



# Cosmetic Surgery in the United States Military: A Model for Collaboration, Growth, and Innovation

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## Introduction

- Cosmetic Surgery within the US Military historically secondary to reconstructive/combat care
- Recently: Paradigm Shift
  - Readiness and Well-being
  - Retention
  - Component of Comprehensive Care
- Improves physician and psychological outcomes for Service Members

## Model

- Goal: High Patient Satisfaction
- Multidisciplinary = Collaboration
  - Surgical Growth
  - Improved Patient Care
- Education Cross-Training
  - Military as Primary Training Program
  - Partnerships with Civilian Institutions
- Reconstructive background and experiences
  - Warfighter/deployment
  - Humanitarian
- Research Initiatives
  - Funding availability
  - Facilities
  - IACUC
- Absence of productivity-based financial incentives
  - NO Silos
  - NO competition
- Dual Mission: Family Taking Care of Family

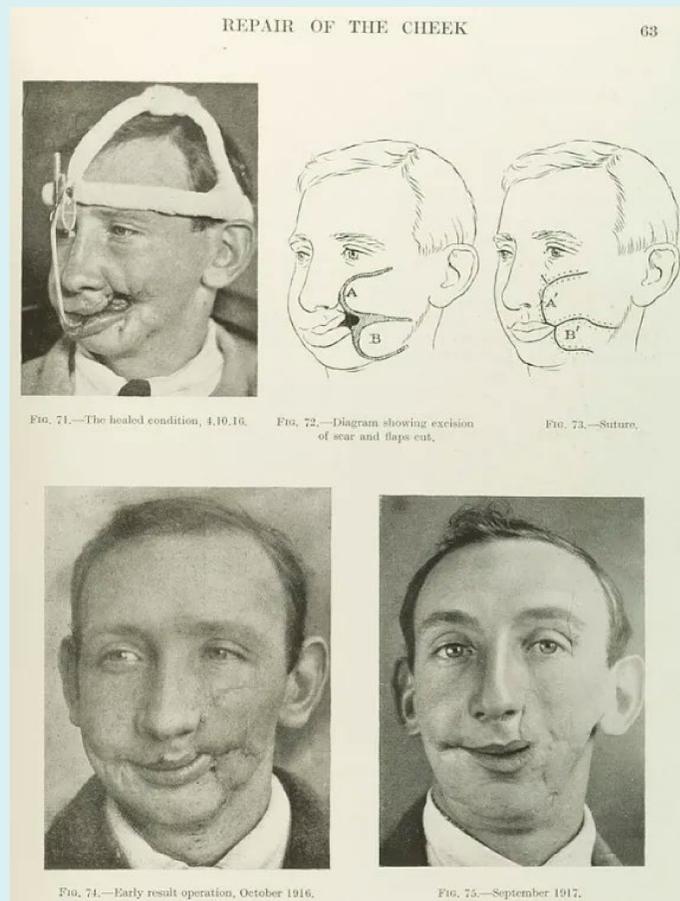
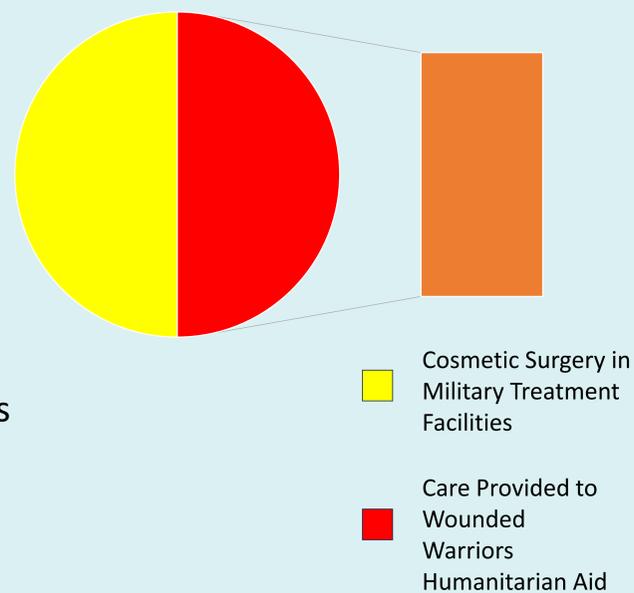


Figure 1: Innovative Cosmetic Surgery Restores WW1 Veteran's Face



	N	%
Breast reduction/lift	1,262	15.3
Abdominal contouring (i.e., abdominoplasty or panniculectomy)	773	9.3
Breast augmentation	229	2.8
Breast tissue expanders	605	7.3
Breast implant exchange	535	6.5
Breast implant capsulorraphy	217	2.6
Blepharoplasty/brow lift	351	4.2
Liposuction	771	9.3
Mastectomy	364	4.4
Scar revisions	359	4.3
Fat grafting	493	6.0
Hand surgery	279	3.4
Flaps (pedicled and microvascular)	159	1.9
Skin grafts	101	1.2
Wound debridement or negative pressure wound therapy	214	2.6
Laser therapy	41	0.5
Fractures	3	0.0
Other	1,493	18.1

Figure 2: Plastic Surgery Procedure Case Mix 2014-2019

## Discussion

- Cross-Sector Collaboration
  - Aesthetic medicine
  - Private Sector Partnerships
- Absence of productivity-based financial incentives allows focus on education, innovation and patient outcomes
- Interdepartmental mentorship, team-based care, professional trust
- Roadmap for rethinking aesthetic care delivery
  - Patient Value
  - Interprofessional Synergy
  - Surgeon Growth

## References

1. Martin M, et al. Plastic and Reconstructive Surgery in the U.S. Military Health System. *J Craniofac Surg.* 2019;30(4):1005–1010.
2. Butler DP, et al. Aesthetic Surgery in the Military: Attitudes, Trends, and Ethical Considerations. *Aesthet Surg J.* 2020;40(2):NP40–NP48.
3. Pannucci CJ, et al. A National Model for Surgical Training in the Military. *Mil Med.* 2016;181(5):472–478.
4. Janis JE, et al. Cross-Institutional Collaboration in Aesthetic Surgery Training. *Plast Reconstr Surg.* 2018;141(2):348e–354e.
5. Atashroo DA, et al. Outcomes of Elective Cosmetic Procedures in Military Settings. *Ann Plast Surg.* 2020;85(1):S45–S50.
6. Morrison SD, et al. Gender-Affirming Surgery in the Military Health System. *Transgend Health.* 2021;6(1):10–17.
7. Lee BT, et al. Measuring Patient-Reported Outcomes in Aesthetic and Reconstructive Procedures in the Military. *Plast Reconstr Surg.* 2017;139(2):435e–443e.
8. Patel AB, et al. Interprofessional Collaboration in Military Health Care Settings: Opportunities for Innovation. *Mil Med.* 2018;183(suppl\_1):453–459.
9. Tuffaha SH, et al. Data-Driven Innovation in Aesthetic Surgery: Lessons from Military Practice. *Plast Reconstr Surg.* 2019;144(3):642e–650e.
10. Egro FM, et al. Psychosocial Benefits of Cosmetic Procedures Among Active Duty Personnel. *Mil Med.* 2021;186(5-6):e531–e538.

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