

## Original Article

# Ethical Tensions in Aesthetic Surgery Advertising on Short-Video Platforms

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## ABSTRACT

**Background:** Aesthetic surgery advertising is increasingly encountered on short-video platforms where clinical procedures are presented through transformation clips, influencer testimony, before-and-after imagery, and algorithmic repetition. Although such content may improve access to procedure-related information, it can also compress medical risk, obscure commercial intent, and make bodily intervention appear routine. **Objective:** This study explored how adult viewers interpreted aesthetic surgery advertising on short-video platforms, with attention to perceived credibility, risk, visual evidence, influencer sponsorship, and ethical safeguards. **Methods:** An interpretivist qualitative design was used. Semi-structured interview material from ten adult viewers who regularly encountered beauty, wellness, aesthetic surgery, or minimally invasive cosmetic procedure content was analyzed using reflexive thematic analysis. **Results:** Five themes were developed: compression of medical risk into attractive transformation; credibility transfer through professional and social media cues; before-and-after imagery as persuasive evidence and distorted expectation; influencer intimacy and disclosure gaps; and algorithmic normalization with demand for safeguards. Participants valued educational explanations and realistic recovery information but expressed concern when videos omitted complications, cost, uncertainty, suitability, sponsorship, or outcome variability. Influencer narratives and repeated algorithmic exposure were perceived as especially persuasive because they made aesthetic procedures feel relatable, emotionally corrective, and socially normal. **Conclusion:** Ethical aesthetic surgery advertising on short-video platforms should create pause rather than urgency by making risk, recovery, qualifications, sponsorship, and individualized suitability visible within the video itself. **Keywords:** aesthetic surgery advertising; short-video platforms; TikTok; influencer marketing; medical ethics; body image; platform governance; qualitative research.

## EDITORIAL INFORMATION

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## INTRODUCTION

Aesthetic surgery has moved from a relatively specialized medical service into a highly visible and consumer-facing healthcare marketplace. The 2024 International Society of Aesthetic Plastic Surgery global survey reported nearly 38 million surgical and non-surgical aesthetic procedures worldwide, indicating the extent to which appearance-altering interventions now circulate across clinical, commercial, and digital domains (1). Parallel data from the American Society of Plastic Surgeons also show continued growth in cosmetic and minimally invasive procedures, reinforcing that aesthetic interventions are no longer peripheral to contemporary healthcare consumption (2). This expansion has important ethical implications because aesthetic surgery advertising cannot be treated in the same way as

advertising for ordinary beauty, lifestyle, or fashion products. Surgical and minimally invasive aesthetic procedures may involve anaesthetic exposure, infection, scarring, asymmetry, financial cost, recovery time, psychological vulnerability, dissatisfaction with outcomes, and the possibility of further corrective intervention.

The communication environment in which aesthetic procedures are promoted has also changed substantially. Social media platforms now reach billions of users globally, creating large-scale spaces where beauty, wellness, self-improvement, and medical content are encountered together during routine digital engagement (3). Although TikTok is a major example of short-form visual communication, the same short-video logic also shapes Instagram Reels, YouTube Shorts, and other algorithmically organized video environments (4). Aesthetic surgery advertising therefore reaches viewers not only through clinic websites, formal consultations, or conventional media, but also through everyday scrolling, influencer narratives, transformation clips, before-and-after imagery, sponsored posts, recommendation systems, and entertainment-style procedure stories. In this context, the boundary between medical information, personal testimony, aspiration, and commercial persuasion becomes increasingly difficult for viewers to interpret.

The ethical concern is not simply that aesthetic surgery advertisements may contain factually false claims. Short-form video platforms compress complex medical decisions into brief, emotionally charged, and visually persuasive sequences. A few seconds of content may show dissatisfaction, intervention, and an attractive result while making recovery, candidacy assessment, clinical uncertainty, complications, cost, and long-term outcome variability far less visible. This does not mean that all aesthetic surgery content on social media is unethical. Digital media can help viewers learn about procedures, identify qualified practitioners, understand recovery expectations, and formulate better consultation questions. The ethical problem arises when platform formats and promotional strategies make procedures appear easier, safer, faster, more socially desirable, or more personally transformative than the clinical process can responsibly support.

Professional and regulatory concern about cosmetic procedure promotion has increased in response to these risks. Guidance from the Australian Health Practitioner Regulation Agency and the Medical Board of Australia emphasizes responsible cosmetic surgery advertising, including the need to avoid exploiting vulnerability, overstating outcomes, or presenting before-and-after imagery in misleading ways (5). The United Kingdom advertising regulator has also restricted the targeting of cosmetic intervention advertising to under-18s, reflecting broader concern that procedure promotion may influence vulnerable viewers and should not be approached as ordinary consumer marketing (6). These regulatory developments suggest that ethical advertising involves more than avoiding direct deception. It also requires attention to the overall impression created by images, pacing, editing, sponsorship disclosure, professional cues, emotional storytelling, targeting, and platform recommendation systems.

Aesthetic surgery advertising on short-video platforms must also be understood within the wider literature on body image and appearance-related digital exposure. Social media use has been linked to body image concerns through appearance comparison, idealized representation, and repeated exposure to edited or aspirational bodies (7). Meta-analytic evidence suggests an association between social media use and body image disturbance, although the strength and meaning of this relationship depend on user vulnerability, platform behavior, and the type of appearance-related content encountered (8). This is particularly important where body dissatisfaction intersects with dysmorphic concerns or compulsive checking of appearance. Research on social networking sites, body image dissatisfaction, and body dysmorphic disorder indicates that online appearance-focused activities may become harmful for some users' self-evaluation (9). Studies of cosmetic surgery desire further suggest that social media, self-presentation, and appearance comparison can shape interest in aesthetic procedures, particularly among young women (10). The use of photograph-editing applications has also been associated with self-esteem concerns and greater acceptance of cosmetic surgery, indicating that the boundary between digital enhancement and bodily intervention may become blurred in platform cultures of visual optimization (11).

A second relevant body of literature concerns the promotion of aesthetic procedures by clinicians, clinics, and influencers. Plastic surgeons and aesthetic practitioners increasingly use social media for professional visibility, education, and marketing (12). However, analyses of plastic surgery-related content on Instagram have shown that procedure-related information is not produced exclusively by appropriately credentialed specialists, raising concerns about expertise, commercial influence, and the viewer's ability to distinguish education from promotion (13). Ethical discussions of plastic surgery influencers also highlight the difficulty of separating patient education, professional branding, commercial marketing, and persuasive self-presentation in online spaces (14). These concerns are intensified on short-video platforms because credibility may be inferred from follower counts, production quality, white coats, clinic interiors, confident narration, or influencer familiarity rather than from verified qualifications, balanced risk communication, or individualized clinical assessment.

Platform design further shapes how aesthetic surgery advertising is encountered and interpreted. Social media platforms are not passive channels through which advertisements simply travel; they structure visibility, repetition, interaction, persistence, and recommendation through specific affordances (15). Theorizing platform affordances helps explain how users and advertisers respond to what platforms encourage, reward, obscure, or restrict through design features (16). In short-video environments, hooks, transitions, trending sounds, comments, likes, filters, duets, stitches, algorithmic recommendations, and booking links may become part of the persuasive message. Studies of short-video health communication show that these platforms can expand access to health-related information while also blurring boundaries between education, entertainment, and commercial influence (17). Research on TikTok as a health information source similarly suggests that users value accessible and engaging presentation, but information quality remains a concern (18). Aesthetic surgery advertising is especially vulnerable to this tension because it involves medically consequential interventions presented in formats optimized for attention, emotion, and rapid visual transformation.

Influencer marketing research also helps explain why aesthetic surgery advertising may remain persuasive even when viewers recognize it as promotional. Message value and source credibility influence trust and purchase intention in influencer marketing (19). Parasocial interaction may also make influencers feel familiar, relatable, and trustworthy, thereby shaping consumer responses to promoted products and services (20). In aesthetic surgery, this familiarity is ethically delicate because influencers may narrate fear, insecurity, recovery, and satisfaction in ways that appear more authentic than clinic advertisements, even when the content is sponsored or commercially incentivized. Disclosure research indicates that sponsorship labels can activate persuasion awareness, but disclosure alone may not eliminate persuasive effects when viewers continue to identify with the influencer's story, attractiveness, or perceived credibility (21). The wording and visibility of disclosure also influence whether audiences recognize advertising intent (22). For aesthetic procedures, ethical disclosure must therefore extend beyond generic advertising labels and should clarify payment, gifts, discounts, referral benefits, and the non-generalizability of individual outcomes.

Despite growing literature on body image, cosmetic procedure promotion, influencer marketing, and platform governance, less is known about how adult viewers themselves interpret the ethical acceptability of aesthetic surgery advertising in short-form video environments. Quantitative studies can estimate exposure, attitudes, or associations, but qualitative inquiry is needed to explore how viewers make sense of credibility, risk omission, visual evidence, sponsorship, influencer intimacy, and algorithmic repetition in their own terms. This study therefore explored adult viewers' interpretations of aesthetic surgery advertising on short-video platforms, with specific attention to how they perceived desirability, credibility, risk, before-and-after imagery, influencer testimony, sponsorship disclosure, platform recommendation systems, and safeguards for more responsible communication.

## **MATERIALS AND METHODS**

This study used an interpretivist qualitative design to explore how adult viewers interpreted aesthetic surgery advertising on short-video platforms. The interpretivist approach was appropriate because the

study aimed to examine meaning, ethical judgement, perceived credibility, and viewer reasoning rather than to estimate prevalence or test causal effects. Reflexive thematic analysis was selected because it supports systematic yet interpretive identification of patterns of meaning across qualitative accounts and allows movement between participant narratives, conceptual interpretation, and the broader ethical framing of the study (23). This analytic approach was suitable for developing coherent themes while preserving nuance in how viewers described risk, persuasion, credibility, influencer sponsorship, visual evidence, and platform responsibility (24).

Participants were adults who regularly used short-video platforms and had encountered beauty, wellness, aesthetic surgery, or minimally invasive cosmetic procedure content. Purposive sampling was used because the study required participants with direct exposure to the phenomenon under investigation and the capacity to provide relevant, information-rich accounts (25). The sample included ten adult viewers who had encountered content related to fillers, rhinoplasty, jawline contouring, clinic visits, surgeon explanations, influencer procedure stories, transformation trends, and before-and-after videos. The study did not seek statistical representativeness; instead, it sought interpretive depth and variation in exposure to different forms of short-video aesthetic procedure content. The participant profile included age range, platform use, type of procedure exposure, and the main interpretive emphasis evident in each participant's account.

Sample adequacy was considered in relation to the focused scope of the study, the specificity of the participant group, and the richness of the interview material. Contemporary qualitative literature cautions against treating sample size as a fixed numerical requirement and emphasizes that adequacy depends on study purpose, analytic focus, participant specificity, and the depth of data generated (26). Evidence from interview-based health research similarly indicates that sample sufficiency should be justified through the relationship between sample characteristics, research aims, and analytic depth rather than through numbers alone (27). In this study, ten participants provided sufficient material to identify recurring ethical tensions concerning risk compression, credibility cues, before-and-after imagery, influencer intimacy, sponsorship disclosure, and algorithmic repetition, while remaining manageable for detailed thematic interpretation.

Data were collected using a semi-structured interview guide focused on participants' experiences of encountering aesthetic surgery and cosmetic procedure content on short-video platforms. The guide explored platform use, initial reactions to procedure-related videos, perceived credibility, professional cues, follower counts, comment sections, risk and recovery information, before-and-after images, filters, sponsorship disclosure, influencer testimonials, discount codes, algorithmic repetition, and possible safeguards. This structure allowed participants to discuss common advertising features while also giving space for unanticipated concerns and interpretive detail. Participants were identified using codes from P1 to P10. Specific clinic names, practitioner names, and personally identifying information were not reported in the manuscript in order to protect anonymity.

The analysis followed the principles of reflexive thematic analysis. Interview material was read closely to identify meaningful segments related to ethical interpretation, credibility, visual persuasion, risk communication, sponsorship, and platform influence. Codes were organized into a thematic coding table and progressively developed into candidate themes. These candidate themes were reviewed against participant extracts and refined to ensure that each theme captured a coherent pattern of meaning while remaining grounded in the data. The final themes represented recurring ethical tensions across participant accounts: compression of medical risk into attractive transformation, transfer of credibility through professional and social media cues, before-and-after imagery as both persuasive evidence and distorted expectation, influencer intimacy and disclosure gaps, and algorithmic normalization with demand for ethical safeguards.

Trustworthiness was addressed through transparent linkage between participant extracts, codes, themes, and interpretation. Credibility was supported by using verbatim participant extracts to demonstrate how themes were grounded in the data. Transferability was supported by presenting participant profile

characteristics, including age range, platform use, procedure exposure, and interpretive emphasis. Dependability and confirmability were strengthened through the development of a thematic coding summary that documented the relationship between initial codes, illustrative extracts, and analytic interpretation. The trustworthiness framework was informed by practical qualitative guidance emphasizing credibility, transferability, dependability, and confirmability in qualitative health research reporting (28).

Ethical considerations were addressed through institutional approval and informed consent procedures. Ethical approval was obtained through Plastic Surgery, Prima Indonesia University, Indonesia. Written informed consent was obtained from all participants before inclusion in the study. Participant anonymity was protected by using coded identifiers and by excluding specific clinic or practitioner names from reporting. The study also treated discussions of appearance, insecurity, and cosmetic procedure exposure as ethically sensitive because such topics may involve personal vulnerability, body image concerns, and commercially influenced decision-making.

## RESULTS

Ten adult viewers who regularly encountered short-form beauty, wellness, aesthetic surgery, or minimally invasive cosmetic procedure content contributed accounts for analysis. Participants varied by age range, platform use, type of procedure exposure, and the main interpretive emphasis reflected in their accounts. Their exposure included fillers, rhinoplasty, jawline contouring, clinic advertisements, surgeon explainers, influencer procedure stories, transformation trends, recovery diaries, clinic tours, before-and-after clips, and surgeon educational videos. The participant profile is presented in Table 1.

Table 1. Participant Profile

Participant	Age range	Platform use	Procedure exposure
P1	18–24	TikTok and Instagram Reels daily	Fillers and rhinoplasty videos
P2	25–34	TikTok daily	Filler, jawline and clinic ads
P3	18–24	Instagram Reels daily	Nose surgery and lip filler content
P4	35–44	YouTube Shorts and Reels	Surgeon explainers
P5	25–34	TikTok and Reels	Influencer procedure stories
P6	35–44	TikTok weekly	Clinic ads and recovery diaries
P7	18–24	TikTok daily	Transformation trends
P8	45–54	YouTube Shorts	Clinic tours and before-and-after clips
P9	25–34	Reels daily	Injectable and facial surgery content
P10	35–44	TikTok and YouTube Shorts	Surgeon educational videos

Table 2. Theme Matrix Showing Interpretive Patterns Across Participant Accounts

Theme	Subthemes	Participant evidence	Pattern strength	Illustrative quote IDs
<b>Compression of medical risk into attractive transformation</b>	Speed of transformation; omission of recovery; invisibility of cost, uncertainty and complications	P1, P3, P7	Frequent	Q1, Q2, Q3
<b>Credibility transfer through professional and social media cues</b>	White coat and clinic setting; follower count; confident narration; distinction between popularity and competence	P4, P8, P10	Moderate	Q4, Q5
<b>Before-and-after imagery as persuasive evidence and distorted expectation</b>	Best-case outcome display; improved lighting, angle, expression and makeup; uncertainty hidden by visual comparison	P1, P3, P6, P7	Frequent	Q6, Q7, Q8
<b>Influencer intimacy and disclosure gaps</b>	Relatable procedure stories; emotional testimony; free procedures; discount codes; unclear sponsorship	P2, P5, P6	Frequent	Q9, Q10, Q11
<b>Algorithmic normalization and demand for safeguards</b>	Repeated exposure; procedure normalization; perception of social expectation; request for warnings, verification and friction before booking	P2, P4, P9	Moderate	Q12, Q13, Q14

The accounts were developed into five interpretive themes: compression of medical risk into attractive transformation; credibility transfer through professional and social media cues; before-and-after imagery as persuasive evidence and distorted expectation; influencer intimacy and disclosure gaps; and algorithmic normalization with demand for safeguards. Participants did not describe aesthetic surgery advertising as either wholly informative or wholly manipulative. Instead, their accounts reflected an ethical tension between the accessibility of short-video procedure content and the persuasive effects produced by visual compression, selective imagery, social validation, influencer intimacy, commercial ambiguity, and repeated algorithmic exposure. Across the interviews, participants valued educational content,

professional explanation, realistic recovery information, and clinician restraint, but expressed concern when aesthetic procedures were framed as rapid, emotionally rewarding transformations without proportionate attention to risk, recovery, suitability, cost, uncertainty, sponsorship, or outcome variability. The thematic structure and distribution of interpretive patterns are summarized in Table 2.

Representative participant extracts are presented in Table 3 to show how the themes were grounded in the interview material. The quotations illustrate how participants interpreted visual persuasion, professional authority, influencer testimony, commercial disclosure, and algorithmic repetition as interrelated features of the short-video advertising environment.

Table 3. Representative Quote Table by Theme and Subtheme

Quote ID	Theme	Subtheme	Participant	Verbatim quote
Q1	Compression of medical risk into attractive transformation	Omission of complication phase	P3	"The middle part where something could go wrong is not really there."
Q2	Compression of medical risk into attractive transformation	Makeover-style pacing	P7	"It is airbrushed like a makeover."
Q3	Compression of medical risk into attractive transformation	Hidden recovery, cost and uncertainty	P1	"I can see the result at the end; I cannot see the swelling, the regrets, the money, the lost time at work, or what will happen if something goes wrong."
Q4	Credibility transfer through professional and social media cues	Popularity versus competence	P4	"Popularity is not the same as skill."
Q5	Credibility transfer through professional and social media cues	Ethical credibility through refusal and restraint	P10	"A surgeon who explains why one celebrity face will not suit every face feels more trustworthy."
Q6	Before-and-after imagery as persuasive evidence and distorted expectation	Lighting, makeup and angle	P1	"The lighting, make-up and angle are always better in the after."
Q7	Before-and-after imagery as persuasive evidence and distorted expectation	Best-case result selection	P6	"I would like to know how the work went; then how do I rate the work?"
Q8	Before-and-after imagery as persuasive evidence and distorted expectation	Emotional contrast in visual comparison	P3	"The before image looks sad and the after image looks happy, so it feels like the surgery saved the person."
Q9	Influencer intimacy and disclosure gaps	Relatable testimony	P2	"When a girl my age says she was scared but now loves herself, it feels more real."
Q10	Influencer intimacy and disclosure gaps	Free procedure disclosure	P5	"If an influencer is given a free procedure, the viewer must know that before listening to the advice."
Q11	Influencer intimacy and disclosure gaps	Discount pressure	P6	"A surgery discount code feels like rushing people to buy clothes, but this is not clothes."
Q12	Algorithmic normalization and demand for safeguards	Repeated recommendation	P2	"My feed started giving me faces, jawlines, nose jobs, everything."
Q13	Algorithmic normalization and demand for safeguards	Perceived normality	P4	"It started to look like everybody was fixing something."
Q14	Algorithmic normalization and demand for safeguards	Algorithmic responsibility	P9	"The algorithm is not a physician; it is giving more of what you watch."

The first theme, compression of medical risk into attractive transformation, reflected participants' concern that short-video procedure advertisements often converted medically consequential interventions into brief, visually satisfying transformation sequences. Participants described these videos as easy to watch but ethically incomplete because they tended to move quickly from dissatisfaction to intervention and then to an improved appearance, while the difficult clinical middle phase was minimized or absent. P3 captured this concern by stating that "the middle part where something could go wrong is not really there." P7 described the pacing and polish of the videos as "airbrushed like a makeover," emphasizing that the format could make surgery or minimally invasive procedures appear closer to cosmetic styling than medical intervention. P1 extended this interpretation by identifying the hidden dimensions of the process, including swelling, regret, cost, time away from work, and uncertainty if something went wrong. These accounts show that participants understood risk not only as complications listed in formal consent, but also as a wider set of emotional, financial, occupational, and social consequences that were often missing from transformation-focused advertising.

The second theme, credibility transfer through professional and social media cues, captured how participants interpreted authority in short-video aesthetic procedure content. Clinic interiors, white coats, medical vocabulary, confident narration, high production quality, follower counts, and positive comments were described as cues that could make content appear trustworthy before viewers had verified credentials or assessed the clinical accuracy of the message. P4 summarized this tension by stating that

“popularity is not the same as skill.” Participants did not reject professional procedure videos in principle; rather, they distinguished between visibility and responsible clinical communication. P8 associated clinic settings and medical terminology with a sense of safety, while P10 expressed greater trust in clinicians who explained why a desired appearance might not suit every face or why a procedure should not be performed. Across these accounts, credibility was linked not only to professional status but also to restraint, transparency, qualification clarity, and the willingness to slow down demand rather than intensify it.

The third theme, before-and-after imagery as persuasive evidence and distorted expectation, showed how participants interpreted visual comparison as both useful and ethically unstable. Outcome images helped viewers assess a practitioner’s style or the apparent result of a procedure, but participants also recognized that these images could be selective, staged, or emotionally loaded. P1 noted that “the lighting, make-up and angle are always better in the after,” indicating awareness that visual improvement may be shaped by presentation conditions rather than procedural outcome alone. P3 observed that when the “before” image looked sad and the “after” image looked happy, the visual sequence could imply that surgery had rescued the person emotionally. P6 wanted to see results but also recognized that advertisements were likely to display the best outcomes. This theme shows that before-and-after imagery may function as persuasive evidence because it appears concrete, while simultaneously hiding selectivity, uncertainty, healing trajectory, outcome variability, and the contribution of lighting, expression, makeup, camera angle, timing, or editing.

The fourth theme, influencer intimacy and disclosure gaps, reflected participants’ concern that influencer procedure stories could be more persuasive than formal clinic advertising because they appeared personal, relatable, and emotionally authentic. Participants distinguished between a clinic openly selling a procedure and an influencer narrating fear, insecurity, recovery, and satisfaction in a first-person style. P2 stated, “When a girl my age says she was scared but now loves herself, it feels more real.” This perceived authenticity made commercial influence harder to identify, particularly when sponsorship, free procedures, discounts, referral benefits, or clinic partnerships were not made immediately clear. P5 emphasized that viewers should know if an influencer received a free procedure before treating the advice as trustworthy. P6 regarded discount codes as especially problematic because they introduced consumer-sales urgency into a decision involving bodily risk. The theme therefore highlights the ethical fragility of personal testimony when emotional identification, commercial benefit, and medical decision-making are brought together in short-video content.

The fifth theme, algorithmic normalization and demand for safeguards, captured participants’ perception that recommendation systems were part of the persuasive environment rather than neutral channels of delivery. Participants described how one interaction with filler, rhinoplasty, jawline contouring, or clinic-related content could lead to repeated exposure to similar videos. P2 stated that after viewing one filler-related video, the feed began showing “faces, jawlines, nose jobs, everything.” P4 described this repetition as making it seem as though “everybody was fixing something.” P9’s statement that “the algorithm is not a physician; it is giving more of what you watch” reflected concern that medically consequential content was being intensified by engagement-driven recommendation rather than clinical judgment. Participants therefore expected safeguards beyond individual viewer literacy, including clearer risk prompts, professional verification, age-sensitive controls, visible sponsorship disclosure, limits on booking pressure, and friction between entertainment-style content and direct procedure booking.

Across the five themes, participants’ accounts suggest that the ethical problem of short-video aesthetic surgery advertising lies in the cumulative interaction of format, imagery, authority, intimacy, commercial incentive, and algorithmic repetition. The concern was not only whether an individual video contained an inaccurate claim, but whether the overall viewing environment made aesthetic intervention appear immediate, socially normal, emotionally corrective, clinically simple, or commercially urgent. Participants valued access to procedure-related information when it was educational, transparent, and clinically restrained. Their concerns intensified when advertising foregrounded transformation while minimizing recovery, cost, suitability, uncertainty, sponsorship, and outcome variability. The findings therefore indicate that responsible aesthetic surgery communication on short-video platforms must address not only content

accuracy but also visual framing, disclosure, professional credibility, platform amplification, and safeguards that encourage reflective rather than impulsive decision-making.

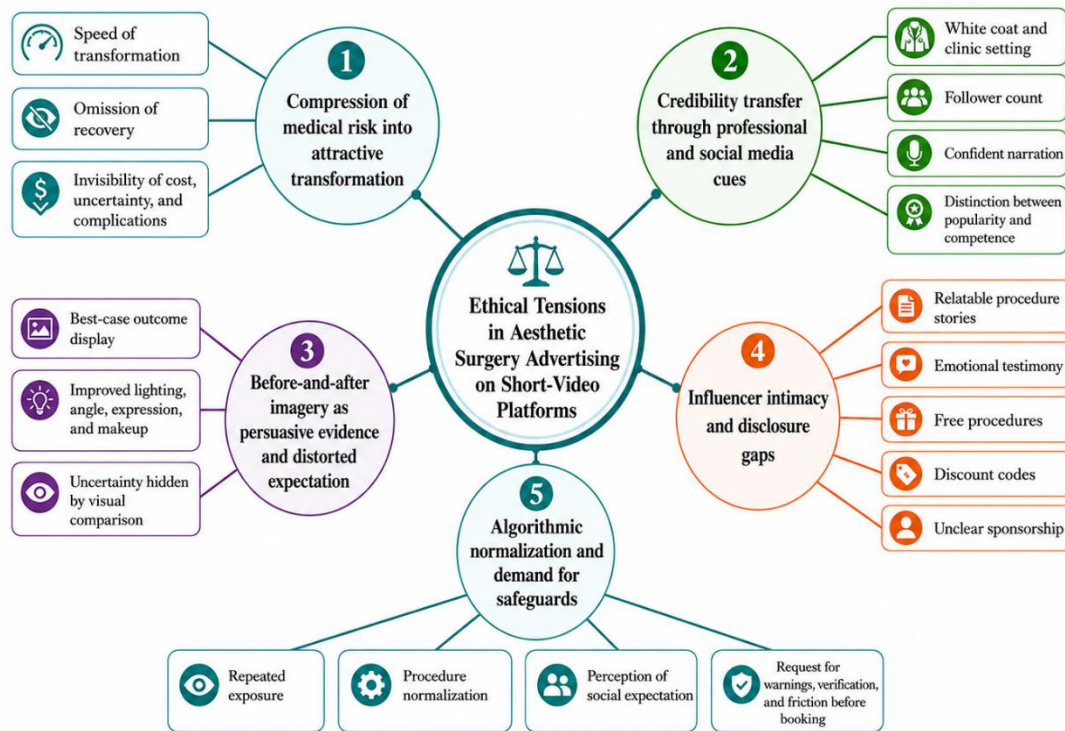


Figure 1. Thematic Network of Themes and Subthemes Derived from Reflexive Thematic Analysis

The thematic network illustrates five interconnected ethical tensions identified from participants' accounts of aesthetic surgery advertising on short-video platforms. The central construct represents the overall ethical concern, while the surrounding nodes show how risk compression, credibility transfer, before-and-after imagery, influencer intimacy, and algorithmic normalization interact with specific subthemes such as omission of recovery, popularity-based credibility, visual comparison, sponsorship ambiguity, repeated exposure, and demand for safeguards. The figure emphasizes that participants' concerns were cumulative rather than isolated, arising from the combined effects of visual transformation, professional and social media cues, influencer testimony, commercial incentives, and algorithmic repetition.

## DISCUSSION

This qualitative study explored how adult viewers interpreted aesthetic surgery advertising on short-video platforms and identified five interrelated ethical tensions: compression of medical risk into attractive transformation, credibility transfer through professional and social media cues, before-and-after imagery as persuasive evidence and distorted expectation, influencer intimacy with disclosure gaps, and algorithmic normalization with demand for safeguards. The findings indicate that participants did not reject digital aesthetic surgery content as inherently unethical. Instead, they distinguished between educational communication that supports informed reflection and promotional content that accelerates desire, simplifies risk, obscures commercial intent, or makes medically consequential procedures appear routine. This distinction is important because short-video advertising may be persuasive not only through explicit claims but also through omission, pacing, visual comparison, emotional testimony, and repeated recommendation.

The theme of risk compression extends existing concerns about health misinformation by showing that misleading impressions may arise even when a video does not contain a direct factual falsehood. In the context of aesthetic surgery, omission of recovery, uncertainty, complications, cost, and clinical suitability can create an incomplete account of the procedure. This aligns with broader conceptualizations of health misinformation that include misleading presentation and distorted interpretation rather than only

demonstrably false statements (29). Participants' accounts suggest that short-form procedure videos may ethically fail when the attractive endpoint is made highly visible while the medically important process remains hidden. Responsible advertising should therefore make risk, recovery, candidacy, and outcome variability visible within the same persuasive medium in which the promotional message is delivered, rather than relying only on captions or external links.

The findings also show that credibility in short-video aesthetic surgery content is constructed through multiple overlapping cues. Participants recognized that clinic settings, white coats, medical terminology, confident narration, high follower counts, and positive engagement could make content appear trustworthy before any meaningful verification of professional competence. This supports previous concerns that social media procedure content may blur the boundary between education, advertising, and professional self-promotion (12–14). At the same time, participants did not equate professional visibility with unethical practice. They expressed greater trust in practitioners who acknowledged limits, explained why a procedure may not be suitable, avoided exaggerated psychological promises, and slowed decision-making. This suggests that ethical credibility depends not only on professional identity but also on communicative behavior, including restraint, transparency, and willingness to discourage inappropriate demand.

Before-and-after imagery emerged as a particularly powerful form of visual persuasion because participants viewed it as both useful and potentially misleading. Outcome images helped viewers assess aesthetic style, but participants were sensitive to differences in lighting, angle, facial expression, makeup, editing, timing, and case selection. This dual interpretation reflects the ethical ambiguity of visual evidence in aesthetic surgery advertising: images appear concrete, but they can also function as emotionally charged comparisons that imply predictability or personal transformation. The concern is intensified when the “before” image communicates dissatisfaction and the “after” image communicates confidence or happiness, because the advertisement may implicitly associate surgery with psychological rescue. Ethical use of before-and-after material should therefore require standardized image conditions, clear timing after treatment, disclosure of editing or combined procedures, and explicit reminders that individual outcomes vary.

Influencer procedure stories created a different kind of ethical tension. Participants often found influencer narratives more relatable than clinic advertisements because they were framed through personal fear, insecurity, recovery, and satisfaction. This perceived authenticity made commercial influence more difficult to separate from genuine experience. The findings are consistent with influencer marketing literature showing that credibility, message value, and parasocial interaction can shape audience trust and behavioral intention (19,20). In aesthetic surgery, however, the stakes are higher than in routine consumer promotion because the promoted decision may involve bodily risk, medical suitability, financial cost, and long-term dissatisfaction. Disclosure must therefore be visible, immediate, and specific. Generic hashtags or unclear sponsorship language are insufficient when content includes free procedures, discounted services, referral codes, clinic collaborations, or emotionally persuasive personal testimony.

Algorithmic normalization was another major concern. Participants described recommendation systems as part of the persuasive environment rather than as neutral delivery mechanisms. Repeated exposure to fillers, rhinoplasty, jawline contouring, clinic content, and influencer procedure stories made aesthetic intervention appear common, socially expected, and ordinary. This finding connects with platform governance literature, which emphasizes that platforms make technical and political choices about visibility, ranking, moderation, and safety (30). The ethical issue is therefore not limited to the responsibility of individual practitioners or influencers. Platforms also shape perceived normality by repeatedly recommending similar appearance-altering content once a viewer engages with it. Participants' demand for safeguards indicates that ethical governance should include clearer advertising labels, professional verification, age-sensitive restrictions, risk prompts, reporting mechanisms, and friction between entertainment-style content and direct booking pathways.

These findings have practical implications for clinicians, clinics, influencers, platforms, and regulators. Practitioners should treat short-video advertising as an extension of professional conduct rather than as ordinary social media marketing. Videos should identify qualifications clearly, avoid exaggerated transformation claims, disclose procedure limitations, present recovery and risk proportionately, and invite consultation rather than immediate purchase. Clinics should avoid urgency-based tactics, limited-time offers, and emotionally manipulative framing. Influencers should disclose payment, gifts, discounts, referral benefits, and clinic partnerships within the video itself, and should state that their personal result does not predict another viewer's suitability or outcome. Platforms and regulators should address hybrid promotional forms, including sponsored recovery diaries, clinic reposts, influencer collaborations, and algorithmically amplified organic content, because these formats can operate persuasively even when they do not resemble traditional advertisements.

The study also highlights the limits of relying on individual viewer literacy. Several participants could identify filters, lighting differences, follower counts, sponsorship ambiguity, and algorithmic repetition, yet still described the content as emotionally persuasive. Critical awareness did not fully remove influence. This is important for aesthetic surgery ethics because viewers may encounter aspirational content before any professional consultation, and some may be influenced by insecurity, appearance comparison, or perceived social norms. Ethical responsibility should therefore be distributed across practitioners, influencers, platforms, and regulators rather than shifted entirely onto viewers under the expectation that they should "do their own research."

The study has limitations. The sample was small and limited to adult viewers, so the findings should be interpreted as depth-oriented qualitative insights rather than population-level estimates. The study did not include minors, patients who had undergone aesthetic surgery, practitioners, influencers, clinic marketing teams, regulators, or platform moderators. Participant accounts reflected interpretations of short-video advertising rather than direct observation of decision-making after exposure. Social desirability may have influenced how participants discussed advertising ethics, especially where they wished to present themselves as critical viewers. The analysis was also dependent on participant recall and interpretation of content encountered across platforms. Despite these limitations, the study provides useful qualitative evidence on how viewers perceive the ethical tensions created when medically consequential procedures are promoted through entertainment-driven, visually compressed, influencer-mediated, and algorithmically repetitive digital environments.

## CONCLUSION

Adult viewers interpreted aesthetic surgery advertising on short-video platforms as ethically acceptable only when it supported informed reflection rather than accelerated desire. The findings suggest that ethical tension arises when surgical or minimally invasive procedures are presented as rapid transformations while recovery, risk, cost, uncertainty, suitability, sponsorship, and outcome variability remain insufficiently visible. Participants valued educational explanations, professional restraint, realistic recovery information, transparent disclosure, and safeguards that slow down medical decision-making. Responsible aesthetic surgery communication should therefore make clinical limits, risks, qualifications, sponsorship, and individualized suitability clear within the video itself, while platforms and regulators should strengthen verification, labeling, age-sensitive controls, and friction before direct booking. The central implication is that ethical advertising must create pause, context, and proportional understanding rather than urgency, emotional comparison, or algorithmically reinforced normalization.

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