

PLASTIC SURGEON PODCAST

Code Brown, Crushes and Gender Assigned at Birth

SPEAKERS

Dr. Javad Sajan, Sabrina Sajan

Sabrina Sajan 00:00

Ever wonder what motivates people to get plastic surgery?

Dr. Javad Sajan 00:03

Do they regret it?

Sabrina Sajan 00:03

What can we learn from the weird and wild things that happens at our plastic surgery clinic? We're going to tell some stories, get some lasts and learn on.

Dr. Javad Sajan 00:11

Clinic talk with **Sabrina Sajan**.

Sabrina Sajan 00:13

On the plastic surgeon podcast.

Dr. Javad Sajan 00:14

Hello friends, I'm **Dr. Javad Sajan**. And of course, I'm here with my lovely wife and CEO of Allure Esthetic **Sabrina Sajan**.

Sabrina Sajan 00:40

Welcome back. And thanks for listening. And please rate us and view us on Apple podcast for more great stories. On clinic talk we tell real stories of fun, strange, hopeful, and educational things that

happen at our clinic from day to day.

Dr. Javad Sajan 00:53

We get a lot of weird and hilarious things happening at the clinics.

Sabrina Sajan 00:57

You can find all the info at allureesthetic.com. If you want more info.

Dr. Javad Sajan 01:01

So **Sabrina**, what clinic happenings are we talking about today?

Sabrina Sajan 01:05

So yeah some exciting things that we're going to be talking about today. I'm starting with the first thing which is Code Brown. Then we're going to go on about gender assigned at birth, and then the third most exciting topic for the day is crushes.

Dr. Javad Sajan 01:21

Ooh I don't know if I want to be here for that third topic, Alex, you better get me out or protect. So **Sabrina**, what was the first thing you said?

Sabrina Sajan 01:33

Code Brown. So let's start off with this, you know, this happened a week or so ago where we're about to get up and I get my phone's going off and it's ringing and I'm like, Oh goodness, what just happened?

Dr. Javad Sajan 01:47

We're sleeping, right?

Sabrina Sajan 01:48

Yeah. And I was like, Oh, someone's texting me. And I push you and I was like, get up, get up. There's something going on. What's Code Brown. Like, I've never heard about this. Is this just like a secret, like

something that I don't know.

Dr. Javad Sajan 02:02

So the nurse texted you and said, we have a Code Brown in the pre-op marking room, right?

Sabrina Sajan 02:08

Yes, and I'm all confused. Like something really happened. The patient's not maybe not feeling well, or there's an emergency. I was like, what is this? I've never heard about this.

Dr. Javad Sajan 02:19

So, **Sabrina** shakes me, literally wakes me up as, Hey, what's the Code Brown. And I'm like, just relax. It just means the patient pooped in the chair. Sometimes that can happen. People get nervous. Right? And people don't know this, but even poop. Yeah. Like poop, you know? So people get nervous and anxious when remarking them sometimes. They can have these visceral or innate reactions while they'll poop, which is a Code Brown. Sometimes it can pee. It's called a Code Yellow. And you know, it happens and we clean it up, obviously move on. But what people don't know as a lot of the times, not every time when people are in surgery, I'm going to do, let's say we're doing a lipo case or tummy tuck or something. Sometimes they have a Code Brown.

Sabrina Sajan 03:05

While they're asleep.

Dr. Javad Sajan 03:06

While they're asleep while we're doing the surgery. And the way we'll usually know is we'll hear the flatulence or give a flatulence means.

Sabrina Sajan 03:16

No.

Dr. Javad Sajan 03:16

Flatulence is a fancy word for saying farty. Yep. So we'll hear the flatulence.

Sabrina Sajan 03:21

Or do you guys start smelling stuff?

Dr. Javad Sajan 03:23

Yeah. So that's the number of second way we know the second way we know it will actually smell poop. And then obviously, you know, we respect the patient dignified and then the newest nurse has the pleasure of cleaning everything up and doing all of that. So the most junior person on the totem pole.

Sabrina Sajan 03:41

Oh man. The newbie.

Dr. Javad Sajan 03:43

Yes. Yes. And it's because you don't become a real healthcare provider and all of us have done it. I've done it, until you wiped it but, you got to scoop the poop.

Sabrina Sajan 03:52

Yeah.

Dr. Javad Sajan 03:53

So that's a Code Brown.

Sabrina Sajan 03:55

That's called real patient care.

Dr. Javad Sajan 03:56

Absolutely. And a lot of places, especially where I trained right? Things like that happened. And we're talking about it after the fact now, but they like, they make fun of the patient. They joke about it. We never do that. From the beginning I always believed when you serve a patient and when they're on the

table, you treat them the same way you treat your mom, dad, brother, or sister or wife. And so obviously when that happens, you know, we know we make sure it's not contaminating the sterile field. Right? And then we do what we have to do and we get it cleaned up nicely with proper wipes and all that.

Dr. Javad Sajan 04:30

And then we continue the course. So that's really important. I know where I did my training. It wasn't like that at all. I'm not going to name anybody, but I remember when people were asleep, **Sabrina**, the doctors would often say bad things about the patient. Sometimes, you know, I never did this or participate in it, especially during a BBL. You know, I'm not going to say any names, but I remember this one person who used to slap the buttock. I mean, I don't know how anybody could ever do that and call themselves somebody who's altruistic and caring is out of my thought process. I just could never imagine. And I remember when this person did this, right? This person thought it was funny and relish the fact, and when this person left or all the staff would say would be bad things about him. Like, how does he do that? That's so disgusting. But while he's doing it, because this person was the boss, everyone's like, Oh wow. It's so cool. Yeah. You made it really big. But what you do behind closed doors, I think is a bigger definition of who you are obviously than what you do in front of people. What do you think about that?

Sabrina Sajan 05:37

Definitely. I think it's important. And you know, as being that person or boss person in the room, in the surgical room, it's really important because you are a role model. You want to make sure the nurses attacks and whoever else are there with you, you know, kind of follow you know, the way you treat the patients and, you know, goes down the lines. It's really important that we set that standard for everyone from top to down.

Dr. Javad Sajan 06:00

Exactly. And, you know, there's this one saying that's such a cliché, but it's so true. And that's like, you know, power corrupts. And when you're in charge, you obviously get away with a lot more and people know they have to follow you. But that doesn't give you the right to take away people's dignity. And I think people make fun of others while in surgery or while they can't hear it, even if someone, you know, like in our office, we're not allowed to use the C word crazy. It's not allowed. Anytime someone says that, we'll write them up because how you talk about someone behind their back when they can't hear is a level of disrespect, lack of humanity. And it takes away a lot from the practice and the culture comes from the top down. Right. So dignity is so important. Something I really focus on. So that's our first topic Code Brown, Code yellow. Everybody knows what that is. What's our second topic **Sabrina**?

Sabrina Sajan 06:50

So the next topic we're going to talk about is I remember you had a patient that was not honest about their gender assigned at birth. Can you tell us a little bit about that experience?

Dr. Javad Sajan 07:02

So I'm doing a consultation for a patient and under intake form. We ask what's your gender assigned at birth and what's your gender identity? Cause they're two different things. So before this, you know, our forms a year, a couple of years ago, we used to ask genetic gender. And then one of the patients got really offended **Sabrina**. I remember that. And so we changed it to gender assigned at birth because when we used to write genetic gender, people felt that wasn't right, because the genes might not be descriptive of what they identify with. And you know, something that is very binary and many people believe gender is fluid as a non-binary thing. So we changed it to gender assigned at birth. And this person put both on their intake form, but gender identity that put female. So then I'm doing the consult and I need to the patients that are for a consultation for body surgery, I'm not going to say what kind of body surgery and the person identifies as SIS, right?

Dr. Javad Sajan 08:03

So there's SIS often. And then trans gender is another word to describe someone's self. And I asked the person, what was your gender assigned at birth? Because I didn't know what it was cause they wrote both. And the reason I want to know this is if you're looking for body surgery, I have to create sculpt and make a body that fits the physique you want. And even though she identifies her gender identity as female, if I don't know what she was assigned at birth, I can't really understand the anatomical changes I'll be going after. And the reason for that is because the fatty deposits in the body are oftentimes linked to your gender assigned at birth. So when I know if your gender was male, I have a better understanding of how much I can bring the waste in or not how much fat I can put in the breast.

Dr. Javad Sajan 08:49

When I'm doing a tummy tuck, I can understand what do I have to do to lift up the pubic area? What kind of dissection will I need? What kind of diastasis am I dealing with? All of these things are running through my mind and I'm in the consult and consult the patient and what I can achieve. So that's why I asked that. So this person put both and they put gender identity as female. So I asked him and their medical history was completely clear, but they just put, they had vaginal surgery, but nothing, no more details.

Sabrina Sajan 09:17

Nothing. They put vaginal rejuvenation.

Dr. Javad Sajjan 09:19

Correct. You're right. So then during the consult, I asked them, Oh, what's your gender assigned at birth? And again, we stopped asking genetic gender. Cause people got offended because they were assigned that gender. You know, that he didn't choose it. And genetic gender is not a good word. I can understand that. So she told me, "Oh, I'm female. And then I was assigned female at birth". And then she said, her identity is female, and then in the surgical history, like you said, there was vaginal rejuvenation. So I asked, can you please tell me what this is? Because vaginal rejuvenation is often something called labioplasty many women get this after kids because the laybia can sag and stick out. Especially when people are wearing bathing suits and underwear. And it doesn't, some women feel it doesn't look nice. And some women even say, can look like a penis. So many women or some women will get their laybia trim, tighten, shrank different ways of doing it. I don't do that, but there's ways of doing that. So it's not an uncommon procedure, but this person wrote this and they had no history of pregnancy.

Dr. Javad Sajjan 10:24

Typically not always women who get labioplasty vaginal rejuvenation about pregnancy, which causes a sagging. Does that make sense? All right. So then I'm like, okay, tell me about this. And she said, Oh no, it wasn't rejuvenation. I had vaginal reconstruction. And then I'm like, okay. And I asked her, can you please tell me more? She's like, no, I had a traumatic thing that happened to me. I don't want to say anything more. It was very traumatic. And then perhaps some kind of reconstruction. So I'm like, okay, you know, I'm sensitive to that. And then I asked her again, can you please tell me what gender was assigned at birth. And I even asked the genetic gender. Cause at this point I'm like, okay, maybe I'm missing something. That's, aren't adding up. And she still says female. I'm like, okay.

Dr. Javad Sajjan 11:06

So most I can do clean medical history. We proceed on, we do the consultation. We give the quote and then she signs up for surgery, right? So day of surgery before our anesthesia provider calls all the patients and he saw the same thing on the intake. So, you know, Patrick is a very excellent. He's the best anesthesia provider I feel in the state, probably in the world. Amazing. He only does my cases exclusively. He's like he's like doctor, the doctor, doctor with his hands were up in the air, all excited. You know, his face red, ears read comes running to me because he just become red very easily when he gets excited. He's like what's this patients gender, you know, or gender assigned at birth and I give them the spiel. And then so he does the phone call.

Dr. Javad Sajjan 11:51

He doesn't get any more information then I do. And the reason we're asking about this is because during the surgery for this body surgery, we put a Foley catheter in. And if someone has had, what's called a vaginoplasty or creation of a vagina, we always talk to the doctor who did that surgery to

understand where we put the catheter because when they take a penis and make it into a vagina, they have to edit and change the urethra and they have to fold things in. And that patient is dilation. There's all these things that can happen. As granulation tissue, there's bleeding. So it's a totally different and anatomical boundaries, you know, and putting in a Foley and that person can be very risky, can be dangerous and he can caused trauma and damage to their existing situation. The other thing is when someone's had a vagina created, they often have to dilate every day.

Dr. Javad Sajan 12:41

Otherwise it closes up. So we want to know what's going on. Right? So Patrick pursues it more and he's like, tell me about the vaginal reconstruction, because I can't proceed with surgery, unless I know exactly what happened. So then she finally tells Patrick, well, I just had worked done on the outside of my vagina. Everything on the inside is normal. You don't have to worried about anything and Patrick's like, okay. Tell me more because you know, Patrick is, he's like a detective.

Sabrina Sajan 13:06

Yeah, he will not stop.

Dr. Javad Sajan 13:07

He will not stop. He will keep going and going and going until he is satisfied, he feels that-

Sabrina Sajan 13:12

The patients say for surgery.

Dr. Javad Sajan 13:14

Exactly. And so she's like, Oh, I only had worked out on the outside of my laybia. Yeah. that's it, they were too big. So we're like, okay, we'll go with that. That shouldn't impact the catheter placement because of labyia on the outside. So we were like, okay, we'll go forward. And she doesn't want to tell us the name of the doctors that was many years ago. The doctor is not in town and not available. So we get this whole story. So we're like, okay. We tell her to put the catheter in, we get permission. We do all this. So the day of surgery arrives, Patrick clears for surgery and you know, they put it asleep and then they're putting the Foley in. And then the nurse who puts the Foley in in the procedure of putting the Foley in, you have to gently open the vagina, then placed the catheter in. And when she tries to do that, the anatomy is complete altered. And we're doing a larger case. That's a few hours long.

Dr. Javad Sajan 14:04

So we need a catheter placement for this operation. And since we do a lot of gender affirming surgeries, we're comfortable and used to working on people. Who've had a vagina created. So the nurse is uncomfortable doing, she doesn't know the anatomy. So let me call Patrick, you know, he comes in because he's done a lot of these and Patrick looks and it looks like a Neo vagina or vagina has been created surgically because we know those incisions we see them often. And then Patrick sees the pathway for the Foley catheter. He calls me, he's like, doctor, we have a situation here. Patient's asleep, already had anesthesia. We have consent to do the surgery and the Foley. I can place it safely. Are you comfortable if you proceed or do you want to cancel? So at this point, I'm in this situation right where I have a patient who's having a significant aesthetic surgery, which now I know is more gender affirming surgery. Right? My surgical plan doesn't change, but what do I do about this Foley situation? Do I abort when I know we can place the Foley and proceed, and this person's planned their entire life around this day? Or do we keep going, what do you think?

Sabrina Sajan 15:17

Yeah, it's a really difficult decision, you know, it's a plan that the team had in place and then, you know, they had to adjust and readjust based on what they saw at the, you know, when they were putting, you know, after they put the patient asleep, because at the time you can't ask the patient anything. So it's, you know, it's doctor's kind of decision to kind of let the team know what he like to do.

Dr. Javad Sajan 15:40

Yeah, exactly. And oftentimes we'll go to the caregiver if we have to make on the spot decision, but this person's caregiver was a medical service. They had hired for the care. So we didn't have like the next person in line type of thing to ask. So and the other thing, you know, when you think about this, this person's been waited six months to get on the table, to get on the surgical schedule with me and all these things that have to happen for them. And so in this situation, I'm really thinking hard and what's the best thing to do for this patient. Do I bought the surgery and not do anything and then wake them up? And they're probably going to tell me the same thing again, which is, you know, and this is what I had and do I put them through that stress and discomfort.

Dr. Javad Sajan 16:27

And obviously they have some level of dysphoria and psychological trauma. That's why they were hiding it. I feel, you know, usually when people don't talk about something like that, they've gone through a lot. And I felt that the story she gave us, because I asked her multiple times. And so did Patrick, she made herself believe it. And for her, that was true. Although it may not have been the factual statement by in her mind, it is what has happened. And that's how she is where she is today. So I thought about it really hard. And I said, "Patrick, if you feel you can safely place the Foley without any injury, let's proceed". We

have consent. I feel free about, there's nothing we're going to do differently. Now, if it would have a board and I could do something differently, then I would've considered it more.

Dr. Javad Sajjan 17:16

So we decided to proceed and Patrick placed the Foley. It was as we expected challenging, but nothing extraordinary, a Foley catheter, people often don't know what that is. So when you're doing a longer surgery, we like to measure the urine output. So the Foley catheter, it looks like a long elongated slender balloon, like a piece of latex or non-latex base that you feed through the opening of the urethra or the penis all the way into the bladder. And then the end inflates, then you inflate the end and it sits in there. So I'm sorry if people do it wrong, they get inflated during the passageway and ripped the passageway. You follow me. So Alexa can balloon, so it can come out. So basically Patrick places at no issues, we do the surgery. Surgery was a wild success. And catheter went in and out now issue, patients doing amazing, amazing. And you know, the one thing from this is I was asked patients, whatever it is that you're doing, we're not doing tell us the truth. At the end of the day, this is about your safety and your life. And the more we know the better we can do for you, the last we know the last decisions we're going to make for you.

Sabrina Sajjan 18:33

Yeah. I think it's really important that patients understand that, that, you know we're asking these questions because we want to provide the best care. And we appreciate all honesty that they give us. And it becomes very challenging when we find things out after the fact or when patients are already asleep, because it's really hard for us to make that decision without the patient, you know, kind of asking them what they like to do, but it's just best if they just be truthful, day 1.

Dr. Javad Sajjan 19:03

Now I know we started a policy recently. Now we're having everyone give us their ID that we scan to the electronic medical record. Why did we start that?

Sabrina Sajjan 19:13

We started that because we had an instance where a patient came in for a consultation. You know, our consultation paperwork does say legal name, and then it says preferred name. You know, we're very respectful for people's preferred names and you know, we call them by their preferred name. But since we're doing, going to be doing surgery on patient, we have to know their legal name because they're going through a surgical process and, you know yeah, we just need to know because of the consent that they have to sign. So the patient wrote, you know, the same name on the legal name line and the same name on the preferred name line. And then, you know, we're going about patient signs up for

surgery and you know, patient comes to surgery day with their caregiver which is one of their best friends.

Sabrina Sajan 20:02

And that's been their best friend for like, since childhood and when the patient gets into the room and the nurses checking the patient in the nurse of course asks could you please tell me your legal name and your date of birth? That's how she would start off. And when the patient says that the caregiver says that's not your name.

Dr. Javad Sajan 20:24

What?

Sabrina Sajan 20:24

And the nurse just looks at the caregiver and the patient, you know, it takes a double-take and then the patient says "No that is my name. My name is", you know, so-and-so and now there's like this altercation happening between the caregiver and the patient.

Dr. Javad Sajan 20:40

And the nurses in the middle.

Sabrina Sajan 20:41

And the nurses in the middle nurse, like I just need to know the legal name of the patient in order to proceed. And the patient says the same name again, and the caregiver says that's not your name. You said that was not your name when we were in elementary school and they're going back and forth. And you know, the nurse says you know, I'll be back in just a few minutes. You guys, you know, I don't want to be in the middle of this, take a few minutes to talk it out and I'll be right back. And the nurse comes to me and, you know, and I think it was Patrick, that was actually the CRNA comes to me, Patrick, and, you know, doctor and saying, she's like, I don't know what the patient's legal name is. And I said, well, what do you mean it's on the paperwork? It's, you know, everywhere. And of course at that time we were not collecting IDs, you know, so we were kind of going based on what the patient was saying. And, you know, we were trusting the patients. And you know, the chart has been made for the patient. The consents have been signed.

Dr. Javad Sajan 21:37

It's like 30 to 40 pages in a one hour process with the pre-op appointment.

Sabrina Sajan 21:40

Correct. So the one hour pre-op appointment is completed. The 40 pages of documents have been signed with this name on there. And now there's this confusion. What's the patient's name. So then doc, I remember, I think you ended up going into the room.

Dr. Javad Sajan 21:55

Yeah. I was like, "hi, nice to see you. I'm going to do great surgery for you, but I need to know your real name. And I'm going to ask for your ID right now", because what happens is I want to do the best I can for this patient. And what's happening is there's other patients who having surgeries that day. We do more than one. The whole day is getting delayed, which put stress on the patients who are waiting. Right? Cause they've been waiting for this for months, if not years and all this, the whole process. So then we got, got the ID and we changed all the paperwork, right? The whole day was delayed, like two hours.

Sabrina Sajan 22:25

Yeah. So we ended up getting the ID from the patient. And of course, what the caregiver was saying was true. The patient was being dishonest with the nurse and our staff. And we had to redo the entire pre-op packet, do make the entire surgical chart again. And it was a two hour process that we basically had to redo because patient was being dishonest.

Dr. Javad Sajan 22:46

And sometimes the patient's waiting get a little bit mad and upset. And I totally understand that. I can share it with everybody who's listening today, that nobody wants to be late. And usually when we're running a little bit late in surgery day, it's because there's a legitimate reason. And we try not to do it. It happens sometimes the operation's complicated, like today's Fridays was a little bit more complicated. I'll talk about that next clinic talk. But you just have to be careful and be honest, and it's not an issue.

Sabrina Sajan 23:18

That's an many important thing is patient need to be honest. And the reasons we ask these questions and the reason we need to know honesty is because, so we can provide the best care. And I think I feel bad for the patients that are after because sometimes they get delayed or we'll give them a call and tell

them, you know, we're running a little behind, please don't come until so-and-so time. And patients often will not reply with nice words towards us.

Dr. Javad Sajan 23:45

The sometimes those little things, you know, I can understand how it was frustrating, but there's always a story. And the longer our practices around the more rules we have, and I can share with everybody, every rule has a story. And if you really want to know, just ask me and I'll tell you the story, because I probably remember it.

Dr. Javad Sajan 24:03

Now, the next thing we're going to talk about our final topic today is crushes. All right, **Sabrina**.

Sabrina Sajan 24:10

Yes.

Dr. Javad Sajan 24:11

I can only imagine some of the challenges that you have and, you know, working with me and it's such a privilege and such a pleasure to work together. A lot of people can't make husband, wife, things work, and we make it work because we both have a passion for the people we serve. Number one, obviously it's so important. And certainly number one with that is, you know, we love each other and we work through all the little things that come up. Now, do we have little scuffles? Like everybody, absolutely right. But they're very small and minor at the end of the day. I think what really helps us get through things is understanding one important concept. And that concept is no matter what little scuffles I like that word it's made up. Happens is at the end of the day we are together and we're going to make it work. You have to remember that. Right? And in that we have a practice and we employ a lot of diversity, but a lot of the staff through happenstance are women. And so **Sabrina** how was that? Tell me.

Sabrina Sajan 25:09

It can be challenging at times, let me talk about one example and then I'll give a few more after that.

Dr. Javad Sajan 25:20

Oh, be gentle because people are listening.

Sabrina Sajan 25:22

I'll try to be as discreet as possible. I think sometimes people forget that doctor is married. And you know, I understand he's a handsome looking man which is why I'm make him wear his ring all the time.

Dr. Javad Sajan 25:41

Oh, I saw this meme, somebody wearing blue gloves, like a medical worker. And he had his ring on top of his glove and the meme said I'm more scared of my wife than Corona. [laughing]

Sabrina Sajan 25:55

Not surprised. But a lot of times I think staff or other individuals that have worked with us sometimes will forget that. And they don't realize the boundary that they have, or, you know, maybe they forget that you're married or they forget that you are basically their boss or the surgeon here. And they'll try to be discreet as possible, but I can see through everything and sometimes they'll try to say stuff that I can understand how it can be a little bit too nice. Have you felt that?

Dr. Javad Sajan 26:41

No, I never felt that, but I can see what you're saying sort of.

Sabrina Sajan 26:49

So they'll say some, you know, sweet things or things that may come off as the employee or whoever is being a little too nice or has a little crush on you. And then, you know I'll have my Hawk eyes on them and I'll watch them and I'll sometimes see them kind of bump into you, or maybe they're walking by, they're like, Oh, sorry, doctor. Sorry. And I'm like, you did that on purpose.

Dr. Javad Sajan 27:19

It doesn't happen often. It's very rare.

Sabrina Sajan 27:21

You see it rarely.

Dr. Javad Sajan 27:22

I don't see it. I only see you. So now we had to get a cut out mate, because things were getting a little bit out of hand, right?

Sabrina Sajan 27:31

Yeah.

Dr. Javad Sajan 27:31

What's the cutout first?

Sabrina Sajan 27:32

Well, you know, we also have patients that are super excited when they come in for the consultations and they're excited to come see you. And there would have been many times where patients have asked for pictures with doctor, this is pre Corona. Thank God for Corona.

Dr. Javad Sajan 27:48

You gotta explain that.

Sabrina Sajan 27:50

Yes, basically.

Dr. Javad Sajan 27:52

Disclaimer, we don't support, we don't support the virus. Nobody wants the virus, **Sabrina's** going to circle back.

Sabrina Sajan 27:59

But basically patients would come in and they would ask for pictures and you know, of course we have to be nice and, you know, we love our patients and, you know, sometimes they'll come and get pictures

and they'll try to get inside the doctor's arms and they'll wrap their arm behind his waist and get a little too close where their body parts are touching my husband and that makes me very uncomfortable. So to eliminate that we got this live size cut out made of Dr. Sajan that patients can stand next to and take pictures of, and they don't have to take it next to you and they can hug the cutout as much as they want.

Dr. Javad Sajan 28:41

Yes, yes. So we have a life-size cutout in Seattle. It's my Bitmoji. It looks very much like me doesn't have as much white hair though. And so we got that and I totally respect that. You know, I understand where you're coming from. I remember **Sabrina** and I initially we had a long distance relationship and I remember that we used to post the patient pictures on Snapchat. And I really remember this very clearly. There was an amazing, nice patient, but, you know, for them it's I understand it was an exciting event. He took a picture with this patient, actually, they were transgender. Remember? and so we put it on our Snapchat and then within two minutes, my phone was blowing up from **Sabrina** blowing up. What's that picture? Why is that on your Snapchat? Do you need it right now? Remember?

Sabrina Sajan 29:27

I don't know.

Dr. Javad Sajan 29:30

Because of that and I respect that totally with it. I can understand that comes across. I wouldn't like that at all. So if the rules were flipped, obviously, so we got, I ordered.

Sabrina Sajan 29:39

Hence, I work with you.

Dr. Javad Sajan 29:40

Yes. Thank you. I know. Now, I can talk about my personal possessive issues, but so we got our cut out made, and now everybody can have pictures with the cutout and now with Corona, it's not even an issue. Right? That's what, what did you mean by that?

Sabrina Sajan 29:53

Yes. So basically I've met them because of Corona now. And no one can shake doctor's hand. No one can hug the doctor. No one can try to get close. So I'm kind of happy about the rules of Corona.

Dr. Javad Sajan 30:05

Yes. Yes. We are very all social distancing.

Sabrina Sajan (30:10):

And then going off of all those items sometimes I feel like people forget you know, a lot of their comments and the messages they send through Instagram and social media. There's quite a bit of thirsty people out there.

Dr. Javad Sajan 30:30

It's not, you know, we get some very unique messages.

Sabrina Sajan 30:33

Seattle is thirsty.

Dr. Javad Sajan 30:33

There's a lot of messages that are special. Yeah.

Sabrina Sajan 30:36

Yes. So the doctor doesn't have to go through these special messages. Our social media coordinator handles them from now on out and basically there was an instance that I like to highlight during this segment where an individual female individual set VP pictures.

Dr. Javad Sajan 31:02

Yeah, that was before the social media coordinator a woman person more than one, you know, they would send us pictures of anatomy. I remember I had one patient who is a well-known adult entertainer and she snapped herself performing.

Sabrina Sajan 31:26

And then showing her bodily fluids.

Dr. Javad Sajan 31:29

Correct. And she sent those on Snapchat and then came the social media coordinator to receive all direct messages.

Sabrina Sajan 31:39

So myself, nor the doctor appreciate those.

Dr. Javad Sajan 31:42

Exactly. Certainly I love our patients are welcome to send us any messages, but in this, you know, what we do, we walk a very tight we certainly appreciated people's direct messages that are questions, comments, anything related to what we do or how we do it. However, we have to be decent people. We have to respect each other. And sometimes, no, not sometimes every time sending a picture like that, is this crosses the boundary that we don't do. Now, there are some doctors out there yet, you know, them, you know, they like that to respond to it. They want it definitely not me. I love hearing from our fans and patients, and I'm happy to hear from them in a nice manner about whatever they want to relay, but not pictures that are nudity or pornographic or anything like that. It's just, it doesn't have any role here. You know, we don't look at it. We don't stand for it. And you know, those people get blocked.

Sabrina Sajan 32:39

Yeah, definitely. There's man out there that have gotten blocked in the past due to the inappropriate messages or inappropriate pictures.

Dr. Javad Sajan 32:49

Exactly. And I think in our practice, especially because, you know, we do deal with people's anatomy. I think we're even more vigilant about this, that when we see anyone trying to cross a line and thank God, it's never happened with our staff, but even if we get the feeling that someone's going to cross the line or thinking about crossing the line, we nip that right away.

Sabrina Sajan 33:11

Yeah. I remember I remember a employee that we had and I think made a slight comment. And we terminated that employee on the spot.

Dr. Javad Sajan 33:19

Yeah. It was a woman employee who commented on how nice a man looked. And it wasn't necessarily evil, but it was set in a very not nice way, you know, just like, you know, we don't, we never make comments of women's anatomy. Don't make comments of man's anatomy. And so we're very strict. We have zero tolerance if anyone even starts walking that path and they're terminated right away.

Sabrina Sajan 33:50

Yeah. You know, we respect all our patients and we treat them like patients and our staff and, you know, our team definitely knows that and, you know, we'll treat them with all the love and all the respect, but we want to make sure that we, you know, we have that line and we know that we don't cross that.

Dr. Javad Sajan 34:07

That was an exciting couple of weeks of the things we went through. Thanks for listening to clinic talk on the plastic surgeon podcast. It's been fun. Please rate and review us on Apple podcast to hear more great content.

Sabrina Sajan 34:18

Tune in next time for more clinic talk, we have some exciting stories coming up, catch right adventurous throughout the week on all social media @realdorseattle, and see you next time. Bye.