Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Cosmetic tourism during the COVID-19 pandemic: Dealing with the aftermath

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Summary *Background:* Despite government restrictions during the coronavirus (COVID-19) pandemic, cosmetic tourism continued to occur. The authors present the impact of cosmetic tourism on their plastic surgery unit.
Methods: Retrospective case note review of two cohorts was performed: COVID-19 (March 2020–April 2021) and a pre COVID-19 comparator (January 2019–February 2020). Patients presenting with complications from cosmetic tourism were included and their hospital notes were reviewed.
Results: Seven patients were identified in the COVID-19 cohort compared with four patients in the comparator. In the COVID-19 patient group, six underwent their procedure overseas. The final patient was operated on in the UK by a visiting surgeon. Cases consisted of two abdominoplasties, two breast augmentations, two gluteal augmentations, and the final patient had a hernia repair. The most common presenting complaint in the COVID-19 cohort was a postoperative wound infection ($n = 5$), of which two had deeper associated collections, with two further wound dehiscences. In the pre-pandemic group, four patients underwent their procedure overseas. Cases consisted of an abdominoplasty, a blepharoplasty, a breast augmentation and a gluteal augmentation. Two patients presented with a wound infection, and two with simple wound dehiscence.
Conclusion: Cosmetic surgery tourism is a growing industry with an increasing number of patients presenting with complications to NHS services. These patients are a potentially vulnerable group who exhibit risk-taking behaviours, such as going abroad amidst a pandemic and acceptance of not having appropriate follow up care.

Dear Sir,

The concept of cosmetic tourism describes the process by which patients travel from their home country to another to receive aesthetic surgery. During the COVID-19 pandemic, the European Association of Societies of Aesthetic Plastic Surgery (EASAPS) released a statement

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Table 1 A comparison between the two cohorts of patients detailing the date of procedure, country of procedure and complications from the procedure, including the Clavien-Dindo Grade.

Pre-COVID-19 cohort (January 2019–February 2020)

Date of Procedure	Country of procedure	Procedure	Complication (Clavien-Dindo Grade)
January 2019	Latvia	Blepharoplasty	Wound infection (Grade I)
June 2019	Turkey	Abdominoplasty	Wound dehiscence (Grade I)
July 2019	Turkey	Gluteal augmentation	Wound infection (Grade I)
January 2020	Turkey	Bilateral Breast augmentation	Wound dehiscence (Grade I)

COVID-19 cohort (March 2020–April 2021)

Date of Procedure	Country of procedure	Procedure	Complication
March 2020	Spain	Bilateral breast augmentation	Wound infection and dehiscence (Grade I)
September 2020	Turkey	Umbilical hernia repair	Wound infection (Grade I)
October 2020	Turkey	Abdominoplasty	Abdominal wall collection (Grade IIIa)
October 2020	United Kingdom	Gluteal augmentation liposuction	Abdominal wall collection (Grade I)
December 2020	Turkey	Gluteal augmentation and liposuction	Wound infection (Grade I)
March 2021	Turkey	Abdominoplasty	Wound infection (Grade I)
April 2021	Turkey	Bilateral Breast Augmentation	Wound infection and dehiscence (Grade I)

that advised the immediate suspension of cosmetic surgery so that all resources could be redirected to overcoming the pandemic.[1] Despite the advice of professional bodies, government guidelines and severe travel restrictions, cosmetic surgery tourism continued to occur. The authors share their experiences at a regional tertiary level plastic surgery unit.

We carried out a retrospective case note review of two cohorts of patients over two 13-month periods: one presenting with complications from aesthetic surgery tourism during the COVID-19 pandemic (March 2020–April 2021) and pre-COVID-19 (January 2019– February 2020).

Seven patients were identified in the pandemic cohort and four in the comparator. All patients were female. In the pandemic cohort, six patients underwent their procedures overseas with the final patient being operated on in the UK by a visiting surgeon. In the pre-pandemic group, all patients had their procedures overseas. Procedures and complications, including the Clavien–Dindo grade, for both cohorts are summarised in Table 1.[2]

There are several factors that may make patients seek cosmetic surgery abroad, including reduced costs, patient dictated operations and consumerism.[3] These patients are a potentially vulnerable group who exhibit risk taking behaviours, demonstrated by travel abroad during a pandemic without a plan for adequate follow up. Many cosmetic surgery services abroad were offering package deals of an operation combined with a holiday which was attractive to patients, especially amidst the UK lockdown and social distancing measures. The most popular destination in both cohorts was Turkey. As is often the case in the aesthetic sector, we do not have the denominator of the number of patients undergoing such procedures.

There was an upward trend in the number of UK cases of COVID-19 after December 2020, which is when three of the patients underwent their operation. Similar to Long et al., we highlight several concerns, such as practitioner neglect of EASAPS guidance and the increased risk of peri-operative COVID-19.[4] Postoperative pulmonary complications occur in half of patients with perioperative COVID-19 infection and is associated with a higher mortality.[5] We are unable to comment on the pre-operative COVID-19 screening programme and the immediate post-operative care, however we are unaware of any cosmetic surgery tourism deaths associated with COVID-19 at time of writing. At a time when the NHS was already stretched, the additional burden of complications from such procedures undertaken abroad was more difficult to manage.

Cosmetic surgery tourism is a growing industry with an increasing number of patients presenting with complications to NHS services. With the easing of restrictions for elective private surgery and air travel, we are likely to see an increase in the number of such cases. To ensure patient safety, surgeons should follow the guidance set out by aesthetic associations and ensure adequate COVID-19 screening. One could argue that such patients seeking surgery abroad should undertake additional insurance to account for possible complications that would need to be treated in the NHS on their return, although this would be difficult to enforce. Plastic surgery training should also include a robust grounding in aesthetic practice, as patients experiencing complications of these procedures are most likely to present to their departments.

Declaration of Competing Interest

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