Guest Editorial

Why Social Media Is Transforming Plastic Surgery

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We as plastic surgeons are in grave danger of losing our patients to less-qualified individuals who have taken the time to hone their digital communication and social networking skills. While we have spent countless hours on our medical education, research endeavors, and surgical training, we have failed to embrace a critical component of the future of our field: social media. The path from the patient to his or her doctor of choice has taken a turn. In a recent survey, public respondents were asked what was the most influential of all online methods for selecting a surgeon. Social media platforms ranked highest, beating out practice web sites.¹ Shockingly, 96% of these respondents were unaware of the type of board certification a plastic surgeon should have.¹ Patients no longer choose their plastic surgeons based on where they trained, what they trained in, and how long they trained in it. We have entered dangerous territory.

Plastic surgery as a field has historically been susceptible to case losses to other fields. Hand surgery is now primarily controlled by orthopaedic surgeons. Head and neck reconstructive surgery is now frequently performed by head and neck surgeons. Solid organ transplantation surgery is now exclusively executed by general surgeons. And most recently, otolaryngologist facial plastic surgeons have begun to take over the market of esthetic facial plastic surgery in many regions. We cannot afford to lose another specialty which we have worked so hard to master.

What's most concerning is the oncoming domination of the esthetic plastic surgery world by nonboard-certified physicians. The dissemination of cosmetic surgery information on social media is primarily by nonboard-certified plastic surgeons. Only 6% of plastic surgery posts on social media come from board certified plastic surgeons.² The other 94% are from the public and most disturbingly, from people who are overtly promoting their esthetic surgical services who are either physicians that are not trained in plastic surgery or those who are not even physicians at all.

In the world of social media, whatever content the user is posting is generally accepted as "truth" by the audience members. While this new world of mass communication media

provides a golden opportunity for us, as plastic surgeons, to take ownership of our own brands without the need to hire marketers and publicists, it also presents a major problem.^{3,4} The public audience can become easily confused about who is qualified to perform cosmetic surgeries and who is not. How can they know from a two-dimensional social networking platform which Instagram and Twitter posters are board certified, which have ample experience and which have unretouched before and after photos? Integrity is not a requirement when setting up an Instagram handle. And yet, the majority of patients these days are choosing their doctors from this law-less digital frenzy.

In addition to the critical need for our social media presence, in the face of our field's endangerment, is the massive business growth and branding benefits to these direct-to-public communication platforms. Social media allows our potential patients to become familiar with our skill set, visualize our artistry, and get to know us as people without ever entering in our offices.⁵ Because we can now share our surgical work and our lives directly with the public, potential patients can self-select the surgeon to whom they feel most drawn. Until the birth of social media, we were incapable of connecting with the world in such a straight-forward manner. Most industries are catching on to this digital phenomenon and many even argue that the 45th president of the United States was elected because of it. It would be a huge shame to see our hard work and skills left behind, as those less-qualified people take over because of our failure to embrace a movement that could be used for the betterment of our field.

There are multiple social media platforms available and each has its own advantages and disadvantages.⁶ In general, you need to engage, be positive, educate, comment, post high-quality content consistently, and videos tend to perform better than static photos. ► **Table 1** highlights the most common platforms used today with tips on how to maximize utilization of each.

The time is now. If we are not in the game, we will never stand a chance of winning it. The new arena for patients

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Table 1 Utilization of social platforms

Instagram	Facebook	Twitter
Use high-resolution images and videos	Gear posts to a more mature audience as users tend to be older	Use as a tool for search engine optimization, as Google indexes every tweet
Be creative. Unique posts or posts with shock-factor perform best	Post videos and links to news as well as interesting external content, like news stories and interviews, to help drive traffic to one's page	Post trending news to increase visibility
Avoid overly graphic posts	Eye-catching visuals generate more traffic than simply text-based posts	Link original content, like one's own blogs, but limit other links, as tweets without links perform better
Videos and arrows perform better than static images	Evolve posts based on Facebook's algorithm, which is constantly changing, by keeping tabs on which content performs well and which does not	Select hashtags strategically
Showcase personality and bedside manner to provide potential patients with an intimate look into one's practice		Tag relevant profiles
Post Instagram stories frequently		Acknowledge everyone that mentions you
Select strategic hashtags		
Tag relevant profiles and influencers		
Interact with followers in the form of a conversation. Actively respond to questions and comments		
Avoid selling anything		
Convert to a business account to access analytics to monitor and improve results		

seeking plastic surgery is the social media domain. It is our duty as qualified, dedicated, board certified, and honest plastic surgeons to remain in control of our own field. We have to be in it to win it.

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None declared.

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