

BROWN BEAR DIGITAL

Content Marketing for Plastic Surgeons

A content strategy built for the patient who researches for months, not a weekend.

A practice owner's guide | 2026 edition

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The short answer

01

Most plastic surgery content is written as if patients decide in a weekend. They do not. In the practices we work with, rhinoplasty patients commonly research for 8 to 18 months before they book a consultation. Content only works when it is built around that journey, not around a channel list, a posting schedule, or a keyword spreadsheet.

What to do about it:

1

Fix the procedure page before the blog.

A 300-word hub wastes every post that links to it. In competitive metros, #1 procedure pages run 2,000 to 2,500 words.

2

Serve all 5 research stages.

Most practices publish only decision-stage content and miss the patients who are still deciding.

3

Build 1 complete cluster at a time.

A complete cluster needs 15 to 20 supporting posts per procedure. Start with your highest-revenue procedure.

4

Add attribution before you scale.

2 intake form questions make content ROI visible. Expect 25 to 40% of consultations influenced by content by month 12.

RESULT FROM A BROWN BEAR CASE STUDY

One middle-of-funnel content hub took a deep plane facelift surgeon from 16 to 168 AI Overview citations. Practices that treat year 1 as infrastructure see year 2 and year 3 produce disproportionate returns on the same foundation. Results vary by practice, market, and starting point.

Who this guide is for

Surgeons who run their own marketing, practice managers, and the marketing coordinator who got handed a blog login and a "we need more content" directive, and now has 30 posts that get traffic and produce almost no bookings.

The 5 research stages your content must serve

02

Most industries publish content to capture demand. Plastic surgery content has to create the conditions for a decision most patients were not sure they wanted to make. The weight of that decision is closer to buying a house than booking a dental cleaning. Before you write a word, map where patients are when they meet your content.

Stage	What the patient is doing	Content that serves it
1. Curiosity	Wondering, often after a photo, a comment, or a moment in the mirror. Asks questions like "Is it normal to not like your nose?"	→ Educational, reassuring, non-promotional. No consult push. It earns permission to keep reading.
2. Research	Knows the procedure. Deep-read mode on recovery, outcomes, risks, and variations.	→ Specific clinical detail: what week 3 looks like, what the swelling pattern means, when the gym is safe again.
3. Shortlisting	Comparing surgeons, credentials, and galleries. Reacting to different voices.	→ A stated point of view: surgeon-voice posts, philosophy essays, detailed case walk-throughs.
4. Validation	Down to 2 or 3 surgeons. Asking "Can I trust this person with this outcome?"	→ Patient stories built on the emotional journey, first-person recovery posts, open talk on complications and revision rates.
5. Decision	Decided emotionally. Looking for rational permission to act.	→ Clean procedure landing pages, pricing transparency or a framework for discussing it, and frictionless booking.

PATIENTS WEIGH PRICING HEAVILY

In a 593-person survey published in Plastic and Reconstructive Surgery Global Open in 2023, pricing available before the appointment ranked among the 3 most important factors when scheduling a first consultation, alongside the surgeon's online reviews. Social media advertising ranked among the least important.

Get the architecture right first

03

Procedure pages and blog posts are not interchangeable. They serve different functions, rank for different queries, and need different structures. The procedure page is the hub. Blog posts are the spokes. Every spoke links back to the hub, and the hub links to the most relevant spokes.

	Procedure page	Blog post
Answers	→ What is this procedure, do you offer it, and what does it involve?	A question from an earlier stage, such as "Am I a good candidate for a tummy tuck?"
Targets	→ High-commercial-intent terms like "rhinoplasty surgeon Dallas"	Informational queries patients type in months 2 through 12 of research
Job	→ Convert a patient evaluating you specifically	Capture patients early and feed them back to the hub over time
Scope	→ 1 per procedure, and often 1 per major variation, such as open vs. closed rhinoplasty	Many per procedure, built as a cluster

The 300-word hub problem

A common audit finding: 20 blog posts about rhinoplasty pointing at a 300-word procedure page of generic copy. Fixing the procedure pages before scaling blog output produces the fastest visible improvement. In our 101-city study of #1-ranking procedure pages, winners in competitive metros run 2,000 to 2,500 words in a recognizable order: explainer, options, candidacy, recovery, gallery, meet the surgeon, cost and financing, an FAQ of roughly 8 questions, then the consultation CTA.

The third asset: transformation posts

82%

of ranking practice pages for before-and-after searches were dedicated gallery URLs. General procedure pages took only 5%.

13%

were blog posts. Transformation write-ups published real dollar figures at 17% vs. 5% for galleries, and FAQ content at 62% vs. 42%.

Source: Brown Bear 50-procedure before-and-after gallery study. Written properly, a transformation post is a spoke that ranks on its own.

What to write, and how to make it worth reading

04

CURIOSITY AND RESEARCH

Top of funnel**EXAMPLE POSTS**

- Tummy tuck vs. mini tummy tuck
- How long rhinoplasty swelling lasts, week by week
- Am I a good candidate for a mommy makeover

THE JOB

Educate without pushing, in 1,200 to 2,000 words that need real clinical experience.

RESEARCH AND SHORTLISTING

Middle of funnel**EXAMPLE POSTS**

- How to evaluate a rhinoplasty portfolio
- What board certification tells you, and what it doesn't
- Common reasons patients seek revision rhinoplasty

THE JOB

Build comparison confidence and position you as the guide.

VALIDATION AND DECISION

Bottom of funnel**EXAMPLE POSTS**

- Patient stories built on the emotional arc
- Why I turn down certain procedures
- What happens at our consultation

THE JOB

Remove final objections and confirm trust.

Avoid the commodity content trap

Commodity content defines the procedure, lists the types, describes a generic recovery, and ends with "contact us." Google has targeted content made mainly to rank since its August 2022 helpful content update, now part of its core ranking systems. **The test:** would a patient 3 months into research learn anything new from your draft? If not, it is not ready.

Real clinical perspective

What you observe at days 3, 7, and 14, not "recovery takes 2 to 4 weeks."

Open risk conversation

Revision rates after primary rhinoplasty run roughly 5 to 15%. Discuss what drives them.

A stated point of view

On technique and candidacy. It draws patients looking for that surgeon.

YMYL TRUST SIGNALS ON EVERY CLINICAL POST

A named, credentialed author, not "The Team." Outcome claims that state their variability. Open complication content. Written HIPAA authorization for every before-and-after photo and patient story.

Build clusters and a workflow that ships

05

A single post ranks for a few keywords and plateaus. A cluster of a pillar page plus 15 to 20 supporting posts compounds. Build 1 cluster at a time, starting with your highest-revenue procedure. Building 8 at once produces thin content across the board.

Pillar: Rhinoplasty at your practice

Procedure, types, candidacy, recovery, surgeon credentials, gallery, and consultation CTA.

10 core supporting posts

Recovery week by week. Rhinoplasty for men. Ethnic rhinoplasty. Open vs. closed. Rhinoplasty vs. septoplasty. Choosing a surgeon. Revision rhinoplasty. The consultation. Cost breakdown. Non-surgical vs. surgery.

WHEN A CLUSTER IS COMPLETE

The pillar ranks top 5 for the primary commercial query, the posts cover every major question from curiosity through validation, and every post links back to the pillar and forward to the consultation form. Then build the next one.

The production workflow

- 1 Plan in 90-day blocks.** Give each quarter 1 objective and assign every piece a research stage before it is written. If 80% of the quarter is decision-stage material, you have a pipeline problem.
- 2 Brief first, write second.** A 1-page brief: stage, persona, the question it answers, the information gain element, and internal link destinations.
- 3 Make surgeon review take minutes.** Send only the flagged clinical claims. A surgeon can review a 10-point list in 15 minutes, not an 1,800-word article. If even that is unrealistic, record a 20-minute monthly call and draft from the transcript.
- 4 Publish with distribution.** At least 2 touchpoints on day 1: an email to the relevant patient segment and a social post that pulls a specific insight.
- 5 Repurpose and refresh.** Turn each pillar post into 3 to 5 social posts, a 2-minute video, and a newsletter paragraph. Audit quarterly and refresh posts that dropped before writing new ones.

What to measure, and what year 1 looks like

06

A patient who reads your cluster in February and books in August shows up as a mystery booking. GA4 looks back at most 90 days when it credits a key event, so ask patients directly on the intake form and track AI assistant referrals as their own source. These are our planning targets, not industry standards.

Layer	Metric	Planning target
Visibility	Organic sessions to blog, by cluster	→ 15 to 25% growth per quarter, months 3 to 9
Visibility	Rankings for target questions	→ 4 to 15 is striking distance. Below 20: rewrite.
Engagement	Engagement time and scroll depth	→ 2 to 3 min top, 4 to 6 mid funnel. 60%+ scroll.
Engagement	Blog-to-procedure-page click rate	→ 8 to 15% mid funnel. Under 5%: weak CTA.
Pipeline	Content-influenced consultation rate	→ 30 to 50% after 12+ months running
Pipeline	Procedure page consultation rate	→ Under 2% needs a copy and UX review
Revenue	Cost per content-attributed consult	→ 40 to 70% below Google Ads, after month 9 or 10
Revenue	Content program ROI	→ 3:1 in year 1, 6:1 to 10:1 in year 2+

Months	Phase	What happens
1 to 3	Infrastructure	Procedure page rewrites, 4 to 6 posts per procedure, intake attribution
4 to 6	Visibility	Long-tail rankings, first content-influenced consults, first AI Overview citations
7 to 9	Traction	Content-influenced consults reach 20 to 30% of new bookings
10 to 12	Compounding	First cluster producing consistent attribution, off-site GEO launches

Getting cited in AI search

07

When a patient asks ChatGPT or Perplexity what to know before a rhinoplasty, she gets a synthesized answer, not 10 blue links. Your practice is in that answer or it is not. AI Overviews showed on 48 of the 50 procedure searches in our before-and-after study. Generative Engine Optimization runs on 2 tracks.

On your site

- ◆ **Write citable declarative statements.** "Most patients return to desk work within 1 to 2 weeks" is citable. "Recovery can vary depending on many factors" is not.
- ◆ **Use direct Q&A.** State the question the way a patient asks it, answer it immediately, then add detail.
- ◆ **Treat schema as hygiene, not the lever.** In our 101-city study, 6 #1 pages carried no schema at all. Crawlability and clean structure matter more, including pages AI crawlers can read without heavy JavaScript.
- ◆ **Keep the surgeon entity consistent.** Use your full credential string the same way on your site, ASPS profile, Google Business Profile, and LinkedIn.

Across the web

- ◆ **Get quoted where AI looks.** Healthline, WebMD, RealSelf, Byrdie, Vogue, and Plastic Surgery Practice magazine. 1 Healthline quote can do more than 50 generic blog posts.
- ◆ **Answer on RealSelf.** Specific, attributed answers build a footprint in the format AI prefers. 200 detailed answers is a meaningful advantage.
- ◆ **Pitch for mentions, not just links.** A brand mention without a hyperlink still connects your surgeon's name to the procedure.
- ◆ **Do podcasts and complete your directories.** Transcripts are indexed. Fill out ASPS, ABPS, Castle Connolly, US News Health, and Healthgrades.

GEO is a brand problem wearing a technical costume. Every cited post, RealSelf answer, and media quote is a GEO win.

Is your content program built for the 8-month patient?

Answer for your current program, in-house or agency-run. Each "no" is a gap. Start with the procedure pages, since every post you publish before fixing the hub sends traffic to a page that cannot close.

Question	Yes	Partly	No
ARCHITECTURE			
Are the procedure pages for your top 2 revenue procedures detailed and credentialed, not 300 words of generic copy?	☐	☐	☐
Do those pages cover options, candidacy, recovery, gallery, surgeon, cost and financing, an FAQ, and a consultation CTA?	☐	☐	☐
STAGE COVERAGE			
Have you mapped every existing post to a research stage, from curiosity to decision?	☐	☐	☐
Do you have curiosity, research, and shortlisting content, not just decision-stage posts?	☐	☐	☐
CONTENT QUALITY			
Would a patient 3 months into research learn something new from each post?	☐	☐	☐
Does every clinical post carry a named author with verifiable credentials?	☐	☐	☐
Do you publish open content on complications, revision rates, and unhappy results?	☐	☐	☐
CLUSTERS AND PRODUCTION			
Are you building 1 complete cluster at a time, starting with your highest-revenue procedure?	☐	☐	☐
Does every post start from a 1-page brief with a stage, a question, and an information gain element?	☐	☐	☐
Does surgeon review arrive as a short flagged-claims list, not a full draft?	☐	☐	☐
MEASUREMENT			
Does your intake form ask "How did you find us?" and "Did you read anything on our website before reaching out?"	☐	☐	☐
Do you track AI assistant referrals as their own source?	☐	☐	☐

YES

PARTLY

NO

Frequently asked questions

09

Q How long do plastic surgery patients research before booking?

In the practices we work with, rhinoplasty patients commonly research for 8 to 18 months. They move from curiosity through research, shortlisting, and validation before they decide, and most of that happens before they fill out a form.

Q Should I fix procedure pages or publish more blog posts first?

Fix the procedure pages. Blog posts are spokes and the procedure page is the hub. Every post you publish before fixing a thin hub sends traffic to a page that cannot close.

Q How many posts does a topic cluster need?

15 to 20 supporting posts around 1 pillar procedure page. About 10 are core, and the rest come from the questions your own consultations keep raising.

Q What makes content non-commodity?

Real clinical perspective, open risk conversation, and a stated point of view. If a patient 3 months into research would learn nothing new from a draft, it is not ready.

Q When will content start producing consultations?

Expect zero content-attributed consults in months 1 to 3. The first show up in months 4 to 6. A realistic year-1 outcome is a content-influenced consultation rate of 25 to 40%, not a doubling of consult volume.

Q How much surgeon time does this take?

Our 12-month frame assumes 4 to 6 hours of surgeon time per month for clinical review and input. Keep review short by sending only flagged claims, or record a 20-minute monthly conversation and draft from the transcript.

Next steps

10

- 1 **Audit the procedure pages** for your top 2 revenue procedures first.
- 2 **Map what you already have** to the 5 research stages and fill the empty ones first.
- 3 **Add intake form attribution** before you build anything else.
- 4 **Pick 1 procedure and build the cluster completely**, then move to the next.

WORK WITH BROWN BEAR

Content programs for plastic surgery practices, with surgeon review kept to minutes.
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