 🩺 Surgeon Credentials & Experience

### 1. Are you board certified in plastic surgery?

Board certification is critical because it verifies that your surgeon has completed the proper residency training program and passed the required examinations

necessary to practice plastic surgery.

Many patients are surprised to learn that, because of restraint-of-trade laws, physicians from other specialties can legally perform cosmetic surgery procedures. For example, ophthalmologists may perform facelifts, oral surgeons may perform rhinoplasties, and I have even heard of family medicine doctors performing breast augmentation in outpatient surgical facilities.

It is also important to understand how physician specialty certification works in the United States.

Since 1933, the American Board of Medical Specialties (ABMS) has been widely considered the gold standard for physician specialty certification. The ABMS has 24 member specialty boards that certify physicians in recognized medical specialties.


Plastic and Reconstructive Surgery is one of the 24 Medical Specialties recognized by the ABMS.

By contrast, titles such as “facial plastic surgery” and “oculoplastic surgery” are not recognized as independent primary specialties by the ABMS. These physicians may have training in related areas, but those titles can create confusion for patients trying to determine whether their surgeon has completed full plastic surgery residency training.

Patients should always look carefully at their surgeon’s actual training and certification. Financial incentives can sometimes drive physicians to offer procedures for which they have limited experience or training.

### 2. How many times have you performed this exact procedure?

This is a great question for every patient to ask.

As board-certified plastic surgeons, we receive extremely broad surgical training from head to toe. Speaking of toes, if your thumb gets amputated, we know how to use one of your toes and transplant it to your hand to give you back your most important finger—the thumb. During residency we learn to perform facelifts, rhinoplasty, breast surgery, body contouring, cleft lip and palate repair, microsurgery, and complex reconstructive procedures.

But once plastic surgeons enter private practice, none of us continue doing everything.

We naturally gravitate toward the procedures we enjoy the most and the procedures we believe we perform best.

After almost 30 years in practice, having performed well over 10,000 procedures, I know exactly where my strengths and interests lie.

For example, if a patient wants dramatic fat injections into their buttocks (“the Brazilian butt lift”) or massive volumes of fat removed by liposuction, I can honestly tell them:“I’m not your surgeon for that.”

Patients are better served by surgeons who understand their personal strengths and focus on the procedures that they continue to enjoy performing.

When surgeons reach the stage in their careers where I currently am, we want only enjoyable and stimulating days in the operating room, creating amazing results for happy patients.

### 3. Is this one of your main procedures or something you only do occasionally?

This question builds on the previous one.

Just because a surgeon performs more of certain procedures does not mean they cannot perform others well. However, surgeons inevitably develop areas of particular expertise.

Personally, there is nothing I enjoy more than performing facelifts, brow lifts, rhinoplasty, eyelid surgery, and correcting breast surgery that has gone wrong. These procedures require precision, patience, and deep understanding of anatomy and tissue response.

The same skills required for those complex procedures also translate into excellent results for operations such as tummy tucks or liposuction.

Understanding anatomy, tissue movement, surgical vectors, and the healing process—combined with decades of experience watching patients recover—allows experienced surgeons to deliver better results.

### 4. Can I see before-and-after photos of your own patients?

Absolutely.

Any surgeon should be able to show you multiple examples of the procedure you are considering.

It can sometimes be difficult to obtain patient permission to share photographs, especially for facial surgery, but a surgeon who cannot show examples of their work may not have the experience you are looking for.

I also want to say a word about computer simulations and AI-generated predictions. I personally dislike them.

No computer program can accurately predict what a real human being will look like after surgery. Healing varies from patient to patient, and cosmetic surgery results occur in three dimensions over time.

In my opinion, simulations can create unrealistic expectations and sometimes lead to disappointment.

Real patient results seen in a plastic surgeon’s “before and after“ photo book and on his/her website are far more meaningful.

### 5. What complications have you personally encountered?

This discussion should happen early in the consultation process.

There is no surgeon in the world who never encounters complications. Anyone who suggests otherwise is simply not being truthful.

Experience does reduce complication rates, especially when surgeons focus on procedures they perform frequently. But complications can still occur.

It is also important to understand the difference between a known potential risk and a surgical mistake.

For example, bleeding after surgery causing a hematoma that requires another procedure is a known risk factor. A surgical error such as leaving one nipple 2 inches higher than the other nipple during a breast reduction should never happen.

The following are known risk factors for cosmetic surgeries:

-bleeding
-infections
-nerve damage
-wound healing problems
-skin loss/necrosis
-thick/hypertrophic/keloid scarring

### 6. Who will actually perform my surgery—you or assistants?

In private practice cosmetic surgery, the surgeon should be performing the operation.

In academic institutions such as teaching hospitals, surgeons-in-training may participate in or perform major parts of cosmetic procedures. Those programs are important for training future surgeons, and patients often receive deeply discounted surgical fees when their procedures are done at a teaching hospital.

In private practice, surgeons often work with a first assistant who helps with efficiency during surgery. Assistants may tie sutures, assist with bleeding control, or hold retractors. Surgeons should be responsible for the planning, markings, dissection, and overall execution of the procedure.

## 🏥 Facility & Safety

### 7. Where will my surgery be performed? Is the facility accredited?

This is absolutely critical.

I have spent nearly 30 years performing plastic and reconstructive surgery in hospital settings. Unfortunately, in recent years many hospitals have shifted resources away from elective cosmetic surgery.

Patients are increasingly noticing the lack of privacy, cleanliness, and personalized care in many hospital environments.

Because of that, a group of Nashville plastic surgeons created ***Grässland Surgery Center*** in Franklin.

This certified outpatient surgical facility was designed specifically for cosmetic surgery. It offers privacy, up-to-date technology, excellent nursing care, and a discreet environment focused entirely on the patient experience.

For elective cosmetic surgery, this type of facility represents the gold standard.

### 8. Who provides anesthesia, and are they board certified?

Your anesthesia experience is just as important as your surgical experience.

At the top outpatient surgery centers, anesthesia is provided by board-certified anesthesiologists (MD's) and certified registered nurse anesthetists (CRNA's) with expertise in elective outpatient surgery.

At ***Grassland Surgery Center***, anesthesia services are provided by **Specialty Anesthesia of Tennessee**, with a board-certified anesthesiologist onsite overseeing experienced CRNA's every day. Their goal: *unmatched safety, unparalleled comfort, discharge to home with little to no pain, no nausea, and positive reviews like— "this is the best anesthesia experience I've ever had"*

### 9. What safety protocols exist if an emergency occu

Certified outpatient surgery centers are equipped to stabilize emergencies in a similar manner to an intensive care unit and emergency department.

All certified surgery centers must also maintain a hospital **transfer agreement**. This is a formal contract with a nearby hospital that guarantees immediate acceptance of a patient if a serious complication occurs.

These agreements ensure the receiving hospital has immediate access to the patient's medical records, operative report, and anesthesia documentation.

At **Grassland Surgery Center**, the emergency medical services (EMS) outpost is located about one mile away, and there are three major medical centers within ten miles.

## 🎯 Surgical Planning & Technique

### 10. Am I a good medical candidate for surgery?

To answer this question, we need two broad categories spelled out:

First: are the patient's concerns/areas of discontent/signs of aging significant enough to justify surgery—considering cost, scars, recovery time, and downtime, timer from work, time off from exercise, the pause in the social schedule, etc.?

Second: is the patient ready for the surgical journey physically, emotionally, socially and financially? Have they stopped all forms of nicotine use?  Do they have good exercise and nutrition habits that they will pick right back up once they are healed? Are they ready to "own" the fact that they've had a facelift or other procedure?

Experienced, conscientious, and ethical plastic surgeons will not have a financial motivation to take a patient to surgery until he/she has passed this "readiness" assessment.

### 11. What technique do you recommend and why?

Surgical techniques vary from surgeon to surgeon….and they should.

Technique should be based on experience, knowledge, and constant evaluation of personal results—not marketing. Every plastic surgeon needs to believe that he can always get better at what he does, even in the twilight of his career.

Ask your potential surgeon specifics about various techniques he/she utilize and why they do so. Also have them clear up any confusion about technique “jargon” that may be the result of marketing or consultations with other surgeons.

If a surgeon claims they perform a revolutionary technique that nobody else performs, that should raise big red flags!

I will be the first to tell you that excessive marketing and inflated egos are exceedingly common in the plastic surgery industry.

A good example of this is a facelift technique that has drawn media attention as of late. It has been labeled the *deep plane facelift*. Kris Jenner has admitted to having had one, and she looks amazing!

This technique has recently become very popular in the media because several “stars“ are open about their plastic surgery. But, this technique is not new. It was described in 1990 by the plastic surgery icon Sam T. Hamra and addressed even earlier (1978) by another main figure Fritz Barton.

This is a perfect example of marketing in the plastic surgery industry.

Surgeons who perform facelifts regularly have been using this technique and permutations of it for decades. It’s the first technique I learned in 1995 when my Stanford mentors were teaching me the facelift operation.

The best surgeons are not chasing trends—they are constantly refining their results.

One of my late mentors from my time at Stanford once told me:
“*If you ever believe you have perfected an operation and have nothing left to learn, it’s time to stop being a surgeon*.”

### 12. Are there alternatives such that I can avoid surgery at this time?

If it is time for surgery, it is time for surgery. Don't waste your time and money hoping BOTOX and fillers and "fat melting" and "skin tightening" devices are going to give you "Surgical Results". These non-invasive, aesthetic treatments, done properly, can give pleasing results; but, they are not a substitute for Surgery. That's why you need a plastic surgeon who offers both surgical and non-surgical options… you'll get an honest answer.

Surgery restores a youthful architecture from the deep muscles to the skin's surface and removes excess/unwanted skin and fat.

Lasers, chemical peels, micro-needling with PRP, etc. do not address this architecture, but they do improve the quality of the surface of the skin by increasing collagen content.

These two approaches surgical and non-surgical are not interchangeable, they are complementary of each other.

### 13. What results are realistically achievable for my anatomy?

The goal of cosmetic surgery is simple:

You should still look like yourself—just a younger version of yourself. You will have scars, but a seasoned surgeon will keep these scars hidden and inconspicuous….an acceptable tradeoff.

Experienced surgeons will also carefully evaluate anatomical factors such as hairline position, neck angle, cheek fullness, breast shape, and bone structure and discuss expected results and potential limitations to surgery.

### 14. What results are NOT possible?

The sky is a limit on what we can do to change your appearance; but, good and conscientious surgeons recognize anatomical limitations and should refuse to create " unnatural" and "overly dramatic" results.

If a surgeon is willing to dramatically distort natural anatomy—such as changing a naturally "A" breast cup size into a "DDD" size; or, exaggerate facial features such as creating excessively large cheekbones or exceedingly large lips — patients should be cautious.

"You can always do a little bit more, but it's difficult to undo too much."

Natural results always age better.

### 15. How is the procedure customized for each patient?

Even after performing over ten thousand procedures through the last 30 years, I still see every patient having individualized needs; and, every surgical plan I deploy has a customized twist to some degree.

Although surgical blueprints exist, experienced surgeons must adapt to individual anatomy and patient desires.

For example, during what we call a “secondary“ facelift (the patient has had a previous facelift), the “deep-plane” muscle dissection is often limited due to scar tissue. In that situation, the surgeon needs to modify his/her surgical plan in tightening the deep plain facial muscles in order to reduce risk of surgical complications while maintaining excellent results.

Experience allows surgeons to be versatile and to make adjustments safely.

## 📸 10,000 Results & Expectations

### 16. What does recovery look like?

**Facial surgery** usually involves less pain than body surgery but requires about 2–3 weeks before swelling and bruising improve significantly. Patients need to sleep with their head elevated for a few weeks and limit excessive activity for 2 to 3 weeks.

**Tummy tucks** involve more discomfort and typically require 4–6 weeks before full activity. There will likely be no driving for 10 to 14 days. Prescription pain medication is typically needed for the first five days. Light exercise such as walking and stretching are possible about two weeks after surgery. Full body workouts are safe starting about six weeks after surgery.

**Breast surgery** usually has one of the faster recoveries. Prescription pain medicines are typically needed for 2 to 3 days. Driving typically resumes around the fifth day after surgery. Light exercise, avoiding upper body workouts is possible about a week after surgery. Full workouts can resume in 4 to 6 weeks.

**Extensive body contouring/liposuction** has limitations and recovery times similar to the tummy tuck.

**Remember:** you may start feeling pretty good within a few weeks after surgery and back to normal daily routines around that time, but, your final results take 4 to 6 months to achieve. The body continues to heal for up to a year after cosmetic surgery. Postoperative photographs are typically not documented until

four months after surgery. And with some surgeries like rhinoplasty, we often wait 12 months for photographs.

**17. How long do results last?**

Facelifts may last 10–15 years depending on skin quality. In addition to that, if there was major correction in a “genetically obtuse” neck angle, that correction is “forever“.

Tummy tucks can last decades if weight remains stable and patients don’t go through subsequent pregnancies.

Breast procedures may last many years (15+), although the breast tissue will continue to age and droop. Saline breast implants, on average, need to be replaced every 12 years. Silicone breast implants are manufactured to last a lifetime. That doesn’t guarantee they won’t leak and need to be replaced, but the vast majority of patients with silicone implants don’t necessarily need to “change them out“ at regular intervals.

**18. Can I gain weight after liposuction?**

Yes.

Liposuction removes fat cells from specific areas, but remaining fat cells can still enlarge if weight is gained.

For a healthy individual, our bodies do not make “new“ fat cells in our lifetime. The number of fat cells that we carry through life was determined at puberty. The way we gain weight is that our existing fat cells hypertrophy/swell. When we lose weight, they shrink.

Surgery can remove fat cells and the healthy individual will go through life with fewer fat cells. But there are still plenty of fat cells throughout the body to enlarge/hypertrophy during periods of weight gain. The distribution of this weight gain is changed after liposuction.

For example, if a patient underwent liposuction of the hips and the tummy and gains 20 pounds after surgery, that patient will find that the weight gain will be more noticeable in the hips and the thighs.

Healthy habits remain important.

### 19. What factors negatively affect results?

Smoking, poor nutrition, certain medications, and poor overall health can negatively affect healing and results. Your surgeon will discuss a long list of these factors before agreeing to schedule any surgery. All forms of nicotine need to be stopped completely for two weeks before surgery. Certain medications, such as aspirin, Advil, fish oils, and a few others also need to be stopped due to bleeding risks. Adequate nutrition and protein intake needs to be maintained before and after surgery for proper healing and optimal results.

## 🔄 Complications & Revisions

### 20. What percentage of patients need revisions?

Minor revisions occur occasionally due to healing differences. Sometimes, unexpectedly, scars widen or thicken during the healing process, and these typically can be fixed in the office.—-maybe 5 to 10% of patients.

After certain procedures, such as breast reduction and tummy tuck where large amounts of fat and skin are removed, little pouches of excess skin called “dog ears” can settle at the edges of the incisions after all the swelling has settled. These too can be revised easily in the office.—-maybe 5% of patients.

Some procedures such as rhinoplasty have slightly higher revision rates (maybe 5%)… even in experienced hands

It’s important to distinguish between known and expected complications and surgeon error (which should never happen.)

### 21. What happens if I am unhappy?

If there is a true surgical issue, such excessive scar tissue formation around the breast implant, or scar tissue that results from an unexpected surgical complication such as a seroma, surgeons should work with patients to correct the problem with minimal financial burden to the patient.

If patients simply change their minds after receiving the results they requested, revision surgery may involve additional cost. One example is a patient requesting large breast implants only to realize, in hindsight, they should’ve been more modest. This can happen despite experienced surgeons thoroughly counseling patients before surgery and providing natural, but larger results.

### 22. What is your revision policy?

Most surgeons help with minor revisions related to healing. It is our office’s policy to minimize financial burden to the patient if unlikely, but described complications do occur in our patients.

However, patient-requested changes after acceptable results are typically the responsibility of the patient.

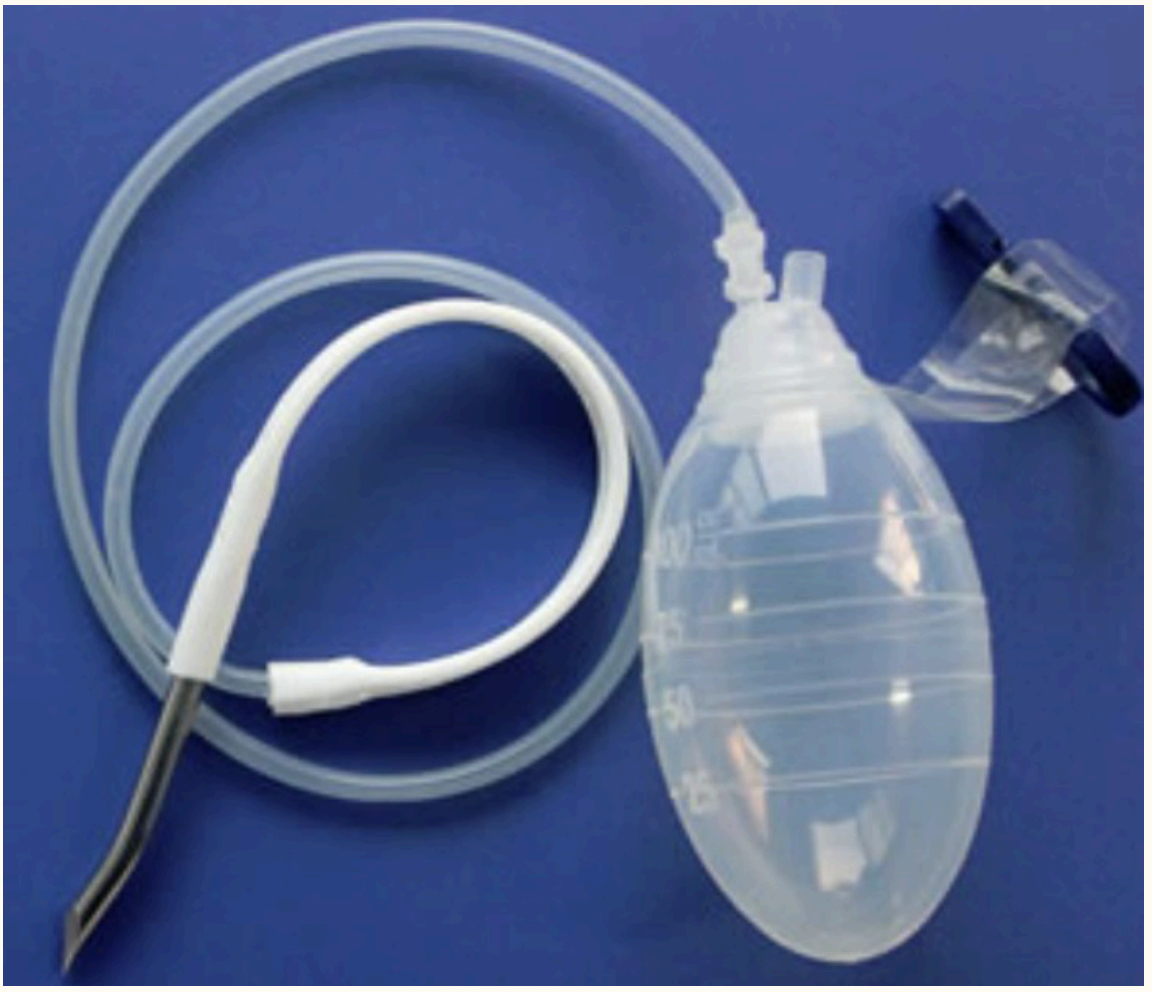
### 23. Do I need drains?

Many procedures require drainage tubes to prevent fluid collections called seromas. A seroma is a collection of blood and serum under the skin in the area of surgical dissection. Seromas are preventable by using drainage tubes, and untreated seromas permanently distort surgical results that often cannot be fully corrected.

Drains are temporary and usually removed within a week.

I have never regretted using drains when they are indicated.

Any surgeon who tells you they do procedures like facelifts, brow lifts, breast reductions, liposuction, and tummy tucks without the use of drains is “playing” on an “overstated” fear of drainage tubes just to get your business. This is disingenuous and stupid by such surgeons. Drains are not bad and they don’t hurt while they are draining and they don’t hurt when the doctor removes them. They are a nuisance for 5 to 7 days, but a seroma can be a big problem.



## 💰 Financial Transparency

### 24. What does the price include?

An honest quote should include:

• Surgeon’s fee
• Anesthesia fees
• Facility fees
• Postoperative visits
• Surgical dressings & Garments

As mentioned before, minor revisions from healing abnormalities that can be taken care of easily in the office should also be covered by the physician

### 25. What do procedures typically cost?

Try interviewing 10 different plastic surgeons and you will get 10 different estimated costs. That said, patients should be paying for long time experience, expertise, impeccable reputations, discrete settings, the best anesthesia, and a clean, state-of-the-Art facility.

Approximate total costs may include:

Facelift — $40,000+
Breast Augmentation — $9,500+
Breast Reduction — $18,500+
Mastopexy — $16,500+
Tummy Tuck — $18,500+
Rhinoplasty — $18,500+
Brow Lift — $12,500+
Lower Blepharoplasty — $12,500+
Upper Blepharoplasty — $10,500+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