



On the Face of It: Men in Clinic

With men increasingly opting for facial contouring, Allie Anderson speaks to practitioners about the reasons behind the growth and how male patients are changing the face of aesthetics

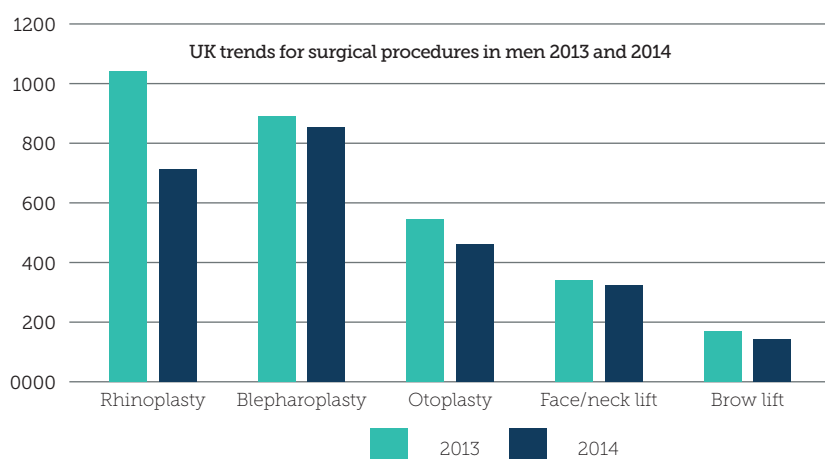
Oscar Wilde once said that “a man’s face is his autobiography; a woman’s face is her work of fiction”. His words appear to represent a traditional view of gender stereotypes: women present a façade to mask their true appearance, while a man’s visage shows his unaltered, natural self. This view is largely outdated, not least in the context of the aesthetics industry, which is no longer the domain solely of women.

The growth of male treatments

There has been a boom in men undergoing cosmetic and aesthetic procedures over the last decade or so, as more and more men succumb to the desire to emulate the looks of celebrities or to retain a youthful appearance.¹

Botulinum toxin has emerged as a particular favourite with male patients, with clinics reporting a year-on-year upsurge of up to 40% in the wrinkle-busting treatment.¹ This is perhaps unsurprising, owing to the non-invasive nature and relative low cost of botulinum toxin injections, but men in the UK have been

Figure 1: UK trends in male surgical procedures³



seeking more surgical procedures as well. Despite trailing off last year,² numbers of men having facial cosmetic surgery soared in previous years, peaking in 2013. At that time, according to the British Association of Aesthetic Plastic Surgeons (BAAPS), there was a significant rise compared with the previous year. Most notably, there were increases of 9% in rhinoplasty, 17% in blepharoplasty, 18% in brow lifts, and 19% in face and neck lifts.³ (Figure 1).

This trend is mirrored abroad, where aesthetic and cosmetic procedures have climbed in popularity among male patients over the last five years. In the US, the number of blepharoplasty and face lift procedures has risen by 34% and 44% respectively since 2010, while non-surgical treatments have drastically increased in the same period: botulinum toxin by 84% and hyaluronic acid by a staggering 94%.⁴ (Figure 2).

Figure 2: US trends in male aesthetic procedures⁴

Procedure	Increase from 2010 to 2015
Blepharoplasty	34%
Face lift	44%
Botulinum toxin	84%
Hyaluronic acid	94%

A different canvas

In the UK, practitioners find that men now make up a larger proportion of their total patient cohort than ever before. “I’d say around 20 to 25% of our patients are men these days,” says Maria Phillips, director, nurse prescriber and lead aesthetic practitioner at Beautiful Aesthetics. “We recognise that this is quite a large number, and it’s growing all the time. They come in looking for rejuvenation, to look fresher and more youthful, and they tend to opt for botulinum toxin treatments.” Gender is an important factor not only in what treatments men seek and the outcomes they require, but also in how effective the treatments are, Phillips adds. She reports that men require more botulinum toxin treatments than their female counterparts, as the toxin doesn’t last as long in male patients. “That’s partly because of the physiological differences in the facial anatomy, but also, because men’s metabolisms are faster, so they break the product down more quickly.” Indeed, their larger skulls, greater muscle mass, higher density of facial blood vessels, and deeper rhytides (compared with women)⁵ affect how men respond to botulinum toxin injections. A 2013 review of clinical studies in the treatment in men – in which men represented 11.1% of patients overall – reported that botulinum toxin is generally less effective in males and that higher doses are needed to achieve desired results than are typically used to treat women.⁵ It is also suggested that more injections are needed when treating the frontalis muscle in

particular (on account of men having larger foreheads than women), using a flat injecting technique to prevent a feminine-looking arched brow and instead maintain a flat brow position.⁶

Desired outcomes

According to Dr Dan Dhunna, aesthetic practitioner and founder of Skin Etc., male patients are well-informed and decisive about the treatments they want and the outcomes they hope to achieve. “Men have already made up their minds when they come to see me. They rarely walk in shrugging their shoulders; they usually have a clear idea about what they want,” he comments. “It might be enhancing the jaw or chin, or botulinum toxin in the upper face – but they are after something that’s relatively subtle. They want to be able to see a definitive change themselves, and for others to see an improvement in them, but without people knowing they’ve had work done or being aware of what they’ve had done.”

Likewise, male patients at Revivify London are looking for natural-looking results, says clinical director Dr Souphiyeh Samizadeh. “In general, men want to look fresher, healthier and less tired. They don’t necessarily want to look beautiful, have high cheek bones, soft silky skin and high-arched brows,” she says. “Men prefer to have lines and wrinkles, but shallower and less evident.” Dr Samizadeh suggests that the best candidates for facial contouring are middle-aged men and athletes, the former able to achieve a fresh, rested appearance and the latter seeking to correct the loss of facial fat. Many practitioners categorise male patients by the factors that motivate them to have facial contouring; broadly, to compete in the workplace, to attract a partner, and to boost their self-esteem. “Male patients generally seek to become more handsome or younger,” explains Dr Dogan Tuncali, who practices in Turkey. “The former seek attention from their female counterparts, and the latter mainly seek to prolong social and professional acceptance, trying to show society that he is still dynamic and full of energy.” Phillips agrees, adding that major life events – such as relationship breakups or divorce, or looking for a new job – can leave men feeling deflated and in need of a lift, metaphorically and literally. She suggests, “It’s a great confidence boost and can greatly benefit self-esteem.”

This notion is supported by research: a RealSelf survey revealed that of 700 men and women exploring cosmetic surgery options, 76% wanted to feel confident after their procedure.⁷

Social and professional pressures

Dr Julian De Silva, a specialist in facial plastic and cosmetic surgery, points out that there are a number of factors that influence how satisfied men are with how they look. “For example, people with large noses often were teased about it when they were younger, and as a result they might feel that it’s holding them back,” he says. On such patients, he would perform a rhinoplasty and aim for

Many practitioners categorise male patients by the factors that motivate them to have facial contouring; broadly, to compete in the workplace, to attract a partner, and to boost their self-esteem

natural-looking results, maintaining the person’s individual look but bringing the nose more in balance with the rest of the face. Notwithstanding men who seek to correct perceived or actual anatomical flaws they were born with, many more are driven by social norms, perceptions and patterns. “In the modern world in which we live, appearance is very important, whether it’s professionally, socially, or when it comes to looking for a partner,” Dr De Silva adds. It’s generally accepted that in many aspects of life, attractiveness is directly proportional to success and achievement; for example, attractive people have more dates, are perceived to have positive personality traits, and are more likely to be successful in job interviews.⁸

Attractiveness is largely a subjective measure, and this is reflected in what male patients request. Dr Dhunna suggests that younger male patients often seek “outcomes more skewed towards a feminine look”, because they are influenced by metrosexual imagery and social media. However, practitioners report that a key factor when treating men is to avoid over-feminising the face, often preferring to masculinise features. “There are certain parts of the face that are more masculine, and men who are considered handsome and good looking tend to have very strong jawlines,” says Dr De Silva. “In patients with a weak jawline, you can make real improvements and give a stronger jawline with better facial balance and harmony.” The aim would be to sharpen the angle of the jaw, which Dr De Silva says is “more like 90 degrees” in youth, but becomes looser with age. It can be claimed that this typically wide-jawed face has implications, with wider-faced men reportedly achieving greater professional success⁹ and earning more money¹⁰ than their slimmer-faced, narrower-jawed peers.

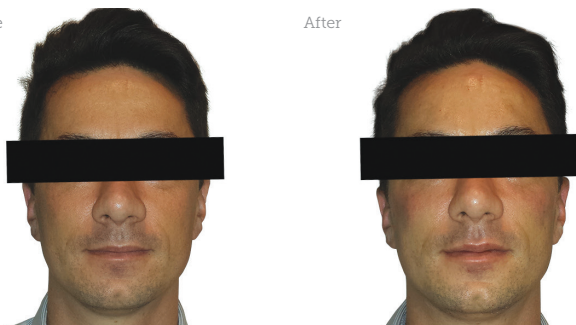
With the male nose, Dr De Silva adds, it’s important to keep it in proportion and avoid making it too small, giving it a feminised look. The final element of a masculine face is the eye area, which needs to be carefully addressed – again, to prevent feminising the face if this is not the desired outcome. “Blepharoplasty needs to be more conservative in a man, and this can be quite challenging because you could otherwise really change someone’s appearance.”



Before and after chin, jawline and neck augmentation. Images courtesy of Dr Julian De Silva

Before

After



Before and after treatment using dermal fillers for mild mid-facial volume loss, minor lip enhancement and jaw-angle enhancement. Images courtesy of Dr Souphiyeh Samizadeh.

Equally important is to avoid excessively masculinising the face, which can produce unnatural results and elicit unwanted reactions, driven by social ideals and perceptions. Dr Samizadeh highlights the need to counsel male patients so they understand the consequences of a procedure. “The perception of dominance, social boldness and physical strength is related to anatomical features that demonstrate high masculinity, such as strong cheekbones and jaw prominence,” she comments. “These can be enhanced in male patients but need a thorough consultation and understanding of the changes. Overdoing male facial contouring, such as creating an excessively large chin, cheek bones and jaw angles, can result in poor aesthetic results and harsh features – features that are linked to aggressive behaviour.” In this way, Dr Samizadeh adds, maintaining a balance between slightly feminised and hyper-masculinised features produces optimal results. Interestingly, a recent study into ideals of male attractiveness found differences between what men and women desire: women actually prefer a softer jaw, slimmer face and fuller lips in men, while men tend towards a traditionally masculine look.¹¹ Scientific research supports these findings, suggesting that morphological masculinity bears less influence on men’s attractiveness than has historically been presumed.¹²

Products and treatments

The outcomes men hope for often determine what procedures and treatments are prescribed, and what products the practitioner uses. When employing non-surgical methods, Dr Tuncali provides a three-part solution, comprising:

- Botulinum toxin around the eyes or as part of a Nefertiti lift to contour the jowls and jawline
- Short-lasting hyaluronic acid fillers and fat grafting
- Mechanical interventions, mainly involving a fractional CO2 laser and high-intensity focused ultrasound (HIFU)

“The HIFU system I use has 1, 1.5, 2 and 4mm probes to reach the subcutaneous or muscle tissue,” Dr Tuncali explains, adding that more power is often needed when treating men as they tend to have thicker skin and subcutaneous tissue. “The ultrasound has the ability to focus its energy at a desired depth using different probes, thus the name ‘focused ultrasound’.” After the ultrasound session, I use the in-built 635nm laser to achieve faster healing and drainage, and smoother, brighter skin,” says Dr Tuncali, explaining that the best results are achieved through combining the HIFU and fractional CO2 laser systems. Despite a minority of patients experiencing increased swelling, postoperative recovery and side effects are comparable with those seen when each of these treatments is performed individually, yet overall results are significantly improved.¹³ Dr Dhunna, conversely, often uses fillers to contour the male face. Here, men’s anatomy and physiology dictates the type of product used. “Men’s skin is thicker,

hairier and oilier, so when using facial contouring products I tend to use less in volume, but something with a stronger uplift potential,” he explains. “The product must have a good G prime (a measure of the product’s stiffness), but give a sharper result. You need a product that is robust and malleable, which can be good if you want to exaggerate anchor points and widen the bigonial distance.”

Risks and complications

The potential for complications is typically no greater among male patients than female patients, practitioners state; but men are often less compliant when it comes to aftercare and general skin care, which can optimise results. “Men of a certain age tend to wash their face with soap and water and very little else. They often think that when they come to see me, they get their treatment with 12 months’ effect, and they’re done. To convince them otherwise can be tricky,” explains Dr Dhunna. Overcoming this barrier involves consulting with each patient to glean an understanding of his lifestyle and to encourage him to embrace the often-new concept of skincare. Crucially, all of the practitioners interviewed said this should always involve high-factor sun protection year-round to prevent further photodamage. Smoking is a particular risk factor for patients of both genders undergoing surgery, Dr Dhunna adds, as it strongly correlates with postoperative pulmonary, cardiovascular and cerebrovascular complications, delayed wound healing and tissue ischemia, particularly in elective facial aesthetic procedures.^{14, 15, 16} Male and female patients undoubtedly have diverse needs when it comes to facial contouring. Their aesthetic concerns and desired outcomes are driven by different influences, and as a result, practitioners must approach the genders accordingly. Whatever an individual wants to achieve with facial procedures and treatments, the overarching principle is to manage their expectations appropriately – regardless of gender.

REFERENCES

1. Vicki-Marie Cossar, *The rise of Botox: Plumbers and businessmen copy Simon Cowell's Botox look* (London: Metro.co.uk, 2013) <www.metro.co.uk/2013/02/25/the-rise-of-botox-plumbers-and-businessmen-copy-simon-cowells-botox-look-3510335/>
2. The British Association of Aesthetic Plastic Surgeons, *Tweak not tuck. New statistics show extreme surgery's gone bust – surgeons welcome more educated public* (London: Baaps.org.uk, 2015) <www.baaps.org.uk/about-us/press-releases/2039-auto-generate-from-title>
3. The British Association of Aesthetic Plastic Surgeons, *Britain sucks. Over 50,000 cosmetic surgery procedures in 2013 – Liposuction up by 41%* (London: 2014) <www.baaps.org.uk/about-us/press-releases/1833-britain-sucks>
4. The American Society for Aesthetic Plastic Surgery, *The American Society for Aesthetic Plastic Surgery reports Americans spent more than 12 billion in 2014; procedures for men up 43% over five year period* (New York: 2015) <www.surgery.org/media/news-releases/the-american-society-for-aesthetic-plastic-surgery-reports-americans-spent-more-than-12-billion-in-2014-pro>
5. Keaney TC, Alster TS, ‘Botulinum toxin in men: review of relevant anatomy and clinical trial data’, *Dermatological Surgery*, 39(10), (2013), pp.1434-43.
6. Keaney T, ‘Male aesthetics’, *Skin Therapy Letter*, 20(2), 2015.
7. Kramer E, *Why get plastic surgery? 76% of people say they want to feel...* (Seattle: 2015) <www.trends.reallself.com/2015/06/25/why-plastic-surgery-confidence-survey/>
8. Little A et al., ‘Facial attractiveness: evolutionary based research’, *Philosophical Transactions B of The Royal Society*, 366(1571) (2011), pp.1638-1659.
9. Sarah Knapton, *Successful male leaders have wider faces than average man. Wider faces make men appear more dominant, ambition and powerful and so better business leaders, a study suggests* (London: 2015) <www.telegraph.co.uk/news/science/science-news/11806360/Successful-male-leaders-have-wider-faces-than-average-man.html>
10. Kevin Short, *The shape of your face may affect how much money you make* (2014) <www.huffingtonpost.com/2014/08/06/work-success-study_n_5635227.html>
11. Julian Robinson, *Most beautiful faces in the world? Scientists use e-fits to create the most attractive man and women – and David Gandy and Kendall Jenner are the closest to real life examples* (London: 2015) <www.dailymail.co.uk/femail/article-3017464/Are-perfect-faces-Scientists-map-features-world-s-beautiful-men-women-asking-100-people-attractive.html>
12. Scott I et al., ‘Does masculinity matter? The contribution of masculine face shape to male attractiveness in humans’, *Public Library of Science One*, 5(10), (2010).
13. Woodward JA et al., ‘Safety and efficacy of combining microfocused ultrasound with fractional CO2 laser resurfacing for lifting and tightening the face and neck’, *Dermatological Surgery*, 40(12) (2014) pp.190-193.
14. Coon D et al., ‘Plastic surgery and smoking: A prospective analysis of incidence, compliance, and complications’, *Plastic and Reconstructive Surgery*, 131(2), (2013), pp.385-391.
15. Rohrich R et al., ‘Planning elective operations on patients who smoke: Survey of north American plastic surgeons’, *Plastic and Reconstructive Surgery*, 109(1), (2002), pp.350-355.
16. Krueger J and Rohrich J, ‘Clearing the smoke: The scientific rationale for tobacco abstinence with plastic surgery’, *Plastic and Reconstructive Surgery*, 108(4), (2001).