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The Cost of Medical Tourism

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### The Cost of Medical Tourism: Penny-Wise and Pound-Foolish?

*Sir:*

**W**ith the trend toward globalization of health care, travel for medical treatment has risen dramatically. Affluent patients may seek out the best care regardless of cost, or attempt to circumvent long waiting times, whereas others may simply look for the least expensive treatment abroad in a phenomenon frequently referred to as “medical tourism.”<sup>1</sup> Although any procedure might be complicated by infection, medical tourists are at risk for procedure-related infections from pathogens endemic to the region where the procedure is performed.<sup>2</sup> There is also increased risk of venous thromboembolism during long airplane flights in the postoperative setting. Furthermore, there is limited legal recourse for patients, should issues arise.<sup>3</sup> Finally, medical tourism damages economies, with the United States estimated to lose \$207.9 billion in domestic spending to outbound medical tourists in 2013.<sup>4</sup>

At our institution, we encountered a patient who suffered a surgical complication resulting from her medical travel. A young woman had mastopexy-augmentation with silicone implants; abdominoplasty; liposuction of the abdomen, flank, and thighs; and buttock fat grafting in Mexico 1 week before presenting to our emergency department complaining of purulent drainage around her nipples. Examination of the breasts demonstrated dehisced circumareolar incisions with purulent drainage and cellulitis.

The right breast implant was frankly exposed. The patient was started on intravenous antibiotics and brought to the operating room for bilateral explantation. She tolerated the procedure well and was discharged on oral antibiotics. At follow-up, she was found to have a seroma in her abdominoplasty wound requiring placement of a SeromaCath (Greer Medical, Inc., Santa Barbara, Calif.). The patient eventually made a full recovery with resolution of her breast infections and abdominal seroma, but is now left with residual breast deformities following breast implant removal (Fig. 1).

This case highlights numerous complications following surgery performed in another country. As plastic surgeons who have witnessed such poor outcomes, it is difficult to understand how patients can entrust their health to surgeons whom they have never met, to perform significant operations, in a foreign country, with no plans for follow-up by the provider. When looking at price alone, it is understandable that patients might seek less-expensive options. The out-of-pocket expenses for her initial operations performed at our institution would have been approximately \$30,000. In Mexico, she had her operations for under \$5000, but at what additional cost? She was billed \$77,693.50 for her emergency room visit, explantation, and subsequent clinic visits. She is now looking at breast reconstruction to salvage her complication but was denied by insurance.

The American Society of Plastic Surgeons has guidelines for patients seeking aesthetic surgery abroad, including recommendations such as checking



**Fig. 1.** Patient following bilateral explantation with residual breast deformity.

credentials of the practitioner and institution before travel, and requiring a proper medical evaluation before the operation.<sup>5</sup> Ultimately, patients seeking aesthetic surgery abroad are commonly driven by price. It is important that plastic surgeons have a voice in educating patients about potential benefits and risks with their decision to seek surgery outside the country. At times, traveling abroad for aesthetic surgery may be penny-wise but pound-foolish.

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**PATIENT CONSENT**

*The patient provided written consent for the use of her images.*

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