



# Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

Volume 9, Number 4

FALL 2005

## Paces Plastic Surgery Dedicates Library to John Bostwick, III, MD

The Bostwick Library was dedicated on September 14, 2005 in memory of John Bostwick, III, MD who was a long time member of the American Society for Aesthetic Plastic Surgery (ASAPS). The library dedication was hosted at Paces Plastic Surgery in Atlanta, GA. Some physicians who helped make the commemoration



L-R: T. Roderick Hester, Jr., MD, Chief and Program Director of the Plastic Surgery Division at Emory University; Mrs. Jane Bostwick, wife of the late John Bostwick, III, MD; and Foad Nahai, MD, Vice President of ASAPS.

possible include T. Roderick Hester, Jr., MD who is currently the Chief and Program Director of the Plastic Surgery Division at Emory University with a private practice at Paces Plastic Surgery and Foad Nahai, MD who is Vice President of ASAPS and also in private practice at Paces. The library, housed at Paces Plastic Surgery, provides plastic surgery residents with a dedicated space to study, a site for conferences and a place to receive visiting professors from around the world.

The attendees at the dedication included members of the Bostwick family, Aesthetic Society leaders Mark A. Codner,

MD, T. Roderick Hester, Jr., MD and Foad Nahai, MD, in addition to the Atlanta medical community, staff from Paces, and over 150 colleagues and friends who came to honor his memory and partake in what was noted as an emotional and very memorable occasion.

When asked about Dr. Bostwick's legacy, Dr. Nahai stated passionately that "John, was much more than a surgeon, colleague or mentor to me; he was a friend and family to my family." Dr. Bostwick's hallmark was his dedication and passion for plastic surgery and for his patients including his enthusiastic drive to share his

experiences and techniques with other surgeons and residents. Dr. Nahai mentioned that Dr. Bostwick's personal life closely mirrored his professional one. He was an avid runner, in fact a marathoner, a skier, a world traveler who enjoyed learning about different cultures and customs and sharing those experiences with others.

Dr. Bostwick had an extraordinary career as a plastic surgeon which started when he enrolled at Emory University in 1960. Dr. Bostwick continued to climb the ranks when he was named director of both the division of plastic surgery and the

**Continued on Page 19**

## Preparing for Gel Implants: What your colleagues are thinking

With approvals possibly on the way for the general use of silicone gel implants, Aesthetic Society President Mark L. Jewell, MD commissioned a web-based survey to determine member's opinions and plans for this long-awaited patient option. The results may surprise you.

Patients have been denied the option of silicone breast implants since the FDA banned the devices from general use in the early 1990's. In April of this year, the FDA again reviewed the clinical applications of breast implant manufacturers, granting an "approvable with conditions" letter to Mentor Corporation in July and providing a similar document to Inamed Corp. a few months later.

These actions would suggest that silicone may once more become an option for physicians and their patients. In October, 2005 the Aesthetic Society conducted a

member survey to get a quick read on aesthetic surgeon's knowledge of and plans for gel implants. The data is summarized below: (Please note, this survey is limited to those members who are familiar with the internet and use email.)

### On Practice Basics: Years in Practice

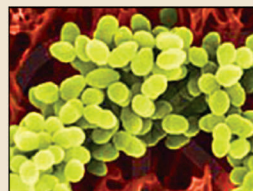
Over half of our sample, 57%, have been in practice a minimum of 15 years, with 38% having 20 or more years experience treating patients. However, ASAPS

**Continued on Page 20**

### INSIDE THIS ISSUE:



Can the Toyota Production System (TPS) be applied to your practice? See page 6.



Focus on Patient Safety: Keeping Community-based Methicillin-Resistant Staphylococcus Aureus (MRSA) Out of the Office-based OR See page 12.



Aesthetic Meeting 2006. See page 16.



## Aesthetic Society News

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

### President

Mark L. Jewell, MD

### Editor

Julius W. Few, MD

### Communications Commissioner

Michael F. McGuire, MD

### Director of Marketing and Public Education

John O'Leary

### Marketing Manager

Kristin Murphy-Aviña

### Manager, Media Relations

Adeena Colbert

### Production

Erika Ortiz-Ramos

Janet Cottrell

### Design

Via Media Graphic Design

Statements and opinions expressed in articles, editorials and communications published in ASN are those of the authors and do not necessarily reflect the views of ASAPS or ASERF. Publishing of advertisements in ASN is not a guarantee, warrant or endorsement of any products and services advertised.

Send address changes and membership inquiries to Membership Department, American Society for Aesthetic Plastic Surgery, 11081 Winners Circle, Los Alamitos, CA 90720. Email [asaps@surgery.org](mailto:asaps@surgery.org).



The American Society for  
Aesthetic Plastic Surgery



The Aesthetic Surgery Education  
and Research Foundation

© 2005 The American Society for Aesthetic Plastic Surgery

ASAPS Members Forum: [www.surgery.org/members](http://www.surgery.org/members)

ASAPS Website: [www.surgery.org](http://www.surgery.org)

ASERF Website: [www.aserf.org](http://www.aserf.org)

## January 20-22, 2006

### 22nd Annual Breast Surgery Symposium

Atlanta, GA

Endorsed by ASAPS

Contact: Elaine M. McCubbin  
703.820.7400

## January 27-29, 2006

### 11th Annual New Horizons in Cosmetic Surgery Symposium

Indian Wells, CA

Contact: PSEF  
800.766.4955

## February 3-4, 2006

### 40th Baker Gordon Symposium on Cosmetic Surgery

Miami, FL

Endorsed by ASAPS

Contact: Mary Felpeto  
305.859.8250

## March 10-12, 2006

### 23rd Annual Dallas Rhinoplasty Symposium

Location: Dallas, TX

Contact: Jennifer Leedy  
214.648.3138

## March 31 - April 1, 2006

### Body Contouring After Massive Weight Loss Symposium—Includes 'Live' Surgery

Dallas, TX

Co-Sponsored by ASAPS/ASPS/PSEF

Contact: PSEF  
800.766.4955

## April 17-20, 2006

### The Skin Care Society 12th Annual Meeting

Orlando, FL

800.486.0611

For more information, log on to:  
[www.spsscs.org](http://www.spsscs.org)

## April 20-26, 2006

### The Aesthetic Meeting 2006

Disney's Coronado Springs Resort  
Orlando, FL

Contact: ASAPS

800.364.2147 or 562.799.2356

E-mail: [asaps@surgery.org](mailto:asaps@surgery.org)

For more information, log on to:  
[www.surgery.org/meeting2006](http://www.surgery.org/meeting2006)

## July 21-23, 2006

### Rejuvenation Medicine Symposium

Boston, MA

Co-Sponsored by

ASAPS/ASPS/PSEF

Contact: PSEF

800.766.4955

## August 23-26, 2006

### 21st Annual Breast Surgery & Body Contouring Symposium

Santa Fe, NM

Contact: PSEF

Tel: 800.766.4955

## October 23-26, 2006

### Breast Surgery & Body Contouring Symposium

San Francisco, CA

Contact: PSEF

800.766.4955



This issue of *Aesthetic Surgery News* contains three items that, to me, typify our specialty and the combination of generosity, intelligence and strong desire for patient satisfaction that so many Aesthetic Society members display.

The first item is our response to hurricane Katrina. Under the guidance of Honorary Chairman Gustavo Colon, MD, a past president of ASAPS and New Orleans resident, more than \$40,000 was collected and donated to the Convoy of Hope, a four star charitable organization providing on-going aid to the Gulf region. Convoy of Hope's Director Rob Convoysaid, "The contributions of your members will go a long way in helping families like those I visited with while in the Gulf. Today you have helped literally hundreds of families with the necessities of life."

### Moving Beyond Money

Organized plastic surgery also had offers of assistance ranging from temporary housing to invitations to join a colleague's practice. Some postings from the [www.surgery.org](http://www.surgery.org) message center include:

*I volunteered in Bay St. Louis, Mississippi a few weeks ago and we did everything from draining abscesses, suturing lacerations, helping cook meals, demolition, to just talking to people. The American Spirit is alive and well in Mississippi!*

—Burr von Maur, MD

*I spoke with the representative for the Kansas University Plastic Surgery residency program. They will accommodate a resident from the Tulane program if they would like to re-locate. I would be happy to provide housing on a short or long term basis and to help them get here from New Orleans.*

—Al Guinn, MD

*I am a plastic surgeon in Louisville KY. We have two plastic surgeons and an oculo-plastic surgeon in our facility alone and we are heavily involved with the academic program. I would like to extend an offer to house a resident and their family in Louisville. They can participate with the University of Louisville residency and our practice which does over 1500 procedures per year.*

—T. Gerald O'Daniel, MD

These are just a few examples of surgeons opening their homes, hearts and wallets to colleagues and residents. On behalf of the Aesthetic Society all of us thank our colleagues for offering assistance to fellow plastic surgeons on the Gulf Coast.

### ASAPS Practice Relations Committee Announces New Product

Under the guidance of James Matas, MD and Daniel Mills, MD, Chair and Co-Chair of the Practice Relations Committee, we are in the final stages of development on a valuable new addition to the plastic surgeons' practice.

The *Cycle of Care* is a compendium of patient pre and post operative forms covering cosmetic and reconstructive procedures. It consists of a customizable CD and a loose leaf binder for reference. It contains sample patient letters, OR forms, worksheets, fee quotes and much more. This is the first time these documents have been collected in a single source and should be a vital addition to your informed consent documents.

I would like to personally thank Drs. Matas and Mills as well as their core team; Victoria Vitalie-Lewis, MD, Julius Few, MD, Scott Greenberg, MD, and Clyde

Ishii, MD for their incredible work on this product. We have also entered into an agreement to market Cycle of Care with our sister society ASPS.

### Members Speak Out on Gel implants

In mid-October I asked the Communications staff of ASAPS to conduct a survey of members on their knowledge and intended use of the gel implants pending FDA approval. As reported in this issue of ASN, the results provided interesting insights into our fellow colleague's commitments to both patient satisfaction and patient safety.

Almost 85% of respondents said they would offer gel implants to their patients immediately upon approval, many noting their superior feel and appearance compared to existing saline devices.

However, with aesthetic society members, patient safety comes first. In the words of one respondent: "They just have different properties; many patients prefer the potential (gel implants have for a) more natural feel and are willing to accept the trade-offs such as silent rupture. The key is informing the patient of all the pros and cons and then to make the best decision on implant selection.

The Joint ASAPS-ASPS Breast Implant Task force under the leadership of Richard D'Amico, M.D. and Alan Gold, M.D. have been working diligently to address matters of post-market surveillance, educational initiatives for silicone implant access, and implant registry.

As always, please contact me with any questions, concerns or comments. I look forward to hearing from you.

# Educating the Media: How Are We Doing?

By Elizabeth Sadati Bernard

Both the American Society for Aesthetic Plastic Surgery (ASAPS) and the American Society of Plastic Surgeons (ASPS) have long recognized the influence of mass media on people's perceptions and choices about plastic surgery. Working with the media is often a challenge, but one that is vital to the interests of every Aesthetic Society member, according to ASAPS President Mark Jewell, MD. "In the field of cosmetic surgery, without referrals from insurance or physician gatekeepers, we rely heavily on direct communication with the consumer," says Dr. Jewell. "Potential patients often turn to the media for validation of a cosmetic surgeon's qualifications or the safety of a procedure. So it's imperative that the plastic surgery organizations work hard, and work together, to get our messages about credentials and patient safety into the mainstream media."

Since 1988, when the Aesthetic Society established its first Communications Office, the focus of ASAPS communications leadership and staff has been on educating the media. One of the key messages for both the Aesthetic Society and ASPS has always been the importance of plastic surgical training and certification by the American Board of Plastic Surgery.

"Reporters can only report what they know. It's our job to educate them about credentials," says Michael McGuire, MD, ASAPS Communications Commissioner. He admits, however, that influencing the media can be difficult when reporters are inundated with information from so many sources, often with conflicting viewpoints.

Patricia Anstett, a medical writer with the Detroit Free Press, has utilized ASAPS as a resource on numerous occasions but still finds the credentials issue to be somewhat confounding. "One of the most difficult challenges for me, as a medical writer covering cosmetic surgery, is

checking out the qualifications of doctors—because there are various specialties involved in performing cosmetic procedures, and it's not as simple as just checking for ASAPS membership," she says, adding that "most people don't understand that any doctor can do plastic surgery, with or without qualifications. Some states, Michigan included, allow non-doctors to administer some injections, as long as a doctor is available by phone. The public is largely unaware of these issues."

---

**"People are dangerously misinformed on the less invasive procedures as to the qualifications and appropriateness of providers. This has become an immense marketing vacuum, and people believe that because these procedures are not surgical and cost only a few hundred dollars, there are no risks."**

**—Marie Czenko Kuechel**  
*NewBeauty*

---

Marie Czenko Kuechel, editor at large for *NewBeauty* magazine, shares concern about public education when it comes to some of the newer, nonsurgical procedures.

"People are dangerously misinformed on the less invasive procedures as to the qualifications and appropriateness of providers. This has become an immense marketing vacuum, and people believe that because these procedures are not surgical and cost only a few hundred dollars, there are no risks."

Ms. Keuchel also believes that media sometimes place too much emphasis on covering what's "new" and don't provide enough coverage of the time-tested

procedures. "Innovations are not always the best choices," she says. "At *NewBeauty*, we're most interested in presenting the range of safe, proven options for every consumer's cosmetic concerns, budget and their own commitment in terms of treatment."

"I struggle with it, because I think many of the new procedures that have 'buzzy' names aren't for everyone, aren't proven and sometimes aren't safe—and yet they generate headlines. It's a 'catch 22,'" says Ami Schmitz, senior medical producer for ABC's "Good Morning America."

Writers in the health and beauty field understandably feel compelled to satisfy their audiences' seemingly insatiable desire to know what's "the latest and greatest"—but according to who?

"The Aesthetic Society is my primary resource for experts in the field who I know are board-certified and 'in the know'—who I can trust," says Ms. Schmitz.

"The doctors with PR agents are always right there when you need them, but they are hardly objective sources," agrees freelance health and medical writer Denise Mann, a frequent contributor to popular media outlets such as *WebMD* and *Woman's World*. "Granted, many of them are schooled in science and reality, but many more are out for the free advertising and tend to overstate benefits, understate risks and are not afraid to attach their name to their claims. If a reporter is on a deadline, such sources become dangerously appealing." In her experience, she adds, ASAPS has always delivered reputable sources of objective information, even on short notice.

"That's what we really see as our most important role—to help the media separate the good information from the bad," says Dr. McGuire. "As a professional organization with nearly 40 years of

Continued on Page 5

## Educating the Media

Continued from Page 4

cosmetic surgery education under our belt, we provide the media with the 'reality check' that they need in order to objectively evaluate the new developments in our field."

Katherine Rosman, a staff reporter for The Wall Street Journal, agrees that being able to turn to a resource such as the Aesthetic Society helps her do a better job. "I find the hardest part of covering plastic surgery is finding topics and trends that are new and haven't been endlessly reported on already. When I do come up with a topic, ASAPS has been very accommodating in providing information and contacts."

---

**"The Aesthetic Society is my primary resource for experts in the field who I know are board-certified and 'in the know'—who I can trust." —Amy Schmitz, Good Morning America**

---

Joan Kron, editor at large for Allure magazine, has been covering cosmetic surgery for nearly 15 years and is an expert on the subject in her own right. Even for this industry insider, however, the Aesthetic Society still plays an important role. "ASAPS has been a big help to me over the years," she says. "One of the biggest problems I have in covering this industry is getting through to doctors for a quote when I'm on a tight deadline. When they get a notice or a call from ASAPS asking them to respond immediately, they usually do."

In July 2005, the Aesthetic Society issued its mid-year media report which showed the Society's media relations activities resulted in nearly 3 million media impressions (estimated number of people



who might have seen ASAPS information through various media outlets) from January through June of this year. "We're really proud of our work with the media and the wide exposure we've received for the Society's messages about patient safety and physician credentials," says Adeena Colbert, ASAPS Media Relations Manager. "But we don't measure our success only in terms of the quantity of media placements—it's really about the quality."

Dr. McGuire believes that developing long-term relationships of trust with reporters is the key to improving the quality of information that reaches the public. But he points out that it can be difficult when members of the media tend to change jobs so frequently. And when a new reporter or producer steps up to the plate, the educational process has to begin all over again.

"The press center on the ASAPS website ([www.surgery.org](http://www.surgery.org)) is where a lot of media go initially to find information they know they can trust," says John O'Leary, ASAPS Director of Marketing and Public Education. "But when we have the opportunity to interact personally and connect them up with Aesthetic Society members who can answer their questions, that's when we really begin to forge productive relationships."

"The biggest help ASAPS can provide is having experts ready to take calls and helping them understand that they need to turn it around quickly, often by the end of

the day, in order to help me meet my deadlines," says ABC's Ms. Schmitz. "They often won't get on TV, but they are doing a great service to educate the public, and that's worth its weight in gold."

ASAPS members who are contacted by the media are urged to call the ASAPS Communications Office for assistance in preparing for their interview, locating relevant background information and providing cosmetic surgery statistics. "To complete the circle, we need to work with our own members to help them become effective spokespersons for the specialty," says Ms. Colbert, who invites ASAPS members to call her at 800-814-7148 or 212-921-0500. Members may also contact the media relations department by email: [media@surgery.org](mailto:media@surgery.org) or [adeena@surgery.org](mailto:adeena@surgery.org).

---

**In July 2005, the Aesthetic Society issued its mid-year media report which showed the Society's media relations activities resulted in nearly 3 million media impressions.**

---

*Elizabeth Sadati Bernard is a marketing and communications consultant and is former Senior Director of Communications and Marketing for ASAPS.*

# Can the Toyota Production System (TPS) be applied to your practice?

**Ask Institute for Healthcare Improvement Senior Fellow Steven Spear how most patient safety efforts in the United States could be improved and he'll be more than happy to tell you: learn as you do.**

Steve Spear is a man on a mission. With a background in business, engineering and economics he takes his experiences and extrapolates them to today's healthcare system. What he sees is an opportunity for healthcare professionals to look at business processes to improve outcome and prevent error.

Quoting from an *Annals of Internal Medicine* article he wrote with Mark Schmidhofer, MD:

"Analyzing medical error reports and studies of high-performing, non-healthcare organizations reveals two differences. High performers know how to prevent problems from producing further consequences once they occur and how to prevent their reoccurrence."

They do this by specifying how work is expected to proceed—who will do what for whom, with what purpose, when, where, and how—before work is actually done. Then, when anything contrary to expectations occurs, it is immediately identified as a problem. Through this approach, the effects of problems are contained, the causes are quickly investigated, process knowledge is deepened, and recurrence is prevented.

In contrast, error-prone organizations tolerate ambiguity, a prevailing lack of clarity over what is supposed to happen at any given time. Problems are thus hard to identify, and, even when recognized, they are worked around. People "get the job done," but don't initiate efforts to learn from the problem or improve the process.



Steven Spear

We believe that coupling high degrees of specification with rapid responses to individual problems can improve health care. Superlative manufacturing, service, and military organizations apply this approach to myriad processes and situations, and initial health care trials of this approach have been promising. We discuss how such an approach could be initiated in health care more broadly."

---

**"Analyzing medical error reports and studies of high-performing, non-healthcare organizations reveals two differences. High performers know how to prevent problems from producing further consequences once they occur and how to prevent their reoccurrence."**

---

Spear has brought his message to academic journals (*Annals of Internal Medicine*, *Academic Medicine*), medical meetings (Association of American Medical Colleges, The Risk Management Foundation, International Association of Medical Science Editors) and, in April, he will be giving the Joyce Kaye lecture at the Aesthetic Society Annual Meeting in Orlando.

ASN caught up with Dr. Spear via email to find out how these ideas would apply to the Aesthetic Surgeons' practice. Here's what he had to say:

## ASN:

**In your August 29, 2005 Op Ed piece in the New York Times, you mention following an industrial model for error correction in the hospital setting.**

**How would this apply to our members who by and large operate their own free standing surgery centers and do not have the high acuity or patient volume a hospital does?**

## Dr. Spear:

The critical issue in the "industrial model," is not the business in which an organization is engaged, but whether or not the organization is managed so that it can self-improve and self-innovate very rapidly, for sustained periods, over a broad range of processes and functions.

Companies such as Toyota, Alcoa, Southwest Airlines, and Vanguard consistently outperform their competitors with higher quality, faster turnarounds, and greater responsiveness, flexibility, and efficiencies, thus generating higher profitability and growth.

There are marked disparities in performance even though they are in similar businesses, sell similar products to similar customers, and source from similar suppliers, butting against each other in the same markets. These sustained disparities are due to the ability of the leaders to manage the complex work they do so they improve performance more quickly, for longer periods, and over a broader range of products, technologies, functions, and processes than their competitors can do.

How is this accomplished? In many companies, a person can perform a task and neither success nor failure will radically alter his or her chances for success on

**Continued on Page 7**

## Toyota Production System

Continued from Page 6

the next try. Failure is likely to be worked around, while success is certainly likely to be left alone. But in companies that lead their industries on the strength of their operations, a “failure” immediately triggers a deepening of knowledge about how products, processes, and people come together, so that the chance of success on the next try will be higher. Even a success, if it isn’t precisely what was expected, will trigger a deepening of knowledge, which clearly was incomplete. Therefore, although Toyota, Alcoa, Vanguard, and Southwest Airlines, for example, would appear to have little or nothing in common operationally, the capabilities they use to achieve, sustain, and deepen their operational excellence transcend their business differences.

What has been exceptionally encouraging is that teaching people in healthcare the principles used by industry leaders for designing work, solving problems, sharing knowledge, and developing people has terrific impact on myriad problems in a variety of settings.

For instance, my article, *Fixing Healthcare from the Inside*, Today, (Harvard Business Review, September 2005) documents profound improvements in central line infection and mortality rates in intensive care settings, sharp reductions in falls and other improvements in care in other nursing units, and increases in accuracy, timeliness, and efficiency of pharmacy operations. More recently, we’ve introduced this approach into the primary care setting with gains in patient experience, quality of work for physicians and other staff, and patient flow and practice efficiency.

These capabilities are listed below

- 1: All work—simple to complex, regular to one-off, individual to large group—is designed so that problems are immediately evident.

- 2: When problems are detected they are immediately contained, both to prevent them from propagating and having a larger impact and also to allow their causes to be quickly investigated at the point and time of occurrence, so the problematic work can be redesigned and the problem prevented from reoccurring.
- 3: Knowledge created by solving problems is shared with others in collaborative problem solving.
- 4: Managers have as a primary role developing the process design, problem solving, and knowledge sharing skills of others.

---

**it is the responsibility of anyone doing work—doctor, nurse, technician, assistant, administrator, and so forth—to draw attention to things the moment they go wrong and that it is the responsibility of those who manage others to make sure that when a problem is identified, it is treated with urgency.**

---

### ASN:

**Hospitals have long been dealing with the issue of encouraging reporting of errors, near misses and serious events from the “place no blame” perspective. As you so rightly note, the current pending legislation signed into law 7/29/05 Patient Safety and Quality Improvement Act (see Government Notes, this issue) is a step in the right direction for hospital reporting. However, what incentives do you feel should be instituted at the elective surgery level?**

### Dr. Spear:

The real issue is whether an elective surgery center or any other organization for that matter can orient itself around the rapid recognition, containment, and correction of problems to prevent them from spreading and reoccurring.

Many years ago, when people first started looking to Toyota as an example of how to manage complex operations more effectively an underlying idea stood out: when someone was in the midst of work, he or she could immediately draw attention to any problem that made it difficult to delight a customer.

Drawing attention to the problem would immediately generate a response from supervisors and specialists who would help the operator contain the problem, investigate its root causes, and engage in a process redesign to eliminate the factors that caused the problem, thereby preventing its reoccurrence. The challenge today is for organizations of all types to reorient themselves from a persistent tolerance for work that is problematic—a willingness to workaround, cope, expedite, be heroic, and the like—to a posture that working around problems is not to be tolerated, that it is the responsibility of anyone doing work—doctor, nurse, technician, assistant, administrator, and so forth—to draw attention to things the moment they go wrong and that it is the responsibility of those who manage others to make sure that when a problem is identified, it is treated with urgency.

**Scott Spear is scheduled to deliver the Joyce Kaye Lecture at the 2006 ASAPS Annual Meeting.**



There are **THREE** ways to

# Accelerate Your Growth

And only **ONE**  
patient financing  
company that can  
help you do it —

**CareCredit®**

Research has proven that promoting and offering CareCredit can positively affect a practice in three areas critical to growth.

- **Attract More Patients** with No Interest Payment Plans and help make your services more accessible by removing cost as an obstacle.
- **Convert More Consultations Into Procedures** by offering a convenient, low monthly payment solution. So more patients can get the procedure they want — when they want it.
- **Increase Your Repeat Patient Base** by providing patients with an ongoing financial resource for additional or multiple procedures.

Call 866-247-3049 now to accelerate your growth with CareCredit.



**CareCredit®**  
Payment Solutions for Every Body  
866-247-3049  
[www.carecredit.com](http://www.carecredit.com)  
Offer Code: ASN MAG





## Several pieces of recent legislation may impact your practice:

### Patient Safety and Quality Improvement Act of 2005.

Signed into law July 29th, this legislation provides a full confidentiality privilege for patient safety work product reported by medical providers to a Patient Safety Organization approved by the Department of Health and Human Services. JCAHO and AAAASF will be applying; PSOs affiliated with insurance companies are ineligible. Patient safety work product will be protected from discovery and cannot be used against the provider in any disciplinary proceedings.

The purpose of the law is to initially provide patient safety feedback to medical providers, and ultimately to create a network of patient safety databases, through a single point of access using a standardized computer interface, that will be accessible to qualified researchers to analyze national and regional statistics, trends and patterns in health care errors. Annual reports will be made public. It is clearly an ambitious project with profound implications for improving patient safety, health care quality and health care outcomes.

### Cultural and Linguistic Sensitivity.

Signed into law September 1st, California-based CME providers beginning July 1, 2006 must offer courses that include at least one, or a combination of these topics: (1) cultural competency to permit effective health care to diverse cultures, such as linguistic skills and cultural information to establish therapeutic relationships and assist diagnosis and treatment; (2) linguistic competency

with non- or limited English speaking patients; or (3) review of relevant federal and state laws regarding linguistic access.

As originally drafted, the law would have required California physicians to complete 16 hours of CME on cultural and linguistic competency before July 1, 2011. Instead, the law as passed makes such CME completely voluntary. Exempt from the law are physicians with no patient contact, such as researchers, or CME providers not located in California.

### Charitable Giving for Hurricane Katrina.

Signed into law September 23rd, Congress' Hurricane Katrina Tax Relief Package (HR 3768) includes little known provisions giving favorable tax treatment to charitable giving between August 28th and December 31st. Individuals may make charitable gifts to any public charity up to 100% of their adjusted gross income, thereby also permitting individuals 59-1/2 or older to withdraw any amount from their IRAs, donate it to any public charity, and deduct 100% of the donation, without paying federal income tax. There may, however, be state income tax consequences. Corporations may donate cash up to 100% of their adjusted gross income and deduct the entire donation, but the gift must be only to Hurricane Katrina relief.

### Q&A: Medical Savings Accounts for Cosmetic Surgery.

MSAs (Medical Savings Accounts) and their cousins, HSAs (Health Savings Accounts), FSAs (Flexible Spending Arrangements) and HRAs (Health Reimbursement Arrangements) are tax-exempt trusts or custodial accounts set up with qualified trustees to either pay or reimburse certain medical expenses individuals incur. Cosmetic surgery is specifically excluded as a qualifying distribution, because according to IRS Publications 969 and 502, "Medical expenses are the costs of diagnosis, cure, mitigation, treatment, or prevention of disease, and the costs for treatments affecting any part or function of the body." However, breast reconstruction surgery is a specifically allowed expense, and since obesity was classified as a disease by the IRS in 2002, the expense of treatments related thereto should be a permitted MSA disbursement since obesity meets the IRS' own definition of disease.

# Candidates Corner

A new feature in *Aesthetic Surgery News*, Candidates Corner is an occasional series of articles addressing the specific needs of ASAPS Candidates. The following questions and answers on active membership was developed by Herluf G. Lund, Jr., M.D., F.A.C.S. an ASAPS member from St. Louis MO.

## Frequently Asked Questions about Becoming an Active Member:

### **Since I am in the Candidate Program, won't I become an Active Member automatically?**

No. The Candidate Program is not a membership program. In order to become an Active Member of the American Society for Aesthetic Plastic Surgery, you will need to meet the requirements for Active Membership. Participating in the Candidate Program does not ensure that you will become eligible for Active Membership.

### **Do I have to be a participant in the Candidate Program in order to apply for Active Membership?**

No. Plastic surgeons who meet the Active Membership qualification are encouraged to apply for Active membership as soon as they are eligible to do so.

### **How do I obtain an application to become an Active Member?**

To obtain an application for Active Membership, you must first have a current Active Member write a short letter to the Society Central Office. This letter should ask ASAPS to send you application materials. You cannot obtain an application by writing directly to ASAPS. The paperwork will be sent to you only if a current Active Member of ASAPS requests one be sent.

### **What are the requirements for Active Membership?**

First, you must be in your third year following Board Certification in plastic

surgery by either the American Board of Plastic Surgery or by the Royal College of Physicians and Surgeons in Canada. Board Admissible status is not acceptable.

Second, you must have performed 75 major aesthetic surgical cases over a recent 12 month period.

Third, you must obtain two letters of sponsorship from Active Members of the Aesthetic Society, one of whom must be located within the same geographic area as your practice. These sponsors may not include partners or associates in your practice or family members of the applicant.

Fourth, you will need to document that you have obtained over 60 hours of Category I CME credits in aesthetic surgery within the past 36 months prior to your application.

Fifth, ALL advertising must be submitted with your application. This includes any and all newspaper, magazine, newsletter, and Yellow Pages ads. You must also include a copy of all electronic advertising, patient education materials, and all marketing/promotional materials. You must also enclose your web site address or addresses.

Sixth, your application must be notarized in order for it to be processed.

Seventh, you will need to enclose a recent (within a year) photograph.

Eighth, you will need to agree to comply with the ASAPS Bylaws article XII, Section 1 and confirm your utilization

of Accredited Surgical Facilities for all major procedures.

### **How do I know if the cases I have performed will meet the criteria for major Aesthetic cases?**

Within the ASAPS Active Membership application form is a Procedure Case Summary which also includes an outline as to which cases would and would not qualify.

Cases that typically meet the criteria for major are Abdominoplasty, Blepharoplasty, Body Lift Procedures, Breast Augmentation, Breast Mastopexy, Reduction Mammoplasty, Brow Lift, Facelift, Gynecomastia treatment, Hair and Scalp Procedures for thinning hair, Laser Resurfacing, Liposuction, Otoplasty, and Rhinoplasty. If you have a question regarding the appropriateness of a procedure for meeting the criteria for inclusion, contact ASAPS prior to its inclusion.

### **I thought that Laser Resurfacing procedures could not be included in my 75 major aesthetic cases.**

Laser Resurfacing cases in certain circumstances are allowed to be included but are subject to strict review. Simple cases such as an IPL treatment or acne treatment will not qualify for consideration. Again, when in doubt, it is best to check with ASAPS prior to inclusion in your list of 75 cases.

**Continued on Page 11**

## Candidates Corner

Continued from Page 10

### What about Botox treatments and other injectables?

At this time, these treatments do not meet the criteria for inclusion in the 75 case requirement.

### Would dermabrasions, chemical peel, laser hair removal, or TheraMAGE treatments count?

Currently, no, they cannot be used for meeting your 75 case requirement. Again, if in doubt about the acceptability of any procedure, first check with ASAPS or do not include the procedure in your case list.

### Do my 75 cases have to be performed in the 12 months just prior to my application?

No. The 75 major aesthetic surgical cases can come from any recent 12 month period prior to your application. (I.e. from May to May or June to June).

### Can breast reconstruction cases be used in my cases list?

No. Breast Reconstruction cases are not allowed for consideration. However if you performed a mastopexy procedure on the opposite breast for symmetry, the mastopexy procedure can be included in your 75 cases.

### Editors Note:

Collecting and documenting your 75 cases is not as daunting as it seems. Cases may be from any 12 month period and need to be documented simply by patient identification number/initials, date, procedure and location. Also, don't forget that potential applicants must have attended an Aesthetic Society Annual Meeting within the last three years.

—Julius Few, MD

## A Cool Dry Alternative to Messy Wet Gauze Pads



### Introducing Gel Masks and Eye Patches from ASSI®

- Sterile blue liquid that retains cold or heat for up to one hour
- May be kept refrigerated
- Can be warmed in a pan of hot water to desired temperature
- Easy to clean and reusable
- Elastic nylon band to hold the mask in place
- Designed so the patches rest comfortably in the eye socket

ASSI • A42343  
Gel Eye Mask,  
10 per box



ASSI • A43343  
Gel Eye Patches,  
10 pair per box

**assi**® 

ACCURATE SURGICAL & SCIENTIFIC INSTRUMENTS®

For diamond perfect performance™

accurate surgical & scientific instruments corporation  
516.333.2570 fax: 516.997.4948 west coast: 800.255.9378  
800.645.3569 [www.accuratesurgical.com](http://www.accuratesurgical.com)

© 2004 ASSI®

# Focus on Patient Safety

## Keeping Community-based Methicillin-Resistant Staphylococcus Aureus (MRSA) Out of the Office-based OR

Several studies have appeared in the scientific literature suggesting that MRSA can no longer be regarded as an exclusively nosocomial pathogen. The studies, one concerning an MRSA outbreak among members of a high school football team, the other a review of medical records in several free standing California clinics suggests that this once controlled bacterium is now finding its way into the outpatient setting.

### Background

Staphylococcus aureus, often referred to simply as "staph," are bacteria commonly carried on the skin or in the nose of healthy people.

Approximately 25% to 30% of the population is colonized in the nose with staph bacteria. Sometimes, staph can cause an infection. Staph bacteria are one of the most common causes of skin infections in the United States. Most of these skin infections are minor (such as pimples and boils) and can be treated without antimicrobial or antibacterial agents. However, staph bacteria also can cause serious infections such as surgical wound infections, bloodstream infections, and pneumonia).

MRSA or Methicillin-resistant Staphylococcus aureus first started presenting in the general population in the late 1990s, primarily among children. Over the last several years it's been found among Native American populations, immunocompromised individuals and certain prison populations.

---

**While 25% to 30% of the population is colonized with staph, approximately 1% is colonized with MRSA.**

---



### MRSA Methicillin-resistant Staphylococcus aureus

Some staph bacteria are resistant to antibiotics. MRSA is a type of staph that is resistant to beta-lactams such as methicillin and other more common antibiotics such as oxacillin, penicillin and amoxicillin. While 25% to 30% of the population is colonized with staph, approximately 1% is colonized with MRSA.

### Community-associated MRSA

As suggested above, Staph and MRSA can also cause illness in persons outside of hospitals and healthcare facilities. MRSA infections that are acquired by persons who have not been recently (within the past year) hospitalized nor had a medical procedure (such as dialysis, surgery, catheters) are known as CA-MRSA infections. Staph or MRSA infections in the community are usually manifested as skin infections, such as pimples and boils, and occur in otherwise healthy people. However, these patients, if presenting asymptomatic for elective procedures can have higher rates of complications and infection than in uninfected populations.

### Keeping MRSA out of the surgical suite

Scrupulous hand washing by staff before and after contact with patients and before any procedure is the single most important infection control measure.

It is most likely to prevent spread of MRSA from one patient to another or from patient to a member of the staff who may subsequently pass the bacterium on to other patients.

---

**Scrupulous hand washing by staff before and after contact with patients and before any procedure is the single most important infection control measure.**

---

Patients with MRSA should be physically isolated in a single room with the door remaining closed and the room regularly damp dusted. The patient's notes should be clearly labeled 'MRSA' so that this type of accommodation is provided if and when they are admitted to surgery at any time in the future.

Continued on Page 13

## Focus on Patient Safety

Continued from Page 12

Isolates of MRSA have also been found on environmental surfaces, particularly computer keyboards and sink faucets. This suggests that sources of environmental contamination are not limited to the patient's belongings or patient's room.

Recently recognized outbreaks of MRSA in community settings have been associated with strains that have some unique microbiologic and genetic properties compared with the traditional hospital-based MRSA strains, suggesting some biologic properties (e.g., virulence factors) may allow the community strains to spread more easily or cause more skin disease. Additional studies are underway to characterize and compare the biologic properties of HA-MRSA and CA-MRSA strains.

### Different strains need further investigation

There are at least three different *S. aureus* strains in the United States that can cause CA-MRSA infections. CDC continues to work with state and local health departments to gather organisms and epidemiologic data from known cases to determine why certain groups of people get these infections.

MRSA is reportable in several states. The decision to make a particular disease reportable to public health authorities is made by each state, based on the needs of that individual state. To find out if MRSA is reportable in your state, call your state health department.

*Information for this article was obtained from the New England Journal of Medicine and Centers for Disease Control.*



Dr. Maureen Bolon

## The Basic Things Are Still the Best

To find out more about this important patient safety issue, ASN Editor Julius Few, MD contacted Dr. Maureen Bolon, an infectious disease specialist at Northwestern University Feinberg School of Medicine with a Masters Degree in epidemiology from the Harvard School of Public Health. The following is a summary of the conversation:

### When did MRSA first start presenting in adults?

I would say in the past few years it became a growing problem and there have been a number of reports from different populations... you mentioned the pro football players in your article, and there have been reports in prison populations and reservations with native Americans, HIV infected population, those are some of the main ones.

**The populations that our members see, unlike those in the hospital setting, are healthy people in primarily for elective surgery. Are there signs the doctor or the nurse should be on the lookout for in these patients to make sure that they're not bringing in MRSA?**

It's very difficult in the healthy population. The main risks that we know of for MRSA infection are healthcare institutions so, hospitalization within the last year, being on dialysis, having some permanent foreign body like an intravenous line, living in a nursing home, etc. Most of the population that will present for elective surgery will not have any of the risk factors I mentioned. It's a situation where you have to have a very high threshold of suspicion. The best approach is to act as if all patients might have some transmissible infection. This means consistently washing hands between patients.

**What are the current recommendations for prophylaxis in a clean, elective surgical case (with and without penicillin allergies)?**

Appropriately chosen antimicrobial prophylaxis that is administered in a timely fashion has been shown to reduce surgical site infections. For clean procedures, this means cefazolin administered between 30 and 60 minutes before the procedure. A number of studies have shown that additional doses after wound closure add no additional benefit. In fact, prolonged prophylaxis may lead to the emergence of resistant bacteria, including MRSA. For patients with penicillin allergies, clindamycin is the recommended alternative. In someone with a known history of MRSA infection, vancomycin should be substituted for prophylaxis for clean procedures.

# The Aesthetic Society 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 suggested by Aesthetic Society secretary Mark Jewell, MD, and approved by the Board in 2002. So far over 80 members have received the certificate.

You can find a list of the recipients at: <http://www.surgery.org/professionals/volunteerlist.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

by visiting the Medical Professionals area at: <http://www.surgery.org/professionals/asapsmembers-certificaterec.php>

## WANTED!!! A CALL FOR PHOTOS

### Attention all Members:

The ASAPS website Photo Gallery at [www.surgery.org](http://www.surgery.org) is being updated. We are calling upon our members to provide us with good quality before and after patient photos to post on the site. Of special interest—photos demonstrating some of the newer surgical proce-

dures as well as various injectables. If you would like to participate in this endeavor, please call Janet Cottrell in the N.Y. Communications Office at 212-921-0500 or you may email her at [janet@surgery.org](mailto:janet@surgery.org) or [communications@surgery.org](mailto:communications@surgery.org). Thank you.

2006 Educational Solutions

Symposia

## New Horizons in Cosmetic Surgery Comprehensive Facial Rejuvenation

January 27-29, 2006 • Indian Wells, California

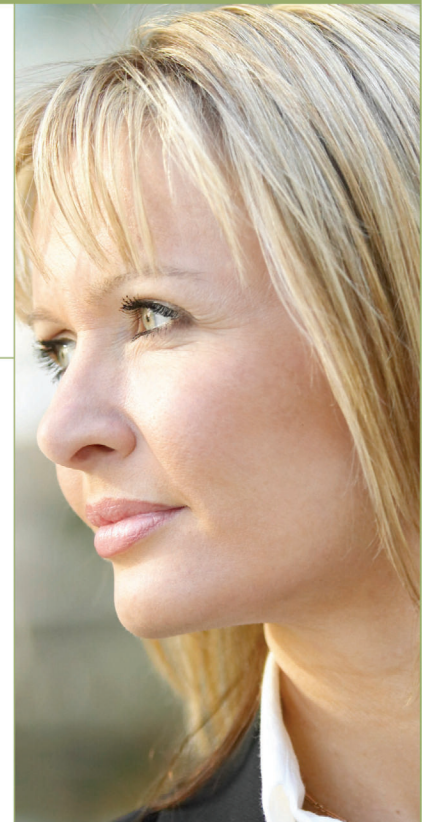
17 CME credits, 2 credits identified for patient safety

Chairs: T. Roderick Hester, Jr., MD and Charles H. Thorne, MD

**Register by December 23 and Save!**



[www.plasticsurgery.org](http://www.plasticsurgery.org) (Meetings & Education) • [registration@plasticsurgery.org](mailto:registration@plasticsurgery.org)  
1-800-766-4955 or 847-228-9900, ext. 471 (outside U.S.)



# Company Donates Web-based Data Collection Module to Aesthetic Surgery Education and Research Foundation (ASERF)

SurgiMetrix™ data system will assist ASERF in quantifying procedures and analyzing outcomes

Plastic surgeons will soon be able to contribute patient safety data and other important research information directly to the Aesthetic Surgery Education and Research Foundation (ASERF) using an advanced Web-based data collection system donated by SurgiMetrix™. “Using the SurgiMetrix™ system, surgeons who choose to share certain data with ASERF for research purposes will find it easy to do,” says ASERF President Jeffrey Lang, MD.

## Furthering Plastic Surgery’s Data Collection Goals

SurgiMetrix™ is the developer of SurgiMetrix™ Healthcare Compliance Systems (www.surgimetrix.org), designed for use by surgical facilities and practices to ensure their ongoing compliance with regulatory and patient safety requirements. The company created the exclusive ASERF research module to assist the Foundation

in expanding its current efforts to quantify cosmetic surgery procedures and analyze outcomes. “The SurgiMetrix™ system is designed to be able to interface with other data collection systems, such as the ASPS TOPS program and the AAAASF quality assurance program,” says SurgiMetrix™ founder Geoffrey Keyes, MD. “This kind of data merging capability should give plastic surgery and accrediting organizations the potential to minimize unnecessary duplication and maximize data reliability.”

When the ASERF system is implemented, plastic surgeons will be able to submit their cosmetic surgery data directly to ASERF—whether or not they are users of the complete SurgiMetrix™ compliance management system. “SurgiMetrix™ developed the ASERF data collection module, and donated it to the Foundation, specifically to improve patient care,” says Dr. Keyes.

## Aesthetic Society to Offer SurgiMetrix™ Compliance System to Members

The Aesthetic Society, in support of its ongoing patient safety initiative, has entered into a business agreement with SurgiMetrix™ to market the company’s comprehensive compliance management system to ASAPS members.

The SurgiMetrix™ compliance management system provides checklists and noncompliance alerts covering virtually every key aspect of patient care and facility compliance—including physicians, staff, patient routing, incidents, pathology, vendors, formulary and equipment. It also provides quarterly reports to document and help analyze practice and facility performance.

The Doctors Company has cited an alarming lack of adequate documentation of key patient safety data, including physical examinations, medical histories and lab work, in a risk management review of representative plastic surgery cases. In addition, the company reported, lab results often were filed without indication that they had been seen by the physician, and many records contained illegible handwriting. SurgiMetrix™ eliminates these record keeping inadequacies.

“Even in practices where patient safety and facility standards are at the highest level, adequate documentation often is an issue,” says Robert Aicher, Esq., ASAPS legal counsel. “Such documentation is important not only for regulatory compliance but also as a means to reduce liability risk.”

More information on the SurgiMetrix™ compliance solution will appear in future issues of ASN.

**user account manager**  
**surgeon compliance metrics**  
**facility account management**  
**facility compliance metrics**  
**facility compliance status & reports**

### Facility Compliance

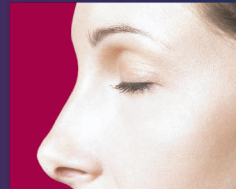
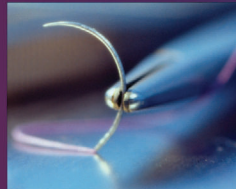
|| Name of Facility  
**Compliance Standard: Gold** change facility change standard | print standard

Facility Documents	view
<b>Current Compliance Status: Compliant</b>	
Documents	
Upcoming Renewal	1
Overdue Renewal	0
Inspections	
Upcoming	1
Overdue	0
Accreditations	
Upcoming	1
Overdue	0
Physicians & Staff	view
<b>Current Compliance Status: Compliant</b>	
Staff	
Physicians	6
Anesthesiologists	2
Nurses	3
Clerical	10
Documents	
Incomplete	0
Upcoming Renewal	4
Expires/Overdue	0
CME Total Recorded	72
# of Employee Reviews	13

Formulary	view
<b>Current Compliance Status: Deficient</b>	
Number of Medicines	87
Number of Storage Locations	5
Expired Medicines	3
Minimum Deficiencies	
Categories Required	2
Categories Fulfilled	2
Equipment	view
<b>Current Compliance Status: Compliant</b>	
Number of Equipment	
Operational	50
Service Required	0
Minimum Deficiencies	
Categories Required	14
Categories Fulfilled	14
Inspection Details	
Upcoming	10
Overdue	0
Vendor	view
<b>Current Compliance Status: Compliant</b>	
Number of Vendor Contracts	
Current	50
Expired	0
Minimum Deficiencies	
Categories Required	20
Categories Fulfilled	20

The Aesthetic Society will offer the SurgiMetrix™ compliance management system to ASAPS members through the Society’s product catalog and members-only website. This screen shot illustrates how the system alerts you, at-a-glance, to areas of noncompliance in your practice and facility.

# The Aesthetic Meeting 2006



*Pursuit of Artistry and Science in Aesthetic Surgery*

**April 20-26, 2006**

Disney's  
Coronado  
Springs  
Resort

Orlando  
Florida



**Annual Meeting of  
ASAPS & ASERF**

## ***Featuring—The Latest in Aesthetic Plastic Surgery***

- Special Seminars on April 20-21
- Residents & Fellows Forum
- Interactive Video Presentations
- Panel and Paper Presentations
- International Symposium
- Scientific & Technical Exhibits

***Early Bird Registration  
Discounts Available***

***Register On-line at  
[www.surgery.org/meeting2006](http://www.surgery.org/meeting2006)***



# ASERF Raises More Than \$40,000 for Katrina Relief



Gustavo Colon, MD

The ASERF Hurricane Katrina Relief Fund raised more than \$40,000 for Gulf Coast States affected by this disaster. Under the guidance of former ASAPS President Gustavo Colon, MD, funds were sent directly to the Convoy of Hope, a four star rated charity that continues to provide on the ground relief to those caught in Katrina's wake.

Said Rob Clay, Convoy's Director of Corporate Relations, "this generous donation will help literally hundreds of families get back on their feet, supplying vital necessities of living. We are not a large organization so you can be assured that your dollars will go directly to those in need."

## **Colleague to Colleague Relief Shows Plastic Surgery Taking Care of its own:**

Soon after the disaster struck, message boards from both the Aesthetic Society and ASPS had offers of temporary housing, residency opportunities and coverage for patients. For full details see the Presidents Report on page 3.



## **We gratefully acknowledge the contributions of the following groups and individuals**

Shannon Lyvers  
Sean Moloney, MD  
Robert Spies, MD  
Rick Smith, MD  
Richard Ehrlichman, MD  
Onelio Garcia, Jr., MD  
Mark L. Jewell, MD  
Mark F. Deutsch, MD  
Mark Krugman, MD  
Lewis Berger, MD  
Kenneth Kneesay, MD  
Kenneth and Lois Stone  
John S. Bruno, MD  
Jeffrey Hartog, MD  
Jeffery Lang, MD  
James H. French, Jr. MD  
James A. Matas, MD  
Hilton C. Adler, MD  
Gregory F. Bland, MD  
G. Wesley Price, MD  
The Florida Society of Plastic Surgeons  
Deborah K. Ekstrom, MD  
Darryl J. Blinski, MD  
Cristina Frexes Keusch, MD  
Craig N. Creasman, MD  
Carol S. Shapiro, MD  
Brian H. Slywka, MD  
Bob Stanton  
Bernabe Vazquez, MD  
Barry M. Schwartz, MD  
Bahman M. Guyuron, MD  
Albert Fleury, MD  
Alan M. Kisner, MD  
A Clark Raynor, MD  
Sherrell J. Aston, MD  
Shirley Madhere, MD  
SSP Meetings and Management  
Stephen F. Cocco, MD  
T. Gregory Kirianoff, MD  
Thomas A. B. Bell, MD  
Thomas A. Narsete, MD  
Wanda L. Callahan  
Broward County Society of Plastic Surgeons

## **Aesthetic Society Preferred Vendor Program Signs Patient Financing Company MediCredit**



### **Company offers patient financing with 100% payout of the procedure cost.**

The American Society for Aesthetic Plastic Surgery (ASAPS) has recently signed MediCredit to its new Preferred Vendor program.

A patient financing company, MediCredit is unique in that it offers its services with 100% payout of the procedure cost. For every funding, the MediCredit One Plan offers Providers a non-recourse payment in regards to credit risk and a twelve (12) month interest-free payoff benefit to all patients regardless of their credit grade or approval amount.

The company offers patients a genuine alternative to credit card financing with payments based on standard 24 and 36-month terms with fixed interest rates between 9.9% and 23.9%. Interest is rebated to the consumer if they make timely minimum monthly payments and pay off their account within twelve (12) months.

"We think this is a win-win situation" said Tom Purcell, Development Manager for ASAPS. "Many patient financing companies could charge the referring physician a fee of up to 10%. After careful review from our Executive Committee and legal council, we found that MediCredit was a partner of integrity that did not penalize surgeons for giving them referrals and offered patients a real alternative to credit card financing."

For further information please contact the company directly at 1-800-963-6334.

*The Aesthetic Society's Preferred Vendor program focuses on cultivating exclusive relationships with companies that provide quality business services for Aesthetic Society members.*

## Media Notes and Quotes

A Sampling of current media coverage on the Aesthetic Society

"Laser hair removal in general is a growing trend. Last year about 1.4 million Americans had it done, a 53 percent increase over 2003, according to the **American Society for Aesthetic Plastic Surgery**. The society does not track the number of procedures done on specific body parts, but anecdotal evidence suggests that more young women are going bare under their briefs.

The Revised Birthday Suit  
**The New York Times**  
September 1, 2005

"Mark Jewell, MD is president of the **American Society for Aesthetic Plastic Surgery**. 'When people go to a plastic surgeon, we want them to feel listened to rather than sold something,' Jewell tells WebMD. 'A consultation can go wrong when you tell someone what they need rather than listen to what they want. What they want may change during the consultation, but most patients are more reasonable than you would believe. We take time, listen, and develop rapport. And if a patient doesn't fit our criteria for safe surgery, we say so.' Another reason why patients have realistic expectations: they do their homework."

Who Gets Plastic Surgery and Why  
**WebMD**  
August 30, 2005

"Out in Eugene, Ore., Mark Jewell, the president of the **American Society for Aesthetic Plastic Surgery**, is not a fan of botox for babies. He thinks it is a hard enough job to persuade teenagers and 20-year-olds to stop tanning and smoking: 'There's been nothing to show that there is a proactive use for botox.' As for young women who exhibit sun damage under ultraviolet light, Jewell says that laser is 'a pretty formidable treatment.'"

Botox Babies  
**The New York Times**  
August 28, 2005

"Today we have with us Dr. Barry DiBernardo who came in from New Jersey. He presented at the Annual Meeting of the **American Society for Aesthetic Plastic Surgery** the results of the Titan laser and what it can accomplish without surgery."

The View  
August 22, 2005

"The face-lift is the fifth-most-common plastic surgical procedure in the United States. In 2004, 157,061 Americans got face-lifts, according to the **American Society for Aesthetic Plastic Surgery**. 'For the last 10 years, face-lifts have been in evolution,' says Dr. Victoria Vitale-Lewis, a Melbourne, Fla., plastic surgeon who taught a course on new approaches to the face-lift in April at the annual meeting of the American Society for Aesthetic Plastic Surgery in New Orleans."

Face-Lift To Go  
**The Detroit Free Press**  
August 16, 2005

"Complications are relatively few considering the number of procedures performed, but even when the surgery goes right, things can still go wrong—scarred things, infected things. But are people scared? Hell no. **American Society for Aesthetic Plastic Surgery** stats show galloping increases in cosmetic surgery.

**Readers Digest Magazine**  
August 2005

"Razors aren't antiques—yet. But a growing number of Americans are switching to laser hair removal. It's now the top nonsurgical cosmetic procedure for the under-35 set. Among all ages, it's second only to Botox. Last year 1.4 million Americans got laser hair removal—up 53 percent from 2003, according to the **American Society for Aesthetic Plastic Surgery**.

Hair Today, Gone Tomorrow  
**Newsweek**  
July 12, 2005

"All you need to do is look around—from reality-TV shows to your local mall—to see that cosmetic surgery is on the rise. Breasts that could launch missiles, perpetually arched brows, and over-inflated "trout pouts" are everywhere. The numbers prove it: Since 1997, there has been a 118 percent increase in cosmetic surgery, and last year alone the numbers jumped 17 percent, according to the **American Society for Aesthetic Plastic Surgery**.

Has Plastic Surgery Gone too Far?  
**Cosmopolitan**  
August 2005

# Aesthetic Surgery in the News

Every month the Aesthetic Society brings you selected summaries taken from more than 7,000 news sources of the most prominent plastic surgery-related articles your patients may read on a regular basis. Please find some highlighted below. To view all archived articles that will help you develop a better patient-doctor relationship, please click on <http://www.surgery.org/members/inthenews-archive-cat.php>.

**The news abstract, "Secrets and Lies" published in Elle magazine looks at the misconceived reputation of the popular injectable treatment, Botox. The article explains how Botox is often mistakenly faulted for puffy lips, frozen or exaggerated facial expressions.**

## Secrets and Lies

Elle (09/01/05) Vol. 21, No. 1, P. 411; Lamont, Elizabeth

*The popularity of Botox may have led to misconceptions about the application and effects of the injectable treatment, since doctors say many people often erroneously blame exaggerated looks, like puffy lips and frozen facial expressions, to Botox. Botox is a relatively safe, temporary procedure that is injected in several areas to minimize vertical lines around the mouth, neck bands, chest wrinkles, and facial asymmetry. Doctors say that, when applied carefully in the right spot and with the right dosage, Botox is relatively undetectable. "In general, the women who gets injectables looks so good, you can't tell she's had anything done," says New York City dermatologist Alan Matarasso. Applied correctly, Botox should allow the patient to register emotions in the face after about four weeks. When celebrities have had cosmetic procedures that make them look stretched, fake, or too puffy, doctors say these looks are likely the result of too much surgery, not too much Botox. Surgical face lifts and brow lifts leave more tell-tale signs, such as stretched skin, raised hairlines, and hollowed eye sockets and cheekbones, Matarasso says.*

## Second Company Gets Ok to Sell Silicone-Gel Breast Implants

USA Today (2005-09-22); Rubin, Rita  
*The Food and Drug Administration (FDA) announced on Sept. 21 that Inamed Corp. could resume selling silicone-gel breast implants, which were taken off the market in 1992, if it met certain conditions. In April, an FDA advisory committee voted 5-4 against approving Inamed's application after members of the panel became concerned about the lack of information on the long-term safety of silicone-gel implants. However, "since then, Inamed has provided FDA with additional information to address the primary safety concerns discussed by the panel," the agency said in a statement. In addition, Inamed has said that it would withdraw one implant model "that raised particular safety issues for the panel," according to the FDA. Cindy Pearson, the head of the National Women's Health Network, questioned how Inamed could have produced long-term safety data only five months after the advisory panel cited a lack of it. Inamed is the second manufacturer to receive an "approvable letter" for its silicone-gel implants. The FDA advisory panel in April voted 7-2 in favor of Mentor Corp.'s silicone-gel implants, with a number of conditions, including extending research into the safety of the implants.*

With all the media focus on silicone-gel implants recently, we encourage you to discuss this implant option with your clients as it may likely arise during patient consultations. The new gels may offer some women a more natural feel, appearance and shape than other products available to them. Your key role as a cosmetic surgeon will be to help each individual patient determine the right option for them from both a medical and aesthetic standpoint. Choosing a breast implant for an individual patient is determined by many factors and should be conducted as a case by

case basis. Some of the important factors include the anatomy of the breast and chest wall, the patient's health history, lifestyle as well as the patient's expectations and desired goals to name a few. As you know, achieving an optimal cosmetic surgery result requires a coordinated team effort by both patient and surgeon which also makes the preoperative planning stage vital to a successful surgical outcome.

## Bostwick Library

Continued from Cover

clinical programs in plastic and reconstructive surgery at Emory in 1992. When Dr. Bostwick became Director of the Division of Plastic Surgery at Emory University Hospital, he was known for his illustrious work in both aesthetic and reconstructive surgery that also earned him international acclaim and respect.

Dr. Bostwick skillfully shifted between his roles as academician, clinician, and researcher. As a researcher, Dr. Bostwick was perhaps best known for his instrumental role in the development and refinement of surgical techniques involving the reconstruction of a woman's breast using tissue from her own body. His comprehensive two-volume atlas *Plastic and Reconstructive Breast Surgery* became a touchstone in the field, and his popular book *A Woman's Decision—Breast Care, Treatment and Reconstruction* (written with Karen Berger), gave women a way of overcoming fear by becoming participants in the treatment planning process.

In recognition of his many accomplishments as a plastic surgeon, teacher, and researcher, Dr. Bostwick received the Klingbeil Award at the Society's 2001 Aesthetic Meeting for 100 hours of teaching courses.

## Preparing for Gel Implants

Continued from Cover

continues to attract younger members as well; 25% reported being in practice between five and ten years.

### Procedural experience

Not surprisingly, our respondents have extensive experience in breast augmentations with almost half—49%—performing 50 or more per year. 39% reported performing 20 to 50 procedures per year and a scant 12% performed 15 to 5 per year.

### On familiarity with new gel implants

61% of respondents reported that they were familiar with the new silicone implants, 39% were not. Of those who were familiar with them, 93% reported the implants as being form stable, 41% thought they better defined breast shape, and 30% indicated a more natural outcome with gels.

### On early adoption and opinions of gel implants

Of members responding to our survey, the overwhelming majority, 85%, would offer the new gel devices to patients immediately upon approval. 78% feel that gel is superior to saline.

However, your verbatim comments show that the picture is not so black and white. Some members took objection to our wording of the question: "Do you believe that gel implants are superior to saline?" Among your comments:

*It obviously depends on the specific application. A smooth low profile low volume saline implant with an 11 cm base width used to conservatively augment a 13 cm base width breast allows a much smaller incision than a silicone implant, an equal or better result, and PROVEN long term safety. A shaped coherent gel implant deployed in a mastectomy reconstruction to a full C or D final size following expansion with no*



*adjunctive flap will probably perform better than saline. There are a hundred variances between these extremes.*

*I believe that both have pros/cons. I do not believe that either saline or silicone is the best choice in any one patient. Patient concerns/fears play into the decision. I believe that silicone implants are likely to feel more "natural."*

*This is not really a yes or no answer. They (gel) are superior in feel but more importantly, because of their fluid dynamics, silicone gel implants can be used to influence shape more than saline implants. Saline implants make the breast bigger, silicone gel implants can be used to increase size and influence shape—it is all in the Laws of Fluid Dynamics.*

*This question is not a good one, in that there are circumstances where each type has an advantage over the other. I do believe that silicone implants are in general "more natural" if the patients do not develop capsular contractures.*

You also had concerns regarding possible complications and cost:

*They (gel) are definitely softer than saline implants but this advantage should be*

*tempered with the disadvantages of an eventual leak of the implant.*

*Higher risk of capsular contracture requires larger incision for insertion, more expensive, much harder to tell when one has ruptured.*

*Gels have only one advantage over saline. That is how they feel. Saline can be removed quickly, gels cannot. Saline immediately tell you when they rupture, gels do not. Saline have an extremely low contracture rate, gels do not. Ruptured gels harm surrounding tissue, saline does not. There is no difference in physical appearance. Saline is cheaper. The incisions are smaller for insertion and removal. It is quicker to place saline than gels. Despite the hype, saline are better, quicker, cheaper and have a better track record than gels. I think it marks the height of arrogance to tell patients the gels "feel better", and not tell them the absolute increase in cost per implant, cost per replacement, incidence of contractures at least 10 fold higher, greater ease of insertion, and possible FDA requirements for MRIs.*

### Just the Numbers

**Do you believe that gel implants are superior to saline?**

Yes: 79%

No: 21%

**If yes, please tell us why**

More natural appearance/  
feel/shape 69%

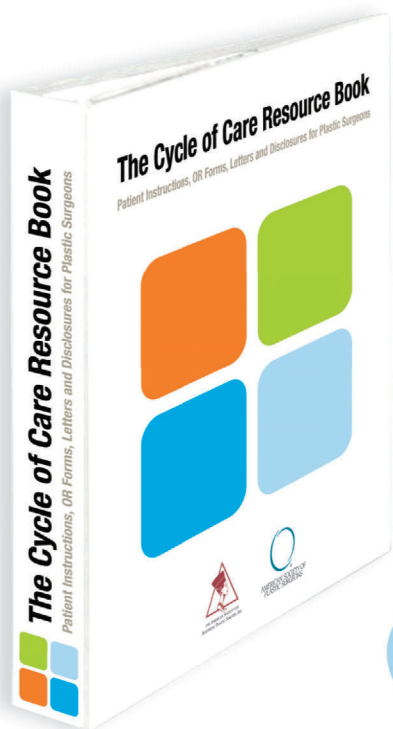
Better in thin/thin walled/  
reconstructive patients 9%

Other/duplicate answers 22%

The Aesthetic Society occasionally will survey members for information on educational needs, opinions and practice demographics. Thank you for your participation.

# The Cycle of Care Resource Book

Patient Instructions, OR Forms, Letters and Disclosures for Plastic Surgeons



Customizable Digital Resources ○

Printed Reference Binder ○

Quick Reference CD ○



**ASPS & ASAPS Members  
Candidates & Residents**  
CD & Binder: \$389  
CD Only: \$289

**Non Members:**  
CD & Binder: \$1,589  
CD Only: \$1,489

The Cycle of Care Resource Book covers aesthetic and reconstructive procedures, operating room, and general consent forms, disclosures, and patient letters. It is designed for the busy surgery practice with a CD based color coded compendium of all necessary forms for breast, body, face and reconstructive procedures. A loose leaf binder with all letters and forms is available for reference.

## Order yours today!

To place your order call ASAPS at  
800.364.2147 (562.799.2356)



# On-line Education at the Aesthetic Society

By Darlene Oliver

## Our Catalog of Online Educational Opportunities Continues to Grow

Our library of online educational opportunities is a fast and convenient way to access Annual Meeting videos, acquire CME credits or just catch up on information you may have missed at a presentation or teaching course. We currently have the following new content available through [www.surgery.org](http://www.surgery.org):

- Dr. Glenn Jelks and Dr. Clinton McCord present their views on “Approaches to Lid Anchoring, Obicularis Preservation & Fat Manipulation.”
- Dr. Nicanor Isse’s interactive video presentation on “Minimally Invasive Facial Rejuvenation—ubcutaneous Threads,”
- Dr. Haidek Hirmand’s “The Tear Trough and Hyaluronic Acid [Restalyne]—Is It a Happy Union?”
- Dr. Richard Sadove’s “Transconjunctival Septal Suture of the Lower Lid”

- Dr. Farzad Nahai presents on “Lower Lid Blepharoplasty: Management of the Periorbital Fat and its Relationship to Post-Operative Lid Retraction.”

We also have posted a two-hour teaching course, “Breast Augmentation and Augmentation Mastopexy—Problem Solving and Operative Strategies,” with Dr. Laurie Casas and Dr. Jack Fisher detailing their approaches to minimizing complications and managing patient expectations.

### Videos in the Pipeline

You’ll soon be able to watch interactive videos on “Circumferential Body Sculpting after Massive Weight Loss” presented by Dr. Francois Pascal, “Primary Rhinoplasty” by Dr. Bahman Guyuron, and Facelifting by Dr. Daniel Baker.

Interactive videos from the Annual Meetings continue their popularity, ranking

second behind ‘Program Organization’ in the annual meeting attendee satisfaction survey.

### New Technology makes for easier viewing

The online viewing window has been enlarged 30%. Now you can more easily see the fine details involved in aesthetic surgery presentations, get clearer views of presenters’ slides and larger views of the actual surgical procedures. Many of the top selling videos from the 2005 Annual Meeting are now online for your convenience.

The Clinical Education area of [surgery.org](http://surgery.org) was built for you. There is no charge to view any of the Meeting videos online. Wherever you have an Internet connection, you have access to watching these online presentations. Please take advantage of this Aesthetic Society Member Benefit.

## BREAST SURGERY SYMPOSIUM *22nd Annual*



A MEETING DEDICATED TO THE COMPREHENSIVE REVIEW OF BREAST SURGERY

### Precision in Aesthetic and Reconstructive Breast Surgery

- Problem Analysis • Treatment Options • Decision Making

January 20–22, 2006

Grand Hyatt, Buckhead, 3300 Peachtree Road, N.E., Atlanta, GA 30305

- Live Surgery with 1 year follow-up cases from 2005
- Reverse abdominoplasty with augmentation/mastopexy
- Breast reconstruction with expanders and AlloDerm®
- Primary breast augmentation with a shaped gel implant
- Breast Reduction
- Mastopexy
- Breast Augmentation
- Breast Reconstruction
- Interactive Panel Discussions

A DVD of the entire proceedings is included in the price of the meeting registration and will be mailed to all attendees upon completion.

Now available – 2002, 2003, 2004, and 2005 meeting DVDs. Please visit [www.sesprs.org](http://www.sesprs.org) for an order form or call the number below.

**For more information, contact the SESPRS office at (301) 320-1200 or [www.sesprs.org](http://www.sesprs.org).**

Sponsored by: The Southeastern Society of Plastic and Reconstructive Surgeons, Northside Hospital of Atlanta and the Plastic Surgery Educational Foundation.\*

“Best meeting I’ve ever been to.”

“Excellent and pertinent to my practice.”

“Well-organized; useful for general non-micro plastic surgeons.”

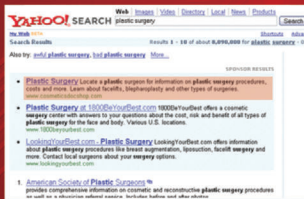
“World-class meeting!”

“Best live surgery, ever.”

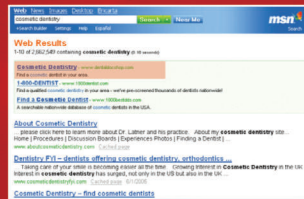
18 CME Credits

# YOUR INTERNET STRATEGY IS MORE THAN A WEBSITE

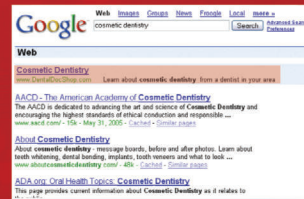
## Search Engine Visibility - DocShop



Yahoo!



MSN



Google

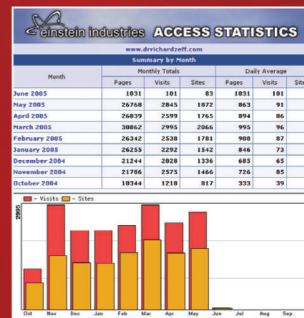
## Search Engine Visibility - DocShop



drrichardzeff.com



Track visitors to your website



SEO increases site traffic

## Search Engine Visibility - DocShop



drrollindaniel.com



cosmeticsurgerycentre.com



plasticsurgerymd.com



einstein MEDICAL

800.600.0030

info@einsteinmedical.com

# The Power of **Completeness!**

# NextTech

## Practice **2007**

The image displays a grid of 20 screenshots from the NextTech Practice 2007 software suite. Each screenshot represents a different functional module. The modules include: NEXWEB - WEBSITE INTEGRATION (showing a website interface), CONTACT MANAGEMENT (a contact list), NEXTRAK - PROSPECT TRACKING (a prospect tracking table), MS WORD MASS MERGE (a document merge window), GRAPHICAL SCHEDULING (a calendar view), SURGERY QUOTES (a quote form), NEXFORMS - PRACTICE & MARKETING LETTERS (a letter template), NEXFORMS - CONSENT FORMS & PATIENT EDUCATION (a consent form), PATIENT TRACKING (a patient profile form), ELECTRONIC MEDICAL RECORDS (a patient record with an anatomical diagram), COSMETIC FINANCIAL TRACKING (a financial statement), INSURANCE BILLING (an insurance claim form), eBILLING (a digital bill), SKIN CARE INVOICING (a skin care invoice), INVENTORY & BAR CODE SCANNING (a barcode scanner), AMBULATORY SURGERY CENTER (a surgery center management table), NEXSPA - MEDICAL SPA MANAGEMENT (a spa management form), MARKETING (a pie chart), DIGITAL PHOTOGRAPHY & VOICE RECOGNITION (a 'Before' and 'After' photo comparison), and LINK PALM, TREQ, POCKET PC, & TABLET PC (a mobile device displaying the software interface).

## Fully Integrated in **ONE** MS SQL Database

### Practice Management, Marketing and Electronic Medical Records Software

**Designed For Plastic & Reconstructive Surgery, Dermatology, Cosmetic Medical Practices and Medical Spas**

Data Conversion is available from  
virtually all Practice Management Software Systems.

For a demonstration CD, or to inquire about our module-based pricing, please contact  
NextTech at: **800.490.0821** email: [sales@nextech.com](mailto:sales@nextech.com) ~ [www.nextech.com](http://www.nextech.com)

**New** NexEMR, NexASC & NexSpa Modules! ASPS® Consent Forms now included with NexForms!