

# Scope of Plastic and Aesthetic Nursing Practice

## Definition of Plastic and Aesthetic Nursing

Plastic and aesthetic nursing specializes in the protection, maintenance, safety, and optimization of health and human bodily restoration and repair before, during, and after plastic cosmetic and reconstructive surgical procedures or nonsurgical aesthetic procedures. This is accomplished through the nursing process (i.e., assessment, diagnosis, outcomes identification, planning, implementation, evaluation). The plastic and aesthetic registered nurse (RN) collaborates, consults, and serves as a liaison and advocate for individuals, families, groups, communities, and populations and bridges the role of the plastic and aesthetic RN with that of other professionals to promote optimal holistic client outcomes and improve the well-being of the client.

## Foundation of Plastic and Aesthetic Nursing

The specialty of plastic and aesthetic nursing has long pioneered treatment strategies for human body and facial repair, reconstruction, and replacement in cases of congenital deformities or diseases, traumatic injuries, and removal of tissue due to cancer or disease. Minimally invasive, nonsurgical cosmetic or aesthetic procedures are an essential component of the specialty that are used both to improve overall appearance and to optimize the outcome of reconstructive surgical procedures. Additionally, these interventions may serve to rejuvenate and/or correct aesthetic concerns of the client and may also postpone effects of the aging process.

Plastic and aesthetic sites include the skin, breast, trunk, cranio-maxillofacial structures, musculoskeletal system, extremities, and external genitalia. Plastic and aesthetic interventions focus on the care of complex wounds, replants, grafts, flaps, free tissue transfers, use of implantable materials, and the healing process and response. Plastic and aesthetic interventions encompass clients of all ages, from the neonate to the oldest adult healthcare client.

As a result of their specialized education and training, plastic and aesthetic RNs are aware of the health risks and potential complications associated with

plastic and aesthetic procedures. As members of the interprofessional health-care team, plastic and aesthetic RNs complement the specialty by maintaining a focus on healthcare client safety, health maintenance, optimal outcomes, and client satisfaction. Increasing societal awareness of plastic and aesthetic procedures requires the leadership and expertise of plastic and aesthetic RNs to clarify misconceptions, provide education, and execute procedures with a high degree of skill, as well as to protect individuals, families, groups, communities, and populations from unnecessary health and safety risks.

Plastic and aesthetic nursing practice and standards reflect the nursing process, the nursing standards of the American Nurses Association (ANA, 2015a), the guidelines (2019) and standards (2015) of the Association of periOperative Registered Nurses (AORN), and the standards of the American Society of PeriAnesthesia Nurses (2019-2020).

Plastic and aesthetic nursing requires specialized knowledge and skills for both the reconstructive and aesthetic aspects of surgical interventions during the client's initial consultation, and during the preoperative, intraoperative, and postoperative stages of the surgical or aesthetic procedure. Another level of specialized knowledge and skills is required of aesthetic RNs who perform and/or assist with aesthetic procedures. Through the implementation and maintenance of specialized plastic and aesthetic nursing standards of practice, individuals seeking or undergoing plastic surgery interventions and/or aesthetic treatments and procedures can be provided with education, knowledge, and nursing care designed to promote optimal client safety and outcomes.

## **Growth of Plastic and Aesthetic Nursing Practice**

Plastic and aesthetic nursing opportunities continue to expand as the demand for plastic surgical and nonsurgical aesthetic treatments and procedures grows. As shown in Figure 1, the number of annual cosmetic, reconstructive, and nonsurgical aesthetic procedures has grown steadily since 2005. According to the American Society of Plastic Surgeons (ASPS; 2019), more than 39.8 million plastic and aesthetic treatments and procedures were performed in 2018 (see Table 1), compared to 24.0 million in 2005, representing a 65.8% increase. The need for nursing knowledge related to plastic and aesthetic procedures, safety, quality, and ethical issues will continue to increase as plastic surgical and nonsurgical aesthetic treatments and procedures become more prevalent in a wide range of environments.

According to the ASPS (2018) survey of their board-certified plastic surgeons, the top three requested procedures in plastic surgery continue to be breast augmentation, abdominoplasty, and liposuction. Neuromodulators (botulinum toxin type A) will continue to be the most commonly requested minimally invasive procedure, followed by dermal fillers, chemical peels, laser

hair removal, dermabrasion, non-invasive fat reduction, and non-surgical skin tightening. Emerging industry and related consumer trends in the field of aesthetic and plastic surgery will include advancements in skin tightening, scar management, and fat grafting.

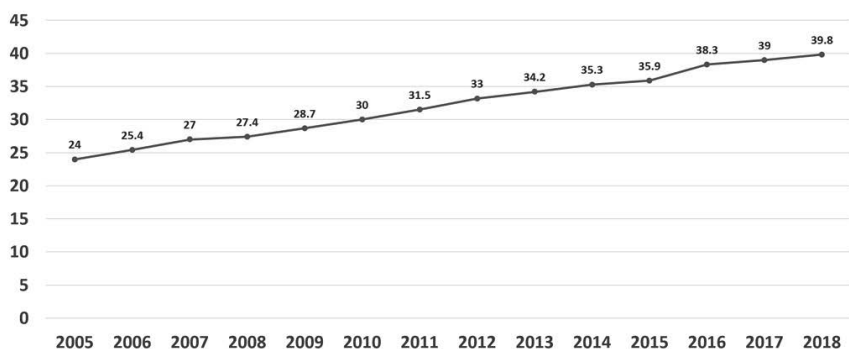
With an increase in the number of clients seeking cosmetic surgical enhancement abroad, the American Society for Aesthetic Plastic Surgery (2019) has established guidelines for patients seeking cosmetic procedures that include:

- verifying the physician has specific training in cosmetic surgery through an accredited plastic surgery residency program or fellowship,
- obtaining clarity about who will be providing postoperative care and who is financially responsible for secondary or revisional procedures, and
- understanding what liability coverage the physician holds and what the local laws are relative to medical malpractice.

Plastic and aesthetic nurses may also participate in the care of clients who have experienced adverse outcomes from receiving aesthetic or reconstructive surgery abroad. Cosmetic surgery performed in developing countries carries significant risks for complications that can present significant burdens on the health system (Ross, Moscoso, Bayer, Rosselli-Risal, & Orgill, 2018). The ASPS (2012) has established the following cautionary statements for those individuals seeking medical tourism:

- Vacation-related activities may compromise patients' health.
- Cosmetic surgery is real surgery.
- Travel combined with surgery significantly increases risk of complications.
- Quality critical care facilities are not always available.
- Follow-up care and monitoring may be limited.
- Bargain surgery can be costly.
- Surgeon and facility qualifications may not be verifiable.
- Devices and products used may not meet U.S. standards.

As patient advocates and educators, plastic and aesthetic nurses have a responsibility to caution those considering aesthetic or reconstructive surgery abroad.



**FIGURE 1.** Plastic Surgical and Aesthetic Procedures in Millions (2005–2018).

Source: American Society of Plastic Surgeons. Plastic Surgery Statistics. <https://www.plasticsurgery.org/news/plastic-surgery-statistics>.

**TABLE 1.** Plastic Surgical and Aesthetic Procedures in Millions by Type (2005–2018).

| Year | Cosmetic | Reconstructive | Aesthetic<br>(Nonsurgical) | Total | % Increase |
|------|----------|----------------|----------------------------|-------|------------|
| 2005 | 10.2     | 5.4            | 8.4                        | 24.0  |            |
| 2006 | 11.0     | 5.3            | 9.1                        | 25.4  | 5.8        |
| 2007 | 11.8     | 5.2            | 10.0                       | 27.0  | 6.3        |
| 2008 | 12.1     | 4.9            | 10.4                       | 27.4  | 1.5        |
| 2009 | 12.5     | 5.2            | 11.0                       | 28.7  | 4.7        |
| 2010 | 13.1     | 5.3            | 11.6                       | 30.0  | 4.5        |
| 2011 | 13.8     | 5.5            | 12.2                       | 31.5  | 5.0        |
| 2012 | 14.6     | 5.6            | 13.0                       | 33.2  | 5.4        |
| 2013 | 15.1     | 5.7            | 13.4                       | 34.2  | 3.0        |
| 2014 | 15.6     | 5.8            | 13.9                       | 35.3  | 3.2        |
| 2015 | 15.9     | 5.8            | 14.2                       | 35.9  | 1.7        |
| 2016 | 17.1     | 5.8            | 15.4                       | 38.3  | 6.7        |
| 2017 | 17.5     | 5.8            | 15.7                       | 39.0  | 1.8        |
| 2018 | 18.1     | 5.8            | 15.9                       | 39.8  | 2.0        |

Source: American Society of Plastic Surgeons. Plastic Surgery Statistics.  
<https://www.plasticsurgery.org/news/plastic-surgery-statistics>.

## Development of Plastic and Aesthetic Nursing Practice

In response to the unique needs of plastic surgery healthcare clients and the specialized nursing interventions necessary for safe and effective practice, 100 surgical RNs convened in 1975 to establish the nonprofit organization called the American Society of Plastic and Reconstructive Surgical Nurses (ASPRSN). In 2001 ASPRSN simplified its name to the American Society of Plastic Surgical Nurses (ASPSN). In 2017, in an effort to emphasize the strong presence of members who practice in the aesthetic realm and to recognize members who practice outside of the United States, ASPSN changed its name to the International Society of Plastic and Aesthetic Nurses (ISPAN). The mission and philosophy of the ASPRSN were founded on principles aimed at improving the quality of nursing care for the healthcare client undergoing plastic or reconstructive surgery; that mission has evolved to include nursing care of health care clients undergoing nonsurgical aesthetic procedures as well.

The organization continues its commitment to promoting high standards of nursing care and practice through shared knowledge, scientific inquiry, and continuing education, while supporting and encouraging collaborative interaction with leaders in clinical practice, administration, research, and academics. The chronology of the development of plastic and aesthetic nursing is summarized in Table 2.

Currently, the ISPAN has more than 1,000 active members working in various nursing environments that include surgery centers, home care, nursing research, outpatient care, hospitals, universities, private practice, nonsurgical aesthetics centers, and others. Members of ISPAN are academically prepared at a wide range of educational levels, including associate, baccalaureate, master's, and doctoral degrees. Members hold numerous roles, such as advanced practice RN, RN first assistant, and RN educator. ISPAN serves its members through an international structure of chapters in the United States and Canada.

The ISPAN is truly an international organization with participation from plastic and aesthetic RNs located throughout the world. The society's professional publication, *Plastic Surgical Nursing*, features articles written by RNs practicing internationally. Additionally, the publisher offers authors the ability to develop their articles in their primary language and then have the work translated into English for dissemination throughout the plastic and aesthetic nursing world (ISPAN, 2019). The position statements developed by the Clinical Practice Committee for the ISPAN organization highlight the variations in scopes of practice for RNs from state to state and country to country and mandate that plastic and aesthetic RNs adhere to local, state, and federal regulations pertaining to scope of practice (ISPAN, 2018). This scope and standards document has been created to provide guidance for all RNs caring for plastic and aesthetic healthcare clients, regardless of the country in which this care is provided.

**TABLE 2.** Plastic and Aesthetic Nursing: A Chronology

| Year | Event   |
|------|---|
| 1975 | The American Society of Plastic and Reconstructive Surgical Nurses (ASPRSN) holds its first national meeting in Toronto, Canada.<br>Sherill Lee Schultz is the first president and founder.   |
| 1976 | Thirteen local chapters of ASPRSN are established in the United States and Canada.  |
| 1980 | ASPRSN created <i>Plastic Surgical Nursing</i> .<br>ASPRSN became the 22nd member of the National Federation for Specialty Nursing Organizations.   |
| 1984 | The plastic surgical nursing bibliography was completed.  |
| 1989 | The first edition of the <i>Core Curriculum for Plastic and Reconstructive Surgical Nursing</i> was published.<br>The Plastic Surgical Nursing Certification Board (PSNCB) was established.   |
| 1991 | The first plastic surgical nursing certification examination (CPSN) was administered.   |
| 1995 | ASPRSN established a Research Committee to assist ASPRSN nurses with research funds and priorities unique to plastic surgical nursing practice.   |
| 1996 | The second edition of the <i>Core Curriculum for Plastic and Reconstructive Surgical Nursing</i> was published.   |
| 1998 | ASPRSN created a website: <a href="http://www.aspsn.org">www.aspsn.org</a>  |
| 2001 | ASPRSN simplified its name to the American Society of Plastic Surgical Nurses (ASPSN).  |
| 2004 | The specialty was recognized by the American Nurses Association (ANA) and the collaborative ASPSN-ANA specialty standards document, <i>Plastic Surgery Nursing: Scope and Standards of Practice</i> was drafted.  |
| 2005 | <i>Plastic Surgery Nursing: Scope and Standards of Practice</i> was published by Nursesbooks.org.   |
| 2007 | The third edition of the <i>Core Curriculum for Plastic and Reconstructive Surgical Nursing</i> was published.  |
| 2010 | A task force was initiated to develop an aesthetic nursing certification.<br>A workgroup was convened to review and revise <i>Plastic Surgery Nursing: Scope and Standards of Practice</i> .  |
| 2011 | The second edition of <i>Plastic Surgery Nursing: Scope and Standards of Practice</i> was published by Nursesbooks.org.   |
| 2013 | The Certified Aesthetic Nurse Specialist (CANS) designation and exam were created and administered.   |
| 2014 | The fourth edition of the <i>Core Curriculum for Plastic and Reconstructive Surgical Nursing</i> was published.   |
| 2016 | A new logo was selected to reflect the changing landscape of plastic surgical nursing.  |
| 2017 | A new name (International Society of Plastic and Aesthetic Nurses [ISPAN]) was adopted to reflect inclusion of aesthetic practitioners and members of international chapters ( <a href="http://www.ispan.org">www.ispan.org</a> ).<br>A new mission, vision, and society values were developed to emphasize that the Society is the definitive voice of plastic surgical nursing. |
| 2018 | A workgroup was convened to review and revise <i>Plastic Surgery Nursing: Scope and Standards of Practice</i> .<br>New nomenclature (Plastic and Aesthetic Nursing) was developed to reflect the more inclusive name, mission, and vision of the ISPAN.   |

Through the development of specialized knowledge, the plastic and aesthetic RN can effectively respond to and communicate with an interdisciplinary team assigned to care for any plastic or aesthetic healthcare client. As the field of plastic surgery evolves and interacts with other specialties, the climate for plastic and aesthetic nursing requires ongoing review of related trends, products, and procedures. Due to the continued steady growth in plastic and aesthetic procedures, there will be an ongoing need for skilled and knowledgeable RNs within the highly challenging yet rewarding area of plastic and aesthetic nursing.

## **Plastic and Aesthetic Nurses and Healthcare Clients**

The plastic and aesthetic RN provides competent and ethical nursing care to improve clients' experiences and outcomes. One goal of plastic and aesthetic nursing is to provide a foundation of practice based on client safety. This is accomplished through strong regulations, as well as effective education and awareness programs for healthcare clients, families, groups, communities, and populations seeking or requiring plastic and aesthetic interventions. Because of the physical and psychological complexities involved in caring for individuals undergoing cosmetic, reconstructive, and nonsurgical aesthetic procedures, plastic and aesthetic RNs must integrate a holistic approach into the plan of care for the healthcare client. To determine and implement the plan of care, and to help ensure optimal outcomes, the plastic and aesthetic RN encourages and facilitates consultations, communication, and collaboration with other healthcare team members.

Plastic and aesthetic RNs promote and improve quality of care before, during, and after plastic and aesthetic procedures and treatments to help ensure effective health maintenance, safety, and restoration. Plastic and aesthetic RNs determine the specific nursing interventions necessary for each individual undergoing a plastic or aesthetic procedure or treatment, in accordance with the nursing process. The plastic and aesthetic nursing specialty continues to develop and strengthen its knowledge base for providing evidence-based practice by researching and incorporating evidence and client input into plastic and aesthetic procedures, treatments, and client care.

The plastic and aesthetic RN interacts with and cares for healthcare clients who require or desire plastic surgery or nonsurgical aesthetic treatments for enhancement or restoration purposes. The plastic and aesthetic RN also interacts with and educates healthcare clients, families, and populations regarding plastic and aesthetic procedures, treatments, and other related issues. The plastic and aesthetic RN has the specialized knowledge and skills necessary to meet the needs of the healthcare client population.

The plastic and aesthetic RN provides care in a variety of settings and with a variety of age groups and populations, including pediatric clients and older

adults, individuals undergoing all types of surgery, and those who have sustained traumatic injuries. Plastic and aesthetic RNs provide nursing care and education to help healthcare clients obtain a thorough understanding of procedures, achieve realistic personal expectations, and participate in mutual goal setting.

The care of pediatric clients undergoing plastic and aesthetic procedures is extremely complex. The plastic and aesthetic RN cares not only for the client, but also for the client's parent/guardian/caregiver (Gart, 2014). Pediatric clients typically pursue plastic and aesthetic care for the treatment of congenital disorders, including cleft lip and palate, burns, congenital hand and craniofacial deformities, and removal of congenital lesions of the skin; the management of these disorders requires expertise from a multidisciplinary, interprofessional team (Gart, 2014; Heike et al., 2010; LoGiudice & Gosain, 2004; Sullivan & Adkinson, 2016; Svientek & Levine, 2015). Additionally, the pediatric client may require multiple interventions and revisions of prior procedures as the client continues to develop and mature. It is the responsibility of the plastic and aesthetic RN to coordinate care that ensures the administration of appropriate treatments and interventions at the appropriate time in the client's development (Gart, 2014).

The plastic and aesthetic RN provides care to clients as they advance throughout the lifespan; many clients seek care for concerns and changes related to the effects of aging (Brennan, 2018). The assessment of clients seeking treatment to minimize or reverse the physiological effects of aging must also include a thorough review of any medical conditions/comorbidities and medication reconciliation; any treatments or interventions recommended by the plastic and aesthetic RN must take these complicating factors into consideration (Brennan, 2018). Certain medical conditions, such as autoimmune disorders, and over the counter or prescribed medications that have anticoagulation properties, may limit or delay the treatment options available to these clients (Brennan, 2018). The plastic and aesthetic RN is also obligated to communicate honestly and compassionately when working to manage any unrealistic expectations held by the older adult client. The older adult client seeking plastic and aesthetic nursing care requires comprehensive clinical management and psychological support.

Plastic and aesthetic RNs help healthcare clients deal with perceived or altered body image, expected surgical outcomes, personal fears, and individual learning needs associated with the desired surgical or nonsurgical intervention. The success of a plastic and/or aesthetic procedure cannot be evaluated without consideration of the client's perception of the outcomes; improvement of a client's psychological functioning through the alteration of that client's body image is a primary goal of plastic and aesthetic procedures (Rankin & Mayers, 2008). Healthcare clients undergoing plastic and aesthetic procedures or



treatments may encounter psychological, emotional, and physical imbalances during the postoperative phase. Managing the psychological discord associated with physical alterations requires specialized nursing knowledge and education.

In the United States, beauty is defined by the media through television, music, magazines, and the Internet (Hass, Champion, & Secor, 2008). The majority of these sources send messages about how to improve one's appearance by dieting, exercising or undergoing cosmetic procedures (Hass et al., 2008). Because only a small portion of individuals meet this standard, individuals are driven to pursue unrealistic goals (Haas et al., 2008). As the demand for cosmetic surgical and nonsurgical procedures increases, it is important for plastic and aesthetic RNs to recognize the motive behind the client's decision to undergo these procedures.

In a synthesis of the literature to understand the reasons that people elect to undergo cosmetic surgery, Haas et al. (2008), found that the most common motivating factors included body dysmorphic disorder, body image, self-esteem, teasing, and media influence. People with body dysmorphic disorder perceive themselves as ugly and become obsessed with a particular perceived defect that is very minor and may even be unnoticeable to others. These individuals may desire cosmetic procedures to improve their appearance and may return repeatedly for multiple procedures. Changing one's body image may also be a significant motivator for undergoing cosmetic procedures. Social acceptance, and the anticipation of receiving positive feedback from friends and acquaintances following a cosmetic procedure can improve self-esteem and motivate individuals to undergo cosmetic procedures. People with a history of being teased about their appearance may also undergo cosmetic procedures in an effort to gain acceptance or approval from their peers. The media portrays the ideal woman as being slim and muscular with large breasts. Because this figure occurs in only a small percentage of women, they may seek cosmetic surgery in hopes of achieving a similar standard of beauty, or in hopes of looking like a particular celebrity. Plastic and aesthetic RNs should be cognizant of the need for obtaining a thorough history and physical examination and ensuring sufficient time spent in consultation with the client to make the best decision about whether the client is an appropriate candidate for the elective cosmetic procedure.

Although body piercing has been popular for many centuries and with many cultures, over the past few decades, the practice of ear gauging, a traditional tribal practice, has become popular in western society, especially among adolescents (Henderson & Malata, 2010; Pek, Goh, & Pek, 2017; Snell & Caplash, 2013). Those who have undergone ear gauging may find themselves being discriminated against in various facets of life (Snell & Caplash, 2013). Career choices, parental pressure, and increasing age have led to individuals regretting their ear lobe expansion and seeking to have their ears restored to normal

(Henderson & Malata, 2010; Pek, Goh, & Pek, 2017; Snell & Caplash, 2013). Plastic and aesthetic RNs should be aware that this procedure has an inherent risk of hypertrophic scars or keloids (Pek et al., 2017). Obtaining photographs from the client to show what their ears looked like before the ear gauging process can be helpful in guiding the surgeon in restoring the appearance of the lobe (Henderson & Malata, 2010).

Approximately one third of adults in the United States have at least one tattoo, and of those persons with tattoos, 69% have more than one (Shannon-Missal, 2018). Tattoos are most common among younger individuals, with almost 50% of millennials having at least one tattoo (Shannon-Missal, 2018). Tattooing is currently accepted as a fashionable mode of self-expression or sharing life experiences and cherished memories that is widely practiced by individuals from diverse socioeconomic and ethnic backgrounds (Farley, Van Hoover, & Rademeyer, 2019). Despite increasing mainstream acceptance of this art form, people with tattoos may experience stigma, stereotyping, and discrimination in their personal and professional lives (Farley et al., 2019). Tattoos have also been used as an indication of group membership (e.g., military) as well as a mark of ownership or subservience (e.g., identification numbers on concentration camp victims, women trapped in sex trafficking; Sidner, 2017). For victims who were tattooed without consent, tattoo removal or revision can provide a way to heal (Survivor's Ink, 2017).

Approximately 50% of people with a tattoo regret having the tattoo, and more than 20% desire removal (Islam et al., 2016). Before the individual undergoes tattoo removal, plastic and aesthetic nurses should explore the client's goals and establish realistic expectations (Ho & Goh, 2015). The client should be educated about potential complications, side effects, and expected outcomes.

The scope of practice of the plastic and aesthetic RN includes the care of clients who have sustained burn injuries. The care of a burn client requires a comprehensive and multidisciplinary approach (Svientek & Levine, 2015). Stabilization and fluid resuscitation are the initial goals of the plastic and aesthetic RN. Then promotion of wound healing, psychological and emotional support, and prevention of wound contractures become the primary focus of the plastic and aesthetic RN; as the burn injury heals, the plastic and aesthetic RN coordinates care to include physical therapy to promote functionality and emotional support to facilitate coping (Svientek & Levine, 2015).

Treatments to address the obesity epidemic include bariatric surgeries where successful client outcomes include massive weight loss over an abbreviated period of time (Wakefield, Rubin, & Gusenoff, 2014). The plastic and aesthetic RN's scope of practice includes caring for clients who require removal of excess loose skin and body contouring procedures. A thorough assessment

must be conducted to determine the client's weight stability; surgical interventions to contour the body should ideally be scheduled after the client has maintained the massive weight loss and current weight for approximately 1 year (Wakefield et al., 2014). The plastic and aesthetic RN should collaborate and communicate with the client's bariatric surgeon, nutritionist, and primary care providers to ensure appropriate nutritional and weight management throughout the perioperative process. Additionally, the plastic and aesthetic RN must assess the client's self-image to identify potential body dysmorphia or unrealistic expectations that should be addressed preoperatively; this may necessitate the requirement of preoperative clearance from a mental health professional (Wakefield et al., 2014). Bariatric patients who have sustained massive weight loss may require multiple surgical procedures to remove loose or hanging skin, and the plastic and aesthetic RN plays a pivotal role in the coordination of these procedures.

Plastic and aesthetic RNs coordinate the care of clients undergoing reconstruction after excision of malignancies; these malignancies include breast cancers, skin cancers, and carcinomas (Garcia-Vilarino et al., 2018; Rudolph & Miller, 2000; Steffen, Johnson, Levine, Mayer, & Avis, 2017). The goals of care for these clients include management of the physiological threat of disease and improvement of quality of life through the restoration of physical appearance (Steffen et al., 2017). In addition to the administering perioperative nursing care, the plastic and aesthetic RN must also collaborate within the interdisciplinary and multispecialty team to ensure that surgical interventions are appropriately scheduled with consideration given to oncological treatments such as radiation and chemotherapy (Garcia-Vilarino et al., 2018).

An expanding client population that the plastic and aesthetic RN may encounter is the transgender client population seeking gender confirming surgeries. This is a field that is developing both within the United States and internationally (Berli et al., 2017). It requires coordination of care across many disciplines, including plastic surgery, endocrinology, primary care, psychology, urology, and gynecology. The plastic and aesthetic RN should coordinate care to ensure ideal client outcomes from not only a physiological perspective, but also from a psychological and emotional aspect as well.

Plastic and aesthetic RNs should adhere to regulatory standards, professional guidelines, and evidence-based practices for pain management when caring for clients undergoing surgical or nonsurgical procedures. Preoperative pain management strategies may include implementing screening to identify high-risk clients and educating clients about postprocedural pain expectations and management (Glass, Hardy, Meeks, & Carroll, 2015). Intraoperative pain management strategies may include using regional blocks to reduce postoperative pain and toxicity risks associated with local anesthetics, buffering local anesthetics, administering anxiolytics, and administering nonsteroidal anti-inflammatory

drugs (NSAIDs) to reduce pain and opioid requirements during the first 24 hours (Glass et al., 2015). Postoperative strategies for pain management may include administering NSAIDs for pain control to reduce opioid requirements and using opioids as second line therapy (Glass et al., 2015).

## **Educational Preparation for Plastic and Aesthetic Nursing Roles**

Prior to entering the specialty, plastic and aesthetic RNs are prepared at the associate, baccalaureate, master's, doctoral, or advanced practice registered nurse level. Plastic and aesthetic nursing knowledge and skills require a strong foundation in preoperative, intraoperative, and postoperative standards, guidelines, and practices; wound healing and wound care; safety and quality; anatomy and physiology; bioethics; and psychology. Broad experience in surgical duties, sterile technique, and perianesthesia care enhances the RN's ability to build on the skill sets required for a successful specialty practice.

Because there are no formal academic plastic or aesthetic nursing educational programs, plastic and aesthetic RNs often leverage the AORN and American Society of PeriAnesthesia Nurses (ASPAN) educational curriculum for perioperative and perianesthesia RNs.

The plastic and aesthetic RN learns about plastic surgery and aesthetic fundamentals from professional courses offered by ISPAN; core curriculum materials, mentoring, and educational seminars; workshops and hands-on training pertaining to plastic surgery and aesthetic procedures; and nursing care. Obtaining education and experience with plastic and aesthetic procedures and client outcomes will increase knowledge and help the RN attain the skills necessary to provide optimal care for the plastic and aesthetic healthcare client. Due to the complexities of the specialty, plastic and aesthetic RNs should obtain a minimum of two years of plastic and/or aesthetic nursing experience before seeking specialty certification. Nurses entering the specialty should also develop an understanding of psychological and psychosocial factors related to healthcare clients undergoing plastic and aesthetic procedures.

The Plastic Surgical Nursing Certification Board (PSNCB) offers two certifications for plastic and aesthetic RNs:

- Certified Plastic Surgery Nurse (CPSN)
- Certified Aesthetic Nurse Specialist (CANS)

Eligibility to sit for the certification exams includes current licensure as an RN in the United States or Canada, a minimum of 2 years and 1,000 hours of plastic or aesthetic experience, and current employment with a board-certified

plastic/aesthetic surgeon, ophthalmologist, dermatologist, or facial plastic surgeon.

### **Minimum Requirements for the CPSN**

- Licensure as an RN within the designated state of practice
- Education
  - Minimum requirement: Associate Degree in Nursing from an accredited college or university
  - Preferred: Bachelor of Science in Nursing from an accredited college or university
- Advanced knowledge in anatomy and physiology specific to all age groups
- Advanced knowledge in treatment of clients with
  - wounds, including complex wounds
  - burns
  - traumatic injury
  - cancer-related disfigurements
  - scars
  - body image concerns
- Knowledge of health assessment and nutrition
- Knowledge of perioperative principles and aseptic technique
- Knowledge and ongoing education related to current plastic surgery trends, treatments and procedures, and related issues
- Certification as CPSN (see [psncb.org](http://psncb.org))

### **Minimum Requirements for the CANS**

- Licensure as an RN within the designated state of practice
- Education
  - Minimum requirement: Associate Degree in Nursing from an accredited college or university
  - Preferred: Bachelor of Science in Nursing from an accredited college or university

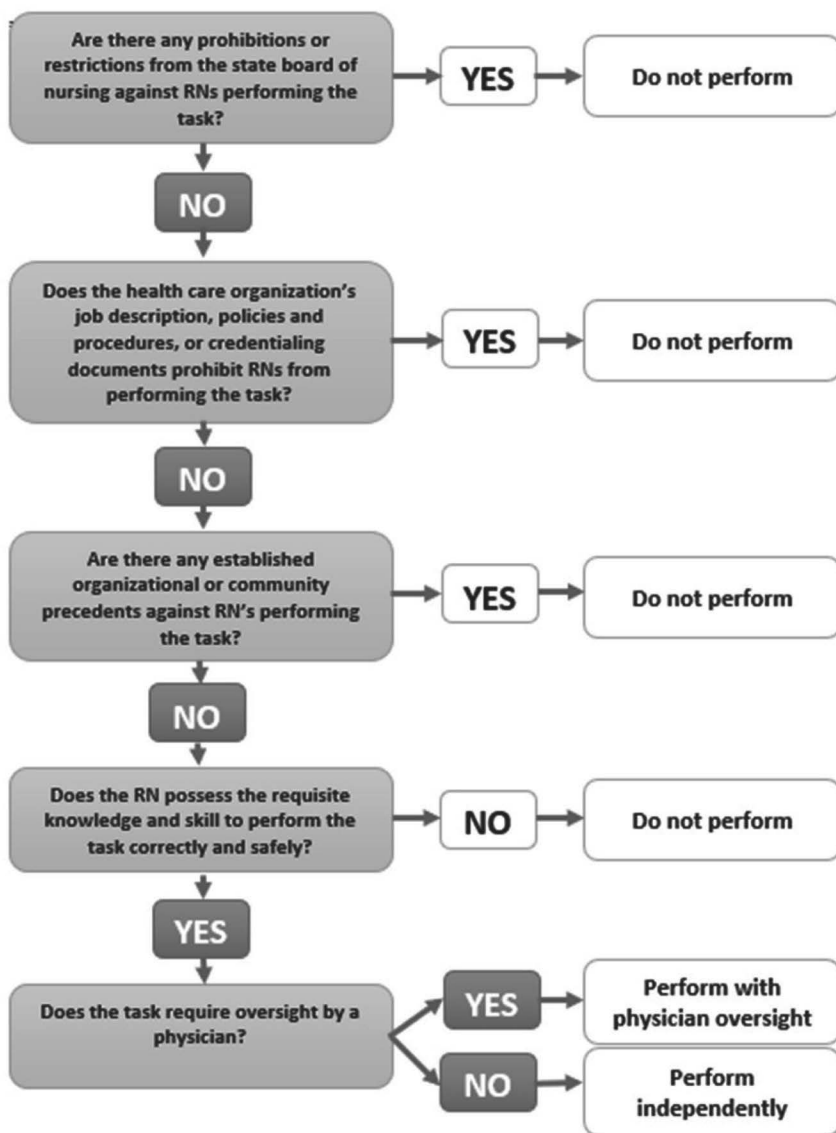
- Work in collaboration or in a practice with a physician who is Board Certified in Plastic or Aesthetic Surgery, Ophthalmology, Oculoplastics, Dermatology, Facial Plastic Surgery, or Otorhinolaryngology (ENT)
- Advanced knowledge in anatomy and physiology specific to all age groups
- Knowledge of perioperative principles and aseptic technique
- Knowledge and ongoing education related to current aesthetic trends, treatments and procedures, products, and technologies
- Knowledge of specific state nursing scope of practice related to aesthetic procedures performed
- Certification as CANS (see [psncb.org](http://psncb.org))

## Roles of Plastic and Aesthetic Registered Nurses

State laws, rules, and regulations govern the practice of nursing, while *Nursing: Scope and Standards of Practice, Third Edition* (ANA, 2015a), *Nursing's Social Policy Statement: The Essence of the Profession* (ANA, 2010), and *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015b) provide the foundation for all RNs and their professional practice. The roles of the plastic and aesthetic RN further derive from the specialty's scope of practice statement and specific standards of care, recommended educational guidelines, and practice environments. Although plastic and aesthetic RNs assume many different roles, and perform many tasks independently, they are also responsible for adhering to the regulations set forth by their state boards of nursing and the policies and procedures dictated by their healthcare organizations. It is essential for all RNs to practice within their RN scope of practice. Plastic and aesthetic RNs can use the RN Scope of Practice Decision Tree (see Figure 2) to help determine if a particular task is within their scope of practice.

One of the goals of plastic and aesthetic nursing is to educate RNs and nursing students about plastic surgical and nonsurgical aesthetic issues, procedures, and current trends. Communication and interaction with nursing students and RNs from other nursing specialties about plastic surgery and aesthetic nursing will provide a broader understanding of the specialty among RNs and a greater knowledge base for nursing collaboration.

Plastic and aesthetic RNs are also knowledgeable about policies, procedures, contracts, and regulations, including those for compliance with the Health Insurance Portability and Accountability Act (HIPAA) in plastic and aesthetic settings. Plastic and aesthetic RNs know and comply with the requirements for federal, state, and local regulations, as well as insurance and accreditation



**FIGURE 2.** RN Scope of Practice Decision Tree

*Source:* ISPAN RN Scope of Practice Decision Tree (2018). Reprinted with permission from ISPAN. Copyright © 2018. ISPAN, 500 Cummings Center, Suite 4400, Beverly, MA 01915. All rights reserved.

agency standards for plastic and aesthetic practice, regardless of the type of practice setting. Regulatory requirements pertinent to plastic and aesthetic RNs working in any environment may originate from the Centers for Medicare and Medicaid Services (CMS); Occupational Safety and Health Administration (OSHA); and the U.S. Food and Drug Administration (FDA).

## General Nursing Role

RNs beginning clinical practice in their first year of licensure are encouraged to gain knowledge and develop skills associated with basic medical and surgical principles in preparation for later specialization in plastic or aesthetic nursing. RNs who enter the plastic and aesthetic specialty must have a well-rounded base of knowledge about a wide variety of healthcare client populations. Duties and skills required for RNs practicing in this specialty are as diverse as the specialty itself. The RN may be accountable for a variety of responsibilities in a variety of settings. The RN may provide hands-on client care relating to perioperative services, wound management, client assessment, and nonsurgical aesthetic treatments. Care may also be provided in the capacity of counseling, procedure coordination, and phone triage. A plastic and aesthetic RN may also be employed as a consultant or sales representative for treatments or products pertinent to the plastic and aesthetic industry. The scope of knowledge and skills required for plastic and aesthetic nursing varies with the area of practice interest, previous nursing experience, and level of educational preparation. The general plastic and aesthetic RN will progress into a more proficient role with experience, training, mentoring, and additional education.

## Plastic and Aesthetic Advanced Practice Roles

Advanced practice plastic and aesthetic nursing roles are increasing in response to societal needs. Nurse practitioner (NP) and clinical nurse specialist (CNS) are two of the roles included in the term *advanced practice*. Advanced practice registered nurses (APRNs) play a significant role in meeting the needs of the plastic surgery and aesthetic healthcare client.

Advanced practice registered nurses working in plastic surgery and aesthetics are valuable in practice because of their ability to use independent judgment in clinical decision-making and to provide comprehensive, skilled, and high-quality advanced nursing care across the continuum. An APRN has the educational preparation and training to provide comprehensive health assessments, differential diagnoses, and treatments for healthcare clients receiving plastic surgical or aesthetic procedures.

The APRN is an advocate for health maintenance, health promotion, and wellness. Plastic and aesthetic APRNs serve as a resource and consultant to



other healthcare disciplines regarding the specialty. Legislation has made prescriptive authority and third-party reimbursement possible for the APRN. The APRN is instrumental in facilitating and conducting research and plays a key role in implementing evidence-based practice and continuity of care for the plastic and aesthetic healthcare client. Duties and skills required for APRNs practicing in this role include implementing all aspects of client care relating to perioperative services, wound management, nonsurgical aesthetic treatments, and client assessment of the plastic or aesthetic client. The aesthetic APRN may practice independently or collaboratively with a physician providing all types of nonsurgical aesthetic treatments.

A plastic and aesthetic APRN is prepared to

- practice collaboratively with the plastic surgeon and other team members in various perioperative settings to ensure the healthcare client achieves safe and effective surgical outcomes,
- provide direct patient care as it relates to plastic or aesthetic surgical and nonsurgical procedures,
- provide client and community education and resources pertaining to plastic and aesthetic topics and related issues, and
- participate in clinical research relating to plastic and aesthetic treatments, devices and products, and medications.

This level of knowledge and skill is demonstrated by the additional competencies required for the advanced practice plastic and aesthetic RN in the Standards of Plastic and Aesthetic Nursing Practice.

## **Plastic and Aesthetic Nurse Educator Role**

Even though all RNs are educators in their role of caring for healthcare clients, a plastic and aesthetic RN educator should be educated at the master's-degree level or higher with a focus on plastic and aesthetic nursing education. Education at the graduate level prepares the RN educator to assume leadership roles within complex health, educational, and organizational systems. According to the American Association of Colleges of Nursing (2011), the essentials of master's education in nursing delineate the knowledge and skills acquired by RNs prepared at the graduate level. These essentials include:

- Background for practice from Sciences and Humanities
- Organizational and Systems Leadership
- Quality Improvement and Safety

- Translating and Integrating Scholarship into Practice
- Informatics and Healthcare Technologies
- Health Policy and Advocacy
- Interprofessional Collaboration for Improving Patient and Population Health Outcomes
- Clinical Prevention and Population Health for Improving Health
- Master's-Level Nursing Practice (pp. 4-5)

This level of knowledge and skill is demonstrated by the additional competencies required for the graduate-level prepared plastic and aesthetic RN in the Standards of Plastic and Aesthetic Nursing Practice.

Plastic and aesthetic RN educators promote educational clarity, practice based on professional standards of care, and increased knowledge and safety related to plastic and aesthetic procedures and outcomes. They interact with other plastic and aesthetic RNs, RNs from other specialties, healthcare providers, students, healthcare clients, and the community.

A plastic and aesthetic RN educator with a graduate or doctoral degree is prepared to:

- facilitate and develop focused education, curricula, and research in plastic and aesthetic nursing;
- be compliant with and supportive of state educational requirements to teach at community college or university institutions;
- conduct a needs assessment to help establish educational requirements in various practice environments and settings;
- function as an educator and liaison between the plastic surgeon or APRN and the healthcare client to help ensure continuity of care, health promotion, and health maintenance;
- provide a climate conducive to learning and endeavor to involve learners in an active learning process;
- collect and analyze data to evaluate the effectiveness and outcomes of various educational strategies, and, if necessary, provide a revised plan to address educational shortcomings and problems;
- function as a member of an interprofessional team, consultant, change agent, leader, and resource to nursing and healthcare disciplines both within and outside of the plastic and aesthetic specialty;

- generate research and disseminate findings into education and practice;
- develop instructions, guidelines, materials, and programs for RNs during nursing school rotations, distance learning experiences, and in various practices, environments, and settings related to plastic surgery and aesthetics; and
- provide education and resources for local and national communities on relevant plastic or aesthetic topics and related issues.

## **Certified Aesthetic Nurse Specialist Role**

Because the demand for procedures to maintain beauty and a youthful appearance has increased steadily since 2005, the development of new and improved nonsurgical aesthetic and minimally invasive technologies and FDA-cleared or approved products, and procedures have also grown. This has led to the development of the aesthetic RN role. With the increasing demand for these procedures, the role of the aesthetic RN becomes more important.

The aesthetic RN has a scope of knowledge more specialized to nonsurgical aesthetic procedures and healthcare clients seeking these procedures than the general plastic surgery RN. The aesthetic RN has also undergone specialized education and training in anatomy and physiology, procedural techniques, interventions, products, technologies, and assessment techniques specific to aesthetic minimally invasive nonsurgical care. The aesthetic RN also participates in ongoing education and training relevant to this specialized role. The scope of practice for the aesthetic RN differs within each state, based on their state board of nursing regulations and position statements from professional nursing organizations specific to aesthetic nursing practice that may or may not be instituted.

The aesthetic RN must be focused on maintaining the highest standards of clinical care, safety, client outcomes, and ethics and must always consider the healthcare client's specific needs, requests, budget, lifestyle, and expectations. The aesthetic healthcare client may hear about new products or procedures through popular and social media. Consequently, as a professional, the aesthetic RN must guide and educate the client to select appropriate products, procedures, or technologies and be cognizant of when it is appropriate to make necessary referrals to the physician. As these procedures are out of pocket expenses for the individual, the aesthetic RN has an obligation to avoid any real or perceived conflicts of interest and to recommend and provide only those procedures or products that are appropriate for the individual client.

## **Practice Environments for the Plastic and Aesthetic Nurse**

The plastic and aesthetic RN provides care for healthcare clients and their families or caretakers in a variety of settings and locations that include hospitals, outpatient ambulatory surgery centers, office-based surgery centers, private practice, and nonsurgical aesthetic centers.

### **Hospitals**

The plastic surgery RN working in the hospital environment may care for plastic surgery clients in a variety of specialty departments or units. These include emergency departments, operating rooms, surgical units, burn centers, critical care units, oncology units, neonatal or pediatrics units, and others. Plastic surgery nursing within the hospital environment is multidimensional and includes skills, functions, roles, and responsibilities that evolve from the body of knowledge specific to plastic surgery nursing.

### **Outpatient Settings**

The plastic surgery RN working in the outpatient setting (e.g., ambulatory surgery centers, private practice) may provide nursing care during the consultation, preoperative, intraoperative, postoperative, and follow-up stages of the plastic or aesthetic procedure. In addition to nursing responsibilities, the outpatient plastic or aesthetic RN may have administrative responsibilities such as staffing, billing, insurance verification and predetermination, and insurance filing, as well as budgetary duties including purchasing of medical supplies and equipment. The plastic or aesthetic RN working in an outpatient setting may have responsibilities that include assessing the individual healthcare client's needs, developing educational material, assisting physicians or APRNs, and conducting client and personnel education.

### **Nonsurgical Aesthetic Centers**

A nonsurgical aesthetic center is a combined medical office and day spa that operates under the supervision of a medical director. Nonsurgical aesthetic centers tend to have a more clinical atmosphere than day spas and typically offer a wide range of services and treatments, which include aesthetic injectables (neurotoxins and dermal fillers); minimally invasive thread lifting, lasers and light-based treatments; radiofrequency, cryolipolysis, other body contouring treatments; chemical peels and other clinical skin care services (e.g., microdermabrasion, microneedling, platelet-rich plasma therapy, sclerotherapy). Most nonsurgical aesthetic centers also provide comprehensive skin care education and offer medical grade skin care products.

The RN in the role of aesthetic nurse in these settings incorporates educational preparation, ongoing hands-on training, conferences, and industry-supported education in learning about new technologies and FDA-cleared or approved products relating to the procedures provided.

The aesthetic RN practices with the overseeing physician before practicing independently and is also individually accountable for her or his practice. The aesthetic RN must maintain an active, collaborative, interdependent relationship with the medical director of the nonsurgical aesthetics center. The aesthetic RN should utilize protocols that are developed collaboratively with the medical doctor to guide practice. The aesthetic RN should provide specific and accurate documentation of procedures and post-procedure follow-up. To help assure competency of the RN, the overseeing physician should perform and document periodic supervision and evaluation of the RN's performance. The aesthetic RN should utilize client feedback and the best available evidence to guide treatment options. The aesthetic RN should not have any conflicts of interest and should provide potential clients with truthful and accurate information.

## **Plastic and Aesthetic Nursing Research and Evidence-Based Practice**

Evidence-based practice (EBP) is a scholarly and systematic problem-solving paradigm that results in the delivery of high-quality health care. To make the best clinical decisions using EBP, research findings are blended with internal evidence—including practice-generated data, clinical expertise, and healthcare client values and input—to achieve the best outcomes for individuals, groups, populations, and healthcare systems. Nursing research and EBP contribute to the body of knowledge and enhance healthcare client outcomes.

Plastic and aesthetic RNs should be aware of the evidence relative to positive and negative outcomes relative to the procedures performed in their practice. Results from studies conducted over 40 years have indicated that the majority of clients undergoing cosmetic surgery have positive outcomes and are satisfied with the results of their procedure (Edgerton, Jacobsen, & Meyer, 1960; Glatt, Sarwer, O'Hara, et al., 1999). The results of these studies have shown that cosmetic surgery clients experience an improvement in feelings of self-worth and self-esteem, a reduction in feelings of distress and shyness, and an improvement in overall quality of life. Likewise, Wang et al. (2016) found there was an improvement in the client's quality of life and self-esteem after aesthetic medical procedures.

Sarwer, Wadden, Pertschuk, and Whitaker (1998) suggested that the type of procedure and amount of surgical change are important predictors of client

satisfaction. Procedures involving a change in appearance (e.g., rhinoplasty, breast augmentation) are more likely to result in a body-image disturbance than restorative procedures designed to restore a body feature to its original state (e.g., rhytidectomy). A recent review of the literature confirmed this finding (Slavin & Beer, 2017). Procedures that result in a change of sensation, such as the feeling of tight skin after a face lift, or the loss of nipple sensation after a breast augmentation, may also influence the client's outcome, with greater degrees of sensory disturbance making it more difficult for the client to view the results positively (Pruzinsky & Edgerton, 1990). In a systematic review of the literature, Herruer, Prins, van Heerbeek, Verhagen-Damen, and Ingels (2015) found there were seven negative predictors for satisfaction in clients undergoing facial cosmetic surgery: 1) male sex, 2) age less than 40 years, 3) unrealistic expectations concerning the surgical result, 4) unrealistic expectations regarding a secondary result (e.g., clients undergoing surgery to improve relationships), 5) minimal deformities, 6) narcissistic personality, and 7) obsessive personality. Notably, clients with psychiatric diseases (e.g., depression, anxiety) and body dysmorphic disorder are more likely to have negative outcomes after plastic or aesthetic procedures (Castle, Honigman, & Phillips, 2002; Slavin & Beer, 2017).

The plastic and aesthetic RN evaluates and applies nursing research findings to promote effective and efficient care and improved client outcomes. The plastic and aesthetic RN works with other members of the healthcare team to identify clinical problems and use existing evidence to improve practice. RNs must demonstrate that nursing interventions make a positive difference in the outcomes and health status of plastic and aesthetic healthcare clients. The plastic and aesthetic RN uses research findings to decrease practice variations, improve outcomes, create standards of excellence for clinical care, and develop practice policies. In addition, the plastic and aesthetic RN assures that practice changes are based on current evidence and, when necessary, seeks out expert resources to assist with implementing the specific steps of EBP. Plastic and aesthetic RNs should seek knowledge and experiences that broaden and maintain current nursing and medical knowledge and evidence relevant to practice.

Increased demand for aesthetic procedures has resulted in a higher number of plastic surgery RNs undertaking the role of aesthetic RN. Many aesthetic treatments and procedures that claim to rejuvenate the skin are not evidence-based; therefore, the plastic and aesthetic RN must review and critically appraise the evidence and utilize only the best evidence and client feedback to guide practice. In this emerging area of practice, the plastic and aesthetic RN generates an ongoing, systematic evaluation of long-term outcomes and implements practice changes as appropriate. There is a need for research in this emerging area of practice, and the plastic and aesthetic RN is

positioned to conduct this research. Evidence-based practice undergirds and advances the professional practice of all plastic and aesthetic RNs.

## **Ethics and Advocacy in Plastic and Aesthetic Nursing**

Nursing ethics are based on care and the actions of caring, to enhance and protect the well-being of healthcare clients. Plastic and aesthetic RNs are expected to comply with and promote the ethical ideals, model, code, and principles of the nursing profession. The *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015b) is the framework on which plastic and aesthetic RNs base ethical analysis and decision-making and on which standards of care are based.

The plastic and aesthetic RN is also an advocate for the healthcare client and provides care in a nondiscriminatory and nonjudgmental manner. Client advocacy mandates preservation of autonomy, execution of clinical judgments, and management of ethical issues. The plastic and aesthetic RN maintains the plastic and aesthetic nursing scope and standards of practice and standards of professional performance in each type of practice environment to help ensure safety, quality of care, and the highest level of health maintenance or health restoration for the client undergoing plastic or aesthetic procedures.

The plastic and aesthetic RN's attitude and performance reflect compassion and respect for the client's cultural beliefs, sovereignty, and right to self-determination and privacy. Plastic and aesthetic RNs implement the principles of autonomy, nonmaleficence, beneficence, and justice when interacting with clients requiring or desiring plastic or aesthetic interventions. The values and obligations in the *Code of Ethics for Nurses* apply to RNs in all roles, in all forms of practice, and in all settings. In fact, it informs every aspect of the RN's life. (ANA, 2015, p. vii)

## **Plastic and Aesthetic Nursing Explications**

The *ANA Code of Ethics for Nurses with Interpretive Statements* (2015) is composed of nine provisions. The ISPAN has provided the Explications for Plastic and Aesthetic Nurses to help plastic and aesthetic RNs incorporate the ANA Code of Ethics into their own practice.

### **Provision 1.**

The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

### ***Explications for Plastic and Aesthetic Nurses***

The plastic and aesthetic RN:

- Addresses plastic and aesthetic client concerns compassionately, without bias or judgment.
- Respects the plastic and aesthetic client's autonomy with regard to the provision of informed consent.
- Provides culturally considerate care to the plastic and aesthetic client.
- Respects the plastic or aesthetic client's autonomous decision to undergo plastic or aesthetic procedures.
- Provides nursing care that respects the dignity of the plastic and aesthetic client.
- Applies standards of plastic and aesthetic nursing practice equally to all clients without regard for disability; socioeconomic status; educational level; cultural, religious, or spiritual beliefs; ethnicity; gender identity; sexual orientation; or age.
- Recognizes the value of all members of the plastic and aesthetic healthcare team and treats all members with civility and respect.

### **Provision 2.**

The RN's primary commitment is to the client, whether an individual, family, group, community, or population.

### ***Explications for Plastic and Aesthetic Nurses.***

The plastic and aesthetic RN:

- Recognizes the professional nature of the RN-client relationship and adheres to its intrinsic boundaries.
- Promotes treatments that are in the best interest of the plastic and aesthetic client by providing education regarding all available treatment options.
- Collaborates with the plastic and aesthetic healthcare team to plan care specific to the client's needs.
- Acts as an advocate for the plastic and aesthetic client and significant others.



- Campaigns against misleading advertising that sets unrealistic expectations with regard to plastic and aesthetic client outcomes.
- Formulates ethical decisions using available resources (e.g., ethics committee, counselors.)
- Identifies and resolves conflicts of interest.
- Abstains from influencing purchasing decisions that may result in financial gain.
- Does not solicit or accept gifts or gratuities that could be interpreted by others as influencing partiality.

### **Provision 3.**

The nurse promotes, advocates for, and protects the rights, health, and safety of the client.

### ***Explications for Plastic and Aesthetic Nurses.***

The plastic and aesthetic RN:

- Restricts access to plastic and aesthetic client care areas to authorized personnel only.
- Avoids needless exposure of the plastic or aesthetic client's body.
- Maintains confidentiality of plastic and aesthetic client information.
- Adheres to federal and state regulations and institutional policies relevant to client rights (e.g., HIPAA, social media, photography consent).
- Refrains from posting images, recordings, or commentary that may breach his or her obligation to maintain and protect the plastic and aesthetic client's privacy.
- Secures the plastic and aesthetic client's records, belongings, and valuables.
- Follows recommended protocols when using investigational devices or participating in new plastic or aesthetic procedures.
- Participates in educational programs that enhance plastic and aesthetic client care.
- Empowers the plastic or aesthetic client with relevant, accurate, and thorough information and education.

- Upholds current standards of evidence-based practice.
- Complies with federal and state regulations related to client safety (e.g., OSHA).
- Follows established protocols for reporting errors.
- Collaborates with facility risk managers and follows organizational policies related to managing errors.
- Questions plastic or aesthetic care that appears inappropriate or substandard.
- Reports incompetent, unethical, or illegal practice accurately and objectively.
- Reports verbal, psychological, and physical harassment or abuse.
- Takes appropriate action to ensure plastic or aesthetic client safety.

#### **Provision 4.**

The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.

#### ***Explications for Plastic and Aesthetic Nurses.***

The plastic and aesthetic RN:

- Maintains nursing licensure and adheres to state board of nursing regulations.
- Strives to obtain and maintains certification.
- Engages in ongoing continuing education relevant to plastic and aesthetic nursing practice.
- Provides safe and competent plastic and aesthetic client care.
- Questions orders that appear incorrect or inappropriate.
- Accepts responsibility and accountability for his or her plastic or aesthetic nursing practice.
- Consults other healthcare providers for assistance as necessary.
- Protects the scope of RN practice by advocating for and recognizing that only qualified individuals should perform nonsurgical aesthetic procedures.

- Promotes the plastic and aesthetic client's health by providing counseling and recommending specific interventions that promote skin health and can be implemented to impact the client's general overall health.

### **Provision 5.**

The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.

### ***Explications for Plastic and Aesthetic Nurses.***

The plastic and aesthetic RN:

- Practices the same health promotion activities he or she teaches.
- Obtains health care as needed.
- Strives to adhere to healthy life practices including eating a healthy diet, exercising, getting sufficient rest, maintaining healthy relationships, engaging in adequate leisure activities, and attending to spiritual or religious needs.
- Strives to promote and maintain a healthy work life balance
- Implements appropriate safety precautions at all times by utilizing personal protective equipment, laser goggles, smoke evacuation systems, and other safety equipment.
- Attends professional conventions and lectures and reads professional journals pertaining to plastic and aesthetic nursing.
- Maintains accurate records of continuing education and certification activities.

### **Provision 6.**

The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.

### ***Explications for Plastic and Aesthetic Nurses.***

The plastic and aesthetic RN:

- Displays empathy, sensitivity, and patience in all aspects of plastic or aesthetic practice, including during stressful or difficult situations.

- Reflects on his or her own virtues, behaviors, and practice to promote personal and professional improvement and growth.
- Participates in developing policies, procedures, and standards of performance for plastic or aesthetic nursing care.
- Assists members of the interprofessional plastic and aesthetic team to practice safely.
- Holds all members of the interprofessional team accountable to high standards of quality in health care.
- Remains alert to changes in the plastic and aesthetic environment that could compromise patient care or safe practice.

**Provision 7.**

The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.

***Explications for Plastic and Aesthetic Nurses.***

The plastic and aesthetic RN:

- Supports clinical research to examine and develop effective plastic and aesthetic products, procedures, and protocols.
- Uses research findings to support and improve plastic and aesthetic practice.
- Disseminates research findings to colleagues and plastic and aesthetic clients.
- Adheres to plastic and aesthetic investigational device protocols and regulations.
- Advocates for and protects human participants in research occurring in the plastic and aesthetic environment.
- Participates in plastic and aesthetic quality and process improvement initiatives.
- Supports the development of evidence-based position statements, guidelines, and standards for the plastic and aesthetic specialty.
- Supports the generation of advisory statements to clarify the scope of plastic and aesthetic nursing.

**Provision 8.**

The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.

***Explications for Plastic and Aesthetic Nurses.***

The plastic and aesthetic RN:

- Collaborates with members of other professional nursing organizations at the state, national, and international levels.
- Collaborates with RNs from other specialties to protect the rights of all clients.
- Communicates knowledge specific to the specialty of plastic and aesthetic nursing to other health professionals.
- Educates members of the community about plastic and aesthetic nursing.
- Advocates for the client's right to plastic and aesthetic care.
- Incorporates the client's cultural differences into the plastic and aesthetic plan of care.
- Incorporates requests for alternative therapies into plastic or aesthetic nursing care and advocates for alternative therapies as appropriate.
- Advocates for human rights in health care.

**Provision 9.**

The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

***Explications for Plastic and Aesthetic Nurses.***

The plastic and aesthetic RN:

- Advocates for political representation relevant to plastic and aesthetic nursing at the local, state, and federal level.
- Supports the ISPAN as the specialty's professional organization.
- Recognizes that inequities and personal prejudices adversely affect client outcomes.

- Recognizes the responsibility to intervene with the appropriate persons if it is known that the plastic or aesthetic client is being discharged to an unsafe or unhealthy environment.
- Leads by example to promote equity and social justice.
- Volunteers, as able, to participate in providing community health services.

## Insurance Reimbursements

In most cases, insurance plans do not cover the cost of cosmetic procedures and clients undergoing cosmetic procedures must pay out of pocket. Since clients with lower income levels are less able to afford cosmetic procedures, the financial impact is much greater, resulting in socioeconomic disparity.

Insurance coverage for a variety of plastic and aesthetic procedures is highly variable. Although there may be a clear therapeutic benefit and significant improvement in quality of life associated with the procedure, clients may be denied coverage because the insurance company has concluded that the procedure is either cosmetic or not medically necessary (Almazan, Boskey, Labow, & Ganor, 2019; Braun, Braun, Hernandez, & Monson, 2018). Previously, the decision as to whether or not a procedure was medically necessary was made by the surgeon. Currently, there is no clearly established definition of medical necessity; therefore, insurance companies, rather than physicians, are determining eligibility for procedural coverage (Skinner, 2013). Some insurance companies also have additional qualifiers that can negate coverage even when given proof of medical necessity (Rasko et al., 2019).

Almazan et al. (2019), found that insurance coverage for benign breast procedures was highly variable across insurers and procedures. Although reduction mammoplasty, gynecomastia, and gender-affirming mastectomy use similar techniques and share a similar purpose (i.e., to relieve psychological and physical distress caused by excess breast tissue), the variance in coverage suggests that gender may play a role in determining coverage, with men being denied coverage more frequently than women. Men who are candidates for medically necessary surgical correction of gynecomastia are often denied coverage for this procedure (Rasko et al., 2019). Liposuction is an integral part of many gynecomastia procedures; however, some insurance companies may cover the excision portion of the procedure but will not cover the liposuction portion (Rasko et al., 2019). Braun et al. (2018), found that insurance companies consistently denied coverage for reconstructive procedures on pediatric clients with congenital breast anomalies because the surgery was deemed to be cosmetic or not medically necessary.

Post-bariatric body contouring has been shown to improve quality of life and career progression (Al-Hadithy, Hosakere, & Stewart, 2014); yet, there is significant variation in the coverage provided by insurance companies for body contouring surgery for post-bariatric clients. Although cosmetic, these procedures may actually be medically necessary to prevent functional impairment and recurrent skin conditions (Ngaage et al, 2019). Facial feminization surgery is a necessary component of the treatment of gender dysphoria, yet coverage for these procedures is commonly denied by insurers as being cosmetic, or not medically necessary (Dubov & Fraenkel, 2018).

Obtaining reimbursement for plastic and aesthetic procedures is best facilitated by educating insurance providers as to the differences between cosmetic and reconstructive surgery and nonsurgical aesthetic treatments. In the absence of any actual deformity or trauma, cosmetic surgery and aesthetic treatments seek to improve the client's features on a purely aesthetic level. In contrast, the purpose of reconstructive surgery is to correct any physical feature that is grossly deformed or abnormal by accepted standards—either as the result of a birth defect, illness, or trauma. Often, reconstructive surgery not only addresses the deformed appearance, but also seeks to correct or improve some deficiency or abnormality in function as well.

Plastic and aesthetic RNs are in a unique position to act as client advocates or change agents to help secure insurance reimbursements for clients undergoing surgical and nonsurgical procedures. The RN is responsible for providing accurate and thorough documentation. Documenting relevant functional limitations, physical symptoms, and psychological impairments can provide evidence that the procedure is not being performed solely for cosmetic reasons (Braun et al., (2018)

## **Summary of the Scope of Plastic and Aesthetic Nursing Practice**

Plastic and aesthetic nursing specializes in the protection, maintenance, safety, and optimization of health and human bodily restoration and repair before, during, and after cosmetic and reconstructive plastic surgical procedures or nonsurgical aesthetic procedures. The plastic and aesthetic RN collaborates, consults, and serves as a liaison and advocate for individuals, families, groups, communities, and populations. With the dynamic and changing health care practice environment, the plastic and aesthetic RN seeks to utilize the best available evidence and client feedback to guide a holistic practice and promote optimal client outcomes.