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Teaching Aesthetic Surgery in Plastic Surgery Training Institutes: A Necessity, Not a Luxury

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Plastic surgery has always been a specialty that seamlessly bridges the domains of form and function. While reconstructive surgery addresses defects, deformities, and trauma, aesthetic surgery refines and enhances normal structures to improve quality of life, confidence, and psychosocial well-being. Yet, within many training institutes, the structured teaching of aesthetic surgery continues to remain an area of relative neglect.

For decades, plastic surgery training programs in our country have been skewed toward reconstructive procedures—microsurgery, trauma, burns, clefts, and cancer reconstruction—owing to the sheer clinical burden. This has created highly skilled reconstructive surgeons but left many young trainees inadequately exposed to the principles, techniques, and nuances of aesthetic surgery. Ironically, the demand for aesthetic procedures (surgical and non-surgical) has risen exponentially worldwide, with patients increasingly seeking safe, ethical, and evidence-based care.

Integrating aesthetic surgery into formal training is not merely about learning how to perform facelifts, rhinoplasties, or body contouring surgeries. It is about inculcating an aesthetic eye, understanding facial harmony and proportions, mastering patient selection and counselling, and developing judgment about when *not* to operate. Ethical practice and realistic expectation-setting form the bedrock of this discipline. Without adequate training, young surgeons risk learning through fragmented workshops, unstructured fellowships, or—worse—trial and error, which is neither safe for patients nor fair to the profession.

Momeni *et al.* conducted a survey of senior plastic surgery residents in Germany, revealing significant deficiencies: 90% lacked a resident aesthetic surgery clinic, 88% had no dedicated aesthetic rotation, 69% had no didactic training, 56% had performed a maximum of 10 aesthetic cases. Despite these gaps, over 90% felt the need for further training—especially fellowships.[1] A retrospective review (1990–2009) at the Jalisco Plastic and Reconstructive Surgery Institute, Mexico found that residents on average performed 309 aesthetic procedures, split between body contouring (92 total), breast (65), and facial procedures (152), demonstrating robust hands-on exposure.[2] A systematic review (2021) covering US programs (2000–2020) highlighted several challenges, gaps in training across facial/neck procedures and non-surgical interventions, benefits of resident clinics in enhancing education without compromising patient safety, and recommendations include developing resident cosmetic clinics or dedicated centers.[3]

A 2020 review emphasized that while resident confidence has improved, gaps remain, particularly in facial and minimally invasive procedures. The deployment of resident-run clinics has been shown to increase exposure and trainee autonomy safely.[4]

Perceptions of Training—Residents & Directors: A 2017 survey comparing data from 2008, 2011, and 2017 showed that residents felt most confident in breast and

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abdominoplasty procedures, but facial aesthetic procedures (e.g., rhinoplasty, facelift) remained particularly challenging. The most impactful educational modalities were: Resident-run clinics, Staff cosmetic cases, and Cadaver dissections. The study underlined the persistent need for enhanced facial surgery training.[5]

Training institutes must recognize this gap and adopt a balanced curriculum. Dedicated aesthetic surgery postings, simulation-based training, structured didactic sessions, and supervised operative exposure are essential. Collaboration with dermatologists, maxillofacial surgeons, and anesthetists further enriches the learning environment. Research in outcomes, patient-reported satisfaction, and innovations in minimally invasive techniques can position institutes at the forefront of academic aesthetic surgery.[6-9]

It is time we dispel the notion that aesthetic surgery is a "luxury" or "secondary" to reconstructive work. Both are two sides of the same coin—reconstruction restores, aesthetics refines, and together they complete the essence of plastic surgery. By embracing aesthetic surgery in structured training, we not only empower the next generation of surgeons with comprehensive skills but also ensure that patients receive safe, ethical, and world-class care.

The responsibility lies with us, as teachers, mentors, and leaders, to pave the way.

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