

# People with facial scars rate their own appearance more critically than surgeons and strangers

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Patients who undergo facial surgery think their surgical scars look worse than surgeons and independent observers do, according to a new study

from the Perelman School of Medicine at the University of Pennsylvania. Surgeons and those not tied personally to the particular scarring felt similarly about how significant a scar appeared, but those who looked at their own faces had more negative feelings about the condition and appearance of the scar. Researchers say that surgeons should explain to their patients in detail how their scar will likely look post-surgery and explicitly say to their patients that they themselves will likely perceive their scars to be more significant than others will. The study is published in the journal *Facial Plastic Surgery & Aesthetic Medicine*.

Eighty-one patients who had facial skin cancer and then received Mohs micrographic surgery (a type of precise skin surgery where layers of skin are removed a little at a time) rated their scars a week after surgery and then three months after. While their feelings about their [scar](#) improved by roughly 40% from week one to the three-month mark, they still judged their scars more critically than Mohs surgeons and independent observers after three months.

"Our research seems to support the saying 'we are our own worst critics,'" said senior author Joseph F. Sobanko, MD, director of Dermatologic Surgery Education and an associate professor of Dermatology at Penn. "Patients are probably going to view scarring on their faces as more severe than their own surgeon will and even someone they walk by on the street."

Armed with that knowledge, surgeons should speak to their patients not just about the process of surgery but also what to expect during the [healing process](#) and what their face will look like after the incision is completely healed, Sobanko said.

"Our goal as surgeons should be to remove cancer effectively while minimizing scarring," Sobanko added. "Nevertheless, skin cancer

surgery will produce highly visible changes early in the healing process and our job as surgeons is to prepare patients for how their skin will look during the healing process. We should also be direct with our patients and tell them that they are going to be the most critical of their appearance."

The Penn researchers made very specific choices when designing the study. The team decided to use facial scarring because of the obviously personal relationship people have with their faces. Previous research from Sobanko and colleagues showed that people are the most sensitive about scars on their faces compared to scars on other parts of their body. The researchers also chose to have participants assess scars at the one-week mark and at three months.

"At one week, incisions from surgery are quite visible, and that can be very jarring for patients," Sobanko said. "As weeks progress the incisions heal predictably and our prior research has shown that most patients return to their baseline quality of life approximately 3 months after surgery."

While the advice for providers is to be honest and clear with their patients about scarring, Sobanko and his team are planning to study specific ways that surgeons can help patients feel better about their surgical mark.

"One method we have used in our practice is to connect people about to go through Mohs facial surgery with willing individuals who already have been through the surgery," said Sobanko. "Anecdotally, our patients have appreciated the opportunity to ask questions to someone who has experienced what they are about to go through and also see first-hand how someone else's face healed. We're excited to study whether that and other interventions can ease [patients'](#) minds and help them feel better about the entire [surgery](#) experience."

**More information:** Kimberly Shao et al, Measuring Stakeholder Assessments of Postsurgical Facial Scars, *Dermatologic Surgery* (2022). [DOI: 10.1097/DSS.0000000000003405](https://doi.org/10.1097/DSS.0000000000003405)

Provided by Perelman School of Medicine at the University of Pennsylvania

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