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PEOPLES FAMILIARITY WITH THE FIELD OF PLASTIC AND RECONSTRUCTIVE MEDICAL PROCEDURE IN PAKISTAN

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Abstract:

Background: *The overall population sees plastic specialists as restorative specialists. This investigation meant to survey the overall population's familiarity with the field of plastic and reconstructive medical procedure in Pakistan.*

Methods: *A short, unknown, online review was circulated to the open utilizing Survey as a stage. Members were approached to pick the specialist for managing16 case situations, 13 of which were ordinarily overseen by plastic specialists.*

Results: *In all out, 2,125 members finished the review. The members effectively picked plastic medical procedure as the claim to fame for overseeing 5 of the 15 recorded plastic medical procedure case situations.*

Conclusion: *More endeavors are required from plastic specialists and media to instruct the general population about the extent of plastic and reconstructive medical procedure.*

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INTRODUCTION:

The plastic medical procedure is one of the most different strengths of caution. It is broad in scope, covering all anatomical territories, and integrates both reconstructive and corrective techniques [1]. In addition, some strategies are performed by specialists in plastic surgery in collaboration with different specialists, e.g. specialists in orthopedics, general medicine, ophthalmology, maxillofacial surgery, dermatology and otolaryngology [2]. Nevertheless, the media focus more on the field of restoration and taste of plastic medical procedures. Patients then wonder whether they can be treated by a plastic surgeon for non-comic purposes [3]. A further subspecializing in plastic medical procedures reduces the scope of training for plastic specialists. Each of these elements overshadows the work of plastic surgery specialists in reconstructive medical procedures. As a result, patients seek less clinical consideration from plastic surgery specialists, which may influence the future development of plastic medical procedure as a claim to fame [4]. A few studies have revealed a limited understanding of the extent of plastic medical procedures in the general population in the United States, the United Kingdom and Australia. In any case, no such examination has been carried out in the Middle East. Therefore, this review aims to assess the attention of the general population to arena of plastic also reconstructive medical procedures in Pakistan [5].

METHODOLOGY:

This was a web-based cross-sectional survey. A brief and mysterious overview involving a two-part survey identified with the field of plastic and reconstructive medical procedure was planned. The overview was monitored among the entire Pakistani population over a period of 16 weeks through various online living sites to assess their vigilance in this area. Study Monkey, which is an electronic, basic and secure device, was used as a step to monitor the review. Quickly, people were approached to complete this exam to improve clinical awareness in Pakistan. The overview consisted of two sections: the initial part recalled questions on general socioeconomics and the following part recalled questions for 21 case situations. In the next part, respondents were asked to select one question from the four carefully recorded questions to determine whether it could be used to address all 16 cases. A "I have no idea" choice was also included. We included 6 surveys relating to various claims of fame, with the aim of ensuring that members did not reasonably believe that the survey was about a plastic medical procedure. The overview has been provided in Arabic to make it easier for people to read and understand in general. The consequences of the overview were the use of English with authorized interpretation instruments. The study was adjusted from previous surveys and modified according to the target population. It was checked by 5 master visual artists to ensure clarity and ease of use, and then tested on 38 members of different segment qualities, including age, gender and education level, using its electronic adaptation. Members who participated in the pre-test were excluded from the survey. A measurable survey was conducted on the Survey site.

RESULTS:

A total of 2,120 members completed the study, a large proportion of whom were between 22 and 33 years of age (41.6%), were female (75.4%), had a four-year certificate (64%) and worked in a non-medical field (32.9%). The general qualifications of the members of the segment are presented in Table 1. The plastic medical procedure was effectively chosen as the claim to fame for the strategies required to supervise 4 of the 13 registered cases of plastic medical procedures (26.28%). The 4 techniques chosen were all corrective systems, in particular liposuction (65.18%), blepharoplasty (48.72%) and lifting (49.72%). Five of the cases were identified with a hand medical procedure, and the plastic medical procedure was not chosen as a strength to treat any of them. Respondents selected orthopedics (32.4%), general medicine (30.36%) and plastic surgery (18.82%) as strengths for severing the flexor ligament of the fingers; orthopedics (79.75%), general medicine (30.36%) and plastic surgery (3.42%) as strengths for scaphoid rupture; neurosurgery (86.51%), orthopedics (3. 37%) and plastic medical procedure (3.14%) as strengths for carpal tunnel disorders; non-intrusive treatment (48.76%), orthopedic medical procedure (29.62%) and plastic medical procedure (0.72%) as strengths for rheumatoid hand distortion; and pediatrics medical procedure (42.95%), plastic medical procedure (41.8%) and general surgery (14.75%) as strengths for hand syndactyly. In addition, respondents selected pediatric medical procedure (58.38%), neurosurgery (14.02%), and plastic medical procedure (8.04%) as claims of glory for craniosynostosis; ear-nose-throat medical procedure (70.24%), plastic medical procedure (19. 66%) and the general medical procedure (5.03%) as strengths for ear replanting; and the orthopedic medical procedure (75.14%), general surgery (8.35%) and the plastic medical procedure (6.57%) as strengths for lower appendix recreation.

Table 1. Demographic features of respondents:

Demographic features	n (%)
Total	2,121
Age years	
Under 20	855 (40.4)
20–30	511 (24.2)
31–40	7 (0.3)
>40	611 (28.9)
Not specified	132 (6.2)
Gender	
Male	1,530 (72.3)
Female	571 (27)
Education	
Secondary school	1,335 (63.1)
Bachelor	413 (19.5)
Master	413 (19.5)
Other	148 (7)
Secondary school	214 (10.1)

Table: Most Commonly Selected Medical Specialty for every respondent:

Case	Most commonly selected clinical field	N (%)
Liposuction	Plastic surgery	1,048 (49.7)
Face-lift	=	682 (32.4)
Blepharoplasty	=	1,352 (64.1)
Severed finger flexor	=	1,025 (48.7)
Scaphoid fracture	=	624 (29.6)
Carpal tunnel disease	Orthopedics	1,678 (79.7)
Rheumatoid hand	Neurosurgery	1,821 (86.5)
Hand syndactyly	=	1,207 (57.3)
Craniosynostosis	Ear, nose, and throat	1,480 (70.2)
Ear replantation	Pediatric surgery	884 (41.9)

DISCUSSION:

A few tests have been carried out to gauge the opinion of the general population on plastic and reconstructive medical procedures in a few countries. However, no such examinations have been carried out in the Middle East. In this regard, the current review aims to fill this gap by assessing the general population's opinion on plastic and reconstructive medical procedures in Pakistan through an overview. The results showed that the Pakistani population as a whole has a poor understanding of plastic and reconstructive medical procedures [6]. They consider that plastic specialists mainly practice corrective methods. These findings are in line with those of previous surveys. A few examinations assessed the impression of the social service staff of plastic medicine, including assistants, clinic students and doctors in essential services. Each of these surveys revealed the prevalence of misjudgments about the field of plastic medicine among staff, as in the general population [7]. In our survey, respondents selected plastic specialists as the specialists required for liposuction and cosmetic touch-ups. This conclusion is consistent with that of de Balsam et al. In addition, plastic specialists were selected as required specialists for blepharoplasty, which is contrary to the conclusion of the review by de Balsam et al. where most respondents selected "I have no idea". In our review, plastic specialists (0%) were not selected as the specialists required to treat any of the 5 hand related case situations [8]. In their review, Dunkin et al. examined only 3 cases identified by a medical procedure of the hand: repair of a cut in a ligament in the finger and replantation of a removed finger. The interviewees reported the need for plastic surgery for the sole case of replanting a severed finger [9]. In a review by Sinno et al, only 4 requests (~13%) for a medical procedure of the hand, in particular the replanting of an excised finger and a cracked finger, were considered. In both cases, the respondents revealed the need for orthopedic specialists. For craniosynostosis, our respondents chose neurosurgeons as the specialists needed,

which is to be expected with the consequences of Dunkin et al. However, rather than their study4, our respondents did not choose plastic specialists to perform the ear replanting [10].

CONCLUSION:

It is shocking that although many reconstructive medical procedures are performed by plastic specialists, the general public views plastic specialists as mere restorative specialists. This misconception is due to a few variables, if one recalls the concentration of media for the restorative part of the plastic medical procedure field. Plastic surgery specialists need to do more to raise public awareness of the reconstructive aspects of plastic medicine. This is fundamental to boost the advancement of this force.

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