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**FACTORS INFLUENCING MEDICAL STUDENTS'
DECISION TO UNDERGO AESTHETIC PLASTIC
SURGERY**

João Pedro Cardoso Faccio

Isabela Velho Poter¹

¹Medical student, Centro Universitário de Pato Branco (UNIDEP), Pato Branco, Paraná,
Brazil.

isabelapotervelho@gmail.com

Expanded Abstract

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FACTORS INFLUENCING MEDICAL STUDENTS' DECISION TO UNDERGO AESTHETIC PLASTIC SURGERY

Isabela Velho Poter¹

¹Medical student, Centro Universitário de Pato Branco (UNIDEP), Pato Branco, Paraná, Brazil.

ABSTRACT

The demand for aesthetic plastic surgery has expanded among young adults, including medical students, who are exposed to professional, social, cultural, and appearance-related influences throughout their training. This expanded abstract discusses factors associated with the intention to undergo aesthetic procedures among medical students, with emphasis on body image, self-esteem, social media, gender, age, perceived professional benefits, and educational exposure to plastic surgery. A narrative synthesis was performed using the principal 2026 cross-sectional study on medical students and complementary literature addressing social media, body image, plastic surgery education, and access to reconstructive procedures in Brazil. The evidence indicates that the decision is multifactorial. In the 303-student study, intention to undergo aesthetic plastic surgery was strongly associated with the desire to improve appearance, female sex, perceived professional benefit, greater frequency of social media posts, older age, and lower self-esteem. Educational exposure to plastic surgery is also relevant because students may associate the specialty predominantly with cosmetic procedures and may have limited understanding of its reconstructive scope. These findings support the importance of health education, critical appraisal of social media content, and attention to body image and emotional well-being in medical training. A more comprehensive understanding of plastic surgery may contribute to informed and autonomous decisions regarding aesthetic procedures.

Keywords: medical students; aesthetic plastic surgery; body image; self-esteem; social media; medical education.

INTRODUCTION

Aesthetic plastic surgery has become increasingly visible among young adults, particularly in societies in which appearance is closely related to social acceptance, self-presentation, and professional expectations. In Brazil, the growth of aesthetic procedures occurs in parallel with intense exposure to digitally mediated beauty standards. For medical students, this context is particularly relevant because they occupy a professional environment in which appearance may be perceived as part of personal and social identity. The recent study by Da-Silveira et al.¹ directly investigated this issue among 303 medical students and demonstrated that the intention to undergo aesthetic plastic surgery cannot be explained by a single psychological characteristic. Instead, it reflects the interaction of individual, social, and professional factors.¹

Understanding these influences is important because aesthetic procedures are elective interventions that require realistic expectations, adequate risk perception, and autonomous decision-making. Social media may amplify appearance comparisons and normalize cosmetic procedures, while professional beliefs may create the perception that physical

appearance can influence career opportunities. At the same time, medical education can shape how students understand plastic surgery, including the distinction between aesthetic and reconstructive care.^{2,3} This article therefore discusses the main factors that may influence medical students' decisions to undergo aesthetic plastic surgery and considers implications for medical education and patient autonomy.

OBJECTIVE

To discuss the principal individual, sociocultural, professional, and educational factors associated with medical students' intention to undergo aesthetic plastic surgery, based primarily on the recent Brazilian study by Da-Silveira et al. and supported by complementary literature.

METHODS

A narrative literature review was developed from the three studies indicated for this work and complementary peer-reviewed literature retrieved from PubMed and scientific journals. The principal source was the 2026 cross-sectional study by Da-Silveira et al., which evaluated 303 medical students using a sociodemographic questionnaire, the Rosenberg Self-Esteem Scale, and a questionnaire addressing aesthetic desires and influences.¹ Additional sources were selected to contextualize the effects of social media on body image and cosmetic surgery considerations, the role of early plastic surgery education, and access to reconstructive plastic surgery within the Brazilian public health system.^{2–7} The evidence was synthesized descriptively, without statistical reanalysis or claims of a systematic review.

RESULTS AND DISCUSSION

Appearance, self-esteem, and gender. The strongest predictor identified in the Brazilian medical-student sample was the desire to improve physical appearance (OR 23.50; 95% CI 8.91–56.83). Female students also had substantially higher odds of intending to undergo an aesthetic procedure (OR 7.60; 95% CI 4.12–14.03). Lower self-esteem was independently associated with intention as well (OR 1.14; 95% CI 1.07–1.22).¹ These findings suggest that dissatisfaction with appearance may be more directly related to surgical intention than self-esteem considered in isolation. Importantly, the study did not support a simplistic interpretation that students seek surgery merely because they have low self-esteem; rather, aesthetic motivation appears to arise from several interacting dimensions.¹

Social media and appearance standards. Social media is another relevant influence. In the Brazilian study, the frequency of social media posts was associated with intention to undergo surgery (OR 1.76; $p=0.012$), whereas the desire to look specifically like digital influencers was not statistically significant.¹ This distinction is important: the influence of social media may operate through repeated exposure, comparison, normalization of

procedures, and reinforcement of appearance-focused behaviors rather than through direct imitation of a single influencer. A systematic review including 25 studies and 13,731 participants similarly concluded that visual social media can intensify body dissatisfaction and social appearance anxiety and increase consideration of cosmetic procedures.⁴ Therefore, digital literacy and critical interpretation of edited or idealized images should be considered components of health education for young adults.

Professional expectations and perceived benefits. Medical students may also perceive physical appearance as relevant to professional interactions. In the Brazilian study, perceived professional benefit was associated with greater intention to undergo aesthetic surgery (OR 2.56; 95% CI 1.20–5.08).¹ This finding raises an ethical question: to what extent can perceived appearance-based expectations influence an ostensibly autonomous medical decision? Although appearance can affect social perceptions, students should be encouraged to distinguish personal preference from external pressure. Aesthetic surgery should not be presented as a prerequisite for professional credibility or success.

Medical education and the meaning of plastic surgery. The educational environment may influence students in two complementary ways. First, limited exposure can produce misconceptions about the specialty. Boczar et al. emphasized the value of early integration of medical students interested in plastic surgery, while comparative educational studies have shown that students may receive limited formal teaching and may obtain much of their knowledge from media sources.^{2,5,6} Second, understanding the reconstructive dimension of plastic surgery may help students develop a more balanced view of the field. Plastic surgery is not restricted to elective aesthetic procedures; it also encompasses reconstruction after trauma, cancer, congenital conditions, and major weight loss.^{3,7} In Brazil, for example, the Unified Health System provides post-bariatric body-contouring procedures, although national access has remained relatively low compared with the number of bariatric operations performed.³

Implications for medical training. Taken together, the evidence suggests that medical schools can contribute to healthier decision-making by creating opportunities to discuss body image, social media, informed consent, psychological expectations, and the indications and limitations of aesthetic procedures. Such discussions should not stigmatize cosmetic surgery; rather, they should reinforce autonomy, realistic expectations, risk awareness, and the importance of individualized assessment. The educational approach should also present the complete scope of plastic surgery so that students understand its reconstructive and functional dimensions alongside its aesthetic applications.^{2,5,6}

CONCLUSION

The decision of medical students to undergo aesthetic plastic surgery is multifactorial and appears to be driven predominantly by aesthetic and sociocultural factors rather than by self-esteem alone. Desire for appearance improvement, female sex, perceived professional benefit, social media exposure, age, and lower self-esteem were associated with surgical intention in the main Brazilian study.¹ Complementary evidence reinforces the relevance of body-image concerns, digital environments, and medical education. Medical schools should therefore promote critical reflection on appearance standards and ensure that students understand both aesthetic and reconstructive plastic surgery. These measures may support more informed, autonomous, and psychologically appropriate decisions regarding elective procedures.

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