

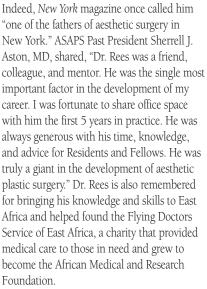
Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

Volume 18, Number 1 • Winter 2014

Thomas D. Rees, MD: A Lasting Legacy

embers of the aesthetic plastic surgery specialty around the world were saddened to learn of the passing of Thomas D. Rees, MD, at age 86 of liver cancer. Dr. Rees was an honored leader in the field of aesthetic plastic surgery, pioneering new techniques and advancing education at a time when aesthetic plastic surgery was not widely supported.



Dr. Rees joined the American Society for Aesthetic Plastic Surgery in 1970 and dedicated his life to furthering the field of aesthetic surgery, becoming President of the Society in 1980. "He came in and brought credibility and authority to an organization in need of



respect from organized surgery," said Jack Fisher, MD, President of the Aesthetic Society. "This opened doors for well-trained surgeons in America to be part of the new identification with aesthetic surgery."

Dr. Rees was honored by the Aesthetic Society with a Walter Scott Brown Award for Best Video (1982), a

Distinguished Service Award (1990), the In Chul Song Award for Philanthropic Service (1996), and finally the ASERF Career Achievement Award in 2010. Daniel C. Morello, MD, FACS, another ASAPS Past President, remembers, "After I trained with Tom, we remained in contact for almost 40 years. He wrote to me that receiving the ASERF Career Achievement Award 'was clearly the highlight of my life. It means so much to me to know that I have given a little piece of me to so many who have been friends and not just students passing through my life.' I believe his greatest attribute was his willingness, indeed joy, in imparting his knowledge of aesthetic surgery to those who trained with him. He focused not just on surgical technique, but on decision-making as well. He not only taught us well but inspired us to teach others and to contribute to our specialty. I stood on his shoulders my entire career."

ASAPS Past President Fritz E. Barton, Jr., MD, FACS relates, "Dr. Rees was one of the first to break the silence of the secrets of

Continued on Page 7

ASAPS Members: Your Vote Is Needed!

By Jack Fisher, MD

embers of the Aesthetic Society, please make plans to attend a webinar on Wednesday, February 19, 2014, at 5:00 p.m. Pacific/8:00 p.m. Eastern, focused on proposed Bylaws changes. As ASAPS has a great opportunity for growth, based on recommendations from members and feedback from candidates and other potential members, the board approved a proposal from the Membership Task Force

Continued on Page 27

Hurry for Early Bird Savings

Early Bird Registration for The Aesthetic Meeting 2014 ends January 27. Register today!

www.surgery.org/meeting2014



AIM

Your Pathway to Higher Learning

New—AIM (Aesthetic Immersion Modules) At The Aesthetic Meeting 2014

ASAPS takes higher education to a whole new level with these multi-year courses, maximizing interaction with faculty. Page 9

Membership Facts

Some people think that ASAPS and ASPS have the same members.

The fact is, some surgeons are members of both while others choose one or the other. ASAPS provides superior aesthetic education and resources designed to enhance your surgical skills and grow your aesthetic practice. WE ARE AESTHETICS.

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BY ZEIN OBAGI, MD -



Aesthetic Society News

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





The Aesthetic Surgery Education and Research Foundation

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ASAPS Members Forum: www.surgery.org/members

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ASAPS Calendar

Joint Sponsored/Endorsed Events

January 23–25, 2014

ASAPS Las Vegas 2014 Aesthetic Symposium - Fat, Fillers, and Facts in Facial Rejuvenation

The Bellagio Hotel Las Vegas, NV Tel: 562.799.2356 www.surgery.org/lasvegas2014

January 30, 2014

Intercontinental Hotel

7th Annual Oculoplastic **Symposium**

Atlanta, GA Tel: 435.901.2544 www.sesprs.org/meetings

January 31–February 2, 2014 30th Annual Breast Surgery Symposium

Intercontinental Hotel Atlanta, GA Tel: 435.901.2544 www.sesprs.org/meetings

February 4–8, 2014

Rejuvenation of the Aging Face 2014

Manchester Grand Hyatt San Diego, CA

Tel: 540.374.8111

https://members.aafprs.org/downloads/ Meetings/AgingFace2014Preliminary.pdf

February 13–15, 2014

48th Annual Baker Gordon **Educational Symposium**

Hyatt Regency Hotel Miami, FL

Tel: 305.859.8250

www.bakergordonsymposium.com

February 23–27, 2014

6th American-Brazilian Aesthetic Meeting

Jueree Hotel Florianopolis, Brazil Tel: 435.729.9459

www.americanbrazilianaesthetic meeting.com

March 5-6, 2014

17th Annual Dallas Cosmetic **Surgery Symposium**

Westin Galleria Hotel Dallas, TX

Tel: 214.648.2154

www.dallascosmeticsvmposium.com/ announcements

March 7-9, 2014

31st Annual Dallas Rhinoplasty **Symposium**

Westin Galleria Hotel Dallas, TX

Tel: 214.648.2154

www.dallascosmeticsymposium.com/ announcements

April 24, 2014

The Rhinoplasty Society 19th Annual Meeting

San Francisco Marriott Marquis San Francisco, CA Tel: 904.786.1377 www.rhinoplastysociety.org

April 24–26, 2014

Society of Plastic Surgical Skin Care Specialists - Skin Care 2014

The Palace Hotel San Francisco, CA Tel: 562.799.0466 www.spsscs.org/meeting2014

April 24-29, 2014

The Aesthetic Meeting 2014

Moscone Convention Center San Francisco, CA Tel: 562.799.2356 www.surgery.org/meeting2014

June 18-22, 2014

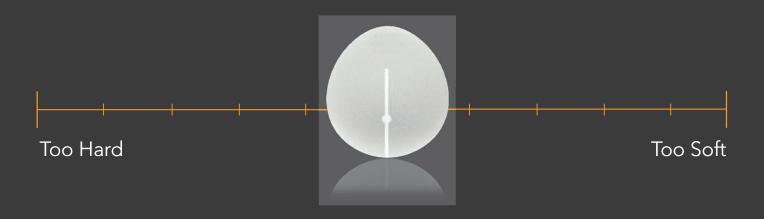
Vegas Cosmetic Surgery Symposium

The Bellagio Hotel Las Vegas, NV Tel: 859.281.-5665

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President's Report



Exciting ASAPS Updates

Jack Fisher, MD

'm pleased to welcome you to this winter edition of *Aesthetic Society News* and hope to see you January 23–25 at the ASAPS Las Vegas 2014 Aesthetic Symposium. You may register onsite, and I urge you to consider attending what is sure to be an outstanding educational opportunity.

Likewise, the Aesthetic Society's annual signature event, The Aesthetic Meeting 2014, is occurring April 24–29 in San Francisco, and I want to make sure you're aware of our newest educational initiative launching with this meeting. ASAPS Aesthetic Immersion Module program, also known as AIM, is sure to be an exciting and rewarding experience for both educators and participants alike. Essentially, one may sign up for a course of study, such as face, breast, or body, and take a series of courses within a 5-year period with the same group of fellow participants. Included in this are ongoing discussion opportunities with the course leader, webinars, and more, allowing for optimal exchange of ideas and learning. Fulfilling the requirements of the AIM course culminates with a certificate of completion, and you'll find more information on this exciting new offering on page 9.

ASAPS Active Members are encouraged to attend an upcoming webinar on Wednesday, February 19, 2014, at 5 p.m. Pacific/8 p.m. Eastern, focused on proposed bylaws changes which will affect rules for membership and the evolution of the Candidate Program. The webinar will be followed by an electronic vote, sent out via email. Please be on the lookout for it, as we need your vote! (More information about these changes can be found on page 1.)

"ASAPS Active Members: are you using the ASAPS logo?"

ASAPS Active Members: are you using the ASAPS logo? Showing your membership in the Society on your website, stationary, and practice materials adds to your stature and indicates to your patients that you care about continued educational training and patient safety. Let's make sure we're all using the ASAPS



logo to help grow awareness of the Society. Logos can be found at: www.surgery.org/members/member-resources/asaps-memberslogo. If you have questions about how the logo can be used, please see this helpful link: http://bit.ly/laIdLq0

Like you, I find much value in the terrific benefits the Aesthetic Society provides, but even I was surprised to read the entire list of complimentary benefits, a full list of which can be found on page 23. I hope you'll take a moment to ensure you're taking advantage of all that we offer our members.

I was very excited to learn that ASAPS now has over 11,000 followers on Twitter and almost 10,000 "Likes" on Facebook. I encourage you to read about our Society's efforts to establish a vital presence on social media by reading Steven Teitelbaum's article on ASAPS Media Relations Committee on page 25.

Lastly, I was deeply saddened to learn of the passing of Tom Rees, MD. He left a legacy to our specialty that won't be forgotten, and we are better for his contributions. I urge you to read the tribute to him, which begins on the front cover. We each have it within ourselves to create positive changes to both our specialty and The Aesthetic Society, and I hope you'll let me know how we can further improve your membership experience. Thank you!

Jack Fisher, MD, is an aesthetic plastic surgeon practicing in Nashville, Tennessee, and serves as President of the Aesthetic Society.



Membership FAQs

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.

How do I begin the membership process?

You must contact an Active member of the Aesthetic Society and request that they submit a written request on your behalf via email to alicia@surgery.org or the ASAPS Central Office, initiating the membership process for you, the applicant.

Who may sponsor me for membership?

Any Active member of the Aesthetic Society, who is not a family member, an associate and/or partner in the same practice may sponsor you for Active membership.

What are the deadlines for submitting a membership application?

The two deadlines are January 5 and July 1.

When will my application be voted on?

Applications submitted by January 5th, 2014 will be voted on at the 2014 Annual Member Business Meeting to be held Sunday, April 27 in San Francisco.

Applications submitted by July 1, 2014 will be voted on electronically at the end of December 2014.

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.

For additional information/questions, please contact our Membership Manager, Alicia A. Potochniak at alicia@surgery.org or via phone at 562.799.2356.



As the trend in today's abdominoplasties is towards less upper lateral undermining, the upper tunnel has become narrower. During the dissection of this tunnel, it is difficult to maintain countertraction with available instrumentation. The Epstein Abdominoplasty Retractor was designed to assist in the performance of the dissection of the upper abdominal tunnel. The ergonomic handle is easily held by the surgical assistant. It is available in several blade lengths so as to best fit the anatomy of the patient: whether the tunnel is long or short, there is a retractor to provide the best mechanical advantage in yielding exposure and reducing fatigue. The widened, curved working end spreads the tissues of the upper skin flap apart as the teeth gently hold them in place without slippage. The leading edge of the dissection is easily seen and maintained, facilitating effortless cautery elevation of the skin flap from the muscle fascia. The retractor is also extremely helpful in elevating the abdominal skin flap over the narrow tunnel so that the underlying muscle fascia can be plicated.

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- The wide curved working end spreads and holds the tissue of the upper skin flap apart
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- Extremely helpful in elevating the skin flap over the narrow tunnel for muscle fascia plication

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wide working end with teeth and
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140x27mm blade with 60mm
wide working end with teeth and
ergonomic handle

ASSI.ABR31926

Epstein Abdominoplasty Retractor
160x27mm blade with 60mm
wide working end with teeth and
ergonomic handle

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Designed By: Mark D. Epstein, M.D., F.A.C.S., Stony Brook, NY

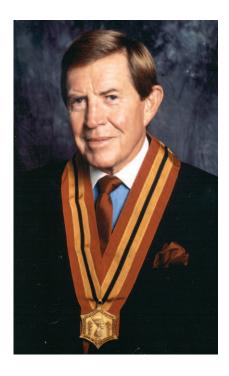
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Thomas D. Rees, MD: A Lasting Legacy



cosmetic surgery, and openly teach the next generation. He was, first and foremost, a thoroughly trained physician and surgeon who maintained his commitment to the care of patients. He was a strict mentor with uncompromising standards for those who trained under him. And finally, he brought respect to the sub-specialty of aesthetic surgery. Dr. Rees was an icon and role model for all aesthetic surgeons. He left a progeny of aesthetic surgeons all over the country to help further and preserve aesthetic surgery."

Born in Nephi and raised in Salt Lake City, Utah, Dr. Rees graduated from the University of Utah with a BA in 1946, an MD in 1948, and received an honorary Doctor of Science degree in 2013. Dr. Rees trained in general and plastic surgery at the Genesee Hospital in Rochester, New York, and The New York Hospital-Cornell Medical Center in New York City. Following, he received a fellowship in plastic surgery at the Queen Victoria Hospital in East Grinstead, in Sussex, England.

Inspired by a trip to Kenya, to which he was invited by New Zealand plastic surgeon Sir Archibald McIndoe, Dr. Rees crafted a plan along with McIndoe and Dr. Michael Wood to help bring clinical and surgical care to East

Africa's most underserved regions, leading to the creation of the Flying Doctors of East Africa. As they became aware of other needs, their vision expanded to include public health programs, health education, and training. The Flying Doctors of East Africa is now the largest African-led health development organization, AMREF (African Medical and Research Foundation.) With offices in eleven countries in North America and Europe, AMREF has received numerous awards for its contributions, including the 2005 Gates Award for Global Health.

His initial trip to Kenya began what would become a life-long commitment to Africa and its people. Dr. Rees went on to serve as the Chair of the Board of the U.S. affiliate of AMREF, and almost every year Dr. Rees and his wife visited Africa, because they cared so deeply for its people. He wrote a memoir about his experiences, *Daktari: A Surgeon's Adventures with the Flying Doctors of East Africa*, which is available on Amazon.com.

Dr. Rees's philanthropic efforts are matched by his prowess and stature in the aesthetic plastic surgical field. He established his plastic and cosmetic surgery practice in New York City in 1957, at a time when there were only a handful of practicing plastic surgeons. "There was a time when cosmetic surgery was looked at as being rather frivolous," ASAPS past president Sherrell Aston, MD, recounted to *The New York Times*; Dr. Rees was "one of the true giants in the specialty." Throughout his career, Dr. Rees mentored thousands of plastic

surgeons, as well as organizing and cochairing an annual Symposium on Aesthetic Plastic Surgery in New York City. Further, Dr. Rees was a clinical professor of plastic surgery at the New York University School of Medicine, Chairman Emeritus of the department of plastic surgery at MEETH, as well as a

past president of the American Society for Aesthetic Plastic Surgery, and a former director and vice-chairman of the American Board of Plastic Surgery. He was a frequent lecturer at medical institutions, symposia, and forums all over the world, and the author of more than 140 medical articles and six medical texts, including the two-volume *Aesthetic Plastic Surgery*, long considered the bible for surgeons in training.

Dr. Rees retired to Santa Fe in the mid-1980s and is survived by his son, Thomas D. Rees, Jr., daughter, S. Elizabeth Rees, brother, J. Richard Rees, MD, and his nieces and nephews. He was preceded in death by his wife, Nan, and son, David M. Rees. His ashes will be joined with his wife's and scattered in their beloved East Africa.

ASAPS Past President Robert Singer, MD, notes that Dr. Rees was "a great surgeon, physician, and—more importantly—a great human being who led a wonderful life. Dr. Rees was a person I genuinely admired."

The Aesthetic Society honors the many contributions Dr. Rees made on behalf of the aesthetic plastic surgery specialty and sends our condolences to his family.

For an interview with Dr. Rees, please visit RADAR Resource on the AnzuMedical app. On the "ASAPS History" bookshelf, the video can be found in the "Dr. Tom Rees" folder. A video interview with Dr. Rees can be found at: www. surgery.org/members/thomas-rees-md-passes-away.







Registration is Open: The Aesthetic Meeting 2014

San Francisco—Building the Bridge Between Art and Science By James C. Grotting, MD

'm happy to announce that registration is now open for The Aesthetic Meeting 2014 in San Francisco, CA, April 24-29. You may register online at www.surgery.org/meeting2014. We're gearing up for a great time, as our interactive Scientific Sessions will feature an audience response system, there are wonderful hands-on cadaver workshops, and, as always, live demonstrations and courses taught by the finest surgeons and professionals in the specialty.

New at The Aesthetic Meeting

While all programs are exceptional, here are some new educational highlights occurring during the Scientific Sessions:

- Dueling Videos. We have the opportunity to view videos with different schools of thought, in "Body Lift-Marking to Simplify Execution" and "High Lateral Tension vs. Traditional Abdominoplasty."
- Panel Discussion with Audience Response: "I Can Fix That—Solutions for Challenges for Which There are No Solutions." Join with fellow surgeons to come up with solutions when none are easily apparent! (See page 10 for more information on "I Can Fix That.")
- · Panel Discussion: New Members with Difficult Cases. For new Aesthetic Society members, of 5 years or less, send in your difficult cases, and a panel will share their insight.

AIM: Your Pathway to Higher Learning

One new educational opportunity I'm very excited about is the AIM Certificate Program. Standing for Aesthetic Immersion Modules, AIM allows students to pick a course tract (Face, Body, Breast, Rhinoplasty) and learn from your instructors and fellow students over the course of the next five years. This innovative in-depth approach to learning is new this year and more information can be found at www.surgery.org/AIM. (More information on AIM can be found on the adjoining sidebar.)

The Aesthetic Meeting Essentials

Of course, we've retained many of your favorite courses, including Cosmetic Medicine, Premier Global Hot Topics, the Research

Luncheon, and we've brought back Cocktails and Complications. Also, free for your staff is Tuesday's The Business Side of Aesthetic Surgery and Medicine, which is loaded with great practice tips, useful information, and practice management exhibits.

In the Aesthetic Marketplace, don't miss over 200 technical and scientific exhibits. including the ASERF Silent Auction. This auction features products and services for your practice available at a fraction of their normal pricing, with all proceeds from the auction will support the efforts of ASERF to build a plastic surgical data hub. This year, you can also bid remotely, so everyone can join in the fun. Also in the Aesthetic Marketplace, make sure to catch the short presentations at the Practice Changers Theaters, which were a big hit in New York.

You can earn up to 50.75 AMA PRA Category 1 credits.TM Attend the entire 2014 Scientific Session and earn 21.75 CME credits, of which 8 are patient safety CME. An additional 16.25 patient safety CME credits can be earned by attending select Optional courses.

I urge you to reserve your hotel room now, as accommodations are filling up quickly. For more information on housing or The Aesthetic Meeting, please visit www.surgery.org/ meeting2014.

We look forward to seeing you at The Aesthetic Meeting 2014 as we meet in San Francisco, CA, April 24-29. Together, by furthering our education and inspiring each other, we can take our specialty to new heights. See you in San Francisco!

James C. Grotting, M.D., is an aesthetic plastic surgeon practicing in Birmingham, Alabama, and is the Aesthetic Society's Vice-President and Chair of the Education Commission.

Reserve your hotel room now, as accommodations are filling up quickly. For more information on housing or The Aesthetic Meeting, visit www.surgery.org/hotel or www.surgery.org/meeting2014.



Your Pathway to **Higher Learning**

NEW—Aesthetic Immersion Modules

With our new Aesthetic Immersion Modules (AIM), your education doesn't stop when the course is over. The new AIM program is perfect for those aesthetic surgeons who want to intensify their learning experience by continuing the dialogue throughout the year.

Learn from recognized leading experts in aesthetic education through interactive settings. Within a 5-year period, attend all three courses in the module, as well as participate in at least two of the webinars. Those who fulfill the requirements will receive an AIM Certificate of Completion in their field of study.

Here's what you do:

Look for the AIM logo on the course schedule. Select a teaching course in Face, Body, Breast, or Rhinoplasty. You can take courses in all four areas at The Aesthetic Meeting 2014.

Commit to at least one webinar per year, per topic. For example, if you choose the breast module you will be invited to one webinar on the topic that expands on the coverage in the teaching course. Additional webinar fees apply.

Join your colleagues for online discussion groups using RADAR Resource, the Aesthetic Society's resource library app powered by AnzuMedical. By registering for an AIM, you not only learn from instructors at the annual Aesthetic Meeting, but your education continues throughout the year in the form of follow-up webinars and online discussions. With AIM, you are making a commitment to your education as well as welcoming the opportunity to form relationships with colleagues who share a passion for the same field of study as you. For more information, visit www.surgery.org/aim.

Schemes, Pirates and Poachers: Avoiding Hotel Room Scams

by Luanna Squerzi

A t the Aesthetic Society's Annual Meeting in 2014 in San Francisco, we have contracted with six hotels for sleeping rooms within walking distance of the Moscone Center. Booking your hotel reservations within our hotel room block allows us to negotiate lower rates than you would get at the same hotel over the same dates booking independently. Our exclusive housing company is Travel Planners, and they are responsible for assisting us with managing our hotel room blocks at these hotels and for assisting you with any individual and group reservation requests you may have.

The meetings and trade show industry has long had issues with pirate housing companies that represent themselves as working for The Aesthetic Society and calling to offer you a "deal" at our meeting for your hotel rooms. In actuality, when you book with these "poachers," they take your credit card number, charge your card for rates upfront, provide you with a felonious confirmation

In actuality, when you book with these "poachers," they take your credit card number, charge your card for rates upfront, provide you with a felonious confirmation number, and when you go to check-in at the hotel, there is no such record of your reservation.

number, and when you go to check-in at the hotel, there is no such record of your reservation.

The Aesthetic Society has had a handful of attendees and exhibitors who have fallen prey to these schemes over the past couple of years. Just the other day, we received a call from a doctor's office that was solicited by one of these "pirates," and fortunately she knew our practices and did not provide credit card

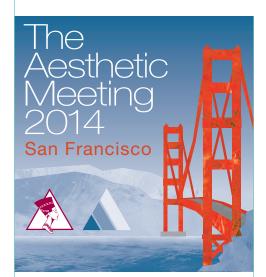
numbers to the callers. Unfortunately, there is no industry police out there to whom we can report these companies, so we continue to do our best to educate you with the meeting procedures for ASAPS.

Please be wary of any contact with companies that are directly soliciting your hotel reservations for The Aesthetic Meeting. *ALL* hotel reservations should be made directly online through the ASAPS meeting registration website and/or with Travel Planners directly. If you, your company, or any of your representatives ever have questions regarding hotel room reservations—or any Annual Meeting related issues—please call the Aesthetic Society directly at 562.799.2356.

Thank you again for your support of The Aesthetic Society. We look forward to inspiring you in San Francisco at The Aesthetic Meeting.

Luanna Squerzi is the Meetings Manager for The Aesthetic Society and can be reached via email at Luanna@surgery.org.

Can Your Problem be Solved? Let Us Try!



o you have a difficult clinical challenge for which you've felt there is no solution? Or have you found a solution to a tricky challenge? If so, share your contributions at The Aesthetic Meeting 2014.

We want to address these challenges at The Aesthetic Meeting 2014 in San Francisco during the Scientific Session on Sunday April 27. Kiya Movassaghi, MD will be moderating a special panel—I Can Fix That—The Solutions for Challenges for Which There are No Solutions—featuring expert problem solvers who will attempt to give you answers. In addition to the panelists, the entire audience will be participating via audience response.

Please send your submissions to the ASAPS Central Office via Debi Toombs at debi@surgery.org. The submission should be less than 800 words and should contain 8 or fewer photos depicting the challenge and solution, if appropriate. *Deadline is January* 25.

This is a great opportunity to get some feedback on what you consider to be very difficult or "unsolvable." We can't wait to see YOUR submission!

Contribute Your Challenging Cases!

Here's some ideas to get you started:

- Cellulite
- · Lower Third Thigh Laxity
- · Drooping Knees
- Loose Arm Skin especially over the elbow (not candidates for brachioplasty)
- · Freckles
- · Oral Commissure Downturn
- Periumbilical Wrinkles (not needing an entire tummy tuck)

Claiming CME Just Got Easier: New Short Evaluation Form Launching in 2014

ook for a streamlined Aesthetic Meeting evaluation form in 2014. At this year's meeting in San Francisco, you will find a single, online form of only 10 questions. This streamlined question set should only require a few minutes of your time to complete and claim your credits. There are dropdown boxes with faculty names to save you from typing. And structure was added to automate the organizing of the comments.

So don't forget to complete your single program evaluation form online at the meeting or at home from any internet-connected device. Credits for ASPS members will be automatically reported following the quarter's

Also please note that the Aesthetic Society maintains a record of all CME earned by physicians who participate in any of our CME activities. This information is secured in internal databases, however we are looking to make it available behind a firewall online so that it may be directly accessible to you. Stay tuned...

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For More Information

Toll-Free 800.364.2147 or 562.799.2356 www.surgery.org

Attention Program Chairmen and **Graduating Residents**



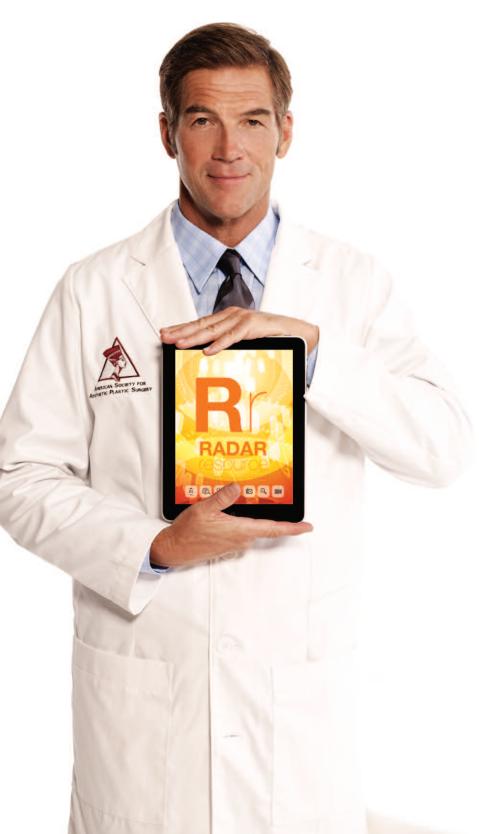
Residents

Do you want to increase your knowledge and expertise in the field of aesthetic plastic surgery? Visit www.surgery.org/ professionals/residents/aesthetic-fellowships and see what opportunities are available for you. Many are accepting applications at this time.

Please note the listings which include the ASAPS Endorsed Aesthetic Fellowship logo. These 12 month fellowships are under the direction of a board-certified plastic surgeon who is an Active Member of ASAPS. These programs offer at least 70% aesthetic cases, following a pre-set curriculum to insure the maximum exposure to all aspects of aesthetic surgery.

Program Chairmen

One of our stated purposes is to disseminate the importance of training in aesthetic plastic surgery among younger surgeons and trainees. We would like to offer you assistance in academically strengthening your existing fellowship and in your offering of uniformity in advanced aesthetic surgery training to your postgraduate trainees. We are not offering any type of certification-simply enhancing the aesthetic portion of what is already in place. Contact Debi Toombs at the Aesthetic Society-debi@surgery.org for further information.



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Courtesy of an educational grant provided by
Merz North America, Inc., over 130 free year-long
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to Active and International Active Members, while
they last. This \$299.99 value allows you to earn
up to 20 AMA PRA Category 1 Credits™ and
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To qualify, you must have an iPad 2 or newer.

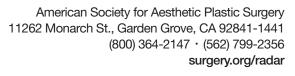
Contact Courtney Muehlebach to take advantage of the offer via phone at 800.364.2147 or 562.799.2356 or email at courtney@surgery.org.

First come, first served, until all are gone!

Educational grant provided by:



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Aesthetic Surgery Journal and RADAR Resource Pearls— Tips & Tricks for Making the Most of Your App

ou've seen our ads that say, "Imagine All of This...on This," showing a stack of Journals turning into an iPad. But what does that really mean? How can one small device really replicate your experience of reading a print journal? RADAR Resource makes that possible - and it's even better than you might think! To ensure that you are getting the most out of your time spent reading Aesthetic Surgery Journal on the app, we will be highlighting in detail the various features for you here in ASN. Information can also always be found by visiting www.surgery.org/radar.

Saving Articles in 'My Binders'

Just as you might rip an article out of your print journal and place it in a file folder for later, on RADAR Resource you have the ability to save articles with the 'My Binders' feature and access them from anywhere on your iPad. Here's how:

1. On the first page of the article, tap the 'Add a Note' icon in the top right corner.



- 2. The note panel will pop up in the middle of your screen. Enter notes, search tags, and multimedia attachments that will help you remember why you saved the article.
- 3. Tap the 'Binder' icon on the top right of the note panel.



- 4. Place a check mark next to the binder you would like to add the note/article to by tapping the empty box to the left of the binder name, or create a new binder by tapping the 'New Binder' icon .
- 5. Close the binder panel by tapping the 'Close' icon in the top right corner.
- 6. Tap the green check mark on the top right of the note panel to save it.
- 7. To access the article at a later time, tap the 'My Binders' icon in the center of the bottom toolbar from any screen.





Reading ASJ in the Digital Age: Is There an App for That?

Melissa Berbusse, BA

Earlier this year, I wrote to you about Aesthetic Surgery Journal's position on Open Access (OA) publishing, a movement that sidesteps the traditional subscription-based model for journal publishing, placing the onus for publication costs on authors or federal agencies that fund research through grants. In that Editorial, I stated that "we want to remain on the cutting edge and we certainly will not be the last to adopt any proven model of successful publishthe last to adopt any proven model of successin publishing, but we want to be absolutely certain that any changes we make are in the best interest of the subspecialty, our authors, and our readership." This same philosophy applies to our approach to online publishing, which is certainly another topic that's had a lot of "buzz" in the media. I would bet that nearly all of your favorite periodicals, from newspapers to surgical textbooks, now have some web-based or digital component. One of the most frequent questions I'm asked at conferences and Board ineetings is, "When will ASJ be published online only? I've heard that print is dead," My answer is always: print isn't dead; it just has a double-life!

As you might imagine, the landscape in scholarly publishing is different from the one in which popular newspapers and magazines exist; particularly when journals are sowned and operated by a professional society, as "The Gold Journal" is, we have less pressure to move directly into a digital-only format. Our most important tole is to serve the needs of our subscribe ing, but we want to be absolutely certain that any changes

ng those who sthetic Plastic of our valued rs, and those tal library. To tly about their serve the needs of our subscribe are members of the American So Surgery (ASAPS), those who bel affiliate societies, our individua who read ASJ via their universi that end, we survey our subscrib preferences. In those survey resu still prefer a mix of formats d that you The Gold Journal": some of you prefer to some read entirely online, but on the articles in print when the jour and then use our website as search articles or watch opera in print and

the other. This journey toward a fuller "dual presence" began with the redesign of ASI's website 3 years ago. If you visit www.AestheticSurgeryJournal.com now, you'll see a beautifully customized site that reflects the "look and feel" of the print journal, while offering features that simply can't be included on a printed page: embedded videos, supplemental figures showing additional clinical results, Editor's Announcements, Continuing Medical Education credits, and a search option that allows you to find articles all the way back to 1995. We have also made small improvements to the print edition of ASI that link it more seamlessly to the online version. These features include a QR code on the first page of any article with an accompanying video, so you can scan the code with your smartphone and go straight to the video online, as well as icons that prompt you to look online for supplemental material when it's available.

While we believe all of these "print plus digital" fea tures can improve each subscriber's experience of ASJ, they are also somewhat basic. After all, you probably expect that your magazines, newspapers, and books have a website! Our new iPad app is a different story. If each of the main website's upgrades were small steps forward into the digital age, the RADAR app is a giant leap. If you've visited the ASJ booth at a conference over the past year or if you receive any e-mail alerts from us, you've probably heard us mention the app. You might have even seen an advertisement in a previous issue! However, I have a feeling that many of you don't yet realize what it can offer you. That's the purpose of this Editorial: to make you you. That's the purpose of this Editorial: to make you friends—not just an acquaintance—of RADAR.

In the OA Editorial in February, I saying "ASI's fantastic iPad app, the RADAR Resource, is an example of how reading the Journal in a technology-based format can offer you features that a print copy never could. What does that really mean, though? RADAR was created what does that really mean, though: RADAR was created by AnzuMedical, a company founded by Dr Barry Fernando, who is a plastic surgeon and member of ASAPS. He envi-sioned it as more than just a "reader," which is what many apps in the industry are. He-and we at ASJ and ASAPS



- 8. From this screen, tap on the binder your note was saved in. The notes within the binder will appear on the right side of the screen. Tap on the note attached to the ASJ article you are looking for and you will be navigated to the first page of the article.
- 9. Your note will appear on the page, tap the 'Close' icon in the top right corner of the panel to read your article.

Have questions about Aesthetic Surgery Journal? Contact our Executive Editor, Melissa Berbusse at Melissa@surgery.org.

Have questions about RADAR Resource? Contact our Project Manager, Courtney Muehlebach, at Courtney@surgery.org.

SOCIETY NEWS



Update on ASERF By William P. Adams, Jr., MD



emember this name: Premier Global Hot **Topics 365.** ASERF Hot Topics, a mainstay at The Aesthetic Meeting, has recently undergone an expansion. In addition to ASERF hosting the live version of ASERF Premier Global Hot Topics 365 at The Aesthetic Meeting, the everpopular program will be expanded to meet the membership demand for more information on emerging technologies in aesthetic surgery. The new program is called ASERF Premier Global Hot Topics 365, and it will provide educational opportunities throughout the year to ASAPS/ASERF members, including the live meeting (The Aesthetic Meeting), Webinar, and RADAR-based presentation and discussion groups. The inaugural Premier Global Hot Topics 365 webinar was held the first week of October, which focused on four innovative procedures, and was well attended with more than 150 participants. The introduction of the Premier Global Hot Topics 365 concept

will provide ASAPS/ASERF members the opportunity to learn about the newest advancements throughout the year, instead of waiting for The Aesthetic Meeting.

If you didn't take part in the webinar, but are interested in future offerings from the Premier Global Hot Topics 365 program or have suggestions on topics and/or research projects you feel would benefit ASERF and aesthetic surgery, please drop me a note at aserf@surgery.org.

Each year, ASERF works diligently to ensure that membership numbers increase. As of November 15, 2013, ASERF had 576 members, which is 54% of our budget goal. Ideally, we would like to break the 900 member mark again. If you are not currently an ASERF member, please consider it. ASERF membership, which is only open to ASAPS members (all others are donors), is funded through contributions and membership dollars. Your dues fund research

projects that we hope will prove valuable to you in your daily practices.

Research projects currently being funded include:

- Impact on ASMs on Biofilms Around Breast Implants—Terry Myckatyn, MD
- Clinical Adipose Stem Cell Banking: Is Younger Better?—J. Peter Rubin, MD
- Retrospective Study on Pulmonary Embolism—Geoffrey R. Keyes, MD
- Autologous Fat Grating to the Breas— Ernest S. Chiu, MD

ASERF is always looking for new and interesting projects to fund. If you have an idea, please contact me at aserf@surgery.org.

Please watch for updates on these studies, as well as future studies, on ASERF.org.

William P. Adams, Jr., MD, is an aesthetic plastic surgeon practicing in Dallas, Texas. He currently serves as the President of ASERF.

The ASERF Nominating Committee recommends the following slate of candidates to be voted on for 2014–2015 term



President

Al Aly, MD
Orange, CA
Professor of Plastic Surgery, Head of
Aesthetic Surgery, University of California,

Automatically Ascends to President

President-elect • 1 year term
Neal R. Reisman, MD, JD

Houston, TX

Private Practice, Plastic Surgery Specialists, P.A.; Clinical Professor of Plastic Surgery, Baylor College of Medicine; Chief of Plastic Surgery, St. Luke's Health Center; JD, So. Texas College of Law

Current ASERF Board Position: Vice President National Affiliations: ASAPS, ASPS, ASERF

Training: Temple University Health Sciences Center, General Surgery; Eastern Virginia Graduate School of Medicine, Plastic Surgery

ABPS Certification: 1982



Vice President • 1-year term Steven Teitelbaum, MD

Santa Monica, CA

Private Practice

Associate Clinical Professor of Plastic Surgery, David Geffen School of Medicine at UCLA

Current ASERF Board Position: Treasurer National Affiliations: ASAPS, ASERF, ASPS, ACS, ISAPS

Training: Harvard/Beth Israel Hospital, Boston, MA, General Surgery; University of Southern California, Plastic Surgery

ABPS Certification: 1997

OCIETY NEWS



Treasurer • 2-year term Scott W. Barttelbort, MD

La Jolla, CA

Private Practice

Associate Clinical Professor, UCSD School

of Medicine (Voluntary)

Current ASERF Board Position: Director

National Affiliations: ASAPS, ASPS,

ASERF, ACS

Training: Yale University School of Medicine, Plastic Surgery; Naval Regional Medical Center, San Diego, General

Surgery

ABPS Certification: 1989

DIRECTORS



Spencer Brown, PhD Lay Director • 1 year term Pittsburgh, PA

Professor, Department of Plastic Surgery, UPMC, Executive Director of the Center for Innovation in Restorative Medicine

Current ASERF Board Position: Lav Director

National Affiliations: International Federation of Adipose Therapeutics and Science Society, NIH K Awards Special **Emphasis Panel**

Training: PhD in Lipid Metabolism from the University of Pennsylvania. Post-doctoral in Molecular Biology at Baylor College of Medicine Pre and Post-doctoral training grants in Cardiovascular Research from ΝIΗ



Geoffrey C. Gurtner, MD

Stanford, CA

Professor of Plastic Surgery at Stanford University.

National Affiliations: ASAPS, ASPS

Training: New York University Medical Center, Plastic Surgery; Harvard Medical

School, General Surgery

ABPS Certification: 2001



Michael T. Longaker, MD

Stanford, CA

Professor of Plastic & Reconstructive Surgery at Stanford University

National Affiliations: ASAPS Associate Member, ASPS

Training: Harvard Medical School; University of California San Francisco, General Surgery; New York University Medical Center, Plastic Surgery; University of California Los Angeles, Craniofacial Surgery Fellowship

ABPS Certification: 1998

TRUSTEE 2-year term



Geoffrey R. Keyes, MD Los Angeles, CA



Robert Singer, MD

La Jolla, CA

CONTINUING THEIR TERMS:



Barry DiBernardo, MD Secretary



Julio Garcia, MD Director



Luis M. Rios, Jr., MD Director

SOCIETY NEWS

Members to Vote on Slate of Candidates



Active members of the American Society for Aesthetic Plastic Surgery (ASAPS) will hear reports on Society business and elect new officers for the 2014-2015 term during the ASAPS/ ASERF Annual Business Luncheon. All active members are invited to attend on Sunday April 27, 2014, at The Aesthetic Meeting 2014 in San Francisco.



President
Michael C. Edwards, MD
Private Practice
Las Vegas, NV
Automatically ascends to President



President-Elect

James C. Grotting, MD

Private Practice; Clinical Professor of Plastic Surgery, University of Alabama at Birmingham and the University of Wisconsin, Madison; Past President of the Southeastern Society of Plastic and Reconstructive Surgeons (SESPRS) Birmingham, AL

Current Board Position: Vice President
ASAPS Committee Work: Education
Commission (current Chair), Executive
Committee, Finance & Investment
Committee, Industry Policy Committee,
Continuing Medical Education Committee,
ASERF Board of Directors member,
ASERF Fund Development Committee,
Representative to ABPS Cosmetic/Breasts
Advocacy Council, Patient Safety Committee,
Program Committee (current Chair),
Traveling Professor—International Traveling
Professor, Leadership Development
Committee, ASJ Editorial Board

National Affiliations: ASAPS, ASERF, ASPS, ACS (Fellow)

Training: University of Washington Affiliated Hospitals, General Surgery; University of California, San Francisco, Plastic Surgery

ABPS Certification: 1986



Vice-President

Daniel C. Mills, II, MD

Private Practice Laguna Beach, CA

Current Board Position: Treasurer
ASAPS Committee Work: Aesthetic
Training Task Force, Communications
Committee (current Chair), Marketing Task
Force, ASJ Editorial Board, ASERF Data
Base Review Task Force (current Chair),
ASERF Fund Development Committee,
ASERF Website Committee, ASERF
Representative to National Endowment for
Plastic Surgery

National Affiliations: ASAPS, ASPS, ACS Training: Wright State University, General Surgery; Medical College of Ohio, Plastic Surgery

ABPS Certification 1990



Treasurer
Clyde H. Ishii, MD

Private Practice Honolulu, HI

Current Board Position: Secretary

ASAPS Committee Work: Finance &
Investment Committee (current Chair),
Industry Policy Committee, Publications
Committee, International Fellowship
Program (current Chair), Medical Student
Committee (MEDSIP) (current Chair),
Membership Task Force, Candidate
Committee, ASERF Innovative Procedures
Committee

National Affiliations: ASAPS, ASERF, ASPS, ACS, ASLMS

Training: Jefferson Medical College, University of Virginia, General Surgery; Emory University, Plastic Surgery; NYU, Hand Surgery

ABPS certification: 1987



Secretary
W. Grant Stevens, MD

Private Practice; Clinical Professor of Surgery, Division of Plastic Surgery USC Keck School of Medicine; Director Marina-USC Aesthetic Surgery Fellowship Marina Del Rey, CA

Current Board Position: Member-at-Large ASAPS Committee Work: Administrative Commission (current Chair), Industry Exhibits Committee (current Chair), Finance & Investment Committee, Industry Policy Committee, Industry Support Committee, Marketing Task Force, Program Committee, Traveling Professor Program, Publications Committee, ASJ Editorial Board

National Affiliations: ASAPS, ASERF, ACS, ISAPS

Training: Harbor/UCLA Medical Center, General Surgery; Washington University School of Medicine, Hand Surgery; Washington University School of Medicine, Plastic Surgery

ABPS Certification: 1989

DCIETY NEWS

MEMBERS-AT-LARGE



William P. Adams, Jr., MD

Associate Clinical Professor Department of Plastic Surgery UT Southwestern and Private Practice

Dallas, Texas

Current Board Position: Member at Large **ASAPS Committee Work: ASAPS Executive Committee, Conflict Interest** Committee, Industry Policy Committee, Publications Committee, ASAPS/ASPS Co-Sponsored Symposium Committee, Program Committee, RADAR Resource Editorial Committee, Symposium Committee (current Chair), Representative to the ASAPS/ASPS Co-Sponsored Symposium Committee, ASERF President, ASERF Database Review Task Force, ASERF Innovative Procedures (current Chair)

National Affiliations: ASERF, ASAPS,

Training: UT Southwestern, General and

Plastic Surgery

ABPS Certification: 1999



Jennifer L. Walden, MD

Private Practice Austin, Texas

ASAPS Committee Work: Media Relations Committee, New Member Committee, Public Education Committee, Candidate Liaison Committee (Past Chair), Womens Aesthetic Surgeons Committee

National Affiliations: ASAPS, ASPS, ACS, **ISAPS**

Training: Integrated Plastic Surgery, Residency: University of Texas, Aesthetic Surgery, Fellowship: Manhattan Eye, Ear and Throat Hospital

ABPS Certification: 2005



Simeon H. Wall Jr., MD

Private Practice

Shreveport, Louisiana

ASAPS Committee Work: Traveling Professor, Innovative Procedures Committee. National Affiliations: ASAPS, ASERF,

ASPS

Training: Stanford University, General Surgery and Plastic Surgery

ABPS Certification: 2002



Richard J. Warren, MD

Private Practice

Vancouver, BC, Canada

Current Board Position: Member at Large

ASAPS Committee Work: Continuing Medical Education Committee, Medical Student Committee (MEDSIPS), Teaching Course Subcommittee, Traveling Professor Program (current Services Coordinator) Editorial Board, ASJ CME Editor, Endorsed Fellowship Oversight Committee

National Affiliations: ASAPS, ASERF, ASPS, CSAPS, CSPS, IPRAS

Training: University of British Columbia, Plastic Surgery Residence, Vancouver General Hospital, General Surgery and

Plastic Surgery

ABPS Certification: 1983

THOSE CONTINUING AS **MEMBERS-AT-LARGE**

John E. Gross, MD

Pasadena, CA

Sanjay Grover, MD

Newport Beach, CA

Herluf G. Lund, MD

St. Louis, MO

Kiya Movassaghi, MD

Eugene, OR

Steven Teitelbaum, MD

Santa Monica, CA

TRUSTEE

3-year term

R. Bruce Shack, MD

Nashville, TN

APPLICATION REVIEW COMMITTEE

3 year terms

South Central

Todd Pollock, MD

Dallas, TX

New York City

Steven G. Wallach, MD

New York, NY

Southeast

Clifford P. Clark, III, MD

Winter Park, FL

ETHICS COMMITTEE



Northwest

Mark L. Jewell, MD

Eugene, OR 1-year term

Continued on Page 18

OCIETY NEWS

Continued From Page 17 Members to Vote on Slate of Candidates



Northeast Lawrence S. Reed, MD New York, NY 1-year term



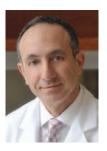
Far West Bernard S. Alpert, MD San Francisco, CA 2-year term



Southeast Onelio Garcia Jr., MD Miami, FL 2-year term



Midwest Brian K. Brzowski, MD Ogden, UT 3-year term



Canada Frank R. Lista, MD Mississauga, ON, CA 3-year term

Note: To begin a rotation allowing two new Committee members per year, the Nominating Committee staggered terms for this initial Committee. The President selects the chair from this group.

JUDICIAL COUNCIL



Midwest Joe Gryskiewicz, MD Burnsville, MN 3-year term



Thomas A.B. Bell, MD Toronto, ON, Canada 3-year term



West Daniel C. Mills, III, MD Laguna Beach, CA 1-year term



West Steven Teitelbaum, MD Santa Monica, CA 2-year term



Charles H. Thorne, MD New York, NY 1-year term

Note: To begin a rotation allowing new Committee members each year, the Nominating Committee staggered terms for this initial Committee. The President selects the chair from this group.

Putting Patient Safety First Benefits Everyone

PERFORMANCE · EFFICIENCY · PATIENT SATISFACTION · REFERRALS · REVENUE

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.

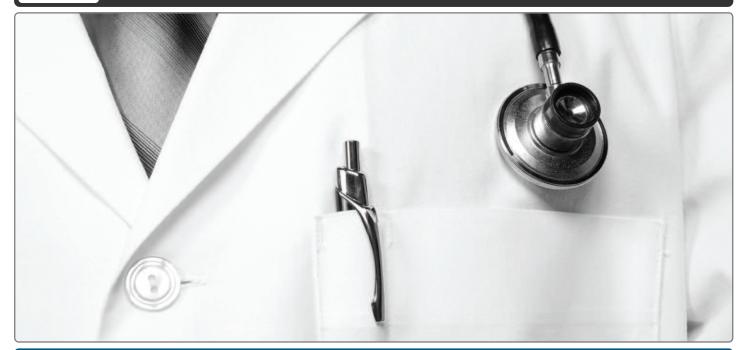


"Primum non nocere" — First do no harm



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SOCIETY NEWS



Aesthetic Fellowships: Trending Up! By Anne Taylor, MD

he specialty of plastic surgery is a growing and evolving body of knowledge and procedures. From the beginning of the specialty, with the treatment of war injuries after WWI and WWII, to our current treatments of war injuries, the practice of plastic surgery has always involved both functional and aesthetic treatments. And as the specialty has evolved, the training requirements have evolved. Some residents have adequate numbers of aesthetic cases required for residency completion, but they desire additional training, due to the complexity and scope of our specialty. For these residents, there are currently 19 fellowships listed on the ASAPS aesthetic fellowship site. The entire structure of aesthetic training has grown and flourished, so these fellowships, too, have evolved.

The structure of the aesthetic fellowship has evolved along with the whole specialty. In the past, most aesthetic fellowships were basically an apprenticeship with a senior plastic surgeon, in which the resident would spend anywhere from a few months to a year learning from the master. While these were fantastic learning opportunities, there was no real structure or curriculum, or consistency between sites. Also, with new surgical methods and techniques and the advent of laser, radiotherapy, cryotherapy, as well as many other minimally invasive techniques, there is much more to learn and master in order to give consistently great results. This explosion of content has also been a factor in the increase in aesthetic fellowships.

Grants to Begin Fellowships

Due to the generous educational grant ASAPS received from our partner Endo Ethicon, there were two opportunities to start a new aesthetic fellowship during the years 2009 to 2012. The Ohio State University Department of Plastic Surgery was the recipient of this seed grant from ASAPS in 2010, and this funding covered the startup costs for the fellowship. The fellowship is now self-sustaining and is an integral part of the education program at OSU. A unique aspect of a fellowship at anacademic center such as OSU is that the fellow is considered a junior faculty member,

Due to the generous educational grant ASAPS received from our partner Endo Ethicon, there were two opportunities to start a new aesthetic fellowship during the years 2009 to 2012. The Ohio State University Department of Plastic Surgery was the recipient of this seed grant from ASAPS in 2010, and this funding covered the startup costs for the fellowship. The fellowship is now self-sustaining and is an integral part of the education program at OSU.

enabling him to staff cases on his own, take calls and assist in teaching the residents, and in his own cosmetic clinic. The fellow is responsible for covering all aspects of aesthetic cases, and is able to work with the entire team at OSU and in the community.

Dr. Myla Bennett was the first fellow at OSU in 2010-2011, or "fella," as she was called. Dr. Bennett stated, "This was an extremely useful year, and I was able to hit the ground running in my own private practice. I found the practice management time especially useful as well as honing my own skills in the core aesthetic procedures, from breast augmentation to lasers."

Now living in Richmond, Indiana, Dr. Bennett has a very successful practice after only 2 years, and has incorporated many cutting-edge modalities, such as Cool Sculpting.

Starting an aesthetic fellowship at a university or academic setting requires working with the graduate medical education department and the Accreditation Council for Graduate Medical Education (ACGME) committee. While the fellowship is not ACGME accredited, it is important to be approved by this committee. This places the fellowship at the same level as all the other fellowships at the particular institution, and not simply as an apprenticeship.

Curriculum for Aesthetic Training

The curriculum for the aesthetic fellowship is a 12-month course of study that encompasses all aspects of aesthetic plastic surgery. Each fellowship has its strengths, and will ideally touch on all aspects. Many programs utilize community faculty members to cover the wide breadth of procedures and knowledge in the curriculum.

The art and science of aesthetic surgery is an integral part of plastic surgery. The complexity of this aspect of plastic surgery has increased enormously in the past decade with the addition of the vast array of minimallyinvasive modalities along with the changes in surgical treatments. The rise of aesthetic fellowships has occurred to meet this growing demand for additional training in aesthetic medicine. The future will continue to bring more complexity and responsibility for expertise in aesthetic treatments and more emphasis on training.

Anne Taylor, MD, is an aesthetic plastic surgeon practicing in Columbus, Ohio. She serves as chair of the ASERF Fund Development committee.

For a full list of ASAPS Aesthetic Fellowships, please go to www.surgery.org/professionals/residents/aesthetic-fellowships

SOCIETY NEWS

ASAPS Members: Volunteer for a Committee!

By Michael C. Edwards, MD

he Aesthetic Society has leadership opportunities for active members interested in serving in the areas of interest listed below. We believe that it is important that our members be involved in helping shape and direct the future of our Society.

Why should you join an ASAPS committee?

- Opportunity to have input and direction for the future of the Aesthetic Society
- Build a foundation for advanced leadership
- · Professional development and training
- Strengthen your ties with other members of the Aesthetic Society as a leader

What ASAPS expects of you as a committee member:

- Participate in scheduled conference calls and attend committee meetings
- Complete the tasks/projects you volunteer to do for your committee
- Show your support by attending the programs in which your committee is involved

What's in it for me as a member to volunteer my time with ASAPS?

• The opportunity to utilize your unique talents to advance ASAPS as the premier professional aesthetic plastic surgery society · The professional distinction of being involved in activities that can position you as a leader in aesthetic surgery

Committee members are selected each year. Some committee positions have a 3-year term. The final selection of appointed committee members is determined by the President with the help of each Committee Chair, always attempting to match interests, expertise, and special qualifications. Information on committee responsibilities is available in the Society's Bylaws, which are printed in your membership roster.

For ASAPS members who are currently serving on a committee, please reconfirm your interest in a reappointment, or if you would like to become involved in a different committee, indicate your interests using the application form found at www.surgery.org /members/board-and-committees/join-anaesthetic-society-committee.

Michael C. Edwards. MD. is an aesthetic plastic surgeon practicing in Las Vegas, Nevada. He serves as the President-Elect of the Aesthetic



Meet the

ou may not recognize Julie Kennard's face, but if you have applied for an ASERF grant or are a Premier or Alliance partner, you may have interfaced with her. Julie has been working at the Aesthetic Society for 3 years and is currently the Development Coordinator and ASERF Grant Coordinator. In these roles, she assists in fulfillment of ASAPS Premier and Alliance partnership agreements and maintains all ASERF grant applications.

As she says, "I love working at the Aesthetic Society because it's not co-workers you are working with—it's your family. Everyone respects each another and works as a team."

When not working, Julie is busy with her three boys, and most of her time is spent at the baseball field, on the basketball court, or at wrestling matches. While at The Aesthetic Meeting 2014, make sure to say "hi" to Julie!

Questions...

On Meeting Registration? Contact Victoria Ruiz at Victoria@surgery.org.

On Exhibits? Contact Erika Ortiz-Ramos at Erika@surgery.org.

On Ordering Products? Contact Laura Newman at Laura@surgery.org.

Or simply call the Aesthetic Society at 1.800.364.2147 or 1.562.799.2356.

Getting "Too Many" Emails?

e at the Aesthetic Society understand the many demands on your time, as well as the frustrations that occur with receiving a great number of emails. While we make every effort to reduce the number of emails that our members and colleagues receive, please keep in mind that email is our most cost-efficient way of communicating with a large number of people. We'd rather not spend membership dues on unnecessary printing and hope you'll continue to read our emails, which contain important information on the Society and the specialty.

If someone "unsubscribes" from an Aesthetic Society email, that unsubscribes him or her from all communications from the Aesthetic Society, including:

- Educational and Aesthetic Meeting Information
- Important Society News
- Member Updates
- And more!

If you've mistakenly unsubscribed from email communications from the Aesthetic Society, please call our office at 1.800.364.2147 or 1.562.799.2356 and ask to be re-subscribed to our communications list. Alternately, you can send an email alerting us to re-subscribe you to asaps@surgery.org.

We value your support of The Aesthetic Society, and we hope you'll read those emails which appeal to you and simply delete those messages you don't wish to read. Thank you!

ASAPS Members: Share Your Accomplishments!

Did you know that there is an easy way to share your career accomplishments with your fellow ASAPS members? Simply send your news and photos on major practice events, philanthropic efforts, and other milestones to Membership Manager Alicia Potochiniak at alicia@surgery.org for consideration in our quarterly Aesthetic Society News!

Complimentary Member Benefits of The Aesthetic Society

ou already know about the terrific education the Aesthetic Society offers, but did you know that, as a member, you can benefit from many free services as well? Just take a look at all of these complimentary products and services!

Education

Aesthetic Surgery Journal. A must for all aesthetic surgeons given its educational value, stature, and impact factor, this is a complimentary benefit of membership. http://aes.sagepub.com

RADAR Resource. This medical resource library, on the free AnzuMedical iPad app, will transform the way you research. www.surgery.org/radar

Aesthetic Society Educational Webinars. Stay up-to-date on the latest surgical education as well as practice management and marketing with our webinars, exclusively for members. www.surgery.org/members/member-resources/ webinar-archive

Aesthetic Society News. Your go-to source for both Society news and important information on the specialty. www.surgery.org /members/publications/aesthetic-society-news

Wimed. Create an account on Wimed.org/ asaps. Read the advice from other plastic surgeons when, for example, an RN is stealing narcotics or when the right-sized implant is not on-hand. Add your thoughts anonymously or simply learn by reading about these unanticipated events that serve as cautionary tales. www.wimed.org/asaps

Practice Management

Legal Advice. With rich legal experience in the medical field, Bob Aicher, Esq., is uniquely qualified to provide free member consultations in the areas of practice management, insurance, malpractice, scope of practice, ethics, and defamation. To contact Bob Aicher, Esq., please email aicher@sbcglobal.net or call 707-321-6945.

LipidRescue.TM Stay informed on patient safety; download and post in your OR! www.surgery.org/sites/default/files/Lipid RescuePoster.pdf

Patient Safety Poster. Download and display so that your office staff and patients know you put safety first. www.surgery.org/ members/member-resources/patient-safetyposter

Practices of Office and Patient Safety (POPS). The only training and safety program for non-clinical staff available, developed

by ASAPS and ASPS. www./practicesof officesafety.org

Safety With Injectables Workbook. This compendium of templates, documents, and policies/procedures is a must for core injectors. www.surgery.org/sites/default/files/ members/injectables-safety-workbook.pdf

Practice Marketing

Aesthetic Practice Builder. A monthly tool for members, to help provide content for your social media efforts. www.surgery.org/ members/member-resources/aestheticpractice-builder

ASAPS Logo Camera-Ready Artwork. Display your logo on your website, stationary, business cards, brochures, and advertising to let prospects know you've achieved the distinction of membership. www.surgery.org/members/ member-resources/asaps-members-logo

Ask-A-Surgeon. Increase your online presence by answering questions in our forum, exclusively for ASAPS Members. (And if you have an Enhanced Practice Profile, your contributions to Ask-A-Surgeon link to your EPP, increasing awareness.)

Certificate of Special Recognition for Community Service and Volunteerism. This complimentary certificate recognizes members' outstanding contributions to their communities and the world. www.surgery.org/ members/member-resources/certificate-ofadvanced-education-in-cosmetic-surgery

Photo Gallery. Contribute your before and after photos, and expand your online visibility. (Photo Gallery contributions will link to your EPP, making it a worthwhile investment.)

Practice Marketing Toolkits. These three informative papers will help put you on the right path for more effective social media, media relations, and increased search engine optimization (SEO). www.surgery.org/ members/member-resources/practicemarketing-tool-kits

SEO Advice. Complimentary advice on making your website more effective, from Kevin Charles, ASAPS Director of Web Strategy and Development. Email Kevin at kevin@surgery.org or visit him in person at The Aesthetic Meeting.

Smart Beauty Guide. More than just a new consumer website, this education and marketing campaign designed to drive prospects to your practice also has complimentary advertising templates for both web and print, as well as complimentary video shoots featuring practice identity. www.smartbeautyguide.com

The Business of Aesthetic Plastic Surgery. Your staff is welcome to attend this dynamic session free of charge at The Aesthetic Meeting, encompassing marketing and more! www.surgery.org/meeting2014

Do you know someone who could benefit from these resources? To begin taking advantage of these exclusive members' benefits and many more, join today! Simply have an Active Member from the U.S. or Canada submit a letter of recommendation. via email to alicia@surgery.org. Once received, you will be sent the next step in the application process for our upcoming July 1, 2014 deadline.

If you have any questions or would like more information, please contact Alicia Potochniak, Membership Manager at 800-364-2147 or send an email to alicia@surgery.org.



Show Your Patients You Are a Member of ASAPS

Alerting your patients that you're a member of one of the most distinguished medical societies focused on higher learning is easy! Simply use our complimentary logos on your website, stationery, business cards, brochures, and advertising to let prospects know that you've achieved the distinction of membership. Logos can be found here: www.surgery.org/ members/member-resources/asaps-members-

For information on how logos can be used, please review: www.surgery.org/ members/member-resources/asaps-memberslogo/logo-usage-guidelines

FOCUS ON PHILANTHROF



On March 21st Share With Your Patients the Power of Being BRAVE

By Michael C. Edwards, MD

A SAPS active members in the US and Canada, keep your eyes on your mailbox, as you'll each be receiving bookmarks promoting the Pink Lemonade Project's BRAVE Day (Breast Restoration AdVocacy Education) and its patients' Bill of Rights. Founded in 2010 by Dr. Cassie Gabriel and her husband, Dr. Allen Gabriel, who is an ASAPS active member, Pink Lemonade Project's mission is to provide women, particularly those at-risk for breast cancer, breast cancer survivors, and their families, an educational pathway of hope and healing. Unlike other breast cancer awareness programs, Pink Lemonade Project has produced a Bill of Rights for women, for use long before they may suspect a breast cancer diagnosis.

A mailing will be going out to all US and Canadian active members with 100 BRAVE Day "Know Your Rights" Cards, which members can share with their patients prior to BRAVE Day, which occurs on March 21, 2014. While BRAVE Day occurs once a year, it is the hope of the Aesthetic Society that you'll continue to educate your patients about their rights year-round.

The Pink Lemonade Bill of Rights include:

- If you have a family history of breast cancer, insurance companies may provide access to early screening with mammograms and preventative treatments starting at age 35 or earlier.
- If you have felt a mass in your breast, insurance companies will provide access to screening at any age after puberty.



- Your first mammogram for screening should be at age 40 unless you fit the prior categories.
- If you have been diagnosed with dense breasts on a mammogram, insurance companies provide approval for additional diagnostic testing and referral to a specialist to discuss options of treatment.
- If you have the BRCA gene, insurance companies may provide access to preventive procedures and treatment.
- Women have access to and coverage for restoration following a lumpectomy or mastectomy (reconstructive surgery vs. external bra prosthesis, and custom fitted bras).
- State and federal laws mandate insurance carriers to cover the cost of restoration procedures following a mastectomy, as well as symmetry procedures for the other breast (Women's Health and Cancer Rights Act of 1998).



• Women have access to skin care specialists to assess for changes to their chest skin related to their breast cancer treatments.

Get Involved

Participating in the Pink Lemonade Project is easy. Simply distribute the BRAVE Day bookmarks to your patients. You can also make a donation through their website, encourage volunteerism, educate your patients about their services by linking to their website, and share the word via social media. The group is active on Facebook, Twitter, Pinterest, and YouTube, and linking to their posts is an easy way to show your commitment to women's healthcare rights. I hope you'll join me in supporting the Pink Lemonade Project's BRAVE Day event and raise awareness of this important issue. More information on the organization and event can be found at www.pinklemonadeproject.org.

Michael C. Edwards, MD, is an aesthetic plastic surgeon practicing in Las Vegas, Nevada. He serves as President-Elect of the Aesthetic Society.



SOCIETY NEWS



Headline News: The Aesthetic Society and the Media

By Steven Teitelbaum, MD

his has been a banner year for the ASAPS media team. As many of you are aware, the ASAPS Media Relations Committee working together with the Society's Communications Staff has encouraged extensive media coverage about our specialty through broadcast, print, and online publications. In 2013, the Society, ASAPS members, ASI, and ASAPS statistics were featured thousands of times nationally and internationally. The ASAPS Communications Office confirmed media placements reaching an audience of over 876 million consumers.

As Chairman of the Media Relations Committee, I am proud to highlight the accomplishments of the Society and its spokespersons that have been sourced multiple times in several of the nation's most circulated publications, such as: The Wall Street Journal, ABC News, Allure Magazine, CBS News, The New York Times, Cosmopolitan Magazine, Forbes, Fox Business, Los Angeles Times, Real Simple Magazine, The Miami Herald, The Doctors, CNN, and USA Today.

In 2013, the Society, ASAPS members, ASJ, and ASAPS statistics were featured thousands of times nationally and internationally. The ASAPS Communications Office confirmed media placements reaching an audience of over 876 million consumers.

This year the members of the Society's Media Relations Committee have been hard at work spreading the gospel of the importance of board certification and the safety and efficacy of plastic surgery. Dr. Anthony Youn of Michigan has written numerous articles for CNN, NBC, and The Huffington Post on subjects that range from tattoo removal and "man boobs" to tips for finding a trustworthy physician. I have also written for The Huffington Post, as has Dr. Michael Yaremechuk of Boston, who has written on everything from facelifts to a recent JAMA study. Dr. Adam Rubinstein of Miami recorded multiple radio

broadcasts for his show New Horizons on Voice of America, and Dr. Andrew Ordon of Los Angeles co-stars on the syndicated and Emmy-Nominated show The Doctors.

The Society launched the Smart Beauty Guide (SBG) in October, and in the two months since the launch, we've had website traffic of almost 5,000 unique visitors per month. The Smart Beauty Guide Facebook page already has more than 8200 followers. The Facebook page has an average total post reach of 63,404 a week with an average of 2,105 people engaged in discussions about the meaning of smart beauty.

One component of the Smart Beauty Guide is a blogger program, SBG issues and promotes 16 unique blogs per month. Most of these blogs are written by professional bloggers, who have distinct and active followings. However, twice a month we are posting blogs written by Society members on various topics. If you are interested in writing a blog for SBG, or if you have a blog you have written for another outlet in the past that you would like to edit and repurpose for SBG, please send an email to John O'Leary at john@surgery.org.

Additionally, The Aesthetic Society has over 11,000 followers on Twitter and almost 10,000 "Likes" on Facebook. As a result of The Aesthetic Society's social media efforts, it is ranked as the number one plastic surgery social media influencer according to Klout analytics.

In 2014, the Media Relations Committee is determined to reach more consumers through all news outlets and social media, and to continue to promote patient safety and the importance of choosing a board-certified plastic surgeon who is a member of ASAPS.

ASAPS wants to help you with your media needs. If you have an interview scheduled, please contact the media team at media@surgery.org and request talking points on various subjects, or a booklet of tips on social or traditional media that can help you

Steven Teitelbaum, MD, is an aesthetic plastic surgeon practicing in Santa Monica, California, and serves as Chair of ASAPS Media Relations Committee.



The Aesthetic Society Wins Prestigious Best Social Media Award!

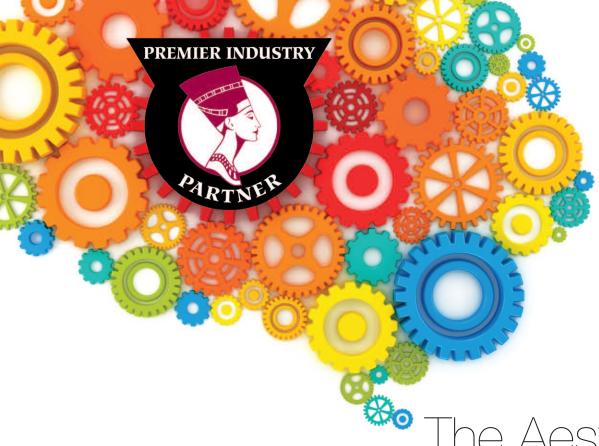
By Jack Fisher, MD

e are excited to announce ASAPS has been named winner of the ACE Ragan PR 2013 Award for Best Social Media by an in-house public relations team! The ACE Award is a prestigious communications award commissioned by Ragan Communications and PR Daily that honors individuals, agencies and in-house teams who have used communication to overcome obstacles.

In the social media category, judges looked at how the ASAPS communication team uses social media to reinforce ASAPS messages on other communication platforms.

What impressed the judges is how we use "social media to change perceptions about the aesthetic plastic surgery industry. The public has historically viewed aesthetic plastic surgery quite skeptically, but the ASAPS communication team employs Facebook, Twitter, Pinterest, and its blog to share information about plastic surgery so patients can make informed decisions."

Congratulations to the members and staff of the Aesthetic Society for our effort in changing perceptions of the plastic surgery industry through social media.



The Aesthetic Society's Premier Industry Partnership Program

Working together to advance the science, art, and safe practice of aesthetic plastic surgery among qualified plastic surgeons.

It's more than just business to us.

















- BY ZEIN OBAGI, MD -

Industry Update: CosmetAssure signs on as new Alliance Partner

osmetic insurance provider, CosmetAssure joins Rosemont Media as an Alliance partner of The Aesthetic Society this November. CosmetAssure helps the patient cover the cost of an unexpected complication from surgery and is exclusively available to board-certified plastic surgeons. Their strict guidelines for acceptance into their program and comprehensive coverage for aesthetic procedures started in 2003 and is now available in all 50 states.

Co-owner of Aesthetic Surgeons' Financial Group (ASFG), the parent company of CosmetAssure, James Sedgwick, is a United States Air Force Captain who graduated with a law degree and served as General Counsel to multiple insurance companies before rising up the executive ladder, retiring and then creating his own consulting firm. He shared some background on CosmetAssure with ASN so that members could see how their goals align with those of The Aesthetic Society.

CosmetAssure and The Aesthetic Society

We had long recognized the need for such a product due to the fact that a patient's own hospital insurance did not cover medical complications from cosmetic surgery. In June of 2003 the first policy was sold. The product was named CosmetAssure. The first time we exhibited was at the Atlanta Breast Symposium in 2004. Since then we have been an exhibitor at every annual meeting of the Aesthetic Society.

Why The Aesthetic Society's partnership program?

CosmetAssure is sold only to board-certified plastic surgeons and covers only cosmetic procedures of the face, neck and body. Thus, the surgeons eligible to purchase CosmetAssure are the same surgeons that constitute the membership of the Society. We now insure several hundred Aesthetic Society member surgeons and with our new relationship with ASAPS, we hope to provide coverage to even more. Complications are a part of surgery and offering financial protection for them is in everyone's best interest.





Challenges to overcome

Our biggest challenge is to connect with the decision maker in each office. That individual could be the surgeon, office manager, nurse, etc. We believe that by becoming an Alliance Partner we can better understand the needs of the individual members and communicate with them in a positive way. The plastic surgeons who use CosmetAssure tell us that they have peace of mind when they operate and patients are relieved to know that there's coverage for unexpected complications. Everyone is protected. We look forward to communicating that to the entire membership and working with top-level board members to increase our effectiveness.

Hopes for the future

We see a multitude of benefits in working with The Aesthetic Society through the partnership program. Not only will we be able to represent the Society in our literature and online, but we can help support ASAPS members and help set them apart in the field. When one plastic surgeon offers this to a patient and another does not, the patient will know who is looking out for their best interest.

Secondly, CosmetAssure is unique in that not only do we sell a product, but we also collect critical data. We have more data on medical complications following a cosmetic procedure than anyone and our data is unique in that we capture data for each procedure, not just those with a complication. Our goal is to develop, analyze and publish this data in order to increase the safety of cosmetic surgical procedures.

Developing a closer relationship with The Aesthetic Society as a whole—the board, the staff and its members—will permit us to discuss mutually beneficial concepts and ideas which will undoubtedly grow both the Society and CosmetAssure.

For more information, visit www. cosmetassure.com

In the Next ASN - Just Signed...New Partners

The Aesthetic Society is pleased to welcome Canfield Scientific as our newest Alliance Partner and Merchant Advocate as our newest Endorsed Member Service (EMS) Provider. Look for the spring issue of ASN to learn more about the products and services can be an assets to your practice.

IMAGING EXCELLENCE FROM



As a global leader in imaging systems, services and products for scientific research and healthcare applications, Canfield Imaging Systems has just signed on as an Alliance Partner with The Aesthetic Society. As a longtime exhibitor and provider of products and services to many ASAPS members, we welcome them as a corporate partner and look forward to working with them in 2014.



Known in the industry as the company that's "On Your Side," Merchant Advocate has signed on as an Endorsed Member Service (EMS) Provider for The Aesthetic Society. The EMS program is meant to help ASAPS members save money, while growing your practices. Credit card processing fees are a large part of the payment process for plastic surgeons—Merchant Advocate ensures you are getting the best deal because if you don't save money, they don't charge you.

I'LL BE BACK

for my surgery

and ongoing care

because you gave

me another option

to pay for the

procedures I want.



PAYMENT options with CareCredit make it easy for more patients to get, and keep, the look they want.*

Offering the CareCredit healthcare credit card as a payment option to every patient is one of the easiest changes you can make to help achieve your practice goals. Think of it as the personal beauty card your patients can use every time they visit your practice – for surgery or ongoing procedures like BOTOX Cosmetic or fillers. 60% of ASPS Member Surgeons are already experiencing the difference CareCredit can make. Why not you?

Call 866-247-3049 to ENROLL AT NO COST.





*Subject to credit approval. MAG/PSN 2013

Continued From Cover

ASAPS Members: Your Vote Is Needed!

which included the implementation of an additional category, a new "Candidate for Membership, Program" that would replace the current Candidate Program, as well as additional changes to the Active Member category, detailed below. Our hope is that by creating a clear path to membership, we can demonstrate the value of ASAPS to a new generation of surgeons and engage prospective new members earlier in their careers.

Our webinar will detail these proposed changes, allow for questions, and will be followed by an electronic vote by ASAPS Active Members. Should the recommendations be approved, we'll begin to fully promote these changes at The Aesthetic Meeting in San Francisco, which is our best platform for attracting prospective candidates and members.

Candidate for Membership Program

The recommended "Candidate for Membership Program" or "International Candidate for Membership Program" is a category for plastic surgeons who have graduated and not yet passed their Boards, clearly acknowledging that while the individual is a Candidate for Membership, it does not include full membership in the organization, is not a category of membership and does not entitle the applicant to vote, hold office or use the logo. To apply for this category, the individual must meet the following requirements:

- Recommendation letter from an active/life member or the applicant's program director (does not need to be an ASAPS member)
- Board admissibility by the American Board of Plastic Surgery or Royal College of Physicians and Surgeons of Canada
- Attendance at an ASAPS Annual Meeting within 4 years prior to application date
- Provide verification of accreditation of any surgical facilities that are used
- Agree to abide by the Society's Bylaws and Code of Ethics

Our hope is that by creating a clear path to membership, we can demonstrate the value of ASAPS to a new generation of surgeons and engage prospective new members earlier in their careers.

Members of The Aesthetic Society, please make plans to attend a webinar on Wednesday February 19, 2014, at 5pm (PST)/8pm (EST), focused on proposed Bylaws changes.

Active and International Members

In addition to the proposed changes to the Candidate for Membership Program, the Membership Task Force also recommended revising the current Bylaws for Active and International Active membership to allow for earlier entrance to the membership process. For Active member applicants, they recommend the following new requirements:

- Board Certification by the American Board of Plastic Surgery or Royal College of Physicians (eliminating the 3-year wait requirement)
- Documentation of a minimum of 75 aesthetic surgical cases during an 18-month period (versus the 12 months currently required) OR completion of a 12-month ASAPS-endorsed aesthetic fellowship

Other Bylaws Proposals

Additionally, the Board recommends the implementation of the following new standing committees and councils: Ethics Committee, Judicial Council, Women's Aesthetic Surgeons Committee, and Aesthetic Training Committee.

Attend the Webinar and Vote

Please join us for the webinar on Wednesday, February 19 at 5:00 p.m. Pacific/8:00 p.m. Eastern and make sure to respond to the electronic vote, which will be emailed to you by Monday, February 24. These proposed Bylaws changes will further our Society by encouraging growth while still maintaining our standards for excellence. We appreciate your ongoing support of The Aesthetic Society.

Jack Fisher, MD is an aesthetic plastic surgeon practicing in Nashville, Tennessee, and serves as President of the Aesthetic Society.





When Balance Billing Crosses the Line

By Bob Aicher, Esq.

alance billing is simple enough, providing you follow the rules. If you're an out-of-network provider, the patient's insurance company will reimburse only a pittance, so you send the patient a bill for the balance. That practice is legal in most states, but not in California for emergency services. Enter Jannette Martello, MD, a South Pasadena, California plastic surgeon (ABPS certified but not an ASAPS member) with a law degree from the UC Berkeley's Boalt Hall.

Dr. Martello's modus operandi was to see patients in local emergency rooms and exact promises from the patients and/or their families to pay her whatever their insurance company denied. When her patients didn't pay, Dr. Martello, representing herself, filed 70 lawsuits against them between 2007 and 2011. Her rationale was that the patients were stable at the time she treated them and she was simply more aggressive than most about getting paid. The problem is that if the services were cosmetic, she should not have billed the patients' insurance companies, and if the services were emergency, then it was illegal for her to balance bill.

In 2010, the California Department of Managed Health Care issued a Cease and Desist order against Dr. Martello. When she ignored it, they sued her in 2011 in Los Angeles Superior Court. In 2012, the Department obtained a preliminary injunction against her balance billing practices while the case proceeded to trial. Dr. Martello ignored that preliminary injunction as well.

The Medical Board of California reviewed the Department's proceedings and on its own filed a complaint against Dr. Martello regarding five patients she had balance billed. While the Department's lawsuit was still pending, the Medical Board rendered its own decision on September 6, 2013. Dr. Martello was placed on probation for five years, conditioned upon her taking a medical ethics course, naming another physician to monitor her billings, dismissing any pending lawsuits and paying restitution to the five patients whom she illegally balance billed. Notably, the Medical Board stated in its Decision:

89. Rehabilitation. Of concern is the complete lack of remorse or contrition expressed by Respondent. She has failed to accept even a scintilla of responsibility in any regard. Respondent presented no evidence indicating that she has engaged in any degree of retrospection, introspection or rehabilitation. Based on the record presented in this case, there is no doubt that if the status quo remains, Respondent will in the future engage in exactly the same behavior regarding balance billing and collections from her patients.

Dr. Martello's troubles were not over with the Medical Board's order of discipline.

The next decision against her was harsher still. On November 11, 2013, Judge David Milton granted a permanent injunction against Dr. Martello, and as reported by the Los Angeles Times, Dr. Martello was also ordered to spend five days in jail for violating the court's 2012 preliminary injunction and to pay \$562,500 in penalties. Dr. Martello has appealed her jail sentence and may appeal the fines.

And there's more. On April 9, 2013, the 6th Circuit Court of Appeals affirmed the dismissal of a lawsuit by Dr. Martello against a Kentucky attorney, Joshua Santana based upon an illegal contingency fee-splitting arrangement.

Dr. Martello claimed Attorney Santana was to pay her at least 20% of personal injury proceeds recovered by patients she steered to him. In denying her claims, the court first observed that Dr. Martello should have known better. She had failed the Kentucky and New York state bar exams 4 times and was not practicing law anywhere, but she did pass the Multistate Professional Responsibility [ethics] exam in 1997, the same year she received her law degree from Boalt Hall. This was significant to the court because Attorney Santana promptly informed Dr. Martello that her proposed arrangement would constitute fee splitting with a non-lawyer, a breach of professional ethics.

Attorney Santana instead agreed to pay Dr. Martello an hourly fee for her work on each patient's lawsuit. This arrangement was apparently satisfactory until Dr. Martello found out that one of these contingency cases

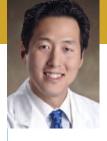
settled for \$1.75 million. On April 9th the 6th Circuit confirmed that Dr. Martello's alleged contract with Attorney Santana was barred by the statute of limitations, prohibited by the Kentucky Rules of Professional Conduct and void as against public policy.

So here we have a plastic surgeon who flouts judicial orders, attempts to enforce unethical contracts, and engages in illegal billing practices—all after having been informed of the wrongfulness of her conduct—resulting in medical board discipline, over half a million dollars in penalties, and an order of five days in jail in 2013. Let us hope Dr. Martello has a better 2014.

Dr. Martello's experience may seem unique, but in reality, balance billing by plastic surgeons is commonplace. However, in extreme situations, it is also arguably unethical. A 2012 report from the New York State Department of Financial Services www.governor.ny.gov/ assets/documents/DFS%20Report.pdf highlighted a patient's experience at the emergency room of a participating hospital. Following a table saw accident, his finger was reattached by a non-participating plastic surgeon who billed him \$83,000. The patient then received from the non-participating assistant surgeon another bill for \$16,000. The report concluded such balance billing, euphemistically called "surprise medical bills," continue to be a significant cause of personal bankruptcy.

For ASAPS members, balance billing potentially violates our Code of Ethics when the charges are exorbitant, especially for emergency care. Many factors are considered in determining the reasonableness of a bill, including advance informed consent. However, as Dr. Martello learned, even a patient's informed consent will not save you if balance billing is illegal in your state, so check with your medical board. It's so much better for you to call them than for them to call you.

Bob Aicher is General Counsel to ASAPS and has represented the society for 24 years. He lives in Pasadena, California, and can be reached by phone at 707-321-6945 or by email at aicher@sbcglobal.net.



How To Use TV To Get Patients

By Anthony Youn, MD, FACS

"Does being on TV get you patients? If so, how do I get on TV?"

I'm asked these questions quite often. The answer to the first question is a definite "yes." The answer to the second question is a bit more complicated.

A study from the CDC found that 88% of Americans learn about health issues from TV. This statistic isn't surprising, given the fact that there are three national daily shows hosted by actual physicians: *The Doctor Oz Show, The Doctors*, and *Dr. Drew On Call*. CNN's Dr. Sanjay Gupta is virtually a household name, and other programs, such as Katie and The Rachael Ray Show, commonly feature physician experts.

Go local. Not only is it easier to obtain a segment on your local news station, but it can actually provide greater benefits than a national appearance.

So how does a plastic surgeon without any prior television experience get on one of these programs?

Unless you live in New York or Los Angeles, or have published groundbreaking research that the show plans to cover, it's simple. You can't. Producers from these national television programs receive dozens of pitches from doctors and their publicists every day and ignore virtually every single one. In general, you need to have an "in" to get an appearance on a national show.

That being said, there is a relatively easy way for a plastic surgeon to get involved with broadcast media.

Go local. Not only is it easier to obtain a segment on your local news station, but it can actually provide greater benefits than a national appearance.

A Gallup poll revealed that more people trust their local media than national media. In my experience, more new patients call my office after I'm featured on a local television

segment than on a national one. Plus, local news segments tend to air more than once, often several times over a weekend. Even in very small markets, these repeated airings can result in tens of thousands of potential patients learning about you. And you'll be assured that every one of these viewers lives within a short drive of your office.

So how does a plastic surgeon get a local news segment?

There are two ways. You can pay a publicist to do it for you, or you can do it yourself at no cost by searching your local news station's website for the name and contact information of the health producer. He or she is the one who decides what makes it on air. If you can't find this information online, check with your local hospital's public relations office. The hospital's publicist should have this contact information, and can even put in a good word for you with the producer.

The next step is to put together a newsworthy story. Do you have something new in your practice to promote? Health producers are typically interested in the latest technological innovations, such as non-invasive fat reduction or the newest laser treatment. If you haven't invested in new equipment, your next option is to find an interesting patient who would share his or her story on TV. Producers are often drawn to stories about botched work from non-plastic surgeons (a perfect time to mention ASAPS), feel-good segments such as soldiers getting reconstruction after battlefield injuries, and timely stories such as plastic surgery as a Christmas or Valentine's gift.

The main thing to keep in mind, for any type of local segment, is that you need to have a patient willing to go on air. Local segments almost always focus on the patient and their treatment, with the doctor (you) as a supporting character.

After your segment is taped, producers will typically let you know in advance when the segment will air. Make sure to notify your office staff about the broadcast date. If the segment airs at 5 p.m., then consider extending your office hours so you can take advantage of



all the calls from new patients. If the show airs late, such as the 11 o'clock news, then make sure to instruct your answering service to take down the callers' information for your staff to contact the next day.

It's also helpful to send an email to your current patients to let them know you'll be featured on TV. I'm surprised how many patients will actually DVR my television spots and tell their friends to tune in.

While very few of us have the chops to become the next Sanjay Gupta, most of us can be a very effective expert for our local news stations. Local TV can allow you to educate the public, promote the Aesthetic Society brand, and bring patients to your door.

All without paying a penny.

Anthony Youn, MD, FACS, is an active member of ASAPS and has been featured on several local and national television programs, including The Rachael Ray Show, The Doctor Oz Show, and Good Morning America.

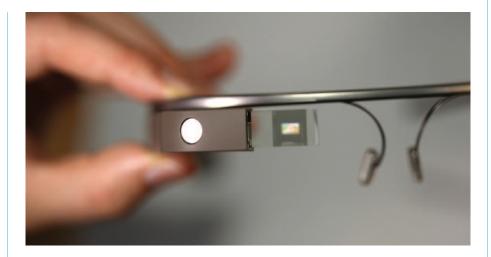


Google Glass and the Surgeon

By Lorne Rosenfield, MD

eter Drucker said, "If you want something new, you have to stop doing something old." In surgery, in order to "stop doing something old," new technology must intersect with old surgical habits. A new innovation, Google Glass, could truly disrupt some of our age-old dynamics in the operating room. This technological wonder is simple in concept but contains a powerhouse of potential. Google Glass is essentially a wearable computer with an optical head-mounted display. Think of your car's rear-view mirror, but instead of seeing what's behind you, you see a computer screen at your disposal by voice command. And, to continue the analogy, think of your front windshield, and that everything you see can be transmitted wirelessly to anyone else with any device anywhere in the world.

When my college-aged son, Michael, applied and became one of only a couple thousand Google Glass "Explorers" to receive the device this summer, I imagined I would be testing it in my operating room at some point. However, as is our competitive nature, when I started reading about the first European and American surgeons transmitting their surgery through Google Glass, I was prodded into action: I informed my son that on his way back to college, his Google Glass would be missing from his backpack. I chose an upcoming blepharoplasty as the prototype case because its seminal step, the pinch, could be completed within minutes and thus not strain this very beta technology. But first he and I made many a practice run in my operating room simulating the transmission of a surgery through the online video conferencing application called Google Hangout. Although the dress rehearsal was successful, the device did demonstrate some of its shortcomings: because the camera's angle is fixed at a decidedly anterior orientation, the surgeon must unnaturally hyper flex his neck in order to insure that the spectator sees what the surgeon sees. Also, the video is of lower quality and can freeze up intermittently, regardless of the upload bandwidth. But despite these limitations I felt it would still be worth testing in vivo. A patient was chosen and consented, and the residents at both UCSF and Stanford plastic surgery programs were invited to observe the world's first



Google Glass streamed plastic surgery at precisely 3 p.m. on October 29th, 2013. Parenthetically, as we do with our patients, I did insure that the resident participants' expectations were properly adjusted: this live stream would not be the high definition video we have all become accustomed to at our live surgery meetings.

So, as is often the case with any "live" performance, on the day of the surgery, the internet service went down in our town and the office computer failed to connect to Google Glass. But like any well-designed surgery, my son and I had embedded redundancies in our plans: a back-up hotspot using my mobile phone and an extra computer were at the ready in the operating room.

I conducted the facelift and upper eyelid portions of the surgery, leaving the lower eyelids for the appointed time of transmission. Meanwhile, my son, from his dorm room at Case Western, was primed to invite all the participants from his Google Glass account and run tech mission control during this veritable "lunar launch." When the hour arrived, the Glasses were carefully fitted over my readers, since there is actually no prescription "glass" within the device yet. With voice activation, its "rear-view mirror" computer screen sprung to life hovering before me. I had placed a piece of a sterile 10/10 drape on the Glass's side to utilize some additional touch-sensitive controls on the device's side arm, as well as a pair of

noise-cancelling headphones to amplify my hearing since the Glass transmits sound by bone conduction. Then once all the participants' images assembled one by one at the bottom of the Google Hangout screen, I torqued my neck into the hyperextended position and proceeded to conduct the pinch portion of the surgery. I was informed, with great relief, that all systems were working flawlessly: the "Eagle had landed"!

The potential medical benefits of this technology will be myriad. Google Glass will break down the cost and logistical barriers to real-time transmission of surgery, which will benefit students and fellow surgeons alike anywhere in the world. Beyond this core utility, with the proper software, the surgeon will be able to, with its primarily hands-free attributes, call up valuable information on the spot: the patient's medical record; vital signs; laboratory, scan and x-ray results; relevant anatomy/technical considerations; etc. Additionally, the anesthesiologists and nurses in the room will be using the Glass for similar purposes, accomplishing many tasks more efficiently and accurately, such as the completion of safety checklists, monitoring the patient's vitals, searching the patient's medical record, and so on. And clearly, many of these same benefits and more could be applied to the physicians and nurses, et al. in the rest of the hospital, whether it is the patient ward, the ICU, or the emergency room.

Continued on Page 32



Why 2014 Tax Planning Early in the Year is Crucial: What You Should Consider in the 1st Quarter

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

As most ASAPS members know, 2013 brought with it higher federal tax rates for high-income physicians in all states—as federal income and capital gains tax rose across the board. In addition, with the passage of the Affordable Care Act (ACA), Medicare taxes rose on income and are now also applied to capital gains and dividends. This means that for ASAPS surgeons in the highest tax brackets, marginal income taxes reach above 55%. To think that you may work for more than half of the year just to pay your taxes should motivate you to want to take action.

What action should you take? This article should provide you with a few ideas. Most of them in fact, should be examined in the first quarter of the year, so if they make sense for you, they can be implemented early and funded regularly so that your overall 2014-tax benefit is maximized. Waiting until the end of the year to try to reduce your taxes is often a losing game.

To think that you may work for more than half of the year just to pay your taxes should motivate you to want to take action.

Techniques to Reduce 2014 Income Taxes

1. Maximize the Tax Benefits of Your Qualified Retirement Plan (QRP)

Nearly 95% of physicians have some type of QRP in place. These include 401(k)s, profit-sharing plans, money purchase plans, defined benefit plans, 403(b)s, or even SEP or SIMPLE IRAs.

However, most of these plans are NOT maximized for deductions for the business/ practice owner(s). The Pension Protection Act of 2006 improved the QRP options for practice owners. In other words, many owners may be using an "outdated" plan and forgoing further contributions and deductions permitted under the most recent rule changes.

In fact, defined benefit plans, including "cash balance plans" or "combination plans"



are becoming much more popular in medical practices in the last year. If you have not examined these plans lately, you should. If implemented early in 2014, such contributions can "feel" easier, as they are funded monthly out of cash flow rather than with a large end-of-year check. Knowing early in the year that such contributions will be made can also reduce quarterly tax burdens.

2. Implement a Fringe Benefit or "Hybrid" Plan

Unfortunately, the vast majority of ASAPS members begin and end their retirement planning with QRPs. Most of you have not analyzed, let alone implemented, any other type of benefit plan. Have you explored fringe benefit plans, non-qualified plans or "hybrid plans" in the last two years? The unfortunate truth for many aesthetic surgeons is that they are unaware of plans that enjoy favorable short-term and long-term tax treatment. If you have not yet analyzed all options, we highly encourage you to do so.

As with QRPs above, if implemented early in 2014, contributions can "feel" easier as they are funded monthly out of cash flow and early contributions can reduce quarterly tax burdens as well.

Consider a Captive Insurance Company (CIC)

CICs are used by many of the Fortune 1000 for a host of strategic reasons. For a medical practice, a CIC can be equally beneficial, especially for the practice owners. Here, you actually create your own properly licensed insurance company to insure all types of risks of the practice—often those that have little coverage today. These can be economic risks (that revenues drop), business risks (that electronic records are destroyed), litigation risks (coverage for defense of harassment claims or wrongful termination), and even coverage for surgery centers and real estate. If it is created and maintained properly, the CIC can enjoy tremendous income tax benefits that can translate into hundreds of thousands of dollars of tax savings annually.

Once again, if implemented early in 2014, premiums paid to CICs can "feel" easier as they are paid quarterly or monthly out of cash flow and can reduce quarterly tax burdens as well.

Techniques to Reduce Taxes on Investments

1. Planning for the 3.8% Medicare Surtax

For individuals, the amount subject to this Medicare surtax tax is the lesser of (1) net investment income (NII) or (2) the excess of a taxpayer's modified adjusted gross income (MAGI) over an applicable threshold amount.

Fortunately, there are a number of effective strategies that can be used to reduce MAGI and or NII and reduce the base on which the surtax is paid. These include (1) Roth IRA conversions, (2) tax exempt bonds, (3) tax-deferred annuities, (4) life insurance, (5) oil and gas investments, (6) timing estate and trust distributions, (7) charitable remainder trusts, (8) installment sales and maximizing above-the-line deductions. We would be happy to explain how these strategies might save you large amounts of surtax.

2. Use Charitable Giving for Capital Gains Tax Planning

There are many ways you can make tax beneficial charitable gifts while benefiting your family as well. Charitable Remainder Trusts (CRTs), Charitable Lead Trusts (CLTs), Private Foundations—these all can be used, within

Continued on Page 32



Continued From Page 31 2014 Tax Planning

the IRS rules, to benefit charitable causes, reduce taxes and retain some benefits for families. If you have considered any of these tools in the past, implementing them in a year of high income might be a good idea.

Conclusion

This article provides you information concerning potential tax savings for 2014. The key is to take the time to evaluate which of these concepts, or others not mentioned in this short article that may work for you. Also, as emphasized throughout the article, early planning is most effective and least painful from a cash flow perspective. Waiting until the end of the year to save taxes often frankly does not work.

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 physicians and their CPAs nationwide. Carole C. Foos, CPA works as a tax consultant for OJM Group. They can be reached at 877-656-4362 or mandell@ojmgroup.com.

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Continued From Page 30 Google Glass and the Surgeon

As this is written, there are already several forward-thinking companies working on medical/surgical applications for Google Glass. Jim Grotting, MD, most recently made me aware of an augmented-reality two-way conferencing software for Glass developed by the University of Alabama called VIPAAR, or Virtual Interactive Presence in Augmented Reality. This software recently allowed a surgeon in Atlanta to "place" his hands within the wound of a patient at UAB and guide the surgeons as though he were assisting in person. Several other emerging companies are similarly on the road to developing health care applications for the device. Obviously, like all revolutionary information technologies, the great challenge will be to harness its enormous benefits while still respecting the privacy of both our patients and ourselves. I have great confidence that like all innovations in medical history, whether it was the first clandestine anatomical dissections or the initially very wary adoption of sterile techniques in the operating room, this advance will be similarly integrated into our medical system for the benefit of all. In fact, an exciting Innovation and Google Glass panel is planned for the San Francisco ASAPS meeting this spring to discuss these very issues.

In the meantime, more importantly, it is projected that Google Glass will be for sale to the public for several hundred dollars by early next year. This imperfect technology is clearly "bleeding edge," but I encourage all of us, as Drucker advised, to "want something new," to don a pair of these glasses, and help peer into our collective futures.

Lorne Rosenfield, MD, is an aesthetic plastic surgeon practicing in Burlingame, California, and serves on the ASAPS Patient Safety Committee.

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SMART BEAUTY GUIDE



Put Smart Beauty Guide to Work for You!

By Sanjay Grover, MD



BROUGHT TO YOU BY
THE AMERICAN SOCIETY FOR
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n behalf of the entire Marketing Task
Force, thank you to those valued ASAPS
members who have eagerly embraced the new
Smart Beauty Guide consumer education and
marketing brand. It has been a thrill for us to
see how many of you have utilized our free
web and print ad templates in advertising
your practice, purchased the new marketing
materials, and linked from your site to the
new SmartBeautyGuide.com. As you know,
our goal is to have consumers:

- Request a consultation from an ASAPS member surgeon
- Use Smart Beauty Guide's website to obtain accurate, unbiased information on all aesthetic procedures, allowing potential patients to make an informed choice
- Recognize the Aesthetic Society member as the natural choice for those seeking procedures and non-invasive options

To that end, we look to you, our members, to help us further the reach of Smart Beauty Guide. How can you help?

Promote & Utilize the New Website: SmartBeautyGuide.com

This new website is an excellent resource for your patients, and if you link to SmartBeautyGuide.com using your personal Enhanced Practice Profile (EPP) URL, you will not be in competition with your colleagues, as the Find-A-Surgeon feature will be hidden. Logos for your website have been provided to all Aesthetic Society members via email, so simply place a logo on your website and link it to your EPP. SmartBeautyGuide.com will

recognize your visitors and hide the Find-A-Surgeon tool.

Those members who have an EPP know that their profiles were migrated onto the new site at its launch. For those members who don't yet have an EPP, I strongly encourage you to consider one at this time. The EPPs have new features which allow you to become the Featured Local Surgeon on the website and also strip away competitive features, to ensure your prospects and patients do not see other surgeons.

Complimentary for Members

In addition to the new website, which is a benefit of membership in The Aesthetic Society, there are two other key **complimentary** features of Smart Beauty Guide.

- Video Shoots. 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! Simply coordinate patients to be videotaped and secure a location, such as your practice, and we will send a videographer. These videos will be utilized on SmartBeautyGuide.com, and you'll also receive a video for use on your own website. To sign up or for more information, please contact Jian Sun at jian@surgery.org or call 1.800.364.2147 or 1.562.799.2356.
 - Web and Print Ad Templates. Another complimentary benefit is our exclusive Smart Beauty Guide print and web advertising templates, 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. We can also help you with media analysis, both web and print. Contact John O'Leary, Director of Marketing and Public Education at john@surgery.org or call 1.800.364.2147 or 1.562.799.2356.
- Become an ASAPS member blogger! For ASAPS members, we welcome your blog contributions as well. If you're interested in contributing original content for the new website, please contact Digital Content Manager Jian Sun at jian@surgery.org, or 1.800.364.2147 or 1.562.799.2356.
 Bloggers will be credited with Google+ authorship.

Smart Beauty Guide is our chance to own the aesthetic surgical space and define ourselves as the specially trained surgeons we are. You can help by embracing this new brand: link to the website, purchase the new marketing materials, participate in video shoots, utilize our complimentary advertising templates, and help promote our new contest.

If you have suggestions on how we can further enhance or promote Smart Beauty Guide, please feel free to contact me, as I welcome your input.

Sanjay Grover, MD, is an aesthetic plastic surgeon practicing in Newport Beach, California. He serves as Chair of the Aesthetic Society's Marketing Task Force and sits on the ASAPS Board of Directors.

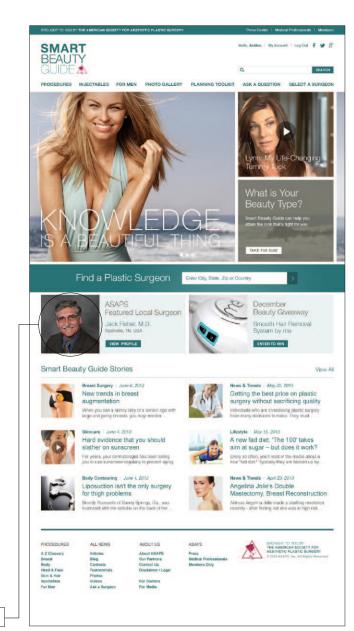


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Launching with the new Smart Beauty Guide website, enjoy a completely redesigned Enhanced Practice Profile page. You won't want to miss out on all these Enhanced Practice Profiles (EPPs) have to offer!

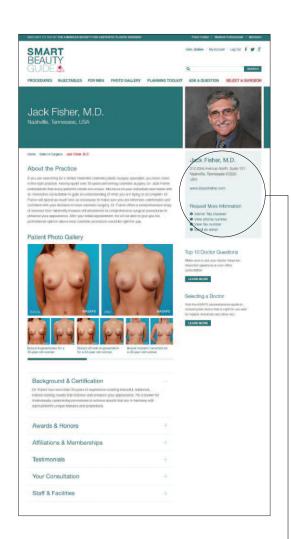
- Featured Local Surgeon. Be a Featured Local Surgeon on the home page of SmartBeautyGuide.com and other key pages throughout the website. The Featured Local Surgeon area displays your profile photo, geographical location and a link to your profile. This new feature is location aware, which means site visitors will be local to your area.
- Improved User Experience. Completely reengineered from the ground up, the new single-page layout sports a beautiful new design with several usability enhancements that allow site visitors to browse your EPP with greater ease.
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- No More Competitors. By placing a special link from your website to the new Smart Beauty Guide site, all competitive aspects of your profile will be removed, such as links to other surgeons or the Find-a-Surgeon locator. This great new feature eliminates the chance that your patient would consult with another member in your area. No need to be concerned about losing potential leads!

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