



Med Spas Are On A Growth Track—Threat & Opportunity for Plastic Surgeons

By John S. LaRosa, Marketdata Enterprises

Scope of The U.S. Med Spas “Market”

There are now about 2,100 “medical spas” or “med spas” operating in the United States. Med spas only emerged ten years ago and exploded in number between 2007 and 2009. However, a major shake-out took place as franchises failed and the recession hit—exposing overly optimistic revenue assumptions and poor management. Marketdata estimates that the medical spa market was worth \$1.94 billion in 2012, and forecasts \$3.6 billion by 2016. Average revenues per facility are \$924,000. Sales are forecast to grow 18% per year to 2016, as more med spas open.

The market is heavily driven by laser machine technology advances, which achieve results almost as good as cosmetic surgery, but are less invasive or non-invasive. As Baby Boomers age, demand should grow for minimally or non-invasive cosmetic procedures made possible by an ever-developing generation of laser equipment.

Americans spent \$10 billion on cosmetic non-invasive procedures in 2011, and 12 million such procedures were performed, including Botox injections, dermal fillers, laser hair removal, chemical peels, microdermabrasion, and skin rejuvenation. Women account for 83% of med spa clients.



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The average profit margin of a med spa is 14% of net sales. Start-up costs range from \$700,000 to \$1 million, with up to half of that allocated to buying or leasing the latest laser machines.

There are many positives contributing to strong growth for med spas: the market for aesthetic procedures among 18-25 year olds is growing, especially for hair removal and

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Aesthetic Society Releases 2012 Procedural Statistics



The Society's Media Relations Committee recently published our 16th Annual Multi-specialty Procedural Statistics. Americans spent over \$11 billion on cosmetic procedures

in 2012. Of that total \$6.7 billion was spent on surgical procedures, representing an almost six percent increase over the past year in actual procedures. Surgical procedures accounted for 17% of the total numbers of procedure performed representing 61% of total expenditures. The top five surgical procedures were:

- Breast Augmentation (330,928)
- Liposuction (313,011)
- Abdominoplasty (156,508)
- Eyelid surgery (153,171)
- Rhinoplasty (143,801)

In total, over 10 million cosmetic surgical and nonsurgical procedures were performed in the United States in 2012. In addition to the surgical procedures reported above, the most popular nonsurgical procedure was injection of Botulinum Toxin Type A (including Botox and Dysport).

The number of cosmetic minimally-invasive procedures increased over 10 percent, with almost 8.5 million procedures in 2012.

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Exhibit #801



Aesthetic Society News

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

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The American Society for
Aesthetic Plastic Surgery



The Aesthetic Surgery Education
and Research Foundation

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ASAPS Members Forum: www.surgery.org/members

ASAPS Website: www.surgery.org

ASERF Website: www.aserf.org

ASAPS Calendar Co-sponsored/Endorsed Events



April 10–13, 2013

Skin Care 2013

Marriott Marquis Times Square
New York, NY

Contact: SPSSCS

Tel: 562.799.0466

www.spsscs.org • info@spsscs.org



April 11–16, 2013

The Aesthetic Meeting 2013

Javits Convention Center, New York, NY

Contact: ASAPS

Tel: 562.799.2356

www.surgery.org/meeting2013

asaps@surgery.org

April 26–27, 2013

**43rd Annual University of Toronto
Aesthetic Plastic Surgery Symposium**

The Sutton Place Hotel, Toronto, ON, Canada

Contact: Dr. Jamil Ahmad

Tel: 905.278.7077

www.torontoaestheticmeeting.ca

jamilahmadprs@yahoo.com

May 8–11, 2013

Advances in Rhinoplasty 2013

Sheraton Chicago

Contact: Caryl Bryant

Tel: 540.374.8111

cherrington@theforumgroup.net

[www.aafprs.org/MEMBERS/
downloads/meetings/Rhino_Mtg_2013_
brochure.pdf](http://www.aafprs.org/MEMBERS/downloads/meetings/Rhino_Mtg_2013_brochure.pdf)



July 7–14, 2013

**Biennial Aesthetic Cruise—
Complications in Aesthetic Surgery**

Alaskan Cruise

Contact: ASAPS • Tel: 562.799.2356

www.surgery.org/cruise2013

victoria@surgery.org

August 22–24, 2013

**Breast Surgery and Body
Contouring Symposium**

Eldorado Hotel & Spa

Santa Fe, NM

Contact: ASAPS

Tel: 800.766-4955

registration@plasticsurgery.org

November 7–10, 2013

**QMP's 9th Aesthetic Surgery
Symposium**

Endorsed by ASAPS

Renaissance Chicago Hotel, Chicago, IL

Contact: Andrew Berger

Tel: 314.878.7808

abberger@qmp.com

December 5–7, 2013

**The Cutting Edge 2013
Aesthetic Surgery Symposium**

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Facial Rejuvenation

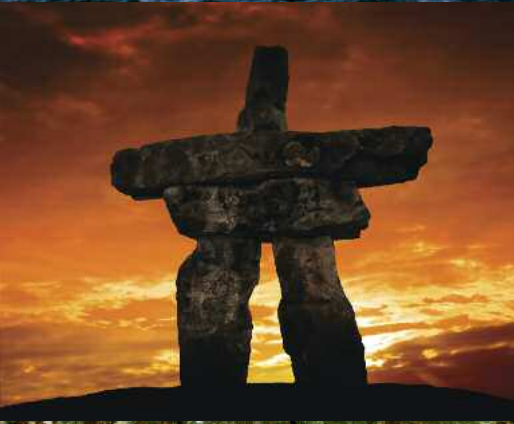
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- Day 5 — Juneau, Alaska
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- Day 7 — Cruise inside Passage
back to Vancouver, BC

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What's Ahead for ASAPS: Evolution and Strength

Leo R. McCafferty, MD

There's been a lot of conversation, emails, blast emails, newsletter articles and a healthy amount of angst regarding the mandate from ASPS for us to unify with or separate from them. Our decision is to remain a separate and distinct organization but with the doors always wide open for collaboration with appropriate organizations including our friends at ASPS.

Medical organizations historically have been founded on the basis of need. Specifically, a need for scientific advancement, medical education, improved public-health (safety) and ethics. The American Medical Association was founded in 1847 by Nathan S. Davis at the Academy of Natural Sciences in Philadelphia for just those reasons.¹

Then to specifically address surgical education and counter the rising problem of the unqualified and unethical practicing surgery at the turn-of-the-century, The American College of Surgeons was founded in 1913 by Franklin H. Martin. He modeled this new organization after the Royal College of Surgeons.² Of course, as the field of surgery became more complex many subspecialty organizations were born by necessity: The American Association of Neurological Surgeons (Harvey Cushing 1931), the American Society of Plastic and Reconstructive Surgeons (Jacques Miliniac 1931) and The American College of Obstetricians and Gynecologists (1951) to name a few. Interestingly, The American Orthopaedic Association (1887) later becoming The American Academy of Orthopaedic Surgeons (1933)³ and The American Academy of Ophthalmology and Otolaryngology (1896) existed before the American College of surgeons and remained separate and distinct but also collaborative with the college after its formation in 1913.^{4,5}

The 1960s saw several interesting organizations form. The American Academy of Ophthalmology and Otolaryngology realized the need to split into two separate organizations. "This Decision greatly benefited patients and their caregivers and both specialties." said Gerald B Healy, MD.⁵ Following the needs of further specialization The American Academy of Facial Plastic and Reconstructive Surgery (1964) and The American Society of

Ophthalmic Plastic and Reconstructive Surgery (1969) were founded. The American Society for Aesthetic Plastic Surgery was founded in 1967 by a courageous and visionary group of plastic surgeons determined to correct a serious void in aesthetic education and training.⁶ That bold move resulted in our Society, the largest and most successful Aesthetic Society in the world. We are financially strong, with a conservative investment strategy, and with over \$4.4 million in reserves adding close to \$700,000 to reserves this past year. We own our office building in Southern California with no debt. Aesthetic education remains our focus. This year's Aesthetic meeting in New York City is shaping up to be the best ever. We have many interesting and different panels and a section devoted to "the business of aesthetic surgery." We have turned our exhibit hall into The Aesthetic Marketplace where we will be holding a silent auction. This promises to be a lot of fun and we owe a ton of gratitude to Grant Stevens, MD for his idea and follow through. Our industry partners and friends have donated over \$1 million of goods and services you can purchase, potentially at a great bargain and for a great cause: ASERF's Data Hub project. This Hub is vital for the collection of clinical information so critical for outcomes and evidence-based medicine. It will allow us to effectively communicate with one another, our patients, and legislative

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The American Society for Aesthetic Plastic Surgery was founded in 1967 by a courageous and visionary group of plastic surgeons determined to correct a serious void in aesthetic education and training.⁶ That bold move resulted in our Society, the largest and most successful Aesthetic Society in the world. We are financially strong, with a conservative investment strategy, and with over \$4.4 million in reserves adding close to \$700,000 to reserves this past year. We own our office building in Southern California with no debt.

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bodies for the advancement of the science of aesthetic surgery and medicine.

The field of aesthetic surgery has never been more popular in the history of medicine. As evidence, let's start with our own annual statistics. This past year there has been a healthy increase in the number of surgical and nonsurgical procedures.

The most frequently performed surgical procedure was breast augmentation. Surgery accounted for 17% of all procedures performed representing 61% of total patient expenditures. The top five surgical procedures were:

- Breast Augmentation: 330,631
- Liposuction: 313,011
- Abdominoplasty: 156,508
- Eyelid surgery: 153,171
- Rhinoplasty: 143,801

In 2012, breast augmentation replaced liposuction as the most popular surgical procedure. According to the Society's statistics in 2006, 383,886 breast augmentation procedures were performed and of those 81% were saline implants and 19% were silicone. In 2012, 330,631 breast augmentation procedures were performed and of those only 28% were saline implants and 72% were silicone."

Women had more than 9.1 million cosmetic procedures, 90% of the total. The number of

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The Tools for Your Practice Success on the Updated www.surgery.org

Michael A. Bogdan, MD

The Aesthetic Society provides services to benefit both consumers as well as member surgeons, and the Society's web presence in surgery.org is a direct reflection of these dual roles. Surgery.org is considered a valued reference by both consumers and search engines and has an impressive level of web traffic with over 125,000 visitors per month.

With this in mind, the Electronic Communications Committee has recently updated the organization of surgery.org's landing page to be more consumer-oriented. At the same time, the Committee has also enhanced the member's section with additional tools for online practice marketing and methods to quantify the amount of increased member web exposure. These enhancements will better serve both the consumer and your aesthetic practice.

The majority of surgery.org visitors are consumers searching to learn more about procedures from a trusted resource, and many are searching for a surgeon referral. The regional Find-A-Surgeon feature is now prominently displayed on the homepage and directs these consumers to local member

surgeons. Once a surgeon is identified, prospective patients will either be referred directly to the member's personal website, or to their Enhanced Practice Profile (**EPP**).

The EPP is a valuable adjunct offered by The Society to all members for a nominal fee that integrates many of the other member benefits which are aimed at increasing member surgeons' web exposure. Effectively, the EPP is a personal website hosted within surgery.org. This has the SEO benefit of being a part of a highly valued master domain, and new EPP pages typically gain local PageRank much faster than *de novo* websites.

The EPP has several regions that are completely customizable to the individual surgeon's practice including:

- **Practice Info**—has subsections on Practice Philosophy, Specialization, Office locations
- **Background/Specialties**—add your Education, Certification and Publications
- **Affiliations**—add your Hospitals, Professional Societies, and Honors/Awards
- **Videos**—any acceptable videos created by the member can be hosted once vetted by ASAPS (easy to do from YouTube)

- **Answered Questions**—questions answered in the Ask-A-Surgeon portion of surgery.org are additionally displayed as sub-pages of the member's EPP page, for further web-exposure/SEO advantage without any extra effort

- **Photo Gallery***—Almost 50% of the page-views on surgery.org arise from visitors reviewing photos in the gallery, the web exposure for members with Gallery cases is significant. Consumers are known to use photo galleries to learn about possible surgical outcomes, and as a method to search for potential surgeons.

*The society has updated the backbone of the Photo Gallery. Now each submitted case can have multiple large *before and after* views, all in a modern high resolution format. Members can display any of their cases within their personal EPP, and submitted cases are eligible for inclusion in the general surgery.org photo gallery for more web-exposure. Cases displayed in the general gallery are directly credited to the submitting surgeon, and contain links to both the members' EPP page and personal website.

Analytics Dashboard

While it is easy to understand the potential benefits offered from surgery.org's member web assets, we understand that surgeons prefer to deal in the discrete rather than abstract. To satisfy the desire for "evidence-based statistics" to show actual benefit, we designed the Analytics Dashboard.

To access the Analytics Dashboard, you should log into the *Members Only* section of surgery.org, and then select the Reports option under the *Member Administration* area. The main page shows a snapshot of the preceding 3 months of *Impressions*, *EPP Page Views*, and *Link Clicks*. Sub pages provide more data over a 6-month period. With these tools, members can see how much web exposure and direct actionable clicks they are receiving from surgery.org resources.

Some of the resources are passive, such as the Find-A-Surgeon feature (which lists all member surgeons) and EPP pages (if you have one, if not, you should get one), while others require active participation of the member surgeon. The analytic tools are most useful for

EPPs increase web exposure and local Page Rank

The screenshot shows the website for The American Society for Aesthetic Plastic Surgery. The header includes navigation links: COSMETIC PROCEDURES, FIND A PLASTIC SURGEON, ASK A SURGEON, PATIENT RESOURCES, PHOTO GALLERY, and IN THE NEWS. The main content area is for Leo R. McCafferty, M.D., FACS, with a search bar and a "Request More Information" button. Below the surgeon's name and contact information (Suite 530 580 S. Aiken Avenue, Pittsburgh, PA 15232; Tel: Click for phone number; Fax: 412-687-5883; Send E-mail; www.mccaffertymd.com), there is a "Total Views: 10,381" indicator. A navigation bar below the main content area includes links for Practice Info, Background/Specialties, Affiliations/Memberships, and Answered Questions. The "Practice Info" section is expanded, showing "Practice Philosophy" with a text box stating: "We believe our patients deserve impeccable service provided with integrity and a smile. We offer you the highest quality and most up to date expertise in the field of Plastic Surgery. Each member of our team has been carefully selected and trained to assure that you receive the safest, most confidential and personalized care possible. We feel privileged to be given the opportunity to serve you and welcome you to our office." To the left, under "Procedures", there is a list of services: Liposuction, Post-Bariatric, Tummy Tuck, Body Contouring, Facial Implants, Forehead Lift, and Hair Transplantation.

members to assess the benefit their practice is seeing from efforts to contribute to Ask-A-Surgeon and the Photo Gallery. By having an EPP page in conjunction with these contributions, you are further enhancing your visibility to the consumer being able to view all of your contributions in one central location.

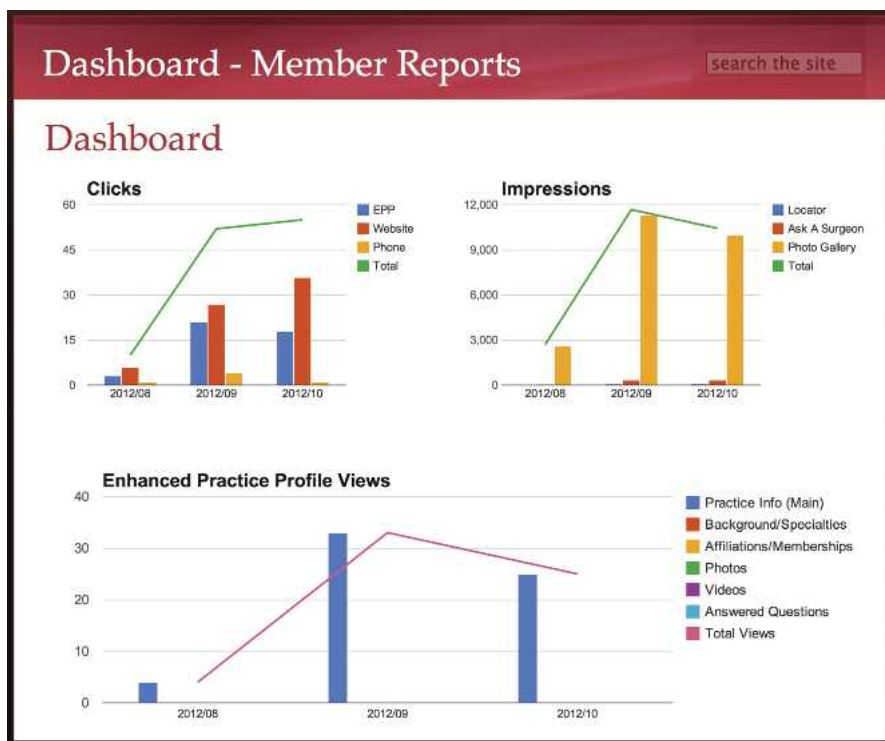
To display this benefit, we highlight the data from two actual member surgeons who recently started contributing to the Photo Gallery and Ask-A-Surgeon. The first surgeon started contributing photos at the end of 2012. Because the photo gallery is one of the most frequented parts of the website, his exposure rapidly increased, with over 3000 views in January alone.

The next surgeon started contributing answers to the Ask-A-Surgeon section on a routine basis in August of 2012. Ask-A-Surgeon is also very well frequented by site visitors, and there is cumulative growth as answers are added. This surgeon has seen a near linear growth in overall exposure, with over 9,000 views in January 2013.

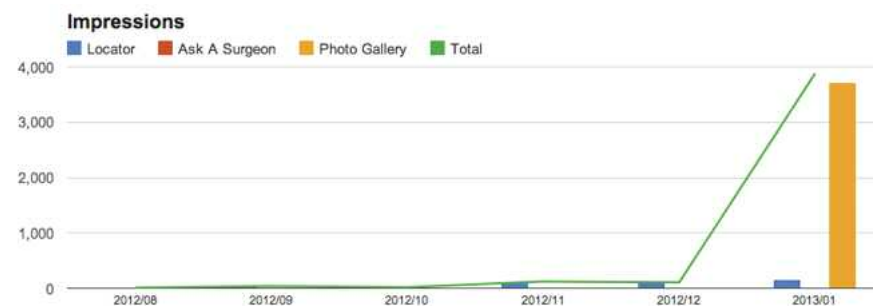
While there are no guarantees on how many views you will get, participation is the key. Surgery.org is designed to act as a trusted reference for patients interested in aesthetic surgery, and provides multiple tools to increase member surgeon's web exposure. To maximize these benefits, we encourage members to have an EPP, contribute to the Photo Gallery and answer patient questions in the Ask-A-Surgeon section. The new Analytics Dashboard feature will allow you to monitor the results of your efforts, so that you can see the direct return on the time you invest.

As for the Electronic Communications Committee, I know I speak for my colleagues when I say that we continually push for advancements in search, web presence for the membership and transparency on all of our projects. Thanks to Chair, Dr. Robert Kessler and all of the committee members and staff for their work and support. For more information on how to check your dashboard or improve your views, please contact Director of Web Strategy and Development, Kevin Charles at kevin@surgery.org.

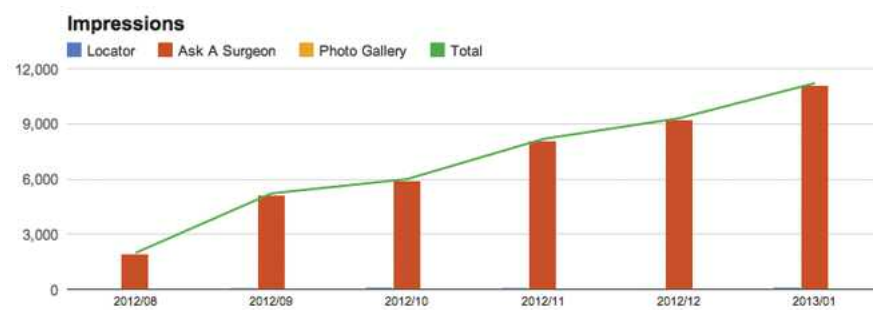
Dr. Michael A. Bogdan is an aesthetic surgeon in private practice in Southlake, TX and Vice-Chair of the Electronic Communications Committee.



Login through the Members Only section to view your analytics



This member increased his exposure by submitting to the Photo Gallery



This member increased page views by answering Ask-A-Surgeon questions routinely

Advice for Online Reviews: Angie's List

By Roys Laux

For most physicians, the notion of consumers posting online reviews may seem all right for restaurants and booksellers, and perhaps even for plumbers and dog groomers—but surely not doctors!

Yet medical professionals are increasingly discovering that they too, are being publicly critiqued on the Internet. And while physician reviews have historically lagged behind other consumer services, they are growing in popularity. A recent Pew Internet Research study suggests 72% of internet users looked online for health information last year and 30% of internet users have consulted online reviews or rankings of health care services or treatments.

So like it or not, online reviews are a fact of life on the Internet, and doctors may find it's not such a bad trend after all. Despite the occasional unfair rant, the vast majority of online reviews are positive—90%, according to a 2010 report in the *Journal of Internal Medicine*. Some reviewers may be perfectly satisfied with their medical treatment, but still have a complaint about the wait time or other inconvenience regarding the appointment. A busy doctor may not be aware of how well her office is being managed, so feedback from patients can be illuminating.

A recent Pew Internet Research study suggests 72% of internet users looked online for health information last year and 30% of internet users have consulted online reviews or rankings of health care services or treatments.

How do I know I've been reviewed?

Start with a simple Google search of yourself. Some reviews are openly posted on various general websites. In the case of Angie's List, reviews are only seen by members. Medical providers who are reviewed on Angie's List can receive passwords enabling them to read the reviews and respond if they choose.

Should I respond or ignore?

It's always better to respond, regardless of whether the review is positive or negative. Even if all you say is "thank you" it lets patients know you are listening. If the writer has lodged a complaint, there may be a simple

answer you can provide that answers the question—both for the reviewer and anyone else who may be reading. If the complaint is about an office management issue you can say you'll look into it—and then do so. Even reviewers who indulge in angry rants will often change their attitudes dramatically when they realize you have heard them and responded.

Correcting misinformation

Doctors are already used to patients doing their own research on the Internet and picking up incorrect or exaggerated information. An online forum is a good place to set the record straight—both about medical conditions and how medical offices operate.

What about patient confidentiality?

Both federal law and physician ethics require medical professionals to maintain strict rules of patient confidentiality. This can still be maintained in a public forum. Just be sure to respond in general terms without alluding to the reviewer's identity or condition. If you encounter a case where the reviewer has in some way revealed their own identity, respond by offering to take the conversation offline. Doing so will demonstrate to other readers that you take the critique seriously while reducing your chances of violating confidentiality rules.

What if the reviewer's comments are completely false and inflammatory?

Don't get drawn into a public argument. If you feel you are being slandered or harassed, contact the review site for guidance. Angie's List, for example, has a complaint resolution team which automatically contacts both parties when a negative review is posted. It remains up to the reviewer to decide whether to remove the post or change the grade, but the staff involvement often results in such a change.

Consumers sharing experiences with one another about healthcare is here to stay. The good news is; you now have the opportunity to become part of the conversation, and finding your voice as a provider may benefit your practice and your patients.

Roys Laux is general manager of Angie's List health and wellness division. She can be reached at roysl@angieslist.com.





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Off-Label Promotion OK in Vermont, Connecticut and New York

By Bob Aicher, Esq.

Id Rule: Manufacturers may not promote off-label uses.

New Rule: As of December 2012, they may do so, but only in the 2nd Circuit.

In recent years, FDA has won some high-profile prosecutions and recovered fines against manufacturers for promoting off-label uses: 2010 Allergan \$600 million; 2011 Elan Corporation \$203.5 million; 2012 Pfizer \$55 million; and 2012 Abbot Labs \$1.5 billion. However, the rules for manufacturers and physicians are different.

Physicians may use and promote any FDA approved drug off-label. Manufacturers, on the other hand, are required to prove a drug's safety and efficacy through controlled studies before they may advertise. Allowing manufacturers to advertise off-label uses without first proving safety and efficacy would undermine FDA's mission of protecting the public from unproven and misbranded drugs.

FDA in 2011 softened their stance slightly by distinguishing between unsolicited requests from doctors versus manufacturer-initiated offers of off-label information. In FDA's written guidance, manufacturer-initiated offers of off-label information remain illegal as evidence of intent to misbrand. However, FDA stated manufacturers are permitted to respond to unsolicited requests with "truthful, balanced, non-misleading, and non-promotional scientific or medical information that is responsive to the specific request", but only to the person who made the request as a private, one-on-one communication.

Not surprisingly, manufacturers would prefer to offer unsolicited information about off-label uses rather than wait to be asked. They got their wish, albeit in a very small way, in the 2012 case, *United States of America vs. Alfred Caronia*. Mr. Caronia, a promotional speaker for Jazz Pharmaceuticals (then Orphan Medical, Inc.), was hired to promote Xyrem for narcolepsy. In a 2005 sting operation, FDA recorded Mr. Caronia stating Xyrem was also good for insomnia, Fibromyalgia and Parkinson's and providing the CMS reimbursement codes for those conditions. Mr. Caronia was ultimately convicted of a misdemeanor in federal court in New York.

Mr. Caronia appealed his conviction to the 2nd Circuit Court of Appeal and claimed his speech was protected by the First Amendment. The Court agreed, but only by a 2-1 vote. The majority noted that off-label drug use is lawful, the information provided by Mr. Caronia was neither false nor misleading, and allowing off-label use "paternalistically" while prohibiting off-label promotion by manufacturers would interfere with physicians and patients receiving potentially relevant treatment information. The Court concluded these considerations did not justify FDA's criminalizing the truthful off-label promotion of FDA-approved prescription drugs.

FDA could have appealed to the United States Supreme Court, but did not do so. By doing nothing, the practice of off-label promotion by manufacturers remains illegal in 47 states. Had FDA appealed and lost, off-label promotion by manufacturers would have become legal in all 50 states. Risking 47 states to win back 3 would have been an extravagant gamble, so the Caronia decision stands as good law, but only in the 2nd Circuit.

So the net result? If your rep offers off-label advice and you practice in Vermont, Connecticut or New York, don't be surprised. If you practice in the other 47 states, FDA would like to hear from you.

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wimed.org/asaps

American Society for Aesthetic Plastic Surgery
11262 Monarch Street, Garden Grove, CA 92841-1441
800.364.2147 • 562.799.2356 • surgery.org



President's Report

I am proud to report that under the expert Guidance of Dr. Foad Nahai and his able right hand Melissa Berbusse, the *Aesthetic Surgery Journal* subscriptions are up 35% making it the largest aesthetic journal in the world, the first choice for 79% of authors choosing to submit their cosmetic article to a professional journal and with an impact factor of 1.496!

cosmetic procedures for women increased over 252% from 1997. The top five surgical procedures for women were: breast augmentation, liposuction, tummy tuck, eyelid surgery, and breast lift.

This year's report is good news for our aesthetic surgeons. I thank Adeena Babbitt and her team in the Communications Office for another remarkable job with this report and effectively using it to educate the media and public which is also part of our mission and service to you, our members.

I am proud to report that under the expert Guidance of Dr. Foad Nahai and his able right hand Melissa Berbusse, the *Aesthetic Surgery Journal* subscriptions are up 35% making it the largest aesthetic journal in the world, the first choice for 79% of authors choosing to submit their cosmetic article to a professional journal and with an impact factor of 1.496!

You might already be aware of one our latest member benefits, the RADAR Resource. But if you haven't experienced the convenience of forming your own cloud-based medical library with *Aesthetic Surgery Journals* going back to 1995, I encourage you to visit the iTunes app store under Anzu Medical and give it a try.

This is no basic journal reader app. It's a tool that lets you build your own files, annotate and highlight everything from Aesthetic Meeting videos to clinical pearls. It's well on its way to becoming a must have addition to your clinical resources.

I mentioned in the last issue of ASN another very exciting member benefit will be

presented in greater detail at our meeting in New York. The Marketing Task Force, created by Immediate Past-President Jeffrey Kenkel, MD and chaired by California-based aesthetic surgeon Sanjay Grover, MD, has been diligently working to create a consumer marketing program for our members. Using the skills of health and beauty experts in branding and message development, the new tool in your marketing armamentarium is called Smart Beauty Guide. I urge you to visit the ASAPS booth at The Aesthetic Meeting 2013 and to learn all of the features of this program that are only available to Aesthetic Society members. This unique program is not only a national effort but also and most importantly designed to help you market in your own neighborhood and better compete in your local market. We want to drive patients to our members, the best and most well-trained aesthetic surgeons in the country.

The American Society for Aesthetic Plastic Surgery is the only organization devoted exclusively to aesthetic scientific, clinical and public education. Our Society is privileged to be comprised of members that are among the best and brightest board certified aesthetic plastic surgeons in the world.

This Privilege carries significant responsibility. Remember, the American College of Surgeons was born in part to combat the unethical and untrained from performing surgery at the turn of the last century. The field of aesthetic surgery faces the same devastating public safety issue in this century. Now, more than ever, the field of aesthetic surgery needs an independent focused society to educate plastic surgeons to be the best aesthetic surgeons and

Now, more than ever, the field of aesthetic surgery needs an independent focused society to educate Plastic Surgeons to be the best aesthetic surgeons and to educate the public and government on the importance of training and providing proper care. We are that Society and we are your Society.

to educate the public and government on the importance of training and providing proper care. We are that Society and we are your Society. We have never been stronger and appreciate your support.

In closing, thank you very much for giving me the opportunity to serve as your President. I cannot find the words to adequately express my gratitude and I have never been more proud to be a member of the American Society for Aesthetic Plastic Surgery. I would also like to thank the absolute best staff on the planet.

I would also like to thank our ace executive committee, Jeffrey Kenkel, Jack Fisher, Mike Edwards, Jim Grotting, and Dan Mills as well as your entire Board of Directors. It has been my privilege to be associated with this intelligent, thoughtful, stimulating and congenial group. They work by consensus and always with member benefit as the priority. I especially thank Jack Fisher, your incoming president. You will be in the hands of a gifted surgeon, teacher, train aficionado and wonderful human being with a great sense of humor. Jack and I have talked almost daily on Society matters and I know him to be very wise, caring and with an uncanny ability to see all sides of a complex issue. The Society will be well cared for by Jack, that very talented Executive Committee, your brilliant Board of Directors, and marvelous staff led with grace and style by Sue Dykema. Thank you!

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Visit ASAPS Booth #531 at The Aesthetic Meeting 2013 for More Information

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Aesthetic Society Welcomes New and Renewing Industry Partners

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NEWBEAUTY[®]
THE BEAUTY AUTHORITY

Strathspey Crown



The Aesthetic Society has always valued our relationship with Industry Partners who have continued to push the limits of technology, enhancements and innovations in the aesthetic plastic surgery field. By building these connections, we have opened up communication between our membership and the leading companies who represent and cater to their needs. This year, with The Aesthetic Meeting in New York City, and a high level of attendance and energy, we hope to achieve our goals together.

Renewed Premier Industry Partners

We would like to acknowledge the Premier Industry Partners who have renewed for 2013-2014: Allergan, Medicis, Merz, and Sientra. We also thank Enaltus and ZO Skin Health who are currently Premier Partners for 2012-2013.

Sientra, Inc

Founding Premier Industry Partner, Sientra, Inc has renewed their contract to remain in the highest level of corporate support with The Aesthetic Society for the fourth year. Sientra has been with us since the program started. FDA approval for their silicone-gel implants came last March just in time for The Aesthetic Meeting 2012 in Vancouver. Sientra also maintains their strict industry standard of selling ONLY to board-certified plastic surgeons.

Medicis

As a Founding Premier Industry Partner, we have valued working closely with top executives at Medicis, and now after merging with Valeant Pharmaceuticals International, that will not change. Their commitment to The Society and the Members remains strong as they renew their contract for the fourth year in a row, working together to make their transition as smooth and mutually beneficial as possible.

Allergan

New FDA approval on Allergan's Natrelle 410 silicone-gel breast implant earlier this year in February 2013 sets a good note as the

company renews their Premier Industry Partner status with The Aesthetic Society. On their second year as a Premier Industry Partner, we celebrated their success in 2012 and look forward to future collaboration and growth in 2013 starting with The Aesthetic Meeting in New York.

Merz Aesthetics, Inc

This is Merz Aesthetics' second year in the Premier Industry Partnership Program. They are an industry leader in the field of aesthetic plastic surgery and have an exciting new year of marketing their full line of aesthetic products. The makers of Radiesse, Asclera and now Xeomin and Belotero have been longtime exhibitors at The Aesthetic Meeting and we look forward to working with them in New York and throughout the year.

New Premier Industry Partners

We extend a warm welcome to our two new Premier Industry Partners who have built strong bonds with The Aesthetic Society over the years and have decided to move to the highest level of partnership.

New Beauty

New Beauty is not a new name to the aesthetic plastic surgery space. They started exhibiting at The Aesthetic Meeting in 2005, before the launch of their highly popular print magazine. Their goals as a Premier Industry Partner are "to work closely with the Society and its other partners to ensure that consumers continue to receive the correct and safe information needed to make well-informed decisions when it comes to cosmetic enhancement" explains Amy Shanahan, Web Content Manager for New Beauty. "We chose partnership because the synergies between our brand and the core message of ASAPS are so aligned."

Representatives at New Beauty are looking forward to meeting and talking with other Partners, create awareness for their brand and work directly with ASAPS doctors at The

Aesthetic Meeting in New York to establish new, mutually beneficial relationships.

Strathspey Crown

A lifestyle healthcare-focused growth equity firm, Strathspey Crown, led by former Allergan President, Robert E. Grant, partners with specialty physicians to build highly innovative lifestyle healthcare technologies and services. Their belief that the "private-pay" sector will drive innovation and growth of new medical technologies and services is in line with current aesthetic plastic surgery trends and supports a concierge medicine model. Grant believes "Insurers don't understand your particular needs and they've taken the voice away from the doctor." They will be exhibiting at The Aesthetic Meeting in New York and look forward to directly communicating their message to the membership and thought-leaders in person.

Alliance Partner: Rosemont Media



Alliance Partner, Rosemont Media is renewing for the second year. CEO, Keith Humes, has been exhibiting with ASAPS since 1999 and wanted to be a Partner since founding Rosemont Media in 2007. "Rosemont Media limits its participation to work only with Board Certified Plastic Surgeons that specialize in cosmetic procedures," explains Humes. "ASAPS is the best platform to reach our market. We have many successful relationships with ASAPS members who have been able to grow their practice as a result of our work." Humes can't wait for The Aesthetic Meeting 2013, believing "NYC draws a great crowd of innovators ready to implement the latest trends in digital marketing."

Thank you to all of our Industry Partners—your continued support and collaboration has helped The Society grow and our members reap the benefits. Please stop by their booths in The Aesthetic Marketplace at the Annual Meeting to show your support of our Partners in person.

How Much Are You Leaving on the Table? Improving Your After-Tax Financial Efficiency

Carole C. Foos, CPA
David B. Mandell, JD, MBA

Most Aesthetic Society members strive to achieve two goals in their practice—to “do good,” by being a quality surgeon and helping patients and to “do well” in terms of financial rewards. Unfortunately, as to the second goal, many physicians in private practice, including ASAPS surgeons, do not operate their practices with optimal after-tax efficiency. In fact, we often see doctors leaving tens of thousands of dollars “on the table” each year—which can equate to nearly \$1 million of lost wealth over a career. The good news is that many of you reading this can likely improve your post-tax bottom line in a number of ways.

Time is of the Essence

There is truly no better time than now to focus on post-tax efficiency. As you know, when President Obama signed the Taxpayer Relief Act of 2012 in early January, taxes increased on high-income taxpayers like most of you—in some cases, dramatically. While the detail of the “fiscal cliff” deal is a topic for another article, the important take-aways are:

- Many ASAPS members now face a 50%+ marginal income tax regime, when all of the new tax increases are accounted for. Depending on the city/state where you live, tax rates are now between 45-55%, no less. Income tax planning is more important now than at any time in the last 30 years.
- These higher rates will apply to more income, with the reinstatement of the itemized deduction limitations and the personal exemption phase-out.

- Total taxes on long term capital gains and dividends can now reach 23-33% when the new federal tax, Obamacare tax and state and local taxes are assessed.

The Common Causes of Dollars “Left on the Table”

While the causes of “dollars left on the table” in a plastic surgery practice can range from marketing waste to unproductive employees, our expertise and focus is corporate structure, tax reduction and benefit planning. For this article, we will focus on three strategies for recapturing some of these funds:

- Using the ideal corporate structure;
- Maximizing tax-deductible benefits for the surgeon-owner(s); and
- Utilizing a captive insurance arrangement

The most important thing you can do is keep an open mind. Just because you have operated your practice a certain way for 5, 10 or 20 years, you don’t have to keep doing the same thing. Changing just a few areas of your practice could recover \$10,000 to \$100,000 of “lost dollars” annually. Let’s explore the three areas:

Using the Ideal Corporate Structure

Choosing the form and structure of one’s medical practice is an important decision and one that can have a direct impact on your financial efficiency and the state and federal taxes you will owe every April 15. Yet from our experiences in examining over 1,000 medical practices of our clients, most plastic surgeons get it wrong. Here are a few ideas to consider when thinking about your present corporate structure:

- **You must avoid using a partnership, proprietorship, or “disregarded entity.”** These entities are asset protection nightmares and can be tax traps for surgeons. Nonetheless, we have seen very successful plastic surgeons operating their practices as such. The good news is that doctors who run their practices as a partnership, proprietorship, or disregarded entity have a tremendous opportunity to find “dollars on the table” through lower taxes—especially on the 3.8% Medicare tax on income. This can be a \$10,000-30,000 annual recovery.
- **If you use an “S” corporation, don’t treat it like a “C” corporation.** We estimate that 60%-70% of all plastic surgery practices are “S” corporations. Unfortunately, many physicians do not take advantage of their “S” corporation status—using inefficient compensation structures that completely erase the tax benefits of having the “S” in the first place. If your practice is an “S” corporation, you should maximize your Medicare tax savings through your compensation system in a reasonable way. This can be a \$10,000-30,000 annual recovery for practices not properly structured.
- **Implement a “C” corporation.** Once upon a time, “C” corporations were the most popular entity for U.S. medical practices. Today, fewer than 15% of medical practices operate as “C” corporations. Why? We believe it is because most surgeons, bookkeepers and accountants focus on avoiding the corporate and individual “double tax” problem.

While this is crucial to the proper use of a “C” corporation, it is only one of a number of important considerations a surgeon must make when choosing the proper entity. A common mistake is to overlook the tax-deductible benefit plans that are only available to “C” corporations. If you have not recently examined the potential tax benefits you would receive by converting your practice to a “C” corporation, we recommend that you do so. Utilizing benefit plans that only a “C” corporation can offer can create a \$10,000-30,000 annual improvement.

Continued on Page 30



INTRODUCING

SMART BEAUTY GUIDE



BROUGHT TO YOU BY
**THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY**

AN EXCITING NEW CONSUMER
EDUCATION AND MARKETING
CAMPAIGN DESIGNED TO
ENSURE YOUR PRACTICE THRIVES

Created by branding experts, inspired by consumers, and designed to bring referrals to your door, Smart Beauty Guide is a robust campaign exclusively for Aesthetic Society members, with innovative elements utilizing all branches of marketing, including public relations, web, social media, video and print advertising. This dynamic new brand is a multifaceted campaign designed to create awareness with prospective patients, and is just one more way The Aesthetic Society puts your dues to work for you! The Smart Beauty Guide campaign includes:

- A robust and interactive website
- New Enhanced Practice Profile Pages
- Print advertising templates that can be used in your local market
- Templates for web advertising
- A new line of procedural brochures
- The new Smart Beauty Guide for Aesthetic Plastic Surgery and Cosmetic Medicine brochure
- Video with your practice identity

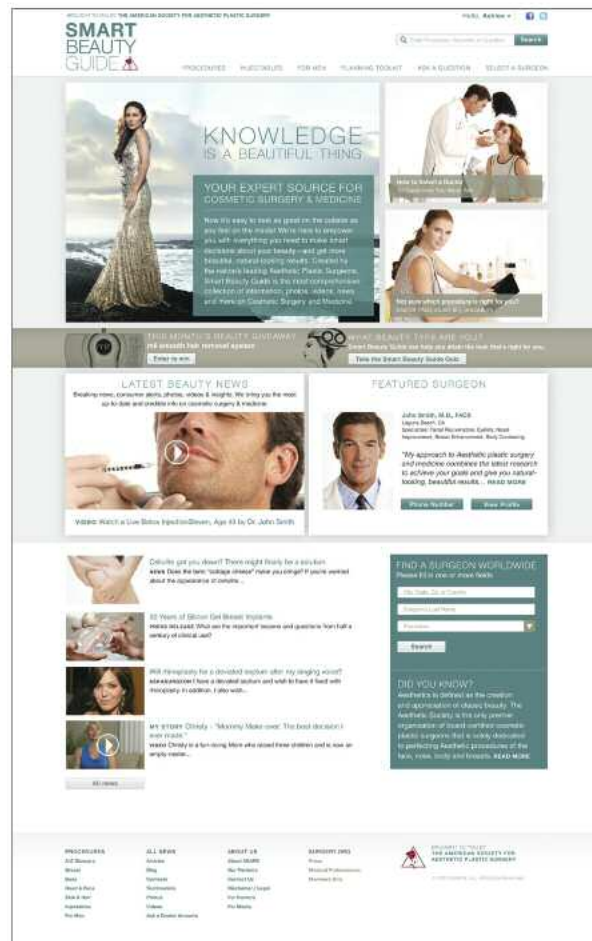


SMART BEAUTY GUIDE.COM

Featuring a new, engaging, consumer-friendly website, launching in September, SmartBeautyGuide.com is the new consumer face for the Aesthetic Society.

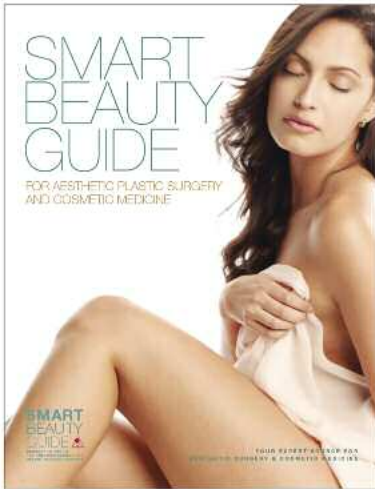
HIGHLIGHTS FOR CONSUMERS:

- Aesthetic surgery and cosmetic medicine news
- Detailed procedural information, including laser and light-based therapies and injectables, combined procedures such as mommy makeover and procedures for men
- Safety and planning tools to prepare for your consultation
- Video clips with experts discussing emerging trends and technologies
- Videos on all surgical procedures and a growing library of laser and injectable procedures
- Questions from our consumers and answers developed by members, featured on the procedure page
- Multiple consumer opportunities to search for an aesthetic surgeon in their area
- Quizzes, contests, and product giveaways
- Twice-weekly blogs
- Seasonal features, such as preparing for summer, weddings, and holidays



HIGHLIGHTS FOR MEMBERS:

- Localization: The Find a Surgeon database uses the latest Google mapping technologies to show potential patients members who reside in a specific geographic area
- Your practice on the home page: Purchasers of an Enhanced Practice Profile Page will have the opportunity to appear on the home page of Smart Beauty Guide on a rotational basis
- A metrics dashboard, available simply by clicking on the members' only section, tells you how many referrals you receive from Smart Beauty Guide:
 - How many potential patients clicked to view your phone number on standard listings
 - How many viewed your before and after photos
 - How many viewed Ask-A-Surgeon questions you have answered
 - How many page views your Enhanced Profile has attracted
- No losses for linking:
 - Members linking to Smart Beauty Guide will have a completely customized experience for their patients and potential patients with the Find-A-Surgeon database hidden.



SMART BEAUTY GUIDE FOR AESTHETIC PLASTIC SURGERY AND COSMETIC MEDICINE

CODE
SBG-1

DESCRIPTION
Smart Beauty Guide

PRICING
1 pack \$2499.00
2 packs \$4499.00

Based on the popular Guide to Cosmetic Plastic Surgery, we've expanded the content to bring you a comprehensive overview of aesthetic surgery and cosmetic medicine, exclusively for members and customized to their practice. The dazzling Smart Beauty Guide highlights the benefits and techniques of today's most popular cosmetic procedures, and includes explanations of terms commonly used with laser and light-based therapies. Beautiful illustrations and eye-catching photography make this brochure a must-have for any aesthetic practice, and our proprietary imagery you won't find anywhere else. 40 pages packed with content, plus cover. Sold in packs of 500.

PROCEDURAL BROCHURES – ALL NEW!

These sleek new brochures cover an array of the most popular cosmetic surgical procedures, educating your patients on the procedure's benefits, surgical process, recovery, safety, risks, results, and other important information. Exclusively for members. Sold in packs of 50. Delivers in July.

Look for more aesthetic procedural brochures, coming soon!

CONSULTATION FOLDER – MAKE AN IMPRESSION

Featuring The Aesthetic Society's exclusive Smart Beauty Guide images, these beautiful portfolios are a terrific way to convey all of the elements of the Smart Beauty Guide brand to your patients.



Just the right size to hold the new Smart Beauty Guide and Procedural Brochures, you can also include your own marketing brochures, as well as a business card. Exclusively for members. Sold in packs of 100.

CODE **PRICING**
SBG-CF \$125.00



CODE	DESCRIPTION
PB-1	Abdominoplasty
PB-2	Breast Augmentation
PB-3	Breast Lift
PB-4	Breast Reduction
PB-5	Brow Lift
PB-6	Eyelid Surgery
PB-7	Facelift
PB-8	Liposuction
PB-9	Mommy Makeover
PB-10	Surgery of the Nose

PRICING
1-5 Packs \$54 per pack
6-15 Packs \$49 per pack
16+ Packs \$43 per pack <i>(a 20% savings!)</i>

COMPLIMENTARY FOR MEMBERS

VIDEO: YOUR PRACTICE IDENTITY AND YOUR PATIENTS ON SMART BEAUTY GUIDE!

Our professional videographer will be visiting various regions of the country throughout the year to film procedural testimonials for Smart Beauty Guide. Participation in this program is free of charge and all videos will feature your name and practice identity!

To sign up, please do so in advance here at The Aesthetic Meeting or after the Meeting by contacting Jian at jian@surgery.org. Participants will receive a copy of the video for their own use, including web, social media, presentations, etc. Restrictions apply. No filming is guaranteed, due to numerous variables. For full details, please go to www.surgery.org/yourvideo

PRINT ADVERTISING AND MEDIA ADVICE:

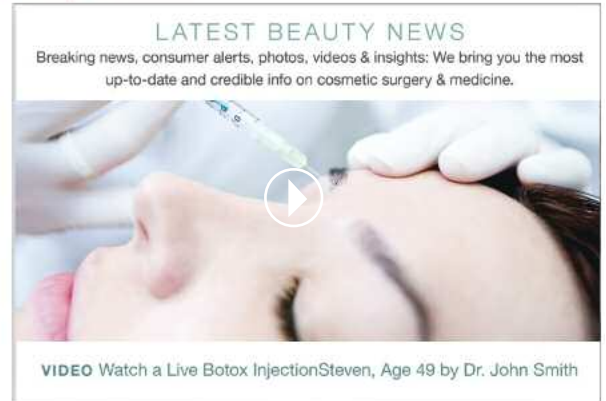
Our print advertising templates are available to all members in a variety of sizes and formats for use in your local market. While we can't buy the media for you, we can customize the ad with your photo and practice identity.

Need help on where to place your ad? We can help you with media analysis for both web and print. Contact John O'Leary, Director of Marketing and Public Education at john@surgery.org or call 1.800.364.2147



Sample Print Ad

Sample Videos



LOGOS AND LINKS:

Logos for your website will be provided to all Society members. Remember, if you link to SmartBeautyGuide.com, you will not be in competition with your colleagues, as the Find-A-Surgeon feature will be hidden, as well as Before and After pictures and questions that are answered by anyone but you.

For more information or questions about Smart Beauty Guide, please contact John O'Leary, Director of Marketing and Public Education at john@surgery.org



Med Spas

Are medical spas profit-driven business enterprises or are they an integral part of the health care system? Do they follow the business model in which an enterprise has a fiduciary duty solely to shareholders, or do they follow the medical professional model in which physicians have a duty to place the interests of their patients above their own, economic or otherwise?

tattoo removal, and technology has enabled practitioners to offer a broader range of treatments. These developments have reduced the required treatment and recovery times, which in turn have led to greater patient demand.

The development of the market continues to change the original concept of the med spa. The first med spas were defined as facilities where cosmetic treatments that are true extensions of medical procedures were provided by or under the supervision of licensed medical practitioners. However, the use in med spas of devices and products that had first been developed for medical purposes for cosmetic ends blurred what had been distinct areas of the cosmetic and the medical.

Industry Regulation: Ethical Dilemmas

Each state legislature must balance the viewpoints and demands of stakeholders when regulating medical spas to satisfy the best interest of the consumer. In Florida, the Safe Supervision Bill, enacted in 2006, stipulates that med spas must be supervised by a plastic surgeon or dermatologist. Draft legislation in Massachusetts would allow “sufficiently trained or experienced” (in what way is not stated) physicians, nurses or electrologists to perform procedures and require them to be on-site at all times when the facility is open.

The ethical dilemmas associated with med spas arise from the question central to all areas of medical entrepreneurship. Are medical spas profit-driven business enterprises or are they

an integral part of the health care system? Do they follow the business model in which an enterprise has a fiduciary duty solely to shareholders, or do they follow the medical professional model in which physicians have a duty to place the interests of their patients above their own, economic or otherwise?

Statutes assume that any MD is more qualified to perform med spa procedures than a licensed esthetician or other cosmetic professional. Yet such is not the case, since even a dermatologist can be board certified without any training in esthetic procedures.

The Threat

This market’s strong growth has attracted many practitioners that are not physicians or surgeons—laser techs, estheticians, cosmetologists, electrologists and others. Practitioners from such diverse backgrounds as occupational health, internal medicine and obstetrics have entered the field. They may have very limited training and experience in this field. Yet, they are capturing a significant share of the business because consumers may think that they are medical professionals.

Like many young growth markets, no national standards govern who can own or operate a med spa. Therein lies the potential for problems—botched procedures by unqualified personnel, negative publicity, and lawsuits—all issues that can be avoided with more upfront diligence. In the rush to grab a

Plastic Surgeons, by virtue of their higher level of training, can separate themselves from the crowd of lesser-qualified “practitioners.” This point of differentiation should be emphasized in any consumer marketing campaign. Plastic surgeons have the most sophisticated knowledge of medical, surgical and laser procedures involving the skin and management of pigmentary disorders.



piece of the pie, many types of practitioners will be attracted to the field and set up shop, cutting corners along the way.

Less than 8% of the American Board of Medical Specialties’ members are board-certified plastic surgeons. It’s estimated that 50,000 to 100,000 doctors who aren’t board-certified plastic surgeons are doing cosmetic surgery.

Marketing pitches by cosmetic surgeons who aren’t board-certified in the field may tout low prices and say the procedures are safe and easy to recover from, a review of advertising and websites shows. Some even offer half-price deals, including Groupon.

First, a medical spa should have a medical director on-site who is licensed to practice a specialty related to spa services being offered. Any other form of spa organization is misleading to the public and should be avoided. Second, the medical director should be an owner of the business and not merely an independent contractor or employee of the owner—they should have a vested interest in the financial outcome of the business.

Who operates the spa (or how many spas are operated by that individual) and who supervises the individuals performing procedures (and in what manner) are legislated by each state.

Continued on Page 23



ASERF surpasses \$1 million in funded research projects

Joe Gryskiewicz, MD
President

For the past 15 years, the Aesthetic Surgery Education and Research Foundation's (ASERF) mission was clear: to help advance the field of aesthetic plastic surgery through directed research and education. It is with great pleasure to announce that we have surpassed the \$1 million mark for funding this year and the specialty has clearly benefited from it.

It wasn't so long ago when we didn't know why a facelift patient developed a huge hematoma; a woman who had a breast reduction loses a nipple from poor circulation; a patient suddenly developed a massive saddle embolus. Then, we discovered the pre and postoperative effects of aspirin, dangers of smoking and DVT prevention. These discoveries along with countless others have shaped the way we perform aesthetic surgery and why our mission has never been more important.

Clinical research, like we have through ASERF has informed and educated us on better ways to help our patients and improve clinical outcomes. Evidence-based medicine, like we are working on through ASERF grants, is helping us become better plastic surgeons. Our \$1 million in research might be just a drop in a much larger pond, but it is clear that we've come a long way—a long, long way because of research.

As we surpass this major milestone, I look back on some of the top funded research projects ASERF has proudly moved forward. These topics have all contributed to the aesthetic field and have led to increased patient safety awareness, new ideas to implement clinically and/or spurred the need for more research. I have asked some ASERF leaders to comment on just a few projects and will start off by commenting on one of my favorites.

Effects of Topical Lidocaine Application on Serum Levels and MEG-X

Jeffrey M. Kenkel, MD

This study assessed the toxicity levels of lidocaine creams on patients who were receiving noninvasive procedures. No one realized in what amounts the lidocaine was absorbed through the skin and the serum levels as a result. Salons and non-accredited facilities were using lidocaine with no

restrictions and patients were having serious complications, even seizures. This research has made a major impact on patient safety and how we administer topical lidocaine.

—Joe Gryskiewicz, MD (ASERF President)

Treatment of Surface Bacteria Biofilms using an in vitro model

Anand K. Deva, MD

It has become increasingly apparent that biofilms are playing an important role in delayed onset skin reactions and granulomas in injectables, and are also a likely cause of capsular contracture in breast implant surgery. Anything we can do to help decrease their presence will greatly benefit our patients. This in vitro model is a step in getting there.

—Jeffrey M. Kenkel, MD (ASAPS Past-President)

High Resolution Ultrasound Diagnosis in Breast Implants/Shell Failure

Bradley Bengtson, MD

While this technology is still in the research state, it has an enormous potential to be beneficial to both patients and the plastic surgeon. It would significantly decrease the need to do expensive MRIs to evaluate implants and implant rupture, which would encourage patients to screen more often. This helps us follow up on our patients and deal with implant issues earlier. I hope to see a larger, multi-center clinical trial develop from this fundamental research and make this technology available to the masses.

—V. Leroy Young, MD (ASERF Past-President)

The Use of Antibiotic Mesh Reduces the Formation of Biofilm-induced Capsular Contracture in the Porcine Model

Anand K. Deva, MD

Although this reduction in capsular contracture was demonstrated in an animal model, the implications for direct clinical applications are apparent. Since capsular contracture may be the most common cause for reoperation after implant size change for breast augmentation patients, there is potential for lower reoperation rates, higher patient satisfaction and improved aesthetic results. While still early, this ASERF supported

research may give our patients a significant improvement in outcomes and a higher level of confidence.

—Karol A. Gutowski, MD, Vice-Chair, ASERF Scientific Research Committee

Along with these important topics, we also have had funded critical research on autologous fat grafting (Scott Spear, MD), cryopreservation of fat cells (Lee Q. Pu, MD) and large disposition liposuction (Jeffrey M. Kenkel, MD). Autologous fat is a fascinating topic—treating, preserving and injecting it will be revolutionary for augmentation procedures. And on the other side, removing large amounts of fat through liposuction needs further research and study in order to perform the surgery safely. These studies have a huge impact on both the field of aesthetic plastic surgery and our individual practices.

We stand on the precipice of new discoveries. What is the next paradigm shift we will discover? For the sake of all of us and our patients, I would encourage you to “give back” and donate generously to ASERF for the advancement of aesthetic surgery education and research.

ASERF Silent Auction

Join us in The Aesthetic Marketplace where along with our Industry Partners, longtime exhibitors and over 50 new exhibitors, we will have a Silent Auction to raise funds for ASERF. You could bid and win anything from surgical equipment or a laser to marketing plans. Please check for more information in your program book at the meeting.

Career Achievement Award

During our Annual Meeting in New York, we will be honoring Fritz E. Barton, Jr., MD with the Career Achievement Award for his dedication to plastic surgery. His work in this specialty has affected us and future generations of plastic surgeons and I welcome you to attend the ASERF Career Achievement Award on Saturday, April 13 at 8:45 am. Donations to ASERF, on his behalf, may be made at www.aserf.org/donor-benefits/make-a-difference.

Joe Gryskiewicz, MD is President of ASERF and in private practice in Burnsville, MN. He is Clinical Professor at the University of Minnesota, Cleft Palate/Craniofacial Clinics School of Dentistry.



Dr. Julio L. Garcia from Las Vegas, Nevada Joins the President's Circle



Becoming a plastic surgeon had been Dr. Julio L. Garcia's dream since he was 13 years old. After overcoming obstacles, like growing up in a Chicago neighborhood where the Latin Kings tried to recruit him, he graduated from Northwestern University and continued at the University of Illinois at Chicago, College of Medicine. After residency at the University of Illinois Medical Center, Division of Plastic and Reconstructive Surgery, he went into private practice and became an ASAPS Member in 1999.

Dr. Garcia joins a prestigious group of donors who value what plastic surgery has brought to their lives and wants to help others realize the same. His \$200,000 planned gift to ASERF will ensure that important research and education will benefit future generations of patients and surgeons alike. Through hard work and the support of his family, he has become a successful aesthetic plastic surgeon and given back to the community at every chance.

Dr. Garcia shares his thoughts on giving back, ASERF and the plastic surgery community.

ASN:

Why is giving back to the plastic surgery community so important to you?

Dr. Garcia:

I feel that we as physicians and plastic surgeons in general are givers and not takers. I do a lot of volunteer service in my community for a variety of different organizations and I know the value of giving. I feel for the giving to be complete it has to be done not only for those here now but for those that we do not even know yet who only have the twinkle in their eye of maybe someday becoming a board certified plastic surgeon. I got that twinkle when I was 13 and the dream became a reality 17 years later. It is for those seedlings that we must give now so the future will be on strong standing.

ASN:

What motivated you to donate to ASERF? Why now?

Dr. Garcia:

I have been in private practice now for more than 25 years and as I contemplate my life and career I know now more than ever what plastic surgery has given to me to allow me to live the life I have, and I felt it only fair and almost my duty to give back to the organization. Through committee work and talking to Tom (Purcell), I learned about this method and decided the life insurance opportunity allowed me to give funds to ASERF in a greater total amount and over a greater length of time so that the generations that come will benefit from it.

ASN:

How has research directly impacted your life or practice?

Dr. Garcia:

ASAPS/ASERF as a whole has impacted my life and practice by giving me the tools to become a good plastic surgeon that can offer my patients the latest, safe and effective technologies. Without the conferences and symposia, I would essentially be practicing the same level of plastic surgery I knew back in 1988, certainly much different than what we do now. There is a high level of knowledge, exchange of ideas and camaraderie I have not seen with any other professional organization.

ASN:

Are there any areas of research that would improve your practice or the field of aesthetic plastic surgery?

Dr. Garcia:

I think the development of a unified standard for fat injections that can make the results as predictable as off-the-shelf fillers is something that would greatly impact the journeyman plastic surgeon like me.

Please contact Tom Purcell, Director of Development at Tom@surgery.org if you would like to learn more about donating to ASERF.

The Aesthetic Meeting 2013—Bringing the kids

The Aesthetic Meeting 2013 will be jam-packed with courses, scientific sessions, exhibits and interactive learning sessions that will keep you busy and intellectually stimulated for five days in April.

But what about the family? If it's just the two of you (or if you're flying solo this trip) there is no end to the diversions Gotham has to offer. However, you might be wondering about the kids. Will it be overwhelming, is there enough for the pint sized set to do, will they drive me crazy? We suggest that you bring them. Form the Congo Gorilla Forest at the Bronx Zoo to the Top of the Rock at Rockefeller Center, New York rivals any "Magic Kingdom" for kid friendly fun and throws in a healthy dose of learning too.

My friend Bill who grew up in New York wouldn't raise kids anywhere else. "By the time you're ten or so, you know the subways pretty well and can go anywhere in the city you want". While we don't suggest letting your kids roam the subways alone, we do suggest the following venues that will be fun for all of you.

Itinerary One: Central Park and the Upper West Side

Central Park Zoo

Start your adventure at the Central Park Zoo located between 63rd and 66th Streets just a few yards from 5th Ave. Here you'll find over 130 different species ranging from giant Polar Bears to the open-air tropical aviary. A walk around the Zoo's five plus acres will take

you through a variety of habitats, all carefully designed to recreate the natural environment of the animals they house. Be sure to check out the renovated Polar Seabirds exhibit with their 6 new King Penguins and the Children's Zoo's newest member - A newborn baby Mini-Nubian Goat!

The zoo was also featured in the animated films *Madagascar* (2005), *The Wild* (2006), *Madagascar: Escape 2 Africa* (2008), and *Madagascar 3: Europe's Most Wanted* (2012), as well as in the animated series *The Penguins of Madagascar*. The 2011 live-action film *Mr. Popper's Penguins* also featured Central Park Zoo as well as another Central Park icon, the Tavern on the Green (now, sadly, gone).

If you're feeling athletic (and the weather's nice) you can cut diagonally through the Park, passing iconic sights like Central Park Lake to the Park's West 77th Street entrance where you will cross Central Park West and find yourself at our next location:

American Museum of Natural History Central Park West at 79th St

Located at the heart of New York's lovely upper west side, The American Museum of Natural History, according to the publication *Time Out* is "Home to the largest and arguably most fabulous collection of dinosaur fossils in the world, AMNH's fourth-floor dino halls have been blowing kids' minds for decades. The thrills begin when you cross the threshold of the Theodore Roosevelt Rotunda, where you're confronted with a towering barosaurus rearing up on its hind legs to protect its young

from an attacking allosaurus—an impressive welcome to the world's largest museum of its kind. The newly opened Hall of Human Origins boasts a fine display of your old cousins, the Neanderthals. The Hall of Biodiversity examines world ecosystems and environmental preservation, and a life-size model of a blue whale hangs from the ceiling of the Hall of Ocean Life. The impressive Hall of Meteorites was brushed up and reorganized in 2003. The space's focal point is Ahnighito, the largest iron meteor on display anywhere in the world, weighing in at 34 tons (more than 30,000kg). The spectacular \$210 million Rose Center for Earth & Space—dazzling at night—is a giant silvery globe where you can discover the universe via 3-D shows in the Hayden Planetarium and light shows in the Big Bang Theater."

Itinerary Two: A Little Princess' Perfect Day in NYC

Breakfast at the Plaza Hotel

Start your day with breakfast at the Plaza Hotel (Fifth Avenue at Central Park South) and its famous Palm Court where afternoon tea has been a tradition since the early part of the last century. There's a special kids menu called the Eloise menu (named after the children's books about an impish little girl who lives at the Plaza,) that offers such treats as "Waffles Si Vous Plait" for small guests with discerning palates.

FAO Schwarz

Head out the main doors of the Plaza look diagonally across the street and see FAO Schwarz, which, according to their website "(is) bringing the 150-year legacy of the beloved brand to life for visitors of all ages". You've been warned!

The American Girl Doll Store

From there window shop your way down Fifth Avenue until you reach the American Girl Doll Store at 49th and 5th. Your little princess, can take her little princess to the doll hair salon, or the photo studio, and if the doll has any scrapes or tears there is a doll hospital on sight as well.

Serendipity 3

End the day with a frozen hot chocolate at Serendipity 3 at 60th Street between 2nd and 3rd Avenue. The restaurant has been the scene of several films, including the 2001 romantic comedy *Serendipity*.

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Med Spas

The Opportunity

Plastic Surgeons, by virtue of their higher level of training, can separate themselves from the crowd of lesser-qualified “practitioners.” This point of differentiation should be emphasized in any consumer marketing campaign. Plastic surgeons have the most sophisticated knowledge of medical, surgical and laser procedures involving the skin and management of pigmentary disorders.

From a technical standpoint, many of the procedures, including injecting fillers or operating a laser according to the manufacturer’s guidelines, are not inherently complex. Assessing the patient’s needs, however, or performing a procedure optimally, are things that cannot be learned in a short course or from an operator’s manual. The consumer should be made aware of this.

Plastic surgeons really have two choices: focus only on cosmetic surgery (invasive procedures), or broaden their services and create a med spa, offering popular, less expensive non-invasive procedures. If they choose the latter, they should realize that a different consumer marketing approach is needed, and that they will be competing with a lesser trained group of practitioners.

About The Study & Marketdata

Marketdata Enterprises, Inc., is a 34-year old market research firm that publishes business studies on a wide range of service sectors. A report Table of Contents is available by mail, Fax, email or the Web. Contact: Marketdata Enterprises, Inc., Tampa, FL, (813-907-9090), or see www.marketdataenterprises.com.

Medical Spas: A Market Analysis, Nov. 2012, is a 127-page analysis covering the nature of the med spas business, market structure, types of procedures performed/consumer demand, market size-2016 forecasts, spa operating ratios, franchising, laser mfr: profiles and more. Survey data from ISPA, the Day Spa Assn., the Medical Spa Society, consultants and other sources are integrated into the report. Readers of this article will receive a 20% discount off the regular price.

Putting Patient Safety First Benefits Everyone

PERFORMANCE · EFFICIENCY
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The Aesthetic Society’s Patient Safety Committee would like to remind you that an increased focus on patient safety leads to enhanced surgical performance and efficiency.

When a surgeon puts safety first, patients are better satisfied, resulting in more referrals, which ultimately impacts your bottom line.

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of
Safety

“Primum non nocere” — First do no harm



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Dr. Marisa Lawrence: Inspired to Serve



Philanthropic activities are nothing new to Aesthetic Society members. From personal contributions to charity to establishment of international programs, your colleagues are involved in a number of ways that give back to the community and to humanity at large.

ASN recently caught up with member Marisa Lawrence, MD, an aesthetic surgeon practicing in Atlanta who not only has participated on mission trips conducted by others but has actually started Missions of her own. Inspired by Dr. Harold Adolph, who founded the SODDO Hospital in Ethiopia, www.soddo.org, Dr. Lawrence and her husband, also a physician have made eight mission trips so far.

We recently caught up with this busy aesthetic surgeon to get more information on her charitable activities:

What was the impetus for beginning these mission trips?

My children have participated in mission trips through our church for many years. After one of these trips my daughter described their service at a public children's hospital and suggested that I could be of help.

My husband and I subsequently joined several trips where we brought medical supplies for the local hospitals, conducted impromptu clinics, and funded a water pump for a village of 2500 woman and children who had a well but no way to access the water.

Coincidentally, while travelling, we met Dr. Harold Adolph, a career medical missionary, who founded the SODDO Hospital in Ethiopia. His story inspired us and we became volunteers with Global Health Global Health Observatory (GHO) a part of the World Health Organization (WHO) which led us to Nicaragua and Haiti.

You have self-financed your most recent trip with assistance from industry. Could you provide some details?

The trips with GHO were expensive and this prohibited needed team members from participating.

While in Nicaragua we found an outpatient surgery center in Chinandega, which was built by a charity organization and abandoned because of cost. Through a local organization

While in Nicaragua we found an outpatient surgery center in Chinandega, which was built by a charity organization and abandoned because of cost. Through a local organization we were able to rent the facility and meet local doctors, who sent surgical cases for us to evaluate.

we were able to rent the facility and meet local doctors, who sent surgical cases for us to evaluate.

In Haiti, we also partner with a local organization that has its own clinics, and we pay for the use of the public hospital facilities. We have been fortunate to receive donated supplies from vendors such as Kimberly Clark and Cardinal Health. Other supplies and equipment we purchase from suppliers such as MedShare, for a reasonable price.

My husband and I usually pay for the transportation, room, and board for the surgical technicians and nurses that we need to assist us.

How long is a typical trip and approximately how many surgeries can be done?

Trips range from 1–2 weeks. Our surgery team is able to perform 25–30 procedures per week and our medical team sees close to 200 patients per week.

Do you travel with a US-based team, use a locally-based team or some combination of both?

The teams are mostly US-based and comprised of different people for each trip. We generally find it hard to find anesthesiologists and hire local doctors to help us. We also rely on the local nurses for post-operative assistance.

How can the average member get involved?

Contact us at mlawrence@cosmeticsurgery.cc or visit cosmeticsurgery.cc

Marisa Lawrence, MD is an aesthetic surgeon practicing in Atlanta.





Aesthetic Surgery Journal Bestows “Best Paper” Awards for 2012

Each year, the Editorial Board of Aesthetic Surgery Journal selects 2 Best Papers winners (1 International, 1 North American) from amongst the many strong research, clinical, and special topic articles published in the pages of The Gold Journal. These articles are consistently listed as some of the “Most Read” and “Most Cited” articles on our website. They represent some highlights of what ASJ has to offer you as you search for latest technique-specific, highly-relevant articles in cosmetic surgery to help you expand and refine your clinical practice.

The 2012 winners are listed below, and the awards will be presented on Friday, April 12 at The Aesthetic Meeting in 2012. We encourage you to attend the ceremony, congratulate your colleagues, and be sure to read their articles in print, online, or on the RADAR Resource iPad app.

Best North American Article **High-Resolution Ultrasound in the Detection of Silicone Gel Breast Implant Shell Failure: Background, In Vitro Studies, and Early Clinical Results**

Bradley P. Bengtson, MD, FACS; and
Felmont F. Eaves III, MD, FACS
(January 2012)

Best International Article **Facial Rejuvenation Surgery: A Retrospective Study of 8788 Cases**

Ivo Pitanguy, M; and
Bárbara H. B. Machado, MD
(May 2012)

In a second award competition, ASJ selects 2 winners of a Resident and Fellow Paper Competition (1 Best Research Paper and 1 Best Clinical Paper). The competition takes place from April to August and winners are selected at the end of the year.

The 2012 winners will be published in a 2013 issue of the journal, so look for the following articles this year:

Tuberous Breast Correction by Fat Grafting

Christophe Ho Quoc, MD; Emmanuel Delay, MD; and Raphael Sinna, MD

Anti-Inflammatory Properties of Adipose-Derived Mesenchymal Stem Cells

Summer Hanson, MD; Jaehyup Kim, MD; and Peiman Hematti, MD

Please encourage your residents and fellows to register with ASAPS for complimentary access to ASJ for the duration of their enrollment. International residents should contact Melissa@surgery.org to be notified when free access trials occur.

Visit the ASJ/ASAPS booth at The Aesthetic Meeting for the latest information about “The Gold Journal.” We welcome your feedback!

New!

The ASSI® Walden Breast Marker



The Walden Breast Marker, made of thin but durable wire, is a useful tool for preoperative breast marking whether for reduction or mastopexy. The 14 cm circumference mosque pattern aids with creating a circular nipple-areola complex with less eccentricity and need for tailoring after inset, and is useful for marking both vertical and pattern of Wise reductions.

The vertical limbs set at 7 cm with shorter gradations are an ideal length, with 90 degree angles pointing laterally to aid in marking the takeoff of horizontal limbs in pattern of Wise reductions.



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Media Notes & Quotes

In 2012, 72% of the 330,631 breast-augmentation procedures in the U.S. used silicone implants, while 28% used saline, or sterile salt water. In 2006, the year the ban was lifted, only 19% of procedures used silicone, according to new statistics released Tuesday by the American Society for Aesthetic Plastic Surgery, a group of more than 2,600 plastic surgeons... The typical breast-augmentation patient is in her “mid-to-late 30s who has had one or more children,” says Leo R. McCafferty, a plastic surgeon in private practice in Pittsburgh and the president of the American Society for Aesthetic Plastic Surgery. “They are interested in having their breasts back to the way they were,” he says. Just 1.1% of all procedures were done on women 18 and younger in 2012, according to the new statistics. Regardless of their age, Dr. McCafferty says he likes to see his patients yearly for follow-ups, for life, to check for any changes. If there is concern of a rupture, an ultrasound or MRI will be done. (A tear can usually be seen on a scan.)

Once Banned, Silicone Breast Implants Make a Comeback

The Wall Street Journal

March 12, 2013

When most people think of Botox, they think of how it erases frown lines between the brows and makes crow's feet disappear. But Botox is more than just a cosmetic fix. “The mechanism of action is the same. [Botox treats] so many indications and various problems—cosmetic and overactive muscles,” says Dr. Anthony Youn, an ASAPS member. For some migraine sufferers, traditional treatments fail and they experience extreme pain. Plastic surgeons, like Dr. Anne Taylor, noticed that some of their patients who used Botox for wrinkles would schedule visits when they felt migraines starting. “I had been in practice for 15 years before it was released for migraines and I [had patients who said] ‘I have a migraine coming’ and had to come in and get Botox,” explains Taylor an associate professor at the Ohio State University Medical Center.

Botox, Botox everywhere: Best spots for the drug may be anywhere but your forehead

NBC News

January 2013

Continued From Page 22

Bringing the Kids

Itinerary Three: I'll Take Manhattan

If you are staying at any of The Aesthetic Meeting's host hotels you'll find that great antidote to “Mom, I'm bored” the hotel pool. Our third suggested itinerary begins there, includes lunch at Carmine's Midtown, a big old fashioned Italian place at 200 W. 44th St. and head over to the piers at West 43rd Street and 12th Avenue for the famous

Beast Speedboat Ride

From their web listing: “Hold onto your hats and get ready for the ride of your life! Take a ride in a thrilling speedboat on the Beast that races through New York harbor at 45mph. It's a rollercoaster, a water ride and 30 fun-filled minutes of high-speed cruising all in one! Meet Mad Dog and Wild Thing, your comic captains, and embark on an exciting trip filled with spectacular views and music. There is a quick stop at the Statue of Liberty for a super close-up photo opportunity.” Since both Lady Liberty and Ellis Island are indefinitely closed due to hurricane Sandy, this is one of the next best ways to being there and enjoying Manhattan's natural harbor which is why Peter Minuit bought the island in the first place.

The Intrepid Sea, Air, & Space Museum Complex

If you have not had your fill of the NYC waterfront head over to the Intrepid Sea, Air and Space Museum complex. The Museum is centered on the aircraft carrier Intrepid (CVS-11), one of the most successful ships in US history, and now a national historic landmark and one of the most unique attractions in New York City. In 1943, Intrepid was commissioned and served proudly in World War II. She went on to serve as one of the primary recovery vessels for NASA, three tours of duty off Vietnam, and submarine surveillance in the North Atlantic during the Cold War. Today she continues her service as a premiere educational center and a monument to all who have served our nation in uniform.

The Museum features a range of interactive exhibits and events providing a snapshot of heroism, education, and excitement. Children and adults alike find themselves immersed in and inspired by the Museum's exhibits, which range from thrilling historical re-creations such as Kamikaze: Day of Darkness, Day of

Light, to new interactive displays. Visitors also can ride in the A-6 Cockpit Simulator, visit the Virtual Flight Zone, and tour the inside of the Growler Submarine.

Top of the Rock Observation Deck at Rockefeller Center

Not as crowded as the Empire State Building and closer to Times Square, the views can't be beat.

Itinerary Four: Leaving Manhattan

Is little Penelope or Oliver stressed by the hustle and bustle of the city? No problem. Ask your hotel staff person the best way to get to:

The Bronx Zoo

As the nation's largest metropolitan wildlife preserve, this world famous zoo boasts more than 4,000 animals on its sprawling 265 acres of land—much of which has been transformed into unique habitats for zebras and other unique creatures. The Congo Gorilla Forest is particularly noteworthy: Home to two families of lowland primates, it's the largest facsimile of an African rain forest on the planet. Other highlights include daily sea lion feedings and bee-eating birds that catch their prey in mid-flight. Be sure to catch Tiger Mountain to check out the daily keeper demonstrations with the giant Siberians, or venture through the indoor, tropical Asian rainforest at Jungle World. 2300 South Blvd, Bronx, NY 10460

Arthur Avenue

If you worked up an appetite walking around the zoo, head to Arthur Avenue. Many New Yorkers consider Arthur Avenue the real Little Italy of New York, the best place for bread, pasta, meat, pastries, espresso machines, the only place to buy Italian sausage, and more.

The above suggestions just scratch the surface of what this fabulous city has to offer. Your hotel staff can help you plan a child-friendly day that offers any number of activities for the kids. There are only two things to remember: enjoy the Meeting and have fun!

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About Membership

The recent split from ASPS has raised some preliminary questions among members. Below are answers to questions we received regarding membership:

Do I have to be a member of ASPS to be a member of the Aesthetic Society?

No. Membership in ASPS is NOT required to be an Aesthetic Society member.

Do I need to be a member of a professional organization to maintain my Board Certification?

A doctor does not need to be a member of any professional society to maintain their board certification.

What impact will this decision have on my ASAPS membership?

This "separation" will have NO impact on our member's membership in ASAPS

Should I resign my ASPS membership?

A plastic surgeon should be a member of any organization where they believe they receive value for their dues.

Do I need to be a member of a professional organization in order to obtain CME?

No. Earning CME credits is not associated with any Society membership.

Continued From Cover

2012 Procedural Statistics

Nonsurgical procedures accounted for 83% of the total number of procedures performed representing 39% of total expenditures. The top five minimally-invasive procedures were:

- Botulinum Toxin Type A (3,257,913 procedures)
- Hyaluronic acid (1,423,705 procedures)
- Laser Hair Removal (883,893 procedures)
- Microdermabrasion (498,821 procedures)
- Chemical Peel (443,824 procedures)

The Aesthetic Society, which has collected plastic surgery procedural statistics since 1997, says the overall number of cosmetic procedures has increased 250 percent since the tracking of the statistics first began.

"We are confident that these statistics continue to accurately report cosmetic procedure trends as reported by the physicians who are most likely to perform them," said Leo R. McCafferty, MD, President of the American Society for Aesthetic Plastic Surgery. "For the past 16 years, the interest in and demand for cosmetic plastic surgery has risen exponentially and our comprehensive statistics continue to show that."

This is the second year the survey asked the doctors for the total number of non-surgical procedures being performed in their practices by BOTH physicians and their physician assistants and nurse injectors. Below is the TOTAL number of procedures performed in the practices surveyed:

Botulinum Toxin Type A: 4,125,179
Hyaluronic Acid: 1,806,806
Laser Hair Removal: 1,224,920
Microdermabrasion: 672,430
IPL Laser Treatment: 489,462

"In 2012, breast augmentation replaced liposuction as the most popular surgical procedure. This might have something to do with the increased popularity in silicone gel implants since their return to the market in 2010," said Dr. McCafferty. "According to the Society's statistics in 2006, 383,886 breast augmentation procedures were performed and of those 81% were saline implants and 19% were silicone. In 2012, 330,631 breast augmentation procedures were performed and of those only 28% were saline implants and 72% were silicone."

Women had almost 9.1 million cosmetic

procedures, 90% of the total. The number of cosmetic procedures for women increased over 252% from 1997. The top five surgical procedures for women were: breast augmentation, liposuction, tummy tuck, eyelid surgery, and breast lift.

Men had almost 1 million cosmetic procedures, 10% of the total. The number of cosmetic procedures for men increased over 106% from 1997. The top five surgical procedures for men were: liposuction, rhinoplasty, eyelid surgery, breast reduction to treat enlarged male breast, and ear shaping.

ASAPS, working with an independent research firm, compiled the 16-year national data for procedures performed 1997-2012. A paper-based questionnaire was mailed to 23,000 Board-Certified physicians (9,300 Dermatologists, 8,300 Otolaryngologists, and 5,400 Plastic Surgeons).

An online version of the questionnaire was also available. A total of 837 physicians returned questionnaires, of which 65 were retired or otherwise inactive during 2012. Of the 772 active respondents, the sample consisted of 365 Plastic Surgeons, 286 Dermatologists, and 121 Otolaryngologists).

Final figures have been projected to reflect nationwide statistics and are based exclusively on the Board-Certified Plastic Surgeons; Otolaryngologists; and Dermatologists. The findings have been aggregated and extrapolated to the known population of 25,750 active physicians who are Board Certified in these specialties. Though the confidence intervals change by procedure, depending on the grouping's sample size and the response variance, the overall survey portion of this research has a standard error of +/- 3.47% at a 95% level of confidence.

To obtain a full copy of the report log onto the media section of the Society's website surgery.org

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After-Tax Financial Efficiency

- **Get the Best of Both Worlds—Use Multiple Entities.** Very few plastic surgery practices use more than one entity for the operation of the practice... and, if they do, it is simply to own the practice real estate. While this tactic is also wise from an asset-protection perspective, its tax benefits are typically non-existent.

Successful practices can often benefit from a superior practice structure that includes both an “S” and a “C” corporation. This can create both tax reduction and asset protection advantages. If you have not explored the benefits of using both an “S” and “C” corporation to get the best of both worlds in planning, now is the time to do so. Utilizing a two-entity structure properly can create a \$10,000-40,000 annual improvement.

Maximizing Tax-Deductible Benefits for the Doctors in the Practice

If you are serious about capturing “dollars left on the table,” tax efficient benefit planning must be a focus. Benefit planning can definitely help you reduce taxes, but that is not enough. Benefits plans that deliver a disproportionate amount of the benefits to employees can be deductible to the practice, but too costly for the practice-owners. These plans can be considered *inefficient*. To create an efficient benefit plan, surgeons need to combine qualified retirement plans (QRPs), non-qualified plans and “hybrid plans.”

Nearly 95% of the physicians who have contacted us over the years have some type of QRP in place. These include 401(k)s, profit-sharing plans, money purchase plans, defined benefit plans, 403(b)s, SEP or SIMPLE IRAs, and other variations. This is positive, as contributions to these plans are typically 100% tax deductible and the funds in these plans are afforded excellent asset protection. However, there are two problems with this approach: i.) many QRPs are outdated; and ii.) QRPs are only one piece of puzzle.

First, most surgeons have not examined their QRPs in the last few years. The Pension Protection Act recently improved the QRP options for many plastic surgeons. In other words, many of you may be using an “outdated” plan and forgoing further contributions and deductions allowed under the most recent

rule changes. By maximizing your QRP under the new rules, you could increase your deductions for 2013 by tens of thousands of dollars annually, depending on your current plan.

Second, the vast majority of plastic surgeons begin and end their retirement planning with QRPs. Most have not analyzed, let alone implemented, any other type of benefit plan. Have you explored fringe benefit plans, non-qualified plans or “hybrid plans” recently? The unfortunate truth for many plastic surgeons is that they are unaware of plans that enjoy favorable short-term and long-term tax treatment. These can have annual tax advantages that vary widely (\$0-50,000) and also have varying degrees of long term tax value as well. If you have not yet analyzed all options for your practice, we highly encourage you to do so.

Utilizing Captive Insurance Arrangements

For practices with gross revenues over \$3 million, a small captive insurance arrangement might be significant way to recapture “dollars left on the table.” Today, there are likely many risks in your practice that are going uninsured—from excess malpractice, economic risks, employee risks, and litigation defense risks from any number of audit or fraud claims. Like most surgeons, you likely just save funds personally and hope that these risks don’t come to fruition. As a result of your *de facto* “self-insurance,” you are not taking advantage of the risk management, profit enhancing and tax reduction benefits that are available to you with a captive.

By creating your own captive insurance company (CIC), you can essentially create a pre-tax war chest to manage such risks. If structured properly, the CIC enjoys tremendous risk management, tax and asset protection benefits. The potential tax efficiency, in fact, can be in the hundreds of thousands of dollars annually. While an experienced law firm, captive management firm, and asset management firm are crucial, you as the captive owner can maintain control of the CIC throughout its life. It can then become a powerful wealth creation tool for your retirement.

Conclusion

Nearly every one of you reading this article would like to be more tax efficient, especially with a new higher tax regime in place for 2013 and beyond. We hope these new tax rules motivate you to make tax and efficiency planning a priority, so you too can recapture the “dollars left on the table.” We welcome your questions.

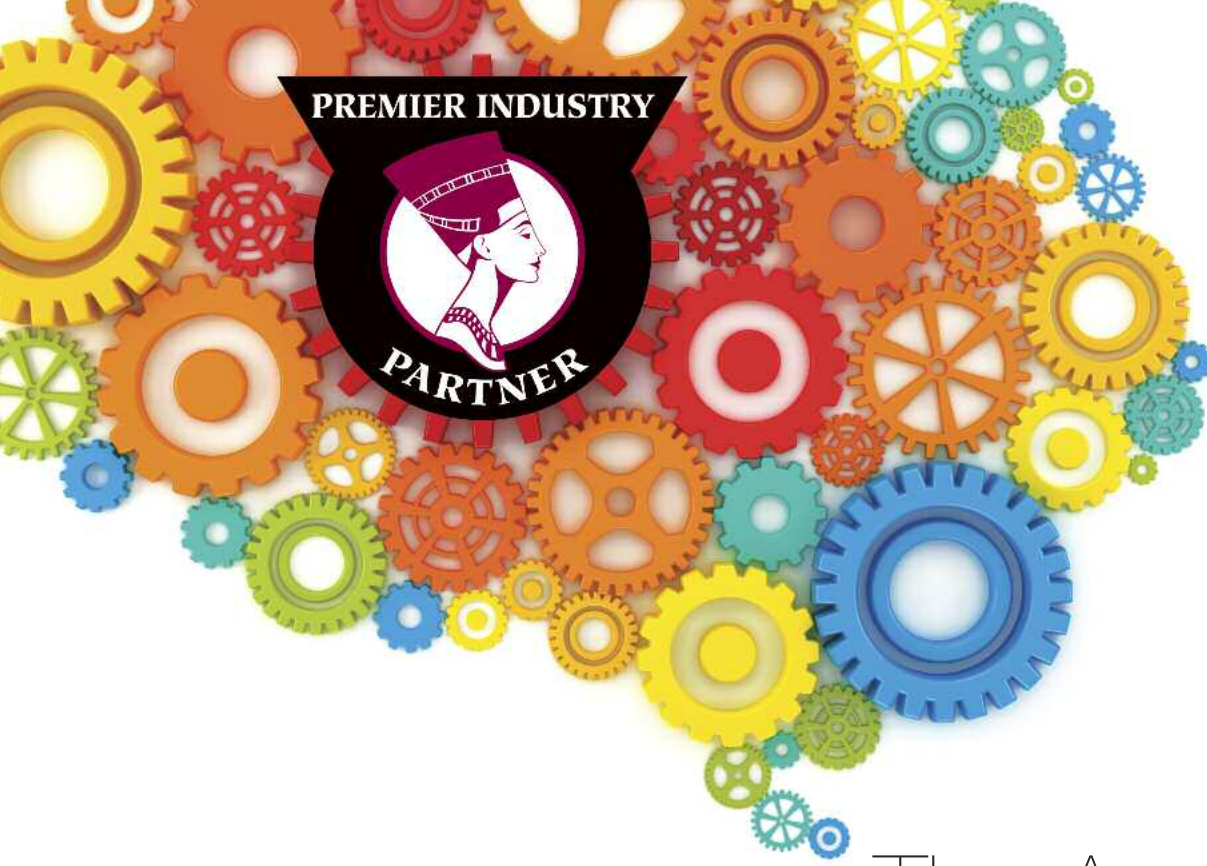
David B. Mandell, JD, MBA, is an attorney and author of five national books for doctors, including “FOR DOCTORS Only: A Guide to Working Less & Building More,” as well a number of state books. He is a principal of the financial consulting firm OJM Group (www.ojmgroup.com), which works collaboratively with plastic surgeons and their CPAs nationwide. Carole C. Foss, CPA works as a tax consultant for OJM Group. They can be reached at 877-656-4362 or mandell@ojmgroup.com.

Disclosure:

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