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Gen X Is Getting Plastic Surgery Right

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Bookended by Boomers and Millennials, Generation X came into the world, without fanfare or even car seats, between 1965 and 1980. Representing the first of the latchkey kids and the last to know life without the internet, X has been labeled “forgotten” and “invisible”—yet those who define the generation are anything but: Winona Ryder and Ethan Hawke. Molly Ringwald and John Cusack. Nirvana and Radiohead. The stars of *90210* and the trailblazers of *The Real World*. Born in 1977, I’m considered a “younger” Gen X, but the reality is, all 65 million of us—the entirety of the “MTV Generation”—now qualify as middle-aged, at 44- to 59-years-old.

It’s a fact that defies the very essence of Gen X. I mean, look at our icons: They virtually transcend age. For some of us, sure, nostalgia clouds perception, but in this era where *The New York Times* is investigating the phenomenon of Gen Z “aging like milk” and social media is lambasting the 20-somethings of *Love Island* for looking older than their years, the pop-culture pundits have been mostly kind to Gen X. Many say that we’re aging “well” or at least “differently” than those who came before—and after—us. Some point to our wild childhoods; others, the wellness culture of our adulthoods, with its high-intensity workouts and higher-than-high-protein diets. Our unfussy style choices (we’ve all seen those *Golden Girls* memes) have gotten credit, too. But cosmetic procedures also play a role—though perhaps not in the way you might think.

The Gen X approach to plastic surgery is very... Gen X.

Hardly slaves to syringe or scalpel, Gen X has a come-as-you-are attitude toward cosmetic interventions, according to the doctors I interviewed, all Gen Xers themselves. “More accepting of plastic surgery than their parents may have been, this generation is very comfortable availing

themselves of procedures, but they're not obsessed with the idea," says **Steven Williams, MD**, a board-certified plastic surgeon in Dublin, California, and the immediate past president of the American Society of Plastic Surgeons (ASPS). "They're open to getting a facelift, but also feel there's no reason to rush it." (In 2023, the 55-69 age group—a blend of elder Gen Xers and younger Boomers—accounted for 59% of facelifts, neck lifts, and brow lifts, according to ASPS.)

Gen X is more apt to ease in, "discreetly" restoring their faces and figures to "understated" effect, my sources say. Most adopt an approach that's "conservative," "pragmatic," and "strategic"—and seemingly shaped by their collective upbringing. Gen X came of age before plastic surgery was widely normalized, remember. Before injectables were mainstream. Before "prejuvenation" and "tweakments" became the trendiest of portmanteaus. Now, as curious plastic surgery consumers, "they aren't looking for anything extreme," Dr. Williams says.

Barring puberty-era acne treatments or the occasional teenage nose job, many Gen Xers didn't even start contemplating aesthetic procedures until their 30s or beyond. So, it's perhaps no surprise to hear that "Gen X is less inclined to spend all their time improving their appearance. Making countless trips to the [surgeon's] office—that's not their style," says double board-certified facial plastic and reconstructive surgeon, Patrick Byrne, MD, chairman of the department of otolaryngology-head and neck surgery at the Cleveland Clinic and president of the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS).

On the whole, Gen X is less image-focused than those who took to screens in toddlerhood. As a Gen X kid, "I was lucky if I saw my face in the mirror every couple of days," says Sarmela Sunder, MD, a double board-certified facial plastic surgeon in Beverly Hills. Even now, her Gen X patients are largely motivated by their low-maintenance desires. "They're doing treatments that improve the quality of their skin, so they can wear *less* makeup—and that's part of why they look younger," she says, referring to both their even, glowing complexions and their refusal to cake and conceal them.

Nevertheless, this group is uniquely positioned to pursue cosmetic treatments, notes Dr. Williams: "A lot of Gen Xers are done having children, their careers are established, and many are looking to do something for themselves." But not before they do their research. This generation is educated, not influenced. They "consider these procedures to be an investment, so they're willing to spend time and money finding the right surgeon," says Ashley Gordon, MD, a board-certified plastic surgeon in Austin. What's more, "they're willing to wait for that specific doctor," knowing that some outshine others (and have the waitlists to prove it).

But that's not all Gen X is getting right....

As reformed sun worshippers, Gen X leans into lasers.

"I call Gen X the oil-and-foil generation," says Dr. Sunder, a Florida native. "We were tanning like crazy and we did not do skin care growing up. A lot of us didn't get into sun protection and skin care until 10 or 15 years ago," she points out. "Now, we're trying to reverse the damage, so we're doing more laser and skin treatments than the generation before us—and that's allowing us to look younger than they did at our age."

Lasers are to Gen X what facials were to Boomers, she tells me. Many midlifers are loyal to fractional resurfacing lasers (some popular brand names are Halo and Moxi) and light-based devices (IPL or BBL). “For those seeing lines and discoloration, we’re using “strong nonablative options”—like the Fraxel and newer Miria laser—usually twice a year, says Robert Anolik, MD, a board-certified dermatologist in New York City. These tools don’t demand as much downtime (usually, a week of looking pinkish-bronze and puffy) as, say, the heavy-duty CO2 laser, so patients “can integrate them practically into their lives and still get a great impact.”

After resurfacing the full face, Dr. Anolik frequently targets discrete sunspots and broken capillaries with Q-switched and vascular lasers. Since sun damage is rarely limited to the face, he often extends treatment to the neck, chest, and backs of hands. “At this point,” he says, “I feel like I’ve treated every part of the body with these lasers.”

Menopause is driving Gen X women to facelift surgery.

If your social feeds aren’t replete with menopause content, are you even a Gen Xer? Thanks to the proliferation of menopause advocates online, you may already know how dwindling estrogen affects your period, sleep, mood, waistline, heart health, sex life, and yes, your appearance. You’ve likely read that women lose up to 30% of their collagen within the first five years of menopause. As estrogen wanes, skin also gets dry and lackluster. Less buzzed-about but equally consequential, adds Dr. Byrne, “many women experience a loss in facial volume and bony support after menopause, partly due to declining estrogen.” Meaning: not only is our skin getting thinner and less resilient, but so, too, is the foundation that gives it shape and structure. When Dr. Sunder operates on postmenopausal patients, she finds their skin is “not as supple” and their muscles “not as bouncy” as those of patients who still have estrogen to spare.

In the U.S., the average age of menopause is 51, but many women experience the symptoms of falling hormones long before they’ve gone a full year without a period (officially marking menopause). “Those years of transitioning to postmenopausal [status] have very meaningful effects on the elasticity of the skin,” Dr. Byrne says. At least 50% of his female facelift patients are “exactly 54-years-old.” And what he routinely hears from these women is some version of, “Gosh, I’ve aged so much in the past few years.” (Funny, I usually start this sentence with a different four-letter word.)

In Charlottesville, Virginia, double board-certified facial plastic surgeon Elizabeth Chance, MD, who works only on female faces, sees a similar trend: “The mean age on my operating table is 53,” she says. “It’s so common, it’s almost eerie.” Her patients frequently complain of changes in the quality, texture, and turgor (elasticity) of their skin as well as shifts in facial volume, as fat tends to vacate the cheeks and settle into the jowls and under the chin.

During menopause (and in the perimenopausal lead-up), women who choose to take hormone replacement therapy (HRT)—which is proven to enhance the skin’s elasticity and collagen content—may fare better, aesthetically, than those who don’t. “While HRT doesn’t freeze facial aging, I believe it slows it down,” says Dr. Chance. Some studies suggest that HRT can actually reverse certain menopause-induced skin changes, but more research is needed.

Women in their early-to mid-50s are Dr. Chance’s favorite group to operate on, she says, because their faces often exhibit a degree of aging that is perfectly ripe for a dramatic and durable

improvement that's not shocking or obvious to the world. Dr. Sunder agrees that Gen X has redefined the sweet spot for facelift surgery: While "the Boomers really waited until everything was sagging, Gen X is more proactive," she says. "They're not having surgery before they need it, but once they see a significant change that bothers them, they start making an intervention."

In Jason Bloom, MD's Philadelphia practice, women are having facelifts five years sooner than previous generations. "In their 40s, the majority still aren't ready for it—anatomically or psychologically," says the double board-certified facial plastic surgeon. But by the mid-50s, "they're seeing the laxity and wanting to get ahead of it."

The Gen-X move toward earlier surgery may be, in part, a reaction to having seen how their mothers aged after "their hormones were yanked away," says Dr. Sunder. There's a complicated backstory here—entire books have been written about a clinical trial (the Women's Health Initiative, or WHI, study), the alarmist coverage surrounding it, and the repercussions of it all. But in short: Millions of women stopped taking or were refused prescription hormones in July 2002 when the WHI linked a specific type of HRT to an increased risk of breast cancer. Researchers have since walked back the findings, acknowledging that the data was misinterpreted and the risks overestimated.

Board-certified OBGYN Corinne Menn, DO, a menopause specialist and medical advisor for the telemedicine platform Alloy Women's Health, isn't surprised to hear that plastic surgeons are seeing positive skin effects in patients on HRT (also called menopausal hormone therapy or MHT). "Decades of data have shown that local as well as systemic estrogen therapy encourages wound healing, decreases inflammation, improves skin thickness and elasticity, increases collagen production, and helps the skin retain and restore moisture," she says. On a more holistic level, "systemic MHT offers significant benefits that far outweigh risks, especially when started early in menopause." She notes that the medication is FDA-approved—and "the most effective treatment"—for hot flashes and night sweats, vulvovaginal symptoms (like vaginal dryness and painful sex), and the prevention of osteoporosis. As for the longstanding cancer concerns, she adds, "modern formulations have minimized risks, making MHT safe for many women, with few true contraindications."

Expanding on the risks, Karen Tang, MD, a board-certified OBGYN and the author of *It's Not Hysteria: Everything You Need to Know About Your Reproductive Health (but Were Never Told)*, says that "estrogen-containing hormone replacement therapy can slightly increase the risk of blood clots, strokes, or breast cancer" and is, therefore, contraindicated in anyone with a history of blood clots, estrogen-sensitive cancers (like breast or uterine cancer), and liver conditions that affect the body's ability to process estrogen. (In its 2022 Hormone Therapy Position Statement, The Menopause Society describes the breast cancer risk as a "rare increased risk.") One should also avoid estrogen if they're pregnant or have unexplained bleeding. Not all hormones are created equal, of course, and the specific formulation, dose, duration, and delivery—topical, oral, transdermal (across the skin)—will determine their unique risk profile. "The decision to take HRT is individualized, based on each woman's particular risk factors as well as their age," Dr. Tang says. "The risk of breast cancer, heart attack, and stroke naturally increase with age, so the HRT risks for women under 60 and less than 10 years after the menopause transition are much lower than those of older women."

Some Gen Xers are more comfortable with facelifts than fillers.

I can sense your skepticism, but I swear, multiple doctors actually said this of Gen X: “They’re much more likely to do a facelift than to continue on with fillers at this point,” according to Dr. Sunder. She attributes this relatively recent phenomenon to rising filler fatigue coupled with a heightened awareness of the potential for injectables (and other nonsurgical treatments) to compromise future facelift results.

Dr. Byrne has been surprised by the number of Gen Xers who “just go straight to the facelift”—without ever experimenting with fillers first. “They feel that facelifting will give a more natural appearance,” he explains. In his practice, “a lot of patients are skittish about filler because they’ve seen so many overinflated faces.”

This doesn’t mean X universally rejects filler—certainly not—but their approach is, Dr. Anolik notes, more cautious and conservative than that of the generations sandwiching them. Both the older set, hoping to dramatically turn back the clock, and the younger pack, with their penchant for outsize features, are more willing to “push the natural limit,” he says. Gen X is typically striving to restore and refresh, not augment or transform. Even in Beverly Hills, Dr. Sunder adds, Gen Xers are decidedly more thoughtful about filler than the preponderance of 20-somethings who, she says, inject so much, “it distorts their true age.”

Gen X is having smaller surgeries alongside or apart from facelifts.

A sort of gateway procedure for Gen X, eyelid surgery—upper blepharoplasty (to help with hooding) and lower bleph (to eliminate eye bags)—offers “the best bang for their buck,” in Dr. Bloom’s opinion. “It’s unbelievable how much brighter it can make someone look.”

In Dr. Byrne’s Cleveland practice, lip lifts—which restore youthful proportions by shortening the space between the base of the nose and the upper lip—are big with Gen X. Dr. Williams adds that certain untrendy tweaks—“things that aren’t exactly social-media buzzwords,” like fat grafting to the hands—are also gaining traction with this group.

Brow lifts are another go-to, but elder Xers—who have burned into their brains the startled expressions of jacked-up Boomers—often require a bit of reassurance before committing, Dr. Sunder says. The old brow-lift techniques that left people looking perpetually surprised by over-elevating the central brow, have largely been replaced by more measured methods that avoid or at least limit lift in that area, and instead focus on resetting the lateral portion of the brow (near the temples), which tends to fall most noticeably with age.

Gen X is also getting the nose jobs they wanted as teens but their parents wouldn’t pay for: “We’re seeing a resurgence of rhinoplasty, both surgical and nonsurgical, in Gen X,” says Dr. Sunder. “Maybe their parents were against plastic surgery or they couldn’t afford it, so now, they’re having rhinoplasties in their 40s and 50s, because, they’re like, ‘Hey, it’s never too late.’”

Ozempic is fueling skin-removing procedures among Gen X.

“This specific demographic is where I see the highest percentage of patients on the GLP-1

agonists,” says Dr. Sunder. Other physicians say the same (and surveys show that about one-fifth of GLP-1 agonist users are Gen Xers). Dr. Gordon estimates that 25% of her Gen X patients use Ozempic or similar drugs, mainly to combat the body-composition changes ushered in by menopause. As estrogen plummets, cortisol levels tend to rise, commonly leading to an increase in visceral fat—that’s the disease-correlated kind that surrounds our abdominal organs. Since visceral fat is difficult to burn via diet and exercise and cannot be removed surgically (unlike the subcutaneous fat lining the underside of the skin), Dr. Gordon explains that more menopausal patients are turning to the GLP-1s, in order to maintain their weight or drop stubborn pounds.

The consequences of this trend? A sort of triple whammy: As the GLP-1s go to work, melting away deep and superficial fat stores from the face and body, menopause is simultaneously stealing the skin’s elasticity *and* eroding muscle and bone (particularly in the absence of strength-training, high-protein diets, or HRT, which can all help minimize the musculoskeletal impact of menopause). As you can imagine, all of these losses, occurring at once, can lead to major skin laxity, soft tissue deflation, and an overall aged appearance.

“We are seeing a lot of facelifting on the heels of GLP-1 use in menopausal patients,” says Dr. Chance. “I operated on a lady yesterday who had lost about 40 pounds.” (It typically takes at least 10 to 20 pounds of weight loss “to meaningfully affect the aesthetics of a woman’s face,” Dr. Byrne tells me.) When the face is left stretched and hollow from weight loss, surgery is simply the most logical solution. “You can’t shed that much weight and replace it with gel fillers alone—there’s just too much skin,” says Dr. Chance.

Below the neck, too, “women are noticing a lot of sag and excess skin,” says Dr. Gordon —issues best left to scalpels. “We’re doing way more brachioplasties [arm lifts], bralene back lifts, and circumferential tummy tucks” to cut away the redundant tissue. “People hate the extra skin,” she says, even more than they dread surgical scars. In her experience, Gen X is remarkably accepting of the scars that can accompany body-contouring procedures.

Dr. Gordon has also noticed that when patients lose visceral fat prior to a tummy tuck, allowing her to flatten and cinch their midsections more than she otherwise could, the outcomes are not only impressive but incentivizing: “These women are more committed to maintaining their results.”

Gen X wants to look better, not just younger.

Who doesn’t, right? But Dr. Sunder says the desire to look younger *and* all-around hotter is uniquely Gen X: “They’re like, ‘You can give me back a few years with surgery, but what I really want is a glow-up as part of the process.’” Boomers, on the other hand, are more purely focused on anti-aging to the max.

And Gen X is acutely aware of not looking weird or plastic: Whether they’re getting Botox, a brow lift, or a boob job, Gen X worries about looking fake or unlike themselves, according to every expert I spoke to. “This comes up over and over again,” says Dr. Byrne. “They’re scared that they’re going to look like a freak or that people will know they had something done.” Dr. Bloom concurs: “There’s a definite fear there—they don’t want to look like a different person.” He’s even had patients ask for less of a result in order to look more natural. His response: “You’re going to look natural *and* get a kickass outcome.”

The men of Gen X are having work done too.

For the guys, getting treatments “isn’t about turning back time, but instead preserving how they look and limiting the earliest signs of what’s coming,” Dr. Anolik says.

In the noninvasive realm, Gen X men are using Botox consistently (but sometimes preserving their crow’s feet); filler sparingly (maybe a drop in the tear troughs, notes Dr. Byrne); and devices infrequently (sun damage, be damned). Surgically speaking, some are pursuing eyelid lifts, liposuction, and even facelifts, albeit later than the women. “Probably the upper end of the 50s is when men start coming in for facelifts,” Dr. Byrne notes. Others are bothered primarily by their necks, as the platysma muscle gradually falls, creating a heavy look. For those without much skin to remove, Dr. Bloom will do a deep neck lift, making only a small incision under the chin, through which he can tighten the muscle and root out any fat hiding behind it.

But the “biggest home run” for many Gen X men, says Dr. Bloom, is hair restoration surgery. “I like to say, ‘I’m not only the Hair Club president, but I’m also a client,’” he jokes. (If you’re *not* a Gen Xer, you probably don’t get this reference; google it.) Six months ago, Dr. Bloom had a follicular unit extraction or FUE-type hair transplant—which precisely uproots and relocates individual follicles, one by one—“and it’s really been the best advertising,” he says. “It’s crazy how well it works and how good and natural it looks.”

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