

COSMETIC SURGERY

INFORMATION FOR PATIENTS

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Cosmetic surgery and Non-surgical cosmetic treatments

Introduction

Welcome to the Department of Health's information on cosmetic surgery and non-surgical cosmetic treatments. This leaflet provides information which should help you to make an informed decision about whether or not to have surgery or non-surgical treatments, and has been compiled to meet the requirements of the Report of the Expert Group on the Regulation of Cosmetic Surgery.

A number of other individuals and organisations have helped to compile this leaflet. The organisations and individuals who have contributed are listed on the [Acknowledgements page](#).

Cosmetic surgery and non-surgical cosmetic treatments are becoming more popular in the UK. If you are considering a surgical or non-surgical procedure it is important that you consider your reasons for wanting the procedure, your expectations of the results the procedure may bring, as well as making sure that you have all the information you need to make a properly informed decision about whether to go ahead.

We suggest you start by looking at the [considering cosmetic surgery?](#) and [considering non-surgical cosmetic treatments?](#) pages. These pages give information about the questions you need to ask yourself and the questions you need to ask practitioners to make sure that you are confident in your choice of whether to have a surgical or non-surgical treatment, or no treatment at all.

Cosmetic surgery and non-surgical cosmetic treatments are provided in the independent (private) sector rather than the NHS. There are a huge range of surgical and non-surgical treatments available in hospitals, clinics and beauty salons. If you want more information about a specific procedure, the A-Z pages on procedures provide details of the most common procedures – what each procedure is designed to do, how long it takes and its benefits and risks.

We strongly recommend that people should find out about the qualifications and experience of surgeons, doctors, nurses and other practitioners who provide treatments. See the [glossary of practitioners' qualifications](#), to give you an idea of who you should go to for which treatments.

Sometimes people are not happy about the results of their procedure, and the [what to do if you are not happy with your results](#) page gives information on what you can do if this happens.

Other organisations provide more information on cosmetic surgery and the [useful contacts page](#) provides further details of these organisations.

What do we mean by “cosmetic surgery” and “non-surgical cosmetic treatments”?

In this leaflet, the term ‘cosmetic surgery’ means operations that revise or change the appearance, colour, texture, structure or position of the bodily features to achieve what patients perceive to be more desirable.

“Non –surgical cosmetic treatments” means other procedures that revise or change the appearance, colour, texture, structure or position of the bodily features to achieve what patients perceive to be more desirable.

These definitions don’t cover beauty procedures that have no impact on the structure of body tissue, and they don’t cover tattooing or piercing.

Talk to us

We welcome comments from users of this leaflet. Please send your comments to our mailbox : cosmetic.surgery@dh.gsi.gov.uk

Acknowledgements

The Department of Health would like to thank the following individuals and organisations who helped to compile the information in this leaflet:-

The Advertising Standards Authority
The British Association of Aesthetic Plastic Surgeons
The British Association of Cosmetic Doctors
The British Association of Dermatologists
The British Association of Oral and Maxillofacial Surgeons
The British Association of Otorhinolaryngologists – Head and Neck Surgeons
The British Association of Plastic Surgeons
The British Cosmetic Dermatology Group
The British Oculoplastic Surgery Society
BUPA
Changing Faces
The Cosmetic Surgery Interspecialty Committee*
The General Medical Council
The Harley Medical Group
The Healthcare Commission
The Independent Healthcare Forum Cosmetic Surgery Working Group
King Edward VII Hospital / Sister Agnes
Lasercare
Mr Humphrey Nicholls, Independent Consultant
The Nursing and Midwifery Council
Dr Elizabeth Raymond-Brown of the Laser Training and Education Centre
The Royal College of Nursing
Professor Nichola Rumsey, Centre for Appearance Research, University of the West of England
Transform Medical Group

*The Cosmetic Surgery Interspecialty Committee's constituent bodies are:-

The Senate of Surgery of Great Britain & Ireland
The Association of Surgeons of Great Britain and Ireland
The British Association of Aesthetic Plastic Surgeons
The British Association of Dermatologists
The British Association of Oral & Maxillofacial Surgeons
The British Association of Otolaryngologists-Head & Neck Surgeons
The British Association of Plastic Surgeons
The British Oculoplastic Surgery Society
The Royal College of Anaesthetists
The Royal College of Nursing
The Royal College of Ophthalmologists
The General Medical Council
The Healthcare Commission
The Independent Healthcare Forum
The Patients' Liaison Group of the Royal Colleges of Surgeons
The Joint Committee for Higher Surgical Training
The Joint Committee for Specialist Training in Dentistry

Considering Cosmetic Surgery?

Introduction

Cosmetic surgery should not be undertaken lightly. Cosmetic surgery can change your appearance in ways that you might consider desirable but it can be expensive in time and money and, although uncommon, it has been known to result in some changes to your appearance which you may not always find pleasing in the future. It is important that you do not feel pressurised or obliged to have it. It should be a decision you take only after a lot of careful thought and questioning.

This section provides some questions to ask yourself about your reasons for wanting cosmetic surgery and your expectations of the results the procedure will bring, as well as providing some alternatives to cosmetic surgery.

If you feel you want to know more, this section will provide you with details of questions to ask to make sure that you can make a properly informed decision about whether to go ahead with the surgery, and which provider to choose.

Your reasons and expectations

As a first step, you need to think long and hard about why you feel you may benefit from cosmetic surgery. For example:-

- Do you expect it to change your life as well as your appearance, and how do you think your life will be better?
- Is it reasonable or likely that a change in your appearance will radically change your life?
- Are you considering surgery for yourself or to please someone else?
- Do you think that having surgery will improve your relationship or employment prospects?
- Is it reasonable to expect surgery to achieve the changes to your appearance that you are hoping for?

There are alternatives to cosmetic surgery. If you feel your concerns about your appearance result from anxieties about social situations or from problems with relationships, you might want to discuss with your GP or another professional the possibility of seeing a counsellor or psychologist. They may be able to help you to address your concerns in other effective ways. Useful information and self-help materials are available from organisations such as Changing Faces. If you have been considering cosmetic surgery because of employment issues, you may want to think about alternatives such as careers counselling.

Gathering Information

If you do feel that you could benefit from cosmetic surgery, then it is vital to ensure that you are as well informed as possible. The next step is to gather information about the procedure you are interested in and the hospitals or clinics who offer this procedure. However, you should note that it is not advisable to undergo cosmetic surgery if you are pregnant or if you have certain medical conditions, or if you are taking certain medications.

You may be nervous about asking for information, but hospitals and clinics with your best interests at heart will do everything they can to put you at your ease and will make sure that you get the information you need. You may find it helpful to write all your questions down so you don't forget anything. Or you may prefer to attend consultations with your partner, or a relative or friend, who can remind you to ask for information if you forget.

If you have special needs – for example, if your first language is not English or you have a sensory impairment, then make sure that providers are able to supply information in a way that you can understand.

We also provide a “questions checklist” which you can use when talking to hospitals, clinics and surgeons.

Talking to your GP

It's a good idea to talk to your GP if you're considering cosmetic surgery. He or she will be able to give you general advice about surgery, and about any particular health issues you should mention to your surgeon.

Talking to surgery providers

All companies who provide cosmetic surgery MUST be registered with the Healthcare Commission. You should ask to see a hospital or clinic's registration and it is vitally important that you do not agree to have cosmetic surgery from any hospital or clinic who cannot provide details of their annual registration. The Healthcare Commission inspects all cosmetic surgery providers and prepares a report giving details of their findings. You can get Healthcare Commission inspection reports from the Healthcare Commission's website. A link to this website is on the useful contacts page.

When you first approach providers you may meet or speak to a patient adviser. The Department of Health believes that patients should receive advice about surgery ONLY from doctors and nurses, as they have the qualifications and expertise to give you high-quality advice. Check whether your adviser is a doctor or nurse, and whether they are registered with the General Medical Council or Nursing and Midwifery Council.

If you wish to go ahead you should be offered an appointment to talk to a surgeon. It is important to be honest when you meet the surgeon. Being clear about your expectations of the procedure will make sure that the surgeon can give you the correct advice about whether the procedure will achieve the results you want. Be truthful about any health or lifestyle issues that the surgeon may ask you about, as these could affect the results of your procedure. It is essential that you should tell the surgeon if you have any existing medical conditions or are taking any medications.

Make sure that you feel confident about the surgeon's ability to perform the operation. Ask him or her about the qualifications they hold, how many procedures they have carried out, and how many patients needed revision surgery. Asking for "before" and "after" photographs of other patients who have had your chosen procedure will also give you information about the surgeon's work.

The surgeon should provide full details of the procedure itself, including what will happen, how long it will take, what anaesthesia will be used, whether you will require an overnight stay, the level of pain you may experience, how long the results of the procedure will last, whether there will be any scars and any risks the procedure may carry. ALL surgery contains a certain element of risk – including risks associated with anaesthesia, infection and scarring. The surgeon should provide a full explanation of the general risks of surgery and any particular risks associated with your procedure.

In common with all surgical procedures that involve an incision in the skin, cosmetic surgery procedures involving incisions will leave scars. These will be permanent and may be quite pronounced and inflamed at first but usually the scar tissue will subside and the redness will fade over time. This may happen over a period of weeks or it may take several months or even a year or so, depending on the location and extent of the incision(s).

The surgeon should also talk to you about any special regime you need to follow before surgery, the recovery time and the aftercare procedures. The success of your procedure may depend on following the pre-surgery regime and the aftercare advice, so you must make sure that you understand the advice and that you are prepared and able to follow it. For example, if the surgeon says that you would need to be away from work for two weeks following your operation, then you will need to make sure that you will be able to take sufficient time off work.

Your hospital, clinics or surgeon should give you written information to take away with you after the consultation so that you can refer back to it if you need to.

Arranging for surgery

After talking to the surgeon you may decide to go ahead with the procedure. But you should not feel that you have been pressured into a decision - you should be able to take as much time as you need, and you should avoid any provider who you feel is putting pressure on you to agree to surgery.

If you are asked to sign an agreement to go ahead with surgery then you must make sure that you understand and are happy with the agreement you sign. This agreement should include a written statement for you to sign, saying that you give your consent to the treatment.

The agreement should also include details of the cost of your procedure. Make sure that you understand what the price of your procedure covers, particularly in terms of aftercare and any revision surgery which may be necessary. Also, the agreement may include details of any financial penalties you may incur if you subsequently decide to cancel the agreement, so you will need to make sure you understand these penalties.

Even after deciding to have surgery it is important to have a “cooling off” period for you to come to a final decision, so check whether the agreement allows you to do this. Avoid any provider who offers “special deals” and “discounts” if you make a quick decision to go ahead with the surgery.

Your records

The provider will retain a record of your treatment, which may include “before” and “after” photographs of you. You will need to think about whether you are prepared to let the provider show these photographs to other potential patients. The provider should ask you to give your consent if they wish to show photographs or any other part of your records to other patients.

Getting cosmetic surgery abroad

Cosmetic surgery abroad often costs less than in the UK. But this doesn't mean that you can treat it any less seriously.

Ask the same questions as you would for cosmetic surgery in the UK. It's worthwhile checking what the regulations are in the country you intend to have surgery in, as well as qualifications for surgeons, doctors, nurses and other practitioners who may be involved with your care. Also, remember to ask about what happens about how any complications during your procedure will be handled, about aftercare, and about any revision surgery that you might need after your original procedure. How will this be provided once you have returned to Britain?

In addition, you will need to make sure that you are able to communicate with the doctor and others involved in your care in order to ask questions and understand the answers, and you may need a translator. You should also check whether the doctor, hospital or clinic have insurance which covers your procedure and whether it takes into consideration that you are from another country.

It is also important to know that not all countries have the same regulatory framework as England so standards may vary considerably. Remember that the Healthcare Commission, which is responsible for regulating and checking private cosmetic surgery in England, does not cover procedures carried out abroad. Unfortunately, it will not be able to help you if you have any problems while overseas.

If you cannot obtain satisfactory answers to your questions then you should think very carefully about whether to go ahead. Cosmetic surgery abroad may be cheaper than in the UK. But if you are not able to be confident about whether it is safe, then it could end up being much more expensive in terms of risk, revision surgery and pain.

Cosmetic Surgery : Checklist

Useful questions to ask

If you decide to find out more about cosmetic surgery procedures you will need to approach a number of providers to find out what they can offer. This checklist of questions to ask can help to make sure that the provider gives you all the details you need to know in order to make an informed decision on whether cosmetic surgery is right for you.

You can take this checklist with you when you visit or telephone a provider, or to a personal consultation with a surgeon.*

The clinicians

- Who will carry out the treatment?
- What qualifications do they have?
- How long have they been trained in this treatment?
- How frequently do they carry it out?
- Do they have professional indemnity insurance?

The cost

- What will be the cost of the consultation with the surgeon?
- What will be the cost of the treatment, including any materials I may need after it?
- If there are any complications, will I have to pay to have them treated?
- If I change my mind and decide not to complete the treatment, do I still need to pay the full cost for the treatment?

The treatment

- Is the treatment right for me?
- How long does the treatment take?
- Is the treatment painful and if so what form of anaesthesia is used?
- Is all equipment used sterile and used only for me?
- What are the risks involved?
- What are the complications and success rate of the procedure in this clinic?
- Are there any other treatment options available for me to achieve the results I want?
- Do you have any 'before and after' photographs that I can see?
- Can I speak to anyone else that you have treated?
- Will you want to inform my GP about my treatment?

After treatment

- What type of care will I need after treatment?
- Will I need pain relief following treatment?

- Will I have swelling or bruising and can these be treated?
- How long will the effects of treatment keep me away from my usual activities?
- At what stage will I be able to judge the results of treatment?
- How long do the results last?
- If I need to see you in the period after treatment, will you be available?
- What will happen if I am unhappy with any aspect of the treatment?
- When can I return to work?

The record of treatment

- Will you keep a record of my treatment and what form will this take?
- Will my records or photographs be shown to anyone else for any reason?
- Will you ask my permission before releasing my records, including photographs, to anyone else?
- Can I get a copy of my records?
- How long does the clinic retain records after someone's treatment is complete?

Considering non-surgical cosmetic procedures?

Introduction

The popularity of non-surgical cosmetic treatments such as botulinum toxin (Botox®) and dermal fillers (such as Restylane®) is growing, and these treatments are now offered by medical and dental clinics and beauty salons.

Some of these treatments have a permanent effect, but many only last for a few months. They do not involve surgery, but that does not mean that they are risk-free. They are invasive procedures and you should always think carefully about the benefits and risks before you have these treatments.

Who should carry out these treatments?

Although many of these treatments are currently available on the high street, this does not mean that they are all unregulated. Laser and intense pulsed light clinics **must** be regulated by the Healthcare Commission, and you should ask to see details of their current registration before agreeing to any treatments.

Botox® is a prescription-only medicine, and **must** be prescribed by a doctor or dentist. Ask the prescriber if he or she is a doctor or dentist registered with the General Medical Council or General Dental Council, and do not have any treatment unless you can be satisfied that they are. Doctors and dentists may delegate the administration to a suitably qualified and competent other person.

Other non-surgical cosmetic treatments are not currently regulated and are carried out in hospitals, clinics and beauty salons by doctors, dentists, nurses and beauty therapists. You must make sure that the person or people offering the treatment is adequately trained and sufficiently experienced to enable them to deliver the treatment competently and safely.

The Department of Health plans to regulate the use of Botox® and dermal fillers. This leaflet will be updated as the Department's plans develop.

Questions to ask

If you are considering a non-surgical cosmetic treatment there are a number of questions you should ask to help you to decide whether to have a treatment and where to have it carried out.

- Who will carry out the treatment?
- How long have they been trained in this treatment and do they have a certificate of accreditation?
- How frequently do they carry it out?
- Do they have professional indemnity insurance?
- Is the treatment right for me?
- How long does the treatment take?

- Is the treatment painful and if so what form of anaesthesia is used?
- Is all equipment used sterile and used only for me?
- For dermal fillers – what is the filler made of and do I need a test to find out if I am allergic to it?
- For Botox® - will I see a doctor or dentist and will he or she prescribe the Botox®?
- What are the risks involved?
- Are there any other treatment options available for me to achieve the results I want?
- Do you have any 'before and after' photographs that I can see?
- What type of aftercare regime will I need after treatment?
- Will I need pain relief following treatment?
- Will I have swelling or bruising and can these be treated?
- At what stage will I be able to judge the results of treatment?
- Will I be reviewed after the treatment – and is this included in the price
- How long do the results last?
- What will be the cost of the treatment, including any materials I may need after it?
- Will I need a course of treatments?
- If I change my mind and decide not to complete the treatment, do I still need to pay the full cost for the treatment?
- What will happen if I am unhappy with any aspect of the treatment?
- Will my photographs be shown to anyone else for any reason?

Qualifications - what they mean

Surgeons, doctors, dentists, nurses and beauty therapists

When you discuss cosmetic procedures with surgeons, doctors, dentists, nurses and beauty therapists, make sure that they have the right qualifications and experience. Surgical procedures must be carried out by surgeons who have specialist training and experience in cosmetic surgery procedures. Other treatments, such as microdermabrasion, may be carried out by beauty therapists providing they have the right qualifications.

Checking qualifications

Some practitioners provide details of their qualifications by placing letters after their name, eg Dr Joan Smith MBBS. Some display certificates in their clinics. But it can often be difficult to work out what the letters, certificates and qualifications mean. This section of the leaflet provides a brief overview of the most common medical, surgical, nursing and beauty qualifications, including the training needed to gain these qualifications and the letters that qualification holders may be entitled to use after their name.

You can check whether your doctor or surgeon is registered using the GMC's website. You will need their full name to search on the website. The website will give details of their primary speciality, but will not give details of any other specialist qualifications they may hold.

You can check whether your nurse is registered using the Nursing and Midwifery Council's searchable database, and you can check whether your dentist is registered by searching the General Dental Council's database. See list of [useful websites](#). You will need their full name to perform these searches.

The General Medical Council produces a guidance document – “Good Medical Practice” – which sets out the standards which doctors should meet in their clinical practice.

Basic medical qualifications

Qualification as a doctor in the UK currently requires five years of study. People who successfully complete the course receive a degree and can register provisionally with the GMC. Graduates are then required to spend one year as a pre-registration house officer working in a hospital before they can become fully registered with the General Medical Council (GMC) to practise medicine.

Someone who only has a basic medical qualification should not undertake unsupervised surgical procedures.

Basic medical qualifications include:-

MBBS – Bachelor of Medicine/Bachelor of Surgery
MChB – Bachelor of Medicine/Bachelor of Surgery

General practitioners

General practitioners are doctors who have undertaken basic medical training and who go on to undertake a further period of vocational training of at least three years.

General practitioners provide a wide range of health services, and often look after patients for a number of years. It's a good idea to ask your general practitioner for advice before you consider any cosmetic procedure. They will be able to give you general advice on surgery, and any particular health issues you need to mention to your surgeon.

Surgical qualifications

Surgeons are doctors who have undertaken basic medical training and who go on to specialise in surgery. They will spend two years' training in basic surgery, and then five or six more years specialising in a particular type of surgery – for example, orthopaedic surgery or plastic surgery. If they successfully complete training and pass their exams they will be allowed to use the abbreviations below after their name, depending on where they qualified.

FRCS – Fellow of the Royal College of Surgeons of England
FRCS(Ed) – Fellow of the Royal College of Surgeons of Edinburgh
FRCS (Glas) – Fellow of the Royal College of Surgeons of Glasgow
FRCSI – Fellow of the Royal College of Surgeons in Ireland

Specialist Surgical Qualifications

Surgeons from a number of surgical specialities perform cosmetic operations allied to their main specialty. The qualifications listed below show that a surgeon is highly qualified and experienced in their chosen surgical specialty, **but it may not indicate that they have received any special training in cosmetic surgery, or that they have experience in doing cosmetic surgery or the particular procedure you are considering.** You will need to make sure that you ask about their experience.

Surgeons from the following specialties often undertake cosmetic procedures:-

FRCS (GenSurg) – Specialist Fellowship in General Surgery

FRCS(OFMS) – Specialist Fellowship in Oral and Maxillofacial Surgery

FRCS (Otol) – Specialist Fellowship in Otolaryngology(for ear, nose and throat surgery)

FRCS(ORL) – Specialist Fellowship in Otorhinolaryngology – Head and Neck / Facial Plastic Surgery

FRCSPlast – Specialist Fellow of the Royal College of Surgeons in England who has passed specialist examinations in plastic surgery

Other Specialist qualifications

Ophthalmologists and dermatologists may also have an input into certain surgical and non-surgical procedures. Qualifications in these specialties are listed below:-

FRCOthph – Specialist Fellowship in Ophthalmology (for eye specialists)

MRCOthph – Member of the Royal College of Ophthalmologists (for eye specialists)

FRCP/MRCP – Fellow/member of the Royal College of Physicians (for specialists in dermatology)

Anaesthetic qualifications

Anaesthetists are doctors who have undertaken basic medical training and who go on to specialise in anaesthesia. They will spend seven years undertaking specialist training. If they complete their training and pass their exams at the end of this training, then they will be able to put the following abbreviation after their name.

FRCA – Fellow of the Royal College of Anaesthetists

Doctors from overseas

Some doctors, surgeons and anaesthetists undertake training in their home country and then come to the UK to work. Their qualifications will not be the same as those listed above. However, all doctors from abroad must be registered by the GMC before they can practise in the UK, and surgeons who hold qualifications from recognised training establishments in the European Union will appear on the GMC's specialist register. Surgeons from outside the EU will also appear on the specialist register if their qualifications and training have been assessed as suitable by the Postgraduate Medical Education and Training Board.

As with doctors who do hold the qualifications mentioned above, it is necessary to make sure you ask doctors from overseas about their skills and experience in cosmetic surgery.

Dental qualifications

Dentists are allowed to prescribe botulinum toxin (for example, Botox ®), Some dentists offer botulinum toxin and dermal filler treatments.

Dentists undertake a five-year course of study leading to a degree. They then spend one year working in a dental practice. After that they must register with the General Dental Council before they are allowed to practice dentistry in the UK. Their conduct is governed by the General Dental Council and is set out in the Council's publication "Standards for Dental Professionals".

Dental qualifications include:

BDS – Bachelor of Dental Surgery

BChD – Bachelor of Dental Surgery

MFDSRCS – Member in Dental Surgery of the Royal College of Surgeons

FDSRCS – Fellow in Dental Surgery of the Royal College of Surgeons

Nursing qualifications

Nurses undertake at least three years of study and practical experience at degree or diploma level before they qualify, specialising in adult, children's, mental health or learning disability nursing. After qualification nurses can go to specialise further in a wide variety of nursing roles in the community, in hospitals and other organisations. Some nurses also choose to specialise in non-surgical cosmetic treatments.

The Nursing and Midwifery Council (NMC) register only records those qualifications for which the NMC sets standards, and so it is important to ask for evidence that nurses have the training necessary to carry out treatments such as the injection of botulinum toxin and most dermal fillers and the administration of the stronger chemical peels and microdermabrasion.

Qualified nurses must register with the NMC. All nurses are accountable for their actions and must only undertake roles for which they are competent acting at all times within their professional Code of Conduct. He or she must respect the patient and always act to identify and minimise the risk to them, as well as obtaining consent for any treatment. The Code of Conduct may be accessed via the NMC website.

Nursing qualifications include:-

RN – Registered Nurse

RGN – Registered General Nurse

BA (Hons)/BSc/Diploma in Nursing

Beauty qualifications

Beauty therapists train to carry out a variety of treatments, and they also study anatomy and physiology, health and safety in the workplace, first aid and salon management. Typically a therapist will train for between 1–3 years depending on the qualification they hope to gain. They will be assessed on their written and practical work, often by means of exams.

There are a number of qualifications in beauty therapy. The main qualifications are listed below.

NVQ / SVQ Levels 1–4
BTEC National or Higher National (a BTEC certificate in laser treatment is available)
ONC / OND
HNC / HND in Beauty Therapy
ITEC Diploma or Certificate
VTCT Diploma or Certificate
CIBTAC Diploma

These qualifications may not include training in all of the treatments covered by these web pages, so you will still need to ask whether the therapist has received training and accreditation in the specific treatment you are considering.

Manufacturers' qualifications

Manufacturers of products (like dermal fillers) and machinery (like lasers and intense-pulsed light machines) often offer courses to doctors, dentists, nurses and therapists who wish to buy and use their products; some manufacturers give certificates to attendees who complete the course. Typically these courses are short, and may cover subjects like bringing in more clients as well as the safe use of the product or machine. As the training provided by manufacturers is not checked or accredited, it can often be difficult to make a judgement about the value of the course and the certificate. You should make sure that you ask the practitioner what the training covered, and how much experience he or she has had in the use of the product or machine.

List of procedures

Below is an A-Z list of cosmetic procedures. Procedures are listed under all their names – both technical and the more common names. For example, 'rhinoplasty', 'nose job' or 'nose reshaping' are names for the same procedure.

A

Abdominoplasty

Aurora®

Autologous Cell Therapy

Autologous Collagen

B

Belly button surgery

Bio-Alcamid®

Bio skin jetting

Blepharoplasty

Botulinum toxin injections

Botox ®

Breast implant

Breast lift

Breast uplift

Breast reduction (female)

Breast reduction (male)

Brow lift

Buttock implant

Buttock lift

C

Calf implant

Cheek implant

Cheek bone surgery

Chemical peel

Chin surgery

Comet®

D

Dermabrasion

Dermagraphics

Dermal filler

Dysport ®

E

Ear Surgery

Electrolysis

Eyelid surgery

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Facelift

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Female genital reshaping

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Polaris®

Portrait®

R

Radiesse®

Radiofrequency treatment

Restylane®

Rhinoplasty

Rhytidectomy

S

Sculptra®

Scalp surgery

Semi-permanent makeup

Silskin®

Suture facelift

T

Thermage®

ThermaCool®

Thigh lift

Thighplasty

Thread lift

Tummy tuck

U

Umblicoplasty

Upper and lower eyelid surgery

V

Vaginal tightening surgery

Vaginoplasty

Veinwave®

Name:

Belly button surgery (or umbilicoplasty/navel surgery)

Purpose:

To change the shape or position of the belly button.

The treatment:

This procedure should be carried out by a surgeon with relevant skills and experience in an establishment registered with the Healthcare Commission.

Belly button surgery can take place under either a general or local anaesthetic and usually lasts about an hour.

The surgeon will remove skin around the navel to change the belly button's position or make incisions in or around the belly button to alter its shape. This can mean changing a protruding belly button to a non-protruding belly button, correcting scarring caused by surgery or piercing, or removing a lump caused by a hernia.

The surgeon will generally make the necessary incisions within the belly button itself, so that the scarring is less visible. If skin has been removed, the remaining skin will be pulled together and the cuts will be stitched together.

The results:

Your belly button should be the shape you want and/or in the position that you want it. Belly button surgery can be permanent, but you should be aware that the effect can be reversed if you become pregnant or put on weight.

The risks:

General risks associated with surgery – see [Considering cosmetic surgery?](#)

Swelling, bruising and pain are quite mild with belly button surgery. However, the operation may leave you with a belly button that is not placed as you would like, and which would require further surgery to correct.

Before you start:

Belly button surgery on its own will not make your abdomen appear thinner or firmer – so you may want to talk to your doctor or surgeon about alternative or additional procedures.

Also see:

Liposuction

Lower body lift

Tummy tuck

Name:

Bio skin jetting

Purpose:

To reduce the appearance of facial wrinkles.

The treatment:

This treatment is currently carried out by beauty therapists.

Bio skin jetting is a non-surgical procedure that is carried out without an anaesthetic. Treatments should last less than an hour, but patients may need up to five sessions at intervals of two weeks.

The practitioner inserts a thin probe into the wrinkle. This probe is agitated and is said to cause the top layer of skin to detach from the skin beneath. This is said to encourage the production of natural collagen fibres. As these fibres develop, they push the top layer of skin out – reducing the appearance of the wrinkle.

The results:

Skin should appear smoother and tighter, and wrinkles should fade. Bio skin jetting is not permanent and the effect may be reversed over time. The Department of Health is not aware of any clinical studies on Bio skin jetting and its results.

The risks:

Bio skin jetting will leave the treated area more sensitive to UV radiation for up to two weeks. You are more likely to suffer sunburn in these areas during this time.

Before you start:

Make sure you know what to expect from the treatment. The effects of bio skin jetting aren't immediate – the wrinkle will appear as a thin red line after treatment and this may last for several days.

Also see:

[Botulinum toxin injections](#)

[Brow lift](#)

[Dermal fillers](#)

[Facelift](#)

[Suture facelift](#)

Name:

Botulinum toxin. Trade names include Botox®, Dysport® and Neurobloc®

Purpose:

To reduce the appearance of wrinkles on the forehead, between the brows and around the eyes. Experienced doctors and nurses also sometimes use botulinum toxin on wrinkles on the lower part of the face and neck, often in combination with dermal fillers.

The treatment:

Botulinum toxin is a prescription-only medicine which is not licensed for cosmetic use in the UK. It can only be prescribed by a doctor or a dentist for a named patient during a face to face consultation. Doctors and dentists may delegate the administration to a suitably qualified and competent other person. Medical, dental and nursing practitioners have a responsibility to explain that the medicine is not licensed for cosmetic use and ensuring that the patient understands this.

When you smile or frown, this is a result of a nerve signal from your brain to your muscles causing them to move. Botulinum toxin is a purified protein that blocks this signal from brain to the nerve endings. This means that when you laugh or frown, the overlying skin becomes smoother and unwrinkled while the untreated facial muscles work normally, and facial expressions are not affected.

Your skin will be cleaned and then small amounts of botulinum toxin will be injected into the area to be treated.

The results:

The area treated should appear smoother and with less wrinkles, although it may take between 2- 3 weeks after the treatment for the full effects to be seen. The effects of botulinum toxin injections generally last for about three to four months, although the results can last longer with repeated treatments. Botulinum toxin may be less effective for people aged 60 and over because the muscles underlying the skin are not as firm.

The risks:

It is very hard to predict exactly how botulinum toxin injections will affect your muscles. You may therefore find that the results are not what you intended. For example, occasionally botulinum toxin injections in the forehead cause the eyelids or eyebrows droop, although this is temporary and will resolve itself when the effects of botulinum toxin wear off. Rarely double vision or blurred vision can occur and you should seek medical attention if this happens to you.

Before you start:

The effects of botulinum toxin injections are temporary. If you are looking for longer lasting solution, you may want to talk to your doctor, dentist or surgeon about alternative techniques. Botulinum toxin treatments should not be advertised to the general public – you should report any advertisements you see for Botox® or Dysport® to the Medicines and Healthcare products Regulatory Agency (MHRA). MHRA contact details can be found on the [useful contacts](#) page.

Also see:

[Brow lift](#)

[Bio skin jetting](#)

[Facelift](#)

[Suture facelift](#)

[Upper and lower eyelid surgery](#)

[Dermal fillers](#)

Name:

Breast implant

Purpose:

To change the shape of and/or enlarge the breasts, or repair breasts after surgery or trauma.

The treatment:

This procedure should be carried out by a surgeon with relevant skills and experience in an establishment registered with the Healthcare Commission.

Breast implants involve surgery and the treatment normally takes around one hour. The procedure usually involves a general anaesthetic, although some surgeons use a combination of local anaesthetic and sedation. The surgeon makes a small cut underneath the armpit, beneath the nipple, underneath the breast or in the abdomen before inserting the implant. The cuts are then stitched up. Most surgeons will require you to stay overnight at the hospital or clinic.

Breast implants are made from a silicone elastomer shell filled with either saline or silicone.

The results:

The breasts should be larger, and asymmetric breasts can be evened up. The results will be permanent, but further surgery may be needed if problems arise. All breast implant surgery will leave some scarring.

The risks:

General risks associated with surgery – see [Considering cosmetic surgery?](#)

The most common risk with breast implants is capsular contracture. This happens when the layer of scar tissue that the body normally grows around the implant contracts, causing the implant to lose its original shape and softness. Capsular contracture can sometimes be painful, and the implant may need to be removed and replaced.

Other risks associated with breast implants include infection, blood loss, movement or splitting (rupture or leakage) of the implant, creasing or rippling of the breast around the implant, and a loss of sensation in the breast. Breast implants may also affect your ability to breastfeed.

If the implant is infected or ruptures, it may have to be removed, which is not always a straightforward procedure. If you think the implant has ruptured you should contact your doctor immediately.

Before you start:

The Medicines and Healthcare products Regulatory Agency produces a leaflet for women considering breast implants. This gives further details of the procedure, including Information on the safety of various types of breast implant. See the [useful contacts](#) page for further details.

Most people choose to have breast implants because they think their breasts look too small – but this may be due to the structure and proportions of your body rather than your breasts. Before considering a breast implant, talk to your doctor about whether there are any alternatives

Also see:

[Breast uplift](#)

[Nipple reshaping](#)

Name:

Breast reduction (female) (or reduction mammoplasty)

Purpose:

To reduce and reshape the breasts.

The treatment:

This procedure should be carried out by a surgeon with relevant skills and experience in an establishment registered with the Healthcare Commission.

Breast reduction involves a surgical operation to remove fat, glandular tissue and skin from the breast. The operation usually lasts between two and four hours and takes place under a general anaesthetic, although some surgeons in some cases may use local anaesthetic and sedation.

The surgeon will make a cut around the areola (the brownish area around the nipple), vertically down the breast and then along the natural crease beneath the breast. He or she then removes excess tissue and skin, and moves the nipple and areola into their new positions. Skin from both sides of the breast is then pulled down and around the areola, making the new shape of the breast. Any excess fat can then be removed.

In most cases, the nipples remain attached to their blood vessels and nerves as they are being moved. However, if the breasts are very large, the nipples and areolas may have to be completely removed and grafted into a higher position – this will result in a loss of sensation in the nipples and areola.

The results:

After a breast reduction, the breasts should appear smaller. The results are usually permanent, but your breasts may subsequently increase in size if you gain weight or if there are hormone changes within your body.

The risks:

General risks associated with surgery – see [Considering cosmetic surgery?](#)

The surgery leaves permanent scars which initially may be lumpy and red but which normally fade close to your natural skin colour over several months. These scars may be more noticeable, eg wider, if you smoke, and may leave a puckered edge on the outside of the scar. The procedure may also leave you with breasts that are not both the same size, asymmetrical nipples, or a permanent nipple loss, or loss of feeling in your nipples or breasts. You may also be unable to breastfeed in the future.

Before you start:

It may be that your breasts are large due to fatty deposits within them. Reducing your overall weight through healthy dieting or regular exercise could therefore also reduce the size of your breasts.

Also see:

[Nipple reshaping](#)

[Breast uplift](#)

Name:

Breast reduction (male)

Purpose:

To make the breast area flatter.

The treatment:

This procedure should be carried out by a surgeon with relevant skills and experience in an establishment registered with the Healthcare Commission.

The procedure takes an average of one hour. The surgeon will make a cut around the areola to access any excess tissue. Very occasionally these cuts may extend further down the chest. In addition, the nipples may need to be repositioned.

The results:

Most men find that the breast area is reduced in size and flattened in shape. The results are usually permanent, but weight gain, hormonal imbalances or the use of certain drugs (including anabolic steroids) may cause the breasts to re-enlarge.

The risks:

General risks associated with surgery – see [Considering cosmetic surgery?](#)

The surgery leaves permanent scars which often are lumpy and red for several months, but should fade to your natural skin colour. You may also be left with asymmetrical nipples and may experience a permanent loss of sensation in the nipples.

Before you start:

Where the breast area is enlarged due to obesity, excessive alcohol intake or poor health, you may be able to reduce the size of your breasts through healthy dieting or regular exercise. You should consult your doctor to see if this is the case for you.

Also see:

[Pectoral implant](#)
[Nipple reshaping](#)
[Liposuction](#)

Name:

Breast uplift (or breast lift/mastopexy)

Purpose:

To make the breast appear higher and reposition the nipple.

The treatment:

This procedure should be carried out by a surgeon with relevant skills and experience in an establishment registered with the Healthcare Commission.

A breast uplift is a surgical operation which usually takes place under general anaesthetic, although some surgeons for some cases may use a combinations of local anaesthetic and sedation. The operation can last up to four hours and there are several techniques that can be used, all of which involve the removal of excess skin and a reshaping of the breast using the remaining skin. Some techniques also involve moving the areola (the brownish area around the nipple) into a higher position.

The results:

Your breasts should appear higher, as will your nipples. Breast lifts are sometimes permanent, but the breasts may droop again as you get older, or if you become pregnant or put on weight.

The risks:

General risks associated with surgery – see [Considering cosmetic surgery?](#)

The surgery leaves permanent scars which initially may be lumpy and red but which normally fade close to your natural skin colour over several months. These scars may be more noticeable, eg wider, if you smoke. The procedure may also leave you with breasts that are not both the same size, asymmetrical nipples, or a permanent nipple loss, or loss of feeling in your nipples or breasts.

Before you start:

Regular exercise could change the appearance of your breasts. You may wish to look into the exercise-based options before considering breast lift surgery.

Also see:

Breast reduction (female)

Breast implant

Nipple reshaping

Name:

Brow lift (or forehead lift)

Purpose:

To smooth the forehead and reduce the appearance of loose skin around the eyes.

The treatment:

This procedure should be carried out by a surgeon with relevant skills and experience in an establishment registered with the Healthcare Commission.

A brow lift is a surgical operation that can take place either under a general or local anaesthetic. There are two techniques that can be used: open and endoscopic. Both procedures can take up to two hours.

With an open brow lift, the surgeon makes a long cut across the forehead – either around the hairline or in one of the creases of the forehead. For an endoscopic brow lift, the surgeon will make several smaller cuts and insert an endoscope (a metal tube with a camera attached to the end) so that they can see the tissues underneath the skin on a television screen.

In both cases, the surgeon will remove fatty tissue underneath the skin, loosen the muscles and remove a section of skin. They will then pull the skin down and stitch the brow into its new position.

Brow lifts can also be performed using “suture” or “threadlift” techniques. This involves the placement of sutures or threads with tiny “teeth” into the brow through a small insertion. The threads are pulled upwards and secured, and the insertion is stitched shut.

The results:

The brow and forehead should appear firmer and less lined. Brow lifts are sometimes permanent, but the effect may be reduced as you get older or if you put on weight.

The risks:

General risks associated with surgery – see [Considering cosmetic surgery?](#)

The procedure will leave permanent scars but once they have faded they should not be particularly noticeable if positioned along the hairline or in one of the creases of the forehead (although scars along the hairline may become visible at a later date of the hair recedes). There is also a risk that the eyebrows may be asymmetrical, and there is also the possibility of some nerve damage. If the nerves that control eyebrow movement are damaged, this could leave you unable to raise your eyebrows or wrinkle your forehead.

Before you start:

If you are most concerned about the area around your eyes, you may want to discuss surgical alternatives with your doctor.

Also see:

[Upper and lower eyelid surgery](#)

[Bio skin jetting](#)

[Botulinum toxin injections](#)

[Facelift](#)

[Suture facelift](#)

Name:

Buttock implant

Purpose:

To make the buttocks look rounder or fuller.

The treatment:

This procedure should be carried out by a surgeon with relevant skills and experience in an establishment registered with the Healthcare Commission.

Buttock implants involve surgery and the treatment can take up to two hours, depending on the size of the implant. Before the operation, you may be treated with a local or general anaesthetic. The surgeon makes small cuts in the buttock and then creates a cavity before inserting the implant. The cuts are then stitched. Buttock implants are usually made of silicone.

The results:

Most people find that the shape of their buttock/s becomes more defined as required. The results are permanent.

The risks:

Risks can include infection, movement of the implant, collection of fluid or scarring. If the implant is infected or moves, the implant may have to be removed, which is not always a straightforward procedure. If you think the implant has ruptured you should contact your doctor immediately.

Before you start:

Most people choose to have buttock implants because they think their buttocks look small or saggy – but this may be due to the structure of your legs and waist rather than your buttocks. Before considering a buttock implant, talk to your doctor about whether there are any alternatives.

Also see:

[Fat transfer](#)

[Buttock lift](#)

[Thigh lift](#)

[Lower body lift](#)

Name:

Buttock lift

Purpose:

To alter the shape, size or appearance of the buttocks.

The treatment:

This procedure should be carried out by a surgeon with relevant skills and experience in an establishment registered with the Healthcare Commission.

The surgery will usually last up to five hours and may involve an overnight stay in hospital.

Buttock lifts often involve a combination of surgical procedures – depending on the desired result. Operations usually take place under general anaesthetic, but an epidural (a local anaesthetic that numbs the body from the waist down) can also be used in certain cases.

The surgeon will cut across the top of the buttock and, depending on the extent of the operation, sometimes along the sides as well. Crescent shaped sections of skin and fat are removed and the skin is pulled together and sewn.

Buttock lifts can also be performed using “suture” or “threadlift” techniques. This involves the placement of sutures or threads with tiny “teeth” into the brow through a small insertion. The threads are pulled upwards and secured, and the insertion is stitched shut.

The results:

The buttocks should appear higher and firmer. Buttock lifts are sometimes permanent, but the effects may be reversed as you get older or if you put on weight.

The risks:

General risks associated with surgery – see [Considering cosmetic surgery?](#)

The surgery leaves permanent scars and can leave you with asymmetrical buttocks.

Before you start:

Reducing your overall weight through healthy dieting or regular exercise could also change the size and firmness of your buttocks, so you may wish to try conventional methods of weight loss before choosing surgery.

Also see:

[Liposuction](#)

[Fat transfer](#)

[Thigh lift](#)

[Lower body lift](#)

[Buttock implant](#)

Name:

Calf implant

Purpose:

To change the shape of calves or make them look bigger.

The treatment:

This procedure should be carried out by a surgeon with relevant skills and experience in an establishment registered with the Healthcare Commission

Calf implants involve surgery and the treatment can take up to two hours per implant. The treatment requires either general or local anaesthetic, depending on the size of the implant. The surgeon makes a small cut before inserting the implant, which is then held in place by the calf muscles or stitches.

The vast majority of calf implants are made of silicone.

The results:

Most people find that the shape or texture of their calves has changed as required. The results will be permanent.

The risks:

General risks associated with surgery – see [Considering cosmetic surgery?](#)

Risks can include infection, blood loss, fluid collection, movement of the implant or scarring. You will not be able to exercise heavily for at least two weeks after the operation.

If the implant is infected, ruptures or moves, the implant may have to be removed, which is not always a straightforward procedure. If you think the implant has ruptured you should contact your doctor immediately.

Before you start:

Most people choose to have calf implants because they think their calves look too small – but this may be due to the structure and proportions of your legs rather than your calves. Before considering a calf implant, talk to your doctor about whether there are any alternatives, such as exercise.

Also see:

[Fat implant](#)
[Fat transfer](#)

Name:

Cheek implant (malarplasty)

Purpose:

To make the cheeks look larger, higher or fuller.

The treatment:

This procedure should be carried out by a surgeon with relevant skills and experience in an establishment registered with the Healthcare Commission.

Cheek implants involve surgery and the treatment can take up to two hours per implant, depending on the treatment. The surgeon makes a small cut inside the mouth or under the lower eyelash before inserting the implant. The implant is held in place by the cheek muscles, stitches or metal screws.

There are several different materials used for cheek implants, including:

- Tissue from your own body
- Silicone or polythene

The results:

Most people find that the shape or definition of their cheeks has changed. Implant results will be semi-permanent if human tissue is used because the tissue will age, or permanent in the case of synthetic implants such as silicone or polythene.

The risks:

General risks associated with surgery – see [Considering cosmetic surgery?](#)

Risks can include infection, blood loss, fluid collection, movement of the implant or scarring. You may also experience difficulty talking or smiling for several weeks afterwards.

If the implant is infected or moves, the implant may have to be removed, which is not always a straightforward procedure. See your doctor immediately if you think this has happened to you.

Cheek implants may also alter the symmetry of your face.

Before you start:

Most people choose to have cheek implants because they think their cheeks look flat or sunken – but this may be due to the structure and proportions of your face rather than your cheek muscles. Before considering a cheek implant, talk to your doctor about whether there are any alternatives.

Also see:

[Dermal filler](#)

[Fat transfer](#)

[Fat implant](#)

Name:

Cheek bone surgery (malar osteotomy)

Purpose:

To make the cheeks look larger, higher or fuller.

The treatment:

This procedure should be carried out by a surgeon with relevant skills and experience in an establishment registered with the Healthcare Commission.

Malarosteotomy involves making a cut in part of the cheek bone from an incision in the mouth, and bending part of the bone outwards. A bone graft is also sometimes required.

The results:

Most people find that the shape or definition of their cheeks has changed.

The risks:

General risks associated with surgery – see [Considering cosmetic surgery?](#)

Cheek bone surgery may also alter the symmetry of your face.

Before you start:

Most people choose to have cheek bone surgery because they think their cheeks look flat or sunken – but this may be due to the structure and proportions of your face rather than your cheek muscles. Before considering cheek bone surgery, talk to your doctor about whether there are any alternatives.

Also see:

[Cheek implant](#)

[Dermal filler](#)

[Fat transfer](#)

[Fat implant](#)

Name:

Chemical peel

Purpose:

To improve the appearance of the skin, correct the appearance of facial blemishes, and to reduce the effects of smoking and sun exposure. Peels can also be used for reducing uneven pigmentation, acne and acne scarring.

The treatment:

A chemical peel is designed to accelerate the removal of old, dead skin cells at the surface of the skin to promote new cell growth, and can be used to treat a particular area (such as lines around the eyes or mouth), or all over the face, arms, hands and neck.

Chemical peels can take anything from just a few minutes to over thirty minutes, depending on the type of peel that you are having. There are three types of peel: superficial, medium, or deep. With all types of peel you may need to use specified homecare products before your peel. These products will help to prepare your skin and ensure that it is in optimum condition prior to the peel. You may also need to use specified homecare products after your peel.

Superficial Peels

Superficial peels remove skin cells from the epidermis (the top layer of the skin) and can be performed by some qualified beauty therapists as well as medical staff.

These peels usually use combinations of alphahydroxy acids (AHAs) and betahydroxy acids (BHAs) eg glycolic acid, lactic acid, salicylic acid and maleic acid. Treatment takes only a few minutes, and your skin may feel pink and feel tight for a couple of hours after the treatment.

As superficial peels only affect the top layers of the skin you may need to have regular treatments to maintain the effect.

Medium Peels

Medium peels can remove skin cells from both the epidermis and upper part of the dermis (the middle layer of the skin). These peels are performed by doctors and nurses.

These peels usually contain trichloroacetic acid (TCA) and this is sometimes used in combination with glycolic acid. The peel remains on your face for a few minutes before being neutralised.

A burning or stinging sensation may be felt during the application of the peel and the skin may go brown or red in the days after the peel. It can take up to six weeks for the skin to return to normal.

Medium peels may need to be repeated every 6 – 12 months to maintain the effect.

Deep peels

This procedure should be carried out by a surgeon or dermatologist with relevant skills and experience in an establishment registered with the Healthcare Commission.

Deep peels go deeper into the lower part of the dermis. They are performed using phenol (a strong form of TCA) and may require a local anaesthetic and sedative. The peel is applied to the face, and the treatment feels as if the face is “freezing”. The peel may be left on the face for up to 30 minutes or more, depending in the desired affect.

Post-peel pain is treated with painkillers, and the face is swollen in the days immediately following the peel. Most of the swelling should disappear within 14 days, although there may be some redness of the skin for some time after that – up to three months in some people.

A deep peel is a “one-off” treatment with lasting effects, unlike superficial and medium peels.

The results:

As described above, the result will depend on what chemicals are used, how deep the peel is and any special requirements you may have.

The risks:

There are some risks associated with chemical peels, including infection, skin colour changes and scarring. The treated skin may appear darker or be tight or swollen for a time. You will need to avoid exposure to the sun for some time after your peel, but your practitioner or clinic should give you full information on this and other aftercare, depending on the strength of your peel.

Before you start:

Make sure you know what to expect from a chemical peel. Chemical peels cannot change pore size, tighten loose skin or remove deep scars.

Some doctors prescribe a pre-treatment skin regime (for four to eight weeks), to prepare a patient's skin and speed the healing process. You should avoid electrolysis and sunbeds for a couple of weeks before treatment and wear a sunblock after treatment.

Also see:

Dermabrasion

Microdermabrasion

Laser / Intense pulsed light

Name:

Chin surgery (Mentoplasty/Genioplasty)

Purpose:

To make the chin look larger or smaller

The treatment:

This procedure should be carried out by a surgeon with relevant skills and experience in an establishment registered with the Healthcare Commission.

Reducing the size of the chin can take up to four hours and is carried out under general or local anaesthetic. In a reduction genioplasty procedure the surgeon will make cuts inside the mouth and either remove some of the bone, or slide part of the bone to re-position the chin point.

Chin implants involve surgery and the treatment can take up to two hours per implant, depending on the treatment. Chin implants can use a variety of materials including:-

- Silicone
- Other man-made materials
- Tissue from your own body

It may also be possible to reshape the chin using “suture” or “threadlift” techniques. This involves the placement of sutures or threads with tiny “teeth” into the brow through a small insertion. The threads are pulled upwards and secured, and the insertion is stitched shut.

The results:

Most people find that the shape or definition of their chin has changed. Chin reduction surgery is permanent. Implant results will be semi-permanent if human tissue is used because the tissue will age, or permanent in the case of synthetic implants such as silicone or polythene.

The risks:

General risks associated with surgery – see [Considering cosmetic surgery?](#)

Risks can include infection (particularly with chin implants), blood loss, swelling, nerve injury causing numbness of the lower lip. Implants may also move, and may cause scar tissue to form. There is also the possibility of excess skin hanging down below the chin and/or the neck.

If the implant is infected or moves, the implant may have to be removed, which is not always a straightforward procedure. See your GP if you think this has happened to you.

Before you start:

Most people choose to have a chin reduction or implants because they think their chin looks too large or too small. Before considering chin surgery, talk to your doctor about whether there are any alternatives.

Also see:

[Dermal filler](#)

[Fat transfer](#)

[Fat implant](#)

Name:

Dermabrasion

Purpose:

To change the texture and appearance of the skin so as to minimise scars and reduce the appearance of sun damage.

The treatment:

This procedure should be carried out by a surgeon or dermatologist with relevant skills and experience in an establishment registered with the Healthcare Commission.

Dermabrasion is a procedure which involves removing the surface of the skin so that blemishes become less obvious. The process can take up to an hour. You will have a local anaesthetic on the area to be treated, and usually some kind of sedation help you relax.

There are two types of dermabrasion. One involves the surgeon or dermatologist scraping away the outer layer of skin with a wire brush, to a level that will make a scar or wrinkle less visible. The other type involves the surgeon or dermatologist using a dermatome – which resembles an electric razor – to skim off the layers of skin that surround a deep scar or other defect, until the skin is at the same level as the lowest point of the scar. The skimmed skin then heals.

The results:

The results are long lasting, although many people choose to have further dermabrasion every few years to maintain the initial effect.

The risks:

Dermabrasion generally causes a lot of bleeding, making it difficult to judge when to stop the removal of skin. This can lead to scarring or pigment changes. However, you can avoid most potential problems by talking to the surgeon in depth about what you require before the treatment.

Most people heal within ten days, although there may be some redness for up to three months.

Before you start:

Make sure you know what to expect from the treatment. Dermabrasion can't reduce pore size, or tighten loose skin.

There are a range of other skin treatments which can be as effective as dermabrasion, such as chemical peels or laser skin resurfacing – so you may want to discuss these alternatives with your doctor.

Also see:

Chemical peels

Laser skin resurfacing

Name:

Dermal fillers

Purpose:

To plump up fine lines, wrinkles, some scarring, and augment the lips by restoring volume and definition.

The treatment:

Most manufacturers of dermal fillers recommend that treatments should only be carried out by medical professionals. Dermal fillers are currently injected by doctors, nurses and beauty therapists.

Dermal fillers are made from a variety of materials and the effects can be either temporary or permanent, depending on the type of filler. Any fillers placed on the market as medical devices must meet the requirements of the Medical Devices Directive. Such materials must be CE-marked, which indicates that the manufacturer has verified that the product will not compromise the clinical condition or the safety of patients when used under the conditions and for the purposes intended, and that any risks are acceptable when weighed against the benefits anticipated from the clinical use intended by the manufacturer.

There are dermal fillers derived from collagen, some which come from a bovine source and some from porcine. Other fillers are synthetically produced in laboratory and are derived from hyaluronic acid. Fillers derived from both collagen and hyaluronic acid are temporary biodegradable products which last 3-9 months depending on the product and the amount used. Fillers made using collagen will require a skin test whereas fillers made from hyaluronic acid will not. Some of the brand names include Restylane®, Hydracell®, Hylaform® and Juvederm®.

Other fillers include:-

Radiesse® – a temporary filler made using calcium hydroxylapatite, the results can last up to 2 years. No skin test is required.

Sculptra® – a temporary filler made using polylactic acid, the filler itself breaks down over a number of months. It assists with the growth of new collagen, and the effects of this new collagen growth can last for over 1 year. No skin test is required.

Silskin® – a permanent filler made using sterile, colourless silicone oil. No skin test is required.

Bio-Alcamid® - a permanent filler made from 96% water and 4% synthetic polymer (poly-alkyl-imide). Once injected a thin capsule of collagen forms round the filler. The manufacturers claim the filler can be extracted easily at any time of the results are not to the patient's liking.

The practitioner injects the filler in a series of small injections and the area gently massaged. You can expect to be a little swollen and tender for a short while afterwards. Some treatments require the application of a local anaesthetic cream, and others which are carried out by doctors or dentists may be performed using nerve block anaesthesia. The treatment time can vary between 30 minutes to an hour.

The results:

The lines and wrinkles are softened, the lips can be plumped up and given more definition. The degree of correction is dependent on the patient's wishes and the amount of product used. Results are also dependent on a patient's skin type and facial structure, their life style and their own perception.

The risks:

Risks can include a small risk of allergic reaction to the filler or bruising of the treated area. People with a history of cold sores may experience a recurrence after treatment, although this can be minimised by the use of antiviral medicines.

Fillers are a single use item, and part-used syringes should not be stored for future use.

Before you start:

Ensure you have a thorough consultation, make clear your expectations, and make sure all your queries have been answered.

Also see:

[Fat implant](#)

[Fat transfer](#)

[Lip implant](#)

[Cheek implant](#)

Name:

Ear surgery (or otoplasty/pinnaplasty)

Purpose:

To reduce the size or prominence of one or both ears.

The treatment:

This procedure should be carried out by a surgeon with relevant skills and experience in an establishment registered with the Healthcare Commission.

The operation usually takes around an hour – but may take longer if a lot of work is required. If you have the surgery as an adult, you may have a local anaesthetic and sedation, but some patients prefer a general anaesthetic. Children usually have a general anaesthetic.

The surgeon makes a cut just behind the ear in the natural fold where the ear meets the head. Cartilage and skin are then removed from the ear to achieve the right effect – additionally, some of the cartilage may be pinned back with stitches. Finally, the surgeon stitches up the initial cut and then bandages the ears to protect them.

The results:

Once you've had ear surgery, the results are permanent – although because ear cartilage is very elastic, there is always some forward movement of the ears after the operation.

The risks:

General risks associated with surgery – see [Considering cosmetic surgery?](#)

While the stitches heal, you may feel that your ears are pulling or are tight, but this usually goes away. Other rarer complications include infection, bleeding underneath the skin, a reaction to the anaesthetic and numbness, and you may end up with slightly asymmetrical or “cauliflower” ears.

Most people's scars aren't noticeable, but occasionally, excess scar tissue can form which could look odd. And if you have a history of problems with wound healing, the scars could be raised and very visible.

Before you start:

Before talking to a cosmetic surgeon, think about whether surgery is really necessary – most people's ears are not perfectly symmetrical or perfect to begin with. Then, be realistic about what you are expecting from the procedure. While ear surgery will change the physical appearance of the ears, and bring corresponding psychological benefits, there are limits to what it can do.

You should also bear in mind that the younger you are when the operation takes place, the better. The cartilage of a child is much softer and easier to mould than that of an adult – and in fact, most ear surgery patients are aged between five and 14.

Name:

Electrolysis

Purpose:

To remove hair from the face or body.

The treatment:

Electrolysis treatments should only be carried out by a trained electrologist.

Electrolysis is a method of hair removal or epilation. It usually takes place without anaesthesia, though some clients obtain an anaesthetic cream on prescription from their doctor and apply this cream to the area 1 – 2 hours before to treatment.

Electrolysis works by means of thermolysis, which means that heat is used to destroy the hair follicles from which unwanted hair grows. The therapist will insert an electrical needle into the hair follicle and deliver an electric current which heats the follicle and destroys the cells. The length of the procedure will depend on the area to be treated.

Electrolysis works on hair follicles which are actively growing at the time of the treatment – and hair will continue to grow from follicles which are not active at the time of the treatment. This means that a course of treatments may be needed before the area is fully clear of hair, which can take anywhere between four and sixteen hours.

The results:

The treated area should be left free of hair. Electrolysis is usually permanent, but some patients find they need further treatments if hormonal changes cause hair regrowth, or hair follicles which were dormant at the time of the course of treatment become active and grow new hair.

The risks:

Electrolysis can be painful and will leave the area red and swollen – though this is temporary. Electrolysis can leave permanent scars if carried out by an untrained operator, so make sure that your therapist is a qualified electrologist.

Before you start:

Electrolysis can be a permanent procedure, so it is important you are sure about the treatment before you have it.

Also see:

[Laser/ intense pulsed light hair removal](#)

Name:

Upper and lower eyelid surgery (Blepharoplasty)

Purpose:

To remove skin and tissue from the upper and/or lower eyelids in order to get rid of hooded eyelids and/or eyebags.

The treatment:

This procedure should be carried out by a surgeon with relevant skills and experience in an establishment registered with the Healthcare Commission. An ophthalmologist should also assess your suitability for surgery.

Upper eyelid surgery is often carried out separately from lower eyelid surgery. Although upper eyelid surgery is usually under local anaesthesia, many surgeons do lower eyelid surgery under general anaesthetic.

In upper eyelid surgery, the surgeon cuts along the eyelid crease in the natural skin fold of the eyelid and removes unwanted skin, fat and muscle. He or she then closes up the cut, hiding the scar inside the natural fold of the upper eyelid.

In lower eyelid surgery, the surgeon moves or removes fat from the eyebags either through an external cut made just below the lower lashes or through a cut made on the inside of the eyelid. A small amount of skin may also be removed, but the orbicularis muscle (the muscle that closes the eyelid) should be preserved.

The results:

Many people find that eyelid surgery can make a real difference to their appearance, especially if they had large bags underneath their eyes.

The results of lower eyelid surgery through an external cut are likely to be more effective than surgery through a cut made on the inside of the eyelid as the surgeon can tighten the skin and reduce some wrinkling as well.

Some techniques of lower eyelid surgery can leave the eyes looking sunken or unnatural because too much fat is removed. Ask your surgeon whether he or she removes the fat or avoids the need for fat removal by moving the fat behind the muscle underneath the eyelid.

The risks:

General risks of surgery – see [Considering cosmetic surgery?](#)

The risks of upper and lower eyelid surgery include temporarily blurred vision, infection, scarring, inability to close eyes, lower eyelid sagging, dry eyes, and bleeding behind the eye, which can lead to blindness. Your eyes may end up looking uneven.

If you have glaucoma or dry eyes which don't produce enough tears, there is a higher risk of problems following the treatment and eyelid surgery may not be suitable for you. This is why an ophthalmologist (an eye specialist) needs to assess your suitability before surgery.

Before you start:

Talk to the surgeon about the results that you expect from the surgery. Upper and lower eyelid surgery cannot remove dark circles under the eyes caused by dark pigmentation of the skin or by very thin, translucent skin. Eyelid surgery cannot lift sagging eyebrows and it cannot get rid of crow's feet.

Also see:

[Browlift](#)

[Facelift](#)

[Suture facelift](#)

[Bio skin jetting](#)

[Nose reshaping](#)

Name:

Facelift (or rhytidectomy)

Purpose:

To reduce flabby jowls and smooth the jawline.

The treatment:

This procedure should be carried out by a surgeon with relevant skills and experience in an establishment registered with the Healthcare Commission.

Facelift surgery can take up to six hours and usually takes place under general anaesthetic.

There are many different kinds of facelift, but generally, the surgeon frees the skin by making a cut in the hairline from the temple, round and behind the ear and into the hairline. He or she then pulls the skin up and backwards into its new position and removes any excess fat.

At the end of the operation, the surgeon closes up the cuts with stitches and applies a dressing to protect the area where the cuts were made. Some types of facelift can be performed without leaving visible external scars – ask the surgeon about endoscopic techniques, where the surgeon will make several smaller cuts and insert an endoscope (a metal tube with a camera attached to the end) so that they can see the tissues underneath the skin on a television screen.

The results:

Most people find that they look about ten years younger after a facelift. The scars of the operation will be permanent although they are generally hidden, usually by your hair.

The risks:

General risks associated with surgery – see [Considering cosmetic surgery?](#)

There are risks associated with facelifts including hair loss, scarring, and rough skin. Risks also include nerve damage which can cause paralysis of part or all of the movement of the facial muscles, or numbness of the face, both of which may be temporary or – rarely – permanent. Additionally the results of the surgery may be uneven. Eyes can look lopsided, or features do not seem to be lined up symmetrically. Infections after the surgery are rare.

Before you start:

Make sure you know what to expect from a facelift. While a facelift should make you look younger, it will not raise sagging eyebrows, remove deep frown lines in the forehead, change your upper or lower eyelids, or get rid of wrinkles around the mouth. After your facelift your facial appearance will continue to age.

Also see:

[Brow lift](#)

[Upper and lower eyelid surgery](#)

[Botulinum toxin injections](#)

[Bio skin injections](#)

[Suture facelift](#)

[Nose reshaping](#)

Name:

Fat implant/ fat transfer

Purpose:

To smooth out contours or add shape to different parts of the body.

The treatment:

This procedure should be carried out by a surgeon with relevant skills and experience in an establishment registered with the Healthcare Commission.

Fat transfer involves surgery and the treatment normally takes up to two hours, depending on the area of the body and quantity of fat involved. The surgeon makes a small cut and inserts a metal tube called a cannula. The fat is then extracted through the cannula using a needle or a vacuum pump. The fat is then sometimes washed before being injected into the new area using a needle. If the fat is being implanted in the face, a series of tiny needles are used.

Sometimes extracted fat is stored for future treatments.

The results:

The treatment should result in skin being smoother or parts of the body having a fuller shape. The results will be semi-permanent because the body can sometimes reabsorb the injected fat, meaning that top-up injections may be required.

The risks:

General risks associated with surgery – see [Considering cosmetic surgery?](#)

Risks can include bruising, swelling, lumpiness, skin discolouration and infection. The precise amount of fat needed to smooth or alter body shape is difficult to judge – the skill of the surgeon is very important.

Before you start:

Many people choose to have fat implants or transfer because they think a part of their body is wrinkled or lacks shape – but this may be due to the structure of your body rather than anything that fat can correct. Before considering a fat implant or transfer, talk to your doctor about whether there are any alternatives.

Also see:

[Dermal fillers](#)

Name

Fat reduction injections (or lipotherapy/injection lipolysis).

Purpose:

To reduce fatty deposits in particular areas around the body.

The treatment:

Lipostabil®, also marketed as Flabjab™, Lipomelt, Lipodissolve and Fat-Away, is an intravenous preparation of phosphatidycholine and is for the prevention and treatment of blood vessel blockages caused by fat particles (fat embolism). It is indicated as a lipid lowering agent (a medication for reducing fat in the blood) and is a licensed medicine in some European Member States but not in the UK.

The safety of this product has not been established for cosmetic use. The usual route of administration for cosmetic use is subcutaneous (ie under the skin) and this is specifically warned against in the manufacturer's information sheet.

The results:

Most people find that the area treated appears thinner and more toned. However you should note that this procedure should not be carried out if it involves the use of any of the products mentioned above.

The risks:

Risks include infection, bleeding and nerve damage, as well as skin irregularity or waviness if too much fat has been removed. Some people also experience side effects in the treated area – such as swelling, aching, itching and bruising – which can last up to three days.

Find out what product the practitioner is planning to use. If he or she intends to use any of the products mentioned above you should refuse the treatment and contact the Medicines and Healthcare products Regulatory Agency (MHRA) on 020 7084 2000.

Before you start:

Fat reduction injections do not stop you gaining weight in the future, so are not an alternative to dieting and exercise.

Also see:

[Liposuction](#)

[Mesotherapy](#)

Name

Female genital reshaping (or labia reduction/labiaplasty)

Purpose:

To change the size and shape of the labia.

The treatment:

This procedure should be carried out by a surgeon with relevant skills and experience in an establishment registered with the Healthcare Commission.

Female genital reshaping is a surgical procedure that normally takes place under general anaesthetic, or local anaesthetic plus sedation. The exact nature of the operation depends on the desired result and what the surgeon recommends, but it can last up to two hours.

Standard genital reshaping simply means reducing the size of the inner labia (the inner genital lips). To do this, the surgeon will cut away the unwanted labia tissue to make the desired shape. Alternatively, they can remove a wedge-shaped section of the labia, leaving the front intact and removing the tissue from behind. This means there is no change in the colour of the labia and makes the surgery less noticeable.

Some surgeons use a laser instead of a scalpel to reduce bleeding.

The results:

The labia will be reshaped to the desired look. The results should be permanent.

The risks:

General risks associated with surgery – see [Considering cosmetic surgery?](#)

After the surgery, the genital area will be swollen and painful and it is therefore likely that you will be unable to have sexual intercourse for six weeks. There is also the risk of infection, permanent colour change and loss of sensation.

Before you start:

Female genital reshaping is not the same as gender reassignment – changing from a man to a woman – if you are interested in gender reassignment, you should talk to your doctor. Female genital reshaping will not make your vagina smaller or tighter.

Also see:

[Vaginal tightening surgery](#)

Name:

Hair transplant

Purpose:

To replace hair in areas of baldness.

The treatment:

This procedure should be carried out by a surgeon with relevant skills and experience in an establishment registered with the Healthcare Commission.

Hair transplants take place under local anaesthetic, and each session of the treatment can last anything from two to eight hours, depending on the number of hairs that are transplanted. In one session, it is common to transplant 1,000 to 2,000 hair follicles – but larger areas of hair loss may require up to 4,000 follicles hairs a session. As each session can take several hours, many people choose to have two or three different sessions.

The surgeon anaesthetises an area of the head where the hair grows thickly. He or she then takes hair from there, in clusters of one to eight hair follicles – and transplants the hair to where it is required.

Once the surgeon has finished the hair transplant, he or she closes up the area where the strip of hair was taken from and covers it with bandages.

The results:

Most hair transplants are successful although it can take anything up to nine months before the hair takes root and begins to fill in. It is not uncommon for the transplanted hair to fall out after several months – and then start to regrow.

Once the hair starts to regrow, it should look natural. The hair should be placed in the direction in which the hair would normally be growing in that location.

The risks:

General risks associated with surgery – see [Considering cosmetic surgery?](#)

There is a low risk of infection or scarring – either from where the hair was taken or where it was transplanted. Occasionally, the transplanted hair may not take root and grow.

Before you start:

You must have realistic expectations of your hair transplant. If you start off without very much hair, a transplant will not give you a full head of hair. The thicker and denser your hair, the better the results will be.

Also see:

[Scalp surgery](#)

Name:

Isolagen® (or autologous collagen / autologous cell therapy)

Purpose:

To reduce the appearance of wrinkles, lines and scars.

The treatment:

The biopsy is performed by a doctor and the new cells are injected by either a doctor or nurse.

Isolagen® is an “autologous cell therapy” which means that it uses your own cells to reduce wrinkles.

A doctor takes a 4mm skin biopsy from behind the ear. The biopsy is sent to the Isolagen® laboratory where it is used to grow millions of fibroblasts over a period of 10 to 12 weeks. Fibroblasts are collagen producing cells.

When growth is complete the cells are returned to your practitioner, who will inject them into the required areas in 2 treatments which are around 30 – 45 days apart. The fibroblasts then stimulate the patient’s body to produce extra collagen in those areas where the fibroblasts were injected. This additional collagen reduces the appearance of lines, wrinkles and scars.

Your biopsy is barcoded and this barcode is unique to your biopsy and, later, your new cells. This helps to ensure that patients receive their own cells, not those of another patient.

The results:

Patients report a reduction in the appearance of fine lines, wrinkles and scars, and an improvement in the texture of their skin. The results build up over a period of 18 – 24 months. Isolagen® is not a permanent treatment, but the manufacturers report that some patients continue to see the results up to 7 years after the original treatment.

The risks:

Risks can include swelling and redness at the site of the injection.

Before you start:

Most people choose to have Isolagen® because they want to change the appearance of their skin, but their effect may be limited and not everyone sees a reduction in their wrinkles. Before considering Isolagen®, talk to your doctor about whether there are any alternatives.

Once your new cells leave the Isolagen® laboratory they must be injected within 24 hours. It is therefore vital that when you make your appointments for the injections that you are sure you will be able to keep them. If you are not able to keep your appointments you may incur a substantial cancellation charge.

Also see:

[Dermal filler](#)

[Fat implant](#)

[Fat transfer](#)

[Lip implant](#)

[Cheek implant](#)

Name:

Laser skin resurfacing

Purpose:

To reduce blemishes, fine lines, uneven pigmentation and scars.

The treatment:

This treatment should be carried out by a trained operator in an establishment registered by the Healthcare Commission.

These treatments are “ablative”. This means that the laser beam will remove the top layer of the skin. When the skin heals and grows back it should do so without the blemishes, wrinkles and scars which were previously there.

A local anaesthetic may be used for the treatment and your eyes must be protected with specially designed goggles. The treatment may take up to 30 minutes, and there may be some pain.

The results:

Laser skin resurfacing can remove acne scars, birthmarks, sun damage and other skin blemishes.

The risks:

Laser skin resurfacing can leave skin blisters or burns which can lead to mild scarring and changes in skin colour or pigment. If used around the eyes, it can also lead to eyelid swelling – though this is temporary. Some people can experience permanent scarring. Laser skin resurfacing can be used to treat birthmarks, which should fade as a result of treatment but may not disappear altogether.

Before you start:

Make sure that your chosen clinic is registered with the Healthcare Commission, and ensure that your practitioner holds BTEC qualifications or equivalent in light-based treatments. You should also check that your practitioner has experience in treating different pigmentation types. You should also make sure that your chosen clinic has a light-based system which can achieve the result you want for your skin and pigmentation type.

You will need to wear a sunblock after this treatment.

Also see:

Chemical peel

Name:

Light-based hair removal

Purpose:

To remove facial and body hair.

The treatment:

This treatment should be carried out by a trained operator in an establishment registered by the Healthcare Commission.

Hair follicles are heated using the light beam. This damages the hair follicle, which prevents the hair from growing again. Each treatment may take between 15 minutes to over an hour. Your eyes must be protected with specially designed goggles during the treatment and there may be a certain amount of pain.

The number of treatments needed will depend on the area to be treated and the system which is used – different systems will work differently on different skin types and hair colours. In addition, the light beam only works on hair follicles which are actively growing at the time of the treatment – and hair will continue to grow from follicles which are not active at the time of the treatment. This means that a course of treatments may be needed before the area is fully clear of hair.

Intense Pulsed Light (IPL) systems (which include Light Heat Energy (LHE) systems) can also be used for hair removal. Although these sources of light are different to laser beams, they work in the same way as a laser beam when removing hair.

The results:

Long-term – but not permanent – hair removal can be achieved with lasers, IPL and LHE machines. Further courses of treatment may be needed if hormonal changes cause hair regrowth, or hair follicles which were dormant at the time of the course of treatment become active and grow new hair.

You will need to avoid sun exposure / tanning before and after the treatment.

The risks:

After the treatment the skin may be red and sensitive, but this will be temporary. Light based hair removal treatments can cause skin blisters or burns which can lead to mild scarring and changes in skin colour or pigment.

Before you start:

Make sure that your chosen clinic is registered with the Healthcare Commission, and ensure that your practitioner holds BTEC qualifications or equivalent in light-based treatments. You should also check that your practitioner has experience in treating different hair colour and pigmentation types. You should also make sure that your chosen clinic has a light-based system which can achieve the result you want for your hair and pigmentation type.

Also see:

[Electrolysis](#)

Name:

Light rejuvenation therapy

Purpose:

To reduce wrinkles and fine lines, and areas of uneven pigmentation.

The treatment:

This treatment should be carried out by a trained operator in an establishment registered by the Healthcare Commission.

Light rejuvenation treatments are carried out using lasers, intense pulsed light or light heat energy systems. These treatments are “non-ablative”. This means that they affect the middle or dermal layer of the skin without causing too much damage to the top layer of the skin. The treatment works by stimulating the dermal layer of the skin to produce more collagen, which “plumps out” fine lines or wrinkles.

Your eyes must be protected with specially designed goggles during the treatment. Different light-based systems will work differently on different skin types. An initial course of treatments may be needed to achieve the desired effect, and a further treatment every six months may be necessary to maintain this effect.

The results:

Light rejuvenation therapy can help to reduce wrinkles, fine lines and uneven pigmentation.

The risks:

Light rejuvenation therapy can leave skin blisters or burns which can lead to mild scarring and changes in skin colour or pigment. If used around the eyes, it can also lead to eyelid swelling – though this is temporary. Some people can experience permanent scarring.

Before you start:

Make sure that your chosen clinic is registered with the Healthcare Commission, and ensure that your practitioner holds BTEC qualifications or equivalent in light-based treatments. You should also check that your practitioner has experience in treating different pigmentation types. You should also make sure that your chosen clinic has a light-based system which can achieve the result you want for your skin and pigmentation type.

You will need to wear a sunblock after this treatment.

Also see:

Microdermabrasion

Chemical peel

Name:

Lip implant

Purpose:

To make the lips look larger and fuller.

The treatment:

This procedure should be carried out by a surgeon with relevant skills and experience in an establishment registered with the Healthcare Commission.

Lip implants involve surgery under local anaesthetic and the treatment usually takes about 30 minutes. The surgeon makes four small cuts at each corner of the mouth, and then inserts the strip of implant material into each lip and cuts the implant to the size of the patient's lips. The cuts are then stitched.

The results:

The results should be permanent.

The risks:

General risks associated with surgery – see [Considering cosmetic surgery?](#)

Risks associated with lip implants include infection, movement of the implant or scarring.

If the implant is infected or moves, the implant may be removed, which is not always a straightforward procedure. If you think the implant has split you should contact your doctor immediately

Before you start:

Most people choose to have lip implants because they think their lips look thin – but this may be due to the structure of your mouth rather than your lips. Before considering a lip implant, talk to your doctor and dentist about whether there are any alternatives.

Also see:

[Dermal filler](#)

[Fat transfer](#)

[Fat implant](#)

Name:

Liposuction (or lipoplasty/liposculpture)

Purpose:

To reshape areas of the body with fatty deposits that are resistant to a healthy diet and exercise.

The treatment:

This procedure should be carried out by a surgeon with relevant skills and experience in an establishment registered with the Healthcare Commission.

Liposuction is a surgical procedure that can take place under either a local or general anaesthetic. The length of the treatment will depend on the technique chosen and the amount of fat to be removed – but it can take up to five hours. With basic liposuction, the surgeon will make a small cut in the skin, and then use a hollow metal tube called a cannula to break up the fat cells beneath the skin. The fat is then sucked out with a syringe or a vacuum pump.

Alternatively, there are several other techniques they may use. These include the injection of fluid or use of ultrasonic rays to break up the fat before it is sucked out.

Once the desired amount of fat has been sucked out the cuts are stitched up. There may be temporary bruising, swelling and pain following surgery. You will need to wear a special elastic garment for about a week after surgery.

The results:

Liposuction permanently removes fat cells to alter body shape.

The risks:

General risks associated with surgery – see [Considering cosmetic surgery?](#) Liposuction can lead to numbness, nerve damage, unevenness in the area treated and scarring. Patients who have ultrasound-assisted liposuction also risk internal and external burning.

Before you start:

You may wish to try diet and exercise before considering liposuction. Liposuction does not stop you gaining weight in the future, so is not an alternative to dieting and exercise. Liposuction is also not a treatment for cellulite.

Also see:

Tummy tuck

Thigh lift

Lower body lift

Buttock lift

Breast reduction (female)

Breast reduction (male)

Breast uplift

Micro-current treatment

Mesotherapy

Name:

Lower body lift

Purpose:

To alter the shape, size or appearance of the buttocks and thighs.

The treatment:

This procedure should be carried out by a surgeon with relevant skills and experience in an establishment registered with the Healthcare Commission.

A lower body lift is a surgical operation that will take place under a general anaesthetic. The procedure can last up to five hours.

The surgeon will make a series of crescent-shaped cuts along the upper buttock and the outer and inner thigh. The position, number and size of these cuts will depend on the extent of the surgery required but are normally quite long. The surgeon will then remove sections of skin before pulling the remaining skin together and stitching it. Sometimes this process is combined with liposuction.

The results:

The lower body should appear thinner and firmer.

The risks:

General risks associated with surgery – see Considering cosmetic surgery?

The surgery leaves permanent scars and can leave your legs and buttocks with an asymmetrical appearance.

Before you start:

Reducing your overall weight through healthy dieting or regular exercise could also reduce the size and firmness of your thighs, so you may wish to try conventional methods of weight loss and exercise before choosing surgery.

A lower body lift should only be used when dramatic results are required. You may want to discuss alternatives with your doctor or cosmetic surgeon.

Also see:

Liposuction

Thigh lift

Buttock lift

Buttock implant

Fat transfer

Name:

Mesotherapy

Purpose:

To make an area of skin look younger or to reduce levels of fat and cellulite.

The treatment:

These treatments are usually carried out by doctors and nurses. There is currently no clinical evidence of the safety or effectiveness of these treatments.

A doctor or nurse injects a mixture of vitamins, amino acids, and other medications into a selected area, just beneath the surface of the skin. Each treatment takes up to twenty minutes. If you find it uncomfortable, a local anaesthetic cream can be applied before the injections.

The results:

Mesotherapy aims to replace the minerals, vitamins and amino acids that you have less of as skin or flesh ages. Injection means that greater concentrations of substances reach the selected area faster than oral methods. It also aims to help to maintain firmness and texture, reducing lines and wrinkles. The results are not permanent, and many patients have injections every three months.

The risks:

Risks include allergic reactions to the injected mixture and/or any local anaesthetic. Bruising may also occur. There is also debate about the effectiveness and safety of some of the substances used in mesotherapy, and the Royal College of Nursing, the nurses' professional body, advises their members not to inject mesotherapy solutions unless they are fully aware of what the solution contains.

One product, Cellulyse, is used in mesotherapy for the treatment of cellulite and is administered subcutaneously. Cellulyse is a medicinal product and is **not** licensed in the UK for any purposes, including cosmetic use.

Before you start:

Most people choose to have mesotherapy because they think their skin looks wrinkled or that it will help to reduce fat and cellulite, but there is little clinical evidence about the safety and effectiveness of these treatments. Talk to your doctor or dermatologist to see if there are any alternatives.

Also see:

Fat transfer

Fat implant

Micro-current treatment

Name:

Micro-current treatment

Purpose:

To make loose muscles and skin appear higher and/or tighter.

The treatment:

This treatment is currently carried out by beauty therapists.

Micro-current treatment is a non-surgical procedure that takes place without anaesthesia. Each session will last about an hour.

The beauty therapist will apply pads or probes that deliver a very low-voltage electrical current to the treatment area. This gently exercises the muscles underneath the skin, which aims to gradually tighten them.

Most practitioners recommend between 10 and 15 sessions of about an hour each – depending on the desired result. Practitioners may also recommend a monthly maintenance treatment.

The results:

The skin and muscles in the treated area may appear tighter and firmer.

The risks:

There are very few risks associated with micro-current treatment.

Before you start:

You may be unable to undergo micro-current treatment if you have skin condition, are pregnant or have a history of heart problems (including having a pacemaker).

Also see:

[Liposuction](#)

[Fat transfer](#)

[Fat implant](#)

[Mesotherapy](#)

Name:

Microdermabrasion

Purpose:

To reduce the appearance of scars, fine lines, uneven pigmentation, sun damage, oily skin and blackheads.

The treatment:

There are a number of different microdermabrasion systems currently available, which vary in intensity. A doctor or nurse can use stronger machines, while others can be used by beauty therapists.

The practitioner will use a hand piece to direct a fine jet of minute crystals across the surface of the skin. This loosens dead skin, and the crystals and dead skin are immediately vacuumed away. The flow of crystals and the vacuum pressure is customised according to skin type and desired result. Microdermabrasion takes less than 30 minutes, and a course of between 4 – 6 treatments is recommended.

Many laser and intense pulsed light practitioners suggest microdermabrasion before light based treatments, to improve the penetration of the light through the skin.

The results:

Microdermabrasion realigns the skin cells in the top layer of the skin and stimulates collagen growth. This thickens the skin, which in turn improves resistance to ageing and can also help to improve scarring.

The risks:

Mild redness may occur for between 30 minutes and half a day, depending on the aggressiveness of the treatment.

Before you start:

A course of homecare products may improve the results. You must wear a sunblock after this treatment.

Also see:

[Chemical peels](#)

[Dermabrasion](#)

[Light rejuvenation therapy](#)

Name:

Micropigmentation (or semi-permanent make-up/dermagraphics)

Purpose:

To create a semi-permanent appearance of make-up.

The treatment:

This treatment is currently carried out by beauty therapists.

Micropigmentation is a non-surgical procedure very similar to tattooing. The beauty therapist will use a very fine needle to place pigment into the skin at a very high speed via a small hand-held electrical device. The needles penetrate the skin a few millimetres deep. The new pigment or colour is deposited in the dermal layer of the skin, just below the surface.

The results:

Micropigmentation leaves a semi-permanent pigmentation in the area treated. This can either cover up scars, blemishes or hair loss; or be used to mimic the appearance of make-up. The treatment will fade over time as new skin grows, so the treatment will have to be repeated every 3–4 years.

The risks:

Some people find they are allergic to semi-permanent cosmetics. A skin test in a concealed area before treatment could be advisable, to see how the skin responds.

If the needle is inserted too deeply into the skin you may get bleeding, spreading of the pigmentation or hair damage. This can be permanent and can lead to scarring.

Before you start:

Micropigmentation is very similar to a tattoo, so it is important you are sure about the treatment before you have it. The effect may fade over several years, but it will not disappear completely.

Name:

Microsclerotherapy

Purpose:

To reduce the appearance of thread veins.

The treatment:

The sclerosing solution which is injected into the vein is a prescription only medicine which must be prescribed by a doctor. The injections themselves are currently carried out by doctors, nurses and specially trained beauty therapists.

Microsclerotherapy is an injectable treatment for thread veins. A doctor prescribes a sclerosing solution which is injected into the thread vein. This injures the cells in the lining of the vein and triggers a healing process. As the healing occurs the vein fades away. This process can take several weeks and the veins will look worse before they get better.

Treatments should last less than an hour, but patients may need up to six treatments at 4 – 12 week intervals.

The results:

Thread veins will appear fainter or, in some cases, disappear. The treatment is not always permanent and results cannot be guaranteed.

The risks:

Brown marks and fine matting of tiny red veins can appear but will usually fade in time. The treatment can cause a temporary, painful inflammation of the vein, but this is rare. If the solution irritates the skin around a vein a scab may form leaving a small scar. More serious complications are extremely rare, but allergic reactions and a clot in the deeper veins have been reported.

Before you start:

Thread veins may indicate an underlying vascular condition. You should visit your GP for a general health check before microsclerotherapy treatment to make sure that your thread veins are not a symptom of an underlying vein problem which should be referred to a vascular specialist.

The effects of microsclerotherapy aren't immediate and the area can actually appear worse before it gets better. You may need to wear compression hosiery for several days after each treatment, and you will also need to protect the treated area from the sun. In addition, you should not have treatment two weeks before or after a long haul flight.

Also see:

[Micro-thermocoagulation treatment](#)

Name:

Micro- thermocoagulation treatment (or Veinwave®)

Purpose:

To reduce the appearance of thread veins, primarily facial thread veins.

The treatment:

This treatment is currently carried out by doctors, nurses and specially trained beauty therapists.

This treatment involves destroying the thread vein by heating it using microwave technology. The practitioner inserts a needle in the skin alongside the thread vein. This is used to apply heat to the vein, which is immediately destroyed.

This treatment is primarily used for thread veins on the face. A session of treatment lasts around 15 minutes. Only one session is usually needed, although some people may need two.

The results:

Thread veins will appear fainter or, in some cases, disappear. The treatment is not always permanent.

The risks:

The skin in the treated area will look pink after treatment, and small scabs will form. These will usually heal quickly, though the healing process may take longer in some people. There may be a risk of scarring.

Before you start:

Thread veins may indicate an underlying vascular condition. You should visit your GP for a general health check before micro-thermocoagulation treatment to make sure that your thread veins do not point to a more serious condition.

It is important to remember that microwave treatment doesn't stop other veins in the treated area becoming prominent in the future.

Also see:

[Microsclerotherapy](#)

Name:

Nipple reshaping

Purpose:

To alter the shape, size or appearance of the nipple.

The treatment:

This procedure should be carried out by a surgeon with relevant skills and experience in an establishment registered with the Healthcare Commission.

There are two main treatments within nipple reshaping: nipple reduction and correcting nipple inversion. Both operations take place under a local anaesthetic and can last up to two hours.

Nipple reduction involves cutting two circles: one around the circumference of the areola (the brownish area around the nipple) and one where the outer edge will be after surgery. The skin in between these two lines is removed and the skin pulled together and sewn.

To correct nipple inversion, the surgeon will make a cut around the lower half of the nipple and stitch it so as to make it stick out.

Nipple reshaping can also be performed using fat transfer to create a more projected nipple.

The results:

The nipple/areola will appear smaller or the previously inverted nipple will now stick out.

The risks:

General risks associated with surgery – see [Considering cosmetic surgery?](#)

The surgery leaves permanent scars and can leave you with lopsided nipples or a permanent loss of feeling in and around the nipple.

For women, nipple reshaping can leave you unable to breastfeed.

Before you start:

It is also possible to correct inverted nipples without surgery, by using suction devices that gradually suck the nipple out. This process can take one to three months and you should consider this route before surgery.

Women with inverted nipples often believe they will be unable to breastfeed. This isn't always the case – so consult your doctor before deciding to have surgery. Some women actually find nipple reshaping stops them being able to breastfeed.

Also see:

[Breast reduction \(female\)](#)

[Breast reduction \(male\)](#)

[Breast uplift](#)

[Breast implant](#)

[Fat Transfer](#)

[Pectoral implant](#)

Name:

Nose reshaping (or rhinoplasty/nose job)

Purpose:

To reshape the nose or relieve blockages in the nostrils.

The treatment:

This procedure should be carried out by a surgeon with relevant skills and experience in an establishment registered with the Healthcare Commission.

There are a number of procedures within the scope of nose reshaping, so the exact nature of the treatment will depend on the desired result. Depending on the extent of the surgery, the operation may take place under a general or local anaesthetic and will take around two hours.

There are two main techniques used in nose reshaping operations: open and closed. Open means that some or all of the cuts are made outside the nose; closed means all the cuts are made inside the nose.

A nose reshaping operation normally involves separating the soft tissue that lies on top of the nose from the bone and cartilage underneath. Depending on the operation, the surgeon might break the nose bone and reposition it and/or reshape the cartilage.

The results:

The shape and/or size of your nose should be altered – either for cosmetic reasons or to enhance breathing.

The risks:

General risks associated with surgery – see [Considering cosmetic surgery?](#)

Some patients find that there are irregularities in the shape of their nose after surgery, although these irregularities may settle with time. The final results may take up to 12 months to emerge and therefore it is important to wait before making any decisions about the necessity for further surgery.

Before you start:

Your surgeon can only work within the limitations of your bone and cartilage structure, so there are limits to how far you can alter the shape of your nose. Furthermore, it is essential that the surgery doesn't interfere with your breathing, so this may prevent you from having certain procedures.

Also see:

Brow lift

Lip implant

Facelift

Upper and lower eyelid surgery

Name:

Pectoral implant

Purpose:

To make the chest and pectoral muscles look larger or fuller.

The treatment:

This procedure should be carried out by a surgeon with relevant skills and experience in an establishment registered with the Healthcare Commission.

Pectoral implants involve surgery under general or local anaesthetic and the treatment can take up to two hours per implant. The surgeon makes two small cuts underneath the armpit before inserting the implant. These are then stitched up. The implant is held in place by the chest muscles or by stitches.

Pectoral implants are made of silicone.

The results:

Most people find that their pectoral muscles look bigger or fuller as required. The results will be permanent.

The risks:

General risks associated with surgery – see [Considering cosmetic surgery?](#)

Risks can include infection, blood loss, fluid collection, movement of the implant or scarring. If the implant is infected, ruptures or moves, it may have to be removed, which is not always a straightforward procedure. Talk to your doctor immediately if you think this has happened to you.

Before you start:

Most people choose to have pectoral implants because they think their chest looks small – but this may be due to the structure and proportions of your body rather than your chest muscles. Before considering a pectoral implant, talk to your doctor about whether there are any alternatives.

Also see:

[Nipple reshaping](#)

[Breast reduction \(male\)](#)

Name:

Penis enlargement (or phalloplasty/penis augmentation surgery)

Purpose:

To increase the length and/or girth of the penis.

The treatment:

This procedure should be carried out by a surgeon with relevant skills and experience in an establishment registered with the Healthcare Commission.

There are two penis enlargement procedures: enlargement phalloplasty (increasing penis length) and girth enlargement (increasing penis width). Both are surgical operations and some patients chose to have both at the same time. The entire procedure lasts just over an hour and usually takes place under a general anaesthetic. It may be necessary to include circumcision as part of the procedure.

To increase the length of the penis, the surgeon will make a cut at the base of the penis and cut the ligament that attaches the penis to the body. This will cause the penis to extend out further from the body. The penis is not, therefore, actually longer but more of it is allowed to stick out from the body.

The girth of the penis can be increased either by sewing strips of fat underneath the skin of the penis – a process called dermal fat grafting; or by injecting fatty tissue into the penis – this is called fat transfer.

The results:

The penis should appear longer and/or wider, but it will not be longer when erect. If fat transfer has been used then this is not permanent and will disappear over time.

The risks:

Sometimes the angle of the erection may be slightly lower after surgery, but this should not affect sexual intercourse. There is also a risk that there will be no increase in length. If fat transfer is used to increase girth, then it is possible for the penis to end up with an irregular shape.

There is also the risk of loss of sensation and impotence.

Before you start:

Some surgeons insist on men undergoing counselling before undertaking penis enlargement surgery, so you may wish to consider alternatives first. Shaving off your pubic hair can make your penis appear larger, as can slimming if you are overweight.

Also see:

[Fat transfer](#)

Name:

Plasma skin rejuvenation (or Portrait®, Rhytec®)

Purpose:

To tighten the skin, improve the skin tone and reduce the appearance of fine lines and wrinkles.

The treatment:

The manufacturers of plasma skin rejuvenation equipment recommend that it is only used following a consultation with a doctor by operators who have been specially trained to operate the machines.

Plasma skin rejuvenation is a “non-ablative” treatment which means that it acts on the middle and lower layers of the skin while causing little or no damage to the top layer of the skin.

The practitioner will use a machine which converts nitrogen gas to plasma pulses, which are directed towards the skin using a handpiece. This heats the middle and lower layers of the skin. This heating process is said to cause tightening of existing collagen, as well as stimulating new collagen to form. An anaesthetic cream may be applied, and painkillers and/or sedatives may also be administered prior to treatment.

Many people only have a single treatment, but a course of up to four treatments may be necessary depending on the size of the area to be treated and the desired result.

Manufacturers claim that the improvements may last for up to one year.

The risks:

The skin may be red following treatment, and may then turn brown for a few days until the top layer of skin is shed. The treated skin may then appear red for a day or two after treatment, and some people may experience some swelling, bruising or blistering.

Before you start:

Make sure you know what to expect from a plasma rejuvenation treatment. chemical peel. This type of treatment cannot change pore size or remove deep scars.

Also see:

Brow lift

Chemical Peel

Dermabrasion

Facelift

Laser skin resurfacing

Light rejuvenation therapy

Radiofrequency treatment

Thread lift

Name:

Radiofrequency treatment (Thermage/ThermaCool®, Aurora®, Polaris® and Comet®.)

Purpose:

To tighten skin and reduce the appearance of fine lines and wrinkles.

The treatment:

The manufacturers of radiofrequency equipment recommend that it is only used following a consultation with a doctor by operators who have been specially trained to operate the machines. Treatments which combine radiofrequency treatment with laser or intense pulsed light treatment should only be carried out in establishments licensed by the Healthcare Commission.

Radiofrequency treatment is a “non-ablative” treatment which means that it acts on the middle and lower layers of the skin while causing little or no damage to the top layer of the skin.

The practitioner will use a handpiece containing one or two electrodes to deliver radiofrequency energy into the middle and lower layers of the skin. This heats the middle and lower layers of the skin. This heating process is said to cause tightening of existing collagen, as well as stimulating new collagen to form. Some machines also include a cooling spray which cools the treated skin immediately following the action of the radio waves. An anaesthetic cream may be applied and then removed before the treatment begins.

Some treatment machines combine radiofrequency energy with lasers or intense pulsed light for treating uneven pigmentation and hair removal, as well as fine lines and wrinkles. Treatments include Thermage/ThermaCool®, Aurora®, Polaris® and Comet®.

Manufacturers claim that the improvements will become increasingly visible over a six month period and may last for up to two years.

The risks:

The skin may be red for a day or two after treatment, and some people may experience some swelling, bruising or blistering. The treatment is not suitable for people who have pacemakers or any metal implants as the radiofrequency energy may interfere with the safe operation of these devices or implants.

Before you start:

The manufacturers state that radiofrequency treatment works best on people who do not have too much sagging skin.

Also see:

[Brow lift](#)

[Chemical Peel](#)

[Dermabrasion](#)

[Laser skin resurfacing](#)

[Light rejuvenation therapy](#)

[Facelift](#)

[Thread lift](#)

Name:

Scalp surgery

Purpose:

To change the size and position of areas of the scalp so that the patient looks less bald.

The treatment:

This procedure should be carried out by a surgeon with relevant skills and experience in an establishment registered with the Healthcare Commission.

There are three types of scalp surgery:

Scalp flap surgery – moving a hair-covered section of the scalp to a bald area of the scalp and stitching it back together.

Scalp reduction surgery – removing some balding skin and replacing it by stretching a nearby area of hair-covered skin over the piece of scalp that has been removed and stitching it back together.

Scalp extension – stretching and loosening an area of the scalp by placing a gradually expanding device underneath it for a few weeks, and then performing scalp reduction surgery.

Depending on your hair growth, the surgeon may recommend either one of or a combination of the three types of surgery. Scalp flap surgery involves three operations over a period of three weeks; scalp reduction surgery involves a single operation, while, if you have a scalp extension, you could have up to three operations over a period of months. Whichever type of surgery you have, you will normally have a local anaesthetic in your scalp, along with a sedative to help you relax.

The results:

All three types of scalp surgery can be very effective and your surgeon should recommend the one which is most suitable for you. Scalp reduction surgery (without a corresponding scalp extension) is only effective in covering small areas of balding skin as most people's scalps cannot stretch very much. Additionally, some people find that the bald spot again grows larger, as the skin returns to its former position.

The risks:

General risks associated with surgery – see [Considering cosmetic surgery?](#)

There are risks of bleeding, pain, swelling and scarring after scalp surgery. With scalp flap surgery, there is a low risk of a condition called necrosis – which happens when the circulation of the blood is affected so badly after the surgery that new tissue under the scalp fails to grow.

Some people develop a slot deformity (an odd-looking indentation along the scar), while others develop a slot defect, where hair grows in the wrong direction around the scar.

Before you start:

Surgeons normally recommend scalp transplants to people who have already lost too much hair for a hair transplant to be successful. But the treatment is most effective in people who have a receding hairline only, rather than a horseshoe-shaped bald area on the top of their heads. If your remaining hair is thick and strong, the treatment is most likely to be successful.

Also see:

[Hair transplant](#)

Name

Thigh lift (or thighplasty)

Purpose:

To alter the shape, size or appearance of the thighs.

The treatment:

This procedure should be carried out by a surgeon with relevant skills and experience in an establishment registered with the Healthcare Commission.

A thigh lift is a surgical operation that will take place under a general anaesthetic. The procedure usually lasts about three hours.

The surgeon will make a oval-shaped cut at the top of the thigh and remove a section of skin and any surplus fat. They will then pull the remaining skin together and stitch it into place.

Thigh lifts can also be performed using “suture” or “threadlift” techniques. This involves the placement of sutures or threads with tiny “teeth” into the brow through a small insertion. The threads are pulled upwards and secured, and the insertion is stitched shut.

The results:

The thighs will appear thinner and firmer. Thigh lifts are sometimes permanent, but the effect may be reversed as you get older or if you put on weight.

The risks:

General risks associated with surgery – see [Considering cosmetic surgery?](#)

The surgery leaves permanent scars – which may be long or large - and can leave your thighs with an asymmetrical appearance. Other risks include nerve damage and infection.

Before you start:

Reducing your overall weight through healthy dieting or regular exercise could also reduce the size and firmness of your thighs, so you should try conventional methods of weight loss before choosing surgery.

Also see:

Liposuction

Fat transfer

Buttock lift

Buttock implant

Lower body lift

Name:

Suture facelift or thread lift

Purpose:

To tighten or smooth out the skin around the eyes, cheeks or chin.

The treatment:

This procedure should be carried out by a surgeon or doctor with relevant skills and experience in an establishment registered with the Healthcare Commission.

Special threads with tiny “teeth” are passed using needles through the layer of fat beneath the skin by a surgeon or doctor. Tissue then forms around the threads and holds them in place. The doctor or surgeon pulls these threads to tighten the skin and stitches the top of the thread with a small suture. Each procedure takes up to two hours and is usually done under local anaesthetic.

The results:

Most people will see a smoothing or lifting of the skin on their face. The results are permanent but skin will continue to age, so the effects will normally last for up to five years.

The risks:

Risks include swelling, bruising, a loss of facial symmetry or puckering of the skin. You may also be able to feel the threads, which some people find uncomfortable. If removal is required because of infection, discomfort or an unsightly appearance, more extensive surgery will be required.

The treatment is not advised for those with very thin or dry skin.

Before you start:

Most people choose to have a suture facelift because they think their facial skin looks sunken or old, but a suture facelift cannot dramatically alter your facial shape. Talk to your doctor or dermatologist to see if there are any alternatives.

Also see:

[Facelift](#)

[Botulinum toxin injections](#)

[Brow lift](#)

[Upper and lower eyelid surgery](#)

[Bio skin jetting](#)

[Light rejuvenation therapy](#)

Name

Tummy tuck (or abdominoplasty)

Purpose:

To alter the shape of the abdomen by removing fat and excess loose skin.

The treatment:

This procedure should be carried out by a surgeon with relevant skills and experience in an establishment registered with the Healthcare Commission.

There are two types of tummy tuck: partial and full. The operation will usually take place under a general anaesthetic. The length of the operation will depend on the extent of the surgery, but it could take up to five hours.

In a partial tummy tuck, the surgeon makes a large cut across the lower abdomen. He or she then separates the skin from the abdominal wall, removes excess fat and cuts away the excess skin. The remaining skin is then pulled down and stitched together at the line of the first cut.

For a full tummy tuck, the surgeon cuts across the lower abdomen, just above the pubic area, from hip bone to hip bone. He or she makes a second cut to free the belly button from the tissue that surrounds it and separates the skin from the abdominal wall. He or she then pulls down the muscles and stitches them into their new position, removes fat deposits and cuts away the excess skin. A new hole is then cut for the belly button, and it is stitched back into place. Finally, the surgeon pulls the remaining skin down and stitches it together at the line of the first cut.

The results:

Your stomach should appear flatter and your abdominal muscles should feel and look firmer.

The risks:

General risks associated with surgery – see [Considering cosmetic surgery?](#)

After the operation, you may find it hard to stand up straight and it will feel as if your stomach is tugging – this will disappear over time. You may also experience numbness in your abdominal area. Scars will be permanent, but will fade in time (usually after a year), although there is a risk that puckering on the outside edge of the scar will remain.

Before you start:

It may be possible to achieve a flat stomach through healthy dieting and effective exercise. Indeed many surgeons recommend that a tummy tuck operation should be used to remove excess skin after dieting and exercise have achieved the right body shape underneath.

A tummy tuck will not stop you gaining weight in the future.

Also see:

[Liposuction](#)

[Belly button surgery](#)

Name:

Vaginal tightening surgery (or vaginoplasty)

Purpose:

To tighten vaginal muscles and supporting tissue.

The treatment:

This procedure should be carried out by a surgeon with relevant skills and experience in an establishment registered with the Healthcare Commission.

Vaginal tightening surgery takes around an hour, but the patient may need to stay overnight. The patient will have general anaesthetic or local anaesthetic combined with sedation.

The procedure is usually carried out with traditional surgical methods, but sometimes a laser is used. The surgeon joins the stretched muscle at the back of the vagina together and shortens it, before removing the unwanted skin. This reduces excess vaginal lining and tightens vaginal muscles. The scarring is inside the vagina.

Vaginal tightening may also be performed using a laser.

The results:

Most women find that there is an increase in the tightness of their vaginal muscles, and some women say that the surgery restores their vagina to how it was before pregnancy.

The risks:

General risks associated with surgery – see [Considering cosmetic surgery?](#)

Patients will be sore and swollen after surgery, but should be able to walk without discomfort within a few days and should be able to go back to work after about a week. They should avoid sex for between four and six weeks. Overtightening can lead to urine retention.

Before you start:

Make sure that your expectations are realistic. Talk to your doctor about what vaginal tightening surgery can achieve for you, and whether laser surgery or traditional surgery will suit you better. You may want to look into other things – such as pelvic floor exercises – that may boost or maintain vaginal tightness.

Also see:

Female genital re-shaping

When the results of your surgery are not what you expected

Like all surgery, cosmetic surgery can sometimes go wrong, and sometimes the results aren't quite what you expected them to be. Each person's body is unique, and when the body reacts in an unexpected way it is not necessarily the fault of the surgeon. It is not possible to predict with 100% certainty how any individual's body will respond to surgery.

The [Considering cosmetic surgery?](#) page gives advice on how you can ensure that you give yourself the best possible chance of successful surgery by:-

- Making sure that you have realistic expectations of what surgery can achieve;
- Making sure that you tell the surgeon about your expectations, and make sure that you understand the advice he or she gives you about how the procedure may work for you;
- Making sure that you understand and follow the pre-surgery and aftercare advice;

Contact the clinic / hospital / surgeon

If you are not satisfied with the results, or you think that the procedure was not carried out properly you should firstly take the matter up with your surgeon, via the hospital, clinic or salon who referred you. Your surgeon or the hospital staff may be able to deal with your concerns successfully, particularly if the healing process is not complete and your body still needs time to settle down.

If you are still not happy with your results once healing is complete then your clinic, hospital or surgeon may offer you further surgery to put things right.

Making a complaint

If you are not happy with the way in which your clinic, hospital or surgeon has dealt with your concerns then you may wish to take the matter further.

Hospitals, clinics and salons providing invasive cosmetic surgery and laser services must be registered with the **Healthcare Commission**. The Healthcare Commission can take action against a hospital, clinic or salon if they think the establishment breaches the standards it should meet. Write to The Healthcare Commission, Finsbury Tower, 103–105 Bunhill Row, London EC1Y 8TG, or call **0845 6013012**.

Please note that the Healthcare Commission cannot deal with complaints relating to fees or unregistered practitioners.

You can make a complaint to the **Independent Healthcare Forum**. The Forum has a *Code of practice for handling patients' complaints*, which gives hospitals and clinics a framework for issuing apologies, putting matters right, appeals and investigations. You can contact the Forum on **020 7379 8598** or write to The Independent Healthcare Forum, Centre Point, 103 New Oxford Street, London WC1A 1DU.

This Forum's Code is only applicable to those private healthcare organisations which are members of the Forum.

If you want to complain about a particular doctor, you can call the **General Medical Council** inquiry line on **0845 357 0022**, or write to The General Medical Council, Regent's Place, 350 Euston Road, London NW1 3JN.

If you want to complain about a particular nurse you can call the **Nursing and Midwifery Council** on **0207 437 7181**, or write to The Nursing and Midwifery Council, Professional Conduct Department, 23 Portland Place, London W1B 1PZ.

If you want to complain about a particular dentist you can call the **General Dental Council** on **0207 887 3800**, or write to The Professional Standards Directorate, General Dental Council, 37 Wimpole Street, London W1G 8DQ.

If you want to report a problem with an implant that has not performed as intended you can call the Medicines and Healthcare products Regulatory Agency (MHRA) or you can obtain a report form to send in, or report online using the MHRA's website. See [useful contacts](#) page for details.

How to complain about advertising for cosmetic surgery

The ASA judges advertisements, direct marketing and sales promotions against a set of Codes; these are the [Broadcast](#) (Television and Radio) and [Non-broadcast](#) advertising codes.

There are specific rules that relate to the policing of advertisements that the ASA use in relation to each media.

The ASA's rulings are made independently of both government and the advertising industry.

You can complain to the ASA about misleading or offensive advertising for cosmetic surgery if you:-

- think there is something wrong with an advertisement you have seen or heard
- have difficulty getting goods or a refund for items bought by mail order or through television shopping channels
- want to stop direct mail from companies sent either by post, fax, text message or e-mail.

You can complain to the Advertising Standards Authority about an advertisement by letter, telephone, and fax or via the online complaints form on the Authority's website. Please detail your objections about the specific advertisement and, if at all possible, send the Authority a copy of the advertisement or details of where and when you saw it. The Advertising Standards Authority's contact details are:-

Advertising Standards Authority
Mid City Place,
71 High Holborn,
London WC1V 6QT

Tel : **020 7492 2222**.

Fax: **020 7242 3696**

www.asa.org.uk

Cosmetic surgery: useful contacts

Where to go for more information

Royal College of Surgeons

Provides further details of surgical training in England, as well as advice for patients and information on cosmetic surgery.

www.rcseng.ac.uk

Royal College of Surgeons Patient Liaison Group

Works with the Royal College of Surgeons to improve care received by patients who require surgery. The Group produces a guide for patients on what to expect when having an operation.

www.rcseng.ac.uk/patient_information/plg

Changing Faces

A national charity providing support to people with disfigurements, including self-help guides for dealing with staring, meeting new people and getting on at work.

www.changingfaces.org.uk

British Association of Plastic Surgeons

Provides information for patients on common conditions treated by plastic surgeons and includes information on cosmetic surgery

www.baps.org.uk

British Association of Aesthetic Plastic Surgeons

Provides information on cosmetic surgical procedures

www.baaps.co.uk

British Association of Oral and Maxillofacial Surgery

Provides information on facial surgery for patients, and details of the work of oral and maxillofacial surgeons

www.baoms.org.uk

British Association of Dermatologists

Provides a large range of patient factsheets on skin conditions

www.bad.org.uk

Royal College of Nursing

Provides information and advice on the role of nurses in promoting good practice and developing professional expertise

www.rcn.org.uk

British Oculoplastic Surgery Society

Provides information on conditions affecting the eyelids, periocular area and orbit, including cosmetic surgery, which are treated by ophthalmic oculoplastic surgeons.

www.bopss.org

Royal College of Anaesthetists

Provides information on anaesthetics and the role of anaesthetists

www.rcoa.ac.uk

Royal College of Ophthalmologists

Provides comprehensive details of eye conditions and diseases and the options for treatment.

www.rcophth.ac.uk

ENT-UK : British Association of Otorhinolaryngologists

Provides details of ear, nose and throat conditions and treatment options, including options for facial plastic and cosmetic surgery.

www.entuk.org/patient_info/facial

British Association of Cosmetic Doctors

Provides information for the public on non-surgical cosmetic treatments

www.cosmeticdoctors.co.uk

The Department of Health**Medicines and Healthcare products Regulatory Authority**

The Medicines and Healthcare products Regulatory Authority provides information for women considering breast implants.

www.mhra.gov.uk/mhra/breastimplants

Where to go to check the registration of practitioners and premises**General Medical Council**

Provides a search facility that allows users to check a doctor's registration. Includes registration of surgeons and anaesthetists.

www.gmc-uk.org

Nursing and Midwifery Council

Provides a search facility that allows users to check a nurse's registration.

www.nmc-uk.org

General Dental Council

Provides a search facility that allows users to check a dentist's registration.

www.gdc-uk.org

Healthcare Commission

Contains information on cosmetic surgery and details of all hospitals, clinics and other providers who are registered with the Commission, as well as links to any inspection reports that the Commission have produced.

www.healthcarecommission.org.uk

Complaints about cosmetic surgery

Independent Healthcare Forum

Contains information about how to complain under the Forum's Code of Practice for Handling Patient Complaints. This Code is only applicable to those private healthcare organisations which are members of the Forum.

www.ihf.org.uk

Advertising Standards Authority

Contains information about how to complain about misleading or offensive advertising

www.asa.org.uk

Medicines and Healthcare products Regulatory Authority

Contains information about how to complain about advertisements for prescription-only medicines such as Botox® and about implants that have not performed as well as they should.

www.mhra.gov.uk

Advocacy

Action against Medical Accidents

Provides help, advice and support for people who have suffered as a result of a medical accident.

www.avma.org.uk