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These Will Be the Biggest Plastic Surgery Trends of 2024

Elizabeth Siegel | December 6, 2023



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Once the stuff of whispers and sideways glances, plastic surgery has come out of the shadows. Way out. More of us than ever are getting plastic surgery — there's been a 19% increase in total procedures performed since 2019, according to the American Society of Plastic Surgeons (ASPS) — and more of us are talking about it.

Melissa Doft, MD, a board-certified plastic surgeon in New York City, describes recent demand as “an explosion.” She's even found herself operating on Saturdays. We know “nobody needs an emergency facelift on a Saturday,” she jokes, it's just the only way she can manage her ever-growing patient load.

Paradoxically, the look that everyone is going for is, well, shrinking. “There was this huge emphasis on bigger is better 10 years ago, whether it was butts or boobs — the more extreme it was, the greater the value there was to it,” says Mark Mofid, MD, a board-certified plastic surgeon in San Diego and a clinical assistant professor of plastic surgery at the Johns Hopkins School of Medicine. “People are really moving away from that, whether it's overfilled cheeks, overfilled lips, things like that.”

This aesthetic shift has changed the plastic surgery procedures patients are asking for — and how doctors are performing them. “The patient who would've been a ‘never facelift’ — meaning they would've said they'd never get one — is seriously considering it,” says Julius Few, MD, a board-certified plastic surgeon in Chicago. Many younger people, who have gotten used to appearance

changes after dabbling in fillers in their 20s and 30s, are asking about procedures historically tailored for the over-50 demographic. And while a 40-year-old may not be a candidate for a traditional neck lift, a new twist on the classic procedure is gaining steam.

This all makes for a very interesting year ahead. Read on for a preview of the top plastic surgery trends of 2024.

Menopause Makeover

We're not used to seeing the words "menopause makeover" together, but the phrase may soon be as common as "mommy makeover." Plastic surgeons are just starting to talk about menopause makeovers as a way to address bodily changes that we now know are caused by the hormonal shifts of menopause. "I was incorrectly taught that as estrogen goes down, breasts tend to shrink a little bit," says Steven Teitelbaum, MD, a board-certified plastic surgeon in Los Angeles. "But instead, many women tend to put on a little bit of weight in the upper chest, in front of the armpit, and in the upper arms — there's a thickening of the torso even in women who are continuing the same diet and exercise routines."

There's no one procedure that is specific to menopause, but a patient who has long entertained the idea of a breast reduction may finally want to get one, someone with implants may opt for a smaller size, or someone may get a breast lift to reshape their chest. Dr. Teitelbaum often combines one of these procedures with liposuction on what he calls the "poof of fat" in front of the armpits, and sometimes on the upper arms, the lower back, and/or stomach (unless the patient has had children, in which case they'd probably get a tummy tuck because there is excess skin there as well). Targeting the armpits "really changes what you see in the mirror," he says. "It makes you look more slender. It's a visual cue that makes you presuppose, correctly or incorrectly, what the rest of a person's body is like."

Of course, menopause is nothing new, but opting for surgery when you reach this stage is part of a growing awareness that hormonal changes bring physical effects that are beyond our control. "More people were blaming it on themselves in the past — 'Oh, I gained weight and can't take care of myself,'" says Dr. Teitelbaum. "Now there's much more recognition of, 'Hey, nothing I can do about this in the gym.'" And pulling the trigger on getting breast reduction during menopause is part of another trend...

Breast Reductions, Smaller Implants, and Breast Lifts

Over the last four years, the number of breast reductions has shot up by 54%, according to the ASPS, while the most requested implant sizes have gotten smaller. "Five years ago, everyone wanted to be a C cup or some people wanted to be a D; now it's a large B, small C," says Dr. Doft, an observation echoed by all the plastic surgeons we interviewed. Patients might say they want a more "athletic-looking" body, want to be able to go braless, or "want a small curve that's more manageable — they don't want their breasts defining them," explains Dr. Few.

There are medical upsides to smaller implants too: "Long-term, it potentially causes less injury to the breast," says Dr. Mofid. "At some point, usually in the mid-60s and beyond, patients tend to

not want large breasts anymore, and if you've really stretched out the skin [with large implants], now you're talking about a pretty substantial lift with implant removal." That could mean a riskier procedure, he says, because "historically, one of the issues with removing implants and doing a lift at the same time is that you worry about the blood supply to the nipple."

Indeed, more people are having their implants removed: Dr. Teitelbaum and Dr. Few say a lot of their patients are choosing to have implants taken out altogether around the 10-year mark, whether it's because of questions surrounding implants (a controversial topic full of misinformation that is a whole article on its own) or aesthetic reasons.

Other patients who might have asked for implants just a few years ago are now skipping them, instead getting breast lifts to perk things up without adding volume. "It's typically the woman who has had children. The kids are getting ready to go to kindergarten or preschool, and they're ready to have more 'me time,'" says Dr. Few. This is a patient who "100% would have said 'I want to do an implant' five years ago." And this is one reason breast lifts have been one of the top-five most requested procedures two years running, after never having graced the list before, according to the ASPS.

Breast lifts are becoming more nuanced too. Says Dr. Doft, "I have a lot of patients who come in now who want to be androgynous, and want a breast that is beautiful and can be very feminine, but could also be hidden when they want it to be. They'll say, 'Sometimes I like to feel more feminine, and sometimes I kind of want to hide my femininity.'" It's a slightly different procedure, Dr. Doft explains, adding that she had two breast-lift patients on the same day who both wanted to be a B cup but for different reasons. "One said, 'I'm very athletic. I like to run, and my breasts are too large and they're asymmetric.' The other said, 'I don't feel like my body represents who I am.'" Dr. Doft gave the first patient a perkier lift and the second a shape that "was almost like a ballerina, small and understated."

This is one way patients are using plastic surgery to feel more comfortable in their body, Dr. Doft points out. "I did the reveal of taking off [another patient's] bandages and she started crying and said, 'I never thought my body could fit how I feel.' It can be amazing."

Liposuction With Breast Procedures

"If you look at the 2023 procedural statistics, liposuction is off the charts," says [Steven Williams, MD](#), a board-certified plastic surgeon in Dublin, California, and president of the ASPS. "I think it will continue to grow because we're getting better and better at using it as an adjunct to other surgeries."

For example, during implant removals, Dr. Few will often use fat to smooth out transition areas — under the clavicle, right above the breast, around cleavage — where there can be indents or sharp transitions after implants are taken out. During breast lifts, he might use a little fat harvested from elsewhere on the body to create cleavage.

Liposuction can also be helpful in breast augmentation. "Taking a little bit of volume from the lateral chest [around the bra strap] or from the axilla [in front of the armpit] tends to produce a more natural-looking breast, and helps to avoid people looking top heavy and like they gained

weight,” says Dr. Williams. “It’s a mistake to focus just on the breast and say, ‘Okay, I’ve made the breast bigger’ — it’s really about the overall palette.” (Typically, Dr. Few will include fat injections to smooth irregularities in the cost of a lift, while Dr. Williams says finishing a breast augmentation with liposuction might add \$1,000 to \$2,000 to the procedure.)

This is part of a growing focus on offering combination procedures, those “that help the patient get to where they want, instead of simply saying, ‘We’ll make your boobs bigger,’” says Dr. Williams. “And I think that’s a positive.”

New Facelift Techniques

Something weird is going on: “I have seen a number of patients for facelifts who are on Ozempic, and the way their tissue behaves is not the same,” says Dr. Few. “The skin has more of a doughy consistency, and I think it is going to dramatically change how we approach facelifts next year.” This kind of change to skin is not something he’s seen caused by rapid weight loss alone — like after gastric bypass surgery — and for now he’s contending with it by reinforcing the skin during a facelift. “I’ve always done internal stitching to anchor the skin down to the lining of the muscle, but now I’m doing even more extensive work in that regard because I don’t trust that the skin is going to stay there,” he explains. “I think that’s going to be a huge game-changer for plastic surgery in 2024.”

This is also because more people are getting plastic surgery after taking Ozempic — and a lot of people are taking Ozempic. “I met with a representative for one of the big three [pharmaceutical companies] that make aesthetic injectables, and he shared that the number one cosmetic treatment in the Midwest is Ozempic — more than the aesthetic injectables [like hyaluronic acid fillers],” says Dr. Few, who does not advocate or prescribe Ozempic for weight loss in his own practice. “It certainly has affected my world. I think there are going to be a lot more neck lifts and facelifts next year, because people are losing weight very quickly, and they’re losing 50 pounds; 50 pounds is a lot. Of course, you see it [as laxity] in your face.”

Apart from Ozempic, says Dr. Doft, “there’s a lot of talk about too much filler — people want to get away from that over-plump look — and that’s going to translate into more surgical facelifts.” Already, the number of patients requesting facelifts has increased by 8% since 2019.

Ironically, the route to the most natural-looking facelift may entail more needles: “Those bad facelifts from the 1970s or ’80s involved pulling really hard to make wrinkles better, and it starts to look unnatural,” Dr. Williams says. “Part of it was a misunderstanding about what’s happening in the face.” It’s not that skin has gotten so lax it is sagging, it’s that we lose fat from the mid-face as we age.

“There’s less volume holding things up so skin looks lax and wrinkles get worse,” he explains. “Putting some fat back in is a very natural and systematic way to fix the root of the problem, and then we don’t have to pull quite as hard.” (Dr. Williams bundles fat injections with a facelift into the total cost of the procedure, which typically ranges from \$20,000 to \$26,000.)

Dr. Mofid predicts the field will continue to evolve toward this kind of biologics, meaning to use your own fat or tissue. “Fat grafting was virtually never done 20 years ago,” he says. “Today it’s extremely common — using your own tissue to add volume to areas where it doesn’t exist, whether it’s your cheeks or breasts or buttocks.”

But it's also true that someone in their 40s who doesn't want filler isn't exactly a candidate for a full facelift, which brings us to...

Chin Implants With Jawline Liposuction

"There's a real focus on the neck throughout all different ages," says Dr. Doft, explaining that neck lifts have always been popular for smoothing out crepiness and tightening the jawline for patients in their 60s. But now younger patients are also seeking work on the jawline, and theirs is a totally different kind of procedure, focused on sculpting instead of lifting. In your 40s, this might entail liposuction under the chin to bring definition back to the jawline, and maybe even a chin implant. "Many women are born with a small or hypoplastic, sort of pushed back, chin," adds Dr. Doft. "Putting in a chin implant will elongate their jawline and make their face more heart-shaped."

It sounds oddly hyper-focused, for sure, until you consider that "there's been more in the media about facelifts," Dr. Doft continues. "Marc Jacobs went very public [with] his, and people have talked [in a speculative way] about Demi Moore and Jennifer Aniston, names that a lot of us grew up with. It's translating into a huge interest in people reexamining themselves." And, for people in their 40s, reshaping the jawline — one of the first areas where you might notice a little laxity — without a facelift can sound very appealing. (A chin implant procedure might cost around \$5,500, while liposuction under the chin typically costs \$5,000 to \$6,500, says Dr. Doft.)

Body Contouring

Tightening up skin on the body "is going to be a really, really big deal that everyone's going to be talking about in 2024," says Dr. Williams. "In 2023, energy-based skin-tightening devices [like ones that use radiofrequency] were the holy grail, but they work best on a really thick dermis — so, young people — with no stretch marks. Not only are [these devices] limited in power, but they work even more poorly in people who need it the most. They're generally overpromised." That's because if you're young with no stretch marks, you probably don't need tightening on your thighs the way you might after years of sun exposure or Ozempic weight loss, an increasingly common scenario in plastic surgery offices.

"We're seeing an increase in patients who say, 'I finally lost the weight, but now I've got to deal with the skin,'" says Dr. Williams. "And the main thing is still surgical excision of that skin using a tummy tuck, mastopexy [breast lift], thigh lift, those types of things."

One thing to be aware of, adds Dr. Williams, is that any procedure that removes excess skin is going to leave a scar "100% of the time, and it will be as big as the area of loose skin, which can be significant." While it's true that scars can fade — a good surgeon will place them somewhere inconspicuous — it's also true that scars are permanent. "Anyone who says, 'I'm going to make an incision, and the scar will go away' is lying to you," he notes.

Then there are patients who have used Ozempic to shed just a few pounds. Says Dr. Few, "There's a huge number of people out there who are 10 or 15 pounds heavier than they want to be, and they're going on Ozempic." But Ozempic doesn't magically make you lose weight where you want to, so targeted liposuction is going to become more popular too.

Says Dr. Williams, “Typically, the flanks [between the ribs and the hips] and sometimes the lateral chest [around your bra strap] are areas that tend to be a little bit more stubborn.” Liposuction there tends to be an “easy procedure with great results and relatively low side effects or risks. The scars are really, really small and tend to be hard to notice.” (Liposuction on the flanks or lateral chest typically costs \$2,000, if it is done under local anesthesia, Dr. Williams says.)

These post-Ozempic body-contouring procedures will “only become more widespread,” predicts Dr. Williams, as the race to develop weight loss drugs pushes forward. “All the big pharmas will have their own coming out, oral forms are going to be available, and things are going to get more competitive.”

Post-Op Care Will Get Easier

A better bandage after surgery may seem like a small thing, until you consider “that once you have two similarly trained surgeons, the key differentiator toward what their scars are going to look like is probably the dressing or wound-closure device used,” says Dr. Mofid. “It is probably the most important thing that you can do to get a good scar.” So he spent three and a half years developing Sylke, a mesh silk wound dressing that’s water resistant, contours well to the body, and lifts off gently, “like taking a 3M Post-it note off your refrigerator,” he says.

Data shows that other commonly used wound dressings cause a surgical-site infection or dermatitis, like a skin rash, that require antibiotics or topical steroids in about 52% of patients, and these kinds of adverse reactions can lead to worse scarring, says Dr. Mofid. In a clinical trial of 25 participants, Dr. Mofid found Sylke caused no allergic reactions or infections. “Even though it wasn’t a clinical end point,” he adds, “we found much better scars in our patients, as well, meaning [scars] are thinner, flatter, less red, less symptomatic — they don’t itch and are not tender — and they heal uneventfully, with no separation, infections, or allergic contact dermatitis.” (Dr. Mofid found similar results in a larger clinical trial on Sylke that is currently being peer-reviewed.)

“I’m very excited about this dressing,” says Dr. Teitelbaum, who has used it on tummy tuck, breast lift, and breast reduction patients. “It did show better scars quite clearly. It did show less irritation of the skin. There’s a really good study behind it, and a lot of people get allergic reactions and rashes, and sometimes blistering, from other dressing types, which is just a nuisance.”

Right now, Sylke is only available for professional use, “but my goal is for this to be available to everyone at a local pharmacy,” says Dr. Mofid. “So if you cut yourself, you’re not making a trip to the hospital for stitches. You go 10 minutes down the street, and you have a product you can use to strap a simple laceration closed, and you can take it off yourself, and it will almost definitely give you a better scar than needle and thread.” Sylke’s potential to minimize bad scarring, Dr. Teitelbaum explains, is likely due to the way it puts less tension on a wound.

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