ARE YOU SEEING GROWTH IN DEMAND FROM MALE PATIENTS? IS IT ORGANIC OR ARE YOU ACTIVELY MARKETING?

Renato Saltz, MD: We are seeing more male patients interested in facial surgeries (facelift and eyes) and liposuction, we are also seeing more males flock to our medical spa, especially interested in Coolsculpting.

Erin Gilbert, MD: I am definitely seeing more male patients than ever before. This trend has continued into the summer—which is somewhat unusual—as it can be a slightly lower volume time of year. As a small boutique practice, I don’t do any marketing to either gender, and all of my referrals come from current patients or from contacts in other markets (entertainment, hair, makeup). The most sought after procedures by my male patients are neuromodulators, fillers, and body contouring.

Julius Few, MD: Aesthetic medicine is no longer a taboo topic and spouses/significant others speak openly about it. In addition, there are more non-surgical modalities that are color- and gender-blind, such as skin tightening, fat reducing technologies, and, of course, fillers like Voluma.

Miles Graivier, MD: Males currently comprise about 15 percent of my practice and the numbers are growing. More males are coming for neurotoxins and fillers. Surgical procedures are also increasing, with increases in rhinoplasty, blepharoplasties, facelifts, neck laser lipo procedures, body contouring, and gynecomastia removal. With the advent of non-invasive fat removers, this has also shown a significant rise in males seeking aesthetic procedures.

Interestingly enough, most of the growth has been organic with wives or significant others bringing their male partners for procedures: A mindset of “I look good……now it’s your turn.”

Others are being enticed with eblasts or other communications from the practice.

Amir Moradi, MD: The growth in our male population has been in proportion to the overall growth in the practice; men continue to constitute 10 percent of the patient population. Interestingly, this ratio has been unchanged in our practice in the last 15 years.

Joe Niamtu, III, DMD: I think this reflects the general societal trend for men and minorities gaining interest and access to elective cosmetic procedures. Many males are divorced and dating while others are competing for jobs with younger men, and both groups want to look young.

Paul Carniol, MD: There has been some growth in male aesthetic patients but the majority are still women.

The biggest demands from men are:
1. For fillers to restore more youthful facial fullness, and for neuromodulators
2. Blepharoplasty to improve their eyes and diminish upper eyelid redundcancy associated with blepharochalasis
3. Surgery to improve their neck. This request is most common in men 60 and older
4. Rhinoplasty to improve the nose.

Julie Woodward, MD: As an oculofacial surgeon I can’t say that I’ve seen a huge growth of male patients, because blepharoplasty has long been popular with men, but I would say there is more interest for men to try Ultherapy and facial fillers. I have a few men do Ultherapy because they want to be more competitive on the job market. I also have one older gentleman whose wife passed away from cancer and he is on the dating scene and wants to look his best, so he does facial fillers. I occasionally have husband and wife teams come in for procedures as a fun retirement activity.

Vivian Bucay, MD: Oddly enough, we have seen the most growth in the demand for fillers, like Voluma and Radiesse. Our male patients have typically gravitated toward biostimulators like Sculptra, for gradual results. Voluma in particular, offers very natural results, and our male patients really seem to like it. Neuromodulator use continues to grow in our practice. Other popular treatments include laser treatments for rosacea and photorejuvenation, Ultherapy and CoolSculpting.

Dr. Buford: Male patients are most interested in our responsible contouring program as well as our anti-aging program. We also have noticed a mild uptick in the demand for Botox Cosmetic and other facial injectables, but the number of men still pales in comparison to the number of women we are currently treating.

Jonathan Sykes, MD: In general, requests by male patients for aesthetic procedures reflect the general market and do not differ from the aesthetic market as a whole. Over the past few years, patients request larger aesthetic procedures less frequently, while minimally invasive procedures and injectables are asked for more.
The exception to this is hair transplantation surgery, which is being requested more frequently due to demand and widespread marketing. I do not market procedures (excepting hair) differently for men than I do for women.

**Joel Schlessinger, MD:** I am not seeing growth in male demand. Men are not worth marketing to in my opinion. When we have marketed in the past for things like hair transplants, the results of campaigns were anemic. When men do come in, we find they have usually been referred by their wives for the most part.

**Steven Pearlman, MD:** We have been seeing a steady incline in males seeking both surgical and non-surgical facial rejuvenation over the past two decades. We have been proactive in making sure our office environment is welcome to men as well as women.

The biggest growth is Botox and fillers. Men are looking to soften their frown lines. The old school “bulldog” look is out. Patients from the financial industry find that overactive frown lines can give clients the wrong impression: “Is he really worried about my portfolio and not telling me?” Botox will give them a “poker face” and not give the wrong impression. We have also been performing a lot of Voluma on men. Men are less concerned about wrinkles and a few lines, but do care about looking tired and gaunt.

**E. Victor Ross, MD:** I’d say we’re seeing about 15 percent male patients, and the number has been pretty stable. Mainly we treat brown and red spots, also lots of AKs with PDT. We are seeing more male patients who want skin tightening without surgery and have been treating many of them with RF needle technology.

**Jeannette Graf, MD:** I am not doing any particular marketing toward men. Where my practice is experiencing the most growth is with facials and microdermabrasion. Men generally start with frown lines as a complaint for Botox and love deep cleansing facials, which are helpful for the ingrown beard area as well. Also hair removal on back is popular with men.

**Jeanine Downie, MD:** My practice is witnessing a growth in demand from my male patients. I would say roughly 60 percent is active marketing and 40 percent is organic. A lot of my male patients come in for a total body check to screen for skin cancer but then they stay for laser hair removal, chemical peel, and Botox. These are the three procedures that are the most popular for men.

**Dr. Woodward:** Men are open to having lower blepharoplasty with lower lid laser resurfacing. The only difference is they seem to be more comfortable than women in running around with no makeup and just their sunblock allowing others to see their post-op erythema. For me, this is good advertising because it is a good conversation piece for them with other potential patients.

**Dr. Sykes:** In general, male patients are less likely to choose maintenance procedures (toxins, fillers, skincare treatments). If given the choice, most male patients will choose a surgical procedure (feeling that the results are semi-permanent) over an injectable (feeling that the results are temporary). I think the surgeon’s personality, empathy, and bedside manner are important, and that their sex is less important.

**Dr. Schlessinger:** Male patients are different in that they are so hard to convince to get to the office, but once they are there it is rare for them to say ‘I have to ask my wife...’ and leave, while about 30 percent of women use that as an excuse or reason to procrastinate about the procedure. That is refreshing, but the not so refreshing aspect is that about 25 percent of the men who come in are ones that we don’t want to touch with a 100 foot pole... In general the percentage of folks who are non candidates or problem patients with unreasonable expectations seem higher in men than women.

**Dr. Bucay:** A plus to treating male patients is that they often just tell me to do whatever I recommend in contrast to a lot of our female patients, who are more likely to insist on explanations that often border on a full blown anatomy and physiology of aging lecture far beyond the scope of a reasonable consultation. It has been my experience that men are more likely to trust the physician early on.

**Dr. Niamtu:** I think sometimes we expect men to be “tough” and many men are actually quite needy when they are the patient. It is important to treat each patient tailored to their specific needs, strengths, and weaknesses.

**Dr. Pearlman:** Discussing facial plastic surgery with men often presents a dilemma. Men tend to want to go back to work faster than women but don’t want anyone to know. However, women can more readily wear camouflage makeup than men.

Of course it’s a generalization, but for both surgical and non-surgical rejuvenation, men tend to be more business like, they want the facts, the healing, the upside and downside then they make a decision. Women tend to be more about discussing the procedure and process.

**Dr. Ross:** We have found that male patients prefer to have a medical justification for their treatment vs. females.

**Haideh Hirmand, MD:** The approach to decision making is different and the cycle can be shorter for men.
THE EXPERTS SAY

**Dr. Woodward:** We treat all patients the same. Everyone gets a highly trained professional hand holder when they are injected.

**Dr. Moradi:** Internal marketing is important, such as offering gift certificates to be given to “The Men in Your Lives.” Our staff are active participants in our marketing campaign and meet every Thursday to discuss new marketing agendas.

**Dr. Saltz:** Our staff is very good about understanding that male patients are not comfortable sitting in the waiting room and try to quickly get them back with the provider. We also allow them to “sneak” in and out of our back door if they prefer.

**Plus:** Read how Dr. Bucay developed patient loyalty when a man received poor results elsewhere. Download the Modern Aesthetics app.

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**Dr. Gilbert:** Both my female and male patients want the same thing: to be recognized (i.e. remembered), to have their time respected, and to leave looking noticeably younger and natural.

If anything, I find that my male patients are sometimes easier to work with. They are more adherent to suggested regimens and they communicate more efficiently. I chalk this up to both cultural norms and a desire for simplicity. In most cases this is easier for me since I don’t need to modify entrenched beauty habits or overhaul a medicine cabinet that looks like a shelf at Sephora. My male patients want to be given three or fewer things to do and they do them!

**Dr. Sykes:** Some male patients, especially when presenting at young ages, can have significant body image problems and body dysmorphisim. It is important to identify these patients, counsel them, and treat them very carefully. These patients are often not happy with who they are and want to change their appearance to improve their happiness. Surgery on these individuals is usually not satisfying to either the patient or the physician, and can result in significant anger when the patient’s expectations are not met.

**Dr. Gilbert:** I think many practitioners assume that the majority of men interested in cosmetic procedures are gay, and this hasn’t been my experience.

I have assumed on a few occasions that men would be willing to spend less, and I’ve consistently been proven wrong. When my male patients come in they are pretty set on achieving their aesthetic goals regardless of the cost, and they are consistent about regular upkeep.

**Dr. Downie:** I have made a few missteps with male patients. However, they have made missteps with me (a few of them have been kicked out of my office), hit on my staff, or have bullied me or my staff. Some of these patients are wealthy, narcissistic and can just go elsewhere. I have known that you just need to be careful so your actions are not misinterpreted.

**Dr. Woodward:** For fillers and neuromodulators, the patient won’t see enough result unless you use larger amounts of product. Their faces are bigger and tend to have deeper hollows, so they need more filler. Their corrugators have more muscle mass so they need more neuromodulator.

**HOW DO YOU AND/OR YOUR STAFF ACCOMMODATE MALE PATIENTS?**

**Dr. Gilbert:** There are very few changes that I make when welcoming male vs. female patients. As a rule, I don’t display marketing materials of any kind to either gender. As a former Art Historian I like to have art books around that appeal to both genders, and I provide the Wall Street Journal.

**Dr. Sykes:** Staff, as well as the physician themselves, must understand the individual patient’s needs, which include maintaining privacy, providing education and comfort, and treating them with respect and care. Males are no different than any of our patients, and we must understand their physical, as well as, psychological needs.

**Dr. Schlessinger:** Staff like men in general. They tend to be a pleasant diversion and require quite a bit less handholding than our female patients.

**Dr. Buford:** Our staff are extremely talented in providing a positive experience for all of our patients. Our goal is to exceed patient expectations while anticipating needs before they are expressed. We realize that while the end result is really the marker for excellence within the aesthetic industry, good customer service is a necessary requirement, as well, and must be combined in such a way that our patients feel completely different in our practice than in any other.

**Dr. Hirmand:** There is a different type of interaction with men vs. women. For men, specific magazines and esthetics are provided.

**Dr. Few:** We offer educational material that includes male examples and leisure reading material geared to both genders. I often encourage my female patients to bring their significant other in for a complimentary consult if the subject comes up in discussion. We will often provide one-time incentives as a thank you for our patients and a financial buffer to a first time experience.

**Dr. Pozner:** Get them in and out fast. Men hate to wait.

**Dr. Waldman:** Our staff is 100 percent female and they are likely more comfortable with women since they represent over 80 percent of our practice.