



Correspondence and Communications

Patient recruitment strategies of the Belgian plastic surgeon: A national anonymous survey



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Received 31 October 2025; Accepted 7 January 2026

KEYWORDS

Patient recruitment;
Word of mouth;
Referral;
Website;
Social media

Summary Background: Patient recruitment strategies in plastic surgery are diverse, and no overview exists for Belgium. Internationally, word of mouth is the most common method, while social media usage grows.

Purpose: This study aimed to map recruitment methods among Belgian plastic surgeons and explore differences by age and professional location.

Methods: Plastic surgeons practicing in Belgium were included in a prospective survey. An anonymous online questionnaire (LimeSurvey) was distributed and data analysed using SPSS.

Results: Eighteen percent of all Belgian plastic surgeons participated. Referrals and word of mouth were the primary recruitment methods, followed by websites and social media. Referrals were mainly by gynaecologists, dermatologists and GPs. Intra-centre collaboration was most frequent in university and general hospitals (both 74%). Non-surgical and aesthetic procedures were proportionally more common in private clinics, while reconstructive procedures dominated university and general hospitals. Fifty-two percent treated international patients, an average of 15% of practice volume, predominantly aesthetic cases (68%). All surgeons used a website, and 54% were active on social media, primarily Instagram (60%) and Facebook (26%). Social media reached mainly 20- to 40-year-old patients (66%) with aesthetic concerns (62%).

Conclusion: Referrals and word of mouth are the most important recruitment strategies among Belgian plastic surgeons. Social media is increasingly relevant, particularly for younger, international patients and aesthetic surgery. Its growing use raises professional, legal, and

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ethical challenges, highlighting the need for clearer legislation, awareness, and enforcement strategies with patient safety as central priority.

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Plastic surgery continues to grow worldwide as public familiarity increases and stigma declines. In 2024, the American Society of Plastic Surgeons reported rising numbers of cosmetic, reconstructive, and minimally invasive procedures, with liposuction, breast augmentation, eyelid surgery and injectables most popular.¹ Similarly, the International Society of Aesthetic Plastic Surgery observed a sustained global increase, with a 46% and 40% rise in aesthetic surgical and non-surgical procedures since 2020.²

Surgeons must differentiate themselves and reach potential patients through various recruitment channels. Traditionally, word of mouth and physician referrals dominate, but website and social media recruitment are expanding rapidly.³

Evidence on recruitment patterns within Belgian plastic surgery remains lacking. This study therefore investigated recruitment strategies among Belgian plastic surgeons using an online survey, with secondary analyses by surgeon age and practice setting.

Patients and methods

Ethical approval was granted by KU Leuven. Eligible participants were NIHDI-registered plastic, reconstructive, and aesthetic surgeons practicing in Belgium. An anonymous online survey (LimeSurvey) was distributed via the Royal Belgian Society for Plastic Surgery and publicly available e-mails. Data were collected between 23 September and 31 December 2024. Analysis included descriptive statistics and hypothesis testing (SPSS Statistics, $p < 0.05$).

Results

A summary could be found in [Tables 1 and 2](#) and [Supplementary data](#).

Of 350 surgeons, 280 were eligible. Fifty completed the survey (18%). Most respondents aged 20-40 years (58%) and worked in private clinics (78%) or general hospitals (70%).

Recruitment by setting

The distribution of reconstructive, aesthetic, and non-surgical procedures differed significantly across institutions. University hospitals treated the highest proportion of reconstructive cases; private clinics focused on aesthetic and non-surgical care.

Recruitment strategies varied. University hospitals relied mainly on word of mouth and physician referrals (mainly gynaecologists, dermatologists and general practitioners (GPs)).

General hospitals were dominated by physician referrals (mainly dermatologists), private clinics by word of mouth and physician referrals (mainly dermatologists and GPs). Word of mouth and websites were most used in commercial institutions.

Collaboration with other physicians was significantly more common in university and general hospitals (both 74%) than in private clinics (31%), typically within breast/obesity clinics, dermatology meetings, wound care teams, and orthoplastic care.

Overall recruitment strategies

Appointment scheduling and asking (non-)medical questions occurred via secretariats, websites, e-mail, social media, and mobile/WhatsApp. Younger surgeons used personal e-mail for medical questions significantly more frequently.

Half of respondents treated international patients (average 15% of caseload), mainly from neighbouring countries and for aesthetic surgery purposes (68%). They were more often recruited via word of mouth, social media and websites than Belgian patients.

All surgeons used a website, 82% maintained a private one. Two-thirds outsourced maintenance.

Fifty-four percent used social media professionally, mostly Instagram (60%) and Facebook (26%). Surgeons usually managed accounts themselves (69%) and mainly

Table 1 Mean ranking per recruitment method per work location.

Mean ranking (standard deviation)	University hospital (n = 19)	General hospital (n = 35)	Private clinic (n = 39)	Other commercial institution (n = 6)
Word of mouth	1.74 (0.87)	2.85 (1.03)	2.41 (1.04)	2 (1.15)
Referral by other physicians	1.82 (1.01)	1.32 (0.64)	2.78 (0.93)	NA
Social media	3.57 (0.98)	2.72 (0.88)	3 (1.04)	2.40 (1.67)
Information brochure	3.4 (0.89)	3.12 (1.17)	5 (1.33)	4 (NA)
Website	4.3 (1.49)	4.46 (1.39)	4.13 (1.71)	2.33 (0.51)
Referral via commercial institution	5 (1)	4.92 (1.51)	3.85 (1.1)	2.4 (1.51)
Other	6 (1.73)	4 (2.45)	3.86 (2.27)	3 (NA)

NA, not applicable.

Table 2 Use of social media and specifications of patients recruited by social media, in the overall cohort and stratified by surgeon's age group (%).

	Overall (n = 50)	20-40 years (n = 29)	41-60 years (n = 16)	> 60 years (n = 5)	P-value between age groups
Use of social media	54%	62.07%	50%	16.7%	$p = 0.20$
Average share per subtype					
Facebook	25.93%	22.78%	30%	50%	$p = 0.17$
LinkedIn	5.74%	4.44%	9.38%	0%	$p = 0.06$
X/Twitter	0%	0%	0%	0%	$p = 1$
Instagram	59.63%	64.72%	49.38%	50%	$p = 0.50$
Google reviews	6.85%	5.55%	10.63%	0%	$p = 0.77$
TikTok	1.85%	2.5%	0.63%	0%	$p = 0.94$
Other	0%	0%	0%	0%	$p = 1$
Friedman-test	$p < 0.001$				
Post-hoc analyses	Instagram vs Facebook: $p = 0.85$ Instagram vs all others: $p < 0.001$ Facebook vs LinkedIn: $p = 0.08$ Facebook vs Google reviews: $p = 0.03$ Facebook vs all others: $p < 0.001$ LinkedIn vs X: $p = 0.99$ LinkedIn vs other: $p = 0.99$				
Maintenance	n = 26	n = 18	n = 8	n = 1	$p = 0.06$
Self-managed	69.23%	0.82%	50%	0%	
Outsourced, paid	23.08%	11.76%	50%	0%	
Outsourced, unpaid	7.69%	0.06%	0%	100%	
Chi-square test	$p < 0.001$				
Post-hoc analyses	Self-managed compared to expected: $p < 0.001$ Outsourced-paid compared to expected: $p < 0.001$ Outsourced-unpaid compared to expected: $p < 0.001$				
Surgeon's reasons for use	n = 27	n = 18	n = 8	n = 1	
Introducing yourself	81.48%	83.33%	87.5%	0%	$p = 0.11$
Informing patients	92.59%	94.44%	87.5%	100%	$p = 0.80$
Recruiting patients	55.56%	50%	75%	0%	$p = 0.27$
Providing aftercare	18.52%	22.22%	12.5%	0%	$p = 0.76$
Other	3.7%	0%	12.5%	0%	$p = 0.31$
Cochran's-Q test	$p < 0.001$				
Post-hoc analyses	Introduction vs aftercare/other: $p < 0.001$ Introduction vs all others: $p > 0.005$ Information vs all others (except introduction): $p < 0.001$ Recruitment vs other: $p < 0.001$ Recruitment vs all others: $p > 0.005$ Aftercare vs other: $p = 0.22$				
Recruited patients: procedure type					
Non-surgical	26.54%	30.29%	21.88%	0%	$p = 0.33$
Reconstructive	11.35%	12.35%	6.25%	35%	$p = 0.29$
Aesthetic	62.12%	57.35%	71.88%	65%	$p = 0.40$
Friedman test	$p < 0.001$				
Post-hoc analyses	Non-surgical vs aesthetic: $p = 0.017$ Reconstructive vs aesthetic: $p < 0.001$ Non-surgical vs reconstructive: $p = 0.38$				

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Table 2 (continued)

	Overall (n = 50)	20-40 years (n = 29)	41-60 years (n = 16)	> 60 years (n = 5)	P-value between age groups
Recruited patients: age category					
< 20 years	5.38%	5%	7.14%	0%	$p = 0.81$
20-30 years	31.35%	33.06%	28.57%	20%	$p = 0.64$
31-40 years	34.62%	37.22%	31.43%	10%	$p = 0.14$
41-50 years	20.19%	20%	17.86%	40%	$p = 0.28$
> 50 years	8.46%	4.72%	15%	30%	$p = 0.02$
Friedman test	$p < 0.001$				
Post-hoc analyses	< 20 vs 20-30: $p < 0.001$				
	< 20 vs 31-40: $p < 0.001$				
	< 20 vs 41-50: $p = 0.005$				
	< 20 vs > 50: $p = 1$				
	20-30 vs 31-40: $p = 1$				
	20-30 vs 41-50: $p = 1$				
	20-30 vs > 50: $p = 0.001$				
	31-40 vs 41-50: $p = 0.44$				
	31-40 vs > 50: $p < 0.001$				
	41-50 vs > 50: $p = 0.09$				

used social media for patient information (93%), self-presentation (81%) and recruitment (56%). Aesthetic patients (62%) and individuals aged 20-40 years were most often recruited through social media.

Surgeons avoiding social media cited time constraints, perceived advertising restrictions, and irrelevance for their patient population. Users reported improved visibility, enhanced patient communication, and better patient-surgeon matching.

Discussion

As plastic surgeons need to build their clinical practice from scratch, they need to consider different recruitment strategies. Word of mouth remains central for patient recruitment, consistent with prior literature showing its enduring value in practice development.³ Collaborations in hospital settings reinforce the importance of physician referrals. However, websites and especially social media have become essential tools, particularly in private practices.^{3,4}

International research shows that both patients and physicians increasingly turn to online sources for plastic surgery information.^{3,4} Younger patients (20-40 years) are particularly responsive to social media, and individuals under 35 are far more likely to follow plastic surgeons online.^{3,5} Recruitment for aesthetic procedures, being elective and highly consumer-driven, is especially influenced by online presence.^{3,5} Our findings confirmed these trends.

Despite benefits, social media carries ethical concerns: poor regulation, risk of misinformation, creation of unrealistic expectations, edited imagery, and aggressive marketing by non-certified providers.³ Clearer legal guidelines, better enforcement mechanisms, and proactive communication from professional societies are needed to optimise patient safety.

Study limitations include the modest response rate (18%), potential selection bias, incomplete coverage of all social media platforms, and reliance on self-reported estimates.

Conclusion

Belgian plastic surgeons primarily recruit patients through word of mouth and physician referrals, but online visibility is increasingly important. All respondents had a website, and more than half used social media - mainly Instagram and Facebook - for patient information and recruitment, and self-presentation. Social media is particularly effective for aesthetic patients and younger individuals. Given the growing digital landscape and cross-border patient mobility within the European Union, updated legislation, enforcement mechanisms, and guidelines from professional societies are essential to ensure ethical and transparent patient recruitment.

Ethical approval

Granted by KU Leuven.

Funding

None.

Declaration of Competing Interest

None.

Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at [doi:10.1016/j.bjps.2026.01.001](https://doi.org/10.1016/j.bjps.2026.01.001).

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