

Gender and Patient Preferences: Unraveling the Decision-Making Process for Blepharoplasty Among Males and Females

Saif Khuzaim Al-Dossary

Department of Surgery, College of Medicine, King Faisal University, Al-Ahsa, Saudi Arabia

Correspondence: Saif Khuzaim Al-Dossary, Email Saldossari@kfu.edu.sa

Background: Blepharoplasty is a popular facial cosmetic surgery, but research on how gender may influence motivations for this eyelid procedure remains limited. Understanding differences can improve patient counseling.

Objective: This study examined gender variances in key factors driving blepharoplasty decisions.

Methods: Medical records of 100 blepharoplasty patients (50 males, 50 females) were analyzed for demographics and patient-reported reasons underlying surgery choice. Face-to-face surveys further assessed satisfaction and experiences.

Results: Social embarrassment concerns declined with patient age but were more commonly reported by men (63.6%) than women (36.4%). Looking younger was overwhelmingly a female motivation (89.3% women vs 10.7% men), especially prevalent among those ages 30–35 (78.6%). Eye heaviness was a shared concern among this age bracket (57.1%), suggesting functional factors. Marriage considerations, though uncommon (3%), remained relevant to younger subgroups (66.7% ages 25–30).

Conclusion: Key factors showed both gender divergences and convergences, with men emphasizing functional/social issues and women cosmetic youthfulness. Understanding nuances can help surgeons tailor blepharoplasty patient education.

Keywords: blepharoplasty, motivation, gender differences, age, function, cosmetic

Introduction

Blepharoplasty, or eyelid surgery, is a cosmetic procedure aimed at improving the appearance of the upper and lower eyelids.¹ With aging, the eyelid skin stretches, muscles weaken, and fat pockets bulge, leading to a tired, sad appearance. Blepharoplasty can remove excess fat, eliminate bags under the eyes, tighten muscles, and remove excess skin for a more youthful, rejuvenated look.² As one of the most popular facial cosmetic surgeries worldwide, blepharoplasty can help patients restore confidence and self-esteem by providing them with a less aged facial appearance.^{3,4}

Gender differences have been documented regarding motivations to seek plastic surgery in general.⁵ Women pursue the majority of cosmetic procedures, with some evidence that they feel more pressure to achieve unrealistic standards of physical beauty propagated by the media and society.^{6,7} Men's motivations for cosmetic surgery tend to focus more on maintaining a youthful, competitive appearance for workplace success.⁸

Blepharoplasty is one of the most commonly performed aesthetic surgical procedures worldwide.^{2,9–11} According to the American Society of Plastic Surgeons (ASPS), blepharoplasty was the 3rd most popular nonsurgical cosmetic procedure and the 11th most popular surgical cosmetic procedure in the United States in 2021.¹² An international multicenter study on cosmetic procedures found blepharoplasty to be the 5th most common surgical procedure globally.¹³

In particular, blepharoplasty procedures have substantially increased over the past two decades.¹⁴ Data from private-practice physicians in the US suggest a 292% overall increase in both upper and lower blepharoplasty procedures from 2000 to 2018.¹⁵ The COVID-19 pandemic only briefly slowed this rapid growth, with blepharoplasty procedures projected to continuously rise in coming years with the aging of large baby boomer populations worldwide.¹⁶ This growth indicates the strong and increasing patient interest in blepharoplasty's anti-aging effects around the eyes.

Compared to many other cosmetic surgeries like breast augmentation/reduction, body contouring, and liposuction primarily marketed toward women, the sizeable minority of men undergoing blepharoplasty is noteworthy.¹⁷ Male patients still differ from the predominant female demographic in terms of age distribution undergoing blepharoplasty. While women tend to undergo the surgery at younger ages between their 30s and early 50s, most men receive blepharoplasty in their 50s to 60s.^{18,19}

As blepharoplasty falls under the umbrella category of aesthetic plastic surgery, examining motivations for undertaking cosmetic procedures more broadly can provide context for gender differences in factors affecting decisions about blepharoplasty specifically.²⁰ A substantial body of research has investigated why patients elect to often undergo risky and expensive plastic surgery purely to alter physical appearance.²¹

For female patients across cultures, a predominant motivation is to increase attractiveness and reaffirm a youthful identity in line with unrealistic societal beauty ideals.²² Women describe seeking cosmetic surgery to fulfill external expectations about appearing feminine, comparing their aging looks unfavorably against younger women and media celebrities.²³ Relationship factors also motivate some women, including attempting to attract a partner or spice up a marriage through enhancing beauty.²⁴ Psychological factors like low self-esteem and body image issues additionally predict interest in cosmetic procedures for some female patients.²⁵

Male patients less frequently cite attractiveness as a reason for cosmetic treatments, instead emphasizing goals like maintaining a competitive, youthful vigor in the workplace or social world.²⁶ For men, frown lines, wrinkles, and tired-looking eyes can undermine an appearance of strength needed to exert confidence and authority over peers or younger rivals.²⁷ Nevertheless, rising societal pressures on men to achieve unrealistic media-propagated body and beauty ideals have motivated a rapidly growing number of male patients to seek cosmetic surgery.²⁸

This paper examines how key factors in deciding to undergo blepharoplasty differ between male and female patients. A clearer understanding of gender differences can assist plastic surgeons in appropriately counseling patients about the procedure based on their individual characteristics, goals, and concerns. Tailored patient education and support may increase satisfaction with surgical outcomes.

Method

Study Design

This study was designed as a retrospective analysis conducted in Al Ahsa, Saudi Arabia. The primary aim was to assess the factors influencing the decision to undergo blepharoplasty among male and female patients. The study reviewed medical records of patients who underwent this cosmetic procedure from January 2023 to July 2023. By analyzing patient demographics, motivations, and postoperative satisfaction, the study sought to understand gender-specific factors that affect the choice to have eyelid surgery in this region.

Participants

The participant selection for this study involved a detailed approach incorporating specific inclusion and exclusion criteria alongside a clear sampling strategy to ensure a comprehensive and representative analysis.

Inclusion Criteria

- Adults aged 18 years and older who underwent cosmetic blepharoplasty within the specified study period.

Exclusion Criteria

- Patients with incomplete medical records that lacked key demographic or procedural information.
- Patients undergoing reconstructive blepharoplasty rather than cosmetic surgery.
- Patients with significant eye-related medical conditions, including but not limited to glaucoma, severe dry eye syndrome, previous eye surgeries, or any condition that could have significantly impacted the outcome or decision to undergo blepharoplasty.
- Patients with a history of severe allergic reactions to anesthesia or other surgical complications.

- Patients with untreated mental health disorders that may interfere with postoperative recovery.
- Patients with underlying health conditions such as uncontrolled diabetes or heart disease. These additional criteria have been included in the manuscript.

A purposive sampling strategy was employed to select a balanced cohort of 100 participants, comprising 50 male and 50 female patients. This balance was aimed at capturing a wide spectrum of motivations and outcomes related to the cosmetic procedure, enabling a robust comparison between genders. Participants were categorized based on their age at the time of surgery, with those aged exactly 30 being placed in the 25–30 age group, and those aged exactly 35 in the 30–35 group.

Data Collection

Data collection for this study was conducted in two phases: a retrospective review of medical records and a follow-up survey.

Medical Records Review

Medical records of the selected patients were thoroughly examined to extract relevant data, including demographic details (age, gender), the specific reasons reported by patients for undergoing blepharoplasty, and other clinical details such as the type of blepharoplasty performed and any documented postoperative outcomes.

Follow-Up Survey

A structured questionnaire was administered through face-to-face interviews with the participants to assess postoperative satisfaction and gather qualitative feedback. These interviews were conducted by trained researchers who ensured a standardized approach to data collection.

The follow-up survey aimed to collect qualitative data regarding the patients' perceptions of the cosmetic outcomes, any changes in self-esteem, social interactions, and the overall impact of the surgery on their daily lives. The survey also explored participants' satisfaction with the procedure and whether their expectations were met.

Postoperative Care

Patients were advised to use gentle, hypoallergenic skincare products post-procedure. Recommended cosmetics included mild cleansers, moisturizers containing hyaluronic acid for hydration, and sunscreens with SPF 30 or higher to protect the healing skin. In addition, an antibiotic ointment was often prescribed to prevent infection.

Ethical Considerations

The study was conducted in full compliance with ethical research standards. The procedures followed were in accordance with the ethical standards of the institutional and national research committee and with the 1964 Declaration of Helsinki and its later amendments or comparable ethical standards. Approval was obtained from the Ethics Committee of King Faisal University (Ethical Approval Code: ETHICS2243). All participants were provided with detailed information about the study's purpose, procedures, potential risks, and benefits before obtaining their written informed consent. The confidentiality of participants was strictly maintained, and personal identifiers were removed from the dataset to ensure anonymity.

Statistical Analysis

The data collected from medical records and follow-up surveys were meticulously processed and analyzed using SPSS software (Version 26). Descriptive statistics were utilized to summarize key aspects of the data, including patient demographics, reasons for undergoing surgery, and levels of postoperative satisfaction. These statistics were presented as frequencies, percentages, means, and standard deviations, providing a clear overview of the study population.

The central part of the analysis involved comparing the motivations for undergoing blepharoplasty between male and female patients. This was achieved using chi-square tests for categorical variables, such as the reasons for surgery, and independent Participants *t*-tests for continuous variables, such as age or satisfaction scores. A significance level of

$p < 0.05$ was set as the threshold for determining statistical significance, allowing for the identification of meaningful differences or correlations within the data.

Results

Table 1 presents demographic data for the study's 100 participants, showing that the majority (53%) are aged 30–35, followed by 34% aged 25–30, and 13% aged 35–40. Gender distribution is evenly split, with 50% male and 50% female participants. Regarding motivations for blepharoplasty, 55% cited social embarrassment, 28% aimed to look younger, 14% were concerned about eye heaviness, and a smaller portion (3%) mentioned marriage considerations as their reason for the procedure. Patients aged 25–30 typically experience more subtle results compared to older age groups. Their results focus on enhancing natural appearance and alleviating mild concerns such as social embarrassment rather than achieving dramatic anti-aging effects. Approximately 15% of the participants reported prior use of Botox injections around the eyes to treat dynamic wrinkles, such as crow's feet, before opting for blepharoplasty.

Table 2 outlines the reasons influencing the decision to undergo blepharoplasty among the participants. The most common reason, cited by 55% of participants, was social embarrassment. This was followed by the desire to look younger, which motivated 28% of the participants. Eye heaviness was a factor for 14%, while only 3% of participants indicated that their decision was influenced by upcoming marriage plans.

Table 3 and Figure 1 shows the association between age and the reasons for undergoing blepharoplasty among the study participants. Social embarrassment was the most prevalent among the 25–30 age group (43.6%), but decreased with age, being reported by only 16.4% of those aged 35–40. The desire to look younger was highest in the 30–35 age group (78.6%) and significantly lower in both the 25–30 (14.3%) and 35–40 (7.1%) age groups. Eye heaviness was a concern

Table 1 Demographic Data of the Participants (n=100)

		n	%
Age	25–30	34	34.0%
	30–35	53	53.0%
	35–40	13	13.0%
Gender	Male	50	50.0%
	Female	50	50.0%
Decision affect	Social Embarrassment	55	55.0%
	To look younger	28	28.0%
	Eye Heaviness	14	14.0%
	Will get married	3	3.0%
Prior Botox Use		15	15%

Table 2 Reasons Affect the Decision

Effects		n	%
Decision affect	Social Embarrassment	55	55.0%
	To look younger	28	28.0%
	Eye Heaviness	14	14.0%
	Will get married	3	3.0%

Table 3 Association Between Age and Reasons

Decision Affect		Social Embarrassment		To Look Younger		Eye Heaviness		Will Get Married	
		n	%	n	%	n	%	n	%
Age	25–30	24	43.6%	4	14.3%	4	28.6%	2	66.7%
	30–35	22	40.0%	22	78.6%	8	57.1%	1	33.3%
	35–40	9	16.4%	2	7.1%	2	14.3%	0	0.0%

primarily for those aged 30–35 (57.1%), while it was less of an issue for the other age groups. Marriage considerations were most relevant for the youngest group (66.7% in the 25–30 age group), with little to no relevance in older groups.

Table 4 illustrates the association between gender and the reasons for undergoing blepharoplasty. Males predominantly cited social embarrassment (63.6%) and eye heaviness (71.4%) as their primary motivations, with fewer males undergoing the procedure to look younger (10.7%) or in preparation for marriage (66.7%). In contrast, females were overwhelmingly motivated by the desire to look younger (89.3%), while social embarrassment (36.4%) and eye heaviness (28.6%) were less common reasons. Marriage considerations influenced a small portion of both genders but were slightly more relevant for males (66.7%) compared to females (33.3%).

Discussion

This study aimed to elucidate potential differences between male and female patients in key factors motivating decisions to undergo blepharoplasty cosmetic eyelid surgery. Our matched-Participants analysis of 100 patients revealed several intriguing patterns of variation and alignment across genders and age groups regarding reasons like social embarrassment, youthful appearance, eye heaviness, and marriage considerations. These findings carry meaningful implications for patient counseling and education practices in plastic surgery. This study provides novel insights into gender and age-specific factors influencing the decision to undergo blepharoplasty, particularly in younger patients aged 25–30, a demographic less frequently studied in prior research.

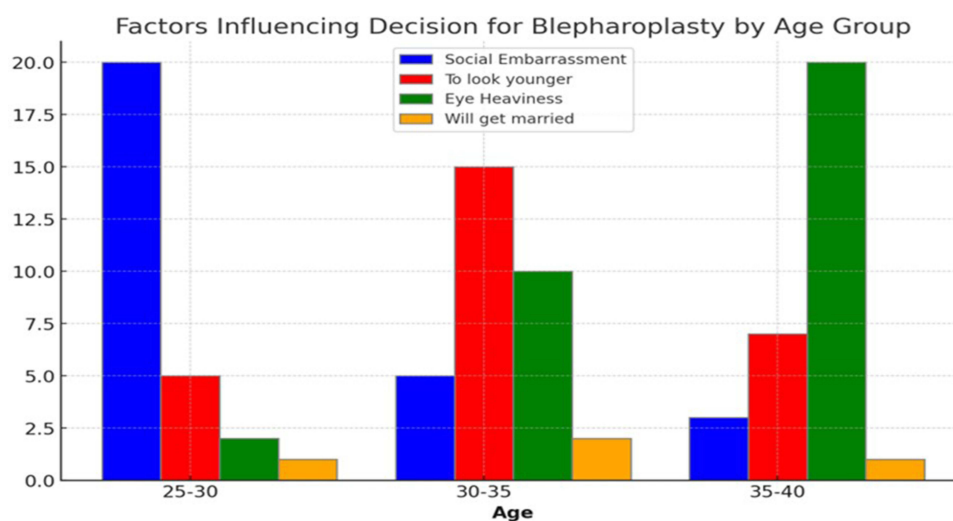
**Figure 1** Age effect on decision.

Table 4 Association Between Gender and Reason

		Decision Affect							
		Social Embarrassment		To Look Younger		Eye Heaviness		Will Get Married	
		n	%	n	%	n	%	n	%
Gender	Male	35	63.6%	3	10.7%	10	71.4%	2	66.7%
	Female	20	36.4%	25	89.3%	4	28.6%	1	33.3%

Social Embarrassment Predominates for Younger Patients

Notably, concerns over social embarrassment emerged as the most frequently cited reason overall for pursuing blepharoplasty, indicated by 55% of our total Participants. This motivation proved especially prevalent among younger patients aged 25–30, reported by 43.6% of this subgroup. While younger patients (25–30 years) undergoing blepharoplasty report satisfaction, the results tend to be less dramatic than those observed in older patients. The focus at younger ages is on subtle enhancements and addressing self-consciousness, rather than significant anti-aging outcomes. The prominence of social self-consciousness aligns with research highlighting appearances-based stigma and perceptions of aging as drivers for those seeking cosmetic procedures.²⁹ Our data suggest that such appearance-related social anxieties peak in the late 20s/early 30s then gradually decline with advancing age.

Plastic surgeons should remain cognizant that patients' feelings of embarrassment or self-consciousness about visible aging signs like droopy eyelids often fuel the decision for blepharoplasty.³⁰ Sensitively discussing these concerns while also providing realistic perspectives on social attitudes can ensure patients hold appropriate expectations pre-surgery.³¹

Desire for Youthful Appearance Strongest Among Women Approaching Mid-30s

Confirming traditional gender norms around cosmetic surgery motivations,³² the desire to reclaim a more youthful facial appearance proved a chiefly female concern in our Participants, cited by 89.3% of women compared to just 10.7% of men pursuing blepharoplasty. Notably, this motivation peaked among female patients ages 30–35, selected by 78.6% of this subgroup.

This pattern coincides with research on rising sociocultural pressures confronting women reaching their mid-30s to adhere to unrealistic beauty standards favoring youth and minimize visible aging signs.³³ Female patients especially appear to undergo dramatic shifts in their self-perceived attractiveness and aging around this life stage based on external expectations.³⁴

Surgeons should remain cognizant that women in their early to mid-30s may feel particularly distressed by eyelid aging signs that clash with youthful beauty ideals.³⁵ Addressing such appearance-related motivations with empathy while also focusing discussions on inner confidence can help ensure female patients in this age group hold realistic expectations about blepharoplasty outcomes.³⁶

Eye Heaviness a Notable Concern Among 30–35 Age Group

Intriguingly, the physical symptom of eye heaviness emerged as a significant motivator for our 30–35-year-old cohort regardless of gender, cited by 57.1% of this subgroup. This pattern points to possible age-related changes in underlying orbital fat structures and eyelid muscles that trigger heaviness/drooping symptoms noticeable enough to drive surgery decisions especially among this age category.³⁷ There is a significant difference in skin texture and elasticity between individuals aged 30 and those aged 60. Younger skin tends to have more collagen and firmness, allowing for subtler rejuvenation, while older skin often shows more pronounced sagging and wrinkles. Blepharoplasty in older patients generally produces more noticeable results due to greater skin laxity, whereas younger patients benefit from more modest changes.

The relative importance of eye heaviness considerations for patients approaching their mid-30s highlights the need for surgeons to carefully evaluate functional vision complaints behind requests for blepharoplasty among this population.³⁸ Thorough pre-surgery screens for orbital disorders or fat displacements contributing to heaviness can improve outcomes for patients motivated by these symptoms.³⁹

Social Perceptions Around Marriage Still Relevant for Some Young Patients

Although an overall minor factor among just 3% of our full Participants, marriage considerations proved a consistent motivation for blepharoplasty among younger subgroups aged 25–30, reported by 66.7% of participants in this age bracket. The decision's timing around potential marriage plans indicates enduring sociocultural beliefs in some populations that cosmetic surgery can increase marital prospects by enhancing appearance.⁴⁰

This result highlights that facial aging concerns should be discussed sensitively by surgeons within the context of patients' cultural backgrounds, including for some youthful demographics where beliefs persist around marriageability and cosmetic procedures. Realistic perspectives on likely surgery impacts can help mitigate outstanding expectations.⁴¹

Men Prioritize Functional Reasons; Women Emphasize Cosmetic Reasons

Our data revealed the gender divergence hypothesized by some researchers⁴² regarding functional/medical motivations reported more frequently by male patients and cosmetic motivations predominating for female patients. Specifically, 63.6% of men vs 36.4% women cited social embarrassment concerns, while 71.4% of men vs 28.6% of women reported eye heaviness symptoms.

This aligns with findings that male blepharoplasty candidates often present with more severe dermatochalasis (eyelid drooping) causing peripheral vision deficits.⁴³ Our results confirm men may prioritize functional impairments over appearances in their blepharoplasty decisions, while women focus more directly on cosmetic aging concerns like looking youthful.

These motivational emphases correspond with traditional gender norms but may prove too reductive. Surgeons should avoid overly binary assumptions about motivations, instead clarifying priorities with each patient individually during thorough pre-surgery consultations.⁴⁴

Limitations and Future Research

While providing initial evidence toward gender differences in blepharoplasty motivations, our study contains limitations suggesting directions for future research. Its retrospective cross-sectional design restricted analysis to pre-existing patient data from a single clinical setting. Broader longitudinal observational studies tracking patients' motivations over their complete surgical journey could provide richer insights. Our Participants also featured a high proportion of younger patients that may not represent typical blepharoplasty demographics. Comparisons utilizing larger, more diverse age Participants would boost generalizability.

Additionally, our reliance on medical records and post-surgery surveys for data collection likely filtered patient responses toward more clinical/functional reasons like eye heaviness versus candid psychological motivations. Incorporating in-depth qualitative interviews could uncover deeper self-perceived motivations. Finally, our Participants contained only patients who had already elected surgery—contrasting candidates who considered but ultimately declined blepharoplasty could reveal key decisional turning points.

Overall, while advancing initial understanding of gender's role in blepharoplasty motivations, our analysis highlights rich opportunities for more multifaceted, representative research on this increasingly sought-after aesthetic procedure.

Conclusion

This matched-Participants analysis of factors motivating 100 blepharoplasty patients uncovered salient patterns of convergence and variation across gender and age groups. Social appearance concerns predominated among younger patients, while women approaching their mid-30s showed special focus on reclaiming a youthful look. Eye heaviness emerged as a consistent motivator for the 30–35 cohort regardless of gender. Traditional gender norms proved evident, with men focusing more on functional issues and women on cosmetic aging concerns in line with prevailing sociocultural

emphases. Yet these binary assumptions may overlook more complex, individualized patient priorities calling for nuanced clinical understandings. By elucidating the diverse mix of motivations behind the decision for eyelid surgery, this study can assist plastic surgeons in adopting targeted, culturally competent approaches to patient education and counseling around blepharoplasty. More research spotlighting patient perspectives can further enrich understandings of this sought-after facial rejuvenation procedure.

Acknowledgments

The authors acknowledge the Deanship of Scientific Research at King Faisal University for obtaining financial support for research, authorship, and the publication of research (KFU251430).

Funding

This research was funded by the Deanship of Scientific Research at King Faisal University, Saudi Arabia (KFU251430).

Disclosure

The author reports no conflicts of interest in this work.

References

1. Naik M, Honavar S, Das S, Desai S, Dhepe N. Blepharoplasty: an overview. *J Cutan Aesthet Surg*. 2009;2(1):6. doi:10.4103/0974-2077.53092
2. Oestreicher J, Mehta S. Complications of Blepharoplasty: prevention and Management. *Plast Surg Int*. 2012;2012:1–10. doi:10.1155/2012/252368
3. Aldosari BF, Alkarzae M, Almuhaya R, Aldahri R, Alrashid H. Effect of Media on Facial Plastic Surgery in Saudi Arabia. *Cureus*. 2019;2019:6232. doi:10.7759/cureus.6232
4. Al Ghadeer HA, AlAlwan MA, AlAmer MA, et al. Impact of Self-Esteem and Self-Perceived Body Image on the Acceptance of Cosmetic Surgery. *Cureus*. 2021;2021:18825. doi:10.7759/cureus.18825
5. Furnham A, Levitas J. Factors that motivate people to undergo cosmetic surgery. *Can J Plast Surg*. 2012;20(4):e47–50. doi:10.1177/229255031202000406
6. Arab K, Barasain O, Altaweel A, et al. Influence of Social Media on the Decision to Undergo a Cosmetic Procedure. *Plast Reconstr Surg - Glob Open*. 2019;7(8):e2333. doi:10.1097/GOX.0000000000002333
7. Shaban MM, Sharaa HM, Amer FGM, Shaban M. Effect of digital based nursing intervention on knowledge of self-care behaviors and self-efficacy of adult clients with diabetes. *BMC Nurs*. 2024;23(1):130. doi:10.1186/s12912-024-01787-2
8. Kim YS, Kim BS, Kim HS, et al. Factors Influencing Patient Satisfaction with Upper Blepharoplasty in Elderly Patients. *Plast Reconstr Surg - Glob Open*. 2021;9(8):e3727. doi:10.1097/GOX.0000000000003727
9. Luong KP, Vissers LCM, Domela Nieuwenhuis I, et al. Factors Associated with Treatment Outcome Satisfaction Six Months after Upper Blepharoplasty: a Large Cohort Study. *Plast Reconstr Surg - Glob Open*. 2023;11(9):e5260. doi:10.1097/GOX.0000000000005260
10. Hollander MHJ, Contini M, Pott JW, Vissink A, Schepers RH, Jansma J. Functional outcomes of upper eyelid blepharoplasty: a systematic review. *J Plast Reconstr Aesthetic Surg*. 2019;72(2):294–309. doi:10.1016/j.bjps.2018.11.010
11. Beigi B, Khandwala M, Degoumois A, Ogbuehi KC, Gupta D. Lower eyelid excursion: a functional and cosmetically relevant parameter in the treatment of lower eyelid retraction. *J Plast Reconstr Aesthetic Surg*. 2019;72(2):310–316. doi:10.1016/j.bjps.2018.10.015
12. Pearlman RL, Wilkerson AH, Cobb EK, et al. Factors Associated with Likelihood to Undergo Cosmetic Surgical Procedures Among Young Adults in the United States: a Narrative Review. *Clin Cosmet Invest Dermatol*. 2022;15:859–877. doi:10.2147/CCID.S358573
13. Told R, Placheta-Györi E, Lackner B, et al. FACE-Q Patient Report-Assisted Subjective and Objective Evaluation of Blepharoplasty Outcomes Using Two Different Suturing Techniques: a Randomized and Patient-Blinded Pilot Study. *Aesthetic Plast Surg*. 2023;47(4):1410–1417. doi:10.1007/s00266-023-03339-6
14. Huijing MA, van der Palen J, van der Lei B. The effect of upper eyelid blepharoplasty on eyebrow position. *J Plast Reconstr Aesthetic Surg*. 2014;67(9):1242–1247. doi:10.1016/j.bjps.2014.05.022
15. Kossler AL, Peng GL, Yoo DB, Azizzadeh B, Massry GG. Current Trends in Upper and Lower Eyelid Blepharoplasty Among American Society of Ophthalmic Plastic and Reconstructive Surgery Members. *Ophthalmic Plast Reconstr Surg*. 2018;34(1):37–42. doi:10.1097/IOP.0000000000000849
16. Alhujayri AK, Alyousef LA, Alharthi SA, Aldekhayel S. Perception of Cosmetic Procedures among Saudis during COVID-19 Pandemic. *Plast Reconstr Surg - Glob Open*. 2021;9(6):e3710. doi:10.1097/GOX.0000000000003710
17. Morait SR, Abuhaimed M, Alharbi M, Almohsen B, Alturki A, Alarbash A. Attitudes and acceptance of the Saudi population toward cosmetic surgeries in Riyadh, Saudi Arabia. *J Fam Med Prim Care*. 2019;8(5):1685. doi:10.4103/jfmprc.jfmprc_249_19
18. Gómez VHA, Espinoza JAG, López JCM, et al. Upper Blepharoplasty Scar and Patient Satisfaction Evaluation in a Plastic Surgery Center in Mexico. *J Biosci Med*. 2020;08(06):77–88. doi:10.4236/jbm.2020.86008
19. Shaban M, Shaban MM, Zaky ME, et al. Divine resilience: unveiling the impact of religious coping mechanisms on pain endurance in Arab older adults battling chronic pain. *Geriatr Nurs*. 2024;57:199–207. doi:10.1016/j.gerinurse.2024.04.022
20. Pepper JP, Moyer JS. Upper Blepharoplasty. *Clin Plast Surg*. 2013;40(1):133–138. doi:10.1016/j.cps.2012.07.001
21. Honigman RJ, Phillips KA, Castle DJ. A Review of Psychosocial Outcomes for Patients Seeking Cosmetic Surgery. *Plast Reconstr Surg*. 2004;113(4):1229–1237. doi:10.1097/01.PRS.0000110214.88868.CA

22. Hargreaves DA, Tiggemann M. Idealized media images and adolescent body image: “comparing” boys and girls. *Body Image*. 2004;1(4):351–361. doi:10.1016/j.bodyim.2004.10.002
23. Wu Y, Mulkens S, Alleve JM. Body image and acceptance of cosmetic surgery in China and the Netherlands: a qualitative study on cultural differences and similarities. *Body Image*. 2022;40:30–49. doi:10.1016/j.bodyim.2021.10.007
24. Joel S, MacDonald G. We’re Not That Choosy: emerging Evidence of a Progression Bias in Romantic Relationships. *Personal Soc Psychol Rev*. 2021;25(4):317–343. doi:10.1177/10888683211025860
25. Furnham A, Levitas J. Factors that motivate people to undergo cosmetic surgery. *Can J Plast Surg*. 2012;20(4):e47–50.
26. Girdwachai N, Chanprapaph K, Vachiramon V. Behaviors and Attitudes Toward Cosmetic Treatments Among Men. *J Clin Aesthet Dermatol*. 2018;11(3):42–48.
27. de Maio M. MD Codes™: a Methodological Approach to Facial Aesthetic Treatment with Injectable Hyaluronic Acid Fillers. *Aesthetic Plast Surg*. 2021;45(2):690–709. doi:10.1007/s00266-020-01762-7
28. Craddock N, Spotswood F, Rumsey N, Diedrichs PC. “We should educate the public that cosmetic procedures are as safe as normal medicine”: understanding corporate social responsibility from the perspective of the cosmetic procedures industry. *Body Image*. 2022;43:75–86. doi:10.1016/j.bodyim.2022.08.011
29. Bonell S, Murphy SC, Griffiths S. Under the knife: unfavorable perceptions of women who seek plastic surgery. *PLoS One*. 2021;16(9):e0257145. doi:10.1371/journal.pone.0257145
30. Watanabe A, Selva D, Kakizaki H, et al. Long-term Tear Volume Changes After Blepharoptosis Surgery and Blepharoplasty. *Invest Ophthalmol Vis Sci*. 2015;56(1):54–58. doi:10.1167/iops.14-15632
31. Li SL, Li KY, Song T, Wu D, Yin NB, Wang YQ. Long-Term Effects of Extended Upper Blepharoplasty Combined With Subbrow Skin Removal for Correction of Lateral Hooding in Asian Women. *J Craniofac Surg*. 2023;34(5):1550–1555. doi:10.1097/SCS.00000000000009348
32. Huisin t Veld EA, Canales FL, Furnas HJ. The Impact of a Plastic Surgeon’s Gender on Patient Choice. *Aesthetic Surg J*. 2016;2016:sjw180. doi:10.1093/asj/sjw180
33. Maisel A, Waldman A, Furlan K, et al. Self-reported Patient Motivations for Seeking Cosmetic Procedures. *JAMA Dermatol*. 2018;154(10):1167. doi:10.1001/jamadermatol.2018.2357
34. Little AC, Jones BC, DeBruine LM. Facial attractiveness: evolutionary based research. *Philos Trans R Soc Lond B Biol Sci*. 2011;366(1571):1638–1659. doi:10.1098/rstb.2010.0404
35. Guo F, Song J, Wang L, Yu X. Upper Eyelid Skin Laxity in Elderly Patients. *Ann Plast Surg*. 2022;89(6):610–614. doi:10.1097/SAP.00000000000003289
36. Lăzărescu GM, Vintilă M. The relationship between personality traits and willingness to undergo cosmetic surgery in the non-clinical population – a systematic review and meta-analysis. *Front Psychol*. 2023;14:1. doi:10.3389/fpsyg.2023.1241952
37. Lee TY, Shin YH, Lee JG. Strategies of upper blepharoplasty in aging patients with involutional ptosis. *Arch Plast Surg*. 2020;47(04):290–296. doi:10.5999/aps.2020.01361
38. Yang P, Ko A, Kikkawa D, Korn B. Upper Eyelid Blepharoplasty: evaluation, Treatment, and Complication Minimization. *Semin Plast Surg*. 2017;31(01):051–057. doi:10.1055/s-0037-1598628
39. Trokel S, Kazim M, Moore S. Orbital Fat Removal. *Ophthalmology*. 1993;100(5):674–682. doi:10.1016/S0161-6420(93)31589-7
40. Rita Davai N, Kalantar-Hormozi A, Ganji K, Abbaszadeh-Kasbi A. The Impact of Cosmetic Surgery on Women’s Marital Satisfaction and Self-Concept. *WORLD J Plast Surg*. 2018;7(3):337–344. doi:10.29252/wjps.7.3.337
41. Shaban M, Shaban MM, Zaky ME, et al. Divine resilience: Unveiling the impact of religious coping mechanisms on pain endurance in arab older adults battling chronic pain. *GERIATRIC NURSING*. 2024;57:199–207. doi:10.1016/j.gerinurse.2024.04.022
42. Kato T. Testing the sexual imagination hypothesis for gender differences in response to infidelity. *BMC Res Notes*. 2014;7(1):860. doi:10.1186/1756-0500-7-860
43. An SH, Jin SW, Kwon YH, et al. Effects of upper lid blepharoplasty on visual quality in patients with lash ptosis and dermatochalasis. *Int J Ophthalmol*. 2016. doi:10.18240/ijo.2016.09.15
44. Légaré F, Adekpedjou R, Stacey D, et al. Interventions for increasing the use of shared decision making by healthcare professionals. *Cochrane Database Syst Rev*. 2018;7(7):CD006732. doi:10.1002/14651858.CD006732.pub4

Patient Preference and Adherence

Publish your work in this journal

Patient Preference and Adherence is an international, peer-reviewed, open access journal that focusing on the growing importance of patient preference and adherence throughout the therapeutic continuum. Patient satisfaction, acceptability, quality of life, compliance, persistence and their role in developing new therapeutic modalities and compounds to optimize clinical outcomes for existing disease states are major areas of interest for the journal. This journal has been accepted for indexing on PubMed Central. The manuscript management system is completely online and includes a very quick and fair peer-review system, which is all easy to use. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <https://www.dovepress.com/patient-preference-and-adherence-journal>

Dovepress
Taylor & Francis Group