Surgeon Opinion of Beauty Devices and Gadgets That Patients May Find Online

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Surgeon Opinion of Beauty Devices and Gadgets That Patients May Find Online

Laura Garcia-Rodriguez, MD,1,i Amy Williams, PhD,1 and Jeffrey H. Spiegel, MD2,3,ii

There are various beauty products and devices available for quick fixes. These gadgets are appealing to a large consumer market due to inexpensiveness. They are made to improve or alter different physical characteristics for the face and body, our focus will be the face. To our knowledge there are no published studies reviewing gadgets by experts in our field.

An anonymous online survey was disseminated to facial plastic and reconstructive surgery fellowship directors associated with the American Academy of Facial Plastic and Reconstructive Surgery.1 Simple demographic information (2 questions) and 25 additional questions were distributed through a survey on SurveyMonkey Inc. (San Mateo, CA). Six gadgets were used with photo demonstration with a 5-point Likert scale and comments. A descriptive analysis using frequencies of the sample was performed using SPSS (IBM, Chicago, IL).

Gadget 1 was a “nose elevation insert” (Fig. 1, gadget 1).2 Gadget 2 was a “nose lift clip” for narrowing the nasal tip. Gadget 3 was a “nose bridge straightening.” Gadget 4 was a “neckline slimmer and toning massager system” slimming the neck line and chin. Gadget 5 was a “face slimmer/mouth tighten” for facial muscle training to help against sagging skin of the cheeks, chin, and other areas of the face. Gadget 6 was a “V-line, mandible narrowing” for a mandible thinning to achieve the perfect V-line neck/mandible.

A total of 29 respondents completed the survey. The survey was sent out to 50 AAFPRS fellowship directors. The average length of years in practice was 22. The results are partially viewed in Table 1. Gadget 1 comments included concern for tissue injury, epistaxis, and infection, and will work if used for short periods of time. Gadget 2, there was concern for nasal obstruction and “wishful thinking.” Gadget 3 comments included being uncomfortable, “May be effective during the first month after a rhinoplasty to maintain a straight dorsum,” pressure injury, and “would undermine our understanding if it did work.” For gadget 4, there was concern that, “platysmal banding” may be worse due to muscle strengthening. For gadget 5, “It looks like an Instagram challenge,” and “will create greater damage and deterioration, and worsen rhytids.” Similarly, there was more than one director who thought rhytids may worsen. For gadget 6, there was concern for tissue necrosis. Overall comments on the gadgets included, the “desires for beauty and saving a buck are very strong,” “snake oil,” inexpensive way out,” and “As WC Fields used to say, ‘there’s a sucker born every minute.’”

Currently there are a vast number of devices that claim improving or achieving beauty. The public is much too enthralled in beauty and achieving the perfect look whether in person or in photography to display on social media sites such as Instagram (Facebook, Menlo Park, CA).3 In the Baker study, participants strove to achieve beauty standards and expressed concerns on how they were perceived.3 Such thinking can lead people to purchase these “quick fixes.” Another study notes that comments based on appearance on social media can lead to body dissatisfaction3 and fitspirational images can have “negative unintended consequences for body image.”4,5 This again proves that the pressure to have an ideal image can lead people to purchase gadgets that promise to improve. However, the reports of the gadgets are truly unsubstantiated and consumers should practice caution if something is overpromised.

Facial plastic surgeons should be aware of the available devices used by patients to avoid surgical correction

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of perceived deficiencies, and patients should be aware of physician opinion regarding the efficacy and safety of these devices. These quicker fixes can range from simple plastic inert devices to more complex technology.

### Authors’ Contributions
L.G.-R. contributed to the creation, inception, and acquisition of data, review of the data, writing of the article, and revising the article critically for important intellectual content. A.W. contributed to analysis and/or interpretation of data, and writing the results and reviewing the article. J.H.S. contributed to the creation, inception, and acquisition of data review of the data, writing the article, and revising the article critically for important intellectual content. Dr. Spiegel supplied the gadgets. All authors participated in the writing, data analysis, and reviewing of the article. The first author sent out the surveys. All coauthors have reviewed and approved of the article before submission.

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### References

### Table 1. Questions reviewing on a Likert scale were, does this gadget achieve results and is it dangerous?

<table>
<thead>
<tr>
<th>Gadget</th>
<th>Achieving goal</th>
<th>Dangerous</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>37.9% agreed vs. 27.6% remaining neutral</td>
<td>44.8% neutral and 34.5% agreed</td>
</tr>
<tr>
<td>2</td>
<td>93.1% strongly disagreed/disagreed</td>
<td>58.6% neutral and 27.6% disagreed</td>
</tr>
<tr>
<td>3</td>
<td>100% strongly disagreed/disagreed</td>
<td>44.8% neutral and 31% disagreed</td>
</tr>
<tr>
<td>4</td>
<td>86.2% strongly disagreed/disagreed</td>
<td>44.8% disagreed and 34.5 neutral</td>
</tr>
<tr>
<td>5</td>
<td>89.7% strongly disagreed/disagreed</td>
<td>41.4% neutral and 34.5% disagreed</td>
</tr>
<tr>
<td>6</td>
<td>100% strongly disagreed/disagreed</td>
<td>44.8% neutral and 37.9% disagreed</td>
</tr>
<tr>
<td>Overall</td>
<td>&gt;86.2% of the directors strongly disagreed/disagreed</td>
<td></td>
</tr>
</tbody>
</table>

**Fig. 1.** Demonstration of gadgets labeled 1–6.