

Ozempic Facelifts, “Filler Bulimia,” and a Renuva Moratorium

Decoding the latest aesthetics buzz



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Welcome, readers!

Did my headline inspire a confused frown (or maybe the realization that you’re overdue for tox)? What reads like word salad is actually a lesson in the latest aesthetic shorthand and happenings. Make it make sense? I’ll try.

First off, I can’t stop thinking about this facelift forecast — with its perfectly frenetic orchestral accompaniment — from Faryan Jalalabadi, MD, a plastic surgeon in Beverly Hills. Take a look...

Dr. Jalalabadi begins by alluding to a speculative link between Ozempic-type drugs and a rise in the number of facelifts performed in 2023. (Backstory: In its annual report, the American Society of Plastic Surgeons notes that “facelifts experienced an 8 percent year-over-year increase” and suggests that the uptick may be related to the effects of medications like semaglutide, which have the potential to cause rapid weight loss, leaving the skin hollow and slack.) Dr. Jalalabadi predicts (in a circuitous *If You Give a Mouse a Muffin* sort of fashion) that as more Americans start taking Ozempic and similar drugs, and some see their faces deflate and sag as a result, more people will pursue facelifts. Since these patients will have to pause their medications weeks prior to surgery to prevent anesthesia risks — aspirating stalled stomach contents is the big one — and some may choose to stay off the meds post-op, they could eventually regain the weight, especially if they failed to hone healthy lifestyle habits while on the drugs. Consequently, he theorizes, their tissues will expand and stretch; they’ll eventually resume semaglutide injections; and inevitably “deflate and sag [their] tissue yet again,” leading to another facelift. “Oh, what a vicious cycle and boom times ahead for facelift surgeons,” he says.

Now, this is just one doctor spitballing on social media. Clearly, not every person taking weight loss medication will fit this pattern. Not everyone will want, need, or have the funds for a facelift. Still, when I polled my followers asking, *Are Ozempic facelifts (and repeat lifts) on the rise*, 82% of respondents (including several facelift surgeons) said: 100%.

Here's what I find fascinating about the Ozempic-facelift phenomenon: When I first reported on semaglutide intersecting with aesthetics in 2022 — initially for *The Zoe Report* and then again for *Aesthetics Unfiltered* (an info-packed Q&A with Dr. Ashley Gordon) — plastic surgeons had just begun prescribing these drugs to help overweight patients reach their goal BMI and qualify for body contouring surgery. (For safety reasons, surgeons generally won't operate on folks with a BMI over 30.) By reducing visceral fat and slimming waistlines prior to surgery, semaglutide and tirzepatide also allow surgeons to achieve more dramatic outcomes. Philadelphia plastic surgeon Dr. Christian Subbio elaborates on this in *TZR*:

“One of the most powerful moves in a tummy tuck is the muscle repair, where I take the [six-pack] muscles, which have become separated, and I stitch them back together,” he explains. He likens the process to tightening a corset, noting that when there's significant visceral fat pushing out against the abdominal wall from the inside, it severely limits the cinching effect he can achieve. But if a patient “is able to lose five or 10 pounds, then I can tighten the corset maybe one more row of hooks over,” he says. In other words, the more fat one sheds prior to a tummy tuck, the more their surgeon can shrink the circumference of their abdomen. To this end, he says, “weight-loss medicine dovetails nicely with body contouring.”

The narrative has changed some since 2022. Now, instead of using semaglutide to deliberately prepare for a desired surgery, patients are reportedly seeking surgery to counteract the unwanted cosmetic effects of these drugs — the volume loss and sagging that can accompany swift and substantial weight loss. In a sense, Ozempic has gone from being a facilitator and optimizer of plastic surgery to a catalyst for procedures that people don't necessarily want, but suddenly feel they need.

The unintentional consequences of GLP-1s have earned many monikers in recent years: Ozempic face (branded by dermatologist Dr. Paul Jarrod Frank), Ozempic butt, the all-encompassing Ozempic body, and the latest iteration, Ozempic breasts.

There have been calls to ban these terms. The Mayo Clinic, for example, considers Ozempic face “an example of cultural weight bias.” The term is misleading, they say, because GLP-1 medications aren’t specifically targeting or unequivocally depleting facial fat — and they shouldn’t be vilified as agents of aging or a gateway to plastic surgery. Again, anything that spurs rapid or massive weight loss — be it a medication or long-distance running or bariatric surgery — can reduce fat all over the body and potentially contribute to lax, stretched skin. Weight loss isn’t selective — we can’t limit the shrinking to just our tummies or thighs — so GLP-1 users may see facial thinning or a winnowing of curves. If this bothers them, they may elect to restore fullness here or there, or tighten skin with surgery, in order to feel their best. It’s a personal choice.

If you use GLP-1 agonists for weight loss, or operate on people who do, how do you see these drugs influencing aesthetic medicine — now and in the future?

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Next up: “filler bulimia.” When I first heard this phrase, coined by board-certified dermatologist Hema Sundaram, MD, I thought, Holy clickbait! But this particular doctor abhors sensationalism and is evidence-based to her core, so I know her intention was not to create a viral headline, but, rather, to accurately describe a questionable trend that she and her peers have been seeing globally — that of aesthetic practitioners encouraging patients to dissolve their hyaluronic acid (HA) fillers and “start fresh” without a compelling reason for doing so.

I don't want to editorialize this concept, so I'm sharing our Q&A word for word.

AESTHETICS UNFILTERED: What is “filler bulimia”?

DR. HEMA SUNDARAM: The recent phenomenon, popularized on social media, of getting fillers injected, and then getting them dissolved with hyaluronidase. For some, I have seen this become a cyclical process of filling and dissolving.

What are the supposed benefits of this sort of periodic dissolving in the absence of clear filler complications?

Having described and analyzed this phenomenon carefully, I actually see three separate trends within it:

1. **Filler Reset:** Periodic dissolving has been touted as providing a fresh start with a clean facial canvas, so to speak. The old filler is removed, and this may enable the new filler that's added subsequently to settle and look better.
2. **Yoyo Fillers:** This can be a manifestation of body dysmorphia, when there is repeated overfilling followed by what I think of as filler remorse and purging.
3. **Fashion Fillers:** I now see a trend, reported to be (younger) generational, of using fillers like a temporary fashion accessory. For instance, deliberately over-plumping one's lips for a special event or a particular look, and then deflating them afterwards. This reminds me of the previous young Asian niche trend of pumping your forehead full of saline for the night to make a donut-shaped protrusion that would deflate after the party and the night were over. In my opinion, social media may be fueling this trend. Is this the real-world enactment of the virtual "Insta-changes" one can achieve with face or body filters?

What are the potential risks and drawbacks of unnecessary dissolving?

Biologically, we know that the skin's own hyaluronic acid is constantly being refreshed — an ongoing, dynamic process to break down old hyaluronic acid with our body's own natural hyaluronidase and generate new hyaluronic acid. This continuous process of renewal occurs with every component of our bodies. It's termed remodeling and allows our bodies to maintain balance and adapt to changing internal and external (environmental) conditions. However, we'd need further study to know if that internal

process of rebalancing equates to the external process of adding non-body hyaluronidase to break down non-body hyaluronic acid.

The biggest caveat for me would be for us to be alert to the possibility of body dysmorphia when we see filler bulimia occurring, and to get those patients the help they need.

In what scenarios is it safe and appropriate to dissolve filler with hyaluronidase?

When there has been...

- overfilling
- a result of filling that is undesirable, such as too much swelling
- a complication, like nodules (lumps and bumps)
- obstruction of the circulation

It's important to note that these issues are related to injector technique — injecting too much or in the wrong places or in the wrong patient — not the products themselves.

Is there data supporting the off-label use of hyaluronidase for dissolving filler?

The data are currently anecdotal. Hyaluronidase has been used for many decades in ocular and oculoplastic surgery, including blepharoplasties, without significant or long-term problems being reported. When dissolving fillers, even with repeated sessions, we are typically using much smaller doses of hyaluronidase. With that said, we don't currently have data on the long-term effects of repeated filling and dissolving.

There's a lot of discussion online about dissolver “damaging” tissues and causing systemic complications. Is there evidence to support or refute these claims?

There isn't currently evidence to support these claims, and there isn't any human biological pathway we could invoke to support the notion that injecting relatively small doses of hyaluronidase causes systemic or even local issues. However, as responsible practitioners, we should always keep an open mind,

document objectively what we're seeing, and be open to the possibility of learning from our own and our patients' experiences.

Onto Renuva: Many of you have asked about this volumizing injectable, so here's a brief overview, plus an interesting piece of news about the product.

Renuva is an adipose matrix, derived from screened and processed donor fat, which contains the proteins, collagens, and growth factors native to fatty tissue. To be clear: Renuva is not actual cadaver fat, but the naturally occurring components required to stimulate the body to make more of its own fat, which gradually replaces the injected material over the course of several months. We lose fat with age and Renuva provides a way to replenish it without having to undergo liposuction and fat grafting.

While Renuva can be injected anywhere fat exists, doctors say it works especially well in the temples, cheeks, forehead, jawline, chin, and backs of the hands. Some are also using it to fill out hip dips, improve sunken scars, reshape the butt, and correct liposuction-related contour irregularities (thereby sparing patients the cost and downtime involved with a second surgery).

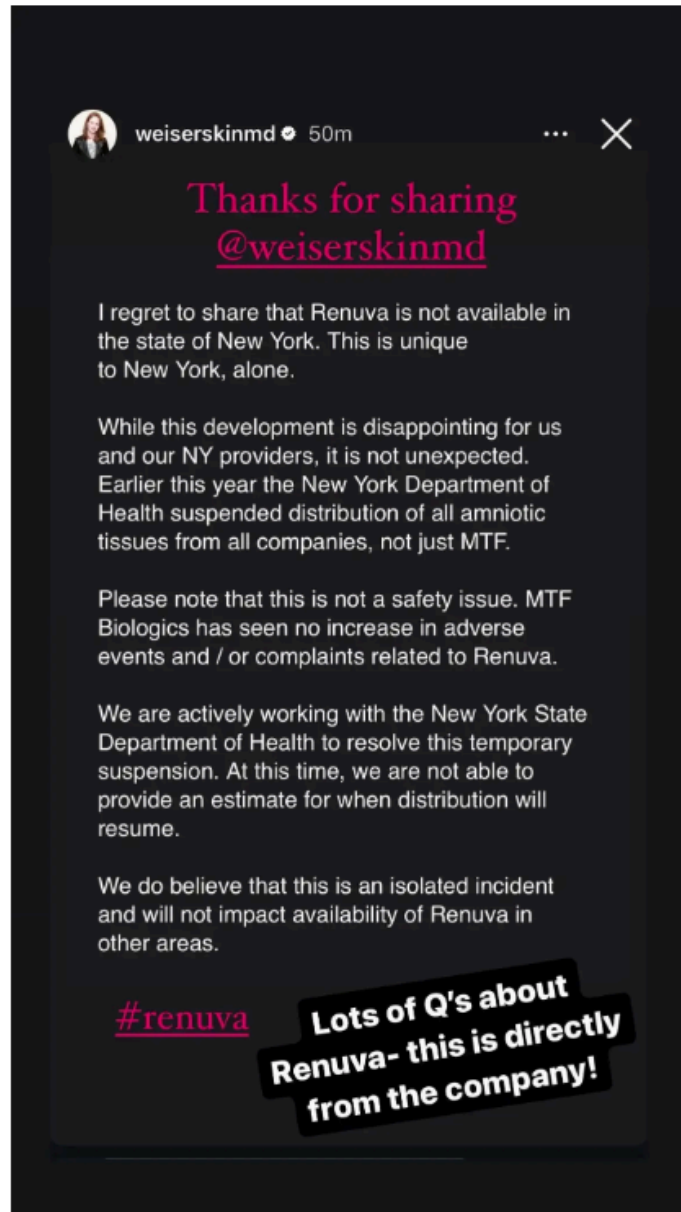
Umbareen Mahmood, MD, has relied on Renuva when treating patients who don't have enough fat for lipo and fat transfer. "It gives a permanent result that behaves the same way your natural fat cells behave," says the New York City board-certified plastic surgeon. The product is also popular with patients "who are simply not interested in getting fillers, but want volume restoration in their face," she says.

Demand for Renuva seems to be growing as more people seek alternatives to hyaluronic acid injectables. Haideh Hirmand, MD, a board-certified plastic surgeon in New York City, calls Renuva a "nonfiller," explaining that "it doesn't have the same issues [that HA can] — no doughy character and it doesn't absorb water and swell." Part of its appeal is that "it feels and looks like native tissue," she says. In her experience, the results of Renuva are "consistent and predictable." (Dr. Hirmand is on the medical board of trustees for MTF Biologics, the nonprofit that manufactures Renuva. She also does advisory work for the company, for which she is compensated.)

Renuva is regulated as an HCT/P (human cells, tissues, or cellular or tissue-based products) by the FDA, so it's governed differently than dermal fillers, which the FDA

classifies as medical devices.

This distinction is relevant to this bit of news: Renuva is currently unavailable in New York, due to a regulatory snag. A few weeks ago, dermatologist Jessica Weiser, MD, posted these details for her followers:



When I reached out to Renuva PR, they reiterated that the halt in sales is limited to New York and “has nothing to do with the safety or efficacy of Renuva, but rather follows ongoing conversations with regulators about potential changes in how tissue forms like these are classified and approved for distribution.”

They also shared the following:

“The New York Department of Health suspended the distribution of all amniotic tissues from all companies, not just MTF Biologics, so it’s not isolated to Renuva. It is our understanding that New York State has previously been fairly conservative in interpreting regulatory guidelines, and they have said this is a temporary suspension of distribution to New York. MTF Biologics continues to work closely with the New York State Department of Health to help resolve the matter as quickly as possible.”

In the meantime, if you normally get your Renuva fix in New York, it’s still safe and legal to do so *if* your doctor has product on hand. According to the company, “While MTF is prohibited from shipping Renuva into New York, there are a few providers in the state who still offer Renuva. Those who choose to be on the [Renuva website](#) can be found in the [provider listing](#).” You might also ask your doctor to recommend Renuva practitioners in nearby states. (Renuva isn’t easily reversed, so please spend time vetting your provider’s credentials.)

Dr. Mahmood tells me she hasn’t used Renuva in quite some time due to the shortage. Even before the moratorium, she adds, “it was fairly cost prohibitive for a lot of patients” at \$1,500 for 1.5 mls. Some of her Renuva patients have switched to products, like [Sculptra](#), while others are awaiting Renuva’s return. Dr. Hirmand’s patients haven’t been affected by the halt in distribution, since she’s been able to receive Renuva and treat patients at her satellite practice in New Jersey.