

## 2023 COSMETIC AND RECONSTRUCTIVE DEMOGRAPHICS

| COSMETIC PROCEDURES PERFORMED IN           | 2023       | % 2023 |
|--------------------------------------------|------------|--------|
| Office                                     | 11,310,365 | 42%    |
| Hospital                                   | 4,455,971  | 16%    |
| Free-standing ambulatory surgical facility | 11,251,548 | 42%    |
| RECONSTRUCTIVE PROCEDURES PERFORMED IN     | 2023       | % 2023 |
| Office                                     | 194,769    | 19%    |
| Hospital                                   | 584,307    | 57%    |
| Free-standing ambulatory surgical facility | 256,275    | 25%    |

## 2023 RECONSTRUCTIVE BREAST PROCEDURES (WITH AGE DISTRIBUTION)

| RECONSTRUCTIVE PROCEDURES                              | TOTAL PROCEDURES | 19 AND UNDER*‡ | 20-29 | 30-39  | 40-54  | 55-69  | 70 AND OVER |
|--------------------------------------------------------|------------------|----------------|-------|--------|--------|--------|-------------|
| Breast reconstruction                                  | 157,740          | 463            | 2,590 | 16,876 | 75,328 | 53,216 | 9,267       |
| Tissue expander and implant                            | 85,970           | -              | -     | -      | -      | -      | -           |
| Direct to implant                                      | 36,557           | -              | -     | -      | -      | -      | -           |
| Pedicle TRAM                                           | 1,109            | -              | -     | -      | -      | -      | -           |
| Free TRAM                                              | 2,344            | -              | -     | -      | -      | -      | -           |
| DIEP flap                                              | 20,703           | -              | -     | -      | -      | -      | -           |
| Latissimus dorsi flap                                  | 5,386            | -              | -     | -      | -      | -      | -           |
| Other flap                                             | 5,671            | -              | -     | -      | -      | -      | -           |
| Timing – immediate                                     | 117,512          | -              | -     | -      | -      | -      | -           |
| Timing – delayed                                       | 40,228           | -              | -     | -      | -      | -      | -           |
| Prepectoral                                            | 106,380          | -              | -     | -      | -      | -      | -           |
| Subpectoral                                            | 51,360           | -              | -     | -      | -      | -      | -           |
| Acellular dermal matrix                                | 79,747           | -              | -     | -      | -      | -      | -           |
| Breast implant removals (reconstructive patients only) | 25,221           | 58             | 364   | 1,852  | 10,869 | 9,762  | 2,316       |

All figures are projected.

\*Breast reconstruction procedures are more often for congenital and developmental breast deformities rather than cancer reconstruction.

‡ While patients under the age of 18 may access plastic surgery procedures under physician guidance and with the approval of a parent or guardian, this is atypical and the majority of cases within this data set are focused on the ages 18 to 19 years.

Maturity – Adolescents typically experience changes in perception of body image, so it is important to assess the stability of each individual's self image before proceeding with plastic surgery. There are four attributes associated with body image that should be considered. These include physical reality of the appearance, perceptions of appearance, importance of appearance and the degree of satisfaction with appearance.

In addition, adolescents may not have the physical and/or emotional maturity to choose plastic surgery. They may have unrealistic expectations about the surgery itself or about the outcome. They also may not understand that additional surgery may be necessary because of complications or a change in personal desire. Finally, they may not have reached full physical development.

Informed Consent – It is important that the adolescent patient completely understand the procedure, possible complications and likelihood for additional procedures at some future date. As with all cosmetic procedures, appropriate informed consent will be required. The education process associated with an informed consent should help the patient and the parent/guardian understand the risks, benefits and potential complications associated with the procedure.