

Plastic vs. Cosmetic Surgery

Because many plastic surgeons also market themselves as cosmetic surgeons, the two terms are often used interchangeably. Globally, the medical community recognizes [distinct differences](#) between two basic categories of procedures:

- surgery to repair damage and restore function to areas of the body that are injured or have congenital defects (burn scars, cleft palates, deviated septum, etc.)
- surgery to make specific areas of the body appear more attractive and/or youthful (breast augmentation, facelift, liposuction, etc.)

Of course there can be some overlap between these, such as rhinoplasty (that improves the symmetry of the nose while also correcting structural defects that interfere with breathing or sleeping). Sagging eyelids are an aesthetic concern for many, but may also cause problems with vision or tear duct function. Depending on your country's health care system, "medically necessary" surgeries may be covered or drastically discounted in price, while optional cosmetic procedures seldom are.

The terminology can be confusing. A plastic surgeon [in the U.K.](#), for instance, might perform only reconstructive operations, while a U.S. plastic surgeon often performs both functional and aesthetic procedures. To complicate things further, many countries require plastic and cosmetic surgeons to undergo very different training and certification processes. As a general rule, though, plastic surgeons undergo far more extensive training, and are held to more rigorous standards of certification, than those who perform surgeries that are deemed purely cosmetic. Not every reconstructive plastic surgeon is also a cosmetic surgeon, but cosmetic surgeons are generally not licensed to perform reconstructions.

It may not surprise you to learn that [plastic and cosmetic surgery](#) have the same origin. The earliest records of reconstructive surgery date back thousands of years to Egypt and India, when doctors developed techniques to rebuild ears and noses damaged by injury or disease. World War I also saw advances in reconstructive and aesthetic procedures for soldiers who had suffered horrific disfigurements. By the 1920s, visits to "beauty surgeons" were popular in North America and Europe. The first department of plastic surgery in China was established in 1934. Twenty years later, South Korea first began offering cosmetic eyelid surgery, leading to an explosion of its popularity in that region. Many national medical associations saw the need to differentiate training and certification requirements for cosmetic and reconstructive practitioners.

Because different countries have different classifications of “plastic reconstructive” and “cosmetic” surgery, it’s difficult to gather clear data about the standards for each, or about the number of reconstructive procedures worldwide. While many countries have a consistently high demand for cosmetic procedures, the demand for reconstructive surgery varies. Breast reconstruction, for instance, is the number-one plastic (as opposed to cosmetic) surgery procedure in North America, though it is performed relatively rarely in [Asia](#). This procedure may also be classified as both cosmetic and reconstructive. No matter what type of procedure you’re seeking, a board-certified aesthetic plastic surgeon is always a better choice than a purely cosmetic practitioner. They’re your face and body — trust them only with the most highly qualified practitioners in the field.