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LOOKSMAXXING

Inside the LOOKSMAXXING CONSULTATION

Younger patients are arriving armed with online terminology and expectations, making education, expectation management and psychological assessment increasingly central to treatment planning

A

decade ago, most male aesthetic consultations were relatively straightforward. Men typically sought treatment for specific concerns such as hair loss, acne scarring, signs of ageing or stubborn areas of fat. Many knew

little about the available treatment options and relied heavily on practitioners for guidance.

Today, many practitioners report seeing a very different type of patient. He arrives having watched hundreds of TikTok videos. He knows the terminology, has screenshots saved on his phone, understands the difference between a chin implant and jawline filler, and may even have used artificial intelligence to analyse his facial proportions.

Welcome to the looksmaxxing consultation.

Looksmaxxing is an online movement centred on the idea that physical attractiveness can be systematically improved through increasingly targeted interventions, from skincare and nutrition to cosmetic procedures and surgery. While many practitioners believe the reality is often far more nuanced than the term suggests, the culture surrounding looksmaxxing has introduced a generation of highly engaged male patients to aesthetic medicine.

For clinicians, the result is a consultation process that looks very different from the one they knew even five years ago.

THE MOST RESEARCHED PATIENT

The internet has always played a role in patient education, but TikTok, Instagram and YouTube have fundamentally changed how information is consumed.

Rather than researching procedures through clinic websites or trusted medical resources, many young men are learning about aesthetics through short-form content. Treatments are distilled into 30-second videos, dramatic transformations are compressed into before-and-after clips, and beauty ideals are reinforced through an endless stream of carefully curated faces.

"Patients are often arriving with more information, but not always information that is accurate or contextualised," says Dr Edel Woods. "This means more time is spent educating, reframing and making sure that decisions are being made for the right reasons."

The challenge is no longer encouraging patients to research their options. Instead, practitioners are increasingly helping them distinguish online narratives from clinical reality.

Kam Dogan, founder of The PRP Lab, encounters this frequently.

"Patients ask for popular TikTok crazes instead of what they actually need."

As a result, many consultations begin with correcting misconceptions before treatment planning can even begin.

WHEN AI BECOMES THE MIRROR

If social media has changed how patients discover aesthetic medicine, artificial intelligence is increasingly changing how they evaluate themselves before they ever step inside a clinic.

According to oculoplastic surgeon Prof Daniel Ezra, many young men now present having already subjected their appearance to detailed digital analysis.

"On one hand, they are incredibly well informed. They often have performed a deep analysis with AI to analyse facial features, and often will have used AI to examine pre- and post-operative photographs."

Facial symmetry scores, attractiveness ratings and algorithm-generated facial assessments are becoming increasingly accessible online. Some patients arrive with detailed reports highlighting perceived strengths and weaknesses, while others use AI tools to identify areas they believe require correction.

While these technologies may encourage engagement with facial anatomy, they can also create unrealistic assumptions about what aesthetic medicine can realistically achieve.

"This tends to form a perception that aesthetic surgery is a bit like engineering, whereby tiny changes can always be made precisely," says Prof Ezra. "This is not the case."

Unlike digital simulations, human anatomy is inherently unpredictable. Healing varies between individuals, biological limitations exist, and outcomes can never be guaranteed with mathematical precision.

Dr Riccardo Frati believes constant exposure to online beauty standards is also affecting the psychological wellbeing of some younger patients.

"There has been a substantial increase in anxiety and low self-esteem because of the obsession with following and sticking to online beauty trends."

BRIDGING ONLINE IDEALS AND CLINICAL REALITY

While many young men would not necessarily describe themselves as looksmaxxers, practitioners are increasingly encountering ideas that originated within looksmaxxing communities.

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CLINICAL



Discussions around facial ratios, jaw projection, eye shape and perceptions of masculinity have become increasingly common. Patients often arrive with a very specific aesthetic goal without fully understanding the anatomy or treatment pathway required to achieve it.

However, practitioners caution against assuming that every younger male patient is seeking an extreme transformation.

"Most young men are not seeking to become hypermasculine versions of themselves," says Dr Woods. "They are typically looking to appear healthier, more rested, and to achieve greater confidence."

Many consultations therefore involve translating an online ideal into an achievable treatment plan.

"Part of our role is translating that into what is appropriate and achievable for their individual anatomy," she explains.

Dr Paul Tulley believes social media has played a significant role in shaping these aspirations.

"Increased exposure to celebrity culture, including actors, models and fitness influencers through social media on a regular basis, makes issues around appearance more important to many people."

The result is a generation of patients who are often thinking less about individual procedures and more about achieving a particular aesthetic identity.

“We are seeing a huge increase in the number of young men asking for ‘hunter eyes’ procedures to alter the eyes to make them look masculine.”

SPEAKING THE LANGUAGE OF LOOKSMAXXING

The language of aesthetics has evolved alongside the patients themselves.

Terms that once existed almost exclusively within online subcultures are now finding their way into mainstream consultations.

"We are seeing a huge increase in the number of young men asking for 'hunter eyes' procedures to alter the eyes to make them look masculine," says Prof Ezra.

"This particularly focuses on changing rounder, more feminised-looking eyes to more almond-shaped eyes with narrower apertures."

For practitioners, trends like this demonstrate how internet culture is gradually reshaping patient expectations. Consultations are becoming less about introducing treatment possibilities and more about translating online terminology into realistic clinical conversations.

WHEN EDUCATION BECOMES THE TREATMENT

Many practitioners report that one of the biggest changes in recent years has been the shift towards discussion rather than intervention.

"The core principles of consultation remain the same, but the context has evolved," says Dr Woods.

Today's practitioners are expected to navigate anatomy, psychology, misinformation, edited imagery and algorithm-driven beauty standards within a single appointment. Consequently, patient education has become one of the most valuable tools available to clinicians.

Dogan says consultations with younger patients often require an especially careful approach.

"The consultation almost turns into a mini therapy session, trying to explain to the patient what they don't need and that they should not just follow trends."

Rather than recommending treatment immediately, practitioners frequently find themselves exploring motivation, managing expectations and discussing whether intervention is necessary at all.

SPOTTING THE RED FLAGS

Greater awareness of aesthetics is not inherently problematic. However, clinicians remain alert to signs that a patient may be pursuing an unhealthy or unattainable ideal.

Dr Woods says warning signs include a reliance on heavily edited images, fixation on highly specific outcomes and expectations that a single treatment will produce a dramatic transformation.

"An important marker is when the emphasis moves away from enhancement to becoming a different 'type' of person, rather than improving their own features," she says.

Prof Ezra identifies additional concerns.

"The key signs are bringing in lots of photographs of very different-looking people, and also being socially isolated."

Some practitioners have adapted their consultation processes accordingly. Prof Ezra says he now specifically asks patients about looksmaxxing when he suspects online communities may be influencing decision-making.

"These men are typically physically well built, take a lot of care looking after their hair and will show lots of other signs of being very image-conscious and physically focused."

Dr Frati highlights repeated surgeries, compulsive mirror-checking and consulting multiple practitioners after being refused treatment elsewhere as some of the clearest warning signs that a patient may be pursuing an unhealthy aesthetic goal.

THE FUTURE CONSULTATION

AI-powered facial analysis, increasingly sophisticated filters and online beauty culture are likely to continue influencing how patients perceive themselves. However, practitioners need not view these developments as entirely negative.

Many younger men are becoming more engaged with skincare, preventative treatments and long-term skin health. The challenge is ensuring that greater access to information is matched by clinical perspective and realistic expectations.

For Dogan, that responsibility increasingly rests with practitioners.

"Young patients ought to be handled with care, and we should not just try to make a sale."

In an era where algorithms increasingly shape perceptions of attractiveness, the consultation has become about far more than treatment alone. Today's practitioner is part clinician, part educator and increasingly the voice that helps patients distinguish digital ideals from biological reality. 

ANNA DOBBIE

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