People picture plastic surgery as a single decision: book the date, wake up new. In reality, candidacy is a layered judgment call that balances anatomy, health, behavior, mindset, and timing. A seasoned plastic surgeon looks at all of it, not only to decide if surgery is appropriate, but to choose a procedure and plan that will age well on your body. Good candidates are not perfect specimens. They are people whose risks are understood and optimized, whose expectations line up with what surgery can deliver, and who have the bandwidth to do the unglamorous parts well.

This guide pulls back the curtain on how a plastic surgeon, or a cosmetic surgeon with a reconstructive foundation, approaches candidacy. The specifics in my examples often come from Midwestern practice patterns, and if you are searching for a plastic surgeon Michigan patients trust, you will hear similar themes. Geography changes office protocols a bit, but sound judgment travels.

What makes someone a good candidate

Three pillars frame the first conversation: health, anatomy, and goals. You cannot trade one for the others. Healthy patients with mismatched goals are not good candidates. Perfectly aligned goals in a medically fragile patient are not good candidacy either. And beautiful anatomy with unrealistic maintenance plans will not hold.

Health means your body can tolerate surgery and heal. Anatomy means your tissues can safely be shaped to the outcome you want. Goals means what you hope to see, feel, and do after recovery fits the maneuver. The art is in finding where these overlap.

How we read your medical risk

We do not need marathoners. We need stable, optimized bodies. Surgeons look at the short list of problems that predict surgical trouble.

Cardiovascular status sits at the top. A well controlled blood pressure is fine. A history of heart attack or stents triggers a cardiology clearance. Antiplatelet or anticoagulant medicines are not automatic disqualifiers, but **plastic surgeon** they require planning. It matters whether you take low dose aspirin for prevention, or you are on a direct oral anticoagulant because of a clot last year. That difference drives timing and adjustments.

Diabetes deserves similar attention. Good candidates keep an A1c in a safer range, usually under 7.5 to 8 according to many hospital guidelines, because higher numbers correlate with infections and wound breakdown. In practice, when I meet someone with an A1c of 9, we pause, loop in their primary doctor or endocrinologist, and improve control for a couple of months. The goal is fewer complications, not a moral victory.

Nicotine is a nonnegotiable problem for procedures that move or tighten skin. Nicotine constricts blood vessels, which means oxygen delivery plummets in the exact place we need it most, at the edge of a lifted flap or a tightened closure. Smokers have higher rates of skin loss, wound separation, and bad scarring. Most surgeons require at least four weeks of no nicotine before and after surgery, verified by a cotinine test. Vaping counts. Nicotine gum counts. Marijuana without nicotine is a separate conversation that usually centers on airway safety and how you respond to sedation, but it does not carry the same skin risk.

Body mass index is a blunt tool. It correlates with complications, but it does not describe fat distribution or skin quality. Many practices use BMI cutoffs that vary by procedure. A body contouring operation that runs more than four hours, like a full abdominoplasty with flank lipo, carries a different risk profile at a BMI of 36 than a focused eyelid surgery at the same BMI. Some surgeons set a soft ceiling around 32 to 35 for longer elective procedures. I have operated safely beyond that in selected patients who were otherwise healthy, with frank discussions about risk. If your weight is actively fluctuating, stability for at least three to six months usually predicts better durability of results.

Medications and supplements matter more than patients expect. Fish oil, vitamin E in high doses, ginkgo, and many herbal blends increase bleeding. Biotin can distort lab tests. Semaglutide and similar medications for weight loss slow stomach emptying, which affects anesthesia. Anesthesiologists may ask you to hold them for a week or more. None of these are inherently disqualifying, but they change the plan.

Lastly, scarring history can hint at surprises. Patients with keloids on the chest, shoulders, and earlobes may still be candidates, but incision placement, tension control, and scar therapy become part of the plan from day one. Ethnic and family background guide this risk as much as personal experience.

The anatomy you bring to the table

Your tissue tells the truth. A tight, elastic abdomen in a patient with two small pregnancies behaves differently than an abdomen stretched by twins with stretch marks and a wide rectus diastasis. If you want a flat belly and

your muscles are separated four centimeters, a little liposuction will not deliver it, no matter how skilled the cosmetic surgeon. You will need a plication, which is muscle repair through a tummy tuck.

Breasts tell their own story. The distance from nipple to fold, the thickness of your skin, and prior pregnancies determine whether an implant alone can create lift. If the nipple sits at or below the fold, a mastopexy is needed. People often ask for no scars on the breast. Sometimes that is realistic. Often it is not, and pretending otherwise is how you end up with bottomed out implants and regret.

Faces are no different. A youthful jawline in a patient with heavy subplatysmal fat requires internal work, not just skin pull. If your neck banding is strong, neuromodulators can soften it, but surgery addresses it best. A short scar or mini lift can help the right patient, but it is not an across the board solution.

The job is to match the technique to the tissue, not to a trend you saw on social media.

Mindset and motivation

Motivation is not fluff. It predicts satisfaction. The happiest patients have internal reasons. They want their clothes to fit right, their nose to stop dominating family photos, or their eyes to open the way they feel inside. Patients trying to save a relationship, keep a job, or satisfy someone else tend to chase more surgery rather than feel settled.

Expectations anchor the conversation. Surgeons do not build new bodies and faces out of thin air. We modify what you have. If you bring a photo of a celebrity nose, we will translate what you like into shapes your anatomy can carry. If your request fights your cartilage or your ethnicity, a frank no is kinder than a compromised yes.

Body dysmorphic disorder needs to be on the radar. Surgeons are not psychiatrists, but we notice patterns. Hours spent agonizing over a minor flaw, a history of multiple procedures with persistent dissatisfaction, plastic surgery or extreme photo editing points to a deeper issue. Those patients deserve care, not an operation. The right move is referral.

How surgeons weigh timing

Surgery is a slice of time. What happens before and after often matters more than the two hours in the operating room.

Pregnancy plans change the calculus. If you are likely to have another child within the next couple of years, certain abdominal and breast procedures can wait. You can still choose to proceed, but a future pregnancy may stretch or undo results. I have operated on many women between children who wanted to feel like themselves again now, fully aware of trade offs. That is a values choice.

Weight trends deserve a clear plan. If you are losing weight with medication or diet, it can be smart to let your body find a new set point first. Skin quality lags behind weight change. At 20 to 30 pounds down, lipo defines. At 80 pounds down and stable, excess skin becomes the problem and excision techniques serve you better.

Sun exposure affects timing for facial procedures. Lasers and deep peels clash with summer weddings if you cannot avoid UV. In Michigan, long winters ironically help scheduling. A plastic surgeon Michigan patients see often stacks peel and laser work in colder months when sun is weak and recovery indoors is easier.

Work and caregiving are not side notes. If your job requires lifting patients or you are a parent without help at home, plan recovery like a small project. A tummy tuck needs two weeks off typical desk work and six weeks of no heavy lifting. Breast augmentation is lighter, but you still need help with pets and kids for a week. These are averages. Individual variability is real.

The consultation: what actually happens

A full consult is not a sales pitch. It is a medical evaluation with a design session wrapped inside.

History starts first. We cover surgeries, hospitalizations, anesthesia reactions, allergies, bleeding and clotting history, medications, supplements, and lifestyle. It is candid. I would rather adjust the plan than be surprised by a nicotine test or a last minute blood thinner.

Examination follows, tailored to the area in question. I measure, test skin laxity, assess asymmetries, and photograph in standardized positions. If we are discussing a facelift, I evaluate your bite and dentition because missing molars change your bite and jaw support. For eyelid surgery, we screen for dry eye and check brow position.

We then translate your goals into options with pros and cons. A patient in her 40s who wants a softer neck might hear three choices. A light liposuction under local with short recovery and modest change. A deep plane face and neck lift with full muscle work for a sharper jaw and longer durability, but with two to three weeks of social downtime. Or a combined approach with fat grafting for volume restoration. Pricing, time under anesthesia, and scar patterns are shared in plain terms. If insurance could apply, as in functional eyelid ptosis or a breast reduction for rashes and neck pain, we explain documentation requirements.

The last part is readiness. If we need medical clearances, lab work, or smoking cessation, we build a short plan. If you are not a candidate, we say that clearly and offer non surgical options or referrals. No is a full sentence in this office for the right reasons.

A realistic look at risks and how we manage them

Every operation carries risks you can name and risks you can lower. With planning, you can bring complications into a range that feels acceptable.

Bleeding and hematoma are common discussion points. They are more likely with certain areas, like male chest surgery where the vascular bed is robust, or with deep plane facial work where meticulous hemostasis matters. We minimize this with precise technique, gentle handling, avoidance of excessive hypertension in recovery, and medication management before surgery. Drains are used when the space is significant and fluid accumulation would otherwise force the body to scab internally.

Infection risk varies. Clean cosmetic surgery has lower rates than contaminated surgery, but none are zero. Diabetes elevates risk. So does high BMI and smoking. We use a single dose of perioperative antibiotics in many cases and reserve extended courses for higher risk scenarios.

Wound healing problems and scarring drive many revisions. Tension across a long abdominal incision behaves differently in a patient who needs to cough daily from asthma than in a quiet lung. Scar maturation takes months. Steroid injections, silicone taping, and laser treatments are part of the aftercare playbook. A plastic surgeon expects to manage scars, not just cut and hope.

Blood clots are uncommon in short cases and more relevant in operations longer than two hours, in patients over 40, with estrogen therapy, or with a prior clot. Risk reduction means calf compression devices during surgery, early walking, hydration, and in selected cases, a low dose blood thinner for a few days. If your history includes a clot, a hematology consult guides a safer plan.

Sensory changes, like numbness around a tummy tuck incision or altered nipple sensation after breast surgery, are typical in the early months. The nervous system takes time to map again. Most sensation returns between three and twelve months. Not all of it always does. We talk about that up front.

Finally, anesthesia is safer than ever in accredited facilities, with board certified anesthesiologists and modern monitoring, but it is not trivial. Good candidates operate in settings that match their risk. Office based surgery can be very safe for selected cases when the facility is accredited and the team is practiced. Hospital settings fit higher risk patients or longer procedures.

Patient stories that illuminate the gray areas

A 36 year old nurse wanted a tummy tuck after two pregnancies. BMI was 31, A1c 5.2, no nicotine use. She had help at home for two weeks and the ability to pause lifting at work for six weeks. Her diastasis was three centimeters with moderate skin laxity and striae below the navel. We planned a full abdominoplasty with a limited flank lipo. She recovered uneventfully, and two years later, after a minor weight fluctuation, her contour held. She was an excellent candidate because health, anatomy, and goals lined up, and her life allowed the recovery.

A 52 year old man, BMI 37, on CPAP for sleep apnea, wanted gynecomastia surgery. He used nicotine pouches. This is not a hard no, but it is a careful pause. We addressed nicotine cessation for six weeks, coordinated CPAP use around anesthesia with the anesthesia team, and scheduled in a hospital outpatient setting. He also started a walking program that dropped his BMI to 34. Surgery was safe and effective. This is a candidate shaped into readiness.

A 25 year old woman with three prior rhinoplasties asked for another reduction to narrow a tip that already looked thin and pinched. She brought a single filtered photo of herself and spoke for an hour about a perceived curve no one in her life could see. She needed care more than a scalpel. I referred her to a therapist familiar with body image concerns and declined surgery. That is also good surgical judgment.

Choosing the right surgeon and setting

Credentials do not solve everything, but they prevent predictable problems. A board certified plastic surgeon completed years of training in reconstructive and cosmetic surgery, passed rigorous exams, and operates within a specialty that values safety culture. Some cosmetic surgeons also have superb skill, especially in focused areas, but the certification titles differ. In the United States, board certification by the American Board of Plastic Surgery is a standard many patients seek. Ask directly. If you are looking for a plastic surgeon Michigan communities recommend, you will find many who also maintain privileges at local hospitals, which is another safety signal.

Facility accreditation matters. AAAASF, AAAHC, and Joint Commission accreditation indicate that a surgery center meets standards for equipment, staff training, and emergency protocols. If your surgeon offers to operate in an office suite, ask about accreditation. It is not a rude question. It is your body.

A thorough consult, a clear plan, informed consent that includes alternatives and the option to do nothing, and transparent aftercare expectations are signs of a mature practice. Fancy before and after photos are nice, but the recovery instructions and complication rates tell you more about how they work.

Preparing yourself for success

You can tilt the odds in your favor with practical steps. Think of this as prehabilitation.

- Stabilize your weight for three to six months if body contouring is planned, and set a protein goal around 1.2 to 1.6 grams per kilogram of body weight per day for six weeks before and after surgery unless you have kidney issues.

- Stop nicotine fully at least four weeks prior, longer for flap heavy procedures, and be prepared for a cotinine test.
- Share all medications and supplements, including over the counter items, so your team can guide holds. Bring the bottles to your pre op visit.
- Arrange real help at home. Lifting restrictions are not suggestions. A child, a pet, or a heavy trash bag will tear a fresh repair faster than you expect.
- Prepare your space with simple aids: a recliner or wedge pillow for abdominoplasty and breast surgery, stool softeners, loose front closing clothes, and a thermometer.

Red flags that prompt a pause

- Uncontrolled medical conditions like severe hypertension, unstable heart disease, or a recent stroke.
- Nicotine use you cannot stop, or repeated positive cotinine tests.
- Rapid weight changes, either gaining or losing, in the weeks leading up to surgery, suggesting instability.
- External pressure to operate, especially from a partner, employer, or upcoming event that compresses recovery into an unsafe window.
- A history that suggests body dysmorphia or an expectation that surgery will fix non physical problems.

Special considerations by procedure group

Breast surgery spans augmentation, lift, reduction, and revision. Candidates for augmentation often ask about implant safety. Modern silicone implants have robust shells, but they are not lifetime devices. The likelihood of some intervention within 10 to 15 years is real, whether for capsule issues, position changes, or preferences. If that feels unacceptable, fat grafting may be a better fit, though volume is modest and often requires multiple sessions. For reductions, insurance sometimes helps if you have documented rashes, grooving, and neck pain. Surgeons estimate tissue removal based on body surface area and your frame. The best candidates want shape balance as much as relief.

Body contouring candidates who have lost massive weight deserve special planning. Skin quality is poor, lymphatic flow is altered, and nutritional reserves can be thin. A staged approach, often beginning with the area that bothers you most or that supports hygiene and function, works better than a marathon day. The most satisfied patients accept longer scars in exchange for cleaner contours and less chafing.

Facial aesthetic candidates often benefit from blended techniques. A neck lipo alone can help a 30 year old with good skin. A 60 year old with vertical bands, jowls, and platysmal laxity will not be happy with liposuction alone. They need deeper work and sometimes submandibular gland management. Eyelids require screening for dry eye. If you wake with gritty eyes or depend on drops, we weigh conservative skin removal, canthopexy support, and even non surgical options first.

Nasal surgery blends form and function. A septoplasty for obstruction pairs well with cosmetic tip refinement. If you have thin skin, tip asymmetries will show, which affects graft choices. Thick skin blunts definition, which means you need realistic expectations about refined yet subtle changes rather than a chiseled tip.

Non surgical options sit alongside surgery, not beneath it. Botulinum toxin, fillers, energy devices, and peels can defer or complement operations. A mature plan respects sequencing. For example, face and neck lift first, then targeted filler and skin resurfacing three to six months later. Not the other way around when deep repositioning is likely.

What recovery really looks like

The calendar guides sanity. Most procedures have a predictable rhythm. The first 72 hours are puffy and tight. Weeks one to two bring colored bruises that descend with gravity, then fade. By week three, swelling dips under 50 percent. The 6 week mark is a milestone for lifting and cardio, though swelling can flash again with heat and activity. Nerves tingle as they wake. Scars look angrier at six weeks than at six days, then settle over six to twelve months.

Follow instructions, not forums. Wear compression when prescribed, not tighter or longer because you saw a tip on social media. Move often, but not dramatically. Walk every couple of hours during the day. Avoid long car rides the first week after more extensive operations. Sleep on your back for facial and breast procedures. Stay hydrated and keep protein up. These are small tasks that change outcomes.

Plan emotions too. Even excellent candidates have a dip after surgery. Swelling distorts. Numbness feels foreign. Around day three to five, many patients question their decision. By week two, they start to recognize themselves. By week six, they smile at the mirror in better light. Knowing this arc helps.

Cost, value, and the long view

Prices vary by region and facility. Surgeon fee, anesthesia, facility, garments, and follow up care weave into the number. Cosmetic surgery is usually out of pocket, while reconstructive elements sometimes qualify for insurance. A thoughtful practice will break down costs and outline revision policies. Value is not the lowest price. It is the right operation, done safely, with a team committed to your outcome for the long haul.

Think beyond the first result. Breast implants may need attention a decade later. Massive weight loss patients often choose staged work across several years. Face and neck lifts hold nicely for 8 to 12 years on average, then you age again, just from a better starting point. Sun care, skin care, and maintenance treatments help keep gains. If you commit to aftercare and sensible lifestyle habits, your investment pays back in function, comfort, and confidence.

Final thoughts

The best candidates for plastic surgery are not defined by a number on a scale or a birthday. They are defined by readiness. They bring honest health information, a body they have steadied, and a mind set on changes that fit their life. A qualified plastic surgeon listens, examines, and gives you a plan that might be a yes now, a not yet with steps, or a no with respect and alternatives. If you are weighing a decision, talk with two or three surgeons, including a board certified plastic surgeon and, if you like, a cosmetic surgeon who focuses on your area of interest. Pay attention to how they think. Safety, clarity, and care are tells.

Whether you live on the coasts or you are seeking a plastic surgeon Michigan neighbors recommend, the assessment should feel the same at its core. You should come away with a grounded sense of risk and reward, and the confidence that you are not just a candidate for a surgery, but the right candidate for the right surgery at the right time.

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FAQ About Plastic Surgeon

What exactly is a plastic surgeon?

A plastic surgeon is a specialized medical doctor who repairs, reconstructs, or enhances the human body. Trained in molding and shaping tissue, they handle everything from reconstructive procedures (restoring function and appearance after trauma or disease) to elective cosmetic surgeries aimed at altering physical features.

What is the 45 55 breast rule?

The 45/55 breast rule is an aesthetic guideline used in plastic surgery stating that for a youthful, natural-looking breast, roughly 45% of its volume should sit above the nipple and 55% below.

Who is the best plastic surgeon in Michigan?

Several plastic surgeons in Michigan are highly regarded for their expertise, with many, including Dr. Mariam Awada, Dr. Pramit Malhotra, and Dr. Faisal Al-Mufarrej, earning top honors and consistent 5-star ratings for their work in 2026.