



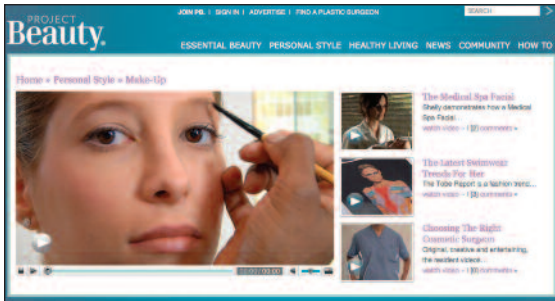
Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

Volume 14, Number 3 Summer 2010

Project Beauty Launches to the Public

By Daniel C. Mills, II, MD



After a highly successful “soft launch” of our new video on demand website ProjectBeauty.com to select media and members at Aesthetic Meeting 2010 in Washington DC, a larger-scale public launch to consumers went out July 6th in

conjunction with an exciting giveaway contest.

The “30 days of Beauty” contest gave away one unique prize every day to a ProjectBeauty.com subscriber who has visited the site. Companies eager to team up with ProjectBeauty.com donated prizes like a Sonicare

toothbrush, Ped Egg, RumbaTime watch and various cosmetic and skincare items.

Our media launch was a success by anyone’s standards, with the project receiving kudos from various media outlets,

Continued on Page 14

Changing of the Guard

By Renato Saltz, MD

Bob Stanton, Longtime Aesthetic Society Executive Director, Named Executive Director Emeritus—Sue Dykema, CAE, Takes the Helm

Bob Stanton has guided the Aesthetic Society for almost 30 years, watching us grow from what was essentially a travel club to the single most influential force in aesthetic surgery education. As of August 1, 2010, this tireless and dedicated servant of the Society was elevated to the position of Executive Director Emeritus, with 14-year Society veteran Sue Dykema, CAE, taking the reins.

To many Aesthetic Society members, not to mention a list of Past Presidents



that reads like a “who’s who” of aesthetic surgery educators and leaders, Bob is the Aesthetic Society. Only the second Executive Director in our 40 plus year history, Bob is a true innovator, leading us into the internet age, producing an Annual Meeting of amazing logistical complexity,

Continued on Page 10

The Aesthetic Meeting 2010

New educational offerings, increased international attendance and a great venue contribute to make this year’s meeting a success.

By Jeffrey M. Kenkel, MD



Attendees line up for on-site registration.

The Aesthetic Meeting, held annually by the Aesthetic Society and ASERF has long been considered the premier educational event for our specialty and this year’s meeting in Washington, DC was no exception. More than 1600 board-certified plastic surgeons attended the meeting with an unprecedented 408 from countries other than the United States. Meeting content included popular sessions such as Hot Topics, The Research and Innovative Technology Luncheon and the pre-meeting cadaver course. These were presented along with many new and equally innovative sessions such as several courses exclusively for residents, (a Hands-on Laser Workshop, Cosmetic Injectables Workshop), Energized PAL, LAL and WAL Lipoplasty: benefits and Limitations,

Continued on Page 6

INSIDE THIS ISSUE:



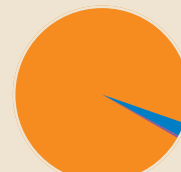
Taking a Proactive View of Online Doctor Ratings

See Page 4



Newly Enhanced Ask-a-Surgeon on Surgery.org

See Page 5



ASAPS Membership Survey: Ethics, Non-Cores and Advertising

See Page 20



Aesthetic Society News

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

President

Felmont Eaves, III, MD

Editor

Charles H. Thorne, MD

Associate Editor

Julius W. Few, MD

Communications Commissioner

Daniel C. Mills, II, MD

Director of Marketing and Public Education

John O'Leary

Marketing Manager

Kristin Murphy-Aviña

Manager, Marketing and Administration New York Office

Erika Ortiz-Ramos

Manager, Media Relations

Adeena Babbitt

Communications Manager

Jian Sun

Marketing Assistant

Janet Cottrell

Design

Via Media Graphic Design

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

Send address changes and membership inquiries to Membership Department, American Society for Aesthetic Plastic Surgery, 11262 Monarch Street, Garden Grove, CA 92841. Email asaps@surgery.org



The American Society for
Aesthetic Plastic Surgery



The Aesthetic Surgery Education
and Research Foundation

© 2010 The American Society for Aesthetic Plastic Surgery

ASAPS Members Forum: www.surgery.org/members

ASAPS Website: www.surgery.org

ASERF Website: www.aserf.org



Mixed Sources

Product group from well-managed
forests and other controlled sources
www.fsc.org Cert no. SCS-COC-001528
© 1996 Forest Stewardship Council

October 28 – 31, 2010

QMP 6th Aesthetic Surgery Symposium

Renaissance Hotel, Chicago, IL
Contact: Andrew Berger
314.878.7808
aberger@qmp.com
Endorsed by ASAPS

December 2 – 4, 2010

30th MEETH Aesthetic Surgery Symposium: The Cutting Edge— Facial Rejuvenation 2010

The Grand Hyatt Hotel, New York, NY
Contact: Lauren Fishman:
212.355.5702
astonbakersymposium@gmail.com
www.nypsf.org
Jointly Sponsored by ASAPS

January 13, 2011

4th Annual Oculoplastic Symposium

InterContinental Hotel, Atlanta, GA
Contact: Susan Russell
703.234.4067
srussell@gunnerlive.com
Endorsed by ASAPS

January 14 – 16, 2011

27th Annual Breast Surgery Symposium

InterContinental Hotel, Atlanta, GA
Contact: Susan Russell
703.234.4067
srussell@gunnerlive.com
Endorsed by ASAPS

January 28 – 30, 2011

Expanding Horizons—New Paradigms in Aesthetic Plastic Surgery

Encore Las Vegas, Las Vegas, NV
Contact: ASPS at 800/766-4955
Registration@plasticsurgery.org
Co-Sponsored by ASAPS/ASPS

February 10 – 12, 2011

45th Baker Gordon Educational Symposium

Hyatt Regency Miami, Miami, FL
Contact: Mary Felpeto
305.859.8250
www.bakergordonsymposium.com
Jointly Sponsored by ASAPS

March 2 – 6, 2011

14th Annual Dallas Cosmetic Surgery Symposium and 28th Annual Dallas Rhinoplasty Symposium

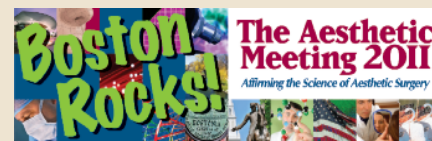
Westin Galleria, Dallas, TX
Contact: John Harrington
214.648.3792
dallasRhinoplasty@utsouthwestern.edu
Endorsed by ASAPS



May 4 – 7, 2011

SPSSCS 17th Annual Meeting

Boston Convention &
Exhibition Center, Boston, MA
Contact: SPSSCS at 800.486.0611
www.spsscs.org



May 6 – 11, 2011

The Aesthetic Meeting 2011 Affirming the Science of Aesthetic Surgery

Boston Convention &
Exhibition Center, Boston, MA
Contact: ASAPS 800.364.2147
562.799.2356
www.surgery.org/meeting2011



Aesthetic Surgery at the Crossroad

Thank you for the trust and confidence you have placed in me by allowing me to serve the Aesthetic Society at such an exciting and game changing period in our 40 plus year history. I have listened to you, conducted surveys to ascertain your needs and propose the following platform for the Society, building on the unwavering efforts of my dear friend and colleague, Immediate Past President Renato Saltz, MD.

The last two decades have witnessed an unprecedented expansion in the size and scope of the field of aesthetic surgery. Liposuction and excisional procedures have now blended with fat grafting, lasers, and non-invasive cosmetic medicine, and many more new technologies and procedures such as tissue engineering and stem cell therapy loom on the horizon. Many of these changes are good, bringing increased choices for plastic surgeons and their patients.

However, concurrent with this growth are multiple factors that have lead to the development of a "Wild West" mentality within much of the aesthetic surgery and cosmetic medicine marketplace.

Some companies, eager for rapid profit, push unproven technologies upon unknowing patients through direct to consumer (DTC) marketing. Just as potentially harmful, companies may promote their devices to non-core physicians who lack the background, training and skill set to safely perform the procedures or manage their complications.

This combination, DTC marketing aggressive product promotion to "non-cores," trivializes the qualifications of board certified plastic surgeons, validates non-core physicians in the eyes of the public, and makes the physical device preeminent over the ability of the treating physician. The plethora of non-ABMS "boards" and societies composed of

non-core physicians creates significant confusion in the eyes of the public and represents a patient safety risk.

Pressure to report on the "latest" treatment or "miracle procedure" also affects even the most seasoned reporters, as the drive to attract readers and viewers has the unfortunate side effect of trivializing aesthetic surgery as something simple and easy, able to be performed by anyone. As the market seems to spin out of control there appears to be little data to guide both clinicians and patients in making sound judgments concerning the hyped new procedures and treatments. Even board certified plastic surgeons are sometimes to blame, jumping in the fray to embrace the latest gimmick or themselves training unqualified physicians, hurting their colleagues and the specialty.

Your leadership is keenly aware of these factors and has been mounting strategies to try to influence the aesthetic surgery and cosmetic medicine space, making it more data driven, safer and transparent...in short, to bring some sanity and start to shift the pendulum.

Working through SCIETO (Strategic Committee on Internal and External Threats and Opportunities), ASAPS leadership has been coordinating its efforts into a global strategic plan. This plan includes a drive to be LEAN, GREEN, and MEAN.

A Leaner, Greener, and Meaner Aesthetic Society

The membership approved extensive bylaws changes at the Aesthetic Meeting 2010 in Washington, DC this spring. These changes eliminate many inactive committees, consolidate others, and included the creation of several new ones, including:

- **A new Membership Commission:** This new commission, headed by Dr. Clyde Ishii, consolidates all the various membership service groups into one structure, thereby increasing efficiency and communication. The commission includes a restructured Women's Aesthetic Surgeons Committee as well as resident and medical student groups formed to foster an early interest in and appreciation for aesthetic surgery. The Membership Commission also includes the Leadership Development Committee and the new Humanitarian Services Committee, headed by Immediate Past President Dr. Renato Saltz.
- **The Electronic Resources Task Force:** Being lean can also mean being green. To improve communications, contain expense, and reduce travel for leadership, Dr. Manish Shaw has been charged with researching video conferencing systems. Within the next several months we anticipate having the capability for such a "virtual boardroom."

ASAPS is also committed to being aggressive and proactive in dealing with problems within the field of aesthetic surgery and cosmetic medicine.

At the recent Annual Meeting in Washington, DC, numerous attendees approached the audience microphone concerned over the lack of data and unsubstantiated claims for new technologies that are being directly marketed to the public and placed in the hands of unqualified providers. Our members are clearly concerned about issues of appropriate training and patient safety. As ASAPS moves to address these concerns, it is imperative that leadership understands the will and concern of all our members, hence our recent survey

Continued on Page 10



Taking a Proactive View of Online Doctor Ratings

By Tom Seery

“The only answer to bad speech is more speech” —Matt Cutts, Google

You're being rated online—the merits of a proactive response

Want the best local doctor?

Read patient reviews to help you choose.

This statement is used by Angie's List in conjunction with their online advertising on Google searches for terms like “plastic surgeon.” It's a clear sign of the times: patient reviews are here to stay.

In fact, dozens of websites welcome consumers to post opinions and feedback about their plastic surgeon, yielding a mix of fair, unfair, and occasionally bizarre commentary.

Reviews matter because Google says so

Google lends its credibility and draws huge audiences to reviews by showing them prominently in local search results. Reviews are believed to be an important factor to how a doctor's website ranks in local searches (example: try searching Google for “Los Angeles Plastic Surgeon” and see what appears at the top of the page results). A 2009 Nielsen survey offers an explanation of why Google is so fond of reviews. 70 percent of online consumers reported that they trusted the opinions posted to websites. People trust reviews posted by complete strangers more so than the New York Times, radio, and magazines.

Reviews should benefit plastic surgeons

The good news is that the transparency brought about by online reviews should be a benefit to plastic surgeons. Aesthetic patients are highly satisfied customers. For instance, a 2008 study “Five-year Prospective Outcome Study in 325 Cosmetic Breast Surgery Patients” by Eric Swanson, MD, found that 99 percent of women undergoing cosmetic breast procedures would have their surgery again. Thanks to reviews, the quality and qualifications of board certified

plastic surgeons should clearly stand apart from non-core doctors who, presumably, encounter higher error rates and lower satisfaction.

However, the reality is that few plastic surgeons take a proactive stance toward patient reviews, and ensure that positive patient experiences and opinions are shared online. As a result, most surgeons find that their reputations are highly susceptible to the minority of patients who are unsatisfied.

Researchers have found that consumers use pattern recognition to distill the substance and veracity of online reviews. When they see something repeatedly referenced, they begin to assume it's true. Hence, if all a person discovers are a few axe-grinder postings about a surgeon, they're likely to draw a negative perception of the doctor. If they read a dozen glowing, thoughtful reviews that accompany the unhappy patient postings, the negative is marginalized.

Few doctors take comfort in the fact that the presence of a negative review or luke-warm posting can actually be a net benefit. But it's a fact. Consumers don't trust 100% positive statements, just like you wouldn't trust a restaurant that had nothing but five-star reviews on a website. This doesn't mean you should seek out the unhappy review; if you believe in your outcomes and service and routinely encourage patients to post, you'll develop a highly trusted and positive digital profile.

7 ways to navigate social reviews

- Monitor for your name and practice by using Google Alerts, a free service.
- Encourage your patients to post about their experience. There are numerous sites where patients can talk about their doctor. Ask your patient if any are familiar, and if so, could they please share their opinion.
- Add a comment to a negative post with care, never acknowledging the patient is

yours, and post no more than once. For instance, you could comment:” Our practice is dedicated to patients having great outcomes. We are extremely interested in hearing from all of our patients post-procedure. If you have any concerns whatsoever, please call us to talk at xxx-xxx-xxxx. We care.”

- Don't automatically send in the lawyers to address a negative review. Many website operators are open to requests to remove unfair postings (typically called a petitioning for removal process), but can close off communication when receiving a legal threat. Additionally, sending a lawyer letter to a past patient can embolden them to post even more negatives about you. In the end, you're trying to appeal to their sensibilities and fairness.
- Patient selection is all that more important in the age of social reviews. A surgeon shouldn't explain away negative reviews by citing the patient is “psychologically unbalanced” or “crazy.”
- Link to profiles you can manage or trust such as your surgery.org or realself.com profile. By linking you can push these profiles higher in Google, often above physician ratings sites.
- Claim and update your profile on Google, Yahoo, and Bing. Check your status using www.getlisted.org. Do not let a third party, like a web vendor, claim these profiles on your behalf.

Online reviews are more meaningful than online reputation. Nearly all major retailers, consumer brands, and service providers have learned that they need to embrace reviews in order to compete. “Reviewing is the new advertising” declares Trendwatching.com. Surgeons that see reviews as a marketing tool are sure to discover it's a powerful differentiator and competitive advantage for their practice.

Tom Seery is owner of the website RealSelf.com.

Newly Enhanced Ask-a-Surgeon on Surgery.org

The Electronic Communications Committee is proud to announce the new, revised "Ask a Surgeon" on the Society's website www.surgery.org. We have enhanced and broadened this feature to make it available to all ASAPS members, allowing you to use the questions and answers on your own Facebook, Twitter or other social media platforms!

How it works:

It's quick and easy. Just login to www.surgery.org and click on "Ask-a-Surgeon Member Access" where you will see the latest questions that have been submitted. You can set your own parameters for question notification. You can customize your account to receive immediate specific questions based on your practice area of interest on a daily, weekly or monthly basis.

How does this help my practice?

Every time you answer a question, a link to your personal website will appear

with the answer, increasing your exposure on the internet. If you have an Enhanced Practice Profile (EPP) page, the questions and answers will appear on your EPP page and provide an additional link to your website.

Benefits of participation:

There is a range of value when you provide quality answers and information to Ask-a-Surgeon, including

- Build and enhance your practice through public outreach and education.
- Establish and build a positive, authoritative reputation in your area of expertise.
- Generate potential patient leads.
- The more questions you answer, the

more online visibility you will have on the site.

- Increased search engine optimization (SEO) for your Enhanced Practice Profile (EPP) Page.
- Opportunity to load your own Ask-a-Surgeon videos to engage the public and patients with questions.

For more information, contact Kristin Murphy-Avina at kristin@surgery.org or Lisa Orozco at lisa@surgery.org




sientra[™]
 simplicity is beauty

www.sientra.com
 888.708.0808

*Investigational Device limited by Federal (USA) law to investigational use.



Tissue Expanders



Body Contouring



Breast Implants*



Facial Implants



The Aesthetic Meeting 2010

Continued from Cover

Revision of Breast Augmentation, Mastopexy and Augmentation-Mastopexy, and Safe and Efficient Body Contouring Surgery.

Unprecedented International Cooperation

This year marked a watershed in international learning and cooperation. Colleagues from all corners of the globe convened to share knowledge and broaden their skills in aesthetic surgery and cosmetic medicine. International residents were very well represented with more than 150 attending the meeting and 20 thought and opinion leaders contributing to our Scientific Sessions.

Leading the Way in Social Media

This year we had a number of tools to help attendees plan their schedules, tell others about a particularly interesting session and ask questions to presenters in “real time.” Information on the meeting was distributed via Twitter, questions at the scientific sessions were submitted via email and the ability to track your schedule, interact with colleagues and follow all meeting content was made possible via our new CrowdVine technology; to see how this worked, just log onto surgery.org/asaps10.

The festivities begin at the Annual Dinner dance.



Plastic surgery leaders honor Dr. Rees.

A Special Honor for a Special Member

A special award was presented to Past President Tom Rees, MD for his outstanding contributions to aesthetic surgery and his work as a founding member of the Flying Doctors Service of East Africa, now known as the African Medical and Research Foundation. This presentation was particularly poignant, not only as Dr. Rees was honored but as the giants of aesthetic surgery presented him with his award, including Drs. Thomas J. Baker, Daniel C. Morello, and Robert W. Bernard.

Just the Facts

Attendees could earn up to 54 AMA PRA Category 1 credits towards state licensure requirements, up to eight patient safety CME credits by attending the entire 2010 Scientific Session, and up to a maximum of 16.25 patient safety CME credits by attending select optional courses.

Our Program chairs, Drs. Jack Fisher and James C. Grotting, are hard at work on the program for next year's meeting in historic Boston, May 6-11, 2011. I hope to see you there.

Jeffrey M. Kenkel, MD is Professor and Vice-Chairman, Director, Clinical Center for Cosmetic Laser Treatment Rod J Rohrich MD Distinguished Professorship in Wound Healing and Plastic Surgery at UT Southwestern and President-elect of the Aesthetic Society



The Aesthetic Society
is proud to present our
PREMIER INDUSTRY PARTNERS



Medicis Aesthetics

Medicis Aesthetics, Chairman and CEO, Jonah Shacknai receives Premier Industry Partner Award from ASAPS Immediate Past President Renato Saltz, MD (left) and Corporate Sponsorship Chair Al Aly, MD (right)



DERMIK a business of sanofi-aventis

DERMIK, Director of Aesthetic Marketing, Stuart Davis receives Premier Industry Partner Award from ASAPS Immediate Past President Renato Saltz, MD (left) and Corporate Sponsorship Chair Al Aly, MD (right)



Sientra

Sientra, President and CEO, Hani Zeini receives Premier Industry Partner Award from ASAPS Immediate Past President Renato Saltz, MD (left) and Corporate Sponsorship Chair Al Aly, MD (right)

**The Aesthetic Society thanks these Industry Partners
for their continued support and provision of resources to fulfill
the Society's educational and research mission.**



Medical Students Interested in Plastic Surgery

Imagine if you were in medical school today and your only exposure to plastic surgery was what you saw in reality TV shows such as 90210. As medical school curriculums have shifted more towards primary care, medical students get less and less exposure to plastic surgery and other surgical subspecialties.

How can a student make a proper career choice without getting introduced to the field or learning about it too late to be a viable applicant for a plastic surgery residency?

The idea for the creation of a medical student interest group came from Renato Saltz, M.D., Immediate Past President of the Aesthetic Society. During his conversations with plastic surgeons, residents, and medical students in Brazil, he learned that most medical schools there have plastic surgery interest groups or leagues. Through these leagues, students get introduced to the field of plastic surgery as early as their first year in medical school. They have didactic classes in fundamentals of plastic surgery and hands-on activities such as labs in suturing. They even tag along with plastic surgery residents as they go about their rounds and do surgery. Dr. Saltz felt that this early exposure to plastic surgery should also be available to medical students in this country so we can attract the “best and the brightest” to our field.

An ad hoc committee of interested ASAPS members, students and residents was formed to explore this issue, with me

as Chair and including: Stephen B. Baker, MD, Steven E. Copit, MD, Michael C. Edwards, MD, J. Peter Rubin, MD, Renato Saltz, MD, Joseph M. Serletti, MD, Resident Jordan P. Farkas, MD, and medical students Christianna Saldanha, and Kyle Edwards.

Our goal is to determine if there really is a need for establishing such plastic surgery interest groups among medical students. We decided that such a dialogue is needed, so we invited students to attend the annual ASAPS meeting in Washington, D.C.

Plastic surgery faculty from various medical schools in the D.C. area spread the word and ten medical students were guests of the Society at The Aesthetic Meeting 2010. We also invited Christianna and Osvaldo Saldanha who are general surgery residents in Brazil and children of ASAPS member Dr. Osvaldo Saldanha.

These students and residents attended the scientific sessions, Resident & Fellow Forum, and the reception that followed. They also attended our MEDSIPS Committee meeting where we learned of their needs, shared ideas, and developed a plan of action. The consensus of the group was that medical students need a central gathering place to share information about a career in plastic surgery and learn about the residency application process. We agreed that a webpage for medical students could provide a forum for exchange of such information. The concept of creating

a Medical Student Group in ASAPS (similar to the Candidate and Resident groups) was presented to the Board of Directors the following day and it was unanimously approved. We are now working to create a medical student webpage as part of our Society’s surgery.org website. Jamil Ahmad, M.D. is finishing his residency at University of Texas, Southwestern and is organizing this webpage effort. Jamal also created the webpage for our Society’s Facebook Resident group. We also plan to put on a forum for medical students at next year’s meeting in Boston. There is much excitement in the air since the possibilities are endless. As Kevin Han, medical student from George Washington University said: “Thanks for all of your effort. I am speaking for all students, that we appreciate your time and dedication to help us.”

Clyde H. Ishii, MD is an aesthetic surgeon practicing in Honolulu, HI and Commissioner of the Aesthetic Society’s Membership Commission.

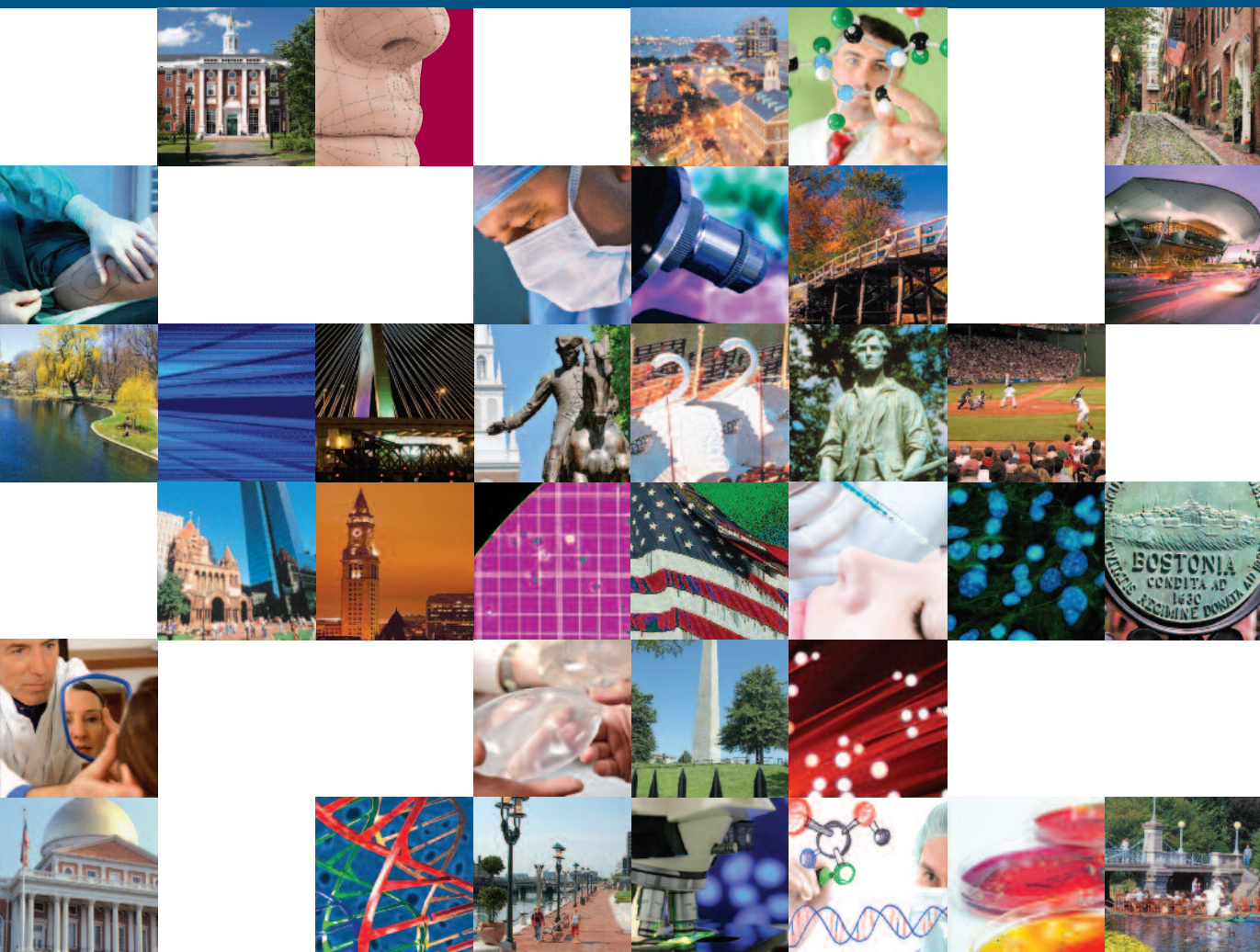
Optional Courses • May 6–10
 Scientific Sessions • May 8–11
 Exhibits • May 8–10

Boston Rocks!

The Aesthetic Meeting 2011

Affirming the Science of Aesthetic Surgery

www.surgery.org/meeting2011



**MAY
6–11
2011**

**Boston
Convention
& Exhibition
Center
Boston, MA**

*The Annual
Meeting of*



**The American
Society for
Aesthetic
Plastic
Surgery, Inc.**

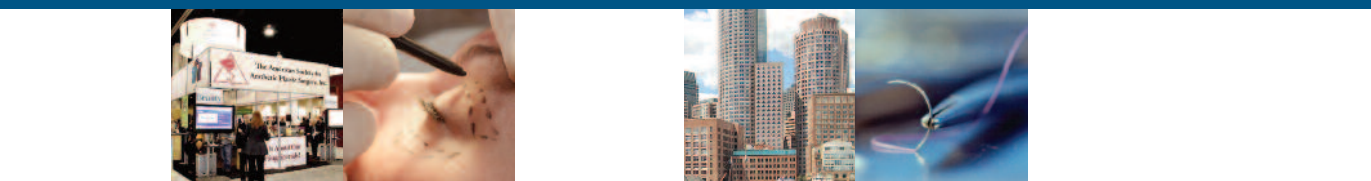


**The Aesthetic
Surgery
Education
and Research
Foundation**

Call for Abstracts

Submit Your Abstracts On-line by **Tuesday, November 2, 2010** • surgery.org/abstracts

Scientific Sessions • International Hot Topics • Research & Innovative Technology Luncheon
 E-Posters • Residents & Fellows Forum (deadline for submission February 4, 2011)



MAKE A SOLID INVESTMENT IN YOURSELF

ENROLL IN THE AESTHETIC SOCIETY CANDIDATE PROGRAM

Candidate Benefits:

- Receive a 25% discount on guest surgeon registration on any ASAPS annual meeting during the five-year candidacy period... A savings of over \$300 per meeting!
- Access to the Society's Online Clinical Education Library
- Candidate discounts on selected Aesthetic Society programs, products, and services, and access to the Society's online shopping cart
- Complimentary subscription to "Aesthetic Society News"
- Networking, collaborating and visibility among peers
- Opportunities to attend exclusive social and educational events during the ASAPS annual meeting
- Access to serve on committees that drive the unparalleled success of The Aesthetic Society's programs and services

Please keep in mind that Candidate status with the Aesthetic Society is NOT a membership classification, but a program that offers specific benefits and will acquaint you with the Aesthetic Society as you build your aesthetic surgery practice. At any time during the five-years you are in the Candidate Program, assuming you fulfill the requirements, you may apply for Active Membership in ASAPS.

Visit our website to apply to The Aesthetic Society Candidate Program and take advantage of these unbeatable services and benefits today.



THE AMERICAN SOCIETY
FOR AESTHETIC PLASTIC SURGERY

800-364-2147 • 562-799-2356

marissa@surgery.org
www.surgery.org/candidates

Changing of the Guard

Continued from Cover

and steering us through waters both calm and turbulent. Bob's stewardship has always had one basic philosophy: this is a member organization and the members come first. This tenant has directed all of the Society staff and become a cornerstone that permeates the entire culture of ASAPS.

In Bob's new role, he will be serving as a senior consultant to Sue Dykema as she leads the organization to even greater success and stability. Bob will be attending The Aesthetic Meeting, 2011 in Boston, May 8 to 11. Please join us there as we officially see Bob off to his new life and adventures.

President's Report

Continued from Page 3

concerning these issues (please see the story "Ethics, Non-cores and Advertising on the cover of the issue).

You have told us that dealing with non-core physicians is a major issue for board certified plastic surgeons. Virtually every community in which we practice has a non-surgeon who markets themselves as a cosmetic surgery expert. Although these individuals cleverly obscure their real training background "e.g. Board Certified Cosmetic Surgeon" their underlying ABMS board, if any, may be something totally unrelated, such as pediatrics, obstetrics/gynecology, or pathology. Why hide their actual residency training pathway? Clearly it can serve no other purpose than to deceive the public that they have credentials and expertise not possessed, and with limited training in surgical principles, regional anatomy, anesthesia, tissue transfer, and other topics integral to training in plastic surgery, they cannot be safe and effective for their patients.

In these battles we have allies. ASAPS has begun to work with core physician organizations such as the American Academy for Facial Plastic and Reconstructive Surgery (AAFPRS), the American Society of Oculoplastic Reconstructive Surgeons (ASPPRS) and the American Society for Dermatological Surgery (ASDS) to

Sue, of course, is no stranger to the membership. Serving as second in command, she was involved in everything from operations to education. She was recently on the Board of Directors of the Professional Convention Management Association and holds the universal ASAPS values of family, responsibility, innovation and level stewardship. Please join me in congratulating her on this new and exciting step in a stellar career.

Renato Saltz is an aesthetic surgeon practicing in Utah and is Immediate Past President of the Aesthetic Society.

address such issues related to industry and non-cores to further patient safety.

Bringing Reality to the Phrase "Evidence-based Medicine"

Plastic surgery is a visual specialty. Part artist, part physician, we often rely on anecdotal information on "who does it best" as opposed to learning via data and clinical outcomes.

Having a system for evidence in the plastic surgery community would be invaluable in many areas, from determining best practices, to reading and writing clinical papers and ultimately, proving through data the evidence that would show our superior training and experience in the marketplace.

At the end of August, The Aesthetic Society will be conducting the first ever Summit on Evidence Based Medicine in Plastic Surgery in cooperation with ASPS and AAFPRS. Thought and opinion leaders from the worlds of outcomes, publishing, clinical practice and research will be convening to develop actionable steps for integrating evidence based medicine into the practicing surgeon's practice. Look for information on our progress in future issues of ASN.



THE AESTHETIC SURGERY EDUCATION
AND RESEARCH FOUNDATION

During the past year ASERF has restructured its communication capability through the development of a new Website. Members and guests have the ability to view our research and giving programs and gain insight into the many projects that ASERF has initiated. Please have a look by visiting www.aserf.org

ASERF is committed to funding only aesthetic plastic surgery research. This focus on aesthetic surgery enhances our ability to assist industry partners who are looking for independent third parties to assist with their research needs.

To facilitate this partnership, The Aesthetic Research Alliance (TARA) is being developed. TARA will serve as an interface between sponsors and principal investigators.

During the first stage of development, TARA will oversee credentialing of highly respected research oriented academic institutions and qualified board certified plastic surgeons to form core research teams.

Through this vetting process, we are establishing a network of research partners to work independently or in concert to provide study capability for sponsored projects.

Projects will be directed at clinically used products such as breast implants, lasers, liposuction devices, fillers, toxins and others. ASERF will assist with the IRB

process and find the best-trained researchers in those areas to provide up to date, honest and clinically proven data.

TARA will be intimately involved in management of each research grant through analysis of compliance by researchers with required documentation and standards.

The success of TARA will generate additional funding to be added to the generous donations of our members, patients and industry to fund important research that improves clinical practice.

We are evaluating programs to educate surgeons interested in becoming proficient in the research process so that they can be added to our cadre of research specialists.

Gifting Programs

Honor Your Mentor

A number of members have donated to the Honor Your Mentor program that began last year. The program provides an opportunity to provide a gift to ASERF and pay tribute to the career of a plastic surgeon that has been instrumental in one's success. Drs. Carl Hartrampf, John Kelleher, Ralph Millard and Robert Singer have all been honored with a tribute gift to ASERF. Please consider making a donation to ASERF to support this program.

The Grateful Patient Campaign

A beautiful brochure has been produced for the newest fund-raising program, the Grateful Patient Campaign.

This program allows patients an opportunity to contribute to aesthetic surgery research and at the same time acknowledge and thank their surgeon. Surgeons are encouraged to request the brochures and present them to their patients to facilitate participation in this program. These donations enable the foundation to fulfill its mission of plastic surgery and cosmetic medicine research and its commitment to keeping plastic surgery procedures safe and effective.

Current Research and Grant Awards

The ASERF Scientific Research Committee has awarded a research grant to Anand K. Deva, MD from Australia titled "Use of antibiotic mesh in a pig model to prevent capsular contracture."

Utilizing a pig model, the study will evaluate the effects of antibiotic impregnated polymeric mesh on the risk of bacterial contamination and gauge its impact on reducing biofilm formation and subsequent capsular contracture. The investigators hope that this study may

Continued on Page 17

MISSION

The purpose of the Foundation is to identify and pursue those issues relevant to the advancement, effectiveness and safety of aesthetic surgery through directed research and education for the purpose of benefiting patients, physicians and this entire field of medicine



Fellowships

Need Funding for an Aesthetic Fellowship?

The American Society for Aesthetic Plastic Surgery is proud to announce the availability of two \$65,000 grants* to support one 12 month Aesthetic Fellowship, each to begin July 2011.

Application Deadline:
Friday,
October 1,
2010

CRITERIA INCLUDE:

- Applicant must be an ASAPS Active Member based in the USA or Canada
- Fellowship must be 12 months in length and scheduled to start in July 2011
- Must be a **new** Fellowship or the addition of a Fellow to an already existing program
- Must agree to follow the ASAPS Aesthetic Fellowship Curriculum
- Fellowship must include a research component

Download complete details including Eligibility Criteria,
Application, and the Aesthetic Curriculum

www.surgery.org/members

**Made possible by grants from Ethicon Endo-Surgery*



THE AMERICAN SOCIETY
FOR AESTHETIC PLASTIC SURGERY

800-364-2147 • 562-799-2356
asaps@surgery.org • www.surgery.org

EDUCATION • COLLABORATION • RESEARCH



As new fillers and injectables become approved by the FDA and unapproved, untested products become introduced to the underground market, the need for the Physician's Coalition to expand its presence has never been greater.

Our press release speaking out against a growing trend of teenagers using neurotoxins to "prevent" wrinkles received media coverage from MSNBC and continues to be relevant as new stories about young celebrities receiving injections emerge. In the release, Robert Weiss, MD, a Coalition leader and Past-President of the American Society for Dermatologic Surgery (ASDS) stated, "Botox does not prevent natural aging, so this seems like an unnecessary risk."

Past-President of the Aesthetic Society, Mark Jewell, MD spoke to the media and went on record saying, "Botox is a blockbuster of a product, but should a teenager be getting it? I think the answer is no." The Coalition continues to focus on issues that affect the public's safety and well-being—this dangerous, growing trend is no exception.

In terms of internal housekeeping, we have recently gone through www.injectablesafety.org and set-up update protocols for our product listings, planned for new physician and patient videos, and discussed new injectables on the market.

Past projects like the Safety with Injectables Workbook, which was offered free of charge to the plastic surgery community, will be updated with new information and a new Physician Safety Webinar is in the works. Here is a list of new updates on the injectable front:

New Fillers

- An exciting new injectable has been FDA-approved for injecting small spider and varicose veins in the legs. Polidocanol, marketed under the name Asclera, has been used in Europe for the past 40 years and will open up new treatment options to patients with this unsightly and oftentimes uncomfortable condition.
- Artefill dermal filler has been re-launched in the US market with new studies and impressive safety data in line with other fillers such as Juvederm and Restylane.
- Platelet-Rich Plasma-Fibrin Filler is the newest line of fillers using the patient's own blood and platelets to naturally fill skin depressions, scars, wrinkles and folds. This cutting-edge technology has not been FDA-approved yet, but we should all keep an eye on it.

Injectable Safety Workbook

This workbook has helped a great number of doctors and their practices reevaluate their injectable protocols in regards to their safety and effectiveness. Updates to this great work will include the latest products, consents, Sclectherapy and more on the business side of ordering and processing injectables.

New Webinar

Webinars have become the most effective way to disseminate crucial information to a community of busy and somewhat demanding individuals. ASAPS webinars have always been available to all physicians in the interest of education and safety. The Physician's Coalition's next webinar will focus on 'Adverse Events' and the recommended course of action in the case of complications due to injecting. What could be a more important topic that can serve multiple specialties working towards a similar goal of patient safety?

As the new Chair of the Physician's Coalition for Injectable Safety, I hope to continue the great work previously done by the Coalition Board members who are established leaders in their own specialties already. My goals run along with what has always been precedence—a high level of education and understanding of the injectable community and continued vigilance against unsafe practices. The amount of misinformation and rampant misuse out there is both damaging and distracting to our field, but we know that as physicians, the patient still comes first.

John E. Gross, MD, is an aesthetic surgeon practicing in Pasadena, CA. He is Chair of the Physicians Coalition for Injectable Safety



The Aesthetic Society is Now a Pop-Culture Reference

As a leading resource for the public to obtain accurate information on aesthetic surgery, the Media Relations Committee has long been involved in pro-active and pragmatic media strategies. As many of you may know, these efforts have resulted in stories being published in leading newspapers, magazines, broadcast media and websites from the New York Times to Web MD.

However, two of the more unique references have not been part of news stories, instead they have been a part of two popular mainstream television shows.

On the 9th episode of Season 3 of the *Real Housewives of New York City* one of the featured women, Sonja Morgan, takes her friend, Ramona Singer to her plastic surgery consultation to help her ask the surgeon necessary questions about her lipoplasty (liposuction) procedure. During the consultation, Ramona Singer asked the surgeon if he had operating privileges at a hospital to perform the procedure in question, what year he was board certified in, and if he is a member of ASAPS.

On the twenty-second episode of the Season 21 of *The Simpsons*, Sideshow Bob, Bart Simpson's arch-enemy, is shown reading a book on how to perform plastic surgery. The book is titled "Advanced Plastic Surgery" and is written by ASAPS.

You know you have made it when even the writers on *The Simpsons* know the Aesthetic Society is the authority on all things plastic surgery!

Project Beauty

Continued from Cover

most notably a blurb in the New York Times stating "The site is not meant to drive business to plastic surgeons, one of its creators said, but to offer unbiased information." Although the site is very informative and reaches well beyond the scope of plastic surgery, it also links the consumer to ASAPS' Find a Surgeon search engine on www.surgery.org, becoming a referral source for members.

While the soft launch had a limited number of videos showcasing the different categories on the site, ProjectBeauty.com currently has almost 2,000 members, 40 original videos and has trafficked over 4,600 visits per day. It is growing at a fast pace and clearly resonates with an internet generation that is more visually-oriented.

Much of its growth is due to a full-scale social media campaign on Facebook, Twitter (@project_beauty) and YouTube to share valuable information and videos from the website to a wide audience of viewers. You have also contributed to the site's success, by encouraging your staff, patients and friends to become members and to "friend" us on Facebook and other social media sites.

In fact, Project Beauty can be seen as a prime example of the power social media holds. By cross-promoting the site with our other ASAPS social media outlets, we have been able to reach thousands of consumers and cosmetic industry professionals nationwide at a fraction of the cost of normal promotional efforts.

This past month, more exciting developments have taken place on the website as we grow and dig deeper into our community.

BLOG

We have developed a written blog that gives background information and more in-depth facts about our video subjects. Video is a great medium for stories, but we wanted to expand on all the wonderful topics and give the viewers facts and perspectives that couldn't possibly fit in a short 2-minute video.

FORUM

Since the community is growing, we have opened up a forum so that consumers can discuss what has or has not worked for

them in the beauty and fashion market. These forums are monitored by staff and encourage patients and consumers to ask questions and give opinions.

HOW-TO

As ProjectBeauty.com develops, so must advertising. The How-To section will soon be populated with videos directly from companies in the Health and Beauty field. Consumers will get information about new products straight from the source and advertisers will contribute to the website—a win-win situation!

As ASAPS members, you have been in the loop the whole time—multiple blasts informing you of the website and the contest have been sent to your email boxes, literature has been given out at the Annual Meeting and there is continual promotion on our website.

If you still have not taken advantage of the benefits of ProjectBeauty.com, here are some easy things you can do right away:

- Go to www.ProjectBeauty.com and register
- Consider using Project Beauty video on your own website
- Follow @Project_Beauty on Twitter to receive the latest info
- Like the Facebook page: www.facebook.com/projectbeauty
- Join the 'ProjectBeautyTV' YouTube Channel
- Use the social media sites to promote giveaways, health and beauty tips and fun facts with your patients
- Share the first-hand patient videos with your patients, staff and friends—the videos are very relatable and often inspiring.

The Project Beauty Team is constantly working and thinking of new ideas and sources – if there is something you would like to suggest as an ASAPS Member or fan, please feel free to bring it forward. We would love to have your input and be as excited as we are to contribute to this growing community.

Daniel C. Mills, II, MD is an aesthetic surgeon practicing in Laguna Beach, CA, Chair of the ASAPS Communications Commission and Chair of the Project Beauty Task Force.



Introducing the Humanitarian Services Committee

By Renato Saltz, MD

While serving as your President last year, I was given a unique view

on the true philanthropic nature of many of our aesthetic colleagues. This view went from the global—a great example is the dangerous and vital work performed by Aesthetic Society member Craig Hobar, MD via his LEAP Foundation, providing immediate and on-going assistance to the people of Haiti following the devastating earthquake there—to more grass roots efforts such as the “Celebration of Survival” program launched by Aesthetic Society member Anil Punjabi, MD, who held and organized a fashion show for breast reconstruction patients in his practice.

Philanthropic endeavors are done by

many members, usually very quietly and with great benefit and impact to the public. To foster and encourage this effort, President Felmont (Monte) Eaves, III, MD, asked me to Chair a new Committee for the Society, focusing on humanitarian services.

Our initial Committee members include colleagues Stephanie Feldman, MD (a member of the Board of Directors of Interplast), Larry Nichter, MD, FACS, President, Plasticos Foundation, Craig J. Salt MD, CAPT, and Trent Douglas, MD, CDR, MC(FS), USN, members of The U.S. Navy’s Pacific Partnership, dedicated to conducting humanitarian and civic assistance missions with and through partner nations, non-governmental organizations and other U.S. and international government agencies to execute a variety of humanitarian civic action missions in the Pacific Fleet area of responsibility.

The work of these Committee

members is impressive and, to me at least, a little daunting. With busy practices, family responsibilities and all the other obligations we face on a daily basis, it’s easy to lose sight that sometimes small, local efforts can have an important impact not only on your community but on your practice as well.

In the coming months, the Committee will be brainstorming on some templates you can use to “act locally,” expanding your community involvement and letting your patients know that you are a good citizen as well as a great aesthetic surgeon. We will publish our suggestions in a future issue of ASN.

Renato Saltz, MD, is an aesthetic surgeon practicing in Salt Lake City and Immediate Past-President of the Aesthetic Society. He is also the founder of the Image Reborn Foundation. www.imagerebornfoundation.org, a retreat center for breast cancer survivors.

The Stanger™ C Circular Breast Retractor

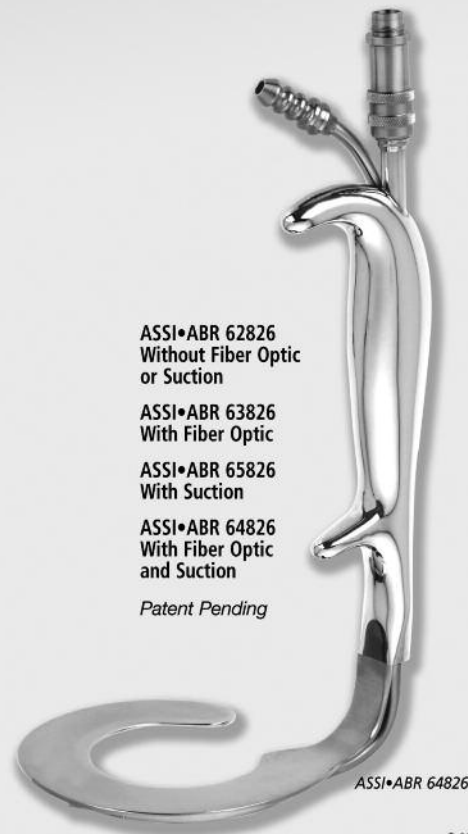
For Initial Surgery and Placement of a Prosthesis.
For Easy Removal and Replacement of Implanted Breast Prostheses.

- Designed to **create an Optical Cavity** in the Breast Pocket through a small incision
- Facilitates visualization for **better hemostasis** in the Breast Pocket
- Provides **better visualization** for dissection of the periphery of the Breast Pocket



For diamond perfect performance™

accurate surgical & scientific instruments corporation
800.645.3569 516.333.2570 fax: 516.997.4948 west coast: 800.255.9378
www accuratesurgical.com



ASSI•ABR 62826
Without Fiber Optic
or Suction

ASSI•ABR 63826
With Fiber Optic

ASSI•ABR 65826
With Suction

ASSI•ABR 64826
With Fiber Optic
and Suction

Patent Pending

ASSI•ABR 64826

© 2010 ASSI®

NEWS FROM THE *Aesthetic Surgery Journal*



The following select abstracts are from recent issues of the *Aesthetic Surgery Journal*. Full text can be found at <http://www.surgery.org/members/publications/aesthetic-surgery-journal>

A Comparison of Outcomes Involving Highly Cohesive, Form-Stable Breast Implants From Two Manufacturers in Patients Undergoing Primary Breast Augmentation ASJ: vol. 30 no. 1 51-65

Mark L. Jewell, MD

Background: Although there have been reports of single-surgeon outcomes with highly cohesive, form-stable silicone gel implants in women undergoing primary breast augmentation, there has been only one study published that compares the outcomes between the Allergan 410 and the Mentor CPG devices.

Objectives: The goal of the study is to compare outcomes in each cohort and to determine if quality systems and processes would have an impact on lowering the surgical revision rate, as compared to published reports for round gel implants and form-stable implants.

Methods: Patients selected for the study were required to meet predefined inclusion criteria and general indications for breast augmentation. All subjects were treated uniformly with extensive informed consent prior to surgery. The entire process of breast augmentation (patient assessment, informed consent, the surgical procedure itself and postoperative instructions) was identical between the two groups. Patients were not randomized, as the studies did not start at the same time. The process for management of each patient was based on adaptation of the Toyota Production System and Lean Manufacturing, with emphasis on achieving operational excellence in the use of planning templates for surgery, including accurate management of patient expectations regarding size outcome.

Results: Outcomes data included physical breast measurements, quality of life metrics, and patient/surgeon satisfaction assessment. Adverse events were compared against published data for breast implants. Follow-up ranged between 20-77

months (Allergan 410) and 16-77 months (Mentor CPG). The outcome data indicate that these devices produce natural-appearing breasts with extremely low aggregate reoperation rate (4.2%). Only 0.8% of the reoperations were attributable to surgeon-related factors. There were no reoperations to correct mismanaged size expectations during the course of each study. There were 13 pregnancies and no difficulties with lactation were reported. Rippling (lateral/medial, palpable and/or visible) was encountered in both cohorts. The Mentor CPG cohort had a fivefold greater incidence of rippling (37.3% versus 7.6% in Allergan 410 cohort). This was highly statistically significant ($P < .001$).

Conclusions: Provided that there is adherence to core principles and avoidance of errors in planning, patient expectations, and surgery, highly cohesive, form-stable breast implants can deliver excellent long term outcomes in primary breast augmentation in a diverse patient population. The impact of quality processes such as Toyota Production System and Lean Manufacturing was substantive in delivering operational excellence in primary breast augmentation.

Cosmeceuticals: The Evidence Behind the Retinoids ASJ: vol. 30 no. 1 74-77

Kajal Babamiri, MD
Reza Nassab, MBChB, MBA,
MRCSEd, MRCSEng

A wide range of cosmeceutical products are available on the market currently, but evidence to support their use is often lacking in the literature. Specifically, there is a substantial amount of evidence supporting the efficacy of tretinoin in photoaging, but the evidence supporting retinoid-based cosmeceuticals remains sparse. The authors review the current data in the literature related to vitamin A–derived cosmeceutical products and conclude that cosmeceuticals containing retinaldehyde have been shown in large

randomized, controlled trials to have the most beneficial effect on aging skin.

The Dorsal Columellar Strut: Innovative Use of Dorsal Hump Removal for a Columellar Strut ASJ: vol. 30 no. 1 30-35

Rod J. Rohrich, MD
and Jerome H. Liu, MD, MSHS

Background: Dorsal hump reduction is a common complaint among primary cosmetic rhinoplasty patients. Newer techniques for addressing the dorsal hump focus on the preservation, reinforcement, or modification of existing structures.

Objectives: The authors describe their technique of a “dorsal columellar strut,” an innovative use of dorsal nasal cartilage from hump removal for a columellar strut. Combined with other cartilage-conserving techniques, this forgoes the morbidity and operative time of a septal cartilage harvest while preserving—and possibly increasing—tip support.

Methods: Candidates for this procedure are selected based on a number of criteria. Ideally, the patient is one who requires 3 mm or more of dorsal hump reduction with tip reshaping and refinement. Each patient is treated using the open technique with a stair-step columellar incision, combined with an infracartilaginous incision.

Results: With the addition of the authors’ cartilage-conserving techniques (autospreader flap, lower lateral turnover, and tip suturing), patients experience successful reshaping of the middle vault and nasal tip.

Conclusions: In well-selected patients, the authors have found their technique to be efficient, effective, and aesthetic. The precise dorsal reduction allows surgeons to use the cartilage fragment as a dorsal columellar strut, foregoing the standard septal harvest and reducing operative time and patient morbidity.

Continued on Page 17

Online CME Site Launches for *Aesthetic Surgery Journal*

The Editors of the *Aesthetic Surgery Journal* are pleased to announce the launch of an online CME portal, located at <http://aes-cme.sagepub.com/>. Rather than having a different process for ASAPS members and nonmembers, we have simplified the process such that all readers will now be able to login and complete their CME credits online.

Some exciting features of the CME portal include:

- Online availability of the two most recent CME articles published in ASJ, with five additional articles from the archive being added shortly
- Instant posttest results and explanations; the reader is directed to highlighted sections in the original article to aid in understanding questions they may have answered incorrectly
- Instant printable CME certificate, as well as a comprehensive record of all completed CME activities for a particular user under “My CME”
- Automatic transmission of CME certificates/credits to ASAPS for Society members
- No dual registration required—the username and password for the main ASJ site (www.aestheticsurgeryjournal.com) also works for the CME portal
- An electronic pretest and posttest comparison that helps ASAPS staff to identify additional areas for potential CME, enhancing the future educational experience for members and readers

We urge you to try the new portal and encourage your feedback!

Please send any comments or suggestions to Managing Editor Melissa Knoll at Melissa@surgery.org

Update on ASERF

Continued from Page 11

lead to a significant breakthrough in the treatment and prevention of capsular contracture around mammary implants and will have application to a wider range of implantable medical devices.

The ASERF Congenital and Acquired Breast Deformity Grant Program has awarded the first grant to Dr. Anne Taylor, Columbus, Ohio.

This grant was established to provide assistance to five patients in need of reconstructive breast surgery who would be unable to obtain care without financial help.

Many young women experience congenital breast deformities as they mature into womanhood, while others may develop deformities after childbearing or after dramatic weight loss. Those who have breast deformities often feel

self-conscious and have difficulty finding clothes to mask their breast deformities and these factors can negatively affect their feelings of self worth.

The Aesthetic Surgery Education and Research Foundation (ASERF), the research arm of the American Society for Aesthetic Plastic Surgery (ASAPS), has been quietly funding research projects for more than 15 years. Many surgeons donate their services under these circumstances, but this grant will allow for his or her surgical team to also work at a reduced rate. This program has been funded by a charitable donation from the Mentor Corporation.

Please visit the following link to download the application package:
<http://www.surgery.org/private/CongenitalBreastDeformitiesApplicationPacket>

As the research arm of ASAPS, ASERF is creating new opportunities to study issues to enhance safe surgical practice. Please visit www.aserf.org or call ASERF to learn about the many exciting opportunities to participate in ASERF either as a donor, sponsor or researcher. We welcome your participation.

Finally, I would like to express my thanks and gratitude to ASERF's Immediate Past-President Laurie Casas, MD. Her hard work and dedication proved immeasurable to the Foundation.

Geoffrey Keyes, MD is an aesthetic surgeon practicing in Beverly Hills, CA. He is President of the Aesthetic Surgery Education and Research Foundation and an Associate Professor at the University Southern California.



Don't Let the Lazy Days of Summer Melt Your Profits

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

Introduction

Summer is heating up but your phones don't have to cool down if you put creative strategies in place to keep your patients coming back throughout the summer and the entire year.

Just because your practice surgeries may slow down during the summer months, doesn't mean your patients are necessarily on hiatus from ALL aesthetic enhancement—just some of it. The good news is your aesthetic patients want to look good now and next month and next season. While they may not be interested in some of your services now because they are in a bathing suit and shorts for the next three months, they could very well be interested in other treatments and procedures that would keep them looking great on their vacation and at family barbecues.

Granted, summer is not the perfect time for your patients to clamor for surgery. Now that the weather is nice, they are not dying to hide away at home to recover from liposuction surgery. They want to be outside, playing in shorts and bathing suits.

So while they may be holding off on body surgical procedures, they have plenty of other concerns they want to address during this season.

Injectables are Hot!

No matter what the weather, aesthetic patients always need a touch up on their Botox and fillers. Weddings, summer cook-outs, weekends at the country club, friend and family get-togethers are all motivators for your patients to want to smooth their sun-squints, fill in their facial lines and plump up their lips.

The beauty of these minimally-invasive procedures is you can have them done anytime with minimal or zero downtime so they don't interfere with your patients'

busy summer schedules. It will not only keep your patients looking good, it will also give you an opportunity to spend more time with them. That will help solidify your relationship with them so they return to you for more extensive procedures when the timing is right.

Summer Surge Strategies

First, decide on your message. Honesty is always the best policy so your message might include the fact that the slow summer months give your patients more 1-on-1 time with you.

Offer complimentary consultations along with a computer analysis session, a facial or microdermabrasion treatment and a sunscreen product. Bundle it all for an attractive price and give it a theme—Your Summer Skin Kit, or Summer Beauty Bundle.

Once you have your message, find your audience. One popular summer audience is teachers and professionals that have the summer off or have a major summer slowdown. You could also use the summer as an opportunity to connect with anybody who came in for a surgical consultation but didn't book.

You have your message, you have your audience, all you have to do now is create and send. Write a thoughtful letter that speaks directly to your audience. Again, think honest and enticing. For example:

Things slow down around here in the Summer so I have a more flexible schedule than I do any other time of the year. If you have your surgery done this Summer or before August 31, you are entitled to (Insert Special Offer).

As long as you give them a logical reason for why you are doing something special, that could be just what they needed to jump off the fence and move forward with you. Keep in mind, the offer needs to

be something worthwhile. You know what I mean because you get offers all the time in the mail, via email, etc. When you see 10% off, is that exciting? Not at all. So make it good, you don't want to take the time to send a letter just to make your potential patients lose interest.

Summer Skin Series

Let your skin care staff do the heavy lifting during the summer while you sit back and relax. Have them conduct Summer Fun Events in your office for small groups of patients and their friends. They learn about cool ways to have beautiful skin during the hot days of summer.

Your staff can demonstrate peels and microdermabrasion, they can explain how to change makeup for summer tans, how to protect skin from the harmful effects of the sun, etc. Your vendors would love to help with this so get them involved.

You can be available afterwards to field any questions or to just be available for 1-on-1 time with patients who want to say hello to you. This could be just what they needed to seriously reconsider that surgery and book it for the fall.

Take Advantage of the Summer Slow Down

Every day I hear doctors and staff complain that they have no time to get anything done. A slow period can be a blessing in disguise; a time when you can catch up on all the training, planning, and cleaning that can't get done during busy months.

If things quiet down in your office during the summer months, this is the perfect time for you and your staff to "sharpen your saw." Hold staff training sessions and go over phone skills, patient relations protocols and procedural FAQ's. Do role-playing and fun contests to help

them learn pertinent information. Brainstorm with your entire team how you can be even better with your processes so your patients get that WOW experience during and in between visits.

Or, use this slow time to clean, organize files, throw out unnecessary storage boxes, repaint and anything else that normally doesn't get done because you are so busy. If you decide to do a renovation, that can be a great reason to contact your patients in late summer, early fall and invite them to see the new 'face' of your practice.

Network

Since other businesses are often slow through summer, it's a great time to connect or reconnect with them. Pool your resources to email and mail co-marketing pieces to both of your databases to cross-sell each other's services. Include very exclusive Sizzlin' Summer Special Offers that are only good for a very limited time.

Spread the Word

Spread your message by starting broadly. Add new in-house signage, mention it on your phone greeting, explain it in your next email message and design an eye-catching banner for your Website.

Conclusion

Use these lazy days of summer to catapult your revenues, your relationships with your patients and your resolve to have the best trained staff ever! And don't forget your sunscreen!

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 a Free Marketing Checklist, visit www.CosmeticImageMarketing.com or call Catherine at (877) 339-8833.



Set Up a Summer Sizzle Surge Calendar:

To make the most of this slow time, set up a Summer calendar of events that will help you and your staff get things done since you've attached a deadline date to it. This will also add a sense of urgency to help your patients make a decision to see you now. Here's an example:

July:

- Summer Email Blast
- In-house Signage
- Skin Care In-House Event—get vendor support
- Letter Mailing to school teachers
- Network with at least one neighborhood salon/spa/alliance
- Staff meetings to go over phone skills and summer surge ideas
- Remove all office clutter

August:

- Summer Email Blast
- Skin Care In-House Event—get vendor support
- Mailing #2 to school teachers
- Network with one more neighborhood salon/spa/alliance
- Staff meetings to go over handling objections and improving patients experience
- Organize Office files and supplies
- Clean the office thoroughly

ASAPS Membership Survey: Ethics, Non-Cores and Advertising

Felmont F. Eaves, III, MD

It is important in any professional society that leadership actively solicits input on member attitudes and concerns in order to best address membership needs. During the Aesthetic Meeting 2010 in Washington, DC, many members came to the microphone during educational sessions or approached leadership in the hallways to voice concerns. Members expressed frustration over industry—unsubstantiated marketing claims, poor science, marketing to inadequately trained providers—and with “non-core” providers who flock to adopt aesthetic surgical and cosmetic medicine procedures, functioning well outside their scope of training. Leadership heard concerns about patient safety and the integrity of the specialty.

In order to get a more complete biopsy of membership attitudes concerning industry interactions, training of non-core physicians, and similar areas of concern ASAPS undertook an email-based membership survey. 562 members and 93 candidates responded with an over-all response rate of approximately 30 percent members, and 20 percent candidates (combined response rate: 27 percent).

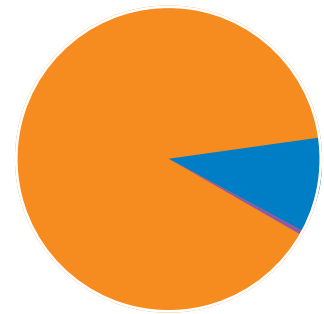
Respondents listed confusion over board certification and “junk boards” as the number one external threat faced by board certified plastic surgeons, with 71.2% rating this a “serious threat” and an additional 23.9% rated this a “threat.” Only 4.9% felt that such confusion was not a threat. The second most frequent concern was companies marketing devices and procedures to “non-cores,” with 61.9% ranking this a serious threat and 27.2% a threat, and only 10.8% rated this as not a threat. Competition from “non-cores” (47.0% serious threat, 37.4% threat) and direct to consumer marketing by industry (34.1% serious threat, 33.6% threat) were also significant concerns.

The survey results were truly remarkable for the incredible consistency

of responses among board certified plastic surgeons. Almost 9 out of 10 (89.1%) believe that some segments of the aesthetic surgery and cosmetic medicine marketplace engage in deceptive advertising and/or unsubstantiated claims. Even further, 97% felt that companies selling invasive surgical procedures to non-surgeons—despite company training—represents a significant patient safety concern, as such individuals are still not qualified to safely perform such surgery. Similarly, 91.4% felt that ASAPS members should not be teaching aesthetic surgery techniques and procedures to non-cores and 79.8% believed that our members should not teach cosmetic medicine (non-ablative lasers and injectibles) to non-cores. The comments to respondents reinforced these findings and echoed the deep concern of board certified plastic surgeons for patient safety through appropriate training, science, and honest marketing. ASAPS members are willing to put their money on the line to address these concerns. Medical societies typically receive industry support in the way of advertising revenues, grants, or other mechanisms. Almost three fourths of respondents (72.8%) felt that ASAPS should refuse to accept money from companies that violate ASAPS concepts of safe patient care or whose advertising is false or misleading, even if it leads to increased dues or meeting registration. Fully 90% would like to see a portion of their dues be used to take a much more aggressive position against deceptive advertising or promotion of surgery by non-surgeons. The vast majority of our members (87.6%) felt that we should cooperate with “core” physicians to cooperatively address issues of company behavior or non-core physicians in aesthetic surgery, thereby increasing our numbers and influence.

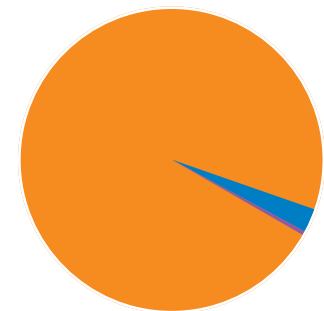
Felmont Eaves, III, MD is President of The Aesthetic Society.

Do you believe that some segments of the aesthetic surgery and cosmetic medicine marketplace engage in deceptive advertising and/or unsubstantiated claims?



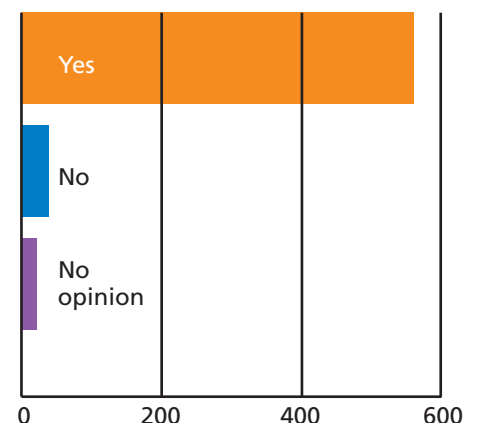
- Yes, and it is a significant problem
- Somewhat, but it is not much of an issue
- No, it is not a problem

Are companies selling invasive surgical products to non-surgeons (e.g. selling laser lipoplasty machines or breast implants to primary care physicians) a significant patient safety issue?



- Yes, even with company training such individuals are not qualified to...
- No, as long as they provide sufficient training
- No opinion

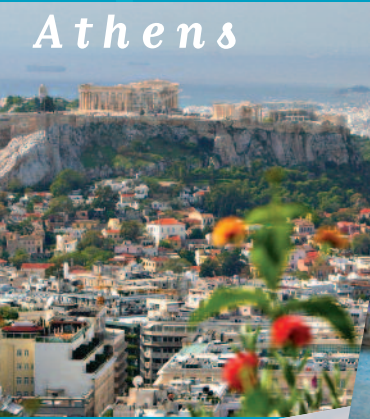
Would you like to see a portion of your dues be used to take a much more aggressive position against deceptive advertising or promotion of surgery by non-surgeons?



BIENNIAL CRUISE

*Greece
Montenegro
Croatia
Italy*

Athens



Corfu



Nafplion



Kotor



Zadar

Venice



Aesthetic Surgery on the Adriatic

**AUGUST
6-13
2011**

Chair

Jeffrey M. Kenkel, MD

Vice Chair

Dennis C. Hammond, MD

www.surgery.org/cruise2011



AMERICAN SOCIETY OF
PLASTIC SURGEONS



THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC



PhRMA Redux

Notice anything different this year in the Washington, DC exhibit hall? Maybe the dearth of “reminder gifts,” like engraved pens and key chains? Welcome to PhRMA/AdvaMed, a 2009 voluntary stepping back by device and pharmaceutical manufacturers from the medical profession’s perceived culture of influence. So is all this really necessary?

Apparently so. Here’s the goal for PhRMA and AdvaMed:

A healthcare professional’s care of patients should be based, and should be perceived as being based, solely on each patient’s medical needs and the healthcare professional’s medical knowledge and experience.

No ASAPS member would seriously challenge this proposition, but it’s human nature to believe our professional training renders us intellectually immune to the influence of entertainment, recreation, resort and restaurant “gifts” flowing from industry. On the other hand, industry wouldn’t continue to offer such “gifts” unless they believed they successfully influenced physician purchasing and prescribing behaviors. Since we have heard unconfirmed reports that members continue to pressure industry representatives to “work around” the restrictions, the need for marketing codes of conduct appears to be well-founded.

Our exhibitors aren’t nostalgic about these perks, because eliminating them helps during HHS investigations, and it saves them money which then gets rerouted into properly structured corporate support and educational grants which benefit all ASAPS members instead of a chosen few. Even our non-device and non-pharmaceutical exhibitors eliminated their annual meeting reminder gifts at the Gaylord, suggesting there is broad industry support for these reforms.

PhRMA and AdvaMed are voluntary, but Massachusetts enacted them into law. So what can members and exhibitors expect in Boston next May? Members won’t see any difference; meals, entertainment, recreation and reminder gifts are still prohibited, but unlike Vermont which prohibits “food,” Massachusetts only prohibits “meals” in the exhibit hall, so Hershey Kisses are still safe.

Device and pharmaceutical exhibitors (all others are exempt) will see one difference: Massachusetts (and Vermont, slightly different rules) requires yearly registration, a fee, adoption of a marketing code of conduct, appointment of a compliance officer, and disclosure of advertising and CME activities, something not required by PhRMA, AdvaMed or the other 48 states. If you want more info, the law is here: <http://www.mass.gov/Eeohhs2/docs/dph/regs/105cmr970.pdf> and an explanation is here: http://www.sonnenschein.com/docs/docs_healthcare/03-11.pharm_faqs.pdf.

You can do your part and support our exhibitors in Boston in their compliance. It’s also in your self-interest: Massachusetts isn’t taking any chances with doctors or with device and pharmaceutical manufacturers:

A person who knowingly and willfully violates 105 CMR 970.000 shall be punished by a fine of not more than \$5,000 for each transaction, occurrence or event.

Industry is already embracing these codes of conduct; Massachusetts just wants them to prove it, and if you’re a health care practitioner (not just a plastic surgeon), Massachusetts wants you to support these codes as well and ensure that your medical decisions are based on your knowledge, your experience, and your patient’s needs, and not on industry perks. See you in Boston!

Bob Aicher, Esq. is The Society’s Corporate Council.



The Aesthetic Society
is proud to present our

PREMIER INDUSTRY PARTNERS

DERMIK®

A business of sanofi-aventis U.S. LLC

For nearly 6 decades, Dermik, a business of sanofi-aventis U.S. LLC, has pioneered the development of new pharmaceutical products that span aesthetic and therapeutic dermatology. sanofi-aventis is a leading global pharmaceutical company that discovers, develops and distributes therapeutic solutions to help improve the lives of patients.



Sientra™ offers an array of plastic surgery implantable devices for cosmetic and reconstructive surgery, including breast implants, tissue expanders, body contouring implants and specialty products, including the Silimed® brand portfolio of products.



Medicis Aesthetics is dedicated to helping patients attain a healthy and youthful appearance and self-image, and to help you redefine beauty in your patients. It's at the heart of everything we do for you. And it's why we offer a comprehensive collection of products for your facial aesthetics practice.

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 their products by visiting their websites.

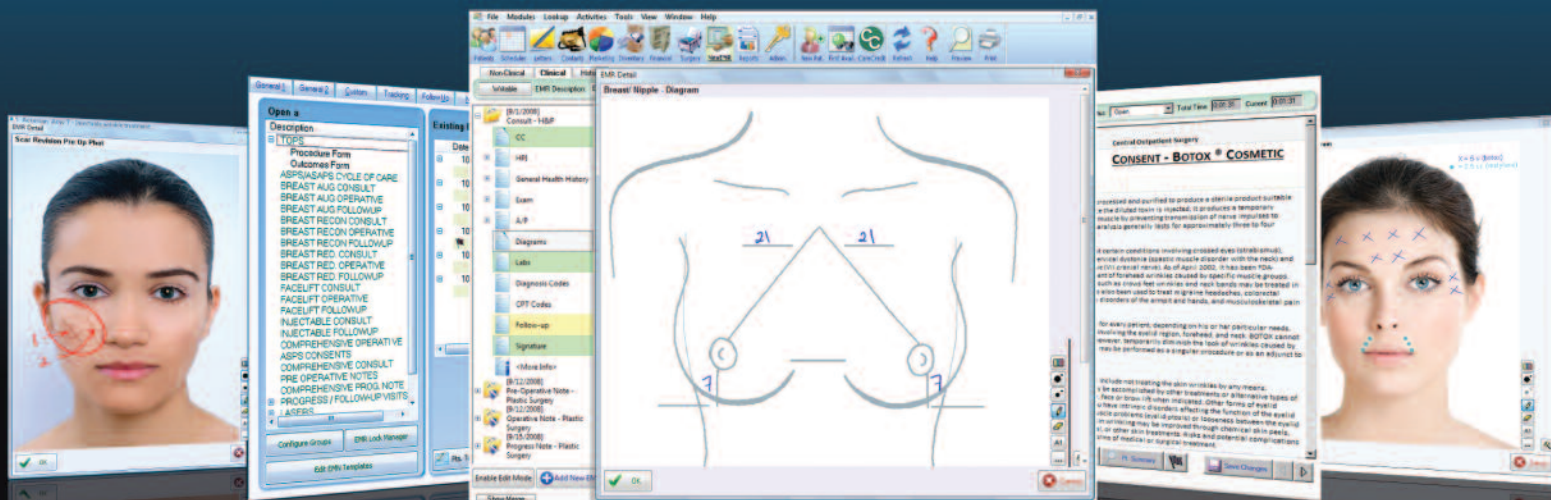
www.sculpturaesthetic.com • www.sientra.com • www.medicis.com

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








562-799-2356 or kathie@surgery.org

NexTech®

Fully Integrated EMR, Practice Management
and Marketing Software



NexTech Practice 2011 CCHIT 2011 and Preliminary ARRA Certified!

-  **The Complete Solution**
EMR, Practice Management and Marketing Software Fully Integrated in ONE System
-  **E-Prescribing**
Send prescriptions electronically to the pharmacy
-  **Electronic Billing**
E&M Coding and Insurance & Cosmetic Billing
-  **Go Paperless**
Save time and paper. No more misplaced paper charts!
-  **Easy to Customize Templates**
Flexible templates tailored to Plastic & Cosmetic Surgery
-  **Consents**
Patients can electronically sign consents
-  **Electronic Faxing**
Send faxes electronically from a patient's history
-  **Patient and Prospect Web Portal**
Patients enter demographics, medical history and insurance information directly from the NexTech Web Portal into NexTech

Up to \$44,000 in Stimulus Bill Incentives. Call NexTech to learn more

Designed for Plastic and Cosmetic Surgery

For more information and to arrange a live demonstration
(877) 215-4501 • www.nextech.com

