



AMERICAN SOCIETY OF
PLASTIC SURGEONS®

ANNUAL PLASTIC SURGERY STATISTICS



Table of Contents:

03..... Introduction

04..... Message from the ASPS President

05..... 2025 Plastic Surgery by the Numbers

08..... Top 5 Cosmetic Surgery Procedures

09..... 2025 Cosmetic Surgery Procedures

10 The GLP-1 Effect: From Body to Face

14..... Top 5 Minimally Invasive Procedures

15 The Breast Category in 2025

18 Reconstructive Data Improvements

20..... Reconstructive Surgery Procedures

21..... Why Patients Are Seeking Plastic Surgery

24 Cosmetic Surgery Regional Distribution

28 Plastic Surgery Across the Lifespan:
How Priorities Shift by Generation

32..... Cosmetic Surgery Age Distribution

38..... Cosmetic Surgery Gender Distribution

40 Statement of Methodology

41..... Glossary of Terms

46 Further Information

Introduction

The American Society of Plastic Surgeons (ASPS), a nonprofit organization, supports its members in their efforts to provide the highest quality patient care through education, research and advocacy.

It is the largest organization of board-certified plastic surgeons in the world. With more than 11,000 members across the globe, the Society is recognized as a leading authority and information source on cosmetic and reconstructive plastic surgery.

Founded in 1931, the Society represents physicians certified by the American Board of Plastic Surgery (ABPS) or the Royal College of Physicians and Surgeons of Canada.

The ASPS mission is to provide high-quality care to plastic surgery patients by encouraging high standards of training, ethics, physician practice and research in plastic surgery. ASPS Member Surgeons are uniquely qualified to perform cosmetic and reconstructive plastic surgery on the face and all areas of the body.



A Message from ASPS President C. Bob Basu, MD, MBA, MPH, FACS

The 2025 ASPS Procedural Statistics Report provides a unique window into the evolving landscape of plastic surgery. Beyond documenting procedural trends, it offers meaningful insight into how patients' goals, motivations and expectations are changing, and how board-certified plastic surgeons continue to evolve to meet those needs. This year's data tells a compelling story not only about the procedures being performed, but also about the patients seeking them and the factors driving their decisions.

One theme stands out: More patients appear to be seeking aesthetic surgery to complete their weight loss journey after using GLP-1 medications. Lift procedures across the body saw significant growth this year, as 82 percent of ASPS Member Surgeons reported consultation requests related to GLP-1 use.

ASPS also gained new insight into patient motivation. Surgeons overwhelmingly indicated that patients pursued aesthetic procedures to look and feel more like themselves after major life changes, including significant weight loss, pregnancy or aging. They are seeking restoration, not transformation, with the goal of enhancing their own unique features rather than changing who they are.

This year's data also reflects a demographic shift. Americans are living longer, remaining active and redefining what healthy aging looks like. Plastic surgery is increasingly becoming part of that journey, with adults aged 66 and older representing the fastest-growing age group undergoing procedures.

Board-certified plastic surgeons are uniquely positioned to help individuals of every age navigate these transformations safely and thoughtfully. As patients become increasingly informed and treatment options continue to expand, the role of the plastic surgeon has never been more important. While techniques and technologies continue to advance, our commitment remains unchanged: to help patients make informed decisions and achieve outcomes that improve both their confidence and their quality of life.

The trends highlighted in this report reflect a specialty that continues to evolve alongside the patients it serves. Plastic surgeons remain committed to delivering compassionate, personalized care that places each patient at the center of every decision, whether the procedure is aesthetic or reconstructive, minimally invasive or surgical.

My sincere gratitude to the ASPS Member Surgeons and ASPS staff whose expertise and dedication transformed these data into a meaningful resource for our specialty and the public.

Throughout this report, you will see a specialty that continues to adapt, innovate and lead, guided by science, strengthened by data and united by a shared commitment to improving lives.

Sincerely,



A handwritten signature in black ink, appearing to read 'C. Basu'.

C. Bob Basu, MD, MBA, MPH, FACS
President, American Society of Plastic Surgeons

2025 Plastic Surgery by the Numbers

Behind every percentage point is a patient story, motivated by aging, significant weight loss, improved function and quality of life or renewed confidence. Patient motivations can provide more context for these changes in favored procedures and explain not only what changed in 2025, but also why. If 2024 hinted at changing patient priorities emerging from the pandemic era, the 2025 data made those shifts impossible to ignore, especially with an overall 7 percent increase in plastic surgery procedures.

The 2025 data was not simply a snapshot of recent plastic surgery trends. It was a report that told a compelling story about the ever-evolving needs, perceptions and attitudes of plastic surgery patients.

“It’s showing the real start of this GLP-1 revolution, and it’s not going to stop. I don’t think it’s a trend,” said ASPS Member Surgeon Sara Dickie, MD, Chicago. “Americans are getting bodies that are healthier in many ways, because yes, they’re losing weight, but they also want proportional balance. We’re seeing this medication change a lot about how people want to present themselves, and, as plastic surgeons, we are professionally trained to help our patients meet that goal.”

An overall

7%



increase in plastic surgery procedures

Top Five Procedures by Volume

Many of the nation’s most popular cosmetic procedures remained remarkably steady, but lift procedures emerged as the year’s defining story. That came as little surprise. Across the face and body, patients increasingly sought procedures designed to restore contour, address skin laxity and complement other aesthetic goals. At the same time, facial rejuvenation continued its upward trajectory, breast procedures gained momentum and several procedures that dominated recent years began to level off. The data pointed to a specialty that responded to changing patient motivations, not simply changing trends or the week’s hot social media topics.

That distinction began with the procedures patients underwent most often. Liposuction remained the nation’s top cosmetic surgery in 2025 with 317,196 procedures performed. Despite retaining the number one spot by a wide margin, the quantity of procedures remained unchanged from the previous year (-1 percent), underscoring its enduring, timeless popularity rather than renewed growth. Liposuction was often a complementary procedure used in conjunction with other plastic surgeries, such as lifts.

Breast augmentation and implant revision procedures totaled 304,234, an increase of 11 percent. Tummy tuck (abdominoplasty) ranked third, with 173,251 procedures, but, like liposuction, demand remained consistent (+2 percent) from the previous year. Breast lift moved into fourth with 156,131 procedures, while eyelid surgery (blepharoplasty) rounded out the top five after climbing nearly 19 percent to 118,978 procedures.



2025 Plastic Surgery by the Numbers

Lift Procedures:

A Defining Category of 2025

The 2025 rankings revealed one of the year's most important themes: The strongest momentum came from procedures designed to tighten and restore contour.

No category better illustrated that shift than lifts.

From head to toe, lift procedures posted broad gains throughout the year. Facial fat grafting recorded the largest increase among cosmetic surgery procedures, rising 39 percent. Forehead and brow lifts increased 29 percent, upper body lifts climbed 22 percent, arm lifts rose 21 percent, neck lifts increased 21 percent and thigh lifts grew by 20 percent. Facelifts continued their steady ascent with a 13 percent increase, breast lifts rose 8 percent and lower body lifts also recorded statistically significant growth.

Viewed together, the data tells a broader story: Patients increasingly sought procedures that addressed excess skin, restored youthful contours and refined body proportions across multiple anatomical areas rather than focusing on a single feature. This scenario played out in real time in offices across the country.

"It's always interesting to see the numbers come out after living it as a surgeon in private practice, particularly the cosmetic numbers," said Dr. Dickie. "Absolutely, without question, I have more arm lift consults and more arm lift patients opting for surgeries than I've ever had before. The same with thighs, to an extent, and breast lifts, which is something I do a lot. I'm seeing more breast lifts with augmentation, too."

There was one emerging factor that may help explain this drive toward the pattern of lifting and contouring

procedures: In a companion study conducted alongside this year's procedural statistics, 82 percent of ASPS Member Surgeons reported receiving consultation requests related to GLP-1 medications. Consultations and procedures are not synonymous, but the widespread growth observed across the variety of lift procedures is consistent with the concerns surgeons increasingly report hearing from patients following significant weight loss.

Facial rejuvenation also continued to build on gains seen in recent years. Eyelid surgery experienced one of the strongest increases among high-volume procedures, while facelifts, neck lifts, brow lifts and facial fat grafting all posted double-digit growth. Rather than reflecting demand for a single procedure, the data suggested sustained interest in comprehensive facial restoration that addressed multiple signs of facial aging, sagging and volume loss associated with rapid weight loss.

Breast surgery, like in years past, remained a cornerstone of aesthetic practice. Breast augmentation and implant revision procedures surpassed 300,000 cases

nationwide, up 11 percent, while breast lifts and breast reductions also recorded meaningful growth. Together, these procedures demonstrated continued demand across both aesthetic enhancement and quality-of-life indications.

Several additional procedures also stood out. Labiaplasty increased 9 percent, chin (submental) liposuction rose 7 percent and breast reduction continued its steady upward trajectory. Although these procedures accounted for a smaller share of overall surgical totals, each reflected continued diversification in the types of procedures patients chose for aesthetic and quality-of-life reasons, as patients continued to prioritize health, wellness and personal aesthetic goals.

We're seeing this medication change a lot about how people want to present themselves, and, as plastic surgeons, we are professionally trained to help our patients meet that goal.

- ASPS MEMBER SURGEON
SARA DICKIE, MD, CHICAGO

2025 Plastic Surgery by the Numbers

Statistically Flat:

Not a Trend, But Not Insignificant

The 2025 data was equally notable for what did not change: Liposuction remained the country's most-performed procedure, with no statistically significant change. It may not have seen a year-over-year increase, but this gold standard of contouring procedures kept its top spot due to its popularity and results.

Tummy tucks likewise remained stable despite ranking among the procedures most frequently discussed during GLP-1-related consultations. That difference between consultation demand and completed procedures is an important reminder that patient interest did not always translate immediately into surgery, an interesting dynamic worth further exploration. Breast implant extraction (whether for replacement or removal) also remained essentially stable from 2024.

Notable Declines in 2025

A handful of procedures moved in the opposite direction, slipping in the overall statistical rankings.

Nose reshaping (rhinoplasty) declined 5 percent, reversing two consecutive years of growth. Brazilian butt lifts (buttock augmentation with fat grafting) decreased 5 percent, continuing a cooling trend after years of rapid expansion, while male breast reduction (gynecomastia surgery) declined 8 percent. These changes did not outweigh the year's broader gains, but suggested a continued evolution in patient preferences as the aesthetic landscape shifts.



of ASPS Member Surgeons reported receiving consultation requests related to GLP-1 medications.



Trends in Reconstruction and Noninvasive Procedures

Minimally invasive treatments continued to dominate the overall aesthetics space. Neuromodulator injections, commonly referred to as Botox, accounted for roughly half of all minimally invasive procedures performed in 2025, while hyaluronic acid fillers accounted for another 30 percent. Laser skin treatments, hair removal and light-based therapies, tattoo removal and non-hyaluronic acid fillers rounded out the remaining share of treatments.

Growth trends extended beyond aesthetic plastic surgery. Breast reconstruction procedures performed by ASPS Member Surgeons increased 10 percent, and hand surgeries likewise increased 13 percent. Both debridement and tumor removal remained statistically stable, representing substantial procedural volume. The repair procedure category (which includes procedures such as tissue transfer and scar revision) remained the highest-volume reconstructive operation, increasing 5 percent to 367,880 procedures.

What Do the 2025 Numbers Tell Us?

Taken together, the 2025 statistics depicted a specialty entering its next phase of growth, driven by weight loss trends and evolving aesthetic goals. Rather than being steered by a single breakthrough procedure or short-lived trend, the 2025 data seemed to reflect broader shifts in patient goals, treatment planning and surgical decision-making.

Top 5 Cosmetic Surgery Procedures

1

Liposuction

Liposuction remained the nation's most popular procedure for the fifth consecutive year. It removes pockets of stubborn fat that don't respond to diet and exercise to reshape specific areas of the body, creating smoother, more balanced contours. It can be performed on its own or combined with other plastic surgery procedures for more comprehensive body contouring.

2

Breast Augmentation

A longtime favorite, breast augmentation continued to rank among the country's most requested procedures. It increases the size or changes the shape of the breasts using implants. Plastic surgeons reported patients are increasingly choosing moderate, proportionate implants that complement their body type, reflecting a more personalized approach to their aesthetic goals.

3

Tummy Tuck (Abdominoplasty)

Plastic surgeons indicated as more people achieve significant weight loss with the use of GLP-1 medications, many chose to complete their weight loss journeys with body contouring procedures, including tummy tucks. This procedure removes excess skin and tightens weakened abdominal muscles for a flatter, firmer midsection. It's often one piece of a larger body contouring plan to restore and rejuvenate their shape.

4

Breast Lift

This procedure raises and reshapes the breasts by repositioning breast tissue and the nipple. It can be performed alone without changing breast size or combined with a breast augmentation. It's a popular option to restore the breasts after pregnancy, weight loss and aging.

5

Eyelid Surgery (Blepharoplasty)

This was the most popular facial surgery of 2025 and the top five procedure that saw the biggest growth. This procedure refreshes the eyelids by removing or repositioning excess skin and fat. It can reduce drooping upper lids, lessen puffiness and smooth undereye bags, so the eyes appear more rested and refreshed.



2025 Cosmetic Surgery Procedures

COSMETIC SURGERY PROCEDURES	2025	2024	% CHANGE 2025 vs 2024
BREAST			
Breast augmentation (implant placement for both primary and/or revisions)	304,234	273,302	11%
Breast implant removals (augmentation patients only)	45,773	45,780	0%
Breast lift (mastopexy)	156,131	144,003	8%
Breast reduction	76,040	70,961	7%
Male breast reduction (gynecomastia surgery)	23,318	25,351	-8%
BODY			
Arm lift (brachioplasty)	26,088	21,524	21%
Brazilian butt lift (buttock augmentation with fat grafting)	25,662	27,059	-5%
Labiaplasty	10,658	9,778	9%
Liposuction	317,196	320,155	-1%
Lower body lift	10,868	10,495	4%
Thigh lift	11,866	9,901	20%
Tummy tuck (abdominoplasty)	173,251	170,544	2%
Upper body lift	6,438	5,260	22%
FACE			
Chin liposuction (submental liposuction)	18,842	17,533	7%
Eyelid surgery (blepharoplasty)	118,978	100,185	19%
Facelift (rhytidectomy)	77,933	69,097	13%
Facial fat grafting	34,117	24,605	39%
Forehead lift	15,506	12,052	29%
Neck lift	27,315	22,592	21%
Nose reshaping (rhinoplasty)	43,116	45,213	-5%
TOTAL	1,523,330	1,425,390	7%

The GLP-1 Effect: From Body to Face

Unless you've been living in a social media void, you already know one of the hottest topics in healthcare centered around the popularity of GLP-1 medications for weight loss. In 2025, conversations about this classification of drug moved from primary care to plastic surgery consultation.

More than four out of five ASPS Member Surgeons reported receiving consultation requests related to GLP-1 medication use in 2025, making it one of the most significant topics in the member survey. Consultation requests do not necessarily translate directly into completed procedures, but the data revealed a pattern that closely tracked what surgeons reported seeing in their practices.

"I have noticed a significant increase in the number of consults and, therefore, surgeries that are driven by weight loss secondary to the use of GLP-1 medications," said ASPS Member Surgeon Kristy Hamilton, MD, Houston. "It's more than a trend; it's a seismic shift, and plastic surgery is forever changed by the advent of these drugs."

That clinical reality was reflected throughout the 2025 statistics.

GLP-1 by the Numbers

It's a tale as old as time. If you wanted to lose weight, nutrition and exercise were the keys. Today, GLP-1 medications have become a game changer for patients, providing a new tool to add to their weight loss regimens. The trade-off is that rapid weight loss with these types of medications can cause laxity issues leading to excess, sagging skin. Excess skin can leave some patients uncomfortable showing off their weight loss results and can also cause significant discomfort and quality-of-life issues.

"I have noticed a significant increase in the number of consults and, therefore, surgeries that are driven by weight loss secondary to the use of GLP-1 medications."

- ASPS MEMBER SURGEON KRISTY HAMILTON, MD, HOUSTON

Among body procedures, surgeons most frequently reported GLP-1-related consultations for tummy tucks at 88 percent, followed closely by breast surgery, including breast lifts and breast augmentation, at 87 percent. Arm lifts ranked next with 84 percent, followed by thigh lifts at 80 percent, panniculectomy (removal of hanging skin and fat from the lower abdomen) at 67 percent and body lifts at 62 percent.

Perhaps unsurprisingly, the data indicated growth across nearly every category.



The GLP-1 Effect: From Body to Face

Upper body lifts increased 22 percent, arm lifts rose 21 percent and thigh lifts climbed 20 percent. Lower body lifts also posted statistically significant growth. Breast lifts continued their upward trajectory, increasing 8 percent, adding to the broader pattern observed throughout the lift category in 2025.

One notable exception was also one of the year's most interesting observations.

Although tummy tucks ranked as the procedure surgeons most frequently discussed with GLP-1 patients, national procedure volume remained steady, increasing 2 percent to 173,251 procedures. Rather than contradicting the broader trend, the difference highlights an important distinction between demand for consultations and completed surgery. Tummy tucks remained one of the country's most popular cosmetic procedures, and the consultation data may reflect a growing pipeline of patients still evaluating the timing, recovery or financial commitment of surgery.

The same pattern extended beyond the body and into facial procedures.

While rapid weight loss with these medications can be astounding, the reality was patients couldn't choose where weight loss happened. Popular culture, fueled by social media, has coined the term "Ozempic face" to describe the hollowing of the face and skin laxity that

can accompany rapid weight loss. Clinically, surgeons described these changes as facial volume loss and soft tissue descent, associated with significant reductions in facial fat.

The procedures patients discussed with surgeons during consultations closely mirrored those concerns.

Among facial procedures, ASPS Member Surgeons most frequently reported GLP-1-related consultations for facelifts at 71 percent, neck lifts at 64 percent, eyelid surgery at 37 percent and brow lifts at 19 percent. Each procedure addressed different aspects of facial aging or skin laxity, and each experienced significant growth in 2025.

Facial fat grafting recorded the largest percentage increase of any cosmetic surgical procedure, rising 39 percent to 34,117 procedures in 2025. Brow lifts increased 29 percent, neck lifts climbed 21 percent, eyelid surgery rose 19 percent and facelifts increased 13 percent.

Plump Up After Slimming Down: Facial Fat Grafting

Those increases reflected one of the year's strongest patterns in facial rejuvenation.

Importantly, the rise in facial fat grafting extended beyond patients who have used GLP-1 medications. When asked to identify the facial rejuvenation techniques they most commonly use, ASPS Member Surgeons first cited hyaluronic acid fillers at 69 percent, followed by autologous fat grafting with 49 percent. The data suggest that fat grafting was already becoming an increasingly important tool in facial rejuvenation before the recent surge in GLP-1-related consultations. For many surgeons, significant weight loss may have helped accelerate demand for an approach already gaining broader acceptance among patients seeking long-lasting facial volume restoration.



Facial fat grafting rose
39%
year over year.



The GLP-1 Effect: From Body to Face

“GLP-1s are here to stay, it seems, and I imagine they will start to craft their own corner of our specialty for years to come.”

- ASPS MEMBER SURGEON KELLY KILLEEN, MD, BEVERLY HILLS

“The GLP-1 craze continues to change the landscape of plastic surgery,” said ASPS Member Surgeon Kelly Killeen, MD, Beverly Hills. “In my practice, I’ve seen an entire new population of patients. A larger percentage of patients are interested in addressing facial volume loss. Facial fat loss can be quite aging, and patients want a longer-lasting procedure and are moving away from fillers. A lot of patients I see have widespread laxity and are interested in skin tightening in many areas. The noninvasive and minimally invasive tightening technologies still leave a lot to be desired, so the surgical procedures are becoming more popular again. GLP-1s are here to stay, it seems, and I imagine they will start to craft their own corner of our specialty for years to come.”

As a whole, the consultation survey and procedure counts were consistent. Surgeons increasingly saw patients whose aesthetic concerns extended well beyond a single procedure or body part. Patients who had achieved significant weight loss may have sought contouring of the arms, breasts, abdomen or thighs while also pursuing facial procedures that restored volume and addressed changes associated with facial fat loss.

The result was a more comprehensive face-and-body approach to surgical planning and achieving patients’ aesthetic goals post-weight loss, one that considered the whole patient rather than a single area of concern.

The 2025 ASPS data helped document two parallel trends: Widespread consultation requests for GLP-1 medications and broad increases across many procedures that surgeons most commonly discussed with those patients. As GLP-1 medications continued to reshape conversations about weight loss, plastic surgeons were increasingly helping patients address what comes next from head to toe.



The GLP-1 Effect: From Body to Face

What body procedures have you received consultations for related to GLP-1 use between Jan. 1 and Dec. 31, 2025?

PROCEDURE	PERCENTAGE
Tummy tuck (abdominoplasty)	88%
Breast surgery (lift, augmentation)	87%
Arm lift	84%
Thigh lift	80%
Panniculectomy	67%
Body lift	62%
Liposuction	55%
Buttock lift	45%

Please rank the GLP-1 related consults from most common/frequent (top) to least common/frequent (bottom) between Jan. 1 and Dec. 31, 2025.

PROCEDURE	OVERALL RANK
Tummy tuck (abdominoplasty)	1
Breast surgery (lift, augmentation)	2
Panniculectomy	3
Arm lift	4
Body lift	5
Thigh lift	6
Liposuction	7
Buttock lift	8

What facial procedures have you received consultations for related to GLP-1 use between Jan. 1 and Dec. 31, 2025?

ANSWER CHOICES	RESPONSES
Facelift	71%
Neck lift	64%
Eyelid surgery (blepharoplasty)	37%
Brow lift	19%

Please rank the GLP-1-related consults from most common/frequent (top) to least common/frequent (bottom) between Jan. 1 and Dec. 31, 2025.

PROCEDURE	OVERALL RANK
Facelift	1
Neck lift	2
Eyelid surgery (blepharoplasty)	3
Brow lift	4

What facial rejuvenation approaches did you use in your practice between Jan. 1 and Dec. 31, 2025?

PROCEDURE	PERCENTAGE
Hyaluronic acid-based facial fillers	69%
Autologous fat grafting	49%
Light or energy-based devices	45%
Biostimulatory injectables/treatments	33%
Chemical peels	33%
Dermabrasion/microdermabrasion	14%
Off-the-shelf adipose-based injectables	10%

Please rank your top facial rejuvenation approaches you have used between Jan. 1 and Dec. 31, 2025.

PROCEDURE	OVERALL RANK
Hyaluronic acid-based facial fillers	1
Autologous fat grafting	2
Light or energy-based devices	3
Biostimulatory injectables/treatments	4
Chemical peels	5
Off-the-shelf adipose-based injectables	6
Dermabrasion/microdermabrasion	7

Top 5 Minimally Invasive Procedures

1

Neuromodulator Injections

Neuromodulators (commonly referred to by their commercial names as Botox®, Dysport®, Letybo®, Xeomin®, Jeuveau® or Daxxify®) continued to dominate minimally invasive treatments. They accounted for half of all minimally invasive treatments performed in 2025. These wrinkle-relaxing injections temporarily soften wrinkles. They offer a combination of natural results, minimal downtime and affordability that consistently makes them the go-to aesthetic treatment.

2

Soft Tissue/Hyaluronic Acid Fillers

Hyaluronic acid fillers remained the second most-requested treatment, representing 30 percent of minimally invasive treatments performed. They help restore lost volume, smooth lines and enhance facial contours. The majority of treatments (70 percent) focused on facial rejuvenation, while lip augmentation accounted for 23 percent of filler treatments.

3

Laser Skin Treatments

Laser skin treatments, including ablative and non-ablative, were a popular patient choice for improving skin tone, texture and overall skin quality. These treatments reduce sun damage, wrinkles, acne scars and uneven pigmentation while stimulating collagen production for healthier-looking skin. Many people incorporate laser treatments as part of a long-term skin care plan to maintain and improve their skin quality.

4

Hair Removal, Intense Pulsed Light (IPL) and Tattoo Removal

Laser hair removal, intense pulsed light (IPL) treatments and laser tattoo removal were favorite options for patients seeking long-lasting aesthetic improvements. These treatments can permanently reduce unwanted hair, improve discoloration and sun damage or gradually fade unwanted tattoos with minimal recovery time.

5

Non-Hyaluronic Acid Fillers

Non-hyaluronic acid fillers offered an alternative approach to restore facial volume and improve contours. Unlike hyaluronic acid fillers, many of these products work by stimulating the body's natural collagen production for longer-lasting results. Most injections are used for facial rejuvenation (80 percent) and lip augmentation (10 percent).

Because of the dynamic nature of the minimally invasive treatment market, ASPS is seeking a data source that aligns with its cosmetic and reconstructive data sets before estimating treatment counts. For now, ASPS has presented the five most common minimally invasive treatments by volume rather than by procedure count.



The Breast Category in 2025

For years, there have been discussions and conversations about breast augmentation, often centering on the bigger-is-better idea. In 2025, the data suggested patients are asking a different question: “What looks most proportional?” Patients still wanted breast augmentation, but they sought a different aesthetic than in years past.

“I think it’s definitely an interesting trend,” said ASPS Member Surgeon Samuel Lin, MD, MBA, Boston. “Not going bigger, basically, but still making a change or enhancement in terms of being more of a ‘moderation’ approach.”

Breast augmentation and implant revision procedures increased

11%



This was an approach and shift reflected not in declining demand for breast surgery, but in the choices patients made once they arrived in the consultation room. Breast augmentation and implant revision procedures increased 11 percent in 2025, reaching 304,234 procedures. These procedures remained among the two most popular cosmetic surgery categories performed nationwide. At the same time, ASPS Member Surgeons reported a growing preference for moderate implant sizes, suggesting that today’s patients continued to pursue enhancement while placing greater emphasis on balance, proportion and long-term satisfaction.

Breast Category by the Numbers

According to this year’s survey, 36 percent of ASPS Member Surgeons indicated patients trended toward smaller implant sizes than in previous years. By comparison, just 12 percent reported a shift toward larger implants. Importantly, more than half of ASPS Member Surgeons surveyed, some 52 percent, said implant size preferences remained consistent with prior years, indicating that the specialty observed a

gradual evolution rather than a dramatic change in aesthetic goals.

That distinction mattered.

ASPS data did not suggest patients abandoned breast augmentation outright. Instead, it indicated that many patients refined their goals. Enhancement remained the objective, but increasingly it was realized through proportions that complement an individual’s frame and align with a more personalized aesthetic.

The implant sizes surgeons most reported using reinforced this concept. The majority of respondents, ranked implants in the 300-to-400-cc range among those they used most frequently, while 200-to-300-cc implants ranked second. The 300-to-400-cc range equated anything from a medium-sized orange to a large grapefruit, while a 200-to-300-cc range was more in line with a tangerine to a medium or large apple. These ranges represented meaningful augmentation, reflecting patients’ continued desire for noticeable enhancement without necessarily pursuing the larger implant sizes (think melon) that often defined aesthetic trends in previous decades.



The Breast Category in 2025

Breast Surgery: Procedure Counts

Statistics surrounding procedure counts painted a similar picture overall. Breast augmentation and implant revision procedures continued to grow in 2025, but they were not alone. Breast lifts increased 8 percent to 156,131 procedures, making them the nation's fourth most-performed cosmetic surgery procedure. Breast reductions also continued a steady rise, increasing 7 percent to 76,040 procedures.

Those increases pointed to a breast category expanding in multiple directions rather than following a single path. While some patients sought additional volume through augmentation, others restored breast position and shape with a lift, either due to the slow march of time or significant weight loss. Still others pursued a reduction to improve comfort, function, confidence and/or body proportion. Although each procedure addresses different concerns, they share a common theme: Helping patients achieve results that fit their individual anatomy and aesthetic goals. It means viewing the body as a whole and not always focusing on an individual feature.

Dr. Lin suggested the shift may also be a part of a growing trend of acceptance: “There is more awareness, more acceptance of folks having procedures for quality of life.”

Understanding Breast Removal Implant as Part of the Larger Picture

One statistic was particularly crucial because it challenged a common misconception.

Breast implant removal remained relatively unchanged in 2025, with 45,773 procedures nationally. It suggested that the growing interest in more moderate implant sizes is not being driven by large numbers of existing augmentation patients reversing earlier decisions. Instead,

it appeared to reflect changing preferences among patients entering the consultation process today.

That distinction may help explain why the breast category continued to grow despite evolving aesthetic preferences. Patients were not necessarily choosing less surgery. Rather, they were making different and unique decisions about what successful breast surgery looked like for them.

There is more awareness, more acceptance of folks having procedures for quality of life.

- ASPS MEMBER SURGEON
SAMUEL LIN, MD, MBA, BOSTON

Those decisions increasingly emphasized proportion over prominence, personalization over trends and outcomes that patients believed would remain appropriate years after surgery. Whether the goal was augmentation, lifting or reduction, the data suggested that patients were less focused on achieving a particular look than on achieving what best fit their own body and made them feel most confident in their own skin.

To a degree, the breast category reflected one of the broader themes running throughout the 2025 statistics: That is, patient demand remained consistent, but aesthetic priorities continued to evolve. The year's growth in the breast category was not defined by dramatic shifts away from established procedures. Instead, it was shaped by more nuanced decisions about size, balance, longevity and natural-looking results. These changes were influenced not only by breast surgery but plastic surgery as a whole.



The Breast Category in 2025

What breast implant sizes did you use for augmentations in 2025?	
BREAST IMPLANT SIZE	RESPONSES
Less than 200 cc	15%
Between 200-300 cc	80%
Between 300-400 cc	89%
Between 400-500 cc	68%
Between 500-600 cc	31%
Greater than 700 cc	8%

Rank the breast implant size you used from most common/frequent (top) to least common/frequent (bottom).	
BREAST IMPLANT SIZE	RANKING
Between 300-400 cc	1
Between 200-300 cc	2
Between 400-500 cc	3
Less than 200 cc	4
Between 500-600 cc	5
Greater than 700 cc	6

Did you notice a change in breast implant size in 2025 calendar year compared to previous years?	
ANSWER CHOICES	RESPONSES
No - these sizes are consistent with prior years	52%
Yes - trended towards larger implant size	12%
Yes - trended towards smaller implant size	36%

Reconstructive Data Improvements

ASPS analyzed insurance claim-based estimates for our reconstructive procedures this year. This replaces the survey data used in past years.

The categories for reconstructive procedures were substantially altered because of this change. The insurance claims projections provided a considerably larger data set than the prior survey-based data set. It includes claims from more than 3,000 U.S. board-certified plastic surgeons.

This change gave ASPS a larger and more consistent way to compare reconstructive procedure trends. ASPS reported insurance claim count estimates for both 2024 and 2025 to provide a clear annual comparison.

It includes claims from more than

3,000
U.S. board-certified
plastic surgeons.

Breast Reconstruction Procedures

The data set change allowed ASPS to share more detail about the volume of breast reconstruction types performed by plastic surgeons. These are broadly categorized into three types of reconstruction procedures:

Implant-based reconstruction uses saline or silicone implants to recreate the breast. This can be done in either a staged procedure where tissue expanders are first placed and then implants are inserted in a separate procedure, or the implants can be immediately inserted after the mastectomy.

Autologous reconstruction is also known as flap reconstruction. It uses the patient's own body, such as skin, fat and sometimes muscle, from another area of the body, such as the abdomen, buttocks, back or thighs,

to rebuild the breast. DIEP flaps are the most common procedure type, which uses tissue from the lower belly.

Breast reconstruction revisions are common with breast reconstruction. This is a corrective procedure that helps reduce pain and improve the breasts' overall appearance. These revisions allow for rebalancing the shape, size and/or contour of the breasts.

General Reconstruction Procedures

A new category includes the various types of tissue repair plastic surgeons perform following traumatic injuries or planned surgical procedures. Reconstructive repair is one of the most common procedures performed by plastic surgeons. It is often paired with debridement, which is a thorough cleaning of a wound that removes dead, infected or damaged tissues along with any foreign debris.



Reconstructive Data Improvements

ASPS broke down the types of repair plastic surgeons used based on the complexity of the tissues involved:

Simple repair is the mending of a wound that requires closure of a single layer of tissue.

Intermediate repair is the improvement of a wound that is either deeper and requires multiple layers of closure, or single-layered wound that is contaminated and needs deeper cleaning.

Complex repair is used for severe wounds that affect several layers of tissue and may require debridement. These repairs require a more layered closure technique.

Adjacent tissue transfer requires additional incisions and transferring of a tissue flap to move nearby healthy tissue to cover or repair the injured area.

Scar revision addresses both aesthetic and functional concerns to minimize their appearance so they blend more seamlessly with the surrounding skin as well as restore mobility when they restrict movement.

Why Use a Plastic Surgeon for Reconstruction Procedures?

Board-certified plastic surgeons who are ASPS Member Surgeons have specialized training in reconstruction procedures. Their training is specifically focused on handling all types of tissues, symmetry and aesthetic restoration.

A plastic surgeon is the most qualified guide to navigating the breast reconstruction options, so a patient gets the best result. They can not only restore contour and symmetry to the breasts, but also reconnect tiny nerves in the chest with a graft, which can restore some sensation to the chest. Breast reconstruction can also involve multiple revision procedures performed over time. Plastic surgeons help patients refine their results to help them reach their desired outcome.

Many surgeons can also perform tissue repair and debridement, but having a plastic surgeon do so can greatly increase the aesthetic outcome of a traumatic injury or wound from a planned surgery. Their techniques can minimize loss of function to the affected area, support healing and optimize the cosmetic result, including reducing scarring.



2025 Reconstructive Surgery Procedures

RECONSTRUCTIVE SURGERY PROCEDURES	2025	2024	% CHANGE 2025 vs 2024
Breast reconstruction (see inset table)	159,140	145,309	10%
Burn care	4,673	4,868	-4%
Cleft lip and palate repair	7,622	7,613	0%
Debridement	203,160	198,776	2%
Graft	44,126	42,651	3%
Hand surgery	217,205	193,051	13%
Hernia repair	6,671	6,134	9%
Lesion excision	55,210	53,978	2%
Liposuction for lipedema	10,713	10,091	6%
Maxillofacial	42,283	39,907	6%
Recipient site prep	47,963	47,842	0%
Repair (see inset table)	367,880	349,289	5%
Tumor removal	116,089	113,456	2%
TOTAL	1,282,735	1,212,965	6%

General Repair Procedures (Inset Table for Repair Procedures)			
Repair Subtype	2025	2024	% CHANGE 2025 vs 2024
Adjacent tissue transfer	158,064	148,398	7%
Complex repair	111,716	109,950	2%
Intermediate repair	79,240	74,601	6%
Scar revision	15,054	12,501	20%
Simple repair	3,806	3,840	-1%

Breast Reconstruction Procedures (Inset Table for Breast Reconstruction Procedures)			
Breast Reconstruction Subtype	2025	2024	% CHANGE 2025 vs 2024
Autologous reconstruction (TRAM flap)	123	159	-23%
Autologous reconstruction with free flap (fTRAM, DIEP, SIEA, GAP flap)	6,451	6,084	6%
Autologous reconstruction with latissimus dorsi flap	2,194	2,103	4%
Breast implant placement (separate day from mastectomy)	35,586	31,934	11%
Breast reconstruction revision	38,990	36,267	8%
Direct-to-implant reconstruction	7,396	6,932	7%
Tissue expander exchange to breast implant	29,520	26,061	13%
Tissue expander placement	32,207	29,484	9%
Tissue expander removal (no implant placement)	6,673	6,285	6%

Why Patients Are Seeking Plastic Surgery

Data evaluated in a vacuum only reveals a small portion of the overall picture. For years, public conversations about plastic surgery were often focused on transformation, that is, changing one's appearance, chasing trends or pursuing an idealized version of beauty.

The 2025 ASPS survey suggested surgeons heard something different from their patients.

When asked to identify some of the most common reasons patients sought plastic surgery in 2025, ASPS Member Surgeons pointed to one motivation above all others: restoration.

Rather than querying patients directly, the survey asked ASPS Member Surgeons to identify, based on their consultation experiences, the top reasons patients sought plastic surgery in 2025. Surgeons could select up to three motivations, offering a snapshot of the conversations taking place in practices across the country rather than a census of individual patient preferences. The answers many surgeons received from patients might surprise individuals outside the profession.

ASPS Member Surgeon, Dr. Umbareen Mahmood, MD, New York, also noticed an increase in restoration-based patient motivations, not necessarily as a means of perfection, but as a means of achieving overall health and wellness.

What surgeons are hearing is that patients want to feel like a better restored version of themselves, not a different version," said Mahmood. "Plastic surgery is increasingly a wellness decision. Patients are investing in their quality of life, not creating or chasing an aesthetic ideal. What surgeons are hearing is that patients want to feel like a better restored version of themselves, not a different version."

Understanding Patient Motivations

According to the data, 75 percent of surveyed surgeons ranked restoration following life changes, including pregnancy, aging and significant weight loss, as the leading reason, by a wide margin, that patients pursued plastic surgery. The results suggest that many patients sought care not to become someone new, but to reclaim a version of themselves that life experience may have altered.

What surgeons are hearing is that patients want to feel like a better restored version of themselves, not a different version.

- ASPS MEMBER SURGEON UMBAREEN MAHMOOD, MD, NEW YORK

That finding provided important context for many of the trends seen throughout this year's report. The old stereotype of vanity being the leading motivation behind plastic surgery is simply not supported by data. Whether restoring breast shape after pregnancy, addressing excess skin following significant weight loss or seeking facial rejuvenation associated with aging, many of the procedures that experienced growth

in 2025 shared a common goal: Helping patients feel more like the best version of themselves again.



Why Patients Are Seeking Plastic Surgery

Weight loss has taken on particular significance this year as the growing use of GLP-1 medications has introduced new conversations into plastic surgery consultations. Surgeons reported a surge in consultation requests for GLP-1 medications, particularly among patients seeking procedures to address skin laxity following substantial weight loss. For many patients, restoration via lifts following weight loss appeared to be one of several life transitions that bring them to a plastic surgeon's office.

Restoration was the top motivation, but it was not the only one ASPS Member Surgeons identified as being top of mind for patients today.

Two-thirds of surveyed surgeons ranked aesthetic enhancement as one of the leading reasons patients sought surgery, making it the second-most-frequently selected response. Cosmetic improvement remained an integral part of aesthetic surgery, even as patients increasingly framed their goals in more personal and individualized terms that worked for them.

Confidence and self-esteem ranked third, selected by 53 percent of surgeons. While plastic surgery has historically been measured in procedural counts, con-



of surveyed surgeons ranked restoration following life changes, including pregnancy, aging and significant weight loss, as the leading reason – by a wide margin – that patients pursued plastic surgery

sultation conversations frequently extended beyond physical appearance. Surgeons indicated that many patients described their goals in terms of feeling more comfortable, confident or aligned with how they see themselves.

Another theme that slowly emerged is patience. One-third of surveyed surgeons ranked correcting a long-standing concern among the leading motivations they heard from patients. Instead of reflecting spontaneous decisions, the data suggested many individuals spent years considering surgery before choosing to move forward. For some, the timing followed pregnancy, weight loss, a significant life event or an increase in financial stability that came with age and experience. For others, it reflected reaching a point where a concern that had persisted for years finally felt worth addressing.

Nineteen percent of plastic surgeons ranked social reasons, such as preparing for a wedding or another major life event, among patients' top motivations. Functional improvement was selected by 16 percent of surgeons, while professional considerations, including the desire to maintain a youthful appearance in competitive work environments, was selected by 11 percent.



Why Patients Are Seeking Plastic Surgery

Do It for You

The totality of these findings demonstrate a nuanced approach to plastic surgery from a patient perspective, one that went beyond the cultural stereotypes often suggested or portrayed by social media.

Often, patients arrived in the consultation room with overlapping motivations, and few decisions can be reduced to a single reason. The conversations tended to be more complex. A patient seeking surgery after pregnancy may have wanted to restore her body post-baby and gain confidence in her enhanced appearance. Someone pursuing facial rejuvenation may have been

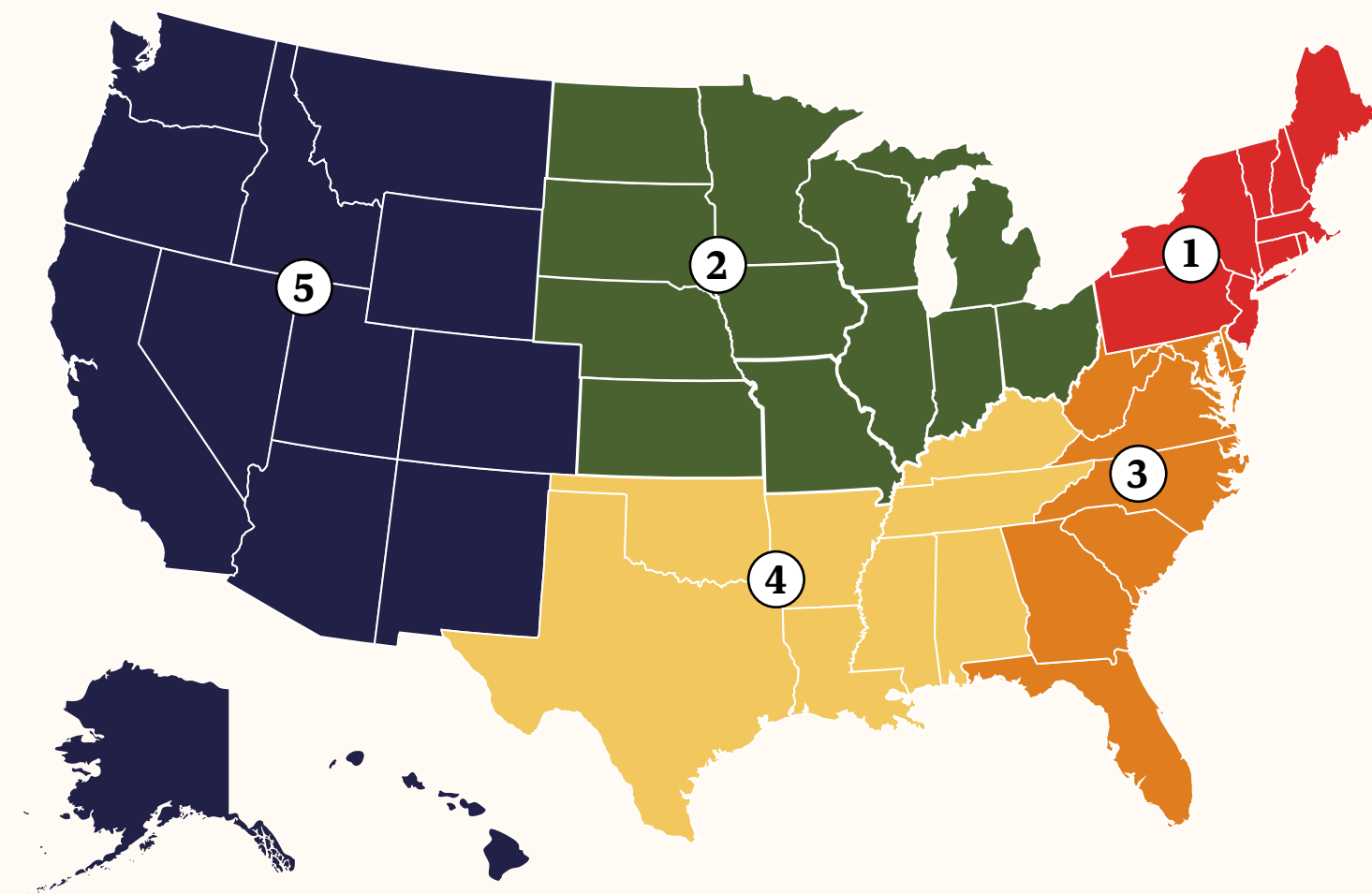
correcting a concern that had bothered them for years while seeking to have their outward appearance better reflect how they felt physically or emotionally after a major life transition. One motivation may be dominant, but it could have been reinforced by other, subtler thoughts about a patient's self-image.

The motivations identified by surgeons point to a common thread running throughout the 2025 data: Plastic surgery is increasingly focused on restoration, proportionality and authenticity, not on the pursuit of a different identity, but on reconnecting with one's own self at its best.

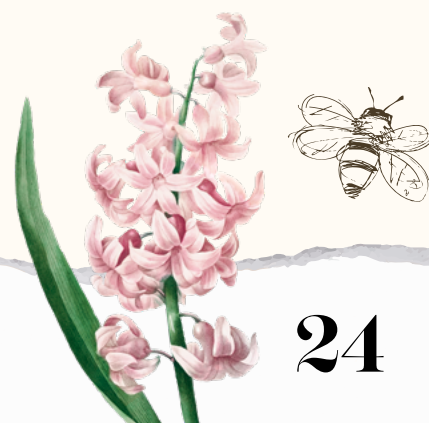
Please select up to three of the top reasons patients were getting plastic surgery in 2025.	
ANSWER CHOICES	VOTING RANK
Restoration due to life changes (pregnancy, aging, weight loss)	75%
Aesthetic enhancement	67%
Increase confidence and self-esteem	53%
Correcting a long-standing concern	33%
Social motivations (e.g., preparing for a major life event like a wedding)	19%
Functional improvement	16%
Professional motivations (e.g., wanting to look more youthful in competitive environments, career changes)	11%



2025 Cosmetic Surgery Regional Distribution



- **Region 1:**
New England (CT, ME, MA, NH, RI, VT), Middle Atlantic (NJ, NY, PA)
- **Region 2:**
East North Central (IL, IN, MI, OH, WI), West North Central (IA, KS, MN, MO, ND, NE, SD)
- **Region 3:**
South Atlantic (DC, DE, FL, GA, MD, NC, SC, VA, WV)
- **Region 4:**
East South Central (AL, KY, MS, TN), West South Central (AR, LA, OK, TX)
- **Region 5:**
Mountain (AZ, CO, ID, MT, NM, NV, UT, WY), Pacific (AK, CA, HI, OR, WA)



2025 Regional Distribution

REGION 1 - NORTHEAST				REGION 2 - MIDWEST		
COSMETIC SURGERY PROCEDURES	2025	2024	% CHANGE 2025 vs 2024	2025	2024	% CHANGE 2025 vs 2024
BREAST						
Breast augmentation (implant placement for both primary and/or revisions)	16,139	15,241	6%	22,896	19,459	18%
Breast implant removals (augmentation patients only)	1,961	2,314	-15%	2,251	2,626	-14%
Breast lift (mastopexy)	8,152	7,683	6%	12,212	10,962	11%
Breast reduction	3,814	4,175	-9%	6,064	6,576	-8%
Male breast reduction (gynecomastia surgery)	1,872	2,201	-15%	2,581	2,378	9%
BODY						
Arm lift (brachioplasty)	1,788	1,492	20%	2,790	2,292	22%
Brazilian butt lift (buttock augmentation with fat grafting)	996	724	38%	449	766	-41%
Labiaplasty	262	549	-52%	710	698	2%
Liposuction	13,122	15,611	-16%	18,905	20,754	-9%
Lower body lift	526	688	-23%	906	732	24%
Thigh lift	801	846	-5%	1,218	938	30%
Tummy tuck (abdominoplasty)	10,550	10,993	-4%	16,849	15,339	10%
Upper body lift	381	259	47%	446	353	26%
FACE						
Chin liposuction (submental liposuction)	1,394	723	93%	2,259	2,389	-5%
Eyelid surgery (blepharoplasty)	7,769	6,554	19%	7,880	5,872	34%
Facelift (rhytidectomy)	4,965	4,875	2%	4,884	4,109	19%
Facial fat grafting	2,697	1,999	35%	2,841	2,199	29%
Forehead lift	833	720	16%	994	744	34%
Neck lift	1,639	1,576	4%	2,442	2,264	8%
Nose reshaping (rhinoplasty)	4,463	5,653	-21%	4,266	4,170	2%
TOTAL	84,124	84,876	-1%	113,843	105,620	8%

2025 Regional Distribution

REGION 3 - SOUTH ATLANTIC				REGION 4 - SOUTHEAST AND TEXAS		
COSMETIC SURGERY PROCEDURES	2025	2024	% CHANGE 2025 vs 2024	2025	2024	% CHANGE 2025 vs 2024
BREAST						
Breast augmentation (implant placement for both primary and/or revisions)	91,515	79,230	16%	43,391	38,207	14%
Breast implant removals (augmentation patients only)	18,360	17,735	4%	5,452	5,475	0%
Breast lift (mastopexy)	53,127	50,857	4%	26,146	24,297	8%
Breast reduction	25,920	23,369	11%	9,825	9,951	-1%
Male breast reduction (gynecomastia surgery)	6,508	8,124	-20%	3,380	3,310	2%
BODY						
Arm lift (brachioplasty)	9,672	8,179	18%	4,526	3,554	27%
Brazilian butt lift (buttock augmentation with fat grafting)	13,227	14,355	-8%	3,462	3,331	4%
Labiaplasty	2,558	2,086	23%	1,185	1,171	1%
Liposuction	140,851	137,557	2%	53,213	51,707	3%
Lower body lift	2,955	2,691	10%	2,288	2,665	-14%
Thigh lift	4,250	3,608	18%	2,458	2,127	16%
Tummy tuck (abdominoplasty)	62,212	61,266	2%	29,319	29,498	-1%
Upper body lift	1,791	1,755	2%	1,340	1,079	24%
FACE						
Chin liposuction (submental liposuction)	7,414	5,643	31%	3,519	3,573	-1%
Eyelid surgery (blepharoplasty)	42,966	35,439	21%	14,293	12,454	15%
Facelift (rhytidectomy)	30,550	25,799	18%	10,051	9,122	10%
Facial fat grafting	8,264	5,207	59%	4,959	3,847	29%
Forehead lift	4,061	2,889	41%	1,923	1,631	18%
Neck lift	8,701	6,740	29%	4,400	3,835	15%
Nose reshaping (rhinoplasty)	13,123	13,850	-5%	6,253	5,384	16%
TOTAL	548,025	506,379	8%	231,383	216,218	7%

2025 Regional Distribution

REGION 5 - WESTERN

COSMETIC SURGERY PROCEDURES	2025	2024	% CHANGE 2025 vs 2024
BREAST			
Breast augmentation (implant placement for both primary and/or revisions)	130,292	121,166	8%
Breast implant removals (augmentation patients only)	17,748	17,631	1%
Breast lift (mastopexy)	56,494	50,204	13%
Breast reduction	30,417	26,889	13%
Male breast reduction (gynecomastia surgery)	8,976	9,338	-4%
BODY			
Arm lift (brachioplasty)	7,311	6,007	22%
Brazilian butt lift (buttock augmentation with fat grafting)	7,529	7,883	-4%
Labiaplasty	5,941	5,274	13%
Liposuction	91,104	94,527	-4%
Lower body lift	4,194	3,720	13%
Thigh lift	3,139	2,382	32%
Tummy tuck (abdominoplasty)	54,320	53,449	2%
Upper body lift	2,481	1,813	37%
FACE			
Chin liposuction (submental liposuction)	4,255	5,205	-18%
Eyelid surgery (blepharoplasty)	46,071	39,865	16%
Facelift (rhytidectomy)	27,483	25,193	9%
Facial fat grafting	15,355	11,353	35%
Forehead lift	7,695	6,068	27%
Neck lift	10,132	8,177	24%
Nose reshaping (rhinoplasty)	15,011	16,155	-7%
TOTAL	545,948	512,299	7%

Plastic Surgery Across the Lifespan: How Priorities Shift by Generation

In recent years, popular culture has often portrayed plastic surgery as a pursuit increasingly driven by younger patients. Social media feeds filled with before and after transformations, discussions of fillers and even facelifts created the impression that aesthetic procedures had become synonymous with youth and a way to maintain a youthful appearance for as long as possible.

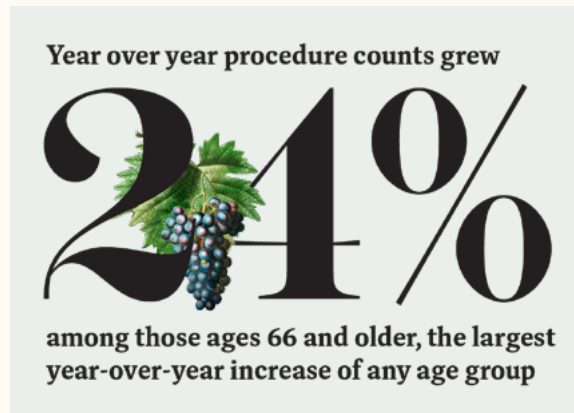
The 2025 statistics suggest a different reality emerging, showing a tendency for patients to turn to plastic surgery during all stages of life to enhance their aesthetic and boost confidence, especially older patients.

Cosmetic procedures grew steadily among older patients in 2025, while scaling back among younger groups, revealing a generational inversion that reshaped the year's data. Patients ages 18 to 25 underwent 62,669 cosmetic procedures in 2025, a 9 percent decline from the previous year, while those ages 26 to 35 declined 5 percent. By contrast, procedure counts were statistically steady among adults ages 36 to 45 before increasing 8 percent among those ages 46 to 55, 15 percent among those ages 56 to 65 and 24 percent among those ages 66 and older, the largest year-over-year increase of any age group.

Adults ages 36 to 45 and 46 to 55 remained the backbone of aesthetic surgery by sheer volume. Together, those two groups accounted for nearly half of all cosmetic surgery procedures performed nationally in 2025, representing 738,000 of the nation's 1.5 million cosmetic procedures.

"The core of our specialty today is patients between 36 and 55 years old," said ASPS Member Surgeon Steven Williams, MD, Oakland. "Together, the 36-to-45 and 46-to-55 age groups account for nearly half, 49 percent, of all cosmetic procedures performed nationally. These

patients are in the busiest phases of life, balancing careers, raising families, experiencing the early effects of aging or adapting to major life changes like significant weight loss. At the same time, the two youngest age groups both experienced declines in procedure volume in 2025."



Taken together, the statistics suggested plastic surgery is becoming less concentrated among youth and increasingly distributed across the full arc of adulthood, whether due to the economic stability of older generations or a more minimalist approach among younger generations focused on skincare before procedures.

Ages 18 to 25: A Broad Contraction

Among adults ages 18 to 25, the story was one of broad-based contractions rather than a shift toward any single procedure.

Nearly every high-volume procedure in this age group declined, including breast augmentation with implants, liposuction, nose reshaping, breast reduction, and male breast reduction. Nose reshaping, however, remained one of the most performed procedures, but its volume was distributed relatively evenly across the three youngest age groups nationally rather than concentrated within a single generation.

A handful of procedures, including eyelid surgery and facial fat grafting, showed significant percentage increases, but each grew comparatively from small procedural bases. Rather than changing the overall direction of the cohort, those increases illustrated emerging areas of interest within a population whose overall surgical volume declined during 2025.



Plastic Surgery Across the Lifespan: How Priorities Shift by Generation

Ages 26 to 35: Changing Priorities

The 26-to-35 data was more nuanced, as popular procedures, including liposuction and tummy tucks, dipped, while facial rejuvenation procedures moved sharply in the opposite direction.

Facial fat grafting more than doubled compared with 2024, although from a relatively small procedural base. Eyelid surgery, upper body lifts, neck lifts, arm lifts and facelifts all recorded meaningful gains, suggesting that younger adults are beginning to incorporate facial rejuvenation into their aesthetic goals earlier than previous generations.

Ages 36 to 45: The Largest and Most Diverse Patient Group

Millennials ages 36 to 45 remained the largest group of cosmetic surgery patients in the country, with approximately 386,500 procedures performed in 2025. Although total volume was steady, the underlying procedural data revealed one of the year's most dynamic shifts.

Popular body contouring procedures moved downward, with liposuction and tummy tuck both seeing

Millennials ages 36 to 45 remained the largest group of cosmetic surgery patients in the country, with approximately

386,500
procedures performed in 2025.

declines, despite remaining among the most frequently performed operations in this age category. At the same time, nearly every major facial rejuvenation procedure grew. Facelifts, brow lifts, neck lifts, facial fat grafting and eyelid surgery all recorded substantial increases, while breast augmentation, breast lifts and breast reductions also increased.

These patterns suggested a rebalancing of aesthetic priorities. Rather than abandoning body procedures, many midlife patients appeared to be expanding their focus to include facial restoration as they navigated the physical changes of aging.

Ages 46 to 55: Where the Trends Converge

The 46-to-55 group, which makes up Generation X, melded many of the themes seen throughout the 2025 report.

Overall cosmetic procedure volume increased 8 percent, driven by broad growth across lift procedures, facial rejuvenation and breast surgery. Facial fat grafting increased by more than 50 percent, while brow lifts, neck lifts, arm lifts, thigh lifts and upper body lifts all recorded double-digit gains.

These procedures closely aligned with GLP-1-related consultation patterns, addressing not only aging concerns but also rapid weight loss. While the data did not



Plastic Surgery Across the Lifespan: How Priorities Shift by Generation

establish causation, it indicated a pattern consistent with the growing number of patients seeking surgery following significant weight loss.

At the same time, liposuction and tummy tucks, two of the cohort's most favored procedures, remained statistically stable. The contrast reinforced another interesting finding from the 2025 data: Consultation patterns and completed procedures did not always move in parallel.

Ages 56 to 65: Broad-Based Growth

If younger adults showed selective change, adults ages 56 to 65 demonstrated broad engagement across the plastic surgery landscape.

Total procedures increased 15 percent for this age group. Facial rejuvenation remained particularly strong, led by facial fat grafting, brow lifts, neck lifts, eyelid surgery and facelift surgery. Body contouring procedures also gained momentum, including breast lifts, tummy tucks, arm lifts, thigh lifts and liposuction.

Notably, liposuction increased within this age group even as it remained steady or declined among younger patients, underscoring how demand continued to evolve across different stages of adulthood.

Ages 66 and Older: Redefining the Patient Population

No age group experienced stronger momentum in 2025 than adults aged 66 and older.

Total procedures increased 24 percent, the largest gain of any generation. Eyelid surgery became the patient's highest-volume procedure in this age range, while facelifts, facial fat grafting, neck lifts, breast augmentation, breast lifts and liposuction all posted meaningful increases. Breast augmentation alone grew by 34 per-

cent, demonstrating that patients well beyond midlife continue to pursue a broad range of aesthetic procedures rather than focusing solely on facial surgery.

Several other procedures also recorded substantial gains, including labiaplasty and thigh lift. While those procedures had a relatively few patients, the increases demonstrated a broader pattern that remains unmistakable: Growth among older adults was widespread rather than limited to a handful of traditionally popular procedures.



Plastic Surgery Across the Lifespan: How Priorities Shift by Generation

Only Brazilian butt lifts declined, continuing the broader moderation of the procedure, which has declined across multiple age groups.

“This is a story about longevity,” said Dr. Williams. “Americans are living longer, staying healthier, working longer, traveling more and remaining active well into their later years. It makes sense that they also want their appearance to reflect how they feel. That’s why we’re seeing growth in procedures like facial rejuvenation, arm lifts and breast augmentation. Patients aren’t trying to look like they’re 30 again. They’re looking for an appearance that matches the energy and confidence they bring to this stage of life. Plastic surgery today spans the full arc of adulthood, and ASPS Member Surgeons are uniquely equipped to help patients achieve safe, natural-looking results at every stage of life.”

The 2025 statistics illustrate a specialty serving patients at every stage of life. Younger adults continue

“Patients aren’t trying to look like they’re 30 again. They’re looking for an appearance that matches the energy and confidence they bring to this stage of life.”

- ASPS MEMBER SURGEON STEVEN WILLIAMS, MD, OAKLAND

to seek procedures that reflected their own priorities, but the strongest growth occurred among patients in midlife and beyond, where restoration, rejuvenation and body contouring increasingly intersected. Viewed together, the data suggest that plastic surgery is no longer defined by age. Instead, it shows a specialty that evolves alongside patients as their goals, bodies and lives change.



2025 Cosmetic Surgery Age Distribution (18-25)

COSMETIC SURGERY PROCEDURES	2025	2024	% CHANGE 2025 vs 2024
BREAST			
Breast augmentation (implant placement for both primary and/or revisions)	15,292	17,495	-13%
Breast implant removals (augmentation patients only)	101	240	-58%
Breast lift (mastopexy)	3,852	4,542	-15%
Breast reduction	11,772	12,180	-3%
Male breast reduction (gynecomastia surgery)	4,736	5,889	-20%
BODY			
Arm lift (brachioplasty)	151	215	-30%
Brazilian butt lift (buttock augmentation with fat grafting)	1,731	1,428	21%
Labiaplasty	1,002	1,148	-13%
Liposuction	11,350	12,080	-6%
Lower body lift	61	225	-73%
Thigh lift	65	79	-18%
Tummy tuck (abdominoplasty)	1,226	1,621	-24%
Upper body lift	84	101	-17%
FACE			
Chin liposuction (submental liposuction)	601	652	-8%
Eyelid surgery (blepharoplasty)	366	237	54%
Facelift (rhytidectomy)	11	53	-79%
Facial fat grafting	163	137	19%
Forehead lift	63	114	-45%
Neck lift	18	64	-72%
Nose reshaping (rhinoplasty)	10,025	10,505	-5%
TOTAL	62,670	69,005	-9%

2025 Cosmetic Surgery Age Distribution (26-35)

COSMETIC SURGERY PROCEDURES	2025	2024	% CHANGE 2025 vs 2024
BREAST			
Breast augmentation (implant placement for both primary and/or revisions)	57,821	60,356	-4%
Breast implant removals (augmentation patients only)	3,292	3,511	-6%
Breast lift (mastopexy)	19,527	20,136	-3%
Breast reduction	13,292	12,548	6%
Male breast reduction (gynecomastia surgery)	6,634	7,655	-13%
BODY			
Arm lift (brachioplasty)	2,151	1,903	13%
Brazilian butt lift (buttock augmentation with fat grafting)	6,724	7,122	-6%
Labiaplasty	2,921	3,300	-11%
Liposuction	48,661	52,310	-7%
Lower body lift	865	848	2%
Thigh lift	504	832	-39%
Tummy tuck (abdominoplasty)	18,889	20,228	-7%
Upper body lift	654	519	26%
FACE			
Chin liposuction (submental liposuction)	4,105	3,924	5%
Eyelid surgery (blepharoplasty)	2,676	2,000	34%
Facelift (rhytidectomy)	364	322	13%
Facial fat grafting	1,284	607	111%
Forehead lift	312	316	-1%
Neck lift	274	236	16%
Nose reshaping (rhinoplasty)	9,304	12,909	-28%
TOTAL	200,254	211,582	-5%

2025 Cosmetic Surgery Age Distribution (36-45)

COSMETIC SURGERY PROCEDURES	2025	2024	% CHANGE 2025 vs 2024
BREAST			
Breast augmentation (implant placement for both primary and/or revisions)	96,016	85,984	12%
Breast implant removals (augmentation patients only)	10,257	10,520	-3%
Breast lift (mastopexy)	47,946	45,380	6%
Breast reduction	15,901	14,235	12%
Male breast reduction (gynecomastia surgery)	5,308	6,707	-21%
BODY			
Arm lift (brachioplasty)	4,778	4,493	6%
Brazilian butt lift (buttock augmentation with fat grafting)	8,960	10,320	-13%
Labiaplasty	3,237	3,155	3%
Liposuction	95,985	103,398	-7%
Lower body lift	2,859	2,674	7%
Thigh lift	2,119	1,974	7%
Tummy tuck (abdominoplasty)	57,899	61,519	-6%
Upper body lift	1,641	1,443	14%
FACE			
Chin liposuction (submental liposuction)	5,333	4,920	8%
Eyelid surgery (blepharoplasty)	10,290	8,225	25%
Facelift (rhytidectomy)	2,620	1,691	55%
Facial fat grafting	3,151	2,394	32%
Forehead lift	941	609	55%
Neck lift	1,525	1,053	45%
Nose reshaping (rhinoplasty)	9,754	8,654	13%
TOTAL	386,520	379,348	2%

2025 Cosmetic Surgery Age Distribution (46-55)

COSMETIC SURGERY PROCEDURES	2025	2024	% CHANGE 2025 vs 2024
BREAST			
Breast augmentation (implant placement for both primary and/or revisions)	65,410	54,059	21%
Breast implant removals (augmentation patients only)	12,127	12,054	1%
Breast lift (mastopexy)	39,840	36,282	10%
Breast reduction	14,372	13,804	4%
Male breast reduction (gynecomastia surgery)	3,204	2,299	39%
BODY			
Arm lift (brachioplasty)	7,019	5,766	22%
Brazilian butt lift (buttock augmentation with fat grafting)	5,839	5,968	-2%
Labiaplasty	2,320	1,537	51%
Liposuction	82,141	82,948	-1%
Lower body lift	3,362	3,532	-5%
Thigh lift	3,927	3,319	18%
Tummy tuck (abdominoplasty)	49,272	49,441	0%
Upper body lift	1,779	1,518	17%
FACE			
Chin liposuction (submental liposuction)	4,264	3,123	37%
Eyelid surgery (blepharoplasty)	24,657	22,127	11%
Facelift (rhytidectomy)	11,603	10,481	11%
Facial fat grafting	6,509	4,287	52%
Forehead lift	2,798	2,005	40%
Neck lift	4,706	3,845	22%
Nose reshaping (rhinoplasty)	6,411	5,804	10%
TOTAL	351,560	324,199	8%

2025 Cosmetic Surgery Age Distribution (56-65)

COSMETIC SURGERY PROCEDURES	2025	2024	% CHANGE 2025 vs 2024
BREAST			
Breast augmentation (implant placement for both primary and/or revisions)	44,748	36,843	21%
Breast implant removals (augmentation patients only)	12,029	12,245	-2%
Breast lift (mastopexy)	30,432	26,546	15%
Breast reduction	13,994	12,849	9%
Male breast reduction (gynecomastia surgery)	2,039	1,518	34%
BODY			
Arm lift (brachioplasty)	6,789	5,721	19%
Brazilian butt lift (buttock augmentation with fat grafting)	2,171	1,781	22%
Labiaplasty	968	553	75%
Liposuction	55,735	49,344	13%
Lower body lift	2,682	2,483	8%
Thigh lift	3,661	2,683	36%
Tummy tuck (abdominoplasty)	32,106	27,949	15%
Upper body lift	1,475	1,138	30%
FACE			
Chin liposuction (submental liposuction)	2,824	3,308	-15%
Eyelid surgery (blepharoplasty)	43,126	36,647	18%
Facelift (rhytidectomy)	30,332	28,338	7%
Facial fat grafting	11,904	8,559	39%
Forehead lift	6,146	4,813	28%
Neck lift	10,689	8,612	24%
Nose reshaping (rhinoplasty)	5,370	5,664	-5%
TOTAL	319,220	277,594	15%

2025 Cosmetic Surgery Age Distribution (66+)

COSMETIC SURGERY PROCEDURES	2025	2024	% CHANGE 2025 vs 2024
BREAST			
Breast augmentation (implant placement for both primary and/or revisions)	24,946	18,565	34%
Breast implant removals (augmentation patients only)	7,967	7,210	11%
Breast lift (mastopexy)	14,534	11,117	31%
Breast reduction	6,710	5,345	26%
Male breast reduction (gynecomastia surgery)	1,397	1,283	9%
BODY			
Arm lift (brachioplasty)	5,201	3,425	52%
Brazilian butt lift (buttock augmentation with fat grafting)	237	441	-46%
Labiaplasty	210	86	144%
Liposuction	23,325	20,074	16%
Lower body lift	1,039	732	42%
Thigh lift	1,590	1,012	57%
Tummy tuck (abdominoplasty)	13,858	9,786	42%
Upper body lift	804	540	49%
FACE			
Chin liposuction (submental liposuction)	1,715	1,606	7%
Eyelid surgery (blepharoplasty)	37,862	30,949	22%
Facelift (rhytidectomy)	33,004	28,213	17%
Facial fat grafting	11,105	8,622	29%
Forehead lift	5,246	4,194	25%
Neck lift	10,103	8,782	15%
Nose reshaping (rhinoplasty)	2,252	1,678	34%
TOTAL	203,105	163,660	24%

2025 Cosmetic Surgery Gender Distribution (Female)

COSMETIC SURGERY PROCEDURES	2025	2024	% CHANGE 2025 vs 2024
BREAST			
Breast augmentation (implant placement for both primary and/or revisions)	303,272	272,692	11%
Breast implant removals (augmentation patients only)	45,590	45,626	0%
Breast lift (mastopexy)	155,701	143,618	8%
Breast reduction	72,817	68,702	6%
BODY			
Arm lift (brachioplasty)	25,591	21,192	21%
Brazilian butt lift (buttock augmentation with fat grafting)	25,113	26,687	-6%
Labiaplasty	10,643	9,778	9%
Liposuction	298,258	299,472	0%
Lower body lift	9,523	9,419	1%
Thigh lift	11,353	9,423	20%
Tummy tuck (abdominoplasty)	167,445	164,811	2%
Upper body lift	5,884	4,834	22%
FACE			
Chin liposuction (submental liposuction)	16,958	15,669	8%
Eyelid surgery (blepharoplasty)	104,652	85,758	22%
Facelift (rhytidectomy)	72,856	64,754	13%
Facial fat grafting	30,971	22,387	38%
Forehead lift	14,565	11,139	31%
Neck lift	23,836	19,803	20%
Nose reshaping (rhinoplasty)	36,229	38,596	-6%
TOTAL	1,431,257	1,334,360	7%

2025 Cosmetic Surgery Gender Distribution (Male)

COSMETIC SURGERY PROCEDURES	2025	2024	% CHANGE 2025 vs 2024
BREAST			
Breast augmentation (implant placement for both primary and/or revisions)	962	611	58%
Breast implant removals (augmentation patients only)	182	154	19%
Breast lift (mastopexy)	430	384	12%
Breast reduction	3,223	2,259	43%
Male breast reduction (gynecomastia surgery)	20,879	23,838	-12%
BODY			
Arm lift (brachioplasty)	496	332	50%
Brazilian butt lift (buttock augmentation with fat grafting)	550	373	48%
Liposuction	18,938	20,684	-8%
Lower body lift	1,345	1,076	25%
Thigh lift	513	478	7%
Tummy tuck (abdominoplasty)	5,805	5,733	1%
Upper body lift	553	426	30%
FACE			
Chin liposuction (submental liposuction)	1,884	1,864	1%
Eyelid surgery (blepharoplasty)	14,327	14,427	-1%
Facelift (rhytidectomy)	5,077	4,343	17%
Facial fat grafting	3,146	2,218	42%
Forehead lift	942	913	3%
Neck lift	3,479	2,789	25%
Nose reshaping (rhinoplasty)	6,886	6,617	4%
TOTAL	89,617	89,519	0%

Statement of Methodology

For the 2024-25 estimates, ASPS used information from member surgeons, ASPS Endorsed Partner CosmetAssure and a national claims-based dataset, collectively representing more than 3,000 board-certified plastic surgeons across the United States.

These sources add breadth and depth to the report, strengthening its value as a trusted resource for physicians, patients, researchers and the media. The data were aggregated and statistically extrapolated to develop national and regional procedure estimates, with age and gender details provided where supported by the data.



About CosmetAssure: As the gold standard in complications insurance, CosmetAssure has been providing an extra measure of financial safety and peace of mind to board certified plastic surgeons and their patients for more than twenty years! We work to preserve the surgeon-patient relationship in difficult times when unexpected post-surgery complications delay recovery.

Glossary of Terms

Abdominoplasty (Tummy Tuck): A surgical procedure to correct the apron of excess skin that hangs over the abdomen.

Adjacent Tissue Transfer: A surgical reconstructive surgical procedure used to repair a skin defect or wound by moving healthy skin and tissue from an area immediately next to the wound. The tissue remains partially connected to its original site to maintain a blood supply.

Aesthetic: Pleasing in appearance. Visually appealing. Appreciation of beauty.

American Board of Medical Specialties: A nationally recognized, not-profit organization that sets professional standards for medical specialty practice and certification in partnership with its 24 certifying Member Boards.

American Board of Plastic Surgery: Certifying board for plastic surgeons in the U.S. One of 24 specialty boards recognized by the American Board of Medical Specialties. Credential guarantees the surgeon graduated from an accredited medical school and completed at least five years of additional training as a resident surgeon. This includes a minimum of five years of residency training in all areas of surgery, including at least two years solely in plastic surgery. The surgeon then completes comprehensive written and oral exams.

Autologous Reconstruction: A surgical breast reconstruction procedure that uses a patient's own tissue including skin, fat and muscle from the belly to rebuild the breast after mastectomy.

Autologous Reconstruction With Free Flap: This includes free transverse rectus abdominis myocutaneous (fTRAM), deep inferior epigastric perforator (DIEP), Superficial Inferior Epigastric Artery (SIEA) and gluteal artery (GAP) flaps. A surgical breast reconstruction procedure that rebuilds the breast using a patient's own skin and fat after mastectomy. The tissue is completely detached from the original site and transferred to the chest where microsurgery is used to reconnect the blood vessels.

Autologous Reconstruction With Latissimus Dorsi Flap

A surgical breast reconstruction procedure that uses a patient's own skin, fat and muscle from the upper back to rebuild a breast after mastectomy.

Blepharoplasty (Eyelid Surgery): Eyelid surgery to improve the appearance of upper, lower or both eyelids.

Board-Certified Plastic Surgeon: A surgeon who chooses to obtain additional education in the specialty of plastic surgery. The surgeon has satisfactorily completed an approved residency training program and passed a rigorous specialty examination through the American Board of Plastic Surgery, which is recognized by the American Board of Medical Specialties. This certification is different from possessing a medical license, which is the minimum required by law to practice medicine and is not specialty specific.

Body Contouring: A collection of surgical procedures that reshape and improve the body's contours by removing excess skin and fat. Common procedures include tummy tuck, arm lift, thigh lift, lower body lift and liposuction. Often performed after significant weight loss or pregnancy.

Body Lift: A surgical procedure that removes excess skin and fat commonly after significant weight loss. This may include upper body lifts, lower body lifts or circumferential body contouring procedures.

Brachioplasty (Arm Lift): A surgical procedure to reshape the under portion of the upper arm from the underarm region to the elbow.

Breast Augmentation: Breast enlargement by surgery using implants or fat grafting. Medically known as augmentation mammoplasty.

Breast Implant Removal: To take out breast implants and any scar tissue that formed around the implant from breast augmentation or breast reconstruction patients. Also known as explant surgery.

Breast Lift (Mastopexy): A surgical procedure that raises the breasts by removing excess skin and tightens the surrounding tissue to reshape and support the new breast contour.

Glossary of Terms

Breast Reconstruction: Plastic surgery techniques that attempt to restore a breast to near-normal shape, appearance and size following a mastectomy.

Breast Reconstruction Revision: A secondary surgery performed to correct, refine or improve the results of a initial breast reconstruction.

Breast Reduction: Surgically decreasing the size of the breast. Also known as reduction mammoplasty.

Buttock Augmentation with Fat Grafting (BBL): The transfer of fat from one area of the body using liposuction into the tissues of the buttocks. This technique is popularly referred to as Brazilian butt lift or BBL.

Burn Care: A reconstructive surgical procedure to repair skin or tissue damage usually caused by heat.

Cleft Lip and Palate Repair: A reconstructive surgical procedure to close a gap in the upper lip and roof of the mouth usually caused by a birth defect when tissues do not completely join together.

Complex Repair: A reconstructive surgical procedure used for severe wounds that affect several layers of tissue and may require debridement. These repairs require a layered closure technique.

Cosmetic Surgery: Procedures performed to enhance a person's overall aesthetic appearance by reshaping and adjusting normal anatomy to enhance appearance and improve symmetry to align with a patient's individual goals. It is not considered medically necessary and often not covered by medical insurance plans. Recovery can take considerable time before a patient can return to their day-to-day routine. Examples include facelifts, tummy tucks, nose reshaping and breast augmentation.

Debridement: A reconstructive medical procedure that thoroughly cleans a wound by removing dead, damaged or infected tissue along with foreign debris.

DIEP Flap: Deep inferior epigastric perforator flap. A breast reconstruction procedure that uses a patient's own tissue including skin, fat and blood vessels but not muscle from the lower abdomen to rebuild a breast.

Direct-to-Implant Reconstruction: A single stage reconstructive surgical procedure that places a breast implant immediately after a mastectomy.

Eyelid Surgery (Blepharoplasty): Eyelid surgery to improve the appearance of upper, lower or both eyelids.

Facelift (Rhytidectomy): A surgical procedure to reduce sagging of the mid-face, jowls and neck.

Facial Rejuvenation: A combination of surgical and minimally invasive procedures designed to restore the face by addressing laxity, wrinkles, volume loss and contours. Treatments may include a combination of facelift, eyelid surgery, brow lift, fat grafting, fillers, neuromodulators and laser treatments.

Facial Fat Grafting: A surgical procedure where a patient's own fat is removed from one area of the body, purified and injected into the face to restore volume and improve facial contours.

Forehead Lift: A surgical procedure to correct a low-positioned or sagging brow. Smooths wrinkles that develop horizontally across the forehead and the vertical creases that develop between the eyebrows. Also known as a brow lift.

fTRAM Flap: Free transverse rectus abdominis myocutaneous flap. This breast reconstruction procedure uses a flap of tissue and muscle that is fully disconnected from its original blood supply from the patient's lower abdomen before it is transferred to the chest to rebuild the breast.

GAP Flap: Gluteal Artery Perforator flap. This is a breast reconstruction procedure that uses a patient's own tissue including skin, fat and blood vessels from the buttocks to rebuild the breast.

Glossary of Terms

GLP-1: Glucagon-like peptide-1. A class of medications originally developed to treat diabetes that are now widely used for weight management. They help regulate blood sugar, reduce appetite and slow stomach emptying. Brand names include Ozempic®, Mounjaro®, Rybelsus®, Trulicity®, Wegovy® and Zepbound®.

Graft: A reconstructive surgical procedure that transplants living tissue from one part of the body to another to repair damage.

Gynecomastia Surgery (Male Breast Reduction): Breast reduction in males to flatten and enhance the chest contours.

Hair Removal: A minimally invasive treatment that eliminates unwanted facial or body hair with a laser, a highly concentrated beam of light that penetrates and destroys the hair follicles.

Hand Surgery: A reconstructive surgical procedure to repair, improve or rehabilitate injuries or abnormalities that affect the strength, function or flexibility of the wrist or fingers. Treatments can improve carpal tunnel syndrome, arthritis or trigger finger.

Hernia Repair: A reconstructive surgical procedure that fixes a bulging, usually of the stomach or intestines, through the wall of the cavity containing it. Medically known as a herniorrhaphy.

Hyaluronic Acid Fillers: Injections used to diminish facial lines and restore volume and fullness to the face. Hyaluronic acid is found naturally in the body. The dermal filler attracts water, which hydrates the skin and plumps it. This is a minimally invasive procedure. Examples include Juvederm® Collection, Restylane® Collection, Belotero® and Bolvella®.

Intense Pulsed Light (IPL): A minimally invasive, non-laser light treatment that emits multiple wavelengths of light that penetrate the skin. The energy is absorbed by certain cells and converted to heat, which destroys unwanted tissue. It targets pigment, blood vessels and hair follicles.

Intermediate Repair: A reconstructive surgical procedure that improves a wound that is either deep and requires multiple layers of closure, or single-layered wound that is contaminated and needs deep cleaning.

Labiaplasty: A surgical procedure to decrease the size of the labia minora (inner tissue of the female genitalia) so that it is flush with the labia majora (outer part of the female genitalia).

Laser Skin Treatment: A minimally invasive treatment that removes the outer layer of skin called the epidermis while simultaneously heating the underlying skin, called the dermis. This action works to stimulate the growth of new collagen allowing the new skin that forms to be smoother and firmer. Treatments include ablative and non-ablative lasers.

Lesion Excision: A reconstructive surgical procedure where an abnormal or suspicious area of tissue, such as a cyst, is cut from surrounding healthy tissue.

Liposuction: This procedure vacuums out fat from beneath the skin's surface to reduce fullness. Medically known as lipoplasty or suction lipectomy.

Liposuction for Lipedema: A specialized reconstructive surgical procedure that permanently removes diseased, abnormal fat cell associated with lipedema, a chronic medical condition that caused a buildup of fat under the skin in arms, legs, buttocks and hips, to relieve chronic pain, reduce limb swelling and improve mobility

Lower Body Lift: The surgical removal of excess skin and fat from the abdomen, waist, hips, buttocks and thighs to improve the shape and tone of these areas.

Mastopexy (Breast Lift): A surgical procedure that raises the breasts by removing excess skin and tightens the surrounding tissue to reshape and support the new breast contour.

Maxillofacial: Relates to the mouth, jaw, face and neck. Reconstructive surgical procedures focusing on this area can restore or improve essential functions such as speak-

Glossary of Terms

ing, chewing, swallowing and breathing. Procedures can be both reconstructive and cosmetic. Procedures include facial fracture repairs, facial laceration repairs and orthognathic (jaw straightening) surgery.

Minimally Invasive Procedures: An alternative to an invasive surgical operation that does not involve anesthesia and can be done on an outpatient basis. The recovery process post-procedure is typically not as intense, long or in-depth as with surgery. Examples include neuromodulator injections, hyaluronic fillers, skin resurfacing, laser treatments and more.

Neck Lift: A surgical procedure that improves visible signs of aging such as sagging jowls, muscle banding in the neck or excess fat in the jawline. Also known as a lower rhytidectomy.

Neuromodulator: An injectable that temporarily reduces or eliminates facial fine lines and wrinkles made from a purified botulinum toxin type A or similar compounds that temporarily relax targeted muscles. Injections block the nerve signals to the muscle in which it is injected, making the muscle unable to contract. This is a minimally invasive procedure. Examples include Botox®, Daxxify®, Dysport®, Letybo®, Xeomin® and Jeuveau®.

Non-Hyaluronic Acid Fillers: Injectable dermal filler that uses different active ingredients than hyaluronic acid. It is used to fill in facial lines to reduce wrinkles and is semi-permanent, lasting longer than hyaluronic acid fillers. This is a minimally invasive procedure. Examples include Radiesse®, Sculptra®, Bellafill® and Renuva®.

Nose Reshaping (Rhinoplasty): A surgical procedure that enhances facial harmony and proportions of the nose. It can also correct impaired breathing caused by structural defects in the nose. Commonly referred to as a nose job.

Plastic Surgery: A surgical specialty that is not confined to a single organ system involving repairing, reconstructing or altering the human body either to restore form and function or improve its appearance or both. This includes both reconstruction and cosmetic procedures.

Recipient Site Prep: A reconstructive procedure that arranging area of damaged or diseased tissue to receive a graft.

Reconstructive Procedures: Surgery or treatments performed to restore function and normal appearance or to correct deformities created by birth defects, trauma or medical conditions including cancer. It is considered medically necessary and is covered by most health insurance plans. Examples include breast reconstruction as well as cleft lip and cleft palate repair.

Repair: Restoring tissue form and function after an injury or disease. Includes simple, intermediate and complex repair.

Rhinoplasty (Nose Reshaping): A surgical procedure that enhances facial harmony and proportions of the nose. It can also correct impaired breathing caused by structural defects in the nose. Commonly referred to as a nose job.

Rhytidectomy (Facelift): A surgical procedure to reduce sagging of the mid-face, jowls and neck.

Scar Revision: A reconstructive surgery that attempts to minimize markings from an injury so that it is less visible and blends more with the surrounding skin tone and texture.

SIEA Flap: Superficial inferior epigastric artery flap. This breast reconstruction procedure uses a patient's own tissue including skin and fat but not muscle or fascia from the lower belly to rebuild a breast.

Simple Repair: A reconstructive surgical procedure that closes of a single layer of tissue.

Skin Laxity: Loose or sagging skin caused by aging or significant weight loss.

Submental Liposuction: A minimally invasive surgical procedure to remove excess fat from under the chin and neck region. It can reduce the appearance of a double chin and contour the neck and jawline. Commonly referred to as chin liposuction or chin lipo.

Glossary of Terms

Tattoo Removal: A minimally invasive treatment used to eliminate unwanted permanent ink from the skin using different types of lasers to break up different colors of pigment

Thigh Lift: A surgical procedure to reshape the thighs by reducing excess skin and fat, resulting in smoother skin and better-proportioned contours of the lower body.

Tissue Expander Exchange to Breast Implant: A two-staged breast reconstruction procedure. First, a temporary, inflatable balloon, or tissue expander, is placed in the chest to stretch the skin. Next, the expander is removed and an breast implant is inserted.

Tissue Expander Placement: Reconstructive surgical procedure where a temporary, inflatable silicone balloon is placed under skin or muscle and filled with saline or air to gradually stretch the tissue to create a pocket for a breast implant.

Tissue Expander Removal (No Implant Placed): A surgical procedure to remove a temporary skin stretching device without placing an breast implant into the cavity.

TRAM Flap: Transverse rectus abdominis myocutaneous flap. This procedure used in breast reconstruction creates a new breast using a flap of skin and muscle from the patient's lower abdomen to rebuild the breast.

Tummy Tuck (Abdominoplasty): A surgical procedure to correct the apron of excess skin that hangs over the abdomen.

Tumor Removal: A reconstructive surgical procedure to eliminate an abnormal growth or mass, which may be cancerous or benign, while leaving the surrounding healthy tissue intact. This includes skin cancer excisions.

Further Information

ASPS Spokespersons Network

Looking for expert insights on plastic surgery? The ASPS Spokespersons Network boasts over 100 plastic surgeons from the U.S. and Canada. They're not just experts in procedural details but are also well-versed in patient-physician dynamics, emerging trends and even societal impacts like healthcare reform. If you're a journalist seeking an informed perspective, contact the ASPS Public Relations Department to schedule an interview via media@plasticsurgery.org or at (847) 228-3333.

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