



FDA Alert on Soft Tissue Fillers

On May 28, 2015, the FDA released a Safety Communication on Soft Tissue Fillers, found at <http://1.usa.gov/1FHjV96>

Through MedWatch, patients have reported serious adverse events, including changes in vision, signs of a stroke and soft tissue loss, related to the unintentional injection of soft tissue fillers into blood vessels in the face. Locations where blood vessel blockage occurred more frequently included the skin between the eyebrows/nose (glabellar), in and around the nose (angular artery), forehead, and around the eyes (periorbital). FDA is requiring updated product labeling for physicians and patients. <http://1.usa.gov/1KZJuct>

Action Required:

Immediately update your consent forms to include FDA's newly mandated warning and precautions for soft tissue fillers.

Commonly Asked Questions

Q1. I don't understand what I need to add or replace to my soft tissue filler consent forms.

You need to expand the "adverse events" section of your document. As noted in the FDA's May 26, 2015 letter to manufacturers (found here: <http://1.usa.gov/1KZJuct>), they recommend this language:

"Warning: One of the risks with using this

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Incoming ASAPS President James C. Grotting and outgoing ASAPS President Michael C. Edwards display their dedication to aesthetics during The Aesthetic Meeting 2015.

RADAR Resource 2.0—All You Need to Know

Accessing RADAR

With the launch of RADAR Resource 2.0 at The Aesthetic Meeting 2015 in Montréal, ASAPS Members, Candidates for Membership, Resident Program enrollees, and ASJ subscribers can now transition from the previous AnzuMedical strictly iPad app to ASAPS RADAR available on computers, smartphones, and various tablets. Any Notes and Binders created on the AnzuMedical app will appear once logged into the new ASAPS RADAR.

From your computer, smartphone, and/or tablet:

- Navigate to www.radarresource.org from your web browser.

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NEW: CME Tracking with My CME Record!

One of the top requests from ASAPS Members has been that The Society create its own CME tracking system. We're happy to report that now ASAPS has, and we welcome you to explore "My CME Record," exclusively for ASAPS Members. This newly-developed ASAPS online tool is ready to maintain all your CME requirements for you. Here's how it works:

Step One: Navigate to asaps.org

Step Two: Log-in. The log in name is always "first name"- "last name." Please note that if you use an initial as your first name, that "initial"- "last name" will be your log in. Use "Forgot your password" to generate a new password.

Step Three: Select the top right-hand site choice, "MY CME Record," which allows you

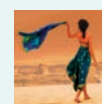
to see all credits on file with ASAPS from January 2012 to this date. *Please also recall that AMA requires physicians to claim CME credits.*

- If you attended the Montréal meeting and did not yet claim credits, please do so soon at surgery.org/eval.
- If you completed your 2015 Montréal meeting evaluation form[s] and claimed your credits, you received a notice in an email that your credits were uploaded to your individual My CME Record 1.0.
- You may add your other CME activities as well as create specific cycles for your credentialing and licensure CME requirements.

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WE ARE AESTHETICS.

Save the Dates!



ASAPS Las Vegas Aesthetic Symposium

STATE OF THE ART IN FACIAL REJUVENATION

January 14–16, 2016

The Cosmopolitan Hotel of Las Vegas
Las Vegas, NV



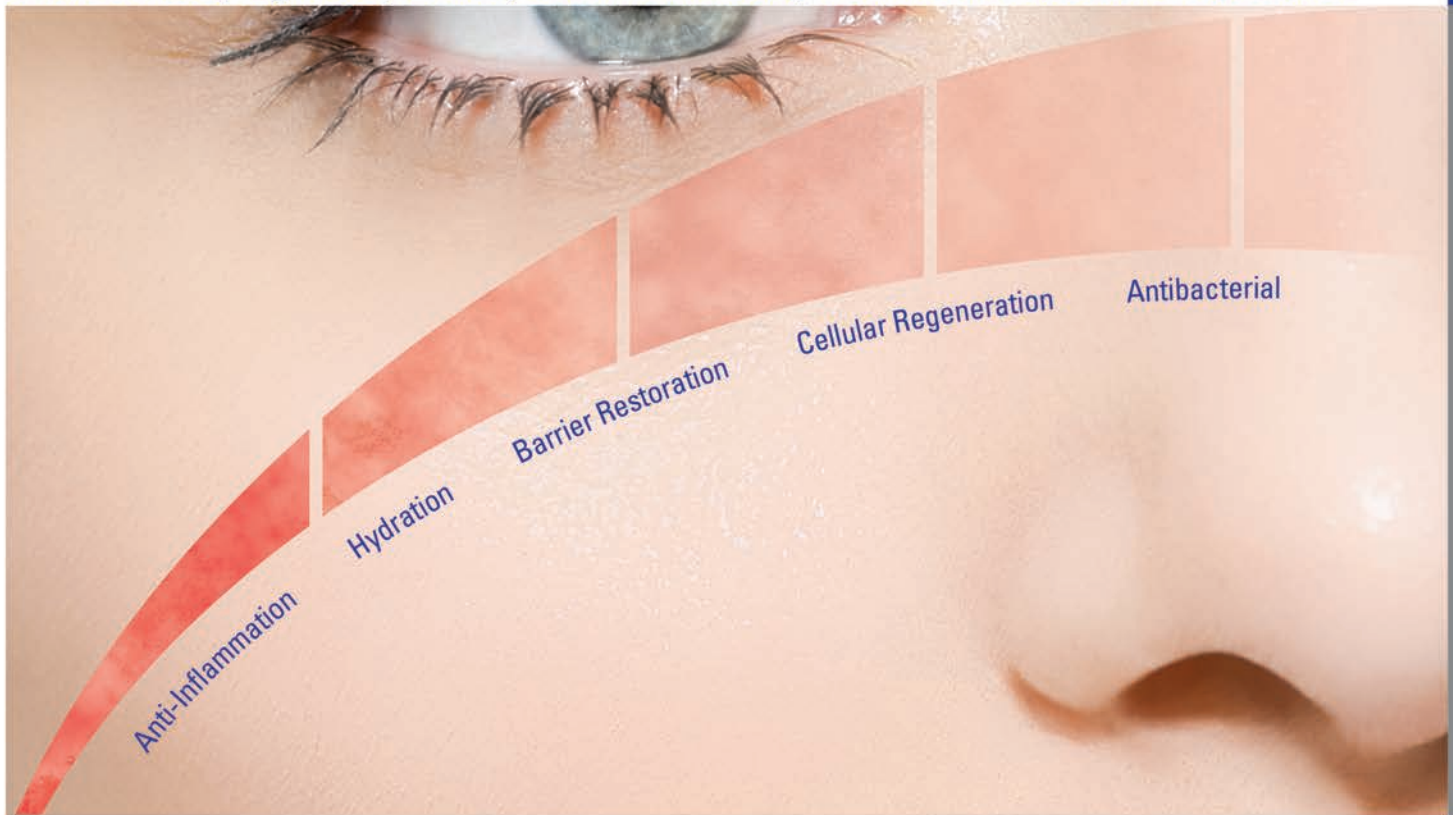
The Aesthetic Meeting 2016

April 2–7, 2016

Mandalay Bay Resort & Casino
Las Vegas, NV

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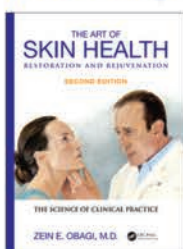


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Aesthetic Society News

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

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The American Society for Aesthetic Plastic Surgery



The Aesthetic Surgery Education and Research Foundation

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ASAPS Members Forum: www.surgery.org/members

ASAPS: www.surgery.org

ASERF: www.aserf.org

ASAPS Consumer Education:
www.smartbeautyguide.com

Society of Plastic Surgical Skin Care Specialists:
www.spsscs.org



ASAPS Calendar

ASAPS Jointly Provided & Endorsed Symposia



August 9 – 17, 2015

The Aesthetic Cruise 2015— Controversies & Challenges in Aesthetic Surgery

Barcelona Spain to Lisbon Portugal
562.799.2356
www.surgery.org/cruise2015

September 18 – 19, 2015

Canadian Society for Aesthetic Plastic Surgery 42nd Annual Meeting

Le Westin Montréal
Montréal, Québec, Canada
905.831.7750
www.csaps.ca/meetings

September 29 – October 3, 2015

AAPRS Annual Fall Meeting

Sheraton Hotel
Dallas, TX
703.299.9291
https://members.aaprs.org/wcm/The_Academy/For_Physicians/p/Education/Meetings.aspx

October 8 – 11, 2015

QMP's 11th Annual Aesthetic Surgery Symposium

Chase Park Plaza Hotel
St. Louis, MO
314.878.7808
www.qmp.com/meeting2015/aesthetic

October 23, 2015

1st Norwegian American Aesthetic Surgery Meeting

Holmenkollen Rica Hotel
Oslo, Norway
Busch.christian@gmail.com
www.sfep.se/news_now/1st-norwegian-american-aesth-surg-meeting-oslo-october-23-2015/

December 3 – 5, 2015

The Cutting Edge 2015 Aesthetic Surgery Symposium

The Waldorf Astoria Hotel
New York, NY
212.327.4681
www.nypsf.org/



January 14 – 16, 2016

ASAPS Las Vegas 2016 Aesthetic Symposium

The Cosmopolitan Hotel of Las Vegas
Las Vegas, Nevada
562.799.2356
www.surgery.org/lasvegas2016

February 11 – 13, 2016

50th Baker Gordon Educational Symposium

Hyatt Regency Miami, Miami, FL
305.859.8250
www.bakergordonsymposium.com



March 31 – April 3, 2016

SPSSCS 22nd Annual Meeting

Mandalay Bay Resort & Casino
Las Vegas, NV
562.799.2356
www.spsscs.org



April 2 – 7, 2016

The Aesthetic Meeting 2016

Mandalay Bay Resort & Casino
Las Vegas, NV
562.799.2356
www.surgery.org

April 22 – 23, 2016

5th Body Lift Course

Dr. Jean-François Pascal
Marriott Hotel Cité Internationale
Lyon France
contact@docteur-pascal.com
<http://meeting.docteur-pascal.com>

April 27 – May 1, 2017

The Aesthetic Meeting 2017

San Diego, CA
562.799.2356
www.surgery.org

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By James C. Grotting, MD

Thank you for trusting me with the stewardship of the Aesthetic Society. Aesthetic surgery has given me the opportunity to help some remarkable patients, form friendships that have lasted a lifetime, and give back to a specialty based in raising self-esteem and personal confidence. I am proud to be counted among you.

The Aesthetic Meeting 2015 in Montréal had an energy and excitement that only a meeting of patient-centric aesthetic surgeons could provide. When the final tally came in, our Montréal meeting had over 1200 board certified plastic surgeons; total attendance was 3,211. My thanks to all the educators and staff who made this meeting such a success. And a special thanks to Program Chairs Rick Warren, MD, and Charlie Thorne, MD. You are both invaluable leaders in our specialty. I would also like to recognize W. Grant Stevens, MD and Sanjay Grover, MD for their fine work on "The Business Side" Scientific Session.

The Aesthetic Meeting 2016 will be held in Las Vegas, NV. We have two dynamic surgeons and educators at the helm this year—Charlie Thorne, MD, and Bill Adams, MD. They are already hard at work planning the meeting and since neither is known for maintaining the status quo, the program should be exciting and stimulating.

Education at ASAPS isn't limited to a once-a-year event, of course. In addition to educational webinars and live meetings (such as the upcoming Aesthetic Cruise, the ASAPS Las Vegas 2016 Aesthetic Symposium, focusing on the face, and our new complimentary Residents' Symposium, "The Business of Launching Your Practice," ASAPS members and plastic surgery residents have access to one of the most dynamic tools available for research and community. RADAR Resource is your virtual, personalized library, taking the place of that old file cabinet filled with clipped articles.

New features and enhancements to RADAR include availability on all operating systems, not just iPad, a Google search appliance, making queries that much easier, a procedural video section and a new case based learning system. Imagine, being able to search all Society content, including the gold Aesthetic Surgery Journal and meeting videos, to find

just the solution to a problem you've long pondered!

Many members have asked why the Society doesn't have a system for tracking CME. Well, now we do. I'm pleased to share that "My CME Record" can be accessed through the ASAPS.org portal, user name and password protected. Once you're in the system, click on "MY CME Record" to see all credits on file with ASAPS back to January 2012.

No organization can succeed without a plan and ASAPS is no exception. This year's strategic planning retreat will focus on our mission and vision for the organization to ensure our products and services align while serving our member needs. This three day session will be moderated by the consulting group Minding Your Business, experts in planning and strategy for non-profit organizations.

Any organization isn't about its leadership—it's about members. And nothing gives me greater pleasure than attending regional society meetings where I can meet fellow plastic surgeons and have a dialogue with them about what ASAPS has to offer. Speaking on behalf of your member-elected Executive Committee, I would like to offer an open invitation to any regional society that would like to know what we're all about. We'd be happy to send someone to share the many offerings The Aesthetic Society provides its members.

From our educational offerings to our Smart Beauty Guide program to complementary legal consultations, the benefits of ASAPS membership are designed to help you be a better aesthetic surgeon with a healthy and robust practice.

In closing, I would like to thank my friend and Immediate Past President, Mike Edwards, MD, for his outstanding leadership over the last year. I am fortunate to have a Board and Executive Committee composed of outstanding aesthetic surgeons dedicated to furthering the specialty. We look forward to delivering to you the best education and finest tools and services available. Our members deserve nothing less.

James C. Grotting, MD, is an aesthetic plastic surgeon practicing in Birmingham, AL, and serves as President of The Aesthetic Society.



ASAPS Introduces the Advantage Program

Recently, ASAPS changed the Endorsed Member Service (EMS) Program to the Advantage Program to better align with goals of The Society. As in the past, ASAPS will continue to research, vet and pre-negotiate special ASAPS member only pricing on products and services to assist you in your front office.

Currently, The Advantage Program Providers include Medelita, MerchantAdvocate, The Live Box and Zalea, with each company representing various products and services you may find helpful.

Medelita—Professional lab coats and medial scrubs. Medelita offers multiple styles of slim fit lab coats for men and women as well as modern and classic fit medical scrubs. Medelita offers custom personalization and discounted pricing to ASAPS members. To learn more visit www.medelita.com or call 877-987-7979.

MercantAdvocate—Merchant service rate negotiations. MerchantAdvocate works on your behalf by reviewing your current service agreement and negotiating lower rates; possibly saving you hundreds if not thousands of dollars per year. To learn more visit: www.merchantadvocate.com/asapsmembers or call 888-890-8822.

The Live Box—Video marketing system. The Live Box offers various products and services to keep you connected with your current patient base, connect you to new audiences, assist in selling the products and services offered in your practice and brand your practice for a luxury market. To learn more about the benefits and discounts go to: www.thelivebox.com or call 949-287-9600.

Zalea—An online personalized portal for aesthetic based content. Zalea offers real-time, unbiased online content from carefully selected professionals and trustworthy new sources enabling the user to have the content of most interest to them, delivered to their phone, tablet or pc. To find out how to actively participate please contact Zalea at 877-533-5590 or www.zalea.com.

More Advantage Program Providers are expected to be added in the next few months, providing ASAPS members with great benefits, discounts and value.

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The Aesthetic Meeting 2015: Montréal!

By Richard J. Warren, MD

The Aesthetic Meeting, the leading, globally-recognized educational event of the year, was held at the Palais des congrès in beautiful Montréal, Québec, Canada this past May. The Program Committee worked diligently to provide a premier educational event, where aesthetic experts and innovators from around the world shared the latest in technological advances and techniques. Plastic surgeons passionate about connecting with brilliant minds, learning ground-breaking new advances, and building a successful practice, gathered together to exchange ideas and insights. Plus, those who attended our special Practice Management Scientific Sessions (The Business Side), as well as other courses specifically for staff, returned home with an array of ideas which will help their practice evolve and grow.

In all, 1,272 of the world's finest aesthetic plastic surgeons gathered in this beautiful city. Of those surgeons attending, 309 of those were international, coming from 51 countries outside the US, with the highest number coming from Brazil, Columbia, France, Mexico, and Germany. 118 residents from the United States and Canada attended the meeting, with another 95 residents from other countries.



Essential Education at The Aesthetic Meeting 2015

- **Scientific Sessions, including Premier Global Hot Topics!** The audience favorite, Premier Global Hot Topics, was included in registration fees and joined the stellar lineup of the Scientific Sessions. These sessions were full of dynamic and thought-provoking content, and those who had never taken the Hot Topics Course now understand what the buzz is about! Each day of the Orange and Blue Scientific Sessions was filled with content and topics for every kind and level of aesthetic surgery practice.
- **Practice Management Scientific Sessions.** The Business Side, led by Sanjay Grover, MD, featured anything and everything to enhance your practice. This new offering was attended by staff and doctors alike, who enjoyed topics from reputation management to new medical inventions, and the room was continually buzzing with new ideas!
- **The Most Interesting Luncheon in the World—I Don't Always do Research, But When I do, I Use ASERF** Attendees enjoyed the latest in aesthetic research, mostly funded by ASERF, at this iconic luncheon. The moderators, Dr. William P. Adams, Jr. and Dr. Joe Gryskiewicz provided the view of another year's worth of research and innovation. Want to be included next year? Apply for an ASERF grant to fund your research for the betterment of aesthetic surgery.

New Products and Excitement in The Aesthetic Marketplace.

If you missed the 2015 Aesthetic Marketplace, you missed a lot. The Aesthetic Meeting 2015 attracted 194 vendors who exhibited in our Aesthetic Marketplace, including 31 first time exhibitors. At the annual exhibitor breakfast, participants were very positive about their experience at the Meeting. The Aesthetic Marketplace was brimming with activities from Cirque performers roaming the isles, to educational talks, to RADAR demos, to WE ARE AESTHETICS photo booth opportunities, to ASJ Live! featured speakers. Additionally, the




ASERF golf contest, provided by Merchant Advocate, generated necessary funds for ASERF, making it a winner for all involved!

- **ASERF Silent Auction.** The Aesthetic Meeting 2015's auction raised funds for aesthetic surgery research and the ASERF Data Hub again this year. Attendees and online participants were able to bid on some useful, fun and educational items! Through our vendors' generous donations and the bids from our participants, this year's ASERF Silent Auction raised \$107,259. Our thanks to all involved for making this a success!

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A portrait of Susan Lovelle, MD, a Black woman with long, dark, wavy hair and bangs. She is smiling broadly, showing her teeth, and has her arms crossed. She is wearing a black cardigan over a black and white striped top. The background is plain white.

“By attending The Aesthetic Meeting, I get to connect with my compatriots and attend courses which reinforce my skills. Even more, the Meeting gives me the opportunity to ensure that what I’m doing in Newton, Kansas, is aligned with what the rest of the country is doing as well.”

Susan Lovelle, MD
ASAPS member since 2006

WE ARE AESTHETICS.

Shaping the Future of Smart Beauty.

www.surgery.org



THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC.

The Aesthetic Meeting 2015: Montréal!

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- The **Practice Changers** venue has enjoyed growing enthusiasm from attendees and presenters over the past three years. These short presentations made during the breaks provided attendees for yet another form of education in our open market atmosphere. Do you have an idea for 2016—something you do or use that enhances your practice? Apply through the abstract submission system—open in July 2015. Watch www.surgery.org/abstracts for your golden opportunity!



- **ASAPS Board Wine Tasting.** Attendees and ASAPS leadership mingled and conversed during a special wine tasting event in The Aesthetic Marketplace, making the ASAPS Booth *the* place to be during this enjoyable event!
- **ASJ Live! Theater.** Top contributors to the Journal appeared in the ASJ theater, allowing attendees to deep-dive with them into their research. Nearby, they also shared artwork from the Journal.
- **ASAPS Tech Playground.** Housed within The Aesthetic Society's booth, The ASAPS Tech Playground allowed Aesthetic Meeting attendees to demo the newly revamped RADAR Resource (now available across all

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Special Discount!

Brochures Your Patients Will Love Savings You Will Love



Enjoy 20% savings on all ASAPS procedural brochures, now through August 31. These sleek new brochures cover an array of the most popular cosmetic surgical procedures, educating your patients on the procedure's benefits, surgical process, recovery, safety, risks, results, and other important information.

Exclusively for members of The Aesthetic Society, these 12 and 16 page brochures are perfect for mailing in a standard envelope and feature a beautiful metallic blue band around the cover. 4" x 9" Sold in packs of 50.

PRICING

1-5 Packs	\$54 per pack	(\$1.08 per piece)
6-15 Packs	\$49 per pack	(\$0.98 per piece)
16+ Packs	\$43 per pack	(\$0.86 per piece, a 20% savings!)

CODE DESCRIPTION

PB-1	Abdominoplasty	PB-10	Surgery of the Nose
PB-2	Breast Augmentation	PB-11	Enhancements for Men (includes Gynecomastia, Liposuction, Facial Contouring, and Eyelid Surgery)
PB-3	Breast Lift	PB-12	Aesthetic Vaginal Surgery
PB-4	Breast Reduction	PB-13	NEW: Buttocks Enhancement (includes autologous fat transfer, buttock lift, and buttock implants)
PB-5	Brow Lift	PB-14	NEW: Arm & Thigh Lift
PB-6	Eyelid Surgery	PB-15	NEW: Dramatic Weight Loss (Body contouring surgeries included are panniculectomy, extended abdominoplasty, lower body lift, brachioplasty, thigh lift, breast lift, and face and neck lift)
PB-7	Facelift		
PB-8	Liposuction		
PB-9	Mommy Makeover (includes Tummy Tuck, Breast Augmentation, Breast Lift, and Liposuction)		

Only from The Aesthetic Society



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To have samples mailed to you,
please contact Josh Orozco at josh@surgery.org.



The Aesthetic Meeting 2015: Montréal!

Continued from Page 9

platforms) and the new ASERF Data Hub. Ever increasing interest and participation in RADAR has made this exciting educational tool extra popular, and now that it is available on all devices, ASAPS Members, Candidates for Membership, and Residents have access to the easiest and most collective way to do aesthetic research. Learn more at www.RADARResource.com.

Lights, Camera, Action!

WE ARE AESTHETICS. This truly sums up what sets the American Society for Aesthetic Plastic Surgery apart. This year, enhanced social media efforts reflected that spirit at the Aesthetic Meeting, carrying it beyond the confines of the Palais des congrès, as photos of attendees carrying the WE ARE AESTHETICS placard got tweeted and re-tweeted to close to 17,000 ASAPS twitter followers. The lights and cameras were also on at the Presidential Welcome Cirque Spectacular photo booth, as attendees posed for pics adorned in Cirque du Soleil-themed accessories, as well as on the exhibits floor, where members had a chance to share their expertise during interviews with Smart Beauty Guide and The Plastic Surgery Channel. Videos will be shared in the coming months through both outlets and on social media so stay tuned.

ASAPS continues to use social media to enhance the attendees' annual aesthetic meeting experience by facilitating meaningful interactions while keeping them abreast of scientific courses, innovative products and contests on the exhibition floor and social activities using the hashtag #ASAPS2015.

Prior to the Aesthetic Meeting, The Aesthetic Society launched an app complete with course options, meeting schedules and their respective times and locations, so attendees could plan their schedules ahead of time to get the most out of what the aesthetic meeting has to offer.

To view photos from the Aesthetic Meeting 2015, please visit the ASAPS Facebook page.

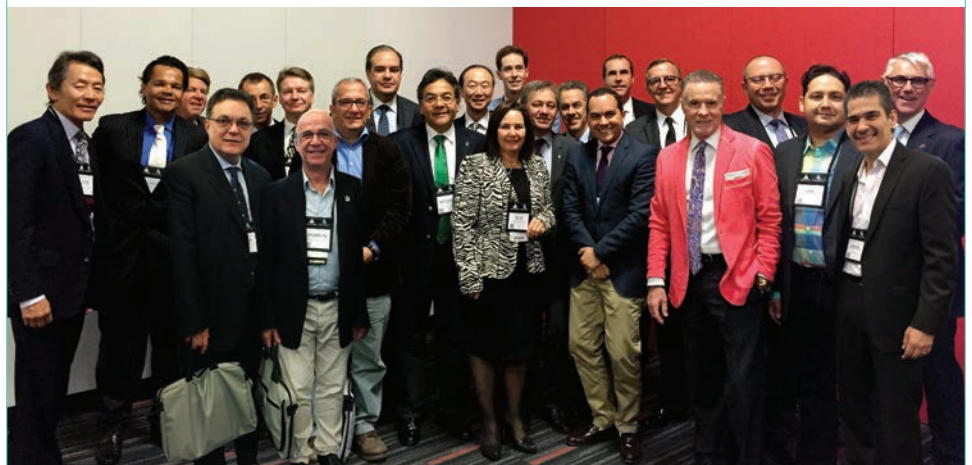
CLAIM YOUR CME!
Follow the CME prompts at
www.surgery.org/eval.



Onward and Upward!

Planning has already begun for The Aesthetic Meeting 2016 in the fabulous city of Las Vegas, Nevada, April 2–7. Between the draw of this glamorous city and the impactful education you'll receive, The Aesthetic Meeting 2016 will be one meeting you won't want to miss. I look forward to seeing you there!

Richard J. Warren, MD, is an aesthetic plastic surgeon practicing in Vancouver, BC, Canada, and is past chair of The Aesthetic Society Program Committee.



Surgeons from around the world gather as part of ASAPS International Committee at The Aesthetic Meeting 2015.

At The Aesthetic Meeting 2015, participants enjoyed helping bring the We Are Aesthetics campaign to life by taking photos in The Aesthetic Marketplace. All photos can be found at: www.flickr.com/photos/aesthetic-society/albums

"The best aesthetic surgery education in the world."

Jamil Ahmad, MD FRCSC



"Being an ASAPS member and attending The Aesthetic Meeting has added a tremendous value delivering the best care possible to my patients."

Roberta Gartside, MD



"Aesthetics matter. Through educational seminars and the journals, ASAPS keeps me abreast of current technologies and procedures. This assists me in delivering the best possible care to my patients."

Michael J. Schenden, MD



"My life is aesthetics, it is my passion, my pursuit, my practice. ASAPS is my society."

Herluf G. Lund, MD FACS



"As a young plastic surgeon just finishing training, ASAPS has been instrumental in my aesthetic education. Through the resident program and access to so many teaching tools, including RADAR Resource, I feel ready to graduate and enter the world of private practice."

Claire Duggal, MD



"I really love the balanced combination of cutting edge techniques that are presented, tempered by evidence-based research that the Aesthetic Meeting provides. My constant learning allows me to provide the best care for my patients."

Tito Vasquez, MD



"Aesthetics helps people synchronize their outer and inner beauty."

Clyde Ishii, MD



"As an Australian plastic surgeon, The Aesthetic Meeting provides business ideas, the best educational resources and an opportunity to remain current with respect to trends and technology. Best of all, it allows me to catch up with my international friends and colleagues during the meeting."

Mark Magnusson, MD





"We are aesthetics because excellence & patient safety matters."
Stanley Okoro

"Looking great and feeling better about ourselves leads to happiness that is contagious!"

Suzanne M. Quardt, MD



"In aesthetic surgery 'primum non nocere' must be the path to follow. ASAPs gives us the perfect recipe: safety, ethics and science."

Eduardo Solano, MD



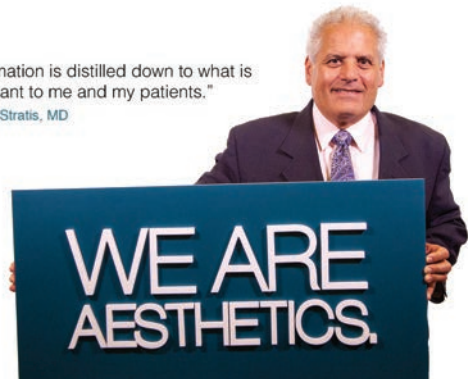
"I always strive for excellence in the quality of aesthetic results which I achieve for my patients. What better place than The Aesthetic Meeting to absorb what my colleagues are doing nationally and internationally to achieve the best outcomes!"

Dzifa S. Kpodzo, MD MPH



"Information is distilled down to what is important to me and my patients."

John P. Stratis, MD



"The Aesthetic Meeting allows for an interactive educational experience with the leaders in plastic surgery. I wouldn't miss it!"

Eric Wright, MD Resident



"The Aesthetic Meeting has given me the opportunity to extend the scope of my practice. It's a great opportunity to learn top notch techniques from the best surgeons of the world."

Roberto Ramirez, MD



EDUCATION

Presidential Welcome Cirque Spectacular

Attendees raved about the unique Presidential Welcome Cirque Spectacular, featuring amazing food, plentiful beverages, and jaw-dropping circus acts.

President Michael C. Edwards, MD and wife Kathy presided over an unforgettable evening of entertainment.





ASAPS Director of Education Debi Toombs Receives the SPSSCS 2015 Presidential Award for Distinguished Service

ASAPS Director Debi Toombs shares her thoughts on winning this prestigious award.

Twenty years ago—I can't believe how time flies—I sat with Dr. Fritz Barton as he developed the idea of a skin care society as an adjunct to The Aesthetic Society's education. He was deeply committed to the appropriate education for the skin care practices that were becoming popular as well as effective in the plastic surgeon's office. Together we worked with a great team of doctors and skin care specialists to build a ground plan for SPSSCS. I am so thankful for the opportunity to have worked closely with your first presidents and those doctors.

Time progresses and my work in ASAPS education was becoming more demanding and I left SPSSCS in the more than capable hands of Sue Dykema. But I missed it. And I was always happy to have some small part to play by sitting in for Sue at a Board Meeting or helping with a social event.

This year I was especially happy to assist with the program for the Las Vegas January Symposium—The Business and Clinical Side of Skincare with Elena Reyes and Karen Menard.



Debi Toombs accepting the award from SPSSCS President Elena Reyes-Nelson, C-RMA, RST

Sitting at your opening session in Montréal and as Elena announced the Presidential Award saying that it was for someone from the beginning I thought, "Oh good, I'll know them! I wonder who it is?" I was so surprised and so honored. This means so much to me. Thank you, Elena and thank you to all of the wonderful women I have had the pleasure to work with in SPSSCS. You're all treasures to me.

Tom Purcell, CAE Receives Award of Special Merit



During the ASERF Annual Business Meeting Tom Purcell, CAE was the recipient of the Award of Special Merit, presented by ASERF President Al Aly, MD. This award commemorates the paramount contributions to the success and well being of The Society which, in the judgment of The Society, was above and beyond the expected and ordinary. Congratulations Tom!



The Society of Plastic Surgical Skin Care Specialists would like to express our appreciation to the following surgeons for sharing their knowledge and expertise with us at Skin Care 2015 in Montréal:

Al Aly, MD
Body Contouring After Significant Weight Loss

Bardia Amirlak, MD
Hyaluronic Acid: Post Operative Skin Care and Scar Reduction

Goesel Anson, MD
Modern Approach to Clinical Skin Care

Claudio DeLorenzi, MD
Filler Complications

Julius Few, MD
The State of the Art in Filler Selection

Joseph Gryskiewicz, MD
Hot Topics: Past, Present and Future

Arthur Swift, MD
Facial Anatomy

And a special thank you to

Bob Aicher, Esq
10 Things You Should Do to Get Sued

New Patient Products a Hit at The Aesthetic Meeting

ASAPS debuted three new procedural brochures and one new Guide to Facial Rejuvenation brochure during The Aesthetic Meeting 2015, which were a hit with members. The three new procedure brochure titles are Arm and Thigh Lift, Buttocks Enhancement, and Dramatic Weight Loss. All new brochures are exclusively for ASAPS Members and feature proprietary photos and illustrations. For a complete list of ASAPS products, including these new brochures, please visit www.surgery.org/shop. For brochure samples, please email Josh Orozco at josh@surgery.org.



The Aesthetic Society and SurgiMetrix thank all Society Members who visited the ASAPS Booth in Montréal to give feedback on the new ASERF Data Hub. This valuable tool will be rolling out at the end of summer and your notes and suggestions have been extremely helpful to the development team.

Look for more details on the ASERF Data Hub in the fall issue of *Aesthetic Society News*.

Thank you to the following companies for their generous donations to the ASERF Silent Auction which helped to raise funds for the ASERF Data Hub again this year.



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THE AESTHETIC MEETING 2016 *Las Vegas*

April 2–7, 2016

Mandalay Bay Resort and Casino



www.surgery.org/meeting2016

Are you going to submit an abstract for The Aesthetic Meeting 2016? Due to the early meeting dates we'll be opening the abstract submission site in July and the deadline will be October 2, 2015. Please start planning to submit this summer!

www.surgery.org/abstracts

The Aesthetic Meeting 2015 Faculty

An exceptional international faculty ensures that The Aesthetic Meeting remains the premier global gathering of aesthetic innovators and experts. Our deepest appreciation for the many talents of our respected faculty

William Adams Jr., MD
 Paul Afrooz, MD
 Jamil Ahmad, MD
 Robert Aicher, Esq.
 Gregory Alberts, MD
 Gary Alter, MD
 Al Aly, MD
 Goesel Anson, MD
 Subramaniam Arumugam, MD
 Mark Ashton, MD
 Sherrell Aston, MD
 Steffanie Attenberg
 Eric Auclair, MD
 Ryan Austin, MD
 Kouros Azar, MD
 Daniel Baker, MD
 Michael Baker
 Alfonso Barrera, MD
 Fritz Barton, Jr., MD
 Lawrence Bass, MD
 C. Bob Basu, MD
 Richard Beil, MD
 Bradley Bengtson, MD
 Eric Bensimon, MD
 Richard Bensimon, MD
 R. Laurence Berkowitz, MD
 Michael Bogdan, MD
 J. Brian Boyd, MD
 Denis Branson, MD
 Francisco Bravo, MD
 Mitchell Brown, MD
 Spencer Brown, PhD
 Matthew Brown, MD
 Benjamin Brown, MD
 Gary Brownstein, MD
 Mark Brzezienski, MD
 Louis Bucky, MD
 A. Jay Burns, MD
 Devin Butler
 Peter Callan, MD
 Bradley Calobrace, MD
 João Carlos Sampaio Góes, MD
 Nicolas Carr, MD
 Laurie Casas, MD
 Nuri Celik, MD
 Robert Centeno, MD
 Nazim Cerkes, MD
 Kevin Charles
 Christopher Chia, MD
 Karan Chopra, MD
 R. Brannon Claytor, MD
 Mark Codner, MD
 Robert Cohen, MD
 Steven Cohen, MD
 Mark Constantian, MD
 Grady Core, MD
 John Corey, MD
 Antonio Costa-Ferreira, MD
 Candace Crowe
 Timothy Crowe

Rodolfo Cucchiani, MD
 Rollin Daniel, MD
 Vigen Darian, MD
 Stephen Dayan, MD
 Jose Abel de la Pena Salcedo, MD
 Daniel Del Vecchio, MD
 Claudio DeLorenzi, MD
 Anand Deva, MD
 Barry DiBernardo, MD
 Lauren Dudek
 Alan Durkin, MD
 Felmont Eaves, MD
 Michael Edwards, MD
 Joseph Ellis, MD
 Onur Erol, MD
 David Evans PhD
 Maureen Ezekwugo
 Chris Fair
 Grant A. Fairbanks, MD
 Grant R. Fairbanks, MD
 Jordan Farkas, MD
 Barry Fernando, MD
 Julius Few, MD
 Thomas Fiala, MD
 Becky Fickas RN
 Stephan Finical, MD
 Jack Fisher, MD
 Alain Fogli, MD
 Leigh Hope Fountain
 Dana Fox
 Olivier Gerbault, MD
 Ashkan Ghavami, MD
 Robert Gilman, MD
 Caroline Glicksman, MD
 Janet Gomez RN, BA, RNFA,
 CRNFA
 Raul Gonzalez, MD
 Daniel Gould, MD
 Ruth Graf, MD
 Miles Graivier, MD
 Robert Grant
 Lawrence Gray, MD
 Theresa Griffin-Rossi, CAE
 James Grotting, MD
 Sanjay Grover, MD
 Ronald Gruber, MD
 Tiffany Grunwald, MD
 Joe Gryskiewicz, MD
 Varun Gupta, MD
 Karol Gutowski, MD
 Bahman Guyuron, MD
 Elizabeth Hall-Findlay, MD
 Dennis Hammond, MD
 Christine Hamori, MD
 Neal Handel, MD
 Mazen Harake, MD
 Jim Hartman
 Melinda Haws, MD
 Jim Headley
 Per Heden, MD

Mike Hernandez, MD
 Haideh Hirmand M
 John Hoopman, CMLSO
 Peter Houtz
 Alfredo Hoyos, MD
 Thomas Hubbard, MD
 Keith Humes, CEO
 Joseph Hunstad, MD
 Rodwan Husein
 Scott Ingram, MD
 Kathryn Isaac, MD
 Clyde Ishii, MD
 Ronald Iverson
 Paul Izenberg, MD
 Steven Jacobsen, MD
 Jerry Jacobson
 Lynn Jeffers, MD
 Elizabeth Jelks, MD
 Glenn Jelks, MD
 Mark Jewell, MD
 Mary Lind Jewell, RPT
 Kathy Jones, RN
 Marshall Kadin, MD
 David Kahn, MD
 Michael Kane, MD
 Jonathan Kanevsky, MD
 Jonathan Kaplan
 Nolan Karp, MD
 Larry Keller
 Jeffrey Kenkel, MD
 Daniel Kennedy, MD
 Geoffrey Keyes, MD
 Kamran Khoobehi, MD
 Roger Khouri, MD
 Brian Kinney, MD
 Joshua Korman, MD
 Aaron Kosins, MD
 Michael Kulick, MD
 Donald Lalonde, MD
 Val Lambros, MD
 Linda Leffel, MD
 Lucie Lessard, MD
 Linda Lewis
 Wendy Lewis
 Frank Lista, MD
 J. William Little, MD
 Michael Longaker, MD
 Jennifer Longtin
 Alex Lopez
 Z. Paul Lorenc, MD
 Herluf Lund, MD
 Mark Magnusson, MD
 Munique Maia, MD
 Catherine Maley
 Patrick Mallucci, MD
 Jeffrey Marcus MS
 Timothy Marten, MD
 Maryann Martinovic, MD
 Hamid Massiha, MD
 Alan Matarasso, MD
 Wilson Matos, Jr., MD
 G. Patrick Maxwell, MD
 Gaylon McCollough, MD
 Patricia McGuire, MD
 Karen Menard RN

Bryan Mendelson, MD
 Constantino Mendieta, MD
 Nina Mendieta
 Henry Mentz, MD
 Ryan Miller
 Daniel Mills II, MD
 Michael Mirmanesh, MD
 David Moatazedi
 Mark Mofid, MD
 Gary Monheit MD
 Harry Moon, MD
 Kiya Movassaghi, MD
 Alexander Moya, MD
 Keith Mutimer, MD
 Farzad Nahai, MD
 Foad Nahai, MD
 James Namnoum, MD
 Hilla Nassiri
 John Newkirk, MD
 Jeremy Nikfarjam, MD
 Robin Ntoh
 Mark Nunnally, MD
 Zein Obagi, MD
 Shelley Oelesen
 John O'Leary
 Marie Olesen
 Claude Oppikofer, MD
 Tim Papadopoulos, MD
 Jean-Francois Pascal, MD
 Christopher Patronella, MD
 Galen Perdakis, MD
 Ivona Perec, MD
 Luis Perin, MD
 Brian Peterson, MD
 Tracy Pfieler, MD
 David Phillips
 Linda Phillips, MD
 Michelle Polakof MBA
 Jason Pozner, MD
 Aviva Preminger, MD
 Jeffrey Ptak, MD
 Charalambos Rammos, MD
 Enrique Rangel
 Lawrence Reed, MD
 Neal Reisman MD, JD
 Ricardo Ribeiro, MD
 Dirk Richter, MD
 Luis Rios, Jr., MD
 Rehnke Robert, MD
 J. Devin Roberts, MD
 Enrico Robotti, MD
 Rod Rohrich, MD
 Daniel Rollin, MD
 J. Peter Rubin, MD
 Ahmad Saad, MD
 Ali Sajjadian, MD
 Osvaldo Saldanha, MD
 Renato Saltz, MD
 Fares Samra, MD
 Gordon Sasaki, MD
 Michael Scheffan, MD
 Jillian Schreiber BA
 Nina Schwaiger, MD
 Jonathan Schwitzer
 Tom Seery

Jeff Segal MD, JD
 Tony Seymour
 Robert Shenker, MD
 Daniel Sherick, MD
 Robert Singer, MD
 Sammy Sinno, MD
 Kevin Small, MD
 Kevin Small, MD
 Jonathan Smith
 Kevin Smith, MD
 Henry Spinelli, MD
 Ran Stark, MD
 Douglas Steinbrech, MD
 W. Grant Stevens, MD
 David Stoker, MD
 Louis Strock, MD
 Fred Stucker, MD
 James Stuzin, MD
 Patrick Sullivan, MD
 Max Suzenaar
 Eric Swanson, MD
 Arthur Swift, MD
 Anthony Taglienti, MD
 Chad Tattini, MD
 Ahmad Tavassoliashrafi, MD
 Steven Teitelbaum, MD
 Susan Tellum
 Marissa Tenenbaum, MD
 Thomas Terranova
 Spero Theodorou
 Alex Thiersch
 June Thompson
 Charles Thorne, MD
 Kemal Tiryaki, MD
 Geoffrey Tobias, MD
 Rick Trefzger
 Lina Triana, MD
 Jason Tuschman
 Carlos Oscar Uebel, MD
 Jacob Unger, MD
 Bruce Van Natta, MD
 Luis Vasconez, MD
 Alexis Verpaele, MD
 James Vogel, MD
 Jennifer Walden, MD
 Simeon Wall, Jr., MD
 Simeon Wall, Sr., MD
 Steven Wallach, MD
 Jules Walters, MD
 Joshua Waltzman, MD
 Jeremy Warner, MD
 Richard Warren, MD
 David Watts, MD
 David Whiteman, MD
 Robert Whitfield, MD
 Anthony Wilson, MD
 Chin-Ho Wong, MD
 Jackie Yee, MD
 Max Yeslev, MD
 Anthony Youn, MD
 Shuhao Zhang, MD
 Richard Zienowicz, MD
 James Zins, MD
 Karen Zupko

The Aesthetic Meeting 2015 Awards

Tiffany Award

Simeon H. Wall, Jr., MD

Best Scientific Presentation at The Aesthetic Meeting 2014 in San Francisco, CA
 “S.A.F.E. Liposuction: Evaluating Outcomes and Complications”

Simon Fredricks Award

Arthur Swift, MD

Best Panelist at The Aesthetic Meeting 2014 in San Francisco, CA
 Panel: “Fillers—Exactly Where and How to Inject Them to Get Optimal Results and Avoid Problems”

Sherrell J. Aston Award

Ryan Constantine

Best Presentation by a Resident or Candidate at The Aesthetic Meeting 2014 in San Francisco, CA
 Panel: “The Impact of Perioperative Hypothermia on Plastic Surgery Outcomes: A Multivariate Logistic Regression of 1062 Cases”

Raymond Vilain Award

Bryan Mendelson, MD

Best Presentation by an International Doctor at The Aesthetic Meeting 2014 in San Francisco, CA
 Panelist: “The Composite Facelift”

Best Journal Article—International

Jonathan A. Kadouch, MD; Charlotte J. Tutein Nolthenius, MD; Daniel J. Kadouch, MD; Henk-Jan van der Woude, MD, PhD; Refaat B. Karim, MD, PhD; and Rick Hoekzema, MD, PhD

“Complications After Facial Injections with Permanent Fillers: Important Limitations and Considerations of MRI Evaluation.”—*Aesthetic Surgery Journal*, August 2014



Tiffany Award—Simeon H. Wall Jr., MD

Best Journal Article—Domestic

Dzifa S. Kpodzo, MD, MPH; Foad Nahai, MD; and Clinton D. McCord, MD

“Malar Mounds and Festoons: Review of Current Management”—*Aesthetic Surgery Journal*, August 2014

Best Panel Moderator at The Aesthetic Meeting 2014 in San Francisco, CA

Jamil Ahmad, MD & Frank Lista, MD
 Panel: “Shaped vs Round—Can You Tell the Difference?”

The 2015 Community Service Award

Dr. Joe Gryskiewicz, MD

ASAPS Leadership Award

Mark Jewell, MD

Distinguished Service Award

James M. Stuzin, MD

Special Award

Robert H. Aicher, Esq.

Special Merit Award

Joan Kron
Tom Purcell, CAE

Traveling Professor Award 2013–2015

Alfonso Barrera, MD (2013 – 2015)
Barry DiBernardo, MD (2013-2015)
Renato Saltz, MD (2013 – 2015)
W. Grant Stevens, MD (2013 – 2015)
James Vogel, MD (2013 – 2015)
Simeon H. Wall, Jr., MD (2013 – 2015)
Jeffrey M. Kenkel, MD (2012 – 2015)

International Traveling Professor 2014–2015

Foad Nahai, MD

ASERF Career Achievement Award

Foad Nahai, MD



Distinguished Service Award—James Stuzin, MD



Community Service Award—Joe Gryskiewicz, MD



Special Award—Bob Aicher, Esq.



Award of Special Merit—Joan Kron

The Allergan Foundation Grant Pays Way for 25 Residents and Fellows

As a resident or fellow, having an opportunity to attend The Aesthetic Meeting, and directly meet with and learn from the top surgeons in their field of expertise, sets them apart from their peers and gives them exposure to all the new hot topics.

For the third time, The Allergan Foundation has provided a grant to the ASERF Travel Scholarship Program. This year, the \$50,000 grant sponsored 25 residents and fellows to attend The Aesthetic Meeting 2015 in Montréal, Canada. Each received \$2,000 to spend towards travel, hotel and a per diem to be spent during their time at the meeting. Registration for The Aesthetic Meeting is always free to residents & fellows in approved plastic surgery programs.

To qualify for this scholarship, the residents and fellows must be in good standing in an approved plastic surgery program, submit a letter of recommendation from their program director, submit a summary of why they

deserve the scholarship and they must agree to attend the entire educational session during the meeting.

The Residents & Fellows Committee had the difficult task of selecting the 25 recipients. It is the hope of ASERF to give deserving residents and fellows the opportunity to see the bigger landscape of plastic surgery and to have the educational tools required to advance in this field. Congratulations to the recipients listed to the right.

New Scholarships for The Aesthetic Meeting 2016!

The Allergan Foundation will once again provide a grant to the ASERF Travel Scholarship Program, in the amount of \$50,000. With this grant, ASERF will be able to sponsor 25 residents and fellows to attend The Aesthetic Meeting 2016 in Las Vegas, NV. The application will be available on surgery.org beginning in October.

Allergan Foundation's 2015 ASERF Travel Scholarship Recipients

Saif S. Al-Bustani, MD

Ryan E. Austin, MD

Emile N. Brown, MD

Daniel Calva, MD

Karan Chopra, MD

Eric J. Culbertson, MD

John N. Curran, MD

Tamara B. Dawli, MD

Oliver A. Deigni, MD

Mark C. Domanski, MD

Gehaan F. D'Souza, MD

Michelle M. Eagan, MD

Ziyad S. Hammoudeh, MD

John H. Hulsen, MD

Kathryn V. Isaac, MD

Maryann E. Martinovic, MD

Michael D. Mirmanesh, MD

J. Roberto Ramirez, MD

Charalambros K. Rammos, MD

Brian E. Rosett, MD

Aditya Sood, MD

Dev B. Vibhakar, MD

Julian Winocour, MD

Eric J. Wright, MD

Alan Yan, MD

The Business of Launching Your Practice The ASAPS Gift of Expert Advice



Residents' Symposium

Chair: Mark Codner, MD
Co-Chair: Sal Pacella, MD, MBA

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Scholarship Recipients Share Their Experiences Attending The Aesthetic Meeting 2015



Karan Chopra, MD

Attending the ASAPS/ASERF Resident & Fellows Forum was an exciting and rewarding experience. The training at The Johns Hopkins University of Maryland

residency is certainly world-class, but attending the ASAPS meeting is a very different learning experience and cannot be replicated in any residency training program. In addition to the educational value of the meeting, the Presidential Welcome Cirque Spectacular was an astounding opportunity to network with ASAPS members from all over the world.

The Resident & Fellows Scientific Forum featured a residents-only scientific session where I presented my research on facial skin aging with Dr. Michael R. Christy and Dr. Daniel Calva. The Forum also featured several heavy-hitter speakers such as Dr. Foad Nahai, editor-in-chief of *Aesthetic Surgery Journal*, Dr. Rod Rohrich, editor-in-chief of *Plastic and Reconstructive Surgery*, and even Hani Zeini, CEO, Sientra. These were inspirational, personable talks that were different from the other, more scientific sessions at the meeting. Other interactive topics included a panel on career choices with aesthetic surgeons from various practice settings—solo, multidisciplinary group, and academic practice—offering their perspective on practicing aesthetic surgery in 2015. Since most residency training programs are academic, hearing the other side of the story was invaluable.

Hosting the meeting in Montréal, Canada was a fantastic choice with a rich cultural, artistic and foodie experience. In between sessions, attendees had a chance to see top sightseeing attractions such as Vieux Montréal, and The Chateau Ramezay. It would have been difficult to attend this meeting had I not been awarded the ASERF Travel Scholarship this year.

The scientific quality of scientific presentations and experience based pearls that were delivered in the panels were unparalleled by aesthetic sessions at any other plastic

surgery meeting. One of my favorite sessions was the breast panel with Dr. G. Patrick Maxwell, and Dr. W. Grant Stevens and several other leaders in cosmetic breast surgery presented their clinical approach to several challenging problems in complicated primary and secondary breast augmentation.

I am happy that I decided to attend this meeting, and grateful for the support of my program director, Dr. Scott D. Lichez, and my research mentor Dr. Devinder P. Singh for allowing me to take time off to attend this meeting. I'm looking forward to sharing the cutting-edge techniques with fellow residents at my institution, and preparing research abstracts for next year's meeting in Las Vegas, Nevada.



Gehaan D'Souza, MD

I was thrilled to have received one of the Allergan travel awards to attend the ASAPS Meeting. The scholarship was vital as it allowed me to fund the travel and

expenses in order to attend the meeting. The five days I spent at The Aesthetic Meeting was a fantastic experience.

As a resident course moderator, I was able to attend multiple educational courses ranging from Dr. Marten's "Facelift: Planning and Technique" course to Dr. Alter's "Labiaplasty and Female Aesthetic Genital Surgery" course. The panels were equally amazing as I gained a lot from hearing brilliant debates on the nuances of treatment of perioral rhytids to the varying techniques of mixing different fillers for facial rejuvenation. I also was able to get involved in some resident ASAPS committees. Finally, spending one-on-one time with some of the incredible minds of plastic surgery was a tremendous experience.

As I embark on my chief year of plastic surgery training, I am excited to be able to implement some of the ideas and techniques in my own resident aesthetic clinic. The meeting gave me novel ways of examining my patients and buttressed my aesthetic surgery knowledge base.



Mark Domanski, MD

The recent Aesthetic Meeting in Montréal will be the last conference I attend before going into practice. I am grateful to ASAPS and The Allergan

Foundation for the resident travel scholarship that helped make this possible.

I had several new experiences at The Aesthetic Meeting. Dr. Brian Mendelson's lecture, "The Anatomy of Facial Aging," was superb. I got to chat with Tom Seery, the founder of RealSelf. I had my picture taken at the "We Are Aesthetics" photo booth. I posted the picture on Facebook and within two days I had over 800 views!

The afternoon seminars provided deep dives into topics of interest. I attended courses on labiaplasty, breast ptosis, and reputation marketing. As exposure to these topics varies during residency, the afternoon seminars were very helpful.

My wife and son came along: baby goes everywhere! We saw the tulips in bloom at the Jardin Botanique and enjoyed the penguins at the Montréal Biodome.

As I transition from residency to private practice, all I can say is, Thank You ASAPS!



Michael D. Mirmanesh, MD

I was extremely honored to be selected for the resident travel scholarship and attend The Aesthetic Meeting 2015. I had a great time

interacting with other plastic surgery residents and learning from the leaders in the field of aesthetic surgery. I was especially impressed with the Residents and Fellows Forum. In addition to providing young plastic surgeons the ability to present their work, the life and career planning talks from those more senior in our field were extremely enlightening. I am already looking forward to attending next years meeting! Thank you again to the ASERF and ASAPS for the opportunity. It was truly invaluable.

Premier Industry Partners Recognized

The American Society For Aesthetic Plastic Surgery values its Industry Partners and the support they provide to The Society and its members. At The Aesthetic Meeting 2015, Montréal, on behalf of The Society, Dr. W. Grant Stevens, Chair of the Industry Support Committee, presented each esteemed Premier Partner with the 2015 ASAPS Corporate Award. The collaborative partnership between The Society and industry, helps support ASAPS' mission to advance the science, art, and safe practice of aesthetic plastic surgery. We are deeply appreciative of their support.



Philippe Schaison
Corporate Vice President,
President Allergan Medical



ALPHAEON®

Robert Grant
CEO



Zubin Meshginpoosh
Chief Operating Officer



Kelly Huang, PhD
VP of Aesthetics and Corrective Business



MERZ AESTHETICS™

Patrick Urban
Vice President and US Head of Ulthera



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Steffanie Attenberg
Vice President & Group Publisher



sientra.

Hani Zeini
Founder & CEO



ZO SKIN HEALTH INC

— BY ZEIN OBAGI, MD —

Jim Headley
President & CEO

ASAPS Industry Partners support our mission, which enables The Society to provide first-in-class education, products and services to our members. Please support them in return.

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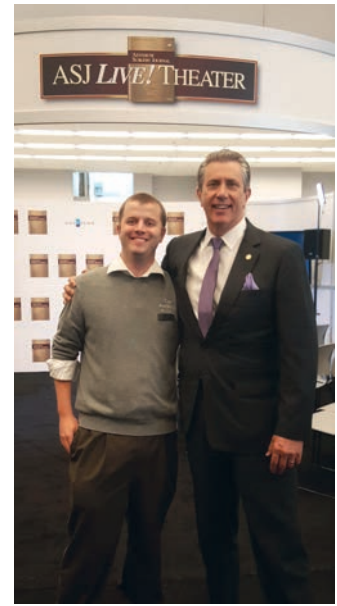
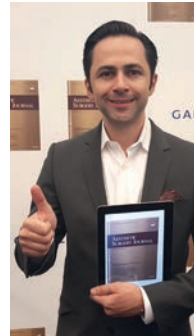


The ASJ Live! Theater was host to a Resident and Trainee social event, giving them the opportunity to chat informally with key opinion leaders in aesthetic surgery.

ASJ Award Winners:
 Best Domestic Article (Dr. Dfiza Kpodzo, left); Best International Article (Dr. Johnathan Kadouch, center); Best Research Paper (Dr. Brian Derby, right).



Dr. Mohammed Alghoul won the grand prize of an iPad in the ASJ Live! Theater. Congratulations Dr. Alghoul!



ASJ Editorial Manager Hunter Alexander greets Outgoing ASAPS President Dr. Mike Edwards in the ASJ Live! Theater in Montréal.

FDA Soft Tissue Filler Alert

Continued from Cover

product is unintentional injection into a blood vessel. The chances of this happening are very small, but if it does happen, the complications can be serious, and may be permanent. These complications, which have been reported for facial injections, can include vision abnormalities, blindness, stroke, temporary scabs, or permanent scarring of the skin. If you have changes in your vision, signs of a stroke (including sudden difficulty speaking, numbness or weakness in your face, arms, or legs, difficulty walking, face drooping, severe headache, dizziness, or confusion), white appearance of the skin, or unusual pain during or shortly after treatment, you should notify your health care practitioner immediately.”

Q2. How will this affect my practice?

It won't, other than using FDA's language to warn your patients about the risks of unintentional injection of soft tissue fillers into blood vessels.

Q3. Why is FDA requiring a labeling change now?

The clinical evidence upon which FDA's advisory is based came from experts, Medical Device Reports www.fda.gov/Safety/Med

Watch/HowToReport/ucm053087.htm and two articles, Curruthers JD, Fagien S, Rohrich RJ, Weinkle S, Curruthers A. “Blindness Caused by Cosmetic Filler Injection: A Review of Cause and Therapy.” *Plastic and Reconstructive Surgery*, 2014; 134(6): 1197-1201, and Ozturk CN, Li Y, Tung R, Parker L, Piliang MP, Zins JE, “Complications Following Injection of Soft-Tissue Fillers.” *Aesthetic Surgery Journal*, 2013; 33(6): 862-877. You can read the ASJ article here: <http://asj.oxfordjournals.org/content/33/6/862>

Q4. Are the manufacturers aware? Shouldn't they be taking care of the labeling changes?

Yes, and they are. According to FDA's May 26, 2015 letter to manufacturers, FDA wants both health care providers and patients to better understand the risks of unintentional injection of soft tissue fillers into blood vessels. Manufacturers will be updating their labeling to practitioners as well as patients. FDA also issued a Safety Alert: www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm448255.htm

Q5. Can't I just wait for the labeling to change? Won't that protect me?

No. It isn't enough for the labeling to change. To avoid learned intermediary liability for failure to inform patients what manufacturers tell you in their labeling, you have to expand your soft tissue filler consent document to include the new language quoted above. If you don't already, staple the product labeling to the informed consent and give your patients a copy.

Q6. Who do I contact if I have more questions?

First, read FDA's letter: www.fda.gov/downloads/MedicalDevices/ResourcesforYou/Industry/UCM448274.pdf

For further questions, you can contact our legal counsel, Bob Aicher at 707.321.6945 or aicher@sbcglobal.net

Make sure to clip out the last page of ASN, as it contains a special Crash Kit

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RADAR Resource 2.0—All You Need to Know

Continued from Cover

- Login with your *ASAPS or **subscriber credentials:

From your iPad 2 or newer NOT iPhones:

- Search 'ASAPS' in the App Store on your iPad
- Download the free 'ASAPS RADAR' app
- Login with your *ASAPS or **subscriber credentials

Once logged in, future logins should be automatic. You are able to use RADAR from any of the devices listed above, and all data will sync across platforms.

*ASAPS credentials usually follow this format:

Username: Your first and middle (if applicable) initials combined with your last name, all lower case, no spaces

Password: Your 6 digit birth date and last 4 digits of your ASAPS ID number combined, no spaces

If this is unsuccessful, email Alicia@surgery.org for your credentials

**Subscriber credentials usually follow this format:

Username: Oxford subscriber account number (This appears immediately above your name on the mailing address label for your physical copy of the *Aesthetic Surgery Journal*.)

Password: Oxford subscriber account number immediately followed by the lower case first initial of your first name (e.g. user John Smith with account number 12345, password: 12345j)

If this is unsuccessful, email Alicia@surgery.org for your credentials

Finding Content

RADAR Search Bar—Simply type search terms relating to the type of procedure or educator you are researching and view results ranging from ASJ articles, video content, interactive cases, and active discussion threads. Search results can be sorted by the various types listed. All video content has been bookmarked which allows video search results to begin at the exact point in a video when the topic you searched begins. For instance, when searching “marking, brachioplasty,” video search results will open the video at the point when marking is shown.

RADAR 2.0 Quick Facts

Should I delete the AnzuMedical app once logged into the new ASAPS RADAR?

Yes. Once you've downloaded the new ASAPS RADAR app or logged in via the web version, you can delete the AnzuMedical app.

Can I only access RADAR on an iPad?

No! RADAR can now be accessed via your computer, smartphone, and various tablets.

I can't find the ASAPS RADAR app on my iPhone?

There is no app for iPhones, you will use your web browser to navigate to www.radarresource.org on all smartphones, even iPhone.

RADAR Menu Bar—Another way to find content is to navigate through the library using the menu bar on the left of the screen. Clicking 'Library' opens all categories of ASAPS provided content which your customer type allows you access to. Content includes:

Aesthetic Surgery Journal—All issues of *Aesthetic Surgery Journal* from 1995–present.

Anatomic Areas—Publications and videos are sorted by anatomic area and procedures relating to the area.

ASAPS—*Aesthetic Society News*, Scientific Poster Exhibits from The Aesthetic Meetings, ASAPS Statistics, Past President interviews, ASAPS Roster for Active Members, and The Society of Plastic Surgical Skin Care Specialists (SPSSCS) newsletter.

Interactive Cases—Patient cases provided by plastic surgeons and industry. With branch logic and multimedia attachments, cases allow you to learn from the experience of your colleagues in the plastic surgery field. Cases are being added each month so keep an eye on this category for frequent new content.

Patient Safety—ASAPS provided educational content related to patient safety topics.

Practice Management—Monthly legal advice from ASAPS General Counsel, Bob Aicher, Esq., and marketing and practice management presentations from the annual Business Side sessions and ASAPS webinars.

Premier Global Hot Topics 365—Annual Premier Global Hot Topics presentations from The Aesthetic Meetings, annual webinars presented by ASAPS faculty, and monthly “In the Spotlight” presentations to continue Hot Topics education throughout the year.

Procedural Videos—From annual Aesthetic Meetings sorted by procedure, cadaver labs from ASAPS Las Vegas Aesthetic Symposiums, Baker Gordon Educational Symposium presentations, and member-submitted procedural videos.

Communicate with Colleagues

Discussions allows you to start or join an existing discussion with other RADAR users regarding specific educational content in the library, to share ideas from your practice, or to ask questions of surgeons from all over the world. Click the Discussions icon from the app Dashboard or the left menu bar of the web version to get started. Discussion threads will also appear in search results.

Organize Your Content

Click the icon to add **Page Notes** in order to save a page for reference later. Page Notes can then be saved into **Binders** to easily access at any time. Click **My Binders** to create personalized binders for content that is relevant to you and your practice.



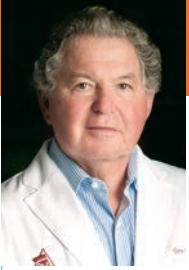
Does Your Aesthetic Team Have the Education They Need?

The Society of Plastic Surgical Skin Care Specialists is now accepting new memberships from licensed skin care specialists practicing in the offices of board certified Plastic, Facial Plastic, Oculoplastic or Dermatologic Surgeons. Learn more at www.spsscs.org.



Society of Plastic Surgical
Skin Care Specialists

www.spsscs.org



The ASAPS Las Vegas 2016 Aesthetic Symposium: State of the Art in Facial Rejuvenation

By Glenn Jelks, MD

Dr. Charles Thorne and I are extremely pleased to announce that planning has begun for the *ASAPS Las Vegas 2016 Aesthetic Symposium: State of the Art in Facial Rejuvenation*. We hope you'll plan to attend this exciting educational event, taking place January 14–16 at The Cosmopolitan Hotel of Las Vegas.

Rhinoplasty Session

In addition to our face program, we are introducing a rhinoplasty session. This session will be geared to a small, intimate group of

doctors who will enjoy a half day of didactic and a half day of cadaver lab. Limited space will be available for this unique opportunity.

Cadaver Labs

On Saturday, January 16, plan to attend the cadaver anatomy labs focused on techniques in rhinoplasty (morning lab) and facial aesthetics (afternoon lab). This popular session offers attendees a great opportunity to learn from some of the best in the field.

Please make plans to attend this exciting event. The ASAPS Las Vegas 2016 Aesthetic Symposium will be an exceptional educational experience. Look for registration to open soon!

Glenn Jelks, M.D., is an aesthetic plastic surgeon practicing in New York and has been an Aesthetic Society member since 1990.

ASAPS Las Vegas 2016 Aesthetic Symposium

STATE OF THE ART IN FACIAL REJUVENATION

January 14–16, 2016


The Cosmopolitan Hotel of Las Vegas
Las Vegas, Nevada



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ASN2015CA

Inaugural Norwegian American Aesthetic Surgery Meeting in Oslo, October 23, 2015



The American Society for Aesthetic Plastic Surgery (ASAPS) and the Norwegian Society for Aesthetic Plastic Surgery (NSEPS) are pleased to invite you to the Inaugural Norwegian American Aesthetic Surgery Meeting in Oslo, October 23rd, 2015. The annual meeting of the Norwegian Society for Plastic Surgery will be held on October 22nd, preceding this meeting. The main topics of the meeting will be Breast Surgery, Forehead-Face-Neck Lift, Periorbital Surgery, Rhinoplasty, Quality of Life, and Stem Cells in Fat Grafting—Scientific and Clinical Experiences.

Invited speakers include Dr. Timothy Marten (US) and Prof. Jan Öivind Moskaug (Norway). The Congress venue is the traditional Holmenkollen Rica Hotel in Oslo, which has the best view of the beautiful capital with its fjord and natural surroundings. Late October in Oslo can be sunny and chilly with clear skies, but also with a chance of rain or snow.

Call for Abstracts

Breast Surgery

Forehead-Face-Neck Lift

Periorbital Surgery

Rhinoplasty

Quality of Life

Stem Cells in Fat Grafting—
Scientific and Clinical Experiences

Please send your abstracts for the topics listed above, or any questions to Christian Busch at busch.christian@gmail.com



Learn from the Finest Minds in Aesthetic Plastic Surgery

Finished with an international residency?*

Apply to The Aesthetic Society's International Fellowship Program by January 4, 2016.

Two winners will receive the opportunity to visit and observe experts in the specialty, including reimbursement for food, housing, and transportation of up to \$7500 for one year. Apply today!

www.surgery.org/professionals/international/international-fellowship-program-application

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*Residents from the U.S. and Canada are not eligible for this program.

The Business of Launching Your Practice

The ASAPs Gift of Expert Advice



Residents' Symposium

Chair: Mark Codner, MD
Co-Chair: Sal Pacella, MD, MBA

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December 11–13, 2015
Grand Hyatt at DFW—Dallas, TX

www.surgery.org/residents2015



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

Free for Residents & Fellows: The Business of Launching Your Practice



The American Society for Aesthetic Plastic Surgery (ASAPS) is preparing a gift for Senior Plastic Surgery Residents. The offering is a symposium—a quick weekend getaway in Dallas, Texas for “The Business of Launching Your Practice—The ASAPS Gift of Expert Advice” to be held December 11–13, 2015.

This symposium will be free-of-charge to qualifying attendees—Plastic Surgery Residents & Fellows graduating from the classes of 2012–2016. We will address the business concerns of graduating residents as to “what comes next” after graduation. Chairman Mark Codner, MD, and Co-Chair Sal Pacella, MD, MBA, are building the symposium around the common concerns of residents, asking “What is your greatest concern/fear in going out into practice?”

Additional faculty will include practice management experts Ryan Miller (Etna Interactive) and Karen Zupko (Zupko and Associates), with other faculty announced soon.

The Grand Hyatt at DFW—a beautiful 4 Diamond hotel—is located in the Dallas/Fort Worth airport, making time away minimal and easy.

Visit the ASAPS Website at www.surgery.org/residents2015 for updates.

This Symposium
is Free to
Qualified Attendees,
Courtesy of
ASAPS!

Set Sail for Adventure and Aesthetic Education: The Aesthetic Cruise 2015

Hurry! There is still time to register and book your cabin for ASAPS’ biennial voyage, The Aesthetic Cruise 2015: Controversies and Challenges in Aesthetic Surgery. This is an excellent opportunity to interact with aesthetic surgery experts in an intimate learning environment, all while visiting dazzling ports of call. Departing from Barcelona, Spain, the luxurious Regent’s Seven Seas Mariner will visit such destinations in Spain as Ibiza, Valencia, and Almeria, then journey to Gibraltar and Tangier. The ship will then return to see Cadiz, Spain, before arriving at its final port, Lisbon, Portugal.

The world’s first all-suite, all-balcony ship, Seven Seas Mariner features four gourmet restaurants with open seating. Hallmarks include generous amenities and a welcome spaciousness. Catering to only 700 guests, her staff-to-guest ratio of 1 to 1.6 ensures the absolute highest level of personal service.

CME will be available. Please refer to www.surgery.org/cruise2015 for details.

To book your cabin, please contact Bob Newman via phone at 888.278.7776 or via email at bnewman@CruiseBrothers.com.

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THE AESTHETIC CRUISE 2015
Controversies and Challenges
in Aesthetic Surgery

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www.surgery.org/cruise2015

ASAPS Traveling Professor Program

The ASAPS Traveling Professor Program is designed to support aesthetic surgery education by providing guest lecturers to plastic surgery residency programs. Traveling Professors share their expertise and experience with plastic surgery residents and aesthetic surgery fellows in an effort to help prepare them for the competitive subspecialty of cosmetic surgery.

When feasible and an efficient use of a Traveling Professor's time, visits may include presentations to local plastic surgery-related organizations and Society meetings, in conjunction with a visit to a residency program.

The ASAPS Traveling Professors instruct Residents in aesthetic plastic surgery using their clinical, technical and educational expertise. Plastic surgery training programs benefit from the Traveling Professors' wealth of knowledge and innovative perspectives on plastic surgery represented by the Visiting Professors.

The Traveling Professor Program was established to encourage plastic surgery residents to pursue a career in aesthetic plastic surgery. Each year, up to 30 plastic surgery programs are approved to host an ASAPS Traveling Professor—an accomplished aesthetic plastic surgeon who may serve as a "role model" for trainees and students.

Complimentary, Courtesy of ASAPS

ASAPS sponsors the visits by covering the flight, hotel, and ground transportation for the traveling professor. There is no cost to the Residency Program or to the other plastic surgery-related organizations unless it is at their discretion.



My Experience as an ASAPS International Traveling Professor *By Foad Nahai, MD*

I was delighted to be appointed the ASAPS International Visiting Professor 2014–2015. I visited the Royal Free Hospital and University College London, two storied British medical institutions. The hospital in fashionable Hampstead has a large plastic surgery department headed by Mr. Ash Mosahebi. There are 18 consultants (attending), 26 trainees and numerous rotating medical students. This is a very busy unit covering all aspects of reconstructive and aesthetic surgery.

The evening before the official start of the visit, two of the trainees Nicola Bystrzonowski and Nadine Hachach-Haram, picked us up at our hotel in the West

End to join some of the department staff, at a well-known "Fish and Chips" restaurant in Mayfair. Beyond the traditional British fare we were entertained by a three piece band. The evening was a great start to a memorable trip and an opportunity to meet some of the group.

The next morning, a crisp sunny March morning, I took the tube (London Underground) to the hospital where I participated in a full day symposium: "The Pan Thames Educational Day." The one day symposium, "Refinements in Aesthetic Surgery" was attended by over 40 trainees from the London area, medical students and members of the consultant staff at the Royal Free. The morning session began with a presentation by Mr. Steve Cannon, an orthopedic surgeon and chair of the Cosmetic Surgery Interspecialty Report (CSIC) at The Royal College of Surgeons. He is also the current Vice President of the college and chaired a college review of Aesthetic Surgery in 2011. I found his presentation on Aesthetic

Surgery training, competence and scope of practice most interesting. Strict guidelines are proposed for clinical experience including number of cases as an assistant or primary surgeon to qualify to perform the specific procedure. The lively discussion which ensued was productive and reminded me of



At dinner with the Royal Free plastic surgeons.

similar discussion we have had on training, competence and scope of practice for Aesthetic surgery. The rest of the day's program was devoted to clinical lectures concentrating primarily on facial rejuvenation with a few talks on breast and body contouring.

I presented several lectures on Facial Rejuvenation, including Face and Neck lift, Brow lift, Blepharoplasty, complications of Facelifts and Blepharoplasty, their avoidance and management. Additional presentations by the Royal Free faculty on Breast Augmentation, Abdominoplasty, Otoplasty and Lasers rounded out the day. There was tremendous interest in all the talks with discussion by faculty and trainees. Following this full and busy day we enjoyed a social evening including a gourmet dinner in an historic gastropub in Hampstead. It was a welcome opportunity for me to become more acquainted with the trainees and chat with them in an informal setting. I was not surprised to learn they share similar

Continued on Page 35

Traveling Professor Program

Continued from page 34

views and concerns as fellows and residents with whom I interact on a daily basis.

In addition to the full day of lectures I participated in the weekly departmental teaching sessions. Rather than a formal lecture, we discussed various topics suggested by the trainees including breast augmentation, injectables, and fat grafting. Socioeconomic issues, training and competence in Aesthetic surgery again topped the conversation.

I enjoyed my time with the unit, interacting with the consultants and their trainees in the hospital and socially at the dinners. The trainees all appeared to be happy and obviously enjoy an excellent relationship with their mentors. The environment in the department was conducive to teaching and learning; a friendly collegial environment in which I felt all were comfortable. Their keen interest in aesthetic surgery was evident in our discussions and the probing questions they asked.

I conclude by thanking Mr. Ash Mosahebi and everyone in his unit for the warm welcome and hospitality. With all my new friends in the department I feel I took away more than I contributed. A special thanks to Nadine for making all the arrangements, responding to emails in a flash and guiding me around the hospital. My gratitude to Hani Zeini and Sientra for supporting this most worthwhile international effort of ASAPS.



Dr. Nicola Bystrzonowski trainee, Dr. Nahai and Dr. Nadine Hachach-Haram trainee in front of the Royal Free Hospital.

My Visit to the Maryland Society By Jennifer Walden, MD

I was pleased to visit Baltimore, Maryland as an ASAPS Traveling Professor this past month, especially since Baltimore has a wonderful complement of both academic and private practice plastic surgeons. It was an honor to be invited by the Maryland Society of Plastic Surgeons' President, Dr. James Chappell to give two presentations at their annual business meeting:

"Individualizing Facelifting: Blending Technique with Laser and Light-based Treatments to Improve Results" and "What Women Want—The Female Consumer in the Social Media Age."

I plan to continue the Traveling Professor program and I am enthusiastic about it. I'm grateful to have been invited to the USC Plastic Surgery Program as facilitated by Dr. W. Grant Stevens this September as their "inaugural" ASAPS Aesthetic Surgery Visiting



L-R: Fady Sinno, MD; Jennifer Walden, MD; James Chappell, MD; James Vogel, MD; Adam Summers, MD

Professor. It's an incredible opportunity to have presented at the Resident and Fellows Forum as a resident and then aesthetic fellow, later in my career becoming a practicing surgeon in The Aesthetic Meeting, and now an ASAPS Traveling Professor. Talk about full circle! My gratitude goes to my mentors and the educators in The Aesthetic Society who continue to lead by example and provide premier aesthetic surgery education.

ASAPS Traveling Professor Program

In a continuing effort to introduce, improve and expand aesthetic plastic surgery education, The Aesthetic Society has appointed 11 Traveling Professors whose primary role is to visit residency programs and participate in resident education. Please take advantage of this wonderful opportunity to enhance the educational program at your institution by inviting an ASAPS Traveling Professor to visit with your residents!

Step 1: Visit our website www.surgery.org/professionals/residents/traveling-professor-program

Step 2: Review the list of current Traveling Professors and topic lists

Step 3: Complete a Traveling Professor Request Form and submit to pamela@surgery.org

Need assistance? Have a question?

Contact Pamela Diecidue at the ASAPS Central Office:

Email: pamela@surgery.org

Phone: 562-799-5326



The Traveling Professor's travel and expenses are completely paid by ASAPS. There is no cost to the Residency Program or to the other plastic surgery-related organizations unless it is at their discretion.



Attention Program Directors!

We would like to remind you of special complimentary educational opportunities available to your residents and fellows. The Aesthetic Society's Resident Program was created for Residents and Fellows who are enrolled in accredited plastic surgery programs or accredited/private plastic surgery fellowships in the United States or Canada. For more information please visit <http://www.surgery.org/professionals/residents> or contact Marissa Simpson at marissa@surgery.org.

Are You Blogging for Smart Beauty Guide?

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You may not yet be aware, but we welcome our Members to take advantage of a complimentary member benefit to increase awareness of you and your practice via Smart Beauty Guide, our consumer-facing website that now has more than 60,000 unique visitors per month. All you need to do is blog about a topic of your choosing to help educate consumers about various aesthetic procedures. We promote all of our blogs through our social media channels as well, so there is a great opportunity to increase exposure and drive traffic to your practice. Please note, we do have blogging guidelines for anyone who wishes to participate. For more information, please click here, or contact Leigh Hope Fountain via email at leigh@surgery.org or by calling the Society at 562.799.2356.

Shining a Positive Light on Plastic Surgery in the Media

Not a month goes by without a story telling the tale of patient falling victim to someone masquerading as a plastic surgeon. Such negative noise drowns out the positive stories about plastic surgery. The ASAPS public relations team is working hard to change the overall perception of plastic surgery in the media by highlighting trends, research, inspirational stories with positive procedural outcomes and even calling out negative procedural outcomes from unlicensed practitioners that have ended well thanks to corrective surgery from ASAPS members.

We have established strong relationships with editors, journalists, producers and reporters at top-tier media outlets who we work with on a regular basis to promote ASAPS, the *Aesthetic Surgery Journal (ASJ)* and *Smart Beauty Guide*, to spread the good word about all the good that plastic surgery can and does do, when in the right hands.

Our efforts have resulted in recent placements in *TIME Magazine* which referred to The Aesthetic Meeting as, "...plastic surgery's biggest convention" highlighting our annual statistics and quoting ASAPS members, Dr. Constantino Mendieta and Dr. W. Grant Stevens, as experts in the aesthetics field. Immediate Past President, Dr. Michael Edwards was also featured in *TIME Magazine* as an expert on trends changing the face of plastic surgery.

We identify opportunities to position ASAPS members as authorities in the industry. ASAPS president, Dr. James C. Grotting recently weighed in on advances in breast reconstruction for *PRIME Journal* and Dr. Michael Edwards commented on a breast augmentation trend for *Newsweek*.

Our annual statistics continue to provide opportunities for calling out ASAPS as a leader in the aesthetics field. Top-tier media outlets that have sourced ASAPS statistics include: *Forbes*, *Wall Street Journal*, *ABC Nightline*, *Huffington Post*, *NBC News*, *Washington Times*, *Healio.com* and *Everyday Health*.

Yet, we are not resting on those laurels—and have begun an aggressive PR campaign to highlight unique patient stories and studies out of the *Aesthetic Surgery Journal*. *Yahoo Health* recently published an article based on an ASJ study which showed contact lenses contribute to ptosis. *International Business Times* also published an article based on an



ASJ study which showed patients who undergo plastic surgery over the weekend are subject to higher bills and longer stays than those who have surgery on a weekday.

Our efforts won't stop the media from highlighting the negative side of plastic surgery, so we are leveraging such stories (as deemed appropriate) to call out the importance of seeking out a plastic surgeon certified by the American Board of Plastic Surgery (ABPS). An example of this is the story of a young lady from Baltimore who died while getting silicone butt injections in a basement in New York. By pitching local media, *Metro New York*, and offering an interview with New York based ASAPS member, Dr. Tracy Pfeifer, we turned this news story into an opportunity to educate the public about the importance of credentials, recommending they consult with a member of the American Society for Aesthetic Plastic Surgery to prevent such negative scenarios from happening.

If you have a patient story, (a cautionary tale or ways plastic surgery has enhanced a patient's life), and your patient is willing to be interviewed, we want to hear from you! We are also looking for other newsworthy trends you are seeing in your practice/geographic location. Contact the Public Relations Department via email media@surgery.org.



ASAPS Board Votes in New Member

During the ASAPS Board of Directors meeting at The Aesthetic Meeting 2015 in Montréal, Dr. Joseph P. Hunstad was appointed to the ASAPS Board as a Member-at-Large, replacing Dr. Rick Warren, who resigned. The Board nominated two members for discussion and Dr. Hunstad was appointed to fill the slot that will expire in 2017. Dr. Hunstad is an aesthetic plastic surgeon practicing in Huntersville, NC. Please join The Aesthetic Society in welcoming him to the ASAPS Board of Directors.

Share Your Stories!

ASAPS Members, have you found a grateful patient through our Smart Beauty Guide website? Or learned a technique at The Aesthetic Meeting which changed your practice? If you've benefited in some way by the education you've received or through the tools and services The Aesthetic Society offers, share your story with us! Simply email asaps@surgery.org and we will be in contact with you soon.

NEW: CME Tracking with My CME Record!

Continued from Cover

- To create specific cycles, simply select "Add Custom Cycle," enter the cycle dates, give it a name, enter the credits required, and let My CME Record do the rest. If there is a missing meeting on your My CME Record, it is easy to add it. Click "Submit CME Activity" at the bottom left-hand side of the page. Follow the simple steps and your record will be updated.

Your Feedback

As ASAPS continually strives to improve its member services, please let us know your thoughts on this new tool. For example, are you going to use this system for your CME tracking as opposed to ASPSP's system? Are you going to use both? Some members informed us that they only keep their ASPSP membership due to its tracking CME feature. Now ASAPS has developed a feature-rich, simple to use tracking online database, complete with notifications—all designed to make it easier on you and your staff to track and know where you stand with your CMEs. If you have additional comments or suggestions on this new tool, please contact Darlene Oliver at darlene@surgery.org.

The Ease Of The New "My CME Record"

The ASAPS My CME Record notification options inform you when a cycle's

requirements have been satisfied, or when your cycle is nearing its end and there are credits that you need to acquire, or when your record has had CME meeting credits added—all without having to log in to the site and verify that the credits are there. You won't have to make phone calls trying to figure out where those credits are, meaning that you save your own time and that of your staff.

Other Meetings & Calendar Function

Aside from ASPSP meetings, all other national, regional and state aesthetic surgery meetings will have their attendee credits added to your record automatically. If you need to know of upcoming aesthetic meetings, there is a calendar complete with meeting dates, locations and typical amount of CME provided—just find the link on the "Plastic Surgery Meeting page," embedded in the first paragraph on the home page.

ASAPS created My CME Record to assist you in managing all of your various credentialing/licensure, CME and Patient Safety credit requirements. We appreciate any and all feedback, and hope you'll begin utilizing this complimentary member benefit at your earliest convenience.

The Help You Need Is Finally Here.



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Aesthetic Surgery Journal Resident and Fellow Article Competition



There's no doubt that as plastic surgery residents and fellows, you represent the future of our specialty, and possess insights that might be missed by your colleagues in practice. Now's your chance to shine. Submit your clinical or research article to *ASJ* for a chance to win the brand new Apple Watch.

Your submission should be received no later than August 31, 2015. All submissions will undergo the same rigorous peer review as all *ASJ* submissions; the winner will be published in a future 2016 issue with a special designation.

Like any competition, this one has its rules:

1. Competition is open to all residents and fellows, US and International
2. Submissions will be due August 31, 2015
3. The winner will receive an Apple Watch
4. The winner's paper will be published in 2016 in *ASJ* and will have special designation

So let's see what you've got!

Submit your paper to <http://mc.manuscriptcentral.com/asjournal> and include a cover letter requesting that your manuscript be included in the Resident and Fellow Article Competition. Please contact the Editorial Office (journal@surgery.org) with any questions or comments.

Don't forget to join our conversations:

 Twitter: @ASJrnl

 Facebook: *Aesthetic Surgery Journal*





Aesthetic Surgery Journal Update



Recap of the ASJ Live! Theater in Montréal

For those of you who visited us at the **ASJ Live! Theater** in Montréal last month during The Aesthetic Meeting 2015, thank you. It was so wonderful to see such a large presence of ASJ readers, ASAPS members, international affiliates, and trainees. Many of you contributed to the theater's success by sharing your insights and expertise. Below are links to our 5 most accessed videos from the **ASJ Live! Theater** in Montréal. We hope you enjoy taking a look and thank you again for your support.

Dr. W. Grant Stevens on the Kardashian effect and what's hot: <https://goo.gl/B7eXjA>

Dr. Brian Derby on why a Fellowship in aesthetic surgery is essential to success: <https://goo.gl/OLkFtl>

Dr. Troy Pittman on creating an A-list look: <https://goo.gl/7CKv2U>

Dr. Lina Triana on the ASJ-Colombian Society relationship: <https://goo.gl/IV8PjE>

Dr. Steve Dayan on why social media is a must for today's practicing aesthetic surgeon: <https://goo.gl/jzCNuj>

We had a strong international presence and were able to meet with several affiliate partners. Please watch the videos here:

Dr. Woo Kim (Korea): <http://youtu.be/K1v7hb5-WyI>

Dr. Michel Rouif (France): <https://youtu.be/sEUiFQYFeqg>

Dr. Nick Carr (Canada): <https://goo.gl/nQFmbk>

Calling all Residents and Trainees!

Would you like to win an Apple watch? Submit your manuscript to the *Aesthetic Surgery Journal* Resident and Fellow Article Competition by August 31 to be eligible. Details are shown on the previous page.

Have you signed up for your *Aesthetic Surgery Journal* eTOC and Advance Access alerts yet?

Instructions are below. Be among the first to read the newest articles moments after they publish and receive alerts when each new issue publishes.

Electronic Table of Contents

We also encourage all users to sign up for electronic tables of contents. This is a great way to learn about new articles in the journal direct to your inbox. To do this, please follow the instructions below.

Once you have registered for access to the ASJ, go to your "My Account" with Oxford Journals, and click on the "View Alerting Services" link.

This will list the alerts you currently receive. To sign up for the ASJ, simply click on

My eTOCs

[Aesthetic Surgery Journal: Advance Access Alert \(weekly\)](#)

[Aesthetic Surgery Journal: Table of Contents](#)

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- ▶ You can also be alerted of articles matching search criteria you specify, such as keyword or author. To create a keyword or author alert, click on the Our Journals link above. Select a journal you are interested in, and then click on CiteTrack Personal Alerts at the top of the page.

"Add/Edit/Delete eTOCs" and follow the instructions.

You can unsubscribe to these alerts at any time, just by clicking the "unsubscribe me" link at the bottom of each email.



Did you have a chance to visit the ASJ Art & Image Exhibition featuring imagery from our award-winning and top-downloaded articles?

The Aesthetic Society's Industry Partnership Program



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of aesthetic plastic surgery among qualified plastic surgeons.

It's more than just business to us.

Meet the Staff!



Leigh Fountain, Director of Public Relations, has worked at The Aesthetic Society for one and a half years. Her main responsibilities are public relations and

social media strategy and implementation. In addition, she also manages the Smart Beauty Guide blogging team. She says that the main thing she loves about working at ASAPS is

“The people. I’m sure that’s a common answer, but there are legitimate reasons for that. Our staff is smart, fun and supportive. It makes the job easy.” Leigh also likes the fact that ASAPS is bi-coastal with headquarters in California and a media office in NYC. During Leigh’s time away from the office, she will most likely be found playing with her pup Anna Banana, checking out the endless supply of new restaurants in New York, or relaxing at home enjoying a good book. When you next see Leigh, make sure to say hello!

Are You Regularly Updating Your EPP?

Fully optimized for Google search, Enhanced Practice Profiles rely on procedural keywords and practice locations to help patients find you. Please review your EPP and make sure that the procedures you perform are listed so that search engines will connect prospects with your profile on SmartBeautyGuide.com. If you need assistance in updating your EPP, please contact webmaster Lisa Orozco at lisa@surgery.org or 562.799.2356.

Media Notes & Quotes

Along with breast augmentation, Bandy regularly performs two other procedures for her younger patients: labiaplasty, which she says patients often say they would have done long ago if they’d heard about it, and butt lifts. They are, by far, the fastest-growing types of plastic surgery. (Butt augmentations are up 86% since 2013; labiaplasty is up 49%, according to the American Society for Aesthetic Plastic Surgery.)

There’s no judging at the Aesthetic Meeting 2014 in the Moscone Center in San Francisco. At plastic surgery’s biggest convention, no one uses the phrase plastic surgery; the preference is for terms like realization.

TIME.com
Nip. Tuck. Or Else.
June 18, 2015

Analysts have said that Kybella’s market opportunity is unclear because the company is creating a new market, not cutting into an existing one. Mr. Leonard has said Kybella is the first of its kind to specifically target excess chin fat and will be aimed at patients already visiting the doctor for injections like Botox. According to the American Society of Aesthetic Plastic Surgery, consumers spent more than \$12 billion last year on surgical and nonsurgical procedures, of which about 20% was spent on injectables. Much of that was on Botox.

The Wall Street Journal
Botox Owner Allergan to Buy Maker of Double-Chin Treatment
June 17, 2015

While contact lenses might improve your eyesight without the need for clunky glasses, they might also be having an unintended effect on your appearance. According to a new study published in *Aesthetic Surgery Journal*, use of contact lenses seemingly leads to eyelid droopiness.

Guyuron says that plastic surgeons regularly perform a couple of key procedures for droopiness. According to data from the American Society for Aesthetic Plastic Surgery, 165,714 eyelid procedures and 31,315 brow lifts were performed on patients in 2014.

Yahoo Health
Study Shows How Contact Lenses Can Affect Your Appearance Over Time
June 5, 2015

Arguably, if patients fully appreciated the limits of surgical interventions, they would be less likely to seek it as the solution to their woes. Dr. Neal R. Reisman, president of the Aesthetic Surgery Education and Research Foundation, the research and education arm of the American Society for Aesthetic Plastic Surgery, says that a red flag for plastic surgeons is someone who has experienced recent trauma—say, a divorce, loss of a job, or the death of a spouse or child, and is in search of a quick fix for her pain. In such cases, thoughtful surgeons recommend that the patient wait a few months and reconsider.

The Guardian
A cooling-off period before cosmetic surgery? That implies it's a rational decision
June 12, 2015

Butt augmentation is one of the fastest-growing aesthetic procedures, increasing 86 percent from 2013 to 2014, according to the American Society for Aesthetic Plastic Surgery. The trend overlaps with the rising popularity of ample-bootied stars like Kim Kardashian and Nicki Minaj, driving many young women, mostly in their 20s, to seek out some enhancements of their own.

What went wrong in Mayhew’s case was the use of free-floating silicone, according to Manhattan-based plastic surgeon Dr. Tracy Pfeifer.

Each state has an online database of licensed plastic and cosmetic surgeons; specifically, seek out a doctor certified by the American Board of Plastic Surgery. “Also, look to see what professional societies the doctor belongs to,” Pfeifer advises. “If a doctor is certified with American Society for Aesthetic Plastic Surgery, the doctor is board-certified.”

Metro New York
How to get a bigger booty you won't regret
June 9, 2015

If you have a patient story, (a cautionary tale or ways plastic surgery has enhanced a patient’s life), and your patient is willing to be interviewed, we want to hear from you! We are also looking for other newsworthy trends you are seeing in your practice/geographic location. Contact the Public Relations Department via email media@surgery.org.

Industry Partner Updates

It's a busy time of year as The Aesthetic Society signs a number of Industry Partners and welcomes the new Premier Industry Partner, Galderma and new Alliance Partner, Zwivel. ASAPS Industry Partnership program is growing, and currently consists of eight Premier Industry Partners and eight Alliance Partners. The partnership program provides industry, with strategic support and benefits at The Aesthetic Meeting and throughout the year with a direct reach to ASAPS Members.



Allergan's partnership with The Aesthetic Society began in 2012 when they became a Premier Industry Partner, joining other Industry leaders in this elite category. In 2015, the partnership continues as Allergan and The Society sign for another year. Around this same time, Actavis completed the acquisition of Allergan, Inc and with recent shareholder approval adopted a new global name—Allergan.

In June, Actavis plc (NYSE: ACT), received FDA approval to market NATRELLE INSPIRA™ round gel-filled textured breast implants, offering women undergoing reconstruction, augmentation or revision surgery another breast shaping option for a customized result. NATRELLE INSPIRA™ breast implants are fuller than Allergan's round, gel-filled breast implants currently available in the U.S.

"NATRELLE INSPIRA™ is just the latest example of our commitment to breast aesthetics and plastic surgery which will continue into the future," said Philippe Schaison, President, Allergan Medical.

The FDA approval of NATRELLE INSPIRA™ round gel-filled textured breast implants marks the most recent addition to the broad portfolio of currently available NATRELLE® products in the U.S.



ALPHAEON became an ASAPS Premier Industry partner in 2012, and continues its partnership in 2015, marking three years of strategic engagement. ALPHAEON is the first social-commerce company in the lifestyle healthcare marketplace dedicated to working with board-certified physicians to provide innovative products and services that promote patient wellness, beauty and performance.

As part of ALPHAEON's initiative to be on the cutting edge of technology in lifestyle healthcare, ALPHAEON has created the first "Procial" professional and social network called ShoutMD. ShoutMD is exclusively for board-certified physician specialists to share insights, start discussions and collaborate with peers to improve patient experiences and outcomes.

ShoutMD allows physicians around the globe to interact daily with key opinion leaders, review products, specialty trends and procedures, poll their peers in real time and gain consensus. ShoutMD also allows physicians to present case studies and contribute their expertise, share business pearls to help grow their practices, and make fast and convenient one-stop purchasing decisions. To join the conversation, connect with fellow board-certified specialists and lead the way in lifestyle healthcare, download the app in the iTunes or Google Play stores or visit www.shoutmd.com.



ASAPS is pleased to welcome Galderma as its newest Premier Industry Partner. Founded in 1981, Galderma is a global leader in Aesthetic medicine with two decades of expertise and 20 million Restylane® treatments received by patients. In May 2014, Galderma acquired the rights to distribute its products Restylane® Perlane®, Sculptra® and Dysport® in the U.S. and Canada, and recently launched Restylane® Silk, the first and only FDA approved filler for lip enhancement and for the treatment of lines around the mouth in patients over the age of 21.

Kelly Huang, PhD recently joined Galderma as Vice President and General Manager of the company's Aesthetic and Corrective Business Unit in the United States.

"With the promising debut of Restylane® Silk and other launches expected in the future, it's an ideal time for someone with Kelly's wealth of experience to join Galderma's growing organization," states Todd Zavodnick, President and General Manager of Galderma Laboratories, L.P.

Galderma is committed to delivering innovative medical solutions to meet the dermatological needs of people throughout their lifetime while serving healthcare professionals around the world.

MERZ AESTHETICS™

The Society recently signed with Merz Aesthetics for another year as a Premier Industry Partner. This marks the third year of this strategic partnership, which began in 2012, providing Merz with a reach to ASAPS members.

Merz has a long and successful heritage in aesthetics, with a strong portfolio of products that is trusted by patients and expert practitioners around the world. With the acquisitions of NEOCUTIS and Ulthera, they are building an aesthetic portfolio with a range of treatment options (energy, injectables and topicals) that will allow physicians to use Merz technologies to treat a broader range of patients and concerns. As a privately-held and family-owned company, Merz brings an unwavering focus to the specialties they serve, combined with a flexible, responsive approach to the individualized needs of their physician customers and patients.

"As we work to become the most admired, trusted and innovative company in our industry, Merz remains focused on enhancing relationships with our physician and industry partners," said Bill Humphries, President and CEO of Merz North America. "We will continue to deepen our focus in aesthetic medicine, in an effort to better serve the patients and physicians who benefit from our products."

Merz seeks to help physicians to focus on choosing and applying technologies that result in the desired outcome for their patients. They have also continued to invest in a product and program pipeline that will expand the options available to their customers.

Continued on Page 43

Industry Partner Updates

Continued from Page 42



ZELTIQ came on board as an ASAPS Alliance Partner in 2014 and recently signed with The Society for another year. ZELTIQ® Aesthetics, Inc. is a medical technology company focused on developing and commercializing products utilizing its controlled-cooling technology platform.

The company's first commercial product, the CoolSculpting® system, is designed to selectively reduce unwanted fat bulges that may not respond to diet or exercise. The CoolSculpting procedure is based on the scientific principle that fat cells are more sensitive to cold than the overlying skin and surrounding tissues. It utilizes patented technology of precisely controlled cooling to reduce the temperature of fat cells in the treated area, which is intended to cause fat cell elimination through a natural biological process known as apoptosis.

ZELTIQ developed the CoolSculpting procedure to safely, noticeably, and measurably reduce the fat layer. Since its founding in 2005, ZELTIQ has strategically grown the FDA-cleared CoolSculpting procedure to become the #1 non-invasive body contouring procedure with over 2 million CoolSculpting treatments performed worldwide. The company is publicly traded on The NASDAQ Global Select Market under the ticker symbol "ZLTQ."

"We are pleased with the continued advancements of our CoolSculpting technology. In the past year, we introduced the first surface applicator and secured FDA clearance for inner and outer thighs. We also announced the significant advancement of colder temperatures, which allows our customers to achieve the same great results in dramatically reduced time," said Mark Foley, President and CEO of ZELTIQ.



Membership FAQs

Do I have to be a member of ASAPS to be a member of The Aesthetic Society?

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

How do I begin the membership process?

To begin the membership process, please complete the Active Member Checklist at www.surgery.org/checklist and submit to the Membership Manager at Marissa@surgery.org or by fax to 562.799.1098 attention Marissa.

Who may sponsor me for membership?

Any Active or Life 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?

Applicants who submit materials for the July 1 deadline are eligible for election at the end of the year. Applications submitted by the January 5 deadline are eligible for election in the Spring.

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.

What will fulfill the meeting attendance requirement?

The following meetings are exclusively organized by The Aesthetic Society, and qualify:

- The Aesthetic Meeting (ASAPS Annual Meeting)
- The ASAPS Las Vegas Symposium
- The Biennial Aesthetic Cruise

What are the fees and when should they be paid?

There is a \$250 Application Fee that must be paid along with your completed application. Once voted in, you will be required to pay your annual membership dues:

- Membership dues for Active Members are \$1098
- Membership dues for International Active Members are \$840

How many sponsors will I need to have ultimately?

You will need at least two (2) sponsors. U.S. and Canadian applicants must have one sponsor that is in your geographical location while the other can be any ASAPS Active/Life Member that knows you well. Each sponsor will need to complete the sponsorship form on your behalf (the forms will be included with the application). International applicants must have one ASAPS Active/International Active or Life Member sponsor, and the other must be a member in a national plastic surgery society acceptable to ASAPS, or from an ISAPS member in their country.

For additional information/questions, please contact our Membership Manager, Marissa Simpson via email Marissa@surgery.org or at 562.799.2356

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WE SAY IT **DISAPPEARS.**

It seems like only yesterday that we introduced our revolutionary Fraxel® technology. Yet an entire decade has flown by. Through the years, we continue to lead the industry in making the signs of time disappear for tens of thousands of patients. And, as patients see the results in the mirror, you'll continue to see the results in your practice. We can't think of a better reason to celebrate.

Here's to 10 years of success—yours and ours.

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An Unexpected Encounter Alters a Life

While many ASAPS Members may know of Dr. Steven Teitelbaum through his presentations at The Aesthetic Meeting and his research efforts, he also has a story of which few are aware. His life would take a profound—and enriching—detour, all due to an unexpected call.

Dr. Teitelbaum has spent years perfecting his skills as a surgeon. In addition to running his own private practice in Santa Monica, California, since 1995, he has served as an Assistant Clinical Professor of Plastic Surgery at the David Geffen School of Medicine at UCLA since 2006. But all his years of training didn't prepare him for the path his life would soon take upon being contacted by a distant family member neither he nor his father had ever met or even known about. This person held the key to Dr. Teitelbaum's family's history, which included his relatives' murders by the Nazis.

All his years of training didn't prepare him for the path his life would soon take upon being contacted by a distant family member neither he nor his father had ever met or even known about.

As Dr. Teitelbaum notes, "My father knew nothing of the fate of his grandparents so I grew up with no connection to that line of the family. I always had passionate and seemingly innate feelings about the struggle of the Jewish people, yet I was unaware of any ancestors perishing in the Holocaust or being involved in the myriad of recorded events in the recent history of the Jews." That contact from a distant relative changed everything. "When I found out about that connection, those feelings finally made sense to me and further solidified them. In a strange sense, now having a personal connection to that period meant that my long-held emotions were justified. Knowing that gave me a stronger sense of my past, as well as a desire to continue the tradition of handing down knowledge to my child."

While the initial information provided was limited, Dr. Teitelbaum began his own research into the tragedy and eventually came



in contact with Father Desbois, the Founder and President of Yahad—In Unum, an organization dedicated to identifying and documenting the sites of Jewish mass executions. His work through Yahad has been recognized through numerous awards internationally. As Dr. Teitelbaum expands, "Father Desbois is a priest who has devoted his life to investigating the 'holocaust by bullets' in which millions of Jews in small villages in eastern Europe were murdered at point blank range by mobile Nazi killing units called the Einsatzgruppen. I heard him give a lecture at my synagogue and then read his book, which describes the methodology he uses to investigate these crimes. But it wasn't until several months later, however, that I would come to learn that my own family was murdered in such a way. I contacted him and he put me in touch with his researcher in Poland. I hired him to go there and find the murder site. He tracked down documents in the town library, witnesses, and even a painting that was done of the murder itself."

For the 70th anniversary of the murders, Dr. Steven Teitelbaum and his family made the trip to Poland to see where their relatives had lived. They brought a film crew to document their findings and interviews with witnesses. He and his family also spent time reading from fragments of their shul's original Torah and praying at the murder site.

On this visit, as Dr. Teitelbaum relates, "The beautiful sky the day we visited the murder site was identical to the one depicted in the painting. The site was on a small hill with a view of the entire city, within earshot and

"It wasn't until several months later, however, that I would come to learn that my own family was murdered in such a way. I contacted him and he put me in touch with his researcher in Poland. I hired him to go there and find the murder site. He tracked down documents in the town library, witnesses, and even a painting that was done of the murder itself."

eyesight of many. I imagined their helplessness, shame, and desperation at being brought to a ditch dug by their children, and shot one by one. We met witnesses who described parts of the events, and even an individual who said that he wouldn't play with the Jewish boys because they had a barrel with nails in it that they would roll down the hill with gentile children in it to get blood for their bread. He was quite serious and not senile. As much as we recognize the barbarity of the Nazis, it reminded me that the average countryman in Europe played a big part in the Holocaust. I went on the trip with cousins whom I had never before met and developed relationships with them that will last my lifetime."

The Yahad researcher was also able to find a painting depicting the murder scene which was on display during the Los Angeles Museum of the Holocaust exhibit, *Holocaust By Bullets: Yahad—In Unum, 10 Years of Investigations*. The exhibit featured 10 years of investigations in the former Soviet Union by Yahad-In Unum researchers and was a temporary exhibit that ran from February 10, 2015 to March 15, 2015. As Dr. Teitelbaum relates, "This traveling exhibit was put together by Father Desbois. Following its showing in Los Angeles, it is now being seen by people around the world. Some of our artifacts continue to be exhibited at The Los Angeles Museum of the Holocaust."

The Aesthetic Society appreciates Dr. Teitelbaum's sharing of his family's history with us.



Working together to advance the science, art, and safe practice of aesthetic plastic surgery among qualified plastic surgeons, the ASAPS Premier and Alliance Partners have provided valuable information for ASAPS members including key updates, and information on products, promotions, and discounts.



Actavis, which recently completed the acquisition of Allergan, Inc. received FDA approval to market NATRELLE INSPIRA™ round gel-filled textured breast implants, offering women undergoing reconstruction, augmentation or revision surgery another breast shaping option for a customized result. The NATRELLE INSPIRA™ line of breast implants is designed for women who are interested in increased breast fullness. NATRELLE INSPIRA™ breast implants are the most recent addition to the broad portfolio of currently available NATRELLE® products in the U.S.



Galderma is a leading healthcare company committed to bringing innovative, science-based skin health solutions to healthcare providers and consumers worldwide. Galderma—the manufacturer of products including Restylane®, Restylane® Silk, Perlane® and Sculptra® Aesthetic—recently announced the launch of ASPIRE Galderma Rewards, a unique loyalty program. ASPIRE rewards individuals for consistent use of Galderma aesthetic products and helps strengthen the connections between healthcare providers and patients. For more information, please visit: www.galderma.com and www.aspirerewards.com.



Over the last 10 years, no other company has done more to educate millions of women about cosmetic enhancement than award-winning NewBeauty. Leveraging the unequivocal authority of NewBeauty, NewBeautyPRO is a full-service marketing platform that helps board-certified doctors build, grow and maintain successful cosmetic practices.



ALPHAEON™

ALPHAEON Corporation is the first social commerce company transforming self-pay healthcare by bringing to market highly innovative products and services to promote consumer wellness, beauty and performance. The company works in partnership with board-certified physicians ensuring access to leading advancements in lifestyle healthcare. For more information, please visit www.alphaeon.com.

MERZ AESTHETICS™

Merz Aesthetics is a division of Merz North America, a specialty healthcare company that develops and commercializes treatment solutions in aesthetics, dermatology and neurosciences in the U.S. and Canada. Our ambition is to become the most admired, trusted and innovative aesthetics and neurotoxin company. Merz Aesthetics offers a well-balanced product portfolio that includes the dermal fillers Radiesse® and Belotero Balance®. To learn more about Merz's full aesthetic portfolio, including their line of aesthetic injectables, the energy-based Ultherapy® system and the NEOCUTIS skincare line, visit them online at www.merzusa.com/aesthetics-otc.

sientra.

Sientra offers the only full portfolio of 5th generation round and shaped silicone gel breast implants in the U.S. Sientra continues to push the plastic surgery industry forward, by becoming the 1st company to offer: breast implants exclusively to board-certified and board eligible plastic surgeons, shaped implant approval to the U.S. market, the most cohesive round implants, and the industry's first-ever Capsular Contracture Care program, C3. Sientra's portfolio continues to grow to include higher projection and higher fill-ratio HSC smooth round breast implants, providing more options to plastic surgeons.

Learn more about Sientra at sientra.com.



Miss us at The Aesthetics Meeting? Contact Katie Maggio, kmaggio@enaltus.com, and help us continue to contribute to The Aesthetic Surgery Education and Research Foundation! Mention this write-up with every order placed and enaltus will contribute \$100 for each new account that is opened through the end of August. www.biocorneum.com

ZO SKIN HEALTH INC

— BY ZEIN OBAGI, MD —

ZO® has launched the new Effects® Sulfur Masque, a medicated masque that purifies pores to improve oily or acne-prone skin. This 10% sulfur masque is excellent for helping to prevent and treat acne. By absorbing surface oils and helping to exfoliate dead skin cells, it clears away dirt and debris that can block pores. This masque will help purify, nourish and soothe all skin types. For more information, visit <https://shop.zoskinhealth.com/product/effects-sulfur-masque>



VECTRA® 3D imaging solutions offer powerful analytic, aesthetic simulation and patient education tools surgical and non-surgical aesthetic procedures. The hand held VECTRA H1 is the ideal solution for facial procedures including rhinoplasty, chin augmentation, facial contouring and more. The VECTRA XT system can now create a 360° body view by automatically stitching front and back captures into a single 3D image. Canfield's imaging solutions also provide mobile and web based consultation tools including a new iPad® consultation app for Mirror® medical imaging software and the ViewMyConsult® patient portal, extending consultations to any area in the practice and beyond.



There is only one CosmetAssure—the Gold Standard in complications insurance. For over 12 years, we have been protecting board-certified plastic surgeons and their patients against the financial burden of unexpected post-aesthetic surgery complications. We are the leader in complications insurance industry and proud to be an Alliance Partner of the American Society for Aesthetic Plastic Surgery (ASAPS).

We are excited to announce that we have increased our list of Covered Procedures and extended the Coverage Period to 45 days instead of 30 days to better serve your patients.

Visit our booth at the QMP 11th Annual Aesthetic Surgery Symposium, Oct 8–11, 2015 and The New York Regional Society of Plastic Surgeons 2015 Fall Meeting—Practice Management Workshop, Nov 21, 2015.

Call or email CosmetAssure today to provide your patients with peace of mind and gain a competitive advantage at the same time.

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KYTHERA Biopharmaceuticals, Inc. announced in April that the U.S. Food and Drug Administration (FDA) has approved KYBELLA™, also known as ATX-101, “for improvement in the appearance of moderate to severe convexity or fullness associated with submental fat in adults.” KYBELLA™ is the first and only approved non-surgical treatment for reduction of submental fullness, a common yet under-treated aesthetic condition. For additional information go to kythera.com



Nextech deploys all-in-one, specialty-focused, intelligent healthcare solutions and services. Dedicated to plastic surgeons since 1997, Nextech delivers innovative tools that enable physicians to increase efficiencies while meeting their long-term business goals. The company's product portfolio integrates seamlessly with value-added modules to create a single, intuitive platform that streamlines clinical, administrative, financial and marketing workflows. Nextech goes beyond managing to optimizing office workflow and revenue management with its advanced offerings. For more information visit Nextech.com.



An ASAPS Founding Alliance Partner based in San Diego, Rosemont Media, LLC builds the Best Custom Websites for plastic surgeons. We limit our participation to just one practice per market and only work with Board-Certified Plastic Surgeons.

To learn about our comprehensive online marketing services, we invite you to check out our site at www.rosemontmedia.com.

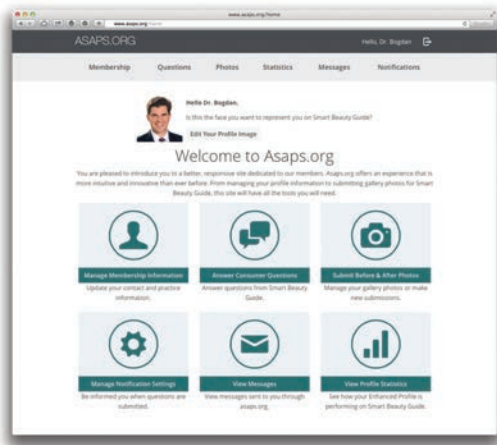


ZELTIQ® Aesthetics proudly offers CoolSculpting University, an industry-leading program tailored specifically for CoolSculpting providers, enabling them to launch CoolSculpting successfully in their practice. The 2-day comprehensive training program offers hands-on training, live demonstrations, and best practice treatment techniques. CoolSculpting University participants from new practices increased patient treatments, on average, by 60%. Please contact your local ZELTIQ representative for more information.



Zwivel is proud to become an ASAPS Alliance Partner. Zwivel, which began in 2012 out of a need for greater efficiency throughout the cosmetic consultation process, is a HIPAA/HITECH compliant, fast, easy, and free online cosmetic consultation tool for plastic surgeons and potential cosmetic patients. The platform allows plastic surgeons to connect with, and prescreen for, potential cosmetic patients before they come in for full, in-office consultations, saving both plastic surgeons and patients valuable time. For more information on Zwivel go to www.zwivel.com

Build Your Social Media Base and Expand Your Reach. New Tools from The Aesthetic Society.



Easy-to-Use Tools for ASAPS Members!

Take control of your online presence with the help of the new ASAPS.org member portal. Just log in and you'll be able to:

- Manage Membership Information
- Answer Consumer Questions
- Submit Before and After Photos to the Photo Gallery
- Access the Message Center
- View Your EPP Statistics (for those members with EPPs)

If you have questions about these new features, please contact our webmaster, Lisa Orozco, at lisa@surgery.org or by calling 800.364.2146 or 562.799.2356.

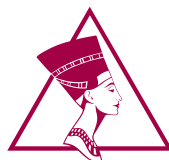


Social Media Content is Just a Click Away!

With the new ASAPS Social Media Newsletter, you have instant access to ASAPS-vetted content to share with your patients on Facebook, Twitter, Google+, and LinkedIn. Delivered by email twice monthly, directly into your inbox, simply click on the social media icons next to each entry and share:

- Videos
- Blog posts
- News
- And More!

Add your practice or marketing manager to the social media newsletter distribution list by entering their info at asaps.org!





Reconstructing Hope, One Person at a Time

Adam Schaffner, MD, FACS

Based in New York, Reconstructing Hope is a non-profit organization whose mission is to help victims of domestic violence rid themselves of signs of prior abuse.

Reconstructing Hope was co-founded by ASAPS member Adam Schaffner, MD, FACS. *Aesthetic Society News* recently chatted with Dr. Schaffner about the roots of the organization, its mission, and its future.

Thank you for your time, Dr. Schaffner. Tell us a little bit more about Reconstructing Hope.

Reconstructing Hope is a 501(c)(3) non-profit public charity whose mission is to help victims of domestic violence rid themselves of signs of prior abuse, including—but not limited to—tattoos, burns, scars, broken bones, as well as chipped or missing teeth. These procedures enable survivors to improve their self-confidence, helping to minimize the psychological trauma they endured—and repeat each time they view the physical signs of that violence. As a result, they are able to better move forward and to live more productive lives.

Who are the professionals engaged with Reconstructing Hope?

We work with plastic surgeons, facial plastic surgeons, oculoplastic surgeons, dermatologists, oral and maxillofacial surgeons, cosmetic dentists and mental health professionals to ensure the best possible treatment is delivered to these survivors. These dedicated healthcare professionals enjoy support from the National Coalition Against Domestic Violence, the American Society for Aesthetic Plastic Surgery, the American Academy of Facial Plastic and Reconstructive Surgery and other professional organizations to ensure the best possible collaboration is occurring between experts of these specialties.



How long has Reconstructing Hope been in existence?

Reconstructing Hope started as an idea over 25 years ago. In 2011, steps were taken to formalize the organization. During the past four years, the organization has expanded, transforming from being a small group of dedicated volunteers to a full-scale charity. Seeing the positive impact Reconstructing Hope has on the lives of domestic violence victims is the best part about volunteering.

What is the most challenging aspect of helping victims of domestic violence?

The most challenging part of helping victims of domestic violence is learning about the tragic circumstances surrounding the injuries they sustained. The stories are often heart-wrenching which makes being able to help these victims all the more gratifying.

How does one access Reconstructing Hope?

Victims of domestic violence are screened by the National Coalition Against Domestic Violence. To qualify for treatment through Reconstructing Hope, victims must have received the physical injuries from an abusive intimate partner or spouse, must be out of the relationship with the abuser, and must have had contact with a domestic violence advocate, social worker, counselor or therapist a minimum of one time. Services in high demand include tattoo removal, scar removal, repair of broken noses or other facial bones, treatment of burns as well as repair of chipped or missing teeth.

Where are these services performed?

Healthcare professionals who volunteer their services perform the procedures in their offices, unless intravenous sedation or general anesthesia is required. In circumstances where the procedure must be performed in a hospital or surgery center, Reconstructing Hope works with the anesthesiologists and surgical facilities to ensure the patient is able to receive the care required.

Is the organization solely focused on New York?

While Reconstructing Hope started as an organization focused on treating victims of domestic violence in the New York City area, in response to requests from across the United States by healthcare professionals wanting to volunteer and victims of domestic violence wanting help, Reconstructing Hope is currently in the process of recruiting healthcare professionals from across the United States who desire to volunteer.

How can people get involved with Reconstructing Hope?

If you are a licensed healthcare professional and would like to volunteer your services, please visit www.ReconstructingHope.org/volunteer

If you know of anyone who may benefit from the services of Reconstructing Hope, please forward the information to Info@ReconstructingHope.org

For more information about Reconstructing Hope, please visit www.ReconstructingHope.org.



BOOST YOUR Website Confidence

website confidence

[web-sahyt] [kon-fi-duh ns] (noun) The feeling or belief that one's website clearly and beautifully represents their work ethic, philosophy, and passion as a plastic surgeon. • *After my redesign project launched, my **website confidence** increased ten-fold. I now feel that my online image is perfectly in tune with me as a surgeon.*

synonyms: digital trust, online credence

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Update on ASERF

Neal R. Reisman, MD, JD, FACS



THE AESTHETIC SURGERY EDUCATION AND RESEARCH FOUNDATION

ASERF has had and is planning a full year. Our funded research has added much needed information to our areas of interest and especially the ALCL issue. Three areas of focus for the immediate future are:

1. Educating our members of the FDA's Guidance document for Fat Grafting. This document has new requirements and definitions that all Plastic Surgeons should be aware of. ASERF and ASAPS have formed a task force which will soon distribute information and guidance for use of Fat Grafting in our practices.
2. Breast Implant Associated ALCL is still a very rare event, but another task force will distribute information that all patients can use for a better understanding and the importance of follow-up. A guideline for the surgeon when faced with a patient suspicious of BI-ALCL will soon be distributed. There have

been recent developments questioning a biofilm as well as ALCL being associated with all types and manufacturers' implants. This entity is still very rare and appears to follow two tracts of disease, one seemingly more treatable and benign and the other more aggressive. It behooves us to be aware of distinguishing presentations, and the necessary diagnostic tools and treatment patterns. Look for a case study highlighting these issues.

3. There is a joint effort to increase the Evidence Based Resources for Aesthetic Surgery, aid Residency Education, and provide aids for our practice management. We are working with many groups to aid in this endeavor. We will be working on ways to make the Aesthetic Practice easier and more efficient while maintaining patient safety and excellent outcomes.

Additionally, I wanted to take a moment and thank those involved with organizing, donating to, and taking part in the ASERF Silent Auction. Through our vendors generous donations and the bids from our participants, this year's ASERF Silent Auction raised \$107,259. Our thanks to all involved for making this a success! The three year cumulative total now exceeds \$672,000. These funds are used to offset the cost of the ASERF Data Hub, which in turn will add value to your ASAPS membership.

Neal R. Reisman, MD, JD, FACS, is an aesthetic plastic surgeon serving as the Chief of Plastic Surgery at Baylor St. Luke's Medical Center in Houston, TX. He serves as President of The Aesthetic Surgery Education and Research Foundation (ASERF) and serves on the Patient Safety Committee.



Enaltus Donates \$10,000 to Aesthetic Surgery Research

For the second year in a row, Enaltus, the manufacturers/distributors of bioCorneum[®]+, has made a significant contribution to The Aesthetic Surgery Education and Research Foundation (ASERF) thanks to Aesthetic Meeting attendees who stopped by their booth to learn more about their products.

For each badge scan, Enaltus donated \$25 to ASERF, plus an additional \$25 for any on-site order of \$2,000. This year in Montréal, with YOUR help, Enaltus donated \$10,000, bringing their two year total to \$30,000.

The money raised from this and other fundraising programs is used to support research projects that are focused on aesthetic surgery research.

It's not too late to help raise additional funds for ASERF! Enaltus has agreed to make additional donations of \$100 for each new account that is opened through the end of August, 2015. If you aren't currently including bioCorneum[®]+ as part of the after surgical care process, consider learning more about the product at www.biocorneum.com/contact-us or call for a new starter kit 678-684-1431.

ASERF would like to thank Enaltus for their assistance at raising awareness and funds for aesthetic surgery research as well as those members who took the time to stop by and visit the Enaltus booth.



Career Achievement Award: Foad Nahai

During The Aesthetic Meeting in Montréal, Foad Nahai, MD was honored with the 2015 ASERF Career Achievement Award.





Rewarding Everyone: Creating Team Bonuses That Work

By Glenn Morley

Rewarding a Patient Care Coordinator (PCC) with a financial bonus can be a catalyst for improving the sales activity that is central to this role, and many aesthetic practices offer one.

But the truth is, *everyone* in the practice plays a vital role in the sales process. Like an effective track and field relay team, a successful plastic surgery team requires coordination, synchronization and effort to create a five-star patient experience—and no one can “win” alone.

That’s why I’ve found team incentives to be a clever strategy for inspiring practice staff to collaborate. When you incentivize the team instead of the individual, you create a partnership in which employees strive *together* to improve the bottom line and build lifelong relationships with patients.

It’s a Relay Not a Marathon

Unlike the many solo miles run by a marathoner in training, relay team runners must work together to achieve greatness. Each relay team member knows that his or her own personal speed and performance directly impacts the success of the team. Each is intensely aware of the importance of a “clean” baton exchange. Drop that baton as you hand it off to your teammate, and your entire team is disqualified from the race.

A successful practice team strives for a “clean” baton catch every time, and works together to win. The receptionist credentials the surgeon and establishes the foundation of the patient relationship. The PCC builds rapport with the patient and juggles all the balls associated with surgery scheduling. The clinical staff educates, allays fears, and provides the confident, pre-operative counseling that reinforces safety and the importance of an experienced, surgical team.

The team that can finesse these handoffs achieves more success together, and data show that incenting the entire group can strengthen the bond of the team. In fact, a joint study by the International Society for Performance Improvement and The Incentive Research Foundation found that incentivized teams increased their performance by 45 percent, whereas incentivized individuals increased performance an average of 27 percent.

The study indicated that individuals have less of a need to “game” the system when rewards primarily come from working together, and that teams can reach stretch goals more effectively because they will seek recognition opportunities by performing better. The study also posited that incentivized teams increased performance due to peer pressure.

Anatomy of a Team Bonus

We see team bonus incentives as a growing trend in the aesthetic world. The most effective ones include multiple measures so as to avoid the myopathy that results from narrowly focused incentives.

One of our clients offered a plan that rewarded the PCC on the volume of surgeries scheduled, nothing else. Her performance was predictable: she focused heavily on the tasks that pertained to scheduling surgeries—such as sending thank-you letters quickly and calling potential surgery patients post-consult.

That was all well and good, but if this PCC was asked to do something for an injection or laser patient, forget it. Anything that wasn’t related to scheduling surgery was someone else’s job. She wouldn’t collaborate with the aesthetician to build medspa patient relationships or fill in at the front desk when someone called in sick.

One way to avoid this is to develop a plan that incentivizes the team, and is more broadly focused. The model that follows was developed with a client whose small practice had grown to eight, valued employees. The system provides incentives for the entire staff, as well as for smaller teams within the practice, such as the Front Desk. The system combines revenue goals and performance metrics and avoids focusing too heavily in one area—such as surgeries scheduled. It uses a *flat dollar amount* bonus pool, which is a great starting point for most practices because of its simplicity and predictability. The pool enables the practice to earmark an amount each year, and thus have a predictable expense.

When the goals of this plan are met, each attainment amount is evenly distributed to all members of the team. This strengthens the incentive for employees to collaborate, because when they all work together, they all

receive an equal share of the bonus amount.

Here’s an overview of the plan:

- **Practice Revenue Bonus.** All eight staff equally divides a quarterly bonus of \$2,000 if revenue grows 5% over the average of the last two years. If the team reaches the revenue growth goal, the annual bonus opportunity per employee is \$1,000, or \$250 per quarter.
- **Practice Revenue “Super Bonus.”** A year-end \$500 *super bonus* can be earned after meeting *each* 5% quarterly growth goal. And, there is a big carrot for staff if they over perform: if the practice’s annual revenue growth is 6%-10%, the team receives an additional \$1,000. If it’s 11%–15%, they receive an additional \$2,000. And if it’s 16%-20%, they receive an additional \$3,000.

After this bonus goal was implemented, the practice achieved 18% in revenue growth, and the team divided a “super bonus” of \$3,500; \$500 for meeting the 5% quarterly goal each quarter plus \$3,000 for the total growth of 18%. The amount was very palatable for the practice owner, given that the incremental, increased revenue for the practice was \$325,000. A win, win for all.

- **Metric Bonus: Front Desk Team.** The Front Desk Team has the potential to receive an additional annual bonus of \$2,400, or \$600 per quarter, by achieving these goals:

Team	Metric	Goal	Payout
PCCs	Surgery Scheduling Rate	50%, Consult to Surgery	\$300
	Surgery Scheduling Rate	51-55%	\$600
	Surgery Scheduling Rate	56-60 %	\$900
PCCs and Clinical Support Staff	Practice Capture Rate	Goal 75%, Inquiry to surgery or non-surgery procedure completed	\$500
PCCs and Clinical Support Staff	Retention of Surgical Patients. Conversion to other services or surgeries in following year.	Growth goal of 5% each quarter.	\$300

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Rewarding Everyone

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- **Metric Bonus: Patient Acceptance Rates.**

The PCCs earn bonus by achieving the following goals.

Metric	Goal	Qtr. Payout
Practice Capture Rate	Goal of 75%, inquiry to anything: surgery or non-surgery procedure completed	\$150
Injectable Revenue Growth	8% increase year over year	\$150
Non-Surgical Patient Retention	Increase 5%, year over year	\$150
Ancillary Skincare Sales	5% increase, year over year	\$150

The *Retention of Surgical Patients* metric is particularly important to the bonus system. When a team is incented to collaborate on ways to have patients return for additional, non-surgical services, amazing things can happen and new revenue becomes very real.

In this practice, which does primarily breast and body procedures, the PCC provides breast augmentation and lift patients a customized menu of spa services they can choose from as a gift with purchase—neurotoxin treatment, peel, hydro facial, etc. This tactic has been a real revenue-builder by creating a reason for the patient to return after surgery, and patients typically come back for more than just the “gift” service. Essentially, the practice has built a thriving non-surgical business through excellent team collaboration with surgical patients.

- **Management Bonus.** The manager can earn an additional \$4,500 annual bonus, by coaching and supporting the teams that report directly to her, in order to attain the preceding eight, separate employee performance metric goals. The manager must work with individuals and teams to create tactics and strategies to achieve goals, and the goals and performance-to-plan tracking are all added to each individual's work performance review templates.

The total bonus system payout, if all team goals are met, is around \$25,000 per year. This amount has proven to be a small expense

compared to the amount of new revenue generated as a result of the system.

Tips for Success

Whether you're new to team bonuses, or enhancing one you've got in place, these five things ensure greater success.

1. Identify what you are trying to achieve with the bonus system.

Is the goal to increase revenue? Boost surgery volume? Decrease turnover? Build your plan to align with these goals so everyone understands the overarching strategy for what you are trying to achieve.

2. Set an affordable starting point for the bonus pool.

If you've never offered bonuses before, it's critical that the physician be comfortable with the amount of the pool. Start on the low side, for example, \$5,000. (It's not unusual for practices that have a mature bonus system to budget \$20,000+ or more annually.) This gives the practice room to increase the bonus pool year over year instead of having to dial down the first year's amount if it was set too high. Once you nail the number, put it into the annual budget.

3. Identify and assign the right metrics.

A metric is a quantifiable and measurable indicator of performance. The metrics you choose must be designed to reward team efforts and hand offs. Be sure the computer system can generate the reports that quantify them. Evaluate your processes to ensure staff is entering data correctly in order to result in accurate reports. The following metrics are commonly used:

- Inquiry to Consults: Number of Cosmetic Inquiries that Convert to Scheduled Consults (Track this metric independently for web, phone, and in-office inquiries)
- Patient Acceptance Rate (PAR): Number of Consults that Convert to Scheduled Surgeries or Scheduled Non-surgical Treatments (Track separately.)
- Surgical Revenue Growth
- Retention: Year-Over-Year Patients Retained for Injectables/Skin Care/Laser/Additional Surgery
- Patient Satisfaction Survey Scores

4. Fix and tweak.

Once staff is told they'll be rewarded as well as held accountable for achieving measurable goals, they'll become acutely interested in improvements and training. It's a great opportunity to fine-tune your systems and identify any stumbling blocks that could limit goal achievement.

For instance, if increasing the Patient Acceptance Rate (PAR) is the metric, discuss who “owns” each part of the process that impacts the PAR. Then consider each step, from inquiry to consultation to surgery, and who does what at each point. The goal is to understand:

- Is the goal realistic and achievable given the team's knowledge and confidence? If not, what kind of training or coaching is needed?
- What are the key talking points they need in order to increase the inquiry to consult? Is there a script? If so, do people follow it? If not, who will create one for the team?
- Have team members who speak with patients by phone received active listening training? Has someone verified that they have implemented what they learned?

The more you listen and address the improvements needed to achieve bonus plan goals, the more capably your team will perform and attain them, and everybody wins.

5. Keep it simple.

A simple plan is easy to explain, easy to understand, and easy to manage. All of these things are important in order for staff to achieve their targets. With a clear plan and realistic goals, your team can collaborate and unleash their potential to improve the overall patient experience as well as the bottom line. And that's a beautiful thing.

Glenn Morley is a senior consultant with KarenZupko & Associates, Inc. She works extensively with aesthetic plastic surgeons and cosmetic dermatologists on practice management and marketing issues. Ms. Morley is based in Boston.



How Much Are You Leaving On The Table? Improving Your After-Tax Financial Efficiency

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

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

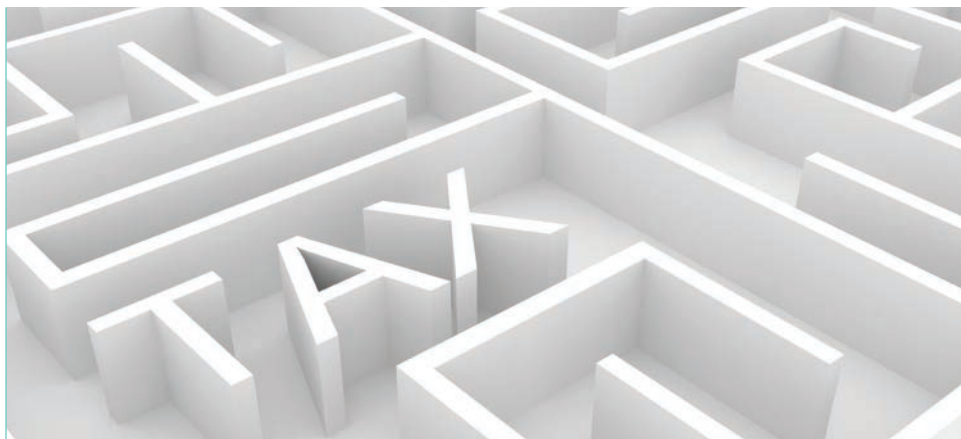
Time is of the Essence

There is truly no better time than now over the last 30 years to focus on post-tax efficiency. As you know, when President Obama signed the Taxpayer Relief Act of 2012 in early January 2013, taxes increased on high-income taxpayers like most of you—in some cases, dramatically. Now in 2015, the following realities have set in:

- Many physicians face a 50%+ *marginal income tax regime*, when all of the new tax increases are accounted for. Depending on the city/state where you live, tax rates are now between 45–55%, no less. Income tax planning is more important now than at any time in the last 30 years.
- These higher rates will apply to more income, with the reinstatement of the itemized deduction limitations and the personal exemption phase-out.
- Total taxes on long term capital gains and dividends can now reach 23–33% when the new federal tax, healthcare reform tax and state and local taxes are assessed.

The Common Causes of Dollars “Left on the Table”

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



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

The most important thing you can do is keep an open mind. Just because you have operated your practice a certain way for 5, 10 or 20 years, you don't have to keep doing the same thing. Changing just a few areas of your practice could recover \$10,000 to \$100,000 of “lost dollars” annually. Let's explore the 3 areas:

1. Using the Ideal Corporate Structure

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

- *You must avoid using a partnership, proprietorship, or “disregarded entity.”* These entities are asset protection nightmares and can be tax traps for physicians. Nonetheless, we have seen very successful doctors operating their practices as such. The good news is that doctors who run their practices as a partnership, proprietorship, or disregarded entity have a tremendous opportunity to find “dollars on the table” through lower taxes—especially on the 3.8% Medicare tax on income. This can be a \$10,000–30,000 annual recovery.

- *If you use an “S” corporation, don't treat it like a “C” corporation.* We estimate that 60%–70% of all medical practices are “S” corporations. Unfortunately, many physicians do not take advantage of their “S” corporation status—using inefficient compensation structures that completely erase the tax benefits of having the “S” in the first place. If your practice is an “S” corporation, you should maximize your Medicare tax savings through your compensation system in a reasonable way. This can be a \$10,000–30,000 annual recovery for practices not properly structured.
- *Implement a “C” corporation.* Once upon a time, “C” corporations were the most popular entity for U.S. medical practices. Today, fewer than 15% of medical practices operate as “C” corporations. Why? We believe it is because most physicians, bookkeepers and accountants focus on avoiding the corporate and individual “double tax” problem.

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

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How Much Are You Leaving On The Table?

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benefit plans that only a “C” corporation can offer can create a \$10,000-30,000 annual improvement.

- *Get the Best of Both Worlds—Use Multiple Entities.* Very few practices use more than one entity for the operation of the practice... and, if they do, it is simply to own the practice real estate. While this tactic is also wise from an asset-protection perspective, for tax planning, you can do better.

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

2. Maximizing Tax-Deductible Benefits for the Doctors in the Practice

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

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

First, most physicians have not examined their QRPs in the last few years. The Pension Protection Act improved the QRP options for

many doctors. In other words, many of you may be using an “outdated” plan and forgoing further contributions and deductions allowed under the most recent rule changes. By maximizing your QRP under the new rules, you could increase your deductions for 2015 by tens of thousands of dollars annually, depending on your current plan.

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

3. Utilizing Captive Insurance Arrangements

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

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

Conclusion

Nearly every one of you reading this article would like to be more tax efficient, especially with a new higher tax regime in place for 2015 and beyond. We hope these new tax rules motivate you to make tax and efficiency planning a priority, so you too can recapture the “dollars left on the table.” We welcome your questions.

David B. Mandell, JD, MBA, is a former attorney and author of ten 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.ojmgrou.com, where Carole C. Foss, CPA is a principal and lead tax consultant. They can be reached at 877-656-4362 or mandell@ojmgrou.com

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

By Catherine Maley, MBA

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

The good news is the demand for aesthetic rejuvenation is year round. While some of your patients may not be interested in some of your services now because they are in a bathing suit and shorts for the next three months, others could very well be interested in your treatments and procedures that would keep them looking great on their vacation, summer weddings and social barbecues.

Let's Talk Summer Surge Strategies

The smart aesthetic practice gets creative with their messaging, technology, and marketing efforts to address aesthetic patients' specific summer wants and needs. Here are fun strategies to keep your profits from melting during the lazy days of summer:

Hot No-Downtime Procedures

Summer is a great time to promote your minimally-invasive procedures for those patients looking for maximum beach time.

Make up packages, such as "2-for-Tuesdays" treatment combination packages specially priced just for summer such as: CoolSculpting + Bikini Laser Hair Removal or Skin Tightening + Botox

Follow Up on Consults Who Didn't Book

Use this summer as an opportunity to connect with anybody who came in for a surgical consultation but didn't book.

Write a thoughtful letter that speaks directly to this audience that compels them to respond. For example, you just introduced a new Summer Easy-Pay Plan good until August 31st.

While you're at it, scour your patient database to identify others you could send the letter to such as: brides-to-be, anyone else in the wedding party, teachers, and professionals who work in a cyclical business that have the summer off or have a major summer slowdown and can afford the time off.

Face Time

If you do experience a slow down during the summer months, work that to your advantage by focusing on "Quality vs. Quantity."



Offer 30-minute face and body analyses using computer imaging technology. The patient will get quality 1-on-1 time with you and that will increase your consultation conversions because it's always more compelling when the patient sees the possibilities in their own face and body.

Summer Skin Care Specials

Make up fun packages with a theme—Your Summer Skin Kit or Summer Beauty Bundle. Include a facial treatment, a hydrating cream and sunscreen products. Bundle it all for an attractive price.

You can even put together a fun checkout counter display with sand, sunglasses, umbrella and skin care products and include specially-priced gift certificates for them and their friends.

Injectables are Hot!

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

The beauty of these minimally-invasive procedures is you can have them done anytime, even on tan skin, and with minimal or zero downtime so they don't interfere with your patients' busy summer schedules.

These easy summer fixes will not only keep your patients looking good; it also gives you an opportunity to spend more time with them. That will help solidify your relationship with patients so they return to you for more extensive procedures when the timing is right.

Summer Skin Series

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

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

You can be available afterwards to field any questions or just be available for 1-on-1 time with patients who want to say hello to you. The more face-to-face connections you have with patients, the more trust is built and the more likely they are to turn to you the next time they need rejuvenation.

"Sharpen Your Saw" During Summer Slow Down

Every day I hear doctors and staff complain that they have no time to get anything done.

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“The ASAPS educational curriculum is very strong and offers residents the opportunity to attend The Aesthetic Meeting and other symposia free of charge. In particular, The Aesthetic Meeting gives us as residents the chance to discover what kind of surgeons we want to become.”



Chris Surek, DO
ASAPS Residents Program Participant

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Ugh, I've been Yelp'd!

By Steve Dayan

“In 1996 (Dr. Dayan) tried a new laser he rented complaining of cost for under eye blepharoplasty that took all cheek bones fat/muscle and left black deep hollows because he didn't know how to work it for my cost of \$7,000. So I have had two fat transfers and innumerable fillers to hide mess he made of my face I will have to the grave: so look older than my years. I cannot stress this: he is a disaster/ BEWARE/DO NOT GO THERE!!!!!!!!!!!!!! They would not help me when I complained. He shrugged: narcissistic jerk with attitude: do you seriously want a huge a-hole only out for your money with knives and needles and an ego trip? Really absolute worst in Chicago and American Medical Asc. Should take him down but plastic surgs are not regulated so you can not sue them if they disfigure you forever. Selfish moron with unsteady hands.”

—[Name deleted] Chicago IL

“Dr. Dayan, I hate to tell you this but a negative review just posted,” my social media manager blared out to me just yesterday... Ugh... what a sinking feeling, I thought... talk about feeling like a total failure... I try so hard to make every patient happy and it hurts when I have failed. I still haven't developed that thick alligator skin callousing me enough to detach emotionally... I am deflated... But recognizing it is a necessary discomfort, and if I am to be honest with myself, there are times when both my team and I could do things better. For that reason I believe these reviews can serve a positive purpose for medicine and me in particular. So I inch my eyes forward and jump into a deep end of a cold pool of words... but this time I quickly realize something... these frigid words can't be true! I've never rented a laser and even more concerning... I wasn't even in practice in 1996! This must be a fake review! But this is not the first time we have noticed this from the bowels of these on-line review sites, and I am not the only one. In fact, according to a Harvard Business School study, up to 16% of Yelp restaurant reviews submitted to it may be fake and are screened out.¹ According to that same working paper from the Harvard Business School, fake reviews are often based on economic forces, and restaurants subject to increased competition are more likely to get phony negative reviews.¹ Over the last few



years, as we have been monitoring our social media mentions, we have noticed many reviews that are frankly impossible to be authentic. I have been cited as performing a procedure on a day when I can prove I was out of town, or the nameless allegedly maimed complained about a disastrous outcome from a procedure that I don't even do. So on Yelp alone we have flagged and protested 7 seemingly phony one star reviews of which 3 have been taken down by Yelp. However, the other four, Yelp in its judge, jury and executor self-assigned roles believe meet their secretive vetting criteria. Therefore, they refused to take these reviews down—including the one above that mentions a procedure allegedly done before I was even in practice!

Yelp's response to our protest, “We're writing to let know that we... evaluated {the} review... that you recently flagged. We decided at that time to leave it up after carefully assessing it against our Content Guidelines”—The Yelp Support Team

Carefully assessing it!? You have got to be kidding me! What's so careful about their assessment? And doesn't it seem a little suspicious when a person posts a negative review 19 years after the fact? This can't be fair, so I contacted an attorney who specialized in reputation management to inquire about options. But to my dismay he told me,

“As a practical matter, Yelp has repeatedly refused to remove numerous reviews that contain demonstrably false factual statements. Because Yelp has federal immunity from liability for reviews posted by third-parties, the site cannot be sued. Moreover, during the past three years, letters to Yelp have been unsuccessful.”

However, Yelp has not an ounce of hesitation hiding the 12 five star reviews that they have deemed un-worthy.

And when we get a negative review, it affects our practice ...other patients may feel greater permission to pile on. Just after the review mentioned above posted we saw a patient 5 years after her surgery demanding her money back...Our website's “contact us” inquiries go down 37% the week after a negative review.

For better or worse, Americans seek out health information on the internet. According to a 2012 Pew research study, 72% of internet users in 2014 looked online for health information within the past year, and 20% of internet users have consulted online reviews of health care providers and treatments. But are patients getting a fair representation of the service they can expect to receive? Only a small minority, 3-4% of internet users, have posted experiences about health care providers or treatments.² So who are the vocal

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Ugh, I've been Yelp'd!

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minority that posts their experiences? There are a multitude of forums in which to rate physician experiences but no review site is better at coordinating a cult-like atmosphere than Yelp. Their branded reviewers are affectionately known as “Yelpers.” One of the credentials necessary to becoming a Yelper is that you have to be a frequent reviewer, and while I suspect the vast majority of Yelpers have honest intentions of providing valuable feedback to the community, others have famously learned how to prolifically mudsling from behind a mask of anonymity. Yelp's proprietary and secret methods of judging legitimacy is intended to weed out small business owners from gaming the system by having their confederates write falsely positive reviews—which Yelp proudly mentions they successfully screen. Yelp recognizes their criteria may result in some of the positive reviews unfairly being taken down, but that is the nature of their review processes. However, their algorithm also allows a small select group of narcissistic “Yelpers” to be disproportionately and perilously empowered, and empowered, they are, a one-star difference on Yelp can mean a real difference in revenue.¹

On more than one occasion, we have had one of the rare but vocal Yelpers come into my office more than happy to announce their imperial status and power. A veiled threat if you ask me. These abusive representatives expect more respect than the average Joe or else they will unleash their power. At my request, my social media expert looked deeper into Yelp and was excited to tell me that we can offer to throw a party for Yelpers in which case we can invite this entitled clique into our offices and show them a good time. They are known as CMYE Community Manager Yelp Events, and according to Yelp's website they are planned by local Community Manager. This is the place to mingle with other Yelpers, connect with local vendors and businesses, and maybe even “land some awesome Yelp swag!” Wow! Get some swag! Now who doesn't want that? And of course this is not meant to be a bribe for a good review...but wait a second... thinking it further through... doctors really can't or shouldn't ethically be giving away swag, and do I really want to bring the lions into the lamb den when I can't play by the same rules as other party hosts...

forget it. What if one of them stubs their toe, is disappointed by our lack of giveaways, or is convinced my receptionist looked at her cross eyed? This group collectively has already proven itself highly critical commenting on dusts of information and not to think twice about the weight of their damning words. Why add to their power? So we decided to look into other options. A Yelp sales associate let us know that Yelp is a great place for small business owners to advertise... Yes! For the low low price of 1000 times the standard online rate and 100 times the premium that national advertisers pay I too can shout my praises!³

Advertising “protection” allegations are not specific to medicine. Others have sued claiming that Yelp extorts their small businesses. But they lost on that theory in San Francisco's 9th circuit court of appeals.⁴ But the proletariat are not ready to be squelched, and say what you want, but hell has no fury like a group of scorned small business owners. Billion Dollar Bully, a documentary depicting the practices and aftermath of Yelp's reviews and policies on small business may have had an impact on Yelps stock which sunk 4.5% soon after the trailers were released (*Reuters March 19, 2015*) A Yelp spokeswoman though was not without a response, “the claims have no merit,” and that the film's director, Kaylie Milliken, had a history of trying to mislead consumers on Yelp. “*The claims... have been repeatedly dismissed by courts of law, investigated by government regulators, including the FTC, and disproven by academic study.*”

It appears for now the legal system has determined that Yelp's practices do not constitute extortion, but the more important question perhaps that should be asked, is Yelp really serving the public well? In other words if Yelp is out there to truly “Help connect people with great businesses” as their mission statement says, are they doing that or is their “service” working in the opposite direction? And if they are really interested in helping the public at-large does lumping physicians in with other “businesses” make sense?

As physicians we are particularly disadvantaged here. We are health care stewards first and foremost and any other motive including economic gain should not interfere. This is completely opposite all other

businesses. And, because we have a fiduciary responsibility to always act in the best interest of our patients, sometimes we have to refuse to treat or not provide a requested drug or procedure when not medically or ethically warranted. In other words, we have to disappoint some patients in order to do the right thing. This is counter to normal business practice which is mostly guided by the customer is always right mantra. Therefore shouldn't this clearly separate the medical doctor from the other “businesses?” Or at least should or could Yelp recognize this distinction? Unlike a dry cleaner or a local restaurant, the average patient may find it difficult to nearly impossible to fully understand the logic and reasoning behind our decision-making processes. It takes four years of medical school and six to seven years of residency before we gain the knowledge necessary to make difficult decisions. We can try our hardest to explain it to a disgruntled person, but some will not be able to comprehend, want to hear, or accurately relate the story to their peers. Add to this that as aesthetic physicians we see a body dysmorphic population that can reach 30%.⁵ Additionally, whereas other small business owners have the right to defend their reputations and have successfully publicly exposed malicious Yelp reviewers,⁶ we are bound by medical ethics and HIPAA laws, with boundaries that still remain unclear to the medical providers, public and even regulators. We are advised at our conferences and in our literature that the best response is no response. Beat out the negativity by drowning it out with positive reviews we are told. The problem is most happy patients move on and don't take the time to report on their contentment. And, even if they do, they are unlikely to jump through the hoops to become a “Yelper.” Other non-Yelp review sites seem more democratic and less-clique defined in who they allow to review and probably have provided a better service to medicine and humanity. Their reviews are likely more representative of the public but still far short of fairly representing the silent majority of people who are overwhelmingly satisfied.

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Ugh, I've been Yelp'd!

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On the heels of the court's decision, it seems clear we will have to learn to live in such an environment. And perhaps that's good... in that we all can benefit from negative criticism that keeps our egos in check and our practices focused on meeting patient expectations. Unfortunately, while as individual physicians we may get bruised psychologically and sustain a blow to our bottom line perhaps a much greater disservice is being done. A review site that welcomes a biofilm of seemingly false and on occasion maliciously intended criticism toward individual doctors and healthcare may be harmful for the public. Unassuming consumers are effectively hurt by misleading, unchecked, unbalanced and non-validated information from untrained flippant influencers. A great doctor with a particular niche talent can potentially help many people in need but be defamed and made irrelevant by one blogger with an axe to grind. And it's no surprise that the social-media-propelled anti-vaccination campaign has directly led to deadly measles outbreaks. Also very concerning is that some academic centers are now considering their physicians online reviews when evaluating their performances! This alarming news should put all physicians on alert. How far can we be from reimbursement, licensing and malpractice premiums also being affected by unsubstantiated reviews? And while we can protest the review sites' practices and the medical voyeurism that is fostered it is unlikely to change anytime soon. Clearly, it is we who will have to adapt to a new form of communication to meet the increasingly flat world, where authority and status is more likely to be challenged a revered. However, in response we don't need to act like lemmings being shepherded off a ledge. As physicians we are trained expert educators and perhaps one of our emerging roles is to educate patients about the true science—or lack of science—at work here, and to expose, shed light on and contribute professionally to these sites. Physicians must voice a strong message to the public that outcomes may vary based on individualities, that aesthetic medicine is not a perfect science and that the overwhelming majority of patients' expectations are met or surpassed. As individual doctors we are highly vulnerable to a nameless, faceless attacker. It plays right into the hands of the review sites'

strategy giving them the much needed agar to grow their cultures. It is in their best interest to celebrate the negativity. Positive stories don't make for good ratings on the TV news, in the tabloids nor on the review sites. Alone and divided we are weak, but in the aggregate educating and advocating for our patients, our specialties and our practices our voice has more impact, influence and meaning. The review sites are a form of free speech that serve a well-meaning and strong purpose in our modern increasingly democratic society, but we as physician educators and providers have a critical role to play also. We are bound by a Hippocratic mandate and a moral obligation to challenge the dangers of misleading unsubstantiated medical information and allegations. It is incumbent upon us as physicians to expose inappropriate actions and teach our communities how to objectively analyze and dismiss soiling internet information. However to be effective we must do it on the terms of a new generation in a language and manner that is understood and accepted. This is a challenge I am afraid we cannot disregard, not only do our reputations depend on it, but so too may the future and direction of health care.

Dr. Steven Dayan is a double board-certified facial plastic surgeon based in Chicago, IL

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Don't Melt Your Profits

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A slow period can be a blessing in disguise. It can be a time when you can catch up on all the training, planning, and cleaning that can't get done during your busier months.

Hold staff training sessions and go over phone skills, patient relations protocols and procedural FAQs. Do role-playing and fun contests to help them learn pertinent information about the treatments and procedures you offer. Brainstorm with your entire team how you can "better your best" so patients get that WOW experience every time.

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

Network

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

If these alliances are open, suggest they place your floor banner in the corner or have them run your silent digital photo frame showing off your great work.

Conclusion

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

Catherine Maley, MBA is Author of Your Aesthetic Practice/What Your Patients Are Saying and President of Cosmetic Image Marketing. She uses creative patient-attraction and staff-training strategies to get you more patients and more profits. Catherine can be reached at (877) 339-8833 or visit her website at www.CosmeticImageMarketing.com.



The Leaky Bucket—How to Improve Your Marketing ROI and Increase Your Patient Retention

By Julie Guest

Imagine you're carrying a bucket of water on the beach, but... your bucket has lots of holes in it! To keep it full, you have three options:

- Keep putting more water in it.
- Fill the holes.
- Get a new bucket.

Option 1 is highly inefficient. Option 3 will take time.

So, how do you go about fixing the holes?

What has this got to do with marketing ROI and patient retention?

Many aesthetic medical practices go with approach #1 to increase their marketing ROI—focusing almost exclusively on new patient acquisition. They typically increase their digital marketing budget and add new media, topping off their “bucket” with lots of new patients to replace the ones that “leak” out, instead of fixing the root cause of their problem—which is patient retention—and they end up investing an absolute fortune on patient acquisition, for very little profitable growth. The “leaky bucket” approach is a very expensive and highly inefficient way to run your clinical marketing. According to the White House Office of Consumer Affairs, it costs 6–7 times more to attract a new customer than it does to retain an existing one. Improving your patient retention, then, is an example of a “little hinge swinging a big door.” According to a recent study by Bain & Co, a 10% increase in customer retention results in a 30% increase in the value of the company.

So, let's examine three of the most common patient retention “holes” in aesthetic practices, and how to fix them.

Front-end phone management

You've invested all this money in your marketing to get your phone to ring, and when it does—one of three things goes wrong:

- The call gets answered, but the patient is almost immediately put on hold (there's no faster way to lose a prospective patient than by doing this).
- The call is not answered and goes to voicemail.
- The person answering the call is not helpful.

Fixing any of these problems is *easy*. The real issue is—most physicians don't even realize it's happening. Answering the phone is



one of the most important jobs in your practice, which is why I recommend you implement a strict division of labor: never have the same person who is responsible for answering your phones be the same one who is checking patients out. Both of these functions are extremely important to your sales process and should *never* be combined.

A follow-up system

How regularly do you communicate with your existing patients? Are they made to feel special and given offers that are not available to new patients? Or do you rely on goodwill and hope that they will come back? If you've performed a facelift, is that patient also part of an ongoing special skin treatment program to protect their “investment”—or do you take a “one-and-done” approach?

Women are the world's “super consumers.” According to the Mass Mutual Financial Group, senior women (age 50 and older) control a staggering net worth of \$19 trillion, and own more than 3/4 of the nation's financial wealth. Chances are, if fewer than 80% of your patients aren't returning to your practice for regular treatments and procedures, it's not because they can't afford them. *It's because they either don't know about them or don't see the value*—both of which are easily fixed marketing problems.

A “visible” sales process

Renowned management consultant Peter Drucker once said, “The aim of marketing is to know and understand your customer so well that the product or service fits her and sells itself.” I call this “invisible selling”. Many patients get turned off from a practice—not

because the physician isn't superbly skilled, but because they feel pressured at some point during the sales process. It might be a mis-timed offer of a treatment package or even something as simple as directly asking a patient for a referral. If your patients don't feel understood and valued with each interaction they have with your practice, you can bet they'll be voting with their feet and taking their credit cards elsewhere.

I once visited a medical spa that came highly recommended, offering a unique set of anti-aging skin treatments not available anywhere else. First, the booking process was *awkward*, to say the least. Second, when I arrived I was “underwhelmed,” both with the spa itself and the staff who worked there: the tiny treatment rooms had products overflowing on their shelves (which tipped me off about the “upsells” that I would likely be subjected to). Third, when the consult actually happened, it was a blatant sales pitch. There wasn't even a modicum of genuine care or concern evident *anywhere*. Despite the trusted recommendation, the need for their services and my initial eagerness to spend a lot of money with them, I hightailed it out of there as quickly as I could!

Take a good look at your entire sales process—not just what happens in the consult room. Evaluate the scripts your staff are using, and the entirety of a patient's experience—including your follow-up marketing. Are your patients made to feel special? If so, expect much repeat business and a steady flow of referrals. If not—it's never too late to start!

By fixing the leaky buckets in your clinical marketing, especially patient retention—you'll be amazed at the difference it will make to your ROI. By focusing on these four simple areas you'll be well ahead of the curve to maximize the wealth building potential of your practice.

Julie Guest is a best selling author, marketing consultant, and co-founder of Premier Physician Marketing. To request a complimentary copy of her latest book 67 Marketing Secrets To Ethically Attract New Patients and Grow Your Aesthetic Practice please visit www.PremierPhysicianMarketing.com/ASAPS and enter your mailing address. Your free copy will ship the next business day.

IS YOUR WEBSITE A GOOD RESOURCE FOR PATIENTS?

Co-authored by Rosemont Media CEO Keith Humes and Cassie Fowler, Content Marketing Project Manager/Writer



Let's say you're the prospective patient. You woke up this morning, looked in the mirror, and there staring back at you were those pesky wrinkles and creases you've been noticing for years. But where did those jowls come from?! It's like they appeared overnight! Okay...maybe not overnight, but now they're noticeably apparent, and it's time to take action.

So what's the first thing you do to figure out what type of facial rejuvenation treatment may be right for you? You search the Web for answers to a number of questions: What are my facial treatment options?; Which injectables are right for me?; Am I a candidate for a facelift?; and so on and so forth.

Wouldn't it be nice if you came across a plastic surgery website that could answer all your questions, as well as provide you with key information about which you didn't even think to ask? A website that's literally a one-stop resource for everything you want to know about your treatment options. If you did stumble upon such a site, you'd likely be more inclined to contact this practice for a consultation, wouldn't you? After all, they certainly seem to be the experts.

Now go back to being you. Does your website fit that bill? This is where content marketing comes into play. By developing an effective content marketing strategy for your website, you can help position yourself as an expert as well as grow your brand awareness. And that's not all – **with recent changes to how websites are ranked in search engine results, SEO tactics have evolved, and content marketing has become an increasingly more important part of a good online marketing strategy**, further strengthening its significance.

If you're new to the game or simply want to learn more, here are a few important tips to help you strategize for content marketing success and turn your website into an educational resource:

HAVE A PLAN

The best way to get started on your content marketing strategy is to have a plan of attack. What types of content would you like to produce? Page additions to your website? Press releases? Blogs? All of the above? **Planning and creating an editorial calendar can help you stay organized and on track so you can produce fresh content on a consistent basis**, which happens to be something Google values greatly.

ENGAGE YOUR AUDIENCE

The goal is to **get readers to share your content with their friends, coworkers, and/or the general public via avenues like social media**. What types of questions are people asking about aesthetic surgery? Knowing what is currently "trending" in online searches and message boards can help you decide which topics are going to grab your audience's attention. Use this information to your benefit – you can educate curious patients by debunking myths, providing answers to common questions, and/or addressing relevant topics. With successful engagement, you can exponentially extend the reach of your content.

SHARE THE INFORMATION YOURSELF

Exposing new content yourself through various channels beyond your website can increase your chances of catching your audience's eye, as well as help kickstart consumer engagement. For example, **you can gain more visibility by sharing a new blog post on Google+, Facebook, and other forms of social media**, making it easy for current and prospective patients to share what they find particularly interesting and/or beneficial. Syndicating press releases to various news outlets can help you get noticed as well, helping you establish authority and credibility.

CREATE CONSISTENT, QUALITY CONTENT

No matter which type of content you are focusing on, consistently creating interesting, educational, quality content is the key to success. So what constitutes "quality," anyway? Fresh, new content is best, so be sure to avoid duplicate content. You should also be wary of clickbait, which is writing in a way that can be perceived as "tricking" your audience. **We recommend original content that is written specifically for the benefit of your patients**. When adding content to your website, ask yourself this: what's in it for the reader?

TRACK YOUR PROGRESS

Content metrics aren't simply about how many people view your page, so expand your statistics accordingly. **In addition to consumption, other key measurements to keep a close eye on include sharing – how often your content is shared by readers – and lead generation – how many of your readers actually turn into patients**. With tools such as Google Analytics, you can get a better idea of what is and isn't working, and you can identify which areas of your site may need some help, enabling you to be much more strategic in implementing your content marketing plan.

QUESTIONS TO CONSIDER

Is your website an excellent resource for patients? Are your blog posts and other articles being shared? Do visitors leave your site more informed? Is your current content marketing plan working as well as it could? **If you can't sincerely answer "yes" to these questions, it may be time amp up your strategy**.

If you have any questions about where or how you can improve your content marketing strategy, please contact Rosemont Media, LLC at info@rosemontmedia.com.

Also, be sure to check out Rosemont Media's informative blog - the Rosemont Review - at rosemontmedia.com for up-to-date information about Internet marketing for plastic surgeons.



Physician Burnout—Are You a Victim or a Survivor?

By Kimberly Palm

Stress and burnout feature prominently, in the medical industry, especially amongst aesthetic and plastic surgeons. Some of the main stressors for aesthetic and plastic surgeons include: Intense competition, practice management issues and out-of-scope providers claiming they are plastic surgeons. If you add to the mix stress from relationships, personal life, finances and health, it becomes a recipe for epic failure.

According to a study done in 2012 by the American Stress Institute and American Psychological Association, 50% of physicians are burned out. In another study by Ceika Search out of St. Louis, MO, the results came back showing that out of the 2069 physicians surveyed, over 87% said they were stressed out or burned out. The physicians participating in this survey had a median age of 45 and an average of 13 years in practice.

According to a study done in 2012 by the American Stress Institute and American Psychological Association, 50% of physicians are burned out.

The reality is that nothing is being done about stress for physicians in the medical industry. The blame for this epidemic goes even deeper than the hospitals, medical industry, insurances and government. It starts with society's beliefs that doctors are super-humans who are here to serve us, when doctors are really just human beings, who have all the same life problems as everyone else. The second phase of this problem lies with the medical schools who do not train or teach doctors: how to run a business/medical practice, how to manage money, how to deal with competition, how to manage time and how to prevent patient overload. Medical schools also fail to teach leadership and teamwork, and how to hire employees who will fully support the doctor and their patients. They certainly don't teach stress management or burnout prevention.

So the real question is, "Are you a victim or a survivor?" In other words, what are you doing or learning to manage stress and

prevent burnout? If you want to stay in your medical practice until it's time to retire, prevent health and relationship issues, and be of service to your patients, you will have to learn skills, tools and techniques to manage stress and prevent burnout. Today, I am going to share a few tips with you for how to survive stress and burnout, but first let's look at some of the symptoms you may be experiencing that confirm you are in victim mode and need to move into survivor mode. If you have any one or more of these symptoms, you are a victim of the stress epidemic:

- Unhappy with either your career, personal life or relationships
- Feeling tired, low energy or overwhelmed
- Problems sleeping, anxious, fearful, or depressed
- Headaches
- Health problems or overweight
- Doubting why you became a doctor or healthcare provider in the first place
- Disillusioned with medical industry
- Making bad decisions or not able to diagnose some of your patients
- Poor productivity
- Difficult patients are sucking your energy
- Feeling frustrated, angry or worried
- Not achieving the goals you had when you first started your practice
- Patient overload is too much to handle
- You don't have enough time for yourself, friends and/or family
- You are not as successful as you would like to be in your business or life
- Addictions to smoking, drugs, alcohol or other

If any of these symptoms sounds like you, "How is that working for you?" as Dr. Phil likes to say. Have you made any attempts to change your situation? The bad news is that there is no magic pill or magic bullet to make all your stress and problems with the healthcare system go away. The good news is that you can easily learn new skills and tools to manage stress, prevent or reverse burnout and be happy in your medical practice again. As a coach for physicians, I have been teaching these skills to my doctor for a few years and see measurable results within a few days of starting the program. Since I cannot

According to Dr. Lipton's research 98% of illness is caused by stress you create and 2% is from epigenetically inherited stress. I have had doctors tell me that 100% of their patients are suffering from stress related illness.

put everything I know into this article because it would fill several books. I would like to mention a few things that you can do to start on your road to being a happier, healthier and more successful doctor:

- Self-care—Make a point to take 30 minutes to one hour each day of relaxation time for yourself. Self-care is the most important thing for managing stress. The medical industry has always emphasized putting patients first, as a result doctors do not take care of themselves. Also, make sure you are eating a healthy diet, getting enough sleep and exercising a minimum of 10 minutes a day. The CDC has stated, "90% of visits to doctors are for stress-related illness." The AMA has stated, "85% of illness is caused by stress." Some of these statements may have stemmed from world-renowned cellular biologist, Dr. Bruce Lipton's book, "The Biology of Belief." In his book he discussed his 15 years of research into how stress effects the mind, body, DNA and every cell, and how epigenetics are impacted by stress. According to Dr. Lipton's research 98% of illness is caused by stress you create and 2% is from epigenetically inherited stress. I have had doctors tell me that 100% of their patients are suffering from stress related illness. The lesson for doctors, is that if you don't take care of yourself, you will not be around to take care of your patients. "You" should be your number one priority.
- If you are unhappy with your staff, income, insurance issues or anything to do with medical practice management, I highly

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Physician Burnout

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The End of the Consultation Conundrum

Gary D. Breslow, MD

recommend spending some money to bring in a practice management consultant, who can help you create a stress free medical practice by: firing employees who are a problem, hiring and training good employees who will free you up so you can focus on your patients, train your staff on proper ways to bill insurance and get money from patients and insurance companies, train your staff on patient care and service and much more.

- Learn how to create a healthy work-life balance. Work life balance is partially a product of having healthy boundaries and partially a product of your priorities. Make sure you are spending quality time with family every day if you are married. The divorce rate is extremely high for physicians because of the long work hours. There are creative ways to free up your time from your practice so you have more time for family, friends and you. I have always enjoyed helping physicians to free up their time. Also, learn how to leave your problems at the door. Don't bring work problems home and don't bring your personal issues to work.

As I said earlier, I could fill several books with recommendations for how to survive stress and physician burnout. However, even if you pick only one of these three things I mentioned and start working on it today, you will see positive results in your personal life, health and medical practice. You will also be on the road to being a survivor instead of a victim of “physician burnout.”

Kimberly Palm is the author of the book, “Conquering Stress, The Real Fountain of Youth,” creator of the P.E.A.C.E. Stress Management System® and she is an internationally known Stress Management and Life Coach, Business Coach, Medical Intuitive, Health Coach, Energy Healer, author and speaker. Kimberly is known as “The Healer to The Doctors™” because of her comprehensive program to help physicians in all areas of their medical practice and personal lives. For any questions or more information on Kimberly Palm, please visit her website: <http://healertotheDoctors.com>

Years ago, some colleagues and I began talking about the “consultation conundrum”—the apparently universal and yet seemingly unresolvable phenomenon where a plastic surgeon has to actually waste time going through a consultation with an unqualified patient to find out that it was, in fact, a waste of time to go through the consultation in the first place. The consensus was that this affected everyone, unless your conversion rate was 100%, which even for the busiest plastic surgeons it never was. On average more than 6 out of 10 patients who go in for a consultation for a cosmetic procedure with a cosmetic doctor never have a procedure with that doctor. And, popular strategies like charging for consultations didn't work either, as that effectively created a barrier and diverted serious potential cosmetic patients to the offices of those cosmetic doctors who did not charge a consultation fee. And, when you think about it, the plastic surgeon's time is worth more than the consultation fee charged.

Then one day in January, 2012 after a day filled with back-to-back-to-back wasteful consultations, I boarded a plane for an annual father-son ski trip, and vented to my close friend about the frustrating inefficiency of the cosmetic consultation process. For 4 hours we sat there, going back and forth, working through a possible solution. By the time we landed in Utah, Zwivel was born.

Zwivel is a free, user-friendly, interactive online consultation tool that plastic surgeons can place on their own website enabling them to interact with, and prescreen for, potential cosmetic patients who visit their website prior to a full, in-office consultation. Patients who visit the doctor's website can click on a “Start Your Consultation Now” widget, then select their concerns and desired procedures, upload photos and record video of themselves, and answer some basic questions about their medical history, budget and time frame for having a cosmetic procedure. The plastic surgeon can then review the information and respond with their cosmetic procedure recommendations and estimated fees, and can record their own video. The patient can then review what the plastic surgeon says and decide if they want to come in for a full, in-office consultation. The entire process is

On average more than 6 out of 10 patients who go in for a consultation for a cosmetic procedure with a cosmetic doctor never have a procedure with that doctor.

completely HIPAA/HITECH compliant, private and secure, and one-to-one between each doctor and each patient.

While the version currently in use is free, ZwivelPremium™, which is scheduled to launch in July, charges doctors a monthly subscription fee for use of its enhanced features, which include the ability to filter out for only those procedures they perform, the option to include their staff to participate in their “Replies,” and the ability to customize, save, and re-use previous “Replies” and upload supporting videos and before and after images or other testimonials that are specific to the requested procedure. Also with ZwivelPremium™ member doctors are automatically listed on the Zwivel.com's ZwivelSearch™ site where patients can search for and review physicians' profiles, rankings and reviews, and then send their information to multiple doctors at once, helping them in their decision process to choose the physician that is right for them and their desired procedure. A nationwide multimedia public relations and advertising campaign is being launched to educate patients on Zwivel and how simple it can be to find out which doctor and which cosmetic procedure is the right one for them.

As the old adage says, time is money. Remember, 90% of all cosmetic patients are women—most of whom have jobs, children or both, and don't have time to go to multiple plastic surgeons to find out which doctor and which procedure is right for them. Your time is valuable, and so is the screening Zwivel provides! To learn more go to www.zwivel.com, watch a video on how it works and sign-up for the free service.

Gary D. Breslow, MD, is an aesthetic plastic surgeon practicing in Paramus, NJ.

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Photo Consents—Still Underappreciated

by Bob Aicher, Esq.

On June 3, 2015, another plastic surgeon was sued for allegedly posting photos without the patient's consent. I say another because, from time to time, our members are reminded by the court system that what they think is unrecognizable may, in fact, be easily recognized by the patient.

Consider Dr. Pierre Chevray of Houston. As reported by the Houston Chronicle <http://bit.ly/1Jy80Bj>, Dr. Chevray performed breast reconstruction surgery on a patient (Jane Doe in the pleadings) 9 years ago in 2004 when he was working at M.D. Anderson Cancer Center. Enter the patient's 12-year old son who, upon returning from a birthday party on June 8, 2013, said his friends had Googled her name. The search revealed Jane Doe's topless photos on Dr. Chevray's website where he is currently in private practice. Jane Doe says Dr. Chevray encouraged before and after photos in 2004, that they would not be used on the internet, and that there would be no way to identify the photographs as her own. Dr. Chevray only filed a general denial to the lawsuit, so we don't have his side of the story.

Although this suit has just been filed, and technically anything can happen, Jane Doe's petition provides several excellent lessons.

First, notice that Jane Doe filed her lawsuit 5 days short of 2 years after her son discovered the photos. Texas has a 2-year statute of limitations for personal injury, which includes medical malpractice. Why did she wait 2 years to file? She may have been mulling it over. She may have been trying to settle. Either way, she talked to a lawyer who reminded her to mark her calendar. Waiting doesn't usually indicate a strong lawsuit, however. When there's money to be made, strong lawsuits are filed fast.

Second, how did Jane Doe's son find her photos? Because Dr. Chevray, or someone from his office, likely sent the photos to the webmaster with the patient's name attached. Webmasters cannot be expected to be the gatekeepers of patient privacy. To the contrary, their job is to increase a website's search engine optimization. They occasionally do this, perhaps unwittingly, by adding the patient's information to the photo's metadata,

which sits in the background, waiting to be found by Google's spiders. Or by 12-year old boys at birthday parties.

Third, Jane Doe has alleged an invasion of privacy based on Dr. Chevray promise that the photos would not be placed on the internet. Even if Dr. Chevray hadn't given Jane Doe's name to the webmaster, the appearance of those photos, even if unrecognizable, would be a breach of that promise. Dr. Chevray's best hope is that Jane Doe's medical record contains a photo consent. If Jane Doe gave written permission to use her photos on the internet, what she thinks Dr. Chevray said will be trumped by what she signed.

It's unlikely she gave permission for her photos to be posted on the internet, however. The photos don't appear on M.D. Anderson's website, and when Jane Doe returned for treatment on July 31, 2013 and asked for the photos, the hospital said they didn't have them because Dr. Chevray had checked them out and had not returned them. If an internet photo consent existed, it would have surfaced quickly, so for the moment, Jane Doe's version of what she heard makes sense.

Fourth, Jane Doe says she was promised, "that there would be no way to identify the photographs as her own." Obviously Dr. Chevray giving Jane Doe's name to the webmaster was a mistake, but let's assume Dr. Chevray had posted Jane Doe's headless photos without her name. Would that have been sufficiently de-identified to permit the posting? Under HIPAA, yes, because assuming no other personal information is present, photos do not qualify as a patient identifier unless they are full-face. But HIPAA isn't the only privacy law on the books, and heads aren't the only physical feature by which a patient can identify herself, or be identified by her husband or boyfriend. Even in the absence of jewelry or tattoos, breast reconstruction frequently comes with scars easily recognized by family members. Suffice it to say that posting photos of patients one believes to be unrecognizable is incredibly risky compared to the security of a photo release.

If Jane Doe makes a claim for commercial misappropriation, Dr. Chevray will have

difficulty claiming fair use. Now that he's in private practice, Jane Doe's photos may have been posted in part for their educational value, but more credibly, they were posted for the commercial purpose of driving patients to Dr. Chevray's practice. This is important because Jane Doe is asking for punitive damages, which require malicious conduct. Texas law looks at several factors, such as the nature of the conduct and the sensibilities of the persons involved, but a commercial interest would factor negatively against Dr. Chevray.

Finally, Jane Doe's petition doesn't say how long the photos had been on Dr. Chevray's website. Sometimes the passage of time can provide us with a false sense of security that we won't get caught. Perhaps Dr. Chevray was proud of the surgical result and figured the photos were old and unidentifiable, so the legal risk would be minimal. And he would have been right, until the patient's name was posted as metadata and her 3-year old son grew up to become a curious 12-year old at a birthday party with a laptop available for teen-aged boy recreational purposes.

The vast majority of cases are settled, so we may never hear which of Jane Doe's allegations might be proven and which might be dismissed as he said/she said. What is certain is that we are living in an age of heightened privacy awareness. Jane Doe's lawsuit isn't based on some hacker stealing PHI over which Dr. Chevray might have no control. Instead, Jane Doe's lawsuit is based on a garden-variety photo privacy breach which could have been avoided through the use of conscientiously prepared consent forms. Use your forms, all the time. We all want to read about you in the media, but not like this.

Members and Candidates for Membership of The Aesthetic Society enjoy complimentary advice sessions with Bob Aicher, Esq. He is uniquely qualified to provide 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 via phone at (707) 321-6945.

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A note from your Patient Safety Committee

I want to introduce our newest feature in *Aesthetic Society News*: A dedicated “Safety Corner” where we will highlight useful protocols, such as the Filler Crash Kit presented in this edition, valuable safety tips, and any other practical information that will help us all realize better, safer results. I would encourage all *ASN* readers to feel free to submit their own safety ideas to me at DrR@DrRosenfield.com. I look forward to this “Safety Corner” becoming an effective and useful addition to our *ASN*.

Lorne Rosenfield, MD
Chair, ASAPS Patient Safety Committee
Private Practice, Burlingame, CA



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Patient Safety Committee

Filler Crash Kit*

Read This Before Injecting

If filler injection site has **severe pain** (or no pain) with **blanching** or **mottled skin discoloration** (livedo reticularis), ***immediately*** administer:

- **Warm compress;** massage filler out of entry sites(s)
- **Nitropaste;** apply topically to the area
- **Baby aspirin;** orally
- **Supplemental oxygen**
- **HYALURONIDASE**
- **Inject** 400 units of Vitrase (2cc in a 3cc syringe, with 0.2cc plain Lidocaine 2%, 27 g-needle) into subcutaneous tissue in area of discoloration
- **Massage** Vitrase into tissue
- **Repeat** every 40–60 minutes until skin circulation is restored to a bright red appearance (Vitrax can be liberally injected, 1000–8000 units or more)
- **Restock** Vitrase (package of 6 vials; each vial contains 1,200 units; 2cc equals 400 units; store at 36–46F; always keep 12 vials on hand)
- **In the event of BLINDNESS urgently consult an ophthalmologist and retinal specialist for possible retro-bulbar injection of Vitrase**
- **In the event of stroke, initiate standard emergency room stroke protocol**

Know filler complication risk factors:

- Deep injections (especially near nasal radix and lateral nasal wall)
- Avoid upper lip philtrum (vessel is superficial)
- Large volume bolus (greater than 0.1cc)
- Previous rhinoplasty patient
- High pressure injection
- Small, sharp needles

***Disclaimer:** The preceding methods and products are not required. They are recommendations from the ASAPS Patient Safety Committee and do not establish a standard of care. Practitioners who do not have these products should consider practicing near a facility which does and which would allow for expeditious access. Navigate to www.surgery.org/downloads/private/filler-crash-kit.docx to download a Word document to tailor to your specific practice.

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