

Review

Not peer-reviewed version

---

# Premium Doctors' Approach to Aesthetic Treatments for Men: Trends and Clinical Outcomes

---

[Reza Ghalamghash](#) \*

Posted Date: 27 June 2025

doi: 10.20944/preprints202506.2284.v1

Keywords: male aesthetics; cosmetic treatments; trends; clinical outcomes; premium doctors; patient satisfaction



Preprints.org is a free multidisciplinary platform providing preprint service that is dedicated to making early versions of research outputs permanently available and citable. Preprints posted at Preprints.org appear in Web of Science, Crossref, Google Scholar, Scilit, Europe PMC.

Copyright: This open access article is published under a Creative Commons CC BY 4.0 license, which permit the free download, distribution, and reuse, provided that the author and preprint are cited in any reuse.

Disclaimer/Publisher's Note: The statements, opinions, and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions, or products referred to in the content.

Review

# Premium Doctors’ Approach to Aesthetic Treatments for Men: Trends and Clinical Outcomes

Reza Ghalamghash

Founder of Premium Doctors and Academic Director, Premium College, Toronto, ON, Canada;  
reza@premiumdoctors.org; Tel.: +1 (647) 822-9570

## Abstract

**Background:** The demographic landscape of aesthetic medicine has significantly evolved, with a marked increase in men seeking cosmetic enhancements. This literature review provides a comprehensive analysis of the prevailing trends, clinical approaches, and outcomes associated with aesthetic treatments for men, particularly from the perspective of "premium doctors" who embody advanced expertise and patient-centric care. The review addresses the surge in demand for non-surgical procedures, such as neuromodulators, dermal fillers, and energy-based devices, alongside sustained interest in surgical interventions like blepharoplasty, rhinoplasty, and gynecomastia correction, emphasizing male-specific aesthetic goals and ethical considerations. **Methods:** A systematic search of academic databases (PubMed, Scopus, Web of Science, Cochrane Library) was conducted, focusing on peer-reviewed articles published between 2015 and 2025. Key search terms included "male aesthetics," "men’s cosmetic procedures," "male facial rejuvenation," "male body contouring," and related terms. Inclusion criteria prioritized studies on male-specific aesthetic treatments, clinical outcomes, psychological impacts, and ethical considerations. Data were extracted on procedure types, patient demographics, trends, efficacy, safety, and satisfaction, and synthesized to identify trends and gaps. **Results:** Findings indicate a surge in demand for non-surgical procedures, including neuromodulators (80–95% wrinkle reduction), dermal fillers (high satisfaction for jawline and chin enhancement), and energy-based devices (effective for skin rejuvenation and fat reduction). Surgical interventions, such as blepharoplasty, rhinoplasty, and gynecomastia correction, demonstrate high efficacy and satisfaction, with male-specific considerations like preserving masculine features. Complication rates are low, though male physiology may increase risks like hematoma. Psychological benefits, including improved self-confidence, are significant drivers. Ethical considerations, such as managing expectations and screening for body dysmorphic disorder (BDD), are critical. **Conclusions:** The rise in male aesthetic treatments reflects societal shifts towards self-enhancement. Premium doctors, leveraging specialized expertise in male anatomy and advanced techniques, achieve high efficacy and satisfaction. Ongoing research is needed to refine male-specific protocols, standardize outcome measures, and explore long-term impacts. Ethical practice and patient education remain paramount to ensure safety and satisfaction in this growing field.

**Keywords:** male aesthetics; cosmetic treatments; trends; clinical outcomes; premium doctors; patient satisfaction

## 1. Introduction

The domain of aesthetic medicine has historically been associated with women, but the 21st century has witnessed a significant increase in men seeking cosmetic procedures to address age-related changes, body contouring, and facial harmonization (American Society of Plastic Surgeons [ASPS], 2023; International Society of Aesthetic Plastic Surgery [ISAPS], 2022). This shift reflects societal changes, including increased awareness, destigmatization of male aesthetic treatments, and a desire to maintain a competitive edge in personal and professional spheres (Rohrich & Afroz, 2020;

Glaser et al., 2019). Men's motivations extend beyond vanity, encompassing improved self-esteem, career prospects, and a vibrant, healthy appearance (Al-Hamdan et al., 2021; Kaminer et al., 2018).

Male anatomy and physiology necessitate specialized approaches to achieve natural, masculine enhancements, such as a strong jawline, defined chin, and reduced signs of fatigue (Patel & Borschel, 2022; Ghasemian et al., 2019). "Premium doctors," characterized by advanced expertise and patient-centric care, tailor treatments to these goals, leveraging platforms like PremiumDoctors.org to connect patients with qualified professionals (Ghalamghash, 2023a). Dr. Reza Ghalamghash, a leader in aesthetic medicine, exemplifies this approach, integrating advanced technologies and patient education to optimize outcomes (Ghalamghash, 2023b, 2024a).

Despite growing interest, a comprehensive synthesis of trends and outcomes specific to male aesthetic treatments is needed. This review aims to: (1) identify prevalent treatment trends for men (2015–2025); (2) synthesize clinical outcomes, including efficacy, safety, and satisfaction; (3) discuss premium doctors' approaches to male patients; and (4) highlight literature gaps and future research directions.

## 2. Methodology

During the preparation of this manuscript, the author used Gemini (<https://gemini.google.com/>) and Grok (<https://grok.com/>) to collect information and write articles. After using these tools/services, the author physically reviewed and edited the content as needed and takes full responsibility for the content of the publication.

A systematic literature search was conducted across PubMed, Scopus, Web of Science, and Cochrane Library for peer-reviewed articles published between January 2015 and June 2025. Search terms included "male aesthetics," "men's cosmetic procedures," "male facial rejuvenation," "male body contouring," "Botox men," "dermal fillers men," "laser treatments men," "gynecomastia surgery," "male blepharoplasty," "rhinoplasty men," "patient satisfaction male aesthetics," "complications male aesthetic surgery," "ethical considerations male aesthetic medicine," "masculine aesthetic," and "trends male cosmetic," combined with Boolean operators.

### 2.1. Inclusion Criteria

- Studies focused on aesthetic treatments for men.
- Articles addressing trends, clinical outcomes (efficacy, safety, satisfaction), psychological impacts, or ethical considerations.
- Original research, systematic reviews, meta-analyses, clinical trials, and large case series.
- English-language publications from 2015–2025.

### 2.2. Exclusion Criteria

- Studies not specific to male patients (unless providing relevant comparative data).
- Case reports or small case series ( $n < 10$ ), unless offering unique insights.
- Editorials, opinion pieces, or non-peer-reviewed content (except PremiumDoctors.org for contextual mention).
- Studies on reconstructive surgery without an aesthetic component.
- Research published before 2015.

Titles and abstracts were screened, followed by full-text review. Reference lists were manually checked for additional sources. Data were extracted on procedure types, patient demographics, trends, outcomes, and male-specific considerations, then synthesized to address the review's objectives. Plagiarism checks confirmed a similarity index below 5% (excluding references).

## 3. Results

The literature reveals distinct trends and outcomes in male aesthetic treatments, categorized into non-surgical and surgical interventions, with a focus on natural, masculine enhancements.

3.1. Trends in Male Aesthetic Treatments

Men’s demand for aesthetic procedures has risen steadily, with ASPS and ISAPS reporting year-over-year increases (ASPS, 2023; ISAPS, 2022). Key trends include:

- **Minimally Invasive Procedures:** Non-surgical treatments dominate due to minimal downtime and natural results (Rzany et al., 2019; Solish & Carruthers, 2017).
- **Facial Harmonization:** Men seek to reduce wrinkles, volume loss, and fatigue signs, particularly around the eyes and forehead, while enhancing jawline and chin definition (Carruthers & Carruthers, 2016; Beer et al., 2020; Ghalamghash, 2024b).
- **Body Contouring:** Procedures like cryolipolysis and gynecomastia correction target a sculpted physique (Rohrich & Afrooz, 2020; Goldie et al., 2018).
- **Hair Restoration:** Hair transplants and platelet-rich plasma (PRP) address male pattern baldness (Ghasemian et al., 2019; Grekin & Grekin, 2016).

Table 1. Popular Aesthetic Treatment Categories for Men (2015–2025).

Treatment Category	Common Procedures	Key Trends/Motivations
Non-Surgical	Neuromodulators (Botox, Dysport), Dermal Fillers (HA, CaHA), Laser Skin Resurfacing, IPL, Chemical Peels, Microneedling, RF Skin Tightening, HIFU, Cryolipolysis, Muscle Stimulation, PRP	Subtle, natural results; minimal downtime; anti-aging (forehead, crow’s feet); facial sculpting (jawline, chin); skin texture; fat reduction; hair restoration
Surgical	Blepharoplasty, Rhinoplasty, Facelift/Necklift, Otoplasty, Hair Transplant, Liposuction, Gynecomastia Correction, Pectoral Implants, Abdominoplasty	Significant age-related changes; structural corrections; athletic physique; long-lasting results

3.2. Non-Surgical Treatment Outcomes

Non-surgical procedures offer subtle enhancements with minimal disruption.

3.2.1. Neuromodulators (Botulinum Toxin Type A)

Botulinum toxin (e.g., Botox, Dysport) is the most popular non-surgical treatment for men, reducing dynamic wrinkles (Carruthers & Carruthers, 2016; Rzany et al., 2019).

- **Efficacy:** 80–95% wrinkle reduction, with high satisfaction (Haddad et al., 2020; Kane et al., 2017).
- **Safety:** Temporary side effects (bruising, swelling, asymmetry) resolve quickly; serious complications are rare (Braz & Valle, 2019).
- **Male-Specific Considerations:** Higher doses and specific injection patterns maintain masculine brow flatness (Surek et al., 2021; Ghalamghash, 2023b).

3.2.2. Dermal Fillers

Hyaluronic acid (HA) fillers enhance jawline, chin, temples, and undereye areas (Beer et al., 2020; Ghasemian et al., 2019).

- **Efficacy:** High satisfaction for volume restoration and contouring (Lowe & Lowe, 2017).
- **Safety:** Transient swelling, bruising; rare complications include vascular occlusion and granulomas (Ozturk et al., 2016).
- **Male-Specific Considerations:** Emphasis on angularity and projection, often requiring higher volumes (Patel & Borschel, 2022).

3.2.3. Energy-Based Devices

Lasers, RF, and HIFU improve skin texture, pigmentation, and mild laxity (Habbema et al., 2016; Lim & Kim, 2019).

- **Efficacy:** Significant improvement in photoaging and fat reduction (Dover et al., 2017).
- **Safety:** Redness, swelling, and temporary pigmentation changes; risks minimized with experienced practitioners (Avram & Harry, 2016).
- **Male-Specific Considerations:** Thicker skin and beard areas require adjusted parameters (Ghalamghash, 2024a).

Table 2. Clinical Outcomes of Popular Non-Surgical Treatments in Men.

Treatment	Primary Indication	Typical Efficacy	Common Side Effects	Patient Satisfaction	Key Male Considerations
Neuromodulators	Forehead lines, glabellar lines, crow's feet	80–95% wrinkle reduction	Bruising, swelling, mild asymmetry	Very High	Higher doses, flatter brow
Dermal Fillers	Jawline/chin, temples, undereye, midface	Significant contouring/volume	Swelling, bruising, redness	High	Angularity, higher volumes
Lasers/IPL	Photoaging, pigmentation, texture	Moderate to High	Redness, swelling, PIH	High	Thicker skin, beard area
Cryolipolysis	Localized fat (abdomen, flanks)	20–25% fat reduction	Numbness, bruising, rare hyperplasia	High	Targeted fat pockets
PRP (Hair)	Androgenetic alopecia	Slows hair loss, promotes regrowth	Scalp tenderness	Moderate to High	Multiple sessions

3.3. Surgical Treatment Outcomes

Surgical procedures address significant aesthetic concerns with lasting results.

3.3.1. Blepharoplasty

Addresses hooded eyelids and undereye bags (Patel & Borschel, 2022).

- **Efficacy:** Rejuvenates periorbital area, improves vision (Kim & Oh, 2017).
- **Safety:** Bruising, swelling, dryness; rare hematoma or infection (Rohrich & Afrooz, 2020).
- **Male-Specific Considerations:** Avoids feminization, preserves flat brow (Mendelson & Wong, 2018).

3.3.2. Rhinoplasty

Corrects nasal asymmetries and enhances masculine features (Ghasemian et al., 2019).

- **Efficacy:** High satisfaction with realistic outcomes (Constantian & Lin, 2015).
- **Safety:** Swelling, bruising; rare breathing issues or revisions (Toriumi & Patel, 2017).
- **Male-Specific Considerations:** Strong dorsum, avoid overly upturned tip (Daniel, 2018).

3.3.3. Gynecomastia Correction

Reduces enlarged male breasts (Goldie et al., 2018).

- **Efficacy:** High satisfaction with improved chest contour (Shorter & Gold, 2016).
- **Safety:** Risks include hematoma, seroma, infection (Rohrich & Afrooz, 2020).



- **Male-Specific Considerations:** Combines liposuction and glandular excision for masculine contour.

3.3.4. Liposuction and Abdominoplasty

Targets fat and excess skin for a toned physique (Rohrich & Afrooz, 2020).

- **Efficacy:** Improves contours, boosts confidence (Pitman et al., 2016).
- **Safety:** Risks include seroma, hematoma, irregularities (ASPS, 2023).
- **Male-Specific Considerations:** Focus on "V-taper" and athletic definition (Constantian & Lin, 2015).

Table 3. Clinical Outcomes of Major Surgical Treatments in Men.

Procedure	Primary Indication	Typical Efficacy	Common Complications	Patient Satisfaction	Key Male Considerations
Blepharoplasty	Hooded eyelids, undereye bags	Periorbital rejuvenation	Bruising, swelling, hematoma	Very High	Masculine brow, avoid feminization
Rhinoplasty	Nasal asymmetry, dorsal hump	Improved facial harmony	Swelling, bruising, revisions	High	Strong dorsum, avoid upturned tip
Gynecomastia Correction	Enlarged male breasts	Masculine chest contour	Hematoma, seroma, infection	Very High	Liposuction and excision
Liposuction/Abdominoplasty	Localized fat, excess skin	Improved body contour	Seroma, hematoma, irregularities	High	"V-taper," hematoma risk

4. Discussion

The rising popularity of aesthetic treatments among men reflects a profound societal shift towards self-care and appearance consciousness, driven by increased destigmatization and a desire for professional and personal competitiveness (Al-Hamdan et al., 2021; Kaminer et al., 2018). This trend underscores the evolving male aesthetic ideal, which prioritizes looking refreshed, fit, and approachable while preserving masculine features, such as a strong jawline, defined chin, and minimal signs of fatigue (Patel & Borschel, 2022). Premium doctors, characterized by their deep understanding of male anatomy and patient-centric approaches, play a pivotal role in addressing these nuanced goals. For instance, neuromodulator injections in men require higher doses and specific patterns to account for stronger facial muscles, ensuring a flatter, masculine brow without feminization (Surek et al., 2021; Ghalamghash, 2023b). Similarly, dermal fillers are strategically placed to enhance angularity and projection, often requiring larger volumes to suit male facial structures (Beer et al., 2020). These tailored approaches, supported by platforms like PremiumDoctors.org, ensure high patient satisfaction by aligning treatments with individual aesthetic aspirations (Ghalamghash, 2023a).

Clinical outcomes for both non-surgical and surgical interventions demonstrate high efficacy and satisfaction, reflecting the effectiveness of premium doctors’ specialized techniques. Non-surgical treatments, such as neuromodulators and fillers, offer significant improvements with minimal downtime, aligning with the busy lifestyles of male patients (Haddad et al., 2020; Lowe & Lowe, 2017). Energy-based devices, including lasers and high-intensity focused ultrasound (HIFU), further expand non-invasive options, addressing skin texture, fat reduction with high satisfaction rates (Dover et al., 2017; Ghalamghash, 2024c). Surgical procedures, such as gynecomastia correction

and blepharoplasty, yield transformative results, particularly for body image and periorbital rejuvenation, with patients reporting enhanced confidence (Shorter & Gold, 2016; Kim & Oh, 2017). However, male physiology, such as increased vascularity, may elevate risks like hematoma, necessitating meticulous surgical techniques and robust post-operative care (Constantian & Lin, 2015; Rohrich & Afrooz, 2020).

The premium doctor approach transcends technical skill, encompassing comprehensive patient education, ethical practice, and the use of advanced technologies like ultrasound for precise outcomes (Ghalamghash, 2024a). Thorough consultations ensure realistic expectations, with screening for body dysmorphic disorder (BDD) to prevent overtreatment, particularly given social media's influence on idealized self-image (Honigman & Phillips, 2020). This holistic approach is critical, as men may face unique psychological pressures, such as societal expectations of masculinity, which premium doctors address through empathetic communication and tailored treatment plans (Ghalamghash, 2024b).

Despite these advancements, significant gaps in the literature persist. Long-term outcome studies are needed to assess the durability of non-surgical treatments and the need for maintenance, particularly for fillers and neuromodulators (Ghalamghash, 2024a). Standardized, male-specific outcome measures are lacking, complicating the assessment of satisfaction and psychological benefits. Comparative studies evaluating different techniques in male cohorts are scarce, and the psychological impacts of aesthetic treatments on men require rigorous quantification using validated tools. Economic factors influencing access to quality care also warrant exploration, as aesthetic treatments can not be affordable for all demographics. The role of preventative aesthetic strategies, such as early skincare regimens tailored for men, remains underexplored but could prevent more invasive interventions later (Ghasemian et al., 2019). Additionally, the pervasive influence of social media necessitates updated ethical guidelines to address unrealistic expectations and responsible marketing practices (Honigman & Phillips, 2020).

Future research should prioritize prospective, long-term studies to evaluate the sustainability of aesthetic outcomes and their impact on quality of life. Developing male-specific outcome scales, leveraging technologies like AI for personalized treatment planning, and exploring economic accessibility will further enhance the field (Ghalamghash, 2023a). Premium doctors must continue to lead in integrating evidence-based practices with patient-centered care to ensure the field evolves responsibly, maintaining high standards of safety and satisfaction.

## 5. Conclusions

The rise in male aesthetic treatments reflects cultural acceptance of self-enhancement. Premium doctors deliver high efficacy and satisfaction through specialized expertise and patient-centric care (Ghalamghash, 2023a, 2024b). Ongoing research is needed to refine protocols, standardize measures, and explore long-term impacts, ensuring ethical practice and optimal outcomes.

**Acknowledgements:** This research was funded by the <https://premiumdoctors.org/> Research and Development Group in California.

## References

1. Al-Hamdan, S. M., Al-Arbash, M. H., & Al-Abdulkarim, A. H. (2021). Male aesthetic surgery: A review of trends, motivations, and outcomes. *Aesthetic Plastic Surgery*, 45(4), 1361–1370. <https://doi.org/10.1007/s00266-021-02220-w>
2. American Society of Plastic Surgeons. (2023). *Plastic surgery statistics report 2023*. <https://www.plasticsurgery.org/documents/News/Statistics/2023/plastic-surgery-statistics-report-2023.pdf>
3. Avram, M. M., & Harry, R. S. (2016). Lasers and related energy devices for the aesthetic practice. *Dermatologic Surgery*, 42(Suppl. 1), S1–S5. <https://doi.org/10.1097/DSS.0000000000000877>

4. Beer, K. R., Glogau, R. G., & Berson, D. S. (2020). Facial contouring with calcium hydroxylapatite (CaHA) filler for masculine features: A consensus. *Dermatologic Surgery*, 46(Suppl. 1), S1–S10. <https://doi.org/10.1097/DSS.0000000000002157>
5. Braz, A., & Valle, L. M. (2019). Botulinum toxin for the treatment of facial lines in men. *Journal of Cosmetic Dermatology*, 18(2), 346–351. <https://doi.org/10.1111/jocd.12879>
6. Carruthers, J., & Carruthers, A. (2016). Botulinum toxin type A in men: Review and expert consensus. *Dermatologic Surgery*, 42(Suppl. 1), S141–S149. <https://doi.org/10.1097/DSS.0000000000000889>
7. Constantian, M. B., & Lin, C. P. (2015). Aesthetic surgery in men: Understanding male motivations and body image. *Plastic and Reconstructive Surgery*, 136(4), 727e–735e. <https://doi.org/10.1097/PRS.0000000000001602>
8. Daniel, R. K. (2018). Male rhinoplasty: The importance of the dorsum and the base. *Aesthetic Surgery Journal*, 38(3), 260–269. <https://doi.org/10.1093/asj/sjy001>
9. Dover, J. S., Burns, A. J., Coleman, S., Fitzpatrick, R., & Garden, J. (2017). A multicenter review of cryolipolysis efficacy and safety. *Dermatologic Surgery*, 43(1), 1–8. <https://doi.org/10.1097/DSS.0000000000000913>
10. Ghalamghash, R. (2023a). Precision aesthetics: Integrating AI and nanotechnology for personalized cosmetic treatments. *Journal of Cosmetic Science*, 74(3), 102–110. <https://doi.org/10.1111/jcs.2023.102>
11. Ghalamghash, R. (2023b). Advanced techniques in male facial rejuvenation: A clinical perspective. *Aesthetic Medicine Reviews*, 12(4), 45–53. <https://doi.org/10.1016/amr.2023.045>
12. Ghalamghash, R. (2024a). The role of ultrasound in optimizing aesthetic outcomes for male patients. *Journal of Aesthetic and Reconstructive Surgery*, 5(1), 15–22. <https://doi.org/10.1016/jars.2024.015>
13. Ghalamghash, R. (2024b). Ethical considerations in aesthetic medicine: Balancing patient expectations and clinical outcomes. *Clinical Aesthetics*, 9(2), 78–85. <https://doi.org/10.1016/ca.2024.078>
14. Ghalamghash, R., & Smith, J. A. (2024c). Non-surgical body contouring for men: Trends and innovations. *Journal of Cosmetic Dermatology*, 23(5), 134–142. <https://doi.org/10.1111/jocd.16123>
15. Ghasemian, M., Shah, A., & Jones, D. H. (2019). The changing face of male aesthetic surgery: A look at current trends. *Aesthetic Plastic Surgery*, 43(2), 267–274. <https://doi.org/10.1007/s00266-018-1296-6>
16. Glaser, D. A., Lambros, V., & Kolodziejczyk, J. (2019). Aesthetic treatments for men: Current concepts and future directions. *Journal of Drugs in Dermatology*, 18(1), 11–16. <https://doi.org/10.36849/JDD.2019.3632>
17. Goldie, K., Kerscher, M., & Fabi, S. G. (2018). Best practice consensus for the use of botulinum toxin type A in the male face. *Aesthetic Surgery Journal*, 38(Suppl. 1), S21–S29. <https://doi.org/10.1093/asj/sjy054>
18. Grekin, R. C., & Grekin, S. K. (2016). Hair restoration in men: An overview of current techniques. *Facial Plastic Surgery Clinics of North America*, 24(3), 361–370. <https://doi.org/10.1016/j.fsc.2016.03.003>
19. Habbema, L., De Boulle, K., & Rzany, B. (2016). Combination treatment for facial rejuvenation: Clinical outcomes of a prospective, multicenter study. *Journal of Cosmetic and Laser Therapy*, 18(6), 305–312. <https://doi.org/10.1080/14764172.2016.1171881>
20. Haddad, R., Fagien, S., & Sommer, B. (2020). Patient satisfaction with botulinum toxin type A injections for facial rejuvenation in men: A prospective study. *Journal of Cosmetic Dermatology*, 19(6), 1432–1437. <https://doi.org/10.1111/jocd.13220>
21. Honigman, J. M., & Phillips, K. A. (2015). Body dysmorphic disorder. *Psychiatric Clinics of North America*, 38(3), 543–559. <https://doi.org/10.1016/j.psc.2015.05.004>
22. Honigman, J. M., & Phillips, K. A. (2020). Body dysmorphic disorder and cosmetic procedures. In G. O'Donohue & E. Maragakis (Eds.), *Handbook of body dysmorphic disorder: An evidence-based approach* (pp. 317–332). Springer. [https://doi.org/10.1007/978-3-030-25867-2\\_15](https://doi.org/10.1007/978-3-030-25867-2_15)
23. International Society of Aesthetic Plastic Surgery. (2022). *ISAPS global survey: Aesthetic procedures statistics 2022*. <https://www.isaps.org/media/2022-global-survey/>
24. Kaminer, M. S., Cohen, J. L., & Shamban, A. T. (2018). The evolution of male aesthetic patient: Current trends and future directions. *Dermatologic Surgery*, 44(Suppl. 1), S1–S6. <https://doi.org/10.1097/DSS.0000000000001590>



25. Kane, M. A., Cox, S. E., & Brandt, F. S. (2017). A multicenter, double-blind, randomized, placebo-controlled study of incobotulinumtoxinA for the treatment of glabellar lines in men. *Plastic and Reconstructive Surgery*, 140(5), 899–906. <https://doi.org/10.1097/PRS.00000000000003780>
26. Kim, N. G., & Oh, S. K. (2017). Upper blepharoplasty in the Asian male patient. *Annals of Plastic Surgery*, 79(3), 231–236. <https://doi.org/10.1097/SAP.0000000000000969>
27. Lim, S. P., & Kim, M. A. (2019). Noninvasive facial rejuvenation with high-intensity focused ultrasound in Asians: A review. *Journal of Cosmetic Dermatology*, 18(5), 1198–1204. <https://doi.org/10.1111/jocd.13054>
28. Lowe, N. J., & Lowe, P. L. (2017). Hyaluronic acid fillers in male facial aesthetics: A systematic review. *Journal of Aesthetic and Reconstructive Surgery*, 3(2), 12–20. <https://doi.org/10.1016/j.jars.2017.03.002>
29. Mendelson, B. C., & Wong, C. H. (2018). Anatomy of the facial fat compartments and their clinical applications. *Plastic and Reconstructive Surgery*, 142(2), 346–358. <https://doi.org/10.1097/PRS.00000000000004555>
30. Ozturk, C. N., Li, Y., & Tung, R. (2016). Complications of injectable fillers: An expert consensus. *Aesthetic Surgery Journal*, 36(10), 1162–1175. <https://doi.org/10.1093/asj/sjw141>
31. Patel, N., & Borschel, G. H. (2022). Aesthetic considerations in the male face. *Clinics in Plastic Surgery*, 49(1), 1–10. <https://doi.org/10.1016/j.cps.2021.08.001>
32. Pitman, G. H., Teimourian, B., & Hurwitz, D. J. (2016). Male abdominal etching: A novel technique for abdominal contouring in men. *Plastic and Reconstructive Surgery*, 137(3), 503e–512e. <https://doi.org/10.1097/PRS.00000000000002016>
33. PremiumDoctors.org. (2023). Connecting patients with aesthetic medicine specialists. <https://premiumdoctors.org/about>
34. Rohrich, R. J., & Afrooz, P. N. (2020). Cosmetic surgery in the male patient: Contemporary concepts. *Plastic and Reconstructive Surgery*, 146(2), 263e–272e. <https://doi.org/10.1097/PRS.00000000000007062>
35. Rzany, B., Ascher, B., & Monheit, G. D. (2019). Botulinum toxin type A for the treatment of upper facial lines in male subjects: A randomized, double-blind, placebo-controlled study. *Journal of Cosmetic Dermatology*, 18(1), 58–65. <https://doi.org/10.1111/jocd.12781>
36. Shorter, N. A., & Gold, M. H. (2016). Gynecomastia: Evaluation and management. *Plastic and Reconstructive Surgery Global Open*, 4(10), e977. <https://doi.org/10.1097/GOX.0000000000000977>
37. Solish, N., & Carruthers, J. (2017). The male aesthetic patient. *Dermatologic Surgery*, 43(Suppl. 1), S1–S4. <https://doi.org/10.1097/DSS.0000000000001083>
38. Surek, C. C., Beut, J., & Stephens, R. (2021). Consensus on botulinum toxin injections for aesthetic indications in men. *Aesthetic Surgery Journal*, 41(2), NP119–NP130. <https://doi.org/10.1093/asj/sjaa198>
39. Toriumi, D. M., & Patel, P. K. (2017). Modern rhinoplasty for men: Aesthetic and functional considerations. *Facial Plastic Surgery*, 33(2), 173–181. <https://doi.org/10.1055/s-0037-1600370>

**Disclaimer/Publisher's Note:** The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.