

Victims “of” cosmetic surgery. Jurisdictional disputes and border construction in the contemporary Argentine cosmetic surgery market

Víctimas “de” la cirugía estética. Disputas jurisdiccionales y construcción de fronteras en el mercado argentino contemporáneo de cirugía estética

Vítimas “da” cirurgia plástica. Disputas jurisdicionais e a construção de fronteiras no mercado argentino contemporâneo de cirurgia estética

*Joaquín Molina¹ 

Abstract

Contemporary Argentine media often portray people who experienced harm after undergoing cosmetic surgery, attributing the responsibility for these results to practitioners who lack the competence to perform these procedures. However, what at first glance appears to be a call to institutionalize boundaries between “experts” and “quacks” is a simplified reading of a market with unstable and porous boundaries. Within this framework, the article sets out two objectives. First, to analyze the factors that place the cosmetic surgery market as an arena conducive to jurisdictional disputes. Secondly, to describe the public initiatives aimed at legitimizing and legalizing the jurisdiction of certified plastic surgeons over the cosmetic surgery market. On the one hand, from the analysis of the campaigns present in the Instagram account of the Argentine Society of Plastic Surgery (SACPER). On the other, through the examination of media narratives about victims “of” cosmetic surgery, which contribute to legitimize and legalize the position of certified plastic surgeons.

Keywords: cosmetic surgery; market; jurisdictional disputes; victims; narratives.

Resumen

Los medios de comunicación argentinos contemporáneos suelen escenificar a personas que experimentaron un daño tras someterse a una cirugía estética, atribuyendo la responsabilidad de estos resultados a practicantes que carecen de idoneidad para ejecutar estos procedimientos. Sin embargo, lo que a primera vista parece un llamamiento a institucionalizar fronteras entre “expertos” y “charlatanes” es una lectura simplificada de un mercado de límites inestables y

¹ Universidad Nacional de San Martín, Escuela de Altos Estudios Sociales, Centro de Estudios Sociales de la Economía (UNSAM/IDAES/CESE, Buenos Aires, Argentina). ORCID: <https://orcid.org/0009-0000-5416-8210>.

porosos. En este marco, el artículo se propone dos objetivos. En primer lugar, analizar los factores que sitúan al mercado de cirugía estética como una arena propicia a las disputas jurisdiccionales. En segundo lugar, describir las iniciativas públicas tendentes a legitimar y legalizar la jurisdicción de los cirujanos plásticos certificados sobre el mercado de cirugía estética. Por un lado, a partir del análisis de las campañas presentes en el Instagram de la Sociedad Argentina de Cirugía Plástica (SACPER). Por el otro, a través del examen de las narrativas mediáticas sobre víctimas “de” la cirugía estética, que contribuyen a legitimar y legalizar la posición de los cirujanos plásticos certificados.

Palabras claves: cirugía estética; mercado; disputas jurisdiccionales; víctimas; narrativas.

Resumo

A mídia argentina contemporânea frequentemente retrata pessoas que sofreram danos após se submeterem a cirurgias estéticas, atribuindo a responsabilidade por esses resultados a profissionais que não têm competência para realizar esses procedimentos. No entanto, o que à primeira vista parece ser um apelo para institucionalizar os limites entre “especialistas” e “charlatões” é uma leitura simplificada de um mercado com limites instáveis e porosos. Dentro dessa estrutura, o artigo tem dois objetivos. Em primeiro lugar, analisar os fatores que tornam o mercado de cirurgia cosmética uma arena para disputas jurisdicionais. Em segundo lugar, descrever as iniciativas públicas destinadas a legitimar e legalizar a jurisdição dos cirurgiões plásticos certificados sobre o mercado de cirurgia estética. Por um lado, analisando as campanhas no Instagram da Sociedade Argentina de Cirurgia Plástica (SACPER). Por outro, por meio do exame das narrativas da mídia sobre as vítimas “da” cirurgia estética, que contribuem para legitimar e legalizar a posição dos cirurgiões plásticos certificados.

Palavras-chave: cirurgia plástica; mercado; disputas jurisdicionais; vítimas; narrativas.

Introduction

In 2022, just over one million aesthetic procedures were performed in Argentina, placing the country in seventh place in the world ranking according to the total number of interventions performed (ISAPS, 2022). The flourishing of this market comes associated with a series of negative consequences: there are patients who experience aesthetic, psychological and functional damage after undergoing these procedures (Winance; Barbot; Parizot, 2018). The Argentine media usually echo many of these cases. According to the interpretive framework they employ, these damages emerge as a result of a legal vacuum and lack of state control, enabling untrained individuals to perform these procedures in unlicensed locations and to use materials not approved for medical purposes. In addition to being a call for State intervention, this diagnosis is accompanied by warnings and recommendations addressed to potential patients in order to solve the problem of market cooperation.

However, what at first sight seems to be a legitimate call to institutionalize boundaries between “experts” and “quacks” is actually a partial and simplified reading of a market with unstable, porous, and legally elusive boundaries (Sullivan, 2001). Plastic surgery is a specialty that aims to reconstruct and aesthetically enhance the entire human body through a series of medical procedures. In this context, its area of expertise implies overlaps with other more anatomically delimited specialties, giving rise to jurisdictional disputes (Abbott, 1988) as to who is legitimized and who should be legally entitled to intervene in the different parts of human anatomy. These disputes are rekindled by technical innovations that, by generating market “niches”, reopen the question of which specialists can aspire to penetrate these new territories.

Drawing from the foregoing, I do not intend to deny the existence of people lacking medical training who clandestinely perform aesthetic procedures outside the law. Rather, I aim to shift the prevailing normative consensus in public opinion, in order to reposition the boundaries of this market as a matter of dispute between unequally interested and legitimized actors to claim State intervention (Beckert; Wehinger, 2013, p. 6). Within this context, this paper sets out two objectives. First, to analyze the historical, legal, economic and technological factors that situate the market for aesthetic procedures as an arena particularly conducive to jurisdictional disputes between competitors with different degrees of training in the field. Secondly, to describe the public discourses and initiatives aimed at legitimizing and legalizing the jurisdiction of certified plastic surgeons over certain segments of the Argentine market for aesthetic procedures. On the one hand, through the analysis of the Instagram posts of the “Sociedad Argentina de Cirugía Plástica, Estética y Reparadora” (SACPER) in the period 2018-2023, placing the focus on those that seek to channel demand towards certified plastic surgeons and warn the population about the risks of undergoing surgery with practitioners who lack training in the field. On the other hand, through the investigation of the atrocity stories (Dingwall, 1977) present in the contemporary media landscape, in which the attribution of responsibility for the damage caused to the body of the victims (Barbot; Cailbault, 2010) works as a market pedagogical tool and as a basis for institutionalizing certified plastic surgeons as legitimate providers of these services.

This publication has a novel character, insofar as it addresses a subject of study that has not been explored by Latin American social sciences. Internationally, this work attempts to articulate two approaches that partially account for the phenomenon under study. On the one hand, the work of sociologist Sullivan (2001), in which she reconstructs in detail the disputes and campaigns carried out by plastic surgery associations to regulate and keep out competitors in the US cosmetic surgery market. On the other hand, the research of Barbot and Cailbault (2010) which, based on the analysis of television broadcasts about plastic surgery in France during the period 1952-2008, shows the preeminence assumed by the narratives on victims “of” cosmetic surgery in the last third of the twentieth century. This article aims to integrate the analysis of jurisdictional disputes and the figuration of victims, to show that the damage caused to the latter’s body is staged in order to educate potential consumers and to substantiate the claims for more regulation made by certified plastic surgeons.

1. Cosmetic surgery: a territory under dispute

Plastic surgery emerged and became institutionalized in Argentina in the first half of the 20th century. During this period, it is already possible to identify the concern of its practitioners about what they call “charlatans”, defined as people outside the medical world who sell “miraculous” remedies to an avid and incautious public. In this way, the Argentine plastic surgeon Ernesto Malbec (1938) criticizes the “salons and institutes” that, managed by “beauty professors”, promised spectacular transformations with minor operations. Likewise, he warns about a booming market of “ointments, plasters and liniments” that did nothing more than defraud hopeful buyers and enrich “unscrupulous merchants who miserably traffic with moral pain” (Malbec, 1938, p. 38-39).

The 1970s marked the beginning of a process of formalization and institutionalization of the teaching of plastic surgery in Argentina. This process of credentialization (Collins, 1989) of the specialty, which was gradually imposed, implied a redefinition of the boundaries of the aesthetic procedures market. More specifically, in the first half of the 20th century, those defined as “irregular” mainly involved experts outside the medical world, being perfectly legitimate and even welcomed that surgeons trained in related specialties (otorhinolaryngologists, traumatologists, dermatologists, etc.) were involved in the performance of certain plastic operations. On the contrary, since the creation of official programs aimed at regulating the accreditation of plastic surgeons, medical professionals who entered the jurisdiction claimed by those specialists came to be defined as illegitimate competitors.

The institutionalization of plastic surgery education and the establishment of formal criteria for practicing as a specialist did not guarantee a monopoly over the practices formally within their professional domain. There are several reasons to explain this phenomenon. The first is that the law governing the legal practice of medicine (Law 17.132) does not establish the express obligation to hold a specific certification to perform specialized practices. Thus, nothing legally prevents a person qualified as a physician or as a specialist in branches other than plastic surgery, from performing practices specific to this surgical branch. The absence of a regulatory framework legally defining the boundaries between medical specialties could lead to persistent jurisdictional disputes across all areas of medical knowledge. However, there are two additional reasons why such disputes are particularly intense in the case of cosmetic surgery.

One of them refers to the lack of specificity of the area of practical interventions in plastic surgery. Thus, according to the Argentine plastic surgeon Correa-Iturraspe (1977, p. 5), “plastic surgery comprises very varied activities within a very vast field. Its territory extends over the entire body surface, from the crown of the head to the ends of the feet”. Unlike dermatology and neurology, it is not a tissue-specific specialty, since it is not only interested in a certain tissue. Neither is it a regional specialty (like ophthalmology and otorhinolaryngology), nor is it limited to treating alterations of a specific nature (like oncology and traumatology). Such a vast disciplinary scope constitutes a potential source of disputes in two ways: on the one hand, it can lead to internal fragmentation and

dissolution into multiple subspecialties; on the other, to overlapping with the areas of intervention of other specialties and jurisdictional disputes on multiple fronts (Abbott, 1988). The second reason refers to the economic attractiveness of the practice of cosmetic surgery. Interventions for aesthetic purposes are not included in the coverage provided by the social security funds, since they are defined as “elective” practices outside the health needs of the members. This has two advantages: on the one hand, the possibility of avoiding the bureaucratic workload and waiting times imposed by “third party payers”; and on the other hand, the flexibility available to the provider to establish the amount of his fees.

All these factors make the Argentine cosmetic surgery market an arena of intense jurisdictional disputes. In all cases, the disputes develop around a particular area of these practices and are constantly renewed as technological innovations open up new market niches for professional practice. Jurisdictional disputes, far from being based on an opposition between the community of board-certified plastic surgeons and practitioners from outside the medical world, involve people with different degrees of training and conditions to perform these procedures. To give an example, let us begin by breaking down the profile of the competitors present in one of the most thriving market segments in contemporary Argentina: breast augmentation procedures.

In this segment, practitioners without medical training, paramedical personnel, qualified physicians, and highly specialized health professionals can be identified. Many of them carry out interventions that have long since fallen into disrepute among specialists and use substances that are not approved for medical use. In his doctoral thesis “*Siliconomas: Clinic, Diagnosis, and Treatment*”, plastic surgeon Emilio Gustavo Schenone (2004) provides a characterization of these practitioners. Based on the information provided by 36 women who, between 1999 and 2007, consulted at the Hospital de Clínicas de Buenos Aires after having their breasts injected for enlargement purposes, he points out the following: “38.8% of the injections were performed by a transvestite. But strikingly, 55.4% were performed by health personnel, 30.5% by nurses, 16.6% by fake doctors and 8.3% by physicians. The remaining percentages correspond to 2.7% by the patient’s friend and 2.7% by cosmetologists” (Schenone, 2004, p. 36). Regarding the setting in which these applications were performed, two thirds of them were carried out in private homes and the remaining third in doctors’ offices.

In addition to this universe of “marginals”, there are also specialized physicians who perform breast augmentation surgeries using techniques and materials approved by the community of certified plastic surgeons. Some of them have specific training in the treatment of pathologies expressed on this anatomical sector and claim the right to perform aesthetic interventions in this area. Such is the case of some mastologists, whose voice is represented in an article written by the breast specialist José Santiago Arredondo and published in 2020 in the “*Revista Argentina de Mastología*”. The title of the publication is highly suggestive: “*Augmentation mastoplasty performed by a gynecologist-mastologist: intrusion or competition? Presentation of ten years of personal experience and review of the current situation.*”

As is evident, Arredondo considers that a mastologist duly trained in surgery is perfectly competent to carry out aesthetic surgeries on female breasts, supporting his position in the results obtained in 144 breast augmentation surgeries performed between 2010 and 2020. His position is extended to other types of interventions, stating that:

Plastic surgeons’ shudder when they see other surgeons offering cosmetic procedures to their patients, surgeries that they claim to be the only ones qualified to perform. [...] Determining who can perform any procedure should be based on the skills and competencies that will produce the best outcome (Arredondo, 2020, p. 87).

Among the disputed procedures, Arredondo also identifies liposuction. He claims that although it was gynecologists who invented the modern technique of liposuction, they are denied the possibility of training in public hospitals. The authorship of these interventions aimed at removing fat deposits and modeling the body is difficult to delimit, since physicians from different specialties contributed to its development. However, the truth is that at least in Argentina, it was mainly gynecologists trained in liposuction abroad who disputed the plastic surgeons’ supposed monopoly on these practices. The most outstanding case is that of Gustavo Leibaschoff, a specialist in obstetrics and gynecology who in 1980 had his first contact with aesthetic medicine in a World Congress on Obesity that took place in Rome, Italy. A few years later, he would travel to France to train with the pioneers of this new technique. In 1992 he would try to give institutional form to the claim on the control of liposuction, being one of the founders and first president of the “Sociedad Argentina de Lipoplastia” (SALP) (Carbajal, 1999, p. 32-37).

The article we have been commenting on would find an echo in the opinions expressed by other specialists during the discussion stage of the article. Among them, two ophthalmologists who at that time were president and vice-president of the “Sociedad Argentina de Plástica Ocular” (SAPO). These specialists argue that reconstructions performed by ophthalmologists with surgical training are performed for aesthetic purposes and that the training received to perform these repairs is sufficient technical support to perform blepharoplasties for aesthetic purposes. On the other hand, they point out that the great advances in eye reconstruction and esthetics were made by ophthalmologists, an example being the use of botulinum toxin (Botox®) for the treatment of blepharospasm at the end of the 80's and its later incorporation to the non-surgical arsenal for the treatment of facial wrinkles.

The commentary introduced lastly, places us in the analysis of the disputes surrounding non-surgical aesthetic practices. Advances in this field gained great momentum during the last third of the 20th century. By the early 1980s, collagen injections and chemical peels had already begun to be used to treat wrinkles. During this and subsequent decades, botulinum toxin, hyaluronic acid and laser treatment were added to this therapeutic arsenal. The set of non-invasive aesthetic practices constitutes a field of porous borders in which doctors of various specialties, paramedical personnel, professionals from different areas of health, cosmetologists and lay people without specific

training in the field are currently intermingled. However, it should be noted that under the broad umbrella of the so-called “aesthetic medicine”, professional associations were formed to claim jurisdiction over these practices.

This grouping began to take shape in 1974, the year in which the “Société Française de Médecine Esthétique” was founded by the the French endocrinologist Jean Jacques Legrand. In the years that followed, three more societies were founded on the European continent, giving birth in 1975 to the “Union Internationale de Médecine Esthétique” (UIME). At present, there are 31 national groups, of which almost one third are in Latin America. In Argentina, it was during the first half of the 80’s that the first efforts were made to find an association of aesthetic medicine, but the institutional consolidation would come only at the beginning of the 90’s. An important figure in this sense was the physician Raúl Pinto. An allergist at first, this doctor would venture into the field of liposuction, to later dedicate himself fully to aesthetic medicine. Under his impulse, the Argentine Chapter of Aesthetic Medicine was formed in 1990, becoming an official entity recognized by the UIME in 1993. Currently, Pinto is the academic director of a teaching institute that bears his name and presides over the “Sociedad Argentina de Medicina Estética” (SOARME).

As we have seen up to this point, the combination of historical, legal, economic and technological factors makes the market for aesthetic procedures an arena particularly prone to jurisdictional disputes between competitors with different degrees of training in the field. Against this backdrop, plastic surgeons' associations deploy a series of initiatives aimed at publicly drawing technical and moral boundaries with respect to competitors in the Argentine aesthetic surgery market. Below, I analyze some publications on this topic present in the Instagram social network of the “Sociedad Argentina de Cirugía Plástica, Estética y Reparadora” (SACPER) corresponding to the period 2018-2023.

2 Jurisdictional claims on social networks

“A QR code that can save your life”. With this resonant phrase begins a video published on the Instagram profile of the SACPER, which seeks to disseminate a device that allows patients to identify plastic surgeons who are part of the association and obtain information about them by scanning the QR code present in their offices. This initiative, in effect since July 2021, was introduced alongside the persistent encouragement in the entity’s publications to consult the SACPER website to find certified plastic surgeons or verify if a practitioner consulted by potential patients is listed.

In addition to equipping consumers (Callon; Muniesa, 2005) to recognize and consult certified professionals, the association's social network provides arguments for choosing this type of doctors. The main one is that the surgeons who form part of the association have undergone a long period of training to become plastic surgeons and a rigorous selection process to become part of the entity that brings them together. Thus, in a publication of November 2020, each of the stages that make up a 14-year educational trajectory to become a specialist are described in large characters. Likewise, in the description of the post, it is stated that “those who are part of SACPER take permanent refresher courses and have periodic certification” (SACPER, 2020a).

Such training appears to be associated with competence in mastering specialized surgical techniques. Such mastery constitutes an endorsement that would provide the patient with a “safe” surgery, or at least, an intervention in which “risks” are reduced. “Safety” and “risk reduction”, omnipresent arguments in the social network, would be supported not only by the choice of the surgeon but also by the characteristics of the facility where the surgery is performed. Also, in this case, the association seeks to provide tools so that patients can establish whether the facility is authorized by the public authorities. To analyze this point, let us look at Figure 1. There, a photograph can be seen in which the absence of people gives prominence to the equipment present in the operating room, highlighting the asepsis through the black and white edition. From the inscriptions, we should emphasize the phrase “The most important thing is the patient's health” and the recommendation to consult “the official sites of the Ministries of Health of the Nation or of your province” to ensure that the institution is “authorized” (SACPER, 2021h).

Figure 1 - SACPER Instagram post highlighting the importance of undergoing surgery in authorized operating rooms



Source: SACPER (2021h).

The publications on the social network are not limited to formulating recommendations for “safe” surgery, but also to displaying warnings about the “risks” of falling into the hands of “professional intruders”. The most eloquent example in this regard is a video presentation that begins by asking the question “Do you know what professional intrusion means?”, and then introduces the definition given by the “Real Academia Española” of the term: “From intruso and -ismo. 1. M. Exercise of professional activities by a person not authorized to do so. It can constitute a crime (RAE)”. Next, without citing a source, this question-and-answer format is repeated: “Did you know...? 80% of complications during cosmetic surgery occur at the hands of individuals who are not plastic surgeons”. To conclude, in the three subsequent images, the text is the following: “How much is your health worth?”, “I chose a certified plastic surgeon” and the hashtag “#STOP INTRUSISM”. In the description, the following admonitions and

suggestions are introduced: “Don't let yourself be convinced by promotions and retouched images. Don't put your life at risk. Visit our website www.sacper.org.ar and find a certified Surgeon that fits your needs” (SACPER, 2022a).

As we can see, although no clear explanation of the “risks” associated with “professional intrusion” is identified, the presentation and the comments provide a characterization of the latter that contributes to the higher rate of complications. This characterization is based on two points: “commercialism” and “lack of training”. In this way, the question “How much is your health worth?” aims to question the audience on the irrationality of placing the economic value of surgery above health preservation considerations. In line with this, several publications on the social network warn about the need not to be lured by tempting promotions and low prices. The topic “promotions” is addressed in a video presentation on April 15, 2022, which begins by describing textually and visually the proliferation of these offers on social networks and then ends with the following suggestions: “Don't look for discounts. Your health comes first” and “Don't look for discounts. Always look for a certified surgeon” (SACPER, 2022a or b or c). For its part, the issue of prices is highlighted in an image corresponding to January 14, 2020, in which a clear link is established between “professional intrusion” and “low prices” (SACPER, 2020b).

As part of this commercial characterization of “professional intrusion” there are several publications that refer to misleading advertising through the use of retouched images. The most illustrative example is that of a post from February 11, 2020, on the occasion of the “International Safer Internet Day”. In the images, we can observe the time sequence of a woman who “BEFORE” the surgery had marked wrinkles on her face and who “AFTER?” the intervention shows a smooth and luminous complexion. The obvious falsehood of the narrative in images is reinforced in large type: “DO NOT BELIEVE EVERYTHING YOU SEE” (Figure 2). The interesting thing is that, although this practice could be associated with any type of medical professional, the description installs the idea that the commercial lie in social networks is typical of “professional intruders” (SACPER, 2020c).

Figure 2 - SACPER Instagram post warning about misleading advertising of cosmetic surgery services



Source: SACPER (2020c).

On the other hand, publications referring to training show an absolute predominance within the universe of posts related to “professional intrusion” in the SACPER social network. In all cases, the lack or insufficiency of specific training of those who practice “professional intrusion” is emphasized, highlighting by contrast the long-specialized training of certified surgeons. In some cases, the focus of the campaign is to highlight the area of expertise of board-certified plastic surgeons, underlining the specific designation given to certain aesthetic procedures. This argumentative strategy was used in a series of posts that took place between May and April 2021. In all of them, the question “Which specialist would you consult for...?” is introduced, placing at the end of the question different procedures that are the subject of jurisdictional dispute with other specialties: “blepharoplasty”, “mastoplasty with implants”, “auriculoplasty”, “reduction mastoplasty” and “liposculpture”. In response, in large characters located in the center of the image it can be read “PLASTIC SURGERY”, ending with a sentence that establishes a correspondence between the execution of certain types of procedures and the name given to the specialty: “The only specialty that is named like its treatments”.

A key aspect to note is that, although an obvious jurisdictional dispute with other medical specialties is identified, in none of the cases mentioned in the previous paragraphs are these areas of medical knowledge specifically mentioned. In contrast, when it comes to “aesthetic medicine”, the confrontation becomes open and frank. An example of this is a publication of August 29, 2018, originally elaborated by the “Sociedad de Cirugía Plástica y Reconstructiva de Córdoba” and replicated by the SACPER. It introduces a comparative table, contrasting the long journey through formal educational institutions of the “Certified Plastic Surgeon” with the informal and brief trajectory of the “Aesthetic Physician”. In the description, such inequality in preparation is translated into a statement structured around the counterpoint between safety and risk: “To take into account when choosing a certified plastic surgeon with safety and trajectory or... take a risk. Take care of your health!!! #ChoosePlasticSurgeon.” (SACPER, 2018b).

Figure 3 - SACPER's Instagram post warning about the need to have aesthetic treatments performed by experienced professionals



Source: SACPER (2018b).

Another of the images posted in 2018 emphasizes the need to have anatomical knowledge to carry out aesthetic treatments and thus avoid the risk of damage caused by lack of preparation. On this occasion, the textual component functions as an introduction, finding response in the image itself. Thus, following a frame-by-frame reading from left to right, we read the sentence "These are the reasons why only an experienced professional should inject your face", finishing the argumentation with the image of a face in which a complex and delicate warp of colored lines stands out. Reading the description allows identifying what the lines refer to and making explicit what is communicated through the image: "Nerves, arteries, veins and muscles, a complex web of noble elements that must be known and taken into account when performing treatments on the face from surgery to injection of fillers and fat or treatments with botulinum toxin" (Figure 3) (SACPER, 2018b).

The potential risk of inexperienced hands, suggested in the image analyzed above, assumes the form of grief for the damage consummated in a publication corresponding to July 2018. In it, there is a photograph stripped of text, in which the close-up of a female face with a sad look and the wet line left by a tear running down her cheek can be observed. The reason for the distress is made explicit in the description, where a phrase attributed to this woman can be read: "NOW I KNOW THAT MY SURGEON WAS NOT A PLASTIC SURGERY SPECIALIST". The past tense and the tears indicate that the surgery already happened, that something went wrong and that the person responsible for this outcome was a non-accredited surgeon (SACPER, 2018a). In the next section, I shift from the presentation of this hypothetical case to the analysis of the narratives about victims "of" cosmetic surgery present in the media and their role in drawing jurisdictional boundaries in the Argentine market of aesthetic procedures.

3. Victims "of" cosmetic surgery and institutionalization of frontiers

In the year 2022, I conducted a survey of the archives of the newspaper "Crónica" preserved and catalogued in the "Biblioteca Nacional Mariano Moreno" in the city of Buenos Aires. In total, I reviewed 428 newspaper articles covering the period 1950-2009, being able to find numerous notes headed as follows: "The price of youth" ("La Razón", March 5, 1985); "A woman died due to an aesthetic surgery operation" ("La Nación", October 6, 1994); "Fatal scalpel" ("Revista Noticias", March 21, 1998); "A woman passed away in Córdoba after an aesthetic surgery" ("La Prensa", November 23, 2004); "Went for new nose, ended up quadriplegic" (Crónica, October 18, 2008), etc. All these headlines present a common feature: they expose cases of patients who experienced aesthetic, psychological and functional damage (Winance; Barbot; Parizot, 2018) after undergoing cosmetic surgery.

These narratives about victims 'of' cosmetic surgery (Barbot; Cailbault, 2010) began to gain some presence in the Argentine media in the early 1980s, achieving prominence between the mid-1990s and early 2000s. On many occasions, these stories question the 'oppressive' nature of beauty ideals that push women to undergo risky treatments to correct minor bodily imperfections. However, the dominant interpretative scheme in the

presentation of these cases consists of attributing responsibility (Holstein; Miller, 1990) for the damage caused to the technical, infrastructural and moral deficiencies of the people who carried out the procedure.

In this context, the narratives are inserted as a market pedagogical tool that, through the open display of body damage, warns about the risks of being guided by the fame or good prices of the surgeons, urging consumers to consult certified plastic surgery specialists. The voice of the representatives of plastic surgeons’ associations is very often appealed to in order to “warn” about the risk of falling into inexperienced hands and to spread “safe” consumer practices. However, the presence of these experts is not imposed as a necessary condition for these warnings and recommendations to emerge in the journalists’ discourse. The latter shows the public consolidation of a way of explaining the problem of the victims “of” cosmetic surgery that transcends the campaigns propagated by the associations of plastic surgeons.

A very good example is the book “The permanent seduction. Truths and lies of Cosmetic Surgery” written by journalist and Argentinean feminist referent Mariana Carbajal (1999). According to the introduction, she decided to start the investigation when she heard the story of Alicia Romagnoli, a woman from the city of Santa Fe who in 1996 was left in a vegetative state after a multiple aesthetic intervention performed by the “celebrity surgeon” Rolando Pisanú. According to the case report, at least three factors may have contributed to the tragic outcome of the surgery. The first factor is that Alicia chose this surgeon because he had operated on several media celebrities, but she ignored a crucial fact: Pisanú did not have a degree as a specialist in plastic surgery. The second factor is that the “Clínica Excelsitas” where the surgery was performed did not have an intensive care unit and the elevators could not fit a stretcher. The third factor refers to Pisanú’s “negligence” and “imprudence” in allowing the patient to be transferred to a common room without being completely recovered and when she had breathing difficulties.

Starting from that case, Carbajal (1999) discovered “that many women, like Alicia, assume the risk of an operation without much information, minimizing the risks of the surgery”. The problem of the lack of information, she argues, becomes particularly problematic in a context in which the cult of beauty is emerging as a lucrative vein and generates the proliferation of people who enter this market lacking technical and moral capacity. In this sense, the problem is not the medical practice *per se* (“There is no doubt that plastic surgery is a very noble medical specialty. Plastic surgeons cure”), but rather the profit motive with which some people perform it:

The problem in the world of cosmetic surgery is abuse. As the demand for cosmetic surgery increased, the number of doctors who saw cosmetic procedures as a good job opportunity multiplied. The abrupt growth in the number of offices in the field brought with it a certain anarchy and lack of control, which resulted in the appearance of specialists who, instead of attending patients, work with clients. And they convince them that entering an operating room is similar to going to a hairdresser's, avoiding risks and complications associated with aesthetic operations (Carbajal, 1999, p. 6).

Against this backdrop, the book is inserted as a public intervention aimed at “alerting about certain deceptions and abuses suffered in some offices by patients of this specialty” and help “those who decide to enter an operating room for cosmetic purposes to take care of their health”. In this context, the narratives about victims “of” cosmetic surgery that make up a large part of the publication function as support for a diagnosis, but also as warning signs about the consequences that can result from the choice of a surgeon following ordinary consumption patterns. More precisely, the damage openly exhibited operates as a market pedagogical tool that warns about the risks of being guided by the fame or the economic offers of a professional. In addition to warnings, at the end of the book the journalist makes explicit a series of recommendations and informative material on the different types of interventions. Among them, a suggestion that would contribute to minimize the risks of surgery stands out in particular:

The choice of surgeon

It is not an easy task to choose a specialist. Following trends, advertisements in newspapers and magazines or homemade recommendations does not always work. The best thing to do -and this is what the world's surgical societies agree on- is to choose a certified surgeon, who can prove that he/she has continued his/her medical training, that he/she participates in congresses and that he/she is periodically recertified. Consultation with the family physician is also a good option. It is also advisable to consult the Sociedad Argentina de Cirugía Plástica, Estética y Reparadora (SACPER) or its regional affiliates (Carbajal, 1999, p. 137).

Even in the 21st century, victims of cosmetic surgery keep drawing media attention. Probably due to the fame of the victims, the case of Aníbal Lotocki is the most salient scandal of recent years. Several famous women denounced this doctor for injecting “methacrylate” in their buttocks and legs to enhance these anatomical sectors. One of the first to publicly expose the consequences of the treatment performed by Lotocki, was the former “Gran Hermano” Silvina Luna in an interview on Susana Giménez’s program on August 12, 2014: *“In 2010 I underwent studies at the Favaloro clinic, and I had my health impeccable. [...] In 2011 I had surgery, and in 2013 I underwent routine studies, and I had hypercalcemia, which is an excess of calcium in the blood. This caused me to have a slight renal insufficiency”*² (Silvina [...], 2014). In the following years, the cases of famous women would continue to emerge and become public, adding to the list of celebrities such as Pamela Sosa, Stefy Xipolitakis and Gabriela Trenchi.

The damage caused by the treatment would be exhibited through the first-person testimony of these women and in newspaper reports listing the following physical sequelae: diabetes, lupus, hypercalcemia, muscle pain and granuloma formation. In all

² Silvina Luna passed away on August 31, 2023, at the age of 43. Her death generated a wide commotion in the Argentine media, which highlighted the risks of having surgery performed by people who lacked certification in plastic surgery and who use substances not approved for medical use.

the journalistic narratives, the women claim that they were deceived by Lotocki. Some say that the surgeon did not mention that it was an unauthorized material that could cause sequelae, and others that they requested a certain procedure but that the doctor decided to inject the substance without their consent. In any case, what is certain is that the motive behind the use of an unapproved substance seems to be economic. This is what explained the plastic surgeon Guillermo Galgano, member of the SACPER, in an interview on the program “Vivo en Argentina” broadcast by “Televisión Pública” on August 13, 2014:

Now the trend is to say I put Metacrill® and they put Metacrylate. Which is not the same thing. Metacrill is a product that is polymerized, it is prepared to be injected and does not migrate. In Argentina it is used in minimum quantities, to correct small defects. That is why we have big problems, because apart from not using the permitted substances, they use other substances for cost reasons. If I wanted to put 500 centimeters in each buttock, I would have to spend more or less 40 or 50 thousand dollars in products. Therefore, I go to a similar product, similar, but which is not healthy at all, which is methacrylate. That is an acrylic sold in powder form, for the dental industry, for the orthopedic industry. So, since it was the same substance, some professionals thought that it could be replaced. The difference is that with what I pay for one centimeter of Metacrill® I buy 500 centimeters of methacrylate (Vivo [...], 2014).

Publicly, surgeon Aníbal Lotocki is the archetypal representation of the victimizer in the practice of cosmetic surgery, in which several characteristics are condensed: he lacks certification in plastic surgery, attracts his patients based on his charisma, hides information about the risks of the procedures, operates in places that are not authorized and uses filler materials that are not approved. On his shoulders rest two deaths, several legal complaints, and a sentence of four years in prison and five years of disqualification that took place on February 9, 2022, for the injuries caused to the four famous women listed above. Although the protagonists change, the atrocity stories continue to elicit the same type of diagnoses and the same preventive measures to mitigate the problem. Let us see, for example, two television interviews conducted with SACPER members in April 2021 and February 2022 on the news channels “TN” and “C5N”. Both are about the Lotocki case, although the first one is related to the death of a patient after a liposuction and the second one to the news related to the judicial case of the famous injected with “Methacrylate”:

And what I want, above all, beyond sending condolences to the family, is that the population in general, if the death of this patient can help in any way, is to make the whole population aware of the fact that surgery should minimize risks as much as possible. They should be operated in a good place, with pre-surgical studies, in a good sanatorium (SACPER, 2021c).

I do not know Lotocki, I cannot talk about him. But this issue is an opportunity to talk about what is happening to plastic surgeons, which

is professional intrusion. There are people who start performing procedures, who start using substances that are not approved and then end up in this situation. What we have to do in order not to end up in this situation, is to take care of ourselves, nothing else. Be aware, look for qualified professionals, look for plastic surgeons (SACPER, 2022c).

As we can see, the sporadic irruption of the victims in the media landscape constitutes a window of opportunity for plastic surgery specialists to discredit their competitors and publicly justify their aspiration to hold a monopoly over this set of medical practices. I point out that it constitutes an aspiration, because beyond the fact that to the eyes of an unwitting spectator these cases assume the appearance of illegality, the truth is that there is no legal regulatory framework to sanction such a monopoly. The latter will depend in part on the fate of the bill on “Regulation of the practice of plastic, aesthetic and reconstructive surgery” presented by the deputy Karina Alejandra Molina (PRO, La Rioja) in 2019 (Molina, 2019). The bill establishes three central issues: define and list the set of practices encompassed by the exercise of plastic surgery; establishes the formal requirements to practice it; and provides for the creation of a publicly accessible registry of professionals who meet such requirements.

Regarding the first point, it is worth noting the broad definition of the activities that fall within the sphere of “plastic surgery”. Thus, it includes not only medical surgical activities in their reconstructive and aesthetic aspects, but also minimally invasive procedures such as “laser and pulsed light treatments, implants of injectable synthetic materials and application of drugs for medical use to attenuate wrinkles”. On the other hand, if the delimitation of the area of expertise is characterized by being comprehensive, the formal conditions to perform such practices are extremely restrictive. Thus, in “Article 5”, the following requirements are listed: “to be a physician and surgeon” with a qualifying degree; to have “a degree in the medical specialty of plastic surgery” issued by university institutions; to validate the degree of specialist in plastic surgery “before the competent health authority in the government of the professional registration”; and to be registered in the “National Public Registry of Plastic Surgeons” that is proposed to be created with the sanction of the bill (Molina, 2019).

In the foundations, Deputy Molina sets forth a situational diagnosis, marked by an increase in the “demand for surgical practices and aesthetic treatments” and an “exponential rise in cases of malpractice carried out by those who do not prove suitability due to lacking the specialty of plastic surgery”. Despite not providing data to support the claim, responsibility for “health damages” and “deaths” in plastic surgery is attributed to “medical professionals not duly qualified to practice the specialty, or individuals without a medical degree who promise and perform aesthetic treatments that should be reserved for plastic surgery specialists”.

In order to avoid the damage caused by inexperienced hands, the Congresswoman proposes “the creation of a National Public Registry of Plastic Surgeons”, so that the patient can “verify that the person who will perform the procedure on their body and health has the necessary training and knowledge for the required specialty”. In this way,

the practice of plastic surgery is delimited or delegated to those who “have the specific academic and practical training to offer an optimal and responsible service to society”. The approval of the project, therefore, would imply a contribution to “safety” and to “the right to health that any patient is entitled to demand”.

At the time of writing these lines, the bill is in committee in the house of origin. Time and the political will of the legislators will dictate its approval or rejection. For now, we can assert that the crusade of plastic surgeons to discredit their competitors and establish themselves as the legitimate providers of a specialized medical service has transcended the fleeting scandals that fuel daily news broadcasts, finding a place on the parliamentary agenda. Paradoxically, the victims “of” cosmetic surgery emerge as unexpected allies of the institutional consolidation of plastic surgeons in the Argentine cosmetic surgery market.

Conclusion

In this work, I sought to reflect on the Argentine aesthetic surgery market, aiming to identify the jurisdictional disputes that run through it and the public strategies deployed by plastic surgeons to position themselves as the legitimate providers of these services. Regarding the first point, I sought to highlight that far from registering a jurisdictional dispute opposing “experts” and “quacks”, the Argentine market of aesthetic procedures constitutes an arena of porous and historically changing borders in which actors with different degrees of training in the field compete. In this sense, I identified four factors that contribute to this instability: 1. the absence of legal regulations regarding the practice of medical specialties; 2. the comprehensive nature of plastic surgery and the overlapping with other areas of medical knowledge; 3. the economic attractiveness of these practices; 4. technological innovations that open new market niches.

Within this framework, I described the technical and moral demarcation strategies deployed by the association that groups plastic surgeons at national level in the social network Instagram. There, we confirmed that many posts aim to equip consumers to choose certified plastic surgeons, highlighting that the training background of the latter constitutes a technical endorsement to access a “safe” cosmetic surgery. Likewise, we were able to verify that many of the posts are oriented to warn about the risks of “professional intruders”, a term that identifies those people who lack training in the field and who tempt patients through sales strategies typical of the “commercial” world.

In closing, I explored the contemporary media scandals surrounding the victims “of” cosmetic surgery. The presentation of these cases usually stages the damage experienced by a patient, attributing the responsibility of these bad results to the lack of technical and moral capacity of the intervening person. In this context, the body of the victims becomes tangible evidence that shows the lack of regulation of the cosmetic surgery market and operates as an opportunity to warn potential consumers about the need to have surgery performed by surgeons certified in the specialty. The political horizon of this interpretation is the implementation of state regulations that grant a monopoly over these practices to surgeons with the educational credentials to practice plastic surgery.

References

- ABBOTT, Andrew. *The system of professions: and essay of the division of expert labor*. Chicago: The University of Chicago Press, 1988.
- ARGENTINA. *Proyecto de Ley “Regulación del ejercicio de la cirugía plástica, estética y reparadora”*, Expediente 2990-D-2019. Firmante: Karina Alejandra Molina. Buenos Aires: Cámara de Diputados, 13 junio 2019.
- ARREDONDO, José Roberto Santiado. Mastoplastia de aumento realizada por ginecólogo mastólogo: ¿Intrusismo o competencia? *Revista Argentina de Mastología*, Buenos Aires, v. 39, n. 144, p.78-100, 2020.
- BARBOT, Janine; CAILBAULT, Isabelle. Figures de victimes et réparation des violences faites aux corps: Quand la chirurgie esthétique se donne à voir. *Politix*, París, v. 90, n. 2, p. 91-113, 2010.
- BECKERT, Jens; WEHINGER, Frank P. In the shadow: illegal markets and economic sociology. *Socio-Economic Review*, Oxford, v. 11, n. 1, p. 5–30, 2013.
- BISTURI FATAL. [S. l.], 21 marzo 1998.
- CALLON, Michel; MUNIESA, Fabian. Economic markets as calculative collective devices. *Organization Studies*, California, v. 26, n. 8, .1229-1250, 2005.
- CARBAJAL, Mariana. *La seducción permanente: verdades y mentiras de la cirugía estética*. Buenos Aires: Sudamericana, 1999.
- COLLINS, Randall. *La sociedad credencialista*. Madrid: AKAL, 1989.
- CORREA-ITURRASPE, Miguel. Panorama de la cirugía plástica. *Cirugía Plástica Argentina*, Buenos Aires, v. 1, n. 1, p. 78-83, 1977.
- DINGWALL, Robert. ‘Atrocity Stories’ and Professional Relationships. *Sociology of Work and Occupations*, California, v. 4, n. 4, p. 371–396, 1977.
- EL PRECIO de la juventud. *La Razón*, Buenos Aires, 5 marzo 1985.
- FUE por nueva nariz, terminó cuadriléjica. *Crónica*, [s. l.], 18 oct. 2008.
- HOLSTEIN, James; MILLER, Gale. Rethinking victimization: an interactional approach to victimology. *Symbolic Interaction*, California, v. 13, n. 1, p. 103-122, 1990.
- ISAPS - INTERNATIONAL SOCIETY OF AESTHETIC PLASTIC SURGERY. *Aesthetic/Cosmetic Procedures: performed in 2022*. United Kingdom: ISAPS, 2022. Available at: https://www.isaps.org/media/a0qfm4h3/isaps-global-survey_2022.pdf. Access on: 24 mar. 2022
- MALBEC, Ernesto. *Cirugía estética: conceptos fundamentales*. Buenos Aires: La Semana Medica, 1938.
- MURIÓ una mujer por una operación de cirugía estética. *La Nación*, [s. l.], 6 oct. 1994.
- SACPER - SOCIEDAD ARGENTINA DE CIRUGÍA PLÁSTICA ESTÉTICA Y REPARADORA. Ahora sé que mi cirujano no era especialista en cirugía plástica [...]. Buenos Aires, 8 jul. 2018a. Instagram: @sacperargentina. Available at: <https://www.instagram.com/p/Bk9WpXsnT7n/>. Access on: 18 jan. 2022.
- SACPER - SOCIEDAD ARGENTINA DE CIRUGÍA PLÁSTICA ESTÉTICA Y REPARADORA. Estas son las razones por la cual solo un profesional experimentado [...]. Buenos Aires. 25 out. 2018b. Instagram: @sacperargentina. Available at: <https://www.instagram.com/p/BpXBVOzn2C4/>. Access on: 18 jan. 2022.
- SACPER - SOCIEDAD ARGENTINA DE CIRUGÍA PLÁSTICA ESTÉTICA Y REPARADORA. Para tener en cuenta a la hora de elegir un cirujano plástico certificado [...]. Buenos Aires. 29 ago. 2018c. Instagram: @sacperargentina. Available at: <https://www.instagram.com/p/BnFB2RCneR5/>. Access on: 18 jan. 2022.

SACPER - SOCIEDAD ARGENTINA DE CIRUGÍA PLÁSTICA ESTÉTICA Y REPARADORA. ¿Sabías que los cirujanos plásticos con título de especialidad se capacitan [...]? Buenos Aires, 9 jul. 2020a. Instagram: @sacperargentina. Available at: <https://www.instagram.com/p/CHYp9XDHMXv/>. Access on: 18 jan. 2022.

SACPER - SOCIEDAD ARGENTINA DE CIRUGÍA PLÁSTICA ESTÉTICA Y REPARADORA. ¿Te asombran los precios bajos? Buenos Aires, 14 jan. 2020b. Instagram: @sacperargentina. Available at: <https://www.instagram.com/p/B7TA0hllaIO/>. Access on: 18 jan. 2022.

SACPER - SOCIEDAD ARGENTINA DE CIRUGÍA PLÁSTICA ESTÉTICA Y REPARADORA. No creas todo lo que ves. Buenos Aires, 11 fev. 2020c. Instagram: @sacperargentina. Available at: <https://www.instagram.com/p/B8clirzFPVF/>. Access on: 20 jan. 2023.

SACPER - SOCIEDAD ARGENTINA DE CIRUGÍA PLÁSTICA ESTÉTICA Y REPARADORA. ¿A qué especialista consultarías para realizarte una mastoplastia reductora? Buenos Aires, 7 maio 2021a. Instagram: @sacperargentina. Available at: <https://www.instagram.com/p/COkU-wyHpML/>. Access on: 20 jan. 2023.

SACPER - SOCIEDAD ARGENTINA DE CIRUGÍA PLÁSTICA ESTÉTICA Y REPARADORA. ¿A qué especialista consultarías para realizarte una auriculoplastia? Buenos Aires, 5 maio 2021b. Instagram: @sacperargentina. Available at: <https://www.instagram.com/p/COFU-MRsetH/>. Access on: 20 jan. 2023.

SACPER - SOCIEDAD ARGENTINA DE CIRUGÍA PLÁSTICA ESTÉTICA Y REPARADORA. ¿A qué especialista consultarías para realizarte una rinoplastia? Buenos Aires, 16 abr. 2021c. Instagram: @sacperargentina. Available at: <https://www.instagram.com/p/CNuQQXHsUjn/>. Access on: 20 jan. 2023.

SACPER - SOCIEDAD ARGENTINA DE CIRUGÍA PLÁSTICA ESTÉTICA Y REPARADORA. ¿Confiarías tu rostro a una persona que no estudió medicina? [...]. Buenos Aires, 25 jun. 2021d. Instagram: @sacperargentina. Available at: <https://www.instagram.com/p/CQjCK57h7h4/>. Access on: 20 jan. 2023.

SACPER - SOCIEDAD ARGENTINA DE CIRUGÍA PLÁSTICA ESTÉTICA Y REPARADORA. ¿Te harías ortodoncia con un cirujano plástico? [...]. Buenos Aires, 7 jul. 2021e. Instagram: @sacperargentina. Available at: <https://www.instagram.com/p/CRB7xyLLsoh/>. Access on: 20 jan. 2023.

SACPER - SOCIEDAD ARGENTINA DE CIRUGÍA PLÁSTICA ESTÉTICA Y REPARADORA. ¿Te harías ortodoncia con un cirujano plástico? [...]. Buenos Aires, 7 jul. 2021f. Instagram: @sacperargentina. Available at: <https://www.instagram.com/p/CRB7xyLLsoh/>. Access on: 20 jan. 2023.

SACPER - SOCIEDAD ARGENTINA DE CIRUGÍA PLÁSTICA ESTÉTICA Y REPARADORA. ¿Te harías un implante dental con un cirujano plástico? [...]. Buenos Aires, 14 jul. 2021g. Instagram: @sacperargentina. Available at: <https://www.instagram.com/p/CRU17kAM0yF/>. Access on: 20 jan. 2023.

SACPER - SOCIEDAD ARGENTINA DE CIRUGÍA PLÁSTICA ESTÉTICA Y REPARADORA. Lo más importante es la salud del paciente. Buenos Aires, 26 mar. 2021h. Instagram: @sacperargentina. Available at: <https://www.instagram.com/p/CM4MHzhHNcn/>. Access on: 20 jan. 2023.

SACPER - SOCIEDAD ARGENTINA DE CIRUGÍA PLÁSTICA ESTÉTICA Y REPARADORA. Nota a Carlos Trillo. Buenos Aires, 20 abr. 2021i. Instagram: @sacperargentina. Available at: <https://www.instagram.com/p/CN5iN7mFwer/?hl=es-la>. Access on: 20 jan. 2023.

SACPER - SOCIEDAD ARGENTINA DE CIRUGÍA PLÁSTICA ESTÉTICA Y REPARADORA. QR credencial de miembro SACPER. Buenos Aires, 25 jul. 2021j. Instagram: @sacperargentina. Available at: <https://www.instagram.com/p/CRv9gAvswH/>. Access on: 20 jan. 2023.

SACPER - SOCIEDAD ARGENTINA DE CIRUGÍA PLÁSTICA ESTÉTICA Y REPARADORA. ¿Qué es el intrusismo? [...]. Buenos Aires, 7 nov. 2022a. Instagram: @sacperargentina. Available at: https://www.instagram.com/p/Ck_trbMOTNp/. Access on: 20 jan. 2023.

SACPER - SOCIEDAD ARGENTINA DE CIRUGÍA PLÁSTICA ESTÉTICA Y REPARADORA. Entrevista a Jorge Wetzel. Buenos Aires, 9 feb. 2022b. Instagram: @sacperargentina. Available at: <https://www.instagram.com/p/CZxEHZ9pGnI/?hl=es-la>. Access on: 20 jan. 2023.

SACPER - SOCIEDAD ARGENTINA DE CIRUGÍA PLÁSTICA ESTÉTICA Y REPARADORA. En las redes sociales vas a ver promociones en cirugía plástica [...] Buenos Aires, 15 abr. 2022c. Instagram: @sacperargentina. Disponible en: <https://www.instagram.com/p/CkeQnAgs3bv/>. Acceso en: 18 jan. 2023.

SCHENONE, Emilio Gustavo. *Siliconomas mamarios por inyección: clínica, diagnóstico y tratamiento*. 2008. Dissertação (Doutorado Medicina)- Universidad de Buenos Aires, Buenos Aires, 2008.

SILVINA Luna y Metacrilato, Lo Que Le Ocurrió. By Susana Giménez. Buenos Aires: TELEFE, 2014. 1 vídeo (2 min.). Available at: <https://www.youtube.com/watch?v=DabCuC4Y5wA>. Access on: 15 jan. 2022.

SULLIVAN, Deborah. *Cosmetic surgery: the cutting edge of commercial medicine in America*. New Jersey: Rutgers University Press, 2001.

UNA MUJER falleció en Córdoba luego de una cirugía estética. *La Prensa*, [s. l.], 23 nov. 2004.

VIVO en Arg - Debate sobre cirugías estéticas. Buenos Aires: TV Pública, 2014. 1 vídeo (10 min). Available at: <https://www.youtube.com/watch?v=XrLUk6KUDg4>. Access on: 15 jan. 2022.

WINANCE, Myriam; BARBOT, Janine; PARIZOT, Isabelle. From loss to repair. A study of body narratives in patient claims for medical injury. *Sociology of health & illness*, New Jersey, v. 40, n. 1, p.53-66, 2018.

*Minibio of the Author:

Joaquín Molina. PhD in Sociology from the Universidad Nacional de San Martín and from the École des Hautes Études en Sciences Sociales (2023). Faculty member at the Universidad Nacional de San Martín and at the Universidad de Palermo. Research funded by CONICET (File n° 165506). E-mail: joaquin_molina86@hotmail.com.

Review 1: [Review 1:](#)

Reviewer 3: Camila Silveira Cavalheira ;

Section Editor: Elton R. Corbanezi .