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These Will Be the Biggest Plastic Surgery Trends of 2025

Elizabeth Siegel | November 22, 2024

Jane Wade top and skirt. Alexis Bittar earrings. Huy Luong

I started calling plastic surgeons this fall to ask what seemed like a simple question: Which plastic surgery procedures will be the most popular in 2025? I expected a list—lipo, facelifts, standard surgery stuff—but the answers I got back were about so much more.

It all pointed to one thing: The way we, as a country, think about aesthetics is fundamentally changing, amounting to a massive shift—the kind you don't see come around so often—in the way we approach aging and plastic surgery.

It's being fueled in part by menopause hitting Gen Xers, who don't want to look "matronly," and are signing up for breast lifts, implant removals or swaps, and liposuction, says Steven Teitelbaum, MD, a board-certified plastic surgeon in Santa Monica. It's being propelled by Ozempic—that diet fad to end all diet fads—which has arguably shoved "skinny" back into our national conscience, one big national mind fuck after all the focus on body positivity. And it's all happening through the lens of our waning obsession with fillers—leaving a lot of people dealing with the aftermath, like skin irregularities that can require surgery to fix.

"I think the filler market has seen its peak," says Steven Williams, MD, a board-certified plastic surgeon in Dublin, California, and immediate past president of the American Society of Plastic Surgeons. But it's gotten many people well-acquainted with the idea of getting a sharper jawline or more sculpted cheekbones, and that's opening the door to surgery for a larger population. "A key trend is finding filler alternatives, or things we can do in addition to filler. There's a huge fear now of fillers lasting too long and distorting your skin," says Melissa Doft, MD, a double-

board certified plastic surgeon in New York City and clinical assistant professor of surgery at Weill Cornell Medical College. “So I think that’s going to be a trend for 2025—less is more in fillers. We’re getting away from distortion, [towards] looking more natural.”

So where, exactly, do these macrocosmic events leave us in the new year? Here’s what plastic surgeons have to say about the trends we will see in 2025.

Brow lifts are back (with a smidge of Botox).

“Five years ago, brow lifts were dead—nobody was doing them, because everybody was doing Botox,” says Julius Few, MD, a board-certified plastic surgeon in Chicago. But as more people got Botox, more people got *too much* Botox, and now we’re all acutely aware of what that can look like: “Nobody wants the Botox Forehead, and there are plenty of examples of them running around in pop culture—frozen foreheads, weird foreheads, demonic-looking brow elevation that’s Botox- and Xeomin- and Dysport-induced,” says Dr. Few. (These are all brand names for injectable neurotoxin.)

So the pendulum is doing what it always does—swinging away. This time it’s away from overly-injected immovable brows and toward a different kind of correction. “I’ve seen a dramatic uptick in brow lifts in my practice, and I’ve seen a dramatic uptick in my colleagues doing it,” says Dr. Few, who had performed seven brow lifts in the three weeks before our interview. Five years ago, he says he would have done maybe five in an entire year.

And not to go too hard on neurotoxins, but Dr. Few says that many of his brow lift patients tend to have OD’ed on the stuff. “I get patients every week who are frustrated by their Botox. They say, ‘I saw a picture of myself and I look like a crazy person. I don’t like it,’” he says. Other patients just haven’t had luck lifting a heavy brow with neurotoxin—especially ones with a short forehead, high hairline, droopy brows, or droopy upper lids. Because of their anatomy, “they’re going to be the hardest to treat with Botox,” says Dr. Few. They’ve often gone to three or four different places for Botox before winding up in his practice. Trying and failing to non-invasively lift the brows in a natural-looking way, in his opinion, “opens the door to surgery.”

Having said all that, Botox does have a role in the newest way surgeons are approaching brow lifts. Instead of lifting the entire brow area—like they used to, before Botox existed—they can now lift just the lateral portion of the brows (between the arches and the temples) while using Botox in between the brows, in the 11 lines. “I still think Botox is the best treatment for the middle,” explains Dr. Few. “You don’t want to surgically release that area, or the brows go up and you look surprised or weird. But if you lift the outer half of the brows, that looks really, really nice. You can transform the way somebody’s eye area looks.” This technique is called a temporal brow lift, and—another reason it’s gaining steam—it only requires two relatively small incisions hidden in the hairline. (The older technique, known as an endoscopic brow lift, entails five incisions in the hairline.)

A traditional ear-to-ear brow lift can cause numbness along the top of the head, says Dr. Doft, but lifting just the tails of the brows does away with that side effect (which is temporary but can last for months). She finds it’s also just more in-line with her patients’ aesthetic goals. In her practice, she says the rising popularity of the temporal brow lift “is less about not wanting Botox, and

more about changing the shape of the brow so that the tail has a lift and [the brow has] more of an arch. Most patients are more concerned with the lateral brow [than the entire brow] so they prefer the more minimal approach."

Fuller faces—and facial fat grafting—will replace chiseled cheeks.

If your social media feed has ever delivered you to an account that tracks celebrities' faces over time, you might have noticed common threads in the changes. "It's always: the nose gets more angular, the cheeks get hollower, the cheekbones are more defined. For so long, this has been our beauty ideal," says Dr. Doft. In the operating room, as well as in the makeup artist's chair, techniques for sculpting the face have dominated conversations, but their stronghold seems to be slipping: "There was so much talk about buccal fat pad removal [for hollow cheeks], fillers for building up the cheekbones, and contouring with makeup," says Dr. Doft. "Now we're getting away from that. Instead of wanting to create shadows on the face and more angularity, we're looking for that fresh, youthful, less defined face."

Dr. Doft thinks it's partly a natural ebb and flow—"aesthetics change." (Just look at the generational divide over winged liner and hair that's parted to the side.) And it's partly a reexamining of what's youthful and, by extension, desirable for many patients. "That fleshier look is associated with youth—I mean, when you look at children, they have full cheeks," says Dr. Doft. But she also thinks that the more we see sunken faces, the more we're forced to confront how aging that can be—and it's not a coincidence that this self-reflection is coming on the heels of so much GLP-1-induced weight loss. "Ozempic face is a really hollow face—we know that it looks drawn, it looks sad, it looks sickly, and so we're trying to combat that," posits Dr. Doft. "Could this be our natural reaction, pushing back?"

Instead of taking fat out of the cheeks (buccal fat removal) or injecting filler to create more sculptural cheekbones, more and more patients are putting fat *into* their faces. It can be used to plump areas that lose fat with age, like the temples, tear troughs, and cheeks. "Many of my patients love fat grafting. When I perform liposuction I often repurpose the fat in the face—or the chest to increase cleavage," says Dr. Doft. Facial fat grafting can be done as an adjunct to liposuction (when the fat is being removed anyway) or as a standalone procedure (a small amount of fat is obtained, via lipo, from areas like the thighs or abdomen). The fat is injected into the face, where only about 50 to 75 percent of it lasts, but what sticks around is permanent—it attaches to surrounding tissues and forms a new blood supply.

"I personally like fat a lot, because it's natural, it's well-tolerated. The downside is that it's permanent—the upside is that it's permanent," says Marc Mofid, MD, FACS, a board-certified facial plastic surgeon in San Diego and Beverly Hills and clinical assistant professor of plastic surgery at the Johns Hopkins School of Medicine. For a lot of people that certainly is a plus—"the concept of not needing maintenance, that's very attractive," says Dr. Williams. "I think for Botox, people kind of tolerate needing to come back over and over again, but I don't think [they do] as much for filler."

However, it's important to acknowledge that, with its permanent nature, fat grafting is not the end-all-be-all filler alternative for every single patient. Once it's in your body, it does what fat does: "If you put fat in someone's lips and they wind up gaining 30 or 40 pounds, their lips are going to be massive," says Dr. Mofid. "So in general, I think that we ought to tread carefully."

Fillers will give way to scalpels along the jawline.

Maybe you've already heard of mewing, but for the uninitiated: It's a new selfie trick—kind of like pinching your cheeks for a quick flush, but it's for your jawline. You put the top of your tongue against the top of your mouth and swallow, and you're supposed to get a more defined jawline. Jury's out on whether it works, but one thing is clear—there's "tons of focus on the jaw," says Dr. Doft. Why? We've maybe—just maybe—been hypersensitized to critiquing our softening jawlines. (For the record, anatomically speaking, this is a totally normal and expected change that happens with age.) There are so many energy devices that promise to tighten the area and injectors who want to "lift" it with filler, that jaws and jowls are more in the conversation than ever. But a lot of said devices don't give the dramatic results patients hope for, and attempting to correct jowls with filler can require so much filler that it winds up looking off. "People are getting frustrated with the noninvasive stuff, like Thermage or Ultherapy," says Dr. Doft. "And they're finding that filler's expensive, it's bulky looking, and there's a huge fear now of fillers lasting too long [in your skin] and not going away [after they've been injected], and distorting your skin forever." It has a lot of people questioning whether they want to continue down the path with filler. "Many people are kind of saying that surgery is going to be their ultimate end goal, so why am I spending all of this other money?" says Dr. Doft. And that brings us to more patients asking about facelifts for tightening their jawlines. Many of them are relatively young—in the mid-40s and early 50s.

In what's sometimes called a lower facelift—but could also just be called a facelift, because all facelifts are just for the lower half of the face—a surgeon typically makes an incision in front of the ear, around to the back of the ear, and along the hairline at the neck, with or without an incision under the chin. "Through those incisions, we tighten the platysma muscles and skin in the neck, and then adjust the SMAS," says Dr. Doft, referring to the fibrous tissue covering the facial muscles. "There are so many different techniques, but they are all meant to tighten the SMAS so that you are elevating the fat pads into their correct position and creating a more heart shaped face." The jaw lifting and shaping effect typically lasts for about eight to 12 years.

The art of filler damage control will evolve.

Some patients are aging differently today than they did a decade or two ago, and it's got a lot to do with the filler boom, posit plastic surgeons who are starting to see the effects of the last 20 years of filler use. (Restylane was the first hyaluronic acid filler approved for use in the U.S., in 2003.) As more and more hyaluronic acid fillers launched, there was more and more talk about using them to reshape faces—plumping lips, defining jaws, sculpting cheeks—in addition to filling lines. But when some injectors go wild trying to mold the face—as if building up certain areas with clay—the skin doesn't always bounce back.

"I think that fillers have been a national experiment for the last 20 years, and this idea that we can take hyaluronic acid and inject it into people and there are no long-term consequences is probably flawed. There wasn't 10-year safety data on fillers when they were brought to market," says Dr. Mofid. Now, "we're starting to see the first wave, if you will, of people that are dealing with the consequences of having all the filler removed."

Those consequences can look like surface irregularities—areas of depression and elevation in the skin— especially around the mouth, says Dr. Mofid. He's noticing these changes in patients who started getting filler in their mid-20s and are now in their 40s. "At some point in a person's life,

they decide they're going to have all of the filler removed—and when they do that, it's kind of a shocking thing for them, because now they look haggard," says Dr. Mofid. "I don't know what the long-term consequences are, and I don't think anyone really knows. I've seen a number of patients who have gone down that road and, in my personal opinion, they're probably worse off today than they would've been if they had done nothing at all."

He typically corrects the damage using facial fat grafting. "It's my belief that when a hyaluronic acid filler has been removed with hyaluronidase, there is volume loss in excess of what that person had before anything was injected. There may be a role for micro fat and nano fat to restore that," he explains. Micro fat grafting (oftentimes called facial fat grafting) is a way of adding volume by injecting your own fat throughout the face, like in the tear troughs or around the mouth, explains Dr. Mofid. With nano fat injections, the living fat cells are filtered out first, and the remaining portion, which contains peptides, exosomes, and mesenchymal stem cells, is injected to improve the quality of the skin, he says.

Other patients might need a facelift to contend with their post-filler appearance. "It has pushed people—even people who are the 'never facelift' patient—to actually think about a facelift," says Dr. Few. "It's actually increased facelifts in younger people, because they've been overfilled so badly that then when their filler is melted by hyaluronidase, they then have to have a lift to make themselves better."

So while facelifts for the 40-something set used to be outliers, now it's increasingly common for older Millennials and younger Gen Xers to come in for consults—a common thread I heard from plastic surgeons while reporting this story. "Fifteen years ago, I would've kicked any 40-year old who was thinking about a facelift out of my office," says Dr. Few, but now he's seeing 40-year-olds who have been over-filled and actually need a facelift. "I do blame a handful of individuals on the medical side that have been proponents of mega filler sessions, putting in 20 syringes of filler in one session. That is absolutely ludicrous and produces the side effects we're now dealing with." Dr. Williams agrees: "I think there's been pressure for this full-face correction from [patients] leaning into fillers."

This pressure helped produce the overfilled look that we've come to associate with fillers, and that a lot of people are trying to get away from now. "When people say, 'Oh, he's had bad plastic surgery'—more often, it's really their fillers," says Dr. Teitelbaum. "It's a lot like an anorectic, who thinks they're fat at 90 pounds." Patients start to see something different in the mirror, thinking they need more and more filler, even though it might not be in their best interest—"it happens so slowly, people don't know it's happening to them, and nobody is honest enough to stay, 'stop it already,'" says Dr. Teitelbaum. "There's a reason [some pharmaceutical] companies call these patients 'users.'"

The 'Ozempic Makeover' is the new 'Mommy Makeover.'

"The effects of Ozempic and that family of drugs is going to be a major, major, major force" in aesthetics, says Dr. Williams. There are physical changes to contend with after you take a GLP-1 (and we'll get to that in one second) but there's also a bigger shift in our country's mindset. The way patients think about "contour and shape" is changing, says Dr. Williams. "For a while, it was really about enhancing your curves with dramatic changes like BBLs—now there's a concept of looking less done, and a change in aesthetic towards a little less curvy." Dr. Williams is quick to add, this is not meant to "take anything away from body positivity or to say that people shouldn't

be empowered to look the way they want. But now that people have an effective tool to lose weight, [there's a] whole rethinking of contour and silhouette."

It's changing the size of breast implants that patients are asking for, for example: "When I started my practice, everyone wanted to be a C cup. Now I'm hearing a lot of people want to be a B cup," says Dr. Doft. "They're finding larger breasts make them look more 'matronly.' I think, in this world where we're so focused on weight right now, that's an area where people don't want to go bigger, they want to go smaller." Her patients tend to want perkiness and "a beautiful shape—'ballerina breast' is something I do for a lot of people. These are patients who are thin, they want to feel feminine, but they don't want a huge volume," says Dr. Doft.

"Ultimately, I think implant-related change and removal is going to go nuts," adds Dr. Few, explaining that some patients are swapping out their existing implants for smaller ones that feel more proportionate to them following weight loss.

In plastic surgery practices, the Ozempic effect could also mean fewer BBLs in the new year, more tummy tucks, and more liposuction. Maybe a lot more liposuction. It was the most popular plastic surgery procedure last year, and will likely keep its number one spot, as more people look to slim down and sculpt areas where they didn't necessarily lose weight on Ozempic. "You can't necessarily target where the body is choosing to take the fat from, so people may seek additional contouring in certain areas, like the hips," says Dr. Williams.

And there will be more lifts—for the face, as well as the body—in the new year. It's something plastic surgeons have been anticipating and talking about for awhile now, and it's poised to hit critical mass. "We're just now beginning to see people reaching their goal weight after being on the GLP-1s for 6 months or 9 months," says Dr. Williams. And now their skin isn't the same. "Weight fluctuation—which has been really big in our population right now—makes a difference to your skin," explains Dr. Doft. "All of a sudden you have this loose skin, and unless you're pretty young, it's hard for it to bounce back."

It's another reason breast implant removal and replacement will be more common next year—stretched-out breast tissue might not accommodate larger implants anymore. "Patients come in and say, 'I'm ready to cycle out the implants,'" says Dr. Few. "There's a question of whether they put a new implant in, or they just do a breast lift. It's going to create a whole new avenue for surgery this coming year, for sure. The breast lift will be an essential part of that process." As will arm lifts, leg lifts, and tummy tucks—"there's going to be an increase in lifts in general," says Dr. Few.

We might even see the advent of the concept of the "Ozempic Makeover" become a cultural phenomenon on par with the "Mommy Makeover." Patients, whose body-wide collagen and elastin supply has been affected, "are seeking treatment not just of one area of their body, such as their abdomen, they also want to address their breasts, arms, and back," says Umbareen Mahmood, MD, a board-certified plastic surgeon in New York City.

Facelifts will continue to grow in popularity, too: There seems to be something inherent to GLP-1 medications that's aging the skin more rapidly (beyond the effects of weight loss alone), a number of plastic surgeons told Allure in our investigation, Ozempic Is Changing People's Skin. "And I'm not sure that change goes away once they stop the medication," says Dr. Few. That on top of the hollowness caused by the weight loss is going to have more people seeking surgical

intervention: “If you try to use filler to replace lost fat in somebody who has wasting in their face, it tends to look watery, doughy, or like puffiness,” says Dr. Few. “I think there’s going to be an increase in face lifts, for sure.”

A new breast implant will tempt the boob job-curious.

“The biggest subject in breast surgery this year is going to be the Motiva implant—we know it’s really going to decrease capsular contracture, and we know it feels a lot better,” says Dr. Teitelbaum, who conducted clinical trials on the implant, which was approved by the FDA this fall.

Motiva is a silicone implant, but it’s considered a 6th generation silicone implant because of its unique design (more on that in a second). “It has been used by plastic surgeons internationally for 14 years, but is finally available to U.S. surgeons,” says Dr. Mahmood, who describes its arrival as “incredibly exciting for both plastic surgeons and patients interested in breast augmentation surgery.”

The biggest selling point for Motiva is that it has a capsular contracture rate of less than 1 percent at four years, compared to other silicone implants, whose rate of capsular contracture is about 12 to 19 percent at 10 years—“in most studies, it’s the leading reason for revision surgery,” says Dr. Teitelbaum.

If you are not versed in medical lingo, capsular contracture is something that happens when the body creates a membrane around an implant: “The body makes a capsule around anything that is implanted in the body, because the body sees it as foreign and can’t grow into it,” explains Dr. Teitelbaum. “With a breast implant, you want that [membrane] to be as thin and pliable as possible—when it thickens. the implant becomes more spherical, firm, and uncomfortable. And it moves upwards.”

Motiva’s surface is unique—“it has these little bumps 4 microns apart,” explains Dr Teitelbaum. (A micron, or micrometer, is one-millionth of a meter.) A study published in *Nature Magazine* found that, because of the spacing of the tiny bumps, “certain cells in the body don’t so much see it as foreign,” says Dr. Teitelbaum. ”So it creates much less of a reaction.” That’s why Motiva has been shown to have a uniquely low risk of capsular contracture. “And it has less friction, so bacteria are less able to attach to it and it’s less likely to be contaminated,” adds Dr. Teitelbaum.

In her own practice, Dr. Mahmood is finding that patients who’d been considering augmentation—but never pulled the trigger—are reconsidering now that Motiva is an option. “Breast augmentation surgery continues to be one of the top five most performed cosmetic plastic surgery procedures in the country,” says Dr. Mahmood. “Now, more patients are reaching out to learn more as they feel this implant may address some of their concerns about capsular contracture and inflammation.” And the way it looks (with a rounded design) and feels (with a highly cohesive gel) “make patients more comfortable that there is an implant that will suit their aesthetic needs,” says Dr. Mahmood.

Because it’s new, not every surgeon will use it right away, says Dr. Teitelbaum—but “there will be more of a conversation on implant selection.” It certainly was a common thread in the interviews I did for this story: “It’s new, so I think we have to be thoughtfully aware of that—but some really thoughtful people are behind the research, and I do believe it potentially offers an upgrade” to existing implant options, says Dr. Few. “The company has done something admirable,” adds Dr. Mofid. “The jury’s still out, but I’m interested in seeing if the capsular contracture rates are truly

lower. And I like the way they feel, to be honest with you—there's not any rippling or wrinkling the way there are with regular implants. It's definitely on the radar of a lot of people. I'm actually just starting the process of incorporating them into my practice and it's something I'm looking forward to."

Dr. Doft is waiting to offer Motiva in her own practice: "It hasn't been around for so long in the U.S.," she says. "But this idea of lowering capsular contracture is really exciting. Whenever I talk to patients about breast augmentation, I really make sure they understand that risk, because it's a real possibility and it's a pain in the neck to take care of. If this really does decrease capsular contracture, I think that's a breakthrough. I know it's been around in Europe and it's been FDA tested, but we are not seeing the longer term follow up yet."

A new facelift technique will arrive from abroad.

Please know, googling the words "facelift" and "quilting" together is not for the faint of heart. (I, for one, Xed out immediately.) But quilting is a new(ish) facelift technique, which was developed in Sao Paulo, Brazil about 15 years ago, and could become more common in the U.S. next year. Sutures (or stitches) "are placed on the outside of the skin, to sew the skin down to the fascia [connective tissue] under the skin," says Dr. Few. By anchoring the skin (which tends to slide or pull during the first week after a facelift), "it allows for better control of the skin contour during the initial healing phase." The quilting technique also eliminates the need for external drains by "closing off the potential space for fluid to collect," says Dr. Few. Most plastic surgeons put drains under the skin after a facelift to prevent excess fluid from collecting there. "These drains are removed a day or two after the surgery, leaving the patient with potential discomfort while they are in place, a potential portal of infection, and risk of bleeding when the drains are removed," says Dr. Few. "It's an antiquated approach that is still commonly used, but it is steadily being abandoned by experienced facelift surgeons."

With quilting, on the other hand, the external sutures are painlessly removed five to seven days after surgery, says Dr. Few. But here's the thing: After a facelift using this technique, the face almost takes on the appearance of lizard scales, and it takes a few weeks for that look to go away. Dr. Doft, for one, isn't sure if American patients are ready to see a lizard face in the mirror after surgery, noting that the quilting technique has so far "been more common in Europe and Latin America."

But already, "it has gotten some traction in the U.S. and there are a handful of surgeons who have gone to this [technique]. It's not something I do in my practice," says Dr. Few, noting he's been able to eliminate drains in his facelifts, too, through his own stitching technique. (He uses a handful of stitches to sew the skin down to the fascia, almost like stitching a button instead of sewing a quilt, so his patients do not get that temporary patchwork look to their skin that quilting can cause.)

Both Dr. Few and Dr. Doft predict it will come into the spotlight here in the coming year, including as more Ozempic patients contend with skin laxity. That's partly because quilting could offer an extra anchor for skin. "I understand why people are willing to do this kind of grotesque stitching. I personally don't think it's necessary. There is real downtime involved with it," says Dr. Few. "But it will be a hot topic."

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