Letter to the editor

# Social Media-driven democratization of aesthetic medicine versus the proliferation of misinformation

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**To the Editor,**

When the algorithm meets the needle

On Monday mornings, Instagram often arrives before my patients do. They bring saved reels, preferred lip angles, and prices anchored by the comments section. Some of this democratization is positive - people ask better questions and feel less intimidated. Some is not. By midday I am managing consequences of "party top-ups," overfilled tear troughs, or the belief that hyaluronidase is "just a vitamin." The feed flattens nuance: recovery is edited out, risk is pushed below the fold, and advertising dresses as "education"[1,2].

What is truly new

Not the concept, but the velocity. Platforms reward speed and spectacle; medicine rewards restraint and disclosure. That tension has become clinical workload. In our network, we see a steady stream of filler complications linked to uneven training, vague consent, and the absence of clear emergency pathways. Timely recognition and treatment - especially ready access to hyaluronidase - often separates anxiety from injury.

Pricing communication

Because treatment plans are individualized, we do not publish treatment prices on social media; fees are discussed transparently during the medical consultation after clinical assessment and shared decision-making.

Three observations from the chair

1. Expectation-setting is risk management. Problems often begin at the consultation, not the needle. "Invisible downtime" posts prime patients to misread normal healing—or to chase quick fixes from unqualified injectors. I now script the first 72 hours, when to call, and what I will not treat[3].
2. Make credentials legible. If a post educates and sells, label it as such at the top. Keep qualifications and the complication pathway where patients actually click (profile link and booking page). It builds trust and filters price-only shoppers[4].
3. Body positivity can coexist with procedures - if goals belong to the patient, not the feed. I screen for dysmorphia more than I did five years ago; "not today" is sometimes the most therapeutic answer[3].

A copy-and-paste proposal for colleagues

- Pin a one-screen consent summary to your profile: typical downtime, key risks, and who should not book.
- Add a 24/7 emergency note (how to reach you; nearest A&E with ophthalmology) and state that you stock hyaluronidase and follow recognized protocols.

- Use before/after with context: interval, total product, lighting, and whether photos include makeup/filters.
- Do not publish prices on social media; state that fees are discussed in consultation after assessment.
- Keep prices honest (range and what's included). Extreme discounts often signal corner-cutting.
- Report complications and support national registries, so we move from anecdotes to prevalence and better protocols.

Bottom line

Social media is already part of informed consent whether we like it or not. If we show the whole story - risks, limits, and follow-up - fewer patients will learn medicine from the explore page, and fewer Mondays will begin with preventable emergencies.

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