



Women's Experiences of Making Decision to do a Liposuction Surgery

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ABSTRACT

Background: Nowadays, the number of cosmetic surgery clients -whose majority are females- is increasing all around the world. One of the most common, difficult and time consuming cosmetic surgeries is liposuction that may be accompanied with dangerous complications. As regards to the probability of developing severe complications and even death, this question comes to mind that what are the reasons of liposuction clients' tendency to undergo this surgery.

Objectives: This study was conducted to explore the women's experiences from making decision to do a liposuction surgery.

Materials and Methods: Present study was conducted based on a qualitative content analysis method. The main method of data collecting was semi-structured open-ended interviews and taking interviews was continued till the data saturation was achieved. Participants have been selected purposefully among female clients had undergone liposuction at least three months before taking interviews.

Results: Thirteen 30-55 years old women had undergone liposuction in the past one-five years, participated in the study. Two main themes including "desire for beauty" and "risk accepting" were extracted from data. "beauty era", "ugliness era" and "desire for returning to beauty era" categorized as subthemes of "desire for beauty"; and "living under pressure", "trying to compensate", "reaching to the end of line" and "accepting the risk of operation" categorized as subthemes of "risk accepting".

Conclusions: Making the decision to undergo liposuction accompanies with facing risks. Understanding these clients' experiences may help health care team to provide a better care; and other people to make a better decision.

Keywords: Lipectomy; Surgery, Plastic; Qualitative Research; Nursing

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1. Background

Nowadays, the number of cosmetic surgery clients is increasing all around the world; according to the statistics published by American Society of Plastic Surgeons in 2011. Approximately 12.1 million cosmetic surgeries were done only on female clients (91% of all) that indicate the huge number of female clients undergoing cosmetic sur-

geries (1, 2). The most common cosmetic surgeries in 2011 in the United States (US) were breast augmentation, rhinoplasty, liposuction, blepharoplasty, and facelift (2). It is reported that about half of the cosmetic surgery clients in the US are 40-54 years old (2), but in Iran, cosmetic surgery clients are too younger. As reported in a study, 41% of cosmetic surgery clients in Iran were under 25 and 65% were under 35 years old (3). Besides, cosmetic surgeries

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►Implication for health policy/practice/research/medical education:

Understanding these clients' experiences may help health care team to provide a better care; and other people who think about undergoing a liposuction surgery to make a better decision.

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impose excessive expenses on the society and the health care system for the operation and pre- and post-operation cares. Based on a recent report, Iranian men pay more than 40 million dollars for rhinoplasty and more than 80 million dollars for Botox every year (4). Since women form the majority of clients of cosmetic surgeries (2), it is estimated that women pay much more money than men for different cosmetic surgeries every year. Liposuction is one of the most common cosmetic surgeries all around the world (2) and can result in irreversible complications if managed inappropriately. Although it has been emphasized that liposuction should not be used as a treatment for obesity (5), its clients have been increased in past years (1, 2). Liposuction is a difficult and time-consuming surgery (especially when it is associated with abdominoplasty) and it may be accompanied with dangerous complications (6) such as streptococcal septic shock and subsequently fever, nausea and vomiting, severe local pain, confusion, stupor, decreased level of consciousness, hypothermia, necrosis, ischemia and pulmonary emboli (6-8). A recent study has explored women's lived experiences after weight loss surgeries and reported that those women believed they were healthier and had more normal life before surgery. After the surgery they experienced chronic pain, loss of energy, reduced physical activity, and difficulties in working and taking care of their children, feelings of shame and failure and limited social relations (9). Besides, some studies have been conducted on post-operative complications of liposuction. For example, a recent case report has described a death within 52 hours after abdominal liposuction in a 41 years old woman (10). A similar study has reported a splenic trauma in a 35 years old woman within 18 hours after liposuction in which urgent splenectomy saved the patient's life (11). Another study has assessed the clinical outcomes and long-term complications of liposuction procedures in which patients who underwent liposuction because of cosmetic reasons, experienced more complications such as local and chronic pain, edema, hematoma, and deformity; and their satisfaction and self-esteem decreased, while non-cosmetic reason clients experienced less complications and increased satisfaction and self-esteem (12). The above mentioned studies were mostly conducted on post-operative complications of liposuction, and no studies were available on the liposuction clients' experiences in different databases. As regards to increasing number of liposuction clients all around the world despite the probability of developing severe complications and even death—especially in those who undergo liposuction plus abdominoplasty-, the reason for the liposuction clients' tendency to do this surgery and the nature of their experiences were unknown for us.

2. Objectives

The purpose of this study was to explore the lived experiences of liposuction clients about how they made the

decision to do a liposuction surgery.

3. Materials and Methods

The present study is a qualitative research conducted through Krippendorff content analysis method. Participants were selected purposefully among persons who had undergone abdominal liposuction with or without abdominoplasty. For starting sampling, we took our university's approvals and then referred to the medical records unit of the relevant hospital in Kashan city to take a list of female clients who had undergone the surgery in that hospital. The first participants were selected among them. In the next steps of the study, for accessing the broader range of experiences, we referred to the similar center in Isfahan city. For inviting persons to participate in the study, the second researcher (MH) called them, introduced herself and gave them complete explanations about the study and the way of conducting it. After taking their agreement, an appointment was arranged for the time and place of interview. Interviews were taken in the places proposed by the participants. The researcher tried to conduct interviews in a private and quiet place to prepare the maximum amount of relaxation for them. We interviewed most of the participants at their homes, some of them in a private room at their workplaces and some at a private corner in a park. In the meeting for interview, after giving information by the interviewer, the participants signed an informed consent form. In the written consent form, the participants were informed that their names and personal characteristics will be kept confidential by the researcher and the quotations will be used by means of numeric codes as needed. Also, they were free to participate and they could leave the study at any time. They also were assured that their sound or written files will be given back to them and will not be used if they decided to leave the study. The main method of data collecting was in-depth individual semi-structured interview. The interview questions were open-ended to provide the participants with the opportunity to fully explain their experiences and perceptions. The main questions we asked the participants included: What did you think of yourself before the surgery? Why did you make the decision to undergo surgery? Would you please give real examples of your experiences which led you to make the decision to undergo surgery? As regard to every participant's experiences, we asked other follow up in-depth questions to make sure we understand the participant's experiences. All interviews were recorded by a MP3 recorder. At the end of each interview, participants were asked to introduce if they know other liposuction clients with the same or different conditions. Ten interviews conducted in one session and three participants interviewed in two sessions. Every session lasted from 30 to 90 min (based on the extent of experiences the participants liked to disclose). Content analysis was conducted using the method developed by Krippendorff (13). In this

method, there are five key processes after designing field work and searching data sources, including unitizing data, data sampling, data reduction, inferring, narrating and conclusions. Unitizing started after we transcribed the interviews, then the second researcher read the text several times to acquire a general sense of the data. During this phase "unit of analysis" (word, sentence and paragraphs with special meaning that could respond to a question of the researcher) was established. This stage also involved creating a coding framework. This was happened while the researcher was reading and re-reading the data and marked those things that were related to the reasons that persuaded these women to make the decision, those contributing factors and consequences in order to shape an initial framework for coding and sampling of data. This framework was modified several times during the research process. In sampling phase, the investigator isolated representative units of data and placed them within the sample framework. During this stage the researcher identified repeated data and placed data with similar meaning under the same label. At this process, data reduction occurred and categories of data were created. These categories were gradually modified and finally two main themes including some subthemes were developed. At inference and narrating phases interpretations and conclusions were made and the findings were written into text which strengthened with quotes and stories of participants. To ensure the study rigor, we used criteria described by Guba and Lincoln. They have stated that there are four criteria for judging the rigor of a qualitative research including: credibility, dependability, confirmability, and transferability (14). In the credibility, we kept prolonged engagement with the research subject from beginning to the end of the study, and used member checks and collaborative analysis. In the member checks, we gave participants their interview transcripts and the reports so they can confirm or revise codes. In the collaborative analysis we gave the transcripts and extracted codes to some researchers who had experiences in qualitative research to verify the findings. As Guba and Lincoln have stated, the findings are dependable only when they are credible, and when we determine the findings' credibility, their dependability is determined consequently. We tried to meet credibility and dependability through prolonged engagement, persistent observation, member checks and collaborative analysis. For confirmability, we tried to provide an audit trail and document all data, methods and decisions about the research which are available to external scrutiny. For transferability, we presented the findings to some female clients eligible with the inclusion criteria but did not participate in the interviews, to determine the findings represent their own experiences or not. They confirmed that the findings are similar to their own experiences, and so the transferability was achieved.

3.1. Ethical Considerations

In addition to the above mentioned ethical consideration, this study was approved by Deputy of Research, Kashan University of Medical Sciences (grant No: 9093). The research was also approved by the Research Ethics Committee of Kashan University of Medical Sciences.

4. Results

In total, we invited more than 25 female clients who had experienced liposuction and 13 clients accepted to participate in the study. Taking interviews took place within February 2011 to October 2012. Their characteristics are shown in *table 1* including age, occupational status, educational status, marital status, history of pregnancy and delivery. In total, around 250 primary codes were isolated from participants' experiences which categorized in two main themes including "desire for beauty" and "risk accepting". As shown in *table 2*, the first main theme included three, and the second theme included four subthemes. Below these main themes and subthemes with parts of the exact speech of the participants are presented, each one by a number to ensure considering the ethics.

4.1. Desire for Beauty

Desire for beauty, was the first main theme extracted from the participants' experiences including three subthemes: beauty era, ugliness era, and desire for returning to beauty era. These experiences showed that these women described themselves beautiful at first, and then they turned ugly because of some reasons including pregnancy and delivery, caesarian section, multiple surgery procedures on the abdomen, inappropriate diet, and inadequate physical activity and exercise. Among the mentioned reasons, most of the participants introduced pregnancy and delivery as the main (most important) reason. Two participants mentioned they suffered from physical complications.

One of them said:

"It had a real medical reason for me...it made me get backache. When walking, I suffered from backache". (No. 3) Most of the participants described the feeling of embarrassment, social isolation, fearing from being blamed, and mental torture as factors leading to undergoing surgery. Perceiving such an undesirable change, these women got to do something to turn beautiful again. A clear description of this main theme and its subthemes was found in the life story of a participant who was a sports-woman, experienced one caesarian delivery.

She described her beauty era as:

"I was a sportswoman, a scalar; reached some Iran's mountaintops...I did aerobics exercise, bodybuilding...I was not overweight or fat, I was hulking, but in shape".

(No. 1)

She described her ugliness era as:

Table 1. Personal Characteristics of the Participants

Items	No.
Age, y	
30-40	7
41-50	5
Over 51	1
Occupational status	
Medical personnel	5
Employee	3
Housekeeper, retired	5
Educational status	
High school	6
Academic education	7
Marital status	
Married	11
Single/divorced	2
History of pregnancy and delivery	
None	2
One	3
Twice or more	8

Table 2. Themes Extracted From the Participants' Experiences

Main Themes	Subthemes
Desire for beauty	Beauty era
	Ugliness era
	Desire for returning to beauty era
Risk accepting	Living under pressure
	Trying to compensate
	Reaching to the end of line
	Accepting the risk of operation

"After caesarian, my abdomen turned ugly...I have eaten whatever I liked...I have eaten rice a lot...after one or two years, I looked at myself...it was a toll when dressed". This participant who was a nurse continued: "I met a lot of women came for liposuction or abdominoplasty...I saw they are so overweight...they suffer a lot...I said to myself these women need to pay attention to their beauty...need to remove the thing that is hurting them...then I wondered if I could help my body...and remove this toll, too". (No. 1) She described this feeling as toll, turning ugly, turning deformed, and embarrassment factor. This feeling prevented her from joining others and attending formal parties, and leading her to seek a way to return to her beauty era. She said:

"As a sportswoman, it was bad for me to go in a party, it's said what a sportswoman she is...that was a defect...my sports friends said what a pity to have abdominal fat for a scalar...I wanted my body to turn back to the form before

my caesarian...not to be deformed...I wanted to have a body free from defects...not to have that fat toll...to be more beautiful". (No. 1)

4.2. Risk Accepting

Some of the participants' experiences included the risk accepting theme. This main theme included four sub-themes: living under pressure, trying to compensate, reaching to the end of line, and accepting the risk of operation. The participants' experiences showed that they faced difficulties in their lives, they tried different ways to solve this problem but they did not meet their goals. Then they found liposuction as an alternative option and started to know about it and finally they accepted the risks of undergoing surgery and did it. Most of the participants counseled with the surgeon or the previous liposuction clients to get information about this surgery. Some of them including medical personnel searched on the internet and read related articles. The participants' experiences showed that making the decision to undergo liposuction is accompanied with facing risks. These women advised the persons who are thinking about undergoing liposuction surgery to be careful when making the decision. A clear description of this main theme and its subthemes was found in the life story of a participant with a small-size body and experienced three deliveries. She described her under pressure life as:

"My abdomen was so big problem for me. It was intolerable. Apparently, it had a very bad view...it was always a tormentor for me, it was really a problem for me at work...all my clients thought I am going to have a delivery! It made me famous...I had problems when washing dishes...when having sex...it was a problem for me in all my life aspects... when I wanted to go to a party or a wedding ceremony, even if I bought the most beautiful dress, I felt embarrassment because of that abdomen... my breath took away when sleeping...I had these problems". (No. 5)

She described her efforts to compensate this situation as: "I bought a thermal slimming belt...I exercised at home...I went on a diet, but they didn't work". She described reaching to the end of line and accepting the risk of operation as:

"I was sure that this problem couldn't be solved with exercising or other ways. If so, this suspending skin became wrinkled...that big abdomen really tortured me, everybody said what this is, how ugly this is...all of these things together made me make this decision". About the decision making process, another participant with a similar experience said: "I asked whatever came to my mind from the persons having undergone this surgery... I had some friends who did this surgery...my hair stylist did it and also one of my neighbors, I asked them if they hurt, if the problem came back again...if it aches after the surgery...I counseled with the doctor, too". She also mentioned: "My family disagreed, my mother disagreed

completely...she said I'm afraid you die in the operation room...my friends said don't do this...it will come back...but I suffered a lot, I couldn't tolerate this situation...I said death is in God's hands, I was so tortured by this abdomen that I said I am going to do it even if I could be free only for one or two months".

5. Discussion

Based on our best knowledge, it was the first study conducted on the women's experiences of liposuction surgery. The participants' experiences were categorized in the two main themes of "desire for beauty" and "risk accepting". Most of the participants described themselves unhandsome and ugly before the surgery. We did not find qualitative studies conducted on the women's experiences of liposuction surgery, but the feeling of dissatisfaction with the appearance and its following problems including mood disorders, anxiety, depression, reduced emotional health, reduced quality of life, dissatisfaction with body image, reduced self-esteem, obesity stigma, and losing social support was found in other cosmetic surgery clients (15-20). For example, results of a study conducted in Iran showed that the clients of other cosmetic surgeries describe their appearance as negative, and they assume they are unattractive in others' eyes (16). The participants of the present study introduced the experience of pregnancy and delivery as the main reason for developing ugliness in them. But the participants of a study conducted by Pantenburg et al. described obesity, overeating and low physical activity as the reasons of their ugliness (21). The reason of this difference may be related to the differences between our participants and the participants in Pantenburg et al. study. One of the sub-themes emerged from the participants' experiences was the ugliness era following with outcomes including the feeling of embarrassment, shame, social isolation, fear from being blamed, and mental torture. Some studies, categorized these problems as "obesity stigma". These studies reported that there is a special attitude toward obese people in social, educational, occupational and even medical settings leading to treat them prejudicially (19, 21). It seems that one of the reasons for undergoing surgery might be the persons' tendencies to escape from this stigma related to body changes. The participants' experiences showed that the tendency to change the appearance in order to be more beautiful, get rid of the mentioned problems, or quick access to beauty, persuaded these women to undergo liposuction surgery. These experiences categorized in the subtheme entitled desire for returning to beauty era. Most of the participants knew the beauty more important than their health and lives. The participants of a study conducted by Mousavizadeh et al. described their most important purpose as making their appearance better, and their most motivators as friends, relatives and classmates (3). Mohammadpanah

Ardakan and Yousefi described a combination of cognitive, personality, and interpersonal factors as the important factors to motivate people to undergo cosmetic surgeries (16). Risk accepting was the second main theme extracted from the participants' experiences. They decided to do the surgery despite the risk of death in such a high risk surgery. They accepted the dangers associated with surgery because of the most important purposes they had in mind. It seems that there are more important things beyond the desire for beauty such as being loved, being respected by oneself and others, being satisfied of having sex, acquiring the ability to join groups and doing social activities, reinforcing one's self esteem, becoming free from others' blames, and becoming free from loneliness. In this subject, Mohammadpanah Ardakan and Yousefi reported that the surgery develops an ideal self in persons which solves the problem of undesirability or unlikability (16). Koehler et al. in a study conducted on two groups of liposuction clients (for cosmetic reasons and for non-cosmetic reasons) reported that the persons, who underwent liposuction because of non-cosmetic reasons, experienced a significant elevation in their self-esteem (12). Sarwer and Fabricatore in a study conducted on the patients undergoing weight loss surgeries reported that most of the severely obese patients underwent surgery with the hope to improve their psychosocial situation (19). Based on the participants' experiences, the desire for beauty persuades the persons to undergo surgery, although the decision to undergo the liposuction surgery accompanies with facing risks. Therefore, understanding these clients' experiences may help health care team to provide a better care; and other people who think about undergoing a liposuction surgery to make a better decision.

5.1. Limitations

We tried to enroll the persons with the situations of extreme variety in the study, although there might be persons with different experiences. Also, we did not conduct the study on men while they might have different experiences of liposuction surgery compare to women. Therefore, further studies can be suggested on participants from different cities with different cultural background and also on men. Also the same studies on other kinds of cosmetic surgeries such as rhinoplasty or mamoplasty, etc can be suggested. This study is running and we publish the findings related to these women's post-operative experiences in near future.

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Authors' Contribution

Mohsen Adib-Hajbaghery did the study management, supervision and manuscript revision.

Maryam Houshmand did the manuscript preparation, data collection and data analysis.

Aliakbar Taherian did the language editing of the manuscript.

Financial Disclosure

The authors declare that they have no competing interests.

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