



Message from Editor

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Dear Seniors and Colleagues,

As we move into 2026, Aesthetic and Plastic Surgery is clearly evolving toward Regenerative, AI-guided, and multimodal treatment pathways, replacing the era of single-device promises. Patients increasingly seek structured journeys that address form, function, and tissue quality together. Regenerative therapies—PRP/PRF, Exosomes, Polynucleotides, and Biostimulatory fillers—are no longer adjuncts but **core tools**, especially when combined with lasers and RF for the face, neck, and post-weight loss skin laxity, delivering more durable improvements in texture and elasticity.

At the same time, AI-assisted imaging, 3D simulations, and skin mapping are transforming consultation, planning, and expectation-setting, enabling a more global and precise treatment design. In body contouring, GLP-1 and Bariatric-Driven Weight Loss continues to fuel demand for extended lifts, circumferential contouring, and hybrid strategies that combine selective liposuction, energy-based tightening, and targeted fat grafting—often favoring implant-light or implant-free results with balanced, athletic aesthetics.

Facial surgery is also shifting toward natural, scar-conscious enhancement, with tailored deep-plane/SMAS facelifts and supportive regenerative and resurfacing technologies. The opportunity for us lies in clearly defining and protocolising these combinations under a unified narrative of AI-guided, regenerative plastic surgery, preserving surgical excellence while embracing the full ecosystem of Modern Aesthetics.

Regards
Ashish Gupta
Editor, NZAPS



Ozempic in The New Era of Cosmetic Surgery: Essential Insights for a Plastic Surgeon

Introduction

Ozempic (semaglutide), a GLP-1 receptor agonist primarily approved for type 2 diabetes management, has surged in off-label use for weight loss globally and in India, driving unprecedented demand for corrective cosmetic procedures due to rapid fat depletion and resultant skin laxity. Plastic surgeons must recognize "Ozempic face" and "Ozempic body" as hallmark sequelae, characterized by facial hollowing, sagging jowls, and excess skin folds, which necessitate tailored interventions to restore aesthetics post-weight loss. In India, where Ozempic availability remains limited and unregulated imports fuel misuse, surgeons play a pivotal role in patient counseling, preoperative optimization, and multimodal treatments[1].

Understanding Ozempic's Mechanism and Weight Loss Impact

Semaglutide mimics glucagon-like peptide-1 (GLP-1), suppressing appetite, delaying gastric emptying, and enhancing insulin secretion, yielding 15-20% body weight reduction in trials, often faster than bariatric surgery alternatives. This rapid lipolysis preferentially targets subcutaneous fat, including facial compartments, leading to volume loss without proportional skin contraction due to elastin and collagen degradation[2]. Indian patients, facing cultural pressures for slim aesthetics amid rising obesity, increasingly seek these injectables via grey markets, amplifying cosmetic fallout like "Ozempic vulva" or generalized laxity.

The "Ozempic Face" Phenomenon: Clinical Presentation

"Ozempic face" manifests as gaunt cheeks, deepened nasolabial folds, temporal hollowing, and periorbital sagging, mimicking accelerated aging from unchecked adipose atrophy. Surveys indicate 40% of plastic surgeons now treat GLP-1 users, with mid-face volume loss as the top concern, exacerbated in older patients or those with poor skin quality. In India, dermatologists report similar trends, with fillers surging to counter hollowed appearances post-10-30% weight drops[3].

Body Contouring Challenges: "Ozempic Body"

Beyond the face, "Ozempic Body" involves deflated arms, abdomen, thighs, and breasts with pendulous skin, differing from bariatric patients by potentially better elasticity from gradual loss. Procedures like panniculectomy or 360° body lifts address hygiene risks

and infections from folds, with surgeons noting 50-100 lb losses prompting "Ozempic Makeovers". Indian trends mirror global surges, with Kerala clinics reporting aesthetic booms tied to weight-loss drugs[4].

Facial Feature Affected	Clinical Signs	Prevalence in GLP-1 Users
Cheeks	Sunken, hollowed appearance	61%
Jowls/Neck	Sagging, loss of definition	63% in multimodal cases
Eyes/Temples	Periorbital hollows, wrinkles	High in rapid loss
Lips	Thinning, reduced volume	Common

Clinical Signs and Affected Facial Features



Role of A Plastic Surgeon: Preoperative, Intraoperative, and Postoperative Strategies

Surgeons should screen for GLP-1 use, stabilizing weight for 3-6 months pre-op to minimize complications like poor wound healing, even though GLP-1s show promise in angiogenesis and inflammation reduction. Multimodal protocols integrate fillers (hyaluronic acid, doubled usage since 2017), fat grafting, and deep-plane facelifts for faces; brachoplasty, abdominoplasty for bodies. In India, collaborate with endocrinologists for safe titration, emphasizing muscle preservation via protein-rich diets to avert sarcopenia[5].

Side Effects, Risks, and Ethical Imperatives for Indian Practitioners

Common GI issues (nausea, diarrhea) resolve, but rare thyroid tumors or pancreatitis demand vigilance; aesthetic risks compound with unregulated Indian access. Surgeons must educate on holistic plans—pairing Ozempic with resistance training—to optimize skin retraction, positioning practices as comprehensive aesthetic hubs. As demand escalates (e.g., ASPS notes 8% facelift rise), Indian plastic surgeons can lead by pioneering GLP-1-integrated protocols, ensuring safe, sculpted outcomes[6].

Procedure Category	Recommended Interventions	Timing Post-Ozempic Cessation
Nonsurgical	Fillers, skin tightening	Immediate
Facial Surgical	Fat transfer, mini-facelift	3-6 months
Body Contouring	Tummy tuck, arm/thigh lifts	6+ months, BMI <30

Recommended Interventions by Procedure Category

Conclusion

The surge in Ozempic use represents a paradigm shift in cosmetic surgery practice in India and Globally. Plastic surgeons must stay informed about the mechanism, clinical manifestations, and management strategies for GLP-1-associated body changes. By integrating preoperative screening, multimodal surgical and nonsurgical interventions, and ethical patient counseling, surgeons can provide superior aesthetic outcomes while minimizing complications. As access to weight-loss injectables expands, Indian practitioners are uniquely positioned to establish best practices and lead this new era of cosmetic surgery.

References

[1] Ozempic (semaglutide) - GLP-1 receptor agonist for diabetes and off-label weight loss. PubMed Central/NIH. <https://pubmed.ncbi.nlm.nih.gov>

[2] Weight loss mechanisms of GLP-1 agonists and cosmetic implications. PubMed Central/NIH. <https://pubmed.ncbi.nlm.nih.gov>

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[5] Multimodal protocols: fat grafting, fillers, and facelifts for GLP-1 users. PubMed Central/NIH. <https://pubmed.ncbi.nlm.nih.gov>

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