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In a separate article I discussed [how cosmetic surgery industry is now offering more targeted services for people of color](#). After all, ethnic minorities including Hispanics, Asians, and African Americans are increasingly going under the knife. In fact it is fair to say that [plastic surgery has gone mainstream](#) with Botox parties just a way to entertain your guests and [wedding planning now includes a Botox and/or chemical peel session](#).

According to statistics from the American Society for Aesthetic Plastic Surgery (ASAPS), racial and ethnic minorities accounted for 20% of all cosmetic procedures performed during 2004, an increase from 14 percent in 2000. [Latinos again led minority racial and ethnic groups in the number of procedures](#) at 8.5% followed by African-Americans, 6.2%; Asians, 4.6%; and other non-Caucasians, 1.1%.

Ethnicity has prevented many people from seeking cosmetic surgery in the past since they were afraid that their features would look "too white." However, "Many are realizing that plastic surgery can be done without feeling like you're trying to change your ethnicity," says Dr. Julius Few, assistant professor at the Northwestern University Feinberg School of Medicine. "New procedures and specific training in treating

ethnic populations have opened new avenues for patients who previously were afraid to try many procedures. For example, [scarring](#) is an area of concern among darker-skinned patients; we now have new techniques to help minimize unwanted outcomes,” he says.

Expertise in treating skin of color involves more than knowing how a certain [laser treatment](#) or [injectable filler](#) might affect a Hispanic or an [African American patient](#). A doctor’s cultural sensitivity and knowledge can also establish better rapport with the patient. For instance, a Spanish speaking surgeon is likely to connect better with a Hispanic patient. Dr. Renato Saltz of Salt Lake City, UT, believes that, “One size does not fit all - not only are techniques different for certain minority populations but the concept of what is beautiful is as well,” he said. “For example, [South American women typically want smaller breasts](#) and [larger buttocks](#) than the average white American female.”

That is why Spanish-speaking Americans are increasingly being courted by [plastic surgeons in Latin American countries like Argentina](#) and [Mexico](#). Many native plastic surgeons now speak more than one language or have multi-lingual staff to help with patient communication. [Dr. Robert Rey of the Dr. 90210](#) fame is fluent in Spanish and English and attracts a lot patients due to this. “Being aware of cultural differences is more than just speaking the language. It’s also about understanding how patients want to enhance their natural ethnic beauty,” says Dr. Saltz. (Related article: [Eyes by Thermage](#))

Like [Hispanic women who know how they want to look](#), so are the Asian patients who are primarily interested in [eyelid surgery](#) and rhinoplasty (nose job), according to Dr. Kristoffer Ning Chang, assistant clinical professor of plastic surgery at the University of California-San Francisco. “As far as Asian patients, I find some of them come to my office because I am Chinese,” says Dr. Chang. “Those who do are seeking doctors of a similar ethnic background because they don’t want a Westernized look. They want subtle improvements that are not overly done. However, [you don’t need to be Asian to treat Asian patients](#). For example, experienced aesthetic surgeons will identify pleasing ethnic features and recreate them,” he said.

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- [March 2007](#)
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- [December 2006](#)
- [November 2006](#)
- [October 2006](#)
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- [August 2006](#)
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- [October 2007](#)
- [September 2007](#)
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- [June 2007](#)
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- [April 2007](#)
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- [June 2006](#)
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