

Original Article

From Scrolling to Surgical Decisions: Social-Media-Shaped Expectations, Informed Consent, and Surgeon Communication in Aesthetic Plastic Surgery

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ABSTRACT

Background: Social media increasingly shapes the appearance ideals, treatment information, professional portfolios, and postoperative images encountered by prospective aesthetic-surgery patients before consultation. Although quantitative studies associate social-media exposure, filter use, and appearance-focused engagement with greater consideration of cosmetic procedures, less is known about how digitally shaped preferences become personally meaningful expectations and how those expectations subsequently interact with risk perception and clinical communication. **Objective:** To explore how social-media-shaped expectations influenced aesthetic-surgery decision-making, risk perception, informed-consent experiences, and communication with surgeons. **Methods:** A qualitative descriptive study with an interpretivist orientation was conducted between January and April 2026. Twelve adults who had considered or undergone aesthetic plastic surgery and had used social media during decision-making were purposively sampled. Semi-structured interviews explored memorable digital content, filtered or edited images, anticipated physical and psychosocial benefits, surgeon selection, risk and recovery perceptions, reference photographs, consultation experiences, and decision revision. Data were analysed using reflexive thematic analysis, incorporating both semantic and latent interpretation and attention to divergent cases. **Results:** Three interrelated themes were developed. From Scrolling to Wanting described cumulative visual exposure, personalised comparison, and filtered self-representations through which aesthetic preferences became more salient. Seeing the Result, Discounting the Uncertainty captured the greater psychological salience of visible desired outcomes compared with complications, uncertain recovery, and individual anatomical limitations. The Consultation as a Corrective Conversation described how exploration of reference images, anatomical explanation, communication of uncertainty, psychosocial questioning, and opportunities for reflection could reinforce, modify, postpone, or reverse treatment intentions. **Conclusion:** Social-media influence was experienced as a cumulative and context-dependent process rather than a uniform determinant of aesthetic surgery. Participants described consultation as most meaningful when digitally shaped expectations were explored, individualised, and related to realistic anatomical and psychosocial possibilities. These findings support treating expectation management as an ongoing process extending from digital exposure through consultation and deliberation. **Keywords:** social media; aesthetic plastic surgery; patient expectations; informed consent; shared decision-making; reflexive thematic analysis; qualitative research

EDITORIAL INFORMATION

Author Contributions: Concept: LB, SD; Design: LB, SD; Data Collection: LB, ANN; Analysis: LB, SD, ANN; Drafting: LB, SD, ANN..**Ethical Approval:** Universitas Prima Indonesia**Informed Consent:** Written informed consent was obtained from all participants**Conflict of Interest:** The authors declare no conflict of interest; **Funding:** No external funding; **Data Availability:** Available from the corresponding author on reasonable request; **Acknowledgments:** N/A.

INTRODUCTION

Aesthetic plastic surgery increasingly occurs within a visually intensive digital environment in which prospective patients encounter edited photographs, short-form transformation videos, patient testimonials, influencer content, surgeon portfolios, and clinic advertising before attending a clinical consultation. Global demand for aesthetic procedures remains substantial, while social-media platforms have become increasingly important sources of information about cosmetic interventions and practitioners (1-3). Recent studies indicate that social-media exposure is associated with greater interest in aesthetic procedures, following cosmetic practitioners or influencers, and use of digital image modification, although the direction and magnitude of these relationships vary across populations and study designs (2-5). Social media may therefore improve access to procedural information while

simultaneously normalising aesthetic intervention and selectively emphasizing favourable, visually striking outcomes.

Appearance-focused digital engagement may influence aesthetic decision-making through several interconnected mechanisms. Studies of young adults and aesthetic-procedure populations have linked frequent exposure to appearance-oriented content, social comparison, use of facial filters, and following cosmetic practitioners with greater acceptance or consideration of cosmetic interventions (2-7). Longitudinal evidence further suggests that exposure to idealised social-media appearances may precede greater internalisation of appearance ideals, social-appearance anxiety, and consideration of cosmetic surgery (6). Experimental work has shown that digitally retouched imagery can influence body-image-related responses and acceptance of cosmetic surgery even when viewers are told that an image has been modified (7). More recent surgeon-focused evidence similarly suggests that filtered reference images increasingly enter clinical consultations and can contribute to expectations that are difficult to reproduce anatomically (8).

These findings suggest that the clinically relevant issue is not simply the amount of social-media exposure but how visual material becomes translated into personally meaningful expectations. Recent plastic-surgery literature has increasingly emphasized the influence of social media on preconsultation expectations, treatment preferences, and perceptions of achievable outcomes (8,9). A digitally altered photograph may be recognised as artificial while still functioning as a preferred representation of the self. Likewise, repeated viewing of before-and-after photographs may transform a general dissatisfaction into a specific procedural request. The transition from exposure to preference is therefore likely to involve comparison, personalisation, interpretation of professional credibility, and anticipated psychosocial benefit rather than a simple linear relationship between screen use and the decision to undergo surgery.

These processes have particular relevance to informed consent and shared decision-making in elective aesthetic practice. Shared decision-making requires bidirectional communication in which available options, benefits, harms, uncertainty, and patient values are considered together rather than consent being reduced to procedural authorization (10,11). A recent review of informed consent in aesthetic cosmetic surgery identified persistent concerns regarding the adequacy of preoperative information, patients' reliance on online sources, and the relatively limited qualitative evidence examining how individuals become informed before undergoing invasive cosmetic procedures (12). When patients arrive with visual references that have already acquired emotional or psychosocial meaning, the consultation may therefore need to address not only whether a procedure is technically feasible but what the requested change is expected to achieve in the patient's everyday life.

The clinician also participates in the digital environment that shapes these expectations. Contemporary studies show that surgeons' social-media presence, before-and-after galleries, digital communication, and online professional identity can influence surgeon selection and expectations before the first consultation (3,9,13). At the same time, recent ethical analyses of aesthetic medicine emphasize informed consent, realistic expectations, patient autonomy, psychological assessment, transparency, and avoidance of commercially driven communication that could compromise patient welfare (14,15). Communication is therefore central not only after an aesthetic preference has formed but throughout the pathway from digital exposure to clinical decision-making.

Despite a rapidly expanding quantitative literature on social media and aesthetic procedures, relatively little research has examined how patients themselves describe the process through which repeated digital exposure becomes a specific treatment expectation, how they reconcile visually compelling outcomes with uncertainty and risk, and how clinical conversations subsequently reinforce, modify, postpone, or reverse those expectations. Recent reviews have specifically identified expectation management and surgeon-patient communication as continuing challenges in aesthetic practice (9,12,16). This study therefore explored how social-media-shaped expectations influenced aesthetic-surgery decision-making, risk perception, informed-consent experiences, and communication with surgeons among adults considering or undergoing aesthetic plastic surgery.

MATERIALS AND METHODS

This qualitative descriptive study used an interpretivist orientation to explore how adults described the influence of social media on aesthetic-surgery expectations, decision-making, risk perception, and communication with surgeons. Qualitative description was selected because the study sought to remain close to participants' accounts while developing clinically applicable interpretations of expectation formation and reconsideration (17). Reporting was organized with reference to established qualitative-reporting domains represented in the Standards for Reporting Qualitative Research and Consolidated Criteria for Reporting Qualitative Research, particularly those relating to the research team and reflexivity, study design, data collection, analysis, and presentation of findings (18). The study was conducted between January and April 2026 within an urban aesthetic-surgery context.

Purposive sampling was used to include adults who had considered an aesthetic plastic surgery procedure, had undergone a procedure or remained at another stage of the decision pathway, and had used social media while considering that decision. The final sample consisted of 12 participants, including eight women and four men ranging in age from their 20s to their 40s. Procedures considered or undertaken included rhinoplasty, facial contouring, blepharoplasty, abdominoplasty, breast surgery, hair restoration, liposuction, and facelift procedures. Six participants had undergone an aesthetic procedure, three had postponed treatment, two had decided not to proceed, and one had modified the original treatment plan. Including participants with different procedural interests and decision outcomes enabled examination of accounts in which expectations were reinforced as well as those in which they were modified, delayed, resisted, or rejected.

Data were generated through semi-structured interviews exploring participants' experiences of social media during aesthetic-surgery decision-making. Interview topics included memorable online content, saved or rejected images, filtered or digitally modified representations of appearance, anticipated physical and psychosocial benefits, selection of surgeons, perceptions of risk and recovery, use of reference photographs during consultation, communication with surgeons, and subsequent revision of treatment decisions. Questions were framed to allow participants to describe educational benefits, scepticism, resistance, pressure, or dissatisfaction rather than presuming that social-media exposure was harmful. The interview sequence progressed from general patterns of social-media use to specific visual material and subsequently to consultation experiences and decision revision.

Participants were assigned anonymised identifiers P01-P12. Data were analysed using reflexive thematic analysis through iterative familiarisation with the interview material, initial coding, construction of candidate themes, review of themes against coded extracts and complete participant narratives, refinement and naming of themes, and development of the final interpretive account (19,20). Both semantic and latent meanings were examined. For example, saving or presenting a reference image could be coded at the semantic level, whereas the greater certainty attached to a visually specific desired outcome could be interpreted at the latent level. Social comparison, self-objectification, and shared decision-making were used as sensitising concepts after initial familiarisation rather than as a predetermined coding framework.

Analytic credibility was supported through sustained engagement with the dataset, comparison across participants and different decision outcomes, deliberate attention to divergent and negative cases, and use of quotations that directly illustrated the developed themes. An audit trail, coding matrix, theme-development record, and reflexive memos were used to support transparency in theme development. Inter-coder agreement was not treated as a primary quality criterion because reflexive thematic analysis conceptualises researcher interpretation as part of the analytic process rather than as measurement error requiring elimination through coding consensus (20). Consistent with contemporary qualitative-reporting guidance, assessment of methodological transparency focused instead on clear reporting of researcher positioning, data generation, analytic decision-making, and the relationship between participant accounts and developed themes (18). Ethical approval for the study was provided by Universitas Prima Indonesia. Participant identities were protected through anonymised codes, and identifying details within quotations were edited only when necessary to preserve confidentiality without altering substantive meaning.

RESULTS

Twelve participants contributed accounts of how social media interacted with their consideration of aesthetic plastic surgery. Eight participants were women and four were men, with ages ranging from the 20s to the 40s. Procedures considered or undertaken included rhinoplasty, facial contouring, blepharoplasty, abdominoplasty, breast surgery, hair restoration, liposuction, and facelift procedures. Six participants had undergone an aesthetic procedure, three had postponed treatment, two had decided not to proceed, and one had modified the original treatment plan. This variation allowed the analysis to include experiences in which digitally shaped expectations were reinforced as well as accounts in which they were questioned, modified, delayed, or rejected.

Table 1. Characteristics of the study sample

Characteristic	Participants/details
Total participants	12
Women	8
Men	4
Age range	20s to 40s
Procedures considered or undertaken	Rhinoplasty; facial contouring; blepharoplasty; abdominoplasty; breast surgery; hair restoration; liposuction; facelift
Underwent an aesthetic procedure	6
Postponed the procedure	3
Decided not to proceed	2
Modified the original treatment plan	1

Three interrelated themes were developed: From Scrolling to Wanting, which captured how repeated and increasingly personalised visual exposure contributed to the formation of aesthetic preferences; Seeing the Result, Discounting the Uncertainty, which described the greater salience of visible desired outcomes compared with abstract procedural risks and incomplete representations of recovery; and The Consultation as a Corrective Conversation, which captured how clinical communication could reinforce, challenge, or reformulate expectations. Participants did not respond uniformly to social-media content. Some incorporated digitally presented ideals into treatment expectations, whereas others became sceptical, disengaged from particular accounts, postponed treatment, modified their plans, or decided not to proceed.

Table 2. Themes and illustrative participant quotations

Theme	Central analytic meaning	Illustrative quotation
From Scrolling to Wanting	Repetition, personalised comparison, and modified imagery contributed to the formation of appearance-related preferences.	P07: "I had guessed the jawline was likely to be either lighting or filter, and I saved it only because it indicated the direction that I wanted."
Seeing the Result, Discounting the Uncertainty	Desired outcomes were easier to visualise than complications, uncertain recovery, or individual anatomical limitations.	P02: "I knew the list of risks, and in my mind, I still thought about the after photo; the risks were potentials to other people."
The Consultation as a Corrective Conversation	Consultation could convert a visually specific expectation into a discussion of underlying preference, anatomy, uncertainty, and realistic outcomes.	P07: "He never laughed at the screenshots; he was curious about what I liked in each one and what he could see on my face."

Theme 1: From Scrolling to Wanting

Participants generally did not identify a single social-media post as the point at which they began considering aesthetic surgery. Instead, their accounts described a cumulative process involving repeated exposure to transformation content, algorithmically similar material, comparison with other people, and increasingly personalised visual references. For some participants, a previously tolerated physical characteristic became progressively more salient after repeated encounters with apparently successful transformations.

P03 described this process:

“Initially, I was watching video after video on transformation, and then after a few weeks, it began to feel as though people were making things work, so I found myself noticing my nose as the one thing that was persistently and noticeably there.”

This account suggested that repetition could alter the personal significance of a physical feature without the participant necessarily describing themselves as passively persuaded by social media. Influence was experienced through continuing comparison and the increasing availability of visual examples against which personal appearance could be evaluated.

Awareness that images might have been digitally altered did not consistently remove their aspirational value. P07 explained:

“I had guessed the jawline was likely to be either lighting or filter, and I saved it only because it indicated the direction that I wanted.”

The image therefore remained useful as a representation of an aesthetic direction despite scepticism regarding its authenticity. For this participant, the image functioned less as evidence of an actual outcome and more as a visual expression of preference.

Personalised filters created an especially direct form of comparison because the visual reference remained recognisably connected to the participant's own face. P05 described:

“The filter showed me a better version of my face that looked more balanced. Once I viewed it, my regular face did not appear complete.”

Here, the comparison target was an altered representation of the participant's own appearance rather than another person. The filtered image combined familiarity with idealisation and made the desired change easier to imagine personally.

Influencer accounts and peer reactions also contributed to the perceived normality of aesthetic intervention. P01 described creators who documented consultation and recovery as appearing planned and responsible rather than impulsive. However, participants did not respond uniformly. P10 became sceptical of clinic feeds that repeatedly displayed favourable outcomes while giving limited attention to numbness, dissatisfaction, revision, or less favourable recovery experiences. P04 responded by unfollowing accounts that increased dissatisfaction with appearance. These contrasting accounts demonstrated continued agency within an environment of recurrent visual exposure.

Theme 2: Seeing the Result, Discounting the Uncertainty

The second theme concerned the asymmetry between the vividness of desired aesthetic outcomes and the comparatively abstract presentation of procedural uncertainty. Participants could often recall that complications had been discussed while simultaneously describing difficulty incorporating these possibilities into their own imagined postoperative future.

P02 explained:

"I knew the list of risks, and in my mind, I still thought about the after photo; the risks were potentials to other people."

Recognition of risk terminology therefore did not necessarily mean that risk had become personally meaningful. Desired outcomes were represented through photographs and videos, whereas complications were more commonly encountered through verbal descriptions, percentages, or general possibilities.

Representations of postoperative recovery were also described as selective or compressed. P09 stated:

"Day one, day seven, then the last reveal, there was no idea of how long you could look strange in the in-between online."

The account illustrated the difference between knowing that recovery takes time and appreciating how the intermediate period might affect appearance, work, social interaction, discomfort, or confidence. Visually compressed timelines could make recovery appear more linear and manageable than participants later understood it to be.

Communication style additionally influenced how risk information was interpreted. P06 recalled:

"When the surgeon told me everything in a non-alarming manner, I took it as an indication that the process was safe."

A calm explanation could support trust while simultaneously being interpreted as evidence that complications were unlikely or outcomes predictable. Within participants' accounts, meaningful understanding depended not only on whether risks were mentioned but also on how those risks were interpreted in the context of an already desired outcome.

Reference photographs were particularly important in negotiating the boundary between aspiration and prediction. P07 described a change in understanding after an anatomical explanation:

"My surgeon explained to me why my bone and skin were not the same as those of the person in the picture. It was the first time I realised that inspiration is not prediction."

This represented a shift from treating the photograph as an implicit target toward understanding it as an expression of preference constrained by individual anatomy.

Theme 3: The Consultation as a Corrective Conversation

Consultation could reinforce, challenge, or reformulate expectations established before the clinical encounter. Participants particularly valued clinicians who treated reference photographs as starting points for discussion rather than instructions for literal replication or evidence that the patient's expectations were unreasonable.

P07 described:

“He never laughed at the screenshots; he was curious about what I liked in each one and what he could see on my face.”

This approach allowed discussion to move from a specific image toward the aesthetic qualities represented by it, such as balance, contour, proportion, or softness, and subsequently toward what could reasonably be considered within the participant's anatomy.

Accounts also indicated that simple rejection of a desired outcome could be difficult to accept when the clinical rationale was not understood. P03 initially sought another opinion after a surgeon characterised the requested target as unrealistic. Similar advice during subsequent consultations contributed to reconsideration of the original expectation. The episode illustrated how a professional limit could be interpreted either as dismissal or as protection depending on the explanation accompanying it.

Visual tools used during consultation were described as both useful and potentially misleading. P06 considered morphing or simulation helpful for communicating the direction of a desired change but recognised that the simulated image should not be interpreted as a guaranteed postoperative result. Participants also described photographs of patients with more comparable anatomy as potentially more informative than celebrity or influencer images, while recognising that such photographs remained selected examples rather than predictions.

Participants additionally evaluated surgeons through social-media content before attending consultation. P09 reported greater trust in a surgeon whose online content discussed complications and revision because it appeared more transparent, whereas P11 associated a polished and consistent portfolio with technical ability. Digital presentation therefore shaped expectations not only about procedures but also about professional credibility.

Several accounts suggested that consultation became most useful when participants had to explain their understanding rather than simply acknowledge receipt of information. P10 recognised that being asked to explain risks exposed a distinction between recognising complication terminology and understanding its practical implications. Questions concerning what participants expected surgery to change in everyday life similarly broadened the discussion beyond anatomy.

P08 postponed surgery after reconsidering whether the intended procedure could realistically produce the expected improvement in dating confidence. Reconsideration therefore did not necessarily lead to refusal of aesthetic surgery but could result in proceeding, modifying the desired outcome, postponing intervention, or deciding not to undergo the procedure.

Across the three themes, participants described social-media influence as cumulative and negotiable rather than deterministic. Digital material could generate or reinforce a visual target, but consultation, scepticism, anatomical explanation, psychosocial reflection, and time could alter the meaning and clinical relevance of that target.

DISCUSSION

The findings suggest that social-media influence on aesthetic-surgery decision-making was experienced as cumulative rather than attributable to a single persuasive encounter. Repeated exposure, personalised comparison, altered self-images, transformation narratives, and indicators of professional credibility contributed to the context in which aesthetic preferences developed. This interpretation is consistent with studies linking appearance-focused social-media use, following cosmetic practitioners, filter use, and exposure to aesthetic content with greater consideration or acceptance of cosmetic procedures (2-8). Recent case-control evidence similarly found that individuals who had undergone aesthetic procedures were more likely to use social media, follow aesthetic practitioners or influencers, and report greater

influence from platforms such as Instagram and Snapchat (4). Importantly, participants in the present study retained agency: some incorporated digital ideals into their expectations, whereas others became sceptical, disengaged from appearance-focused accounts, modified treatment plans, postponed surgery, or decided not to proceed.

A particularly important finding was that recognising image manipulation did not necessarily eliminate the aspirational significance of the image. Participants could question whether a photograph reflected lighting, filtering, or digital editing while continuing to use it as a representation of the appearance they desired. Experimental evidence from Nerini et al. similarly demonstrated that digitally retouched Instagram imagery can influence body-image-related responses and acceptance of cosmetic surgery, although disclosure that an image has been altered may attenuate some effects (7). Surgeon-based research has also reported that filtered photographs increasingly enter aesthetic consultations and can contribute to requests that are difficult to reproduce anatomically (8). More recent reviews of patient expectations in plastic surgery have therefore emphasised the need to recognise digitally shaped reference images as clinically meaningful expressions of expectation rather than treating them merely as inaccurate photographs (9).

The present findings also highlight an asymmetry between visually concrete desired outcomes and comparatively abstract representations of risk. Participants described being able to recall risk information while continuing to imagine favourable postoperative results more readily than complications, uncertain recovery, revision, or dissatisfaction. This distinction is important because contemporary shared decision-making models emphasize that patients require not only information but also deliberation about trade-offs, uncertainty, and personally meaningful goals (10,11). A recent systematic review of informed consent in aesthetic cosmetic surgery similarly identified continuing concerns regarding the adequacy of preoperative information, dependence on internet-based sources, and limited qualitative evidence examining how patients interpret information before consenting to invasive aesthetic procedures (12). These findings suggest that disclosure alone should not be assumed to produce understanding when desirable outcomes have already acquired strong visual and emotional salience.

Reference images represented a particularly important point at which aspiration could become confused with prediction. Participants described useful consultations as those in which clinicians explored what was attractive about an image and translated that preference into the constraints of the participant's own anatomy. This is consistent with shared decision-making principles that emphasize eliciting patient goals and preferences alongside clinical evidence and professional judgement (10,11). Recent literature on expectation management in aesthetic surgery similarly identifies preoperative communication, clarification of achievable outcomes, and explicit discussion of uncertainty as central components of the consultation (16). The distinction articulated by one participant between “inspiration” and “prediction” therefore captures a clinically important shift from a visually fixed target toward a negotiable treatment preference.

The findings further indicate that professional boundaries could be interpreted differently depending on how they were communicated. Direct rejection of an unrealistic request could initially produce resistance or further provider seeking, whereas explanations linking anatomy, feasibility, uncertainty, and potential harm were more readily understood as protective. Contemporary ethical evidence supports this distinction. A 2025 survey of physicians practising aesthetic medicine found strong agreement regarding the importance of informed consent, patient autonomy, appropriate communication, realistic expectations, psychological assessment, and avoidance of procedures where expectations are unrealistic (14). A recent review of social media in plastic surgery likewise identified truthfulness, informed consent, patient safety, privacy, and patient education as recurring professional principles across regulatory frameworks (15). The present data therefore suggest that maintaining a professional boundary and explaining that boundary are related but distinct communicative tasks.

Participants' accounts also indicated that meaningful consultation involved active exploration of understanding rather than passive acknowledgement that information had been provided. Some recognised a gap between knowing the names of complications and appreciating what those

complications could mean in everyday life. Others reconsidered expected psychosocial benefits when asked what they anticipated surgery would change outside the operating room. Shared decision-making has been specifically advocated within surgical care because elective procedures require patients to weigh immediate procedural risks against expected benefits and personal goals (11). Research among plastic-surgery professionals also indicates that implementing shared decision-making requires explicit attention to patient preferences, communication, and the practical integration of deliberation into consultations (21). These findings do not establish that a particular technique improves consent quality, but they support the importance of moving beyond one-way disclosure.

The role of surgeon communication is also increasingly emphasized in the aesthetic literature. Expert plastic surgeons have identified expectation management, careful framing of achievable outcomes, and clear preoperative communication as central to patient understanding and satisfaction (22). Recent work specifically examining patient-surgeon communication in aesthetic surgery has similarly highlighted the continuing challenge of aligning subjective expectations with clinically achievable outcomes (16). In the present study, participants valued communication that explored the meaning of screenshots, related desired changes to individual anatomy, distinguished simulation from guarantee, and permitted reconsideration without dismissing the underlying concern.

Digital communication by surgeons and clinics formed part of this broader expectation environment. Participants interpreted online professional content differently: discussion of complications and revision could increase perceptions of transparency, whereas polished and consistent portfolios could increase perceived technical credibility. Studies of aesthetic practices demonstrate that social media can substantially influence surgeon selection, consultation-seeking, and patient-surgeon interaction (3,13). A 2026 multicentre prospective study further reported that internet use influenced patients' preoperative preferences and expectations and was associated with differences in early postoperative satisfaction (23). These observations reinforce the idea that expectation management may begin well before the formal consultation because clinicians' digital communication contributes to the informational environment from which prospective patients form assumptions about outcomes, recovery, and professional expertise.

Participants' focus on appearance also corresponds with prior analyses of the questions patients ask online. In a large analysis of rhinoplasty-related social-media questions, appearance was the most frequent concern both before and after surgery, with postoperative questions also commonly addressing symptoms and permitted activities (24). This pattern is relevant to the present finding that participants could visualise the desired endpoint more readily than the less visually appealing period of recovery. The study therefore adds a qualitative explanation for why technically correct risk and recovery information may remain psychologically weaker than a vivid final image: the imagined outcome is concrete, personally salient, and repeatedly reinforced, whereas uncertainty is often expressed verbally and prospectively.

A strength of the study was inclusion of participants with different decision outcomes rather than restricting recruitment to individuals who ultimately underwent surgery. This allowed the analysis to capture progression toward surgery alongside modification, postponement, rejection, scepticism, and disengagement. The use of reflexive thematic analysis further supported attention to both explicitly stated experiences and the meanings attached to images, risk, trust, and consultation. Consistent with reflexive thematic analysis, interpretation was treated as integral to theme development rather than as a source of coding error that must be eliminated through consensus (19,20). The inclusion of negative and divergent accounts also reduced the risk of presenting social-media exposure as uniformly harmful or determinative.

Several limitations require consideration. The sample was small and purposively selected within an urban aesthetic context, and the study was intended to develop contextual understanding rather than estimate prevalence. Participants described previous social-media exposure, consultations, and decisions retrospectively, meaning that their narratives may have been reconstructed in light of later decisions to proceed, postpone, modify, or reject treatment. The interviews also captured participants' recollections of consultation rather than direct observation of clinical encounters. Consequently, the study cannot establish precisely what surgeons communicated or determine whether specific communication

behaviours objectively improved patient comprehension. As emphasized in qualitative reporting guidance, transparency regarding recruitment, researcher characteristics, interview procedures, and analytic positioning is therefore important when evaluating transferability and interpretive credibility (18-20).

The findings support further prospective research following patients across the aesthetic-surgery decision pathway. Longitudinal interviews conducted before consultation, immediately after consultation, and during subsequent decision-making could clarify when digitally shaped expectations become more flexible or more resistant to revision. Direct observation or recording of clinical consultations could additionally examine how reference images, anatomical explanation, uncertainty, recovery, and psychosocial expectations are negotiated in practice. Recent prospective evidence already indicates that online information can shape preoperative preferences and early postoperative perceptions (23), suggesting that longitudinal qualitative investigation could clarify the mechanisms through which these changes occur. Future work should preserve the interpretive strengths of qualitative inquiry rather than reducing complex expectation formation solely to counts of exposure or platform use.

CONCLUSION

Social-media-shaped expectations in aesthetic plastic surgery were described as developing through repeated exposure, personalised comparison, filtered representations of appearance, and digitally presented treatment outcomes rather than through a single influential encounter. Participants' accounts indicated that awareness of image manipulation did not necessarily eliminate the aspirational value of visual content and that desired postoperative outcomes could remain more readily imaginable than procedural uncertainty, complications, or prolonged recovery. Consultation was described as most meaningful when surgeons explored the personal meaning of reference images, related aesthetic preferences to individual anatomical possibilities, communicated uncertainty in personally understandable terms, and allowed expectations to be reconsidered rather than simply accepted or rejected. These findings support viewing expectation management as an ongoing process extending from digital exposure through consultation and deliberation. Because the study was qualitative and based on a small purposively selected sample, the findings should be interpreted as contextual insights into decision-making processes rather than estimates of prevalence or evidence that particular communication strategies improve clinical outcomes.

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