Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery Volume 14, Number 1 Winter 2010

Aesthetic Society Introduces New Resident Program

By Clyde H. Ishii, MD, FACS, and Jamil Ahmad, MD

A recent study by the American Society of Plastic Surgeons (ASPS) Plastic Surgery Workforce Task Force revealed that 94 percent of ASPS members perform aesthetic surgery procedures as part of their practices. In addition, half of the survey's respondents reported that the majority of their practices focus on aesthetic surgery.

However, a survey of plastic surgery senior residents revealed that only 51 percent were satisfied with the effectiveness of their aesthetic surgery training and felt prepared to integrate aesthetic surgery procedures into their practices upon graduation. Furthermore, this study suggested that current plastic surgery curriculum may not be adequately addressing advances in the nonsurgical and minimally invasive aspects of aesthetic surgery despite a nationwide 233 percent increase in the total number of these procedures performed since 1997.

With the rapid evolution of aesthetic surgery and technology, providing comprehensive aesthetic surgery education for our plastic surgery trainees has become more important than ever to ensure delivery of quality care and patient safety. In an effort to enhance aesthetic surgery education for

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Memoirs of a Traveling Professor

By James L. Baker, Jr., MD

I have had the pleasure of being one of our Traveling Professors for almost 10 years. I have found it to be one of the most rewarding experiences of my professional career. It has included visits to Residency Programs from the east coast to the west coast, with programs in between. I have addressed as few as six residents to over 50 and each presentation has been as exciting and encouraging as the next.

Many of the programs have combined local Plastic Surgery Society presentations for the attending surgeons the evening before the resident talks the following day. Subjects have been varied in the aspects of Aesthetic Surgery and other requested targeted lectures. Some combined a cadaver lab for demonstrations of techniques which are always really fun.

Each has begun with a presentation of the merits of membership in the American Society for Aesthetic Plastic Surgery and

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Organized Plastic Surgery Fights for Patient Rights by Defeating "Botax"

In a strong show of unity between organized plastic surgery, patients and patients' rights advocates, a five percent tax on all elective cosmetic surgeries was eliminated from the proposed healthcare reform bill right before the Christmas holidays.

This tax, in the view of many physicians and patients, unfairly singled out one segment of medicine, was unfairly biased against women and set an unprecedented roadblock in the traditional doctor-patient relationship.

Details of the bill, as well as published statistics, support these conclusions. The singling out of one specific set of medical procedures for taxation has never happened before in the United States. Combined with published data that suggests 86 percent of cosmetic surgery patients are female, and the majority between the working ages of 19-64, and the concern that the physician as tax collector could interfere with the confidential bond between doctor and patient (not to mention HIPAA concerns) the proposed amendment was not only illogical but misogynistic.

"The majority of my patients are not people of wealth but are working women looking to improve their self-esteem and self image" said Aesthetic Society President, Renato Saltz, MD. "Working with our colleagues at ASPS proved that our investment in advocacy works, not only for our benefit but for the benefit and safety of our patients as well."

Advocacy efforts were not the only tool in the physician's armamentarium on the tax issue. Grass roots efforts, from social media to patient

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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 *Calendar*

Co-sponsored/Endorsed Events 2009 – 2010

March 3 – 7, 2010

13th Annual Dallas Cosmetic Surgery Symposium and 27th Annual Dallas Rhinoplasty Symposium

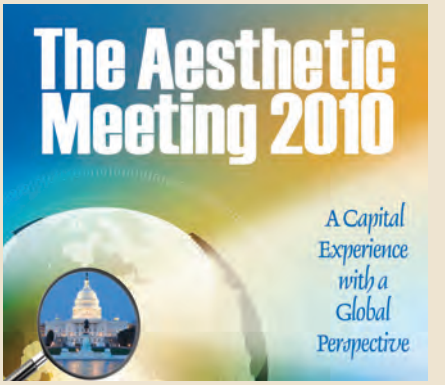
Westin Galleria, Dallas, TX
Contact: Giau Nguyen at 214.648.9280
Email: dallasRhinoplasty@utsouthwestern.edu
Endorsed by ASAPS

SKIN CARE 2010

April 20 – 23, 2010

SPSSCS 16th Annual Meeting

Gaylord National Hotel & Convention Center
Washington, DC
Contact: SPSSCS at 800.486.0611
spsscs.org



April 22 – 27, 2010

The Aesthetic Meeting 2010 A Capital Experience with a Global Perspective

Gaylord National Hotel & Convention Center
Washington, DC
Contact: ASAPS 800.364.2147
562.799.2356

June 4 – 6, 2010

CAFTAS III (Controversies, Art and Technology in Facial Aesthetic Surgery)

Gent, Belgium
Contact: Drs. Tonnard & Verpaele
info@coupurecentrum.be
Endorsed by ASAPS

August 15 – 18, 2010

20th Congress of ISAPS

Moscone Convention Center
San Francisco, CA
Contact: Catherine B. Foss at 603.643.2325
Email: isaps@sover.net
Endorsed by ASAPS

August 18 – 21, 2010

25th Annual Breast Surgery & Body Contouring Symposium

Hilton Santa Fe Golf Resort & Spa at Buffalo Thunder, Santa Fe, NM
Contact: ASPS at 800.766.4955
Co-Sponsored by ASAPS/ASPS

President's REPORT

RENATO SALTZ, MD

Undoubtedly, the number one issue facing our specialty for the past couple of months has been the proposed five percent cosmetic tax the health care bill tried to impose on our patients.

It gives me great pleasure to report that on Saturday, December 19, 2009 we received final confirmation that the cosmetic tax provision was removed from the Senate health reform bill. I thank the ASAPS Executive Committee, Board of Directors, staff, you and your patients for all their efforts in helping us to achieve this victory.

As many of you know, a portion of your Aesthetic Society annual membership dues are earmarked for advocacy efforts through the ASPS. "Botax" is an excellent example of your dues at work and we owe a sincere Thank You to ASPS President Michael F. McGuire, MD and the entire ASPS family for coordinating "the coalition" that helped us defeat the tax.

While this is great news, we still need to remain diligent. The Senate is expected to pass a bill which will then have to be reconciled with the House bill in January. During that process, we must ensure that the tax in not re-inserted into this legislation. Please continue your efforts on this legislation, as we will.

Legislative issues aside, the Aesthetic Society has been quite busy with the many different educational activities going on this year. Below is an update on different ongoing projects I mentioned in my last report:

- International Visiting Professor—Past President and *ASJ* Editor in Chief Foad Nahai, MD has accepted our invitation to be the first International Visiting Professor. Residency programs in different countries are now applying to host his visit
- International Visiting Fellow—the application for this program is now finalized and soon we will be able to host "the best from the world" inside our clinics/operating rooms. I would like to gratefully acknowledge Sientra for funding both of these exciting new programs.
- ASAPS webinars continue to attract many members for live education online. The last two webinars focused on Practice Management issues and, more recently, a webinar, under the direction of Clyde H. Ishii, MD, was conducted completely dedicated to Residents and Fellows. It attracted more than 90 participants and delivered excellent content, educating residents on how to start their practices. If you missed any of the ASAPS webinars they are available at www.surgery.org/professionals/webinars.
- Channel Beauty—ASAPS first Web project is in its final preparations for launch during The Aesthetic Meeting 2010 in Washington DC. The "Channel Beauty Team" composed of Daniel C. Mills, III, MD, Robert Singer, MD, and Alan H. Gold, MD, have been working non-stop all year on this most exciting project. My sincere thanks for this unstoppable group who meets in person or via conference call on a weekly basis working on content, production, marketing, business strategies, etc to bring to you and to our patients perhaps the most significant public education project ever dreamed or assembled by ASAPS or any other surgical/medical specialty group.
- Finally, a few words about The Aesthetic Meeting 2010 in Washington, DC. The Program Committee, under the leadership of Drs. Jeff Kenkel and Jack Fisher has put together a phenomenal meeting. They have answered my request to increase the International presence with a "Capital Yes"! The Washington Meeting Program has "the best of the best" in the US and abroad.
- Per my request, the Program Co-Chairs have also extended the meeting until Tuesday afternoon, allowing for a great half-day session with international panels and papers presented by thought and opinion leaders from abroad. We already had a record number of abstract submissions including many from international colleagues. The combination of a beautiful city, an incredible brand new hotel/convention center with one of the best group of educators ever assembled will make this meeting one of the most memorable we have had. Certainly, one not to miss! Make sure you book your reservations today and plan to bring your nurse, aestheticians and office personnel with you. The Skin Care Society will have a great meeting starting on April 22 and your staff should benefit from it. Registration brochures are on the way.

We are very fortunate to have hard working officers, board members, commissioners, committee chairs, committee members and staff working diligently for you, the Society and the Specialty. This Society is very unique and there is no other like it. I could not be more proud of the people I have been working with for the past nine months and of the trust you have given me as President of the Aesthetic Society.

A Milestone in Aesthetic Education

The Atlanta to Australia Joint Satellite Meeting

By Felmont F. Eaves III, MD

It started with a brief transpacific conference call by Skype in May, 2008, with representatives of the Australian Society for Aesthetic Plastic Surgery (ASAPS Australia) and the American Society for Aesthetic Plastic Surgery (ASAPS) exploring ways to enhance cooperation and exchange between the societies. On that call an idea was hatched to hold a joint session between America and Australia using satellite technology to allow faculty and audience alike to participate from both sites. There are many potential benefits to multisite, cooperative, interactive educational programs. Participants can reduce their travel time and expenses by staying in their home country or region. The faculty available for the program organizers can also be expanded without additional cost burdens going to the sponsoring societies. "Going satellite" is also "going green," with a significant reduction in air travel than would otherwise be undertaken. The greatest benefit, however, may be to connect the world of plastic surgery and to share and learn globally.

On January 14-17, 2010, the idea became reality.

Generously funded by grants from ASAPS and ISAPS, the Australian Society was able to partner with the long-established Atlanta Breast Symposium and the Oculoplastic Symposium under the direction of Dr. Mark Codner and the Southeastern Society of Plastic and Reconstructive Surgeons (SESPRS). The enthusiasm for support from ISAPS was expressed by President Dr. Foad Nahai: "With our commitment to excellence in aesthetic education worldwide ISAPS welcomed the opportunity to be part of what we believe will be the way of the future. We were therefore pleased to work together with ASAPS and guarantee the

funds that were needed." The guarantees provided by ASAPS and ISAPS allowed both sites to commit to faculty, facility, and technical costs without having to depend on industry support, a considerable obstacle considering a challenged world economy with heightened compliance issues on both sides of the Pacific. In addition, the funding allowed both the two way interactive satellite transmission as well as the physical exchange of faculty between the sites, with Dr. Craig Layt (President-Elect of ASAPS Aus.) and Dr. Graeme Southwick traveling from Australia to Atlanta and Drs. Felmont Eaves and Jeffrey Kenkel traveling from the US to the Gold Coast of Australia.

Day one of the joint session included three hours of presentations and panels covering oculoplastic surgery alternating between Atlanta and Australia as the speaker site. Due to the eight-hour time difference, an early morning session in Australia was linked to the late afternoon session in Atlanta, a pattern that continued for the following two days where the topic was aesthetic and reconstructive breast surgery. Both sites had additional sessions during the "off satellite" time, including live, interactive surgical procedures at the Atlanta site. Due to the time differences the live surgery was shared with the Australia audience in a delayed broadcast. In addition, the Southeastern Society of Plastic and Reconstructive Surgeons made the entire Atlanta meeting available online, both in real time and over the next thirty days. According to Tim Hulsey of Bowling

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A Milestone in Aesthetic Education

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Dr. Carl Hartrampt introducing Dr. Ian Tayor for the Hartrampt Honorary Lecture

Green, Kentucky (USA) the opportunity for remote access to the meeting was important: "Please pass along my sincere appreciation for the opportunity to participate in this legendary meeting from my home. In the current social and economic climate, I think this is the future of meetings and, in time, will be an option for all meetings." The portion of the Atlanta-based meeting not broadcast live to the Australian delegates was made available via the internet in a delayed fashion.

While reviews and post-symposium surveys are still being received and analyzed it is clear that this first truly interactive satellite symposium was a huge success in advancing international education. Audiences at both sites and online were amazed at the clarity of images and sound. "The satellite exercise seemed to work with impeccable ease, although I am sure it was very difficult. It ran so smoothly and I know from comments both in Atlanta and from my Aussie and NZ colleagues that it was a big hit setting new heights for future meetings to get to."(Dr. Graeme Southwick—Melbourne, Australia) Dr. Mark Magnusson, program director for the Australian site, and Dr. Mark A. Codner, program director for the American site, refined a program where alternating speakers not only provided an incredibly strong content but also an enhanced feeling of "being connected" at both sites. Panels were truly interactive, with a split screen of the Australian and American faculty allowing an experience like actually being there. The highlight of the meeting was the Honorary Hartrampf Lecture given by Professor G. Ian Taylor AO from the Australian site, introduced by Dr. Hartrampf himself from the Atlanta site. To keep the communication and coordination going, audiovisual technicians, organizers, and society staff at both sites kept in constant contact by voice, text messages and email.

In polling the Australian audience after the meeting, it was clear that the interactive nature of the meeting was critical. "From an Australian view point this meeting has been a huge success. It was the unique opportunity of close interaction between the two sites that made it such. This was highlighted in the dialogue between Michael Scheflan and Wayne Morrison on the science of fat transfer. The two way satellite transmission facilitated participation in an international meeting, not just passive observation. This concept has huge potential for education of our members in the future." (Dr. Niamh Corduff, President ASAPS Aus).

Surgeons in Australia wanted to "feel" like they were at the Atlanta site and that they could interact with faculty and other participants. In this world of the internet and digital media, it appears that providing excellent educational content alone does not fulfill all the needs of plastic surgeons. Connecting with their colleagues, actively participating in meeting, asking questions in real time and socializing are also important parts of advancing the global community of aesthetic surgery. ISAPS, in cooperation with the American Society for Aesthetic Plastic Surgery and societies throughout the globe, seeks to be a leader in this new world of aesthetic surgery education.

The Atlanta to Australia Symposium was a milestone in aesthetic surgery education and creates a model for enhanced global cooperation and exchange. Acting in partnership, ASAPS and ISAPS are actively analyzing the meeting, meeting reviews, and feedback from technical crews and have already begun brainstorming ways to improve the organization, technical abilities, and interactivity of multisite meetings. At the same time, the Societies are exploring other transmission options such as high-definition streaming internet-based systems in order to reduce costs and increase the availability and frequency of such programs. The enthusiasm for this first interactive multisite meeting was a view into the future. "On the first morning (for us in Australia) it was a very emotional time when the projectors came on and I was able to see my friends back in my old home. Within minutes it became obvious that this meeting represents a milestone of education, a new way to connect the world, and a way for ASAPS, ISAPS, and many societies around the world to partner together." (Felmont Eaves, MD, Charlotte, NC)

Felmont F. Eaves, III, MD is ASAPS President-Elect and ISAPS Chair of Patient Safety and Survey Editor.

Constructing a Blueprint for Success: The Nuts and Bolts of Practice Renovation

By Lisa Bethune Matas

Since 1989, our 2,000 square foot medical office condominium had been serving our needs, allowing us to care for patients in a functional and intimate private practice setting. Its state-of-the-art build-out was customized with an operating and recovery suite on site, two exam rooms, a cozy reception area and the other essentials you would expect.

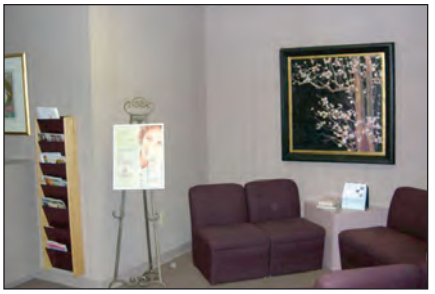
But 20 years later, its once modern appearance had become tired. At the same time, our practice had evolved into a primarily aesthetic one with a more important focus on skin care and other services. At the very least, we sorely needed a cosmetic renovation to refresh our look, and upon further consideration, it appeared that more extensive design changes would be a better solution to meet the increasing needs of our practice, patients and staff.

With that notion, we began a journey that would take nine months and thousands of hours to reach our destination. Renovation can be accomplished affordably and efficiently, but only when you understand the key considerations involved during the research, planning and execution stages can you blueprint your own success.

Laying the Groundwork

Everything prior to driving the first nail is part of a feasibility study, and this is necessary in order to define your goals, understand the associated costs and decide the extent of changes you will undertake. Begin the process by identifying your practice objectives and ask yourself what specific goals must be met to ensure the project is successful.

Updated reception area



Reception area before renovation

An updated aesthetic appearance may reinforce practice branding and patient perception. Additional treatment rooms may give flexibility for other providers to generate revenue. Well-positioned lighting and display cabinetry can place emphasis on skin care and other merchandise, increasing interest and creating sales opportunities. And, in addition to the tangible benefits, better design could improve traffic flow and efficiency for the staff. These were just some of the needs that we identified, but each practice will have their own specific objectives.

It's not too soon to entertain preliminary discussions with financial lenders, even though you don't have real costs yet. We based our calculations on what we were comfortable budgeting for the project, with the realization that the budget might change as needed. We obtained a 5-year simple loan at an attractive interest rate through our local banking partner, but we also shopped online to compare rates and fees with outside lenders. Borrowing in this current economic climate may be more challenging, so expect to use creative

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financing and get your CPA involved to understand the best way to structure your loan. This is a preparation step, and eventually you will substitute real cost calculations.

Your CPA can help you weigh project cost against your short and long-term practice vision. How much longer do you plan to practice and are these changes expected to produce more revenue and offset cost? Would a newly renovated space increase resale value when and if you decided to sell, or just make your property more desirable as rental space? Analysis of your future plans put total project costs in better perspective.

Other preliminary details include studying construction logistics within your building. Our medical condominium was situated in a larger medical complex where patients frequented other practices, so it was important to ensure the safety of patients and staff in the building, and to minimize their inconvenience as much as possible. We informed our management company of our upcoming plans and asked for their specific guidelines.

Consider the following logistics and make a list of your own depending on your location. Where will they allow your dumpster to be placed on the property? Will your PODS storage containers be close enough for you to move items in and out as needs change? How will construction materials move in and out of your building and, if you are located higher than the first floor, which elevators will be used? What are the guidelines concerning work hours, and is construction permitted at night and on weekends?

Designating a Construction Coordinator

Practice renovation is a complex project containing many aspects. From the onset of the idea, it's prudent to select a key individual within your practice who will act as construction coordinator, reporting progress to the physician, obtaining ongoing direction and acting as liaison between all parties.

Depending on their position within your practice and their individual strengths, they may be responsible for gathering research, defining design goals and aesthetic direction, interfacing with contractor, architect and interior designer to coordinate details, reviewing budget, expenditures and executing payment, coordinating significant dates and details of the project and more.

Your business manager, administrator or proactive spouse could act as coordinator. Since they play a significant role in the success of your project, allow them to prioritize their responsibilities and reassign regular duties to other team members as needed. As they say, building a house is a full-time job, and practice renovation requires a similar level of time and commitment.

Digging a Little Deeper

Up to now, your feasibility study has been limited in time, effort and cost. The next stage of the study requires a more sincere commitment to the project, where specific plans are drawn and real cost projections are outlined.

Most practices will not have a contractor chosen at this stage but, in our case, we had a prior working relationship with our contractor and had discussed the project details with him. He was a hands-on builder and master re-modeler that usually had direct involvement and close working relationships with his clients. A recent project had included renovation for a banking institution, where the bank remained open during construction, and we would use a similar model. Not all contractors will accept these working conditions, so discuss this during the interview process to assess their comfort level.

Since our builder needed plans to bid the build-out, we partnered with an architectural firm specializing in medical and dental design, and had preliminary drawings prepared to see if our idealized budget would fulfill our design goals. An architect experienced with medical design already understands applicable laws and engineering requirements, and can design with these details in mind.

If you are able to develop a relationship between the builder and architect early, you'll find it streamlines planning, saves costs and improves continuity between the team. Our contractor participated in key design and planning meetings, making suggestions to the architect that would be cost-effective during the building phase. We previewed two different approaches, comparing the cost efficiency and timeline needed to complete each. Ultimately, we chose a design that would be completed in two distinct phases, allowing the practice to stay open for business during construction.

Our contractor prepared an itemized and detailed budget that included major cost categories based on the design we chose. He used a cost plus formula in lieu of a fixed contract price, a method that allowed us to actively participate in controlling cost. This same budget was updated weekly, allowing us to monitor progress and expenditures. Since we received all receipts and invoices, there was also greater accountability with a checks and balances system.

Previous to signing a construction contract, we had our attorney review it and we renegotiated a few contract terms at his recommendation, including a cap of the contractor's fees. Consider setting a reasonable completion date with deductions if your project runs over, as this keeps your construction crew motivated. These written addendums to the contract can literally save you thousands, so examine the construction documents well and negotiate up front.

As with any renovation, you never know what you will encounter behind a wall, in the ceiling or otherwise, and these surprises can result in delays and additional cost you did not count on. Not to mention, anything you alter or show changes for on your plans will be subject to meeting current code and will not be grandfathered in.

If there are areas that won't be changed during the renovation, your architect may be able to omit them from construction drawings or have other suggestions to avoid their scrutiny. Remember, when construction is involved, running over budget and taking longer than expected is more the norm than the exception.

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UPDATE ON: *ASERF*

LAURIE A. CASAS, MD

ASERF Website launches, Honor Your Mentor program gets its first recipient, Allergan Grants Awarded

THE AESTHETIC SURGERY EDUCATION AND RESEARCH FOUNDATION

The Aesthetic Surgery Education and Research Foundation (ASERF) has been extremely busy since our last report in the pages of ASN. In late 2009, we officially launched the new ASERF website, www.aserf.org. The site now offers a wide range of information of interest to the ASERF community, including:

- How to donate to ASERF
- Recently published studies
- Grant recipients
- News
- Grant opportunities
- Physician Initiated Research
- Directed Research
- Information on ASERF-sponsored "Hot Topics" presented yearly at the Aesthetic Meeting

And much more. Please take a few minutes to navigate through the new site and let me know what you think. I can be reached at lcasas@casas.md

ASERF Launches New Fundraising Program

Some of us are lucky enough to be able to thank our mentors in a variety of ways which are both rewarding and effective. However, there are others who feel they just cannot do enough or lack the ability to express their gratitude in a manner that is truly meaningful. That is the genesis for the ASERF's (Aesthetic Society Education and Research Foundation) newest fundraising effort, the "Honor Your Mentor" program.

This program is the first of its kind for ASERF, but not uncommon in foundations. The "Honor Your Mentor" program enables Society and Foundation members to honor those who have played a significant role in their lives, careers or in the plastic surgery field.

A tax-deductible donation to ASERF is made in the name of your mentor, not only serving as a tribute to their career, but also helping ASERF continue to facilitate and fund aesthetic plastic surgery research.

If you would like to "Honor Your Mentor" with an honor, memorial or tribute gift to ASERF please visit www.aserf.org to do so.

The following surgeons were recently honored with donations to ASERF: Carl R. Hartrampf, MD, John C. Kelleher, MD, Ralph Millard, MD and Robert Singer, MD.

Final Allergan Grants Awarded

Drs. Hooman Soltanian and Jeffrey Kenkel were recently awarded the two remaining Allergan Foundation Breast and Cosmetic Medicine Grants administered through ASERF. Dr. Soltanian will be studying In-vivo Evaluation of Round Breast Implant with Stand-up MRI. The purpose of the project is to evaluate the effect of environmental factors on breast aging, shape, and development of breast disorders such as breast cancer by studying monozygotic twin sisters.

The main hypothesis of this project is that there are environmental factors affecting the appearance of the women's breast and development of disorders such as breast cancer. Acquired factors including number of pregnancies, history of nursing, use of contraceptive hormones, and use of brassiers will be recorded. The correlation between the environmental factors and occurrence of breast disorders and ptosis and other signs of aging will be analyzed. The current project will help clinicians gain a better understanding of the effect of the environmental factors on the age related changes of the breast appearance and development of other breast disorders. The results of the current study can be the basis for modification of the environmental factors to help women maintain a youthful breast appearance longer, modify risk factors for certain breast diseases, and possibly negate some of the inherited genetic influences.

Dr. Kenkel will be examining Effects of Facial Topical Lidocaine Application of Serum Levels of Lidocaine and MEG-X.

Topical lidocaine is applied liberally in clinics and spas throughout the world. Despite this, there is little to no data describing the safe doses, toxicity, and clinical guidelines regarding the topical use of lidcocaine, particularly in a highly vascularized area such as the face. The primary purpose is to examine the metabolism of 4% topical lidocaine (LMX-4) to determine peak serum levels, and common clinical treatment variables affecting absorption, as a means of increasing patient safety.

Laurie A. Casas, MD is an aesthetic surgeon in private practice in Northbrook, IL and clinical associate professor, University of Chicago Pritzer School of Medicine. She is President of ASERF.

The Aesthetic Meeting 2010

Optional Courses • April 22 – 26
Scientific Sessions • April 24 – 27
Exhibits • April 24 – 26

A Capital Experience with a Global Perspective

THE ANNUAL MEETING
OF ASAPS & ASERF

April 22–27
Washington, DC
Gaylord National Hotel & Convention Center

Register Online

surgery.org/meeting2010

Scientific Sessions • International Hot Topics • Research & Innovative Technology Luncheon
E-Posters • Residents & Fellows Forum

Week-at-a-Glance

Thursday, April 22, 2010

6:30am–6pm — ***Registration Open***
Gaylord Convention Center Foyer–Level 2

9am–12Noon — ***ASERF Board of Directors Meeting***

1pm–6pm — ***ASAPS Board of Directors Meeting***

Special Pre-Meeting Cadaver Workshops

7:30am–1pm — **S1** ***Endoscopic Technique in Forehead & Mid-Face—A Cadaver Workshop***
Instructors: Renato Saltz, MD, Grady B. Core, MD, Felmont F. Eaves, III, MD, Kiya Movassaghi, MD, & Richard J. Warren, MD

2pm–6pm — **S2** ***Open and Closed Rhinoplasty: The Complete Basic Steps of Rhinoplasty: A Cadaver Workshop***
Instructors: Joe M. Gryskiewicz, MD, Richard J. Beil, MD, Paul H. Izenberg, MD, & Daniel Sherick, MD

S3 ***Facial Rejuvenation by MACS Lift—A Cadaver Workshop***
Instructors: Mark L. Jewell, MD, Glenn W. Jelks, MD, Kiya Movassaghi, MD, & Thomas L. Roberts, III, MD

Friday, April 23, 2010

6:30am–6pm — ***Registration Open***
Gaylord Convention Center Foyer—Level 2

Special Seminars

7:30am–5:30pm — **S4** ***Cosmetic Medicine: Strategies for Success in 2010—Featuring Live and Video Demonstrations of Treatments and Results—You Be the Judge!***
Co-Chairs: Jeffrey M. Kenkel, MD, & Clifford P. Clark, III, MD

7:30am–5pm — **S5** ***Rhinoplasty Symposium: Mastering Primary Rhinoplasty Today—What Really Works—A Joint Presentation of the Rhinoplasty Society and The American Society for Aesthetic Plastic Surgery***
Co-Chairs: Rollin K. Daniel, MD & Rod J. Rohrich, MD

8am–12Noon — **S6A** ***International Hot Topics in Aesthetic Surgery***
Co-Chairs: William P. Adams, Jr., MD, Joe M. Gryskiewicz, MD & João Carlos Sampaio Goés, MD

8am–5pm — **S7** ***Medical Life Drawing & Sculpture***
Instructors: Grant A. Fairbanks, MD & Grant R. Fairbanks, MD

8am–2pm — **R** ***Residents & Fellows Forum***
Co-Chairs: Clyde H. Ishii, MD & Kiya Movassaghi, MD
Supported by Allergan

8am–12Noon — **S8A** ***AAAASF Inspector Training Workshop***
Instructors: Lawrence S. Reed, MD, Gary M. Brownstein, MD, David D. Watts, MD, Harlan Pollock, MD, Geoffrey R. Keyes, MD, John D. Newkirk, II, MD, John Pitman, MD, Jeff Pearcy, MPA, CAE, Pamela Baker, CAE, & Theresa J. Griffin-Rossi, CAE

8am–12Noon — **S9** ***Re-Designing Your Aesthetic Practice—How To Get Beyond Today***
Co-Chairs: Mark L. Jewell, MD & Robert Singer, MD

12:30pm–4:30pm — **S6B** ***Hot Topics/Emerging Technology in Plastic Surgery***
Co-Chairs: William P. Adams, Jr., MD, Joe M. Gryskiewicz, MD, & V. Leroy Young, MD

1pm–5pm — **S8B** ***AAAASF Medicare Inspector Training Course***
Instructors: Ronald E. Iverson, MD & David D. Watts, MD

3pm–5pm — **S10** ***Hands-on Laser Workshop for Residents Only***
Course Directors: Jamil Ahmad, MD, Clyde H. Ishii, MD, & Jeffrey M. Kenkel, MD

2pm–6:30pm — ***OPTIONAL COURSES*** *(Pages 17–21)*

6:30pm–7:30pm — ***Residents & Fellows Forum Reception***
Supported by Allergan

Saturday, April 24, 2010

6:30am–5:30pm — ***Registration Open***
Gaylord Convention Center Foyer—Level 2

Scientific Session

7:45am — ***Aesthetic Society Welcome—Renato Saltz, MD***

ASERF Welcome—Laurie A. Casas, MD

International Welcome—Foad Nahai, MD

Program Chairs' Welcome—Jeffrey M. Kenkel, MD, Jack Fisher, MD, & James C. Grotting, MD

8am — ***Panel—The Jowls—Their Importance in Achieving Successful Facial Rejuvenation***
Moderator: Charles H. Thorne, MD
Panelists: Fritz E. Barton, Jr., MD, Alain Fogli, MD, James C. Grotting, MD, & Nigel Mercer, MD

9:15am — ***Panel—Live Demonstration: Precision in Analysis, Planning and Marking of the Face***
Moderator: Foad Nahai, MD
Panelists: Daniel C. Baker, MD, Val S. Lambros, MD, & James M. Stuzin, MD

10:30am — ***Coffee Break in the Exhibits***

11:15am — ***Papers***

11:45am — ***Special ASERF Presentation: Injection Lipolysis Pilot Study with Independent Analysis***
Moderator: Alan H. Gold, MD
Presenters: Spencer A. Brown, PhD, Jeffrey M. Kenkel, MD, & V. Leroy Young MD

8am–5:30pm — ***ASPSN Member Program*** *(Page 39)*

12:15pm–1:45pm — ***Lunch in the Exhibits***

12:15pm–1:45pm — **S12** ***Research & Innovative Technology Luncheon*** *(Page 22)*
Moderators: William P. Adams, Jr., MD & Joe M. Gryskiewicz, MD

12:15pm–1:45pm — **S13** ***Women Plastic Surgeons' Luncheon*** *(Page 22)*
Co-Chairs: Susan E. Downey, MD & Linda G. Phillips, MD

12:30pm–1:30pm — ***"Friends of Bill W" Meeting***

12:30pm–1:30pm — ***OPTIONAL COURSES*** *(Pages 23–25)*

1:45pm — ***SPSSCS Welcome***
Susan M. Wells, RN, MS

Panel—"Keeping it Up"—Maintaining Breast Elevation and Upper Pole Fullness
Moderator: Jack Fisher, MD
Panelists: Niamh Corduff, MD, Elizabeth J. Hall-Findlay, MD, & Dennis C. Hammond, MD

2:45pm — ***Special Presentation: The Golden Rule—Maximizing Aesthetic Results***
Presenter: Arthur Swift, MD

3:15pm — ***Coffee Break in the Exhibits***

4pm — ***Papers***

4:30pm — ***Corporate Support Awards***
Al Aly, MD & Renato Saltz, MD

4:45pm — ***Panel—Periorbital Rejuvenation: Using the Needle to Achieve Safe and Desirable Outcomes***
Moderator: Jack A. Friedland, MD
Panelists: Sydney Coleman, MD, Claudio L. Delorenzi, MD, Steven Fagien, MD, & Claude Le Louarn, MD

Special Seminars

9am–4:30pm — **S11** ***How To Be A Successful Patient Coordinator***
Instructor: Karen Zupko

6pm–7pm — **S15** ***Cocktails and Complications*** *(Page 25)*
Faculty: Al Aly, MD, Sherrell Aston, MD, Mark A. Codner, MD, Felmont F. Eaves, III, MD, Jack Fisher, MD, Jack P. Gunter, MD, Dennis C. Hammond, MD, Jeffrey M. Kenkel, MD, Timothy A. Miller, MD, Rod J. Rohrich, MD, & Scott L. Spear, MD

7pm — ***Welcome Reception***

Sunday, April 25, 2010

6:30am–5pm — ***Registration Open***
Gaylord Convention Center Foyer—Level 2

Scientific Session A

8am — ***Panel—Acellular Dermal Matrices in Aesthetic Breast Surgery—Do the Results Justify the Cost?***
Moderator: Mary H. McGrath, MD
Panelists: Bradley P. Bengtson, MD, João Carlos Sampaio Goés, MD, G. Patrick Maxwell, MD, & James D. Namnoum, MD

9:15am — ***Interactive Video—New Directions in Autologous Fat Transfer to the Breast***
Moderator: Dennis C. Hammond, MD
Presenter: Roger K. Khouri, MD

9:45am — ***Coffee Break in the Exhibits***

10:15am — ***Papers***

10:45am — ***Panel—Managing Iatrogenic Deformities of the Breast***
Moderator: Scott L. Spear, MD
Panelists: William P. Adams, Jr., MD, Michael C. Edwards, MD, Axel-Mario Feller, MD, & James C. Grotting, MD

Scientific Session B

8am — ***Panel—Best of Hot Topics***
Moderators: William P. Adams, Jr., MD & Joe M. Gryskiewicz, MD
Panelists: Selected by popular vote

8:45am — ***Panel—Perioral Resurfacing 2010—Do We Have to Accept Morbidity to Get Results?***
Moderator: Robert Singer, MD
Panelists: Fritz E. Barton, Jr., MD, A. Jay Burns, MD, & Robert Weiss, MD

9:45am — ***Scientific Update—The Role of Biofilms in Implant-Related Complications***
Moderator: Z. Paul Lorenc, MD
Presenter: Roger Wixtrom, PhD

10:15am — ***Coffee Break in the Exhibits***

10:45am — ***Papers***

11:15am — ***Special Presentation—You Asked for It—How to Stay Ahead of the Competition 2009 Annual Meeting Evaluations—#1 Attendee Request***
Moderator: Daniel C. Morello, MD
Presenters: Renato Saltz, MD & W. Grant Stevens, MD

8am–12Noon — ***ASPSN Member Program (Page 39)***

12Noon — ***Lunch in the Exhibits or ASAPS/ASERF Business Luncheon***

2pm–6:30pm — ***OPTIONAL COURSES (Pages 27–33)***

Special Seminars

9am -11am — ***S16 Patient Coordinator Alums: Dialogue and Discussion***
Instructor: Karen Zupko

12:30pm–2:30pm — ***S17A Physician Extender (RN/NP/PA) Injector Competence Training—Level 1—Basic—Understanding the Basics of Injection Techniques with Neurotoxins and Hyaluronic Acid Dermal Fillers***
Instructors: Clifford P. Clark, III, MD, & Julius W. Few, MD, & Haideh Hirmand, MD

3pm–6:30pm — ***S17B Physician Extender (RN/NP/PA) Injector Competence Training—Level 2—Advanced—Advanced/Combination Injection Techniques with Neurotoxins and the Array of FDA-Approved Dermal Fillers***
Instructors: Clifford P. Clark, III, MD, Miles H. Graivier, MD, & Z. Paul Lorenc, MD

6:30pm–7:30pm — ***Women's Reception***

Monday, April 26, 2010

7am–5pm — ***Registration Open***
Gaylord Convention Center Foyer—Level 2

Scientific Session A

7:30am — ***Panel—Secondary Deformities of the Nose—Diagnosis and Treatment***
Moderator: Ronald P. Gruber, MD
Panelists: Nazim Cerkes, MD, Mark B. Constantian, MD, Jack P. Gunter, MD, & Rod J. Rohrich, MD

8:45am — ***Panel—Use of Injectables for Nasal Shaping and Correction of Deformities***
Moderator: Joe M. Gryskiewicz, MD
Panelists: Miles H. Graivier, MD & Val S. Lambros, MD

9:30am — ***Coffee Break in the Exhibits***

10:15am — ***Papers***

10:45am — ***Interactive Video—Closed Rhinoplasty—Open Visualization***
Moderator: Bahman Guyuron, MD
Presenter: Sherrell J. Aston, MD

11:30am — ***Panel—The Most Common Problems Requiring Revision in Rhinoplasty***
Moderator: Rod J. Rohrich, MD
Panelists: Mark B. Constantian, MD, Rollin K. Daniel, MD, & Ronald P. Gruber, MD

Scientific Session B

7:30am — ***Panel—Get Ahead on the Behind: Gluteal Contouring***
Moderator: Al Aly, MD
Panelists: Felmont F. Eaves, III, MD, Raul F. Gonzalez, MD, Constantino G. Mendieta, MD, & Dirk Richter, MD

8:45am — ***Panel—Expertise in Abdominal Contouring—A Brazilian Perspective***
Moderator: Renato Saltz, MD
Panelists: Fabio X. Nahas, MD, Osvaldo R. Saldanha, MD, & Carlos O. Uebel, MD

9:45am — ***Coffee Break in the Exhibits***

10:30am — ***Papers***

11am — ***Interactive Video—Innovations in Liposuction: Fat Separation, Equalization & Preservation for Primary and Secondary Contouring***
Moderator: Melinda J. Haws, MD
Presenter: Simeon H. Wall, Jr., MD

11:30am — ***Point/Counterpoint—Laser Lipoplasty—Hype or Useful Tool?***
Moderator: Franklin L. DiSpaltro, MD
Presenters: Barry E. DiBernardo, MD & Jeffrey M. Kenkel, MD

12Noon — ***Interactive Video—Corset Torsoplasty***
Moderator: Julius W. Few, MD
Presenter: Alexander P. Moya, MD

12:30pm — ***Lunch in the Exhibits***

12:30pm–1:30pm — ***S19 Candidate Open Forum (Page 34)***
Chair: Jennifer L. Walden, MD Vice Chair: Robert Whitfield, MD

12:30pm–1:30pm — ***"Friends of Bill W" Meeting***

2pm–6:30pm — ***OPTIONAL COURSES (Pages 34–38)***

6:30pm — ***Awards Reception***

7pm — ***Presidential Cocktail Reception***

8pm — ***Presidential Dinner Dance***

Tuesday, April 27, 2010

7am–12Noon — ***Registration Open***
Gaylord Convention Center Foyer—Level 2

Scientific Session

7:30am — ***Special Presentation: Using Facial Fat Compartments to Maximize Aesthetic Outcomes***
Presenter: Joel Pessa, MD

8am — ***Annual Meeting Awards***
Jeffrey M. Kenkel, MD, Jack Fisher, MD, & Laurie A. Casas, MD

8:15am — ***Special Presentation—Mortality in Outpatient Surgery—Lessons Learned***
Moderator: James A. Matas, MD
Presenter: Onelio Garcia, Jr., MD

8:30am — ***Panel—The Disharmonious Lid/Cheek Junction—Challenges and Solutions***
Moderator: Leo R. McCafferty, MD
Panelists: Z. Paul Lorenc, MD, Foad Nahai, MD, & Charles H. Thorne, MD

9:30am — ***Special Presentation—Institutional Witchcraft—Debunking the Myths Surrounding Antibiotic Use in Plastic Surgery***
Moderator: Jeffrey M. Kenkel, MD
Presenters: V. Leroy Young, MD & Bernard C. Camins, MD

10am — ***Panel—Speak Up or Forever Hold Your Peace—Body Contouring***
Moderator: Jack Fisher, MD
Panelists: To Be Selected via Member Submissions

11am — ***Papers***

ASAPS & ISAPS Partners in Global Aesthetic Surgery
Moderators: Jack Fisher, MD, Jeffrey M. Kenkel, MD, Foad Nahai, MD, & Renato Saltz, MD

12Noon — ***Panel—International Update on Facial Rejuvenation***
Moderator: Foad Nahai, MD
Panelists: Miodrag M. Colic, MD, Daniel A. Knutti, MD, Carlos Casagrande, MD, & Ana Zulmira, MD

1:15pm — ***Papers***

2:15pm — ***Panel— International Update on Body Contouring***
Moderator: Renato Saltz, MD
Panelists: Jean-Francois Pascal, MD, Ewaldo B. deSouza Pinto, MD, Ricardo C. Ribeiro, MD, Antonio Aldo Mottura, MD, & Jan Poell, MD

3:30pm — ***Papers***

4:30pm — ***Adjourn***

Register Early and Save on Registration and Course Fees!

Early Bird deadline is February 22, 2010.

Register online at www.surgery.org/meeting2010

"Celebration of Survival" Fashion Show Honors Breast Cancer Survivors

Dr. Duncan Miles with Tiffany Santiago, office administrator to his right and Lauren Spilberry VP of Nursing at Redlands Community Hospital to his left, along with a friend of a patient.

Many board-certified plastic surgeons whose practices focus on aesthetic procedures continue to keep breast reconstruction as part of their patient offering. As Laguna Beach-based member Dr. Dan Mills said "reconstruction can be one of the most rewarding aspects of practice."

While many of us treat breast reconstruction patients, some of us help them celebrate their survival and boost their self-esteem. One practice recently implemented a new and innovative program for these brave women called "Celebration of Survival." Anil Punjabi, MD, Aesthetic Society member in Terracina Surgical Arts in Redlands, CA told us that the idea actually came from one of his patients. We recently caught up with this busy surgeon and ASAPS member to learn more about his program.

ASN:

Thank you for speaking with us Dr. Punjabi. What can you tell us about the Celebration of Survival?

Dr. Punjabi:

One of my patients who had completed bilateral breast reconstruction said on her visit how good she felt and that she "looked like a model." That gave me the idea it would be nice to have a fashion show to honor these women who have been through so much and ask them to actually model the clothes. We decided to do this in October, because it is Breast Cancer Awareness month. The women each had two outfits, one casual and one evening. We had three hair dressers and three make-up artists prepare the ladies. All the outfits were accessorized by a boutique in Redlands. As each model walked down the runway, our DJ read off a short bio about each of them and a little about what they went through.

The event took place in our office and parking lot. We transformed our parking lot with lights, catwalk with rose petals, chairs and tables. The catwalk had pink and black runners and the tables were with pink table covers. The models used our upstairs spa for changing, makeup, hair, etc. We have a new facility that we moved into last year which has open architecture with glass fronting the parking lot and a floating staircase down which the models descended onto the catwalk outside.

We had support in the form of goods and services from local businesses and Redlands Community Hospital helped with the clothes, accessories, publicizing, etc. This event was free to the public.

ASN:

How many of your reconstructive patients participated in the program?

Dr. Punjabi:

We had 10 patients participate and each of them had two rounds on the catwalk.

ASN:

Have you received feedback from any of the participants?

Dr. Punjabi:

Our participants have been thrilled and are already excitedly planning for next October's event. This has also led them to form an informal support group amongst each other, and flowered friendships because of the time they spent together and got to know one another.

ASN:

Is there anything else you would like to share with our readers?

Dr. Punjabi:

This is a nice feel-good event that definitely makes it great to be a plastic surgeon!

Dr. Miles awith patient, Winona Davis

Attention Residents and Fellows:

Enter our Social Media Contest and you might see your video on surgery.org and Youtube!

By Clyde H. Ishii, MD and Julius W. Few, MD

The Aesthetic Society is reaching out exclusively to Residents and Fellows to bring us further into the brave new world of social media while promoting The Aesthetic Society, patient safety, ABMS Board Certification (or Board eligibility) and realistic surgical expectations. This is an excellent opportunity for you to help the Specialty, support the Aesthetic Society Mission, flex your creativity and show all Board-certified plastic surgeons that you've got the right stuff!

Like any contest, this one has its rules and rewards.

Let's start with the rules:

- Videos must be no more than two minutes in length and cannot be professionally produced
- Videos may not be posted on Youtube or any other media prior to submission
- You should invest no more than $300.00 in producing your video
- Please maintain basic standards of good taste
- The contest is open to residents and fellows only
- You must obtain release forms from any talent used in your video. Release forms can by found at www.surgery.org/youtubecontest
- Entries must be received no later than March 15, 2010

This is an excellent opportunity for you to help the Specialty, support the Aesthetic Society Mission, flex your creativity and show all Board-certified plastic surgeons that you've got the right stuff!

Now for the rewards:

- The three to four winning entries will be heavily promoted at the Aesthetic Meeting, 2010 in Washington, D.C., included on the www.surgery.org public information website and optimized for Youtube, Metacafe, Google and other social media sites.
- The winners, (residents and fellows only, please!) will receive a scholarship for their pre-approved expenses paid to attend The Aesthetic Meeting, 2010 in Washington, D.C. in April!

Voting procedures:

- All entries will be voted on by a panel of Society members.
- High scores go for originality, and strong messages on board certification, value of ASAPS membership and patient safety.
- There are no restrictions on format or materials. Edgy entries are welcomed!

How to enter:

Just email your entry to youtubecontest @surgery.org. Please include a brief email explaining your project and why your video is best along with your contact information. You can obtain release forms at surgery.org/youtubecontest. We hope you'll help us with this exciting venture and we look forward to seeing your submission!

Clyde H. Ishii, MD is an Aesthetic Surgeon in private practice in Honolulu, HI and Chair of the Aesthetic Society's Resident's and Fellows subcommittee. Dr. Julius W. Few is an Aesthetic Surgeon in Chicago and Vice Chair of ASAPS Communication Commission.

Selling the Invisible:
7 Simple Strategies to Increase Your Patient Census

By: Catherine Maley, MBA, Author, *Your Aesthetic Practice*

Introduction

Imagine being an aesthetic patient today trying to swim through the sea of information and options available for cosmetic enhancement. It is often daunting to sort out fact from fiction, hype from reality and marketing from credibility.

The aesthetic patient wants to improve something that bothers them and they have to take a big leap of faith to get the result they are imagining.

When you understand how difficult this process can be for the aesthetic patient, you can more easily establish rapport with them and help guide them to make the best and safest decision.

What Is The Patient Buying?

What are your patients really buying? Prospective aesthetic patients want to change something about their appearance and they hope fixing, repairing or enhancing a certain aspect of themselves will make them feel better. They feel vulnerable and are looking for help.

Psychologically, they are buying hope, happiness and self esteem. They are also buying peace of mind. Patients want to avoid making a bad choice. They are considering risks and how to minimize them. Because they do not want to regret their decision, they are looking for reassurance. It is important to them that they are in the right place for the right procedure and that they trust they will get a good result.

Aesthetic Patients are Consumers

Since this target market is using their own disposable income to look and feel their best, they are consumers and have the power and freedom to choose their aesthetic practitioner at whim. Ultimately, aesthetic patients are doing a cost-benefit analysis to determine if what you offer is worth their time, money and effort.

Consumer behavior is a complex subject since it involves emotions, personalities and life experiences so, to simplify, the following concepts should help in your understanding of what your patients want and need.

Your aesthetic patients are consumers. The following are four buying groups they fall into and includes advice on the best approach to reach them:

Tire Kickers

This group doesn't know what they want. They seem to have a lot of time on their hands because they will attend your events, eat your food, take your samples and never, ever buy. They may even book a consultation, go through the motions but never book a procedure. Do not exert energy on this group since it's a waste of time.

Deal Makers/Price Shoppers

This group is looking for the best deal in town above all else. They have a tendency to regard cosmetic enhancement as a commodity and will spend much of their consultation negotiating with you and your staff. To them, it's an art form to get you to lower your prices or throw in freebies. Beware of them. Shut them down on their first attempt to lower your price by firmly restating what it is.

Brand Loyalists

This is your favorite group. They love you and would not go to anyone else—even if a competitor was half your price! They are your cheerleaders, your advocates and your loyal followers. Treat them well and they are yours for life. Most of your efforts should be concentrated on this group and growing it to include their loyal friends, family and colleagues.

Luxury Innovators/Quality Shoppers

While this group wants only the best and will pay for it, they can be difficult. They have a tendency to flaunt their money and expect better treatment than your other patients get. While you should treat all of your patients with respect and special care, spending a little extra time and effort on this group can pay off since like-minded people know other like-minded people and this can be a profitable group to appease.

The Aesthetic Patient's Decision-Making Process

Aesthetic patients are emotional and act on prejudices and habits much more than knowledge. They reach decisions quickly with emotions and then justify those decisions with logic. And, while it takes a patient a split second to make a decision; getting ready to make that decision can take months or even years.

The answer to bonding with your prospective patients, giving them what they want and closing more procedures, is *effective communications.* It is most helpful to communicate with each patient the way they can best understand—especially when discussing the invisible. Patients use their senses to take in information and digest it accordingly and, typically, one sense dominates over the others. Keep these in mind when consulting with your patients:

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Selling the Invisible

Continued from Page 14

Looks Right Patients

These patients make decisions based on what they see and then they visualize how it will look for them so show them lots of before and after photos and/or computer imaging. Paint them a mental picture with words. Draw out what you envision. They trust what they see. They will say things like, *"This looks right to me."* or *"I see what you mean."*

Sounds Right Patients

These people make decisions based on what they hear. When they hear words that make sense to them, they respond well, so tell them about the procedure with confidence and sincerity. Have your staff and other patients tell them about their own experiences. They will say things like, *"That sounds about right."* or *"I like the sound of that!"*

Feels Right Patients

These people make decisions based on what they can physically feel so hand them a mirror, give them product samples and let them try on breast implants. Pat them on the shoulder to physically connect with them. They will say things like, *"I feel good about this."* Or *"This feels right."*

Makes Sense Patients

These people need reasons for what they do. Answer the "why" for them. Give them facts, data and reasons so they can justify their decision in their own minds. They respond well to logic. They will say things like, *"Well, that's logical."* or *"That makes a lot of sense."*

Steps to Closing More Procedures

When selling the invisible service—which is you—you have no product between you and the patient. You are the product so they have to examine you as they would any other big, disposable investment they make.

Here are 7 Steps to follow to help with the aesthetic patient's thought processes and help you close more procedures:

Step 1: Build Rapport

This is the most important step. Person first—Patient second! Get to know your patient. Look them in the eye, smile, shake their hand and listen. Establishing rapport with your patient at the beginning will allow you to proceed further with them and gain their trust. Gaining rapport now will make the entire process smoother.

Step 2: Uncover the Problem

Understand the patient's current situation by asking open-ended questions such as "How can I help you today?" or "What brings you here today?" Now listen! Let them talk because the more they talk, the more they will reveal their true concerns, fears and hopes.

Step 3: Attach Emotion to the Problem and Solution

Once you have identified the problem, get them emotionally involved. Ask them how solving this problem will improve their life. Be sure they "feel" the pay-off.

Step 4: Know Where You Stand

Ask questions to determine where the patient is in their process, their time frame and if they are shopping around. The answers will help you determine which direction to take with them.

Step 5: Demonstrate Capabilities

Your patient's perception of you is your reality. Because it is you who determines how they see, believe and react to your work, confidently explain to your patients what you can do for them. Sincerely reassure them they are in the right place and they will be satisfied with their result.

"Show and tell" how you can help them using photos, sketches, testimonials, videos of procedure, computer imaging, your PR efforts, articles you've written, talks you've given and anything else that will help explain why you are the best choice for them.

Step 6: Make it Easy to Buy

Accept every kind of credit card. Have patient financing options available and get them pre-approved while they are in the office.

Step 7: Closing

If you have created a safe, comfortable, competent experience, the patient should be ready to move forward. Talk to the patient as if they are moving forward while directing them to the next step which is to book the procedure.

Conclusion

Understanding the decision-making process of an aesthetic patient and then addressing each patient individually will improve your closing ratio. Learning to build rapport, communicate effectively, and establish trust with your patients by using the senses, will bond them to you. That means they will consistently choose you over all the others.

Catherine Maley, MBA is Author of Your Aesthetic Patient and President of Cosmetic Image Marketing. Her firm specializes in growing aesthetic practices using effective and creative strategies. For Free videos, visit www.CosmeticImageMarketing.com or call Catherine at (877) 339-8833.

Traveling Professor

Continued from Cover

what our Society stands for, as well as our dedication to Aesthetic Surgery Training.

What I have learned from the residents is that our specialty is safe and secure for the future. These young surgeons are the brightest and the best of what our future patients will be exposed to regarding our art and craft. They have a thirst for not only learning about aesthetic surgery, but wanting to perform it at the highest level possible.

Some of the experiences have been not only memorable, but very personal as well. At the University of California, Davis, the new Professor Lee L.Q. Pu, MD, PhD was one of my residents. He was the most brilliant young man I had ever had the privilege of training and when I addressed the Sacramento Society of Plastic Surgeons the evening before the resident presentations, I told them that "I felt like a proud father, who is watching his son graduate from Harvard, Magna Cum Laude." He will make tremendous contributions to our specialty and medicine in general. He has already done exceptional research in the field of freezing adipose stem cells and reconstituting them for viable implantation.

At the California Society of Plastic Surgeons, I had the honor of being one of their presenters for their annual meeting, as well as presenting to over 50 residents from the programs all over the state.

At the University of Wisconsin, I again had the privilege of presenting to their attending plastic surgeons, as well as the resident staff. We had a cadaver lab and we performed several procedures together. I still have the beautiful book on the state of Wisconsin they presented to me before I left for Florida.

The University of Virginia held special benefits as well. My father and his family resided near Charlottesville, Va. and one of the best CRNA's from Florida Hospital had just relocated there. I gave the residents a heads up to request her for their cases.

The University of Pittsburgh was one of my early trips and I got to meet Dr. Michael Bentz, who was to become the Chairman of the Wisconsin program when I visited there in 2006.

I always try to take the residents to lunch alone, so they can speak freely, away from their attendings and professors. I have always advised them to go to the town or city where they want to raise their family to begin practice. When you are good, you will be successful. I tell them what the great Dr. Charlie Horton taught me when I was a resident: "Remember the ABC'S of success in practice: Availability, Affability and Ability." Notice that ability was last!!

For the past 5 years, I had finished my presentation with Practice Pearls. These are things you don't learn in residency, but through experience; pearls to keep them out of trouble and techniques to develop happy patients.

While I have received many kind words from the programs after my visits, nothing is as rewarding as having the privilege to meet and teach these brilliant young minds, whom we rely upon to further develop our specialty and carry it to new heights.

I appreciate the honor and opportunity the Aesthetic Society leadership has afforded me over these years to represent our Society as one of our Traveling Professors. Thank you.

James L. Baker, Jr., M.D., is Professor of Surgery V.F., College of Medicine, University of Central Florida, Clinical Professor of Plastic Surgery, University of South Florida Immediate Past Chairman, Department of Plastic Surgery, Florida Hospital System and a Past President, American Society for Aesthetic Plastic Surgery. He is also a Traveling Professor, for ASAPS.

Injectables Offer Post-surgical Options for Rhinoplasty Patients

Rhinoplasty, sometimes referred to as a "nose job," can improve the shape, size and general appearance of the nose. However, imperfections following rhinoplasty are common, which is why some surgeons have turned to injectable fillers as a means of smoothing out irregularities and asymmetries that remain after initial rhinoplasty surgery. An article appearing in the November/December issue of *Aesthetic Surgery Journal,* a publication of the American Society for Aesthetic Plastic Surgery (ASAPS), discusses the potential benefits and risks of soft tissue fillers as an adjunct to surgical reshaping of the nose.

According to ASAPS statistics, rhinoplasty is among the top five surgical cosmetic procedures, with 152,434 procedures performed in 2008. With the growing availability, variety and popularity of filler materials, it stands to reason that the potential use of these products in conjunction with nose reshaping would be explored.

"Injectable fillers allow surgeons to correct post-surgical imperfections without the expense, anesthetic risk, or recovery downtime involved with additional surgery," says Steven Dayan, MD, one of the *ASJ* article's three authors and clinical assistant professor in the Department of Otolaryngology, University of Illinois Medical Center in Chicago.

Hyaluronic acid (HA), calcium hydroxylapatite gel (CaHA), and liquid silicone (all used off-label) have been used to treat nasal deformities with varying degrees of success. Silicone is generally not recommended, however, because of the greater risk of severe complications such as nodules, cellulitis and ulceration. "The use of any soft tissue filler in the nose should always be approached with caution and with thorough consideration of a patient's individual circumstances," says Dr. Dayan.

As with all injectable filler treatments, technique is paramount to success. Limiting the use of fillers to the top and sides of the nose while generally avoiding the base and tip, and placing the fillers at the proper depth in the skin, are important for minimizing complications such as a bumpy appearance, soft tissue damage, or compromising of the blood vessels in the nose.

While soft tissue fillers may be an effective treatment for certain post-surgical deformities, they are generally not recommended as a first-line option for nasal reshaping. Neither are they recommended for patients considering revision surgery, since persistent material in the nose may complicate a future procedure. "Fillers are no substitute for excellent surgical results," cautions Dr. Dayan. "Rhinoplasty surgeons must continue to strive for perfection in the operating room."

"Injecting fillers into the nose requires a high level of skill as well as a thorough understanding of nasal structures and soft tissues," says ASAPS President Renato Saltz, MD. "To minimize the risk of poor results or serious complications, patients should seek treatment only by a board-certified physician with relevant training and experience."

ASJ Update By Alan H. Gold, MD

For *Aesthetic Surgery Journal,* the official journal of the Aesthetic Society, 2009 was a banner year. Under the leadership of Dr. Foad Nahai, the Journal built upon the PubMed/MEDLINE indexing milestone in 2008, focusing increasingly on providing evidence-based, clinically-relevant articles to its readership.

ASJ's specific mission is to publish papers that will augment the knowledge base of its readers, thereby improving outcomes and patient safety. To that end, the Journal's Board outlines each year a number of "behind the scenes" goals that will, if met, ensure that each copy of *ASJ* provides content that is as useful as possible to the cosmetic medicine community.

ASJ's goals for 2010 are the following:

- Greater number of pages per issue
- Improved website with interactive features
- Increase in Continuing Medical Education offerings
- Addition of more commentary on published articles from leaders in the field
- More reader-friendly Table of Contents divided by subspecialty
- Increased focus on international partnerships and contributions.

With the January/February 2010 issue of *ASJ*, which will be released in mid-February, readers will find that many of these goals have been met (and some exceeded). *ASJ's* first issue of the new decade will be thicker than past issues, containing a new Book Reviews section, several more Original Articles than usual, a number of Commentaries, and a Maintenance of Certification CME article. The issue is also the first one released under *ASJ's* new partnership with Sage Publications, Inc., and a new website will be launched simultaneously with the January/February issue. Also in 2009, *ASJ* proudly added several new international affiliate societies, including the Argentine Society of Plastic, Aesthetic, and Reconstructive Surgery and the Turkish Society of Aesthetic Plastic Surgeons.

The staff at *ASJ* and ASAPS looks forward to continued improvement to the print and online versions of the Journal.

Alan H. Gold, MD is an aesthetic surgeon practicing in Great Neck, NY, is past president of the Aesthetic Society and Chair of the ASAPS Publications Committee

ALLEN GABRIEL, MD

Navigating the Oral Board Challenge

Along the arduous path of our training in plastic surgery, there are numerous challenges and obstacles that, when overcome, serve to shape our character and strengthen our skills as physicians. Nearing the end of our journey, we have one final task to complete, before we can take a moment to rest, breathe easy, and begin yet another journey as board certified plastic surgeons: The **oral boards.** Just those two little words strike fear and doubt into even the most confident and well-trained candidates.

Our mentors guide us through residency and prepare us as much as they can for the oral boards. But, alas, every little bird must eventually fly, and we leave residency or fellowship faced with not only the daunting task of preparing for the oral boards-navigating the detailed instructions for case collecting, going over any advertising you may wish to do with a fine tooth comb (so as to never give the wrong impression that you are already at the pinnacle of your game, ergo "board certified"). Oh, and actually have to perform said cases in the correct categories, having the minimum number, without doing anything the board may consider reprehensible.

Here's a scenario I would be willing to bet that many a Board candidate has experienced:

After double or triple guessing a course of action in dealing with our first patient as an attending, we toss and turn the night before the case, consider skipping our morning java, being wired to the gills as it is. Wanting to do our best for our patient is a given. It's the looming board scrutiny of our every move in the future, and the more immediate intimidation factor—your audience: there's nothing better than having every set of eyes in the room staring down your every move. Not to mention the tales bound to spread through the entire operating area like wildfire before you can dictate your first post-op note.

Stressful? That's an inadequate way to describe how I'm sure many of us feel when approaching preparation for the oral boards. Having both the right tools, and clear, focused state of mind should at least ease the burden, allowing us to be successful in our pursuit.

One must develop in-depth knowledge and understanding of what examiners are looking for when evaluating our cases. The booklet that is mailed to candidates every year contains important information and the oral board section should be read prior to starting case collection. Basically, think of it as going to court to defend your case and determine what information you would require to support your management. Are the examiners as intimidating as the toughest lawyers in court? I wouldn't know but I am sure it's pretty darn close. One mantra that should be at the forefront of your mind is, "perform the right operation in a safe, ethical manner." How can the examiners argue with that, right?

Here is a brief rundown of the six categories the board utilizes when grading case reports:

1. Diagnosis and planning: Make sure that patient history and physical exams are complete with as much detail as possible pertaining to the problem at hand. Include the risks and benefits of the surgery in this section and be certain alternative options are mentioned. Appropriate work up and studies with results should also be documented, as some examiners may not look at the report section.
2. Management and treatment: Detailed operative reports with risk and benefits of the surgery listed in the dictation are always helpful in making sure that everything has been reviewed. If the patient is an inpatient, write the plan clearly including what orders are going to be written since the order sheets are not going to be included in your case books. The examiner would like to know your thought process and what orders are going to be written. If you don't have some of the orders in the plan then include some key order sheets in the progress note section to show the examiner your thought process.
3. Complications and outcomes. TAKE AS MANY PHOTOS AS YOU CAN. Every visit, every surgery, every key intra-operative step and of course pre and post op photos. We all have complications. The only way that we don't have them, is either being in denial or not operating enough. Complications include major and even all minor ones and should be documented and reported. All of my case studies that were selected had either minor or major complications. Complicated cases are the ones that we all learn from and these are the cases that the board is going to use to evaluate our problem-solving skills, integrity, and knowledge.
4. Safety: It is important to document once again all of the PERI-operative measures that have been taken to make sure that the patient is accurately managed. This includes all of the surgical principles that we follow to be safe surgeons. For example, dictate it in the operative report that, before induction of anesthesia, the sequential compression devices were turned on, patient received her/his

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preoperative antibiotics and heparin (if indicated). We are all safe surgeons but do we always remember to document? This is a good reminder for us to document everything that we are doing. Whether we are being questioned in a court room or by your examiner in a hotel room, its good practice for us to support our management by documentation.

5. Ethics: We all have been taught how to manage patients and perform a large diversity of cases. Unfortunately, not all of us are very experienced with coding and this is when ethical issues are often raised. If there is any question, ask a colleague or the billing company.
6. Case Book Preparation: This is probably the most time consuming portion of board collection. Once you receive an email stating that the examiners have selected your five cases, your mind will go through each patient and hope that you have taken enough pictures. Next, the process starts by the Board sending you the infamous blue books and dividers with the rubber bands to start the preparation process. Start as early as possible and don't procrastinate, you simply can't afford to be excused from sitting for boards because of sloppy or incomplete books. If you are taking a board prep course, they can review your books, so have it completed by then. Similarly, have as many colleagues and mentors look at your books as you can. Review your books twice a week as you will continue finding areas to improve. Keep in mind that the examiners have several books to review and the books need to be as concise as possible. Since some of my books were very large as I had performed several operations on a single patient, I placed extra tags with the dates in different sections to help guide the examiners. Place yourself in an examiner's position and see how clearly you have demonstrated your case.

It's important to find friends and colleagues who you can study with and talk out loud as this is an oral exam. Find people in your area that are taking the exam and study with them. If you have any questions, the Board office staff is excellent and will respond to your emails or phone calls with accurate information.

So for those of you who are getting ready to make that final push to the summit, I would like to extend my congratulations to you for success in completing your training in what I consider to be a most exciting and gratifying specialty. Make sure you surround yourself with people that will offer support to you through the process (pep talks, occasional slaps back to reality). I was amazed at how an outsider looking at my cases or complications could come up with ideas or suggestions for clarifying a point, even though I previously felt the case was simple and self explanatory. In addition, if you have any control, make

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Cosmetic Medicine Task Force: BeautyForLife.com

With increasing numbers of non-plastic surgeons entering the field of cosmetic medicine, the American Society for Aesthetic Plastic Surgery (ASAPS) and the American Society of Plastic Surgeons® (ASPS) formed a joint committee known as the Cosmetic Medicine Task Force (CMTF). The Task Force developed research-based strategies and tools to help plastic surgeons maintain market share in an increasingly competitive field.

In May 2008, CMTF launched the BeautyforLife website (www.beautyforlife.com) to provide an online resource to patients considering cosmetic surgery. The website describes the benefits of seeing a plastic surgeon for all of a patient's cosmetic procedure needs. In addition, the website hosts an online quiz, which asks patients a series of questions that will help guide them to the types of procedures they would be most interested in learning more about. Once these procedures have been determined, patients can do more in-depth research about each of the procedures through links to plasticsurgery.org and surgery.org.

To date, more than 200,000 visitors have come to the BeautyforLife website with nearly 15,000 registered users taking the online quiz. We continue to communicate to these 15,000 potential patients on a monthly basis.

In October 2009, the BeautyforLife website received the Gold award from MarCom for creative excellence and marketing in overall website. Additionally, the BeautyforLife Website is one of three finalists in the category of Best Branded Website for the DPAC awards (Digital Publishing & Advertising Awards).

New Resident Program

Continued from Cover

plastic surgery residents and fellows in the United States and Canada, the Aesthetic Society (ASAPS) has established a unique program for plastic surgeons in training. With goals similar to its Candidate program, the new Resident program provides qualified residents and fellows with many complimentary aesthetic surgery educational and support services. There is no fee for this program.

To begin enjoying all of the benefits, residents and fellows simply complete a short application form endorsed by their training program director and send it to ASAPS.

The Resident program includes the following great benefits:

- Free admission to the annual Aesthetic Meeting
- Free admission to the *Resident & Fellows Forum* at the annual Aesthetic Meeting
- Free access to the annual meeting abstracts posted on the ASAPS website
- Free admission to teaching courses designed specifically for residents and fellows at the annual Aesthetic Meeting
- Free admission to teaching courses as course monitors or if space is available 30 minutes prior to the start of the course at the annual Aesthetic Meeting
- Free subscriptions to *Aesthetic Surgery Journal* and *Aesthetic Society News*
- Free participation in ASAPS Webinars

We look forward to the participation of our future colleagues in this exciting new ASAPS Resident program!

Please visit the ASAPS Resident program website for more details: http://www.surgery.org/professionals/residents

ASAPS Residents and Fellows Group on Facebook: http://www.facebook.com/#/group.php?gid=200470524438&ref=ts

Dr. Clyde H. Ishii is an aesthetic surgeon in private practice in Honolulu and the Chair of the Aesthetic Society's Resident Forum Subcommittee. Dr. Jamil Ahmad is a resident at the Department of Plastic Surgery, the University of Texas Southwestern Medical Center at Dallas and is a Member of the Aesthetic Society's Resident Forum Subcommittee.

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Defeating "Botax"

Continued from Cover

outreach brought a clear message to Washington—No to the tax!

Dr. Steve Teitelbaum, a board-certified plastic surgeon and ASAPS member based in Santa Monica CA, started a group on Facebook titled "Say No to Taxing Cosmetic Surgery." At last count the group had more than 1,240 members. A letter writing campaign was implemented by many members who solicited their patients to contact their government representatives to voice their concerns over the tax. All four core specialty societies and their aesthetic subspecialty societies worked together to build a coalition of 44 societies to use all possible resources to combat the tax. All of these efforts reaped a positive outcome in helping to defeat this addendum.

Blueprint for Success

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From Beginning to End

Before you begin construction, you must have a plan for where and how you will practice. This decision affects cost, potential revenue and project timelines, so consider each option carefully along with your own circumstances.

Constructing in phases brings a unique set of challenges, including patient and employee safety and practice efficiency. Expect decreased workspace as they partition off sections of the practice, which means staff displacement and the necessity of sharing desks, computers and equipment temporarily. Telecommunications, computer networks and office machines also have to be reconfigured temporarily, and then later reversed.

During certain aspects of construction, air quality will need special attention. No matter how well you partition off, and how tidy your contractor maintains the construction zone, you will need more frequent air filter changes and air purifiers running continuously. Constant cleaning was necessary throughout the day by staff and the construction team, and our cleaning service worked harder in the evenings to ready the practice for the next day.

The most overlooked and often intangible challenge may be the stress factor involved with coping with this arrangement. The constant ebb and flow of contractors may interfere at times with practice operations, and the variety of construction noises makes communication between team members and patients more difficult at times.

If you have an operating suite on site, you may have to cease using your O.R. during phases of the renovation, so have a backup plan that enables you to take your cases to the local hospital or surgery center. We were fortunate that changes to that part of our facility were minimal, and we scheduled construction around our slowest days in the O.R.

In addition to remaining in your practice during construction, temporary relocation of your practice to the same geographic area, or even an unused suite in your existing building is an option, especially if your construction period will be lengthy.

And lastly, temporarily closing your practice while construction is completed may also be an option. You would have ongoing overhead costs with an interruption of revenue, but the timeline for project completion would improve and decrease some cost categories.

Communicating Your Progress

Patients and staff will be particularly interested in the changes you are making, so don't miss out on opportunities to communicate with them throughout the project. Make sure you notify patients of inconveniences ahead of time, and thank them for their patience. You will find most of them to be extremely understanding and accommodating, and this extension of courtesy builds goodwill for the practice. Post information on your website with upcoming details of your practice facelift, and make sure you build excitement by letting them know how these changes will benefit them soon.

Set team meetings at important intervals such as before the project begins, between each phase and at completion. Get your entire team involved in the design and construction process. They will provide important feedback and work collectively to make it happen for the practice.

Lastly, showcase your finished project with an open house and tour, and invite your patients and area physicians to stop by. Our renovation garnered excitement and praise from everyone who entered, as it was a complete transformation!

When the Dust Settled

Our medical condo was overwhelmingly transformed with the renovation, both functionally and aesthetically, and is now consistent with our practice brand and image. We added treatment space, created a medical day spa, and used textures, finishes and lighting consistent with the look and feel at high-end, sophisticated spa resorts.

Our patients now enjoy an inviting and relaxing space, and often tell us they want to linger. Within the practice, our employees and us also enjoy our new surroundings and the practicality of increased storage and workspace and the efficiency that brings. After all, this is our home away from home!

In reviewing our initial objectives, we achieved all of the features and functions initially identified as being important. Although project delays and unforeseen costs were experienced, we still believe that time and energy well spent correlates strongly with successful practice renovation. We wish you well in your future construction endeavors.

Lisa Bethune Matas has been working in the plastic surgery industry for the past 17 years in the areas of practice administration, management and marketing for James Matas, M.D. in Orlando, Florida. lisa@lookingyourbest.com

Candidates Corner

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sure that the first surgical case is the easiest possible case. Even though every operating room is the same, when you are alone, you realize there are subtle things you didn't even know you had to ask for.

Finally, be excited! Be innovative and consider that there can be several different "right" ways to approach a challenging case, you will be surprised what you learn and experience with each patient in your practice.

Good luck to the American Board of Plastic Surgery candidates and congratulations to the new diplomats.

Allen Gabriel, MD is a board-certified plastic surgeon practicing in Portland, OR and is enrolled in the Aesthetic Society's Candidate Program.

CHARLES H. THORNE, MD

How Teamwork exposed a "Do it Yourself" Injectable Operation

Every practice occasionally receives faxes and emails from discount, off-shore providers of cosmetic injectable products. Most of us are very aware that buying them is illegal and their quality cannot be guaranteed.

These solicitations come to us as board-certified plastic surgeons and we are knowledgeable enough to ignore them. However, solicitations to the public proliferate too and recently, one came to our attention that was such a threat to patient safety that the Public Education Committee was compelled to act.

Discount Medspa, an operation run from what appeared to be a private residence in Texas, was selling bogus "Restalin," "peels," "freeze" (like Botox), and other substances. The company also provided online video showing patients how to self-inject.

This atrocity was brought to our attention by a long-time friend of plastic surgery, Marie Czenko-Kuechel, author and patient safety advocate. What followed was a model of collaboration for patient safety. In sequence:

Our legal counsel, Bob Aicher, Esq. immediately informed both the Texas Board of Medicine and the Attorney General of Texas of this situation; the latter organization forwarded our complaint to the Texas Department of Health-Food & Drug.

Ms. Kuechel went undercover, calling Discount Medspa and learning, among other things, the following from a company representative:

I called the Dallas-area number for Discount Medspa and reached a woman "Kim" who had kids screaming in the background and a lot of noise. She identified herself as a licensed aesthetician and employee of the site. She said her boss who founded this was a really smart business woman, she is not a doctor.

Since it was hard to communicate with "Kim" due to all the kids screaming, I told her I'd look at the site and call her back if I had questions. She called me back within 5 minutes apologizing and identifying herself as customer service. Her job was to answer questions. I learned their "freeze" is delivered overnight to stay cold. But one batch they got in June arrived to them "tainted" because of the heat wave they had in Texas and they had to refund about 15 people's money because it didn't work. So now they test it all on themselves before "dividing it into the smaller vials." When I asked her if this was type A or B, she opened the fridge, asked "is there more than one type?" looked at it and said "yeah you are right this says type A."

I asked her about the "Restalin" and she said they have something even better for lips, it is bigger particles that hurt when you inject it but it gives you bigger lips, and it's cheaper. She said it's all safe and most of their customers inject themselves, some take it to a spa, only a few of their customers are spas most are consumers.

Lastly I asked her about their "peel." She said she was not familiar. I asked if this was glycolic, lactic or TCA. She said she didn't know, but she pulled out the package and told me it was 20% TCA. When I told her this could burn off someone's skin to a deep wound, she said "That is why we promote it to remove tattoos."

Armed with the information, Ms. Kuechel, working with the ASAPS Communications Office, The Physicians Coalition for Injectable Safety and the Aesthetic Society's Executive Committee contacted Gail Deutsch a producer at 20/20, to see if ABC had an interest in covering the story; they did.

The result of this work can be found in the print version of the television segment. In addition to the individuals above, the Public Education Committee would like to thank Immediate Past President Alan H. Gold, MD for his help and participation.

The outcome?

Discount Medspa is no longer in the bogus Botox business; a true win for patient safety.

Plastic surgery to launch multi-faceted research project regarding breast implants

By: Michael McGuire, MD, *President ASPS*
William Kuzon, MD, *President PSEF*
Renato Saltz, MD, *President ASAPS*
Laurie Casas, MD, *President ASERF*

ASPS/PSEF and ASAPS/ASERF are convening an advisory council of experts from plastic surgery, epidemiology, pathology, oncology, and the FDA to further study anecdotal case reports of an abnormality that has been found in a small number of patients with saline and silicone gel breast implants. The impetus for convening this panel came from recent reports by Dr. Garry Brody, professor emeritus at the University of Southern California, who has sought to identify any common factors and gain a greater understanding of these cases. Dr. Brody will be presenting his most current data in March at the meeting of the American Association of Plastic Surgeons in San Antonio, Texas. His abstract can be found at http://www.surgery.org/sites/default/files/brodyaapsabstract2.pdf

In recent weeks, the leadership of ASPS/PSEF and ASAPS/ASERF became aware of several additional cases and undertook a thorough analysis of the currently available data by meeting with Dr. Brody and his research team, and by consulting with additional epidemiologists, oncologists, and pathologists with expertise in this area. What is known is that in over half the cases reported to date, abnormal lymphocytes have been found in seroma fluid or capsular tissue adjacent to the breast implants. Several of the cases have been confirmed as primary anaplastic large cell lymphoma (ALCL) of the breast, however, the clinical outcome in the cases to date has not been typical of primary ALCL of the breast in women without implants with most cases appearing to have a benign course. Many of the known cases were in patients with implants textured using the salt elution manufacturing process. It is important to note that the accurate pathologic diagnosis of the observed abnormality cannot be limited to cytologic or histologic evaluation alone, and requires additional specialized immuno-histochemical testing by a pathologist specializing in this field. Most importantly, it must be emphasized that based on currently available data, the clinical significance and incidence is unknown.

In addition to convening the advisory council of experts, the PSEF through funds from the National Endowment for Plastic Surgery (NEPS) will support continued research by Dr. Brody and his team. This is most appropriate because NEPS was created for precisely this purpose, to fund research on topics of immediate relevance to the practice of plastic surgery. Further, ASPS/ASAPS and PSEF/ASERF have received unqualified support from the three major implant manufacturers for additional research as will be determined by the advisory council.

Based on what we know today and given that additional information is being evaluated, we are not making specific recommendations to change current clinical practice. As additional information is evaluated, this could be considered if appropriate. We are determined to proceed with this effort in a careful, expeditious, and transparent manner so as to yield the needed and valid scientific data. For additional information and updates, please see the ASPS and ASAPS websites. We will keep you updated on our progress and results.

Media Notes and Quotes

A Sampling of current media coverage on the Aesthetic Society

Renato Saltz, president of the **ASAPS,** says he sees job improvements all the time: "A lot of these women are in their early 30s, have lost their self esteem, lost their spouse, they feel very insecure, they come in, have these procedures, and they immediately start losing weight, exercising, they are very proactive, many go back and get a job and become functional in society."

Why Taxing Plastic Surgery is a Bad Idea
Slate Magazine
November 23, 2009

What this means is that cosmetic surgery is now primarily consumed not by the rich, but by the working and lower-middle classes, sometimes even by the poor. According to the **American Society for Aesthetic Plastic Surgery** (ASAPS), about 1/3 of cosmetic surgery is consumed by people who make less than $30,000 a year. About 70% of it is consumed by people who make less than $60,000 a year. It is mostly women (90%) and mostly white, middle-aged women (80% and between 35-55 years old).

Blue Collar Botox
New York Times blog
November 25, 2009

According to the **American Society for Aesthetic Plastic Surgery** (ASAPS), however, women accounted for over 9.3 million cosmetic surgeries in 2008; almost 92 percent of the total. It is little wonder, then, that some are wondering if the "Botox tax" is sexist. As one blogger writes on the feminist site Feministe, "women are under extreme pressure to maintain a particular physical appearance—to look young, thin and attractive—it seems a little unfair that women are inundated with messages that we need to constantly improve our physical appearance, and then taxed when we take steps to do just that."

Women Will Not Fare Well
Under ObamaCare
Fox News
December 8, 2009

Biology may be the reason why women are more prone than men to developing wrinkles around the lips—called perioral wrinkles—and deeper ones, too, a new study says. The study is published in the November–December issue of the **Aesthetic Surgery Journal.** "The aim of this study is to obtain new insight into the perception that women wrinkle earlier and more severely than men," study researcher Emma C. Paes, MD, from the University Medical Center in Utrecht, Netherlands, says in a news release.

Why Women Wrinkle Around Mouth
WebMD
December 16, 2009

More than anyone, doctors are mobilizing. "We're very much against the tax," says Dr. Renato Saltz, president of the **American Society of Aesthetic Plastic Surgery.** He notes that a similar tax adopted by the state of New Jersey in 2004 has disappointed, with many patients simply moving their procedures to neighboring states. The New Jersey legislature even tried to rescind the tax but was overruled by then Governor Corzine.

Proposed 'Botox Tax' Draws
Wide Array of Opponents
Time Magazine
December 17, 2009

Still there are people who overlook the warnings. Aided by the Internet or word-of-mouth, they seek out providers masquerading as professionals. They obtain silicone not intended for medical use, in large volumes at low prices, authorities say. "It's like going to Home Depot, buying some industrial silicone, putting it in a syringe and injecting it," said Dr. Renato Saltz, president of the **American Society for Aesthetic Plastic Surgery,** which has been working to warn people about the dangers of getting cosmetic injections from unlicensed providers.

Despite Risk of Death, Disfigurement,
Some Get Black-Market
Silicone Injections
Associated Press
January 10, 2010

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Announcing Two Important International Education Initiatives:

The ASAPS International Traveling Professor and International Visiting Fellow Programs

By Renato Saltz, MD

It is my pleasure to announce two new programs that will share our knowledge of aesthetic surgery with young colleagues throughout the world.

In an expansion of our very successful Traveling Professor Program, The Aesthetic Society will be implementing a new initiative with a focus on International Aesthetic Education.

The ASAPS International Traveling Professor Program is designed to support aesthetic surgery education by providing guest lecturers to international plastic surgery residency programs. International Traveling Professors share their expertise and experience with plastic surgery residents and aesthetic surgery fellows in an effort to prepare them for the competitive subspecialty of cosmetic surgery. The professors are provided with an extensive PowerPoint presentation to assist in this very important task.

The program will start with one traveling professor per year. Foad Nahai, MD, Editor in Chief of *ASJ* and Past President of the Aesthetic Society has accepted our invitation to be our first International Traveling Professor.

Many of us already host international colleagues, fellows and residents and are very gratified to help these young individuals "hungry" to learn how aesthetic surgery is performed in the US. In a globalized world, it just makes sense for ASAPS to open the doors to the most promising young plastic surgeons of the world and allow these individuals to spend time with our members.

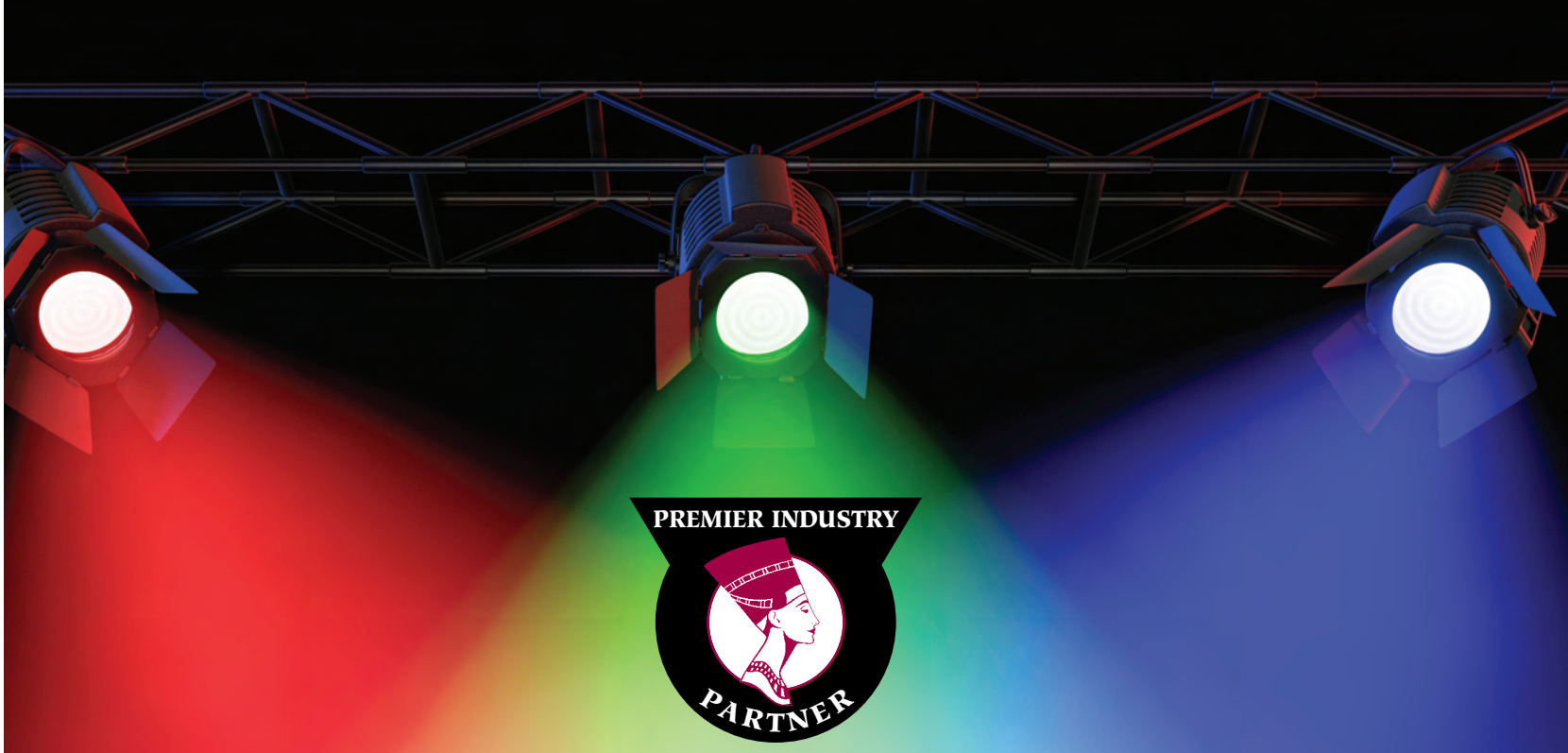
The new **International Visiting Fellow Program** is open to any foreign resident or fellow (first year after completion of training) from any country in the world to spend three months visiting a center (s) of his/her choice. The visitor is only allowed to observe without any direct patient contact. The length of the fellowship depends on several factors, including length of time the fellow can spend in the USA, the length of time the facility and/or surgeon can accommodate the fellow and financial considerations; the maximum funding is US $7,500. Any expenses beyond that amount would be the responsibility of the fellow.

To make sure we truly reach "the world" the application and materials was sent to National Secretaries of 87 countries through ISAPS, our sister society supporting this project.

The ASAPS International Visiting Fellow will be invited to the Aesthetic Meeting to share with us their experience and goals once they have returned to their home country. They will have the responsibility to present a scientific paper at the Annual Meeting Resident's Forum, submit the paper for consideration to the *Aesthetic Surgery Journal* and will provide his or her "story" for publication here in the pages of ASN.

It is our goal to have these new "ASAPS Ambassadors" become leaders and educators in Aesthetic Surgery and long-term friends and representatives of The Aesthetic Society worldwide!

Renato Saltz, MD, is an aesthetic s urgeon in Salt Lake City, UT and President of the Aesthetic Society



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The Industry Partnership Program has been created to align the mission and goals of the Aesthetic Society with those companies providing products and services to our members. Premier Industry Partners share our desire to empower Society members to provide the best patient care possible. We encourage you to learn more about Sientra and their products by visiting their website at www.sientra.com

If you would like information on partnering with the Aesthetic Society, please contact Kathie Muehlebach at

562-799-2356 or kathie@surgery.org

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Practice 2010

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