



Contouring the Male Body

Practitioners discuss their approach to body-contouring procedures for men

A market for men?

For thousands of years, artists and sculptors have depicted the image of the 'ideal' man as an athletic and muscular figure. Think Greek statues such as Doryphoros dating back to circa 440 BC¹ and Leonardo Da Vinci's Vitruvian Man in 1487.² Today, performers such as Zac Efron and Hugh Jackman are portrayed as body icons, with both featuring on the front pages of magazines across the world. Research indicates that there is an 'emphasis on lean and well-defined muscle mass' when it comes to male body shape,³ and that the majority of women prefer men's figures to be muscular! According to a number of authors, muscularity may be seen as the physical manifestation of specific traits such as discipline, dominance, resilience, attractiveness, sexual experience and the absence of imperfections.³

Of course, regular exercise and maintaining a healthy lifestyle can offer men an 'ideal' physique, but some men may not have the time or inclination to spend hours lifting weights. Additionally, how does physique change as men age? And what can they do about those stubborn-to-shift pockets of fat that appear?

It is also important to acknowledge that while this figure may generally be regarded as 'ideal', it is of course not everyone's preference and each man will have his own goal in mind of how his body shape can be enhanced.

Just as they are successful for women, body-contouring procedures are an option for men too. However, as the practitioners featured in this article emphasise, a different approach is often needed – both in terms of consultation and treatment.

For practitioners aiming to target a male demographic for the first time, promoting your contouring procedures to them is a good place to start, according to aesthetic practitioner Dr Ravi Jain. In his experience of running a clinic with an approximate 50% male database, he says men are more concerned with their body than their face.

Aesthetic practitioner Dr Galyna Selezneva, who practises at The Rita Rakus Clinic, and surgeon and aesthetic practitioner Miss Sherina Balaratnam, who runs her own clinic in Beaconsfield, agree that body contouring for men is a growing market, with each having a male database of 30% and 25%, respectively.

Aesthetician Cristina Ucci, who works alongside Dr Neil Walker at his clinic in Oxford, adds that this time of year is the perfect time to target men, who will be thinking ahead of how they can be in their best shape for summer.

Consultation

Enquiries

Practitioners agree that consulting a man is often very different from consulting a woman. "By the time a male patient comes to you for a consultation, he will have done his research and done it thoroughly," says Dr Selezneva, highlighting that, "With women, treatments are much more of an emotional buy – they may call in the morning and if an appointment is available they'll go for it." Dr Jain agrees, noting, "I'd say men are definitely less spontaneous than women. They've normally done a lot more research; they've watched every video online – they just need to know facts." Miss Balaratnam adds, "When consulting men I tend to find they are less nervous and self-conscious as a whole, and more directive in approach; they know exactly what they want to target and what results they expect, while wanting to know what devices we have, how these work, the scientific data behind the technologies and evidence of our results, which I'm delighted to say we have."

Suitability

While male patients may be keen to undergo a body-contouring procedure, the practitioners interviewed stress that not everyone is suitable for treatment immediately.

The main factor restricting a man's imminent treatment is his current lifestyle. "My direction is clear in both male and female consultations," says Miss Balaratnam, adding, "We discuss their diet and alcohol consumption, and level of exercise regime as these are key factors to cover when carrying out body-contouring consultations." She explains that her patients are asked to rate each on a scale of non-existent, low, moderate to high so she can assess what can be optimised pre-treatment. If, for example, they have a poor diet, consume excessive alcohol, lead a sedentary lifestyle and have little or no exercise regime, Miss Balaratnam advises patients to improve each prior to commencing treatment. She explains that with negative lifestyle factors, the lymphatic system will be congested, and the broken down fat cells will not have the opportunity to be effectively processed by the body. "I explain to patients that when they address and optimise these factors for the duration of their treatment and follow up, their results will follow, it's as simple as that," Miss Balaratnam says.

When assessing suitability, the first thing Dr Jain asks his patients is what they've had for breakfast. "I ask what they eat on a typical daily basis and suggest some modifications. I explain to them that if they want to lose weight, they need to be in a calorie deficit," he says, explaining, "To me, it's simple – you've got to burn off more energy than you're putting in."

He adds, "If someone's got a poor diet, they're overweight and they're not exercising, then we're not going to start treatment on



Figure 1: Before and one month after four sessions of EMSculpt. Images courtesy of Miss Sherina Balaratnam.

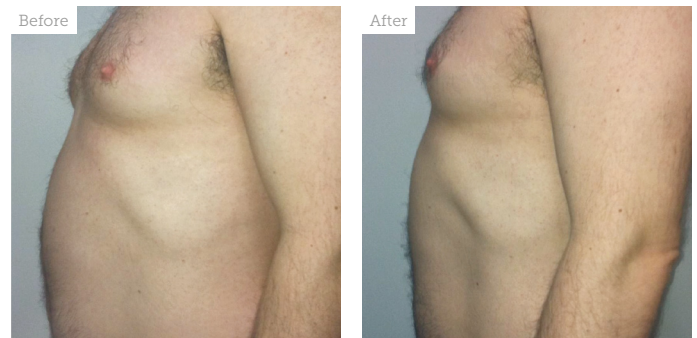


Figure 2: Before and after eight treatments with Venus Freeze. Images courtesy of Body Care by Angie via Venus Concept.

them. They're unlikely to maintain the results so we advise them to come back after they've improved their lifestyle."

The type of fat requiring treatment is also important, according to Dr Selezneva. She says, "We have to be very careful that the fat we are treating is subcutaneous. Lots of men present with visceral fat, which is stored around a number of important organs such as the liver, pancreas and intestines and can only be targeted with diet and exercise.⁴ It's important to explain that if they work on this, then in a few months' time we can assess them again and offer a range of treatments for the remaining subcutaneous fat. The good news is the patients usually trust you and will be motivated to work on this to undergo treatment."

On the other hand, men may be put off by some types of treatment if they will be unable to keep it private. Dr Jain, who offers Vaser to his patients, explains, "Compression vests can sometimes put a man off having treatment. They say 'Oh I can't do that' and that's it; if they can't keep it secret, they won't go through with treatment."

The main reason men will typically choose not to have treatment, however, is the price. "If they are completely unaware of how much treatments will cost, then usually they're the ones that drop off," says Dr Jain, adding, "But if they're aware of cost before consultation then we know that the ones that come in will tend to convert. We therefore tend to tell them what typical cost they would be looking at over the phone, as well as outlining on the website, before they come in."

Treatment

So, what are men's main body concerns? Dr Selezneva says there are two top complaints she treats. "Unsurprisingly, the number one area of concern is the abdomen – men are looking to reduce fat and tone muscle," she explains, adding that the second is the flanks, commonly referred to as a 'muffin top'. "They're often impossible to get rid of with exercise and when one develops, it is a sign of ageing," says Dr Selezneva.

Dr Selezneva also explains that the chest is also a very popular area for male patients who seek treatment for gynaecomastia, colloquially referred to as 'man boobs'. She says, "In the same way as women's, men's chests can drop and when they do, often men want to perk them back up. This is actually much easier to achieve in men because they don't have as much breast tissue." Various treatments for body contouring are available, with numerous technologies on the market. In this article, however, practitioners discuss their preferred methods to use on male patients.

Cryolipolysis

When delivering a cryolipolysis treatment, practitioners apply a high-pressured suction handpiece to the target areas of the body, which are cooled to negative temperatures to induce apoptosis of

fat cells and are then gradually eliminated from the body through the lymphatic system.⁵ Dr Selezneva says, "For those pockets of fat that are difficult to shift, cryolipolysis gives excellent results. I use Cristal Cryolipolysis particularly for male patients due to its applicator options. The two plate-style applicators can often cover an abdominal area, meaning the practitioner doesn't have to squeeze the fat into a suction handpiece. As men's subcutaneous fat can be denser and harder than women's, it's a lot easier to achieve good results with the plates." Dr Jain offers cryolipolysis to his patients using the CoolSculpting device. According to Dr Jain, it takes from four to 12 weeks for the body to excrete the dead fat cells. During that time, he explains that patients may notice some tenderness and mild swelling. "The procedure itself can be uncomfortable; as if someone's pulling your skin firmly," he says. Once it freezes, the treated areas go numb and patients then have to wait about 25 to 50 minutes for the treatment cycle to be completed, depending on the applicator used. Dr Jain has Netflix set up in the treatment room so patients can relax and watch television while they wait. He goes on to explain, "At the end of the procedure, when the skin starts to thaw, patients may experience chilblains – small, itchy swellings on the skin that occur as a reaction to cold temperatures⁶ – and that's uncomfortable for about five to 10 minutes. The protocol suggests we massage the area for about two minutes during that time, which further increases fat cell death."

Side effects and complications

After cryolipolysis, the area can be numb for up to three weeks, says Dr Selezneva, while Dr Jain points out that there's a risk of cold burns, but hasn't experienced this on patients he's treated. He adds that paradoxical adipose hyperplasia is regarded as the main complication, albeit very small, which means that there is an area of localised fat after cryolipolysis,⁷ making it look like the patient has gained more weight in the area treated. He explains, "I've seen one case of this and the only way to fix it is liposuction. My patient wasn't that fussed as it was relatively mild, so didn't have it treated; however, we've



Figure 3: Before and after two Cristal treatments, administered two months apart. Images courtesy of Dr Galyna Selezneva.

been referred other cases where we've had to treat them." A substandard response to treatment can also be regarded as an adverse event. Dr Jain explains, "It's slightly more common in men, which I think could be because there's not enough of the tissue in the suction cup as their skin and fat is generally firmer, so it can be harder to get a good vacuum full of their tissue."

Laser-assisted lipolysis

Miss Balaratnam notes that she also offers body-contouring treatment to her patients via laser-assisted lipolysis – heating the tissue as opposed to freezing it with cryolipolysis. This procedure uses laser energy to adipose tissue, to permanently destroy fat cells.⁸ While lots of devices are available, Miss Balaratnam uses SculpSure, which she explains takes approximately 25 minutes and aims to destroy up to 24% of treated fat in problem areas such as the abdomen and flanks. "Results can start to be seen as early as six weeks following treatment, with optimal results usually seen at 12 weeks. We've been treating patients for more than two years with a 100% success rate," she says. Dr Selezneva also uses this device and emphasises that two or three treatments are often necessary to see results.

Side effects and complications

Thermal injury is generally regarded as the main risk of laser-assisted lipolysis, while the risk of nerve damage should also be considered.⁸ Dr Selezneva notes, however, that the risk is of course minimised if practitioners follow official protocols carefully. In addition, she notes, "When taking a medical history, practitioners should also consider any contraindications such as abdominal scarring and ensure the patient is made aware of the pain factor, as I have found that it can be a painful treatment."

Radiofrequency

Often used to tighten and rejuvenate skin, radiofrequency (RF) can also be utilised to offer body contouring procedures through heating and melting away fat cells. Various devices are available that use radiofrequency energy alone, as well as combined with other methods such as suction. By heating the adipocyte layer to 43-45°C, research has indicated that the RF will induce selective apoptosis in fat cells, with sparing of surrounding cells, with volume reduction three to eight weeks following treatment.⁹

Ucci explains, "RF is fantastic for skin tightening so it's very popular for neck and faces, but specifically the abdomen in men." She offers treatment with the Venus Freeze, which despite its name, heats the tissue using a combination of multi-polar RF and pulsed electromagnetic fields. She advises, "When treating the abdomen in men, they should have about eight to 10 treatments, preferably done once a week."

Dr Selezneva uses the Vanquish ME, a belt-like device that wraps

around the abdomen and flanks which she says is particularly beneficial when treating men as it doesn't depend on having to administer the device multiple times. She explains that most patients undergo four treatments, scheduled one week apart, with results visible as early as two weeks later.

Side effects and complications

Again, contraindications should be considered such as metal implants in the treatment area and a current/history of cancer. Modern devices generally have in-built temperature sensors to prevent overheating of the surface of the skin; however, to a large extent, they are operator dependent so complications such as burns can still occur.¹⁰ According to research, some older monopolar RF devices have been associated with uneven depths of RF penetration and later unevenness of fat breakdown and associated surface contour abnormalities.¹⁰ Ucci notes that post-treatment effects such as erythema are common and expected.

High-intensity focused electromagnetic technology

One of the newest treatments on the market aims to build muscle, as well as burn fat. The non-invasive high-intensity focused electromagnetic (HIFEM) technology used in EMSculpt induces supramaximal contractions which, according to the manufacturer, are not achievable through voluntary contractions, for example, through exercise. The muscle tissue responds to these supramaximal contractions by remodelling its inner structure, resulting in muscle building and fat burning.¹²

Both Miss Balaratnam and Dr Selezneva offer EMSculpt procedures to their patients. "EMSculpt targets abdomen muscles to achieve a flatter appearance and improve core strength, which men absolutely love," says Dr Selezneva. The protocol involves a series of four treatments, all done within a two-week period, and each session takes just 30 minutes. Miss Balaratnam highlights that the treatment is ideal for men who want to take their exercise regime to the next level. "EMSculpt is great for someone with a good baseline of fitness and muscle tone, wanting to be more defined. When we treat men they enjoy the sensation of the high-intensity focused electromagnetic contractions and feel stronger in their core," she explains, continuing, "By their eight-week follow up we see enhanced muscle definition, fat loss and sculpting. We can now also treat diastasis recti in both men and women. This is a real gamechanger." In terms of discomfort, Miss Balaratnam explains that the treatment does not feel painful, instead like 'an intense muscle contraction'. She adds, "As a result, patients report that they feel stronger after each session and are standing taller with improved posture and due to core strength increasing, we are seeing patients whose lower back pain has also improved."

Side effects and complications

At the time of publication, there have been no reported complications from HIFEM technology¹² and neither practitioners who offer it have had any adverse reactions in clinic. However, Dr Selezneva advises practitioners to find out whether the patient has any metal in or near the treatment area and stick to protocol to avoid risk of an adverse event. While this article focuses on men, it is important to note that this consideration is particularly relevant for women who may have a contraception implant.

Transgender patients

Dr Selezneva has had some experience of masculinising procedures in transgender patients, which involves reducing the appearance of the waist line and hips, as well as feminising procedures to create a waist line and the appearance of hips. She says, "I don't think we're at a point where body contouring is hugely popular with transgender men and women – currently they are more focused on facial treatments. However, I want to encourage the community to explore the options available."

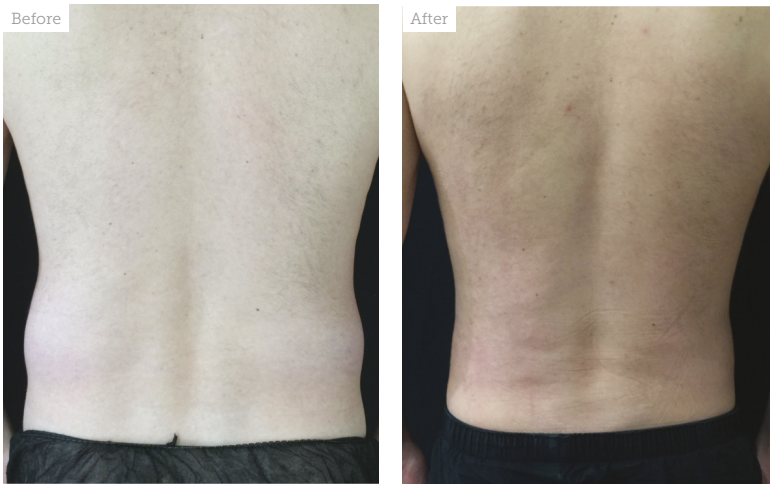


Figure 4: Before and after Vaser treatment. Images courtesy of Dr Ravi Jain.

Vaser liposuction

An alternative, more-invasive treatment that Dr Jain offers his male patients for body contouring is Vaser liposuction. Patients treated with Vaser are generally in good physical condition and are looking to contour their body, compared to traditional liposuction patients looking to achieve weight loss.¹³ The FDA-approved technology involves the injection of tumescent liquid, or a saline solution mixed with anaesthetics, into the area being treated. High-frequency ultrasound vibration is then used to break fat cells apart, using probes inserted into the fatty tissue.¹³ Dr Jain explains, “We’re using ultrasound energy to emulsify the fatty globules that are in our body from pea-sized to liquid. These fat cells are not killed; they are still living fat cells, so we can use them to transfer to other areas of the body for fat grafting, if necessary.” To perform the treatment, Dr Jain explains that he begins by infusing the area with tumescent fluid which minimises bleeding, softens tissue and provides a medium for the ultrasound to work without burning the tissue.¹³ Then he uses the Vaser probes to administer high frequency ultrasound to the area. “You can adjust the power and strength according to the type of tissue you’re dealing with,” he explains, continuing, “We then use a relatively gentle suction procedure to remove the emulsified fat and carefully shape the body.” Treatment time is dependent upon on surface area and number of sites. Dr Jain says that he often uses Vaser to treat gynaecomastia, which takes roughly an hour, while the abdomen and the flanks take approximately two hours each. Dr Jain explains that patients can usually go home approximately two or three hours following treatment; however, he emphasises that it is an invasive procedure so patients should be prepared to take time off work – usually about a week. If they’ve had treatment to their abdomen, patients will need to wear a compression garment and require aftercare with five to 10 manual lymphatic drainage sessions. He explains that the lymphatic drainage sessions involve a gentle massage, which aims to minimise the accumulation of inflammatory fluids that occur after a procedure. “By minimising these and draining them away, you find that patients recover quicker with smoother outcomes,” he says. According to Dr Jain, the treated area will swell a small amount over the couple weeks following treatment, which gets better daily.

Side effects and complications

Pain, infection, bleeding and anaesthesia risks apply to Vaser liposuction procedures.⁹ Dr Jain adds, “Specific to Vaser, there’s a small chance that the Vaser probe can burn the skin if applied

incorrectly.”¹⁴ He notes that patients could also experience a seroma, which is a collection of inflammatory fluid.¹⁴ “That’s one of the reasons we offer lymphatic drainage to reduce the chance of it occurring,” he says. Of course, contour irregularities can occur with any body contouring procedure and Dr Jain highlights that following treatment for gynaecomastia there can be asymmetry and nipple sensitivity changes.

Considerations

Dr Selezneva warns practitioners about the risk of feminisation in a male patient. “When you’re treating a man, make sure you have that male body type – usually an inverted triangle – in your mind. In the same way as a woman usually wants her treatment to give her an hourglass figure, you should understand what a patient wants to achieve and make sure you do not demasculinise their figure and give them a waistline, unless this is what they’ve requested.”

Choosing an appropriate body contouring device for your clinic can be also challenging, especially if you’re on a budget. Ucci advises considering the developments of the device and whether the supplier will provide ongoing training. “These machines progress so quickly nowadays, so you don’t want to be stuck with the same technology for 10 years,” she says. When practitioners adopt a device and plan to target a male demographic, Dr Jain recommends considering branding. He says, “Ensure your literature for men is male-orientated, with masculine branding. On the other hand, they don’t need to be made to feel like they’re going into a sports bar either. They want a clinical environment that is safe and effective.” Dr Selezneva concludes by highlighting that practitioners shouldn’t assume that men don’t need to be cautioned of discomfort. She says, “Pain is very subjective, so explain to your male patient exactly what it’s going to feel like. Don’t be shy – warn them!”

REFERENCES

1. Ancient Origins, *Doryphoros: Greek Art Imitating Ideal Form* (UK: Ancient Origins, 2018) <<https://www.ancient-origins.net/artifacts-other-artifacts/doryphoros-greek-art-imitating-ideal-form-009942>>
2. Leonardo da Vinci, *The Vitruvian Man* (UK: Leonardo da Vinci, 2011) <<https://www.ancient-origins.net/artifacts-other-artifacts/doryphoros-greek-art-imitating-ideal-form-009942>>
3. Sell *et al*, ‘Cues of upper body strength account for most of the variance in men’s bodily attractiveness’, *The Royal Society Publishing* (2017) <<https://royalsocietypublishing.org/doi/10.1098/rspb.20171819>>
4. Diabetes, *Visceral Fat* (UK: Diabetes, 2019) <<https://www.diabetes.co.uk/body/visceral-fat.html>>
5. ASPS, What is cryolipolysis? (US: ASPS, 2019) <<https://www.plasticsurgery.org/cosmetic-procedures/nonsurgical-fat-reduction/cryolipolysis>>
6. NHS Inform, *Chilblains* (UK: NHS Inform, 2019) <<https://www.nhsinform.scot/illnesses-and-conditions/skin-hair-and-nails/chilblains>>
7. American Society of Plastic Surgeons, *Complication of ‘Fat Freezing’ Procedure May Be More Common Than Thought* (US: ASPS, 2018) <<https://www.plasticsurgery.org/news/press-releases/complication-of-fat-freezing-procedure-may-be-more-common-than-thought>>
8. J McBean, ‘Laser Lipolysis: an update’, *J Clin Aesthet Dermatol*, 4 (2011), pp.25-34.
9. Dr David Jack, ‘An Overview of Non-surgical Body Contouring Treatments’, *Aesthetics*, January (2017).
10. Franco W, Kothare A, Goldberg DJ. Controlled volumetric heating of subcutaneous adipose tissue using a novel radiofrequency technology, *Lasers Surg Med*, (2009);41(10):745–750.
11. Jack DR, ‘Radiofrequency: an important tool in the aesthetic practitioner’s repertoire’, *Aesthetics*, January (2016).
12. BTL Aesthetics, *A Revolution in Body Sculpting* (US: BTL Aesthetics, 2019) <<https://www.btl-aesthetics.com/en/btl-emsculpt>>
13. Dr Norma Kassardjian, *Vaser – Ultrasonic Liposuction* (US: Liposuction.com, 2019) <<https://www.liposuction.com/vaser-liposuction.html>>
14. AE Hoyes, JA Millard, ‘VASER-assisted high-definition liposculpture’, *Aesthetic Surg J*, 27 (2007), pp.594-604.