

Jason, 5, has noticeably protruding ears.

Jonathan, 9, has an abnormally large nose and a receding chin.

Amanda, 12, though slim, has a fatty bulge on her abdomen.

Lynda, 16, has disproportionately small breasts.

What, if anything, should be done for these young people?

Ours is a society that deeply values physical perfection. Health and physical attractiveness often define how others see us and, more and more, how we see ourselves.

Traditionally passed down from each generation, like family heirlooms, have been our expectations of greater health, prosperity and fulfillment. Now, in addition to these, comes the expectation of ever-increasing physical attractiveness as plastic surgery becomes more available to virtually every group in our society. Adults have the option of having even minor physical flaws corrected—and often pursue it.

But how does such a culture affect the physically imperfect child? Beyond that, the child who is in perfect health but has an imperfect appearance (according to societal standards)? Is such a child, however cherished by his or her family, becoming less cherished by society and more apt to endure teasing and taunts from peers? If so, do we work toward changing society or changing the child?

Dr. Allen Rosen, a nationally recognized plastic and reconstructive surgeon and spokesman for the American Society of Plastic and Reconstructive Surgeons, like many in his profession, has been grappling with the ethical and psychological implications of practicing in a world where ever-evolving technology is making it possible for surgeons to treat even very minor physical imperfections.

These complex issues have prompted him, and others, to recognize the need to develop new practice guidelines for surgeons who treat children and adolescents.

Dr. Rosen, who has an active private practice and is assistant clinical professor at the University of Medicine and Dentistry of New Jersey, has treated hundreds of children and adolescents over the years. During a recent interview, he brought up the following points and observations that will be of interest to parents and other caring adults.

■ What is the difference between reconstructive and truly cosmetic surgery with regard to children? Is the line becoming more blurred?

"The difference between cosmetic and reconstructive surgery, especially as it applies to children and adolescents, can often be confusing to the general public," Dr. Rosen says.



Illustration by Rich Pope/The Washington Times

When is plastic surgery beneficial to children?

Reconstructive surgery, which is accepted by the American Medical Association, is this: Reconstructive surgery takes a body feature that is abnormal due, possibly, to a birth defect, trauma or cancer surgery and restores it to a normal appearance.

That can be done for purely functional reasons or to help a child or adolescent cope better psychologically.

"Essentially, cosmetic surgery takes a normal body feature and makes it look better. Some may feel that when a child undergoes an otoplasty (ear surgery) that's purely cosmetic, but there are other factors involved.

"This is true for virtually all plastic surgery procedures done on children. Just recently, a mother brought in her 9-year-old son, who was born with a congenital deformity characterized by a nose

noticeably receded chin. His appearance caused him to be ridiculed at school on a daily basis, and this was a huge psychological burden for him.

"His mother implored me to do something, but I had to tell her that it was absolutely too early to operate because his facial skeleton was still growing. He needed psychological support to help him deal with his emotional distress. But, apart from that, I was going to do the surgery as soon as his facial skeleton allowed for it; hopefully by about age 14, a little younger than we would ordinarily do rhinoplasty (nose surgery) on teen-agers.

"In this case, the young boy was not having any physical problems per se. He could certainly breathe, and his recessed chin was not interfering with his physical functioning. One could say the surgical correction would be strictly cosmetic—to make him look better. But his appearance was having a significant effect on the way he felt about himself and appeared to others. He was being psychologically burdened by this every day. So to my mind, this would definitely be reconstructive surgery."



DR. JANICE COHN

Instilling compassion

these days on adolescents and even children?

"Almost all surgeries done on children are reconstructive, according to the definition espoused by the ASPRS. It becomes more of a gray area when we talk about adolescents. For example, an adolescent may perceive he or she has a large nose or small breasts, while others may not think so.

"These features may be the focus of very real psychological distress, but is the problem really physical? There may be other issues going on. Perhaps the real reason an adolescent girl is unhappy with her face or body is because it doesn't measure up to the ideal projected by models or celebrities.

"Perhaps the real reason an adolescent boy is not popular has nothing to do with his nose, but is due to other, psychosocial, factors which may be much harder, or impossible, to change.

"It's important that the patient, the parents and the surgeon recognize these issues. If not, patients will never be satisfied with the surgical result because they are looking for something elusive; something even the most skilled surgeon can't provide.

"Take the Britney Spears phenomenon: the 16-year-old pop-singing sensation who is reputed to have had breast augmentation. The ASPRS, which represents 97 percent of all board-certified plastic surgeons, sets national standards for its members.

"They have determined that this procedure should not generally be performed on young women under the age of 18 because the body and psyche have not sufficiently matured."

Unfortunately, not every surgeon adheres to those guidelines. Will young adolescent girls feel compelled to have similar surgery so that they can look more like their ideal? If such surgery is denied them, will that cause them genuine distress? If so, should surgeons perform the procedure to relieve their distress? At what age should we refuse to do purely cosmetic surgery on adolescents? And what determines those standards: societal pressures, physicians or the individual needs of each adolescent? These are complicated issues with which we must all struggle."

Dr. Janice I. Cohn is a psychotherapist who has specialized for the past 20 years in helping children and adults cope with grief and loss from death, divorce and separation. For the past decade she has specialized, as well, in children's character education, especially with regard to fostering compassion and moral courage. Dr. Cohn, who is also an author, can be reached by calling 872/500 2220 or by