

The Importance of Aesthetic Surgery Training during Plastic Surgery Residency Program in Bangladesh

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Editorial

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In the rapidly evolving field of plastic surgery, the balance between reconstructive and aesthetic disciplines has become increasingly critical. Traditional training programs in plastic surgery has focused heavily on reconstructive techniques such as trauma, burn management, and correction of congenital anomaly. The position of aesthetic surgery has always been secondary and less important. This imbalance warrants immediate reconsideration, particularly in the context of rising patient demand, advancements in minimally invasive techniques, and the shifting public perception of cosmetic procedures.

Aesthetic surgery is no longer an unimportant part of plastic surgery; it is a major pillar of the specialty now. According to global statistics, cosmetic procedures both surgical and non-surgical have witnessed exponential growth over the past two decades¹. Procedures like body contouring, facial rejuvenation and injectable not only enhance appearance but often improve psychological well-being and boost self-confidence. As such, aesthetic surgery is as vital to the holistic development of a plastic surgeon as proficiency in reconstructive techniques.

Yet, many plastic surgery residents graduate with minimal exposure to aesthetic procedures. This is due to limited training opportunities, lack of structured curriculum, and in some cases, institutional resistance to incorporating aesthetic surgery into residency education². This educational gap leaves new plastic surgeons unprepared for real world of practice, where competencies in aesthetic procedures are increasingly demanded.

Incorporating aesthetic surgery into residency training should not be underestimated any more. It should be an integral part of the residency program. A structured curriculum including practical exposure in facial aesthetics, body contouring, breast surgery, and non-invasive cosmetic treatments is essential. Furthermore, rotations in private practice settings, simulation labs, and mentorship by experienced aesthetic surgeons can enhance resident competency and confidence. ISAPS has taken appropriate steps in addressing this disparity by introducing free membership for residents.

The ethical dimension cannot be ignored either. With proper training, residents are more likely to approach aesthetic surgery with a patient-centered, safety-first mindset. This will reduce the risks associated with poorly performed procedures and protect the integrity of the specialty.

Ultimately, integrating comprehensive aesthetic surgery training into plastic surgery residency programs is not just an educational imperative it is a professional responsibility. In Canada and the USA, plastic surgery units have organized 'resident aesthetic surgery clinics', where patients are offered discounted surgery to be performed by a trainee³. There, with increasing aesthetic case requirements and the growing incorporation of resident-run aesthetic clinics, residents report higher levels of satisfaction and comfort performing cosmetic operations⁴. But there is some dissatisfaction in plastic surgeons and trainees in India of the adequacy and uniformity of aesthetic surgery training, and they recommend that an increase in exposure to aesthetic surgery during residency will lead to improved patient care for future practicing surgeons⁵. By doing the same here in Bangladesh, we can ensure that future plastic surgeons are not only technically skilled but also adaptable, holistic practitioners prepared to meet the full spectrum of patient needs.

The time has come to elevate aesthetic surgery from the periphery to the core of plastic surgery training. Bridging the gap between reconstructive and aesthetic practices is essential for producing well-rounded surgeons who are capable, ethical, and responsive to the demands of modern healthcare.

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