



# Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

Volume 11, Number 1 Winter 2007

## Learning! Adventure! Culture! Comfort!

Please join us on the Regent Seven Seas Voyager for "Aesthetic Surgery on the Baltic" the ASPS/ASAPS co-sponsored Biennial Cruise.

On July 20 to 28, 2007, begin a land and sea educational experience that will take you from Copenhagen to St. Petersburg as our biennial cruise sets sail for the Baltic.

"I recently had the pleasure of visiting the ship and touring its facilities with the vice-chair for the program, Dr. Jack Fisher" said Foad Nahai, MD., President-Elect of the Aesthetic Society and Symposium Chair. "This is a first rate venue. The food and facilities are superb and the symposium is shaping up to be one of the best we have offered to date," he continued.

**Drs. Fisher and Nahai aboard Regent Seven Seas Voyager**



This unique learning experience begins on land in Copenhagen and takes you to Visby, Gotland, Sweden, Tallinn, Estonia, three days in the exquisite city of St. Petersburg, Russia, and docks in Stockholm. We urge you to join your symposium captains today by visiting [www.surgery.org/cruise](http://www.surgery.org/cruise) 2007.

## LIPOSUCTION: Not for the Obese Patient

In response to a recent report concerning a 12 year old girl receiving large volume liposuction for massive weight loss, the Aesthetic Society's Public Education and Body Contouring Committees issued the following statement:

The American Society for Aesthetic Plastic Surgery (ASAPS) announced today that there is no scientific evidence to support the safety or efficacy of large-volume lipoplasty (liposuction) for

**Continued on Page 16**

## Allergan Grant Supports New Aesthetic Society Initiative in Patient Safety Injectable Safety Program to Launch in April, 2007

Through a generous unrestricted educational grant from industry leader Allergan, The Aesthetic Society will spearhead a public and physician education campaign on the safe usage and administration of injectables. The program led by immediate Past President Mark L. Jewell, MD, Communications Commissioner Michael F. McGuire, MD, Patient Safety Committee Chair Felmont F. Eaves, III, MD and Public Education Committee Chair Julius W. Few, MD is scheduled to launch at the Aesthetic Society Annual Meeting in April.

"The explosive growth of injectables has created a new world of non-invasive options for our patients", said Dr. Julius W. Few. However, with this growth has

come a great deal of patient confusion. What products are approved by the Food and Drug Administration? Is non-surgical the same as non-medical? Can anyone provide injections? What are the best treatment options for me? We will answer all of these questions in the course of the injectable campaign" he added.

Robert Grant, President of Allergan Medical, a division of Allergan, Inc., said, "Allergan is proud to be associated with The Aesthetic Society's safety awareness campaign. This initiative is another important step aimed at ensuring that we act upon our responsibility as leaders in the medical aesthetic category by educating patients on FDA approved injectable products currently available, and directing them

to well-trained and licensed healthcare professionals."

"Both the Aesthetic Society and ASPS have penned guiding principles, patient safety papers, press releases and member advisories on many different aspects of injectables from off shore product to medi-spas. However, this grant from Allergan will give us the resources to reach a broader audience in more creative ways," said Dr. McGuire.

The physician leaders of the new campaign plan to include our colleagues in the core prescribing specialties to have one unified voice consumers can trust on the topic. Watch for future issues of ASN for the latest developments.

### INSIDE THIS ISSUE:



**Understanding Cosmetic Patients**  
See page 4



**Patient Safety Advisory on Medi-spas**  
See page 12



**Breast Implant Safety**  
See page 14



## Aesthetic Society News

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

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The American Society for  
Aesthetic Plastic Surgery



The Aesthetic Surgery Education  
and Research Foundation

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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)

### March 1-4, 2007

#### 24th Annual Dallas Rhinoplasty Symposium and Advances & Controversies in Cosmetic Surgery

Westin Galleria Hotel, Dallas, TX  
Endorsed by ASAPS

Contact: Jennifer Leedy at  
214/648-3138

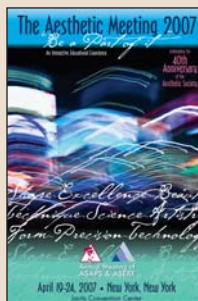
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### March 23-25, 2007

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

Westin Galleria Hotel, Dallas, TX  
Co-sponsored by ASAPS/ASPS/PSEF  
Contact: PSEF 800-766-4955



### April 19-24, 2007

#### The Aesthetic Meeting 2007— Annual Meeting of ASAPS & ASERF

Javits Convention Center  
New York, NY

Contact: ASAPS

Tel: 800-364-2147

### May 19-20, 2007

#### Aesthetic Surgery: In-Depth with the Masters

Coeur D'Alene, ID

Sponsored by American  
Association of Plastic Surgeons  
Endorsed by ASAPS

Contact: Rebecca Bonsaint  
978-299-4507

### June 1-2, 2007

#### Medical Spas: Does This Business Make Sense to You?

Beverly Hills Hilton

Los Angeles, CA

Co-sponsored by

ASAPS/ASERF/ASPS/PSEF

Contact: PSEF 800-766-4955



Meeting Dates:  
July 20-28, 2007

Cruise Dates:  
July 21-28, 2007

#### Aesthetic Surgery on the Baltic—Biennial Cruise

Co-sponsored by ASAPS/ASPS/PSEF  
Contact: ASAPS

[www.surgery.org/cruise](http://www.surgery.org/cruise) 2007

Tel: 800-364-2147

### August 22-25, 2007

#### 22nd Annual Breast Surgery and Body Contouring Symposium

El Dorado Hotel

Santa Fe, NM

Co-sponsored by ASAPS/ASPS/PSEF

Contact: PSEF

800-766-4955

### September 7-8, 2007

#### Medical Spas: Does This Business Make Sense to You?

New York Hilton

New York, NY

Co-sponsored by

ASAPS/ASERF/ASPS/PSEF

Contact: PSEF 800-766-4955



## A New Year with New Opportunities

Let me first wish all of you a happy, healthy and prosperous new year. The Aesthetic Society has been working hard to make 2007 an outstanding one for patient safety and member education. Several new programs are either just completed or in the works. I would like to outline a few of them for you below.

To Aesthetic Society members, patient care and patient safety are synonymous. We have many new and exciting happenings in the patient safety area this year. Among them are:



### Guidelines specifically designed for patients on medi-spas.

Working in close collaboration with our colleagues at the ASPS, we have produced a paper specifically for consumers and the press on this important aspect of cosmetic medicine. You can find the paper on Page 12 of this issue. It has also been issued as a press release and can be found at: [www.surgery.org/press](http://www.surgery.org/press). The document titled "How to get the most from your Medi-spa experience" is intended to do for consumers what the previous joint paper on "Guiding principles for medi-spas" did for our colleagues—offer clear, concise guidance on a new and complicated issue.

### Development of an Office Patient Safety Program, specifically designed to train or re-train new hires, front office staff and non-clinical personnel.

Included in this CD-based program are educational modules on issues such as: when to immediately triage a telephone call to the surgeon, how to deal with business disruptions, etc. I am very excited about this project and commend Dr. James A. Matas and the Practice Relations Committee for developing this important initiative.

### The opportunity to earn up to 14 hours of patient safety CME at the New York Annual Meeting.

Speaking of our seminal event of the year, the Aesthetic Society Annual Meeting is shaping up to be one of the most exciting and informative ever. This year we are offering a dozen new courses on topics ranging from "The Six Core Competencies Required for Post Bariatric Weight Loss Correction" to "Dos and Don'ts of Establishing your Medical Spa."

Of special note are two courses that are particularly topical. The first is a four hour course titled "Gel Implants: Use Efficacy and Safety." This comprehensive didactic session covers the recent advances and new technology in breast surgery and gives broad information on the new gel silicone implants.

Confused about the plethora of new fillers on the market? This year we will again offer a full day comprehensive didactic course with live demonstration titled: "Advances in Minimally Invasive Face & Body Rejuvenation featuring Live Patient Demonstrations." This course should be particularly popular this year.

Of course, we'll still be offering the popular cadaver courses, Hot Topics (this year with CME) and teaching courses conducted by the best minds in plastic surgery today.

But educational opportunities for members extend far beyond the Annual Meeting. Below are some of the endorsed and co-sponsored meetings coming up in the next few months:

### March 1 – 4, 2007

24th Annual Dallas Rhinoplasty Symposium and Advances & Controversies in Cosmetic Surgery  
Westin Galleria Hotel, Dallas, TX

### March 23 – 25, 2007

Body Contouring After Massive Weight Loss Symposium: Includes Live Surgery  
Westin Galleria Hotel, Dallas, TX

### April 19 – 24, 2007

The Aesthetic Meeting 2007  
The Annual Meeting of ASAPS & ASERF  
New York, NY

As always, I love to hear what's going on in your practice or receive any comments, questions or suggestions on how to make your ASAPS membership even more valuable and relevant. I can be reached at: [jamesstuzinmd@surgery.org](mailto:jamesstuzinmd@surgery.org)

I look forward to seeing you all at the Aesthetic Society Meeting 2007 April 19 – 24th in New York City.





## Understanding Cosmetic Patients: New Insights Into What Makes Them Tick

By Wendy Lewis

In the second of this two part series, industry expert Wendy Lewis offers her insights and advice on your aesthetic practice.

Unless you approach your practice with a critical eye, you will never improve.

Look at your practice objectively and figure out what needs improvement and what you're doing wrong or could do better, rather than feeling confident that you are doing everything right.

Your staff can also be your most valuable asset or your downfall if you are not paying attention. Plastic surgeons should take a close look at their staff periodically, and reassess whether they have the right people on the bus. Treating patients well is not something that you can teach. There is no formal training course that can show people how to be friendly, warm, or caring. It is either in their DNA, or it's not. If patients are impressed by how welcome your staff makes them feel and the treatment they get, you are doing a great job. Yet if they aren't wowed on a consistent basis, you may not even be aware until you don't see their names on your daily schedule anymore. Establishing a patient-centric ethos in your practice from day one, and monitoring it closely, has become almost mandatory today.

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**"There is no formal training course that can show people how to be friendly, warm, or caring. It is either in their DNA, or it's not."**

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Increasing competition is driving an interest in measuring patient satisfaction in all aspects of the health care industry. Patient surveys are an effective way of enlightening you about your patients' opinions of both you and your practice, and the results can be a very humbling exercise. Cosmetic patients want and expect better service than in the past, and they know they can get it. Many practices are implementing a service excellence program to reward the staff for meeting or



exceeding the needs and expectations of patients.

Smart practices will use the responses they receive to plan their service strategy and make improvements accordingly. Surveys in some practices have revealed a pattern of chronic long waiting times, staff rudeness, a recurring bottleneck at the front desk when making payments, and privacy violations. The feedback you get may encourage you to adjust your internal systems to respond to the issues raised, and can be a valuable aid for staff training and internal marketing programs. For example, you can incorporate answers to questions raised in a survey into patient materials and website content. There is no doubt that patient surveys can increase your awareness of patients' expectations in terms of results, comfort, and convenience as a component of overall quality of care. It is well known that their expectations have risen sharply over the past few years.

Making the effort to measure patient

satisfaction also reinforces your commitment to quality by alerting patients that you are truly interested in their views and opinions. Ultimately that translates into happier patients, which means happier doctors.

### WHAT PATIENTS WANT

What are patients looking for today? As ASAPS statistics indicate year after year, the biggest growth in the market is in minimally invasive, non-surgical, and short incision procedures, at a staggering ratio of seven to one for 2005. According to Dr. Alan H. Gold of Great Neck, NY, "Patients are on a never ending quest for the 'quick fix.' They are drawn to non-surgical or minimally-invasive, or more limited procedures with less down-time. They are interested in more focused surgery to address earlier changes of aging in the younger patient with greater subtlety. With the telltale signs of aging, this

Continued on Page 5

## Understanding Cosmetic Patients

Continued from Page 4

is more of a maintenance approach beginning at an earlier age, rather than the more dramatic changes entailed in facial rejuvenation for an older patient.”

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**“The visible scars, shiny skin texture, and frozen foreheads that people see in the media and at the mall, has served to turn many reasonable patients away from having something done for fear of ending up with the stretched ‘wind tunnel look’ of yesteryear. The natural or non-operated look is of primary interest to patients. They don’t want a cookie cutter or stylized look, or to look like someone else, and they are eager to maintain their ethnic look or to look like a better version of themselves.”**

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Another recurring theme is a growing backlash to overdone, obvious surgery that distorts natural anatomical structures, and the all too frequent exposure of “plastic surgery disasters” in the media. Consumers are bombarded with images of bad plastic surgery at every turn. The visible scars, shiny skin texture, and frozen foreheads that people see in the media and at the mall, has served to turn many reasonable patients away from having something done for fear of ending up with the stretched “wind tunnel look” of yesteryear. “The natural or non-operated look is of primary interest to patients. They don’t want a cookie cutter or stylized look, or to look like someone else, and they are eager to maintain their ethnic look or to look like a better version of themselves,” says Dr. Gold.

The flipside is to figure out what patients do not want ahead of time, so that you can avoid falling into that trap. No matter where you practice, patients routinely report that they are universally repelled by a distant or cold demeanor in a plastic surgeon. An arrogant or condescending tone is a definite turnoff, accord-

ing to Dr. Gold. “Spending too little time with patients and not listening to what they want but only telling them what they need, will undermine your relationship with patients,” says Dr. Gold, “Patients also frequently relate that they do not like someone who tries to ‘sell’ them an operation.” A common complaint is the surgeon who suggests they have procedures that they did not request or even consider; for example, recommending breast implants to a patient whose main concern is her nasolabial folds.

### HAPPY PATIENTS, HAPPY DOCTORS

There appears to be a service disconnect among the increasingly fragmented arena of aesthetic medicine. If you assume, as many of your patients do, that many of your colleagues can deliver comparable quality results, the biggest opportunity to distinguish your practice is to perfect the patient experience.

If you think of your patients as “customers” or “clients,” your practice takes on the level of service culture seen in luxury retailers and hotel chains. Never say “never,” “it can’t be done,” “that is our policy,” “we can’t do that,” or “you’re wrong” to a patient. This ‘customer is always right’ mantra ingrained in service oriented institutions such as Nordstrom and the Ritz Carlton has paid off in big dividends. These brands and others are synonymous with exceptional, five star, off the charts customer relations that has built global loyalty. Intensive customer service training involves learning that the most important customer is the one standing in front of you, and to always look her in the eye, and not to let your gaze wander while she is griping about something seemingly unimportant to you but has great significance to her at that moment.

The simple rule in all service businesses is that if you keep your patients happy, you’ll have repeat business. As plastic surgeons, keeping patients happy isn’t exactly the same as serving up a great filet mignon, or having a personal shopper at their beck and call, but the similarities are greater than the differences.

Keeping patients happy is a full time

job and involves more than just the surgeon. The whole team is an integral part of what makes your practice flourish. Treat each patient as if he or she is your favorite customer; treat them as you would like a member of your family to be treated. Train your staff to put enthusiasm in their voices when patients call, even if it is for the tenth time in a week asking about when their bruises will go away. It is challenging to be cheerful all the time, but nobody wants to deal with cranky, grouchy, people with bad attitudes and short tempers. Everyone appreciates courtesy, especially paying patients, and it is not unreasonable for them to get a “thank you” when you take their American Express card. Sometimes, it is the smallest little nicety that makes the biggest impact of all. For example, the concerned listening to a patient’s problem, or the flowering plant sent to the patient who had a hematoma, or the hand written note from the surgeon to the patient who gave him an Hermes tie to show her gratitude, go far to establish that you do not take your patients for granted.

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**Treat each patient as if he or she is your favorite customer; treat them as you would like a member of your family to be treated. Train your staff to put enthusiasm in their voices when patients call, even if it is for the tenth time in a week asking about when their bruises will go away.**

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However, there will be times when you just can’t please someone. “One of the critical elements of handling cosmetic patients is to foster a nurturing climate within your practice. If patients feel that you and your staff are concerned about their care, your practice will grow and patients are more likely to be satisfied,” says Dr. Malcom D. Paul of Newport Beach, CA.

There are three primary goals when interacting with patients: to provide

**Continued on Page 16**



# Update on MOC

## What you can expect from the new Maintenance of Certification requirement

By Mark A. Codner, MD

All Board-Certified Plastic Surgeons have been hearing many different reports concerning the new Maintenance of Certification (MOC) that is mandated for all American Board of Medical Specialty (ABMS) certified physicians. At the Aesthetic Society we are fortunate to have three members of our Executive Committee; James M. Stuzin, MD, President, Foad Nahai, MD, President-Elect and Bahman Guyuron, MD, ASERF President-Elect, who all have solid knowledge of what will be required and what resources will be available to ASAPS members.

The following is a brief summary of where we stand. This will be the first in a series of articles that hopefully will provide clarity on MOC and keep you abreast of the latest developments.

Beginning this year, MOC will be a continuing process that will require participation in an ABPS activity every three years unless you are a lifetime certificate holder (certified before 1995). These physicians do not have to participate in MOC.

MOC is based on several premises. They include:

- That the ABPS and the societies have distinct functions with the common goal of constantly improving quality in plastic surgery
- That the Board operates to set standards and establish requirements, certify, recertify and maintain certification.
- That the societies' responsibility is to provide educational programs for members to achieve recertification.

The examination is computer-based. There are four different modules; one is assigned a module based on your case collection list (a six-month case log produced in year seven, eight or nine). The exam can be taken in either year eight, nine or ten of your ten year cycle. Of the four modules, the largest is the cosmetic

module (49 percent), the second is the comprehensive module (43 percent) followed by hand (7 percent) and craniofacial (one percent).

All of the questions are from the public domain—either from the PSEF In-service exam or from self-assessment exams produced by the specialty journals.

The current method of collecting the information of the collection list is the TOPS data collection tool housed by ASPS.

A patient-satisfaction survey will be distributed for further evaluation.

The required modules and questions are scheduled to be on the ABPS Website in 2008.

Aesthetic Society President James M. Stuzin, MD, who is also Vice Chair of the American Board of Plastic Surgery, advised that Aesthetic Society members will be required to:

- submit professionalism every three years
- complete the practice modules
- complete the MOC CME—specifically designed and offered at the Annual Meeting

Dr. Stuzin went on to explain that all the ABPS Directors and Examiners will be participating in the MOC even if they have lifetime certificates. He emphasized

that all members should be participating in life-long learning and this is the message that the ABPS would like to convey to its diplomates.

He noted that the Aesthetic Society will be a part of this educational effort. Dr. Stuzin appointed a MOC Committee and selected Dr. Nahai as chair. The purpose of the committee will be to decide how the Aesthetic Society will be involved with ABPS and MOC, how to establish the appropriate teaching courses for MOC and to give further recommendations on the process.

The Executive Committee of The Association of Academic Chairmen of Plastic Surgery (AACPS), a group composed of the program directors / chairmen and associates of American College of Graduate Medical Education (ACGME), voted unanimously that all of the chairmen would participate in MOC. The ACGME will most likely act at some level to state that MOC is necessary for Program Directors.

*Dr. Mark Codner is an aesthetic surgeon practicing in Atlanta, is chair of the ASAPS teaching course sub-committee, and is a member of the Aesthetic Society Board of Directors.*

### Editor's Note:

At The Aesthetic Meeting 2007 we will be running several courses to help you with the MOC exam. They include:

[S11 – Gel Breast Implants](#)

[111 – Vertical Mammoplasty](#)

[405/505 – Oculoplastic Surgery for the Plastic Surgeon](#)

[515 – Changing Concepts in Facial Rejuvenation](#)

[522 – Hot Topics in Patient Safety](#)

[705 – Comprehensive Abdominoplasty](#)

Please refer to your registration brochure for details.





The Trinity River reflects the striking buildings that make Dallas one of the most renowned skylines in the nation. © Copyright 2004 Dallas CVB.

# Body Contouring

## *After Massive Weight Loss*

March 23-24, 2007 | Westin Galleria | Dallas, Texas

Chair: Jeffrey M. Kenkel, MD

**17.5 CME Credits •  credits identified for patient safety**

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Plus, a full day of didactic lectures covering:

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- Balancing safety with patient demand
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- Optimization of weight loss following bariatric surgery
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**Register at:**

[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  
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Aesthetic Plastic Surgery



AMERICAN SOCIETY OF  
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## Joint Product –ASAPS/ASPS Cycle of Care Resource Book

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



**Cycle of Care Resource Book Binder/CD-ROM  
Part 1: Cosmetic Procedures**

**Cycle of Care Resource Book Binder /CD-ROM  
Part 2: Reconstruction Procedures**

Created by the Aesthetic Society and ASPS, **Cycle of Care** is a compendium of pre and post operative patient instructions, surgical worksheets, surgical tracking forms, patient letters, operating room forms, photo releases, HIPAA disclosures and other miscellaneous documents.

**Cycle of Care** consists of 2 CDs and 2 Binders. **Part 1** covers all major cosmetic procedures for breast, body and face. **Part 2** covers all major reconstructive procedures.

**Cycle of Care** is available as a multiuse CD, displaying all of the Microsoft Word documents so you can customize each letter or form to your practice standards. It also includes a "read only" portion so you will always have a backup copy of the original documents.

#### ASAPS/ASPS Members, Candidates & Residents:

Code:	Price:
CC-1	\$389 for CDs with Binders (Part 1 & 2)
CC-1C	\$289 for CDs only (Part 1 & 2)
CC-1B	\$125 for Binder Only (Part 1)
CC-1B-2	\$125 for Binder Only (Part 2)

#### Non-members:

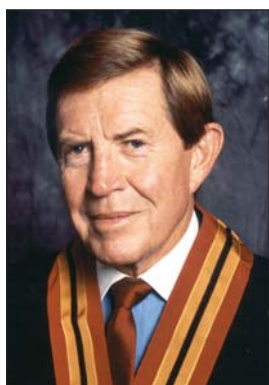
Code:	Price:
CC-1N	\$1589 for CDs with Binders (Part 1 & 2)
CC-1CN	\$1489 for CDs only (Part 1 & 2)

To place your order or for more information,  
please call The Aesthetic Society at 562-799-2356 or 800-364-2147



# A Portrait in Volunteerism

**Thomas D. Rees, MD**



Thomas D. Rees, MD

There are some physicians who can be considered the gold standard in our specialty. Some earned their reputation as great educators. Others as excellent providers of safe patient care, clinical philanthropists and innovators. Some are known for their wide-ranging interests from art and literature to sports and travel. In this issue's focus on life members, I would like to introduce one particular member who encompasses all of these qualities and still remains a humble and vital member of the Aesthetic Society.

Dr. Tom Rees began his surgical career at Cornell University Medical Center, completing residency in 1955. That same year found Tom accepting a fellowship under the guidance of the great Sir. Archibald McIndoe, a British surgeon who was knighted for his work among the RAF pilots of World War II. As Dr. Rees himself has said "some things just happen by the right set of circumstances."

Maybe. But the coming together of Tom Rees, Archie McIndoe and fellow surgeon Michael Wood, MD, certainly

**Whether fundraising for AMREF, attending clinical meetings or visiting his beloved Africa, Dr. Rees stands as an outstanding example of what a plastic surgeon can achieve.**

was an advantageous circumstance for the people of South Africa. The three physicians, based on a love of the country and the extreme medical needs of its people founded the Flying Doctors of East Africa, an organization that brought much needed assistance to patients in the most remote sections of the region. Today, that organization is known as the African Medical and Research Foundation (AMREF), the only international health development organization that has its headquarters in Africa, with 97 percent of its staff, 650 employees, African. AMREF implements projects to learn and shares that learning with others to advocate for changes in health policy and practice, closing the gap that prevents people from accessing their basic right to health.

Of course, on a parallel path, Dr. Rees was establishing a successful Park Avenue Practice, raising a family and becoming widely known as a thought and opinion leader among plastic surgeons. From 1979 to 1980 he served as the Aesthetic Society's President. His CV lists pages of awards from his peers, clinical presentations

and citations of his research and writings.

Many aesthetic surgeons are known as artists and Tom Rees is no exception. Tom's sculpture has been featured at the ShiDoni Gallery in Santa Fe and he remains a vital member of the Santa Fe art community.

I last saw Dr. Rees and his wife Nan, a former model, when they attended the 2006 Aesthetic Society Meeting in Orlando. Tom was honored with an award for volunteerism and, as usual, graciously accepted. He was last seen by our colleagues at the Advances in Aesthetic Plastic Surgery Meeting held in New York last November (a meeting he helped to create). Whether fundraising for AMREF, attending clinical meetings or visiting his beloved Africa, Dr. Rees stands as an outstanding example of what a plastic surgeon can achieve.

*Julius Few, MD is an aesthetic surgeon practicing in Chicago. He is also editor of Aesthetic Society News and Chairman of the Public Education Committee.*

**Sculpture by  
Thomas D. Rees, MD  
Santa Fe, NM**



# Aesthetic Surgery on the Baltic Biennial Cruise

CME  
Available

Save the Date – Book Today!

**Meeting Dates** – July 20-28, 2007

**Cruise Dates** – July 21-28, 2007

Symposium Begins on Land – Friday, July 20  
Copenhagen, Denmark

Chair: Foad Nahai, MD

Vice Chair: Jack Fisher, MD

## Cruise Itinerary

Copenhagen, Denmark

Visby, Gotland, Sweden

Tallinn, Estonia

St. Petersburg, Russia (3 days)

Stockholm, Sweden

**Ship:** Regent Seven Seas Voyager (*formerly Radisson*)

2005 *Condé Nast Traveler* Cruise Poll – “Top Rated Medium-Sized Ship”

2005 *Travel Weekly* Readers’ Choice Awards – “Best Luxury Cruise Line”

2004 *Robb Report* 16th Annual “Best of the Best” Award



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Call the Aesthetic Society:

800.364.2147 or 562.799.2356

*Regent*

SEVEN SEAS CRUISES

Details subject to change

# News Briefs

## Face Time: The New Injectables

Wall Street Journal (11/14/06) P. D1 ; Rundle, Rhonda L.

The approval of the Botox injection by the Food and Drug Administration in 2002 has sparked demand for other injections that promise facial rejuvenation. Among those presently on the market are Restylane and Juvederm, both of which are used to fill in lines in the lower face; CosmoDerm, which is used to treat deep lines and furrows; and ArteFill, which is used to erase smile lines. Most of the injections currently in use last only four to six months, but there are some in the works that last more than six months or are permanent. The fact that injectables are not regulated like drugs but are considered to be medical devices has many questioning their safety and effectiveness, but some doctors believe these problems can be remedied by having them performed by experienced physicians or nurses.

## Buying Your New Face

Time (11/06/06) Vol. 161, No. 19, P. A1 ; Tsiantar, Dody

Thanks in part to the nation's 80 million baby boomers, Americans are expected to spend \$14 billion this year to reverse the toll aging has taken on their faces, while the overall aesthetics market is projected to reach an annual growth of 25 percent. Additionally, the market for aesthetic medical equipment will increase 30 percent from 2005 to hit \$400 million this year, with sales more than doubling by 2010, according to the Millennium Research Group. Consumers are enticed by shorter recovery periods, fewer visible aftereffects, and quick results as well as the fact that many procedures do not require surgery. Dermatologists, obstetricians, gynecologists, otolaryngologists, spas, and

cosmetic, pharmaceutical, and medical device companies are all entering a field once restricted to surgeons because the procedures offer a good way to make fast money without having to deal with insurance companies. Along with Botox, wrinkle-reducers such as Restylane and the yet-to-be released Juvederm, Perlane, and Reloxin are engaged in a heated battle for market dominance. Other new procedures use radio frequencies, plasma gas, infrared light, light-emitting diodes, pulsed light, and lasers to create a smoother, younger face.

## The Beauty Doctors

Essence (11/06) P. 46

The Washington, D.C., cosmetic dermatology and surgery center Cultura specializes in skin care treatments for black women. The center's founders, Drs. Eliot F. Battle and Monte O. Harris, as well as their 30 employees, are experts at getting rid of too much facial hair, moles, stretch marks, and cellulite. In addition, the center provides women with healthy complexions, trim stomachs, and backside alterations. Harris is known as one of the country's leading surgeons for facial rejuvenation processes, such as eyelid lifts, rhinoplasty, and facial liposuction for black people. Dermatologist Battle, an innovator of laser technology for black people, received a National Institutes of Health grant to conduct research at the Wellman Laboratories of Photomedicine at Harvard to devise a laser specifically for black skin, one that would not cause significant scarring. He eventually received approval for the device from the FDA. Cultura's goal is to make available to black women leading specialists who really understand the way black skin scars and rejuvenates, and are sensitive to other ethnic concerns. Since the demand for their service is so high, Cultura New York is scheduled to launch during next year's initial quarter,

while the Cultura Hair Transplantation Center for Women of Color will open in November in Washington, D.C.

## Bariatric Surgery May Reduce Risk of Heart Disease

Xagena.it (2006-12-19) ;

Researchers recently investigated the files of patients treated between 1990 and 2003, including 197 individuals with advanced phases of obesity who had Roux-en-Y bypass surgery. The control group included 163 patients participating in a weight-reduction program. With a typical follow-up period of 3.3 years, the researchers listed cardiovascular risk factor changes, including body mass index, blood pressure, cholesterol, and diabetes indicators. Study lead author Dr. John Batsis says researchers were surprised by their discoveries. The researchers' predicted 10-year fatality risk for cardiovascular problems, such as myocardial infarction, in the surgical group fell from 37 percent to 18 percent due to the study but stayed the same for the control group, at 30 percent. Comparing data from both groups, those who had bariatric surgery had a more substantial improvement in all cardiac risk areas, including body weight, lipid levels, diastolic and systolic pressure, and fasting glucose readings, even with a reduction in medications for high blood pressure, high cholesterol, and diabetes. Using the discovery about risk factor change, the researchers determined the 10-year risk for fatality or cardiovascular ailments employing the risk models obtained from the National Health and Nutrition Surveys. The researchers figured that for each 100 patients, the surgery would probably stop 16 cardiovascular problems and four overall fatalities compared to the control group.



# The Aesthetic Society/ASPS Patient Safety Advisory on Medi-spas

## How to get the most from your Medi-spa experience:

Medi-spas, locations that can offer everything from facials and hair removal to pharmaceutical injections and other medical procedures, are proliferating across the country. Medi-spas may be located in a physician's office, or in non-traditional locations such as shopping malls, store fronts and beauty salons.

There are many excellent and convenient Medi-spas that offer safe, physician supervised treatments. However, for those providing treatments outside of the physician's office, there are no national standards for medi-spas, no recognized definition of what constitutes a medi-spa, and no oversight organizations that provide the information you need to make an informed, safe choice for your medi-spa experience.

As advocates for patient safety and healthy outcomes, The American Society for Aesthetic Plastic Surgery (ASAPS) and The American Society of Plastic Surgeons (ASPS) have created the following questions you should ask before committing to any procedure or medical treatment in a spa or non-traditional facility. It is important that you do your homework as you should on anything that can affect not only your appearance but your health and safety as well. We suggest obtaining the following information:

### About the facility:

- **Is the Medi-spa located within a physician's office?**  
While problems are infrequent, physician's offices generally have medical personnel available if a problem develops.
- **Is the Medi-spa located outside of a doctor's office in, for example, a mall or salon?**



If so, ask for the name of the physician responsible for oversight and when they are available for consultation or questions before having any injectable, deep peel or laser treatment. Also ask about the training of any other medical personnel. This is vital to protect your health and insure an optimal outcome. These are generally safe procedures with minimal recovery, but do have real risks.

### About medical supervision and personnel training:

- **Does your medi-spa have a physician who can help in determining your goals, provide a treatment plan and direct your care?**
- **What are the credentials of the physician supervising your treatment in the medi-spa?**  
Injectables (such as BOTOX and tissue fillers), skin treatments (such as laser, intense pulsed light, and radiofrequency) and deep peels should be under the supervision of board-certified plastic surgeons or dermatologists. Ask to see these credentials. Doctors in other

specialties, designating themselves as "cosmetic medicine physicians" may lack the comprehensive training that is needed for administering drugs and treatments to the deeper levels of the skin and lack the experience necessary to achieve optimal aesthetic results or to manage potential complications. Just as you wouldn't see an allergist if you were having a baby, it's in your best interest to see a physician who specializes in plastic surgery or dermatologic care when seeking cosmetic medical procedures.

- **Who is performing the injection?**  
Depending on the state you're in, injections and deep peels may be performed by a nurse, physician's assistant or nurse practitioner. However, never allow a non-medical, unlicensed person to perform a medical procedure and be sure that the procedure is supervised by a physician board-certified in plastic surgery or dermatology. Your health and safety depend on it.

## ASAPS Releases Patient Advisory on Medi-spas:

Continued from Page 12

### About efficacy and risk of procedures and realistic expectations:

- **How effective are facial injectables and what is the right product for me?**  
Injectables are generally very safe and effective treatments. There are a wide range of products on the market that are FDA approved and provide good outcomes. However, be sure to ask your provider the following questions:
- **Is the product FDA approved? Is it approved for this use?**  
If your provider is reluctant or does not directly answer this question, don't proceed with the treatment. Don't be afraid to ask to see the manufacturer's label for any injectable product.

#### Can a medication, filler, or a device be used for a purpose different from which the FDA originally approved it?

In the United States, FDA regulations permit physicians to prescribe approved medications, fillers and devices for other than their original intended indications.

Good medical practice and the best interests of the patient require that physicians use legally available drugs, biologics and devices according to their best knowledge and judgment.

If physicians use a product for an indication not in the approved labeling, they have the responsibility to be well informed about the product, to base its use on firm scientific rationale and on sound medical evidence, to fully inform the patient that it is being used "off-label" and to maintain records of the product's use and effects.

- **Will injections last and prevent the need for a facelift in the future?**  
In most cases injectables are temporary solutions and will not give the long-lasting outcome of a surgical procedure.

- **Have you been fully informed of the possible benefits and side effects of the proposed treatment and have you been apprised of possible options?**
- **Have all of your questions been answered and are you fully aware of the risks and rewards of the procedure?**  
All medical procedures, whether they are injections or surgery carry some risk. If you are not fully informed of all risks and requirements for after care, find another provider.

These procedures should never be performed in someone's home, hotel room, or at a party. This is not only unethical and legally risky for the injector but unsafe and potentially dangerous for you.



### About taking control of your own treatment options:

- **What do I expect from my medical procedure?**  
Discuss your expectations with your provider. If you are promised unqualified, 100 percent success, it is probably best not to proceed.  
  
If it sounds too good to be true, it probably is!
- **Am I taking the procedure seriously?**  
Surgical deep peels and injectables like soft fillers and Botox are not the same as getting facials or other superficial beauty regimens. Make sure you have done your homework on the treatment you seek and be aware that these are medical procedures.
- **Am I basing my decision on the best treatment option and not on price?**  
Medical care of any kind is not a commodity. Be sure you have based your decision on the credentials and experience of the practitioner, not on price.
- **Have you asked to see before and after pictures?**  
They can be very helpful in determining with your provider the right treatment for you.
- **What if I'm unhappy with the result?**  
A qualified practitioner can provide you with appropriate revisional or after-care. Make sure you ask this question before the injection or treatment.
- **Have you been told who holds financial responsibility for any revisions or if complications arise?**  
You don't want any surprises later!

# Breastimplantsafety.org

The go to source for the latest consumer information

With the long awaited approval of silicone gel implants finally a reality, the Aesthetic Society and ASPS have fully updated our joint website [www.breastimplantsafety.org](http://www.breastimplantsafety.org) to include the latest information on all implant options for women. Included in this update are testimonials from women who have visited the site, information on the FDA decision



to finally approve silicone implants, a fully searchable "ask a surgeon" section, new patient safety information and much more. We urge you to visit this valuable resource and to include a link to it from your own website. The logo can be downloaded at [www.surgery.org/members](http://www.surgery.org/members).



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# Full Face Transplants

By Bob Aicher, Esq.



Isabelle Dinoire, 38 received a partial face transplant on November 27, 2005, in her native France, bringing to worldwide attention a procedure first performed in 1994 when a nine-year old child in northern India lost her face and scalp in a threshing machine accident. The medical feasibility of other transplants, such as hands and limbs, has long been demonstrated, but facial transplants are exceptional, because the face is so deeply integral to one's personality. As said by Dr. James Partridge, director of Changing Faces, a UK charity for physically disfigured individuals, and who himself was disfigured by burns following a car accident, "When you look at your hand, you say 'that's mine,' whereas the thing about the face is that when you look in the mirror, you say 'that's me.'"

When Dr. Peter Butler of London's Royal Free Hospital called for a debate about the procedure in 2002, the Royal College of Surgeons urged caution the following year, believing the risks outweighed the benefits. After all, appearance is not just the skin, but the underlying bone structure, and the ethics committee of the British Transplantation Society was concerned about the recipient's ability to accept their new appearance. Dr. Jean-Michel Dubernard, a leading transplant surgeon who participated in the surgery, was clear that for Isabelle Dinoire, this surgery was not elective, yet was to improve

her quality of life.

From the medical perspective, Dr. Bernard Devauchelle, who also carried out the surgery in Amiens, France, said most of Ms. Dinoire's facial muscles were preserved, leaving his team to focus upon reattaching the donor's skin and nerves. The donor's nose had been bruised during efforts to save her life, yet after transplantation, the bruise healed and sensation returned to Ms. Dinoire's face, confirming the success of the procedure.

Psychologically, Ms. Dinoire was required to provide significant informed consent. She was a divorced, unemployed factory worker with two teenage daughters, the 17-year old having just left to live with her boyfriend. Ms. Dinoire took sleeping pills, and upon waking, tried to smoke a cigarette, only to find herself without lips, covered in blood, and beside her was her pet Labrador, who was euthanized. Dr. Devauchelle warned that the resulting face "will not exactly resemble her face before, but neither will it completely resemble that of the donor." Ms. Dinoire was also warned that she would forever be on a strict regime of immunosuppression therapy which not only carried its own risk of cancer, but of potentially shortening her life by 10-20 years.

Unlike the Indian child, who had her own face reattached, Isabelle's Dinoire's procedure was the first true facial transplant, because with the permission of the

donor's family, she received the lips, chin and nose from a woman, 46-year-old brain-dead Maryline Saint Aubert who was on life support after an attempted suicide by hanging. Despite the potential psychological trauma of "wearing a dead woman's face," Ms. Dinoire continues to praise her doctors and openly acknowledges that, "There's no comparison between the face I have today and the face I had seven months ago, it is totally different." She also praises Ms. Aubert's family: "Thanks to them, a door to the future is opening for me and others."

With this medical and psychological success, Drs. Dubernard and Devauchelle have asked French authorities for permission to perform five more such procedures. Simultaneously, Dr. Butler's transplantation team at the Royal Free Hospital recently received permission from the Research Ethics Committee to perform four transplants. Likely candidates will be individuals whose faces have been damaged by fire, accident or infection. In the United States, only the Cleveland Clinic in Ohio is currently screening patients for a potential full face transplant.

And the price? The Face Trust <http://www.thefacetrust.org/> in the UK funds surgical reconstruction and facial transplantation research and is asking for donations to underwrite the anticipated cost of \$47,000 per operation.

## Liposuction

Continued from Cover

weight loss in obese children. Further, the Society noted that liposuction is not an effective treatment for obesity in any patient—adult or child.

The statement was issued in response to recent media reports of an obese 12-year old female who underwent large-volume lipoplasty.

Clinical studies have demonstrated that lipoplasty does not have the same health benefits (e.g., reduced risk of heart disease, diabetes or benefits to metabolism) as diet and exercise. It does not address the important lifestyle and diet issues necessary for long term weight loss success. The best liposuction candidates are close to their ideal body weight and have discrete fat deposits that, when treated, will result in a positive change in contour, not obese patients looking for weight loss.

“This treatment plan sends a dangerous message to our young people, that plastic surgery is a cure for being overweight. That is simply not the case,” said J. Peter Rubin, MD, of the Aesthetic Society’s Body Contouring Committee and Assistant Professor of Plastic Surgery at University of Pittsburgh. “I would question the ability of a 12 year old girl to fully appreciate the scope of possible complications and make a reasonable decision about an elective cosmetic procedure.”

“Childhood obesity is one of our nation’s growing health problems and there



are a number of widely accepted treatments for children and adolescents who struggle with their weight. Liposuction and abdominoplasty are not among them,” said Dr. David Sarwer, Associate Professor of Psychology at the University of Pennsylvania’s Center for Human Appearance and Director of Clinical Services at the Center for Weight and Eating Disorders and noted authority on the subject. “There is no evidence to suggest that these procedures lead to improvements in health conditions affected by obesity. Hopefully, the media attention surrounding this story does not lead other adolescents and their families to think that liposuction and abdominoplasty are accepted treatments for obesity.”

“The Aesthetic Society is committed to excellence in education and patient safety,” said James M. Stuzin, MD, President of ASAPS, “the use of large-volume lipoplasty

without the data to support its safety and efficacy in childhood obesity goes against our mission.”

Most experts agree that for appropriately selected younger patients, cosmetic plastic surgery can have a positive impact, but only after they have reached physical development and only if they are psychologically healthy. However, all patients need to:

Explore risks and expected recovery times: Teens and their parents should understand the risks of surgery, postoperative restrictions on activity, and typical recovery times.

Assess physical maturity: Operating on a feature that has not yet fully developed could interfere with its growth, or negate the benefits of surgery in later years.

Explore emotional maturity and expectations: As with any patient, the young person should appreciate the benefits and limitations of the proposed surgery, and have realistic expectations.

Check credentials: State laws permit any licensed physician to call themselves a “plastic” or “cosmetic” surgeon, even if not trained as a surgeon. Look for certification by the American Board of Plastic Surgery. If the doctor operates in an ambulatory or office-based facility, the facility should be accredited. Additionally, the surgeon should have operating privileges in an accredited hospital for the same procedure being considered.

## Understanding Cosmetic Patients

Continued from Page 5

quality care, to make care accessible, and to treat patients with courtesy and respect. Work at cultivating an environment that embraces quality improvement. You may think that issues related to accessibility are less important than a good result, but your patients may strongly disagree. Patients place convenience at the top of their list of what makes them satisfied. Although these issues may be more important to patients than to plastic surgeons, if you overlook them entirely, you will become non-competitive. To think that your patients’ desires are irrelevant or less important than your own is just not realistic in this day and age.

“Although we practice in a highly competitive environment where shortcuts may be tempting, I believe maintaining the highest possible standards and reluctance to compromise will always serve you well in practice,” says Dr. Foad Nahai. Do your best never to promise anything you can’t deliver. When measuring outcomes or setting priorities, ask your patients about the long-term effects of their treatment. “Your patients are the final arbiter of the level of their experience of care, says Dr. Nahai. “If you do not pay attention to them carefully, you will not understand how your methods can be improved so that your patients walk away with an experience that you and your staff can be proud of.”

*Wendy Lewis is an international consultant and writer specializing in all aspects of aesthetic medicine. She has written nine books, including America’s Cosmetic Doctors (Castle Connolly), and is a columnist for YOU Magazine of the Mail on Sunday. Ms. Lewis has been a Course Instructor for ASAPS since 2001, and is a frequent presenter at conferences throughout the US and Europe. She also serves as Editorial Director for MDPUBLISH, a comprehensive marketing and publishing firm for physicians. She is currently working on her tenth book, The Complete Cosmetic Beauty Guide, to be published by Orion in September 2007. [www.wlbeauty.com](http://www.wlbeauty.com), [www.mdpublish.com](http://www.mdpublish.com), [wlbeauty@aol.com](mailto:wlbeauty@aol.com)*



## Is your advertising ethical?

Ethics is not definable, is not implementable, because it is not conscious; it involves not only our thinking, but also our feeling. —Valdemar W. Setzer

The American Society for Aesthetic Plastic Surgery adopted by membership vote the American Society of Plastic Surgeons Code of Ethics in 1999 to ensure consistency in the ethical standards expected of plastic surgeons. As aesthetic surgeons, we rely on advertising to show the public what services we offer because other than word of mouth, there are few referrals. Equally important is the fact that we want to be able to set ourselves apart from the ever growing number of “cosmetic” surgeons who seem to have boundless amounts of marketing dollars. Having said this, we do hold ourselves to a higher standard and must abide by our ethical code.

By definition the word ethics means the discipline dealing with what is good and bad and with moral duty and obligation; the principles of conduct governing an individual or a group; a guiding philosophy; a consciousness of moral importance; or a set of moral issues or aspects. It really boils down to doing what is right.

The ASAPS membership committee has found an increasing incidence of infractions in web-based advertising leading to a denial of membership. Examples of these problem areas include making claims about your background and training, ability to provide something that no one else in your area can provide or being the proverbial “best facelift surgeon in Anywhere, USA.” If you choose to make such a statement, you should be prepared to have supporting evidence. Other concerns are using photos of models representing an outcome that is simply not attainable. I’m sure you’ve all seen ads run by local competition claiming to take years off of a patient’s face over a lunchtime treatment with minimal downtime.

This table is the advertising section of the ASPS/ASAPS Code of Ethics available

on line at [www.plasticsurgery.org](http://www.plasticsurgery.org). You are encouraged to review this carefully and if you have questions you should contact ASAPS at 1.800.364.2147 or [info@surgery.org](mailto:info@surgery.org) for guidance.

### II. Advertising

A. Subject to the limitations of Section 2, I, G a member may advertise through public communications media such as professional announcements, telephone and medical directories, computer bulletin boards, Internet web pages and broadcast and electronic media. The following are examples of the types of useful information that could be included in ethical advertising. The list is illustrative and should not be interpreted as excluding other relevant information consistent with the ethical guidelines established herein. (11/96)

1. A statement of regular E-mail or website addresses and telephone numbers of the member’s offices.
2. A statement of office hours regularly maintained by the member.
3. A statement of language, other than English, fluently spoken by the physician or a person in the physician’s office.
4. A statement as to specialty board certification or a statement that the physician’s practice is limited to specific fields.
5. A statement that the member provides services under specified private or public insurance plans or health care plans.
6. A statement of names of schools and postgraduate clinical training programs from which the member has graduated together with the degrees received.
7. A listing of the member’s publications in educational journals.

8. A statement of teaching positions currently or formerly held by the member together with pertinent dates.

9. A statement of the member’s affiliations with hospitals or clinics.

10. A statement that the member regularly accepts installment payments of fees, credit cards and/or other available financing options. (10/99)

B. A member shall not compensate or give anything of value directly or indirectly to a representative of the press, radio, television, or other communication medium in anticipation of or return for recommending the member’s services or for professional publicity. A member may pay the reasonable cost of advertising permitted by this Code. A member shall approve all advertisements before dissemination or transmission, and shall retain a copy or record of all such advertisements in their entirety for one year after its dissemination. A member shall be held personally responsible for any violation of the Code of Ethics incurred by a public relations, advertising or similar firm which he or she retains, or any entity that advertises on the member’s behalf. (9/93, 10/99)

C. A member may use photographs of models in his or her advertisements. If photographs of models who have not received the services advertised are displayed in a manner that would suggest the model received the services advertised, the advertisement shall clearly and noticeably state that the model has not received the advertised services. (10/99)

*Dr. Edwards is an aesthetic surgeon practicing in Las Vegas, NV and is Chair of the Candidate Liaison Committee.*



## Media Notes and Quotes

A Sampling of current media coverage on the Aesthetic Society

After 14 years, silicone breast implants will once again be available to women in the United States. The decision by the Food and Drug Administration makes silicone implants available to all breast reconstruction and revision patients, as well as women 22 years of age and older seeking cosmetic breast enhancement. In April of this year, the American Society for Aesthetic Plastic Surgery presented a course in Orlando, Fla., designed to update and instruct American plastic surgeons on the use of silicone gel implants. "Since the restriction on silicone gel implants in 1992, there has been a generation of plastic surgeons who have limited, if any, experience with these types of implants," said Atlanta plastic surgeon Dr. Foad Nahai in an ASAPS press release. "This program will introduce them to the differences between gel and saline implants."

### FDA Says 'Yes' to Silicone Breasts ABC News

November 17, 2006

Five years ago, cosmetic medicine was primarily the domain of plastic surgeons, facial surgeons and dermatologists – medical school graduates who undergo several years of training in facial skin and its underlying anatomy. But now obstetricians, family practitioners and emergency room physicians are gravitating to the beauty business, lured by lucrative cosmetic treatments that require same-day payments because they are not covered by insurance and by a medical practice without bothersome midnight emergency calls...Dr. Mark L. Jewell, a plastic surgeon in Eugene Ore., who is past-president of the American Society for Aesthetic Plastic Surgery, said the advent of physicians from other fields was likely to confuse patients, who do not always investigate doctor's training when looking for a cosmetic medical expert. Even more confusing to consumers is that many nonspecialist physicians are marketing themselves using terms like "cosmetic surgeon," aesthetic surgeon" and "laser surgeon," he said. "Next thing you know, chiropractors will be doing liposuction," Dr. Jewell said. "and psychiatrists will be 'head surgeons,' giving you Restylane with your Prozac."

### More Doctors Turning to the Business of Beauty The New York Times

November 30, 2006

When do you start the quest to prevent? And can doing something too early do more damage than doing nothing at all? "You can't say, 'Well at this age we're going to do this,' says Robert Singer, MD, a former president of the American Society for Aesthetic Plastic Surgery (ASAPS)... Past ASAPS president Peter B. Fodor, MD, an associate clinical professor of plastic surgery at UCLA Medical Center who researched stem cells for the past eight years, says his team was the first to prove stem cells harvested from subcutaneous tissue of gar can indeed grow bone cells, as well as cartilage and muscle cells. But in this country, he says, "It's only been done in the lab."

### Age of Experience Elle Magazine

December 2006

Stomach-flattening surgical procedures known as abdominoplasties or tummy tucks typically remove excess fat and skin, tighten muscle, reposition the belly button, and frequently require an overnight hospital stay and a painful two-week recovery. But for women with loose skin only below the navel or small lower-belly protrusions, a lower abdominoplasty can get 5 patients back to work in four to five days, reported Gerald H. Pitman M.D., a plastic surgeon in New York City, at a meeting of the American Society for Aesthetic Plastic Surgery.

### Flatter Abs, Faster Allure Magazine

October 2006

More than 364,000 women will get breast implants this year, according to the American Society for Aesthetic Plastic Surgery, that's an increase of nearly 10 percent from just five years ago... "Many of my first-time patients come in thinking breast augmentation is like rhinoplasty or liposuction – you do it, it looks good and then you forget about it, says Foad Nahai, MD, an Atlanta-based plastic surgeon and author of the Aesthetic Surgery: Principles & Techniques. One of the first things I tell them is 'This implant is not permanent and it will inevitably fail and have to be changed.' It's remarkable how many people aren't aware of that." What No One Ever Tells You About Breast Implants

### Glamour

November 2006

# FIRST IMPRESSIONS ARE EVERYTHING

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## Before Extreme Makeover



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## After Extreme Makeover



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