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Discussion: Plastic Surgery Complications from Medical Tourism Treated in a US Academic Medical Center

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Interest in medical tourism has become increasingly popular across several surgical specialties, particularly in plastic surgery.¹ In this current issue of *Plastic and Reconstructive Surgery*, Ross et al. conducted a retrospective medical record review of patients who presented to the Brigham and Women's Hospital with complications arising from plastic surgery performed in developing countries. Abdominoplasty and breast augmentation procedures presented with most of the complications. The vast majority of patients in this cohort relied on medical insurance coverage for follow-up care of these complications upon return to the US. The authors concluded that plastic surgery performed abroad may result in a high risk of complications.

In response to the increasing popularity of cosmetic surgery, medical organizations have started to investigate the effects of medical tourism. The anecdotal evidence presented in this article demonstrates that plastic surgery performed in a developing country poses complications for the patient and imposes additional cost onto the US health system. The authors shared insight into their experience taking care of patient complications from procedures performed in the developing world. We commend the authors on a thoughtful analysis, in particular the senior author Dr. Dennis Orgill, for raising this safety issue when patients may not understand their risks when contemplating plastic surgery without careful review of the surgeon and the hospital's quality.

The authors recognize the selection bias in their sample. Patients were only included if they presented to Brigham and Women's Hospital with complications following a procedure in the developing world. The authors do not have data regarding the total number of patients who seek treatment abroad, in other words the "denominator". If one were to present complications of an institution's untoward events, it may appear that the surgeon or institution is unsafe and rendering poor quality. But the complication rate may be within acceptable limits when taking the denominator into account. Thus, one cannot conclude that procedures performed in developing countries carry considerable risks from the findings presented.

Similarly, it is difficult to establish whether the higher risk of complications is attributed to unique conditions in the developing world or a result of poor surgical technique by select surgeons. It is unfortunately common in the US to witness dramatic adverse events of plastic surgery procedures done by either untrained people or nonboard-certified plastic surgeons. A retrospective cohort study that compares patient outcomes by surgeons of the same skill level in the US and abroad, for example, may help offer more insight. Moreover, evaluating the experiences of multiple centers will better describe the patients participating in medical tourism and potential complications they may encounter after the trips. Similarly, understanding the needs of lower income populations for plastic surgery may be prudent, to counsel these individuals seeking cheaper treatment abroad without proper understanding of the risks.

It was previously estimated that \$1.3 billion dollars was spent in 2012 on treating complications for medical tourism in 2012.² According to the current study, only 11 of the 78 patients paid out-of-pocket for follow-up care upon return to the US. Despite electing to have their procedure performed in a developing country, these patients are depending on their home country's health insurance to cover costs of pre- and post- operative care, which imposes additional burden on insurers and ultimately individuals who pay insurance premiums.

Our research group previously examined the available literature on medical tourism in cosmetic surgery.³ We found that patients consider lower procedural costs, enhanced personal attention during care, increased levels of privacy during recovery, and a built-in vacation to be potential benefits of medical tourism. Furthermore, prior research has revealed some patients decide to travel abroad to receive care from a provider who has similar cultural preferences.⁴ Solutions may be provided by public and private organizations to help patients find US surgeons with alike cultural values. Despite efforts to inform patients of the potential consequences of partaking in medical tourism, it is inevitable that some patients will travel to a developing country for plastic surgery. Patients do not always choose wisely because they do not have all the information to make the best decision. The comfort of one's native country and perhaps lower cost may drive these inevitable choices for some. A qualitative research design may offer additional insight as to what motivates patients to participate in medical tourism. In addition, a qualitative investigation may yield a better understanding of these patient preferences and to initiate solutions.

The American Society of Plastic Surgeons (ASPS) have developed collaborative relationships with many nations and regions of the world. International ASPS members of select countries and regions who have met the stringent criteria for ASPS membership may offer resources for US patients seeking care abroad. Through the development of standardized guidelines and referral systems by ASPS, it is possible to minimize the damage caused by this public health concern.

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