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Plastic Surgery Marketing Strategies

Seven channels compared on speed, cost and conversion, and how to split a budget by practice stage.

A practice marketing guide | 2026 edition

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SECTION 01

The short answer

01

Patient demand is not the problem: the plastic surgery market is worth $61.32 billion globally in 2026. The playbook that booked consults in 2023 is quietly underperforming, and the fix is allocation and infrastructure, not a bigger budget.

61%

drop in organic click-through on informational searches with an AI Overview, June 2024 to September 2025.

$102.51

average cost per lead for plastic and cosmetic surgery search ads, on a $5.75 click.

Seer Interactive, 2025. LocaliQ Healthcare Search Advertising Benchmarks, 2025.

What the clinics pulling ahead do:

1

Allocate by practice stage.

A launching practice buys demand with paid search while SEO matures. An established one moves paid dollars into assets that compound.

2

Build campaigns inside the ad rules.

Google bars Customer Match, data segments and lookalikes for cosmetic surgery. Meta requires 18+ targeting.

3

Treat reviews as acquisition.

72% of patients said reading reviews was their first step. Ask every patient after every visit.

4

Fix attribution first.

Trace your last 30 booked consults to their channel. Without that, every budget decision is a guess.

WHAT COMPOUNDING LOOKS LIKE

In Brown Bear's facelift case study, one procedure content hub took a practice from 16 to 168 Google AI Overview citations and grew organic traffic 520% over 15 months, with almost no link building.

SECTION 02

The seven channels compared

02

Every channel below can pay off. What differs is how fast it works, what a consult costs through it, and what it needs in place before it performs.

Channel	Time to results	Cost to acquire	Conversion strength	Strongest use
SEO and GEO	6 to 12 months	No cost per click once rankings hold; content costs up front	→ Highest, intent-matched	Long-term position, compounding returns
Google Ads	Days	About $103 per lead on average	→ Depends on the landing page	New procedures, competitive markets, fast volume
Social media	2 to 4 months	Low, variable	→ Lower, awareness stage	Brand building, patient trust, discovery
Influencer marketing	1 to 3 months	$100 to $500 a post for local micro-creators	→ High for local micro-influencers	Procedure normalization, authentic social proof
Reputation management	Ongoing	Near-zero	→ Indirect, multiplies all channels	Trust foundation for every other channel
Email and retention	Immediate for an existing list	Near-zero	→ Highest, warm audience	Re-engagement, retention, consult nurture
AI and automation	1 to 3 months to deploy	Software cost; saves leads that go cold	→ Lifts conversion on every channel	Lead response, follow-up, segmentation

RETIRE THE BORROWED RETURN FIGURES

The 19x return quoted for cosmetic surgery search ads comes from a Google slide built on 2014 click costs. The $5.78 per dollar quoted for influencers is a 2019 cross-industry earned-media estimate, not patient revenue. Your own cost per surgery is the only return figure worth defending.

SECTION 03

SEO, GEO and paid search

03

SEO converts best because it captures patients who are actively researching. The new layer is GEO: optimizing for the AI systems that answer "Who is the best rhinoplasty surgeon in my city?" from your site, reviews, directories and mentions.

What GEO requires:

- Recent, high-volume patient reviews that show consistent outcomes.
- Long-form content that answers specific procedural questions.
- Consistent entity data across your site, Google Business Profile and directories.
- Schema as a supporting layer. Crawlable, plainly structured text moves AI visibility more.

52%

of #1 pages for a major procedure search across 101 cities were practice homepages, most with no procedure keyword in the title.

82%

of 330 ranking pages in before-and-after results were dedicated gallery pages. Only 5% were general procedure pages.

Brown Bear Digital procedure page and before-and-after gallery ranking studies, 2026.

Paid search: the landing page is the biggest variable

PUT NUMBERS ON THE GAP

At $10,000 a month and a $5.75 click, you buy about 1,740 clicks. A procedure page converting 3 points better than your homepage adds roughly 52 leads a month. If one in five attends a consult and one in three books surgery, that is about 3 surgeries a month, around 40 a year.

Where paid search earns its budget	Where paid search leaks budget
Launching a procedure with no organic history	Broad match without negative keyword lists
Seasonal pushes and competitive local markets	All traffic sent to the homepage
Branded searches, so a competitor's ad does not catch your patient	No call tracking, and keyword expansion into research searches

SECTION 04

Ad policy rules

04

A common call we take: the ads were running, something got flagged, everything went dark, and nobody at the old agency knew why. Cosmetic surgery is restricted on both Google and Meta, and four rules do most of the damage.

1

Google limits who you can target.

Cosmetic surgery counts as an invasive medical procedure, so ads cannot use your data segments, Customer Match or lookalikes. Classic remarketing to procedure-page visitors is out. Predefined Google audiences, demographics and location targeting remain.

2

Google restricts prescription drug terms.

Prescription drug terms in ads, keywords and landing pages need an application first. Neuromodulator brands such as Botox are prescription drugs, which can catch practices with an injectables line.

3

Meta limits what the ad can say.

Cosmetic procedure ads must target people 18 or older and cannot attack a person's appearance, body parts or hygiene. Before-and-after transformations are allowed. Build ads around outcome stories, the surgeon and the practice, not the flaw.

4

Tracking carries HIPAA risk.

HHS guidance says trackers on pages behind a login generally reach protected health information, and the vendor needs a business associate agreement. A June 2024 court ruling vacated the part covering public pages, so those rules are less settled.

CHECK YOUR META DATA CATEGORY

Since early 2025, Meta has placed many health advertisers in a restricted data category that limits the lower-funnel events, such as leads and scheduled appointments, their pixel can use for optimization. Events Manager shows whether yours is one of them. If a CRM or pixel sends patient data to Meta or Google for targeting, have counsel review the setup before launch.

SECTION 05

Social media and creators

05

Social is not one channel. TikTok posts from the ten most-followed plastic surgeons averaged 438,261 engagements against 275,565 on Instagram. TikTok is discovery, Instagram is portfolio and authority at the comparison stage, and YouTube Shorts catches patients in active research.

Follow the patient, not the algorithm

Patient age	Most common procedure	Platforms the review recommends
17 to 35	Breast augmentation	→ Instagram, Snapchat, TikTok
36 to 70	Liposuction	→ Facebook, Instagram, YouTube
70 and older	Blepharoplasty	→ Facebook

Source: a 2023 systematic review of 16 studies in Aesthetic Surgery Journal Open Forum. A plan built only on Reels and TikTok misses body contouring and eyelid patients in their 40s to 60s.

Creator rates per Instagram post

Tier	Followers	Rate per post
Micro	10K to 50K	→ $100 to $500
Mid-tier	50K to 500K	→ $500 to $5,000
Macro	500K to 1M	→ $5,000 to $10,000

Rates: Influencer Marketing Hub, 2026. **The program that works:** 8 to 15 local micro-influencers, ideally real patients, documenting consult, recovery and result over 3 to 6 months, run as a quarterly program with one owner.

> **DISCLOSURE AND CONSENT**
>
> The FTC expects any material connection to be obvious, including free or discounted treatment. Every before-and-after needs written consent or a HIPAA-compliant photo release.

SECTION 06

Reviews and retention

06

Picture two practices in the same map pack: 320 reviews at 4.8 stars, and 40 at 4.9. Patients read the first as the safer choice, because volume signals credibility in a way a perfect score cannot. Google's local results and AI platforms both draw on review content when they recommend practitioners.

The reputation stack:

- **Google Business Profile:** procedure-specific services, photos, current hours, and a review ask that goes to every patient.
- **RealSelf:** the dominant procedure-specific review platform. Completeness and volume shape the inquiries it sends.
- **Healthgrades and Vitals:** secondary but indexed by AI systems. Incomplete profiles are a trust gap.
- **Review velocity:** a steady monthly flow beats a large but stale total.

> **ASK EVERYONE, NOT JUST THE HAPPY ONES**
>
> Send an automated SMS or email a few days after every visit, to every patient. Google's review policy prohibits selectively soliciting positive reviews. When you reply, thank the reviewer without confirming that they are a patient.

Email: judge it by consults booked, not opens

- **Consult nurture:** 4 to 6 emails over 3 weeks for leads who inquired but did not book.
- **Post-procedure follow-up:** outcome check-ins that create natural review moments.
- **Seasonal campaigns:** January body contouring, spring and summer rhinoplasty, Q4 non-surgical gifting.
- **Reactivation:** patients with no visit in 12+ months, based on procedure history.

Referrals need their own intake source so the channel gets credit; check with counsel before attaching any reward. **AI tools** win on speed: firms contacting a web lead within an hour were nearly 7 times as likely to qualify it. Keep chatbots on booking and logistics, and fix the data layer before you buy the AI layer.

SECTION 07

The Allocation Ladder

07

Most practices put 1 to 5% of annual revenue into marketing, and practices pushing for aggressive growth go as high as 10%, per a 2026 PRS Global Open review. A fixed percentage split is the most common advice and the least useful, because the right split depends on what your practice already owns. These are the splits we typically set up, not an industry standard.

RUNG 1

Launching

WHO

New practice, or a new procedure with no organic history.

SPLIT

- 50 to 60% paid search
- 25 to 30% SEO and content
- The rest across reviews, email and social

Climb when organic search produces consults you can see at intake.

RUNG 2

Established

WHO

Organic search already produces consults.

SPLIT

- 30 to 40% paid search
- 25 to 30% SEO and content
- 15 to 20% social and creators
- About 10% reviews and email

Paid covers procedures and markets where you are not yet visible.

RUNG 3

Saturated metro leader

WHO

Ranks well organically in a crowded metro.

SPLIT

- Often 20 to 30% paid search, on top procedures and competitor terms
- Larger share to reviews, AI visibility and retention

Every consult those assets produce is one you stop buying.

A WORKED EXAMPLE

A two-surgeon practice three years in spends $20,000 a month, 70% on Google Ads, and already shows in the map pack for breast augmentation. It sits on the established rung, overweight on paid. Moving $4,000 a month from its weakest procedure terms into a review program and one procedure content hub keeps paid on the terms that book.

What to cut first: display advertising, then social media management with no consult attribution, then high-volume content with no keyword strategy, then any channel you cannot trace to booked consults within 90 days. Multi-location practices need a Google Business Profile and review flow per location, and location-level paid structure.

SECTION 08

Your 30-day plan

08

1. **Audit attribution.** Trace your last 30 booked consults to their channel.
2. **Find the weakest channel** by cost per consult, not by spend.
3. **Pick one trust project:** reviews, then AI visibility, then a creator pilot.
4. **Move 10 to 15% for 30 days.** Use 10% if that channel supplies over a third of consults.

Reallocation worksheet

Channel	Monthly spend	Consults a month	Cost per consult
Google Ads			
Paid social, such as Meta			
SEO and content			
Organic social			
Influencer partnerships			
Email and retention			
Other			
Total			

Use monthly attended consults over the last 90 days, from intake answers. Spend with no consults ranks weakest. **Day-30 line:** total consults minus the amount moved divided by the weakest channel's cost per consult, rounded down. It tests that the move did no harm, not payback.

> **THE PLANNER'S EXAMPLE**
>
> Paid social at $5,000 for 4 consults is weakest at $1,250 each. Moving 15% shifts $750, which bought about 0.6 consults, so with 42 consults across all channels, day 30 needs 41.

SECTION 09

Which trust project first?

09

Answer for your practice as it runs today. **How to read it:** start with reviews unless at least 3 of its 4 checks are yes. Then AI visibility and entity data, on the same rule. Then a creator pilot, which also needs the consent and disclosure checks in place before it starts.

Question	Yes	Partly	No
REVIEWS			
Do you ask every patient for a review on a set schedule, not only the ones you expect to be happy?	☐	☐	☐
Has a new Google review landed in each of the last three months?	☐	☐	☐
Is your review count at or above the practices that outrank you in the map pack?	☐	☐	☐
Do you reply to reviews without confirming that the reviewer is a patient?	☐	☐	☐
AI VISIBILITY AND ENTITY DATA			
Do your name, address and phone match exactly on Google, RealSelf, Healthgrades and your site?	☐	☐	☐
Does each surgeon have a bio page naming board certification and their focus procedures?	☐	☐	☐
Does your practice appear when you ask ChatGPT or Google for the best surgeon for your main procedure in your city?	☐	☐	☐
Do your procedure pages answer cost, recovery and candidacy in plain text, not only images or video?	☐	☐	☐
CREATOR PROGRAM			
Do you hold written consent or a HIPAA-compliant photo release for every result you post?	☐	☐	☐
Do your social comments include booking questions, not only likes?	☐	☐	☐
Do you know at least three patients or local creators who would share their experience with disclosure?	☐	☐	☐
Does every sponsored post carry clear disclosure and get a compliance review first?	☐	☐	☐

YES	PARTLY	NO
_____	_____	_____

SECTION 10

Next steps

10

Track one chain across every channel: cost per lead, lead-to-consult rate, consult-to-procedure rate, cost per acquisition and lifetime value. If surgery drives revenue, report surgical acquisition cost separately, since blended figures under $100 mix in injectables. Give AI assistant referrals their own line: across our client analytics they convert to consultations at a higher rate than our other channels.

WORK WITH BROWN BEAR

Brown Bear Digital builds the channel mix for plastic surgery practices, from paid search that books consults to the SEO, reviews and AI visibility that make every paid click cheaper.
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BP

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ABOUT THE AUTHOR

Bryan Passanisi is the founder of Brown Bear Digital. He has 15 years of experience across SEO, paid search, and AI search strategy, and received a 2025 Semrush AI Visibility Award with the QuickBooks team. He started Brown Bear to give plastic surgery practices and other businesses direct access to senior search expertise without the agency overhead.

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