Medication-Supported Weight Loss & Your Face

Of 1,300 patients studied, 77% noticed negative changes to their face after significant medication supported weight loss. Rapid, medication-supported weight loss changes the face as well as the body. The amount and speed of loss — not any one brand — drives the change.

What you may notice
- Looser or sagging skin — jawline, neck
- Hollowing — temples, cheeks, under-eyes
- Deeper lines and folds
- Thinner, drier, less radiant skin
- Volume loss at the temples is often the first visible change. A healthier-looking body alongside an older- or gaunt-looking face is the pattern most patients describe.

What treatment will and will not do
Our aim is not to make your face fuller or to reverse the appearance of your weight loss.
You worked hard for that result and we preserve it.

The goal is a healthy, refreshed appearance: firmer skin, restored structure where genuinely needed, and a natural look that does not read as weight regained.
Most patients want firmer skin and to not look gaunt. That is exactly what a staged plan delivers.

A staged plan – three things, in three sessions

Step	What it does	Why it is included
Skin booster	Strengthens skin quality, hydration, barrier support	Addresses the skin itself — texture, radiance, elasticity
PLLA / PDLLA	Stimulates your own collagen over time	Rebuilds structural support gradually and naturally
Dermal filler	Restores volume where genuinely lost	Targets specific hollows — temples, cheeks, under-eyes conservatively

Each modality is a course of three sessions, planned and explained up front. Treatment runs alongside the weight-loss journey not deferred to the end, because intervening too late is harder to correct but large or permanent changes are avoided until weight stabilises.

What happens at your consultation
- A full one-hour consultation we do not rush it.
- Weight-loss history, trajectory, nutrition, exercise, general health.
- Standardised photos, including a gentle pinch test at cheek, jaw and neck.
- Assessment of skin quality, volume, lines, folds, facial balance.
- A plan built around your priorities, reviewed progressively.

When to book in
The best window is during your weight-loss journey not after goal weight.
If you have noticed any of the changes above, or you are 6 weeks to 3 months into medication-supported weight loss, book in so we can plan the right timing with you.

Nurse Worksheet

The following pages are designed as the consultation tool so they can be separated from the patient document and written on if needed.

How to use this worksheet
Run a full one-hour consultation. Work through the sections in order: history, clinical assessment, photo protocol, plan, consent. Do not skip the history nutrition, exercise and psychological wellbeing are part of the assessment.

Use neutral language throughout medication-driven weight loss. Never say Ozempic face or weight-loss face. Ask the patient what they have noticed; do no label it for them.

1. Patient History

#	Item	Notes
1	Medication, indication, prescriber, duration of use	
2	Starting weight and current weight	
3	Total percentage of body weight lost	
4	Time over which the weight was lost	
5	Is the patient still losing weight? (Y/N + rate)	
6	Expected goal weight and weight-loss trajectory	
7	Nutritional intake — especially protein	
8	Resistance exercise and possible muscle loss	
9	Hydration, skin quality, general health	
10	Psychological wellbeing; are expectations realistic?	
11	Previous and planned aesthetic treatments	

Definition reference: rapid medication-driven weight loss is approximately 10% or more of body weight over 3–6 months. The experts did not reach strong consensus on a single threshold assess individually, do not gate the plan on one number.

2. Clinical assessment and photography

Region/ feature	Assess	Finding
Skin	Hydration, texture, radiance, elasticity	
Temples	Deflation — earliest visible sign (~41.8% volume loss reported)	
Midface/ cheeks	Deflation (~7% midface volume loss reported)	
Buccal area	Hollowing — gaunt appearance	
Tear trough / under-eye	Hollowing	
Nasolabial folds	Depth	
Marionette folds	Depth	
Jawline/ lower face	Laxity	
Neck	Laxity	
Overall	Proportions and balance; naturally slimmer vs unhealthy/tired/gaunt	

Photography protocol standardised full-face photos (front, three-quarter, profile each side). Plus the pinch test: gently pinch and release at cheek, jaw and neck, photograph each, to show skin elasticity and the difference tightening would make. Where available, use Clinical imaging, and patient-reported outcomes.

3. Conversation Guide

Prompt	Suggested wording / notes
Open with	“As part of your consultation, I'd like to understand whether you're currently losing weight or using prescription weight-loss medication. Weight loss can sometimes change facial volume, skin elasticity and hydration. This doesn't mean you need treatment, but it helps us make sure anything we recommend remains natural and appropriate as your face continues to change.”
Ask	“Have you noticed any changes such as looseness, hollowing, tired-looking eyes, deeper folds or changes in your skin quality?”
Follow with	“What concerns you most, and what would you like to preserve about the way your weight loss looks?”
Address the central fear	“Our aim would not be to make your face look fuller or reverse the appearance of your weight loss. The goal is to maintain a healthy, refreshed appearance while preserving your slimmer facial shape.”
Anchor	“Firmer skin, not looking gaunt, natural results that do not read as weight regained.”

4. Treatment Plan

Phase	Plan
While still losing weight	Education and monitoring; optimised skincare, hydration and skin-barrier support; nutritional or dietetic support when indicated; adequate protein under their Gps guidance; resistance exercise to protect skeletal muscle; conservative skin-quality treatments; selected collagen-stimulating or energy-based treatment; small, staged filler only where clearly indicated; Juv'ae three-modality protocol: skin booster + PLLA / PDLLA + dermal filler, three sessions each, made explicit up front.
Once weight is stable	Reassess the entire face; structural support where genuine volume loss exists; conservative restoration of temples, cheeks, other deficient areas; treat skin laxity and collagen loss, hydration and texture, neck and body concerns; combination treatment where appropriate; surgical referral for substantial excess skin wait until weight stable at least 6 months before definitive aesthetic surgery. No consensus supports fat transfer for these patients.
Suggested wording	Because you're still losing weight, I would recommend a staged plan. We can support skin quality and address the areas affecting you most, but we should avoid making large or permanent changes until we know where your weight will stabilise.

5. Consultation pathway

Step	Action	
1	Establish weight-loss history and current trajectory	☐
2	Ask what the patient has noticed do not tell them they have weight-loss face	☐
3	Identify the priority: laxity, hollowing, skin quality, or facial balance	☐
4	Explain that skin and fat compartments are both affected	☐
5	Agree the goal: healthy and natural, without disguising weight-loss success	☐
6	Correct nutrition, medical or psychological concerns before proceeding	☐
7	Begin conservatively and review progressively	☐
8	Reassess after further weight loss or weight stabilisation	☐

6. Consent and governance

Area	Notes
Consent	Confirm informed consent covering the staged plan, the three-session commitment per modality, expected timelines, and the fact that anatomy and needs may change as weight loss continues.
Clinical judgement	These recommendations are consensus guidance, not strong comparative trial evidence. They guide they do not replace independent clinical judgement, Australian prescribing requirements, product indications and informed consent.
Referral	If nutrition, medical or psychological concerns are outside scope, refer to GP or appropriate specialist before proceeding.