

BROWN BEAR DIGITAL

Before-and-After Gallery Playbook

How to turn a plastic surgery gallery from a brochure into a ranking page and a closing tool.

A practice owner's guide | 2026 edition

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The short answer

01

Most plastic surgeons treat the before-and-after gallery like a brochure: a grid of thumbnails behind the procedure pages, updated whenever someone remembers. That misses what it is. The gallery is one of the highest-volume search assets in plastic surgery, and the page where a serious patient's decision usually gets made.

What to do about it:

1

Give every focal procedure its own gallery page.

One indexable URL per procedure, with its own H1, intro, schema, and links from the procedure page.

2

Put case data under every photo.

Age, body data, technique, and time elapsed let a patient find someone like her.

3

Build the SEO layer most galleries skip.

Descriptive file names, case-specific alt text, fast pages, a mobile layout built for the thumb, and schema.

4

Add one new case per procedure every month.

On top of a release form that covers everything you publish, with a documented revocation procedure.

RESULT FROM A BROWN BEAR GALLERY REBUILD

One Los Angeles-area practice rebuilt its gallery into per-procedure pages. Top-3 rankings on gallery queries went from 13 to 52, the practice picked up 18 #1 positions where it had none, and its galleries earned 19 new AI Overview citations, with no link building running against those pages.

Who this guide is for

Surgeons and practice marketers who already have a gallery and suspect it is not doing what it should. Solo surgeons who shoot their own cases should focus on documentation. Marketers who inherited a 300-photo grid should start with structure. Groups with several surgeons will find the hard work in consent and filtering.

Your gallery is a ranking page

14,800

monthly US searches for "tummy tuck before and after."

8,100

for "breast augmentation before and after," plus 5,400 for rhinoplasty.

Source: Semrush US data, September 2026. These searchers have already chosen the procedure.

Surgeons spend serious budget on procedure pages and treat the gallery as a side project. The two are not separable. Across 101 US city markets, 93% of the #1 pages for breast augmentation carried a before-and-after gallery.

The structure that ranks

A single "photo gallery" page cannot rank for a specific procedure's before-and-after query. In Brown Bear's 50-procedure study, 82% of practice pages ranking for photo queries were dedicated per-procedure gallery URLs, rising to 93% at #1. Procedure pages with a gallery section took 5%.

You compete nationally, not across town

Localized photo searches such as "breast augmentation before and after Miami" had no measurable volume, so Google shows one national top 10. A map pack win does not transfer. An AI Overview appeared on 48 of 50 photo searches, and an image pack on 32.

Private practices still hold 344 of 500 ranking slots and 29 of 50 #1 positions, so the institutions are beatable. RealSelf holds 4 of 500, all at positions 9 and 10.

Gallery type	Who holds #1	Realistic target
Surgical	ASPS on 12 of 28 terms. Practice galleries hold most of the other 16.	→ #1, won with archive depth
Injectable or device	Manufacturer sites on 8 of 22 terms, from Botox to CoolSculpting	→ The top practice slot at positions 2 to 4, won with local proof the brand cannot show

What makes a gallery convert

03

The conversion mechanic is pattern matching. A patient scans until she finds someone who looks like her in body type, starting point, and age range, then studies that one case closely. If nobody on the page reads as "a patient like me," the gallery does not convert, however good the photos are.

The number of patients shown matters more than the number of photos per patient.

Diversity of body types, ethnicities, ages, and starting points matters more than perfect lighting on one demographic. A gallery that gives a 42-year-old mother of two no version of herself to find does not convert her.

Photography is read as a proxy for the surgeon

Serious gallery	Amateur gallery
→ Consistent lighting and neutral backgrounds	Different cameras and varying backgrounds
→ Identical positioning before and after	Patients positioned differently in each shot
→ Full-resolution images that hold up when zoomed	Low-resolution images that pixelate
→ No filters or retouching that hide the outcome	Obvious post-processing that smooths detail

A 2024 review in *Aesthetic Surgery Journal Open Forum* sets the clinical standard: a DSLR on a tripod about 1.5 meters away, three light sources, and a plain background, often light blue. The highest-leverage move is one in-office setup with the same camera, lighting, background, and positioning marks for every consenting patient.

THE ASPS CODE OF ETHICS IS THE FLOOR

It bars before-and-after photos that use different light, poses, or techniques to misrepresent results, and atypical results shown without saying so. Members keep a copy of every ad for one year. In 2024 a Seattle practice agreed to pay \$5 million to Washington State, in part over edited before-and-after photos. Only 39% of ranking galleries carry a results-may-vary disclaimer, 36% label actual patients, and 22% mention consent.

The data beneath every case

04

This is the biggest gap in the galleries we audit. Photos appear with no patient data, no technique notes, and no recovery information, so the patient has to guess everything that matters. Most ranking galleries stop near the bottom of the documentation ladder.

Rung	What each case shows	Share of ranking galleries
1. Numbered cases	"Case 47," so a patient, a consultation, and a crawler can point to it	→ 35%
2. Patient age	Age or age range at surgery	→ 31%
3. Post-op interval	"3 months post-op" on the after photo	→ 15%
4. Technique specifics	Technique plus implant volume or device	→ 5%

Galleries that climb all four rungs stand out. A Kansas City practice ranking nationally for breast augmentation documents 150 numbered cases with 297 implant-size callouts.

What every case card should show

Who the patient is

Age range, height and weight with consent, and ethnicity or skin type where outcomes vary.

What the surgeon did

The specific technique, such as dual-plane augmentation or open rhinoplasty, plus implant size, profile, and manufacturer.

When the photos were taken

Time elapsed between before and after. A post-op interval answers the suspicion that photos show the during, not the after.

How recovery went

Weeks to return to normal activity and any complications managed.

Case data lets a patient pattern-match, tells Google the page has substantive content, and gives AI Overviews facts to cite. A gallery without it leaves conversion, ranking, and citation on the table.

The SEO layer most galleries skip

05

In our study, 93% of images on ranking galleries carried alt text, but only 27% of those alt texts named the procedure. The images are labeled. They are not optimized.

- ◆ **Descriptive file names.** rhinoplasty-before-after-female-32-12wk-postop.jpg indexes. IMG_4421.jpg does not. Set the convention before anyone uploads, and keep patient names and record numbers out of file names.
- ◆ **Alt text that describes the case.** "38-year-old female, dual-plane breast augmentation with 320cc smooth round silicone implants, 12 weeks post-operative" does work. "Before and after photo" does nothing.
- ◆ **Captions that repeat the case data** in human-readable form, for the patient and the search engine.

Video alongside stills

Where motion matters, as in rhinoplasty, facelift, breast augmentation, and body contouring, a short patient video lifts conversion. 77% of ranking galleries carry video, but 1% use VideoObject markup. Film at the 6-week and 12-week follow-ups, ask five standard questions, shoot B-roll once, use one consent form for stills and video, and document revocation.

Speed targets for image-heavy pages

Metric	Target	How to hit it
LCP	Under 2.5s	→ WebP or AVIF, responsive sizes, lazy loading below the fold, a CDN, and compression at the source
CLS	Under 0.1	→ Reserve image dimensions in the HTML so the layout does not jump
INP	Under 200ms	→ Leaner lightbox and filter JavaScript, with non-essential scripts deferred

Mobile is its own design problem

More than 70% of gallery traffic is mobile. Use a vertical feed of one or two cases per row, filters exposed at the top and sticky on scroll, full-screen case views that close cleanly, pinch-to-zoom on, and a persistent consult CTA. Test on a four-year-old iPhone with mid-tier signal.

Filters, links, schema, and freshness

06

FILTERS

Indexable filtered views

THE MOVE

When a patient filters to "under 35, B to D cup," the URL updates to a clean address Google can crawl.

GUARDRAILS

- Index only combinations people search
- Block the long tail with robots.txt
- Build at 50+ cases. Under about 15, document first

47% of #1 galleries filter, vs 37% of the field.

LINKS

Procedure page into gallery

THE MOVE

Link from body copy with anchor text matching the gallery H1, at the point the patient is ready to see results.

ALSO

- Link targeted pages to the matching filtered view
- Link the surgeon bio to her procedures, then on to galleries
- Never "click here"

Each named anchor is a topical signal.

SCHEMA

Markup for documentation

THE TYPES

- ImageGallery on the page, used by 4%
- ImageObject on each photo, with surgeon and procedure
- MedicalProcedure for the procedure shown
- VideoObject on case video, used by 1%

Cheap differentiation, not a silver bullet.

Keep schema in proportion. Crawlable pages and plainly structured case data do more of the lifting, and a heavy JavaScript gallery that language models cannot read undoes both.

Freshness that counts

Google's freshness systems favor recent content where searchers expect it, and Google warns against changing a page's date when the content has not substantially changed. Add at least one new case per focal procedure per month, with a visible last-updated date reflected in schema. That is 12 to 24 cases per gallery per year.

WHAT DOES NOT COUNT

Reshuffling thumbnails, renaming files, and re-cropping old images. What counts is new cases with new case data, new alt text, and new schema entries. A dozen real cases a year, every year, builds depth a templated gallery never reaches.

Consent, HIPAA, and storage

07

Identifiable patient photos are protected health information under HIPAA. A full-face photo is one of the 18 identifiers in HIPAA's de-identification standard. Publishing photos to promote the practice is marketing, and HHS guidance says marketing uses generally require the patient's written authorization.

What a serious release form covers

- ◆ Use on the practice website, including before-and-after galleries.
- ◆ Social media and any third-party platforms the practice uses.
- ◆ The data fields published with the photos: age, weight, ethnicity, technique.
- ◆ An expiration date or event, and the right to revoke in writing at any time.
- ◆ Video filmed during recovery or follow-up appointments.
- ◆ A documented internal procedure for revocation: which assets come down, on what timeline, by whom.

WHEN A PATIENT REVOKES

She signs in March, and her 3-month photos go into the gallery and a paid social ad. Eighteen months later she revokes. With a documented procedure, the case, ad creative, alt text, and caption come down within the stated window, and a log shows who removed what. Without one, the practice digs through old ad accounts while she waits.

Storage is the other half

The 2024 clinical photography review warns that consumer cloud services such as Dropbox and Apple iCloud are not HIPAA compliant, that a storage vendor needs a signed business associate agreement, and that ordinary text messaging is not a safe channel for patient photos. Keep identifying tattoos, scars, and birthmarks out of frame unless the case needs them.

A gallery built on shaky consent paperwork is a liability.

Is your gallery built to rank and convert?

08

Answer for each procedure gallery. If half are no, the gallery is the highest-leverage page on the site to fix: ahead of procedure pages, the homepage, and any new content.

Question	Yes	Partly	No
STRUCTURE			
Does each focal procedure have its own indexable gallery page with a procedure-specific URL?	☐	☐	☐
Do procedure pages link into the gallery with named anchor text, not "click here"?	☐	☐	☐
CONVERSION			
Could a 42-year-old mother of two and a 28-year-old fitness model each find herself in the gallery?	☐	☐	☐
Is photography consistent across cases, with the same lighting, background, and positioning?	☐	☐	☐
Does each case card include age, body data, technique, and time elapsed?	☐	☐	☐
SEO LAYER			
Are file names descriptive and alt text case-specific, not generic?	☐	☐	☐
Does the gallery pass Core Web Vitals: LCP under 2.5s, INP under 200ms, CLS under 0.1?	☐	☐	☐
Is the mobile experience built for the thumb, with swipe, tap, zoom, and a sticky CTA?	☐	☐	☐
Is ImageGallery, ImageObject, and MedicalProcedure schema in place?	☐	☐	☐
FRESHNESS AND TRUST			
Does each focal procedure gain at least one new case a month, with a visible last-updated date?	☐	☐	☐
Does the gallery reference recognized photographic documentation standards?	☐	☐	☐
Does the release form cover everything published, with a documented revocation procedure?	☐	☐	☐

YES

PARTLY

NO

Frequently asked questions

09

Q Why does the gallery need its own page for each procedure?

A single photo gallery page cannot rank for a specific procedure's before-and-after query. In our 50-procedure study, 82% of ranking practice pages were dedicated per-procedure gallery URLs, and 93% at #1.

Q Can a local practice beat ASPS and the manufacturers?

Often, yes. Private practices hold 344 of 500 ranking slots and 29 of 50 #1 positions. Surgical galleries can aim for #1. For branded injectables and devices, aim for the top practice slot at positions 2 to 4.

Q What should sit beneath each before-and-after photo?

Age range, height and weight with consent, ethnicity or skin type where relevant, the specific technique, implant or device details, time elapsed, and recovery notes.

Q When is gallery filtering worth building?

It depends on archive size. With a dozen cases, a patient can scan the whole page, so document each case first. At 50 or more, filtering stops being optional.

Q How often should the gallery be updated?

At least one new case per focal procedure per month, with a visible last-updated date. Reshuffling or renaming old images does not count as an update.

Q Do gallery photos need written consent?

Yes. Identifiable photos are protected health information under HIPAA, and marketing uses generally require written authorization. The release should cover every channel, every published data field, video, expiration, and revocation.

Next steps

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- 1 **Run the self-audit** on each procedure gallery.
- 2 **Fix structure first.** Procedure-specific pages unlock the rest.
- 3 **Talk to someone who does this for plastic surgery.**

WORK WITH BROWN BEAR

Brown Bear Digital builds procedure-specific gallery pages with real case data, descriptive alt text, schema, and the internal linking that turns a thumbnail grid into a ranking page.

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References

1. American Society of Plastic Surgeons. (2025). Code of Ethics. plasticsurgery.org
2. Brown Bear Digital. (2026). What ranks for before-and-after searches? A 50-procedure gallery study. brownbear.digital/data
3. Brown Bear Digital. (2026). Before-and-after keyword search volume, Semrush US database, September 2026. Internal research.
4. Google LLC. (2025). Core Web Vitals; ranking systems guide; faceted navigation. developers.google.com/search
5. Schema.org. (2025). ImageObject. schema.org/ImageObject
6. Thornton, S. M., et al. (2024). Picture perfect: Standardizing and safekeeping clinical photography in plastic surgery. Aesthetic Surgery Journal Open Forum.
7. U.S. Department of Health and Human Services. (2025). Health Information Privacy. hhs.gov/hipaa
8. Washington State Office of the Attorney General. (2024). Plastic surgeon must pay \$5 million. atg.wa.gov

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