

PLASTIC SURGEON
P O D C A S T

Clinic Talk w/ Sabrina Sajan

CODE BROWN, CRUSHES AND GENDER ASSIGNED AT BIRTH

Sabrina Sajan 0:00

Ever wonder what motivates people to get plastic surgery?

Dr. Javad Sajan 0:03

Do they regret it?

Sabrina Sajan 0:03

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

Dr. Javad Sajan 0:11

..Clinic Talk with Sabrina Sajan...

Sabrina Sajan 0:12

...on the plastic surgeon podcast.

Dr. Javad Sajan 0:32

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 0:40

Welcome back. And thanks for listening. And please rate us and review 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 0:53

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

Sabrina Sajan 0:57

You can find all the info at alaura stetic calm If you want more info,

Dr. Javad Sajan 1:01

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

Sabrina Sajan 1:05

So we have some exciting things that we're going to be talking about today, starting with the first thing, which is code Brown, then we're gonna go on about gender assigned at birth. And then the third most exciting topic for the day is crushes.

Dr. Javad Sajan 1:21

Ooh, I don't know if I want to be here for that third topic, Alex, but you better get me out or protect me, man. So sobri-
no What was the first thing you said?

Sabrina Sajan 1:32

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, you know, ringing and I'm like, Oh, goodness, what just happened?

Dr. Javad Sajan 1:47

We're sleeping. Right?

Sabrina Sajan 1:48

Yeah. And I was like, oh, someone's texting me and I, I you know, 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. This is like a secret like Yeah, something that I don't know.

Dr. Javad Sajan 2:02

So the nurse texted you and said we have a code brown in the in the pre op marking room, right?

Sabrina Sajan 2:08

Yes. And I'm all confused. Like some something really happened and patients 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 2:18

So Sabrina shakes me literally wakes me up and say, 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 poop.

Sabrina Sajan 2:33

Okay

Dr. Javad Sajan 2:34

Yeah, like poop here. So people get nervous and anxious. When we're marking them. Sometimes they can. They can have these visceral or innate reactions. Well, they'll poop which is a code Brown. Sometimes they can pee. It's called the code yellow.

Sabrina Sajan 2:50

Yeah.

Dr. Javad Sajan 2:50

And, you know, it happens when we clean it up. Obviously move on. What people don't know. As a lot of the times not every time when people are in surgery. Remember Let's say we're doing a lipo case or tummy tuck or something. Sometimes they have a code brown.

Sabrina Sajan 3:05

While they're asleep.

Dr. Javad Sajan 3:06

While they're asleep, while we're doing the surgery, and the way we'll usually know is we'll hear the flatulence or the will flatulence means? Flatulence is a fancy word for saying farting. Yep. So we'll hear the flatulence.

Sabrina Sajan 3:21

Or do you guys start smelling stuff.

Dr. Javad Sajan 3:22

Yeah. So that's the number of second way we know second way we know it will actually smell poop. And then, obviously, you know, we respect the patient. We are 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. Oh, man, the newbie. 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 wipe the butt to scoop the poop. Yeah, I do. So that's a code Brown.

Sabrina Sajan 3:55

That's called real patient care.

Dr. Javad Sajan 3:56

Absolutely. And a lot Other places, especially where I trained, right? Well, we're things like that happened. And we're talking about it after the fact now, but they like, you know, they make fun of the patient to 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, it will we know, we make sure it's not contaminating the sterile field, right? And then we do what we have to do and get it cleaned up nicely with proper wipes and all that and then we continue the course. Okay, so that's really important. I know, when I did my training. It wasn't like that at all. I'm not going to name anybody. But remember, when people were asleep, Sabrina, the doctors would often say bad things about the patient. Sometimes, you know, I never did this or participated in it, especially during a BBL. You know, I'm not going to say any names, but I remember this one person used to slap the buttock. I mean, I don't know how anybody could ever do that and call themselves someone who's altruistic and caring is sort of my thought process I just couldn't ever imagine. And I remember when I when this person did this, right? This person thought it was funny and relish the fact. And when this person left the OR, all the staff would say, would be bad thinks about him, like, how does he do that? That's so disgusting. A while he's doing it because this person was the boss. Everyone's like, oh, wow, it's so cool. Yeah, you made a 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.

Sabrina Sajan 5:35

Mm hmm.

Dr. Javad Sajan 5:36

What do you think about that?

Sabrina Sajan 5:37

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 the techs 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 line. So it's really important that we set that standard for everyone, top down.

Dr. Javad Sajan 6:00

Exactly. And, 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 when people make fun of others Mulder in surgery or while they can't hear it, even if someone you know, like in our office, we're not allowed to use a C word crazy sound 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. He 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.

Sabrina Sajan 6:44

Yep.

Dr. Javad Sajan 6:44

So that's our first topic chord brown code yellow. Everybody knows what that is. What's our second topic, Sabrina?

Sabrina Sajan 6:49

Yes. So um, 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 7:02

So I'm doing a consultation for a patient and under intake form. They, we asked when what's your gender assigned at birth? And what's your gender identity? Because they're two different things. So before this, you know, our forms a year a couple years ago, we used to ask genetic gender. And then one of the patients got really offended Sabrina, I remember that. Mm hmm. 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, it's something that is very binary and many people believe gender is fluid as a non binary thing. So we change it to gender assigned at birth and this person put both on their intake form, but gender identity they put female. So then I'm doing the consult and I'm, I need to see the patient there for a consultation for body surgery. I'm not going to say what kind of body surgery in the person identifies as, right? So there's this often and then transgender is another word to do you know 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 because they were both in 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 waist in or not how much fat I can put in the breast. 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? Things are running through my mind and I'm in the consult and constantly 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 I and in the medical history was completely clear, but they just put they had some they had vaginal surgery, but nothing, no more details.

Sabrina Sajan 9:17

Nothing. They put vaginal rejuvenation.

Dr. Javad Sajan 9:19

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 because people got offended because they were assigned that gender you know, they didn't they didn't choose it. And genetic gender is not a good word. I can understand that. So they say and 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, it was vacuum rejuvenation. So I asked, Can you please tell me what this is? Because vaginal rejuvenation is often something called labiaplasty. Many women get this after kids because the labor 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 labia trimmed tight and trying 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. Typically, not always women who get laid via vacuum your annual rejuvenation event pregnancy, which causes them 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 rational reconstruction and I'm like, okay, and can I ask her? Can you please tell me more? And 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 I have 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 your gender was assigned at birth, and I even asked, genetic Because at this point I'm like, okay, maybe I'm missing something that aren't adding up. And she still says female I'm like, okay, so most I can do clean medical history. We proceed on we do the consult, we give the quote, and then she signs up for surgery. Right? So they have 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 Doctor Doctor with his hands up in the air all excited, you know, as face red ears ready comes running to me is become red very easily when he gets excited. He's like, Wow, what's his patient's genetic, gender, you know, or

gender assigned at birth. And I give him the spiel, and then he does the phone call. He doesn't get any more information than I do. And the reason we're asking about this is because during the surgery 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. There's granulation tissue, there's bleeding. So it's a totally different anatomical boundaries, you know, and putting in a Foley in that person can be very risky can be dangerous, and it can be you know, it can cause trauma and damage to their existing situation. The other thing is when someone that every time they're created, they often have to dilate everyday 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 vascular reconstruction because I can't proceed with surgery unless I know exactly what happened. So then she finally tells Patrick, well, I just had work done on the outside of my vagina. Everything on the inside is normal. You don't have to worry 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 or he feels that...

Sabrina Sajan 13:12

The patient safe for surgery.

Dr. Javad Sajan 13:13

Exactly. And so she's like, Oh, I only had worked on the outside of my lab. Yeah. That's it, they were too big. So we're like, okay with that that's, that shouldn't impact the catheter placement because the lady on the outside, so we're 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 doctors aren't not in town and not available. So we get this whole story. So we're like, okay, we totally open the catheter in, we get permission. We do all this. So they have surgery arrives, Patrick clears for surgery. And you know, they put her to sleep and then they're putting the Foley in. And then the nurse who puts the Foley in, in the procedure, putting the Foley and you have to gently open the vagina and then place the catheter in and when she tries to do that the anatomy is completely off. Completely altered, we're doing a larger case that's a few hours long. So we need a catheter replacement 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 he 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 they Patrick sees the pathway for the Foley catheter. He calls me he's like Doctor, we have a situation here. Patients asleep, already had anesthesia. We have consented to the surgery and the Foley, I can place it safely. Are you comfortable with the procedure Do you want to cancel? So at this point, I'm in this situation right where I have a patient who's having significant aesthetic you know, 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 round this day? Or do we keep going? What do you think?

Sabrina Sajan 15:16

Yeah, it's really difficult decision. You know, it's, 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 even ask the patient anything.

Dr. Javad Sajan 15:33

Mm hmm.

Sabrina Sajan 15:33

So it's, you know, it's the, you know, doctor's kind of decision to kind of let the team know what you'd 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 a first you know, I can next person in line type of thing to ask. So and the other thing, you know, When you think about this, this person has been waiting 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. 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 in on this what I had, and do I put them through that stress and discomfort 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 her because I asked her multiple times, and so did Patrick. She made herself believe it. And for her that was true, although it might 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 night. So Patrick, if you feel you can safely place the faulty without any injury, let's proceed we have consent. I feel if we abort, there's nothing we're going to do differently. Now if we would have aborted and I could do something differently, then I would have considered it more. So we decided to proceed. And Patrick place 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 are so non latex based, 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 sits in there. So I'm sorry if people who do it wrong, they get inflated during the passage and rip the passage way You follow me so that it's x like a balloon so it can't come out. So basically, Patrick places it no issues we do the surgery, surgery was a wild success and catheter in and out no issues 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. Yeah. 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 less we know, the less decisions we're going to make for you.

Sabrina Sajan 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 of the Just be truthful day one.

Dr. Javad Sajan 19:02

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.

Sabrina Sajan 19:12

Why did we start that? Um, we 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 we, 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, we need to know based 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 we 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. And that's been their best friend for like since childhood and in the P when the patient gets into the room and the nurse is checking the patient in the nurse, of course, ask, could you please, you know, 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. And the nurse just looks at the caregiver and the patient, you know, takes a double take. And then the patient doesn't know that is my name. My name is, you know, so and so. And the now there's like this altercation happening between the caregiver and the patient, or the nurses in the middle and the nurses, 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 characteristics that's not your name. He said, that was not your name when we were in elementary school, and they're going back and forth and the, you know, the nurse says, you know, I'll be back in just a few minutes. You guys You know,

I would, 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 kind of trusting the patients. And, you know, the chart has been made for the patient. The consents have been signed,

Dr. Javad Sajan 21:36

it's like 30 to 40 pages and are 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, 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. I'm gonna ask for your ID right now. Because what happens is I want to do the best I can for this patient. What are and what's happening is there's other patients who are having surgeries that day we do more than one the whole day is getting delayed, which puts stress on the patients who are waiting, right? Because they've been waiting for this for months, if not years, and all this whole process. So then we got got the ID, and we changed all the paperwork. Yes, the whole day was delayed like two hours.

Sabrina Sajan 22:25

Yeah. So we had 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 the patient was being dishonest.

Dr. Javad Sajan 22:46

And sometimes the patients waiting, a little bit mad and upset and I totally understand that I can share 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 of There's a legitimate reason. And we try not to do it, it happens. Sometimes the operation is 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

yet. And the main important thing is patience. This needs 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, you know, I feel bad for the patients that are after because, you know, 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 23:44

the sometimes those little things you know, I can understand that 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. If you really want to know you asked me and I'll tell you the Cuz I odds are I probably remember it. Now the next thing we're going to talk about our final topic today is, crushes. Right, Sabrina? Yes, I can only imagine some of the some of the challenges that you have and you know, working with me and it's such a privilege and it's 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. Oh, 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. What is 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 are We're practice and we employ a lot of diversity, but a lot of the staff through happenstance are woman. And Sabrina, how is that Tommy?

Sabrina Sajan 25:09

Um, it can be challenging at times. You know, let me let me talk let me talk about one example and then I'll give a few more after that or be gentle because people are listening. 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 what why making where he has a ring all the time.

Dr. Javad Sajan 25:41

You will, or I saw this meme. Somebody wearing blue gloves like a medical worker and he had his ring on top of his glove. And the end the meme said, I'm more scared of my wife than Corona

Sabrina Sajan 25:55

Nazi surprised but a lot of times, I think staff or, you know, other individuals that have worked with us, sometimes we'll 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 there, you know, basically their boss or the surgeon here and, you know, they'll try to be discreet as possible. But, you know, I, I, I can see through everything, and sometimes they'll, you know, try to, you know, say stuff that I can understand how to be a little too nice. Have you have you felt that?

Dr. Javad Sajan 26:41

No, I never felt that. But I can see what you're saying, you know, 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. has a little crush on you. And then, you know, I have my Hawkeyes on them. And I'll watch them and, you know, 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, Thank you do that on purpose.

Dr. Javad Sajan 27:18

It doesn't happen often. It's very rare to see it rarely. I don't see i don't i don't see it. I only see you. So now we have to get a cut out mate because things were getting a little bit out of hand, right? Yes. The cut out first.

Sabrina Sajan 27:32

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

Dr. Javad Sajan 27:49

We are explained that yes, he made that. Basically, disclaimer, we don't support we don't we don't support the virus. Nobody wants the virus, Sabrina's gonna circle back

Sabrina Sajan 27:59

But basically, patients would come in and they would, you know, ask for pictures. And, you know, it's 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 life size cutout made of Doctor Sajan, that patients can stand next and take pictures of and they don't have to take it next to you. Yeah, we got to make it hug the cut out 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 looks very much like me. Yeah. 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 it well. Sabrina and I initially we had a long distance relationship. Yes, 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 an understand it was an exciting event and it took a picture with this patient actually, they were transgender member. And so we put it on our Snapchat and then within two minutes, my phone was blowing up from Sabrina blowing up. Was that picture right? On your Snapchat, do you right now remember?

Sabrina Sajan 29:27

No.

Dr. Javad Sajan 29:29

So because of that, and I respect that totally with it. I can understand that from the cross. I wouldn't like that at all. So if it was 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. I know. Yep. Talk about my personal possessive issues. But um, so we got to cut out made and now everybody can have pictures with a cutout and now with Corona it's not even an issue. Right? That's what do you mean by that?

Unknown Speaker 29:53

Yes. So basically I meant that 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 off social distancing.

Unknown Speaker 30:10

And then going off of all those items, um, you know, I 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...

Sabrina Sajan 30:32

Seattle is thirsty.

Dr. Javad Sajan 30:34

A lot of messages that are special.

Sabrina Sajan 30:36

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

Dr. Javad Sajan 31:02

Yeah. I, I... Yes. That was before the social media coordinator, a woman person any more than one, you know, they would send 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 in she sent those on Snapchat.

Sabrina Sajan 31:32

Yes.

Dr. Javad Sajan 31:34

And then came the social media coordinator to receive all direct messages.

Sabrina Sajan 31:38

Yes. Myself nor the doctor appreciate those.

Dr. Javad Sajan 31:42

Exactly. You know, I certainly I love our patients are welcome to send us any messages. But in this in what we do, we walk a very tight we certainly appreciate it 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, you know, and sometimes No no, no sometimes every time sending a picture like that is crossing the boundary that we don't do now there are some doctors out there yet you know them you know they like that they respond to it, they want it definitely not me. I love hearing from our fans and patients and happy to hear from them in a in a nice manner about whatever they want to relay but not pictures that are nudity or pornographic or anything like that. It just doesn't have any role here. You know, we don't look at it. We don't stand for it. And those people get blocked.

Sabrina Sajan 32:39

Yeah, definitely. There's many, many out there who have gotten blocked in the past due to the inappropriate messages or inappropriate pictures at the time for sure.

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 in think I just 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 away.

Sabrina Sajan 33:11

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

Dr. Javad Sajan 33:19

Yeah, it was a woman, it was a woman employee who commented on how nice a man looked. And it wasn't a you know, it wasn't necessarily evil, but it was set in a very nice way. You know, just like we know, we don't we never make comments a woman's anatomy don't make comments of men'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 due 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

Oh, no, 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 podcasts to hear more great content.

Sabrina Sajan 34:18

Tune in next time for more clinic talk. We have some exciting stories coming up capture adventures throughout the week on all social media, real doctors Seattle and see you next time. Bye.