



# Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

Volume 21, Number 2 • Spring 2017

## THE AESTHETIC MEETING 2017 SPECIAL ISSUE

### Experience 50 Years of Aesthetic Excellence at The Aesthetic Meeting 2017!

- Celebrate The Society's 50th Anniversary
- Dynamic Scientific Sessions and Courses
- Explore The Aesthetic Marketplace

All the Details Begin on Page 7.



### NEW! ASAPS Member Benchmarking Tool The Aesthetic Neural Network—ANN



FREE TO FIRST  
100 ASAPS  
MEMBERS!

Imagine, with Just One Click:

- Charting Your Practice Growth
- Discovering Areas You Can Improve
- Benchmarking Yourself Against Your Peers

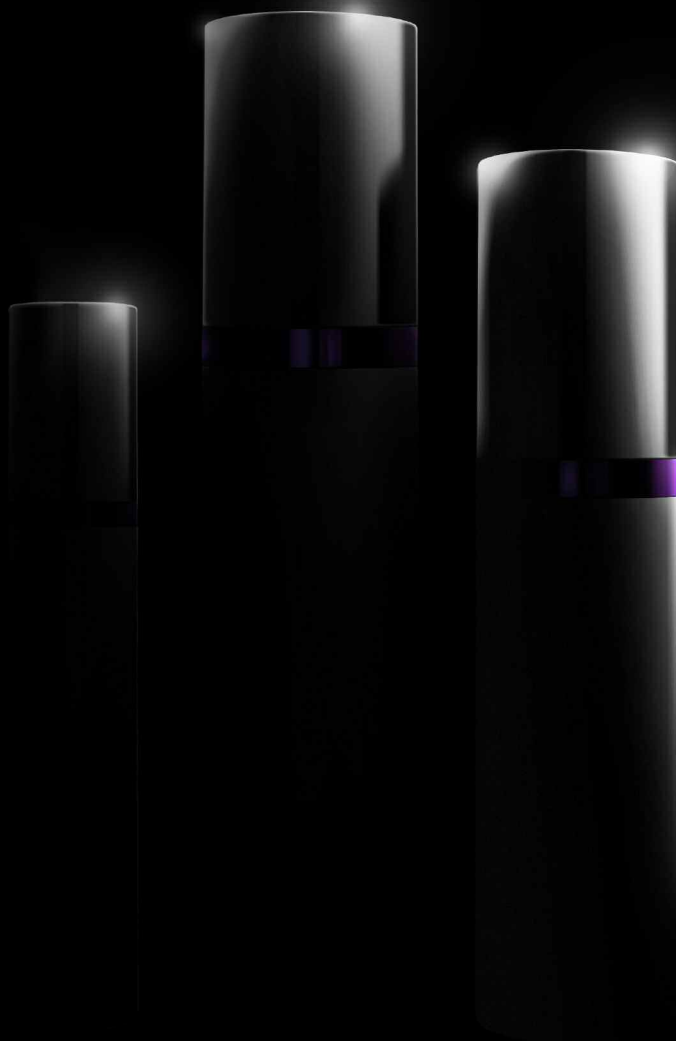
Learn More About the Aesthetic Neural Network  
on Page 42.

Download  
Meeting App—

See Page 26

or Bring This Issue of ASN to  
THE AESTHETIC MEETING

*(No printed Program Book  
will be provided on-site)*



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See the reveal at The Aesthetic Meeting 2017.

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## Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

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Jennifer Walden, MD



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ASAPS Members Forum: [www.surgery.org/members](http://www.surgery.org/members)

ASAPS: [www.surgery.org](http://www.surgery.org)

ASERF: [www.aserf.org](http://www.aserf.org)

ASAPS Consumer Education: [www.smartbeautyguide.com](http://www.smartbeautyguide.com)

Society of Plastic Surgical Skin Care Specialists: [www.spsscs.org](http://www.spsscs.org)

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

Send address changes and membership inquiries to:

Membership Department, American Society for Aesthetic Plastic Surgery  
11262 Monarch Street, Garden Grove, CA 92841 • Email [asaps@surgery.org](mailto:asaps@surgery.org)



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Experience the Global Gathering of Aesthetic Innovators and Experts as We Celebrate the 50th Anniversary of The Aesthetic Society



## The Aesthetic Meeting 2017

April 27–May 2, 2017

EXHIBITS OPEN APRIL 29–MAY 1, 2017

San Diego Convention Center  
San Diego, CA



WE ARE  
AESTHETICS.

THE ANNUAL MEETING OF  
The American Society for Aesthetic Plastic Surgery, Inc.  
and Aesthetic Surgery Education and Research Foundation

[www.surgery.org/meeting2017](http://www.surgery.org/meeting2017)

## Presidential Welcome Celebration

Celebrating  
50 Years of the  
*Art of Aesthetics*

Saturday  
April 29, 2017

6:45pm

Business/cocktail attire.  
No one under 18 admitted.

## ASAPS Provided, Jointly Provided & Endorsed Symposia

April 25 – 28, 2017

### SPSSCS 23rd Annual Meeting

Hilton San Diego Bayfront; San Diego, CA  
562-799-2356  
[www.spsscs.org/meeting2017](http://www.spsscs.org/meeting2017)

April 27, 2017

### The Rhinoplasty Society Annual Meeting 2017

Hilton San Diego Bayfront; San Diego, CA  
904-786-1377  
[www.rhinoplastysociety.org](http://www.rhinoplastysociety.org)

April 27 – May 2, 2017

### The Aesthetic Meeting 2017

San Diego Convention Center  
San Diego, CA  
562-799-2356  
[www.surgery.org/meeting2017](http://www.surgery.org/meeting2017)



May 4 – 7, 2017

### Advances in Rhinoplasty

Sheraton Grand Chicago; Chicago, IL  
703-299-9291  
[www.rhinoplastymeeting.org](http://www.rhinoplastymeeting.org)

May 26 – 29, 2017

### 67th CSFS Annual Meeting

San Francisco Marriott Marquis Hotel  
San Francisco, CA  
[cspsoffice@att.net](mailto:cspsoffice@att.net)  
[www.californiaplasticsurgeons.org](http://www.californiaplasticsurgeons.org)

June 30 – July 1, 2017

### 8th Body Lift Course

Dr. Jean-Francois Pascal  
Hotel President Wilson, Geneva  
Geneva, Switzerland  
[contact@docteur-pascal.com](mailto:contact@docteur-pascal.com)  
<http://meeting.docteur-pascal.com>



July 21–August 1, 2017

### The Aesthetic Cruise 2017

North Sea Cruise; Southampton, England  
562-799-2356  
[www.surgery.org/cruise2017](http://www.surgery.org/cruise2017)

September 8–10, 2017

### Residents' Symposium The Business of Launching Your Practice

SHIELD Innovation Center, New York, NY  
[www.surgery.org/residents2017](http://www.surgery.org/residents2017)

Experienced Insights  
Breast and Body Contouring  
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October  
19–21, 2017

October 19 – 21, 2017

### Experienced Insights: Breast & Body Contouring

Intercontinental Hotel; San Francisco, CA  
562-799-2356  
[www.surgery.org](http://www.surgery.org)

October 19 – 22, 2017

### Global Alliance—40th Annual Australasian Society of Aesthetic Plastic Surgeons Conference

Melbourne, Australia  
[gina@tphe.com.au](mailto:gina@tphe.com.au) • <http://asapsevents.org.au>

October 27, 2017

### 2nd Norwegian American Aesthetic Surgery Meeting

Oslo, Norway  
[osloaestheticmeeting@gmail.com](mailto:osloaestheticmeeting@gmail.com)  
<http://osloaestheticmeeting.hostmotet.no>

November 17 – 19, 2017

### QMP's 13th Annual Aesthetic Surgery Symposium

Hyatt Chicago Magnificent Mile Hotel,  
Chicago, IL  
314-878-7808  
[www.qmp.com](http://www.qmp.com)

November 30 – December 2, 2017

### The Cutting Edge 2017 Aesthetic Surgery Symposium

Sheraton New York Times Square Hotel  
New York, NY  
212-327-4681  
[www.nypsf.org](http://www.nypsf.org)

December 14 – 17, 2017

### 2017 Florida Plastic Surgery Forum

The Breakers; Palm Beach, FL  
435-602-1326  
[www.fsps.org](http://www.fsps.org)

February 1 – 3, 2018

### ASAPS Las Vegas 2018 Facial & Rhinoplasty Symposium

The Cosmopolitan of Las Vegas  
Las Vegas, NV  
562-799-2356 • [www.surgery.org/face2018](http://www.surgery.org/face2018)

February 8 – 10, 2018

### Baker Gordon Educational Symposium

Hyatt Regency Downtown Miami  
Miami, Florida  
305-854-8828  
[www.bakergordonsymposium.com](http://www.bakergordonsymposium.com)

February 17 – 19, 2018

### 33rd Hawaii Plastic Surgery Symposium

Hawaii Prince Hotel, Waikiki, HI  
Honolulu, HI  
808-526-0303  
[www.panpacific.org](http://www.panpacific.org)

April 26 – May 1, 2018

### The Aesthetic Meeting 2018

Jacob K. Javits Convention Center  
New York, NY  
562-799-2356 • [www.surgery.org](http://www.surgery.org)

October 31 – November 4, 2018

### 24th Congress of ISAPS

Miami Beach Convention Center  
Miami Beach, FL  
[isasps@isaps.org](mailto:isasps@isaps.org)  
[www.isaps.org](http://www.isaps.org)



## The Surgeon as Pragmatist

By Daniel C. Mills, II, MD

**W**elcome to The Aesthetic Meeting 2017! We hope you're planning on joining us in San Diego, CA, April 27–May 2, for this global gathering of innovators and aesthetic experts. This Meeting also gives us the opportunity of celebrating our Society's founding, as it was in 1967 that Drs. Simon Fredricks and John Lewis first began sketching out their vision for an organization devoted solely to the needs of aesthetic plastic surgeons. On this, the anniversary of our 50th year, I would like to suggest a viewpoint of aesthetic surgeons that seldom makes its way into the media or even into our own meetings and symposia—that view is the aesthetic surgeon as pragmatist.

It was pragmatism that gave our founding members the idea of forming an organization one hundred percent devoted to aesthetic surgery—if existing organizations could not overcome their limitations and prejudices in teaching this exciting and emerging field, we would do it ourselves. As you have read again and again from past and current aesthetic surgeons, this approach allowed a subspecialty to grow, prosper and gain an acceptance with the public unheard of in the mid-1960s.

Webster defines pragmatism as “a practical approach to problems and affairs.” This attitude permeates through the organization, from the early research into liposuction and breast implants, to mastering surgery for massive weight loss patients and development of noninvasive technologies that have changed forever the way we help our patients achieve their goals. Aesthetic surgeons are behind every one of these developments, a legacy of which we can be proud.

Is it any wonder then, that per the 2016 ASAPS statistics, Americans spent more than \$15 billion dollars on combined surgical and nonsurgical aesthetic procedures for the first time ever, accounting for an 11% increase over the past year alone? Surgical procedures account for 56% and nonsurgical procedures account for 44% of the total. This is the largest dollar amount spent on cosmetic surgery since ASAPS began its Cosmetic Surgery National Data Bank Statistics survey two decades ago, in 1997. Not only have we changed a medical specialty, but we are the genesis of a \$15

At this year's Aesthetic Meeting, we will be introducing two new products, both harnessing the power of data, to help you manage your practice and keep it thriving.

billion-dollar industry as well.

Of course, as business people, surgeons and scientists we must be pragmatic to keep all these balls in the air. However, we don't have to do it alone. At this year's Aesthetic Meeting, we will be introducing two new products, both harnessing the power of data, to help you manage your practice and keep it thriving.

The first is called The Aesthetic Neural Network. We call it ANN. ANN has the power to scan your patient records or practice management system without touching sensitive patient identifiers or requiring data input from your staff. The data is then aggregated and formatted into simple to understand charts and graphs that allow you to benchmark your procedures and revenue against other aesthetic surgeons in complete anonymity. This will provide you with information unattainable in current practice management systems and will allow you to find competitive gaps in your pricing or service offerings. ANN is exclusively for members of The Aesthetic Society. Stop by the Aesthetic Neural Network Booth #524 to learn more and sign up for this exciting resource, free to the first 100 ASAPS Members.

**★ ★ ★**  
**Surgeon**  
 as consumer  
 —————

The second new product should be near and dear to any of us who have bought or leased the latest 510K device only to find it serving as a very expensive coat rack in a corner of the office. It's ASAPS own product review site, basically ASAPS' version of Yelp!, called the Surgeon as Consumer solution (SAC.) This closed environment website, accessible only to ASAPS Active members through ASAPS.org, allows you to

rank 510K devices on a variety of qualities, from clinical efficacy to ROI in a simple, star-based system. All users are identified so you can see what your colleagues' comments are, and all users must disclose any conflicts. If there's one thing I've been asked in all my travels as ASAPS President, it's how the Society can help in determining which of these devices are worth the money and which are not. With SAC, we can learn from each other. You can learn more during The Aesthetic Meeting at the ASAPS Booth #620, where you can experience Surgeon as Consumer—and even write a review yourself!

Innovative, philanthropic, forward thinking—all these words have been used to describe Aesthetic Society members and I am proud to be one of you. This issue of ASN marks my last report as President of our organization. My good friend and colleague, Clyde Ishii, MD, will be taking over the helm at our annual ASAPS/ASERF business meeting and I can tell you, with no hesitation, that the Society is in excellent hands.

This past year has been the most satisfying of my professional life. Serving as your President has been an incredible honor. It's a humbling and extremely gratifying experience and I thank you for putting your trust in me. I look forward to seeing each of you in San Diego for The Aesthetic Meeting. Make sure to stop by the Presidential Welcome Celebration on Saturday April 29 at 6:45pm in the Sails Pavilion to toast the Society's 50 Years. And remember to bring your 50 Years of Aesthetics member pin!

*Daniel C. Mills, II, MD, is an aesthetic plastic surgeon in Laguna Beach, CA, and serves as President of The Aesthetic Society.*

The Aesthetic Neural Network (ANN) will provide you with information unattainable in current practice management systems and will allow you to find competitive gaps in your pricing or service offerings.





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- ★ Our "smart widget" which publishes directly to your website
- ★ Continuous feed of recent and relevant ratings & reviews
- ★ Patient satisfaction reporting through benchmarking

“

*RealPatientRatings is the type of review site I have dreamed about for years — instead of competing with the doctor's website, they feed reviews that I can use for content. I see increased time on the site as visitors read the reviews and increased coverage in the search results. Because the reviews are programmed correctly, Google actually sees them!*

— Clark Mackey  
SEO Consultant  
CAKE Websites & More LLC

”

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Experience the Global Gathering  
of Aesthetic Innovators and Experts  
as We Celebrate the 50th Anniversary  
of The Aesthetic Society



YEARS OF  
AESTHETICS

# The Aesthetic Meeting 2017

**April 27–May 2, 2017**

EXHIBITS OPEN APRIL 29–MAY 1, 2017

San Diego Convention Center  
San Diego, CA



THE ANNUAL MEETING OF  
The American Society for Aesthetic Plastic Surgery, Inc.  
and Aesthetic Surgery Education and Research Foundation

WE ARE  
AESTHETICS.

[www.surgery.org/meeting2017](http://www.surgery.org/meeting2017)



# *Presidential Welcome Celebration*

Celebrating  
50 Years of the  
*Art of Aesthetics*

**Saturday, April 29, 2017**

6:45pm

Sails Pavilion  
San Diego Convention Center

Business/Cocktail Attire  
No one under 18 admitted.

WE ARE  
AESTHETICS.







## 50 YEARS OF AESTHETICS

Dear Colleagues,

It is our distinct pleasure to welcome you to The Aesthetic Meeting 2017, and the celebration of our Society's 50 Years of Aesthetics. This golden anniversary of The Aesthetic Society will be full of fantastic education and a great many surprises. Our goal is for you to return home with renewed passion, enhanced skills, and ideas for practice growth.

The Aesthetic Meeting 2017 features a number of special presentations, panels and papers by key thought-leaders in the aesthetic plastic surgery specialty. Each year, attendees remark that they value the insights and pearls of wisdom they gain from our international colleagues, as they often have the opportunity to implement new therapies, devices and techniques before they reach the U.S.

In The Aesthetic Marketplace, please make sure to stop by The Aesthetic Society's Booth (#620) to learn more about the education, marketing support, and services we offer our members to help you and your practice become more efficient and deliver better patient care and satisfaction. ASAPS Members, make sure to explore the new Surgeon as Consumer (SAC) 510K device review solution in the ASAPS Booth as well. Also, discover our newest member services, the Aesthetic Neural Network (ANN), which will assist you in improving your practice with just a click of your finger, in Booth #524.

Lastly, we look forward to connecting with you at the Presidential Welcome Celebration on Saturday April 29 at 6:45pm in the Sails Pavilion, San Diego Convention Center as we revisit the founding location of The Aesthetic Society with a recreation of Venice, Italy's famed Harry's Bar. We will toast our 50 years with their signature Bellinis, appetizers, and take in the live art creations for which San Diego is known. *(Cocktail/business attire and no one under 18 will be admitted.)*

We know that you value the exceptional education you gain each year from The Aesthetic Meeting, and this year promises to be one to remember. Here's to the next 50 Years of Aesthetics!

Sincerely,

Daniel C. Mills, II, MD  
President  
American Society for Aesthetic Plastic Surgery

Steven Teitelbaum, MD  
President  
Aesthetic Surgery Education  
and Research Foundation

### The Aesthetic Meeting Educational Objectives

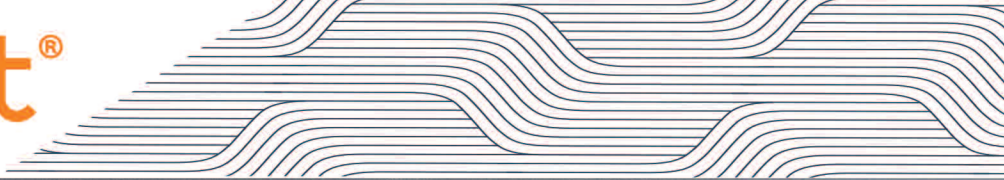
- Achieve reproducible, safe surgical outcomes.
- Differentiate the levels of evidence of upcoming modalities and the appropriateness for incorporating them into your practice.
- Analyze case studies on the treatment of complications.
- Interpret and apply Evidence-Based Medicine in aesthetic surgery education.
- Identify the controversies and challenges of today's aesthetic surgery procedures and practices.
- Identify emerging techniques and trends in cosmetic surgery and cosmetic medicine and their potential applications in your practice.
- Recognize the latest techniques in the prevention of, and treatment of, complications.
- Develop a plan to implement an ethical, effective and interactive work environment.
- Incorporate a "culture of safety" into your practice.

### Program Committee

William P. Adams, Jr., MD—Chair  
Jamil Ahmad, MD—Vice Chair  
Mustafa Akyurek, MD  
Jeff Antimarino, MD  
Frank E. Barone, MD  
Jay W. Calvert, MD  
Al Cohn, MD  
Grady Core, MD  
Daniel A. Del Vecchio, MD  
Trent D. Douglas, MD  
Heather J. Furnas, MD  
Allen Gabriel, MD  
Julio Garcia, MD  
Ashkan Ghavami, MD  
Joseph Hunstad, MD  
Amin Kalaaji, MD  
Herluf Lund, MD  
Stephen E. Metzinger, MD  
Kiya Movassaghi, MD  
Tracy M. Pfeifer, MD  
Richard J. Restifo, MD  
Douglas S. Steinbrech, MD  
Oren M. Tepper, MD  
Lorne K. Rosenfield, MD  
Simeon H. Wall Jr., MD

### 50th Anniversary Task Force

Michael C. Edwards, MD—Chair  
Linda Alioto  
Dave Cherkis  
Stanley Klatsky, MD  
Daniel C. Mills, II, MD  
Robert Singer, MD



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NeoGraft patient lead volume has increased 400% YOY with a significant increase in female patient interest.



NeoGraft consistently maintains a 90+% patient "Worth It" rating on RealSelf.com

### WHO WE ARE

As the Gold Standard in hair restoration, the NeoGraft system is the first FDA cleared Automated FUE device for all skin and hair types, delivering exceptional results for patients. NeoGraft's Chief Medical Officer and former President of ASAPS, Dr. Jack Fisher, is one of the most highly regarded plastic surgeons within the hair transplant space, and is a direct reflection of NeoGraft's commitment to clinical excellence and ongoing education.

### QUARTERLY PROMOTION

Hair restoration and male aesthetics are growing at the fastest rate in history - be a part of the estimated \$2.6 billion hair restoration market with NeoGraft today and you'll receive a **FREE** customized and comprehensive NeoGraft kick off event held in your office by Projected Growth Consulting.

Tried and true by over 50 NeoGraft practices in the past 18 months, the average **one-day kick off event**\*:

- generates over \$60,000 in revenue
- provides advanced industry knowledge and valuable resources to seamlessly integrate NeoGraft into the practice
- equips staff with superlative sales, marketing and consultation skills that make them a stronger asset to the practice as a whole

\*Results may vary. Statistics above are averages across NeoGraft providers that have participated in PGC events upon launch.

Ready to find out more? Contact  
Jason Raser | 610.416.0581  
jraser@neograft.com





## The Aesthetic Meeting 2017: See You in San Diego!

By William P. Adams, Jr., MD

It's time to celebrate 50 Years of Aesthetics at The Aesthetic Meeting 2017, April 27–May 2, in beautiful San Diego, CA. The Aesthetic Meeting is the annual global gathering of innovators and aesthetic experts, where you'll learn from the best and brightest minds in aesthetic plastic surgery, as they share the latest in technological advances and techniques.

Plus, with our special Practice Management Session, The Business Side, ideal for practice staff, you'll return home with an array of ideas which can help your practice evolve and grow.

If you are an aesthetic plastic surgeon passionate about connecting with brilliant minds, learning ground-breaking new advances, and building a successful practice, The Aesthetic Meeting is the leading must-attend educational event of the year. With live demonstrations and courses taught by the finest surgeons and professionals in the specialty, The Aesthetic Meeting has become the gold standard in aesthetic education.

Full meeting information can be found at [www.surgery.org/meeting2017](http://www.surgery.org/meeting2017), but I wanted to draw your attention to some exciting opportunities occurring at The Aesthetic Meeting 2017.

### New at The Aesthetic Meeting

#### Special Presentations

While all programs are exceptional, I'm particularly excited about some of the special presentations occurring at The Aesthetic Meeting, including the 50th Anniversary Keynote Address by Dr. Robert Singer, "50 Years of Aesthetics—The Chronicles of Change" by Foad Nahai, MD; the return of the popular Global Plastic Bowl Challenge (lets see if Europe can defend their title!); an update on his 3D Facial Analysis by Val Lambros, MD; an Anaplastic Large Cell Lymphoma (ALCL) Update; and a fascinating presentation on Transgender Facial Surgery from Loren Schechter, MD and discussed by Jordan Deschamps-Braly, MD.

#### Interactive Operative Videos

- Variations in Abdominoplasty—Moderator: Robert Singer, MD, Panelists: Todd Pollock, MD; Simeon Wall, Jr., MD; Dirk Richter, MD; Jeffrey Kenkel, MD, Fabio Nahas, MD; Audience Moderator: Elizabeth Lee, MD;

Chad Tattini, MD, Discussants: Felmont Eaves, MD & Renato Saltz, MD

- Surgical and Non-Surgical Female Genital Rejuvenation—Presenter: Christine Hamori, MD; Discussants: John Hunter, MD; Heather Furnas, MD

#### The Business Side

Send your staff to this valuable practice management session where they will learn effective techniques to help your practice thrive. Plus, The Aesthetic Meeting has informative courses for Nurses, Physician's Assistants, Administrative Support, and Skincare Specialists! Details at [www.surgery.org/forstaff](http://www.surgery.org/forstaff)



#### Practice Changers Theater

Your world could change in an instant by what you learn in these quick, 15-minute presentations. Held in The Aesthetic Marketplace, Booth #546, these lively and informative talks cover an array of practical steps that you can take immediately which could further strengthen your practice.



#### ASERF Silent Auction

Bid to win on an exciting array of products, services and educational experiences, with all proceeds going to The Aesthetic Surgery Education and Research

Foundation (ASERF). Held during The Aesthetic Meeting 2017, the auction includes the opportunity to bid electronically, so those who cannot be on-site can take advantage of some terrific offers and help our specialty in the process. Details can be found at [www.surgery.org/silentauction](http://www.surgery.org/silentauction)

#### The Aesthetic Meeting Essentials

#### Hotels

For the best rates at the most popular hotels, we encourage you to book your rooms

today through the ASAPS room block. [www.surgery.org/hotels](http://www.surgery.org/hotels)

#### CME Credit Designation Statement

The Scientific Sessions are designated for 20.75 credits. An additional 28 credits are designated for special seminars and optional courses. Earn up to 48.75 CME credits by attending a course in every time frame offered and the entire Scientific Sessions.

The American Society for Aesthetic Plastic Surgery designates this live activity for a maximum of 48.75 AMA PRA Category 1 Credits™. Physicians should claim only credit commensurate with the extent of their participation in the activity.

CME credits are subject to change.

#### New: Aesthetic Meeting App

The Aesthetic Meeting 2017 will be utilizing a new meeting App, on which you'll find all of the information you'll need to navigate and customize the meeting. *As there is no Program Book this year*, download the App now!

#### DOWNLOAD THE MEETING APP

**iPhone Users:** Go to the Apple APP Store and search, "The Aesthetic Meeting 2017" and tap the download icon.

**Android Users:** Go to the Google Play Store, search, "The Aesthetic Meeting 2017" and tap the download icon.

**Have questions?** Stop by the information booth!

Additionally, much of the information usually found in the Program Book will appear in this issue of the *Aesthetic Society News*, copies of which will be onsite.

Of course, these highlights are but the tip of The Aesthetic Meeting iceberg! For complete details, please review the registration brochure, beginning on page 12, or learn more about this premier global gathering of aesthetic innovators and experts at [www.surgery.org/meeting2017](http://www.surgery.org/meeting2017). I look forward to seeing you all in San Diego as we celebrate 50 Years of Aesthetics!

*William P. Adams, Jr., MD, is an aesthetic plastic surgeon practicing in Dallas, TX, and serves as the Chair of the ASAPS Program Committee.*

# THE AESTHETIC MEETING 2017

## THURSDAY, APRIL 27, 2017

- 6:30am–6:00pm** Registration Open
- 8:45am–12:00pm** ASAPS Board Meeting
- 12:00pm–12:45pm** ASAPS/ASERF Board of Directors Lunch
- 1:00pm–4:00pm** ASERF Board Meeting
- 7:00pm–8:30pm** Faculty/VIP/International Reception

### CADAVER WORKSHOPS\*

#### FACE

**7:30am–4:00pm**

**S1** Composite Facelifts Simplified through Modern Understanding of Deep Plane (spaces and ligaments) Anatomy—A Cadaver Workshop **S**  
Chair: Mendelson

**7:30am–1:00pm**

**S2** Rejuvenation of the Upper Face with Minimally Invasive and Endoscopic Techniques—A Cadaver Workshop **S**  
Albert/Core/Kao/Lee/Movassaghi/Saltz/Warren

#### BODY

**12:30pm–6:00pm**

**NEW S3** ASAPS/ISAPS Gluteal Symposium **S G A N O E**  
Co-Chairs: Mendieta/Montanana

### CADAVER WORKSHOP\*

#### FACE

**2:00pm–6:00pm**

**S4** Facial Rejuvenation by MACs Lift—A Cadaver Workshop **S**  
Jewell/Jelks/Hunstad/Movassaghi/Richter/Surek/Fickas

#### OTHER

**1:00pm–5:00pm**

**S5** Women Aesthetic Surgeons' Symposium **S**  
Co-Chairs: Haws/Furnas  
Speaker: Dike Drummond, MD

## FRIDAY, APRIL 28, 2017

**6:30am–6:30pm** Registration Open

### EDUCATIONAL COURSES\*

#### FACE

**7:30am–5:30pm**

**S6** Cosmetic Medicine 2017 **S G A N O E**  
Co-Chairs: Lorenc/Sieber

#### PRACTICE MANAGEMENT

**8:00am–12:00pm**

**S7** Re-Designing Your Aesthetic Practice—How to Get Beyond Today **S G A N O E**  
Co-Chairs: Jewell/Singer

#### RESIDENTS ONLY

**8:00am–1:00pm**

**S8** Residents and Fellows Forum [RF]  
Chair: Kahn

#### RHINOPLASTY

**8:00am–12:00pm**

**S9** Rhinoplasty Symposium 2017 **S G A N O E**  
Co-Chairs: Berkowitz/Keyes

#### OTHER

**8:00am–5:00pm**

**S10** Medical Life Drawing & Sculpture: The Human Figure **S**  
Fairbanks/Fairbanks

**12:00pm–6:30pm**

**S11** Premier Global Hot Topics **S G A N O E**  
Co-Chairs: Ahmad/Wall

**3:00pm–6:00pm**

Endorsed Fellows Forum (Invitation Only)  
Chair: Kenkel

### CADAVER WORKSHOP\*

#### RHINOPLASTY

**1:00pm–5:00pm**

**S12** Open and Closed Rhinoplasty: The Complete Basic Steps of Rhinoplasty—A Cadaver Workshop **S**  
Cerkes/Beil/Berkowitz/Daniel/Friedman/Ghavami/Gilman/Gryskiewicz/Guyuron/Keyes/Izenberg/Marcus/Oneal/Rohrich/Sajjadian/Sherick/Warner

**2:00pm–6:30pm**

4-Hour Courses

#### FACE

**101/201** Facelift: Planning and Technique **S**  
Marten

#### PRACTICE MANAGEMENT

**102/202** The Art of Consultation Using Individual Patient Personality **S G A N O E**  
Mendieta/Mendieta

**2:00pm–4:00pm**

2-Hour Courses

#### FACE

**103** The Lift and Fill Facelift—Redefining a Natural Look in Facial Rejuvenation **S G A N O E**  
Rohrich

**105** Reshaping the Face and

Lid-Cheek Junction **S A N E**  
Warren

#### BREAST

**BR-106** Planning for Primary Breast Augmentation: Incision, Pocket, Implant **S**  
Lista

**BR-107** Shaped Implants—Integrating Them Into Your Practice **S**  
Movassaghi

#### BODY

**108** Abdominoplasty—A Comprehension Guide to Abdomen Contouring Techniques **S**  
Matarasso

**109** Cosmetic Vaginal Surgery: Labiaplasty and Beyond **S**  
Hamori

#### EYES

**110** Challenging Blepharoplasty Patients **S**  
Jelks/Jelks

#### MARKETING

**111** Relationship Marketing: What It Means and How to Put It in Action **S G A N O**  
Zupko

**NEW** 112 Social Media for Plastic Surgeons by a Plastic Surgeon **S G A N O E**  
Nazarian

113 Social Media Workshop—Twitter, Facebook, RealSelf **S G A N O**  
Seery/Ezekwugo/Sheie

4:30pm–6:30pm  
2-Hour Courses

▼ **FACE**  
**MOC-PS™**

203 Customizing the Facelift Procedure for the Individual Patient **S**  
Thorne

204 Facelift Rejuvenation: Short Scar Facelift, Neck Lift and Temporal Brow Lift **S A N O**  
Matarasso

**NEW** 205 Wide Awake Cosmetic Surgery and Minimal Pain Filler Injection **S G A N**  
Lalonde/McKee

▼ **BREAST**

206 Use of Monofilament Absorbable Mesh in Breast Surgery **S G A N O E**  
Van Natta

**BR-207** Approach to Secondary Augmentation-Mastopexy **S**  
Calobrace/Hall-Findlay

**BR-208** Optimizing Results in Revision Breast Surgery **S**  
Glicksman/McGuire

▼ **BODY**

209 Keeping Your Liposuction Patients Safe: 20 Tips to Better Contouring Strategies and Safer Surgeries **S G A N O E**  
Mentz/Fortes/Hustak/Morales/Newall/Patronella

**MOC-PS™**

210 Maximizing Safety for Body Contouring After Massive Weight Loss **S**  
Phillips

211 Aesthetic Vaginal Plastic Surgery **S**  
Triana

▼ **PATIENT SAFETY**

**MOC-PS™**

212 Keeping Safe and Out of Trouble: A Fresh Look at the Culture of Patient Safety **S G A N O**  
Grunwald/Eaves/Oppikofer/Perdikis/Shenker

▼ **PRACTICE MANAGEMENT**

213 The Patient Attraction and Conversion Blueprint **S G A N O E**  
Maley

**NEW** 214 Successful Principles for Non-Surgical Services: Fast Track Your ROI **S G A N O E**  
Zupko/Olesen

▼ **MARKETING**

**NEW** 215 A Basic and Beginner Introduction to Social Media **S G A N O E**  
Nykiel

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SATURDAY, APRIL 29, 2017

6:30am–5:30pm Registration Open  
9:00am–5:00pm The Aesthetic Marketplace Open  
6:45pm–9:00pm Presidential Welcome Celebration

**SCIENTIFIC SESSION BLUE**

7:00am–7:30am Welcome  
2016 Annual Meeting Awards  
2017 Partners Recognition

**7:30am–8:45am**

**Panel:** 50 Years of Facelifting—The Evolution of My Technique Through a Better Understanding of Aesthetic Goals

**Moderator:** James Stuzin, MD

**Panelists:** Sherrell Aston, MD;

Daniel Baker, MD;

Timothy Marten, MD

**Audience Moderators:**

William Adams, Jr., MD;

Jamil Ahmad, MD

**Discussants:** Val Lambros, MD;

Richard Warren, MD

**8:45am–10:00am**

**Panel:** Predictability in Augmentation Mastopexy: Pearls for Success

**Moderator:** William Adams, Jr., MD

**Panelists:**

David Hidalgo, MD;

Craig Layt, MD;

Frank Lista, MD

**Audience Moderators:**

Jeffrey Kenkel, MD;

Jason Roostaean, MD

**Discussants:** Brad Calobrace, MD;

Patrick Malluci, MD

10:00am–10:30am Coffee Break in The Aesthetic Marketplace

**10:30am–11:15am**

**Keynote Address:** 50 Years of Aesthetic Excellence

**Moderator:** Jamil Ahmad, MD

**Presenter:** Robert Singer, MD

SATURDAY, APRIL 29, 2017, cont'd

**11:15am–12:30pm**

**Panel:** Neck Rejuvenation: Surgical Approaches for Long-term Results

**Moderator:** Charles Thorne, MD

**Panelists:** Dino Elyassnia, MD; Mario Pelle-Ceravolo, MD; Francisco Bravo, MD

**Audience Moderators:**

Sammy Sinno, MD; James Stuzin, MD

**Discussants:** Daniel Baker, MD; Bryan Mendelson, MD

**12:30pm–2:00pm** Lunch in The Aesthetic Marketplace or Optional Courses

**2:00pm–3:15pm**

**Panel:** 50 Years of Body Contouring—Evolution of My Technique Through a Better Understanding of Aesthetic Goals

**Moderator:** Rod Rohrich, MD

**Panelists:** Daniel Del Vecchio, MD; Alfredo Hoyos, MD; Constantino Mendieta, MD; Arturo Ramirez-Montanana, MD

**Audience Moderators:**

Nolan Karp, MD; W. Grant Stevens, MD

**Discussants:** Jeffrey Kenkel, MD; Michael Lee, MD

**3:15pm–3:45pm** Coffee Break in The Aesthetic Marketplace

**3:45pm–5:00pm**

**Panel:** Periorbital Rejuvenation—Point/Counterpoint

**Moderator:** Sherrell Aston, MD

**Panelists:** Bahman Guyuron, MD; Haideh Hirmand, MD; Glenn Jelks, MD; J. William Little, MD; Patrick Sullivan, MD; Richard Warren, MD

**Audience Moderators:**

Christopher Surek, DO; Oren Tepper, MD

**Discussants:** Julius Few, MD; Lorne Rosenfield, MD

**5:00pm–5:15pm**

**Special Presentation:** Unravelling the Secrets of Facial Aging

**Presenter:** Val Lambros, MD

**5:15pm–6:30pm**

ASAPS Global Plastic Bowl Challenge!!!

**Moderator:** William Adams, Jr., MD

**Representing North America:**

Elizabeth Hall-Findlay, MD; Melinda Haws, MD

**Representing South America:**

Raul Gonzalez, MD; Fabio Nahas, MD

**Representing Europe/Africa:**

Patrick Malluci, MD; Dirk Richter, MD

**Representing Asia/Australia:**

Tim Papadopoulos, MD; Janek Januszkiewicz, MD

**Expert Panelists:**

Clyde Ishii, MD; Craig Layt, MD; Lina Triana, MD; Vitaly Zholtikov, MD

## EDUCATIONAL COURSES\*

### ▼ PRACTICE MANAGEMENT

**9:00am–4:30pm**

**S13** Skills for Successful Patient Coordinators **G A N O**  
Zupko

### ▼ OTHER

**12:30pm–2:00pm**

**S14** Research and Innovative Technology Luncheon **S A**  
Adams/Gryskiewicz

**12:30pm–3:00pm**

**S15** Medical Students Interested in Plastic Surgery (For Medical Students Only)  
Ahmad/Whitfield

**12:30pm–1:30pm**

1-Hour Courses

### ▼ FACE

**301** Full Facial Fat Microaugmentation Under Local Anesthesia—Office Based Procedure **S A N O**  
Ptak

**302** Fat Grafting During Facelift and Blepharoplasty: Principles and Art **S**  
Little

### ▼ BREAST

**BR-303** Technical Refinements of the Vertical Mammoplasty: A Modified LeJour Approach **S A**  
Wallach

### ▼ BODY

**304** The Minimal Incision Transaxillary Brachioplasty **S**  
Reed

**305** Labiaplasty and Female Aesthetic Genital Surgery **S**  
Alter

**BR-306** Ask the Experts: Body Contouring After Bariatric Surgery **S A**  
Eaves/Hunstad

### ▼ MARKETING

**307** 10 Steps to Online Marketing Success **S G A N O**  
Houtz

**308** Make Your Website a Lead Generation and E-Commerce Juggernaut **S G A N O E**  
Kaplan





## SUNDAY, APRIL 30, 2017

- 6:30am–5:00pm** Registration Open  
**9:00am–5:00pm** The Aesthetic Marketplace Open
- 12:00pm–1:30pm** Lunch in The Aesthetic Marketplace  
 ASAPS/ASERF  
 Member Business Meeting Luncheon
- 6:45pm–8:00pm** Women Aesthetic Surgeons' Reception

## SCIENTIFIC SESSION BLUE

### 7:45am–9:00am

**Panel:** Avoiding Vascular Complications with Injectables

**Moderator:** Jeffrey Kenkel, MD

**Panelists:** Mark Ashton, MD; Steven Fagien, MD; Arthur Swift, MD

**Audience Moderators:**

Tracy Pfeifer, MD; Charles Thorne, MD

**Discussants:** Mark Magnusson, MD; James Stuzin, MD

### 9:00am–9:30am

**Special Presentation:** 50 Years of Breast Implants—Lessons Learned

**Moderators:**

William Adams, Jr., MD; Jamil Ahmad, MD

**Presenter:** Walter Peters, MD

**9:30am–10:00am** Coffee Break in The Aesthetic Marketplace

**10:00am–10:45am** Papers (see pg 37)

### 10:45am–12:00pm

**Panel:** Insights into Filler Controversies

**Moderator:** Barry DiBernardo, MD

**Panelists:** Steven Fagien, MD; Hema Sundaram, MD; Val Lambros, MD; Z. Paul Lorenc, MD; Mark Magnusson, MD; Arthur Swift, MD

**Audience Moderators:**

Fadi Constantine, MD; Salvatore Pacella, MD, MBA

**Discussants:** Julie Khanna, MD; Jason Pozner, MD

## SCIENTIFIC SESSION ORANGE

### 7:45am–8:45am

**Special Presentation:** BIA-ALCL

**Moderators:** William Adams, Jr., MD; Jamil Ahmad, MD

**Panelists:** Mark Clemens, MD; Anand Deva, MD; Marshall Kadin, MD

**Audience Moderator:**

Robert Cohen, MD; Michael Lee, MD

**Discussant:** Daniel Mills, MD

**8:45am–9:30am** Papers (see pg 37)

**9:30am–10:00am** Coffee Break in The Aesthetic Marketplace

### 10:00am–11:30am

**Panel:** Prevention and Management of Complications in Breast Augmentation

**Moderator:** Jack Fisher, MD

**Panelists:** William Adams, Jr., MD; Mitchell Brown, MD; James Grotting, MD; G. Patrick Maxwell, MD

**Audience Moderators:**

David Sieber, MD; Gary Tuma, MD

**Discussants:** Louis Strock, MD; Steven Teitelbaum, MD

**11:30am–12:00pm** Papers (see pg 37)

## DOWNLOAD THE APP!

*In lieu of a Program Book, this year's Aesthetic Meeting will feature an app with all of the information you need to make your experience a success. Look for download instructions coming soon, via email, to all registered attendees.*

## THE BUSINESS SIDE

### Practice Management and Culture

#### 7:45am–7:50am

Moderator Introduction  
 Steven Dayan, MD and W. Grant Stevens, MD

#### 7:50am–8:20am

The Cosmetic Consultation, It's Like Dating All Over Again  
 Steven Dayan, MD

#### 8:20am–8:50am

Help! I've Been Yelped!  
 Steven Dayan, MD

#### 8:50am–9:15am

The Future Requires Turning it Around: The Makings of a More Attractive Physician  
 Steven Dayan, MD and W. Grant Stevens, MD

**9:15am–9:30am** Discussion

**9:30am–10:00am** Coffee Break in The Aesthetic Marketplace

#### 10:00am–10:30am

Evaluating the Economics of New Technology in Your Practice  
 Barry DiBernardo, MD

#### 10:30am–11:00am

Trials and Tribulations of Building an Office OR Lessons Learned  
 Michael E. Decherd, MD

**11:00am–11:15am** Discussion

#### 11:15am–11:30am

Web Tools for Growing Your Reputation  
 W. Grant Stevens, MD

#### 11:30am–12:00pm

Additional Sources of Revenue for Practice  
 Steven Dayan, MD and W. Grant Stevens, MD

SUNDAY, APRIL 30, 2017, cont'd

## EDUCATIONAL COURSES\*

### ▼ PRACTICE MANAGEMENT

9:00am–11:00am

**S16** Patient Coordinator Alums: Overcoming Scheduling Objections  
**G A N O**  
Zupko

12:00pm–1:00pm

**S17** Financial Management for Spouses and Managers **G O**  
Zupko

### ▼ COSMETIC MEDICINE

12:00pm–2:30pm

**S18A** Physician Extender (RN/NP/PA) Injector Competence Training—Part 1—Understanding the Basics of Injection Techniques with Neurotoxins and Hyaluronic Acid Dermal Fillers **A N**  
Few

3:00pm–5:30pm

**S18B** Physician Extender (RN/NP/PA) Injector Competence Training—Part 2—Advanced/Combination Injection Techniques with Neurotoxins and the Array of FDA-Approved Dermal Fillers **A N**  
Graivier/Lorenc

2:00pm–6:30pm

**S19A** The Institute for Laser and Light Based Technology—Foundations of Light and Laser  
**S A N O**  
Hoopman

2:00pm–6:30pm

4-Hour Courses

### ▼ BREAST

**401/501** Aesthetic Breast Reconstruction: The New Paradigm in Breast Surgery  
**S G A N O**  
Brown/Grotting/Namnoum/Zienowicz

### ▼ BODY

**NEW BR-402/502** Facial Rejuvenation and Body Contouring: How to Balance 100% Aesthetics with 100% Safety **S**  
Rosenfield

**403/503** Arms, Breast, Back, Buttocks and Thighs Following Major Weight Loss  
**S G A N O E**  
Hunstad/Rubin

**404/504** Gluteal Augmentation  
**S A N**  
Abel de la Peña/Gonzalez/Mendieta

### ▼ PRACTICE MANAGEMENT

**405/505** What Patients Really Want  
**S G A N O**  
Eaves/Fiala/Olesen/Perdikis/Seery

2:00pm–4:00pm

2-Hour Courses

### ▼ FACE

**406** Advanced Techniques for Rejuvenation of the Neck and Lower Face **S**  
Marten/Sullivan

### ▼ BREAST

**407** Transaxillary Endoscopic Breast Augmentation: Processes and Refinements to Improve Patient Outcomes **S E**  
Core/Strock

**BR-408** Augmentation Mastopexy—Avoiding Complications **S**  
Kortesis/Restifo

### ▼ BODY

**409** Lipoabdominoplasty and Body Contouring **S A**  
Saltz/Ribeiro/Matos

**410** Liposuction 2017: New Technologies, Established Techniques, and Combined Procedures **S A N**  
Stoker/Chia/Theodorou/Hoyos

### ▼ RHINOPLASTY

**411** Advances in Secondary Rhinoplasty—Key Elements for Success **S**  
Ahmad/Rohrich

**412** Technical Simplicity and Proven Efficacy in Rhinoplasty  
**S A N**  
Constantian

### ▼ EYES

**413** Injection Techniques for Tear Trough and Peri-Orbital Area: Minimize Complications and Optimize Results **S**  
Hirmand

**414** Oculoplastic Surgery for the Plastic Surgeon  
**S G A N**  
Codner/Jelks/Jelks

**NEW 415** Advanced Upper Lid Aesthetic Surgery **S**  
Mendelson

### ▼ COSMETIC MEDICINE

**416** The Injector's Toolbox: Staying Safe, Accurate and Reproducible  
**S G N**  
Lamb/Surek

**417** Hot Devices in 2017  
**S G A N O E**  
DiBernardo/Bass/Oseas

### ▼ PRACTICE MANAGEMENT

**NEW 418** Developing Systems in Aesthetic Practice to be Successful in the 21st Century  
**S G A N O**  
Rios/Steinbrech

**419** Managing and Developing Your Most Valuable Practice Asset—Your Employees: A Problem Based Approach to Identify Best Practices  
**S G A N O**  
Avila/Basu/Jeffers/Lewis/Zupko

**NEW 420** How to Plan and Execute Your Transition from a Career in Plastic Surgery  
**S G A N O E**  
Fernandez

4:30pm–6:30pm

2-Hour Courses

### ▼ FACE

**NEW 506** Neck Lift: Planning and Technique **S**  
Marten

**507** Optimizing the Neck Lift: Platysmaplasty, Bands and Submandibular Gland without Submental Incision  
**S A N**  
Gonzalez

### ▼ BREAST

**AOC-PS™**

**508** Optimizing Outcomes in Breast Augmentation and Augmentation-Mastopexy  
**S G A N O E**  
Adams

## ▼ BODY

### MOCCAS™

**509** Abdominoplasty: Current Concepts and Techniques to Improve Outcomes **S**  
Rios/Aly/Pollock

**NEW 510** Beyond Abdominoplasty—Circumferential SAFELipo, Full Abdominoplasty, and Targeted Fat Grafting of the Buttocks

### SGANOE

Clairborne/Wall

## ▼ RHINOPLASTY

**511** Key Concepts in Open Rhinoplasty: Getting It Right the First Time **S**  
Ahmad/Rohrich

**BR-512** Principles of Structural Rhinoplasty **S**  
Cerkes

## ▼ EYES

**513** Aesthetic Eyelid and Forehead Surgery that Focuses on a Natural Result for the Patient  
**SGANOE**  
Sullivan/Jelks

## ▼ COSMETIC MEDICINE

**514** Micro-Needling: Induced Collagen Formation and Delivery System for Skin and Hair Enhancement **SGANOE**  
Sasaki

## ▼ MARKETING

**515** Content Dynasty: A Step by Step Guide to Building Your Online Empire **SGANOE**  
Peek

**516** Taking Control of Your Online Reputation  
**SGANO**  
Humes

## ▼ OTHER

**517** New Advances in Hair Restoration **SGANO**  
Barrera/Fisher/Uebel/Vogel

## MONDAY, MAY 1, 2017

**6:30am–5:00pm** Registration Open

**9:00am–5:00pm** The Aesthetic Marketplace Open

**12:30pm–2:00pm** Lunch in The Aesthetic Marketplace

## SCIENTIFIC SESSION BLUE

**7:30am–8:00am** Papers (see pg 37)

**8:00am–9:15am**

**Panel:** Male Body Contouring: Men Are From Venus; Women Are From Mars

**Moderator:** Mary Gingrass, MD

**Panelists:** Mordcai Blau, MD; Douglas Steinbrech, MD; W. Grant Stevens, MD; Simeon Wall, Jr., MD

**Audience Moderators:**

Julio Garcia, MD; Mageret Skiles, MD

**Discussants:** Joseph Hunstad, MD; Mark Jewell, MD

**9:15am–9:45am** Coffee Break in The Aesthetic Marketplace

**9:45am–11:15am**

**Panel:** Video Variations in Abdominoplasty

**Moderator:** Robert Singer, MD

**Panelists:** Jeffrey Kenkel, MD; Fabio Nahas, MD; Todd Pollock, MD; Dirk Richter, MD; Simeon Wall, Jr., MD

**Audience Moderators:**

Elizabeth Lee, MD; Chad Tattini, MD

**Discussants:** Felmont Eaves, III, MD; Renato Saltz, MD

**11:15am–12:30pm**

**Panel:** 50 Years of Rhinoplasty: Evolution of My Technique Through a Better Understanding of Aesthetic Goals

**Moderator:** Jamil Ahmad, MD

**Panelists:** Nazim Cerkes, MD; Mark Constantian, MD; Bahman Guyuron, MD; Rod Rohrich, MD

**Discussant:** Ali Sajjadian, MD

## SCIENTIFIC SESSION ORANGE

**7:30am–8:45am**

**Panel:** Controversies in Fat Grafting to the Face

**Moderator:** Steven Teitelbaum, MD

**Panelists:** Steven Cohen, MD; Sydney Coleman, MD; Val Lambros, MD; Rod Rohrich, MD

**Audience Moderators:**

Jon Kurkjian, MD; Jake Unger, MD

**Discussants:** J. William Little, MD; Steven Wallach, MD

**8:45am–9:15am**

**Panel:** 50 Years of Aesthetics - The Chronicles of Change

**Presenter:** Foad Nahai, MD

**9:15am–9:45am** Coffee Break in The Aesthetic Marketplace

**9:45am–10:30am**

**Video Presentation:** Surgical and Non-Surgical Female Genital Rejuvenation

**Presenter:** Christine Hamori, MD

**Discussants:** Heather Furnas, MD; John Hunter, MD

**10:30am–12:00pm**

**Panel:** Proactively Managing Complications Before They Manage You

**Moderator:** Nolan Karp, MD

**Panelists:** Jamil Ahmad, MD; Geoffrey Keyes, MD; Frank Lista, MD; Peter Rubin, MD

**Audience Moderators:**

Geo Tabbal, MD; Jennifer Walden, MD

**Discussants:** Camille Cash, MD; James Namnoum, MD

**12:00pm–12:30pm**

**Special Presentation:** Transgender Facial Surgery

**Presenter:** Loren Schechter, MD

**Discussant:** Jordan Deschamps-Braly, MD

MONDAY, MAY 1, 2017, cont'd

## THE BUSINESS SIDE

### Physician Wellness / Personnel Management

**8:00am–8:05am**

Moderator Introduction  
Herluf Lund, MD and  
Kiya Movassaghi, MD

**8:05am–8:35am**

Physician Wellness  
Kiya Movassaghi, MD

**8:35am–9:05am**

Staying Connected  
Herluf Lund, MD

**9:05am–9:15am**

Discussion

**9:15am–9:45am**

Coffee Break in  
The Aesthetic  
Marketplace

**9:45am–10:15am**

Many Misdemeanors of Hiring  
and Firing  
Jon Hoffenberg

**10:15am–10:45am**

Hot Legal Trends in the Business  
of Aesthetics  
Brad Adatto; Michael Byrd;  
Alex Thiersch

**10:45am–11:15am**

Lead Management and Patient  
Acquisition Best Practices within  
the Aesthetic Office—From Lead  
through Surgery  
Jason Tuschman

**11:15am–12:00pm**

Consult Closure  
Nina Mendieta

**12:00pm–12:30pm**

Interactive Session: What Would  
You Do?  
Herluf Lund, MD and Kiya  
Movassaghi, MD

## EDUCATIONAL COURSES\*

### ▶ COSMETIC MEDICINE

**2:00pm–4:00pm**

**S19B** Laser Safety Officer Training  
**S A N O**  
Hoopman

**2:00pm–6:30pm**

4-Hour Courses

### ▶ FACE

**601/701** Sculptural Rejuvenation  
of the Face, Eyes, and Mouth  
**S G A N E**  
Little

**602/702** The Safety and Efficacy of  
Adipose-Derived Stromal Vascular  
Fraction Cells and Platelet-Rich  
Plasma in Fat Grafting: Clinical  
Implications for Aesthetic Facial  
Volume / Skin Rejuvenation and  
Hair Stimulation Surgery

**S G A N O E**  
Sasaki

### ▶ BODY

**603/703** Three-Dimensional Body  
Contouring: The Next Generation  
of Liposuction, Abdominoplasty,  
and Muscle Augmentation with Fat  
Grafting **S G A N O E**  
Hoyos/Mentz/DiBernardo/Theodorou

**2:00pm–4:00pm**

2-Hour Courses

### ▶ FACE

**604** Simultaneous Facelift and Fat  
Injections **S**  
Marten

**605** How to Integrate Fat Grafting  
into Aesthetic Facial and Breast  
Surgery **S A N E**  
Cohen

### ▶ BREAST

**MOCPS™**

**606** Interactive Problem Based  
Learning for Difficulties in Primary  
and Revisionary Aesthetic Breast  
Surgery **S**  
Wall/Calobrace

**BR-607** Vertical Scar Breast  
Reduction and Mastopexy—State  
of the Art **S G A N O E**  
Lista

### ▶ BODY

**608** Bodylifting, Mastopexy, and  
Brachioplasty in the Massive  
Weight Loss Patient: Technical  
Refinements to Optimize Results  
**S A**  
Rubin/Centeno

**MOCPS™**

**BR-609** Scarpa Sparing  
Abdominoplasty with Concomitant  
Liposuction; No Drains Needed

**S A N O**  
Claytor/Costa-Ferreira

### ▶ COSMETIC MEDICINE

**611** Intelligent Choices in  
Injectables: Complications,  
Strategies and Combination  
Therapy **S A N**  
Kinney/Lorenc

### ▶ PRACTICE MANAGEMENT

**612** Maximizing Time and Financial  
Efficiency by Utilizing Technology  
and Patient Consultants  
**S G A N O**  
Rios

**613** Reading Prospective  
Patients More Effectively and  
Improving Scheduling Results  
**S G A N O**  
Zupko

### ▶ MARKETING

**NEW** **614** How to Navigate the  
Murky Waters of the “New” Media  
**S G A N O E**  
Mendieta/Youn/Fountain/Lewis/  
Mann

### ▶ PATIENT SAFETY

**NEW** **615** Managing and  
Mitigating Aesthetic Risks **S**  
Moon/Boyd/Martin

**4:30pm–6:30pm**

2-Hour Courses

### ▶ FACE

**MOCPS™**

**704** Safety in Facelifting: How to  
Avoid Complications and How to  
Treat Them **S A N O E**  
Zins/Moon

### ▶ BREAST

**BR-705** Decision Making in  
Primary Breast Augmentation  
**S A**  
Strock

**BR-706** Challenging Cases in  
Revision Breast Implant Surgery  
**S A**  
Brown

**NEW** **707** All Seasons Vertical  
Augmentation/Mastopexy  
**S G A N O E**  
Swanson

**708** A Comprehensive Approach  
to the Difficult Primary Breast  
Patient **S**  
Lista/Ahmad



## ▼ BODY

**709** Maximizing Aesthetics in Abdominoplasty **S**  
Pollock

**NEW** **710** Expansion Vibration Lipofilling (EVL) – Concepts and Applications of a New Paradigm in Large Volume Fat Transplantation **S G A N O E**

Wall/Del Vecchio

## ▼ RHINOPLASTY

**711** Basic Anatomy, Analysis and Techniques in Basic Open and Closed Rhinoplasty **S**  
Ghavami/Gryskiewicz

**712** Mastery of Multiple Advanced Techniques and Nasal Profiles in Septorhinoplasty Including the Difficult Rhinoplasty **S**  
Sajjadian

## ▼ COSMETIC MEDICINE

**713** Combining Fillers and Neurotoxins for Pan-Facial Rejuvenation **S G A N O E**  
Kane

**714** Advances in Skin Resurfacing **S G A N O E**  
Obagi

## ▼ PATIENT SAFETY

**NEW** **715** Cutting Edge Topics in Patient Safety with the Masters **S**  
Adams/Davison/DeLorenzi/Reisman/Rios/Young

## ▼ PRACTICE MANAGEMENT

**716** Balancing for Success: Staffing and Practice Processes **S G A N O**  
Ntoh

## ▼ MARKETING

**717** Cultivating Authority Online: Where Reputation and Rankings Intersect **S G O**  
Miller

## TUESDAY, MAY 2, 2017

**6:30am–12:00pm** Registration Open

**7:30am–8:00pm** **Breakfast** with Tabletop Exhibits

**7:30am–12:30pm** Tabletop Exhibits Open

**12:30pm–2:30pm** ASAPS New Board Meeting

## THE BEST OF ASAPS SYMPOSIA

### 8:00am–9:15am

The Best of Experienced Insights—Breast and Body Contouring

**Chair:** William Adams, Jr., MD

### 9:15am–10:15am

Best of Hot Topics—10 Years in the Making

**Chair:** Joe Gryskiewicz, MD

**10:15am–10:45am** Coffee Break in the Table Top Exhibits

### 10:45am–11:45am

The Best of Las Vegas 2017 Facial & Rhinoplasty Symposium

**Chair:** Charles Thorne, MD

### 11:45am–12:30pm

Best of Hot Topics 2017

**Chairs:** Jamil Ahmad, MD and Simeon Wall, Jr., MD

## THE BUSINESS SIDE

### The Power of Social Media

#### 8:00am–8:05am

Moderator Introduction  
Heather Furnas, MD and Jennifer Walden, MD

#### 8:05am–8:35am

Keeping Track of Your Website with Data from Google  
Arsen Rabinovich

#### 8:35am–9:05am

Google is a Librarian—Understanding How Google Rankings Work  
Ed Syring

### 9:05am–9:20am

The Art of the Press Release  
Leigh Hope Fountain

**9:20am–9:30am** Discussion

**9:30am–10:00am** Coffee Break in the Tabletop Exhibits

### 10:00am–10:30am

Top 10 Social Media Tips for 2017  
Lisa Marie Wark, MBA

### 10:30am–11:00am

Social Media—Is It Worth the Time for A Practice?

**Moderators:** Heather Furnas, MD and Jennifer Walden, MD

- How should a plastic surgeon measure Return on Investment?
- How should one choose which app(s) to use?
- How much time is acceptable for the doctor?
- Should you delegate?
- How do you hire/train those who delegate?
- Do you recommend the surgeon and/or the staff write a blog? If so, how long should it be and how often should one post? How do you follow ROI for the blog?
- What apps are most important and useful for the plastic surgeon?
- Why might one plastic surgeon have success with social media, while another flops?

### 11:00am–11:30am

The Legal Risks Surrounding Social Media Marketing  
Brad Adatto; Michael Byrd; Alex Thiersch

### 11:30am–12:30pm

Interactive Session—What Would You Do?

Heather Furnas, MD and Jennifer Walden, MD

*Join Drs. Furnas and Walden for an opportunity to challenge your reaction and decision process in dealing with social media.*

## General Information

### Badges

You may retrieve your tote bag and badge holder at the registration area located in Hall H Foyer, while supplies last.

### Children

Due to safety concerns and other issues, please note that children under 18 are not allowed in The Aesthetic Marketplace (Exhibits) at any time. Additionally, no one under 18 is allowed at the Presidential Welcome Celebration. We thank you for your cooperation.

### Claim Your CME Credits

Attendees are required to log into [www.surgery.org/eval](http://www.surgery.org/eval) and complete an electronic or online form[s] to claim credits for each educational activity. Your credits are unclaimed unless you complete this process.

The AMA requires that you certify the number of CME credits commensurate with your participation. After the meeting concludes, you will receive email reminders to navigate to [www.surgery.org/eval](http://www.surgery.org/eval) to claim your CME. If you have any questions, please contact [Darlene@surgery.org](mailto:Darlene@surgery.org) or call the Central Office at 562-799-2356.

**For ASAPS Members: CME credits will be uploaded to the "My CME Record"** on the ASAPS Members Only Portal, [www.asaps.org](http://www.asaps.org). After the meeting, if you complete your evaluation form[s] and claim your credits, you will be notified in an email when your credits are uploaded to your individual online CME Record. You may use [www.asaps.org](http://www.asaps.org) to create specific cycles for your credentialing and licensure CME requirements.

Also for ASAPS members, your claimed CME credits will be submitted to the combined plastic surgery database maintained by ASPS by July 2017. We rely on ASPS to upload the credits to your individual record.

### CME Credit Designation Statement

The Scientific Sessions are designated for 20.75 credits. An additional 28 credits are designated for special seminars and optional courses. Earn up to 48.75 CME credits by attending a course in every time frame offered and the entire Scientific Sessions.

The American Society for Aesthetic Plastic Surgery designates this live activity for a maximum of 48.75 AMA PRA Category 1

**Credits:** Physicians should claim only credit commensurate with the extent of their participation in the activity.

### Corporate Satellite Symposia

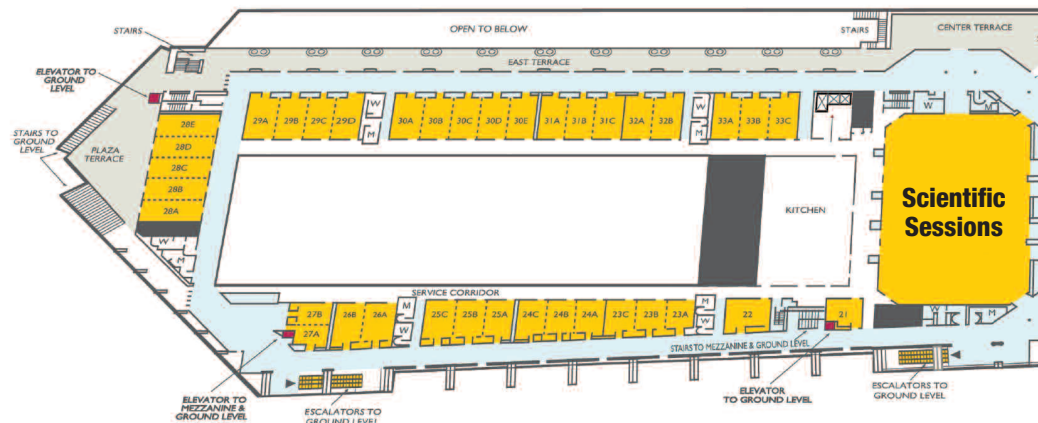
Several exhibiting companies will be sponsoring educational programs or promotional events in the evenings, so as not to conflict with The Aesthetic Society's educational programming. Symposia details including date, time and location are provided

in the Aesthetic Meeting App and on [www.surgery.org/meeting2017](http://www.surgery.org/meeting2017) under program. These events are not sponsored or endorsed by ASAPS/ASERF.

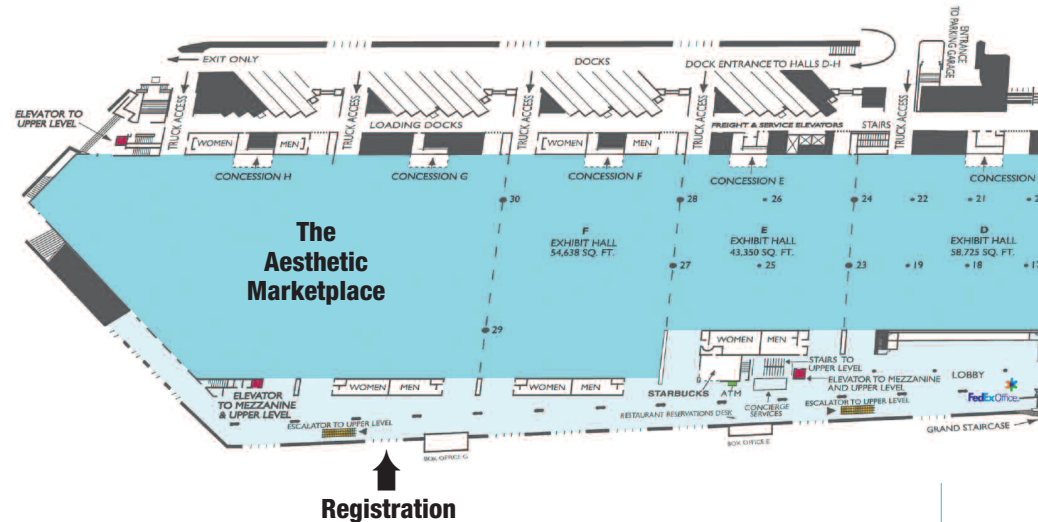
### Disclaimer

The content of this program is presented solely for educational purposes and is intended for use by medical practitioners in the plastic surgery specialty. This material is intended to express the opinions, techniques

## UPPER LEVEL



## LOWER LEVEL



↑  
**Registration**

or approaches of the authors and presenters which may be beneficial and/or of interest to other practitioners. ASAPs sponsorship of this program and/or advertising are not to be construed, in any fashion, as an endorsement of the materials or products presented.

## Disclosures

Relationships with commercial entities, as defined by ACCME (a commercial interest is any entity producing, marketing, re-selling, or

distributing health care goods or services consumed by, or used on, patients) will be disclosed online and listed on the App. This regulation includes spousal relationships, yet is narrow in scope. For example, a trademarked procedure is not a commercial interest as defined by ACCME. Hospitals and surgery centers that offer these procedures are not commercial interests. An individual who does a procedure is a provider of clinical services to patients, not an ACCME-defined

commercial interest. Consulting or ownership relationships in practice management/marketing, and social media/Internet are examples of non-commercial relationships and are not printed in the disclosure list. Additionally, the Society's disclosure list does not include any CV items such as volunteer positions, relationships with publishers or titles of textbooks. However, the faculty oftentimes discloses these relationships to the Society and they may include these items on their first slide. If you have questions, please contact the Aesthetic Society's CME and Grants Compliance Senior Manager, Darlene K. Oliver at [darlene@surgery.org](mailto:darlene@surgery.org).

## Emergency Medical Care and First Aid

For a medical emergency you may dial Convention Center Security from your cell phone at 619-525-5911 or from any in-house phone by dialing 5911.

Alternatively, please feel free to visit the First Aid/Medical Station located on Level One across from Hall G. The station will be manned during meeting hours.

## MOC-PS™

### Maintenance of Certification

If you are a Board-Certified Plastic Surgeon Licensed after 1995, this applies to you. The American Board of Plastic Surgery requires you to participate in its structured life-long learning and self-assessment program, Maintenance of Certification, MOC. Every three years, MOC requires you to:

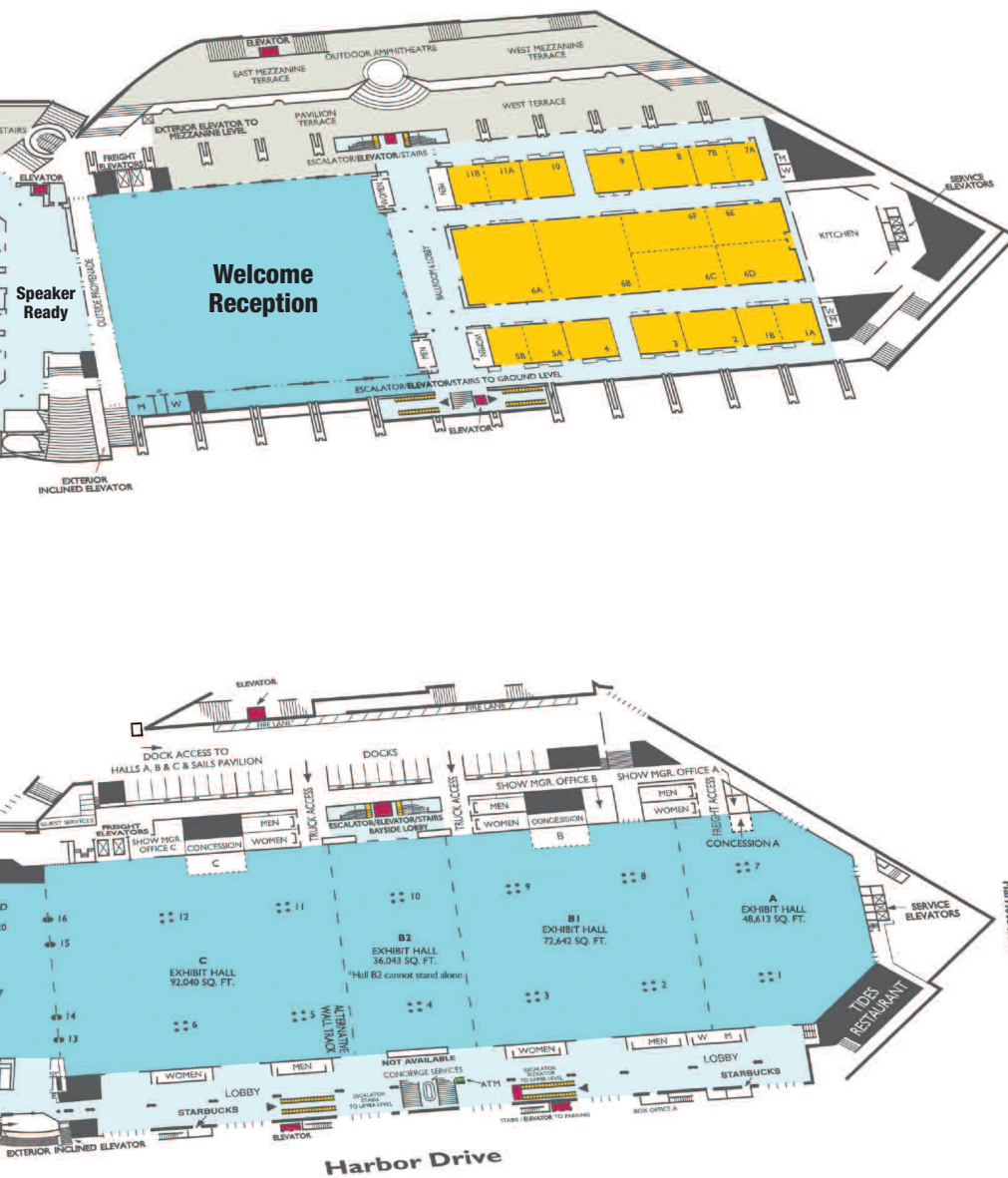
- select a "tracer" procedure
- submit 10 consecutive cases of that tracer procedure
- review a benchmarking report
- complete an MOC-approved course approved for that tracer

If you are working through your MOC and need an approved course in one of these tracers:

- Facelifting
- Augmentation mammoplasty
- Reduction mammoplasty
- Liposuction
- Abdominoplasty
- Patient Safety [for those physicians not in clinical practice]

Look for the MOC-PS™ logo adjacent to the course title. Seven courses have been

Continued on Page 23

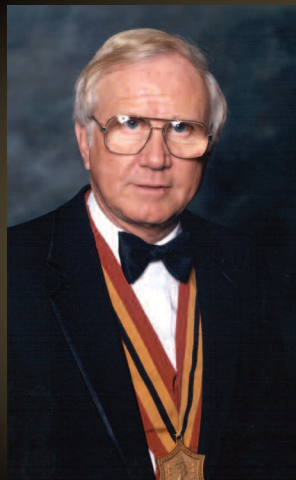






# A Lifetime of Achievements. A Legacy to Last Generations.

Join ASERF as We Honor ASAPS Founding Members  
**Drs. Thomas Baker and Simon Fredricks**  
for Their Many Achievements



## ASERF Career Achievement Award

**Sunday, April 30, 2017**

12:00 pm to 1:30 pm

Ballroom 28 • San Diego Convention Center

## ASAPS/ASERF Member Business Meeting

The ASERF Career Achievement Award is presented to individuals who have made a significant impact on the field of aesthetic plastic surgery—having spent their entire career promoting and improving the specialty through education, communications, administration and research, while having held leadership roles with ASERF and/or The Aesthetic Society.

Pay Tribute to Our Honorees by Supporting ASERF

To make a donation in honor of the distinguished careers of Drs. Baker and Fredricks, please visit  
The Aesthetic Meeting's registration area or go to [aserf.org](http://aserf.org) to make your gift online.

## General Information

Continued from Page 21

approved by The American Board of Plastic Surgery and qualify for one of the above tracer procedures within the Cosmetic and/or Comprehensive Modules for **ABCPs™**

### Meeting Attendance

The American Society for Aesthetic Plastic Surgery, Inc. and the Aesthetic Surgery Education & Research Foundation reserve the right to restrict admission to their meetings to ensure the most favorable educational environment for the attendees.

### Patient Safety CME

The Aesthetic Society requires that all Active Members earn a minimum of 20 CME credits in patient safety related topics every three years. Attend the entire 2017 Scientific Session and you can claim 8 patient safety credits. Additional credits can be earned by attending selected optional courses where the ▲ symbol appears, up to a maximum of 13.75 credits. The number inside the symbol indicates the number of credits within the presentation that are applicable toward patient safety CME. See "Claim Your CME Credits" in the General Information Section on the App for how your credits will be reported.



**RADAR Resource**

Be sure to bring your tablet, laptop or smartphone to the meeting and explore the latest abilities that RADAR Resource delivers! Offering fresh content, new discussion capabilities, detailed interactive cases, and much more—this is the ultimate tool for ASAPS Members, Candidates for Membership, Residents, and ASJ subscribers. Learn how this Aesthetic Society benefit can work for you by having a personal demonstration with our RADAR guru's! Feel free to stop by one of the many opportunities to experience the power of RADAR while attending the meeting.

### RADAR Demonstrations in The Aesthetic Marketplace, ASAPS Booth #620:

Saturday, April 29, 2017 9:00am – 5:00pm  
 Sunday, April 30, 2017 9:00am – 5:00pm  
 Monday, May 1, 2017 9:00am – 5:00pm

### RADAR Practice Changers Presentations:

Saturday, April 29, 2017  
 STATION TWO  
 3:20pm – 3:30pm  
*Learn to Save Time and Find the Answers You Need with The RADAR Search Tool*  
 Tracy Pfeifer, MD

Sunday, April 30, 2017  
 STATION TWO  
 9:35am – 9:45am  
*Dive into the Digital Age with RADAR Resource*  
 Tracy Pfeifer, MD

9:45am – 9:55am  
*Learn How RADAR Can Enhance Your Residency*  
 Sammy Sinno, MD

12:45pm – 12:55pm  
*Experience the Aesthetic Surgery Journal with RADAR Resource*  
 Chris Surek, DO

Monday, May 1, 2017  
 STATION TWO  
 9:30am – 9:40am  
*RADAR Tips Tools and Tricks: Everything You Need to Know*

### RADAR in The Tabletop Exhibits:

Tuesday, May 2, 2017 7:30am – 12:30pm

### Registration Hours

Thursday, April 27, 2017 6:30am – 6:00pm  
 Friday, April 28, 2017 6:30am – 6:30pm  
 Saturday, April 29, 2017 6:30am – 5:30pm  
 Sunday, April 30, 2017 6:30am – 5:00pm  
 Monday, May 1, 2017 6:30am – 5:00pm  
 Tuesday, May 2, 2017 6:30am – 12:00pm

### Speaker Ready Hours

Thursday, April 27, 2017 7:00am – 6:00pm  
 Friday, April 28, 2017 6:30am – 7:00pm  
 Saturday, April 29, 2017 6:00am – 6:00pm  
 Sunday, April 30, 2017 6:45am – 6:00pm  
 Monday, May 1, 2017 6:30am – 6:00pm  
 Tuesday, May 2, 2017 7:00am – 12:30pm



### Women Aesthetic Surgeons' Lounge

Visit the W.A.S. Lounge located outside The Aesthetic Marketplace near the entrance to Hall H. Take advantage of this opportunity to engage with colleagues in an informal environment created to facilitate collaboration, education and camaraderie among women plastic surgeons. Network with your peers while enjoying a beverage and a snack. The lounge will be open Saturday, Sunday and Monday from 9am–5pm, with scheduled topics for group discussions during all breaks and lunches. A complete schedule of topics will be posted outside the lounge and on the App.

*Supported by Allergan.*



## DOWNLOAD THE MEETING APP!

### iPhone Users:

Go to the Apple APP Store and search, "The Aesthetic Meeting 2017" and tap the download icon.

### Android Users:

Go to the Google Play Store, search, "The Aesthetic Meeting 2017" and tap the download icon.

Look for The Aesthetic Meeting 2017 soon in the App stores!

### Have Questions?

Stop by the information booth at The Aesthetic Meeting!



Thank you to the following companies for their generous donations!

**Alastin Skincare, Booth: 131**

Alastin Skincare basket  
Starting Bid: \$430

**Allergan, Booth: 804**

Twenty-Seven Breast Implants  
Starting Bid: \$9,450

**Allergan/SkinMedica, Booth: 804**

Total Defense + Repair Broad  
Spectrum Sunscreen SPF 34  
Starting Bid: \$24

**Allergan/SkinMedica, Booth: 804**

SkinMedica's Retinol Complex 0.5  
Starting Bid: \$27

**Allergan/SkinMedica, Booth: 804**

SkinMedica's Lytera 2.0  
Starting Bid: \$54

**Allergan/SkinMedica, Booth: 804**

SkinMedica's TNS Essential Serum  
Starting Bid: \$98

**Allergan/SkinMedica, Booth: 804**

HA5 Rejuvenating Hydrator  
Starting Bid: \$62  
Value: \$178

**ASSI—Accurate Surgical, Booth: 837**

Waterford Crystal "Irish Treasures  
10.5" Diamond Cut Footed Bowl  
Starting Bid: \$49

**Black & Black Surgical, Booth: 1137**

The LumiView™ Retractor  
Starting Bid: \$480

**Coravin**

Coravin Model 2 Elite Wine System,  
Red  
Starting Bid: \$123

**Coravin**

Coravin Model 2 Elite Wine System,  
Gold  
Starting Bid: \$123

**Cynosure, Booth: 437**

Pellevé® S5 RF Wrinkle Reduction  
System  
Starting Bid: \$21,000

**DefenAge Skincare, Booth: 1350**

Skincare gift basket  
Starting Bid: \$497

**DermaConcepts/Environ, Booth: 946**

Skincare gift basket  
Starting Bid: \$86

**Fuji Cyber-Relax, Booth: 649**

FJ-074 Tapping Massager—  
Professional tapping system for  
multiple purposes  
Starting Bid: \$67

**Heather Furnas, MD**

Signed Copy of "The Business of Plastic  
Surgery Navigating a Successful Career"  
Starting Bid: \$40

**The HydraFacial® Company,  
Booth: 1043**

The HydraFacial MD® Elite™  
Starting Bid: \$10,730

**Ideal Implant, Booth: 1147**

Two Auctions Available  
The IDEAL IMPLANT® Structured  
Breast Implant  
Starting Bid: \$525

**Implantech, Booth: 501**

Three (3) Silicone Facial Implants  
Starting Bid: \$420

**Keller Medical, Booth: 1143**

Three Auctions Available  
1 box of 5 Keller Funnel 2!  
Starting Bid: \$240

**Merz, Booth: 917**

Ultherapy®  
Starting Bid: \$49,000

**Merz, Booth: 917**

Cellfina®  
Starting Bid: \$45,000

**Miramar Labs, Booth: 1121**

The miraDry System  
Starting Bid: \$49,900

**Neograft, Booth: 1026**

NeoGraft  
Starting Bid: \$7,000

**NKP Medical Marketing, Inc.,  
Booth: 427**

Ipad Pro 9.7 Inch Display  
Starting Bid: \$210

**NKP Medical Marketing, Inc.,  
Booth: 427**

Custom website design  
Starting Bid: \$6,300

**Obalon Therapeutics, Booth: 1037**

The Obalon Balloon System  
Starting Bid: \$25,000

**RealSelf, Booth: 147**

DR. SPOTLIGHT  
Starting Bid: \$735

**Sientra, Booth: 405**

Four Auctions Available  
Sientra HSC+ Oval Base Shaped  
Breast Implants  
Starting Bid: \$780

**Sientra, Booth: 405**

Four Auctions Available  
Sientra HSC Smooth Round Breast  
Implants, Moderate Projection,  
Style 10512  
Starting Bid: \$700

**Sientra, Booth: 405**

Four Auctions Available  
bioCorneum  
Starting Bid: \$88

**Skinbetter Science, Booth: 343**

Alastin Skincare Basket  
Starting Bid: \$191

**Stitch Lab**

Two sets of scrubs  
Starting Bid: \$140

**THERMI, Booth: 515**

Opus One Bottle of Wine  
Starting Bid: \$700

**Thieme Medical Publishers,  
Booth: 200**

Dr. Pu, et al, *Aesthetic Plastic Surgery in  
Asians: Principles and Techniques*  
(June 2015).  
Starting Bid: \$163

**Thieme Medical Publishers,  
Booth: 200**

Dr. Truswell, Lasers and Lights, Peels  
and Abrasions: Applications and  
Treatments (Nov 2015).  
Starting Bid: \$163

**TouchMD, Booth: 415**

Microsoft Surface 3 Tablet (10.8-Inch,  
64 GB, Intel Atom, Windows 10)  
Starting Bid: \$105

**Train with Experts: Drs. Jamil**

**Ahmad, MD and Frank Lista, MD  
at The Plastic Surgery Clinic**  
Starting Bid: \$1,000

**Train with an Expert:**

**Mark Constantian, MD, FACS**  
Starting Bid: \$1,000

**Train with an Expert:**

**Barry DiBernardo, MD**  
Starting Bid: \$1,000

**Train with an Expert:**

**Dennis Hammond, MD**  
Starting Bid: \$1,000

**Train with an Expert:**

**Foad Nahai, MD**  
Starting Bid: \$1,000

**Train with an Expert:**

**Jason Pozner, MD**  
Starting Bid: \$1,000

**Train with an Expert:**

**Lorne Rosenfield, MD**  
Starting Bid: \$1,000

**Train with an Expert:**

**Renato Saltz, MD**  
Starting Bid: \$1,000

**Train with an Expert:**

**W. Grant Stevens, MD**  
Starting Bid: \$1,000

**Trip to: Cabo San Lucas**

Starting Bid: \$7,425

**Trip to: St. Thomas**

Starting Bid: \$6,450

**Trip to: Tuscany**

Starting Bid: \$9,800

**VI Aesthetics**

Vi Peel 10  
Starting Bid: \$193

**Viveve, Inc., Booth: 226**

2 Cases of Viveve Treatment Tips, 2  
Boxes of Coupling Fluid, and 2  
Packages of Return Pads.  
Starting Bid: \$3,400

**Zeltiq, Booth: 305**

CoolSculpting Machine  
Starting Bid: \$53,000

**BID TO WIN! USING YOUR SMARTPHONE**

1. Download the free Handbid App from the Apple AppStore or Google Play Store (Android Market)
2. Tap Get Started & Create your Handbid Account
3. Select the ASERF Auction 2017 from the list and START BIDDING!

**BID TO WIN! USING THE WEBSITE**

1. Go to <https://hand.bid/aserf> and select the REGISTER button just under the banner image
3. Create Your Bidder Account by entering your user information and select Continue to login.
4. Select to BID in this auction and START BIDDING!

# THE AESTHETIC MEETING 2017



## TRIPS TO CABO SAN LUCAS • ST. THOMAS • TUSCANY



## TRAIN WITH AN EXPERT



Drs. Jamil Ahmad, MD and Frank Lista, MD



Mark Constantian, MD



Barry DiBernardo, MD



Dennis Hammond, MD



Foad Nahai, MD



Jason Pozner, MD



Lorne Rosenfield, MD



Renato Saltz, MD

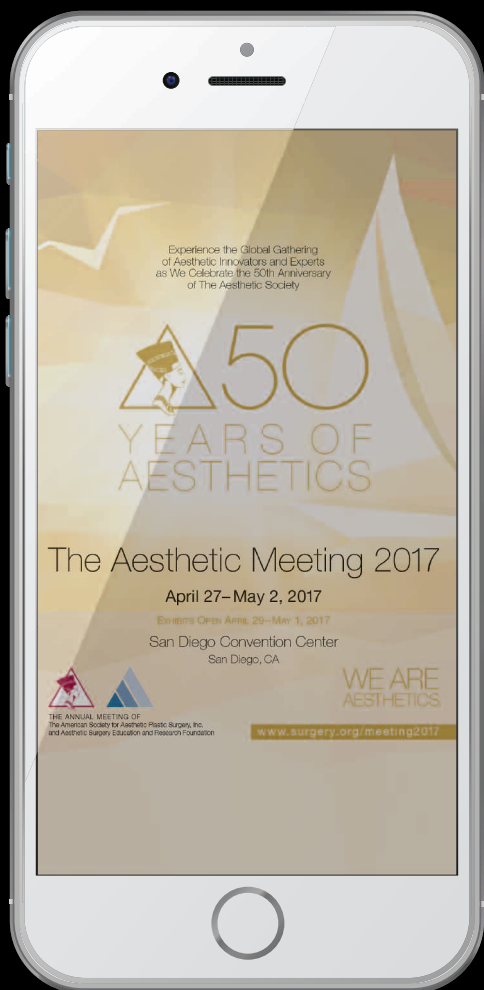


W. Grant Stevens, MD

Please note: Restrictions may apply on items available for bidding. Please see onsite auction brochure for details and restrictions.



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**Have Questions?**

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## Visit The Aesthetic Marketplace and Thank Our Longtime Vendors!

**W**ithout The Aesthetic Society's valued vendors, our Aesthetic Marketplace would be empty. Your many advances have helped the specialty grow, improved patient care, and helped our members better strengthen their practices. While all vendors are appreciated, we have several who have been with The Aesthetic Society for many years, and on

this special celebration of The Aesthetic Society's 50th Anniversary, we thank the following exhibitors for their continued support to The American Society for Aesthetic Plastic Surgery and to The Aesthetic Meeting. Please stop by these longtime vendors and let them know just how much their efforts mean to you and to The Society.

Company Name	Booth #	Years Exhibited	Company Name	Booth #	Years Exhibited
A to Z Surgical (Scissor Depot)	743	10 Years or More	Jan Marini Skin Research, Inc.	936	20 Years or More
Allergan	951, 804	10 Years or More	Lumenis	105	20 Years or More
Alpine Pharmaceuticals	932	20 Years or More	Marina Medical Instruments	336	10 Years or More
American Society of Plastic Surgeons	542	10 Years or More	MD Resource	533	10 Years or More
American Society of Plastic Surgery Professionals—ASPSP	343	20 Years or More	Medesthetics & Surgical Aesthetics Magazine	1341	10 Years or More
Anthony Products/Gio Pelle	909	20 Years or More	Medical Technology Industries, Inc. (MTI)	1131	10 Years or More
ASSI—Accurate Surgical	837	10 Years or More	Medical Z	847	10 Years or More
Biodermis	938	10 Years or More	Mentor Worldwide	205	25 Years or More
Black & Black Surgical	1137	10 Years or More	Micrins	800	20 Years or More
Canadian Society for Aesthetic Plastic Surgery	1330	10 Years or More	MicroAire Surgical Instruments	337	10 Years or More
Candace Crowe Design	433	10 Years or More	Microsurgery Instruments, Inc.	425	10 Years or More
Canfield Scientific, Inc.	930	10 Years or More	Nadia International, Inc.	843	20 Years or More
CareCredit	119	10 Years or More	Neostrata Company, Inc.	1233	10 Years or More
Ceatus Media Group	833	10 Years or More	NewBeauty Magazine	715	10 Years or More
ClearPoint Medical Inc.	732	10 Years or More	Nextech	737	20 Years or More
Contemporary Design Inc.	943	10 Years or More	NKP Medical Marketing, Inc.	427	10 Years or More
CosmetAssure	607	10 Years or More	Page 1 Solutions	402	10 Years or More
Cutera	905	10 Years or More	PCA SKIN	816	20 Years or More
Cynosure	437	10 Years or More	Pierre Fabre Dermo—Cosmetique USA	224	10 Years or More
Design Veronique	227	25 Years or More	Plastic Surgery Studios	637	10 Years or More
Designs for Vision, Inc.	532	20 Years or More	Quality Medical Publishing, Inc.	605	25 Years or More
DRE Medical	1246	10 Years or More	QUILL™ /Surgical Specialties Corporation	911	10 Years or More
Einstein Medical	633	10 Years or More	Revision Skincare	121	10 Years or More
Ellis Instruments	537	20 Years or More	Sciton	225	10 Years or More
Elsevier Inc.	1340	20 Years or More	Shippert Medical Technologies, Inc.	443	10 Years or More
EltaMD Skincare	112	10 Years or More	Sientra, Inc.	405	10 Years or More
Environ Skin Care/Dermaconcepts	946	10 Years or More	SkinCeuticals	1250	20 Years or More
Fallene, Ltd.	1348	10 Years or More	Society of Plastic Surgical Skin Care Specialists	925	10 Years or More
Fuji Cyber-Relax	649	10 Years or More	Suneva Medical	641	10 Years or More
Grams Medical	928	20 Years or More	SurgiSil	500	10 Years or More
Hanson Medical	210	10 Years or More	Syneron Candela	1027	20 Years or More
HydraFacial MD—Edge Systems LLC	1043	10 Years or More	Theraderm Skin Health	632	20 Years or More
Ideal Implant Incorporated	1147	10 Years or More	Tulip Medical Products	937	25 Years or More
Implantech Associates, Inc.	501	10 Years or More	Valeant Pharmaceuticals	815	10 Years or More
Integra Life Sciences	651	20 Years or More	VitaMedica Corp.	898	10 Years or More
International Society of Aesthetic Plastic Surgery	1127	10 Years or More	Wells Johnson	541	10 Years or More
Invotec International, Inc.	942	10 Years or More	Wolters Kluwer Health	636	20 Years or More
Jac-Cell Medic	247	10 Years or More	Young Pharmaceuticals	1116	10 Years or More
			Zeltiq	305	10 Years or More

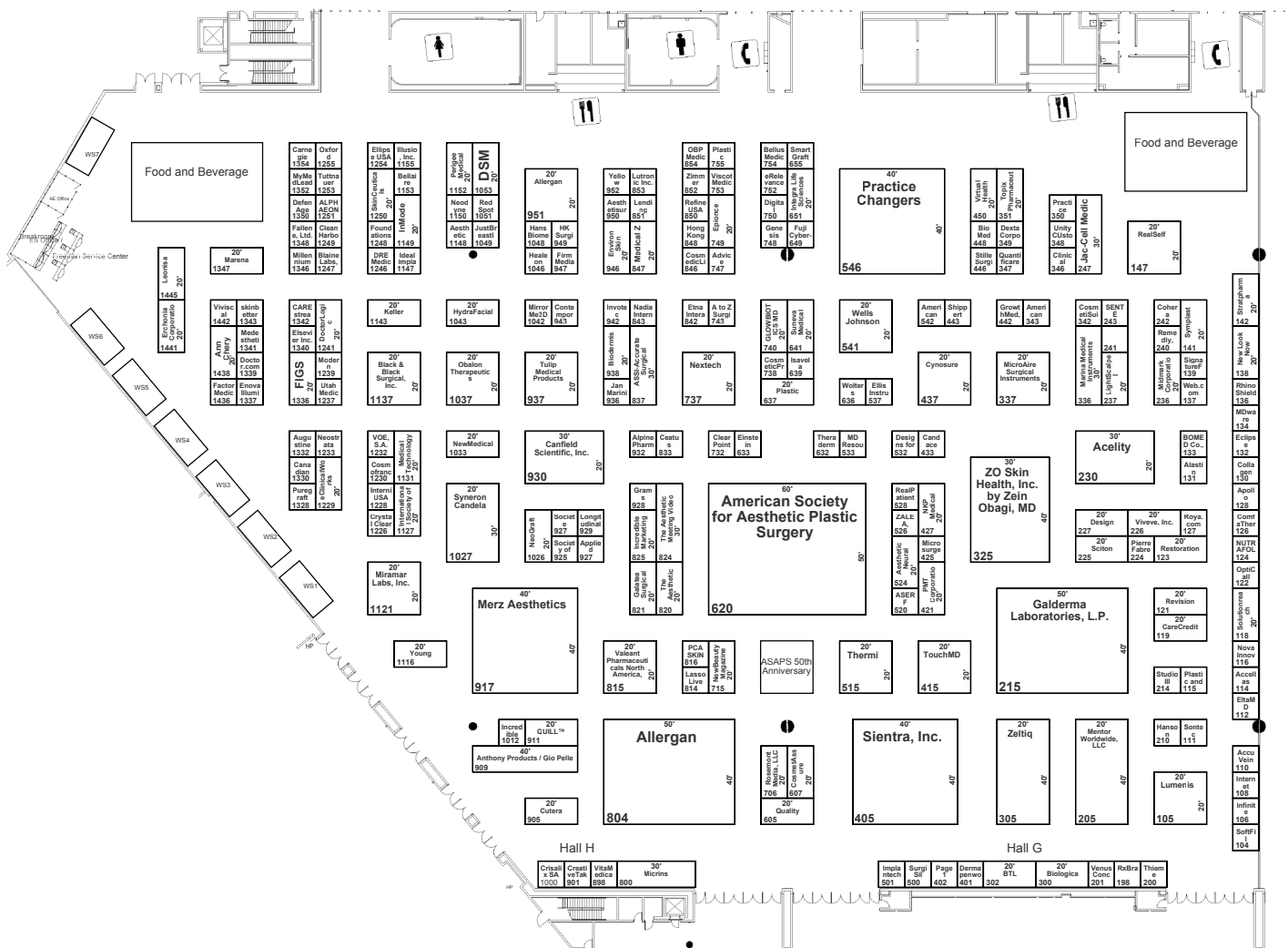
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## Dr. John Penn Donates Historic Tapestry to The Aesthetic Society

The Aesthetic Society appreciates the donation of a beloved tapestry, commissioned by John G. Penn, MD, and his late father, Jack Penn, MD, which is displayed in the organization's board room. As Dr. Penn notes in his letter donating the tapestry:

*From its inception, the American Society for Aesthetic Plastic Surgery has stood for excellence in education and the promotion of professionalism, dignity and compassion in the practice of plastic and aesthetic surgery. As a result, all of us who have been involved or served in the organization are extremely proud to have been associated with it.*

*It was founded by several prominent leaders of the plastic surgery profession at the time, and has continued to attract the cream of the profession. I have appreciated all I learned and have cherished the many friendships my wife and I have enjoyed with colleagues and their families through the years.*

*In the 1960s, a tapestry was commissioned by my late father, Jack Penn, and me, depicting the history and evolution of plastic surgery*

*through war and peace. It was displayed in the foyer of a pioneering surgical hospital in Africa, and now hangs in the board room of the Aesthetic Society's headquarters in Garden Grove, California. It has been there on loan for some years. In honor of the 50th Anniversary, I am delighted to now donate it as a gift to the*

*organization. I cannot think of a more appropriate home for it.*

The Aesthetic Society is deeply appreciative of Dr. Penn's heartfelt gesture, as well as his support and guidance through the years. (Tapestry depicted below.)

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Galderma: Consultant, Consulting Fee, Research Support, Cost Reimbursements

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Strathspey Crown: Investor  
MicroAire Surgical Instruments: Consultant, Royalties

Becon Medical: Owner, Royalties

Tulip Medical Products: Owner, Royalties

Cytrelis: Advisor, Board Member  
Domeboros LLC—Managing Partner  
BRAVA Assets: Owner

Surgistem Technologies—Med Device Co.: Advisor, Board Member, Founder

### Claudio L. DeLorenzi, MD

Allergan: Medical Affairs Director, Speaker, Under Contract, Honorarium, Cost Reimbursements

Merz: Medical Affairs Director, Speaker, Under Contract, Honorarium, Cost Reimbursements

Mentor Corporation: Speaker, Consultant, Under Contract, Consulting Fee, Honorarium, Cost Reimbursements

Kythera Biopharmaceuticals: Advisor, Under Contract, Honorarium, Cost Reimbursements

Suneva Medical: Advisor  
Valeant Pharmaceuticals: Advisor

### Anand Deva, MD

Johnson & Johnson: Advisor  
Allergan: Advisor

Motiva: Advisor

Sientra: Advisor

Aclity: Advisor

Continued on Page 35



## Faculty Disclosures

Continued from Page 34

### Barry E. DiBernardo, MD

EclipseMed: Researcher, Research Support  
 Cynosure: Consultant, Investigator, Researcher, Speaker, Under Contract, Honorarium, Research Support, Discounted Products/Devices  
 Merz: Researcher, Advisor, Speaker, Research Support  
 Solta Medical: Speaker, Discounted Products/Devices  
 Cutera: Investigator, Speaker, Cost Reimbursements, Discounted Products/Devices  
 NeoGraft: Speaker, Honorarium  
 Aura: Researcher  
 Zimmer: Consultant, Discounted Products/Devices  
 ZO: Advisor, Speaker  
 ThermiGen: Speaker, Research Support  
 Suneva Medical: Researcher, Research Support  
 Medicell: Researcher, Research Support, Stock or Options  
 Canfield Scientific: No Position  
 Almirall: No Position  
 Vision Medical: Consultant, Discounted Products/Devices  
 Elux Medical—Out of Business, no study: No Position

### Michael C. Edwards, MD

Allergan: Investigator  
 Sientra: Advisor  
 Mentor Corporation: Investigator  
 Sientra: Investigator  
 Strathspey Crown: Consultant, Shareholder  
 Mentor Corporation: Consultant  
 KCI: Investigator, Consultant  
 Mentor Corporation: Speaker, Consultant  
 Bella Contour: No Position

### Gregory R. D. Evans, MD

Bard-Davol Corp: Consultant

### Steven Fagien, MD

Allergan: Consultant, Advisor  
 Galderma: Consultant, Advisor  
 Revance Therapeutics: Consultant, Investigator, Consulting Fee  
 Alastin Skincare: Investigator, Consultant, Consulting Fee

### James Fernau, MD

Cynosure: Consultant  
 MTF: Consultant

### Julius W. Few, MD

Allergan: Researcher, Consultant, Under Contract, Honorarium  
 Galderma: Researcher, Consultant  
 Merz: Researcher, Consultant, Under Contract, Honorarium  
 Kythera Biopharmaceuticals: Consultant, Under Contract, Honorarium, Cost Reimbursements

Zeltiq Aesthetics: Researcher, Consultant  
 Neothetics: Consultant  
 Suneva Medical: Consultant  
 Venus Concept: Consultant, Researcher  
 Sinclair: Investigator, Consultant

### Thomas, Fiala, MD

Dominion Laser: Advisory Board

### Stephan Finical, MD

Exparell: Consultant, Consulting Fee  
 Allergan: Consultant, Speaker, Consulting Fee, Cost Reimbursements  
 Pacira: Shareholder  
 Revance Therapeutics: Shareholder  
 Geron: Shareholder  
 Portola Pharmaceuticals: Shareholder

### Jack Fisher, MD

NeoGraft: Consultant, Consulting Fee

### Allen Gabriel, MD

Allergan: Consultant, Speaker, Under Contract, Consulting Fee, Honorarium  
 LifeCell Corporation/KCI: Consultant, Speaker, Under Contract, Consulting Fee, Honorarium  
 Acellity: Consultant

### Julio Garcia, MD

Omni Bioceutical Innovations: Speaker, Honorarium, Cost Reimbursements

### Onelio Garcia, Jr., MD

Valeant Pharmaceuticals: Consultant, Speaker  
 MTF: Consultant, Under Contract, Consulting Fee, Honorarium, Research Support, Cost Reimbursements  
 Solta Medical: Consultant, Under Contract, Consulting Fee, Honorarium, Cost Reimbursements  
 Bard-Davol Corp: Consultant, Speaker, Under Contract, Honorarium, Research Support, Cost Reimbursements

### Olivier F. Gerbault, MD

Acteon—Satelec: Consultant

### Miles H. Graivier, MD

Merz: Consultant, Under Contract, Discounted Products/Devices  
 BTL Industries: Investigator, Discounted Products/Devices  
 Cynosure: Investigator, Research Support, Discounted Products/Devices  
 Ideal Implant: Investigator, Research Support

### Lawrence N. Gray, MD

Sientra: Investigator  
 Allergan: Investigator, Stock or Options  
 Strathspey Crown: Shareholder

Alphaeon: Investor, Stock or Options  
 Merck: Investor, Stock or Options  
 Pfizer: Investigator, Stock or Options

### Richard J. Greco, MD

Mentor Corporation: Consultant, Inventor, Under Contract, Salary, Honorarium, Royalties, Research Support, Stock or Options, Complimentary Registrations, Cost Reimbursements, Marketing Benefits, Discounted Products/Devices

Johnson & Johnson: Consultant, Under Contract, Salary, Cost Reimbursements

Radiant Life Magazine: Advisor, Marketing Benefits

Ceatus Media Group: Advisor  
 Allergan: Consultant, Under Contract

Touch MD: Consultant, Cost Reimbursements

Obagi Medical Products: Owner, Stock or Options

Acellity: Consultant  
 Strathspey Crown: Shareholder  
 GID: Shareholder

### Anthony C. Griffin, MD

Allergan: Consultant, Under Contract, Testify, Consulting Fee, Stipends, Honorarium

### James C. Grotting, MD

Keller Medical: Shareholder  
 Ideal Implant: Shareholder

### Joe Gryskiewicz, MD

Incisive Surgical: Investor, Stock or Options  
 LifeCell Corporation/KCI: Consultant, Consulting Fee  
 Alphaeon: Investigator, Stock or Options

### Karol A. Gutowski, MD

Suneva Medical: Committee Member, Honorarium  
 Surgical Specialty Products: Advisor  
 Canvas Marketing Group: Consultant  
 RTI: Advisor

### Bahman Guyuron, MD

Innovative Medical Equipment: CEO

### Richard Ha, MD

Becon Medical: Owner, Stock or Options

### Dennis C. Hammond, MD

MTF: Consultant, Under Contract, Honorarium, Cost Reimbursements  
 Surgical Specialty Products: Consultant, Under Contract, Honorarium, Cost Reimbursements  
 Specialty Surgical Products: Inventor, Under Contract, Royalties  
 Mentor Corporation: Consultant, Under Contract, Other Title/Positions, Testify, Honorarium, Cost Reimbursements  
 LifeCell Corporation/KCI: Consultant

### Robert A. Hardesty, MD

Syneron: Speaker, Honorarium

### Melinda J. Haws, MD

Sientra: Consultant, Under Contract, Consulting Fee, Discounted Products/Devices  
 Strathspey Crown: Investor, Under Contract  
 IHT: Investor

### David A. Hidalgo, MD

ASSI: Consultant

### John E. Hoopman, CMLSO

Palomar Medical Technologies: Consultant, Researcher, Other Title/Positions, Honorarium, Research Support, Cost Reimbursements

Sciton: Consultant, Researcher, Honorarium, Research Support, Cost Reimbursements

Syneron: Investigator, Research Support

### Alfredo E. Hoyos Ariza, MD

Marena Group: Inventor, Advisor, Royalties  
 Sound Surgical Technologies: Speaker, Discounted Products/Devices  
 Dynamx: Board Member

### Joseph P. Hunstad, MD

Becon Medical: Investigator, Stock or Options  
 Sientra: Investigator, Discounted Products/Devices  
 Bio PharmX: Board Member, Honorarium, Discounted Products/Devices  
 RXI Pharmaceuticals: Investigator, Stipends, Research Support  
 Black and Black Surgical: Consultant  
 Hydrasolve: Investigator, Research Support  
 Biom UP: Investigator, Research Support  
 Johnson & Johnson: Inventor, Under Contract, Royalties, Discounted Products/Devices

### Steven R. Jacobson, MD

LifeCell Corporation/KCI: Consultant, Under Contract, Consulting Fee, Honorarium, Cost Reimbursements

### Lynn L.C. Jeffers, MD

Sientra: Speaker, Consultant, Under Contract, Consulting Fee  
 WL Gore: Advisor  
 Suneva Medical: Advisor  
 Sientra: Shareholder, Stock or Options  
 Allergan: Shareholder, Stock or Options

Continued on Page 36

## Faculty Disclosures

Continued from Page 35

### Mark L. Jewell, MD

Allergan: Investigator, Other Title/Positions, Consulting Fee, Research Support

Allergan: Advisor, Consulting Fee, Research Support  
Keller Medical: Advisor

### Mary Lind Jewell, RPT

Allergan: Consultant, Investigator  
Syneron: Consultant, Investigator  
Keller Medical: Consultant

### Marshall E. Kadin, MD

Allergan: Advisor, Under Contract, Honorarium

### Michael A. C. Kane, MD

Teoxane: Speaker, Investigator  
Allergan: Advisor, Consultant, Shareholder, Speaker, Consulting Fee  
Mentor Corporation: Consultant, Advisor  
Medicis Aesthetics: Advisor, Consultant, Shareholder, Speaker, Honorarium

Stiefel Laboratories/GSK: Advisor

Revance Therapeutics: Advisor, Consultant, Investigator, Speaker, Stock or Options

Shire: Consultant

Galderma: Consultant

J&J: Consultant

QMed: Consultant, Speaker, Honorarium

Canfield Scientific: Consultant

Coapt Systems: Consultant, Investigator

Merz: Consultant, Speaker

Kythera Biopharmaceuticals:

Consultant, Investigator

Beiersdorf: Consultant

Lithera: Consultant

Hancock Jaffe: Consultant

Valeant: Consultant

Sanofi-Aventis: Advisor, Speaker, Consultant

### Jeffrey M. Kenkel, MD

Allergan: No Position, Consulting Fee  
Galderma: Consultant, Under Contract, Consulting Fee

### Julie J. Khanna, MD

Allergan: Speaker, Consulting Fee, Stipends, Honorarium, Research Support, Cost Reimbursements, Discounted Products/Devices

Valeant pharmaceuticals: Speaker, Consulting Fee  
Galderma: Speaker, Research Support

GlaxoSmithKline: Speaker, Research Support

### Kamran Khoobehi, MD

Brava: Investor

### Christopher Khorsandi, MD

Valeant Pharm.: Consultant, Speaker, Consulting Fee  
Venus Concept: Consultant, Speaker, Consulting Fee

Cynosure: Speaker, Consulting Fee

Solta Medical: Consultant, Consulting Fee

Medeshift: Shareholder

### Roger K. Khouri, MD

Lipocosm: Speaker, Stock or Options

### Brian M. Kinney, MD

Klox Technologies: Consultant, Under Contract, Research Support, Cost Reimbursements

Kythera Biopharmaceuticals:

Consultant, Honorarium

BioElectronics: Board Member, Stock or Options

Sientra: Consultant

Mentor Corporation: Advisor, Under Contract, Honorarium, Research Support, Cost Reimbursements

Crisalix Sari: Consultant, Under Contract, Royalties, Stock or Options

Kythera Biopharmaceuticals:

Consultant

LPG Systems: Advisor

ThermiGen: Medical Affairs Director

Advanced Aesthetic Technologies:

Board Member, Consulting Fee, Stock or Options, Cost Reimbursements, Discounted Products/Devices

Merz: Speaker, Consulting Fee, Honorarium, Cost Reimbursements

Alphaeon: Investigator, Research Support, Cost Reimbursements

Evolus: Investigator, Research Support

Silhouette Lift: Medical Affairs Director, Consulting Fee, Research Support, Cost Reimbursements

Dermik/Sanofi-Aventis: Speaker, Stipends

### Bill Gus Kortesis, MD

Allergan: Consultant, Consulting Fee

Mentor Corporation: Consultant, Researcher, Consulting Fee, Research Support

Sientra: Consultant, Researcher, Consulting Fee, Research Support

LifeCell Corporation/KCI: Consultant, Consulting Fee

RXI Pharmaceuticals: Investigator, Researcher, Research Support

Cohera Medical: Researcher, Research Support

### Aaron M. Kosins, MD

Zeltiq Aesthetics: Consultant, Stock or Options

### Michael I Kulick, MD

Serene Medical: Investigator, Discounted Products/Devices

InMode: Consultant, Research Support

LightScapel: Consultant, Research Support

Perigee: Consultant, Research Support

### Donald H. Lalonde, MD

Accurate Surgical & Scientific Instruments/ASSI: Inventor, Other Title/Positions, Royalties

### Jerome P. Lamb, MD

Canfield Scientific: Consultant

### Craig W. Layt MD

Allergan: Consultant, Director, Speaker

Mentor Corporation: Speaker

Covidien: Speaker

Cutera: Speaker

### Elizabeth S. Lee, MD

Zeltiq Aesthetics: Speaker, Other Title/Positions

### Steven M. Levine, MD

Pfizer: Shareholder, Stock or Options

Strathspey Crown: Shareholder, Stock or Options

Sientra: Shareholder, Stock or Options

### Linda Lewis

Allergan: Employee, Salary

### Michael T. Longaker, MD

Neodyne: Founder, Other Title/Positions, Consulting Fee, Stock or Options, Cost Reimbursements

Tau Tona: Founder, Board Member, Other Title/Positions, Stock or Options

### Z. Paul Lorenc, MD

Merz: Consultant

Johnson & Johnson: Consultant

ThermiGen: Consultant

Galderma: Consultant

Allergan: Consultant

Sinclair Pharma: Consultant

### Herluf G. Lund, MD

Allergan: Investigator, Under Contract, Research Support

### Mark Richard Magnusson, MD

Allergan: Consultant, Testify, Consulting Fee, Research Support, Complimentary Registrations, Cost Reimbursements, Discounted Products/Devices

Strathspey Crown: Investor, Stock or Options

### Patrick Mallucci, MD

Strathspey Crown: Advisor

B-Lite: Advisor

### Jeffrey Marcus, MD

Stryker Corporation: Inventor, Under Contract, Royalties

### Maryann Martinovic, MD

Sientra: Stock Holder

### G. Patrick Maxwell, MD

LifeCell Corporation/KCI: Consultant, Under Contract, Consulting Fee, Honorarium, Cost Reimbursements

Allergan: Consultant, Under Contract, Consulting Fee, Honorarium, Royalties, Cost Reimbursements

GID: Founder, Shareholder, Testify, Stock or Options

Strathspey Crown: Founder, Shareholder, Stock or Options

### Patricia A. McGuire, MD

Allergan: Consultant, Under Contract, Honorarium, Research Support, Cost Reimbursements, Discounted Products/Devices

### Constantino G. Mendieta, MD

Marina Medical Instruments: Inventor, Royalties

Wells Johnson: Consultant, Consulting Fee

### Stephen E. Metzinger, MD

Asepticis: Officer, Other Title/Positions

### Joseph Michaels, V, MD

Cohera Medical: Investigator, Consulting Fee

### Archibald S. Miller, MD

Gebruder Martin: Contract with the company

Kls Martin: Contract with the company

Mavrek Medical: Officer

### Ryan J. Miller

KCI: Advisor, Under Contract, Cost Reimbursements

Allergan: Advisor, Under Contract, Honorarium

Merz: Advisor, Under Contract, Honorarium

Zeltiq Aesthetics: Consultant, Under Contract, Honorarium

### Daniel C. Mills, II, MD

Merz: Advisory Board

Cellfina: Advisory Board

Allergan: Grant Recipient

### Kiya Movassaghi, M.D., D.M.D

Sientra: Consultant, Under Contract, Testify, Consulting Fee, Cost Reimbursements, Discounted Products/Devices

### Terence M. Myckatyn, MD

RTI: Researcher, Consultant, Speaker, Consulting Fee, Research Support

Acelity: Researcher, Consultant, Consulting Fee, Research Support

Allergan: Advisor, Consultant, Research Support

Andrew Technologies: Consultant, Consulting Fee, Research Support

### Luis F. Perin, MD

Mentor Corporation: Consultant, Honorarium, Cost Reimbursements

Ethicon/J&J: Consultant, Under Contract, Other Title/Positions, Testify, Honorarium, Cost Reimbursements

### Tracy Pfeifer, MD

Allergan: Investigator, Marketing Benefits

Sientra: Advisor

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## Faculty Disclosures

Continued from Page 36

### Jason Pozner, MD

Sciton: Speaker, Testify, Honorarium, Research Support, Stock or Options, Complimentary Registrations, Cost Reimbursements, Marketing Benefits, Discounted Products/Devices  
 Revance Therapeutics: Speaker, Stock or Options  
 Canfield Scientific: Speaker, Discounted Products/Devices  
 Invasix: Speaker, Stock or Options  
 LifeCell Corporation/KCI: Speaker, Honorarium, Discounted Products/Devices  
 Keller Medical: Investor, Under Contract, Stock or Options  
 Allergan: Speaker, Honorarium  
 Merz: Speaker, Under Contract, Salary, Honorarium, Stock or Options  
 Zeltiq Aesthetics: Speaker, Honorarium, Discounted Products/Devices  
 Mentor Corporation: Speaker, Under Contract, Salary  
 Solta Medical: Speaker, Discounted Products/Devices  
 Alma Lasers: Speaker, Discounted Products/Devices  
 Zimmer: Speaker, Discounted Products/Devices  
 Merge: Advisor  
 Cynosure: Consultant, Honorarium, Marketing Benefits, Discounted Products/Devices  
 Sound Surgical Technologies: Consultant, Honorarium, Marketing Benefits, Discounted Products/Devices  
 Cytrellis: Advisor, Board Member, Shareholder  
 Lutronic: No Position  
 MTF: Researcher  
 TDM: Shareholder  
 ThermiGen: Speaker, Shareholder, Discounted Products/Devices  
 Valeant: Advisor, Board Member  
 jeisys: Luminary, Discounted Products/Devices  
 Apollo—Equipment: No Position  
 Exilis—Equipment: No Position  
 Serene Medical—Equipment: No Position

### Jeffrey J. Ptak, MD

Sound Surgical Technologies: Speaker, Advisor, Honorarium  
 Adicyte: Advisor, Speaker, Honorarium, Marketing Benefits, Discounted Products/Devices  
 Thermi Aesthetics: Advisor, Speaker, Honorarium, Cost Reimbursements

### Rod J. Rohrich, MD

Thieme: No Position, Under Contract, Royalties  
 Eriem Surgical: No Position, No Position, Royalties

### J. Peter Rubin, MD

Cohera Medical: Advisor  
 MTF: Researcher

Covidien: Researcher, Research Support  
 LifeCell Corporation/KCI: Researcher, Research Support

### Renato Saltz, MD

Zeltiq Aesthetics: Advisor  
 Valeant: Advisor  
 Silk Therapeutics: Advisor, Board Member  
 Revinter: Editor, Royalties  
 Cureus: Board Member, Editor  
 Mojo Interactive: Board Member

### Julene Samuels, MD

Syneron-Candela: Honorarium Recipient; Investigator

### Gordon H. Sasaki, MD

Ulthera: Consultant, Research Support  
 Dermapen: Consultant, Honorarium  
 Cynosure: Consultant, Honorarium  
 MicroAire Surgical Instruments: Consultant, Research Support  
 Palomar Medical Technologies: Consultant, Research Support  
 Zeltiq Aesthetics: Consultant, Research Support  
 Harvest Technologies: Consultant, Honorarium  
 BTL Industries: Consultant, Research Support  
 Revivogen: Investigator, Research Support  
 LifeLine: Investigator, Research Support  
 LightStim: Investigator, Research Support  
 Cynosure: Advisor, Other Title/Positions, Research Support  
 Dermapen: Advisor, Honorarium

### Michael Scheffan, MD

Intra Life: Investigator, Speaker, Research Support, Cost Reimbursements  
 Allergan: No Position, Cost Reimbursements  
 Blite Implants: Investigator, Speaker, Research Support

### Douglas S. Steinbrech, MD

Elsevier: Editor, Royalties  
 Thieme: Editor, Royalties  
 Allergan: Advisor, Honorarium, Stock or Options  
 XFactor Media: Consultant, Honorarium  
 Research for Personal Cell Sciences: Consultant, Honorarium  
 Proctor & Gamble: Consultant, Honorarium

### W. Grant Stevens, MD

Solta Medical: Advisor  
 Cutera: Advisor  
 Syneron: Advisor  
 Mentor Corporation: Investigator  
 Sientra: Investigator  
 Zeltiq Aesthetics: Advisor, Shareholder, Stock or Options

Merz: Advisor, Speaker  
 Strathspey Crown: Founder, Shareholder  
 Galderma: Advisor  
 MiraMar: Advisor

### Louis L. Strock, MD

Mentor Corporation: Consultant, Consulting Fee

### Hema Sundaram, MD

Johnson & Johnson: Consultant, Honorarium  
 Mentor Corporation: Consultant, Honorarium  
 Beiersdorf: Advisor, Honorarium, Cost Reimbursements  
 Syneron: Consultant, Investigator, Honorarium, Research Support, Discounted Products/Devices  
 Galderma: Consultant, Honorarium, Cost Reimbursements  
 SkinMedica: Consultant, Investigator, Honorarium, Research Support  
 Medicis Aesthetics: Consultant, Investigator, Honorarium, Research Support  
 Aesthetic Factor: Consultant, Consulting Fee  
 Alma Lasers: Consultant, Investigator, Consulting Fee, Research Support  
 Ulthera: Consultant, Investigator, Consulting Fee, Honorarium, Research Support  
 Biopelle: Investigator, Consultant, Under Contract, Consulting Fee, Research Support  
 Allergan: Consultant, Consulting Fee  
 Merz: Consultant, Investigator, Under Contract, Consulting Fee, Research Support  
 Ipsen: Consultant, Consulting Fee  
 Nordson Micromedics: Consultant, Consulting Fee  
 CosmoFrance: Consultant, Consulting Fee

### Iliana E. Sweis, MD

Allergan: Consultant, Speaker, Honorarium, Cost Reimbursements

### Arthur Swift, MD

Allergan: Speaker, Investigator, Advisor, Consulting Fee, Honorarium  
 Merz: Speaker, Investigator, Researcher, Consulting Fee, Honorarium  
 Galderma: Speaker, Investigator, Advisor, Honorarium

### Steven Teitelbaum, MD

Cytrellis: Shareholder

### Marissa J. Tenenbaum, MD

Sientra: Consultant  
 Allergan: Consultant, Honorarium, Research Support  
 Mentor Corporation: Investigator, Research Support

### Oren M. Tepper, MD

Stryker Corporation: Consultant  
 MirrorMe3D: Owner  
 3D Systems: Shareholder

### Dean M. Toriumi, MD

Galatea: Consultant  
 Sironrx: Consultant

### Bruce W. Van Natta, MD

Refine USA: Advisor, Stock or Options, Cost Reimbursements  
 Hydrasolve: Advisor, Researcher, Research Support  
 Galatea: Advisor, Consultant, Honorarium, Research Support, Stock or Options, Cost Reimbursements  
 MiraDry: Advisor, Discounted Products/Devices

### Jennifer L. Walden, MD

Venus Concept: Consultant, Luminary, Cost Reimbursements, Discounted Products/Devices  
 Sciton: Luminary, Board Member, Consultant, Research Support, Cost Reimbursements, Discounted Products/Devices  
 Accurate Surgical & Scientific Instruments/ASSI: Inventor, Marketing Benefits, Discounted Products/Devices  
 ThermiAesthetics: Advisor, Luminary, Consultant  
 Ideal Implant: Advisor, Board Member, Investor, Shareholder

### Simeon H. Wall, Jr., MD

Mentor Corporation: Advisor, Other Title/Positions  
 Strathspey Crown: Founder, Other Title/Positions, Stock or Options  
 Pacira: Investigator  
 Ulthera: Investigator  
 Ideal Implant: Shareholder  
 Allergan: Advisor  
 Tulip Medical Products: No Position, Royalties  
 Merz: Researcher, Consultant

### Steven G. Wallach, MD

Pfizer: Shareholder, Stock or Options  
 Allergan: Shareholder, Stock or Options  
 Medtronic: Shareholder, Stock or Options

### Anthony Youn, MD

Allergan: Consultant, Luminary, Consulting Fee  
 Invasix: Consultant, Luminary  
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 Alphaeon: Investor, Discounted Products/Devices

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## Corporate Satellite Symposia

Not Endorsed by ASAPS or ASERF.  
No CME provided by ASAPS

### Thursday, April 27, 2017

**6:30 – 8:30pm**  
THERMI

The Role of Absorbable Suspension Sutures in Facial Repositioning & Tightening

Barry DiBernardo, MD; Julius Few, MD; and Z. Paul Lorenc, MD  
Marriott Marquis San Diego Marina, Marina Ballroom  
To register:  
<https://events.x-medica.com/sutureslive/>  
2 hours of CME available!  
Live patient demos!

### Friday April 28, 2017

**7:00pm – 10:00pm**  
(6:30pm registration)

ALLERGAN

The latest Innovation from Juverderm®: Vycross® Technology  
Steven Dayan, MD; Jackie Yee, MD  
The Hilton San Diego Bayfront, Indigo Ballroom AE  
To register:  
[www.medforcereg.com/talg171009](http://www.medforcereg.com/talg171009)

**7:00pm – 9:00pm**  
(doors open at 6:30pm)

MERZ AESTHETICS

Ultherapy: Clinical Tools for Optimizing Patient Outcomes

Dr. Laurie Casas  
San Diego Convention Center, room 28  
Cocktails and heavy appetizers served  
To RSVP: [rsvp1@merz.com](mailto:rsvp1@merz.com)

**9:00pm – 12:00pm**

MERZ AESTHETICS

“Up on the Roof Event”

LoungeSix, Hotel Salomar  
To register:  
<https://wg.ootoweb.com/asapsroofevent>

### Sunday, April 30, 2017

**7:00pm – 9:00pm**  
(6:45pm registration)

ALLERGAN

Breast Shaping: The Value of Cohesivity with the Inspira™ Cohesive Collection

Michael Carey Edwards, MD, FACS—Anson, Edwards & Higgins Plastic Surgery Associates, Las Vegas, NV  
Allen Gabriel, MD—Peacehealth Plastic Surgery, Vancouver, WA  
Marriott Marquis San Diego Marina, Marina F Ballroom  
To register: [www.medforcereg.com/talg171010](http://www.medforcereg.com/talg171010)

**6:30pm – 7:00pm**  
Registration and Buffet Dinner

**7:00pm – 10:00pm**

Clinical Program

PARADIGM MEDICAL COMMUNICATIONS

Advances in Aesthetics: A Global Treatment Approach to Optimizing Patient Outcomes

Z. Paul Lorenc, MD, FACS  
Marriott Marquis San Diego Marina, Marina Ballroom D  
To register: [www.paradigmmc.com/574](http://www.paradigmmc.com/574)

**6:30pm – 9:30pm**

ZELTIQ COOLSCULPTING

Beyond the Abdomen with CoolSculpting: The Latest Technology, The Latest Indications

For details visit:  
<http://coolsculpting.zeltiq.com/Events-ASAPS2017> or contact Kara Crowe at [kcrowe@zeltiq.com](mailto:kcrowe@zeltiq.com) or 650-906-6564.

## Lunch & Learns and Focus Groups

### SUNDAY, APRIL 30

**12:00pm – 1:00pm**

Focus Group  
GALDERMA

Building Stronger Partnerships in Facial Injectables

San Diego Convention Center, room 23 B  
Galderma Aesthetic & Corrective Team  
To register: [www.regonline.com/GaldermaASAPSFocus](http://www.regonline.com/GaldermaASAPSFocus)

**12:00pm – 1:00pm**

Lunch & Learn  
LIFECCELL

Tips, Techniques and Pearls for Fat Grafting in the Breast Aesthetic Surgery

San Diego Convention Center, room 29 A  
Steven Jacobson, MD, FACS  
Please visit the Allergan Booth# 804 for more information

**12:00pm – 1:00pm**

Lunch & Learn  
SKINMEDICA

Protecting the Investments of Your Patients with Breakthrough Innovations

San Diego Convention Center, room 25 C  
Stephan Finical, MD, FACS—Charlotte, NC  
Kevin Smith, MD, FACS—Charlotte, NC  
To register:  
[www.medforcereg.com/SALG28518](http://www.medforcereg.com/SALG28518)

### MONDAY, MAY 1

**12:30pm – 1:30 pm**

Lunch & Learn  
ACELITY

Protecting our Patients: Incision Management following Breast and Abdominal Surgeries

San Diego Convention Center, room 24  
Allen Gabriel, MD, FACS  
PeaceHealth Plastic Surgery, Vancouver, WA  
To Register: [www.cvent.com/d/x5q11r](http://www.cvent.com/d/x5q11r)

**12:30pm – 1:30pm**

Lunch & Learn  
LIFECCELL

Tips, Techniques and Pearls for Fat Grafting in Body Contouring and Gluteal Augmentation

San Diego Convention Center, room 25 C  
Bill Kortesis, MD, FACS  
Please visit the Allergan Booth# 804 for more information

**12:30pm – 1:30pm**

Lunch & Learn  
NEOGRAFT

A Novel Business Model That Presents Superior Clinical Results and A Profound ROI

San Diego Convention Center, room 29 A  
Jack Fisher, MD & NeoGraft CMO  
Grant Stevens, MD  
To register: <http://bit.ly/2nMVwRo>

**12:30pm – 1:30pm**

Focus Group  
MERZ

Ultherapy: A Foundational Therapy for Every Aesthetic Practice

San Diego Convention Center, room 23 B  
Chelsea Gullette, Practice Development Expert  
To register: [rsvp@merz.com](mailto:rsvp@merz.com)



# THE AESTHETIC CRUISE 2017

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July 21–August 1

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Co-Chair: Melinda J. Haws, MD

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For full cruise program, go to: [www.surgery.org/cruise2017](http://www.surgery.org/cruise2017)



## Abstract Presentations Schedule

**SUNDAY, APRIL 30, 2017**

### SCIENTIFIC SESSION BLUE

#### PAPER PRESENTATIONS

Session Chair: Joe Gryskiewicz, MD  
Session Chair: Aaron Kosins, MD

**10:00am – 10:05am**

Residents' & Fellows' Forum Winner

**10:05am – 10:10am**

Residents' & Fellows' Forum Winner

**10:10am – 10:16am**

The Anatomic Implications of Utilizing Cannula Lipodissection and Avoiding Platysmaplasty in the Tumescant Facelift: A Clinical and Cadaveric Study  
Michael Mirzabeigi, MD; Ran Stark, MD; Catherine Chang, MD; Jason Weissler, MD; Martin Carney, MD; Louis P. Bucky, MD, FACS

**10:16am – 10:22am**

Standardization of Facelift Using Six Vectors of Traction and Five Planes of Dissection: Our 15 Years of Experience  
Enzo Rivera Citarella, MD; Alexandra Conde-Green, MD; Samir Janne Hasbun, MD

**10:22am – 10:28am**

Q-Switched Laser Treatment of Tattoos Using a Transparent Perfluorodecalin-Infused Patch: A Pivotal Trial  
Brian Biesman, MD, FACS

**10:28am – 10:34am**

A Pilot, Double-Blind, Placebo-Controlled Study to Assess the Efficacy and Safety of Incobotulinumtoxin A Injections in the Treatment of Rosacea  
Steven H. Dayan, MD; Nazanin Ashourian, PhD; Katherine Cho, MPH

**10:34am – 10:45am**

Discussion

### SCIENTIFIC SESSION ORANGE

#### PAPER PRESENTATIONS

Session Chair: Christine Hamori, MD  
Session Chair: Adam Hamawy, MD

**8:45am – 8:51am**

Progressive Improvement in Midfacial Volume 18-24 Months after Simultaneous FAT Grafting and Facelift  
Steven Cohen, MD; Sierra Hewett, MD; Ahmad Saad, MD; Tracy Leong, MD; Michele Fisher, RN; Charlene Ramos, ORT

**8:51am – 8:57am**

Components of the Hanging Columella—Strategies for Refinement  
Paul Afroz, MD; Rod Rohrich, MD

**8:57am – 9:03am**

Glusscutter Technique Osteotomy  
Vitaly Zholtikov, MD

**9:03am – 9:09am**

Autologous Buttock Augmentation with Fat Grafting Using a Roller Pump Injection Technique

Marc Everett, MD; Rolando Morales Jr., MD; German Newall, MD; FACS, FICS; Paul F. Fortes, MD, FACS, FICS; Kristi L. Hustak, MD; Christopher K. Patronella, MD, FACS, FICS; Henry Mentz III, MD, FACS, FICS

**9:09am – 9:15am**

The Functional and Psycho-Social Impact of Labiaplasty: The Patient's Perspective

Sarah Sorice, MD; Alexander Li, BS; Francisco Canales, MD; Heather Furnas, MD

**9:15am – 9:21am**

Fractional CO2 Laser Treatment of the Vaginal Canal and External Labia for Symptoms of Vulvovaginal Atrophy in Postmenopausal Women  
Julene Samuels, MD

**9:21am – 9:30am**

Discussion

#### PAPER PRESENTATIONS

Session Chair: Mary McGrath, MD  
Session Chair: David Sieber, MD

**11:30am – 11:36am**

Not Your Typical Donut Mastopexy: Modifications for Tuberous Breast Deformity

Karen Leong, MD; David Nguyen, MD; Daniel Mills II, MD, FACS

**11:36am – 11:42am**

Antibiotic Use in Primary Breast Augmentation: 24 Hours Is Sufficient  
Luis Rios, Jr., MD; Christopher Rios; Erick Garza

**11:42am – 11:48am**

Long Term Outcome of Chest Wall Reconstruction with Neo-Rib Formation for Poland Syndrome and Pectus Excavatum  
Jennifer Baker, MD; Archibald S. Miller III, MD, MS, FACS, FAAP; Sharon K. Tarpley, BSN, RN, CNOR, CPSN; James Spann, MD

**11:48am – 11:52am**

Abdominal FAT Reduction Following a Series of NON-Thermal Focused Ultrasound Treatments: Preliminary Findings  
Mark L. Jewell, MD

**11:51am – 12:00pm**

Discussion

**MONDAY, MAY 1, 2017**

### SCIENTIFIC SESSION BLUE

#### PAPER PRESENTATIONS

Session Chair: Kye Higdon, MD  
Session Chair: Marissa Tennenbaum, MD

**7:30am – 7:36am**

Fondaparinux Significantly Reduces Postoperative Venous Thromboembolism after Body Contouring Procedures without an Increase in Bleeding Complications  
Deniz Sarhaddi, MD; Kyle Xu, MD; Alex Wisbeck, BS; Olivier Deigni, MD, MPH; Sumesh Kaswan, MD; Christian Prada, MD; Herluf Lund Jr., MD

**7:36am – 7:42am**

TAP Blocks: The Role of Liposomal Bupivacaine  
Thomas Fiala, MD, MBA

**7:42am – 7:48am**

Nanofat Grafting, Inflammatory Response, and Skin Rejuvenation in Athymic Rat

Ryan Constantine, MD; Yucel Akgul, MD, PhD; Mason Bartels, MD; Jeffrey M. Kenkel, MD, FACS

**7:48am – 7:54am**

Minimally Invasive Mastopexy with the Application of Subdermal Temperature Controlled Radiofrequency Energy: A preliminary Report of Ten Consecutive Patients  
Barry DiBernardo, MD

**7:54am – 8:00am**

Discussion



Remember to Bring Your Member Pin!

Attending The Aesthetic Meeting 2017?

Remember to wear your member pin, which was in your Registration Brochure mailing. See you in San Diego!

## NEW ASAPS Member Benefit: Improve Your Practice by Benchmarking Your Performance Free to the First 100 ASAPS Members!

### neu·ral net·work

*noun:* a computer system modeled on the human brain and nervous system

### aes·thet·ic neu·ral net·work

*noun:* a free member benefit\* by which your own data can be used to improve the business operations of your practice

**S**ound like something from outer space? In some ways, it is. The Aesthetic Neural Network is a new benefit for ASAPS members that harnesses the power of your own data to let you benchmark your practice among those of your peers in a safe, private and secure environment. Your shared data will not contain practice identifiers nor confidential patient information. All data will be aggregated to allow you to confidentially benchmark your practice.

#### What's this all about?

Aesthetic surgeons are in a unique position. If you're not savvy in business, you can get lost in a stream of marketing programs, pricing issues, bad return on investments, unnecessary equipment—the list is virtually endless.

The Society's members have been asking for practice help for years. And we've tried to deliver through a host of office-related and consumer focused programs. But it wasn't until we looked at the power of the data you have in your own system that we could develop a solution that looked at your practice issues systemically.

This data collection platform offers the ability to evaluate the business aspects of a practice with *real-time* data, providing benchmarking and key performance indicator data back to the member.

The Aesthetic Neural Network—known to us as ANN, uses a neuron (remember, modeled on the human brain) to “read” your patient records and/or practice management information without actually touching them. The neuron takes information that is relevant to the end goal—improving practice efficiency—and helping you maximize your business to get the optimal return.

This neuron automatically pulls information from your EMR or billing system, with no additional data input from your staff required.

#### How does it work?

A piece of plug and play equipment is delivered to your office that “reads” your data and transfers it to a highly secure cloud environment. Your data is then put through a series of processes that allows for a universal language: for example, liposuction is liposuction, not Dr. Smith's exclusive body contouring program, which lets you compare your practice to those of others in a common nomenclature—and to see how you're doing on many of your critical endpoints.

#### Hold on—what's a “cloud environment”?

It's a fancy term for hosting your data on the internet instead of on a server. The ANN cloud has the highest level of security possible today (HITRUST). As opposed to “public clouds”—think Amazon or Google—ours is a private cloud only for individual ASAPS members. It's a level of security you most likely don't have in your office.

#### Do you have to use my data?

You aren't obligated to let us use your deidentified data of course, but we can't offer the service without it. The data is aggregated to allow it to be delivered back to you in the form of usable reports or dashboards that will help you pin point practice deficiencies—



and practice areas of excellence too. Unlike other systems you can actually measure your performance against others. You won't know whose data it is—it's all deidentified.

#### OK so I can benchmark my performance. My practice is very successful now, why should I get involved in this?

Maybe you shouldn't. ANN isn't a one size fits all solution and maybe you don't need to know how you're doing competitively. But if you're just starting out, or would like to see a higher ROI, or maybe you are getting ready to sell or take on a new partner, this is information you literally cannot get anywhere else. And what if you want to know exactly how much of your practice revenue and expense comes from each procedure, which procedures generate the most follow-up

Visit Booth #524  
in The Aesthetic  
Marketplace  
to Learn More!

Continued on Page 43



## NEW ASAPS Member Benefit

Continued from Page 42

By reviewing these dashboards, you can see big picture things, such as how your practice prices procedures as compared to others, or get granular and chart the procedure history of a single patient.

business, and whether your revenue profile is changing year to year? ANN can tell you that, and a lot, lot more, for free.

### Who is developing this?

C-level developers, security experts and data analysts. The team is led by Anzu Medical, the same group that brought you RADAR.

### Why are you providing this service—what's in it for ASAPS?

As a member organization, we are always looking for high return on your dues investment and helping your practice grow is high on the list for most members.

The aggregated data in ANN can be used for research, MOC, advocacy, patient safety issues—the list is only restricted by your imagination.

### How can I participate?

We are looking for members who are interested in signing up. Depending on your current system, there is an on-boarding process to get you going. All the details will be provided and all questions will be answered by our technical team.

### Can I see a demo?

Absolutely. At The Aesthetic Meeting 2017, just stop by our booth in The Aesthetic Marketplace. If you'd prefer to see the system in your office, we'd be happy to arrange an online demo. Just contact [asaps@surgery.org](mailto:asaps@surgery.org).

*\*Free for the first 100 ASAPS members who enroll.*

With such data, you and your practice team can better address issues and challenges, and see where your competitive advantage lies.



## NEW ASAPS Member Benefit

Continued from page 43

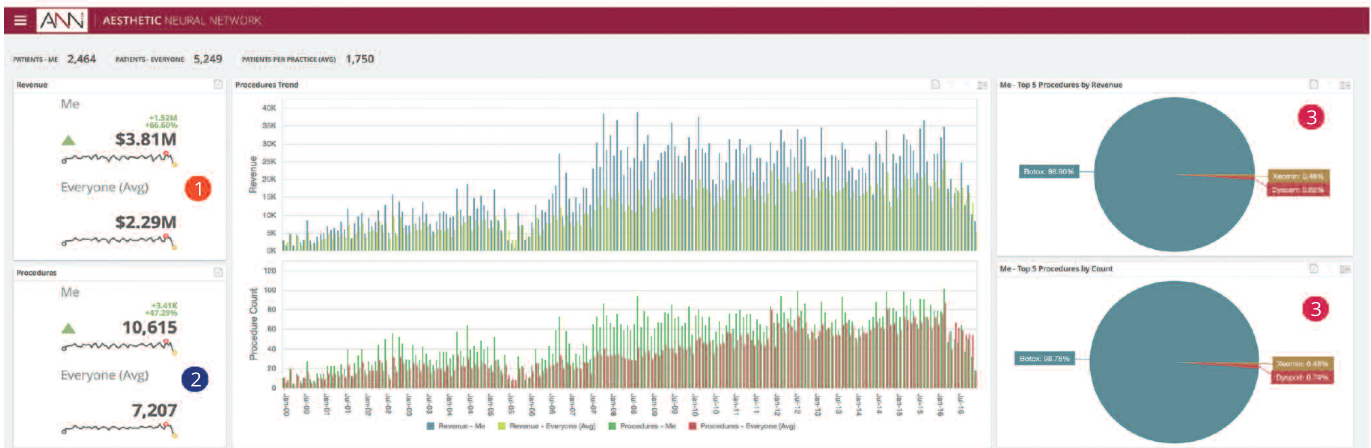


## Leveraging the Power of Data to Improve your Bottom Line

This is a sample analysis of the financial impact of neurotoxins on an Aesthetic Surgery Practice using the business intelligence tools provided by ANN. There are 4 dashboards in ANN:

- The ANN Monitor (Figure 1)
- The Repeat Patient Dashboard (Figure 2)
- The Return Patient Dashboard (Figure 3)
- The Conversion Dashboard

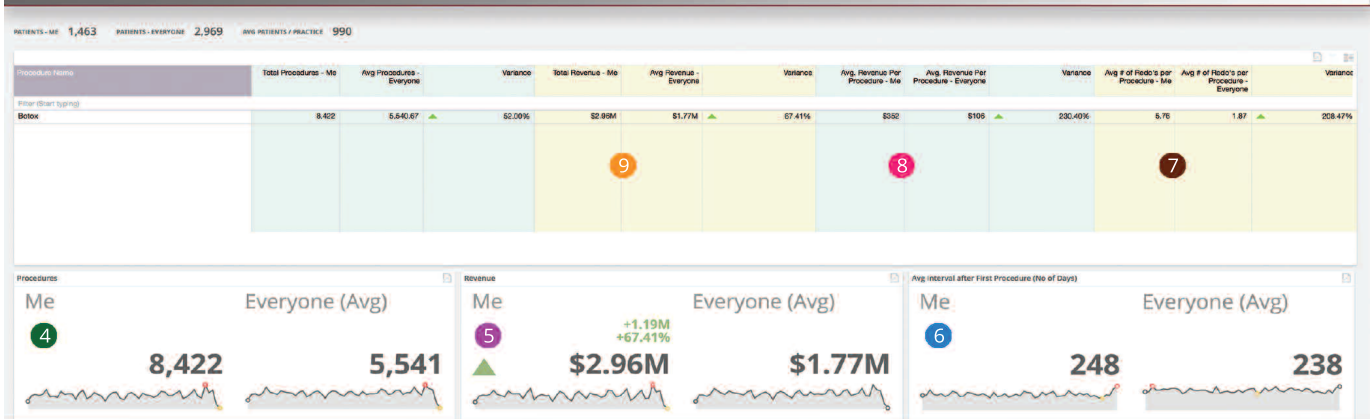
The dashboards can drill deeply into the data, benchmarking yourself against **de-identified aggregated data** from members of the network. Insights provide actionable items to improve your bottom line.



**Figure 1: THE ANN MONITOR**

This dashboard provides a comprehensive overview of the Aesthetic Surgery environment and the ability to benchmark yourself against others:

- Total revenue generated **1**
- Total number of procedures **2**
- Identify your top procedures by revenue or procedure count **3**
- Filter by time
- Filter by age group
- Filter by procedures



**Figure 2: REPEAT PATIENT DASHBOARD**

This dashboard answers a very important question – How successful am I in getting my neurotoxin patients to keep coming back and how do I compare to others? :

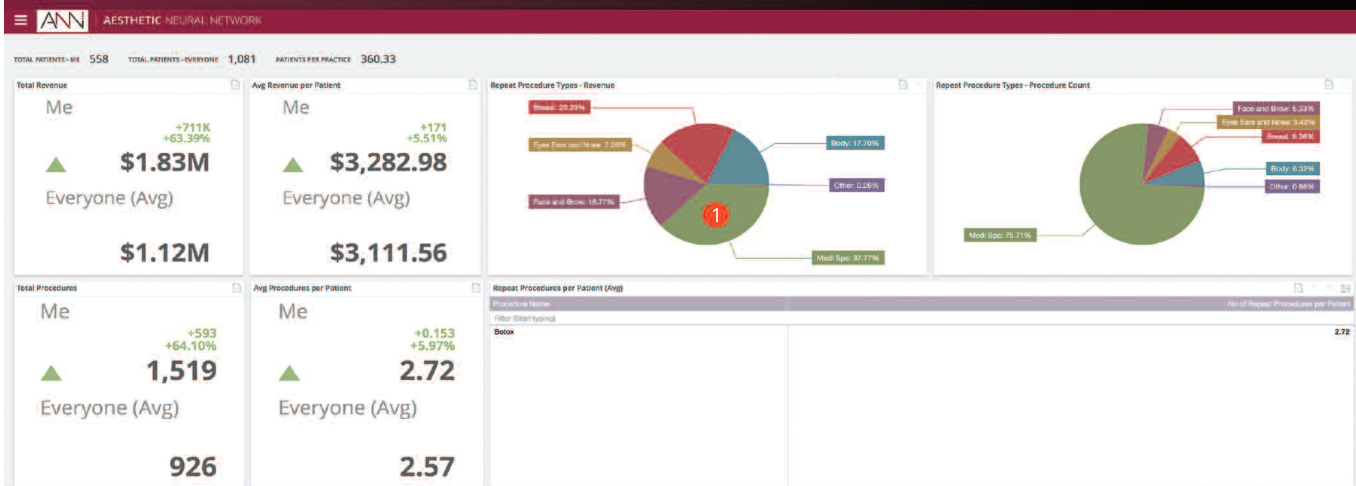
- Number of procedures **4**
- Revenue generated **5**
- Average interval after first procedure **6**
- Average number of return procedures **7**
- Average revenue/procedure **8**
- Compare different neurotoxins **9**
- Filter by age, time period, region

## NEW ASAPS Member Benefit

Continued from page 44

### QUESTIONS ANSWERED BY THE RETURN PATIENT DASHBOARD

- Does my neurotoxin patient generate additional procedures for my practice ?
- What is the distribution of these additional procedures ?
- What type of revenue do they generate for my practice ?
- How does my practice data compare to others ?

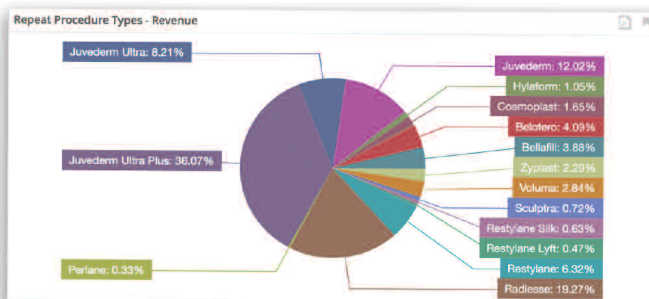
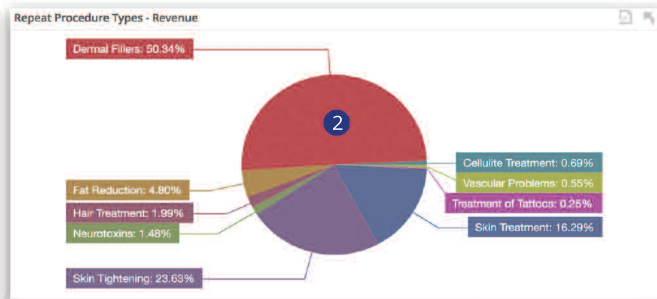


**Figure 3: RETURN PATIENT DASHBOARD**

This dashboard answers these questions and many more:

- Total additional revenue generated
- Total number of procedures
- Average revenue/patient
- Average number of procedures/patient
- Distribution by procedure and it's revenue
- Distribution by procedure count
- Benchmarking of all these data points

#### Example of a Drill-down on a Pie Chart 1



You can "drill-down" into your data by a double click on the pie chart. In this example, medi-spa procedures are over 40% of additional revenue generated. Double click on the medi-spa portion of the pie chart to reveal the distribution of the procedures and their revenue.

Drilling down" on "Dermal Fillers" reveals the exact products distribution and revenue. 2



THE AESTHETIC NEURAL NETWORK

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## ASAPS Members to Vote on Slate of Candidates



Active members of the American Society for Aesthetic Plastic Surgery (ASAPS) will hear reports on Society business

and elect new officers for 2017–2018 during the ASAPS/ASERF Annual Business Luncheon. All Active Members are invited to attend on Sunday, April 30 at 12 noon at The Aesthetic Meeting 2017 in San Diego.



President  
(Automatic from President-Elect)  
**Clyde H. Ishii, MD**  
Private Practice  
**Current Board Position:** President-Elect  
**ASAPS/ASERF Committee Work:** Executive Committee,

Finance & Investment Committee, Industry Policy Committee, ASERF Board of Directors  
**National Affiliations:** ASAPS, ASERF, ASPS, ACS, ASLMS, NSPS

**Training:** Jefferson Medical College, University of Virginia, General Surgery; Emory University, Plastic Surgery; NYU, Hand Surgery  
**ABPS Certification:** 1987



President-Elect  
**W. Grant Stevens, MD, FACS**

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

Director Aesthetic Surgery Division and the Aesthetic Surgery Fellowship

**Current Board Position:** Vice President  
**ASAPS/ASERF Committee Work:** Executive Committee, Aesthetic Training Committee, ASJ Editorial Board, Conflict of Interest Committee, External Marketing Committee, Finance and Investment Committee, Industry Exhibits Committee, Industry Support Committee, Women Aesthetic Surgeons Committee, ASERF Board of Directors  
**National Affiliations:** ASAPS, ASERF, AAPPS, AAFPRS, ASPS, ACS, ISAPS

**Training:** Harbor/UCLA Medical Center, General Surgery; Washington University School of Medicine, Hand Surgery; Washington University School of Medicine, Plastic Surgery; Washington University in St. Louis  
**ABPS Certification:** 1989



Vice President  
**Charles H. Thorne, MD**  
New York, NY  
Private Practice; Chairman, Department of Plastic Surgery at Lenox Hill Hospital and Manhattan Eye, Ear and Throat Hospital

**Current Board Position:** Treasurer  
**ASAPS Committee Work:** Executive Committee, Education Commissioner, Finance & Investment Committee, Industry Policy Committee, Aesthetic Training Committee, Continuing Medical Education Committee, MOC Task Force  
**National Affiliations:** ASAPS, ASERF, ASPS, ACS, PSF, AAPPS  
**Training:** Yale College, UCLA School of Medicine, Massachusetts General Hospital Surgery Residency, Plastic Surgery; NYU, Craniofacial Surgery  
**ABPS Certification:** 1991



Treasurer  
**Herluf G. Lund, MD**  
St. Louis, MO  
Private Practice  
**Current Board Position:** Secretary  
**ASAPS Committee Work:** Executive Committee

Administrative Commissioner, Finance & Investment Committee (Chair), Industry Exhibits Committee, Industry Policy Committee, External Marketing Committee, International Fellowship Program, Publications Committee, Program Committee, Membership Commissioner (former), Product Development and Market Research Committee (former Chair), New Member Committee (former Chair), Marketing Task Force (Vice Chair)  
**National Affiliations:** ASAPS, ASERF, ASPS, ACS, AMA  
**Training:** Washington School of Medicine; University of Texas at Houston, General Surgery; Washington School of Medicine, Plastic Surgery Residency  
**ABPS Certification:** 1994



Secretary  
**William P. Adams, Jr., MD**  
Dallas, TX  
Private Practice  
**Current Board Position:** Member-At-Large  
**ASAPS Committee Work:**

Breast Implant Associated ALCL Task Force, Education Vice Commissioner, Program Committee (Chair), Traveling Professor Program, Past President of ASERF  
**National Affiliations:** ASAPS, ASERF, ASPS, TSPS, PSRC

**Training:** Princeton University, Vanderbilt School of Medicine, University of Texas Southwestern Medical Center, Integrated General and Plastic Surgery

**ABPS Certification:** 1999

### MEMBERS AT LARGE (3-year terms)



**Michael A. Bogdan, MD, MBA**  
Southlake, TX  
Private Practice  
**Current Board Position:** Parliamentarian  
**ASAPS/ASERF Committee work:** Aesthetic Neural

Network Task Force, Communications Vice Commissioner, Electronic Communications Committee (Chair), Finance and Investment Committee, Leadership Development Committee, Surgeon as Consumer Task Force  
**Affiliations:** ASAPS, ASERF, ABPS, ISAPS, ASPS, ACS, AMA, TRS

**Training:** University of Maryland, Stanford University School of Medicine, Stanford University, NYU School of Medicine, McCombs School of Business, University of Texas at Austin

**ABPS Certification:** 2006, 2016

Continued on Page 47

## MEMBERS AT LARGE

(3-year terms)

Continued from Page 46



### Joseph P. Hunstad, MD

Charlotte, NC  
Private Practice  
Current Board Position:  
Member-at-Large  
**ASAPS Committee Work:**  
Aesthetic Training Committee,  
Program Committee, RADAR

Resource Editorial Committee, Teaching Course  
Subcommittee, Traveling Professor Program

**National Affiliations:** ASAPS, ASERF, ISAPS,  
International Consortium of Aesthetic Plastic  
Surgeons, Southeastern Society of Plastic and  
Reconstructive Surgeons, The Greater  
Charlotte Plastic Surgery Society

**Training:** Michigan State University, College  
of Human Medicine, Grand Rapids Area  
Medical Educational Center

**ABPS Certification:** 1989



### Simeon H. Wall, Jr., MD

Shreveport, LA  
Private Practice, The Wall  
Center for Plastic Surgery;  
Assistant Clinical Professor,  
Department of Plastic Surgery,  
UT Southwestern Medical

Center; Assistant Clinical Professor, Division  
of Plastic Surgery, LSUHSC at Shreveport

**Current Board Position:** Member-at-Large  
**ASAPS/ASERF Committee Work:** Innovative  
Procedures Committee (Co-Chair), Aesthetic  
Training Committee, Teaching Course  
Subcommittee, Program Committee

**National Affiliations:** ASAPS, ASERF, ASPS,  
LSPS, ISAPS, Louisiana State Medical Society,  
Shreveport Medical Society

**Training:** University of Texas at Austin, University  
of Texas Health Science Center at San Antonio;  
Stanford University, General and Plastic Surgery

**ABPS Certification:** 2002

## TRUSTEE

(3-year term)



### Laurie A. Casas, MD

Glenview, IL

## APPLICATION REVIEW COMMITTEE

(3-year terms)



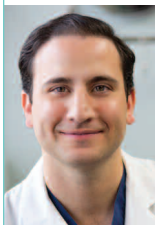
### Tracy Pfeifer, MD

New York, NY  
(New York City)



### Adam Rubenstein, MD

Miami, FL  
(Southeast)



### Jon Kurkjian, MD

Fort Worth, TX  
(South Central)

## ETHICS COMMITTEE

(3-year terms)



### Terence Myckatyn, MD

Saint Louis, MO  
(Midwest)



### Richard A. Baxter, MD

Mountlake Terrace, WA  
(Northwest)



### Mark Constantian, MD

Nashua, New Hampshire  
(Northeast)



### Nicholas Carr, MD

Vancouver, BC  
(Canada)

## JUDICIAL COUNCIL

(3 year terms)



### Brian Brzowski, MD

Ogden, UT  
(Midwest)



### Frank Lista, MD

Mississauga, ON  
(Canada)

## Those continuing in positions:

## MEMBERS-AT-LARGE

### Jamil Ahmad, MD

(until 2019)  
Toronto, Ontario, Canada

### Melinda J. Haws, MD

(until 2018)  
Nashville, TN

### Nolan Karp, MD

(until 2018)  
New York, NY

### Kiya Movassaghi, MD

(until 2019)  
Eugene, OR

### Tracy Pfeifer, MD

(until 2018)  
New York, NY

### Jennifer L. Walden, MD

(until 2019)  
Austin, TX

## ASERF Members To Vote On Slate Of Candidates

Active members of the Aesthetic Surgery Education and Research Foundation (ASERF) will hear reports on Foundation business and elect new officers for 2017–2018 during the ASERF Annual Business Meeting Luncheon. All Active Members are invited to attend on Sunday, April 30 at 12 noon at The Aesthetic Meeting 2017 in San Diego.



President  
**Barry E. DiBernardo, MD**  
*(automatic from President-Elect)*  
 Montclair, NJ  
 Private Practice  
**Current ASERF Board**  
**Position:** President-Elect

**ASAPS/ASERF Committee work:** Application Review Committee, ASERF Executive Committee, Innovative Procedures Committee, Light and Energy Based Device Committee, ASJ Reviewer  
**National Affiliations:** ASAPS, ASERF, ASPS, ASLMS, ISHRS, ISAPS  
**Training:** Cornell University Medical College; Albert Einstein College of Medicine, Plastic Surgery  
**ABPS Certification:** 1993

*The Conflict of Interest (COI) Committee met on January 5, 2016 to review Dr. Barry DiBernardo's disclosures. Although Dr. DiBernardo revealed present and future research, development and compensated teaching relationships with 35 companies, none have business relationships with ASERF and, consequently, none will be discussed by the ASERF Board of Directors. Dr. DiBernardo's relationships with those companies thus creates no conflict of interest for him as President-Elect and President of ASERF*

*The COI Committee noted that Dr. DiBernardo would be a voting member of the ASAPS Board of Directors for his 1-year term as President of ASERF. If any of the companies with whom he has a relationship comes before the ASAPS Board for discussion, Dr. DiBernardo agreed that he would reveal the relationship and recuse himself from discussions and voting.*



President-Elect  
**Julio Garcia, MD**  
 Las Vegas, NV  
 Private Practice  
**Current ASERF Board**  
**Position:** Vice President  
**ASAPS/ASERF**  
**Committee work:** Ethics

Committee, International Fellowship Program, Program Committee, ASERF Executive Committee  
**National Affiliations:** ASAPS, ASERF, ASPS, ISAPS, ACS  
**Training:** Northwestern University; University of Illinois College of Medicine; University of

Illinois Medical Center, Plastic and Reconstructive Surgery  
**ABPS Certification:** 1991



Vice President  
**Robert Whitfield, MD**  
 Austin, TX  
 Private Practice  
**Current ASERF Board**  
**Position:** Secretary  
**ASAPS/ASERF Committee**  
**work:** External Marketing

Committee, Innovative Procedures Committee, Leadership Development Committee, Medical Student Committee  
**National Affiliations:** ASAPS, ASERF, ASPS, ACS, AMA  
**Training:** University of Nevada; University of Nevada School of Medicine; Indiana University, General Surgery; Indiana University, Plastic Surgery; University of Nevada School of Medicine, Microsurgery Fellowship  
**ABPS Certification:** 2006



Secretary  
**Louis L. Strock, MD**  
 Fort Worth, TX  
 Private Practice, Clinical Assistant Professor, UT Southwestern  
**Current ASERF Board**  
**Position:** Director

**ASAPS/ASERF Committee work:** Industry Exhibits Committee, Traveling Professor Program  
**National Affiliations:** ASAPS, ASERF, ASPS  
**Training:** Amherst College, University of Texas Medical Branch at Galveston  
**ABPS Certification:** 1997

**DIRECTORS**  
 (2 year terms)



**Michael A. Bogdan, MD, MBA**  
 Southlake, TX  
 Private Practice  
**Current ASERF Board**  
**Position:** Director  
**ASAPS/ASERF Committee**  
**work:** Aesthetic Neural Network Task Force, Communications Vice

Commissioner, Electronic Communications Committee (Chair), Finance and Investment Committee, Leadership Development Committee, Surgeon as Consumer Task Force  
**National Affiliations:** ASAPS, ASERF, ABPS, ISAPS, ASPS, ACS, AMA, TRS  
**Training:** University of Maryland, Stanford University School of Medicine, Stanford University, NYU School of Medicine, McCombs School of Business, University of Texas at Austin  
**ABPS Certification:** 2006, 2016



**Christopher J. Pannucci, MD**  
 Salt Lake City, UT  
 Huntsman Cancer Center, University of Utah Hospital  
**National Affiliations:** ASAPS, ASPS

**Training:** Washington University School of Medicine, University of Michigan Plastic Surgery  
**ABPS Certification:** 2015

**LAY DIRECTORS**  
 (1 year term)



**Spencer Brown, PhD**  
 Camden, NJ  
 Director of Research, Department of Surgery, Cooper University Hospital  
**Current ASERF Board**  
**Position:** Director  
**ASAPS/ASERF Committee**

**work:** ASJ Editorial Board, Fund Development Committee, Scientific Research Committee  
**National Affiliations:** ASERF, IFATS  
**Training:** University of Pennsylvania, Baylor College of Medicine

Continued on Page 49



## LAY DIRECTORS

(1 year term)

Continued from Page 48



### David B. Sarwer, PhD

Philadelphia, PA  
Associate Dean for Research,  
Director of the Center for  
Obesity Research and  
Education, Professor of Social  
and Behavioral Sciences,  
College of Public Health,

Temple University

**Training:** Tulane University, Loyola University  
of Chicago, Medical College of Pennsylvania  
at Eastern Pennsylvania Psychiatric Institute



## TRUSTEE

(2 year term)

### Jack Fisher, MD

Nashville, TN

## Board Members continuing their terms:



### Luis M. Rios, Jr., MD

Treasurer (until 2018)



### Mark W. Clemens, MD

Director (until 2018)



### Michael T. Longaker, MD

Director (until 2018)



## ASERF Presidents Report

By Steven Teitelbaum MD

**T**his issue of Aesthetic Society News marks my last report on ASERF as President of the

Foundation. It's been a busy and interesting year: ASERF has been involved in a wide range of issues from fat grafting for gluteal augmentation to ALCL. We have also been designated the gatekeeper for the The Mollenkopf Breast Reconstruction Fund, made possible through a generous restricted donation to ASERF by Susan and Steve Mollenkopf, which provides grants of up to \$5,000 to assist underinsured or uninsured patients in the San Diego area with completing a quality aesthetic breast reconstruction following breast cancer.

This just touches on the scope of what ASERF has achieved. But I would be remiss if I didn't extend a heartfelt and grateful "Thank You" to the ASERF Board and to my friend and colleague Barry DiBernardo, MD who will be leading the charge next year.

Being so involved in the Foundation, I have seen first-hand the value of our work. However, when I was an ASERF member not involved in its leadership, I knew very little about the organization, let alone its value.

Of course, I knew they issued research

grants—this is the reason I joined in the first place. Aesthetic research that isn't done by manufacturers is a very important to us and to our patients. But I was hard pressed to see the tangible value ASERF had to me as a practicing aesthetic surgeon.

Here's what I've learned:

- When ultrasound-assisted liposuction (UAL) was first entering the plastic surgeon's vernacular, ASERF was there, teaching us how to do this new procedure in a safe and effective manner. Liposuction consistently ranks among the top five procedures in the ASAPS Annual Statistics.
- When we wanted to learn about techniques and therapies that weren't necessarily clinically proven but looked promising, ASERF was there with the Hot Topics section of the annual Aesthetic Meeting, where these potential advances could be discussed freely in a scientific forum.

But perhaps the most immediately useful activity ASERF does is help not only its members, but the house of plastic surgery, with important patient safety issues.

Take, for example, the recently published article on gluteal augmentation with fat grafting. This important paper, which details some of the serious issues associated with the

procedure including its high adverse event rates, ran in Aesthetic Surgery Journal under the title, "Report on Mortality from Gluteal Fat Grafting, with Recommendations from the Aesthetic Surgery Education and Research Foundation (ASERF) Task Force." Not only was ASERF able to provide some scientific context on the issue, we were also able to offer suggestions on how to avoid complications.

The study was picked up by several media outlets and sent as a blast email to members. We heard from several of you, thanking the Society for providing this new information.

And, to me, this is where ASERF excels. Anecdotal information is processed into science which is processed into useful action items which is processed into advisories for all plastic surgeons.

I am proud of all ASERF activities but am particularly gratified when I see science turn into useful information for our members. That's one reason why serving as ASERF president was such a gratifying experience. I will always be grateful and humbled for being given the opportunity.

*Steven Teitelbaum, MD, is an aesthetic plastic surgeon practicing in Santa Monica, CA, and serves as President of ASERF.*

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*Offer ends May 15, 2017. Offer applies to new product purchases only.*



## The Surgeon As Consumer Solution: What Works and What Doesn't

By Jennifer Walden, MD

If there's one area of practice management that our members have requested assistance with over recent years, it is sorting through the hype of 510K devices—aesthetic modalities often touted as the holy grail and marketed directly to patients. Information and scientific research on these devices is often funded and provided by the manufacturers—one may find out that a new device may not live up to expectations long after the ink is dry on the lease or purchase agreement. It is not unusual for plastic surgeons to spend tens of thousands of dollars leasing or buying these pieces of equipment based on the promise of it being “the next big thing.” Sometimes they end up only to collect dust in an office storeroom or on eBay for sale again.

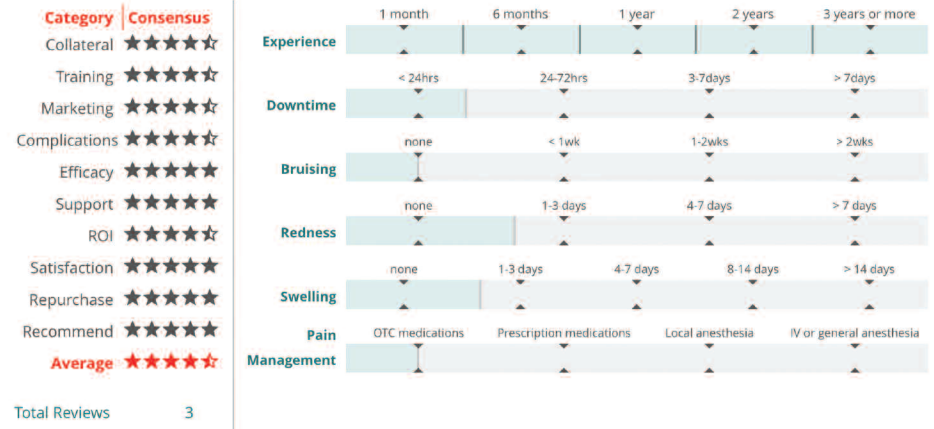
It is not unusual for plastic surgeons to spend tens of thousands of dollars leasing or buying these pieces of equipment based on the promise of it being “the next big thing.”

The boom of minimally and non-invasive technology in the aesthetic surgeon's practice has necessitated that we become familiar with medical devices from a scientific, efficacy-based standpoint, as well as a financial one if planning a medspa side of one's practice. On the positive side, even though the addition of another profit center with these devices within a surgical practice requires research and investment, the end result is wonderful if it thrives with passive income and helps us pay the bills.

As the Chair of this Task Force, I am pleased to introduce to you the Surgeon as Consumer Task Force, developed by the American Society for Aesthetic Plastic Surgery, the Surgeon as Consumer solution (or SAC). SAC is a benefit of membership and has been developed and placed within the members-only area of ASAPS.org to help us in the area of nonsurgical aesthetic practice development.

SAC is a private peer-to-peer forum for members to evaluate capital intensive 510k medical devices and uses a simple five star

### Reviews for BBL



Include Potential Conflicts of Interest

- ★★★★★ [Redacted] — sounds IPL device. Tons of flexibility. can add to existing platform. I love Sciton. Never the first out there but devices are well put together and last a long time. Great support from the company.
- ★★★★★ [Redacted] — I purchased this device with the Sciton TRL, Profractional, MLP and BBL. great return on investment and a true work horse. Good support from the company
- ★★★★★  [Redacted] — Love our Sciton BBL. Effective for a variety of pigment alterations and textural irregularities. also good for hair removal and less so acne.

rating system for energy and light based equipment that is patterned after Consumer Reports and RealSelf's “Was It Worth It?” ratings. Ratings will consist of 10 uniform questions that will allow for an in-depth review of the pros and cons, as well as a free text section for additional comments. Overall star rating can be compared over different devices to allow for product comparison. Device lists can be sorted based on type of technology. Standardized procedural evaluation, conflicts of interest, and reviewer's level of experience will be elicited and also displayed with the reviews. Reviews are not anonymous, so interested consumers have the option of contacting the reviewer for additional information. The goal of this review system is to provide enough real content to help the potential surgeon-consumer in all phases of research, purchase, and utilization of new devices.

The SAC system is designed to be a robust review website where members can post and read these reviews and compare summary metrics on devices to help validate future

purchase decisions. Reviewers are exclusively members of the American Society for Aesthetic Plastic Surgery, and the system depends on maintaining this closed community. If any review is suspected of coming from a manufacturer or manufacturer's representative (such as marketing agent, etc.) it will be pulled, researched and banned from the system.

SAC operates on the honor system with members receiving public attribution for the reviews that they submit. Members are

The (Surgeon as Consumer) system is designed to be a robust review website where members can post and read these reviews and compare summary metrics on devices to help validate future purchase decisions.

Continued on Page 53



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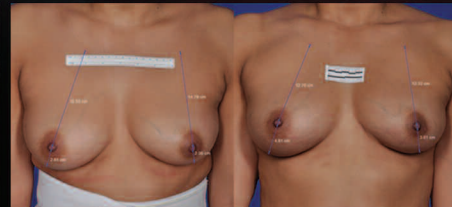
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Barry DiBernardo, MD

1 application, 6 days post

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1 application, 1 month post

ThermiTight®



Barry DiBernardo, MD

1 application, 6 days post

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Patient images of actual Thermi® patients. Individual patient results may vary. ©2017 ThermiGen, LLC. All rights reserved.

## The Surgeon As Consumer Solution

Continued from Page 51



# Surgeon as consumer

encouraged to disclose all relevant conflict of interest information at the time of submission for the sake of transparency, for example, if they are an advisor, speaker, consultant, or own stock in the company. It is designed to be a fully open system with the exception of flagging reviews—this process will be anonymous to other users, but not to ASAPS staff. If a member comes across a review that she or he feels is in violation of ethical guidelines or contains inappropriate content, the submission can be reported or “flagged.” This action will alert key staff that further examination is required.

There are several features that also make the SAC product attractive from a practice management perspective as listed below:

- **Purchase Price**—The ability to submit a purchase price will be included with each review. This optional metric will not be displayed on individual user reviews, but is displayed as a price range on the summary review if ten or more entries are present within the system.
- **Disposable Cost Per Treatment**—This optional metric will use the same display rules and business logic as the Purchase Price data point.
- **Suggest a New Device**—Members can suggest new devices for inclusion in SAC. Recommended devices are added to the system after a brief vetting process.
- **Devices featured on Enhanced Profile Pages (EPPs)**—A new section on member EPPs will feature devices used within the practice. Devices selected in SAC will be eligible to be featured on ASAPS.org member profiles.
- **Notification System**—SAC will occasionally email members, requesting either new reviews on devices they have indicated they use (as featured on their

Visit Surgeon as Consumer in the ASAPS Booth #620. Read Fellow Surgeons' Device Reviews and Write Your Own!

EPP) or submit updated reviews on devices they have previously reviewed (six months, one year, etc.).

I invite you to share your opinions and expertise while learning about what works, and what doesn't work in the realm of aesthetic device technology. **Please follow these instructions to access the Surgeon as Consumer portal:**

1. Log into [www.asaps.org](http://www.asaps.org)
2. Enter user name and password
3. Click on the “Surgeon As Consumer” button
4. Follow the prompts and submit your reviews

Your username is first name-last name (e.g., john-smith). If you do not remember your password click on the “forgot your password?” link. If you need additional assistance call 800-364-2147 or 562-799-2356.

Thank you for logging in and reviewing your devices. This should be a great addition to our portfolio of ASAPS member-only benefits!

Special thanks to members of the Surgeon As Consumer Task Force: Drs. Michael Bogdan, Jay Burns, Ashkan Ghavami, Michael Kulick, Dan Mills, and staff members John O'Leary and Kevin Charles.

*Jennifer Walden, MD, is an aesthetic plastic surgeon in Austin, TX, and chairs the ASAPS Surgeon as Consumer Task Force.*

### HOW DO I ACCESS SURGEON AS CONSUMER?

- Log into [asaps.org](http://asaps.org)
- Click on Surgeon as Consumer
- Read or write reviews!



## Building a New Member Benefit, from the Ground Up

By Michael Bogdan, MD, MBA

**W**hen Dan Mills, MD, first shared with me his idea for a surgeon review tool for 510k devices, I immediately saw both the benefits and hurdles of building such a resource. We've all used review sites, whether to find the best restaurants or to see how patients have reviewed our services. Dr. Mills envisioned just such a simple-to-use platform for ASAPS, but “simple” really is in the eye of the beholder.

For the past several months, as chief designer of the system, I've been knee-deep, assisting our IT team in developing what has become known as Surgeon as Consumer (SAC), and this process has not been “simple.” In creating this resource, the team and I have tried to find the right balance between ease of use for the participant and ensuring that the data gleaned was impactful, meaningful and solid. I developed a scoring algorithm for the rating system and also designed the system's user interface, as that interface was what needed to be “simple,” to ensure ASAPS members utilized it. Otherwise, a clunky interface leads to low user adoption, and little value for ASAPS members.

Through it all, the team and I worked hard, overseeing the testing process and performing quality assurance work. We took notes from several beta testers, incorporating their suggestions into our design. Today, Surgeon as Consumer stands ready to begin the real test, as our ASAPS members begin to submit their reviews, read the reviews of others, and work through each step of the platform.

I look forward to any input you may have as to how to make SAC even better. This new member benefit is one which will help each of us make smarter purchasing decisions, saving ourselves money in the process, and ensuring that our patients get the optimal results possible. A happy patient is one who'll refer their friends to us, and with SAC, we can help refer each other to the most effective 510k devices. Welcome to SAC, and I hope your user experience is nothing less than five star.

*Michael Bogdan, MD, MBA, FACS, is an aesthetic plastic surgeon in Dallas, TX, and served as chief architect of the new member benefit, Surgeon as Consumer (SAC).*



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## Introducing ASAPs' Endorsed Aesthetic Fellowship Match

By Jeffrey M. Kenkel, MD

**O**n behalf of The Aesthetic Society's Board of Directors, it gives me great pleasure to announce a new matching program for ASAPs Endorsed Fellowships starting for the 2019 Fellows. This new program will help eliminate stress of early matches for plastic surgery residents and alleviate some of the strain on the fellowship system. ASAPs will be using SF Match to organize the process ([sfmatch.org](http://sfmatch.org)), which outlines specific rules for the match.

### The Process

To apply, Fellows pay a \$50 registration fee, but there are no further charges to complete the ranking process and it is all completed online. Registrations are now being accepted, with interviews beginning in late fall, the Match registration process starting in January 2018 and results being announced at The Aesthetic Meeting 2018. The first group of Fellows will begin their training in July of 2019.

### Current List of Endorsed Fellowships

1. Sherrell Aston, MD—Manhattan Eye, Ear and Throat Hospital (New York, NY)
2. Jeffrey Kenkel, MD & William Adams, MD—UT Southwestern (Dallas, TX)

3. Louis Bucky, MD—University of PA (Philadelphia, Pennsylvania)
4. Steve Byrd, MD & Bradley Hubbard, MD—Dallas Plastic Surgery Institute (Dallas, TX)
5. Julius Few, MD—Few Institute (Chicago, IL)
6. Scott Green, MD—The Plastic Surgery Center (Sacramento, CA)
7. James Grotting, MD—Grotting Plastic Surgery Clinic (Birmingham, AL)
8. Joseph Hunstad, MD—The Hunstad Kortesis Center (Huntersville, NC)
9. Ram Kalus, MD—Plastic Surgery of the Carolinas (Mount Pleasant, SC)
10. Daniel Mills, MD—Aesthetic Plastic Surgical Institute (Laguna Beach, CA)
11. Kiya Movassaghi, MD—Movassaghi Plastic Surgery & Ziba Medical Spa (Eugene, OR)
12. Christopher Patronella, MD, Henry Mentz, MD & German Newall, MD—The Aesthetic Center for Plastic Surgery (Houston, TX)
13. Bivik Shah, MD—OSU—Columbus Institute of Plastic Surgery (Columbus, OH)
14. Samuel Lin, MD—Beth Israel Deaconess Medical Center (Boston, MA)
15. Sadri Ozan Sozer, MD—El Paso Cosmetic Surgery (El Paso, TX)
16. Grant Stevens, MD & Jay Calvert, MD—USC (Los Angeles, CA)
17. Charles Thorne, MD—Manhattan Eye, Ear and Throat Hospital (New York, NY)
18. Simeon Wall, Jr, MD—The Wall Center for Plastic Surgery (Shreveport, LA)
19. James Zins, MD—Cleveland Clinic (Cleveland, OH)

We are extremely excited to offer this ASAPs' Endorsed Aesthetic Fellowship Match, as both patients and our specialty benefits from well-trained surgeons. To register for the Match, please go to [sfmatch.org](http://sfmatch.org). Thank you.

*Jeffrey M. Kenkel, MD, is chair of the ASAPs Aesthetic Training Committee and is a Past President of The Aesthetic Society.*

## Welcome New Members

**T**he Aesthetic Society extends a warm welcome to our new members, noted below. We look forward to interacting with you as we build a stronger specialty with an emphasis on patient safety.

### New Members Voted in as of January 1

Valerie Ablaza, MD  
Ioannis Alexandrides, MD  
Bryan S. Armijo, MD  
Peyman Bamdad, MD  
Evan W. Beale, MD  
Robert G. Bonillas, MD  
Renee Burke, MD  
Mark A. Clayman, MD  
Lorri Cobbins, MD  
David M. Deisher, MD  
Urmen Desai, MD  
Scott T. Farber, MD  
Francis X. Fleming, MD  
Katerina M. Gallus, MD  
Moneer Jaibaji, MD  
Wright A. Jones, MD  
Wrood M. Kassira, MD

Maan Kattash, MD  
Shahrooz Kelishadi, MD  
Dana Khuthaila, MD  
Emily J. Kirby, MD  
Bianca Knoll, MD  
Anh Lee, MD  
Steven M. Levine, MD  
Lirian Leyva, MD  
Angeline Lim, MD  
Emily B. McLaughlin, MD  
Tania Yolanda Medina, MD  
Stephen Blaine Miller, MD  
Paul Papillion, MD  
Nikesh K. Patel, MD  
Karina L.P. Quinn, MD  
Jose Alexis Reyes, MD  
Bryson Richards, MD  
Murtaza Rizvi, MD  
Jason Roostaeian, MD

Jeffrey K. Scott, MD  
David H. Song, MD  
Jeffrey N. Thaxton, MD  
Thomas P. Trevisani, MD  
Gary A. Tuma, MD  
Cindy Wu, MD  
Yordan P. Yordanov, MD, PhD  
Stephen E. Zucker, MD  
Joshua D. Zuckerman, MD

### New Members Voted in as of April 1

Faisal M. Al-Mufarrej, MD  
John W. Antonetti, MD  
Adam C. Augenstein, MD  
Daniel Brown, MD  
Terrence Bruner, MD  
Jennyfer F. Cocco, MD  
Gabriel Del Corral, MD



Brian Derby, MD  
Lewis A. Diulus III, MD  
Alexander Q. Ereso, MD  
Nicholas A. Flugstad, MD  
Debra J. Johnson, MD  
Erin Kennedy, MD  
Peter Kreymerman, MD  
Marcelo Uriarte Mayorga, MD  
Maurice Nahabedian, MD  
James Rosing, MD  
Ahmad Saad, MD  
Rafael E. Salas, MD  
James Shoukas, MD  
Jeremy A. Silk, MD  
Rachel E. Streu, MD  
Traci Temmen, MD

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## Aesthetic Surgery Journal Update

**W**e are so proud of Editor in Chief Foad Nahai, who was named the Maurice J. Jurkiewicz Chair of Plastic Surgery. He is pictured at right with Jonathan Lewin, MD, President/CEO and Chair of the Board of Emory Healthcare in Atlanta, Georgia. Congratulations Dr. Nahai!

### Have you read the May issue of ASJ yet?

Use the following link to access brand new articles and Dr. Nahai's editor choice selections and article highlight videos.  
<https://academic.oup.com/asj>

Check out ASJ meeting-related information in the *Aesthetic Surgery Journal* tab of our new App.



Join ASJ and sponsor Galatea on Saturday, April 29, 3:15pm-3:45pm for a champagne toast and pick up a free copy of the supplement: **Guide to Soft Tissue Reinforcements**. The toast will be held in the ASAPS Booth #620.

Ready to submit your next article to the *Aesthetic Surgery Journal* and receive a first decision in under 30 days?

Submit here:  
<https://mc.manuscriptcentral.com/asjournal>



Dr. Foad Nahai named the Maurice J. Jurkiewicz Chair of Plastic Surgery

### Aesthetic Surgery Journal/Implantech Book Signing and Giveaway

A Book Giveaway and Signing (sponsored by Implantech) will take place Sunday, April 30, 4pm-4:30pm in the ASAPS Booth #620. Two attendees will win a signed copy of Dr. Foad Nahai's **The Art of Aesthetic Surgery** (\$895 value). Tickets are available at the ASAPS booth #620 and the Implantech Booth #501. Must be an MD to enter.

## VISIT THE AESTHETIC SURGERY JOURNAL TEAM IN THE ASAPS BOOTH #620

Editor in Chief, Foad Nahai, MD  
 Associate Editor, Jeffrey Kenkel, MD  
 Executive Editor, Phaedra Cress  
 Editorial Manager, Hunter Alexander

### International Spotlight Program

Join us on a trip around the globe featuring international leaders in aesthetic surgery. Watch the playlist here: <https://goo.gl/n3qPbZ>

### Cosmetic Corner

Watch the latest interviews here and keep checking back in for new videos:  
<https://goo.gl/rtRQWa>

### In the News

Two newly published articles have garnered national print and TV attention. We are proud to be able to serve our community by publishing timely and informative articles like these and thank the authors for choosing the #1 journal in all of aesthetic surgery:

#### Report on Mortality from Gluteal Fat Grafting: Recommendations from the ASERF Task Force

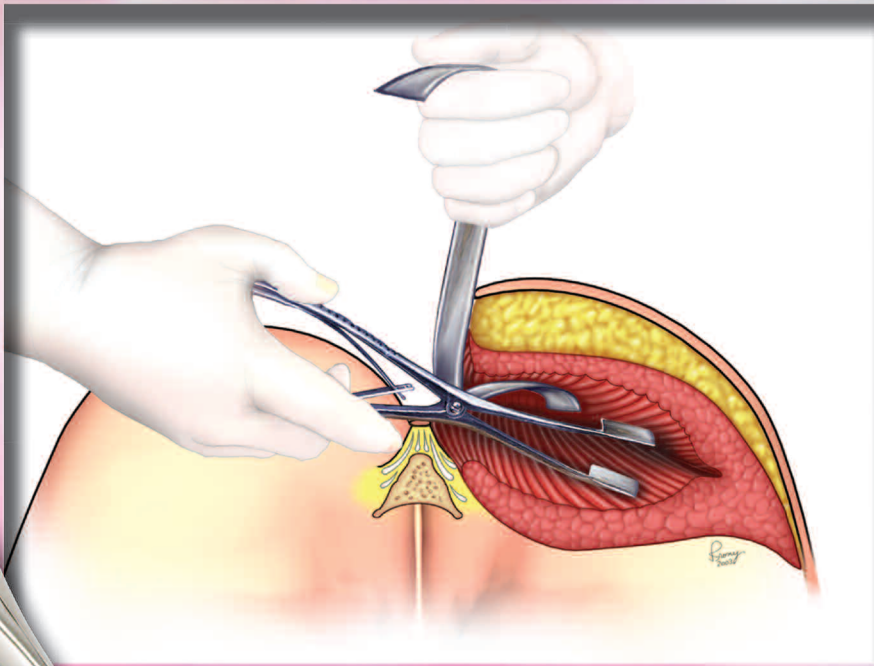
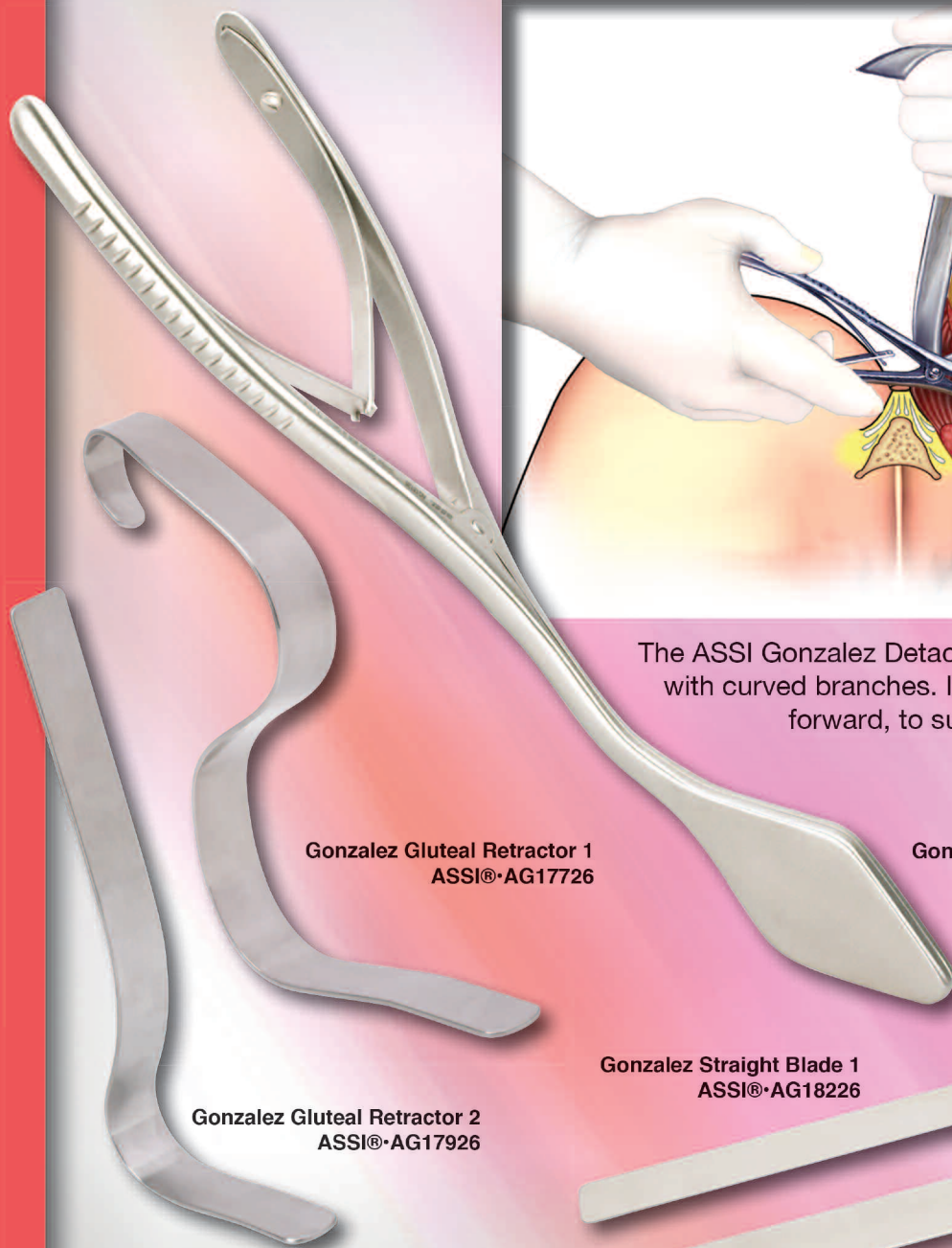
M. Mark Mofid, MD, FACS; Steven Teitelbaum, MD, FACS; Daniel Suissa, MD, MSc, FRCS; Arturo Ramirez-Montañana, MD; Denis C. Astarita, MD; Constantino Mendieta, MD, FACS; Robert Singer, MD, FACS; available at: <https://goo.gl/d0vPt5>

#### Biomarkers Provide Clues to Early Events in the Pathogenesis of Breast Implant-Associated Anaplastic Large Cell Lymphoma

Marshall E. Kadin, MD; Anand Deva, MD; Haiying Xu, BS; John Morgan, PhD; Pranay Khare, PhD; Roderick A.F. MacLeod, PhD; Bruce W. Van Natta, MD; William P. Adams, Jr., MD; Garry S. Brody, MD; Alan L. Epstein, MD, PhD; available at: <https://goo.gl/vE1uOT>



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Gonzalez Gluteal Retractor 2  
ASSI®•AG17926

Gonzalez Straight Blade 1  
ASSI®•AG18226

Gonzalez Straight Blade 2  
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Designed by:  
Dr. Gonzalez, Associate Professor of Plastic Surgery,  
University of Ribeirao Preto (UNAERP) Medical School, Brazil



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## ASAPS.CLOUD: The New Practice Technology Standard

*A New Advantage Partner Offers Security for Your Data*

The Aesthetic Society is pleased to announce ASAPS.CLOUD—a new service, brought to you by ANZU®—the creators of RADAR Resource, and Iron Medical Systems®—a leading provider of secure private medical clouds. As the newest ASAPS Advantage Program provider, ASAPS.CLOUD is the first HITRUST® certified, aesthetic and plastic surgery-specific cloud offering in the world.

As a leading expert and the largest cloud provider to radiation and medical oncology organizations nationwide, Iron Medical Systems bring ASAPS members a HITRUST certified infrastructure that meets the highest standards for managing electronic protected healthcare information (ePHI), protecting electronic medical records (EMR/PM) and ensuring ultimate data privacy, regulatory compliance and security of patient photos. Private clouds are usually reserved for large organizations and wealthy businesses, but ASAPS is proud to endorse this highly optimized and workflow specific system, built expressly for the aesthetics practice, at a fraction of what similar services would cost anywhere else.

An aesthetic surgery practice has unique security risks that are different from other medical specialties. Before and after photographs and 3D digital images are an integral part of the patient's medical record and treatment plan. Unfortunately, patient photos make aesthetic practices the most vulnerable entities to malicious attack. Compromise of such images with their imbedded patient metadata can produce devastating results to practice reputations, including serious legal implications. The ASAPS.CLOUD solves this problem by never storing an image file in the user's system, even at time of upload, by executing the imaging software in the cloud and not on the user's computer. In addition, by using the revolutionary "bundleBOX,™" a nano-computer about the size of a deck of cards, all uploaded photos instantly stream to the protected cloud and are not stored locally, protecting them from risk.

With ASAPS.CLOUD, each practice resides within its own private space—there is no joint tenancy within the software or virtual architecture of your infrastructure.



Additionally, your private cloud lives in a thermo-regulated steel vault—behind armed guards and biometric security. Critical data is real-time mirrored to multiple backups and locations 24/7.

Need to access patient information while not in the office? World-class infrastructure and triple-redundant network connectivity ensure that you'll be able to use your mission-critical systems from the office, home, on vacation or even in the air, if need be, on your laptop, iPad, Surface or even an iPhone.

ASAPS.CLOUD is always online. Always. ASAPS.CLOUD resides in the IO Data Centers that boast "24xForever" uptime. IO Data Centers are SSAE 16-compliant, SOC 2 Type 2 information fortresses taking care of entities like Goldman Sachs, Lockheed Martin and CBS.

ASAPS has also recognized the significant threat of ransomware to its member practices and how a successful attack can have a devastating effect on patient care, patient privacy and practice reputation. The average direct cost (prior to insurance, legal fees and reparations) to a practice that faces a ransomware attack is \$17,000, with recent examples demanding more than \$100,000. Reports say that one in 5 practices will be hit by ransomware in 2017. Most practices are unprotected and end up paying the ransom,

desperately hoping that their patient information and practice systems will be returned intact, which is not always the case. As a HIPAA breach, every hacked practice is required to report the event to the Office of Civil Rights and likely to the entire patient database as well.

Your transition to the cloud will be simple, easy and efficient. Regardless of whether you use Nextech, Inform&Enhance,® Vectra,® Mirror™ or other medical software, ASAPS.CLOUD will allow you to sleep better knowing your ePHI and patient photos are secure, protected and backed up.

For more information, please contact Ronan Solutions (partnership of Anzu & Iron Medical Systems) at 602.884.8330 or by email at [sales@ronansolutions.com](mailto:sales@ronansolutions.com).

Learn more about the ASAPS.CLOUD by visiting the Aesthetic Neural Network Booth #524 at The Aesthetic Meeting 2017.

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[www.ZALEA.com/Account/SignUp](http://www.ZALEA.com/Account/SignUp)





## ASAPS/ASPS Joint Advisory: FDA Updates Website on BIA-ALCL

By Daniel C Mills, II, MD—ASAPS President

The American Society of Plastic Surgeons (ASPS) and the American Society for Aesthetic Plastic Surgery (ASAPS) would like to make members aware of a recent safety communication update to the Food and Drug Administration (FDA) website regarding breast implant-associated anaplastic large cell lymphoma (BIA-ALCL).

The March 21 website update acknowledges that while it remains difficult to determine the exact number of BIA-ALCL cases, there have now been 359 medical device reports (MDR) reported to the FDA Manufacturer and User Facility Device Experience (MAUDE) database as of Feb. 1, 2017. Of these MDRs, the FDA reports that 232 included information on the breast implant device, with 203 identified as textured, 28 smooth and one identified as “another surface.” The update also confirms that both silicone gel and saline implants have been reported in cases of BIA-ALCL.

It's important to note that the MAUDE database may contain limited and potentially inaccurate adverse event reports, and does not represent the true number of U.S. cases, as some entries are duplicates and not all cases are confirmed as ALCL. To date, there has been no confirmed smooth surface-only case of BIA-ALCL reported. As of March 21, 2017, 126 unique confirmed U.S. cases of BIA-ALCL have been reported to the Patient Registry and Outcomes for Breast Implants and

Anaplastic Large Cell Lymphoma Etiology and Epidemiology (PROFILE) database, a collaboration between ASPS, PSF, and the FDA.

The FDA's website update confirms previous ASPS/ASAPS communications, noting that BIA-ALCL remains a rare condition that occurs most frequently in patients who have breast implants with textured surfaces. The report also reiterates that patients should discuss with their health-care provider the benefits and risks of textured-surface versus smooth-surface implants. The FDA highlights the World Health Organization recognition of BIA-ALCL, and standardized diagnosis and treatment guidelines established by the National Comprehensive Cancer Network (NCCN).

The FDA recommends that all cases of BIA-ALCL be reported to the FDA and to the PROFILE registry, at [www.the-psf.org/profile](http://www.the-psf.org/profile).

For more information on BIA-ALCL, visit [plasticsurgery.org/alcl](http://plasticsurgery.org/alcl) or the FDA website [www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/BreastImplants/ucm239995.htm](http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/BreastImplants/ucm239995.htm)

ASAPS and ASPS are committed to patient safety, advancing quality of care, and practicing medicine based upon the best available scientific evidence. We will continue to monitor and review all new information as it becomes available to keep the plastic surgery community informed.

## Emails From The Aesthetic Society



One of the commonly heard suggestions from those associated with The Aesthetic Society is that the Society reduce the number of emails. As we understand the many demands on your time, The Aesthetic Society makes every effort to ensure that the emails we send are relevant to you, with important Society information, educational opportunities, and member offerings. While we occasionally send out emails on behalf of our industry partners, please keep in mind that our partnerships with them enable us to keep membership dues as low as possible. **Please be assured that we never loan or sell our email lists.**

Email is our most cost-efficient way of communicating with a large number of people, and we'd rather not spend membership dues on unnecessary printing.

Unfortunately, our current email system doesn't allow people to select what type of email they receive; it is either all or nothing. If a person “unsubscribes” from an Aesthetic Society email, whether intentionally or not, that unsubscribes him or her from all communications from The Aesthetic Society.

If you have not received email from The Aesthetic Society in some time, it is likely that you may have mistakenly unsubscribed from email communications. If this was in error, please call our office at 1.800.364.2147 or 1.562.799.2356 and ask to be re-subscribed to our communications list. Alternately, you can send an email alerting us to re-subscribe you to [asaps@surgery.org](mailto:asaps@surgery.org).

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

*Please visit the organizations websites for additional info:*

ASAPS  
[surgery.org/professionals](http://surgery.org/professionals)

RADAR (search “ALCL”)  
[radarresource.org](http://radarresource.org)

FDA  
<https://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/BreastImplants/ucm239995.htm>

ASPS  
[plasticsurgery.org/alcl](http://plasticsurgery.org/alcl)

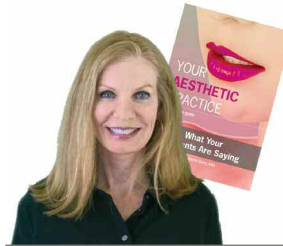
Plastic and Reconstructive Surgery  
<http://journals.lww.com/plasreconsurg/pages/collectiondetails.aspx?TopicalCollectionId=45>

# Get the Razor's Edge Over Your Competitors

Hello,

To help you take your practice from "Good to Great", I packed my 17 years of experience in this industry into online training courses.

Patient-Attraction and Staff Training has never been easier. "See" you there! Catherine



**Catherine Maley, MBA**  
Author, *Your Aesthetic Practice*  
President, Cosmetic Image Marketing  
Cosmetic Patient Attraction  
& Conversion Specialist

INTERVIEWED BY



## Calendar of **Online Learning Events** For Plastic Surgery Practice Surgeons and Staff. **Watch. Grow. Prosper.**

**January 11th (Wednesday) – For Surgeons.**

**New Year. New Patients. New Plan. Free.**

8:30 PM EDT / 7:30 PM MDT / 6:30 PM CDT / 5:30 PM PDT

**January 25th (Wednesday) – For Receptionists.**

**How to Convert Callers to Appointments. Fee.**

12 PM EDT / 11 AM MDT / 10 AM CDT / 9 AM PDT  
3 PM EDT / 2 PM MDT / 1 PM CDT / 12 PM PDT

**February 8th (Wednesday) – For Patient Coordinators.**

**How to Convert More Consultations. Fee.**

12 PM EDT / 11 AM MDT / 10 AM CDT / 9 AM PDT  
3 PM EDT / 2 PM MDT / 1 PM CDT / 12 PM PDT

**February 21st (Tuesday) – For Surgeons.**

**How to Run Your Practice Like a Business. Free.**

8:30 PM EDT / 7:30 PM MDT / 6:30 PM CDT / 5:30 PM PDT

**March 8th (Wednesday) – For Staff.**

**How to Follow-Up AFTER the Consult to Convert. Fee.**

12 PM EDT / 11 AM MDT / 10 AM CDT / 9 AM PDT  
3 PM EDT / 2 PM MDT / 1 PM CDT / 12 PM PDT

**April 3rd (Monday) – For Surgeons.**

**The Best Cosmetic Patient Attraction Plan. Free.**

8:30 PM EST / 7:30 PM MST / 6:30 PM CST / 5:30 PM PST

**May 3rd (Wednesday) – For Surgeons.**

**How to Keep Staff Busy While You're In Surgery. Free.**

8:30 PM EST / 7:30 PM MST / 6:30 PM CST / 5:30 PM PST

**June 6th (Tuesday) – For Surgeons and Staff.**

**Summer Strategies to Avoid the Slump. Free.**

12 PM EST / 11 AM MST / 10 AM CST / 9 AM PST

**June 19th (Monday) – For Surgeons.**

**FasTrak MBA for Busy Surgeons. Free.**

8:30 PM EST / 7:30 PM MST / 6:30 PM CST / 5:30 PM PST

**July 10th (Monday) – For Surgeons.**

**Steady Stream of Cash-Paying Patients. Free.**

8:30 PM EST / 7:30 PM MST / 6:30 PM CST / 5:30 PM PST

**July 19th (Wednesday) – For Receptionists.**

**How to Convert Callers to Appointments. Fee.**

12 PM EST / 11 AM MST / 10 AM CST / 9 AM PST  
3 PM EST / 2 PM MST / 1 PM CST / 12 PM PST

**August 9th (Wednesday) – For Patient Coordinators.**

**How to Convert More Consultations. Fee.**

12 PM EST / 11 AM MST / 10 AM CST / 9 AM PST  
3 PM EST / 2 PM MST / 1 PM CST / 12 PM PST

**August 23rd (Wednesday) – For Staff.**

**How to Follow-Up AFTER the Consult to Convert. Fee.**

12 PM EST / 11 AM MST / 10 AM CST / 9 AM PST  
3 PM EST / 2 PM MST / 1 PM CST / 12 PM PST

**September 7th (Thursday) – For Surgeons.**

**I'll Teach Your Staff to Market YOU. Free.**

8:30 PM EST / 7:30 PM MST / 6:30 PM CST / 5:30 PM PST

**September 21st (Thursday) – For Surgeons and Staff.**

**Hold a Patient Event That's Fun AND Profitable. Free.**

12 PM EST / 11 AM MST / 10 AM CST / 9 AM PST  
3 PM EST / 2 PM MST / 1 PM CST / 12 PM PST

**October 11th (Wednesday) – For Surgeons.**

**Are You Chasing the Wrong Patients? Free.**

8:30 PM EST / 7:30 PM MST / 6:30 PM CST / 5:30 PM PST

**November 16th (Wednesday) – For Surgeons and Staff.**

**2018 Email Marketing Calendar w/Templates. Fee.**

12 PM EDT / 11 AM MDT / 10 AM CDT / 9 AM PDT  
3 PM EDT / 2 PM MDT / 1 PM CDT / 12 PM PDT

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## Show Your Patients You Are a Member of ASAPS



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

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



## Meet the Staff!

**Jackie S. Nunn**

**J**ackie S. Nunn, ASAPS Director of Corporate Relations, has been with the Society for two years. She enjoys the relationships between the staff, members, and our industry partners. As she notes, "Each day is exciting and different." In her free time, she enjoys spending time with her husband, friends and family. "I love the ocean, swimming, walking, cooking, and a good mystery of any kind," she says. While you're at The Aesthetic Meeting, if you see Jackie, please say hello!

## 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](mailto:asaps@surgery.org) and we will be in contact with you soon.



The Advantage Provider Program was created to provide members with pre-negotiated special pricing on products and services, to enhance practice performance. Each ASAPS Advantage Provider is rigorously vetted, carefully selected and has agreed to uphold our strict ethical standards.

When you purchase a product from an Advantage Provider, you are also helping The Aesthetic Society offset costs, which helps keep your membership fees as low as possible.

**WE ARE  
AESTHETICS.**

## Are You Making the Most of the ASAPS Advantage Provider Program?



### ASAPS.CLOUD POWERED BY RONAN SOLUTIONS

The Aesthetic Society is pleased to announce ASAPS.CLOUD—a new service, brought to you by ANZU®—the creators of RADAR Resource, and Iron Medical Systems®—a leading provider of secure private medical clouds. As the newest

ASAPS Advantage Program provider, ASAPS.CLOUD is the first HITRUST® certified, aesthetic and plastic surgery-specific cloud offering in the world.

For more information, please contact Ronan Solutions (partnership of Anzu & Iron Medical Systems) at 602.884.8330, or by email at [sales@ronansolutions.com](mailto:sales@ronansolutions.com).



### REALPATIENTRATINGS™

Reviews are the single strongest strategy to power your website and all of your marketing. RealPatientRatings generates dozens of 100% verified reviews fast. Powerful content marketing boosts rankings, increases traffic and enhances your online reputation. Patient feedback and actionable data increase revenue, retention, and referrals.

RealPatientRatings offers its patient rating services at a reduced rate for ASAPS members. 800.267.1228, extension 106 • [www.realpatientratings.com](http://www.realpatientratings.com)

The American Society for Aesthetic Plastic Surgery  
Shaping the Future of Smart Beauty®

[www.surgery.org/ems](http://www.surgery.org/ems)





THE AMERICAN SOCIETY FOR  
AESTHETIC PLASTIC SURGERY, INC.

# ASAPS LAS VEGAS 2018 FACIAL & RHINOPLASTY SYMPOSIUM

February 1–3, 2018  
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Las Vegas, NV

Chair: Charles Thorne, MD  
Co-Chair: Louis Bucky, MD

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## The Aesthetic Society Mourns the Loss of Scott Spear, MD

**T**he world of aesthetic plastic surgery lost one of its brightest stars, as Scott Spear, MD, a pioneer in reconstructive plastic surgery, died at age 68 peacefully on Thursday, March 16th at his home in Bethesda, Maryland. He is survived by his loving wife of 37 years, Cindy, his three children, Alexandra Spear Peurach (Matthew), Geri Spear Allyn (Conor), and Louis Spear (Emily) and his two grandchildren Aidan Scott Allyn and Reese Alexandra Peurach. In lieu of flowers, donations in his honor should be made to The Breast Reconstruction Awareness Campaign, a program that is an embodiment of his professional life's work at [www.breastreconusa.org](http://www.breastreconusa.org).\*

Alan Matarasso, MD, Vice President for Aesthetic Surgery and Private Practice, Executive Committee and Board of Directors for the American Society of Plastic Surgeons (ASPS), gave a eulogy, which we share here in its entirety:

*"We are all deeply saddened to be here today, offering condolences for Scott. Everyone in this room had a special relationship to him, but none more so than his family. At the ASPS Boston meeting in 2015 Scott received the Honorary Citation award, one of numerous of his career achievements. At dinner that night the special relationship that Cindy and Scott had and their overwhelming pride and joy in their family was so evident in our conversation.*

*"We met in 1978 at the University of Miami where Scott was a Millard resident and I was a medical student. He lived nearby and played tennis in Coconut Grove, and would pick me up in the mornings to drive to the medical center. It was like being with LeBron James. Even when he was a resident he was a role model and hero, that you wanted to emulate. Life moved on for him and his family, to Gainesville, and then to Washington DC where he headed up a premier plastic surgery training program, graduating numerous residents and fellows.*

*"Scott possessed a calm, distinguished, non judgmental demeanor and personality. He had an incredibly keen intellect. When you spoke to Scott, he would listen carefully and intently, and then immediately recognize the essence of the situation. He was an innovator and a surgeon's surgeon that we referred our most difficult cases to. He was passionate about his profession and compassionate to his patients. Scott was a person that we all admired and trusted, he always*

*knew what the right thing to do was. Indeed, he once said at a podium that you could never go wrong by doing what was in the best interests of the patient.*

*"He was a prolific contributor his entire career that continued into his private practice years. Scott had the ability to make every colleague feel they had a unique bond with him and that they alone were his special friend.*

*"Two weeks ago, unknowingly the circle of our relationship that began on the wards of Jackson Memorial Hospital closed with him leading my questioning in front of our society's nominating committee. I am so saddened to not have had the opportunity to thank him for almost 40 years of friendship and support.*

*"Scott lived the exemplary life of service. Every plastic surgeon will be influenced by his brilliance and diminished by his loss.*

*"Cindy, Alex, Geri, Louis, may his memory be a blessing. And may the almighty comfort you among the mourners of Zion and Jerusalem."*

### REMEMBRANCES

**S**cott Spear was a very dear friend whom I got to know very well over the past 15 years. He was a thinker—always wanting to achieve more and get better results for our patients, and pushing himself and those around him to reach for better. While he was an icon in breast surgery and in the whole of our specialty, his forward-thinking pushed the envelopes of nipple-sparing mastectomies, leading to innovations for less capsular contracture.

Just a few weeks ago, I was fortunate enough to serve with Scott on the ASPS nominating committee. His sage advice to me on ensuring that ASPS and ASAPS work well together has helped me a lot. With industry, he was a genius, putting together a think tank of plastic surgeons and industry representatives to help us help each other innovate and improve. Also, I was lucky enough to be included with the Royal and Ancient Society of American Plastic Surgeons and got to travel to wonderful golf destinations all over the world with Scott and fellow surgeons, enjoying great food and wine with friends and family. This group will live on because of him.

Any loss of life is impactful, but Scott's passing is felt deeply by those of us who knew



Dr. Scott Spear, speaking at The Aesthetic Meeting in 1992.

him and enjoyed his company. He was so intelligent, talented and a great friend and family man. I mourn his loss deeply.

Daniel C. Mills, II, MD  
President, ASPS

**T**he Australasian Society of Aesthetic Plastic Surgeons would like to pass on condolences following the passing of Dr. Scott Spear on Thursday, March 16.

Our thoughts are with his family and this is no doubt a difficult time for them.

Dr Scott Spear has been a thought leader in plastic surgery, and in particular breast implant surgery for aesthetic, revisionary and reconstructive indications. He has been involved in plastic surgery education in Australia and New Zealand at multiple touch points over many years.

I know that many of our members will have had more personal encounters with him. He leaves a significant body of research and a legacy that will persist.

I hope that his family may take a small measure of comfort knowing the extent to which he has influenced and help shape our craft group globally through his career.

His was a life well lived.

Mark Magnusson, MD  
President, Australasian Society of Aesthetic Plastic Surgeons

\*Biographical information from [Legacy.com](http://Legacy.com)



# 50

# YEARS OF AESTHETICS

## The Aesthetic Society's Industry Partnership Program



Founding Premier Partner: Sientra



Founding Alliance Partner: Rosemont Media

Working together to advance the science, art, and safe practice of aesthetic plastic surgery and cosmetic medicine through education, research, and innovation while maintaining the highest standards of ethical conduct among qualified plastic surgeons.



Media Notes & Quotes

**T**here is no doubt that the introduction of Botox back in 2002 was a game changer for the beauty and cosmetic-surgery industries. Fifteen years in, its popularity shows no signs of slowing down. In fact, the number of younger women (aged 19-34) receiving injections has actually soared 41% since 2011, according to the American Society for Aesthetic Plastic Surgery.

**Marie Claire** (<http://ow.ly/sFit3092vUQ>)  
*New Research Says Women Have a “Crack-Like” Addiction to Botox*  
January 11, 2017

**F**or brides, a pre-wedding beauty routine is pretty much a given. Between their skin, hair, nails and teeth, most women have a plan in place for months before they’re set to walk down the aisle. But recently, grooms have started to hop on the #treatyoself train, too: “Brotox,” a.k.a. male botox, is officially a thing that guys are doing to prep for their wedding day. According to The American Society for Aesthetic Plastic Surgery, procedures for men were up 63 percent between 2010 and 2015. The most common treatments, particularly in grooms, are injectables like Botulinum Toxin (Brotox) and a similar drug called Xeomin (Xeo-man). Most men get injections in their forehead, frown area and crows feet—exactly the same “problem areas” women choose to treat—and many of them are flocking to their plastic surgeons office for men’s grooming treatments in the weeks leading up to their weddings.

**Fox News** (<http://ow.ly/VPHA3092xnN>)  
*Grooms getting Botox is officially a thing*  
January 25, 2017

**C**hemical peels are tried and true. Everything old is new again, and chemical peels are experiencing a rebirth of sorts as growing numbers of cosmetic doctors turn to these oldies but goodies to address a wide range of skin concerns and conditions. In 2015, there were 603,305 chemical peels performed, up nearly 25 percent from 2014, the American Society for Aesthetic Plastic Surgery reports.

**Reader’s Digest** (<http://ow.ly/kr9Z3092x5i>)  
*Everything You Need To Know About Getting A Chemical Peel*  
January 31, 2017

**I**n a practice called “body contouring,” fat removed in liposuction is increasingly being put back elsewhere, replacing synthetic fillers. “We used to just throw fat away and now we use fat in... many operations,” said Nolan Karp, a plastic surgeon in New York and board member of the American Society for Aesthetic Plastic Surgery (ASAPS). “You take it out of areas you don’t want it, and put it into areas where you do want it,” he said—citing the buttocks, breasts, and even the face. The technique is not new, but improved technology has caused an explosion in demand.

**AFP/Yahoo News!**  
(<http://ow.ly/2KoE3092wxQ>)  
*Freezing fat: What’s new in beauty*  
January 26, 2017

Special Topic

**W**e’re pleased to share that ASAPS member Dr. Mark W. Clemens has been published in ASJ for his ongoing research surrounding BIA-ALCL. Many of his recommended guidelines have been adopted by the National Comprehensive Cancer Network for use in their first-ever recommendations for this disease.

In summary, key points for NCCN guidelines on BIA-ALCL include:

- Symptomatic peri-prosthetic effusions greater than one year after implantation should be aspirated and screened for CD30 immunohistochemistry and flow cytometry.
- BIA-ALCL localized to the capsule may be treated with surgery alone in the majority of cases.
- Extended BIA-ALCL with lymph node involvement warrants adjuvant chemotherapy.
- Local residual or unresectable disease may require radiation therapy treatment to the chest wall in the salvage setting.
- Distant organ metastasis follows established NCCN guideline regimens for systemic ALCL treatment.

BIA-ALCL is a rare peripheral T-cell lymphoma and a standardized diagnosis and treatment approach helps ensure patients are appropriately managed in a timely fashion.

VIDEO

**A**ccording to the American Society for Aesthetic Plastic Surgery, Botox treatments among those 19 to 34 years of age are spiking. NBC’s Jo Ling Kent follows a 25-year-old student who sees Botox as just another form of skin-care maintenance. An expert says social media could be the cause of the Botox boom.

**TODAY**  
(<http://ow.ly/TPr2309ZpIF>)  
*Botox use among millennials is skyrocketing: Are selfies to blame?*  
February 23, 2017

**S**ince the film’s release, the so-called “anti-aging” industry has exploded. In 2015, Americans spent more than \$13.5 billion on aesthetic procedures, according to a report from the American Society for Aesthetic Plastic Surgery. While not all of these procedures are specifically intended to turn back time, four of the top five nonsurgical procedures that year—Botox, hyaluronic-acid injections, chemical peels, and microdermabrasion—qualify as anti-aging treatments.

**New York Magazine**  
(<http://ow.ly/Wq1A309ZpMo>)  
*Is Death Becomes Her the Anti-Aging Parable We Need?*  
February 1, 2017

**A**n awards season that The Hollywood Reporter has dubbed #OscarsSoMale for the under-representation of female nominees, it may be interesting to note the (increasing) presence of Hollywood men in another area as well: Males are going under the needle and knife for cosmetic enhancement like never before. According to the American Society for Aesthetic Plastic Surgery, the number of men having procedures increased 53 percent from 2011 to 2015.

**The Hollywood Reporter**  
(<http://ow.ly/IugG309ZpOV>)  
*Hollywood’s High “Man”-tenance: Male Cosmetic Surgery on the Rise*  
February 9, 2017

Continued on Page 69

# You've Discovered Dr. Clyde Ishii— and So Have Prospective Patients!

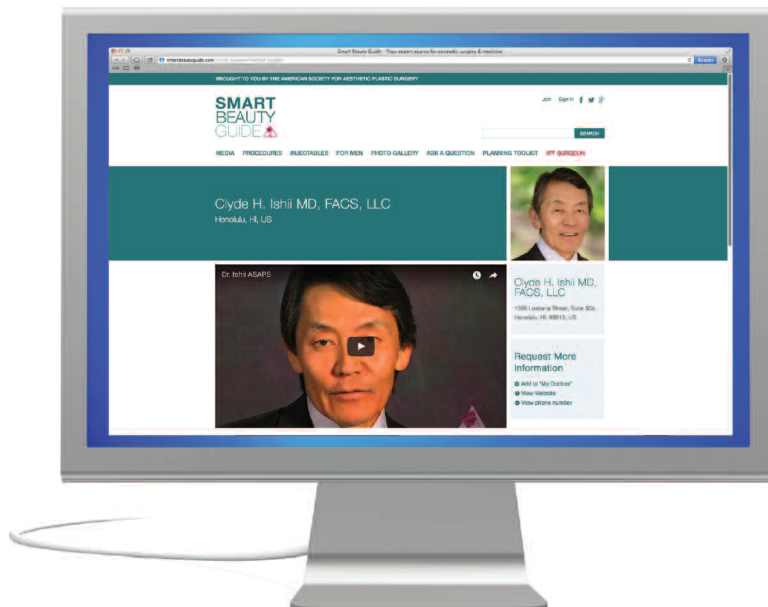
Clyde Ishii, MD, a plastic surgeon practicing in Hawaii, makes the most of his online presence with an ASAPS Enhanced Practice Profile (EPP) on the Smart Beauty Guide website. For an annual payment of only \$699, in just one year Dr. Ishii received:

- 3340 Enhanced Practice Profile Views
- 226 Practice Website Clicks
- 112 Practice Phone Number Clicks

Additionally, he received 697 site-wide impressions in one year. That's a lot of exposure for just \$699 annually!

Maximize Your ROI and Online Impact with an EPP Today!

Are you a RealPatientRatings client? Now you can link your Enhanced Practice Profile to your RealPatientRatings reviews!



Save 20%  
Through  
May 15\*



American Society for  
Aesthetic Plastic Surgery  
562.799.2356  
[www.surgery.org/shop](http://www.surgery.org/shop)

*\*Offer good only through May 15, 2017. Enter coupon code "50years" upon checkout at [surgery.org](http://surgery.org). Applies to new purchases only.*

*ASAPS Members Only. \$699 annual fee, plus one-time setup fee of \$399.*

## Media Notes & Quotes

Continued from Page 67

**A**ccording to the American Society for Aesthetic Plastic Surgery (ASAPS), plastic surgeons performed a total of almost 2 million surgical procedures in 2015, up 7 percent from the year before. And the plastic surgery craze shows no sign of slowing down: The number of cosmetic procedures women undergo has increased by over 500 percent since 1997, when the ASAPS began tracking this data. But with the boom in people going under the knife, are there any that plastic surgeons would actually recommend against?

**Fox News** (<http://ow.ly/gYab309ZpT4>)

*The 6 procedures plastic surgeons don't want you to get*  
February 13, 2017

**“**It's interesting what people relay in the media when they're interviewed,” says Robert Singer, a clinical professor of plastic surgery at the University of California, San Diego, and a former president of the American Society for Aesthetic Plastic Surgery.

**Allure** (<http://ow.ly/BUdO309ZpVG>)

*The Best Celebrity Plastic Surgery Secrets*  
February 17, 2017

**I**f you cut corners, you're going to get the service that you pay for. Maybe the place that offers heavy discounts doesn't use a board-certified anesthesiologist or board-certified nurses. People can get infections from these procedures and they can die. It's not worth it. Make sure the plastic surgeon you visit is a member of the American Society of Plastic Surgeons or the American Society for Aesthetic Plastic Surgery. You don't want to put your life in someone's hands just to save a thousand dollars.

**Buzzfeed** (<http://ow.ly/GqYu309ZpWT>)

*25 Secrets Plastic Surgeons Will Never Tell You*  
February 24, 2017



## Membership FAQs

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

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

### How do I begin the membership process?

To begin the membership process, please complete the online Pre-Application Checklist at [www.surgery.org/checklist](http://www.surgery.org/checklist). Here you will be required to answer a few questions and upload a CME report for verification. Once the information is verified and requirements to apply are met, you will receive the full application.

### 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 the membership vote on my application?

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.

## Apply for Active Membership for the July 1, 2017 deadline!

### 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 Facial & Rhinoplasty Symposium
- The Biennial Aesthetic Cruise
- ASAPS Breast & Body Symposium

### 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 \$1,198
- Membership dues for International Active Members are \$940

### 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](mailto:Marissa@surgery.org) or at 562.799.2356





 Allergan plc (NYSE:AGN), a leading global biopharmaceutical company, and ZELTIQ® Aesthetics, Inc. (NASDAQ:ZLTQ), a medical technology company focused on developing and commercializing products utilizing its proprietary controlled-cooling technology platform, recently announced that they have entered into a definitive agreement under which Allergan has agreed to acquire ZELTIQ.

Allergan, headquartered in Dublin, Ireland, is a bold, global pharmaceutical company. Allergan is focused on developing, manufacturing and commercializing branded pharmaceuticals, devices and biologic products for patients around the world. For more information, visit Allergan's website at [www.Allergan.com](http://www.Allergan.com).



 New Partner: Galatea Surgical, Inc is proud to join ASAPS as a Premier Partner for 2017. The Galatea collection of surgical scaffolds are constructed from the company's proprietary biomaterial known as oly-4-hydroxybutyrate (P4HB), that provides excellent strength retention, elasticity, and biocompatibility designed for long term support. Once implanted, P4HB will degrade in the body primarily by hydrolysis and is eliminated from the body as carbon dioxide and water.

The Galatea collection of surgical scaffolds are intended for soft tissue support and to repair, elevate and reinforce deficiencies in plastic and reconstructive surgeries.

- 3-Dimensional
- Biologically Derived
- Monofilament
- Strong
- Bioresorbable

For more information on Galatea Surgical, Inc and the Collection of Bioresorbable Scaffolds, please visit us at [www.galateasurgical.com](http://www.galateasurgical.com).



Dating back to 1961, Galderma is now present in 100 countries with an extensive product portfolio to treat a range of dermatological conditions. The company partners with health care professionals around the world to meet the skin health needs of people throughout their lifetime. Galderma is a leader in research and development of scientifically-defined and medically-proven solutions for the skin, hair and nails.


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Following its inception, Suneva has had subsequent growth for its portfolio of ground-breaking products, including Bellafill® and Regenica®, and services.

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The company continues to focus on the worldwide distribution of its products as it introduces new applications and partners throughout its growth. To learn more about Thermi and the full list of applications provided through each device, please visit [www.thermi.com](http://www.thermi.com).

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— BY ZEIN OBAGI MD —

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## Industry Partners Continue Their Support

The Aesthetic Society is pleased to continue partnering with industry in support of ASAPS' mission to advance the science, art, and safe practice of aesthetic plastic surgery and cosmetic medicine among qualified plastic surgeons.

We are thrilled to continue our partnership with Canfield and welcome our newest Alliance partners CareCredit and Suneva Medical Inc.



Canfield began partnering with the Aesthetic Society in 2013, and has become the gold standard in imaging and consultative systems for aesthetic and reconstructive practices by understanding the needs of plastic surgeons, and developing advanced imaging solutions to anticipate the challenges they face.

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"We are grateful to the Aesthetic Society members for their valuable knowledge, trust and friendship over the years," said Canfield founder Doug Canfield. "Their insight and contributions help us create the most advanced imaging solutions possible for our clients."

Learn more about how the power of clinical imaging can transform your practice at [www.canfieldsci.com](http://www.canfieldsci.com).



### New Partner

CareCredit is a new ASAPS Alliance Partner, and yet its commitment to financing solutions for aesthetic plastic surgeons and their patients began decades ago. Over the last 30 years, CareCredit, from Synchrony Financial (NYSE: SYF), has provided millions of patients with a valuable financing option for their health, wellness and beauty needs.

"Plastic Surgeons are at the forefront of technological advancements and leading-edge treatments and products to help patients get the look they've always wanted. CareCredit supports that mission by removing cost as a barrier through every stage of the patient's aesthetic journey, as well as through every stage of reconstruction," said Laurie Hurt, CareCredit vice president of Industry Marketing, Cosmetic & Dermatology.

CareCredit has more than 10 million cardholders and a new cardholder is approved, on average, every 14 seconds. CareCredit is different from general purpose credit cards because it gives patients promotional financing options that allow them to pay over time with convenient monthly payments. In fact, for every \$1 of healthcare spending on a typical general purpose credit card, a CareCredit cardholder spends more than \$4.<sup>1</sup> Once approved, patients can use their CareCredit card again and again for additional surgical procedures, minimally invasive treatments and specialized products.\* For reconstructive patients, CareCredit can provide a way to pay for high deductibles, co-pays and other fees not covered by insurance, which can help them complete every stage of their plan.

To find out more about CareCredit, visit [www.carecredit.com/beauty](http://www.carecredit.com/beauty) or call 800-300-3046.

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1. CareCredit 2015 Analytics and The Nilson Report—February 2016 ed., 50 Largest U.S. Visa & MasterCard Credit Card issuers data table.



### New Partner

The Aesthetic Society welcomes Suneva Medical, Inc as a new Alliance partner. Suneva Medical, Inc. is a renowned privately-held aesthetics company focused on developing, manufacturing and commercializing novel products for physicians in the general dermatology and aesthetic markets. The company is proud to announce their flag-ship brand Bellafill's 10-year anniversary and their success as an innovative aesthetics leader. Suneva works tirelessly to give physicians the education and tools they need to meet the results-driven, high-demand of patients. With an emphasis on preparation to help medical professionals obtain the best patient outcomes, the company provides comprehensive, professional training, as well as online didactic training for each product.

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After many successful milestones, Suneva continues its growth trajectory with a seasoned Executive Team and Board of Directors.

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## Profiles in Plastic Surgeons' Practice Transitions

By Karen Zupko

**"S**orry, I didn't call you back last week, Karen. I was climbing mountains in Nicaragua."

That was the message that New Orleans plastic surgeon John Church, MD, left for me after my call requesting an interview.

What a perfect message and precursor to the fascinating, motivating, and instructional conversations I've had with nearly a dozen plastic surgeons who have transitioned from active practice—and one who returned to recreate a practice.

The surgeons interviewed for this article are living proof that the predictors of successful aging I found in various articles are accurate. Those qualities are, in order: optimism, wisdom, resilience, self-efficacy, low perceived stress, low level of depressive symptoms, exercising, writing, computer use, and regular socialization.

One surgeon commented, "Practice transition is a euphemism for retirement." Well sort of. For many physicians, the word and concept of "retirement" has a negative connotation. In my conversations, I found no one sounding old, bored, tired, or defeated. Retirement usually means an ending—for some surgeons, the transition was a wind down to retirement.



John Church, MD, enjoying his retirement mountain climbing.

### When Should Surgeons Transition or Retire?

"Before you have to," was the unanimous opinion of those interviewed. Bill Mullis, MD, long time partner at Charlotte Plastic Surgery, summed it up this way: "I would never want to put one of my partners in the position of saying it was time for me to go because of clinical reasons. Imagine the personal anguish that would cause them. And, what a personal blow to receive that feedback."

Although there is no required age to put down your scalpel, it is interesting that other professions do have mandated "finish lines." For example, Pope Paul VI decreed that bishops retire at 75. Air traffic controllers have a mandatory retirement at 56; pilots must retire at 65 and fire fighters at 57. Supreme Court justices in three states must retire at 70, while US Supreme Court appointments are for life.

If you're looking for detailed trends in plastic surgeons' retirement ages, read *The Ageing Surgeon* by Edward Luce, MD which appeared in PRS, March 2011. His article shows research indicating that 39% of plastic surgeons retire between 65 and 74. Of course, the growing trend toward non-invasive treatments means that trading injectables and lasers for the OR can extend one's profitable practice years. On the other hand, surgeons who faced significant losses in the 2007–2008 economic down turn, but now see their retirement accounts swelled with post election profits, may decide to head for the exits a bit earlier.

2003 ASAPS President Franklin DiSpaltro, MD, who retired at 67 in 2007 shared that, "When you feel your tolerance for the behavior of the operating room staff is waning, and on the occasion where your hands may be one step behind your thought process, it's time."

When Dr. Church was asked if making the decision to leave practice was hard, he laughed and said "NO!" and added, "Leaving on top when both the practice and I were healthy was important."

Jim Wells, MD, ASAPS past president, retired in 2016 at 75, after 42 years of practice. In discussing his decision to stop practice, Wells says, "I was blessed with good health. But I am not one of those doctors who said, "Gosh, I wish could've done one more operation.



Jim Wells, MD, culls through old patient charts from his storage facility.

"Now a public member of Long Beach Memorial Hospital's board of directors and a member of the philanthropic board, staying involved at an institution where he served three times as chief of the medical staff was important. Dr. Wells reports, "We recently had a group of surgeons from Japan, and taking them on the tour of the ORs, I can honestly say, I don't miss operating."

### Planning is the Key to Success

A gerontologist friend of mine used to say, "Retiring from medicine, without retiring to something, is risky." Often he quipped that golf didn't count because rarely after the first year did one's handicap improve.

None of surgeons interviewed fell into the golf trap or made a knee jerk decision to quit. All demonstrated talents for planning for life post practice. And, each reported being happily married and gave their wives credit for a smooth transition.

Dr. Mullis, speaking on the subject of retirement planning at a recent Southeastern Society for Plastic and Reconstructive surgery

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## Profiles in Plastic Surgeons' Practice Transitions

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### From Surgeon to Hospital Executive to Surgeon, Jim Moore, MD, has come full circle

From a solo practice in Athens, Georgia, Jim Moore, MD, transitioned to becoming a senior VP and chief medical officer of his hospital. He felt prepared for the position, after holding seats on the hospital board and serving as chairman, as well as eight years in key medical staff leadership positions; Moore at 60 was ready to try something new. That was in 2012. Yet, just three years later he was in back in practice. The hospital installation of an EMR and the surrounding politics resulted in Dr. Moore explaining: "That experience wasn't what I had signed up for," prompting his decision to resign.

After a several month sabbatical, he and wife Susan, who is a nurse, opened a new practice with a full service med-spa.

"My heart, I found, is in being a plastic surgeon," he says. "And, it was fun starting a new practice having had experience." Moore who will turn 65 in May found that there is such a thing as patient loyalty. "Look, when you depart, patients move on and find other doctors. I didn't know what to expect."

"My breast reconstruction patients from years back returned; we'd been through a lot together. I heard things like 'I need you doc' and 'We're glad you're back.' And, it wasn't just reconstructive patients either—"My returning



Dr. Moore has simplified his practice, opting out of Medicare and Medicaid and no longer seeing trauma cases. He and his wife Susan, who works in the practice and is shown here, are targeting his retirement at age 69.

patients were from across all service lines including injectables. When you reflect, it is nice to know that you really did have an impact on people's lives."

Looking back, he says that his time in administration has contributed to his consultation style. "I'm a much better listener—I find that I focus more on the patient's goals and less on the technical issues of scheduling. I feel more relaxed."

Dr. Moore's new practice is edited—having opted out of Medicare and Medicaid—he has a very limited insurance profile. "I focus on facial aesthetics, breast, and body surgery. Past breast reconstruction patients are seen for removal and replacement of implants—no new primaries. And, no trauma."

The full service med-spa offers the services of an aesthetician, top line laser treatments as well as Coolsculpting and injectables.

When he asked if he has pegged a new retirement date, Dr. Moore reports that he and Susan, who works in the practice have arbitrarily settled on 69. He feels if he wants to slow down further, the options that the med-spa services offers are a nice transition. And, that it allows greater flexibility for time off.

meeting, offered these five financial planning tips to surgeons of all ages:

1. Stay married to your first spouse—if at all possible.
2. Get your kids through college as quickly as possible.
3. If you are 50 or older, do not build a new house. A female surgeon recently added, "And for heaven's sake do not build an ASC!"
4. Avoid buying expensive assets that do not appreciate in value such as cars, planes, and boats.
5. Get out of debt as fast as you can.

Most everyone, surgeon or not, who I've shared these rules with agrees. All of the surgeons seemed comfortable with the organization of their financial and investment decisions.

Assuming the financial affairs are in order, winding down your practice and deciding what to do with your time become two major issues. The "retiring from practice" choices are interesting.

Perhaps Dr. Church in New Orleans had the most interesting strategy. "I tried retirement out. I started out taking afternoons off, four days a week. And, then I took Fridays off. Next, I went to three days. I figured that if I couldn't keep myself busy and from going nuts with that much free time, stopping practice altogether wouldn't work." (Clearly, he was a surgeon who could manage his overhead.)

Dr. Mullis, a well-known rock and roll enthusiast, experienced chest pain while dancing with wife Linda at a Platter's concert in 2004. The pain was a due to a 95%

blockage. It was repaired with stents and he was back in action. "But that was a wake up call," he said. "There is more to life than dying with your boots on in the OR."

Like Dr. Church, Dr. Mullis began to practice on a reduced schedule, leaving Thursdays at noon, and returning to the office on Monday. If you are organized, Dr. Mullis advises you can keep this schedule and operate. It's one of the advantages of being in a group. Because he'd been practice for 25 years and the hospital and his group agreed, there was no call obligation.

Winding down a solo practice, says Dr. Wells, is almost more work than starting one. He advises contacting your state medical association and professional liability carriers for checklists. Solo doctors have the burden of

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## Profiles in Plastic Surgeons' Practice Transitions

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Turning in your DEA license too soon is a mistake, Dr. Church, learned the hard way. In order to participate at the university, you need a DEA license. When you check the box on a form that you turned it in with no place to indicate you did so voluntarily, alarm bells seem to go off. After dealing with the bureaucracy and paperwork, he regained that license and the ability to participate at Tulane.

arranging for record storage and retention according to state regulations, as well as disposing of drugs, and ending all service contracts for phones, software, copiers and other leases. Regardless of your practice type you'll need to notify the state board, the DEA and Medicare and any other plans you participate in.

TIP: The 66 page guide *The Doctor is Out: A Physician's Guide to Closing Practice* developed by the North Carolina Medical Board is one resource that makes this easier.

### 7 Key Questions to Help You Plan

"The longest journey begins with a single step" is a Chinese saying with relevance to you if you are in your late 50s or older. The time to plan is now, with an eye to the future.

The almost-60 surgeon who told me last weekend about his office building, OR and recovery center blueprints—with no succession plan in place—clearly needed to stop and ask himself these questions. Also, being a doctor, he should have known that saying you want to practice for another 10 years doesn't necessarily mean you get to do so.

**1. Have you done a check with your advisors, lawyer, estate planner, investment advisor, insurance broker and accountant as a team?**

Having them all sit down and provide different financial perspectives and tax issues is often instructive. And, you will make better



Cleaning out years of journals is a big task.

decisions than if you tried to make thoughtful choices between cases or exam 2 and 3.

Don't make the mistake of thinking your office real estate is your retirement plan. Remember 2007–2008. And, your price may seem inflated to buyers. Real estate's illiquidity seems oft forgotten.

**2. What does your spouse think?** His or her age and stage in life may influence some decisions and the timing. You may be ready to retire, but he or she may not. Remember Henny Youngman's advice, "Promise to take your spouse for better or for worse, but not for lunch!" As Dr. Mullis said, "the house is hers."

**3. Realistically assess the benefit of thoughtfully recruiting a like-minded associate or successor, as I like to call them.** Someone to cover 50% of the overhead after awhile would be a positive for most solo surgeons. And, look at your options to practice part time. Can you afford to ease out?

**4. If you were to retire within the next six months, what your routine would be like?** After the initial travel is completed and the long postponed fun is over, then what? And, what about year three?

**5. What will fill the void of patient gratitude and being good at what you do?** Sure there are practice hassles but there are plenty of rewards too.

**6. Anything left on your professional "to do" list?**

**7. Does your legacy matter?** David Brooks asked the question at a talk I attended: Have you been so busy working on your resume, that you've neglected your eulogy? It's a pertinent question.

Learn from Karen Zupko  
In-Person at  
The Aesthetic Meeting!

#### TEACHING COURSES:

Friday, April 28, 2:00–4:00pm

111 Relationship Marketing: What It Means and How to Put It in Action

Friday, April 28, 4:30pm–6:30pm

214 Successful Principles for Non-Surgical Services: Fast Track Your ROI

Saturday, April 29, 9:00am–4:30pm

S13 Skills for Successful Patient Coordinators

Sunday, April 30, 9:00am–11:00am

S16 Patient Coordinator Alums

Sunday, April 30, 12:00pm–1:00pm

S17 Financial Management for Spouses and Surgeons

Sunday, April 30, 2:00–4:00pm

419 Managing and Developing Your Most Valuable Practice Asset

Monday, May 1, 2:00–4:00pm

613 Reading Prospective Patients More Effectively and Improving Scheduling Results

#### PRACTICE CHANGERS:

Monday, May 1, 12:30pm–12:45pm

Online Leads Expire!

### What To Do With All that New Found Free Time?

Not surprising, the retired plastic surgeons I spoke with share an artistic bent. Jim McDonough, MD, a retired plastic surgeon in Asheville, NC, shares his beautiful photographs daily on Facebook with an adoring group of "likers," including me. His abilities as a sculptor and potter are equally as impressive. Phil Stone, MD creates exquisite wood art pieces. Jim Wells, MD reports that he has rekindled an interest in music and is once again taking drawing lessons. Dr. Mullis reports his wife Linda encouraged him to try sculpting. She approached a women's sculpting group about letting him join. After some debate they voted him in. "When I was able to demonstrate how to do a nose, everyone was impressed," he told me.

As for volunteer activities, Dr. Church enjoys supervising the residents' aesthetic clinic at Tulane. It's rewarding and the young

Continued on Page 93



## Understanding A Glossary Of Insurance Terms

By Harry K. Moon, MD, FACS

**T**he complexity and expense of managing an aesthetic surgery practice is ever increasing. What we once referred to as medical malpractice insurance has today become medical liability insurance. Clearly the courts today look increasingly at the degree of one's liability in caring for a patient as opposed to what was classically "malpractice."

The glossary of terms in liability insurance forms and their definitions are important for us to understand as we decide the scope and extent of our medical liability coverage.

What follows is the first in a series of short articles by Preferred Aesthetics to help you understand what can be a confusing and unfamiliar glossary of insurance terms.

### *Glossary of common legal and insurance terms*

- **Malpractice**—professional negligence
- **Risk retention group (RRG)**—A group of similarly situation persons or entities that are permitted under federal law to organize across state lines for the purpose of pooling their liability risk and self-insuring.
- **Commercial carriers**—For profit insurance companies, also known as

traditional or traditional-line insurers. Commercial carriers are regulated by state laws and must qualify financially to do business in a state.

- **Claims made insurance policy**—An insurance policy that provides coverage for claims arising from incidents that both occur and are reported to the insurance company while the policy is in force.
- **Occurrence Policy**—A type of professional liability insurance policy in which the policy holder is covered for any incident that occurs during the term of the policy, regardless of when a claim arising from the incident is made.
- **Limits of Liability**—The maximum amount an insurer will pay out under the terms of a policy. Professional liability policies typically specify both a per-occurrence limit and an aggregate limit for all claims incurred during the term of the contract. Example: \$1 million (per occurrence)/\$3 million (aggregate.)
- **Endorsement**—An addition to an insurance policy that changes the original policy in some manner

Learn from Harry Moon, MD  
In-Person at  
The Aesthetic Meeting!

#### TEACHING COURSES:

**Monday, May 1, 2:00pm–4:00pm**  
615 Managing and Mitigating Aesthetic Risks

**Monday, May 1, 4:30pm–6:30pm**  
704 Safety in Facelifting: How to Avoid Complications and How to Treat Them

- **Exclusion**—a component of the insurance policy that sets forth the circumstances under which the physician will not be covered.

#### Reference:

*Glossary of common legal and insurance terms.* (1998). In *Medical Professional Liability Insurance: The Informed Physician's Guide to Coverage Decisions* (pp. 137-143). Chicago, IL: American Medical Association.

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## Want a Steady Stream of Cosmetic Patients?

By Catherine Maley, MBA

**W**ould you like to get more cosmetic patients? (This is NOT a trick question!)

Many plastic surgeons say that they would like to have more patients. They tell me they are most satisfied when their schedule is booked. They feel good when they are extremely busy moving from room to room with patients eager to want their cosmetic services.

But do they really want more “patients” or do they REALLY mean more procedures?

What about YOU? - Would YOU like to have more procedures?

If so, getting more cosmetic procedures is a 3-step approach:

- You need to get more CALLS
- Your receptionist needs to be able to convert these calls into APPOINTMENTS
- Your coordinator needs to be able to convert these appointments into paid PROCEDURES

And although this seems to be pretty straight forward, it's not that easy to get more calls, appointments and procedures. Here's what I mean:

### 1) Get more CALLS

You probably receive a lot of emails from people claiming that they can get your phone to ring!

- Some might try to sell you “pay-per-click (PPC) advertising.
- Or, they tell you 53 things that are wrong with your website so you'll hire them to re-design it.
- Or, they tell you the “penguin / panda / zebra-safe way” to catapult your website to the top of Google through some Voodoo SEO.

Have you ever tried any of these tactics? How did it work out?

For many surgeons these “magic bullets” don't seem to work, yet they are told to “give it more time” and just pour some more dollars into pay-per-click while they're waiting for organic leads.

### 2) Get more booked APPOINTMENTS

Let's say you pulled the trigger and sunk a small fortune into a gorgeous new Website and you paid big bucks to get prospective

patients to it. They check you out. They like what they see. They call your office to learn more. And?

What kind of experience do they have on the other end? Is it consistent with your new “look and feel” or is there a major disconnect between the high-end look of your branding and the low-end quality of their phone experience with your office?

It's not enough she have a nice phone voice; although that certainly helps. Your receptionist also needs the skill to take a “look-e-loo” caller who is going down the search results list and calling you and everyone else to figure out who can help them.

A majority of the callers will be lost here if your receptionist is not a trained ambassador who skillfully welcomes the caller to your practice and invites them in to get to know you better.

### 3) Get more PROCEDURES

Ok, now you're making progress. The new patient found your new Website. They called and booked an appointment. And, they actually showed up for their appointment so things are looking good.

Now what? Do they have a great first impression of your office? Are they made to feel welcomed and relaxed? During their consultation with you and your staff, did they discover overwhelming evidence of why you are the BEST CHOICE?

Because here's the reality...the cosmetic patient with a credit card, as well as a lot of choice in providers, is looking for who can best give them what they want. What they want is a great result in the easiest, most comfortable way possible – financially, emotionally, physically and psychologically.

That's why so many different variables go into their decision-making process when choosing the right plastic surgery practice for them. Yes, your reputation, credentials and before/after photos are essential in helping them “see” your skill and expertise. But there are other factors that are subtler, yet equally important: your demeanor, your eye contact, your listening skills and it goes on and on.

And here's the biggie...Is your patient coordinator able to convert them to a paid procedure?

### Learn from Catherine Maley In-Person at The Aesthetic Meeting!

TEACHING COURSE:

Friday, April 28, 4:30pm–6:30pm  
213 The Patient Attraction and Conversion  
Blueprint

This is where the rubber meets the road. All that you have spent on advertising, marketing, staff, office and web design is wasted when the prospective cosmetic patient chooses your competitor over you.

Because nothing else matters until the patient actually chooses you and PAYS for your services.

This step in converting a prospective would-be patient to a paying customer is no easy feat as you know and have experienced.

It takes skillful planning of each step in the patient experience to prepare that prospective patient for a YES rather than, “I'll need to think about it.”

Here is a helpful suggestion for you to gauge the experience a prospective patient has when interacting with your practice.

You and your staff do a “walk-through” of each step the prospective patient goes through when visiting with you. Be sure to involve your receptionist, your coordinator and anyone else who interacts with the patient. You are looking for ways to improve your processes that leads to improved conversion rates.

That is how you see a steady stream of cosmetic patients who keep you profitable rather than just busy.

*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](http://www.CosmeticImageMarketing.com).*





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1. Data on file at Tephra, Inc. 2. Deeken CR, Matthews BD. Characterization of the Mechanical Strength, Resorption Properties, and Histologic Characteristics of a Fully Absorbable Material (Poly-4-hydroxybutyrate-PHASIX Mesh) in a Porcine Model of Hernia Repair. *ISRN Surg.* 2013;2013:238067.

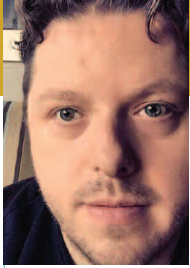
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## Google is Vetting You—Are You the Expert You Think You Are?

By Samuel E. Peek, JD

**I** answer one question more than any other, from doctors around the globe. “Is SEO dead yet?” The simple answer—No. Why? Well, because Google—that’s why. Things in the digital space have changed drastically, however, and what you did five years ago, simply will not work today. The never ending uphill battle of getting your website ranked on a search engine is now more difficult and more complex than ever.

I have read article after article from 2014 until just this week that foreshadows the impending death of SEO (Search Engine Optimization for the unindoctrinated). Each and every article that I have come across fails on all but the most basic of principles. SEO simply cannot go away until there is a better and more efficient way to demonstrate to Google (or any other search engine) that you are relevant. There are so many new algorithmic nuances that factor in **relevance** and **authority** as to make SEO even more technical and more difficult than ever before. So in fact, my point is not that SEO is dead—but quite the opposite—it is more “alive” than ever. What has happened, is simple—evolution. Just as medicine, banking, or manufacturing has changed drastically over the last 50 to 100 years, so has your digital marketing in the last five to ten. (An Internet year is equal to somewhere between five to ten real world years.) Your website’s SEO is no longer a simple checklist of tasks that must be done and maintained to be successful, it is a much deeper understanding of web technology and the target—your potential patient. Google understands your patient, and they are vetting you, on behalf of him or her. Are you really the expert in your area and what can you do to make yourself relevant?

Before you continue with the rest of this article, you must either a) Care what Google thinks about you; or b) Care that potential patients find you online.

Okay, you are in for the rest of this article—let’s make it count. First things first—what is Google? This is the simplest of questions, but also the most complex. Google is quite simply an advertising publisher. The modern day newspaper if you will. But instead of publishing **content of its own**, it makes other

people’s content available for you. It does this through paid advertising, or returning curated content to you. The **quality** of the content it returns to you when you search for something is what makes Google relevant, and thus everything it does must advance this singular goal.

In February of 2017, Google found itself in court defending itself on an issue that may keep certain small (and large) business owners up at night. Without merit or substantiated reason, Google decided to de-index a plethora of websites held by a single company. This means that all these sites were no longer able to be found, in any capacity, through a google search. Although users could navigate to these sites directly, it was a de facto death sentence. Why did Google do this? Simply because it received an anonymous tip, and subsequently pulled the plug. Although Google was ultimately successful in defending its claim on other legal grounds, the Court made it very clear that Google is a publisher and aggregator of content, and has a specific duty to show editorial restraint in vetting articles and verifying their veracity. Filtering content without proper review will not be tolerated.

Google knows they have this responsibility, and has for years taken steps to evolve, and truly **understand** content. This does not occur unless you can truly understand the end user. In your case, what does a potential plastic surgery patient want from you? Are you good at what you do? What do other people think of you? So how does a computer algorithm accomplish what you and I can do intuitively? The answer is that Google cannot accomplish this yet—but its level of sophistication has grown so exponentially, that the days of SEO’ing your website for Google, and also making it user friendly, are now indiscriminate. No longer must you both optimize your website for Google, as well as make it user friendly. No longer are you trying to optimize for two distinct and separate entities. You are now responsible for just doing one thing—optimizing yourself to the world.

When patients want to find a plastic surgeon in their area, there are a myriad of factors that not only interest them, but

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TEACHING COURSE:  
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515 Content Dynasty: A Step by Step  
Guide to Building Your Online Empire

ultimately could sway them. Google, on the other hand is an amalgamation of all your potential patients, and is looking at EVERY factor that they could be looking at. So all factors are in play, including your knowledge, your area of expertise, your level of authority compared to your competition, and to an extent, your popularity. Google is your next patient—just a smarter and more thorough version of them.

So, armed with this information... now what? The solution, although incredibly simple—of course is anything but. You must understand who your patient population is, and what is important to them. When you start converting your user into a patient, Google will recognize this and send you more potential patients.

Practically speaking, this means the following:

- **Build a website with your user in mind—not Google.** Although from a technical standpoint there are many things you can do to satisfy Google’s SEO algorithm, make sure you first satisfy your end user. Make your website mobile friendly. Make your site responsive. Make it easy for your user to navigate. Lay out content on the website that is easy to find and makes relevant sense. Stay consistent with your branding and your overall message. Most importantly, make it easy to contact you. These factors in mind will help Google go through the same process as your future Patient.
- **Create meaningful and engaging content.** I cannot stress this point enough. Content is key to the success of your website and the long term SEO strategy. Google wants to see that you have content that is

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## Avoid Choosing the Wrong Investment Firm: Three Factors to Look for When Choosing Your Advisors

Jason O'Dell MS, CWM and Andrew Taylor, CFP®

Over the last few years, many aesthetic physicians and plastic surgeons have re-examined not only their investment assumptions, but also their relationships with investment advisory professionals.

Declines in market values, like the 2007–2008 40-percent drop in the S&P 500, caused investors to rethink their investment strategies. Today's investors continue to question their strategies for a very different reason. The five-year period ending September 30, 2016 rewarded investors with an average annual return of more than 16 percent if they had allocated all of their investment to the S&P 500. Over this same period, developed foreign stocks returned less than 6 percent, Emerging Markets 3 percent, and bonds slightly less than 3 percent. An extended period with exaggerated divergence in performance has investors questioning the benefits of diversification. Less than eight years removed from a 40 percent decline in the S&P 500, investors are asking themselves: Why don't I simply put all of my money in the S&P 500?

The volatility of market returns along with the cracking of the Wall Street foundation leaves many doctor-investors very uncomfortable with the idea of just *staying the course*. Who can blame physician investors for looking at other options for investment advice?

If you have thought about changing the direction you go with your investments or would value a second opinion on your current strategy, this article should prove helpful.

### **The Dangers of Reviewing a Firm's Past Performance**

A common mistake that retail investors, including physicians, make when evaluating or selecting their investment advisor is to overrate the importance of an advisor's recent returns. There are reasons why this approach is flawed:

#### **The time frame may be too short**

When looking at an investment *track record*, many clients will ask for gross returns (already a mistake—see below) on a one-, three- and five-year basis. This is simply not enough data to make any concrete conclusions about skill versus randomness or even luck.

In fact, ten years may not be enough. An in-depth examination of this issue is well beyond the scope of this short article. However, if you are truly interested in learning more about why such measurements must be looked at over decades, and why most investment performance claims may be based in luck, we recommend you to read the best-selling book *Fooled by Randomness* by Nassim Taleb.

#### **Comparisons of Results Likely Not Apples to Apples**

Even the common question, “how did your portfolio perform (last year)?” can lead to misleading answers in cases where portfolios are designed for individual clients. For example, at our firm, many of our clients have customized portfolios—based on their risk tolerance, age, time horizon, tax bracket, objectives and a variety of other factors. As a result of various factors, it is entirely possible that Client A could see returns of 3 percent and Client B could have a portfolio gain of 20 percent over the same period. Both investors could be equally satisfied (or dissatisfied) and neither of these results may give you any helpful advice about your particular situation (as Client C). Only in situations when two investors have very similar goals, circumstances and objectives is any comparison worthwhile.

#### **Past Performance is No Guarantee of Future Results**

Anyone who has ever watched an investment firm's commercial on television, listened to an advertisement on the radio or read one in a newspaper or magazine is familiar with the phrase “past performance is no guarantee of future results.” While this can be easily discarded as legalese by consumers, it is crucial for investors to understand. To illustrate one aspect of this principle, the chart below demonstrates the most recent extended period of outperformance by U.S. stocks. Notice the subsequent six years and how the results were reversed.

As you can see, performance chasing can be very detrimental to an investment portfolio. You cannot tell which asset class will have the highest returns, or the lowest, by simply looking at the recent historical data. This alone makes a strategy of chasing asset class-focused funds and managers based on their past results dubious at best.

### **Factors You Should Look for in Your Advisors**

#### **Two-Way Communication: A fundamental element of client service.**

When polled, most clients of any professional advisor—from attorney, to CPA, to financial advisor—name “timely and effective two-way communication” as an essential element of a fruitful working relationship. Still, many investment advisors seem to focus more on returns. Even for those advisors who value customer service, certain business models within the investment business make such communication almost impossible.

As an example, consider the entire mutual fund industry, which many physicians utilize for a substantial portion of their investment portfolios. What communication does one get from such a fund—prospectuses, monthly and annual statements, perhaps a newsletter? Is there any individual consultation with investors on the portfolio mix or the tax impact of the buying/selling within the fund or the impact sales could have on an investor's tax liability? Generally, the answer is “no.” This is because the fund industry is built on a low-cost low-service model where two-way communication with the folks actually managing the fund is cost prohibitive and rarely permitted.

When choosing an investment advisor to manage your portfolio, even if this choice involves finding assistance in the management of mutual funds or ETFs within a portfolio, one should expect much more communication as a fundamental element of client service. This doesn't simply mean that the advisor calls you when there is a hot new buy (as stockbrokers are notorious for). Rather, one should expect a defined communication process throughout the year that is independent of trade suggestions.

#### **Transparent and Client-Aligned Business Model: A Must in Our View**

Given the troublesome conflicts of interest that have come to light in the investment industry over the past few years, we feel that all investors (not just physicians) should work with financial firms that use a transparent

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## Avoid Choosing the Wrong Investment Firm

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business model and one that aligns the firm's interests with that of their clients. There are key elements to look for in such an arrangement:

### Independent Custodian

Ideally, an investment firm does not act as custodian (i.e., hold) its clients' investments in the firm. Rather, the firm should have arrangements with several of the largest independent custodians (such as Charles Schwab, TD Ameritrade, etc.) to hold their investments for safekeeping, while the investment firm manages the accounts. The inherent checks and balances of this type of arrangement prevents the insular secrecy that allowed Madoff, Stanford and other criminals to operate.

### Client-Aligned Fee Model:

Many clients today, physicians among them, are realizing that a clear fee-based model works best for them. Under such an arrangement, advisors charge a transparent, clearly-defined fee on assets they manage. Contrast this with the traditional convoluted transaction-charge model that most brokers utilize where a client pays based on trades in the account, regardless of whether the trade added value or not. In a fee-based model, not only do clients understand exactly what the fee is, but they also understand that the firm's interest is the same as theirs—seeing the portfolio increase in value. The annual management fee the investment firm earns is a percentage of the assets you have in your account with them. The more money you have, the more money the firm earns. *Ask yourself: do you feel more comfortable paying advisors a set fee or commissions based on the number and size of the trades they make?*

### Focus on Your "Net" Return:

#### What Else Matters?

Many investors focus primarily on management fees and expenses when evaluating advisors. While such costs are important, for most physicians, the annual fees might range from 50 basis points (0.5 percent) on the low end (very large portfolio in a fee model) to 300 basis points (or 3.0 percent) on the high end (mutual funds can be this high, as can broker transaction costs).

Though this huge expense range (600 percent variability!) is one reason why we are so adamant about the AUM-based fee model above, this is NOT an investor's largest expense. Rather—taxes usually are.

The cost of federal and state income and capital gains taxes on a portfolio depends on many factors—the underlying investments, the turnover, the structure in which the investments are held, the other income of the client, the client's state of residence, and more. For higher income investors such as physicians, taxes will nearly always be high. To gain perspective of how much taxation reduces your returns, consider this:

***Over the period from 1987–2007, stock mutual fund investors lost, on average, 16–44-percent of their gains to taxes.***

The seven-year recovery of the U.S. stock market has exacerbated this problem for investors in the top tax bracket (which has increased to 39.6 percent since that data was released). All-time highs in the S&P 500 means mutual funds are no longer carrying losses to offset gains, and fund are likely to pass on significant capital gain distributions to investors in 2016. Given that some investors are losing between one sixth and nearly half of their gains to taxes, one would think this would be a focus of value-added investment firms. Unfortunately, mutual funds themselves provide no tax advice to their investors. They provide only 1099 tax statements in January. Even stockbrokers, money managers, hedge fund managers and financial advisors at the nation's largest or most prestigious niche firms do not offer tax suggestions—and their compliance departments are glad they don't—because they are prohibited from doing so. *Tax advice* could include specific techniques for limiting tax consequences of transactions or more general tax *diversification* in portfolios. As a result of these limitations, most investment clients are not getting the tax suggestions they want.

But don't investors want this tax focus from their investment firms? What is more important to you: the gross return your investment firm boasts in its marketing

materials or *your net after-tax return*? Unless you generously want to give more to state and federal governments than you need to, the net after-tax return is the only measure that should truly matter.

With full disclosure, our firm is one that understands the focus on after-tax returns. That is one of the reasons we have a CPA on our team. While we are certainly not the only firm that does so, very few firms offer this expertise. As capital gains and income taxes—both at the state and federal level—may change in the near future, we would expect more investors to look for tax expertise in their investment team.

### Conclusion

With the unraveling of some of the country's leading investment firms behind us, and volatility and tax changes ahead, many physician investors are wisely re-examining their financial advisor relationships. If you are one of these physicians, be sure to focus on the right factors in evaluating potential new advisors so you make intelligent, well-informed decisions. The authors welcome your questions. You can contact them at 877-656-4362 or through their website [www.ojmgroup.com](http://www.ojmgroup.com).

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Jason M. O'Dell, MS, CWM is a consultant, author of a number of books for doctors, including *For Doctors Only: A Guide to Working Less & Building More*, and principal of the financial consulting firm OJM Group [www.ojmgroup.com](http://www.ojmgroup.com), where Andrew Taylor, CFP®, works as an investment advisor. They can be reached at 877-656-4362 or [odell@ojmgroup.com](mailto:odell@ojmgroup.com).

Disclosure:

OJM Group, LLC. ("OJM") is an SEC

Continued on Page 93

# VYING FOR YOUR ONLINE REPUTATION

**MANY WEBSITES ARE CONTENDING FOR YOUR REPUTATION—ARE YOU WINNING THE BATTLE?**



Co-authored by Rosemont Media CEO Keith Humes and John Lewis, Senior Writer & Editor



It's no secret that your online reputation is vital to the success of your aesthetic surgery practice. The issue is, you're not alone in sculpting this reputation into an accurate representation of who you are and what you have to offer. In fact, you're not even alone in wanting to generate online traffic for your own name. Sites like Healthgrades and Vitals are monetizing traffic under doctors' names, sometimes generating enough traction that their listings appear higher in search results than physicians' own websites. But that's not all. Your website is also competing with social media services, Google My Business, Yelp, and even medical organization sites such as ASAPS and ASPS. In short, **everyone is vying for attention under your name.**

So what can you do to take charge of your online reputation? The following tips can be an excellent place to start.

## 4 TAKE CONTROL

- Utilize Business Citation tools to help clean up your local search directory listings.
- Create great content! Focus on continually expanding your procedure pages and keep your practice information and bio pages current. Making your website a fresh resource of information is a great way to help your rankings.
- Be active and participate in social media to generate positive social signals for your brand.
- Focus your efforts on generating new reviews for yourself and your practice.



### LEARN MORE AT THE AESTHETIC MEETING

Interested in exploring ways to effectively manage your online reputation? Come join Keith Humes at this year's The Aesthetic Meeting and earn 2 CME credits for educational course 516—*Taking Control of Your Online Reputation*. The course takes place Sunday, April 30th from 4:30–6:30pm. Prior registration with ASAPS is required.



### SUBMIT YOUR REPUTATION QUESTIONS

We'd love to hear any online reputation questions you may have. Submit your inquiries to [keith@rosemontmedia.com](mailto:keith@rosemontmedia.com) for a personal response from Keith. Select questions will be presented during his course at The Aesthetic Meeting 2017.

## 1 GOOGLE YOURSELF

Type in various combinations of your name and practice name and make note of the results.

## 2 IDENTIFY QUALITY SITES YOU CAN CONTROL

(i.e. Sites You Can Edit)

- Does your website show up on the front page? In addition to your homepage, are there any other pages that rank?
- Look at your profiles on third-party sites that are ranking well. Are they completely filled out with correct information? If not, you'll want to take time to fill in any missing gaps.
- How many listings do you control on the first page? The goal is to optimize your quality pages to help push any undesirable listings to page two or beyond.

## 3 IDENTIFY ANY PROBLEMATIC SITES

- Do you have negative reviews that are indexing?
- Is there any incorrect information concerning your location and/or phone number?
- Did you come across negative press?
- Are there any spammy pages of your website ranking due to Black Hat SEO efforts? Pages that have excessive links, or link farms, would be examples.



John Smith, M.D.



*Are there any third-party sites buying ads under your name or practice name without your knowledge?*



## When Beauty is Not Fleeting

By: Tamarin Lindenberg

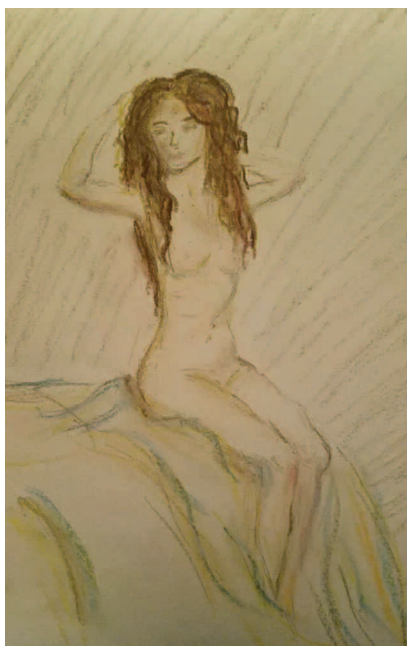
**C**hristie Brinkley's recent debut in *Sports Illustrated*, bikini, bare and 63, has challenged social perceptions of age in a powerful way. Interpretations vary across markets, with some depicting 30 as the beginning of a state of decline, while others fiercely defend the total number of birthdays as only relative to years so far survived, having nothing to do with the remaining time span.

Along with Christie's photo shoot, women of various body types graced this issue firmly establishing that beauty, by its nature, embraces a range of elements and, in this act, brought an era of limitations to an end. Pushing the envelope further still, recreated beauty is unfolding as the norm for those who have endured the hardship of disease. More and more, brilliant minds and gifted hands are powerfully anointing patients with the ability to make deep rooted personal decisions impacting body image whether their concerns are due to natural differences, the process of time, recovery from trauma, or the impact of illness.

Never has there been a more exciting time for those who view the human body as an art form, uniquely malleable in its construction and composition. Once confined to gifted acts performed by surgical masters, technological advances made by device companies have broadened the palette of the OR, creating an intersection of efforts that redefine outcomes.

Such advances allow us to often overcome surgical limitations as we exploit new knowledge driving us closer to our goal of managing life's impact on our physical being. A given reality of surgery has been that once the delicate fabric of skin is pierced, the memory forever remains. Scarring, long a critical component in determining the "trade off" of invasive interventions, now is balanced with scientific advances in laser technology that achieve versions of the surgical outcome sans the evidence. According to Dr. Ken Hughes of Beverly Hills, the key to interpretive accuracy when determining what is possible lies in understanding the "versions" the two ends of the invasive/non invasive spectrum can provide, and when appropriate, exploiting the intersection of both.

In July, Inmode gained FDA approval for its



Art by Sophiana Lindenberg, pre-med student, Christian Brothers University

BodyTite hand piece, bringing the opportunity to better manage a loss of elasticity in the extremities to a new level. Past efforts to redrape skin in hard to effect places, such as arms and lower legs, resulted in long and difficult scars causing many patients to fall under the category of "it's bad, but not bad enough" and leaving no one satisfied. By introducing skin tightening modalities to the OR in such cases, the opportunity is created to address areas previously limited by the tradeoff calculation.

As research continues to answer questions around the safety and efficiency in repeated uses of RF skin tightening over time, we see the potential to lift the platform for intervention to new heights, offering an unprecedented opportunity to manage a loss of elasticity along the continuum of the lifespan.

Progressive steps in this area may well make arresting the reduction of elasticity a near reality for those with access to such technology at the right time. However, such advances, exciting as they may be, do not create a single solution environment in

medical aesthetics. Though there are certainly cases where early interventions may stave off surgical needs, for many the either/or choice creates an unnecessarily "physician resistant" and "patient unrealistic" forum.

In the minds of many, the push of marketing efforts to replace one with the other increases skepticism and diminishes surgeon acceptance of the newer methods. For some, it can create a mayhem of failed expectations when patients believe they can avoid surgery and downtime all together while achieving the same outcome. Rather by accurately defining the intersection of a strong surgical base with added advances in technology, many patients have the opportunity to realistically choose from each base edge or the apex ---- surgical, non-surgical, or the much needed joining of both. Limitations of past generations are eradicated as we move beyond yesterday's pinnacle to a height once unimaginable.

We also see the advent of new product lines unfolding, such as Alastin, who, seizing upon its understanding of skin rejuvenation through revolutionary laser technology, has recently brought to market a product line developed to stimulate collagen, manage post laser inflammation, and reduce healing time all in support of increasing the quality of outcomes. With a proprietary line of procedure enhancement products designed specifically for plastic surgeons and dermatologists, "ALASTIN's product line is formulated to enhance the efficiency of both ablative (deep-penetrating) and non-ablative (surface) skin rejuvenating procedures (e.g. laser resurfacing, peels, micro-needling, IPL, surgical procedures, etc.)" According to Dr. Widgerow, Chief Medical Officer, who brings a vast base of knowledge in R&D focused on the many intricacies of increasing skin elasticity and diminishing the impact of scar development, Alastin's understanding of the needs of its patient base and the rapidly advancing technology that serves them, ensures that more leading edge developments are underway.

While we have witnessed the recent revolution of anti-aging offerings and it's far

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## LinkedIn Gets A Facelift

By Wendy Lewis

In December 2016, Microsoft completed their acquisition of LinkedIn, which has boosted the platform's prowess as the place where business professionals hook up on an even grander scale. The fresh new look and feel of the 2017 LinkedIn desktop redesign represents a far more sophisticated platform with many user-friendly tools that help to reduce clutter and improve navigation.

LinkedIn is technically NOT a social network. It's stated motto is "To connect the world's professionals to make them more productive and successful." It is not like Facebook; in fact, most serious LinkedIn users despise Facebook. It is a professional B2B (aka business to business) platform. That is, it was intended to provide content of interest to likeminded individuals of a professional nature. Perhaps more so than any other network, LinkedIn's purpose is clear. It's a place to connect with colleagues you already know and make new professional contacts.

Just how big is LinkedIn to date? Launched officially in 2003, LinkedIn has a reported 467 million registered users in more than 200 countries and 106 million unique monthly visitors with over 128 million users in the US. Microsoft has over 1 billion users worldwide of its own, which will likely increase LinkedIn usage considerably as the two audiences merge. Outside of the US, India, Brazil and the UK have the highest numbers of active users, and EMEA is the second largest region outside North America. LinkedIn boasts over 10 billion endorsements to date. Professionals continue to join LinkedIn at a rate of more than two new members per second. There are over 40 million students and recent college grads, which are the fastest-growing demographic. One in every three professionals in the world, nearly half of all key decision makers are on LinkedIn.

Businesses now use LinkedIn for recruiting, and it has become a powerful destination for a wide range of brands in the B2B (business to business) sector. According to LinkedIn's analytics, half of their users are more likely to buy from a company they engage with on LinkedIn, and 94% of B2B marketers use the platform to distribute content. LinkedIn also drives more than half of all social traffic to B2B blogs and websites. The operative word here

is B2B as opposed to D2C or DTC (direct to consumer).

### *How To Get Unfollowed On LinkedIn*

As an early adopter on LinkedIn, it remains my preferred platform to spend time on and a key destination to stay on top of industry news and trends, and to find out where colleagues are now working. I started back in 2009 and my network is approaching 10,000 real colleagues and acquaintances (9,947 at the time of this printing).

For plastic surgeons whose marketing team continue to post updates on LinkedIn for you and/or your practice that are clearly intended to educate consumers or alert your patients about how wonderful you are, cut it out ASAP! For example, no one really wants to see announcements about your new website, social events like birthdays, political statements, or a plastic surgeon being quoted in a local newspaper where they look for jobs, search for superstar employees, and troll to find out what their competitors are doing. It is just plain disrespectful and diehard LinkedIn users will not be shy about calling you out on it.

While I recognize that this may be purely innocent on your part, I have a duty to bring it up. If your social media or marketing agency is reposting blog content entitled: 5 Ways To Forestall Wrinkles on LinkedIn or How To Get A Better Butt, they are missing the point of what LinkedIn is all about. This strategy can backfire badly. Although it may be true that consumers also spend time on LinkedIn, after all, we are all consumers in our own right, this type of content should be discouraged from sharing on this platform. Save it for Facebook and Twitter.

### *The Right Way To Use LinkedIn*

Content and stimulating conversations are the cornerstones of LinkedIn's new model. In general, the best content encourages an open discussion, rather than just serving a thinly veiled vehicle for self-promotion.

### *Essential Features*

**Profile**—To get started on LinkedIn, create your profile as an individual, not as a company. For example, your profile should be in your personal name—as in John Smith,

### Learn from Wendy Lewis In-Person at The Aesthetic Meeting!

TEACHING COURSE:

**Monday, May 1, 2:00pm–4:00pm**  
614 How to Navigate the Murky Waters of  
the "New" Media

MD, FACS, rather than Smith Plastic Surgery. Just like with dating apps, adding a photo makes you 36 times more likely to receive a message and can generate up to nine times more connection requests. Add your current position and education. These details will also greatly increase your chances of getting found in searches. Listing your industry is also a vital piece of information. Every week, over 300,000 people search by industry to connect with colleagues on LinkedIn. Now add at least five specific skills that show your individual expertise, such as: plastic surgery, aesthetic medicine, cosmetic surgery, medical spa. Add a brief summary of the most important tidbits you want your network to know about you, and voila, you're done! To see how your profile appears to visitors, click on your photo on the top menu tab labeled 'Me.' Endorsements are nice to have and also appreciated when they are offered. To make the site more valuable for members, LinkedIn has added automated feedback generated to help users build out their profile and share more information to stand out.

**Company Page**—You should also create a company profile for your practice to highlight your accomplishments, offerings and milestones. This is a more appropriate place to recycle blog posts, media mentions, practice news, study results, events and speaking engagements.

**Premium Profile**—If you are serious about growing your professional network, invest in a LinkedIn Premium profile. This upgrade allows you to see who is viewing your profile, gives you access to advanced search filters, and offers InMail to reach out to people who you may not already know personally.

**Groups**—Joining groups that are relevant to you is an important way to stay visible.

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## Authenticity and Power in Social Media

By Ashkan Ghavami, MD

I was recalling the other day how hesitant I was to develop a website a few months into my practice in ultra-competitive Beverly Hills, California. The concern was that I might lose “credibility” despite having “paid my dues.” Subtle criticism ensued in different forms, for having a nice website (it was simply the newer style at the time) and marketing my favorite procedures in unique ways. Credibility was even more critical to me, because I knew that academia was to play a major part in my private practice career.

Today, even medical students have websites, blogs, Instagram, Snapchat, and Facebook pages to display their lifestyle, “opinions,” visuals of anatomy class, and looking spiffy in their custom scrubs. Plastic Surgeons less than two years out of residency boast of credentials, “expertise,” flood RealSelf with fake positive reviews, post non-FDA approved treatments without showing outcomes, display videos of themselves “rapping,” and of course... the crowd favorite: being a world-renowned celebrity plastic surgeon. How do we protect the ethics and virtues of aesthetic surgery, while being synchronous with the times and the ever-changing digital world?

Today, even medical students have websites, blogs, Instagram, Snapchat, and Facebook pages to display their lifestyle, “opinions,” visuals of anatomy class, and looking spiffy in their custom scrubs.

There is no stopping the information technology and social media (SM) fast train. Most everyone, from children to adults, have regressed away from receiving and processing vital information through more classic methods such as “reading,” because they possess shorter attention spans and demand immediate gratification. Even waiting longer than 2 seconds for videos to load may push one to impatiently click or swipe to the next image for instant stimulation. Where do we fit into

If a person posts a video or image that is not in line with who that person is, then there is a sense of in-authenticity and most who are social media savvy will recognize that. Just as our individual surgical techniques and philosophies differ, so should our presentation of our work and self to the public.

all this as Plastic Surgeons? What guidelines should there be? Will anyone listen to the guidelines if revenue streams are increasing? If specific social media tactics and styles garner revenue, will future posts need to become more salacious, stimulating, controversial, fun, and entertaining? How slippery is the slope?

I was one of the first plastic surgeons I knew of who had created a major presence on Instagram. At the time (months into Instagram’s launch), I believe there was only a handful of other plastic surgeons who had pages that were not purely personal/private. I knew without a doubt that for a visual specialty such as ours, this was to be an eclectic powerful tool to display my life’s work and personality, while educating the public. At the time, there was a purity in it, as most things are, until they become popular and dilution/saturation give way. Now an exponentially increasing number of surgeons worldwide seem to be trying to “outpost” or “one-up” each other to gain likes and followers. Soon, this medium will become tired and old and give way to something newer, yet again. For the time being, there are some guidelines and directions that we as ASAPS members may want to consider and give careful thought to while participating in the power machine known as “social media.” These go beyond the obvious HIPAA guidelines that we clearly must adhere to. The following is purely from personal experience.

Learn from Ashkan Ghavami, MD  
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TEACHING COURSES:

Friday, April 28, 8:00am–12:00pm  
Rhinoplasty Symposium

Friday, April 28, 1:00pm–5:00pm  
S12 Open and Closed Rhinoplasty: The Complete Basic Steps of Rhinoplasty—A Cadaver Workshop

Monday, May 1, 4:30pm–6:30pm  
711 Basic Anatomy, Analysis and Techniques in Basic Open and Closed Rhinoplasty

### Authenticity

Any posting or visual provided by a plastic surgeon should be reflective of and congruent with *who* the surgeon “is,” his/her beliefs, his/her practice style, and overall personality. Posts and captions contribute to the overall perception of that surgeon as a “brand.” If a person posts a video or image that is not in line with who that person is, then there is a sense of in-authenticity and most who are social media savvy will recognize that. Just as our individual surgical techniques and philosophies differ, so should our presentation of our work and self to the public. Without authenticity, our specialty can culminate into a loss of respect, trivialization, and become uninteresting. Bottom line, “be you.” I am personally involved (for now) in 99% of what is posted and review each post despite my schedule.

The public now wants to know what music their potential surgeon listens to, just as they want to see what their favorite makeup guru or artist is like as a person. Therefore, it is counter-productive to copy or try to be someone else or something you are not. I purposefully do not follow any surgeon on snapchat and only a few friends on Instagram for this reason. I try my best to not view others on the “explore” page of Instagram. Unlike websites that you have to actually go search, Instagram displays posts of “colleagues” via the explore tab, among other posts (food, travel, models, celebrities) that

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## Profiles in Plastic Surgeons' Practice Transitions

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surgeons are “awesome smart.” However, Dr. Church says there is some small satisfaction when supervising in the OR: his decades of experience allow him to say, “I wouldn’t do that.”

Turning in your DEA license too soon is a mistake, Dr. Church, learned the hard way. In order to participate at the university, you need a DEA license. When you check the box on a form that you turned it in with no place to indicate you did so voluntarily, alarm bells seem to go off. After dealing with the bureaucracy and paperwork, he regained that license and the ability to participate at Tulane.

Dr. Church described the benefits of having started mountain climbing when he turned 50. It has taken to him eight countries in central and South America. Now in his 70s, his climbs are not as rigorous as those done in his 50s, but provide a challenge, camaraderie, and great sport. Speaking of sport, Dr. Church must be one of the few surgeons who didn’t play golf, but who took it up late in life with clubs given to him by Gus Colon, MD, who was in his call group.

Of the surgeons interviewed only Dr. DiSpaltro and wife Val have relocated from their original home state. Having moved to Palm Beach Gardens, Florida, they live on street with five surgeons from N.J. who were interconnected with three from St. Barnabas medical staff.

Bill Mullis makes the point that there is no reason to be bored. “There are plenty of medically related charitable organizations that can use your help, and residents’ clinics. Plus all sorts of meaningful volunteer and online educational opportunities.”

*Karen Zupko, President of Karen Zupko & Associates, Inc., is an internationally sought-after speaker, author, and practice management consultant. For more than 30 years, she has been advising and educating plastic surgeons on management and marketing issues, including group practice issues, personnel, billing, technology, coding, and practice expansion.*

For more information on the Aging Surgeon Program, please visit <http://agingsurgeonprogram.com>

## Avoid Choosing the Wrong Investment Firm

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## When Beauty is Not Fleeting

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reaching impact on the self-esteem of patients, we have watched with equal amazement the evolution of breast reconstruction remove, with no less diligence, the heartache of amputation and create in its place a fair contender to nature’s own hand. Dr. Pat Maxwell, globally recognized for pioneering many significant innovations that have raised the bar for the post cancer woman, credited recent advancements with offering more specific choices for women, based on body type, and, therefore, yielding unprecedented outcomes in the recreation of the breast.

As recently as January of this year, options expanded with the FDA approval of the Natrelle Inspira Soft Touch implant. This gave access to implants with three levels of cohesive gel in this line allowing surgeons to make decisions that are very specifically aligned with patient goals and desired outcomes.

As a researcher who has pushed the envelope for improved strategies for restoration of women after the trauma of disease, I have long recognized that many of the hurdles the post cancer woman faces are the result of an accelerated aging process resulting from the hormonal impact of treatment. We have moved well beyond breast reconstruction to embrace a suite of tools that, in their totality, recreate the full picture of health and vitality so critical to the reinvention

process often referred to as “moving on.”

As we redefine beauty on individual terms we acknowledge not only the right of choice, but, also the power to create and recreate ourselves over many stages of life. This process of reinvention, whether manifested in a single or multi-dimensional approach, has long been a defining element of a well lived life. It encourages one past the barriers of hurtful experiences and beyond the fears many hold when considering the passage of time.

As we learn to embrace and combine our unique perspectives and approaches with the deep-rooted needs of the patient, we co-create not only the curve of a face or the shape of a breast, but the path of the future for the one who will undertake the journey. So, as we push the bar for meaningful changes to alter once firmly held limitations, we applaud Christie’s return to the pages of SI, and look to see when the natural curve of the reconstructed breast will appear on a runway angel destined for the Victoria’s Secret walk knowing beauty is found in all forms of life’s experiences, and that we are closing the once unyielding divide in our interpretations.

*Tamarin Lindenberg is a healthcare executive and behavioral researcher with a specific focus in medical aesthetics. She leads an investment fund for early stage ventures in medical aesthetics. [www.hittiinc.com](http://www.hittiinc.com)*





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## Authenticity and Power in Social Media

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are configured by an algorithm. Staying a blank slate helps ensure that what I post is unique at least for a period of time. If I post myself playing guitar or displaying other passions and personal interests of mine, then it is because it has been and presently is a part of who I am. However, what you share is up to you. True celebrities and pseudo celebrities have a social media persona, a TV and other media persona, and their true persona. These intersect in different ways for each one. While we are not celebrities, we do have a certain power in influencing masses both individually and collectively as a specialty. Every bit of visual and written content one puts out on SM will form an overall social media “branding” or persona. I now have a Social Media person who arranges and puts together posts based on weekly conversations, sometimes daily discussions I have with her. I could no longer keep up with the growth, which (I suppose) is a good sign that I have been doing something right all along.

### **Dilution**

As more and more surgeons are utilizing social media, there is a tendency to copy styles of postings. I personally have had nurses show me almost identical postings to mine, posted elsewhere within 48 hours of my post. We are seen as one of the more “artistic” and creative physicians, with the potential to globally influence preferences in body and facial shapes. We have the power to set or perpetuate aesthetic trends! Why copy each other? Stay unique and if you are not imaginative or creative, get assistance from someone who is, to help you in bringing your idiosyncrasies to SM. Dilution will create disinterest and perhaps lead to the creation of “borderline” content that may be distasteful or unethical in order to “stand out.” Some of the newer, younger surgeons, and even some more senior surgeons are posting content that to me is misleading and can be dangerous, let alone plain tacky. Younger generations (see above) want it all and want it now. There seems to be less patience in seeing your practice grow. This is why this is a crucial juncture for ASAPs. This can be a dangerous and slippery slope for our members as a whole. Plastic Surgery already receives a lot of negative press and ridicule in mainstream

Informed viewers will clearly see that you may have over 150k followers but your posts average 125 likes. Similarly, even if you have an appropriate number of fake likes on your posts, they are not reflective of real interest in your practice.

media. Let's not feed it further. We are physicians first.

### **Education**

Perhaps the most powerful aspect of social media is education. The highest screenshot count I saw on my SnapChat was when I posted the web address for the American Board of Plastic Surgery! This was after I posted a video of me saying that the following post may save your life. I receive the most positive feedback from colleagues and patients on educational posts like this, along with those showing surgical results in various ways. I utilize opportunities via Snapchat and Instagram to teach everything, from how breast ptosis occurs, to drawings of breast implants in a dual plane 1, to what the website URL is for ASAPs. It is critical that as a specialty we utilize the power of our individual social media to collectively educate and repeatedly re-educate the public with shorter and shorter attention spans, and who may be too lazy or uninformed to perform the necessary research prior to undergoing an aesthetic procedure.

### **Balance**

A mix of education, displays of individual authenticity, posting of outcomes, and some interesting “fun” is vital to gain a truly organic following. If there are too many selfies, pictures and videos of staff in the OR, too many family pictures, etc., there will be a loss of engagement and a disinterest. I do my best to balance out video montages of my procedures and outcomes with an occasional light-hearted selfie, the occasional guitar solo, and personal pictures of cities I am lecturing in or any imagery that inspires me. Without a mix of content, the public will not care to place you on their follow list. The more

followers we gain as members, the more power we have to dissuade our patients from becoming misinformed by the wrong people.

### **Buyer Beware**

Lastly, there has been an unfortunate surge of social media companies that will try to sell you tactics to increase your followers and “likes.” This is as pathetic as buying a friend. I highly discourage this, as one will have a false sense of social media prowess, popularity, and real “engagement.” By having false engagement like this and faking your social media presence, you will not be able to gauge what you are doing wrong or right and in the end it will do nothing for your practice or SM presence but embarrass you to savvy patients and colleagues alike. Informed viewers will clearly see that you may have over 150k followers but your posts average 125 likes. Similarly, even if you have an appropriate number of fake likes on your posts, they are not reflective of real interest in your practice. That is poor engagement and is reflective of in-authenticity, and in many ways, bad decision making as a surgeon and business person. Of interest, less people as a whole will “like” a plastic surgeon's post because of repudiation by their friends, family and followers. In my mind paying for posts on your page, paying influencers, paying for followers, or likes, are all unethical, dishonest, and damaging as a whole and are no different than displaying fake positive reviews. Be patient, smart, and real. There may also be real unethical breaches in paying someone to “pretend” to have a medical procedure or to actually undergo a medical procedure.

Social media is here to stay, and if both individually and collectively we all set a precedent to participate authentically, with a balance between education and self “branding,” our specialty will continue to rise and strengthen for years to come. Further specific guidelines are required immediately, to assist our members in navigating the ever-changing social media landscape. I have to go post now. Until next time.

*Ashkan Ghavami, MD is an aesthetic plastic surgeon practicing in Beverly Hills, CA, and serves on the ASAPs Media Relations Committee.*



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## ADA Website Shakedowns—Have You Received Your Letter?

by Bob Aicher, Esq.

**S**ome of our members have received letters from a Texas lawyer threatening to file a federal lawsuit over the supposed ADA noncompliance of our members' websites. The claims follow a pattern: the lawyer claims either he, or his client, have hand mobility restrictions that qualify as disabilities, that the surgeon's website doesn't provide required accommodations, and that he's going to file the attached federal lawsuit unless the surgeon pays the lawyer \$2000.

Is this a shakedown, or an outright scam? The answer requires discussing the Americans With Disabilities Act. This will be a mind-numbing experience for most, but I'll try to keep all of you awake.

Title II prohibits discrimination by government agencies and recipients of federal funds. If you don't receive federal funds, then Title II and a lawyer's threats based on Title II don't apply to you.

Title III, on the other hand, applies to all plastic surgeons' offices. Title III prohibits discrimination on the basis of disability in all places of public accommodation and requires compliance with the ADA Standards for Accessible Design.<sup>1</sup> Since your office is a place of public accommodation, that is why you are required to hire medical translators, at your own expense, for patients who don't speak your language, even if the cost of the translator exceeds the price of the procedure.

Title II and III discuss architectural accessibility, ramps, door widths, and such, but not websites, so on July 26, 2010, the Civil Rights Division, Department of Justice published an Advance Notice of Proposed Rule Making (ANPRM).<sup>2</sup> Its purpose was to consider revising the regulations implementing Titles II and III of the ADA to establish specific requirements for state and local governments and public accommodations to make their websites accessible to individuals with disabilities. Upon review of approximately 400 public comments, the Department announced in 2015 that it decided to pursue separate rule makings addressing web accessibility for Titles II and III.<sup>3</sup>

The Department is moving forward with rule making under Title II first, i.e., pertaining to government, public entities and federal funds recipients providing services. Title III rule making as to places of public

So, you may ask, is that all we have to do, namely, implement the WCAG 2.0 standards on our websites, especially for blind users?

accommodation, i.e., doctors' offices, will apparently not occur in 2018.

One might hope that the DOJ wouldn't sue over website inaccessibility until the regulations have been drafted, but that hasn't stopped them or the courts from ruling against public accommodation defendants when the disability is blindness. In January 2006 the National Federation of the Blind (NFB) filed a class action against Target Corporation over ADA inaccessibility of its website for blind patrons. In August 2008 Target settled for \$6 million in damages, \$3.7 million in attorney fees, and agreed to make its website fully accessible by February 28, 2009, i.e., within 6 months.<sup>4</sup>

In another case, EdX, Inc., which offers hundreds of online educational courses, settled with the DOJ April 1, 2015 over inaccessibility of its website. EdX admitted no wrongdoing, but agreed to implement the World Wide Web Consortium (W3C) Web Content Accessibility Guidelines (WCAG) 2.0 AA within 18 months, among other requirements.

The Wall Street Journal reported that since 2015, over 240 businesses nationwide have been sued in federal court for website ADA inaccessibility,<sup>5</sup> including a March 21, 2016 summary judgment for a blind plaintiff who sued luggage retailer Colorado Bag'n Baggage over its website, recovering \$4000 damages plus his attorney fees.<sup>6</sup>

It isn't just large businesses that have been targeted. On September 23, 2016, the Community Bankers of Iowa sent a warning article to its members that an aggressive Pittsburgh law firm had been sending demand letters to banks threatening litigation over their websites. The CBI recommends proactively implementing the WCAG 2.0 standards.<sup>7</sup>

So, you may ask, is that all we have to do, namely, implement the WCAG 2.0 standards on our websites, especially for blind users? Unfortunately, no, because the standards aren't standards at all, merely recommendations. In fact, the W3C provides no less than 206 suggested general techniques, none of which

Learn from Bob Aicher In-Person at Practice Changers in The Aesthetic Marketplace!

**Saturday, April 29, 12:35pm**  
New ADA Website Scam—Did You Pay Up?

**Saturday, April 29, 3:20pm**  
If You're an Aesthetic Surgeon, You Belong in The Aesthetic Society

**Monday, May 1, 9:30am**  
Sign First, Read Later, Pay Forever

**Monday, May 1, 1:15pm**  
Phishing for Doctors—How to Get Caught

are required. Additionally, what you do to your website isn't as important as whether it works to make your website accessibility to users with disabilities. In W3C speak, the basis for determining conformance to WCAG 2.0 is the success criteria from the WCAG 2.0 standard,<sup>8</sup> not the techniques themselves.<sup>9</sup>

Here's the problem. Until HHS creates regulations, the uncertainty creates opportunity for legal shakedowns, just as lawsuits over silicone breast implants in the late 80s and 90s flourished until science and data proved the plaintiff lawyers wrong. Eventually the regulations will state just what ADA website compliance looks like, probably only requiring "substantial" compliance. In the meantime, lawyers have been sending nastygrams to businesses, including our members, to make as much money as possible before the Department of Justice promulgates rules specifying precisely what is required to make accessible public accommodation websites.

For those of you wishing to achieve WCAG 2.0 "success" before the anticipated 2018 regulations take effect, you will likely need to hire a website accessibility consultant, not an inexpensive undertaking. If you aren't sure your webmaster understands and can implement the WCAG 2.0 standard, you may wish to contact ASAPS' own website guru, Kevin Charles kevin@surgery.org for guidance and commiseration.

If you have received a demand letter, call me 707-321-6945 or send me an e-mail aicher@sbcglobal.net. I have many more comments about how the demand letters I

Continued on Page 100



## The Straight & Narrow

By Joe Gryskiewicz, MD

### Question

Dr. Gryskiewicz:

In a recent high-profile local magazine voting contest for “Best in Class” in plastic surgery, it was obvious that very suspect voting practices occurred with some of our local board-certified plastic surgeons.

I brought this to the attention of the magazine editor but it went

nowhere. The results of this year’s voting is a basically a fraud and grossly misleads the readers of the magazine.

I think it may be worthwhile for both our state society with some backing from our national organization to take a stance on whether members should participate in this sort of indirect and deceptive advertising that can literally be bought by the highest “bidder.”

The contest was open to the public to vote online for the “best” plastic surgeon. Each person could vote once a day for their favorite in any category from a single device(URL) and it was open for about 8 weeks. The voting totals were posted in real time as a percentage of the total, which meant that you could tell on a daily basis about how many votes it took would change the percentages.

We began to follow the voting and sent an email to our patients to vote—and we started to do well in the early voting getting dozens, if not hundreds of votes. The voting in the plastic surgery category soon began to take on monumental numbers and it became evident that each vote gained much smaller percentage change, needing about 100 votes to change a single percentage point. We were left in the dust but still had a respectable showing.

What occurred in the last few days of the contest was a few names came out of nowhere and posted votes gaining them 10, 20, or 30% of the votes within a 24-hour period. This block would have had to represent literally thousands of votes in that time frame. When the results were announced, the winning physician was not who had the most number of votes on the website score chart (but he did have the largest and most frequent full page ads in the magazine). Other “honorable

Learn from Joe Gryskiewicz, MD  
In-Person at  
The Aesthetic Meeting!

### TEACHING COURSES:

Friday, April 28, 8:00am–12:00pm  
S9 Rhinoplasty Symposium

Friday, April 28, 1:00pm–5:00pm  
S12 Open and Closed Rhinoplasty: The Complete Basic Steps of Rhinoplasty—A Cadaver Workshop

Saturday, April 29, 12:30–2:00pm  
S14 Research and Innovative Technology Luncheon

Monday, May 1, 4:30pm–6:30pm  
711 Basic Anatomy, Analysis and Techniques in Basic Open and Closed Rhinoplasty

### SCIENTIFIC SESSIONS:

Tuesday, May 2, 9:15am-10:15am  
Best of Hot Topics: 10 Years in the Making

mention” surgeons had not even scored in the top five or ten by voting, others who had scored in the top five were not mentioned.

I personally paid a visit to the office of the magazine editor toward the end of the contest to alert him to my observations, but he was not available. The message I left with the assistant was never responded to.

Please check these websites which “guarantee” anyone who for a price can buy as many votes as they want for any online contest (votesforcontests.com; www.buycontestvotes.com; www.buyvotescheap.com). This particular form of a popularity contest has obvious flaws and a huge possibility of abuse and frankly fraudulent activity that our society should take a very dim view on our surgeons participating.

### Answer

Next year I would buy a full-page ad if I were you!! Do I think the election was rigged if what you say is true? Yes, for sure. Do I think buying a full-page ad would stack the

Do your best to market yourself in an authentic fashion, do good work, and finally, serve and be kind to your patients as best you can.

Have an ethics question  
for Dr. Joe?  
Email [ethics@surgery.org](mailto:ethics@surgery.org).

cards in someone’s favor? Yes, regrettably. I have had the same feeling of this going on in my community. Do I think there was a reason the editor would not meet with you? Yes, I do. Do I think the top plastic surgeon understands the results may have been fudged? I don’t know. You would have to prove this is deceptive advertising and that the award(s) is sold to the highest “bidder.” Good luck on that one. I don’t see why your state society or ASAPS would take any stance on this popularity contest, because it is open to the public. Your community plastic surgeons are not participating, rather they are ostensibly being voted on by all comers.

You offer further evidence from an article in the Daily Dot by Cody Permenter entitled *Buying Likes and Rigging Votes: Facebook’s Seedy Underworld* (June 6, 2013, 9:00am CT). “Buy Votes Cheap said it will cost you anywhere from \$60 to \$80 for 1,000 votes.” Yes, this practice is well-know, and would be unethical.

This may be a bitter pill for you to swallow or a helpful insight, but this is a beauty contest. The award is meaningless. We all receive requests to buy a plaque or a crystal to be one of America’s Top Plastic Surgeons. I agree it sounds like unethical voting and business practices, but not a matter of our society’s ethics. If you are so displeased, then complain to the Better Business Bureau and to the local media. To prove your allegations would be difficult. And in the end, you could be wrong, after-all. Personally, I would just let this go and watch the sewage float by. Do your best to market yourself in an authentic fashion, do good work, and finally, serve and be kind to your patients as best you can.

*Joe Gryskiewicz, MD, is an aesthetic plastic surgeon practicing in Burnsville, MN, and Clinical Professor University of Minnesota (Craniofacial-Cleft Palate Clinics). He serves on the ASAPS Judicial Council and is Chair of the ASERF Research Committee. Disclaimer: Dr. Joe’s opinions aren’t those of the Ethics Committee or the Judicial Council.*



## Buying Likes and Rigging Votes: Facebook's Seedy Underworld

By Cody Permenter

### *The Daily Dot*

I have had the same feeling of this going on in my community.

One of the largest Facebook vote-scamming operations in the world sits in the Indian coastal town of Chennai, an affluent metropolis of 5 million people better known as “the Detroit of India” thanks to its booming auto economy.

There, the 54-person staff of 99 Enterprises coordinates a worldwide effort to help customers win glamorous online contests or increase their social influence with armies of phony followers and likes. They work in two shifts, with two managers watching over the day and night employees.

On Facebook, the 99 Enterprises profile page is just one storefront in a massive international marketplace of vote-buyers and like-hucksters. The world's biggest social network is also a popular hub for online voting fraud and like buying.

Don't believe us? Just run a quick search through Facebook and you'll find a parade of businesses all offering the same services. Here are the pages we found last week: Buy Votes Cheap, Vote Exchange, Buy Votes Here, Buy Votes for Online Voting Contest, Selling Honest Like and Votes, Buy Votes for Online Contests. These pages and many more litter the social network's dark crevices, waiting for contest-seekers with questionable ethics to flash some cash.

Siddharth Jain was just 20 years old in 2009 when he noticed the explosive popularity of social media and online contests. Like any good entrepreneur, Jain immediately dug

Just run a quick search through Facebook and you'll find a parade of businesses all offering the same services. Here are the pages we found last week: Buy Votes Cheap, Vote Exchange, Buy Votes Here, Buy Votes for Online Voting Contest, Selling Honest Like and Votes, Buy Votes for Online Contests.

A large portion of the workers spend their day either making fraudulent Facebook profiles or using those accounts to manually vote for customers. Bass said the company has over 10,000 fake profiles, and employees spend hours making new ones every day.

out a niche for himself with a company, 99 Enterprises. For a fee, Jain would deliver votes for any online competition you can imagine, from Facebook contests (where you're asked to like a page to enter) or generic sweepstakes that only require you to fill out a form.

The services go well beyond the rigging of votes, however. You can boost your fans on your own Facebook profile, too—just tell Jain how many you need. Same goes for clicks, Twitter followers, upvotes on Reddit, or any other action on the Internet that requires a social media account and a mouse click; 99 Enterprises can deliver in droves.

In addition to its onsite staffers in India, the company employs a number of international freelancers. Sidney Bass, who said she works from the U.K, told us she works as “an affiliate.” It's her job is to approach Facebook users who might benefit from the company's unique services.

Many customers have won big, Bass said: concert tickets, trips to hot vacation destinations, cash, modeling competitions, and even wedding giveaways.

“My job is just to find people in contests and bring them to the company,” she wrote to the Daily Dot. “If they are interested in buying votes—if I get a sale—I make my commission.”

Many of the company's other positions parallel those at any mid-sized Web startup: graphic design or Web development, for instance. But a large portion of the workers spend their day either making fraudulent Facebook profiles or using those accounts to manually vote for customers. Bass said the company has over 10,000 fake profiles, and

employees spend hours making new ones every day.

The vote-buying industry spreads well beyond the borders of India. In the Philippines, a group called Selling Honest Likes and Votes offers almost the exact same services. A person who identified only as a “customer representative” explained how the process works via a Facebook message. The customer simply sends them a link, the rep said. They'll test it out and let you know if the contest can be rigged.

A representative for Selling Honest Likes and Votes explains the process. With the help of special software, Selling Honest Likes and Votes is able to rapidly change IP addresses, voting multiple times for a single customer (an IP, or Internet Protocol, address refers to the unique numerical label assigned to a computer).

Other companies, such as 99 Enterprises or Buy Votes Cheap, split votes into two categories—IP and “regular” votes. Buy Votes Cheap is based somewhere in Asia and employs 15 people, a representative told us, declining to go into more detail. The site claims to only offer “regular” votes—i.e., manually voting in contests for their customers.

“I can't reveal much on how this works but let's just say we have tons of accounts to vote from,” the rep said.

These companies proudly flaunt their businesses on Facebook. They claim to be helping people win online contests, but how much would someone have to shell out to claim a prize?

Bass said the price of votes from 99 Enterprises depends on many factors: an IP address change vote costs more, for instance, but the base rate is from 25 cents to 40 cents per vote. Buy Votes Cheap said it will cost you anywhere from \$60 to \$80 for 1,000 votes.

We asked each company how much it would cost to rig a contest by YouTube series Epic Rap Battles of History. The sweepstakes required a Facebook user to like their page, then submit personal information through Facebook to win a trip to Los Angeles and an appearance on the show.

How much would say, 200 fake entries cost? Buy Votes Cheap had the lowest offering, at \$10, followed by Selling Honest Likes and

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## LinkedIn Gets A Facelift

Continued from Page 89

100,000 members join new groups on a daily basis. In the new format, go to Work on the top horizontal menu on the right, then click on Groups to search for new Groups to join and see what the Groups you are a member of have to share. Some Groups have open membership, whereas you will need to request to become a member of others. Enter a term in the Search bar and click on Groups—such as Plastic Surgery—and you will see 173 Groups listed that fall under that category, or 155 Groups under Cosmetic Surgery. Take a look to see which Groups may be worthwhile to join based on the scope and type of content posted.

**SlideShare**—19.7 million SlideShare presentations have been uploaded to LinkedIn. SlideShare is also located under the Work tab on the top menu. You can upload your own slide deck about a topic you are passionate about, or search for topics of interest.

**Jobs**—There are several ways to use LinkedIn to post a job. One way is to go to a Group you are a member of and post under Job. You can also click on Post A Job under the Work tab. LinkedIn has some new competition from Facebook. The social network recently began to let users apply for jobs directly through business pages. Page admins can now create a jobs post, track applicants and even communicate with them via Facebook Messenger. You can also promote your job openings by boosting a post to a targeted audience.

**Publish**—LinkedIn has been making sweeping upgrades to the way content can be published and also managed. For example, you now have the ability to disable comments from your posts, and to report inappropriate comments for long form articles. You can publish an original article you have written, or you can also upload a link to an article you

find online that is of interest to the users who follow you with your own commentary on the topic. Utilize share buttons to seamlessly post articles from sites and blogs.

**Companies & Influencers to Follow**—Another important aspect of LinkedIn is staying on top of news and updates for brands that matter to you, and to follow influencers whose opinions you trust. Think of the vendors you work with, institutions you have a relationship with, and organizations that are relevant to the field of aesthetic plastic surgery.

*Wendy Lewis is President of Wendy Lewis and CO Ltd, [www.wendylewisco.com](http://www.wendylewisco.com), author of 11 books and Founder/Editor in Chief of [www.beautyinthebag.com](http://www.beautyinthebag.com). Reach her at [wl@wlbeauty.com](mailto:wl@wlbeauty.com)*

Resources:

<https://press.linkedin.com/about-linkedin>

## ADA Website Shakedowns— Have You Received Your Letter?

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have seen can be resisted, but such detail here will be a real snore. Simply remember that I will be happy to provide those points to you or to your private counsel, just in case you don't like shakedowns.

*Bob Aicher is General Counsel to ASAPS and has represented The Society for 27 years. He lives in Pasadena, California, and can be reached by phone at 707-321-6945 or by email at [aicher@sbcglobal.net](mailto:aicher@sbcglobal.net).*

1. 42 U.S.C. 12181-89, <https://www.ada.gov/regs2016/sanprm.html>
2. *Nondiscrimination on the Basis of Disability; Accessibility of Web Information and Services of State and Local Government Entities and Public Accommodations*. 75 FR 43460.
3. See Department of Justice—Fall 2015 Statement of Regulatory Priorities, available at [http://www.reginfo.gov/public/jsp/eAgenda/StaticContent/201510/Statement\\_1100.html](http://www.reginfo.gov/public/jsp/eAgenda/StaticContent/201510/Statement_1100.html).
4. <https://www.w3.org/WAI/bcase/target-case-study>
5. <http://www.wsj.com/articles/companies-face-lawsuits-over-website-accessibility-for-blind-users-1478005201>
6. <http://www.forbes.com/sites/legalnewsline/2016/03/29/judges-handling-ada-lawsuits-over-websites-not-waiting-on-doj-regulations/#2e18c1247287>
7. <http://www.cbionline.org/community-banking-news-blog/plaintiffs-law-firm-again-targeting-community-banks>
8. <https://www.w3.org/TR/WCAG20/>
9. <https://www.w3.org/TR/WCAG20-TECHS/intro.html>

## Buying Likes and Rigging Votes: Facebook's Seedy Underworld

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Votes at \$25. Buy Votes for Online Voting Contests replied with the princely sum of \$60.

You might consider buying votes a tad unethical. Doing so, however, is rarely forbidden by contest organizers. And voting companies are upfront about the risk of disqualification. Bass said that disqualifications do occur, especially with manual voting or if the companies running them are good at behind-the-scenes security.

Bass said she encourages customers to be straightforward with her and read the rules of a contest to see if buying votes is specifically mentioned as a violation of the competition. And she doesn't see anything wrong with selling votes.

"We are just providing a service," Bass said, likening the scheme to a haircut in a salon: Some customers pay for personal grooming, some people pay for votes. "What's wrong?"

In August 2012, Facebook revealed an embarrassing statistic in its filings to the

Security and Exchange Commission: 8.7 percent or roughly 83 million of its profiles were fake.

Two years earlier, an online competition with a \$1 million charity cash prize had been wrought with accusations of fraud. Many votes, it was soon discovered, came from Facebook profiles little online activity and bizarre names like "Gdfg Kcjbvkljvb" and "Sdfj Dfsjllkddjf."

Many of those accounts doubtlessly belong to these same vote-rigging syndicates. Bass revealed that 99 Enterprises previously had 100,000 fraudulent accounts until Facebook started asking for a mobile phone number to authenticate a profile. They still have many more, however, no doubt operating under names that aren't much different from "Gdfg Kcjbvkljvb" and "Sdfj Dfsjllkddjf."

*Cody Permenter is the social media manager at Grist.*

## Google is Vetting You

Continued from Page 83

engaging, relevant and unique. So does your potential patient. This does not only mean long form written content only. Videos, infographics, before and afters, case studies, and more, can aide you in telling a compelling story. Answer questions and provide content on demand where appropriate. Be the leader and share your years of knowledge and experience. The more you share and the better your story, the more likely your end user will respond, and thus, so will Google.

- **Be the leader—and ask for links.** The hardest part of any SEO campaign to accomplish is the link building campaign. Essentially, you are asking people to send other people your way, because you are good at what you do. This is a painstaking process that can take months (to years) to be truly successful. On top of all this,

without good content, links are nearly impossible to come by. Without a decent website, how will anyone convert? The linking component of your SEO campaign is vital because it shows Google that you are great at what you do, and other people believe in you. It is their version of real world “context.” Any SEO campaign without this element is a waste of time and money.

- **Be proactive in social media and your reputation.** We all know the statistics about how important a positive rating is online. We also know the value in engaging in social media. Patients want to see activity, and they trust other people’s reviews. This is why Google gives it credibility, and why you must not only be reactive in this space, but truly proactive.

These points, encapsulated in one take away sentence—if you are going to do something, do it well, and make it count.

Google has gotten to be very adept at understanding users. Truly using mathematical indicators to understand what users like and what do they dislike. What makes them engage, and what pushes them away. For you to understand what will make you successful online, and in your SEO efforts, start by knowing your patient. Know what they want, and what they need. Then tell them your story, and tell it well. Google not only wants to share that story—but legally, now it is obligated to.

*Samuel E. Peek, JD serves as the Incredible Executive Officer for [www.incrediblemarketing.com](http://www.incrediblemarketing.com).*

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# AESTHETIC SURGERY JOURNAL



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## Red Breast Syndrome: A Treatment Algorithm

Onelio Garcia Jr., MD FACS

### Introduction

**S**everal authors have described an inflammatory process associated with the use of ADMs in expander-implant based breast reconstruction. Coined “Red Breast Syndrome,” it has been described as a redness of the soft tissues overlying the matrix that is self limited and not related to infection. The incidence is currently unknown and many of these cases are confused with breast cellulitis and infection. A common manifestation is breast erythema and seroma formation usually associated with non-integration of the implanted dermal matrix.

Numerous patients have undergone surgical exploration and removal of their expanders or implants needlessly as a result

of Red Breast Syndrome in the early days of ADM-assisted Expander/Implant reconstructions. The great majority of the serous fluid cultures taken during these surgeries did not yield microorganisms. As plastic surgeons have become more familiar with the condition, surgical explorations have been replaced by attempts at conservative therapy.

Late cases of Red Breast Syndrome associated with severe seroma formation of long duration may not respond to a conservative treatment protocol, therefore early intervention is essential. In the majority of our cases (73%), the red breast resolved under conservative therapy alone and the patients went on to complete their reconstructions (Figure 1).

For further education on this topic, please read the articles from the “Acellular Dermal Matrix: Fundamentals and Expanding Applications in Plastic Surgery” ([https://academic.oup.com/asj/issue/31/7\\_Supplement](https://academic.oup.com/asj/issue/31/7_Supplement)) and “Guide to Soft Tissue Reinforcements” ([https://academic.oup.com/asj/issue/36/suppl\\_2](https://academic.oup.com/asj/issue/36/suppl_2)) supplements published by *Aesthetic Surgery Journal*.

*Onelio Garcia Jr., MD, FACS is an ASAPS Patient Safety Committee Member and Vol. Assistant Professor, Division of Plastic Surgery, University of Miami, Miller School of Medicine.*



Figure 1A. Typical presentation of patient with left Red Breast Syndrome.



Figure 1B. Appearance 48 hours after instituting conservative therapy consisting of drainage of 60 ml of seroma fluid and treatment with oral corticosteroids.



Figure 1C. Appearance 5 days after instituting conservative therapy.



Figure 1D. Appearance at 10 days.

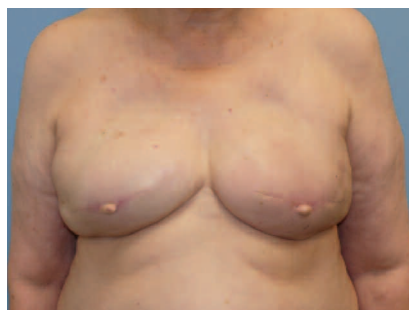


Figure 1E. Appearance at 6 months following bilateral nipple reconstruction.



Figure 1F. The patient is shown at 8 months following successful completion of her reconstruction.

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## A note from your Safety Committee

Living in the Silicon Valley, you get to hear the latest buzzwords emanating from the Tech world. One of the more recent ones is the term “less friction,” which is the idea that something is better if it can deliver optimum user friendliness. We’ve already seen examples of this in the Uber model where we can get to a ride with fewer steps and missteps! Well, the same can be said for our safety goals: Get the best result with the least friction! Well, in this edition of Safety Matters, Dr. Onelio Garcia delivers both a superb expository summary of the curious problem of “Red Breast Syndrome” and as always, a practical “Scissors on the Seam” protocol form that can be implemented immediately upon reading: That is, with less friction!

Thanks for reading and please keep me posted if there are any topics that you feel need “scissoring.” And as always, feel free to submit your own ideas!

Lorne Rosenfield, MD  
Chair, ASAPS Patient Safety Committee  
[Drr@DrRosenfield.com](mailto:Drr@DrRosenfield.com)



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# Red Breast Syndrome

Red Breast Syndrome is an inflammatory process associated with the use of acellular dermal matrices in expander-implant breast reconstruction. A common manifestation is breast erythema and seroma formation, usually associated with non-integration of the implanted dermal matrix. Many of these cases are confused with breast cellulitis and infection. When faced with a patient exhibiting Red Breast Syndrome, consider the following management protocol:

1. **EDUCATE** patients on what Red Breast looks like and have them contact office promptly if they experience it. (Early intervention is essential).
2. **Drain** seromas when present.
3. **Locate** valve and place 22 gauge butterfly needle into valve, attached to 60 ml syringe.
4. **PRESS** on lower pole of breast to move any free seroma fluid towards upper pole and valve area.
5. **ASPIRATE** on syringe while slowly extracting needle from tissue expander valve.
6. **FILL** the expander with an amount of saline that is equal to or slightly greater than the amount of serous fluid aspirated to obliterate any empty space.
7. **PRESCRIBE** Medrol Dosepak (double the dose until patient catches up with first day dosage, then resume recommended dosage). Begin non-steroidal anti-inflammatories and continue them for at least 2 weeks.
8. **RESTRICT** salt from diet.
9. **PLACE** patient in a compression brassiere.
10. **FOLLOW** patient closely (every 2–3 days) until condition subsides, (typically within 1 week).
11. **OBTAIN** appropriate culture studies in the rare case where the aspirate is purulent and proceed with surgical exploration and appropriate antibiotic therapy.

\***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. You may download this document at <http://www.surgery.org/downloads/private/Red-Breast-Syndrome.docx> to tailor to your specific practice.

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- The effectiveness for the treatment of patients with BMI > 28 has not been established. Higher BMI patients have a propensity for fluid accumulation and may have an increased risk of seroma formation.
- Effectiveness was not observed in weight loss patients undergoing abdominoplasty. Weight loss patients have a propensity for fluid accumulation and may have an increased risk of seroma formation and aspiration.

#### Safety Information

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