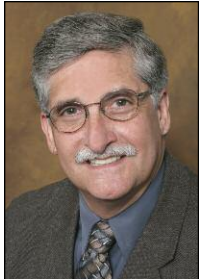




Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

Volume 15, Number 1 Winter 2011



Countdown to: The Aesthetic Meeting 2011

New courses, new speakers and beautiful Boston all add up to one of our best meetings ever

By Jack Fisher, MD

The Boston Convention and Exhibition Center

is the site for this year's Aesthetic Meeting 2011 Affirming the Science of Aesthetic Surgery being held May 6 – 11. You've told us what you need in your primary educational event of the year and we've listened: this year's meeting is packed with exciting new teaching courses, scientific

sessions and a half day devoted to practice management issues. Among the highlights are:

- The opportunity to earn up to 14.25 patient safety CME credits
- Sixteen NEW teaching courses on everything from Integrating Surgical Shaping with Volumetric Enhancement —Fat and Beyond—Face, Breast and Body to

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Aesthetic Society and ASPS Join Forces for Webinar on ALCL, Breast Implants, and the FDA: What You Need to Know

Aesthetic Society President Felmont Eaves, III, MD and ASPS President Phillip Haeck, MD recently co-chaired a webinar free of charge to all members to answer any lingering questions on the suggested relationship between breast implants and a rare form of ALCL. FDA has suggested that the incidence of the association is extremely rare (of the estimated 10 million implants worldwide, only 34 cases of ALCL have been identified since 1989); however, both ASPS and ASAPS wanted to

be sure their memberships were armed with the latest and most detailed information on the subject.

Held on Wednesday, February 2nd, the session featured presentations by both physicians and had a record number of pre-registered members totaling more than 660.

On the day of the event, 48 percent of the registered members participated in the webinar; a 25 percent attendance is

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Society Issues Guidelines for Teaching of Non-Cores

By Robert Aicher, Esq.



Despite the phrase "Physician and Surgeon" on state-issued medical licenses, the two words are not synonymous. Surgeons legitimately claim an expertise not possessed by the generic designation of "Doctor of Medicine."

There are no scope-of-practice limitations upon MDs, so any MD may legally perform any medical procedure. How many patients would be shocked to learn that their psychiatrist could legally operate on them?

Some of our members blur the distinction between physicians and surgeons by engaging in the completely legal practice of teaching surgical techniques to non-surgeons (abbreviated here as "teaching non-cores"). Many of you have requested that the Society take action against such members for jeopardizing patient safety by teaching non-cores how to "overdrive their headlights."

We have heard you. Our patients should never have to wonder which poses the greater risk: the surgery, or their surgeon. However, we must balance the member's right to practice, publish, and teach against the limits of authority our Society can exert in furtherance of its mission of patient safety. We believe we have found that balance.

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Aesthetic Society News

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The Aesthetic Surgery Education and Research Foundation

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The American Society for
Aesthetic Plastic Surgery



The Aesthetic Surgery Education
and Research Foundation

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ASAPS Members Forum: www.surgery.org/members

ASAPS Website: www.surgery.org

ASERF Website: www.aserf.org

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

March 3 – 5, 2011

2nd Madrid International Conference: Plastic Surgery of the Cheek and Neck

Madrid, Spain
Contact: Charles H. Thorne
212.794.0044
Email: cthorne322@yahoo.com
Endorsed by ASAPS

March 4 – 7, 2011

3rd Annual American - Brazilian Aesthetic Meeting

Park City, UT
Contact: Susan Russell:
435.729.9459
srussell@gunnerlive.com
www.usabrazilmeeting.med.br/index_eng.html
Endorsed by ASAPS



May 4 – 7, 2011

Society of Plastic Surgical Skin Care Specialists 17th Annual Meeting

Boston Convention & Exhibition Center, Boston, MA
Contact: SPSSCS at 800.486.0611
562.799.0466
www.spsscs.org/meeting2011

May 6, 2011

The 16th Annual Meeting of The Rhinoplasty Society

Boston, MA
Contact: Jean Hodges:
904.786.1377
www.rhinoplastysociety.org
Jointly Sponsored by ASAPS



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
asaps@surgery.org
www.surgery.org/meeting2011
Endorsed by ASAPS

June 10 – 12, 2011

Plastic Surgery/Anti-Aging Medicine: The Next Generation Symposium

New York, NY
Contact: Francine Leinhardt:
347.266.7887
fleinhardt@earthlink.net

June 9 – 11, 2011

Summit in Aesthetic Medicine Symposium

Dana Point, CA
Contact: Sylvia Reitman
973.568.1751
s.reitman@globalacademycme.com
Endorsed by ASAPS



Patient Safety and the Plastic Surgeon Brand: An Industry Perspective

By Hani Zeini

During the recent ISAPS meeting held in San Francisco this past August, I had the privilege of participating as an industry representative during the Global Patient Safety Summit. Many key points and opinions were discussed and debated, and I want to take this opportunity to similarly share with you our perspective.

To fully appreciate the environmental conditions, one must fully appreciate the fast moving progression of the past decade. In the last 10 years, the world of plastic surgery witnessed two remarkable and course-changing milestones:

- “Patients” became “Consumer Patients”
- Democratization of plastic surgery procedures

Thus, yielding what I term “disturbances” to the Plastic Surgery Ecosystem.

it demands it for its survival, if and only if, it is done in a balanced manner that protects its equilibrium. Given that plastic surgeons historically have been in the lead and at the top of the value chain within this Ecosystem, the specialty is responsible and accountable to lead and maintain that leadership as it relates to the consumer patients, their safety and quality of care. This must serve as our foundation if we desire continued healthy growth.

These previously mentioned disturbances have resulted in “plastic surgery” no longer being synonymous with “plastic surgeons.” I consider this seismic change as one of the most devastating failures, due to the fact that it has had a remarkable and far reaching negative implication on our Ecosystem. One of the critical factors that

contributed to this failure, is the lack (some might argue non-existence) of a well-conceived, highly valued and easily translatable global brand to define exactly what a ‘Plastic Surgeon’ is.

Over the past decade, I have heard countless times from many Plastic Surgeons, that due to the specialty’s educational, clinical and certification background, considering patients should be seeking them.

This assertion is based on what should be perceived as the value delivered by a plastic surgeon and the safe manner in which the procedure is delivered. Unfortunately, the big disconnect in that view is that this assertion was more befitting when the specialty dealt with a “patient” versus the now “consumer patient.”

Unfortunately the explosion of internet marketing and advertising, coupled with the advent of social networks and the numerous credible/non-credible available resources have all resulted in a confused consumer patient. Research has shown, time and again, that these consumer patients are neither capable of distinguishing between a plastic surgeon and a cosmetic/aesthetic surgeon, nor are they capable of differentiating between the values delivered by either.

Hence, the most challenging dilemma we currently face within our Ecosystem, is that plastic surgery is no longer synonymous with plastic surgeons.

The consumer patient is researching and focusing on their individual expectations and desires which can be defined as follows: *Consumer Expectations = Safety of Procedure + Value of Outcome*

So, how do we re-create that plastic surgeon brand value that can be translated into consumer patient value?

Let us examine that previous equation about “Consumer Expectations” and I will start with the “Value of Outcome.” From a consumer patient perspective it can be simply defined as follows:

$$\text{Perceived Value} = \frac{\text{what I get}}{\text{what I want}}$$

The smaller the gap is between the “get” and the “want,” the higher the perceived value in the eye of the consumer patient. It is incumbent on us, as leaders of this Ecosystem, to work tirelessly on measuring, analyzing and reporting the continuous advancements made to bridge this gap and increase the consumer delivered value. This is one of the two critical dimensions in building the global brand value for plastic surgeons.

The other dimension is “Patient Safety,” which is repeatedly presented as the difference between plastic surgeons and the other specialties when it comes to these

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plastic surgery ecosystem™



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Plastic Surgery Ecosystem is a service mark of Hani Zeini

The health and sustainability of this Ecosystem depends on its balance. When presenting the elements of this Ecosystem, it is often misunderstood that I am espousing a monolithic isolationist view of plastic surgeons and the specialty. In reality, the Ecosystem not only allows for co-existence with other specialties and organisms, but,



The Society's video on demand product, Project Beauty, continues to provide consumers with both entertaining and informative information, provide members with a new source of patients, and provide ASAPS with its own voice in the clutter of the web. Since our last report in ASN, Project Beauty has continued to grow and attract greater relevancy. Some of the top Project Beauty news includes:

Increased Registered Users

As this issue of ASN goes to press, more than 8,500 consumers have registered for the Project Beauty community. These are new potential referral sources and can be used to obtain information on buying habits, attitudes towards aesthetic surgery, and a myriad of other topics. A strong user community is a linchpin of a strong social media strategy and this milestone is particularly significant since it was achieved in only eight months.

Contests Keep Consumers Interested and Engaged

Consumers love to be involved in sites they like and Project Beauty is no exception. Our latest contest on New Year's Resolutions has resulted in 1500 new registered users and 500 participants in the first two weeks of the contest's launch.

The contest asks users to name one of five "resolutions" for the New Year: to stop smoking, lose weight, reduce stress, use sunscreen or exercise more. The winner will receive a \$500.00 gift certificate towards achieving their goal and be followed on their progress through the Project Beauty blog. Be sure to stay tuned!

The Aesthetic Society's Voice to the Consumer on Important Issues

Our content has a healthy dose of "fun" consumer information on hair, make-up, skincare, etc. However, part of our mission with Project Beauty is to have a voice in the media world for important safety messages and information that is germane to our membership. This month, we aired two stories, one on the dangers of obtaining surgical procedures from non-board-certified clinicians, the other lending perspective to the FDA announcement on breast implants and ALCL that keep consumers informed and protected.

All Project Beauty Video Available to Members Via YouTube

In the last issue of ASN I reported that all members would have a CD available to them containing our entire Project Beauty content for their own use. However, several of you told me that you wanted only specific videos for use primarily

on your websites. In order to accommodate you, all video is now available individually on www.youtube.com/user/projectbeautytv. Here, you can select from all of the video content, including video advertising, and choose the ones you want. I urge all of my colleagues to take advantage of this offer.

New Design, New iPhone App

Project Beauty has introduced a new, simplified design to help viewers find the videos they want and give easier access to our blogs such as "Ask a skincare specialist." Please log onto www.projectbeauty.com and let us know what you think. We are also in the process of developing an iPhone application, under the expert direction of Project Beauty Task Force member Sanjay Grover, MD, whose own app for his practice shows what state of the art really is.

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



Grant for Treatment of Congenital Breast Deformity Awarded

ASERF (Aesthetic Surgery Education and Research Foundation) began its grant program for congenital and acquired breast deformities helping patients in need of financial assistance. Dr. Anne Taylor received the first of five grants for her patient, “Haley. Her story is below. For more information about the program contact ASERF at 562-799-2356.



A Dream Come True

“I had consulted with a few other plastic surgeons prior to Dr. Taylor and had learned that without insurance, it would be too expensive for me personally to proceed. So this is a miracle—a dream come true,” reports Ms. Haley Carr, the first recipient of the Mentor Corp. Grant for patients with Congenital Breast Deformity.

The grant was created in response to the growing number of patients that have congenital deformities that insurance will not cover, calling it cosmetic. In this case, Ms. Carr was born prematurely and required multiple chest tubes on the left side that resulted in severe breast bud trauma. She was not expected to survive, but did, and discovered at puberty that the life-saving measures had destroyed her left breast. The right breast developed normally, but the left lateral and inferior aspect were grossly deficient in tissue and the NAC tethered to the chest wall. “I was miserable as a teenager, trying to camouflage the deformity” says Haley.

Insurance Battles for Coverage

Many patients with congenital deformities request pre-approval from the insurance companies, but are denied on the claim that the procedure is cosmetic, not reconstructive. The AMA has defined reconstructive surgery as a procedure done on an abnormal body part to make it more normal. This is where the controversy starts—as many cases are really in the gray zone. “There is a line where all of us agree that the cases are grossly abnormal,” states Dr. Taylor, “but the problem arises in the next level of cases in which the deformities are not as severe and blend into the next level of the cases that are really just normal.”

Often the physician is the one to inform the patient that their deformity is considered reconstruction, but the insur-



ance company holds all the cards. In the case of this patient, it was most definitely not in the gray zone, but the insurance company took advantage of their position and denied the treatment. Please visit the members only section on the web for full photographic documentation.

Surgery Successful in Providing Symmetry

Haley consulted with Dr. Taylor in the spring of 2010 just prior to the announcement of the Mentor Grant.

“When I met Haley the first time, I was trying to come up with a way to help her, but the costs were prohibitive for her. Then I heard about the grant from Mentor and knew she was the perfect recipient.”

There is an application process for this Grant, and the forms can be found on the ASERF website at: www.aserf.org/aserf-news/aserf-congenital-and-acquired-breast-deformity-grant-program.

“When I learned she had been awarded the grant, I was thrilled for her. She underwent the left extended Latissimus Dorsi myocutaneous in the fall, and now has a soft, natural looking result without the worry of future surgery related to the use of implants,” reports Dr. Taylor.

ASAPS Member Surgeons Encouraged to Apply

There are many varieties of congenital deformities that plastic surgeons are faced with on a daily basis. In addition, the insurance environment has become more and more difficult to navigate and achieve coverage for these patients. When faced with this challenge, plastic surgeons who are ASAPS members are encouraged to consider the Mentor Grant. This may be an option for the patient to obtain the reconstructive breast surgery that they deserve, and the aesthetic result they desire.

This case will be presented by ASERF at The Aesthetic Meeting 2011





THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC

Members to Vote on Slate of Candidates

Active members of the American Society for Aesthetic Plastic Surgery (ASAPS) will hear reports on Society business, vote on proposed amendments to the Bylaws and elect new officers for 2011-2012 during the ASAPS/ASERF Annual Business Luncheon. All active members are invited to attend on Monday, May 9, 2011



President Jeffrey M. Kenkel, MD

Dallas, TX
Vice-Chairman, Department of Plastic Surgery, University of Texas Southwestern Medical Center
Automatically ascends to President



President-Elect James A. Matas, MD

Orlando, FL
Private Practice
Current Board Position: Vice President
ASAPS Committee Work: Publications Committee (current Chair), Peri-operative Task Force, Leadership Development Committee, Practice Relations Committee (former Chair) Editorial Board, *Aesthetic Surgery Journal*
National Affiliations: ASAPS, ASPS, PSEF
Training: University of Cincinnati; General Surgery Residency, Indiana University Medical Center; Plastic Surgery Residency, Fellowship: Plastic Surgery Associates, Miami, FL, Hand Surgery Associates, University of Louisville; Hand Surgery
ABPS Certification: 1982



Vice President Leo R. McCafferty, MD

Pittsburgh, PA
Private Practice
Current Board Position: Secretary
ASAPS Committee Work: Industry Policy Committee (current Chair), Peri-operative Task Force (current Chair), Bylaws Committee (former Chair), Administrative Commission (former Vice Chair)
National Affiliations: ASAPS, ASPS, ACS, AMA
Training: Cedars-Sinai Medical Center Los Angeles; General Surgery Residency, University of Miami, Jackson Memorial Medical Center in Miami; Plastic Surgery Residency
ABPS Certification: 1989



Treasurer Jack Fisher, MD

Nashville, TN
Private Practice
Current Board Position: Treasurer
ASAPS Committee Work: Education Commission (current Commissioner), Program Committee (current Chair), Finance and Investment Committee
National Affiliations: American Society for Reconstructive Microsurgery, AMA, ASPS, ACS, ISAPS
Training: George Washington University Medical Center Washington, DC; General Surgery, Emory University; Plastic Surgery
ABPS Certification: 1981



Secretary Michael C. Edwards, MD

Las Vegas, NV
Private Practice
Current Board Position: Member at Large
ASAPS Committee Work: Finance and Investment Committee (current Chair), Product Development and Market Research Committee (current Chair), Industry Policy Committee
National Affiliations: ASAPS, ASPS, ASERF
Training: David Grant Medical Center, Travis AFB, CA; General Surgery, Wilford Hall Medical Center, San Antonio, Plastic Surgery
ABPS Certification: 1989

Members at Large (3-year terms)



William P. Adams, Jr., MD

Dallas, TX



Al Aly, MD

Irvine, CA

Slate of Candidates

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W. Grant Stevens, MD
Marina del Rey, CA
(2-year term)

Richard J. Warren, MD
Vancouver, BC, CA
(3-year term)

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

TRUSTEE (3-year term)

Fritz E. Barton, Jr., MD
Dallas, TX

MEMBERSHIP COMMITTEE (3-year terms)

Southeast
Onelio Garcia, Jr., MD
Miami, FL

New York City
Lawrence S. Reed, MD
New York, NY

South Central
William D. Leighton, MD
Scottsdale, AZ



President
V. Leroy Young, MD

St. Louis, MO
Private Practice
Automatically ascends to
President



President-Elect
Joseph M. Gryskiewicz, MD

Edina, MN
Private Practice
Current Board Position: Vice President



Vice President
William P. Adams, Jr., MD

Dallas, TX
Private Practice



THE AESTHETIC SURGERY EDUCATION
AND RESEARCH FOUNDATION



Treasurer
Al Aly, MD
Irvine, CA



Secretary
J. Peter Rubin, MD

Pittsburg, PA
Associate Professor of Plastic Surgery
University of Pittsburgh

Directors

John E. Gross, MD
(2-year term)

Thomas A. Mustoe, MD
(2-year term)

Neal R. Reisman, MD
(2-year term)

Steven Teitelbaum, MD
(1-year term)

Trustees (2-year terms)

Alan H. Gold, MD
Jeffrey Lang, MD

An Industry Perspective

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procedures. There are many definitions and declarations about safety and what it means from various perspectives. However, I suggest to you a consumer patient centric equation that is much simpler:

$$\text{Safety} = \frac{\text{outcome of procedure}}{\text{risk of complications}}$$

Over the past decade we have done a good job in fine tuning and improving the delivery of procedures. Ground breaking, evidence-based work, has been done by Dr. Andrea Pusic and her colleagues with validated, patient-reporting systems such as BreastQ, FaceQ and BodyQ. This metrics-based, validated, evidence-supported system is critical because it directly addresses the consumer patient perceived value and not 'our' evaluation of it.

What we continue to need, and are currently lacking, is the same rigor when it comes to metrics-based, standardized, global systematic collection, measurement, analysis and reporting of complication risks related

to these procedures. There is a wealth of data available globally that can and should be interconnected to demonstrate the validity of the assertion that plastic surgeons do it better and safer. We can successfully build on this baseline, by prospectively collecting data from our continuing experiences, and documenting the work product of the efforts to collectively reduce (and in certain cases eliminate) the risks of complications associated with these procedures. This will provide a quantitatively documented, validated and unquestionable dataset which links the value of plastic surgeons to safety outcomes for the procedures consumer patients are seeking. The reduction in risk complications while at the same time improving outcomes will yield a significantly higher safety value.

$$\text{Safety} = \frac{\text{outcome of procedure}}{\text{risk of complications}}$$

The result will be a remarkable, documented, and demonstrative patient safety edge that shows the differentiating value of a plastic surgeon. In turn, this can and should be monetized into the value of the plastic surgeon's brand equity, and becomes a tipping point in the decision making process of a considering consumer patient.

It is my unwavering belief that building a global plastic surgeon brand based on quantitative outcomes of safety and value is critical for our future. Achieving this differentiation will result in the restoration of the plastic surgeon's leadership position within our continuously growing and evolving Ecosystem.

Hani Zeini, is the founder, president and chief executive officer of Sientra, Inc., a Santa Barbara-based Plastic-Surgery-focused company that offers a broad portfolio of implantable devices for aesthetics and reconstructive surgery. Additionally, the company is currently seeking FDA market clearance for its Silimed brand silicone gel breast implants.

The Aesthetic Society Welcomes New Members

Edward Abell, MD
Gainesville, GA

Leonik Ahumada, MD
Ocala, FL

Amy Alderman, MD
Ann Arbor, MI

Semira Bayati, MD
Newport Beach, CA

Sean M. Bidic, MD
Dallas, TX

James H. Blackburn, MD
Bellingham, WA

Sandra Bouzaglou, MD
Lexington, KY

Gary D. Breslow, MD
Paramus, NJ

Camille Cash, MD
Houston, TX

Shim Ching, MD
Honolulu, HI

R. Brannon Claytor, MD
Falmouth, ME

Kimball M. Crofts, MD
Lindon, UT

Richard DeSplinter, MD
Wichita, KS

Michael Diaz, MD
Melbourne, FL

Thomas M. Dixon, MD
Amarillo, TX

Tom T. Gallaher, MD
Knoxville, TN

Brian Glatt, MD
Morristown, NJ

Karol A. Gutowski, MD
Glenview Nas, IL

Robert Hummel, III, MD
Cincinnati, OH

Thomas L. Jackson, MD
Columbus, OH

Lynn L.C. Jeffers, MD
Oxnard, CA

Trenton Jones, MD
Drem, UT

Chia Chi Kao, MD
Santa Monica, CA

Angela Keen, MD
Salt Lake City, UT

Ira Krafchin, MD
Clark Summit, PA

Michael Law, MD
Raleigh, NC

Geoffrey E. Leber, MD
Paradise Valley, AZ

Steve Lee, MD
Flushing, NY

Gwendolyn Maxwell, MD
Tucson, AZ

Sarah Mess, MD
Columbia, MD

Alexander Moya, MD
Danville, PA

Terence Myckatyn, MD
St. Louis, MO

Michael W. Nagy, MD
Toms River, NJ

Peter Newen, MD
Huntington Beach, CA

Navinderdeep S. Nijher, MD
Ocala, FL

Marshall T. Partington, MD
Redmond, WA

Landon Scott Perry, MD
Plano, TX

David Frederic Pratt, MD
Kirkland, WA

Randy D. Proffitt, MD
Mobile, AL

Laura Randolph, MD
Bloomington, IL

Heidi Regenass, MD
Salt Lake City, UT

Dustin Reid, MD
Austin, Tx

W. Bryan Rogers, III, MD
Ashland, KY

Kenneth R. Smart, MD
Frisco, TX

Nassif E. Soueid, MD
Towson, MD

Chad D. Tattini, MD
Bloomington, IL

Stanley M. Valnicek, MD
Kelowna, BC, Canada

Susan Dietrich Vasko, MD
Columbus, OH

Frederick Weniger, MD
Bluffton, SC

Irvin M. Weisman, MD
Chicago, IL

Garrett Wirth, MD
Orange, CA

International Active

Paolo R. Cajano, MD
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Ricardo C. Ribeiro, MD
Rio de Janeiro, BRAZIL

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Alicante, SPAIN

Jorge Mario Gomez Ibonez, MD
Quindio, COLOMBIA

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Vincennes, FRANCE

Raul F. Gonzales, MD
Ribeiras Preto, BRAZIL

Jaime Haidenburg, MD
Mexico City, MEXICO

Boris Henriquez, MD
Barranquilla, COLOMBIA

Gerson Luiz Julio, MD
Sao Paulo, BRAZIL

Marcus Kloppel, MD
Munich, GERMANY

Carlos Lasa, MD
Quezon City, PHILLIPINES

Piyapas Pichaichanarong, MD
Phuket, THAILAND

Joseph Setton, MD
Panama City, PANAMA

Jose A. Espina Zepada, MD
El dorado, PANAMA

Associate Members

Robert G. Stanton
Long Beach, CA

Linda Stanton
Long Beach, CA



Webinar: Medical Aesthetics— Skincare in the Plastic Surgery Practice

By Victoria Vitale-Lewis, MD

The days of having a simple surgical practice with no thought to skincare, lasers or injectables appear to be coming to an end—and with good reason.

According to a survey released by the Cosmetic Medicine Task Force in conjunction with the joint ASAPS/ASPS Cosmetic Surgery Alliance, an alarming number of patients would go to a non-plastic surgeon for cosmetic surgery if they received good results following a non-invasive procedure; in a member survey, 66% of ASAPS membership requested more education in incorporating medical skin care into their practices to ensure that patients could receive all of their cosmetic needs in one place.

These statistics set the Cosmetic Medicine Commission led by Julius W. Few, MD into action. The Medical Skincare Subcommittee was then tasked with developing a comprehensive webinar that would help surgeons introduce skincare into their surgical practices.

Our *Skincare in the Plastic Surgery Practice* Webinar was held on December 14, 2010 attracting over 200 physicians and skincare specialists and a 4.3 out of 5 rating for content and relevancy. 85% of those surveyed said they learned new techniques or skills that they would be able to implement in their practice.

Questions for panelists flooded in as the 15-minute Q&A session quickly filled up. One attendee commented, “I couldn’t take notes fast enough—I’m glad this webinar is being recorded!”

The program had great support from Past President Renato Saltz, MD, who has a thriving skincare practice in his office as well as experience moderating a webinar panel. He started off the evening explaining the importance of skincare to a plastic surgery practice, offering statistics, trends and all the benefits that it provided to his patients and staff. His pre- and post-operative photos showed the combination



of what surgery and nonsurgical skincare could achieve.

Kathy Jones, BSN, RN, CPSN, a Past President of the Society of Plastic Surgical Skin Care Specialists (SPSSCS) and an experienced supervisor of two skincare practices provided the basics for starting a skincare practice. Her presentation included the fundamentals of hiring staff, providing services, dividing responsibilities, choosing a skincare line and ordering product. As an added bonus, Ms. Jones also discussed marketing strategies for the staff and for the overall practice.

Our next two speakers were highly reputable dermatologists who gave detailed talks on the clinical aspects to know when introducing skincare to a practice.

Jennifer Linder, MD has a clinical faculty position at UCSF Department of Dermatology and private practice in Scottsdale, AZ. She went over Cosmeceuticals and Chemical Peels—how to treat aging, acne, sensitive skin, and rosacea. Dr. Linder offered useful pearls of knowledge, suggesting results-focused ingredients that fight specific conditions and are most importantly, practical and affordable (for you and the patient).

Robert A. Weiss, MD, who is a Past President of the American Society of Dermatologic Surgery (ASDS) and associate professor at John Hopkins, handled the laser portion of the webinar. He focused on how to choose laser technology to treat various skin conditions, prophylaxis to achieve optimal results and some suggestions on how to use topical treatments in conjunction with lasers.

As our practices become busier and educational needs increase, webinars have stepped up to answer the wants of the ASAPS membership. Specialists from across the country can come together for an hour or so and share their knowledge as if we were all sitting in the same room at a meeting. This webinar closed out the end of the 2010 webinar series and I am grateful to everyone involved in its development, presentation, and of course, the staff. The next year of programming will undoubtedly be very exciting. The full content is available to all members on the surgery.org website.

Victoria Vitale-Lewis, MD is an Aesthetic Surgeon in private practice in Melbourne, FL. She is the chair of the Medical Skincare Subcommittee.

It's not too late to book your cabin for our August 6–13 educational event!

There aren't many educational opportunities that provide 13 CME credits AND the opportunity to sail into Venice Harbor, arguably the most beautiful sail in the world—unless you book space on the August 6 to 13 *Aesthetic Surgery on the Adriatic* cruise, the perfect combination of education, travel and camaraderie.

The cruise, which begins in Athens and goes on to cities that has fascinated since Roman times—Corinth, Kotor, Montenegro (a UNESCO World Heritage Site since 1979), the beautiful Dalmatian coast of Croatia and finally romantic and art-rich Venice, is designed for explorers, athletes and history buffs alike. The ship, Silversea's newest luxury cruise ship the Silver Spirit—had her maiden voyage in

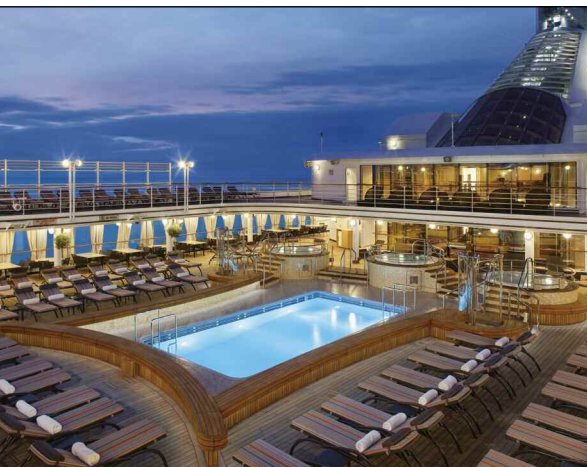
December, 2009 and is considered one of the best luxury liners afloat.

Of course, it's much more than a pleasure trip. The learning objectives for the meeting include:

- Discussion of the latest advances in facial rejuvenation
- Review of soft tissue facial fillers and how they can be used in combination with other nonsurgical elements such as laser treatments
- Examination of breast augmentation mastopexy and reduction techniques as well as planning options for optimal results
- Discussion of breast surgery complications and how to correct deformities
- Discussion of primary rhinoplasty techniques for optimal results
- Examination of best practices for antibiotic and VTE prophylaxis
- Review of new technologies and how they can be incorporated for optimal results
- Discussion of patient safety issues and concerns.

The American Society for Aesthetic Plastic Surgery (ASAPS) designates this live activity for a maximum of 13 AMA PRA Category I Credits™.

For more information, please visit www.surgery.org/crusie2011



Silversea's newest luxury cruise ship—Silver Spirit made her grand debut in December 2009, offering more verandas, more dining choices, more onboard amenities, more of the excellence you've come to expect of Silversea. (Maximum of 540 passengers). Visit: www.silversea.com for more details.

Faculty

Jeffrey M. Kenkel, MD

Chair
2011 ASAPS President
Dallas, TX

Dennis C. Hammond, MD

Vice Chair
Grand Rapids, MI

Al Aly, MD

Orange, CA

Laurie A. Casas, MD

Glenview, IL

Barry E. DiBernardo, MD

Montclair, NJ

Jack Fisher, MD

Nashville, TN

Raul Gonzalez, MD

Ribeirao Preto, Spain

James C. Grotting, MD

Birmingham, AL

Joe M. Gryskiewicz, MD

Burnsville, MN

Geoffrey R. Keyes, MD

Los Angeles, CA

J. William Little, MD

Washington, D.C.

Z. Paul Lorenc, MD

New York, NY

Ryan Miller

Founder & CEO, Etna Interactive
San Luis Obispo, CA

Daniel C. Mills, II, MD

Laguna Beach, CA

Foad Nahai, MD

Atlanta, GA

Joseph M. Serletti, MD

Philadelphia, PA

W. Grant Stevens, MD

Marina Del Rey, CA

Anne Taylor, MD

Columbus, OH

Lina Triana, MD

Cali Valle, Colombia

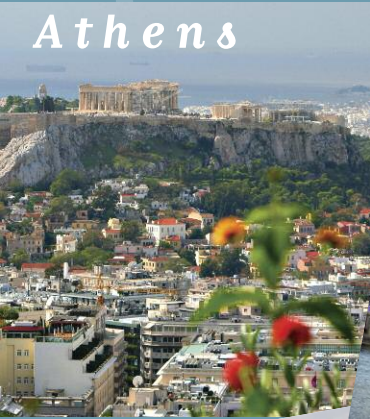
Richard J. Warren, MD

Vancouver BC, Canada

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The Aesthetic Meeting 2011

Continued from Cover

Reputation Management

- The return of the popular “Cocktails and Complications” where you can discuss your most complicated cases in a relaxed and collegial setting with some of the leading thought and opinion leaders in plastic surgery today
- Courses *exclusively* for Residents and Fellows, including a comprehensive Hands-on Laser Workshop
- More than 200 technical and scientific exhibits.

Got Evidence?

Evidence based medicine is slated to be one of the seminal issues in all plastic surgery practices. On Monday, May 9th, be sure to attend the special presentation during Scientific Session A from Mohit Bhandari, MD, Associate Professor, Department of Surgery, McMasters University on “Understanding Evidence-Based Medicine—It WILL Affect Your Practice.” Dr. Bhandari is one of the

leading authorities on this issue: McMasters has led the way on the subject and is considered the birthplace of EBM!

The Aesthetic Meeting Goes Green:

In order to responsibly reduce the carbon footprint of the meeting, our usual extensive registration brochure was reduced to an eight panel flyer with registration application attached—full details of all the courses can be found on our website www.surgery.org. In addition, all handouts for teaching courses will be available for download at the meeting.

An Entire Scientific Session Devoted to Practice Management: Free to Office Personnel of Members and Candidates!

Web marketing and branding issues continue to be hot topics for ASAPS members. To address these needs, we are

conducting a continuous scientific session (free to staff, members and candidates) on such pivotal issues as internet marketing, why you should bother with social media, protecting your brand, making the most of patient leads and maximizing the worth of your practice—a must attend session for keeping your practice fiscally healthy! West coast members can still catch flights to be in the office on Thursday: office personnel do not have to register for the entire meeting to attend.

I encourage every Aesthetic Society member to join us in Boston this year!

Jack Fisher, MD, is an aesthetic surgeon from Nashville, TN and Chair of the Society's Education Commission

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Survey Extracts Surgeons' Preferences on Liposuction

With an array of new innovations in liposuction and other forms of fat removal, which do plastic surgeons prefer, and which do they perceive as the safest? To answer these questions, the American Society for Aesthetic Plastic Surgery (ASAPS) recently conducted a survey of its membership to uncover their experience with liposuction, new fat removal technologies and the management of complications. The survey revealed that suction-assisted lipectomy (SAL), or “traditional” liposuction, was the preferred method of fat removal for over half of respondents; power-assisted liposuction (PAL) and ultrasound-assisted liposuction (UAL) were also popular. Laser-assisted liposuction (LAL) and external noninvasive devices, such as external ultrasound and laser, were the least popular methods for fat removal. The full results of the ASAPS Current Trends in Liposuction Survey have been published in the February issue of the *Aesthetic Surgery Journal* (ASJ).

The Aesthetic Society survey consisted of 17 questions pertaining to the application of liposuction and other fat removal techniques, management of complications, and experience with newer fat removal technologies. The survey was distributed via email to 1,713 ASAPS members, of whom 492 (28.7 percent) responded. Highlights of the survey include the following findings:

- Most respondents perform between 51 and 100 liposuctions per year.
- Most currently employ or have previous experience with SAL (92.7 percent), UAL (59.6 percent), and PAL (44.7 percent). Fewer have experience with LAL (12.8 percent), mesotherapy (5.7 percent), or noninvasive devices (12.8 percent).



- The preferred method of fat removal from most to least popular was:
 - SAL (51.4 percent)
 - PAL (23.0 percent)
 - UAL (20.9 percent)
 - LAL (3.9 percent)
 - Noninvasive devices (0.8 percent)
- Respondents felt that UAL (35.2 percent), LAL (22.9 percent), and SAL (22.1 percent) were most commonly associated with complications.
- The two most common methods for fat removal that members reported employing in the past but no longer use are UAL (54.8 percent) and PAL (36.9 percent). The primary reasons for abandoning previously employed techniques include cost (59.5 percent), time (52.9 percent), and safety (36.9 percent)
- Many respondents expressed an interest in expanding the education of other surgical specialties who train in aesthetic surgery, such as dermatologists, to improve patient safety and outcomes with aesthetic procedures.

“Evaluating the opinions of our members is an excellent way to identify industry trends and determine how to improve the field for both surgeons and patients,” said Felmont F. Eaves III, MD, ASAPS president. “It is important for us to conduct surveys such as these, not only regarding liposuction and other forms of fat removal, but for all facets of aesthetic surgery.”

widely used as an industry standard, 35 percent is the Aesthetic Society standard making this our most successful webinar ever—and with only four days notice to participants.

Pre-webinar questions were detailed and demonstrated the need for the session. They included:

- Do we need to put new information into our informed consent?
- Do we have data on incidence of ALCL in non-implanted breasts? Does this condition exist in women without implants?
- What do I tell patients who want to be tested for ALCL?
- Should we be proactive about contacting patients about this matter or just respond when asked?
- Are manufacturers going to add this information to their brochures?

Answers to these and other questions presented to Drs. Eaves and Haeck on the call are available on our members-only website at www.surgery.org, and www.plasticsurgery.org. Included is a full recording of the session, the presentations made by the two doctors and other information you can share with your patients and staff.

A brief survey was immediately conducted post-webinar to ascertain its relevancy. The statistics included:

- How helpful was the webinar in explaining the FDA release? (1-5, 5 being best) 4.6
- Within the year, have you had a patient with a late (greater than 1 year postop) seroma after breast implant? 81% No, 19% Yes
- Have ASPS and ASAPS provided you with enough information about ALCL? 88% thought Just Right amount
- Do you think the FDA announcement is likely to affect your practice? 57% No, it will not significantly influence practice 43% Yes, I think it will influence some patients' choices



Hiring Right Makes Your Practice More Profitable and Pleasant

By Karen Zupko

When Lucy showed up for the interview, you thought your prayers were answered. Here was the patient coordinator/office manager candidate you had always envisioned. Actually Lucy's resume and cover letter caught your attention; they were among the best you'd seen. Well-groomed, articulate with a soothing slightly Southern accent, she was on time and had a great handshake.

All of your questions were answered competently and professionally. You almost jumped up and cheered during the interview. *"At last,"* you allowed yourself to think, *"she's terrific."* Perhaps it was this enthusiasm that allowed you to be persuaded by her request to not check the practice she'd been with in another state. When you asked why, she demurred that there had been *"ethical issues,"* and she said she didn't feel that it was right to divulge the *"dirty laundry."* Appreciating her discretion, you didn't check with that practice. And, you hired her on the spot.

If you have a sinking feeling in your stomach, because perhaps you hired a Lucy, one of those *"too good to be true"* candidates who wasn't—your instincts are correct. The details don't matter. Lucy had problems—a lot of them, and they quickly became the practice's and surgeon's.

Recruiting and interviewing employees is never easy and face it, it's usually done under an impossible deadline. But your staff can make or break your practice. Take it from Gerald Graham, former dean of the W. Barton School of Management at Wichita State University who was asked the three most important criteria of successful management.

His reply: *"Selection, selection, selection"* and it wasn't selection of patients or an office location that he was talking about—it was the personnel. Bickering, jealous, marginally competent staff produce palpable tension felt by patients and provide you with a daily source of irritation.



Add technological fluency to the list of qualities you look for in good staff: professional, punctual, neat and courteous. You cannot afford to hire a managerial Luddite given your investments in your website, SEO practice management software, EMR and digital photography. How many client practices have we seen with \$35,000 or more in practice management software used at the lowest possible level? Too many to report on.

So follow our formula for hiring smarter this time around:

1. Double check the existing job descriptions. Are the required technology competencies listed?

Many plastic surgeons contemplating an investment in EMR will require, for example a nurse with not only a Florence Nightingale temperament and clinical skills, but a willingness to embrace technology and lead the change—particularly if the plan is to see that EHR incentive money.

2. **Check your applicants' online reputations.** It is shocking what you can learn by looking at MySpace, YouTube, Facebook and the blogosphere. If it's a managerial candidate, look at Pulse and LinkedIn. You may find that the resume you have doesn't match their online job history. The photos you see may generate questions about common sense and integrity.

3. **Test and Assess.** We've found a useful tool at www.totaltesting.com.

We recommend using the assessment while the applicant is in your office. Having them do it offsite may mean that a *"coach,"* probably a teenager, is helping answer the questions. The format varies with the test topic. We recommend using the test on "Microsoft Word" for both applicants and existing staff. It displays a Word interface for the test taker to control and use in completing specific tasks. Results are reported back instantly. We particularly like the fact that the time taken to answer each question is shown. Each online test costs a very reasonable \$20.

Just because someone doesn't test as high as Melinda Gates, doesn't mean that you aren't going to hire them. But, it does mean that you can hire them provisionally with the stated expectation that their scores will improve. We recommend funding Windows education at a local junior college, online training, or hiring a teacher who comes to the practice. Another useful tool, Mavis Beacon Teaches Typing can help anyone improve their keying accuracy and speed. You can download it for \$29.99. Ten to fifteen minutes of practice every day should boost the staffers speed, skill and accuracy.

Continued on Page 15

Hiring Right

Continued from Page 14

4. Do a background check on all new applicants. Yes, everyone. Even if they go to your church, temple or mosque. What news about cheating clergy, lying Senate candidates and college coaches with fake degrees has failed to reach you? Verify educational background. Multiple sources (Career Builder, CNN Money) agree that the education section of the resume often contains wishful thinking rather than earned degrees. Perhaps the degree is not a deal breaker for you, but dishonesty should be. Look at the applicant's credit history. Plastic surgeons are not known for tight audit controls—beware the “profit sharing” minded manager! A background check can be initiated after setting up an account at www.trustedemployees.com; reference ASAPS when you register. Register at the start of your search, since

it takes a few days to open a new account. Check references. Do drug testing if you have an ASC or operating room.

5. Does their expected compensation fall within a range you're comfortable paying, i.e., competitive, but not more than is sensible? Why wait until you've spent over an hour interviewing, to figure out that when it comes to salary, you are on Saturn and they are in the next solar system? Determine if the candidate values the retirement savings plans, health insurance, uniform allowance and transit passes or parking subsidy you provide. A gap the size of the Grand Canyon, when the relationship starts, never closes.

There is more to interviewing and screening than we've discussed here. But, adding these tips to your hiring tool box improves the likelihood of selecting great staff with both the will and skill to successfully take on the responsibilities in your office.

Karen Zupko, a frequent presenter at ASAPS meetings, has served as a consultant on practice and human resource management to aesthetically focused physicians for more than 25 years. Visit her website at www.karenzupko.com.


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A Discussion with Andrew Ordon, MD, and Jay Calvert, MD The Surgical Friends Foundation

Plastic surgeons are confronted with congenital deformities, burns, scars and physical traumas often on a day-by-day basis, not only dealing with the surgical complexities, but also the emotional effects. The relief that a surgeon could provide a patient dealing with an injury or condition could be life-changing, and in return, hugely rewarding.

It is no wonder then that in 2009, ASAPS' members Andrew Ordon, MD (from *The Doctors* on CBS) and Jay Calvert, MD (Beverly Hills, CA) joined with Kami Parsa, MD an oculoplastic and orbital reconstructive surgeon to form the Surgical Friends Foundation.

The Foundation connects philanthropists, volunteer surgeons and anesthesiologists with patients who live with difficult and sometimes life-threatening conditions. Their mission is to help individuals living painful lives due to physical deformities that are either congenital, post-traumatic or acquired in some other way.

In a recent interview Dr. Ordon and Dr. Calvert, who are partners in the same office, discussed the origins of the Surgical Friends Foundation.

Dr. Calvert: Surgical Friends Foundation is a group of surgeons and other advocates who have come together to provide surgical care to patients who otherwise have no chance of receiving that care.



Dr. Ordon: Number one, the three of us are friends, colleagues; we have camaraderie and enjoy working together. Number two—we want to extend our friendship and our expertise to those in need. We want to be their friends.

Their contributions to this Foundation have provided an outlet for their professional expertise and their humanitarian desires.

Dr. Ordon: As plastic surgeons, people don't realize exactly what we can do—they think of us as beauty doctors. Our training is so vast and there are so many different specialties. I have no greater joy than to be able to use the seven years of training in medical school towards someone who does not have the opportunity to get that type of care anywhere else.

Dr. Calvert: As surgeons we are the ones who are privy to the joy and transformation that these patients go through once their physical deformities are corrected. We are donating our care, our time, and we believe it is going to make a difference. If it's one patient at a time, so be it. But, I think it's this attitude about

health care that is going to really lead Surgical Friends to a different level.

Dr. Calvert performs all types of plastic surgery but specializes in nasal reconstruction surgery and facial surgery. His focus is helping patients look and feel normal—not always the easiest achievement.

Dr. Calvert: Anytime the face is distorted, the nose goes with it. My goal is always to achieve facial harmony. When things are not there or not normal—creating normalcy is very tough. That's my passion.

Dr. Ordon: We are a fully accredited, state-licensed surgery center, which is a great tie in to when we donate our services. Not only are we here, but we can donate our surgery center as well. We've had people fly in from Eastern Europe, South America and various locations. We've already done a bunch of really exciting, cutting edge procedures. Dr. Parsa was involved in a complex case that came to us from South America. A gentleman had injured his eye and had a number of surgeries in his country, but it quite hadn't worked out. In addition, there was Elena who had a congenital problem with her eye and nose—that [required] a Dr. Calvert and Dr. Parsa collaboration.

Mission teams have also been sent to Cambodia, Haiti and St. Vincent Island to provide relief in often war-torn and deep poverty areas. For both domestic and international patients, they:

1. Provide access to quality care so these individuals can undergo their reconstructive surgery and start their rehabilitation process,

2. Help these individuals raise the necessary money through means of fundraising, charitable donations and community involvement.

Surgical Friends went to Siem Reap,

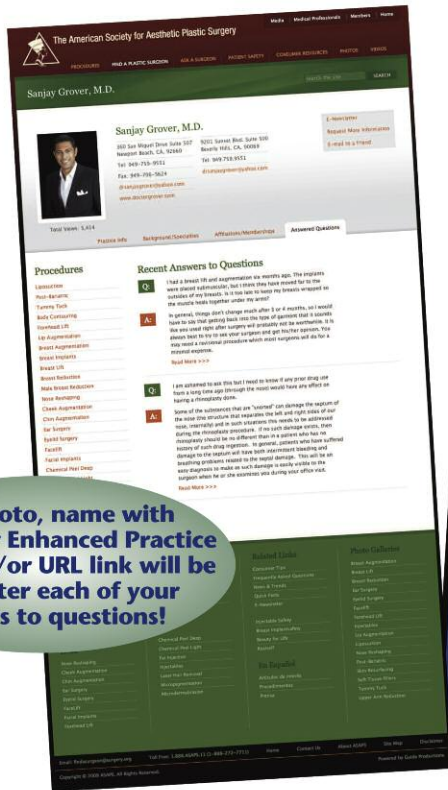
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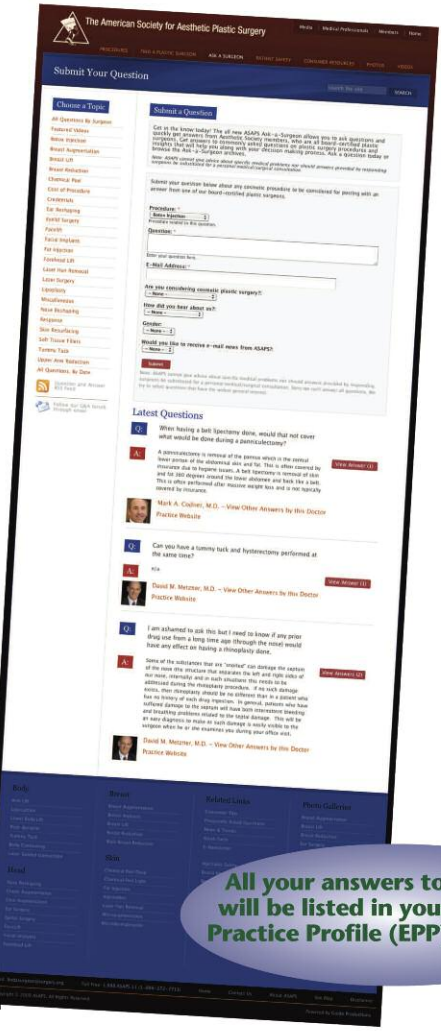
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Ask-a-Surgeon

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All your answers to questions will be listed in your Enhanced Practice Profile (EPP) Web Page!

Login to the Members' Forum to get started: www.surgery.org/members

You may be asking...What's in it for me as an ASAPS Member?

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

- 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.

FREE added-value member benefits:

- 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.

However, we must balance the member's right to practice, publish, and teach against the limits of authority our Society can exert in furtherance of its mission of patient safety. We believe we have found that balance.

If a member's license to practice medicine is restricted or revoked by a state medical board, the Society's bylaws provide automatic membership consequences. Asking the Society to revoke membership by making teaching non-cores an ethical violation, however, would invoke due process for any member charged. This in turn would launch a debate of whether an activity, legal under any state's code of medical practice, could still be sufficiently unethical to justify ASAPS membership revocation.

We have chosen a less contentious path. To avoid any implication of Society endorsement, we will "deny the podium" to members who teach non-cores. That is, we will not permit them to be your ASAPS teachers, to be your ASAPS leaders, or to publish in *Aesthetic Surgery Journal*, thereby acknowledging their rights, while enhancing patient safety and preserving the good name of the *American Society for Aesthetic Plastic Surgery*.

"ASAPS leadership has become increasingly concerned about plastic surgeons training non-core physicians in invasive surgical techniques. Physicians who drift outside their scope of training do not have the prerequisite knowledge and experience to safely "pick up" complex surgical techniques that our members have trained for years to master" said Felmont Eaves, III, MD, ASAPS President. "This new Society policy will help us to address this patient safety concern and uphold ASAPS patient safety values."

Watch What You Blog.

Many of us are providing on-line responses to patient questions, a great patient education service. However, please

be careful what you say, as well as how you say it.

With respect to what you say, several months ago one of our members was sued in Small Claims Court by a patient, not an uncommon event, but her "evidence" was a comment posted by one of our members on the website RealSelf regarding fat grafts. The commissioner properly rejected the evidence as hearsay taken out of context with no opportunity for cross-examination, but the mere fact that one member's online comments were used (even if unsuccessfully) against another member underscores the importance of qualifying

When you respond to Ask-a-Surgeon, or any equivalent patient resource, remind yourself and the person asking the question that you do not have a physician-patient relationship, you have not taken their history, and you have not seen their medical records.

your remarks. When you respond to Ask-a-Surgeon, or any equivalent patient resource, remind yourself and the person asking the question that you do not have a physician-patient relationship, you have not taken their history, and you have not seen their medical records. You are basing your response completely on what they are telling you, which may be total lies, so never speak in absolutes

With respect to how you say it, many Ask-a-Surgeon and equivalent sites have begun posting your responses in real time, meaning that no editor will polish your words. If your response is replete with grammatical and typographical errors, you demean yourself, your practice, and the profession. So do your colleagues a favor: carefully proofread your remarks before posting, or better yet, give the job to the member of your staff who you always suspected was an English major.

Bob Aicher is General Counsel for the Society.

Cambodia January 2-9 in 2010 to perform operations on those suffering from land mine injuries and now live with physical deformities. Working with the Angkor Hospital for Children through "Friends Without a Border," they were able to perform surgery on over 30 land mine victims and train doctors in Cambodia to deal with future cases.

Once they returned, they started raising money for the devastating earthquake that hit Haiti on January 24, 2010. Drs. Ordon and Parsa, along with various members of the organization, were finally able to make a trip out On June 30th – July 5th and provide relief to many Haitians suffering with scars from burns, facial injuries and damage to their extremities.

In the spring of last year, they were also able to send a medical team of ten to the Island of St. Vincent and provide life-altering surgical procedures to over 20 patients. This past November they had a silent auction and fundraiser in Beverly Hills, CA to raise money to help more patients this coming year.

To learn more or donate to this foundation, please visit www.surgicalfriends.org



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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.

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*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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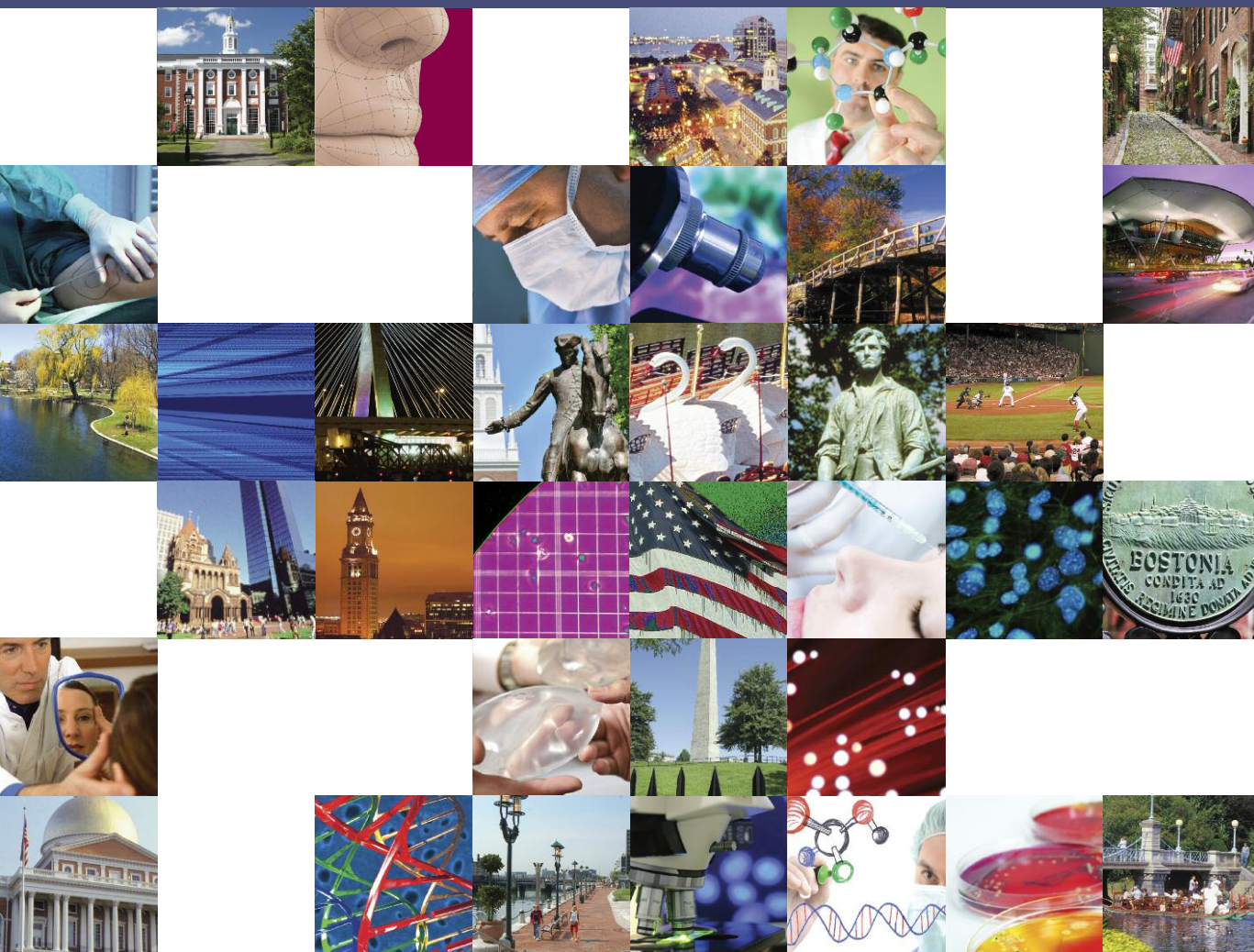
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