

Plastic Surgery As Seen by General Practitioners: A Specialty Still Associated with Aesthetics?

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ABSTRACT

Background: Plastic surgery covers reconstruction, burn care and aesthetic procedures. How primary care physicians perceive it shapes patient referral.

Objective: To estimate the proportion of general practitioners who primarily associate plastic surgery with aesthetics, and to describe their knowledge and referral practices.

Methods: Exploratory cross-sectional anonymous questionnaire survey of 40 general practitioners in the Souss-Massa region, from January 2026 to June 2026.

Results: Of 40 respondents (response rate: 36%), 34 (85%; 95% CI: 69-95) regarded plastic surgery as primarily an aesthetic specialty. Burns were mentioned by 38% of respondents. Social media was the main source of information (65%). The aesthetic perception tended to be less frequent among physicians who had done a plastic surgery rotation (71% vs 88%, $p = 0.25$), with no significant difference. 83% requested additional training.

Conclusion: In this exploratory series, general practitioners mainly see plastic surgery through its aesthetic side, to the detriment of reconstruction and burn care. Training and referral pathways should be strengthened, to be confirmed in a larger sample.

Keywords: plastic surgery, general practitioners, perception, aesthetics, reconstruction, burns, Morocco.

1. Introduction

Plastic surgery is a medical-surgical specialty that aims to restore the form and function of tissues, with both reconstructive and aesthetic indications. It is notably involved in the management of burns, trauma, cancers, congenital malformations and scar sequelae.

Despite this diversity, plastic surgery is still often equated with aesthetic surgery, a perception largely shaped by its visibility in the media and on social networks. This representation matters along the care pathway, since the general practitioner is often the first professional consulted and plays a key role in guiding the patient.

In Morocco, data on how general practitioners perceive plastic surgery remain limited. This study therefore aims to explore their perception of the specialty, their knowledge of its different fields, their referral practices and their training needs.

1.1. Study Objectives

Aim of the study: To estimate the proportion of general practitioners who consider plastic surgery to be primarily aesthetic.

Secondary objectives: To assess knowledge of reconstructive and burn care, identify information sources, describe referral practices, and determine training needs.

2. Materials and Methods

Study Design. Exploratory, descriptive and analytical cross-sectional survey, conducted from January 2026 to June 2026.

Study Population. General practitioners (private practice, public sector, locum) working in the Souss-Massa region. Retired physicians and those without clinical activity were excluded. The sample was a convenience sample, with no sample size calculation.

Data Collection. Anonymous self-administered questionnaire of 30 questions, distributed via Google Forms, with one reminder. It comprised five parts: respondent characteristics, knowledge and sources of information, perception (5-point Likert scale), referral practices and expectations (appendix). A pre-test was carried out among 5 physicians.

Outcome Measures. The primary outcome was the proportion of respondents in agreement (answers 4 or 5) with the statement "plastic surgery is primarily an aesthetic specialty" (question 14). The secondary outcomes were knowledge of the reconstructive and burn fields (questions 9 and 15), sources of information (question 13), referral practices (questions 22 to 24) and expectations (questions 28 and 29).

Statistical Analysis. Qualitative variables are expressed as counts and percentages, with a 95% confidence interval for the primary outcome, and quantitative variables as mean $\pm$ standard deviation. Comparisons used Fisher's exact test, because of the small numbers, with a significance threshold of $p < 0.05$ ([software, version]).

Ethical Considerations. Voluntary participation, anonymity, prior information and implied consent. [Ethics committee approval or exemption statement to be added.]

3. Results

Sample. Forty physicians responded out of 110 approached (36%). Mean age was 46 ± 11 years, 22 were women (55%), 26 practiced in an urban setting (65%) and 7 had completed a plastic surgery rotation (18%).

Primary Outcome. 34/40 respondents (85%; 95% CI: 69-95) considered plastic surgery to be primarily aesthetic. 23 (58%) acknowledged its important role in the management of cancers and burns.

Knowledge of Reconstructive Indications. 24 (60%) felt they knew the reconstructive indications poorly and 23 (58%) considered their initial training insufficient.

Field cited	n (%)
Skin cancers	21 (53%)
Breast reconstruction	19 (48%)
Congenital malformations	18 (45%)
Burns and sequelae	15 (38%)

Field cited	n (%)
Traumatic sequelae	14 (35%)
Chronic wounds, pressure ulcers	8 (20%)

Table I. Reconstructive indications cited (n = 40).

Sources of Information. Social media 26 (65%), mass media 19 (48%), initial training 9 (23%), continuing education 6 (15%).

Referral Practices. 16 (40%) had already referred a patient to a plastic surgeon for a reconstructive reason and 10 (25%) for an aesthetic reason. For a burn patient, 12 (30%) referred to a plastic surgeon, 23 (57%) to another professional and 5 (13%) did not know. The barriers were lack of knowledge of local surgeons (22, 55%), waiting times (16, 40%) and fear of complications of a possible surgical procedure (11, 28%).

Factors Associated with Aesthetic Perception. The aesthetic perception tended to be less frequent among physicians who had done a rotation (5/7, 71% vs 29/33, 88%; $p = 0.25$) and more frequent among those relying mainly on social media (24/26, 92% vs 10/14, 71%; $p = 0.07$), with no significant difference. No association was observed with sex ($p = 0.55$), practice setting ($p = 0.21$) or age ($p = 0.12$).

Training Expectations. 33 (83%) wished for additional training.

4. Discussion

In this exploratory survey, 85% (95% CI: 69-95) of general practitioners considered plastic surgery to be primarily aesthetic, burns were mentioned by only 38%, and only 30% would refer a burn patient to a plastic surgeon. The specialty is thus perceived mainly through its most visible side, which is in line with surveys of primary care physicians in other countries [8,10].

Several factors may explain this result. Aesthetic surgery is widely promoted online, whereas reconstructive activity, which is more hospital-based, remains discreet [1,2]. In our series, social media was the main source of information (65%) and tended to be associated with the aesthetic perception (92% vs 71%, $p = 0.07$). Likewise, physicians who had done a rotation in the specialty (18%) perceived it slightly less often in this way (71% vs 88%, $p = 0.25$), which is consistent with work on medical students [2,3]. These associations were in the expected direction but not significant, probably because of the small sample (only 7 physicians had done a rotation); they should be regarded as leads to be tested in a larger sample, since the cross-sectional design does not allow any causal conclusion. Lack of knowledge of local surgeons, the main barrier to referral (55%), and the limited number of plastic surgeons in the public sector [4,5] point in the same direction, as does the absence of clear referral criteria described elsewhere [7].

Our results on burns are lower than those of the Marrakech thesis, where more than 80% of respondents identified this field [8], and those of a Saudi study [10]. The method probably explains part of this gap: we asked respondents to cite indications, whereas those studies asked them to designate a specialist for a clinical scenario, which favors recognition. A Portuguese national survey also showed that plastic surgeons were not the first specialist designated for more than half of the procedures at the core of their discipline [11]. Our high demand for training (83%) also contrasts with the limited interest observed in Marrakech (62% with little interest) [8], which the respondents' profile or the wording of the question might explain.

These perceptions have practical consequences. A burn patient referred late or to an inappropriate professional is exposed to avoidable sequelae [6], and a patient with a skin tumor or a disabling scar may not be directed to a plastic surgeon. An aesthetics-centered view may also make the general practitioner

less comfortable informing patients and identifying medical contraindications and body-image disorders. Polish, Saudi and Bahraini studies propose convergent solutions: integrating plastic surgery into general practice training [9], better guiding general practitioners [10], and combining targeted training with referral algorithms [7].

This study has important limitations. The sample of 40 physicians, recruited by convenience and without a sample size calculation, limits precision and the power of comparisons, which probably explains the absence of significant associations, and prevents any generalization. Voluntary participation exposes the study to selection bias, the data are self-reported, the study is limited to the Souss-Massa region, and the closed wording of the main question may have favored agreement. Finally, the knowledge questions offered answer choices, so they measure recognition rather than spontaneous recall.

5. Conclusion

In this exploratory survey of 40 general practitioners, 85% saw plastic surgery primarily as aesthetic, and burns were mentioned by only 38%. This image, fueled by social media and limited training, could delay the referral of patients who need it. The high demand for training and lack of knowledge of local surgeons as the main barrier to referral point to two actions: strengthening the place of plastic surgery in the initial and continuing training of general practitioners, and setting up a local referral guide. The limited sample and convenience recruitment preclude any generalization; a multicenter study with a larger sample is needed to confirm these results.

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