

The agreement between patient demands, surgeon recommendations, and the decision to perform blepharoplasty and rhinoplasty: A cross-sectional study in Ho Chi Minh City

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ABSTRACT

Background: The demand for cosmetic surgeries, particularly blepharoplasty and rhinoplasty, has risen significantly. However, the alignment between patient expectations, surgeon recommendations, and the final decision to undergo surgery remains underexplored. This study aimed to assess the agreement between patient demands, surgeon recommendations, and the decision to perform blepharoplasty and rhinoplasty.

Methods: A cross-sectional study was conducted on 1676 patients admitted to KAT Cosmetic Surgery and Thanh Van Cosmetic Hospital from January 2018 to June 2019. Medical records were reviewed to evaluate patient demands, surgeon recommendations, and actual surgeries performed. Cohen's Kappa coefficient was used to assess agreement among these factors.

Results: Blepharoplasty demand was more prevalent (81.3%) compared to rhinoplasty (22.8%). Upper lid blepharoplasty (70.1%) and nasal bridge augmentation (17.4%) were the most requested procedures. There was substantial agreement between patient demands and surgeon recommendations for the single suture technique (kappa = 0.89) and dorsal hump reduction (kappa = 0.77). However, no statistically significant agreement was found between patient demands and the decision to undergo surgery.

Conclusions: There was significant alignment between patient demands and surgeon recommendations but a weak agreement between patient demands and the actual decision to perform surgery. Thorough consultations are essential for ensuring patient satisfaction by aligning surgical outcomes with patient expectations.

Keywords: blepharoplasty, dorsal hump reduction, nasal alar surgery, nasal bridge augmentation, single suture technique.

1. INTRODUCTION

In the 21st century, the demand for cosmetic surgery and advancements in surgical technologies have significantly increased. In the United States, statistics from 2017 reveal that over 1.5 million cosmetic procedures were surgical, while more than 3.2 million involved non-surgical methods. Notably, women accounted for over 90% of these surgeries.¹ Among the most common cosmetic surgeries are blepharoplasty and rhinoplasty. Blepharoplasty is a procedure used to correct defects and deformities of the eyelids, improving both the function and appearance of the eyes.² Rhinoplasty, which involves complex techniques, not only enhances the aesthetic of the patient's face but also improves nasal function.³ Data from The Aesthetic Society's Cosmetic Surgery National Data Bank reported that in 2019, Americans spent approximately 8.2 billion dollars on cosmetic surgery, with blepharoplasty accounting for over 372 million dollars and rhinoplasty for more than 212 million dollars.⁴

Beauty standards have evolved over time. Historically, many Asians did not have double eyelids, and single-fold eyelids coupled with a round face were seen as the ideal form of feminine beauty.⁵ However, this standard shifted in the 20th century, influenced by Western beauty ideals. Today, many Asian women seek an oval face, large, bright eyes, and double eyelids. As a result, cosmetic procedures to create double eyelids have become increasingly popular in East Asian countries.⁶ Rhinoplasty, while equally popular, is technically more demanding, as there is no universal template for nasal aesthetics. Preferences for nasal appearance vary between cultures. Western patients often desire slimmer noses, considering their own to be too large, upturned, or droopy. In contrast, Eastern patients typically seek a higher, more prominent nose that better complements their facial features.⁷

Vietnam, as part of the Asian region, shares these aesthetic trends.⁸ Vietnamese-American women, for instance, often opt for cosmetic surgery to replace single eyelids and flat noses with double eyelids and higher, more prominent noses.⁹ Additionally, many Vietnamese people have broader nasal tips, and rhinoplasty typically aims to achieve a higher, more refined nasal structure.¹⁰

Despite the growing demand for cosmetic surgery, the alignment between patient desires and surgeons' recommendations remains underexplored. Shipchandler et al. identified notable discrepancies between patient expectations and surgeon evaluations.¹¹ Surgeons base their assessments on scientific principles, such as facial proportions and nasal dimensions, whereas patients often have specific aesthetic concerns that may not align with these standards.^{11,12} Consequently, effective communication during pre-surgical consultations is critical. Surgeons must understand patient desires, and patients should be informed of the limitations and realistic outcomes of surgery. This collaborative decision-making process enhances the likelihood of a successful procedure. Thus, the present study aims to assess the alignment between patient demands, surgeon recommendations, and the final decisions made regarding blepharoplasty and rhinoplasty procedures.

2. METHODS

2.1. Study design:

This study employed cross-sectional design, conducted from January 2018 to June 2019. Cross-sectional studies are observational in nature and are used to analyze data from a population at a specific point in time. The goal of this study was to evaluate the agreement between patient demands, surgeon recommendations, and the final decision to perform blepharoplasty and rhinoplasty. This design is particularly well-suited for assessing the prevalence and alignment of patient and surgeon perspectives in a defined timeframe.

The study was conducted at two prominent cosmetic surgery institutions in Ho Chi Minh City, Vietnam: KAT Cosmetic Surgery and Thanh Van Cosmetic Hospital. Both institutions are well-established and specialize in facial cosmetic surgeries, particularly blepharoplasty and rhinoplasty, which are among the most commonly requested procedures. These sites attract a wide range of patients, offering a robust dataset for the study. The hospitals also maintain comprehensive medical records, facilitating the retrospective analysis of patient data.

2.2. Participants

The study included all patients admitted to KAT Cosmetic Surgery and Thanh Van Cosmetic Hospital for blepharoplasty or rhinoplasty procedures during the study period. To be eligible, patients had to have complete medical records documenting their consultations, surgery recommendations, and the decisions made regarding the surgical procedures. Patients were excluded if their medical records were missing, incomplete, or did not provide sufficient information for analysis. Incomplete documentation included missing key variables such as patient preferences, surgeon recommendations, or the outcome of the consultation.

The sample size was calculated using a formula based on Cohen's kappa coefficient, which measures the agreement between patient demands and surgeon recommendations. The following parameters were used:

$$n \geq \frac{1-k}{d^2} \left((1-k)(1-2k) + \frac{k(2-k)}{2p(1-p)} \right) Z_{1-\alpha/2}^2$$

With type 1 error (α) = 0.05; Kappa coefficient (k) = 0.62 (The most agreed upon component between surgeons and patients in the view of nasal appearance);¹³ Kappa's error (d) = 0.06 and Non-consensus rate (p) = 0.123 (corresponding to the referenced kappa coefficient).

Based on these parameters, a minimum sample size of 1,572 patients was required to achieve adequate statistical power. However, the study ultimately surveyed 1,676 patients, exceeding the minimum requirement.

2.3. Data collection

Data collection was conducted retrospectively, involving a comprehensive review of medical records for all patients who underwent blepharoplasty and rhinoplasty at study sites during the specified period. A standardized form was created to

capture all relevant variables, including patient demographics, demands, surgeon recommendations, and final surgical decisions. The data collection team, composed of clinic and hospital staff, was trained in how to accurately review and extract data from medical records. This training included identifying key variables, understanding the data entry process, and maintaining data integrity. The data collection team systematically reviewed the medical records and entered the data into the designated software. The entire data collection process was closely supervised by the research team to ensure accuracy and consistency. In total, 1,697 medical records were collected. After excluding 21 records due to missing or incomplete information, 1,676 records were deemed eligible for inclusion in the analysis.

2.5. Data analysis

The collected data were entered and managed using Epidata 3.01 software and subsequently analyzed using Stata 14.0 software. Descriptive statistics, including frequency and percentage, were used to summarize all study variables. To assess the agreement between patient demands, surgeon recommendations, and the final decision regarding blepharoplasty and rhinoplasty, Cohen's Kappa coefficient was employed. The kappa statistics quantify inter-rater agreement, with the following interpretations: below 0.00 = poor; 0.00 - 0.20 = slight; 0.21 - 0.40 = fair; 0.41 - 0.60 = moderate; 0.61 - 0.80 = substantial; 0.81 - 1.00 = almost perfect.

2.6. Ethics approval

The study was conducted in accordance with the ethical standards of the institutional and national research committees, adhering to the 1964 Helsinki Declaration and its later amendments or comparable ethical guidelines. Ethical approval for the study was granted by the relevant ethics committee under decision number 376/HDDD-TDHYKPNT.

3. RESULTS

Our study analyzed data from 1,676 medical records, with females comprising 95.6% of the sample. The majority of patients were aged between 20 and 30 years (42.1%), while only 2.7% were under 20 years old. Additionally, 13.5% of the patients were foreign nationals, and 57.2% were currently residing in Ho Chi Minh City (**Table 1**).

Table 1: Demographic and socioeconomic characteristics of participants (n = 1676)

	Frequency	Percentage
Age group		
< 20	45	2.7
20 - 30	706	42.1
31 - 40	453	27.0
More than 40	472	28.2
Gender		
Male	74	4.4
Female	1602	95.6
Nationality		
Vietnam	1449	86.5
Others	227	13.5
Residence		
Ho Chi Minh City	958	57.2
Others	718	42.8

3.1. Patient demands for blepharoplasty and rhinoplasty

In terms of blepharoplasty demand, upper lid blepharoplasty was the most requested procedure, accounting for 70.1% of requests, followed by lower eyelid surgery at 62.7%. However, the procedures most commonly recommended by surgeons were upper lid blepharoplasty (40.9%) and the single suture technique (36.3%). Interestingly, the most frequently performed blepharoplasty was the single suture technique (38%), with upper lid blepharoplasty closely following at 37.1% (**Fig. 1**).

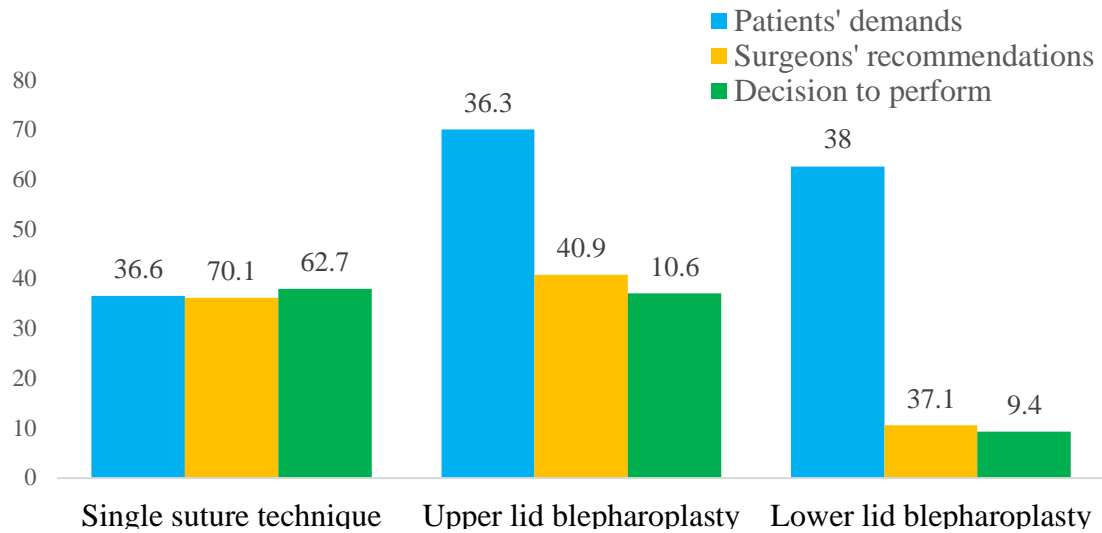


Fig 1. The proportion of the patients' demands, surgeon recommendations, and the decision to perform blepharoplasty (n = 1,676)

For rhinoplasty, the highest demand was for nasal bridge augmentation (17.4%), followed by nasal alar surgery (8.9%) and rhinoplasty with ear cartilage graft (7.4%). Despite this, the most commonly recommended and performed rhinoplasty procedure was ear cartilage graft rhinoplasty, accounting for 17.6% of surgeon recommendations and 15.6% of procedures performed. Nasal alar surgery was the second most commonly performed rhinoplasty, representing 10.1% of surgeries (Fig. 2).

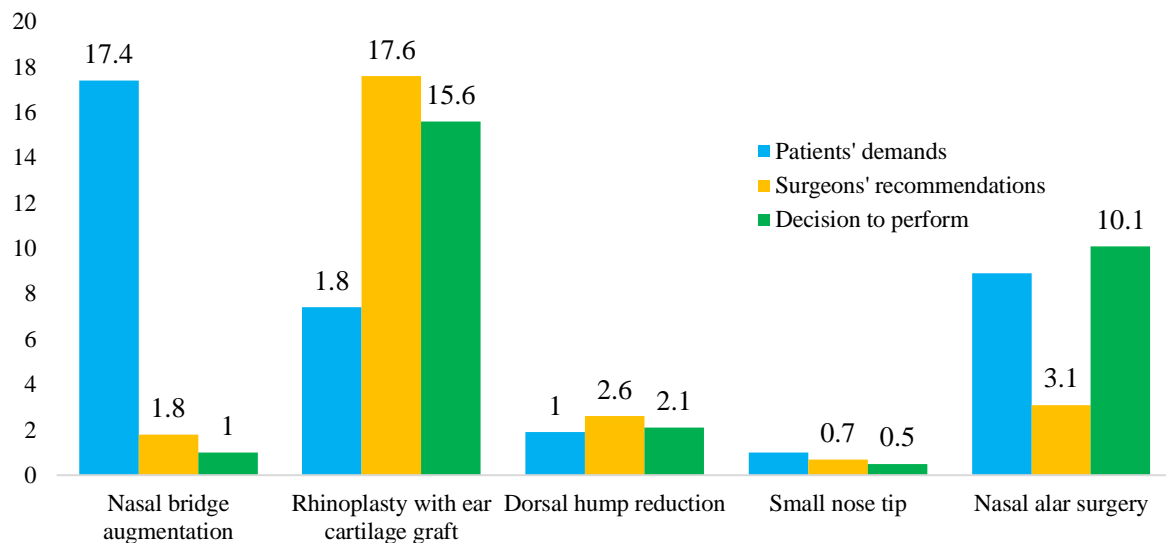


Fig 2. The proportion of the patients' demands, surgeon recommendations, and the decision to perform rhinoplasty (n = 1,676)

3.2. Agreement between patient demands, surgeon recommendations, and the decision to perform blepharoplasty and rhinoplasty

Among the various types of blepharoplasties, the single suture technique exhibited the highest agreement between patient demands and surgeon recommendations, with a kappa coefficient of 0.89, indicating substantial agreement. Upper lid blepharoplasty showed moderate agreement (kappa = 0.45), while lower lid blepharoplasty demonstrated only slight agreement (kappa = 0.13). However, there was no statistically significant agreement between patient demands and the final decision to undergo any type of blepharoplasty (Table 2).

Table 2: The agreement between the patient demands and surgeon recommendations or the decision to perform blepharoplasty (n = 1,676)

		Surgeons' recommendations		Kappa	P-value	Decision to perform		Kappa	P-value
		Yes	No			Yes	No		
Patients' demands									
Single suture technique	Yes	569	44	0.89	< 0.001	241	372	0.02	0.201
	No	39	1024			396	667		
Upper lid blepharoplasty	Yes	684	491	0.45	< 0.001	444	731	0.02	0.191
	No	1	500			178	323		
Lower lid blepharoplasty	Yes	177	874	0.13	< 0.001	96	955	- 0.005	0.665
	No	1	624			61	564		

For rhinoplasty, there was substantial agreement between patient demands and surgeon recommendations for dorsal hump reduction (kappa = 0.77). In contrast, there was slight agreement for nasal alar surgery (kappa = 0.15) and nasal bridge augmentation (kappa = 0.13). When assessing the agreement between patient demands and the decision to undergo rhinoplasty, only nasal alar surgery showed a statistically significant slight agreement (kappa = 0.04) (**Table 3**).

Table 3: The agreement between the patient demands and surgeon recommendations or the decision to perform rhinoplasty (n = 1,676)

		Surgeon recommendations		Kappa	P-value	Decision to perform		Kappa	P-value
		Yes	No			Yes	No		
Patients' demands									
Nasal bridge augmentation	Yes	26	266	0.13	< 0.001	5	287	0.01	0.095
	No	4	1380			12	1372		
Rhinoplasty with ear cartilage graft	Yes	124	0	0.54	< 0.001	18	106	- 0.01	0.632
	No	171	1381			243	1309		
Dorsal hump reduction	Yes	29	3	0.77	< 0.001	1	31	0.01	0.339
	No	14	1630			34	1610		
Small nose tip	Yes	8	9	0.55	< 0.001	0	17	- 0.01	0.620
	No	4	1655			9	1650		
Nasal alar surgery	Yes	19	130	0.15	< 0.001	21	128	0.04	0.044
	No	33	1494			148	1379		

When evaluating the overall agreement among the three factors - patient demands, surgeon recommendations, and the final decision to perform blepharoplasty or rhinoplasty - the study found statistically significant agreement ranging from moderate to slight for most cosmetic procedures. The only exception was lower lid blepharoplasty, where no agreement was observed among the three factors (**Table 4**).

Table 4: The agreement between patient demands, surgeon recommendations, and the decision to perform blepharoplasty and rhinoplasty (n = 1,676)

	Kappa	P-value
Blepharoplasty		
Single suture technique	0.31	< 0.001
Upper lid blepharoplasty	0.13	< 0.001
Lower lid blepharoplasty	- 0.09	1.000
Rhinoplasty		
Nasal bridge augmentation	0.03	0.011
Rhinoplasty with ear cartilage graft	0.14	< 0.001
Dorsal hump reduction	0.27	< 0.001
Small nose tip	0.20	< 0.001
Nasal alar surgery	0.06	< 0.001

4. DISCUSSION

4.1. The patient demands blepharoplasty and rhinoplasty

Cosmetic surgery does not serve as a therapeutic function; instead, it enhances the individual's appearance. The effectiveness of cosmetic surgery depends on many factors, including the body part being intervened, implementation techniques, the surgical facilities, and the individual's physiology. The main benefit of cosmetic surgery is achieving a new form that meets clearly defined standards of physical beauty. Although beauty standards may vary, the desire to become more attractive to others has become a prevailing need. In total, 1676 patients, 81.3% have blepharoplasty demand, and 22.8% have rhinoplasty demand; other types of cosmetic surgery only accounted for a meager percentage. Blepharoplasty is one of the most common surgical procedures in the world. According to statistics by Frédéric Michas, blepharoplasty is the 3rd in surgical cosmetic procedures globally, with over 1.2 million cases. Mainly, it has been a recent booming surgical trend in Asia, and it has maintained its leading position in all plastic surgery procedures.¹⁴ So, the proportion of patients who had a demand for blepharoplasty in our study is entirely understandable. A hospital-based investigation in China by Jun Li et al. (2016) showed that blepharoplasty was the most demanded type of cosmetic surgery.¹⁵

Additionally, rhinoplasty is being performed increasingly due to the improved quality of life and the growing demand for beauty and self-enhancement. Nasal reshaping is performed for various reasons, such as a low nose bridge, congenital disabilities, trauma, or revisions of previous surgeries that were unsatisfactory. Our study shows that the demand rate for blepharoplasty was higher than for rhinoplasty. This could be explained by the fact that rhinoplasty is more complex and requires more stringent techniques than blepharoplasty. Furthermore, choosing the appropriate surgical method and materials to achieve the safest and most effective results posed significant challenges to surgeons. Therefore, patients are still hesitant when deciding to undergo rhinoplasty.

Among blepharoplasty demand, the highest proportion was upper lid blepharoplasty demand, with 70.1%, followed by lower eyelid surgery and single suture technique demand, with 62.7% and 36.6%, respectively. It was ideally suited to the blepharoplasty needs of Asians who desire to own a double eyelid with natural beauty.¹⁶ Among rhinoplasty demand, the majority was nasal bridge augmentation with 17.4%, followed by nasal alar surgery demand (8.9%) and rhinoplasty with ear cartilage graft demand (7.4%). The S-line nasal shape is currently becoming popular. The S-line shape features a sophisticated combination of an elevated nasal bridge and a contoured nasal shape. S-line rhinoplasty is a solution to create a harmonious and balanced nasal shape. It helps enhance the overall facial appearance and eliminates flaws such as a flat nose, upturned nose, asymmetrical or enlarged nostrils, or bulbous nasal tips.

4.2. The agreement between the patients' demands, surgeon recommendations, and the decision to perform blepharoplasty and rhinoplasty

There was statistically significant agreement between patient demands and surgeon recommendations in all types of blepharoplasties, from a slight agreement in lower lid blepharoplasty to the most robust agreement in single suture technique. Nowadays, blepharoplasty receives the most attention. According to East Asian beauty standards, a beautiful eye is

symmetrical double eyelids, a large and well-defined eyelid. Moreover, the eyes are a prominent feature that shows signs of aging, leading many women to seek eyelid surgery. The single suture technique creates double eyelids using threads to form eyelid creases without incision or cutting, offering a simple, non-invasive, and effective procedure for creating double eyelids. Regarding rhinoplasty, our research also found statistically significant agreement ranging from substantial to slight between patient demands and surgeon recommendations. Alosfoor M et al. (2023) also showed strong agreement between patient requests and doctor consultations for dorsal hump reduction ($\kappa = 0.620$; $p < 0.001$).¹³ Additionally, Shipchandler et al. found many significant differences between surgeons' and patients' evaluations, particularly regarding nasal details.¹¹ In rhinoplasty, surgeons often base their aesthetic analysis of the nose on scientific measures of its proportion and dimensions relative to the face. However, patient desires for specific nasal shapes may not align with the surgeon's analysis.^{11,12} Thus, the patient demand for blepharoplasty and rhinoplasty and doctor recommendations sometimes differ, which can be attributed to the differing perceptions between the two parties.¹¹ Patients are often unfamiliar with anatomical and functional aspects and may have unrealistic expectations regarding appearance.¹³

However, when examining the agreement between patients' demand and the decision to perform blepharoplasty and rhinoplasty, there was generally no statistically significant agreement, except for nasal alar surgery, which showed slight agreement ($\kappa = 0.04$). Individuals undergo cosmetic surgery with the desire to change their appearance, with the aim of achieving harmonious and balanced features to enhance their beauty in the eyes of others. However, cosmetic surgery results are often permanent, therefore it is essential to make a well-considered decision, choose the right specialist, and have a suitable goal. Moreover, ensuring the success of the surgery requires good health, including no cardiovascular diseases, diabetes, hypertension, etc., and patients must undergo medical examinations, health checks, and medication tests before surgery. Additionally, cost is a significant factor that patients consider before proceeding, which can lead to a change in their initial decision after consulting with a doctor and weighing their options.

When considering the agreement among three factors - patients' demands, surgeon recommendations, and the decision to perform blepharoplasty and rhinoplasty - there was statistically significant agreement ranging from moderate to slight, in most cosmetic surgeries. The only exception was lower lid blepharoplasty, for which the study found no agreement among the three factors. Despite considerable efforts to harmonize patient demands with surgical conditions and physician recommendations, many factors still hinder strong agreement. Our research results highlighted the importance of providing thorough consultations to understand patient requests, offering suitable recommendations, and performing cosmetic surgery with the goal of patient satisfaction with their post-surgery appearance. Although beauty is subjective and cannot be precisely defined, improving a patient's appearance can significantly enhance their quality of life by boosting their confidence and self-esteem.¹¹ Rohrich et al. recommended that presurgery evaluations be repeated multiple times to achieve patient satisfaction.¹⁷ Therefore, consistent pre-surgery consultations are crucial to convey the surgeon's perspective on the expected outcomes to the patient based on their demands.

This study had some limitations. First, it was conducted in two cosmetic surgery facilities in Ho Chi Minh City, which may limit the generalizability of the results to all cosmetic surgery patients in the city. Second, the retrospective nature of the study, which relied on reviewing medical records, led to the exclusion of some records due to incomplete information. Nevertheless, the study maintained sufficient sample size to draw meaningful conclusions.

5. CONCLUSION

Patient demand for blepharoplasty was higher than for rhinoplasty. While there was significant agreement between patient demands and surgeon recommendations, the agreement between patient demands and the decision to perform surgery was not significant. Overall, the alignment among patient demands, surgeon recommendations, and surgical decisions was weak. Cosmetic surgeons should conduct thorough consultations to understand patient expectations and provide appropriate recommendations, ensuring patient satisfaction with the surgical outcomes.

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CONFLICT OF INTEREST

The authors declare that there is no competing interest.

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