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ABSTRACT SUBMISSION TITLE: *C3 - Variability in Content Depth and Risk Counseling in Online Body Contouring Education: A National Comparative Analysis*

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Abstract Text:

PURPOSE:

Patients frequently consult online resources prior to body contouring consultation, yet the substantive quality and depth of publicly available educational content remain poorly defined. Academic institutions are highly visible in search rankings and are often perceived as authoritative sources. We hypothesized that academic websites would demonstrate more rigorous content characteristics and greater transparency compared with other website types.

METHODS:

A structured Google search was conducted in incognito mode using the terms "Skin Removal Surgery," "Body Lift," "Tummy Tuck," "Arm Lift," and "Thigh Lift." The first 20 U.S.-based, English-language patient-directed results per term were captured; ASPS webpages were excluded. Websites were categorized by setting (academic, private practice, commercial portal, nonprofit, health system, forum). Content characteristics evaluated included discussion of preoperative preparation, risks and benefits, postoperative care, lifestyle optimization, definitional clarity, and citation of peer-

reviewed literature. Educational depth of surgical technique and risk counseling (high/medium/low) was quantified and incorporated into a 12-point Online Education Quality Index (OEQI-12), integrating content domains, authorship, citation, and transparency. Comparative analyses were performed across settings.

RESULTS:

Among 132 websites, academic institutions comprised 64% of results. Overall composite quality was moderate (mean OEQI-12 4.6/12; median 4.5; maximum 10). While procedural descriptions were common, detailed risk counseling and perioperative guidance varied substantially.

Mean OEQI-12 differed by setting. Commercial portals demonstrated the highest composite scores (mean 7.3), compared with private practices (5.0) and academic institutions (4.4). Higher scores among commercial portals were driven by more consistent inclusion of detailed risk explanations, postoperative care guidance, and citation of peer-reviewed literature. Academic websites did not consistently lead across content domains or transparency measures, contrary to the initial hypothesis. Mean reading grade level was 9.0, exceeding recommended health literacy standards.

CONCLUSIONS:

Online body contouring education demonstrates significant variability in content depth and counseling rigor. Despite their visibility and perceived authority, academic websites did not demonstrate superior composite educational quality. Improving the completeness and depth of publicly available patient education, particularly in risk counseling and perioperative guidance, may enhance shared decision-making and better align online information with clinical standards.