

Life of a PLASTIC SURGEON

Reality TV vs. Reality

The emergence of reality television programs has shaped our image of today's plastic surgeons. Cosmetic surgical makeovers make for fascinating TV, and the number of shows that follow patients through surgical procedures has grown almost as quickly as the number of lifts, tucks and implants. For someone contemplating surgery, reality TV may provide their first glimpse of surgery, and their first impression of a plastic surgeon. In most of these programs, the surgeon is shown in the same type of scenes: the pre-surgical consultation, the operating room shots of the doctor peering over a surgical mask and the sound of a reassuring voice as the patient drifts into anesthetized sleep. The camera turns to the doctor's face as he or she begins to re-shape a part of the patient's body, and in the process, their life. Unfortunately quick television shots in the operating room don't capture the reality of the life of a plastic surgeon. Once edited into a half-hour show, the depiction of the doctor is itself only cosmetic. Seldom do we learn about the surgeon's history, daily routine or medical philosophy.

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Dr. D. Glynn Bolithio

Story by Roy Robertson Photography by Martin Mann





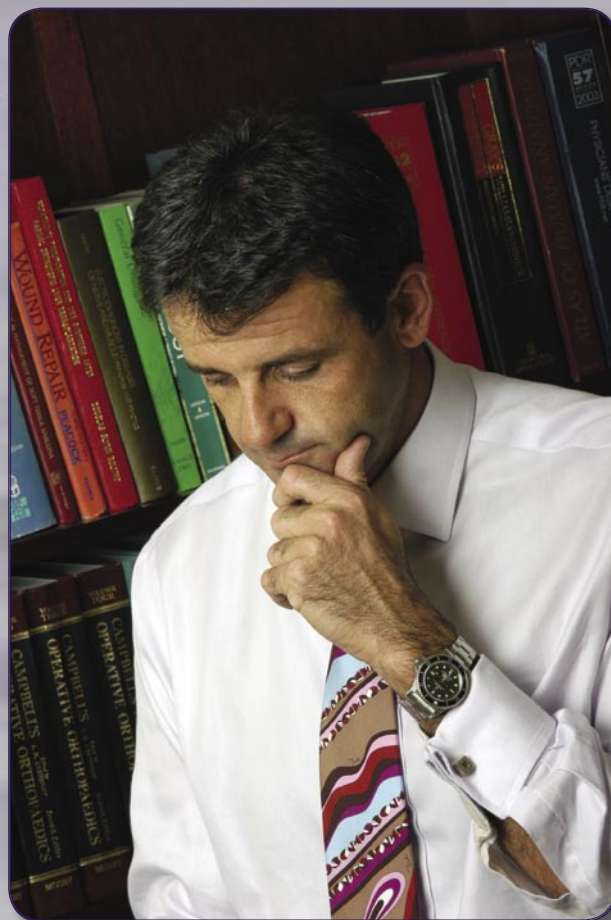
"Not every patient will achieve the same results from the same procedure. All I can do is outline a range of results," he says. "Patients appreciate knowing all the variables."

In the case of Dr. D. Glynn Bolitho, a renowned plastic surgeon, life does not imitate art. While he has performed thousands of surgical procedures like the ones shown on television, things are not always as glamorous than what is depicted on reality TV. On a recent weeknight, Dr. Bolitho escorts his final patient of the day to the front door of his office well after 6:00 p.m. The patient is a breast cancer survivor who has had post-mastectomy reconstruction and has returned for a follow-up appointment. For many of Dr. Bolitho's patients, the reality they face is much more dramatic than cosmetic. "These patients visit a plastic surgeon under very difficult circumstances," he says, pointing out that he may be only one in a series of physicians who treat these patients. "They may see an oncologist, an oncologic surgeon, a radiotherapist and a plastic surgeon. The focus is on quality of life and life expectancy." He treats a more diverse range of patients when performing reconstructive surgeries, from a broader range of socio-economic backgrounds than his patients who have elective procedures. It's the patients he sees for reconstructive procedures that bring Dr. Bolitho his greatest satisfaction.

While reconstructive treatment on cancer patients has a much more profound impact on their lives, Dr. Bolitho recognizes the deep satisfaction he's able to bring to patients who seek elective cosmetic procedures. "You can provide an incredible improvement in a patient's appearance which can significantly impact their well-being and sense of self," he says.

While cosmetic surgery may not necessarily be a medical field most people associate with long term doctor-patient relationships, it's the close connection he develops with his patients throughout their treatment, whether it's reconstructive or aesthetic, that Dr. Bolitho cherishes most. "It's the long term relationships I have with my patients that I find most rewarding." Dr. Bolitho is the son of a physician who practiced medicine for many years in a South African missionary hospital. "I admired my father so much for the long term relationships he had with his patients, some who would greet him in the streets thirty years after he had treated them," he says. "To me, that is the ultimate accolade for a physician." After observing his father's practice, Dr. Bolitho had no other dream than medicine. He received his medical degree (cum laude) from the University

of the Witwatersand. He completed surgical training over a twelve year period including residency at the University of Cape Town in South Africa, and Emory University in Atlanta for plastic surgery training. During this time he was awarded a Ph.D. in organ transplantation research. After moving to San Diego, Dr. Bolitho was appointed to the faculty at the University of California San Diego School of Medicine, where he is currently an Associate Professor in Plastic Surgery. He is board certified in plastic and reconstructive surgery in Britain, Canada, the United States and South Africa.





Bolitho's visualization is evident by his eye for photography as demonstrated in these wildlife photos shot by the doctor in Africa.

Just as his father tended to a variety of medical needs ranging from delivering babies to setting broken limbs, Dr. Bolitho expects he will see the same patients over the course of his career. He may have his first contact with a young patient in an emergency room or trauma center and years later perform

an abdominoplasty or augmentation procedure on that same patient, and possibly a face lift many years after that. "You tend to see the same patients over the course of ten or twenty years," he says.



Another aspect of the doctor-patient relationship that Dr. Bolitho appreciates is the role patients play in their own care. He's impressed by patients who take the time to educate themselves in order to make well-informed decisions as they consider any cosmetic procedure. He indicated that more patients are visiting medical websites and have also availed themselves of another educational tool, reality television. Dr. Bolitho notes that a large number of patients on whom he performs breast reduction surgery have already seen the procedure on television. "Just five years ago," he says, "this was not the case. With the explosion of plastic surgery-related television, there's a much better understanding among patients of what is achievable." He points out though that the shows do a disservice in depicting recovery after surgery. He says, "I don't think they always demonstrate the recuperative period as well as they should. They tend to skip from Day One to Day Forty-two."

Dr. Bolitho stresses the importance of the communication he has with patients before he performs any cosmetic procedure. His candid conversations with patients focus on “what they can objectively expect from a procedure,” he notes. He carefully counsels his patients to give them an honest opinion of what can be achieved; however, he is quick to address the variables of how each patient responds to surgery. “Not every patient will achieve the same results from the same procedure. It is often preferable to outline a range of results,” he says. “Patients appreciate knowing all the variables.”

In an era when plastic surgery is becoming more acceptable and accessible, it’s easier for patients to seek out surgical solutions to correct lifelong cosmetic concerns; however, Dr. Bolitho often urges potential patients to correct any medical conditions before he’ll advocate a cosmetic procedure. He currently has a patient who lost 85 pounds through a regiment of diet and exercise, and saw considerable improvement in her health before finalizing plans for cosmetic surgery. He reports, “She no longer suffers from diabetes or hypertension and has probably added fifteen years to her life. She is now going to have plastic surgery to eliminate skin

redundancy after her significant weight loss. The procedure will be the culmination of a combined medical and aesthetic makeover.” Dr. Bolitho shows similar restraint when evaluating the use of newer procedures, opting to be cautious when it comes to the use of new techniques and technology. He favors a measured and conservative approach, saying, “I think it’s just out of respect to my patients.”

During a typical week, Dr. Bolitho’s schedule generally alternates between days in the office and the operating room but the reality is that preparation for a day of surgery begins the night before. He describes the evening before a day in the operating room as being similar to an athlete’s routine prior to a big game. He considers this time a vital part of the surgical process, and an opportunity to do some critical thinking about the patients he will see the following day. He may review medical journals to study a more complex procedure, or just focus on the next day’s challenges. He notes, “The key is visualization. It’s the most important part of the operating day.”

When he finishes his preparation, Dr. Bolitho spends time relaxing. He could turn on the TV, but he’d most likely find a reality show about cosmetic surgical procedures, but he knows the reality to be quite different than a program that merely scratches the surface of his profession.

