

Aesthetic Society News

Quarterly Newsletter of The American Society for Aesthetic Plastic Surgery

Creating a Culture of Safety

BY FELMONT F. EAVES III, M.D., F.A.C.S.

CHAIRMAN, ASAPS PATIENT SAFETY STEERING COMMITTEE

"The health and life of my patient will be my first consideration." – Hippocrates

Patient safety is the number one concern of every plastic surgeon. Our sophisticated training and refined surgical techniques are useless if we cannot provide safe surgery. Not only do plastic surgeons have a heightened sensitivity for the importance of patient safety but also the public, including patients and their family members, governmental bodies, regulatory agencies, and attorneys, has become highly sensitized to aesthetic plastic surgery and its potential for serious complications.

In the past few years, a number of issues have coalesced causing greater scrutiny of aesthetic plastic surgery. These include a significant increase in the overall number of aesthetic surgical procedures, an upswing in non-plastic surgeon providers of cosmetic surgical services, and a marked increase in media coverage, which often present mixed messages. The impact of media hype is further heightened by undiminished threats of malpractice

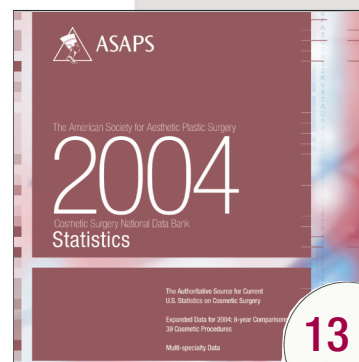
litigation in the absence of meaningful tort reform. The result is significantly more public attention being focused on our profession, especially safety-related issues and complications following surgery.

To protect our patients and provide safe care and to protect ourselves against damaging actions, such as misguided regulations or malpractice litigation, we must make every effort to improve patient safety. Since its inception, the American Society for Aesthetic Plastic Surgery (ASAPS) has strived to provide education concerning the safe and effective practice of aesthetic plastic surgery. However, given the magnitude of the issue and the growing crescendo of public awareness, as well as our adoption of new techniques and technologies, the current environment demands that we redouble our efforts.

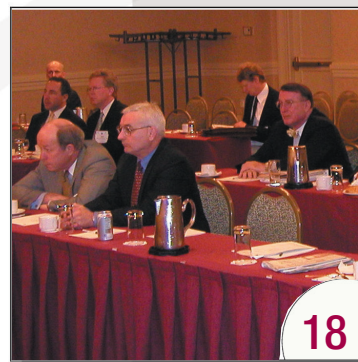
Leadership in patient safety contin-

Patient safety is the number one concern of every plastic surgeon.

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ASAPS STATISTICS



CME REQUIREMENTS



NEW ORLEANS HIGHLIGHTS



The American Society for Aesthetic Plastic Surgery



The Aesthetic Surgery Education and Research Foundation

Aesthetic Society News

The American Society for Aesthetic Plastic Surgery
The Aesthetic Surgery Education and Research Foundation

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ASAPS Calendar

*ASAPS Meetings & Co-sponsored/
Endorsed Events*



The Aesthetic Meeting 2005
April 28 - May 4, 2005
New Orleans Convention Center
New Orleans, LA
Contact ASAPS 800.364.2147
or 562.799.2356
Email: asaps@surgery.org

Body Contouring After Massive Weight Loss Symposium

April 1-2, 2005

Dallas, TX

Co-sponsored by ASAPS/PSEF

Contact: PSEF 800.766.4955

SPSSCS 11th Annual Meeting

April 25-28, 2005

New Orleans, LA

Contact: SPSSCS 562.799.0466

The Aesthetic Meeting 2005

April 28 - May 4, 2005

New Orleans Convention Center

New Orleans, LA

Contact ASAPS 800.364.2147 or 562.799.2356

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Biennial Plastic Surgery Cruise —

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Chicago, IL

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President's Report *A Year of Progress*

In an earlier article, I quoted from an ancient Chinese aphorism, "May you live in interesting times." This past year during which I have had the honor of serving as your ASAPS President has been interesting and challenging. As evidenced by the recently released ASAPS 2004 statistics on cosmetic surgery, 2004 was a record year for cosmetic procedures -- nearly 11.9 million were performed, an increase of 44 percent over the previous year. ASAPS members' practices also grew busier (see article on page 13). ASAPS members performed more surgery than any other group of physicians included in the 2004 statistical survey.



Peter B. Fodor, MD

Media Attention Remains a Mixed Blessing

In the midst of the constantly increasing public interest in cosmetic surgery, the reality shows continue to be a mixed blessing. A recent ASAPS consumer survey showed that 22 percent of Americans say they have a more favorable attitude toward cosmetic surgery than they had five years ago. The percentage of men who approve of cosmetic surgery also has increased dramatically. At the same time, many ASAPS members report that patients coming into their offices have totally unrealistic ideas about what cosmetic surgery can achieve for them. And, although our record for safety is excellent, the media often fails to provide balanced coverage of the benefits and risks of procedures, instead focusing on a very few tragic outcomes that grab headlines. At the same time, less qualified practitioners continue in their efforts to achieve legal status as cosmetic surgeons, poten-

ASAPS has forged strong alliances this year in our efforts to meet these and other challenges to our profession.

tially putting patients at risk.

Redoubling Our Efforts as an Advocate for the Profession

I am pleased to report that ASAPS has forged strong alliances this year in our efforts to meet these and other challenges to our profession. In particular, our partnership with the American Society of Plastic Surgeons (ASPS) on many fronts -- from patient safety to scope of practice to breast implant regulatory issues -- has been positive and productive.

Among the successes of these joint advocacy efforts was the veto in California of SB1336, a bill that would have allowed single degree dentists to perform cosmetic procedures wholly unrelated to the oral cavity or jaws. However, this issue has again come to the forefront as the dentists renew their lobbying of the California legislature in support of a new bill, SB438, allowing them to perform virtually all cosmetic procedures of the head and neck. ASAPS will be contributing significant resources to help stop this bill in its tracks, as well as to counter the latest attempts in California by the American Board of Cosmetic Surgery to attain status as equivalent to American Board of Medical Specialties recognized boards. We also have been asked to contribute financially to an expanded effort combating taxation on cosmetic surgery. The battle was lost in New Jersey, despite the best efforts of a dedicated coalition, but there are opportunities in Illinois, Tennessee, and Washington State to effectively reverse this alarming trend that undermines our goal to provide patients with affordable and high quality medical and surgical care. We will continue to work with ASPS and other professional societies that support this goal. You, the members, have expressed your willingness to see the Aesthetic Society actively participate, financially and with leadership, in both

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Creating a Culture of Safety (Continued from page 1)

ues to be at the core of our educational mission and is reflected in the good safety practices of our members. We believe that the membership and the public are well served by the expansion of public education concerning safe surgical practices and qualifications necessary for appropriately credentialed aesthetic surgery providers.

With these goals in mind, Dr. Peter Fodor established the Patient Safety Steering Committee when he was inaugurated as Society president in May 2004. The committee is charged with developing a broad, society-wide strategy to promote patient safety in all our activities and to work with other organizations to further develop patient safety best practices. Over the course of the past 12 months, many safety-related initiatives have been launched. Many more are under development. Some of these new directives will be presented during the 2005 Annual Meeting of ASAPS in New Orleans. The following represent a few highlights of new and pending programs:

Mission statement

The ASAPS Mission Statement underscores the guiding principles of our organization. Although patient safety has always been an integral part of ASAPS' educational objectives, and included in ASERF research activities, we decided that the theme of patient safety should be prominently expressed in an enhanced mission statement.

The mission of the American Society for Aesthetic Plastic Surgery (ASAPS) is to advance the science, art, and safe practice of aesthetic plastic surgery among qualified plastic surgeons through support and direction of medical education and research, sponsorship of scientific meetings and dissemina-

Leadership in patient safety continues to be at the core of our educational mission and is reflected in the good safety practices of our members.

To protect our patients and provide safe care and to protect ourselves against damaging actions, such as misguided regulations or malpractice litigation, we must make every effort to improve patient safety.

tion of information on current aesthetic surgical techniques; to promote and encourage the highest standards of ethical conduct and responsible patient care among aesthetic plastic surgeons; to serve the public interest by providing accurate and timely information regarding aesthetic plastic surgery and promoting patient safety; and to advance the medical profession and ensure that aesthetic surgery maintains its proper place within the specialty of plastic surgery.

Patient safety CME requirements

Reflecting the importance of safety issues, both ASAPS and the American Society of Plastic Surgery (ASPS) have developed new CME guidelines with specific requirements for education in patient safety. The new policy of both organizations is that each member is required to document completion of 20 patient safety credits during a three-year CME cycle. ASAPS and ASPS are working together to assure that patient safety credits provided by these organizations represent meaningful, measurable patient safety education. At the same time, the organizations are cooperating to ensure that this new requirement does not become onerous to the practitioner, but represents a real opportunity to enhance skills and techniques that ensure patient safety.

Enhanced educational opportunities

Many new opportunities for enhanced patient safety education have been developed. These include a patient safety panel at the Annual Meeting, an upcoming educational program on preventive measures to avoid surgical complications, and new teaching courses targeted to promote patient safety such as ACLS certification, anesthesia training, and operating room certification. Similar

Creating a Culture of Safety

strategies will be applied to upcoming symposia. Surgeons can identify the new designated patient safety CME credits by the new "Culture of Safety" pyramid logo in the program guide.

New member resources

The following new member resources are being developed to enhance your ability to provide safe patient care:

- A brochure, presenting a series of modules on topics that address the most common safety concerns: establishing a partnership between the physician and the patient; understanding the effects of anesthesia; performing due diligence on surgeon and facility credentials; patient selection; and informed consent.
- A pre-and postoperative patient checklist. Available in downloadable modules it will cover, by specific procedure, the following: (1) the initial consultation; (2) a financial checklist; (3) a pre-operative checklist; (4) a postoperative checklist; (5) an office surgery checklist; and (5) a staff training checklist.

Public education

It is critical that our commitment to patient safety is effectively communicated to the public on an ongoing basis. Patients must understand that they share responsibility for their safety by becoming better informed. This means making thoughtful decisions regarding the selection of a surgeon. It also means being candid with the surgeon about previous surgeries, medications being taken, and any other information that may not be readily apparent from the patient's records but is important for the surgeon to know prior to performing the surgery. We can accomplish this goal through public education, including media events, articles, and resources available on the public portion of the ASAPS website, and information provided in response to media requests.

Data Collection and Safety Systems

Key to documenting and improving patient

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safety is the ability to collect data, direct research toward outcomes, and evaluate preventive patient safety measures. The Aesthetic Society is working with other societies to make software resources available to provide an efficient and effective means of data collection. Cooperation is critical to avoid redundancy in data entry. Shared data between the societies, the American Board of Plastic Surgery, and AAAASF will serve to unite us in our common pursuit of patient safety and quality care. In addition, planned software includes specific patient safety "checklists," protocols, and other resources that provide real time safety support systems for the practicing surgeon. Industries have long used similar systems to improve efficiency, reduce errors, and optimize outcomes. Although medicine has been slow to utilize these resources, by embracing such a system, ASAPS and other societies can lead the way in reducing errors and enhancing patient safety in aesthetic surgery.

Creating a Culture of Safety

Patient safety is not an end point. Optimizing safe surgical techniques, practices, and systems is an ongoing goal. To be truly effective, improvements in patient safety must involve not only those who lecture, write, research, and lead our societies, but also every single member surgeon, anesthesia provider, office staff member, hospital operating room staff member, and the patients themselves. We are fully committed to leading the way in patient safety, in full cooperation and partnership with our sister societies, to raise the bar of patient safety in cosmetic surgery. By continually focusing our efforts on maximizing patient safety by involving every member of our Society, and their staffs and patients, we can truly create a culture of safety. ■■■

President's Report (Continued from page 3)

state and national issues affecting the practice of cosmetic surgery. With your continued mandate, we will work diligently alongside ASPS to represent the interests of plastic surgeons and our patients.

A Refined Vision

Through the leadership of the ASAPS Board and with the input of ASAPS members, we have constructed what I believe is a refined vision for the role of the Aesthetic Society in support of Plastic Surgery. This "road map" affirms our mission of

The Aesthetic Society has accomplished a great deal this year, thanks to the diligent efforts of many volunteer leaders.

education and more clearly defines our obligations to strengthen plastic surgery through both independent and joint activities. Advocacy is an important component of this refined vision. However, ASAPS members have made it clear that they still consider continuing education in aesthetic surgery to be the Aesthetic Society's greatest contribution to the specialty.

Expanding Educational Opportunities

Aesthetic surgery continuing education remains the core of ASAPS' mission. While constantly enhancing the quality and relevance of the Society's mainstays, such as *Aesthetic Surgery Journal* and our Annual Meeting, we also have recognized the need to expand our educational reach into non-traditional venues. This includes easily accessible Internet-based education available through the ASAPS Members-Only Website. The members' website currently offers more than 30 streaming videos, several designated for CME credits. This allows you to fulfill some of your CME credit requirements at home or in your office.

Championing Patient Safety

I am especially proud of the progress the Society

The members' website currently offers more than 30 downloadable, streaming videos, many certified for CME credits.

has made in advancing our position on patient safety. You know from my previous reports to you that I have made patient safety the keystone of my year as ASAPS president. From literally my first day in office, with the creation of the ASAPS Patient Safety Steering Committee, I have focused on expanding the Society's role as the leading proponent of patient safety in aesthetic surgery.

As you will read in the lead article of this issue, the steering committee, chaired by Dr. Felmont Eaves, has made real progress in pursuing the goal of creating a "culture of safety" throughout our profession. I urge you to read about the work of the committee and to avail yourself of the newly developed products and educational programs that support this important initiative.

The Support of Members

I am very encouraged by the progress we've made in increasing educational opportunities for our members and, of course, leading the way as an advocate for patient safety. None of this could have been accomplished without the support of the members who responded to our surveys, participated on our committees, contributed to our journal and our Annual Meeting, and continue to provide feedback and input in so many ways.

I look forward to seeing you in New Orleans for The Aesthetic Meeting 2005. ■■■

From literally my first day in office.... I have focused on expanding the Society's role as the leading proponent of patient safety in aesthetic surgery.

Young Plastic Surgeons Discuss Subspecialty Education and the Importance of Aesthetic “Focus”

Today's young plastic surgeons face mounting challenges to a successful practice. Dwindling reimbursements, increased competition from other specialists in the aesthetic arena, and looming legislative issues such as cosmetic surgery taxation are among the factors that have irrevocably changed plastic surgery clinical practice. *Aesthetic Society News* interviewed several young plastic surgeons, in practice between seven months and six years. Despite the unique challenges they face, their values and priorities are remarkably similar to those of their older counterparts when it comes to education, peer recognition and the role of the Aesthetic Society in their professional lives.



Mark Mofid, MD

Mark Mofid, MD, has been in clinical practice in La Jolla, California, for just seven months but already feels like a part of the community, thanks to advice and introductions he has received from a local ASAPS member. Dr. Mofid, an ASAPS candidate, became interested in the Society while still a plastic surgery resident, attending the Annual Meeting as well as the Residents and Fellows Forum, where he presented several papers.

"The greatest benefit that ASAPS provides to plastic surgery residents, without a doubt, is the opportunity to attend the ASAPS meetings without paying any registration fee and to monitor teaching courses," he says. "These courses taught me a lot, and I use that knowledge now on a daily basis in my practice. I've signed up for a lot of courses in New Orleans," he adds. "Of course, I'm no longer a resident, so it's no longer free. But because I was exposed to the ASAPS meeting and teaching courses as a resident, I know they're worth it. The ASAPS meeting is the best continu-

ing medical education that you can possibly have in aesthetic surgery."

Influencing the Marketplace



Haideh Hirmand, MD

"The most important reason for my interest in ASAPS membership is education," says Haideh Hirmand, MD, a young plastic surgeon and ASAPS candidate who started her practice in New York City about six years ago and has attended four of the five most recent ASAPS Annual Meetings. "Probably second is the role that ASAPS plays in public education. I believe that the Society can and should influence the marketplace."

The challenges of practicing in the highly competitive environment of New York City, with a correspondingly high cost of running a practice, mean that Dr. Hirmand, who recently applied for ASAPS membership, faces pressures perhaps greater than many of her young colleagues in other parts of the country. "Maybe because I practice in a big urban center, I feel that it takes more than just doing good work to have a successful practice. In many ways it's like a business; a business can produce a good product but if the business isn't run properly, it won't succeed. For me, from the start of my practice, I have used every practice management tool that ASAPS offers -- such as the employee manual on CD-ROM,

"For me, from the start of my practice, I have used every practice management tool that ASAPS offers -- such as the employee manual on CD-ROM, the patient coordinator guide and so on. These products have really helped me run my practice better."

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Young Plastic Surgeons Discuss Subspecialty Education (Continued from page 7)

the patient coordinator guide and so on. These products have really helped me run my practice better."

Only recently have plastic surgeons become more "visionary rather than reactionary about a lot of things," Dr. Hirmand comments. However, she is encouraged by the public outreach efforts of both ASAPS and ASPS. "In the past few years, both societies have started being out there and getting the message across to the consumer. They have been much more effective at 'branding,' meaning educating prospective patients about what it means to be a board-certified plastic surgeon and how to choose a surgeon. I also see that the Aesthetic Society is doing a lot of things to help the public understand that ASAPS membership is yet another credential, beyond board-certification, that they should look for. So I feel that the Society is having an impact on the marketplace now and will do so even more in the future."

Peer Interaction, Prestige and Publications

Dr. Mofid believes that, at least in the San Diego area, patients generally don't recognize the added value of having a member of ASAPS perform their cosmetic surgery. "But peers do recognize the prestige of ASAPS membership, and as I continue in my career, peer recognition is important to me," he says.



Josh Greenwald, MD

based in White Plains, New York.

Dr. Greenwald, who recently became an ASAPS candidate, sees membership in the Aesthetic Society as something he definitely plans to pursue. "I hope to maintain my interest in reconstructive surgery, but

"I look at the benefits of membership in both of the major plastic surgery societies -- ASAPS and ASPS -- as primarily being education and collaboration with colleagues," says Josh Greenwald, MD, a young plastic surgeon seven months out of his residency and an associate in a plastic surgery group

"I feel like Aesthetic Surgery Journal is the main place to get an aesthetic article published, especially new and novel ideas."

these first months of being in practice have already made me more of a realist," he says. "I recognize that a large part of my practice will be cosmetic surgery. For that reason, I'm sure that, down the road, I will want to become a member of ASAPS. The Society's focus on cosmetic surgery will enable me to dedicate myself to becoming the best in that area."

Virtually all of the young plastic surgeons interviewed for this article received *Aesthetic Surgery Journal* as a resident, free of charge through corporation-sponsored grants. For some, it provided their first motivation to learn more about ASAPS. "The way I found out about ASAPS was through *Aesthetic Surgery Journal*," says Dr. Hirmand, who says that currently 70 to 80 percent of her practice is aesthetic. "I like the varied format -- the combination of the scientific articles and the practice-oriented articles. It really works for me."



C. B. Boswell, MD

fulness to me in this journal."

The Aesthetic Society's Role

When asked about the future role of ASAPS in plastic surgery, Dr. Boswell predicts that it will expand significantly. "ASAPS is going to become even more important to the specialty. It's inevitable, because more plastic surgeons will rely on cosmetic surgery

[CONTINUED ON PAGE 10]

Think About It

An Editorial Series
Inviting ASAPS
Members' Opinions
on Key Issues in
Plastic Surgery



Robert L. Ruberg, MD

The Importance of Subspecialty Education in Aesthetic Surgery

In my opinion, subspecialty organizations play a vital role in plastic surgery. They bring together people who are the acknowledged experts in a particular field, and they foster the exchange of ideas. The Aesthetic Society is unique in that its focus is only on aesthetic surgery. And it makes this educational component available to all plastic surgeons, which is extremely important.

I am particularly proud of the contribution that the Aesthetic Society makes to plastic surgery resident education. I've spent my entire academic career involved in resident education. Today, as Services Coordinator for the ASAPS Traveling Professor Program, I appreciate how much this organization and its members are committed to sharing knowledge and expertise in aesthetic surgery. I know how much it means to residents to have the opportunity to rub elbows with some of the leading plastic surgeons in the country — people they've heard about and read about. It gives them a perspective on aesthetic surgery in the "real world" that they otherwise wouldn't have.

Giving our residents adequate exposure to aesthetic surgery training is critical to their future and to maintaining our specialty as the leader in this arena. Young plastic surgeons will increasingly be challenged to demonstrate that their training exceeds that of other specialists who seek recognition and privileges to perform cosmetic surgery. I believe that, today, our program directors have a serious commitment to aesthetic education as a core component of residency training. There is a recognition that the principles of aesthetic surgery can and should be applied to every area of plastic surgery. The more education you have in aesthetic surgery, the better you'll perform all plastic surgery. ASAPS members have had, and continue to have, a major impact on the expansion of aesthetic surgery training opportunities for young plastic surgeons. That's one important reason why the American Society for Aesthetic Plastic Surgery plays a vital role — not only for the advancement of aesthetic surgery but for our entire specialty.

About Dr. Ruberg

Professor of Surgery and Senior Vice Chair,
Department of Surgery, Ohio State University
College of Medicine and Public Health

President, American Association of Plastic Surgeons

Past Vice Chair, American Board of Plastic Surgery

Past Chair, Residency Review Committee for
Plastic Surgery

Past President, Plastic Surgery Educational Foundation

Services Coordinator, ASAPS Traveling
Professor Program

ASAPS Member Since 1991

Young Plastic Surgeons Discuss Subspecialty Education (Continued from page 8)

to maintain their bottom line. ASAPS is able to focus purely on aesthetic surgery. That's why it's going to do the best job with aesthetic education."

Early in his residency, Dr. Boswell decided his interest was in the cosmetic area of plastic surgery but found that many others in his program "looked down on aesthetic surgery. I recognize now how important ASAPS has been in helping to legitimize aesthetic surgery within the broader plastic surgery community." While he says he has been fortunate to have some exceptional mentors, he believes that many young plastic surgeons may not be as lucky. "I think that the average young plastic surgeon could use mentoring support, and ASAPS makes that available to some extent. I think it could do more, though. For example, it might be nice if the Aesthetic Society had a young physicians group, similar to what ASPS has," he says. "I also would really like to see ASAPS offer an advanced certificate in aesthetic surgery for those who have completed approved fellowships," he adds.

All of these young plastic surgeons agree that ASAPS membership will be as important to the new generation of young plastic surgeons as it is for their older colleagues. "For me, the greatest benefit ASAPS offers, as a member or a candidate," says Dr. Boswell, "is giving me a group of people I can talk with who are doing primarily aesthetic surgery and are on the cutting edge of new techniques."

"Belonging to a society gives you the opportunity to develop relationships," agrees Dr. Mofid. "I have made a lot of contacts at the ASAPS meeting from just talking to people, and this develops into a kind of networking that is really beneficial, especially to a young plastic surgeon getting started in practice."

Information on the ASAPS Candidate Program, as well as requirements for ASAPS Active Membership, can be found in the Medical Professionals area of the Society's website at www.surgery.org. ■ ■ ■

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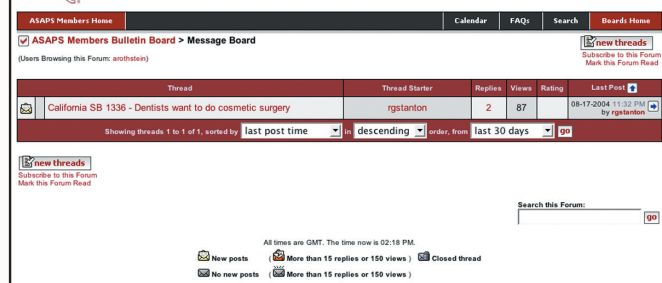
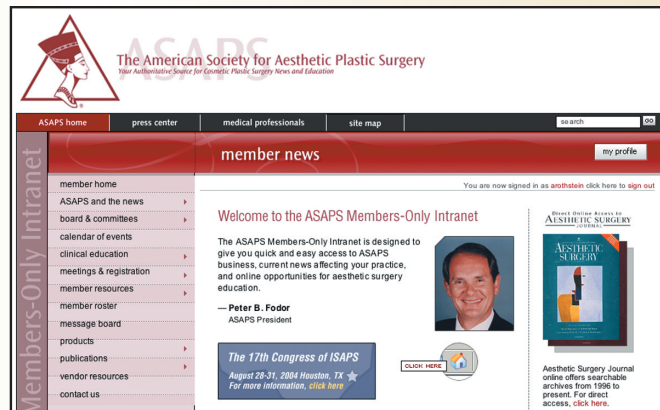
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- All of the latest presentations from ASAPS' highly rated annual meeting
- Direct links to the ASJ, searchable back to 1996
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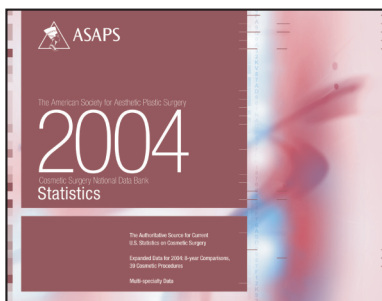
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Average Number of Cosmetic Procedures per ASAPS Member Increased by 3% in 2004



ASAPS members performed, on average, 772 cosmetic procedures in 2004, compared to 751 procedures reported in 2003, according to the ASAPS 2004 Statistics on Cosmetic Surgery. Increases were reported both in surgical procedures (332 vs. 315 in 2003, a 5 percent increase) and nonsurgical procedures (440 vs. 436 in 2003, a 1 percent increase). The most significant increases for ASAPS members in the surgical category were breast augmentation (70 vs. 63 in 2003) and abdominoplasty (26 vs. 20 in 2003). In the nonsurgical category, Botox procedures increased to 164 (vs. 158 procedures in 2003) and hyaluronic acid (Hylaform, Restylane) made a strong showing at 49 procedures per member, more than double the number of collagen procedures.

ASAPS members, on average per surgeon, treated 11 massive weight loss patients in 2004. An average of three procedures per patient were performed, either in one session or multiple sessions. Five percent (5%) of respondents said that all procedures were covered by insurance, while 50 percent said some procedures were covered, and 46 percent said no procedures were covered.

General Statistics

ASAPS statistics, which were released to the public on February 17, showed that the number of cosmetic procedures in the United States increased by 44 percent in 2004 to a total of nearly 11.9 million. The number of surgical procedures increased 17 percent, and the number of nonsurgical procedures increased 51 percent from 2003. Women had 90 percent of cosmetic procedures. Americans age 35-50 had the largest number of procedures, 45 percent of the total. The 18-and-under age group had 2 percent of procedures. Racial and ethnic minorities accounted for 20 percent of all cosmetic procedures. Hispanics led minority racial and ethnic groups in the number of procedures.

Forty-six percent (46 percent) of cosmetic procedures in 2004 were performed in office-based facilities, compared to 52 percent in the previous year. Americans spent \$12.5 billion on surgeons' fees; \$7.7 billion was for surgical procedures, and \$4.7 billion was for nonsurgical procedures.

Breast Augmentation and Teens

ASAPS statistics show that the number of breast enlargements for women age 18 and under decreased 63 percent in 2004 compared with the previous year. In 2003 there were 11,326 breast enlargement procedures on women 18 and under, representing 4 percent of the total number of breast augmentations; in 2004 there were 4,211 procedures, just over 1 percent of the total.

ASAPS data also show that, in 2004, 60 percent of breast implant procedures performed on women 18 and under were for breast abnormalities including Poland's syndrome (congenital absent breast), severe breast asymmetry, congenital micromastia (severe underdevelopment of the breast) and tubular breast. Forty percent, or an estimated 1,684 procedures, were for purely cosmetic augmentation of both breasts.

"These statistics confirm that only one-half of 1 percent of all cosmetic breast augmentations are for the enlargement of normal breasts among women in the 18 and under group," says ASAPS President Peter Fodor, MD. "This is important information for us to have and helps us to effectively respond to the media and others when questions are raised about teen surgery."

[CONTINUED ON PAGE 14]

Average Number of Cosmetic Procedures per ASAPS Member Increased by 3% in 2004 (Continued from page 13)

Comparisons with Other Specialists

ASAPS members performed more surgical procedures than any other group surveyed, including ASAPS Candidates and members of the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS), American Academy of Cosmetic Surgery (AACS) and American Society for Dermatologic Surgery (ASDS). The following chart provides examples:

AVERAGE NUMBER OF SELECT SURGICAL PROCEDURES PER PHYSICIAN					
2004 Procedure	ASAPS Member	ASAPS Candidate	AAFPRS	AACS/ASDS	
Abdominoplasty	26	22	1	0	
Blepharoplasty	43	24	37	4	
Breast augmentation	70	47	5	1	
Facelift	22	13	21	1	
Lipoplasty	79	58	16	14	
Rhinoplasty	15	13	27	1	

Other specialists, however, performed more nonsurgical procedures than did ASAPS members.

AVERAGE NUMBER OF SELECT NONSURGICAL PROCEDURES PER PHYSICIAN					
2004 Procedure	ASAPS Member	ASAPS Candidate	AAFPRS	AACS/ASDS	
Botox injections	163	127	267	282	
Chemical peel	24	22	19	236	
Laser hair removal	50	47	41	215	
Laser skin resurfacing					
Ablative	7	5	7	6	
Nonablative	6	18	20	69	
Hyaluronic acid (Hylaform, Restylane)	49	41	46	114	

Distribution of ASAPS Statistics

ASAPS statistics are distributed to media worldwide and cited by the nation's top print and broadcast media outlets. The full report on national statistics is available in the Press Center of the ASAPS Website as well as on the ASAPS Members-Only Website (www.surgery.org/members).

"ASAPS is very appreciative of the support of members and candidates, as well as the support of other specialists outside of plastic surgery, in providing data for these statistics," says Dr. Fodor. "When ASAPS statistics are cited in media coverage, it helps to educate the public, and that helps all of us who are involved in aesthetic surgery to better serve our patients."

Need Help With Media Interviews?

If you are contacted by media about the ASAPS statistics, or any cosmetic surgery topic, let ASAPS' professional public relations staff assist you with information and ideas. Contact Adeena Colbert, ASAPS Media Relations Manager, at 212.921.0500, or email media@surgery.org.



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Members to Vote on Slate of Candidates



Mark Jewell, MD

Eugene, OR

will assume the office of ASAPS President on May 1

Active Members of the American Society for Aesthetic Plastic Surgery (ASAPS) will hear reports on ASAPS business, vote on proposed changes to the Bylaws and elect new officers for 2005-2006 during the ASAPS Annual Business Luncheon. All Active Members are invited to attend on Sunday, May 1, 12 noon, in R02-R04 in the Ernest N. Morial Convention Center in New Orleans, LA.

The slate of candidates includes:

President-Elect: James M. Stuzin, MD

Miami, FL

Private practice; Clinical Assistant Professor of Plastic Surgery, University of Miami School of Medicine

Current Board position: Vice President

Past Board positions: Treasurer, Member at Large, Parliamentarian

ASAPS Committee work: Education Commission (Current Chair), Scientific Program (Current Chair), Fellowship (Current Chair), Symposia (Past Chair), Finance and Investment (Past Chair), Facial Aesthetic Surgery (Past Chair), Aesthetic Training, Videotape Subcommittee, Scientific Exhibits, Corporate Sponsorship Ad Hoc Committee

National affiliations: ASAPS, AAPS, ACS, ASERF, ASPS, PSEF

Training: University of Florida; General Surgery Residency: University of Washington Affiliated Hospitals; Plastic Surgery Residency: New York University Hospitals; Craniofacial Fellowship: UCLA School of Medicine

ABPS certification: 1989



Vice President: Foad Nahai, MD

Atlanta, GA

Private practice

Current Board position: Secretary

ASAPS Committee work: Education Commission (Current Vice Chair), Scientific Program (Current Vice Chair), International Committee (Current Liaison to ISAPS), Aesthetic Surgery Journal (Associate Editor), Teaching Course Subcommittee (Past Chair)

National affiliations: ASAPS, AAPS, ACS, ASERF, ASPS

Training: University of Bristol; General Surgery Residency: The Johns Hopkins Hospital, Baltimore, MD, and Emory University Affiliated Hospitals, Atlanta, GA; Plastic Surgery Research Fellowship and Plastic Surgery Residency: Emory University Affiliated Hospitals

ABPS certification: 1980





Member-at-Large
(3-year term)
Felmont F. Eaves, MD



Member-at-Large
(3-year term)
Brian M. Kinney, MD



Member-at-Large
(3-year term)
Leo R. McCafferty, MD



Member-at-Large
(2-year term)
Jeffrey M. Kenkel, MD



Member-at-Large
(1-year term)
Charles E. Hughes, MD



Trustee
(3-year term)
Daniel C. Morello, MD

Asaps members will also vote on the following candidates for office:

Ethics Committee (3-year term)
Northeast: Nolan S. Karp, MD
West: Daniel C. Mills, MD

Judicial Council (3-year term)
Northeast: Charles H. Thorne, MD
Central: Carl I. Price, MD

Membership Committee (3-year term)
Southeast: Jack Fisher, MD
South Central: William P. Adams, Jr., MD
New York City: John W. Siebert, MD

Treasurer: Alan H. Gold, MD
Great Neck, NY

Private practice; Clinical Associate Professor of Surgery, New York Hospital-Cornell University Medical College

Current Board position: Treasurer
Past Board positions: Historian, Parliamentarian

ASAPS Committee work: Administration Commission (Current Chair), Communications Commission (Past Vice Chair), Public Education (Past Chair), Symposia, Traveling Professor

National affiliations: ASAPS, AAAASF, ASERF, ASPS, PSEF

Training: State University of New York, Downstate Medical Center; General Surgery Residency: North Shore University Hospital, Manhasset, NY; Hand Surgery Fellowship: Nassau University Hospital, East Meadow, NY; Plastic Surgery Residency: State University of New York-Kings County Hospital Center, Brooklyn, NY

ABPS certification: 1979



Secretary: Renato Saltz, MD
Salt Lake City, UT

Private practice, Associate Professor of Surgery, University of Utah

Past Board positions: Member at Large

ASAPS Committee work: Candidate Liaison Committee (Current Chair), International Task Force, Innovative Technology Committee, Endoscopic Task Force Committee, Video Tape Selection Committee, National Aesthetic Surgery Databank, Aesthetic Surgery Journal (Editorial Board)

National affiliations: ASAPS, AAPS, ACS, ASPS, PSEF

Training: Universidade Federal Rio Grande do Sul School of Medicine; General Surgery Residency: Jackson Memorial Hospital, University of Miami, Miami, FL; Plastic Surgery Residency: University of Alabama, Birmingham, AL

ABPS certification: 1992



New Stricter ACCME Standards Demand Greater Transparency for Potential Conflicts of Interest

BY DARLENE OLIVER

Due to recent high-profile events, national scandals, and reported conflicts of interest, all industries and institutions are undergoing increased scrutiny. The medical community is no exception. The Accreditation Council for Continuing Medical Education (ACCME) has responded with new, stricter standards for disclosure. ACCME has recently issued "Updated Standards for Commercial Support of Continuing Medical Education." All individuals responsible for controlling the content of an educational activity must disclose all pertinent financial relationships within the previous 12-month period. The new standards also require the Aesthetic Society, as a provider of CME, to implement a mechanism to identify and resolve conflicts of interest prior to offering educational activities. ASAPS is committed to following these standards so that we can provide unbiased continuing medical education to our members.

Standards are tightened

The updated standards are significantly stricter than the previous rules approved by the ACCME in 1992. Those rules, which remain in effect until May 2005, required only disclosure of conflict of interest. The revised rules require the accredited organization to resolve conflicts, and will disqualify speakers if no disclosure is reported. The new standards also extend to all those who exert influence over the content of CME activities.

ASAPS institutes tougher rules

The Aesthetic Society is at the forefront of promulgating new rules regarding disclosure and conflicts of interest. Patient Safety is being added to ASAPS' CME Mission Statement along with the guiding principles of independence, integrity and transparency. All education shall be evidence-based and not display bias. Dr. Charles Hughes, the Aesthetic Society's CME Committee Chairman, states, "Our educational programs have always been of the highest quality; now we are taking the necessary steps to formally codify it." The new rules and requirements will be fully effective for speakers, presenters, and faculty of the 2006 Annual Meeting in Orlando.

Required disclosures include all commercial entities that have a stake in the content of the course.

The nature of the relationship must be disclosed. All faculty will be required to divulge any direct or indirect relationships related to their course content. This includes a financial interest, equity position, vested interest, receipt of royalties, serving as a consultant, funding through a research grant, receiving honoraria for other educational services, or any other relationship.

Undue influence can compromise the outcome of CME activities. "As the 2005 Annual Meeting nears, instructors, speakers, and presenters will be subject to heightened disclosure declaration requirements," states Dr. Hughes. "The Aesthetic Society is committed to ensuring that the members of our specialty have access to the highest quality CME that is also beyond reproach. We are resolute in ensuring that our CME has integrity, independence, and transparency."

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-- Roy Semlacher, MD, Sacramento

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Media Notes & Quotes

A sampling of current media coverage on cosmetic surgery

*As thousands of Americans search for answers to the fountain of youth through cosmetic surgery, many of them travel outside the U.S. to save on costs for certain procedures. But do they really save or simply inherit a much bigger problem? Joining us now to explain is president of the **American Society for Aesthetic Plastic Surgery**, Dr. Peter Fodor. Thanks for being here today. All right before someone travels abroad or south of the border, what are the things they should consider? “The biggest problem in general is patient safety. Even in this country, patients are encouraged to do their research, do their due diligence, check their surgeon’s credentials, make sure the operating room is accredited. Aesthetic surgery is a luxury, but it cannot be taken lightly because it is still surgery. At the American Society for Aesthetic Plastic Surgery, one of our main focuses is teaching patients, through the media, about safety.*

*-CNN Headline News
February 8, 2005*

*More and more, women are turning to what some surgeons call “minors”: procedures that require minimal invasiveness and downtime, but still yield significant physical and emotional payoffs. The number of overall procedures for patients ages 19 to 34 increased 101 percent from 1997 to 2003, in part because the number of young women having minor surgeries is increasing, according to the **American Society for Aesthetic Plastic Surgery (ASAPS)**. Still, while a patient may be in and out of the doctor’s office in an hour – and the very word “tweak” may sound kiss-kiss and carefree – rearranging flesh is not the same as rearranging furniture. “There is always risk, even in the most minor procedure,” notes Robert W. Bernard, a plastic surgeon in White Plains, New York, and past president of ASAPS.*

*-Allure
February 2005*

*The **American Society for Aesthetic Plastic Surgery** reports that from 2002 to 2003, the number of lower body lifts performed in U.S. more than doubled, and total body lifts, which can include the torso and arms, are now becoming more popular as well. “Skin has no muscle, so it won’t contract or tighten,” says Dr. Al Aly, a plastic surgeon in Iowa City. Some patients who lose a lot of weight can take on the shape of the Michelin Man.”*

*-People Magazine
January 10, 2005*

*The number of cosmetic procedures -- both surgical and non-surgical -- jumped a whopping 41 percent in 2004, according to statistics released last week by the **American Society for Aesthetic Plastic Surgery (ASAPS)**. The number of cosmetic surgeries increased 17 percent, and the number of non-surgical procedures increased 51 percent from 2003, the Society said. Why the big increase in cosmetic applications? “People have had many more opportunities to see, first hand, what plastic surgery is like and what it can do for others,” says Dr. Peter Fodor, the Society’s president. “That can be a strong incentive for them to seek the same benefits by having cosmetic procedures themselves.”*

*-ABC News
February 19, 2005*

*My happiness has never been dependant on my looks, yet I wasn’t pleased that the person in the mirror was looking less and less like me. I’m not alone in giving an eye job a second look. The **American Society for Aesthetic Plastic Surgery** reports a 68 percent increase in blepharoplasties between 1997 and 2003. In 2003, almost 40 percent of the people who had the procedure were between the ages of 35 and 50 – and almost 10 percent were 19 to 34.*

*-Harper’s Bazaar
February 2005*

*Mom has come a long way, baby. Of course, she’s far beyond the ironed and buttoned-up June Cleaver archetype. But increasingly she’s also moving past the soccer-mom look. Mom it seems, doesn’t want to check her sexuality at the picket gate anymore. Some moms take a more permanent approach to body sculpting. In the past year, Laurie Casas, a plastic surgeon in suburban Glenview, Ill. Performed around 70% of her surgical operations (a quarter of which were breast augmentations) on mothers with children under the age of 18. “I haven’t seen the guilt I see ‘I deserve this.’” says Casas, who also is a national spokeswoman for the **American Society for Aesthetic Plastic Surgery**. “It’s not an entitlement but almost a feeling of ‘I’m worth it. I’m important enough.’”*

*-USA Today
January 27, 2005*

Be a Radio Star

Hometown Radio, a company that produces pre-recorded interviews for distribution to local radio stations across the country, has been invited again to participate in the New Orleans ASAPS/ASERF Annual Meeting and to put you on the air in your hometown radio market! This is an exciting promotional opportunity and a valuable benefit for Active Members of the American Society for Aesthetic Plastic Surgery.

At last year's meeting in Vancouver more than 50 doctors took advantage of this opportunity. Nearly 1,516 radio stations across the country picked up the interviews, reaching an estimated

audience of nearly 48 million listeners.

To participate, come in person to the ASAPS Press Office (Lobby Level, Hall A, attached to Meeting Registration, Ernest Morial Convention Center) between the hours of 9:00am and 5:30 pm on Saturday, April 30, 2005, and schedule your on-site radio interview for May 1 or May 2.

This offer is for ASAPS Active Members only. A limited number of interview time slots are available and will be assigned on a first-come, first-serve basis. We look forward to seeing you!

Korean Society Becomes Fifth ASJ International Affiliate

The Korean Society for Aesthetic Plastic Surgery (KSAPS) has become the fifth international plastic surgery organization to adopt *Aesthetic Surgery Journal* as its official English-language journal. Seum Chung, MD, of Seoul, South Korea, is KSAPS' representative to the journal's Editorial Board.

The popularity of aesthetic surgery in South Korea is reflected in the KSAPS' substantial membership of approximately 700 plastic surgeons.

KSAPS joins other ASJ affiliate societies in Brazil, Israel, Japan and Mexico.

ASJ Online Manuscript Submission Provides Benefits to Authors, Subscribers

Aesthetic Surgery Journal has now joined the ranks of many Elsevier journals utilizing the Elsevier Editorial System (EES). EES is an online submission and workflow management system allowing authors to submit articles electronically and access status updates on the progress of their submissions -- from anywhere in the world.

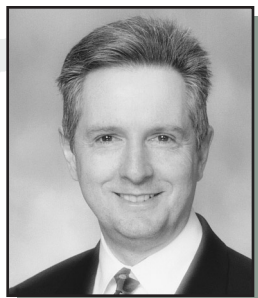
"The system will allow papers to be fast-tracked for even more rapid publication than in the past, enabling ASJ to continue its leadership in covering aesthetic surgery's 'hot topics,'" says Stanley Klatsky, MD, Editor in Chief. Dr. Klatsky adds that EES will enable ASJ to provide subscribers with access to selected articles online before they appear in print.

Authors submit their articles online by simply registering, logging-in, and uploading their papers with accompanying illustrations. Documents are automatically converted to PDF format, and authors are able to check for accuracy. The PDF format ensures that the manuscript will look the same on any computer worldwide. Authors have their own homepage where they can view information on the status of their articles throughout the review process.

EES provides authors and reviewers with step-by-step instructions, a help menu, tutorials and a customer support network to deal with any questions that may arise. For detailed instructions on using EES, go the ASJ website at www.aestheticsurgeryjournal.com and click on "ASJ Online Manuscript Submission."

Cosmetic Surgery and the Law

Apologies Work by Robert Aicher, Esq., ASAPS Legal Counsel



It is said, “Love heals all wounds”. Although almost a cliché, it has been repeatedly demonstrated that more lawsuits result from a lack of physician compassion than from unsatisfactory patient outcomes. Compassionate discussions promote respect between the provider and patient, promote quicker recovery by the patient, and reduce the incidence of claims. Simply stated, injured patients tend to forgive doctors who apologize.

So why don’t doctors say, “I’m sorry” more often? In some cases, they simply lack the interpersonal skills. More often, it’s their fear of lawyers por-

traying an apology as an admission of liability.

Such fear is genuine. Apologies are typically only inadmissible if they are protected by settlement negotiations. Yet by that time, the lawsuit has already been filed, patient hearts have hardened, and settlement apologies are not perceived as genuine. Similarly, physicians are reluctant to offer financial assistance out of sympathy or benevolence even though some states protect such gestures through judicial decisions. Consequently, defense attorneys routinely counsel doctors not to express compassion for the patient’s suffering, yet thereby increase the likelihood of the very lawsuit they should be trying to prevent.

The fact that lawsuits can be reduced by physician apologies has not gone unnoticed by legislators. Although compassion cannot be legislated, expressions of sympathy can be protected. Since 1986, 13 states have passed legislation (five more are pending) doing precisely that. However, not all legisla-

The fact that lawsuits can be reduced by physician apologies has not gone unnoticed by legislators.

[CONTINUED ON PAGE 22]

	Enacted (Legislation Status)	Apologies Protected	Statements of Fault Protected	Offers of Remedial Action	Time Within Which to Apologize
Arizona	SB 1036 pending	✓	✓		
California	2000	✓			
Colorado	2003	✓	✓		
Georgia	2005	✓	✓		
Illinois	2004	✓		✓	72 hours
Maryland	2005	✓			
Massachusetts	1986	✓			
Michigan	HB 5311 pending	✓			
Missouri	SB 83 pending	✓			
Montana	HB 59 pending	✓			
Ohio	2004	✓			
Oklahoma	2004	✓			
Oregon	2003	✓			
South Dakota	HB 1148 Pending	✓		✓	
Tennessee	2003	✓			
Texas	1999	✓			
Virginia	2005	✓			
Wyoming	2004	✓			

Cosmetic Surgery and the Law (Continued from page 21)

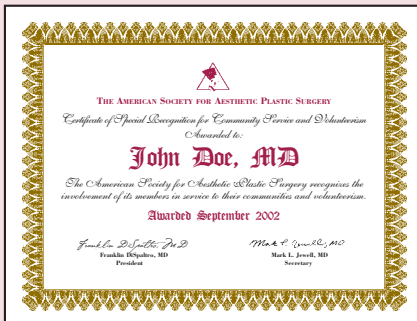
tion protects equally. Colorado and Georgia protect statements of fault as well as statements of sympathy, while Illinois also protects offers of remedial action. On the other hand, Illinois is the most limited. Only apologies offered within 72 hours are protected.

This legislation follows the extremely successful apology-and-disclosure policy introduced in 1987 by the Veterans Affairs Medical Center in Lexington, Kentucky. This same program was adopted by the University of Michigan Health System in 2002, and by 2004, pending claims had dropped from 260 to 140. Yearly legal fees dropped from \$3 million to \$1 million. Additionally, when malpractice premiums rose from 2002 through 2004 nationwide, the UMHS premiums remained level. Johns Hopkins and the Minneapolis Childrens' Hospital report similar positive results with full-disclosure programs.

Most recently, a group of physicians, hospitals, and insurers formed The Sorry Works! Coalition to duplicate these apology-and-disclosure programs in hospitals nationwide. The number of settlements and patients receiving compensation invariably increase while the amount of settlements and the number of lawsuits and defense litigation fees dramatically decrease. What's more, medical errors decrease due to more open communication with the doctors and families who feel they are helping to prevent similar errors in the future.

The Sorry Works program is most effective when doctors don't have to worry about being sued for apologizing. Although enacted and pending legislation only exists in a minority of states, this aspect of tort reform arose in 15 of those 18 states in just the last two years. For more information on legislation and pilot programs, click on www.sorryworks.net. ■■■

ASAPS Wants to Recognize Your Community Service



Have you devoted at least 25 hours of your time over the past 12 months to community service or volunteer activities? If so, you may qualify for the ASAPS Certificate of Special Recognition for Community Service and Volunteerism.

The certificate program was initiated in April 2002 after being suggested by ASAPS President-Elect Mark Jewell, MD, and approved by the Board. So far over 80 ASAPS members have received the certificate. You can find a list of the recipients at: <http://www.surgery.org/members/memberresources-esrves.php>

The certificate is awarded based on self-reported community and humanitarian service. Members receiving the award are listed on the ASAPS Website and receive a template news release that they can distribute to local media and others in their community.

An application form, including a list of qualifying activities, can be downloaded from the ASAPS Website by visiting the Medical Professionals area at: <http://www.surgery.org/members/memberresources-volunteerlist.php>

The Aesthetic Meeting 2005 • Week-At-A-Glance

Thursday, April 28, 2005

- 11am-7pm** **Registration Opens at Ernest N. Morial Convention Center Hall A**
ASAPS Board of Directors Meeting • ASERF Board of Directors Meeting
- 8am-12Noon** **S1 Endoscopic Technique in Facial and Forehead—A Cadaver Workshop**
 Instructors: Renato Saltz, MD
 Grady B. Core, MD
 Felmont F. Eaves, III, MD
 Richard J. Warren, MD
- 1pm-5pm** **S2 Open and Closed Precision Rhinoplasty—A Cadaver Workshop**
 Instructors: Joe M. Gryskiewicz, MD
 Robert M. Oneal, MD

- 9am-5pm** **S10 Medical Life Drawing & Sculpture**
 Instructor: Grant R. Fairbanks, MD and Grant A. Fairbanks, MD
- 1pm-6:30pm** **S11 Cosmetic Rehabilitation of the Post Bariatric Patient**
 Co-Chairs: Al Aly, MD
 Franklin L. DiSpaltro, MD
 Jeffrey M. Kenkel, MD
- 1pm-5pm** **S12 Hot Topics/Emerging Technology in Plastic Surgery**
 Moderators: William P. Adams, Jr., MD
 Joe M. Gryskiewicz, MD
 V. Leroy Young, MD
- 2pm-6:30pm** **S13 How to Read People Like a Book**
 Instructor: Karen Zupko
- 2pm-6:30pm** **Optional Courses**
- 5pm-6pm** **Residents & Fellows Reception**
- 7pm** **Welcome Reception**
Sponsored, in part, by NexTech, Inc.

Friday, April 29, 2005

- 7:30am - 12:30pm** **Special Seminars**
S8 Redefining Decisions, Practices and Outcomes in Breast Augmentation 2005
 Course Starts Earlier than Originally Published
 Co-Chairs: Dennis C. Hammond, MD
 Mark L. Jewell, MD
 Presenters: William P. Adams, Jr., MD
 Bradley P. Bengtson, MD
*Course sponsored by the ASPS/ASAPS Breast Implant Task Force
 Made possible by an educational grant from Mentor*
- 7:30am-6pm** **S3/S4 Innovations in Facial Shaping—Adjuncts to Cosmetic Surgery: Skin Care, Peels, Lasers, Botulinum Toxin and Fillers**
- 7:30am-12Noon** **S3 Module 1—Skincare/Resurfacing—From Superficial Peeling to Radiofrequency—What Really Works**
 Co-Chairs: Clifford P. Clark, III, MD
 Jeffrey M. Kenkel, MD
 Presenters: Leslie S. Baumann, MD
 Louis P. Bucky, MD
 Barry E. DiBernardo, MD
 Richard Fitzpatrick, MD
 Gordon H. Sasaki, MD
- 1pm-6pm** **S4 Module 2—Advanced Techniques in Non-Invasive Facial Enhancement: The Expanded Role of Injectable Agents, Botulinum Toxin Type A and More**
 Co-Chairs: Steven Fagien, MD
 Rod J. Rohrich, MD
 James M. Stuzin, MD
 Presenters: Lisa Airan, MD
 Clifford P. Clark, III, MD
 Miles H. Graivier, MD
Made possible by educational grants from Allergan, BioForm Medical, Dermik Aesthetics, Inamed Aesthetics, and Medicis Aesthetics.
- 7:45am-5pm** **S5 Rhinoplasty Symposium: Reducing Secondary Rhinoplasties**
 Chair: Bahman Guyuron, MD
- 8am-5pm** **S6 Advanced Cardiac Life Support (ACLS Provider Course)**
 Instructor: Charles M. Bortle
- 8am-5pm** **R Residents & Fellows Forum**
 Co-Chairs: Paul D. Faringer, MD
 Jeffrey M. Kenkel, MD
Made possible by an educational grant from Inamed Aesthetics.
- 8am-12Noon** **S7 Practice Management—The Critical Elements for Success**
 Co-Chairs: Mark L. Jewell, MD
 Gustavo A. Colon, MD
 Robert Singer, MD
 Presenters: Marie Czenko Kuechel, MA
 Alan H. Gold, MD
 Mary Lind Jewell, RPT
- 8am-12Noon** **S9 AAAASF Accreditation Workshop**
 Instructors: James A. Yates, MD
 Jeffrey L. Apfelbaum, MD
 P. Allan Klock, MD,
 Geoffrey R. Keyes, MD
 Michael F. McGuire, MD
 Harlan Pollock, MD

Saturday, April 30, 2005

- 6:45am** **Video—The History of the Aesthetic Society**
- 7:00am** **Program Chairs' Welcome**
 James M. Stuzin, MD & Foad Nahai, MD
- ASPSN Welcome**
 Tracey Hotta, RN
- New Orleans Welcome**
 Gustavo A. Colon, MD—Local Host
- ASERF Presidential Welcome**
 Jeffrey Lang, MD
- ASAPS Presidential Welcome**
 Peter B. Fodor, MD
- Scientific Session**
- 7:30am** **Panel—The Twins Facelift Study—10 Years Later**
 Moderator: Rod J. Rohrich, MD
 Panelists: Bernard S. Alpert, MD
 Daniel C. Baker, MD
 Sam T. Hamra, MD
 John Q. Owsley, MD
 Oscar M. Ramirez, MD
- 9am** **Panel—The Difficult Facelift—Successful Solutions for Shaping the Round Face, Sundamaged Skin & Volume Depleted Patient**
 Moderator: James M. Stuzin, MD
 Panelists: Fritz E. Barton, Jr., MD
 Sherrell J. Aston, MD
 William B. Little, MD
- 10am** **Coffee Break in the Exhibits**
- 10:30am** **Papers**
- 11am** **Journalistic Achievement Awards**
 Laurie A. Casas, MD
- 11:15am** **Special Presentation—Anatomic Approach to Submandibular Gland Resection in Facelifting**
 Patrick K. Sullivan, MD
- 11:30am** **Interactive Video—Facelifting**
 Presenter: Daniel C. Baker, MD
 Discussants: Joel J. Feldman, MD
 Sherrell J. Aston, MD
- 12:30pm** **S16 Research & Innovative Technology Luncheon**
 Moderators: William P. Adams, Jr. MD
 Joe M. Gryskiewicz, MD
 Rod J. Rohrich, MD
Made possible by an educational grant from Dermik Aesthetics.
- OR**
- Lunch in the Exhibits**

The Fusion of Artistic Vision and Technical Precision

1:45pm	Panel—Point/Counterpoint—Approaches to Lid Anchoring, Ocularis Preservation & Fat Manipulation Moderator: Fritz E. Barton, Jr., MD Panelists: Glenn Jelks, MD Clinton McCord, MD
2:45pm	Interactive Video—Lower Lid Blepharoplasty—Septal Reset Presenter: Sam T. Hamra, MD Discussants: Steven Fagien, MD T. Roderick Hester, MD
3:45pm	Coffee Break in the Exhibits
4:15pm	Papers
4:45pm	Corporate Sponsorship Awards Alan Matarasso, MD
5pm	Panel—Precision in Secondary Lower Lid Blepharoplasty—Restoration of Shape & Volume Moderator: Foad Nahai, MD Panelists: Mark A. Codner, MD Steven Fagien, MD Robert S. Flowers, MD Robert Allen Goldberg, MD
6pm	Panel—Alternatives to Endoscopic Browlifting—Are They Really Better? Moderator: Jack A. Friedland, MD Panelists: Bahman Guyuron, MD David M. Knize, MD Richard Warren, MD Daniel C. Baker, MD
7pm 7pm–10pm	Adjourn Videotape Theater Special Seminar— For Patient Coordinators Only \$14/\$15 What Every Successful Patient Coordinator Needs to Know! Instructors: Karen Zupko & Jennifer Bever
9am–4:30pm	

Sunday, May 1, 2005

7am	Concurrent Scientific Session A Interactive Video—Augmentation/Mastopexy Moderator: Scott L. Spear, MD Moderator: Foad Nahai, MD
8am	Panel—Aesthetic Contouring in the Massive Weight Loss Patient Moderator: Peter B. Fodor, MD Panelists: Jeffrey M. Kenkel, MD Jean Francois Pascal, MD Felmont F. Eaves, III, MD James M. Stuzin, MD
9:30am	Papers
10am	Coffee Break in the Exhibits
10:30am	Special Presentation—Ugly is in the Eye of the Beholder: Recognizing and Avoiding the Dysmorphic Patient Mark Gorney, MD
11am	Interactive Video—Circumvertical Reduction Mastopexy Presenter: Aldo Mottura, MD Discussants: Dennis C. Hammond, MD Scott L. Spear, MD
12Noon	Lunch in the Exhibits or ASAPS/ASERF Business Luncheon
7am	Concurrent Scientific Session B Panel—Abdominoplasty—Controlling Shape, Scar Preceptibility and Umbilicalplasty Moderator: Franklin L. DiSpaltro, MD Panelists: Osvaldo Ribeiro Saldanha, MD Felmont F. Eaves, III, MD Fabio Nahas, MD Claudio de Castro, MD

8am	Interactive Video—Vertical Reduction Mammoplasty with Medial Pedical Presenter: Elizabeth J. Hall-Findlay, MD Discussants: Jack Fisher, MD David A. Hidalgo, MD
9am	Panel—Exploring Options in Breast Augmentation: Not an Easy Operation! <i>Made possible by an educational grant from Canfield Imaging Systems</i> Moderator: Jack Fisher, MD Panelists: Foad Nahai, MD Loren Eskenazi, MD Barbara B. Hayden, MD Gustavo A. Colon, MD
10am	Coffee Break in the Exhibits
10:30am	Papers
11am	Interactive Video—Central Body and Thigh Lift in the Massive Weight Loss Patient Presenter: Al Aly, MD Discussants: Rod J. Rohrich, MD Jean Francois Pascal, MD
12Noon	Lunch in the Exhibits or ASAPS/ASERF Business Luncheon
2pm–6:30pm	Optional Courses
7pm–10pm	Videotape Theater

Monday, May 2, 2005

7am–8am	Optional Courses Scientific Session Joyce Kaye Educational Session Joyce Kaye Lecture—Aesthetic Surgery: Creating a Culture of Safety Moderator: Peter B. Fodor, MD Panelists: Michael F. McGuire, MD Felmont F. Eaves, III, MD Mark L. Jewell, MD Robert Aicher, Esq.
8am	Panel—Successful Solutions in Consecutive Rhinoplasties Moderator: Bahman Guyuron, MD Panelists: H. Steve Byrd, MD Jack P. Gunter, MD Rollin K. Daniel, MD
9am	Coffee Break in the Exhibits Papers Interactive Video—Secondary Open Rhinoplasty Presenter: Ronald P. Gruber, MD Discussants: Mark B. Constantian, MD Jack P. Gunter, MD
10am	Interactive Video—Primary Rhinoplasty Presenter: Bahman Guyuron, MD Discussants: Rollin K. Daniel, MD Rod J. Rohrich, MD
10:30am	Lunch in the Exhibits
10:50am	\$17 New Member Open Forum Chairs: Clyde H. Ishii, MD Barbara B. Hayden, MD
11:50am	\$18 Candidate Open Forum Chairs: Jeffrey M. Kenkel, MD Samuel J. Beran, MD
12:50pm	Optional Courses VIP Reception Videotape Theater Presidential Cocktail Reception Presidential Dinner/Dance <i>Sponsored, in part, by Medicis Aesthetics. Red wine donated by Dr. Brunno Ristow and Ristow Estate Winery.</i>
12:50pm–1:50pm	
2pm–6:30pm	
6:30pm	
7pm–10pm	
7pm	
8pm	

The Aesthetic Meeting 2005 • Week-At-A-Glance

Tuesday, May 3, 2005

7am-8am	Optional Courses Scientific Session
8am	Body Contouring Research Foundation Presentation—The History of Body Contouring Surgery—Liposuction, Current Research in Fat Metabolism & Medical Treatments for Obesity Gregory P. Hetter, MD
8:30am	Panel—Periorbital Volumetric Rejuvenation Moderator: Foad Nahai, MD Panelists: Val S. Lambros, MD Frank Trepsat, MD Susumu Takayanagi, MD
9:30am	Special Presentation—What's New in Non-invasive Skin Rejuvenation? Mark G. Rubin, MD
9:45am	Special Presentation—Fat Injections to the Hands Sydney R. Coleman, MD
10am	Coffee Break in the Exhibits
10:30am	Papers
11am	Panel—Absorbable vs. Semi-Permanent—Soft Tissue Fillers—Which is Better? Moderator: Mary H. McGrath, MD Panelists: Trevor Born, MD Steven Cohen, MD Steven Fagien, MD Miles H. Graivier, MD
12Noon	Lunch in the Exhibits
1:30pm	Interactive Video—Minimally Invasive Facial Rejuvenation—Subcutaneous Threads Presenter: Nicanor G. Isse, MD Discussants: Val S. Lambros, MD James M. Stuzin, MD
2:30pm	2004 Annual Meeting Presentation Awards
2:45pm	Panel—Buttock Implants—Aesthetic Evaluation, Technical Approach and Avoidance of Complications Moderator: Rod J. Rohrich, MD Panelists: O. Onor Erol, MD Jose Abel de la Pena, MD Rafael G. Vergara, MD
3:45pm	Coffee Break
4:15pm	Papers
4:39pm	Special Presentation—Why Aesthetic Surgery Should be Considered the Eighth Fine Art Jose Guerrerasantos, MD
4:54pm	Interactive Video—Refinements in Brachioplasty/ Shaping Calves & Ankles Presenter: Richard A. Mladick, MD Discussants: Felmont F. Eaves, III, MD Charles H. Thorne, MD
5:54pm	Adjourn
6:30pm	International Reception—By Invitation Only <i>Sponsored by MicroAire Surgical Instruments.</i>
7pm-10pm	Videotape Theater

Wednesday, May 4, 2005

	Scientific Session Global Perspectives in Cosmetic Surgery—An International Symposium Chair: Renato Saltz, MD Vice Chair: João Carlos Sampaio Goés, MD In recognition of our colleagues from overseas who contribute so much to aesthetic surgery, we once again organized this Symposium, co-sponsored by ASAPS, ASERF and ISAPS, as a 6 hour forum for our international participants to share ideas and insights. Paper presentations by international plastic surgeons will be followed by a discussion encouraging audience participation and sharing of ideas. We will be addressing four broad areas including face, breast, body contouring and general aesthetic topics. American surgeons are encouraged to attend and hear the latest innovations from our international colleagues. <i>Made possible by an educational grant from MicroAire Surgical Instruments.</i>
7:30am	Welcome Renato Saltz, MD João Carlos Sampaio Goés, MD
7:45am	Panel: Minimally Invasive Facelift Moderators: Stanley A. Klatsky, MD Malcolm D. Paul, MD Panelists: Antonio Fuente del Campo, MD—Mexico Renato Saltz, MD—USA Alexis Verpaele, MD—Belgium
8:45am	Papers
9:30am	Panel: Global Perspectives on Threads in Facial Aesthetics Moderators: Renato Saltz, MD Mark L. Jewell, MD Panelists: Claudio L. DeLorenzi, MD—Canada Marlen Sulamanidze, MD—Russia Woffles T. L. Wu, MD—Singapore
10:00am	Papers
10:47am	Interactive Video—Circumferential Body Sculpting After Massive Weight Loss Presenter: Jean Francois Pascal, MD—France Discussants: Felmont F. Eaves, III, MD—USA Charlie E. Hughes, III, MD—USA
11:47am	Papers
1:20pm	Adjourn

Register Online!

Plastic surgeons may register on-line at www.surgery.org/meeting2005.

- Visit the website for online physician registration, hotel reservations and course updates.
- Residents and office personnel must register via fax or mail and include required documentation of status.



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8:00 AM	30	Bryan Kyle, MD	Tuesday, August 18, 1999
8:30 AM		Allen.	
9:00 AM		Anherst, Sarah J	
9:30 AM		Bell, Billy I Office	
10:00 AM		Procedure - Small	
10:30 AM		Liposuction - Office - Local	
11:00 AM		H:(502) 288-2401	
11:30 AM		Ostertag, Greg Special	
12:00 PM		Meetings Non-Clinical	
12:30 PM		H:(516) 548-4887 W:(516) 653-2168	
1:00 PM			
1:30 PM		Zamboni, Carolyn A	
2:00 PM		(mc) Surgery Breast	
2:30 PM		Augmentation Needs	
3:00 PM		Contacted H:(354) 654-8979 W:(354) 654-9874	
3:30 PM			
4:00 PM			
4:30 PM			
5:00 PM			

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