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Oops I did it (again): Patient experiences of complications after non-invasive cosmetic procedures

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ABSTRACT

Whereas several quantitative studies have measured the impact of complications after cosmetic procedures on patients' lives, little qualitative research is available. To address this gap, we interviewed 20 patients attending a special filler complication consultation hour in the Netherlands. We conducted a reflexive thematic analysis, which resulted in three main themes: (1) complications: a patient's journey; (2) complications: the impact of procedures gone wrong; and (3) complications: a filler-free future? Throughout the interviews, the multifaceted impact of the complications was illustrated, which ultimately also demonstrated participants' negotiation of (negative) experiences with complications after cosmetic procedures within a neoliberal, consumerist environment. Within this context, particular discourses were advanced as others were obscured and/or rejected. Most significantly, issues of stigmatization and shame were tangible throughout the interviews as participants felt they (must) accept responsibility for the consequences of their own consumerist decision to undergo cosmetic procedures. Moreover, the participants' decision to undergo further cosmetic procedures after their complication illustrate the normality, or even normativity, of contemporary beauty practices. A final note regards some important implications for the industry in relation to providing adequate complication care.

1. Introduction

Over the past couple of decades, cosmetic procedures have become increasingly popular; in 2021, approximately 30.4 million procedures were conducted globally (ISAPS, 2023). Moreover, it is expected that particularly non-invasive procedures such as soft tissue fillers and botulinum toxin treatments will continue to grow in popularity (ReportLinker, 2023). Although clinical research has repeatedly emphasized the low prevalence of complications after cosmetic procedures (Kern et al., 2022; Lee et al., 2019), there is always a level of risk. Decates et al. (2023) estimate that the incidence of mid-grade to serious adverse events after dermal filler treatments is around 0.03%. The most alarming complications are skin necrosis or blindness, with an incidence of 1 in 6600 (Decates et al., 2021; Schelke et al., 2020). Alongside the rise in dermal filter treatments, several authors have warned against the concurrent increase in complications (Nicksic et al., 2021; Velthuis et al., 2022).

Previous research into complications has explored the different types of complications people may experience after non-invasive procedures

like botulinum toxin injections (Dayan, 2013; Vanaman et al., 2016) and various types of soft tissue fillers (Dayan, 2013; Kern et al., 2022; Kim et al., 2012; Williams et al., 2020), as well as invasive, surgical procedures (Lee et al., 2019; Namgoong et al., 2020; Nicksic et al., 2021). In addition to (medical) explorations of different physical complications, several survey-based studies have employed patient-reported outcome measures (PROMs) and/or (sub)scales of the Q-portfolio to measure the impact of complications on patients' quality of life and/or outcome satisfaction (cf. Klassen et al., 2009; Pusic et al., 2013; 2013; Scalfani et al., 2010). Despite some short-term negative psychological outcomes (Gopie et al., 2013), the overall, long-term satisfaction rates are (very) high in patients who have experienced a complication (Colakoglu et al., 2011; Lu et al., 2014; Manrique et al., 2018; Massie et al., 2018; Timman et al., 2017). Although most studies into the effects of complications have focused on reconstructive (breast) surgery and gender alignment surgery, similar results have been found for other elective cosmetic procedures. Williams et al. (2020), for example, concluded that patients experiencing complications after non-surgical rhinoplasties also expressed high levels of overall satisfaction, and Farid et al. (2019)

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found that, despite suffering complications after undergoing cosmetic procedures abroad, most people had no regrets and, given a choice, would have made the same decision again.

The above results can be explained in light of the elective nature of cosmetic procedures; people are (constructed as) consumers who must navigate the cosmetic surgery marketplace. This consumerization entails the attribution of responsibility to the person choosing to undergo a cosmetic procedure. After all, the consumer is responsible for conducting appropriate research into a product/service before purchase and, as [Leve et al. \(2012\)](#) have pointed out, may be blamed if particular consumption practices, including cosmetic procedures, do not work out. Following this logic, it can be expected that people experiencing complications may be hesitant to attribute responsibility to either themselves or the medical professional, who – having been personally selected – would reflect an erroneous decision and/or a lack of careful consideration by the consumer ([Leve et al., 2012](#)). In line with this, [Widdows \(2018\)](#) argues that in a neoliberal, consumerist context which foregrounds and deifies the notion of choice, investments – monetary and/or time/effort-related – associated with cosmetic procedures limit the acceptability of narratives of cosmetic procedure outcomes. After all, an admission of a negative outcome is also an admission of a mistake, a bad investment.

In contrast to the wealth of quantitative research into (the impact of) complications after cosmetic procedures, only a few qualitative studies have examined patients' experiences of complications. [Berwick and Humble \(2017\)](#) interviewed seven 'older' women (aged 43–64) who experienced negative outcomes after cosmetic facial injectable treatments. The authors found that the complication(s) caused a shift in the women's perceptions of ageing and cosmetic procedures, with some participants actively warning other women about potential side effects and complications of procedures. [Kouwenberg et al. \(2021\)](#) also observed an increased weariness in women who experienced complications after a postmastectomy breast reconstruction. The patients' self-esteem and body satisfaction were negatively affected and women felt less feminine or even ashamed of their bodies, which could be detrimental to sexual relationships. Although surgeons expected women to choose reparatory repeat surgery, women's desire for another procedure was low due to concerns related to (further) complications and/or the burden of surgery and recovery.

The current study aims to expand on and contribute to the qualitative studies mentioned above by providing a qualitative exploration of people's experiences of complications after temporary soft tissue filler treatments. In doing so, we focus on participant experiences of complications in terms of the various types of impact they experience, the way they frame responsibility for their complications, and their (un)altered view of cosmetic procedures. Moreover, whereas [Berwick and Humble \(2017\)](#) focused on 'older' women's complications after injectable facial cosmetic treatments, we included people with different gender identities, across a broader age spectrum (ages 24–65). Finally, whereas [Kouwenberg et al. \(2021\)](#) focused on reconstructive procedures, it will be interesting to explore whether, and if so how, their results would translate to the cosmetic domain.

2. Materials and method

2.1. Design

Semi-structured interviews were conducted to develop an understanding of people's experiences of complications after soft tissue filler treatments. One-on-one interviews were deemed most suitable as they can provide a safe environment to discuss sensitive topics, such as the different cosmetic procedures participants had undergone and the (impact of) complications participants were experiencing ([Green and Thorogood, 2018](#)).

We conducted a reflexive thematic analysis ([Braun and Clarke, 2006, 2021, 2022](#)), built on relativist ontological and constructivist

epistemological theoretical assumptions, i.e., there can be different equal perspectives on reality and knowledge generation is inherently subjective ([Green and Thorogood, 2018](#)). As part of this approach, we also include elements of grounded theory (i.e., phases of coding, constant comparison), without aiming to develop a particular theory ([Boeije, 2019; Glaser and Strauss, 1967](#)).

2.2. Participants and sampling strategy

Participants were recruited at the 'filler complication consultation hour' at the Erasmus Medical Centre, a university hospital in the Netherlands. The filler complication consultation hour is a specialized outpatient clinic which is the sole referral center for soft tissue filler complications in the Netherlands. It has been operational since 2009 and has quintupled in size over recent years, now welcoming 500 new patients each year ([Scheike et al., 2019](#)). Generally, patients attend the consultation hour when their injectors are either unwilling or unable to solve their complication after dermal filler treatments. This means that it is not only the most severe cases who attend the consultation hour; in practice, a wide range of complications in terms of both type and severity of complication can be observed.

People could be included for the interviews if they (a) were at least 18 years old, as this is the legal minimum age for undergoing cosmetic procedures in the Netherlands; (b) experienced a complication after a temporary soft tissue filler treatment; and (c) were fully proficient in either English or Dutch in order to be able to freely express themselves during the interview. We adopted a purposive sampling technique, aiming for maximal variation regarding participants' gender, age, and injection site (i.e., the body parts that were injected with temporary dermal fillers).

Patients who expressed interest received an information letter detailing the aims and procedures of the study. In order to be able to answer prospective participants' questions, or to provide additional information, one of the researchers (AH) was available in a separate room in the hospital during several of the complication consultation hours. The sampling of participants was challenging, as people were hesitant to share their experiences, and we wanted to ensure both the mental and physical wellbeing of prospective participants. In the end, the sampling process took approximately six months. The presence of one of the researchers at the hospital proved vital, as rapport could already be established at the hospital, which was beneficial as all interviews took place online. Although participants could indicate their preferred location for the interview, including offline locations, everyone opted for the online environment. There may be several reasons for this decision, one of which was the geographic dispersal of patients presenting at the complication consultation hour.

Across two rounds of interviews, 20 participants were recruited, of which 19 identified as female. To help determine the number of interviews, we were guided by [Malterud and colleague's \(2016\)](#) model of information power – our project included a cross-case analysis and the aim was broad and exploratory, existing theory was sparse, but the combination of participants was specific for the study's aim and the interview dialogue was strong. During the first, more exploratory, stage of the project, 13 participants were interviewed to gain insight into the patients' experience with cosmetic procedures and their complications. Upon analyzing these first 13 interviews, several key focus areas relevant to our research aims were identified, which were subsequently addressed in more depth in the second round of interviews ($n = 7$).

As illustrated in [Table 1](#), participants had undergone (a variety of) different procedures, which were generally cosmetic in nature, although they at times were also reconstructive/medically indicated (e.g., the use of Botulinum toxin for migraines or facial feminization surgery). All names provided in [Table 1](#) are pseudonyms.

Table 1
Interview participant data.

Participant ID	Name ^a	Age	Plastic surgery procedures/treatments received ^b		
			Reconstructive/medical	Cosmetic [invasive]	Cosmetic [non-invasive]
1.	Jasmine	31			Soft tissue fillers [buttocks]
2.	Eloise	47			Botox; threadlift; soft tissue fillers [lips and cheeks]
3.	Amira	24			Botox; soft tissue fillers [lips, jawline]
4.	Kyara	34		Liposuction	Soft tissue fillers [lips, buttocks and hips]
5.	Ivanka	50			Soft tissue fillers [buttocks]
6.	Fay	52		S-lift	Microneedling; microdermabrasion; Botox; soft tissue fillers [tear trough]
7.	Anne	36	Botox; abdominoplasty	Breast enlargement	Botox; soft tissue fillers [tear trough]
8.	Martina	45			Soft tissue fillers [buttocks]
9.	Robert	56		Eyelid correction	Botox; soft tissue fillers [jawline and tear trough]
10.	Yara	35		Breast augmentation; labiaplasty; eyelid correction;	Botox; soft tissue fillers [tear trough]
11.	Marloes	65	Facial feminization surgery; breast construction	Rhinoplasty; eyelid correction	Soft tissue fillers [across face]
12.	Desiree	39			Botox; soft tissue fillers [lips, temples, and tear trough]
13.	Petra	57			Botox; soft tissue fillers [tear trough]
14.	Kelsey	34			Soft tissue fillers [lips]
15.	Gabriela	50		Eyelid correction	Laser treatment; Botox; soft tissue fillers [lips, chin, and nasolabial fold]
16.	Marjorie	52		Eyelid correction	Botox; soft tissue fillers [lips and temples]
17.	Delia	54			Soft tissue fillers [tear trough]
18.	Melissa	35	Botox		Botox; threadlift; soft tissue fillers [lip, cheek, and tear trough]
19.	Latife	42	Botox		Soft tissue fillers [tear trough]
20.	Justine	29			Soft tissue fillers [tear trough]

^a Names are pseudonyms to preserve participants' privacy.

^b The concept of plastic surgery encompasses both reconstructive, medically-indicated procedures (both invasive and non-invasive) and cosmetic procedures, which were divided into invasive and non-invasive procedures. For a discussion on these distinctions, see [Hermans \(2021\)](#) and [Jones \(2008\)](#).

2.3. Materials and procedure

A semi-structured interview guide, which was partly inspired by previous research (cf. [Berwick and Humble, 2017](#); [Kouwenberg et al., 2021](#)) was established to answer the research question (see Appendix A). This guide included various discussion topics, namely participants' overall view of cosmetic procedures and the cosmetic surgery industry; participants' decision to undergo cosmetic procedures; and participants' experiences with complications after cosmetic procedures. This third topic was the main focus of the interviews and covered further sub-topics related to, for example, the (lack of) care patients received; the perceived impact of the complication on various aspects of participants' lives; and whether, and if so how, the complication had changed participants' views of cosmetic procedures. Reflecting the iterative nature of qualitative research, the interview guide was revised after the first 13 exploratory interviews to reflect particular key aspects which emerged from the initial analysis (see Appendix B).

2.4. Data analysis

After each interview, the audio-files were transcribed verbatim by one of the authors (LG) and/or two student assistants (NB; CW), and initial observations were documented. Reflecting our critical, constructionist positioning, we adopted a reflexive form of thematic analysis, which recognizes that codes are never complete or absolute but instead evolve throughout the analysis ([Braun and Clarke, 2021](#)). The analytical process comprised both deductive (i.e., inspired by previous theoretical and empirical work) and inductive coding techniques, recognizing that these are not mutually exclusive but exist on a continuum ([Braun and Clarke, 2021](#)). Inspired by [Braun and Clarke's \(2006\)](#) data analysis process, and reminiscent of the open-, axial- and selective coding characteristic of Constructivist Grounded Theory ([Glaser and Strauss, 1967](#)), the analytical process encompassed various stages of analysis. Firstly, two of the researchers (AMH; LG) and two student-assistants (NB; CW) applied open coding to the first four

interview transcripts. After this, the open codes were discussed and axial codes were established in consultation with the full multidisciplinary research team. The axial codes were then collected in a preliminary coding scheme, which guided the analysis of the next interviews. During the analytical process, existing and new interpretations of the data were considered continuously and implemented into the dynamic coding scheme ([Boeije, 2009](#)). After all interviews had been analyzed, selective codes were developed and the final thematic map was established, encompassing main- and sub-themes which provide a comprehensive understanding of patient experiences of complications after non-invasive cosmetic procedures (see Appendix C).

2.5. Interviewer and analyzer characteristics

Reflecting our constructionist belief that researchers are part of – and also shape – all facets of the research project, it is important to disclose relevant aspects of the demographics and background of the researchers who led the conceptualization and analysis of and the reporting of this study ([Yardley, 2000](#); cf. [Bonell et al., 2022](#)). The first author, AH, is a white-European female in her early 30s with a background in (Socio-)Linguistics and Communication Sciences. She has worked on the topic of cosmetic procedures for several years and has personally considered undergoing a cosmetic procedure. However, she is critical of the societal context in which cosmetic procedures are increasingly normalized and the ubiquitous pressures on particularly women to invest in socially constructed, consumerist body projects. LG is a biracial female final-year medical student in her mid-20s. She has a broad interest in (cosmetic) dermatology and is critical of the normalization of cosmetic procedures and the wider cosmetic surgery industry. ML is a white Dutch female in her early 40s who has a background in Psychology and qualitative research. Similar to the other authors, she is critical of the normalization of cosmetic surgery and its impact on young people in particular.

Ethical approval

This project received ethical approval from the Research Ethics Review Committee at the Erasmus University Rotterdam (ETH2122-0482). The project was also submitted to the Institutional Research Review Board at the Erasmus Medical Centre, which confirmed that the rules of the Medical Research Involving Human Subjects Act (also known by its Dutch abbreviation WMO) did not apply here (MEC-2022-0056).

3. Results

The analysis resulted in three main themes, further subdivided into six subthemes, which are set out below (see Table 2). The first theme, **complications: a patient’s journey**, describes how participants experienced their search for help as a long, arduous – sometimes unsuccessful – journey, which was either aided or hindered by (medical) professionals, whom participants sometimes held responsible. The second theme, **complications: the impact of procedures gone wrong**, discusses how participants experienced the complications’ impact on various domains of life (i.e., psychological, social, and financial). Finally, the theme **complications: a filler-free future?** examines the (lack of) changes in how participants view cosmetic procedures after experiencing a complication.

All names used throughout the Results section are pseudonyms; no actual names have been used.

3.1. Complications: A patient’s journey

The first sub-theme here relates to the perceived **lack of medical help and/or knowledge** that participants encountered when searching for help. Before attending the complication consultation hour, participants had already sought help elsewhere and described their experience as a ‘journey’ or ‘hunt’ for help. Before embarking on this journey to medical help, however, several of the participants expressed a late or delayed realization of the complication, attributing symptoms such as swollen eyes to potential allergies or tiredness. Latife (F, 42) initially even celebrated her under-eye white discoloration: “*first, I thought it was pretty, because I thought oh it’s supposed to be like that. I thought that’s like a concealer-effect or something*”ⁱ. This also relates to participants alleging that complications were not explicitly discussed in the consultation prior to treatment, so they did not know how to act in case of a complication.

The first stop on the participants’ journey was to return to the clinic or (medical) professional who administered the procedure; however, they were often unable or even unwilling to help the participants. Participants described being ignored, struggling to get an appointment, like Melissa (F, 35) stated: “*you face a closed door, not like we’re going to solve this for you*”ⁱⁱ. In some cases, clinics even denied the complication, insisting that everything appeared fine. Desiree (F, 39), for example, returned to her cosmetic practitioner but “*he said it still looks good, [questioning] what are you actually doing here, it looks good right?*”ⁱⁱⁱ. After this unsuccessful first port of call, participants continued their journey to other clinics and/or professionals. Although participants were often grateful for any help offered, particularly in terms of pastoral care, participants again encountered a lack of expertise, for example by general practitioners (GPs) who indicated being unsure on how to proceed. Additionally, participants felt that health professionals generally disapproved of their decision to undergo cosmetic procedures: “*the GP does not know what to do with you, he thinks yeah well you got that [stuff] injected into your face, then you just shouldn’t do all of that*”^{iv} (Melissa, F, 35). Some (cosmetic) clinicians also refused the participants as they did not want to ‘get burned’ by treating a complication others had caused, referring participants back to the initial clinic or injector. Gabriela (F, 50), experienced this firsthand, indicating “*you don’t want to know how many clinics I called for help ... but no one wanted to help, because everyone told me you need to return to the doctor who treated you ... but he didn’t want to help me*”^v. Desiree (F, 39), had a similar experience when she

Table 2
Summary of thematic map, for extended version see Appendix C.

Theme	Subtheme	Summary	Illustrative quote
Complications: a patient’s journey	Lack of medical help or knowledge	Participants describe the lack of medical help or medical knowledge related to solving their complications.	<i>I was working and suddenly [my face] started to become bigger, it started swelling up. So I completely panicked, called [my doctor] again. Did a video consult and he says, I don’t know what’s going on. I don’t know. - Gabriela</i>
	Powerlessness and (re)gaining control	Participants describe a feeling of powerlessness or hopelessness in their journey to find appropriate help. This subtheme also includes participants’ descriptions of taking control of their own medical journey.	<i>Panicking, panicking, panicking, I then started looking for who could help me with the blockages in my face and the swelling on my face. And then I started Googling, really panicky Googling, is there anyone using an echo, and then I ended up with a woman on the other side of the Netherlands who did and who was incredibly caring and who did help me. - Melissa</i>
Complications: the impact of procedures gone wrong	Role and responsibility of (medical) professionals	Participants discuss how they experience and view the role and responsibility of the (medical) professionals involved in the initial cosmetic procedure or the treatment of the complication.	<i>It’s a charlatan who knowingly, purely because of money, lets people undergo procedures, purely to make as much money as possible.- Marjorie</i>
	Impact on various aspects of life	Participants describe the physical, psychological, financial, and/or social impact that the complication has (had) on their lives.	<i>But I mean due to one small syringe of silicone, my whole life has been ruined. - Marloes</i>
Complications: a filler-free future?	Minimizing or rejecting impact	Participants minimize or reject the (potential) impact of the complication.	<i>With me it’s just like I don’t think about it ... I block it and then sometimes when I feel a stabbing pain then I do think like oh well it’s nothing, you know. I just try to, how do you say that, to ignore it. - Martina</i>
	Generating shift in perspective	Participants describe a shift in perception and/or evaluation of cosmetic procedures after	<i>If I would have known, I would have never done it. Never never. I really regret it. It’s been a procedure</i>

(continued on next page)

Table 2 (continued)

Theme	Subtheme	Summary	Illustrative quote
		experiencing a complication, or express regret related to the cosmetic procedure (s) they have undergone.	<i>where I think never again. No needles and stuff, never again. No no. - Latife</i>
		Participants describe how their perception and/or evaluation of cosmetic procedures has not changed after experiencing a complication. Participants also express their intention to undergo further procedures in the future.	<i>Even if I have to visit ten different, the best doctors in the world to ensure that [my breast implants] can stay put, well. Of course, there's always a risk. So I still tell people who are unsure, who know I've had complications ... if you want it, I would do it again ... I find this more important. We'll all die at some point and I do feel otherwise healthy. - Yara</i>

approached the two “most well-known plastic surgeons in the Netherlands” but they also “did not want to get burned [by this]”^{vi}. This lack of help resulted in feelings of isolation and powerlessness, coded under the second subtheme **powerlessness and (re)gaining control**. Melissa (F, 35), for example, indicated:

“I think psychologically that was the toughest. Yes, that there was no one at home, so I could only share my story with my people who couldn't do anything and some also thought but you shouldn't have done that anyway”^{vii}

The unavailability of the executors of cosmetic procedures also led to skepticism and critique of the commercial nature of cosmetic procedures. Melissa was particularly critical, claiming that there is no aftercare as “the money has already been earned ... it's thanks for your money and good luck”^{viii}. Marjorie (F, 52) echoed this sentiment, calling the medical director of the clinic she visited a “charlatan who knowingly, purely because of money, lets people undergo procedures”^{ix}.

In response to a lack of available help and/or expertise, and to address feelings of powerlessness, participants described taking control of their own patient journey. They conducted their own research into explaining their symptoms and explored treatment options; some even travelled abroad, or contemplated this, as they felt the Dutch healthcare system had failed them. International help was considered predominantly by patients with complications after buttock fillers as this procedure is less commonly executed in the Netherlands: “there is no one in the Netherlands who specializes in it”^x (Kyara, F, 34). When Jasmine (F, 31) could not find a practitioner in the Netherlands to help her, “so then I started looking for other things. And then you come across things abroad ... I started looking for a plastic surgeon abroad, in Colombia”^{xi}. Nevertheless, participants felt reluctant to travel abroad, in part because of considerable financial and time investments: “it's so uncertain for me and then I fear they cannot help me [here] and then I'll have to find € 20.000 to go to Italy or to Spain”^{xii} (Ivanka, F, 50).

The final sub-theme under a **patient's journey** addresses the participants' understanding of the **role and responsibility of (medical) professionals**. As indicated above, some of the participants were critical of the cosmetic clinics and/or the person who executed the procedure which resulted in a complication. Nearly all participants placed at least

some of the responsibility for the complication with the injectors, positioning themselves, sometimes encouraged by medical professionals, as victims: “Doctor X has really helped me with [accepting] the mindset of you're a victim, you're not a perpetrator”^{xiii} (Kyara, F, 34).

Validated by medical professionals who confirmed that a wrong (quantity of) product was used and/or the injection site(s) was incorrect, participants questioned the skills of their initial injectors. Kelsey (F, 34) even argued that her injector “wasn't a [proper] doctor and it wasn't a [proper] clinic”^{xiv}. Some participants, like Justine (F, 29) and Delia (F, 54) had received filler products that turned out to be prepared by the clinics themselves, or that were imported from sub-standard suppliers. Angered by these types of malpractice, several participants have undertaken or are undertaking collective (legal) action against clinics or individuals offering cosmetic procedures.

Nevertheless, although most participants attributed (some) responsibility to the executors of the cosmetic procedure, this responsibility was negotiated and revisited throughout the interviews. Some participants also undermined the injector's responsibility, claiming that their complication was just ‘bad luck’: “it can just go wrong in someone ... [Doctor X] has done her best, I am certain of it. So I don't attribute blame, absolutely not”^{xv} (Yara, F, 35). Moreover, the majority of participants (partly) blamed themselves for their complication, indicating that undergoing the procedure was their own choice and therefore their own responsibility: “it's just something that I did and I need to take responsibility to solve it myself”^{xvi} (Jasmine, F, 31). Echoing this sentiment, Robert (M, 56), also criticized himself: “it's been my own choice and you know there are risks involved”^{xvii}.

Accompanying this self-reproach, participants expressed feelings of guilt and shame, both for undergoing a cosmetic procedure in the first place and to have to admit (to others) it had gone wrong. Gabriela (F, 50), frequently attributed her complication symptoms to other alleged ailments like jaw infections: “you just don't say that you've had fillers ... [I] was so ashamed ... because everyone had already said you shouldn't do those things, that you don't need it yet. I was just ashamed of it”^{xviii}. This embarrassment frequently inhibited participants from disclosing the complication to their social circle; they indicated that they would camouflage or hide visual signs of their complications, for example through the use of baggy clothes or make-up. This inability or unwillingness to share their experiences exacerbated feelings of isolation. Nevertheless, it was rare that participants did not share their experiences at all; rather, they carefully considered who they would confide in, often a significant other or good friend, preferably someone who had also undergone a procedure and/or viewed cosmetic procedures favorably. A few participants, like Delia (F, 54), shared their story widely to create awareness: “because that's what I want, a change, protecting other people from this”^{xix}.

3.2. Complications: The impact of procedures gone wrong

The second theme revolves around the **impact of complications** after cosmetic procedures. Constituting the first sub-theme, participants described **the impact of complications on various aspects of their lives**. Naturally, participants listed the various physical discomforts and symptoms associated with their complication, such as redness, lumps, itchiness, pain, tingling and tiredness (cf. Dayan, 2013; Kern et al., 2022; Kim et al., 2012; Williams et al., 2020); however, the impact of the complications extended far beyond physical discomforts and included psychological, social, and financial ramifications.

In terms of psychological impact, alongside previously discussed feelings of guilt and shame, participants experienced depressive symptoms, anxiety, anger, and described how the complication negatively affected their self-esteem and body image. Kyara (F, 34), admitted, “looking back, [the complication] dominates your life [and] also affected my self-confidence a bit ... You think about everything; what do I wear, what do I not wear. What do I do, what do I not do, when is it visible?”^{xx} Similarly, several participants indicated they went through a depression as an (in)

direct result of the complication, as they felt powerless, hopeless, and/or isolated in their predicament. Gabriela (F, 50), for example, stated: “it was so impactful. I was very, very sad. I was no longer myself” and, although pretending to be “ok” for her partner, she felt “like I was dying on the inside”^{xxxi}. Marloes (F, 65) even argued that “due to one small syringe of silicone, my whole life has been ruined”^{xxxii}. Insecurity related to their appearance also caused participants to engage in constant, “obsessive” body checking: “[I was] constantly touching it and actually constantly looking in the mirror like oh my God is it staying the same or is it getting worse”^{xxxiii} (Melissa, F, 35). Moreover, as previously discussed, in an attempt to hide the complication, participants indicated to camouflage using make-up and/or clothing. When covering the affected body parts was impossible, participants described avoiding social events or activities as they felt too body-conscious and were worried about negative comments. Marloes (F, 65), for example, described:

“I got into a fight at the tills because children were crying as they looked at me. They were scared and I got into an argument, ‘yeah, you are scaring my children’. But I can’t help it, I can’t start walking around with a bag over my head”^{xxxiv}.

Both existing and new romantic relationships may also be affected by the participants’ complications. Kyara (F, 34) mentioned how she was scared that her appearance would repel potential partners: “for a very long time I didn’t dare to enter a relationship because I am scared, if I am naked, what would you see?”^{xxxv}. Echoing this, Fay (F, 52) worried that her partner would see her complication, wondering, “would it turn him off, would it ruin the relationship?”^{xxxvi}. In extreme cases, participants also described not leaving the house for a period of time.

An additional cause or exacerbation of participants’ mental anguish was presented by the financial impact of the complication, especially if work was affected. Participants who were self-employed and/or ran their own business in particular described how the complication negatively affected their ability to work; Gabriela (F, 50), for example, frequently had to close her hair salon as she had to attend medical appointments, and Ivanka (F, 50) worried she would not be able to (keep) open her family’s restaurant as she could not work due to the pain. Alongside the impact on financial earnings through work, trying different (medical) solutions was also costly, as participants invested in expensive skincare products or they visited various clinics which tried to alleviate the issue and, as Melissa (F, 35) indicates:

“No one works for free, right? [Clinics] just offer it now, removing fillers, removing complications and they ask very steep prices, because they exploit that too. All those people needing help, we need to make money out of it”^{xxxvii}.

Yet, despite Melissa’s skepticism, some clinics adopted a ‘no cure, no pay’ principle, and Delia (F, 54) was even gifted the medical care she received in Dubai in light of her “difficult journey”^{xxxviii}.

Although most participants discussed the negative impact of their complication(s) at length, the second sub-theme describes how some people **minimized or rejected the impact** of their complication; Yara (F, 35) even questioned whether she would classify her symptoms as a ‘complication’, comparing her negative outcome after tear trough fillers to complications after lip fillers she had seen in others: “it really isn’t extremely big, I don’t have those swollen, inflamed lips”^{xxxix}. By comparing their predicament to people who either have worse complications, or those who are in hospital with non-cosmetic-related ailments, participants minimized their own experience. Importantly, the severity of the complications of patients at the consultation hour varied; people with less significant (visible) complications also indicated to be less negatively affected. Nevertheless, participants also frequently indicated that they attempted to ignore or “block” the symptoms or any negative effects^{xxx} (Martina, F, 45), as they did not want to be reminded of the complication and they didn’t want it “to control my life”^{xxxxi} (Ivanka, F, 50).

3.3. Complications: A filler-free future?

The final theme addresses the question whether experiencing a complication **generated a shift in perspective** for the participants. When discussing whether the complication had changed the participants’ view of cosmetic procedures, a few people expressed that their perception had not changed at all, particularly when they perceived the complication to be the result of ‘bad luck’. Latife (F, 42), for example, stated: “that’s life. I mean, you don’t have a guarantee for anything”^{xxxii}. What is more, Yara (F, 35) expressed that she would travel the world to visit the best doctors so that she could keep her breast implants, arguing: “I find this more important; we’ll all die at some point and I do feel otherwise healthy”^{xxxiii}.

Other participants did express regret, although this usually revolved around not having conducted ‘sufficient’ preparatory work and choosing the ‘wrong’ clinic or professional, rather than regretting the decision to undergo a cosmetic procedure. Nevertheless, a few participants explained that the complication changed their view of cosmetic procedures, the wider beauty industry, and, at times, the importance they attached to their appearance. Jasmine (F, 31), for example, pondered: “I know now ... there is much more. And is it really important to have a big ass, or the most beautifully filled bum or whatever, is that important? Or is your life important?”^{xxxiv}. Similarly, Kyara (F, 34) indicated that her appearance used to be “her everything” but over the years she has come to “value what is inside”^{xxxv}. Nevertheless, whilst some participants initially adopted a critical attitude towards cosmetic procedures and indicated no interest in additional cosmetic procedures, they nearly always revoked this resolution at a later point in the interview. Yara (F, 35), for example, stated:

“when [the complication] started, of course I also thought, I wish I hadn’t done it ... But I know now I’m going to get those treatments, I will still get Botox and fillers, so it hasn’t put me off that much”^{xxxvi}.

Similarly, Delia (F, 54) expressed: “if I say to you, I’m never going to do it [again], then I’m lying to myself, because saying never is difficult ... I am a woman, I want to look good, also when I am 60 or 70. So, that’s why I can’t use the word ‘never’”^{xxxvii}.

Some participants indicated feeling stuck in a vicious cycle of cosmetic procedures, since addressing the complication would result in a decrease in the participants’ perceived attractiveness, which they would attempt to fix through further cosmetic procedures. Kyara (F, 34), for example, explained: “while I don’t feel like [undergoing cosmetic procedures] at all, I just can’t avoid it anymore ... I still want to retain my familiar shape”^{xxxviii}.

In the end, nearly all participants indicated that they had either already undergone additional cosmetic procedures since the complication, or they expressed future cosmetic procedure intention. However, most participants indicated no further interest in soft tissue filler treatments and they emphasized they would more carefully select an appropriate medical professional to carry out this procedure (e.g., the doctor who solved their complication).

4. Discussion

The aim of this study was to provide an in-depth exploration of people’s experiences of complications after temporary soft tissue filler treatments. Throughout the interviews, the multifaceted impact of these complications was illustrated, which ultimately also demonstrated participants’ negotiation of (negative) experiences with complications after cosmetic procedures within a neoliberal, consumerist environment. Within this context, particular discourses are advanced as others are obscured and/or rejected. Most significantly, issues of stigmatization and shame were tangible throughout the interviews as participants felt they (must) accept responsibility for the consequences of their own consumerist decision to undergo cosmetic procedures. Moreover, the

discourses by the interviewees illustrate the normality, or even normality, of contemporary beauty practices.

4.1. Stigmatization, shame, and responsibility

Echoing previous work by [Leve et al. \(2012\)](#) which focused on the construction and management of risks and responsibilities by female recipients of facial cosmetic procedures in a neoliberal healthcare construction, the assignment of responsibility for participants' complications was multifarious and complex. Reflecting the elective and non-invasive nature of cosmetic procedures like soft tissue fillers, recipients of cosmetic procedures are reframed from patients to consumers (cf. [Jones, 2008](#)). Inherent to this reframing, the consumption process puts the onus on the individual to select a reliable provider, meaning that any negative outcomes may be regarded as a sign of an erroneous decision: a mistake and a bad investment ([Leve et al., 2012](#); [Widdows, 2018](#)). The personal assumption of responsibility was evident in participants' narratives, as people blamed themselves for undergoing procedures, which often resulted in, or intensified, feelings of guilt and shame. These feelings also resulted from, or were exacerbated by, the stigmatization of cosmetic procedures (cf. [Bonell et al., 2022a,b](#)).

Although [Swami et al. \(2008\)](#) argued that a "loss of stigma" could explain the rise in the cosmetic surgery industry, as people are more likely to personally know someone who has undergone a cosmetic procedure and these procedures are normalized via the media, other studies have demonstrated the persistent, cross-cultural stigmatization of cosmetic procedures (cf. [Bonell et al., 2022a,b](#)). Reflecting [Link and Phelan's \(2001, p.377\)](#) sociological reconceptualization of stigma, the concept includes various components and "exists when elements of labeling, stereotyping, separation, status loss, and discrimination occur together in a power situation that allows them". People undergoing cosmetic procedures are frequently stigmatized as they are labelled – or stereotyped – to be more materialistic and less warm, competent, 'moral', and psychologically stable; this is also known as the negative plastic surgery effect ([Bonell et al., 2021](#); [Delinsky, 2005](#)). Moreover, as [Bonell and colleagues \(2022, p. 173\)](#) have demonstrated, external stigmatization may also become internalized where recipients of cosmetic procedures label themselves as "vain and/or superficial". The effect of experienced and/or internalized stigmatization (cf. [Durso and Latner, 2008](#); [Mensingher et al., 2018](#)) was evident both in the slow and challenging recruitment for this study, and in participants' experiences of complications. Participants were hesitant to share their experiences as they feared being ostracized or had encountered disapproval from others, including health professionals. Similar to experiences of other people with stigmatized bodies, e.g., higher weight individuals, people coped by adopting avoidant, disengagement strategies when a "stigma-induced identity threat [was] anticipated" ([Mensingher et al., 2018, p. 140](#)). This meant that (fear of) stigmatization deterred some patients from seeking or receiving (further) help, which may lead to the undesirable situation in which the physical and/or psychological issue(s) are exacerbated before help is eventually sought.

4.2. Aesthetic labor: normal/normative?

Despite the stigmatization and shame which participants experienced, the desire for further cosmetic procedures among the participants was high. Unlike [Berwick and Humble \(2017\)](#), who found a profound shift in women's evaluation and consideration of cosmetic procedures after experiencing a complication, the participants interviewed here were less deterred to undergo further procedures. Although they indicated that they had become more vigilant and cautious, nearly all participants considered further cosmetic procedures. This outcome is in line with previous research on factors predicting cosmetic surgery intention, which has found that personal experience with cosmetic procedures predicts future intention ([Swami et al., 2008](#)). However, whereas it is easy to see how a positive experience can encourage further

involvement in cosmetic procedures, the confirmation of this dynamic in case of negative experiences is relevant and, to the best of the authors' knowledge, has only been found in one other study (cf. [Farid et al., 2019](#)).

The participants' continued interest in cosmetic procedures must be understood in light of current expansive beauty regimes, which are unprecedented in terms of their scope and intensity ([Elias et al., 2017](#); [Kuipers, 2022](#)). Strengthened by neoliberal, consumerist ideologies and a pervasive visual culture, cosmetic procedures have flourished and have become increasingly normalized ([Hermans, 2021](#)), which in turn may aid the participants' downplaying of the significance of cosmetic procedures, enabling them to choose further treatments. Moreover, as beauty has become a normative 'ethical ideal' whereby people are morally obligated to strive towards a narrow standard of beauty ([Widdows, 2018](#)), it is perhaps unsurprising that participants struggled, or did not desire, to disengage from particular beauty practices. Participants also reflected on the gendered nature of this normative aesthetic labor, arguing that looking good is (expected to be) part of the female realm and experience (cf. [Gill and Scharff, 2011](#)).

The dual and interrelated nature of aesthetic labor is significant here; the concept does not only encompass the time and effort which people invest in improving or maintaining one's appearance, but it also refers to employment situations in which appearance contributes to the production of value ([Holla and Kuipers, 2015](#)). Aesthetic labor is particularly prevalent in the service sector, which includes a focus on rapport-building and relationships with people, which foregrounds the importance of making a good (first) impression. Significant here is that nearly all participants worked in different (health) service professions, and several held jobs related to beauty and appearance practices; e.g., Petra and Gabriela work in hairdressing, Kelsey and Melissa are tattoo artists, and Marjorie, Eloise, Delia and Ivanka work (ed) in hospitality. Participants identified aesthetic labor as a factor in their decision and future intention to undergo cosmetic procedures, claiming that they needed to look 'representative'; after all, they are their own advertisement.

5. Strengths and limitations

This study is one of the first – and few – to provide an in-depth, qualitative exploration into people's experiences with complications after non-invasive cosmetic procedures. Utilizing a thorough reflexive thematic analysis approach, combined with grounded theory elements, the interviews yielded detailed, rich, personal data. A strength of this study is that we offered participants the choice between online or live interviews, dependent on their preference. Notably, everyone opted for an online interview. Although online interviews may make it more difficult to take into account participants' body language – e.g., signs of uncomfortableness, disinterest, or agitation – they did increase the accessibility of the study in two ways. Firstly, it meant that participants who lived in different parts of the Netherlands could participate without having to travel. Secondly, the online environment may provide feelings of safety as participants could participate from their own homes, which may also decrease socially desirable responses ([Smith, 2005](#); [Sturges and Hanrahan, 2004](#)). This is especially important to consider for this sample, as people experienced shame and stigmatization. Moreover, rapport had already been established with the interviewer during the recruitment process when participants could ask any questions related to the study after their appointment at the consultation hour.

Two limitations regarding the sample need to be acknowledged. Firstly, the sample included here consisted of nearly all women; even when considering the fact that cosmetic procedures are gendered practices, the near absence of male voices can be considered a limitation. Although men form a minority demographic at cosmetic clinics, undergoing approximately 14% of all cosmetic procedures per year ([ISAPS, 2023](#)), the lack of men at the complication consultation hour is still striking. As contemporary forms of hegemonic masculinity have

promoted certain appearances practices (e.g., gym workouts) but shunned others, (e.g., cosmetic procedures, cf. Ricciardelli and Clow, 2009), stigmatization is likely to be higher than for women, which may deter men from attending the complication consultation hour. It would be interesting to see how stigmatization does (not) shape men's experiences with complications after cosmetic procedures. Secondly, although the soft tissue filler complication consultation hour provided a valuable site to recruit participants, it did limit the heterogeneity of the sample. Whereas some participants experienced complications after cosmetic procedures other than soft tissue dermal fillers, this was rare. Moreover, we did not record the severity of the complications patients were experiencing, although from the stories of the participants it appears that some experienced more severe complications than others. It is recommended that future research accounts for both different types of, perhaps also more invasive, procedures, and the severity of the complications that patients present with.

6. Conclusion and future directions

In this study we explored people's experiences of complications after temporary soft tissue filler treatments. This project has added important insights to previous qualitative explorations of people's experiences with (complications after) cosmetic procedures, which may relate to the incorporation of both a larger and a more diverse sample in terms of gender, age, and cosmetic procedure experience of the participants. Whereas Berwick and Humble (2017) and Kouwenberg and colleagues (2021) both describe a profound shift in cosmetic procedure attitudes after complications, the picture that emerged here is more nuanced. It illustrates that people's perceptions may be permanently or temporarily affected, or may not change at all. Moreover, the harmful effects of complications on participants' self-esteem and body satisfaction (as found in Kouwenberg et al., 2021) were also prominent in our findings. However, it is necessary to provide a comprehensive understanding of the interrelation of different types of impact, like physical, psychological, social, and financial consequences.

In conclusion, a nuanced picture of the multifaceted impact and experience of complications after cosmetic procedures, which extends far beyond the physical, can be summarized on the basis of three themes. Firstly, as discussed above, it became clear that, despite being negatively affected by their complication(s), nearly all participants would still contemplate future cosmetic procedures, albeit under specific conditions. Secondly, participants negotiated the attribution of responsibility for the complication and indicated to struggle to find the right care (provider), which resulted in feelings of powerlessness and isolation. Finally, participants expressed that complications did not just have a physical impact, but could also have significant psychological, social, and/or financial ramifications.

Particularly the latter two themes hold urgent implications for the

cosmetic surgery industry. This study underlines the need for the provision of clear, detailed information by clinics regarding potential complications wherever this is not yet provided. Participants suggested this briefing would need to include an overview of contact details if complications occur. However, to avoid a mere passive provision of this information, we recommend providers adopt an active check of patients'/clients' understanding. Moreover, as has been advocated for by professional organizations within the cosmetic procedure industry, injectors need to be trained in how to address complications arising from the cosmetic procedures they offer (Bolk and Dijkstra, 2017). However, it is important that this training would not be limited to the recognition and treatment of the medical, physical nature of the complication, but that it would also acknowledge the (significant) psychosocial effects on patients' lives. It is our hope that by adopting the above measures, knowledge and understanding of complications by patients and healthcare professionals will be enhanced, leading to better care for patients, which may diminish the impact(s) of complications after cosmetic procedures.

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CRediT authorship contribution statement

Anne-Mette Hermans: Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Resources, Software, Supervision, Writing – original draft, Writing – review & editing. **Tom Decates:** Conceptualization, Data curation, Funding acquisition, Writing – original draft, Writing – review & editing. **Lakisha A. Geysendorpher:** Data curation, Formal analysis, Investigation, Writing – original draft. **Marjolein Lugtenberg:** Formal analysis, Investigation, Methodology, Supervision, Writing – original draft, Writing – review & editing.

Data availability

Data will be made available on request.

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Appendix A. Initial interview guide (interviews 1–13)

Introduction

Researcher(s) introduce themselves. Are there any questions related to the informed consent form/information letter before we start the interview? Thank you for participating in this research project. We would like to ask some questions regarding your experiences with cosmetic procedures and the complication(s) you are currently suffering from. As indicated in the informed consent form, we would like to audio-record this interview, is this still ok with you? [if ok: start audio-recording].

We would like to reiterate that the interview data will be anonymized. Your name will not be linked to your interview data and we will never use your own name when reporting on this study.

The interview will take approximately 1 h and you can always indicate if you would prefer not to answer a question, or if you would like to stop the interview. This will have no negative consequences for you. It's important to emphasize that there are no "right" or "wrong" answers. We are just interested in your experiences and perceptions. Please feel free to share whatever you would like; we hope we can provide a safe space for this.

General

Before we start, we always like to know who we are interviewing; could you perhaps share a bit about who you are?

- Prompts: what do you do; what do you enjoy in your spare time; any kids?

We would like to start with some questions regarding your experiences with cosmetic procedures.

1. [view cosmetic procedures]

How do you see cosmetic procedures?

- o Prompts: cosmetic surgery industry; positive/negative evaluation?

2. [experience cosmetic procedures]

Could you tell me about the cosmetic procedure(s) you have undergone?

- o Prompts:
 - Motivation for procedure?
 - Factors which played a role in decision?
 - How was a particular clinic/(medical) professional selected?
 - How did you prepare for your procedure(s)?

Complication(s)

Unfortunately, you had to attend the filler complication consultation hour at the Erasmus Medical Centre.

3. [description complication]

Could you please tell us what brought you here?

- o What complication(s) are you experiencing?

4. [experience complication]

How did you notice that something was wrong?

- o What did you do when you suspected something was wrong?

- o Prompts:
 - Why did you do this?
 - How was this for you?
 - Had potential complications/side effects been discussed beforehand?
 - *In case negative experience/inability to find help – ask about the barriers participants encountered and how they experienced these*

5. [perceived impact complication]

Could you tell us about the impact that the complication has had on you?

- o Prompts: mental/physical impact?

6. [(change in) perception cosmetic procedures]

After experiencing this complication, how do you perceive cosmetic procedures?

- o Prompts:
 - Has perception changed? If so, how?
 - Have you undergone further procedures since the complication? If so: which one(s) and why?
 - Do you intend to undergo further procedures? If so: which one(s) and why?

7. [evaluation of (medical) care complication]

Based on your experience, how would you evaluate the care you received as you experienced the complication?

- o Prompts:
 - If negative evaluation: what did you experience as negative and why?
 - If positive evaluation: what did you experience as positive and why?
 - What improvements would you make to the care surrounding complications after cosmetic procedures? Why?
 - What would have helped you when you experienced the complication?

Closing remarks

Thank you for your responses. Are there any topics or elements, relevant to our discussions today, that we have not discussed yet but that you think

are important to share here?

Thank you very much for your participation. We have some other interviews planned but we can keep you informed of the results as and when we have them. If you would like to be updated, please share your email address [if we don't have it yet].

Appendix B. Revised interview guide (interviews 13–20)

Introduction

Researcher(s) introduce themselves. Are there any questions related to the informed consent form/information letter before we start the interview?

Thank you for participating in this research project. We would like to ask some questions regarding your experiences with cosmetic procedures and the complication(s) you are currently suffering from. As indicated in the informed consent form, we would like to audio-record this interview, is this still ok with you? [if ok: start audio-recording].

We would like to reiterate that the interview data will be anonymized. Your name will not be linked to your interview data and we will never use your own name when reporting on this study.

The interview will take approximately 1 h and you can always indicate if you would prefer not to answer a question, or if you would like to stop the interview. This will have no negative consequences for you. It's important to emphasize that there are no "right" or "wrong" answers. We are just interested in your experiences and perceptions. Please feel free to share whatever you would like; we hope we can provide a safe space for this.

General

Before we start, we always like to know who we are interviewing; could you perhaps share a bit about who you are?

- Prompts: what do you do; what do you enjoy in your spare time; any kids?

We would like to start with some questions regarding your experiences with cosmetic procedures.

1. [experience cosmetic procedures]

Could you tell me about the cosmetic procedure(s) you have undergone?

- o Prompts:
 - Motivation for procedure?
 - Factors which played a role in decision?
 - How was a particular clinic/(medical) professional selected?
 - How did you prepare for your procedure(s)?

Complication(s)

Unfortunately, you had to attend the filler complication consultation hour at the Erasmus Medical Centre.

2. [description complication]

Could you please tell us what brought you here?

- o What complication(s) are you experiencing?

3. [experience complication]

How did you notice that something was wrong?

- o What did you do when you suspected something was wrong?
- o Prompts:
 - Why did you do this?
 - How was this for you?
 - Had potential complications/side effects been discussed beforehand?
 - In case negative experience/inability to find help – ask about the barriers participants encountered and how they experienced these

4. [responsibility complication]

Could you tell us about how you perceive the responsibility for the complication you have experienced?

- o Prompts: if medical professional, why/how? If own responsibility: why/how?

5. [perceived impact complication]

Could you tell us about the impact that the complication has had on you?

- o Prompts: mental + social + financial impact

6. [(change in) perception cosmetic procedures]

After experiencing this complication, how do you perceive cosmetic procedures?

o Prompts:

- Has perception changed? If so, how?
- Have you undergone further procedures since the complication? If so: which one(s) and why?
- Do you intend to undergo further procedures? If so: which one(s) and why?

7. [evaluation of (medical) care complication]

Based on your experience, how would you evaluate the care you received as you experienced the complication?

o Prompts:

- If negative evaluation: what did you experience as negative and why?
- If positive evaluation: what did you experience as positive and why?
- What improvements would you make to the care surrounding complications after cosmetic procedures? Why?
- What would have helped you when you experienced the complication?

Closing remarks

Thank you for your responses. Are there any topics or elements, relevant to our discussions today, that we have not discussed yet but that you think are important to share here?

Thank you very much for your participation. We have some other interviews planned but we can keep you informed of the results as and when we have them. If you would like to be updated, please share your email address [if we don't have it yet].

Appendix C. Extended thematic map

Theme	Subtheme	Summary	Example from data
Complications: a patient's journey	Lack of medical help or knowledge	Participants describe the lack of medical help or medical knowledge related to solving their complications.	"Ik was aan het werken en opeens begon [mijn gezicht] dikker te worden, het begon zo op te zetten. Dus ik helemaal in paniek, heb ik [mijn arts] weer gebeld. Videoconsult gedaan en hij zegt, ik weet echt niet wat je hebt. Ik weet het niet". – Gabriela <i>I was working and suddenly [my face] started to become bigger, it started swelling up. So I completely panicked, called [my doctor] again. Did a video consult and he says, I don't know what's going on. I don't know</i>
	Powerlessness and (re) gaining control	Participants describe a feeling of powerlessness or hopelessness in their journey to find appropriate help. This subtheme also includes participants' descriptions of taking control of their own medical journey.	"Ik ben toen echt paniekerig, paniekerig, paniekerig, met blokkades in mijn gezicht en zwellingen in mijn gezicht op zoek gegaan naar wie kan mij helpen. En toen ging ik googelen, echt paniekerig googelen van is er iemand die werkt met een ECHO en toen ben ik bij een dame terecht gekomen aan de andere kant van Nederland die dat dus deed en die dus ontzettend zorgzaam is en mij dus wel geholpen heeft." – Melissa <i>Panicking, panicking, panicking, I then started looking for who could help me with the blockages in my face and the swelling on my face. And then I started Googling, really panicky Googling, is there anyone using an echo, and then I ended up with a woman on the other side of the Netherlands who did and who was incredibly caring and who did help me</i>
Complications: the impact of procedures gone wrong	Role and responsibility of (medical) professionals	Participants discuss how they experience and view the role and responsibility of the (medical) professionals involved in the initial cosmetic procedure or the treatment of the complication.	"Het is gewoon een charlatan die willess en wetens, vanwege gewoon puur voor geld, mensen laat behandelen, gewoon puur om er zelf zo rijk mogelijk van te worden" – Marjorie <i>It's a charlatan who knowingly, purely because of money, lets people undergo procedures, purely to make as much money as possible</i>
	Impact on various aspects of life	Participants describe the physical, psychological, financial, and/or social impact that the complication has (had) on their lives.	"Maar ik bedoel gewoon door een klein spuitje siliconen is mijn hele leven kapot gegaan" – Marloes <i>But I mean due to one small syringe of silicone, my whole life has been ruined</i>
Complications: a filler-free future?	Minimizing or rejecting impact	Participants minimize or reject the (potential) impact of the complication.	"Bij mij is het gewoon, ik denk er niet aan ... Ik blok het gewoon echt zo en dan soms als ik opeens een steek voel dan denk ik wel van oh oke, is niks weet je wel. Ik probeer het gewoon, hoe zeg je dat, te negeren." - Martina <i>With me it's just like I don't think about it ... I block it and then sometimes when I feel a stabbing pain then I do think like oh well it's nothing, you know. I just try to, how do you say that, to ignore it</i>
	Generating shift in perspective	Participants describe a shift in perception and/or evaluation of cosmetic procedures after experiencing a	"Als ik [dit] geweten had dat ik natuurlijk nooit gedaan. Never nooit. Ik heb echt spijt. Ja, het is echt een ingreep geweest waarvan ik dacht van dit nooit meer. Geen naalden

(continued on next page)

(continued)

Theme	Subtheme	Summary	Example from data
		complication, or express regret related to the cosmetic procedure(s) they have undergone.	enzo nooit meer, nee nee" – Latife <i>If I would have known, I would have never done it. Never never. I really regret it. It's been a procedure where I think never again. No needles and stuff, never again. No no.</i>
		Participants describe how their perception and/or evaluation of cosmetic procedures has not changed after experiencing a complication. Participants also express their intention to undergo further procedures in the future.	"Al moet ik nog tien verschillende, de beste artsen van de wereld af gaan om te zorgen dat [mijn borstimplantaten] bij mij wel in blijft zitten, tja. Natuurlijk, het is altijd een risico. Dus ik zeg nog steeds tegen mensen die twijfelen, die weten van ik heb dan complicaties gehad als jij dat wil, ik zou het gewoon nog steeds doen ... Ik vind dit belangrijker. Dood gaan we toch wel een keer allemaal en ik voel me ook gewoon verder gezond" – Yara <i>Even if I have to visit ten different, the best doctors in the world to ensure that [my breast implants] can stay put, well. Of course, there's always a risk. So I still tell people who are unsure, who know I've had complications ... if you want it, I would do it again ... I find this more important. We'll all die at some point and I do feel otherwise healthy.</i>

Appendix D. List of original quotes

- I. Eerst vind ik het mooi, want ik dacht oh dat hoort zo. Ik dacht oh dat is een soort van concealer-effect of zo.
- II. Je komt bij] een gesloten deuren, niet van wij gaan dit oplossen voor jou
- III. Ik ben daarna, ben ik het ook nog laten zien aan dokter X en hij zei nog ziet er goed uit. Wat kom je hier nou eigenlijk doen, het zit toch goed?
- IV. De huisarts weet niet wat hij met je aan moet, hij denkt ja hallo, jij hebt dat in je gezicht laten spuiten, dan moet je dat maar allemaal niet doen
- V. Je wilt niet weten, ik heb zoveel klinieken gebeld voor hulp ... maar niemand heeft mij willen helpen, want iedereen zei tegen mij je moet terug naar je behandelend arts. Maar mijn behandelend arts, die had een echo, maar hij wou mij niet helpen.
- VI. Ik heb laatst nog een consult met dokter X gehad en dokter Y. Ja weet je dan denk ik dat zijn echt wel de meest bekende plastisch chirurgen die er hun handen niet aan willen branden
- VII. Maar ik denk dat dat psychisch voor mij het allerzwaarst is geweest. Ja, dat er niemand thuis was, dus dat ik met mijn verhaal alleen maar naar mijn mensen toe kon die er eigenlijk niks mee konden en sommigen dachten van ja, maar dat moet je toch allemaal niet aan beginnen
- VIII. De persoon in kwestie die dit bij je doet die heeft geen aandacht, tijd, en geen nazorg voor je want het geld is al binnen ... thanks for your money and good luck
- IX. Het is gewoon een charlatan die willens en wetens, vanwege gewoon puur voor geld, mensen laat behandelen, gewoon puur om er zelf zo rijk mogelijk van te worden
- X. [Ik] kwam er al gauw achter: niemand kan er eigenlijk wat aan doen, want ... er is niemand hier in Nederland die daarin gespecialiseerd is
- XI. "Dus toen ging ik op zoek naar andere dingen. En toen kwam je vaker op het buitenland neer, dat ze daar dingetjes weghalen enzo, omdat hier toen nog niet heel veel er bekend over was en ze voornamelijk in het ziekenhuis zeiden, van nou, wij kunnen dit niet doen, dit is niet iets waar wij ons in gespecialiseerd zijn, dus dan zou je echt ergens anders moeten gaan kijken ... En toen ben ik dus zo gaan kijken naar een plastisch chirurg in het buitenland, in Colombia
- XII. En ja ja dat is voor mij ook heel onzeker en dat ik vrees van ja straks kunnen ze me niet helpen en dan moet ik moet ik ergens €20.000 vandaan halen naar Italië te gaan of Spanje ..."
- XIII. Dokter x heeft mij ook echt geholpen met die mindset van je bent een slachtoffer, je bent geen dader
- XIV. Interview conducted in English so no Dutch original available
- XV. Het kan dan soms net wat verkeerder uitpakken bij iemand. Ben ik dan weer ... [Dokter X] heeft ook haar uiterste best gedaan, dat weet ik zeker. Dus ik vind geen schuld, absoluut niet
- XVI. Het is gewoon iets wat ik heb gedaan en ik moet mijn verantwoordelijkheid er nu ook voor nemen om het zelf op te lossen
- XVII. Het is mijn eigen keus geweest en dan weet je dat er risico's aan verbonden zitten
- XXVIII. Je gaat niet vertellen dat je fillers hebt genomen ... [Ik] schaamde me heel erg ... want eigenlijk had iedereen al gezegd van ja dat dat je dit soort dingen niet moet doen, dat je het niet nodig hebt nog ... Ik schaamde me gewoon ervoor
- XIX. Want dat wil ik gewoon, [een] verschuiving, beschermen andere mensen van dit
- XX. Maar als je het dan zo terugkijkt, het beheerst je leven wel heel erg. En dat heeft ook mijn zelfverzekerdheid een beetje aangetast ... Je denkt overal bij na: wat trek ik aan, wat trek ik niet aan; wat doe ik wel, wat doe ik niet; wanneer is het zichtbaar?
- XXI. Het had heel veel invloed. Ik was heel, heel verdrietig. Ik was mijzelf niet meer ... van binnen ging ik gewoon kapot.
- XXII. Maar ik bedoel gewoon door een klein spuitje siliconen is mijn hele leven kapot gegaan
- XXIII. [Ik was] constant aan zitten en constant eigenlijk in de spiegel kijken van oh my God is het nog steeds zo of wordt het erger
- XXIV. Ik heb wel eens ruzie gehad aan de kassa omdat kinderen aan het huilen waren omdat ze naar mij keken. Ze waren bang en ik krijg ruzie, ja je maakt mijn kinderen bang. Ik kan er toch niks aan doen, ik kan toch niet met een zak over mijn hoofd lopen
- XXV. Heel lang durfde ik geen relatie aan te gaan. Want ik ben bang, als ik naakt ben, wat zie je dan?
- XXVI. Ziet je partner het niet, knapt hij niet af, gaat je relatie er niet aan?
- XXVII. Niemand werkt voor niks he? [Klinieken] bieden het tegenwoordig gewoon aan he, filler verwijderen, complicaties verwijderen en ze vragen prijzen van jewelste, want ook daar wordt weer misbruik van gemaakt. Van alle mensen die geholpen moeten worden, daar moeten we dus ook nog even op gaan verdienen

- XXVIII. Dubai hebben ze geen cent van mij gevraagd ... [de cosmetisch arts] zei tegen mijn dochter, ik wil niet geld van jouw mama; jouw mama heeft moeilijke weg. Ik wil voor haar dit cadeau heven, want het is niet alles geld
- XXIX. Ik wist niet of ik het überhaupt nog wel onder een complicatie kon scharen. Omdat het echt niet extreme groot. Ik heb niet zulke opgezwollen lippen, van een ontsteking
- XXX. Bij mij is het gewoon, ik denk er niet aan ... Ik blok het gewoon echt zo en dan soms als ik opeens een steek voel dan denk ik wel van oh oké, is niks weet je wel. Ik probeer het gewoon, hoe zeg je dat, te negeren ... het is meer van ik wil het niet horen ... Je kop in het zand, ja dat doe ik ja
- XXXI. Ik probeer me er niet teveel zorgen over te maken, omdat ik ook niet wil dat ik mijn leven beheerst en zolang ik nog kan functioneren dan heb ik zoiets van ja weet je
- XXXII. Dat is het leven. Ik bedoel, je hebt nergens garantie voor
- XXXIII. Al moet ik nog tien verschillende, de beste artsen van de wereld afaan om te zorgen dat [mijn borstimplantaten] bij mij wel in blijft zitten, tja ... Ik vind dit belangrijker. Dood gaan we toch wel een keer allemaal en ik voel me ook gewoon verder gezond
- XXXIV. Ik [weet] nu wel van nou, weet je, er is veel meer. En is het echt belangrijk m een dikke kont te hebben, of de mooiste opgevulde billen te hebben of wat dan ook, is dat belangrijk? Of is je leven belangrijk?
- XXXV. Uiterlijk was alles voor mij en ik ging echt tot het uiterste om er goed uit te zien. Maar inmiddels ben ik 34, ik ben moeder, ik heb het leven gezien, ik ben spiritueel. Ik ben meer gaan waarderen wat binnen zit
- XXXVI. Natuurlijk heb ik op het begin toen dat dan zo ontstond heb ik ook gedacht van, had ik het nou maar niet gedaan ... Maar ik weet ik weet nu inmiddels ook wel ik ga die behandelingen, ik ga echt nog wel botox en of fillers ga ik wel gewoon nog doen, dus zo erg heeft het me ook weer niet afgeschrokken
- XXXVII. Als ik zeg nou tegen jou, ik ga nooit iets doen, dan ik lieg mijzelf voor, want nooit om te zeggen is lastig Ik ben vrouw wat ik wil er goed ook uitzien, ook als ik leven in 60 en 70. Dus daarom 'nooit', dat kan ik niet woord gebruiken
- XXXVIII. Terwijl, ik heb er helemaal geen zin in, maar ik ontkom er gewoon niet meer aan ... ik wil toch mijn vertrouwde vorm behouden

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