



How Vulnerable Are Plastic Surgeons to Cyber Attacks?

By James C. Grotting, MD

Late last year, my partner happened to notice that someone was logged in remotely to his electronic health records. As all of our employees were in the office at the time, he asked our IT consultant to look into it. It turned out to be from an IP address in Russia! Although the intrusion did not result in access to our password protected records, it brought home the reality of our vulnerability to cyber-crime, and the importance in preventing such access. It turns out that the value of complete health records to criminals is many times that of credit card numbers. Last year alone, the number of attacks increased 300% to 4000 attacks/day, according to a U.S. government

interagency report. As this is an extremely lucrative business for the perpetrators, this trend of attacking healthcare entities is expected to continue.

Why Are Criminals Interested in Your Patients' Protected Health Information (PHI)?

Our medical records contain complete demographic information on our patients, including name, date of birth, address, social security numbers, insurance records, and health history. Criminals can use this data in any number of different ways. Most commonly, they can set up false accounts and submit insurance claims to defraud Medicare or

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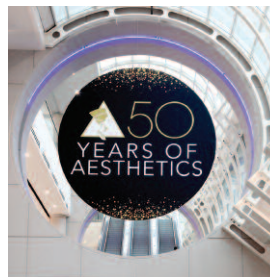
The Aesthetic Meeting 2017 Recap

By William P. Adams, Jr., MD

The leading, globally-recognized educational event of the year, The Aesthetic Meeting 2017 was held this spring at the San Diego Convention Center and was a grand celebration of our Society's 50th Anniversary. My thanks to the Program Committee, who worked diligently to provide a premier educational event where aesthetic experts and innovators from around the world shared the latest in technological advances and techniques. Plus, those who attended our Practice Management Sessions (The Business Side), as well as other courses specifically for staff, returned home with an array of ideas which will help their practice evolve and grow.

There were 1,977 attendees at this year's Aesthetic Meeting, including 1,494 of the

world's finest aesthetic plastic surgeons, with 317 of those being residents. 26.4% of those attending were international plastic surgeons.



Essential Education at The Aesthetic Meeting 2017

- **Scientific Sessions.** Each day the Orange and Blue Scientific Sessions were filled with content and topics for every kind and level of aesthetic surgery practice.

Continued on Page 7

ASAPS Education Program Receives Highest Honor

The American Society for Aesthetic Plastic Surgery (ASAPS) educational planning, development, and execution have been reviewed by the Accreditation Council for Continuing Medical Education (ACCME) and awarded Accreditation with Commendation status for a term of six years as a provider of continuing medical education (CME) for physicians.

ASAPS President, Clyde Ishii, MD, states, "ASAPS owes a debt of gratitude to Grady Core, MD, and our CME Committee for ensuring the continuation of ASAPS Accreditation with Commendation. We have had this distinction since 2010."

ACCME's Accreditation with Commendation assures plastic surgeons and the public that the American Society for Aesthetic Plastic Surgery delivers education that is relevant to its audience's clinical needs, evidence-based, and independent of commercial influence, all of which put patients first.

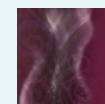
The ACCME Accreditation System employs a rigorous process for evaluating organizations' CME programs according to standards that reflect the values of the educator community and aim to accelerate learning, inspire change, and champion improvements in patient outcomes. Through participation in accredited CME, plastic surgeons and their healthcare teams drive improvement in their practices and optimize the care, health, and wellness of their patients.

WE ARE AESTHETICS.



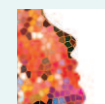
Residents' Symposium

The Business of Launching Your Practice—
The Gift of ASAPS Advice
September 8–10, 2017
SHIELD Center
New York City, NY



Experienced Insights in Breast and Body Contouring

October 19–21, 2017
The Intercontinental Mark Hopkins
San Francisco, CA



ASAPS Las Vegas 2018 Facial & Rhinoplasty Symposium

February 1–3, 2018
The Cosmopolitan of Las Vegas
Las Vegas, NV

APPLY NOW! January 1, 2018 is the next ASAPS Active Member Application Deadline. Learn more at www.surgery.org/active-membership

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Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

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ASAPS Provided, Jointly Provided & Endorsed Symposia

September 7–8, 2017

QMP 2017 Body Contouring after Massive Weight Loss Symposium

Miami, FL
314.878.7808
www.qmp.com

September 8–10, 2017

The Business of Launching Your Practice—An ASAPS Residents' Symposium

SHIELD Center
New York, NY
562.799.2356
www.surgery.org/residents2017

October 27, 2017

2nd Norwegian American Aesthetic Surgery Meeting

Oslo, Norway
osloaestheticmeeting@gmail.com
http://osloaestheticmeeting.hostmotel.no

November 11–13, 2017

QMP's 11th Annual Reconstructive Surgery Symposium

Hyatt Chicago Magnificent Mile Hotel
Chicago, IL
314.878.7808
www.qmp.com

November 17–19, 2017

QMP's 13th Annual Aesthetic Surgery Symposium

Hyatt Chicago Magnificent Mile Hotel
Chicago, IL
314.878.7808
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

December 14–17, 2017

2017 Florida Plastic Surgery Forum

The Breakers, Palm Beach, FL
435-602-1326
www.fpsps.org

February 8–10, 2018

Baker Gordon Educational Symposium

Hyatt Regency Downtown Miami
Miami, Florida
305.854.8828
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



April 24–27, 2018

Skin Care 2018:

Stop the Clock on Aging
New York Marriott Marquis
www.spsscs.org/meeting2018

THE AESTHETIC MEETING 2018

April 26–May 1, 2018

The Aesthetic Meeting 2018

Jacob K. Javits Convention Center
New York, NY
562.799.2356
www.surgery.org/meeting2018

August 24–26, 2018

The Artful Approach to Cosmetic Medicine

Estancia Hotel
La Jolla, California
562.799.2356
surgery.org/cosmeticmed2018

October 31–November 4, 2018

24th Congress of ISAPS

Miami Beach Convention Center
Miami Beach, FL
isaps@isaps.org
www.isapsmiami2018.com



October 19–21, 2017

Experienced Insights: Breast & Body Contouring

Intercontinental Mark Hopkins Hotel
San Francisco, CA
562.799.2356
www.surgery.org/breastandbody2017

October 19–22, 2017

40th Annual Australasian Society of Aesthetic Plastic Surgeons Conference

Grand Hyatt
Melbourne, Australia
http://asapsevents.org.au/2017-40th-annual-asaps-conference

October 19–22, 2017

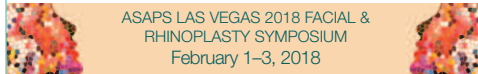
5th St. Petersburg Advanced Aesthetic Blepharoplasty, Midface and Face Contouring Course

Corinthia Hotel
St. Petersburg, Russia
kulakova_p@mail.ru
www.aasurgery.ru

October 26–28, 2017

North Carolina Society of Plastic Surgeons Annual Meeting

Grove Park Inn
Asheville, NC
435.200.8272
www.ncsps.com



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



EDUCATIONAL OPPORTUNITIES

As Education is the foundation of The Aesthetic Society's mission, ASAPS is proud to bring you symposia which broaden your breadth of knowledge. Upcoming ASAPS educational opportunities include:

- The Business of Launching Your Practice—An ASAPS Residents' Symposium
September 8–10, 2017
New York City, NY
- Experienced Insights—Breast and Body Contouring
October 19–21, 2017
San Francisco, CA
- ASAPS Las Vegas 2018 Facial and Rhinoplasty Symposium
February 1–3, 2018
Las Vegas, NV

- The Aesthetic Meeting 2018
April 26–May 1, 2018
New York City, NY

More information about these offerings can be found at right. ASAPS appreciates your dedication to continuing education and enhanced patient safety and satisfaction. Thank you!



By Clyde Ishii, MD

This issue of *ASN* is the first where I am able to address you as President of The Aesthetic Society. Until you actually hold the position, it's difficult to absorb what it really means. In my case, it means being deeply honored to be entrusted with the stewardship of the Society, humbled to be in the same company of past presidents with names like Cole, Aston, Rees and Baker, and excited to be taking the reins from Dan Mills, who led us so ably. Thank you for the privilege.

A lot has been going on since the last issue of *ASN*—let me bring you up to date:

- **The Aesthetic Meeting 2017**

In case you missed it, the premier event in aesthetic surgery education took place in San Diego, CA, April 27 to May 2. This year's Meeting attracted nearly 1500 board certified plastic surgeons, and under our expert Program Committee led by Drs. Bill Adams and Jamil Ahmad, the education was stimulating and exciting.

A huge feature of The Aesthetic Meeting for me is getting together with colleagues and friends, some of whom I've known since residency. The meeting certainly has grown since I attended my first one. But it remains friendly, collegial and a great place to meet with other surgeons who have aesthetic surgery as their primary interest.

- **Aesthetic Surgery Journal achieves highest Impact Factor ever**

Per metrics released in June, *ASJ*'s Impact Factor score has risen to 2.697. This constitutes a 7.5 percent increase over last year's score of 2.502 and ranks us 54 of 196 in the Surgery category. The Impact Factor is a measurement that factors how many papers have been used as citations in other scholarly works. As you may also know, we're gearing up to take *ASJ* monthly, so beginning in January 2018 we'll be publishing 12 issues per year. Both are great achievements for Editor-in-Chief Foad Nahai, MD and his staff. Please join me in congratulating them.

- **ANN takes off**

The Aesthetic Neural Network (ANN), the web-based solution that allows you to privately benchmark your practice vs. other ASAPS members, was enthusiastically

received by members attending The Aesthetic Meeting 2017 with close to 200 members signing up to try the solution. More information on ANN can be found beginning on page 46 of this issue.

- **The Surgeon as Consumer**

Have you tried the latest ASAPS member benefit, the Surgeon as Consumer Solution (SAC)? Remember that 510K device that had no downtime, perfect results and brought significant revenue to your practice? Did you buy or lease it? Well, I did too and, like yours, its gathering dust in a closet, coming nowhere near to delivering its promises.

SAC allows you rate a wide range of 510K devices on everything from clinical efficacy to ROI, all in a private environment available to active members only. Based on a Consumer Reports-type star rating, you can see in advance what the experiences of other members has been with devices. You can find more information on SAC on page 49 of this issue.

- **BIA-ALCL Updates and Progress**

On May 14, 2017, a story ran in the national and international editions of the *New York Times* titled "A Shocking Diagnosis: Breast Implants 'Gave Me Cancer'" by reporter Denise Grady. The piece was extensive and contained several inaccuracies (starting with the headline). However, it did produce some positive results, including:

- A meeting between the three major plastic surgery societies; ASAPS, ISAPS and ASPS and breast implant manufacturers to discuss the current state of ALCL research, public education efforts and physician education efforts. One of the action items of this meeting is the creation of a fund to perform explantation /capsulectomies on women with ALCL who have no insurance or are refused insurance coverage by their provider.
- Renewed commitments to further ALCL research.
- Wide dissemination of member education materials.

This is not the first time the *Times* has run articles on this issue, all with a somewhat

alarmist tone. However, thanks to the efforts of our Communications Office and ASAPS members conversant on the BIA-ALCL issue, other media outlets, such as *Allure* online, are running headlines that are a little truer to reality, for example: "That Scary News About Breast Implants Causing Cancer? It Isn't What it Seems". This extremely rare but deeply concerning issue will continue to be researched and studied by all organizations.

- **Gluteal Fat Grafting Research**

With the explosive popularity of gluteal augmentation by fat grafting comes disturbing reports of morbidity and mortality regarding the procedure. Several clinical papers have run in peer reviewed journals, including one developed by the ASERF Gluteal Augmentation Task Force that published before print last month on the *ASJ* website and is scheduled for print publication in July. Titled "Report on Mortality from Gluteal Fat Grafting: Recommendations from the ASERF Task Force," it's must-reading for anyone performing the procedure.

Of course, this is just one piece of research and much more work is needed. That's why ASAPS is working with our colleagues at ASPS/PSF, ISAPS, IFATS, and ISPRES, a multi-organization group that can delve further into this issue and hopefully come to some evidence-based conclusions and guidelines.

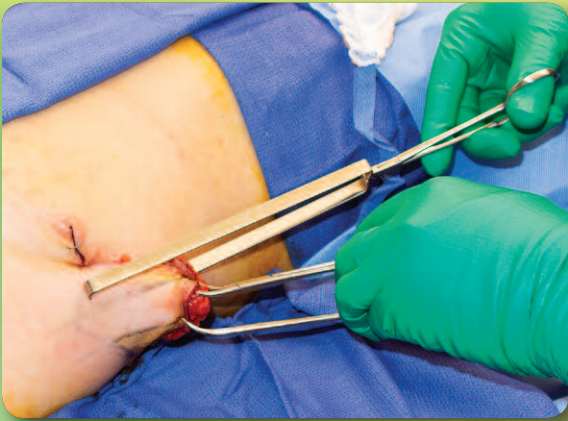
- **And Finally...**

What a great time to be an ASAPS member! We are financially solid, thus able to provide innovative programs and new uses of technology to help our members. We can provide residents and fellows with vital business information, free of charge through our resident's program and our yearly symposium, "The Business of Launching Your Practice." Most of all, we will always invest your dues dollars in providing the best aesthetic education possible.

Thank you for being a member and thank you advancing our specialty.

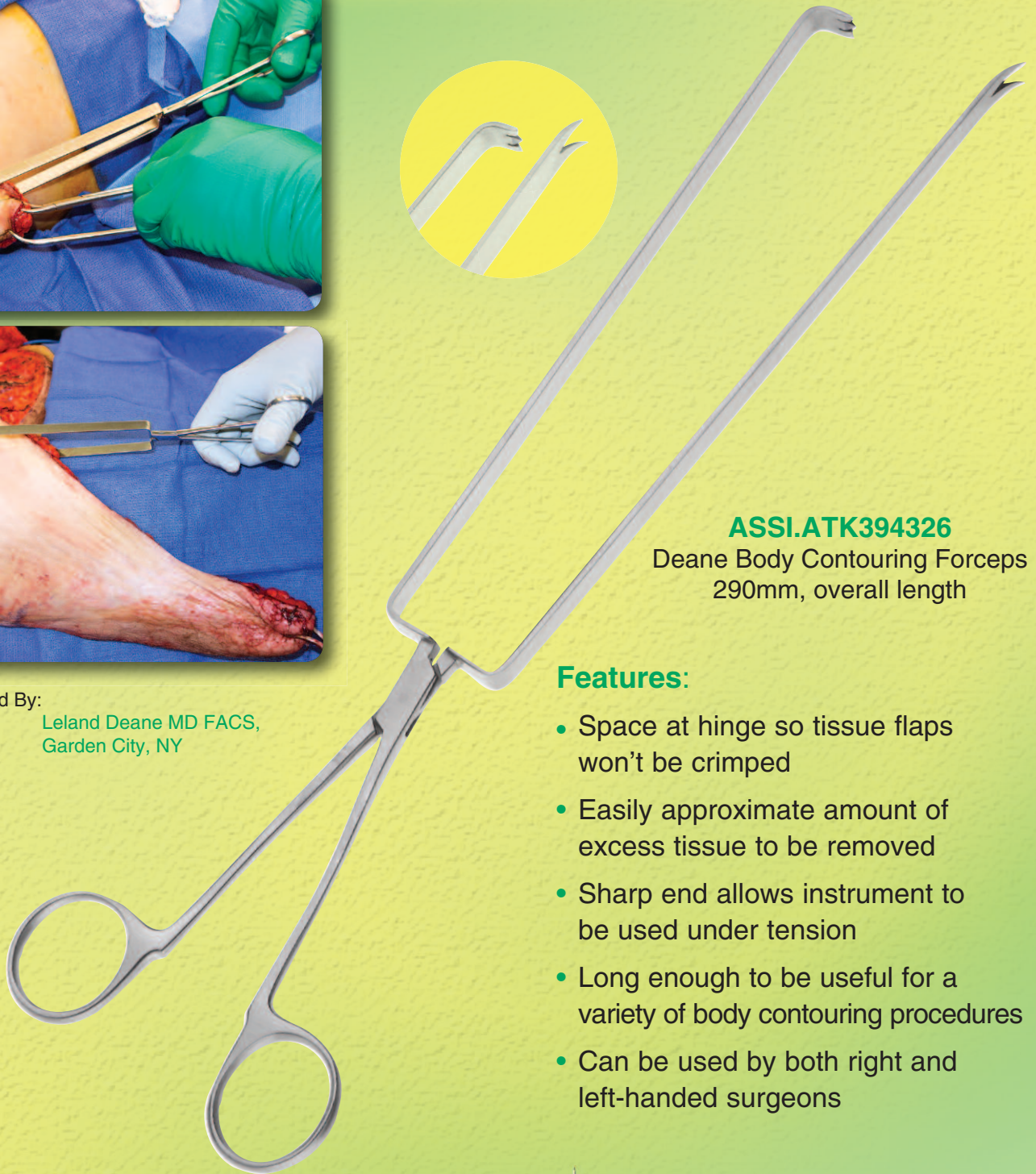
Dr. Clyde Ishii is an aesthetic plastic surgeon in practice in Honolulu, HI, and serves as President of The Aesthetic Society.

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Meeting Recap

Continued from Cover

- **Practice Management Scientific Sessions.** The Business Side featured anything and everything to enhance your practice and its management. This offering was attended by staff and doctors alike, who enjoyed topics from physician wellness to social media—keeping the room continually buzzing with new ideas.

New Products and Excitement in The Aesthetic Marketplace

If you missed the 2017 Aesthetic Marketplace, you missed a lot. The Aesthetic Meeting 2017 attracted 224 vendors who exhibited in our Aesthetic Marketplace, including 28 first time exhibiting companies. At the annual exhibitor breakfast, participants were very positive about their experience at the Meeting. Highlights in The Aesthetic Marketplace included:

- **ASERF Silent Auction.** The Aesthetic Meeting 2017's auction raised \$259,347 for aesthetic surgery research again this year. Attendees and online participants were able to bid on some useful, fun and educational items! (See page 18 for a full list of winning bids.)
- **Complimentary ASAPS 50th Anniversary Magazine.** Aesthetic Meeting attendees joined in celebrating The Aesthetic Society's 50th Anniversary with a beautiful commemorative magazine. Containing a comprehensive timeline of the Society, remembrances from key figures in the specialty, interesting articles, an array of photographs through the eras, and much more, this beautiful keepsake is over 200 pages, with a striking gold embossed cover. Complimentary copies are available now—

just call the Society at 562.799.2356 and pay only for shipping.

- The **Practice Changers** venue has enjoyed growing enthusiasm from attendees and presenters over the past four years. These short presentations made during the breaks provided attendees with yet another form of education in our open market atmosphere. Do you have an idea for 2018—something you do or use that enhances your practice? Apply through the abstract submission system—open in August 2017. Watch www.surgery.org/abstracts for your golden opportunity!
- **ASJ.** Top contributors and ASJ's Editorial Board gathered for a special champagne toast and also for a book signing by Journal Editor Foad Nahai, MD.

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Lively, quick sessions in the Practice Changers Theater engaged Aesthetic Meeting attendees.



Incoming ASAPS President Clyde Ishii, MD, with ASAPS Immediate Past President Dan Mills, MD.



The staff of The Aesthetic Society celebrates the Society's Golden Anniversary.



Education, information, products and more could be found in The Aesthetic Society booth.



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Meeting Recap

Continued from Page 7

- **Aesthetic Neural Network (ANN).** This new ASAPS member benefit debuted during the Meeting and was an immediate success. While initially ASAPS had planned to make this dashboard practice assessment tool free to the first 100 members, by 10AM on the first day of the exhibits, we'd blown past that marker. ANN is now being offered free to the first 250 ASAPS members. Learn more about this exciting tool beginning on page 46.
- **Surgeon as Consumer (SAC).** Yet another new ASAPS member benefit, Society members have long asked for help determining which 510K devices were worth the spend/lease, and the solution is here! The Surgeon as Consumer Solution uses a simple star rating system to rank equipment on everything from clinical efficacy to ROI.

Visit asaps.org now, log-in, click on "Surgeon as Consumer," and you have fellow surgeons' device reviews at your fingertips—and the ability to share your views with others. All completely free—an ASAPS benefit of membership! Visit www.ASAPS.org. Log in. Click on Surgeon as Consumer, and read and write your reviews. Learn more about SAC on page 49.

Media Relations and Social Media Recap

Ahead of the Aesthetic Meeting, ASAPS generated significant coverage for the 2016 Annual Statistics, important issues including BIA-ALCL and coverage highlighting the expertise of our members. The Society was featured across print, online, and broadcast media, strengthening ASAPS' position as a leader in patient safety and education. Top

media coverage included *Elle*, *Forbes*, *GQ*, *Men's Health*, *Men's Journal*, *Reuters*, *TODAY Show*, *The Hollywood Reporter*, *USA Today*, and *WWD*.

The 2017 Meeting ramped up the Society's social media initiatives producing significant results. The #ASAPS2017 tag was used over 1,000 times on Instagram, made over 16 million impressions and reached almost 2 million accounts on Twitter.

The Presidential Welcome Celebration

Members and guests gathered at the Presidential Welcome Celebration to toast Daniel C. Mills, MD, and his wife, Jan, as his term as ASAPS president came to a close. Wonderful food and drink were plentiful, with a recreation of Venice's famed Harry's Bar,

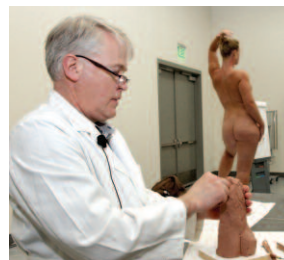
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One major hit of The Aesthetic Meeting was the introduction of the new member benefit, the Aesthetic Neural Network (ANN).



Cadaver labs continue to be a popular and beneficial means to practice the latest techniques.



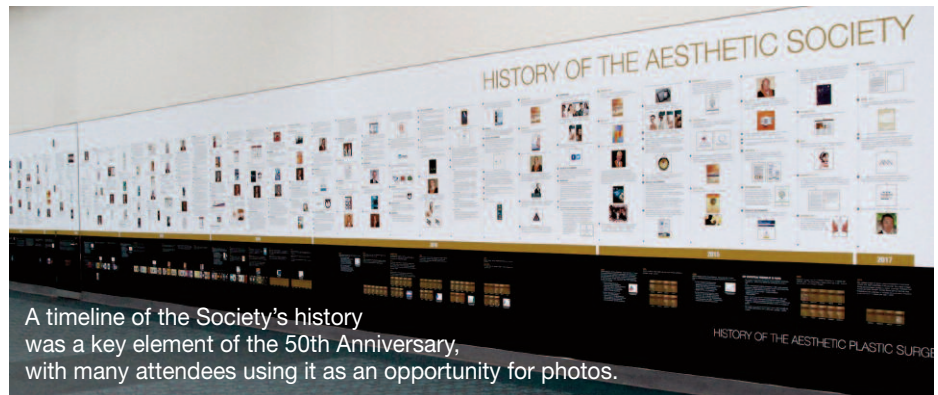
Grant A. Fairbanks, MD, teaching a sculpting course.



Dr. Jamil Ahmad speaks in the Scientific Sessions.



Cadaver lab participants practice facial techniques.



A timeline of the Society's history was a key element of the 50th Anniversary, with many attendees using it as an opportunity for photos.

Save the Date!

THE AESTHETIC MEETING 2018

April 26–May 1, 2018

Exhibits Open April 28–30, 2018

Jacob K. Javits
Convention Center
New York, NY

Experience the
Global Gathering of
Aesthetic Innovators
and Experts

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



www.surgery.org/meeting2018

WE ARE
AESTHETICS.

Meeting Recap

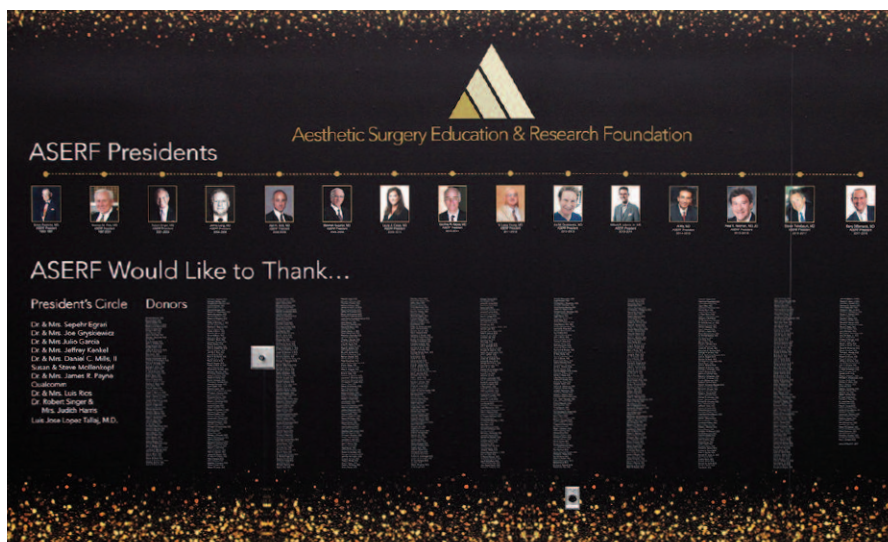
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which is where the idea for the Society originated. Live art was created throughout the night, reminding us of the connection between our work as plastic surgeons in helping our patients achieve the best version of themselves. Congratulations, Dan, on a job well done!

The Aesthetic Meeting 2018: New York City!

The Aesthetic Meeting returns to the fabulous city of New York next year, and our New York Meetings are always our best attended. Between the impactful education you'll receive and the draw of this glamorous city, The Aesthetic Meeting 2018 is sure to be rewarding and valuable. I look forward to seeing you there!

William P. Adams, Jr., MD, is an aesthetic plastic surgeon practicing in Dallas, TX, and serves as the chair of The Aesthetic Society's Program Committee.



The ASERF Donor Wall acknowledged ASERF members, President's Circle donors, and ASERF Presidents.

Interested in viewing abstracts from The Aesthetic Meeting 2017? Please visit: <http://bit.ly/2qtH6q5>.



Drs. Jamil Ahmad and William P. Adams, Jr., Aesthetic Meeting Program Chairs, cross light sabers during Scientific Sessions.



ASAPS Executive Director Sue Dykema celebrates The Society's 50th Anniversary.



Global Plastic Bowl winners Patrick Mallucci, MD and Nina Schwaiger, MD, with William P. Adams, MD.



Drs. Foad Nahai, Robert Singer and Dan Mills at the Scientific Sessions.



Participants from around the world in The Aesthetic Meeting's Global Plastic Bowl Challenge.

PREMIER INDUSTRY PARTNERS RECOGNIZED



The American Society for Aesthetic Plastic Surgery values its industry partners and the support they provide to The Society and its members. At The Aesthetic Meeting 2017 in San Diego, Dr. W. Grant Stevens, Industry Support Committee Chair, presented each esteemed Premier Partner representative with the 2017 ASAPS Corporate Award.



David Moatzedi
Senior Vice President, US Medical Aesthetics



Andy Joiner
CEO Tepha



Kelly Huang, PhD
Vice President, General Manager
US Aesthetic and Corrective Business



Warren Foust
VP, US Sales and Marketing

PREMIER INDUSTRY PARTNERS RECOGNIZED

The collaborative partnership between ASAPS and industry, helps support The Society's mission 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. We are deeply appreciative of their support, please support them in return.



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President and CEO Merz North America



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Steffanie Attenberg
Vice President and Group Publisher



sientra.

Jeff Nugent
CEO



coolsculpting
by ZELTIQ

Brent Hauser
President North America

Thank You to Our Aesthetic Marketplace Vendors!

Without 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. Your support is vital, and we look forward to seeing you again at The Aesthetic Meeting 2018 in New York City!

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CosmoFrance Inc.—Dermasculpt

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Lasso Live Chat

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Thank You to Our Aesthetic Marketplace Vendors!

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Lending USA	PCA SKIN	Strata Skin Sciences
Leonisa	Perigee Medical	Stratpharma Switzerland
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Longitudinal Facial Project	Plastic and Reconstructive Surgery	Suneva Medical
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MDware Software	Puregraft	The HydraFacial® Company
Medesthetics & Surgical Aesthetics Magazine	Quality Medical Publishing, Inc.	Theraderm Skin Health
Medical Technology Industries, Inc. (MTI)	Quantificare	Thermi, an Almirall Company
Medical Z	QUILL™ /Surgical Specialties Corporation	Thieme Medical Publishers
Mentor Worldwide, LLC	RealPatientRatings	Topix Pharmaceuticals, Inc.
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Millennium Medical Technologies, Inc.	Revision Skincare	Utah Medical Products, Inc.
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Nadia International, Inc.	Sciton	VitaMedica Corp.
Neodyne Biosciences, Inc.	SENTÉ	Viveve, Inc.
NeoGraft	Shippert Medical Technologies, Inc.	Viviscal Professional
Neostrata Company, Inc.	Sientra, Inc.	VOE, S.A.
NewBeauty Magazine	SignatureForum	Web.com
NewMedical Technology, Inc.	skinbetter science	Wells Johnson
Nextech	SkinCeuticals	Wolters Kluwer Health
NKP Medical Marketing, Inc.	SmartGraft by Vision Medical	Yellow Telescope/SEOversite
Nova Innovations	Societe Francaise des Chirurgiens Esthetiques Plasticiens	Young Pharmaceuticals
NUTRAFOL	Society of Plastic Surgical Skin Care Specialists	ZALEA, LLC.
Obalon Therapeutics	SoftFil Microcannulas	Zeltiq Aesthetics
OBP Medical	Solutionreach	Zimmer USA
OptiCall Inc.	Sontec Instruments, Inc.	ZO Skin Health, Inc. by Zein Obagi, MD
Oxford University Press	Stille Surgical, Inc.	
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The Aesthetic Meeting 2017 Education on Demand

In Addition to Selected Scientific Sessions, the Following Courses were Captured:*

108 Abdominoplasty—A Comprehensive Guide to Abdomen Contouring Techniques
Matarasso

205 Wide Awake Cosmetic Surgery and Minimal Pain Filler Injection
Lalonde/McKee

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

401/501 Aesthetic Breast Reconstruction: The New Paradigm in Breast Surgery
Brown/Grotting/Namnoum/Zienowicz

418 Developing Systems in Aesthetic Practice to be Successful in the 21st Century
Rios/Steinbrech

510 Beyond Abdominoplasty—Circumferential SAFELipo, Full Abdominoplasty, and Targeted Fat Grafting of the Buttocks
Wall/Claiborne

603/703 Three-Dimensional Body Contouring: The Next Generation of Liposuction, Abdominoplasty, and Muscle Augmentation with Fat Grafting
Hoyos/Mentz/DiBernardo/Theodorou

615 Managing and Mitigating Aesthetic Risk
Moon/Boyd/Martin

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

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Individual Courses—\$99 each (*select above*)

Selected 2017 Scientific Sessions ONLY—

\$299 *ASAPS Members*

\$399 *Guest Plastic Surgeons*

Selected 2017 Scientific Sessions and Optional Courses—

\$1129 *ASAPS Members*

\$1499 *Guest Plastic Surgeons*

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Congratulations to the Companies That Were “Collateral Compliant!”

By Michael Kulick, MD



This logo signifies that all marketing terminology and photographs are clear and accurate.

In an ongoing effort, ASAPS has partnered with Light and Energy Based Device Therapy (LAEBT) companies to provide a standardization in terms of marketing collateral. Physicians and their patients are dependent upon this information to inform them of the advances promoted and potential patient outcomes. While not required, companies are asked to provide their collateral for review to address photographic accuracy and clarify terminology that may be confusing.

This year at the annual Aesthetic Meeting in San Diego, three companies were found to have their collateral be compliant: Andrew Technology (compliant but did not have an exhibit booth), InMode and Thermi.



For the manufacturers, this is not an easy task. They often receive before and after photographs that do not have critical defining information, which would help the reviewer understand the real value of their technology. Terminology contained within the collateral can be confusing—“no pain, no down time, non-invasive...” may represent a different spectrum of expectations. Thus, the manufacturers are provided the ASJ publication, “Back to Basics: Understanding the Terminology Associated With Light- and Energy-Based Technology” (<http://bit.ly/2qcl38w>) and updates on this front. The committee’s efforts are dynamic as new technology and terminology are forwarded.

This year at the annual Aesthetic Meeting in San Diego, three companies were found to have their collateral be compliant: Andrew Technology (compliant but did not have an

exhibit booth), InMode and Thermi. There were other companies that were close but did not meet the committee standards prior to the meeting. Hopefully, all manufacturers will see the value of presenting their collateral in a standardized format. In appreciation of their efforts, ASAPS has acknowledged the compliant companies through:

- Special signage at their booth at the annual ASAPS meeting (floor minder).
- Recognition on the ASAPS member and consumer websites.
- Q & A area on ASAPS websites to educate members and consumers.
- Use of the ASAPS compliance logo on the company’s collateral and websites.
- Recognition at the ASAPS Annual Meeting during the general sessions.

A “special thanks” is extended to the LAEBT committee members that have reviewed the manufacturers collateral past, present and going forward.

Michael Kulick, MD, serves as the chair of the ASAPS’ LAEBT Committee. Committee members include Brett Snyder, MD—Vice Chair; Ryan E. Austin, MD; Larry Bass, MD; Michael Bogdan, MD; Thomas G. S. Fiala, MD; Miles Graivier, MD; Jeffrey Kenkel, MD; Chris Khorsandi, MD; Josh Korman, MD; Michael J. Lee, MD; Sarah Mess, MD; Craig Mezrow, MD; Julene Samuels, MD; and Adam Schaffner, MD.



THE AESTHETIC MEETING 2017

ASERF Silent Auction Raises \$259,347!

A special thank you to our wonderful participating vendors and bidding surgeons. Due to your contributions and bids, ASERF raised \$259,347 in donations, which will assist ASERF in continuing our important aesthetic research.

DONOR	AUCTION ITEM	WINNING BIDDER
Alastin Skincare	Product Bundle	Marcelo Uriarte, MD
Allergan	27 Breast Implants	Shahriar Mabourakh, MD
ASSI—Accurate Surgical	Waterford Crystal “Irish Treasures 10.5” Diamond Cut Footed Bowl	Kimberly Short, MD
Black & Black Surgical	LumiView Retractor	Carlos Mata, MD
Cabo Vacation	Cabo Vacation	Michael Kreidstein, MD
Candace Crowe Design	Advantage Play	Paul Loverme, MD
Coravin	Model Elite Wine System	Julio Garcia, MD
Coravin	Model Elite Wine System	Andrew Kleinman, MD
DefenAge Skincare	Product Bundle	Amy Bandy, MD
Dennis Hammond, MD	Train with an Expert	Kouros Azar, MD
DermaConcepts/Environ	Product Bundle	Marcelo Uriarte, MD
Foad Nahai, MD	Train with an Expert	Richard Huy, MD
Fuji Cyber-Relax	FJ-074 Tapping Massager	Della Bennett, MD
Heather Furnas, MD	Signed Copy of “The Business of Plastic Surgery: Navigating a Successful Career	Jeffrey Wisnicki, MD
Ideal Implant	Ideal Implant Structured Breast Implant	Alex Nein, MD
Ideal Implant	Ideal Implant Structured Breast Implant	Lisa Peters, MD
Implantech	Facial Implants	Roger Brill, MD
Jason Pozner, MD	Train with an Expert	Sarah Mess, MD
Keller Medical	Keller Funnel	Della Bennett, MD
Keller Medical	Keller Funnel	Roger Brill, MD
Keller Medical	Keller Funnel	Curtis Wong, MD
Lorne Rosenfield, MD	Train with an Expert	Steven Camp, MD
Mark Constantian, MD, FACS	Train with an Expert	Daniel Pyo, MD
Miramar Labs	MiraDry System	Jennifer Geoghegan, MD
NKP Medical Marketing, Inc.	Ipad Pro 9.7 Inch Display	Shahriar Mabourakh, MD
Obalon Therapeutics	Obalon Balloon System	Ulysses Scarpidis, MD
RealSelf	DR. SPOTLIGHT	Adam Rubinstein, MD
Sientra	BioCorneum	Barry Fernando, MD
Sientra	HSC+ Oval Base Shaped Breast Implant	Kenneth Francis, MD
Sientra	Sientra HSC Smooth Round Breast Implants	Alex Nein, MD
Sientra	BioCorneum	Bradley Remington, MD
Sientra	BioCorneum	Jeff Walding, MD
Skinbetter Science	AlphaRet Overnight Cream	Marcelo Uriarte, MD
SkinMedica An Allergan Company	Lytera 2.0	Carlos Mata, MD
SkinMedica An Allergan Company	TNS Essential Serum	Carlos Mata, MD
SkinMedica An Allergan Company	HA5 Rejuvenating Hydrato	Carlos Mata, MD
SkinMedica An Allergan Company	Total Defense + Repair Broad Spectrum Sunscreen SPF 34	Kimberly Short, MD
SkinMedica An Allergan Company	Retinol Complex 0.5	Kimberly Short, MD
Stitch Lab	2 Sets of Scrubs	Carlos Nungaray, MD
The HydraFacial Company	The HydraFacial MD Elite	Anthony Terasse, MD
The Plastic Surgery Clinic	Train with an Expert	Steven Camp, MD
Thermi	Opus One 2013: Six Bottles	Curtis Wong, MD
Thieme Medical Publishers	Dr. Truswell, Lasers and Lights, Peels and Abrasions: Applications and Treatments (Nov 2015)	Maryann Martinovic, MD
Thieme Medical Publishers	Dr. Pu, et al, Aesthetic Plastic Surgery in Asians: Principles and Techniques (June 2015)	Roxanne Sylora, MD
TouchMD	Microsoft Surface 3 Tablet	Christine Fisher, MD
Tuscany Vacation	Tuscany Vacation	Zubin Meshginpoosh
Tuscany Vacation	Tuscany Vacation	Kimberly Short, MD
VI Aesthetics	VI Peel 10	Ulysses Scarpidis, MD
W. Grant Stevens, MD	Train with an Expert	Ryan Diederich, MD
W. Grant Stevens, MD	Train with an Expert	David Janssen, MD
Zeltiq	CoolSculpting System	Lisa Peters, MD

Mollenkopf Aesthetic Breast Reconstruction Fund Founders Honored for Philanthropy and Join ASERF President's Circle of Major Donors

At a reception held at this year's Aesthetic Meeting, San Diego philanthropists Susan and Steve Mollenkopf were gratefully acknowledged and thanked for establishing the Mollenkopf Aesthetic Breast Reconstruction Fund. The fund is a resource for women in the San Diego area that provides grants to uninsured or underinsured patients who have had to delay revisional or final aesthetic reconstruction surgeries due to financial difficulties.

Susan Mollenkopf, a two-time breast cancer survivor and patient of ASAPS member Dr. Scott Barttelbort, cited her own experience as the driving force behind wanting to help women going through a similar journey. Mrs. Mollenkopf acknowledged the fact that many women encounter financial obstacles in achieving an aesthetically pleasing reconstruction. She stressed the importance breast reconstruction played in her own healing and how it helped her "get back to me" when her journey was complete.

Incoming ASERF President, Dr. Barry DiBernardo, gave a celebratory toast in honor of the Mollenkopfs' charitable efforts and welcomed them to the Foundation's President's Circle of major donors. Susan Mollenkopf then surprised everyone in attendance by presenting Dr. DiBernardo with a check for an additional \$50,000. With matching gift support from Qualcomm, where Steve Mollenkopf serves as CEO, the fund has grown to \$350,000 and is equipped to award up to 70 grants of \$5,000 each to eligible patients.

"It is always a privilege to care for these amazing, courageous women" said Dr. Barttelbort. "They are each determined to restore their lives and themselves and this Fund will make this dream a possibility for so many women." Dr. Barttelbort then introduced his patient Amy Breehl, the first recipient of a Mollenkopf grant. A native of Louisville, Kentucky, Ms. Breehl met with Susan Mollenkopf prior to the reception and presented her with a pink Louisville Slugger bat, and told her to "keep slugging away" at breast cancer.

Dr. DiBernardo concluded the festivities by encouraging all doctors to reach out in to their communities and identify patients eligible to

apply for a Mollenkopf grant. While the Fund is currently limited to patients in San Diego County, Susan Mollenkopf announced that the Fund will consider requests from other parts of the country (must be an ASAPS or ASERF member surgeon). The grant application—which includes guidelines and requirements—can be found on the ASERF website at www.aserf.org/research/blog.

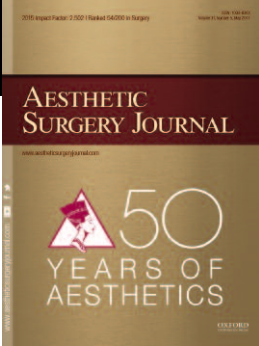
Additional donations to the Fund are always welcomed as ultimately, the goal is to make this opportunity available to as many women who need it to achieve closure to their breast cancer survival and aesthetic breast reconstruction completion. Said Mrs. Mollenkopf: "The importance of returning to normalcy, of 'getting back to me,' is critical to the recovery process."



Amy Breehl (left), patient of ASAPS member Dr. Scott Barttelbort (center) and the first recipient of a Mollenkopf Breast Reconstruction Fund grant, with Susan Mollenkopf (right).



Incoming ASERF President Dr. Barry DiBernardo (left) presents Susan and Steve Mollenkopf with a token acknowledging the philanthropic couple as the newest members of the President's Circle of major donors.



Aesthetic Surgery Journal Update

Celebrating 50 Years of ASAPS

It was a busy and exciting celebration of the ASAPS 50th Anniversary for the entire ASJ team. We were so fortunate for the support and friendship of our editors, authors, reviewers and all our supporters. We unveiled a special cover in San Diego with our May issue in proud celebration of ASAPS.

Awards

While in San Diego, we learned that ASJ had been awarded silver for “Best Use of Video” and bronze for “Best Peer-Reviewed Journal” by the American Association of Healthcare Publication Editors (ASHPE). The team received the announcement while in the ASJ booth in San Diego and it was so nice to celebrate and share the news with the editorial board and our supporters in person. Dr. Nahai was awarded the Jerome R. Klingbeil Award for Teaching Excellence, making him the 16th winner since this award's inception in 1988, in honor of Dr. Klingbeil's faithful and dedicated years of service to ASAPS. More information about the award is available here: www.aserf.org/winners/jerome-r-klingsbeil-award.

Events

The ASJ-Galatea Surgical Champagne Toast to the ASAPS 50th Anniversary was a huge hit among supporters with more than 100 in attendance.



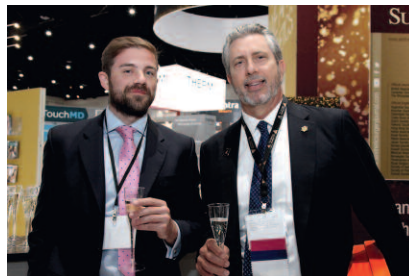
Galatea Surgical Team with supplement Guest Editors Dr. Mark Jewell and Dr. Mike Edwards (Center). (L-R): Quinn Mentone, South Central Territory Manager; Courtney Destito, Northeast Territory Manager; Trent Newell, Mid-Atlantic Territory Manager; Robert Waldowski, Midwest Territory Manager; Jennifer Denman, West Coast Territory Manager; Lauren Graham Wohlwend, Southeast Territory Manager; Lois Lombardi, Vice President; Andy Joiner, CEO, Tephra, Inc.



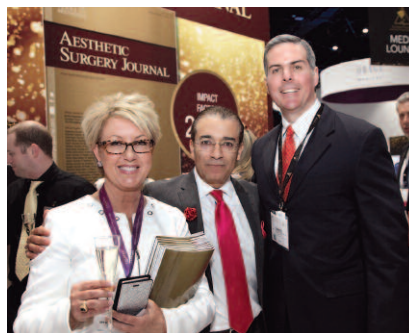
Meeting attendees joined Dr. Luis Jose Lopez Tallaj (far right) to usher in 50 years of ASAPS.



Newly appointed Editorial Board Member Mr. Nigel Mercer with Dr. Grant Stevens and Dr. Foad Nahai raising a glass to ASAPS.



Oxford University Press publishing partner Chris Reid and Past ASAPS President Dr. Mike Edwards joined in the celebration.



Jennifer Denman of Galatea Surgical, Body Contouring Section Editor Dr. Al Aly, and Dr. Alberto Arguello, past president of the Costa Rican Association of Plastic, Reconstructive, and Aesthetic Surgery, an ASJ affiliate partner.



Posing with Nefertiti (L-R) from Galatea Surgical: Kristen Crescenzi, Associate Director, New Product Development & Marketing, Lois Lombardi, Jennifer Denman and Phaedra Cress, Executive Editor of ASJ.



ASJ wins two ASHPE Awards



Dr. Foad Nahai was awarded the Klingbeil award for Teaching Excellence

The annual ASJ editorial board meeting took place on Sunday, April 30 with more than 50 in attendance. During the meeting Dr. Kenneth Shestak received an award for his service as Breast Surgery Section Editor (2009–2017) from Editor in Chief, Dr. Foad Nahai.



Dr. Ken Shestak receiving an award for service as Breast Section Editor from Dr. Foad Nahai.

**Aesthetic Surgery Journal
Editorial Board Member**

Board members received new ribbons created this year to help promote ASJ.



Aesthetic Surgery Journal Editorial Board group photo.



Newly appointed board members received an ASJ pin, presented to them during the board meeting.

We held a book signing and giveaway sponsored by Implants. Two trainee members of the Mexican Association of Plastic, Aesthetic, and Reconstructive Surgery won copies of Foad Nahai's *The Art of Aesthetic Surgery*.



Implantech Chief Operating Officer Ed Leicht and Sales and Marketing Manager Renee Casswell draw the winning names during the event while a crowd of attendees looked on.



Adrian Manjarrez-Cortez, MD (Left), with book winners Ignacio De Las Fuentes Galindo, MD and Filiberto Alejandro Alvarez Alvarez, MD (Center) and Dr. Foad Nahai (Right).

During the Meeting, Catching Up With Old Friends



Hands across the ocean, Dr. Foad Nahai and SOFCEP Past President and affiliate partner Dr. Michele Rouif.



During the SOFCEP champagne toast, four ASAPS presidents raise a glass: Dr. Clyde Ishii, Dr. Foad Nahai, Dr. Dan Mills, and Dr. Mike Edwards.



New editorial board member Dr. Joseph Hunstad greets Editorial Manager of ASJ, Hunter Alexander.



Dr. Grant Stevens and Hunter Alexander are always working ASJ 24/7!

The Rhinoplasty Society meeting took place one day before The Aesthetic Meeting. ASJ is the official Journal of The Rhinoplasty Society, a cherished affiliate partner.



Phaedra Cress and Next Generation Editor Dr. Karen Leong visit in the ASJ booth.



Rhinoplasty Section Editor Dr. Rollin Daniel drops by to chat during a break.



Dr. Oren Tepper, newly appointed board member, stops by to visit ASJ, pictured here with Phaedra Cress.

To read the current issue of the *Aesthetic Surgery Journal*, please go to: <https://goo.gl/Xqkqmm>

ASERF Resident Travel Scholarship—2017 Recipients



ASERF established the Resident Travel Scholarship to benefit residents and fellows by providing financial support for travel expenses associated with attending The Aesthetic Meeting. Currently, this scholarship program has been made possible by a grant from The Allergan Foundation. The recipients of the scholarship share their experiences of attending The Aesthetic Meeting 2017 in San Diego below.



Olga Bachilo, MD

I am extremely grateful for having had the opportunity to attend The Aesthetic Meeting. It had an amazing scientific plastic surgery education program, but

it is the business side of medicine that I appreciated the most. What I began to learn during the meeting is how to create and manage a successful practice. Aside from hiring outstanding staff and providing superior service, marketing is an often overlooked but vital component for success. My most important learning experience was attending courses that focused on marketing. As doctors, we often are not familiar with marketing, don't fully comprehend its value and don't know how to go about doing it properly. Understandably, we devote primary attention to taking care of our patients which can result in little focus on the marketing side.

Online marketing especially can make a practice gain notice and generate leads. It involves search engine optimization (SEO), Google Pay Per Click (PPC), Facebook campaigns, and other social media.

Diversifying ones' online marketing efforts allows for a quick lead generation with PPC and Facebook, and for a steady growth with SEO. Those can help create awareness and attract people to the practice website, however, it is not enough if the potential patient does not book a consultation and a consult does not schedule a procedure.

Once there is an audience on the website, it is the high quality content that helps to convert these leads into consults, often referred to as content marketing. Thus, it is extremely important to provide patients with valuable information on the site that will educate them and differentiate ones practice from those of others.

Lastly, when the patient comes through the door of the practice for a consultation it is up to the staff and the surgeon to create an ultimate patient experience that makes the patient want to schedule their procedure.

What I learned is that marketing is very important for a successful plastic surgery practice and that it is an entire process that one has to understand and plan out. I also learned that no amount of marketing can make up for poor patient experience, but even the best practice may struggle to attract patients without any marketing efforts.



Todd A. Baker, MD

Attending the Aesthetic Meeting 2017 as a recipient of the ASERF Travel Scholarship was a tremendous honor. I am grateful for the generosity

of ASERF and the Allergan Foundation for enabling me to attend the outstanding Meeting in San Diego, California. As a graduating resident in the independent residency at Cleveland Clinic, the Aesthetic Meeting was the perfect addition to my prior aesthetic training. This conference was the ideal forum for evidence based practice with instruction from experts and thought leaders across all disciplines of cosmetic surgery.

As I reflect on the many panels and course offerings at this year's 50th Anniversary Meeting, it is difficult to choose a single most important learning experience. Combining safety and efficacy with the aesthetic procedures delivered was a common theme heard on innumerable panels spanning all specialties. One talk that stands out in particular was the Scientific Program session on Avoiding Vascular Complications with Injectables moderated by Dr. Jeffrey Kenkel. The rising popularity of facial augmentation with injectable materials by various practitioners calls for increased scrutiny on the safety of these in office procedures. The panelists comprehensively addressed numerous topic including vascular biology, key facial anatomy, safer injection techniques as well as treatment if a problem arises. This talk is one example of how ASAPS brings to the forum the world's leading experts to present their primary research and extensive clinical expertise.

Patients have more choices than ever when deciding who will perform their elective aesthetic procedure. Thankfully organizations like ASAPS exist to advance and promote safe and effective cosmetic surgery and in office procedures. As a physician transitioning to independent practice I am grateful for the educational opportunities available from ASAPS at The Aesthetic Meeting as well as through other forums. I would again like to thank ASERF and the Allergan Foundation for their generosity and support. I am already looking forward to the 51st Aesthetic Meeting next spring in New York, NY.



Erica Bartlett, MD

The American Society for Aesthetic Plastic Surgery (ASAPS) is not only a national but worldwide recognized alliance of professional plastic surgeons

whose members are leading the field with innovative cosmetic surgery. It was an honor to have attended The Aesthetic Meeting 2017 and present at the Residents' Forum. While there, I was able to attend many of the educational panels which were of great value. The "50 Years of Body Contouring—Evolution of My Techniques Through a Better Understanding of Aesthetic Goals" was by far my favorite lecture. It was interesting to review the evolution of gluteal fat grafting and what results it can predictably achieve. I thought it was also extremely relevant that the talks not only discuss current techniques but safety guidelines behind these techniques. As a resident, I do not see many of the complications associated with gluteal fat grafting, however, I now feel comfortable that I can apply these techniques safely. Overall, attending The Aesthetic Meeting was a memorable experience which will not be the last for me.

Continued on page 23

ASERF Resident Travel Scholarship—2017 Recipients

Continued from Page 22



Jimmy Chim, MD

Everyone whom I've ever met that has spent time in San Diego always ends their recollection of their experience by expressing how much they would

like to return to this beautiful city. The reasons why are clear—beautiful weather, courteous locals and stunning scenery. But even with all this outside the San Diego Convention Center in plain view through its windows, indoors was where I wanted to be. I had the privilege to attend The Aesthetic Meeting 2017 this April under an ASERF scholarship funded by the Allergan Foundation. I was able to gain knowledge and cutting edge insight into minimally invasive procedures, modern rhytidectomy techniques, advances in fat grafting, rhinoplasty, primary and revisionary breast augmentation, surgery of the genitalia and many more topics. The roster of presenters was impressive, many times they were the authors of papers I have utilized over the years to direct my fund of knowledge and prepare for the operating room. The American Society for Aesthetic Plastic Surgery fosters a powerful culture of advancing the field of aesthetic medicine and surgery, while also relaying poignant messages regarding patient safety and proper operative protocol. This was an extremely enlightening experience for me and the lessons taught were imperative and pertinent for my level of training as a chief resident in Plastic Surgery. I feel extremely fortunate to have had this opportunity to benefit from these lessons before entering practice this fall.



Nidia De Jesus, MD

A tenet of our profession as plastic surgeons is the act of mentoring future generations of plastic surgeons and I am indeed grateful for having wonderful

mentors. Lacking in my training has been formal training and mentorship in the business of plastic surgery. In this, I am not alone. Certainly, spending time in clinic and participating in consultations for aesthetic procedures has given me a glimpse into the business side of our specialty but, in truth, provided only a limited exposure into the

workings of a practice and what it takes to run a successful and long-lived one.

It is with this in mind that I was interested in attending this year's The Aesthetic Meeting 2017, particularly The Business Side. I can honestly say that the curriculum did not disappoint. The focus of this year's program on practice management, incorporation of up and coming technology, physician wellness and personnel management, and in particular the use of social media and its importance for building a practice and one's brand were particularly relevant to me and most important and timely as I look to take the next step in launching my career as a plastic surgeon.

Thank you ASAPS and Allergan!



Paul D. Durand, MD

Attending The Aesthetic Meeting 2017 proved to be an invaluable experience. It provided further reassurance that my decision to pursue an aesthetic fellowship

upon graduation was the correct one. The breadth of the topics discussed and the quality of presenters was unlike any other conference I have attended in the last several years.

Listening to the masters of our field through the "50 Years" panels allowed for not just a better understanding of current techniques but also of the experiences that forged them. These were not just beautifully presented but provided the perfect setting for thought provoking discussions.

Particularly timely was the panel on avoiding vascular complications with injectables. As injectables continue to increase in popularity, knowledge of how to prevent and treat such dreadful occurrences is crucial. Understanding of anatomy and proficiency in technique are both fundamentally important. Panelists did a fantastic job in outlining exactly what to do in the setting of a complication and how to accomplish this in a timely fashion.

The amount of quality courses offered every day was truly overwhelming, making the decision of which to attend quite difficult. I often found myself wanting to be in several courses running simultaneously.

I would like to thank the Allergan Foundation for the tremendous opportunity

of attending this year's aesthetic meeting. It was a truly unique experience for a resident like myself. I cannot wait for next year's Meeting!



Brian Hwang, MD

The most regrettable mistake I made during my first year of my plastic surgery fellowship was my absence at the 2016 Aesthetic Meeting in Las Vegas, NV.

Hearing about it from The Allergan Foundation allowed me the fortunate opportunity to attend the 50th Anniversary of The Aesthetic Meeting. My expectations were surpassed—not only is this meeting the epitome of an internationally recognized society, but it puts the world's experts into the same rooms as us and allows us to experience what they have experienced in their shoes. It is very difficult for me to designate the most important learning experience, as I felt consistently torn in multiple educational directions. There was merely too much to learn, and, all at the same time. Just to name a few memorable talks I sat in—Dr. Rohrich's words of wisdom to residents, Dr. Tim Marten's facelift course, Dr. Dean Toriumi in the Rhinoplasty Symposium, Dr. Mendieta in buttock augmentation—these were all invaluable sessions that I wish I could sit through time and time again. In addition, the sponsors complemented the meeting well—there could not be a more symbiotic relationship between industry and medicine that I have seen. The support they provide for education is insurmountable. With the recent acceptance into an ASAPS endorsed aesthetic fellowship, I am even more grateful for the experience that ASAPS and ASERF has provided me in San Diego. I will continue to be part of ASAPS and in time hope to be able to give back what it has given me.



Inzhili Ismail, MD

This year was the first time I have attended The Aesthetic Meeting. And what a Meeting it was! These were inspirational and uplifting six days, spent learning the

finest details of complex aesthetic procedures from world-renowned plastic surgeons.

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I found Dr. Tim Marten's lecture on facelift and fat grafting very interesting and educational. His lecture was extremely detailed - from the type and size of cannulas he uses for fat grafting to the amount of fat he injects in each anatomic area. Even more, he had videos of his procedures, which put the whole information together in a very elegant, smooth and effortless way. His results were astounding.

I also enjoyed the panel on body contouring in which Dr. Hoyos, Dr. Del Vecchio and Dr. Mendieta discussed subtle changes in their technique. They have pushed the envelope on body contouring with selective liposuction and fat grafting. The panelists also stressed the importance of patient safety while performing gluteal augmentation.

As an ethnic Turk, I was excited to attend the lecture on rhinoplasty by Dr. Nazim Cerkes. He was wonderful! He described the successes and pitfalls of a rhinoplasty surgeon and how his technique has changed over his long career. He included many videos and in depth explanations on how to treat difficult deformities such as a short nose or saddle nose deformity. He lectured tirelessly for three hours instead of the scheduled two hours and he even stayed later to answer more questions and draw diagrams of his incisions and various pockets for cartilage grafts.

I especially enjoyed attending the Women Aesthetic Surgeons' Symposium. This meeting gave me a chance to meet many women who are in a solo or group private aesthetic practice. They were happy to give me plenty of advice and help me get a clearer picture of my future career.

In conclusion, I would like to thank the Allergan Foundation for giving me this unforgettable experience. I hope that one day I will be able to contribute to The Aesthetic Meeting as well and be able to share my knowledge. I truly recommend attending The Aesthetic Meeting to every resident.



Laurel Karian, MD

I was so thrilled to find out I was accepted for an ASERF travel scholarship. The ability to travel to The Aesthetic Meeting 2017 without restriction or

reservation was unbelievable. Upon arrival, I was excited to find out that unfilled instructional courses are open to residents at no charge. I quickly scoured the list of courses and chose a few that I was interested in. As a result, I had the opportunity to participate in phenomenal courses led by Drs. Tim Marten and Rod Rohrich.

However, I have to say that my most important learning experience had to be Dr. Christine Hamori's course entitled, "Cosmetic Vaginal Surgery: Labiaplasty and Beyond." I chose this course because it opened my eyes to an area of aesthetic surgery I am interested in, but have not been exposed to in the past. The course was comprehensive, and included pictures and videos detailing her techniques. It was both interesting and inspiring. The experience allowed me to feel more confident about the idea of performing this type of surgery in my future practice. I was also able to network with Dr. Hamori, whom I may have the opportunity to study with as part of my aesthetic fellowship. Overall, The Aesthetic Meeting 2017 was a huge success, stimulating new ideas for research and technique, and rich with enthusiasm.



David Lee, MD

If you didn't get the memo—we are now in the era of the buttock! "Position the patient and bend the cannula to stay parallel to the plane of the skin...use a large

5mm cannula...and whatever you do, make sure you stay superficial." These were just a few of the many important take-home points on a particularly hot topic at The Aesthetic Meeting 2017.

As I reflect on my experiences in San Diego, I begin to fully appreciate the impact of the Society on my growth as a plastic surgeon in training. ASAPS serves an obvious mission—to educate us on the science and art of aesthetic plastic surgery and cosmetic medicine. I witnessed this mission being

fulfilled in every optional course and in every scientific session I attended that week. And perhaps even more crucial is the Society's advancement of up-to-date safe practices in our field; from BIA-ALCL to fat embolism from gluteal lipofilling, the Society's attention to patient safety is what sets us apart from the non-core specialties that attempt to dabble in aesthetic surgery. For a young plastic surgeon about to embark on his career, these sessions on patient safety are paramount to my education.

In addition to learning the science, art, and safe practice of aesthetic plastic surgery, I am also fortunate to have developed a camaraderie with colleagues at the meeting; being able to connect with other residents and fellows has made it a truly unforgettable experience. I know that the bonds forged in San Diego—both with old friends and with new ones—will stay strong throughout my career.

Thank you ASAPS, ASERF and Allergan for your generosity and for making all this possible.



Matthew Lewis, MD

2017 was my first year attending The Aesthetic Meeting and I could not have been more impressed. The depth and breadth of this Meeting was amazing. There

was lively debate over textured vs. smooth breast implants as well as their ideal location. There was a fantastic talk on neck lift in which the presenter divided faces into central and outer components and then superimposed an aged central component onto a young outer component and vice versa. The images clearly demonstrated that the outer face (the neck, the jowls, and facial width) are major contributors to an aged facial appearance. The idea to superimpose young central faces onto aged outer faces in order to demonstrate the importance of addressing the neck in a facial rejuvenation plan was brilliant! This was just another reminder of how creative and innovative our specialty is and made me proud to be a plastic surgeon. There was a short talk on umbilicoplasty techniques by Dr. Paul Afroz (one of my co-aesthetic fellows) in which an inverted U technique for inseting the umbilicus during abdominoplasty was

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shown—I am excited to try this. Beyond talks and discussions of surgical technique, there were also several great lectures on running a successful plastic surgery practice and even a talk by Dr. Kiya Movassaghi on physician wellness and work-life balance, a very important topic which is rarely discussed. Finally, I participated in two of the cadaver courses, the endoscopic brow and midface course, as well as the MACS lift course. I cannot think of a better way for young plastic surgeons to practice their complex facial techniques—these courses were invaluable.

Given the vast content of this meeting, it is difficult to choose a single most important learning experience but if pressed I would say that the ASAPS Endorsed Fellowship Forum was my favorite aspect of the meeting. The fellowship forum was an incredible chance for the majority of the country's aesthetic fellows to meet in one room and present our research and was moderated by Dr. Jeffrey Kenkel. The presentations sparked interesting debate and dialogue. I was amazed at the diversity of topics in this forum and again, felt incredibly proud to call myself a plastic surgeon and count myself among this group of future leaders. I got all I hoped for and more out of The Aesthetic Meeting and plan to attend every year from now on.



Phuong Minh Pham, MD

The Aesthetic Meeting 2017, celebrating 50 Years of Aesthetics, was one of the best meetings I have been to as a plastic surgeon in training. In addition to the

location and beautiful weather, The Aesthetic Meeting 2017 offered me the opportunity to further develop my surgical techniques through educational courses, to obtain valuable advice on starting a practice, and to interact with other members of the small plastic surgery community.

One of the many courses I participated in was a rhinoplasty cadaver workshop taught by experts in the field like Drs. Rohrich, Guyuron, Daniel, Gryskiewicz, and others. This course allowed me to further my knowledge and refine my techniques in both open and closed rhinoplasty. Furthermore, courses in body contouring and breasts allowed me to improve my knowledge in

topics that I did not have adequate exposure to during residency training.

As graduating chief resident who will be starting a practice soon, I found the Resident and Fellows forum to be invaluable. Through the different presenters, I learned the different ways to ensure a safe and ethical practice, to balance work and family, and to avoid legal pitfalls.

Lastly, The Aesthetic Meeting 2017 provided me with the opportunity to meet and interact with other members of the small plastic surgery community. In particular, the Presidential Welcome Celebration not only allowed me to catch up with former colleagues but also to meet and network other residents, fellows, and other practicing surgeons.



Raja Mohan, MD

I want to thank the Allergan Foundation for providing the support for me to attend The Aesthetic Meeting 2017 in San Diego this year. The educational

sessions are second to none at The Aesthetic Meeting and each year I attend, I always pick up something new that I can apply towards my training and practice.

In particular, I really enjoyed the Hot Topics lecture as well as the courses geared more towards the business aspects of a surgical practice. One of the most difficult aspects of the meeting is deciding which course or lecture to attend because each one is interesting and taught by one of the masters in the field.

I had a chance to re-connect with many friends and prominent surgeons from around the world. I have recommended The Aesthetic Meeting to many colleagues and residents in my program and our turnout has been increasing each year, which is great to see. Whenever I attend The Aesthetic Meeting, it is always a special experience with a lot of memories. I am really looking forward to next year's meeting in New York and hoping to get more involved with ASAPS.



Binh Nguyen, MD

The Aesthetic Meeting this year provided an excellent opportunity to see and learn techniques from many experts and leaders in the field. It was inspiring to look

back at the history and evolution of our specialty, and recognize the innovators who helped to shape our current and future practices. The Aesthetic Meeting provided a forum for exchange of ideas that fostered innovation. It also highlighted the collaborative efforts of surgeons without borders across the globe, whose passion is to share their collective experiences to help improve patient safety and optimize care.



Devin O'Brien-Coon, MD

As a graduating chief resident going into academic plastic surgery but interested in aesthetics, I knew that attending the Aesthetic Meeting would be a great

opportunity for refining the techniques I have developed during residency. I believe that building private-academic collaborations is essential to maintaining plastic surgery as the leading specialty in aesthetic surgery at a time when we are under siege from countless other specialties with less expertise, and ASAPS does a wonderful job of that.

The Aesthetic Meeting offers a number of great aspects, including the opportunity to interact with industry to see the latest innovations and learn about them as well as many networking opportunities to meet and talk to some of our specialty's most prominent leaders.

However, what consistently stands out to me about the Aesthetic Meeting is the quality of the educational course content and presenters. The ASAPS policy of allowing trainees to audit the instructional courses if there is room allows maximum exposure to many different areas of interest without worrying about cost.

Getting to watch ASAPS presenters Timothy Marten, MD and Charles Thorne, MD teach their courses on neck- and facelift, for example, were unique educational experiences that gave me new insights on how

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to approach these procedures—coupled with sharing plenty of “tricks” that only come with decades of experience. The courses at The Aesthetic Meeting are in my opinion consistently the best of any major plastic surgery meeting. It was a great capstone to residency to have the opportunity to attend the meeting and it has confirmed my interest in including aesthetics in my practice in the future.



Eugene Oh, MD

The Aesthetic Meeting 2017 was rich with learning opportunities. The topics presented at the meeting remained true to the core mission of the ASAPS by

promoting the science, art and safe practice of aesthetic surgery.

One theme that I was particularly impressed with was the discussion regarding the etiology and prevention of potentially serious complications. This was eye opening and extremely valuable for me. For instance, gluteal augmentation is ever growing in popularity, but can be potentially deadly. Large volume fat grafting has enormous potential in being able to shape and volumize the buttock region. However, this is the procedure that currently has the highest associated mortality rate in plastic surgery with approximately 1 death in 3,000. This of course is an unacceptable complication and should be avoided at all cost. Fatal complications have also unfortunately garnered negative media attention, which further erodes public trust in this procedure and our specialty.

Therefore, gaining a comprehensive understanding about the anatomy, etiology, and prevention of fat grafting related deaths is essential. The body contouring panel was therefore timely and relevant. The discussion by Dr. Ramirez-Montana about the anatomic basis gluteal grafting associated embolism was enlightening. He showed the anatomy of the greater sciatic foramen, which is located approximately 5 cm below that PSIF. He also described safe zones for fat grafting in relation to the GSF. Mechanistically, since gluteal venous pressure is relatively low, direct cannulation is not necessary to introduce significant volumes of fat into circulation.

Rather, since fat often pools in the potential space around the gluteal vessels, I learned that a venous laceration may be all that is needed.

To avoid vascular injury, the ASERF Gluteal Fat Grafting Task Force has outlined several recommendations that were reviewed by the panel. These include: use of large gauge cannulas (> 4.1 mm), constant motion when injecting, avoidance of injection into deep muscular plane, but importantly maintaining at least a 60-degree angle. These concepts were again explained from an anatomic perspective. Interestingly, total volume of fat grafting is not associated with complication. A highlight of the panel were presentations by Dr. Del Vecchio who demonstrated impressive results. He also among others described the application of SAFE liposuction techniques to safely achieve patient goals.

Catastrophic complications take an immense toll on patients, their families, surgeons and community. It is therefore our commitment to continually improve the safety profile of the procedures we perform.



Nirav Patel, MD

Attending The Aesthetic Meeting for the very first time (on its 50th Anniversary, to boot!) was one of the highlights of my education in plastic surgery

residency. Rubbing elbows with and hearing from the heavyweights in aesthetic plastic surgery was a privilege, and having that access free to residents and fellows through the ASERF Travel Scholarship was invaluable. I achieved multiple goals at the meeting, including attendance at the general sessions and select instructional courses, networking at the Aesthetic Marketplace and at the Satellite Symposia, and sharing experiences with other trainees planning on careers in aesthetic surgery.

As follow up to the Dallas Rhinoplasty Symposium in March, I particularly gleaned a lot out of the rhinoplasty sessions at The Aesthetic Meeting, and hearing the same concepts again reinforced my education in aesthetic nasal surgery. I could say the same with oculoplastic surgery, hearing the Dr. Jelsk's lecture on blepharoplasty at the CSPS and here again in San Diego. In the future, I intend to participate in some of the cadaver

courses, after learning that in some sessions, trainees were welcome to join where there still was room to spare.

The Residents and Fellows Forum was probably the venue in which I got the most out of the Aesthetic Meeting. I watched excellent, high-yield presentations on hot topics in aesthetic surgery both in the formal session as well as in a closed-door session for the ASAPS-endorsed Fellows, which offered a preview to my own experience next year as an Aesthetic Surgery Fellow for Dr. James Grotting. Many of us connected and spent quality time outside the meeting, whether it was at the Dr. Grant Stevens fellows' dinner or else at some of the nightlife in the Gaslamp District. I finally met several alumni from my own fellowship program, both in academic and in private practice, which better prepared me for my immediate transition after plastic surgery residency.

I intend to become more involved with the Society because of my first attendance at the Aesthetic Meeting and use my training both as an attorney and as a future aesthetic plastic surgeon to help advocate for the profession and educate the public on board certification and patient safety. Clearly, ASAPS is preparing for new challenges as they arise in plastic surgery, and this was also apparent in some of the practice management sessions I attended.



Maryam Saheb-Al-Zamani, MD

The Aesthetic Meeting 2017 was a celebration of the 50th Anniversary of the American Society for Aesthetic Plastic Surgery and

featured the best and the brightest, the originators and the trendsetters to live up to this occasion. The following is a brief summary of some of the highlights of the scientific sessions through the eyes of a young resident member.

On this special occasion, it was truly memorable and humbling to hear Drs. Singer and Nahai speak about the evolution of aesthetic plastic surgery and to recognize the efforts of those who contributed to this history: To emerge from the embers, always fighting against criticism and the practice of charlatans, and to develop into the

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respectfully distinguished field within plastic surgery that not only focuses on excellence in results but stands on pillars of patient safety, scientific research, and education.

A tremendous body of knowledge was gained from each of the panel discussions where experts discussed their current approaches as well as abandoned practices to improve their outcomes in facelifting, necklifting, periorbital rejuvenation, breast surgery, and body contouring allowing the audience to benefit from the speakers' experiences, trials, and errors. Additionally, the great rhetoric between speaker of contending approaches revealed the intricacies of plastic surgery and that, sometimes, different techniques can achieve similar aesthetics in the hands of experienced surgeons.

This year, patient safety and management of complications were major themes. As non-surgical procedures continue to rise and we recognize the importance of volume restoration for facial rejuvenation, it was useful to reflect on the judicious use of facial fillers and fat grafting to obtain long-term aesthetic results and techniques to avoid and, in the rare occasion, deal with complications. Additionally, in light of world-wide recognition of cases of BIA-ALCL in news outlets, it was only appropriate to hear about the latest body of scientific research on this topic, especially as it pertains to the role of biofilm and its association with textured implants.

The Aesthetic Meeting also featured a focus on the emergence and use of social media in plastic surgery in Practice Changers. The aesthetic surgery patient is evolving and turning to social media for access to the surgeon, details about surgical procedures, and expected results prior to consultation. It is only timely that several plastic surgeons who are ushering in the age of plastic-surgeons-on-social media shared their tips for a successful web presence.

The Aesthetic Meeting was a tremendous learning opportunity. One only regretted the inability to be in multiple places at once to absorb every bit of it.



Richard Siy, MD

Similar to the shock that accompanied learning the true scope of plastic surgery at the beginning of my fourth year of medical school, I found myself embarrassed as a relatively senior trainee. The discovery of the legion techniques, advanced anatomical understanding, and available products I was previously unaware of washed over me like cold Pacific water (please forgive the simile; the Gulf coast I have access to in Texas is, gently put, lacking in such charm). Here, I was given the opportunity to benefit from the work of innovative surgeons pushing the boundaries of outcomes in both safety and cosmetic result while simultaneously contributing to the specialty's fund of knowledge with clinical research and, in many circumstances, successfully managing a business in an increasingly hostile private practice environment. How do we leverage social media for patient education and promotion of our specialty while preserving the dignity of both patient and surgeon? How do we further improve the safety profile of fillers and fat grafting? How do I start a practice? All of medicine benefits from the knowledge gained and then shared by members of the American Society for Aesthetic Plastic Surgery.

I'll spare those taking the time to read these essays of gratitude a dull list of the directly clinically applicable knowledge I gained during the five days I was able to attend. I couldn't bear the embarrassment. I was once told that there are two types of knowledge: the information itself and where to find the information you need. Attending The Aesthetic Meeting showed me where the information I need is, and where I could rely on it to come from throughout my career. Although aesthetic surgery won't comprise the majority of my practice, I know there are members of the society there to guide me, albeit often as strangers, in performing procedures they are continually advancing. I benefit. Our specialty benefits. And, most importantly and centrally, all of our patients benefit from the accumulated work of the society. I am extraordinarily grateful to the Allergan Foundation for providing me the opportunity. Thank you.



Derek Ulvila, MD

This Spring I had the opportunity to attend The Aesthetic Meeting 2017 in San Diego, marking the 50th Anniversary of The American Society for Aesthetic Plastic Surgery. It was an incredible meeting and is by far one of the most educational meetings for residents. While the meeting provided so many wonderful historical perspectives, both on the society itself and on various procedures, my most important learning experience was gaining a greater understanding of facelifts. I thoroughly enjoyed the session titled, "50 Years of Facelifting—The Evolution of My Technique Through a Better Understanding of Aesthetic Goals" by panelists Dr. Sherrell Aston, Dr. Daniel Baker, and Dr. Timothy Marten. The opportunity to learn from masters in the field with decades of experience performing facelifts was invaluable for my development as a plastic surgeon. The Aesthetic Meeting 2017 was a wonderful experience and I left San Diego more confident about facial anatomy and the art of performing facelifts.



Alexander Zuriarrain, MD

It was truly a sincere honor to be able to attend the 50th Anniversary of The Aesthetic Meeting 2017. As a graduating plastic surgery chief resident, the meeting served to provide me with the confidence to continue my journey as an aesthetic plastic surgeon. The meeting provided me with invaluable exposure to some of the top names in aesthetic surgery. I plan to use their insight and innovative concepts in my own private practice.

The Aesthetic Marketplace was a fantastic experience because I was able to meet with multiple vendors that are helping me acquire the equipment I need for my practice. In terms of the educational experience, I must say that the scientific program was excellent. I gained insight into the evolution of face-lifting techniques by the masters in rhytidectomy. Drs. Stuzin, Baker, Aston and Marten were all able to illustrate the evolution of their techniques and the reasons that led them to


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THE AESTHETIC MEETING 2017

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50 YEARS OF AESTHETICS

A LASTING LEGACY.
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1967 - 2017

TIMELINE

- 1967** Gustavo A. Giron, MD, ASAPS President from 1969-1997.
- ASAPS purchased the life, world copyright to launch our web presence. Members of the Society were encouraged to link personal web pages to the Society's home page. By the end of 1998, the site was characterized as having "significant issues" with an average of 86 user sessions per day.
- The Electronic Communications Committee was established to manage the Society's web presence.
- A new ASAPS patient education brochure line was launched due to a desire to have a more comprehensive and aesthetic design.
- MARKETING** The Cosmetic Plastic Surgery Referral Line was launched, offering a toll-free number consumers could call if they were seeking a referral to an ASAPS member.
- The Candidates Program grew to a recent 1,000 participants and an "ASAPS Candidate News" was launched to promote Active Membership in the Society.
- A certificate commemorating the place where ASAPS was first convened, Harry's Bar in Venice, Italy, was created and mailed to the restaurant for display.
- JANUARY 1967** ASAPS and Symposia International, Ltd. co-sponsored an Endoscopic Soft Tissue, Laser, Chondroplasty, and Facial Neuromotor Plastic Surgery Symposium.
- MAY 1967** The annual meeting was held in New York, NY. The 1967 Annual Meeting included a basic course on presentation graphics.



WE ARE AESTHETICS.

1995 continued

The Aesthetic Society Journal published a commentary by Bruce Dunningham entitled, "ASU Now Smarter". This provocative piece that ASU was changing in frequency from quarterly to six issues a year and that its name would change from Aesthetic Surgery Quarterly to Aesthetic Surgery Journal. This issue would also contain the Journal's first ASAPS Challenge Credit article and examination under the able editorship of David Knize, MD, as well as a review article focused on facelifts by Thomas D. Rees, MD.

The Aest article The Aest and New Plastic, M DOR, AS MD, note cord with research review, a plastic in the aesthetic Journal.



SCRAPBOOK

2010's



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how they perform their face-lifts today. Importantly, they described safe techniques that help young aesthetic surgeons to perform these operations with minimal complications. I especially enjoyed the lecture by Dr. Marten who integrates autologous facial fat grafting and skin resurfacing into all of his face-lifts.

The scientific session continued with excellent lectures by some of the top names in aesthetic breast surgery to include Drs. Hidalgo, Lista, Calobrace and Adams. They had a robust discussion on their approach to augmentation mastopexy. I especially enjoyed the lecture by Dr. Lista who always seems to elucidate the most important safety aspects of aesthetic breast surgery. His tips on how to avoid complications with augmentation mastopexy were very helpful and I will keep

his words of advice in mind while treating my patients as a recent graduate.

The next lecture that I truly enjoyed was on body contouring by Drs. Del Vecchio, Mendieta, and Ramirez-Montanana. As a native of Miami, FL opening his own aesthetic plastic surgery practice (Pure Plastic Surgery) I found it essential that the lecturers discussed the importance of safety in high-volume liposuction and gluteal augmentation. Drs. Mendieta and Del Vecchio did an excellent job illustrating how to ensure safety during autologous fat grafting to the buttock. They not only discussed how they create an aesthetically pleasing buttock, but also how they keep their complications as low as possible. Dr. Ramirez-Montanana also did a fantastic job showing us his in depth anatomic

studies on the gluteal anatomy. He beautifully illustrated where to avoid injecting the fat in order to prevent iatrogenic injury to the gluteal vessels. His cadaver study and meticulous dissection made it very apparent to me how injuries to the gluteal vessels occur and how to decrease complications through knowledge of the gluteal anatomy.

Overall, The Aesthetic Meeting 2017 was a phenomenal experience. I highly encourage all chief residents in plastic surgery who are interested in aesthetics to attend the meeting. I look forward to attending the meeting annually to continue sharpening my skills and broadening my knowledge base as a budding aesthetic plastic surgeon.

Attention Residents And Fellows!

Are You Looking for Funding to Attend The Aesthetic Meeting 2018 in New York, NY?

Download the Application and Apply Today!

www.surgery.org/professionals/residents-and-fellows/aserf-resident-travel-scholarship

ASERF Resident Travel Scholarship to The Aesthetic Meeting 2018 Criteria

SUBMISSION DEADLINE: NOVEMBER 1, 2017

Purpose: ASERF established the Resident Travel Scholarship to benefit residents and fellows by providing financial support for travel expenses associated with attending The Aesthetic Meeting. Currently, this scholarship program has been made possible by a grant from The Allergan Foundation. We will be awarding 25 grants, in the amount of \$2,000 each to the residents and fellows selected.

Uses: Scholarship funds must be used to offset the costs of travel, hotel, and other expenses associated with attending The Aesthetic Meeting 2018.

Qualifying Criteria: ASERF Resident Travel Scholarship applicants must meet the following criteria:

- Must be enrolled and in good standing in an approved plastic surgery training program
- Submit a letter of recommendation from the resident or fellow's program director
- Submit a Curriculum Vitae
- Submit an essay explaining the importance of attending The Aesthetic Meeting 2018
- Agree to attend the entire educational session during the meeting
- Agree to accept the scholarship funding after the annual meeting for which the scholarship was provided (to ensure attendance)
- Agree to write a short article about their most important learning experience during the meeting, which may be used in an issue of *Aesthetic Society News*



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International Fellowship Program

The Aesthetic Society's International Fellowship Program was established in 2009 through a generous grant from Sientra. The program's endeavor is to enhance the aesthetic education of young plastic surgeons abroad and promote international exchange of information relating to aesthetic plastic surgery. Our 2017 fellow shares her Aesthetic Meeting experiences with us below.



SCULPTING THE FUTURE.

Devayani Barve, MD

The American Society for Aesthetic Plastic Surgery's international aesthetic fellowship is truly a brilliant

opportunity for aspiring plastic surgeons globally to hone their craft and to gain exposure at every level in real life situations. Though reconstructive plastic surgery has very old roots in Indian sub continent, India is still taking finding its way in the beautiful world of aesthetics. Being an Indian plastic surgeon, I

feel honored to have been given this platform to receive training as a part of this initial exciting developmental phase.

As an international plastic surgeon, spending a year visiting some of the best plastic surgeons in the world has been a wonderful jumpstart to building a career in this noble field in the future.

Thanks to this initiative, I have had a chance to imbibe superior technical skills. I have been exposed to challenging cases and complications; I have learnt what to do or not; something that textbook medicine can never teach a professional.

Observing the masters of rhinoplasty, facial plastic surgery, breast and body contouring, I have, at such an early stage of my career, been given a chance to see what years of experience teaches a surgeon!

I have had the most rewarding interaction with all people involved with this initiative; each one was really helpful and made me feel welcome. The surgeons and their practices were generous with sharing knowledge and I could make the most of my relatively short

stays. The anesthesiologists thoughtfully gave me the prime spot at the head of the table so I wouldn't miss a step!

I am truly grateful to ASAPS for this excellent opportunity, which has accelerated my learning process and allowed me to be best equipped for applying this education into real life situations. Amalgamating the strong reconstructive training that I already received from the Medical institutions in India with the top of the line aesthetic training that the United States of America has given me, I feel equipped to represent this field with confidence, enthusiasm, conscience and clarity.

Transplanting [pun intended!] the immense knowledge I've gained through this training program back to my country and applying it to further the scope and thumbprint of aesthetic surgery is an opportunity I am incredibly excited about.

Continuing this chain of deep gratitude that I feel, I hope to give back to the community by improving lives and building self-esteem in a progressive and inclusive world.

Learn from the Finest Minds in Aesthetic Plastic Surgery

Finished with an international residency? Apply to The Aesthetic Society's International Fellowship Program by January 5, 2018. Two winners will receive the opportunity to visit and observe experts in the specialty, including reimbursement for food, housing, and transportation of up to \$10,000 for one year. Apply today!

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



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Building on a Terrific 2016 Symposium, “Experienced Insights 2017” Promises to Be Even Better

By Jeffrey M. Kenkel, MD

Bill Adams, MD and I were so pleased to see the reaction to ASAPS’ first ever *Experienced Insights in Breast and Body Contouring* in 2016, of which you can read participant testimonials in the sidebar. Our goal was to create an educational experience featuring some of the leading experts in breast and body contouring, in which participants felt welcome to share ideas and challenge assumptions, and—based on the testimonials—we succeeded. Now it is your chance to dive into this interactive experience featuring panelists, pundits, and discussants who will debate and challenge the experts, offering insightful, critical thinking, as *Experienced Insights 2017* has begun registration. Upon the conclusion of the symposium, you’ll be able to take the many pearls of wisdom you receive back to your practices.

This year, we are fortunate to have, via satellite, insight from our Australasian colleagues Anand Deva, MD, Craig Layt, MD, Mark Magnusson, MD and Tim Papadopoulos, MD, along with our symposium co-chair, Bill Adams, MD. In-person faculty includes Jamil Ahmad, MD, Robert Cohen, MD, Brad Calobrace, MD, Heather Furnas, MD, Ashkan Ghavami, MD, Christine Hamori, MD, Julie Khanna, MD, Constantino Mendieta, MD, James Namnoum, MD, Douglas Steinbrech, MD, Louis Strock, MD, and Simeon Wall, Jr., MD.

Experienced Insights in Breast and Body Contouring will take place October 19-21, 2017, at the Intercontinental Mark Hopkins in San Francisco, CA. Registration is open now at www.surgery.org/breastandbody2017. **Registration is very limited to maintain an interactive atmosphere so register now to insure your place in this new educational offering from ASAPS!**

Jeffrey M. Kenkel, MD, is an aesthetic plastic surgeon practicing in Dallas, TX, and is a past president of The Aesthetic Society.

2016 Participant Testimonials

“The recent Breast and Body Symposium in Chicago set a new standard for exchange of information and audience interaction.”

—Clyde Ishii, MD

“The Experienced Insights Symposium was one of the most educational and interesting conferences that I have attended. The small group and ability to be interactive with the speakers gave this symposium a very unique and personal format. It was a very comfortable setting to ask questions and discuss difficult cases. Definitely a worthwhile educational seminar!”

—Melanie Aya-ay, MD

“This has been the most enlightening and interesting symposium that I have attended in the last 10 years!!!”

—German Newall, MD

“I’d say it was the best, most pertinent symposium I’ve been to in the last 5 or so years. Great interactive discussions with great surgeons.”

—Patrick Proffer, MD

“This was a very refreshing meeting that was advanced, interactive and very intimate. I would strongly recommend this meeting to anyone. A

great deal of information was provided not only by the faculty but also by members of the audience. This was a friendly but very lively meeting.”

—Leo McCafferty, MD

“A very high level and intellectually honest symposium! Stimulating, thought provoking discussions in an informal, collegial environment. I enthusiastically recommend this conference!”

—Eugene Cherny, MD, FACS

“Taking what you have learned from all of our annual conferences to the next level. Drs. Kenkel and Adams have created an innovative meeting in a comfortable small venue setting for advanced discussion and debate of the hottest issues in plastic surgery. A great opportunity to understand the work of those operating on the vanguard of our specialty and to learn what is next on the horizon.”

—Pat Pazmino, MD, FACS

“Of all meetings I’ve attended over the last fifteen years this has been the most helpful, enjoyable, and impactful in helping me improve my knowledge, technique, and approach in enhancing patient outcomes.”

—Mariam Awada, MD



Attendees noted that the inaugural ASAPS’ *Experienced Insights in Breast & Body Contouring* was one of the most interactive symposia they’d ever attended.



THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC.

Experienced Insights

Breast and Body Contouring

Interaction. Involvement. Inspiration.

Thursday, October 19–
Saturday, October 21, 2017

InterContinental Mark Hopkins
San Francisco, CA

Selected Panels Live from The Australasian Society
Annual Conference in Melbourne, Australia

CHAIR: Jeffrey M. Kenkel, MD

VICE CHAIR: William P. Adams, Jr., MD



www.surgery.org/breastandbody2017

Experienced Insights

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To maintain an interactive atmosphere, registration *is very limited*. Register now to insure your place in this new educational offering from ASAPS!

LEARNING OBJECTIVES

- Summarize and evaluate advanced techniques, science and outcomes in structural fat grafting.
- Present and challenge advanced concepts in breast augmentation, including patient analysis, implant selection, reshaping options and support to achieve optimal long term outcomes.
- Present and challenge advanced concepts in body contouring, including liposuction, gluteal reshaping and labial rejuvenation to achieve optimal outcomes.
- Discuss and review important safety considerations during breast and body contouring procedures.
- Identify methods of minimizing surgical complications to enhance patient safety.
- Support interaction with audience participation in sharing complications for experienced insights.

Our goal is to interactively discuss the most current and innovative clinical insights in breast and body contouring. These will be delivered in a unique learning environment through interactive analysis and debate to ultimately achieve optimal aesthetic

ASAPS' "Experienced Insights in Breast and Body Contouring," will take place October 19–21, 2017, at the InterContinental Mark Hopkins, San Francisco, CA. This dynamic, intimate gathering chaired by Doctors Jeffrey M. Kenkel and William P. Adams, Jr. is your opportunity to learn from some of the foremost experts in the specialty, including the benefit of the Australian perspective with satellite appearances from Anand Deva, MD; Craig Layt, MD; Mark Magnusson, MD; and Tim Papadopoulos, MD.

outcomes while addressing challenges and emphasizing patient safety. The faculty will be using extensive video to highlight their technique and the format will allow for discussion on alternatives to the highlighted presentation/session.


WHO MAY ATTEND?

Experienced Insights in Breast and Body Contouring Symposium is open to Domestic and International Members and Candidates of:

- The American Society for Aesthetic Plastic Surgery
- The American Society of Plastic Surgeons
- The International Society for Aesthetic Plastic Surgery (ISAPS) or documentation of membership in a national plastic surgery society acceptable to the ASAPS Board of Directors.
- ASAPS Affiliate Program (Must be enrolled through the Australasian Society of Aesthetic Plastic Surgery)
- Residents and Fellows participating in an approved plastic surgery residency program (with letter of verification)— Limited Availability

DESIGNATION

The American Society for Aesthetic Plastic Surgery (ASAPS) designates this live activity for a maximum of 18.25 *AMA PRA Category 1 Credits*.™ Physicians should claim only the credit commensurate with the extent of their participation in the activity.

 of the 18.25 credits have been identified as Patient Safety Credits.

ACCREDITATION

The American Society for Aesthetic Plastic Surgery (ASAPS) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

DISCLOSURE POLICY

The American Society for Aesthetic Plastic Surgery (ASAPS) requires all instructors, planners, reviewers, managers, and other individuals in a position to control or influence the content of an activity to disclose all relevant financial relationships or affiliations. All identified conflicts of interest must be resolved and the educational content thoroughly vetted by ASAPS for fair balance, scientific objectivity, and appropriateness of patient care recommendations. ASAPS also requires faculty/authors to disclose when off-label/unapproved uses of product are discussed in a CME activity or included in related materials.

PROGRAM

THURSDAY, OCTOBER 19

4:00pm

Registration

5:00pm–6:00pm

Meet & Greet, Attendees & Exhibitors

INSIGHT: BREAST AUGMENTATION

6:00pm–7:30pm

Combined Australia/US Insight Panel:
Debating the Surgical Details:
Who's Right?

1. Anatomic vs Round
2. Textured vs Smooth
3. Cohesive Gel vs Form Stable
4. Sizers?
5. Breast Pocket Irrigation?
6. Insertion Sleeves?
7. Is there an Indication for Saline Implants?

Experienced Insight: Brad Calobrace, MD

Analysts: Louis Strock, MD; William Adams, Jr., MD;
Craig Layt, MD

Pundit: Julie Khanna, MD

Q&A/Discussion/Debate Moderator:
Jeffrey Kenkel, MD

Debate: What Drives Me to Choose an Implant
Company? Pricing, Rewards, Warranty, Longevity

Panelists: William Adams, Jr., MD;
Brad Calobrace, MD; Julie Khanna, MD;
James Namnoum, MD; Louis Strock, MD

7:30pm–8:15pm

Quick Hits Session: Male Chest

Experienced Insight: Douglas Steinbrech, MD

Analyst: Simeon Wall, Jr., MD

Pundit: Jeffrey Kenkel, MD—Men Do Care
About Their Nipples: How Do You Avoid Free
Nipple Grafting

Q&A/Discussion/Debate Moderator:
Louis Strock, MD

FRIDAY, OCTOBER 20

7:00am–8:00am

Breakfast with the Exhibitors

INSIGHT: BREAST AUGMENTATION

8:00am–9:30am

Fat Injection to the Breast—The Post
Zealot Phase—What We Have
Learned and What We Should Do

Experienced Insight: James Namnoum, MD

Analyst: Julie Khanna, MD

Pundit: Louis Strock, MD—I am Not Sure Fat is
That Predictable for Breast Enhancement

Q&A/Discussion/Debate Moderator:
Jamil Ahmad, MD

Debate: The Future of Fat—Is the FDA Going to
Change the Way We Perform Fat Transfer?

Panelists: Brad Calobrace, MD; Robert Cohen, MD;
Julie Khanna, MD; James Namnoum, MD;
Louis Strock, MD

Program and Faculty Subject to Change

9:30am–10:00am

Break in the Exhibits

10:00am–11:30am

Re-Operative Breast Surgery: Pitfalls
and Red Flags: What You Can and
Cannot Do

Experienced Insight: Louis Strock, MD

Analyst: Jeffrey Kenkel, MD

Pundit: Brad Calobrace, MD—10 Things I Do to
Prevent Implant Based Complications

Q&A/Discussion/Debate Moderator:
Jamil Ahmad, MD

Debate: Capsulectomy, Neosubpectoral Pocket,
Pocket Change: The Best Way to Deal with
Capsular Contracture

Panelists: Robert Cohen, MD; Julie Khanna, MD;
James Namnoum, MD; Louis Strock, MD

11:30am–1:00pm

Lunch with the Exhibitors

1:00pm–2:00pm

Quick Hit Session: My Preferred
Incision for Breast Augmentation
and Why

Experienced Insights: Brad Calobrace, MD;
Robert Cohen, MD; Julie Khanna, MD;
James Namnoum, MD; Louis Strock, MD

Analysts: Douglas Steinbrech, MD;
Simeon Wall, Jr., MD

Q&A/Discussion/Debate Moderator: Christine
Hamori, MD

2:00pm–3:30pm

Combined Australia/US Insight Panel:
Achieving the Holy Grail: Long Term
Upper Pole Fullness

Long Term Upper Pole Fullness: Are Implants the
Only Option? Timing and Sequency Support—
Why, When, and What Type? Do We Have the
Data to Justify the Cost?

Experienced Insight: Brad Calobrace, MD

Analysts: Robert Cohen, MD; Craig Layt, MD

Pundit: James Namnoum, MD

Q&A/Discussion/Debate Moderators: Jeffrey
Kenkel, MD (US); William Adams, Jr., MD (AU)

Audience Moderator: Simeon Wall, Jr., MD

Debate: When Do You Pull the Trigger on
Support/Coverage Products in Secondary
Breast Implant Surgery?

Panelists: William Adams, Jr., MD;
Brad Calobrace, MD; Robert Cohen, MD;
Craig Layt, MD; James Namnoum, MD

3:30pm–4:00pm

Break in the Exhibits

4:00pm–5:30pm

Combined Australia/US Insight Panel:
BIA-ALCL—World Experience:
What's Important to Know for MDs
and Patients

Moderators: Jeffrey Kenkel, MD (US);
William Adams, Jr., MD (AU)
US BIA-ALCL Update—William Adams, Jr., MD
Relevant Research and AU Update—
Anand Deva, MD

Discussion

AU Panel: William Adams, Jr., MD; Anand Deva,
MD; Craig Layt, MD; Mark Magnusson, MD;
Tim Papadopoulos, MD

US Panel: Jamil Ahmad, MD; Brad Calobrace, MD;
Julie Khanna, MD; James Namnoum, MD;
Louis Strock, MD

5:30pm–6:30pm

Day In Review: Managing Complications
following Breast Surgery: What
Happened? Why Did it Happen?
How Can I Prevent it from Happening?

Lead: Jeffrey Kenkel, MD

SATURDAY, OCTOBER 21

7:00am–8:00am

Breakfast with the Exhibitors

INSIGHT: BODY CONTOURING

8:00am–10:00am

Fat Transfer to Buttock: Safety
and Efficiency

Experienced Insight: Constantino Mendieta, MD

Another Perspective: Ashkan Ghavami, MD

Analyst: Julie Khanna, MD

Pundit: Simeon Wall Jr., MD—Take It Down a
Notch: A Pinch of Fat to Enhance Shape

Q&A /Discussion/ Debate Moderator: James
Namnoum, MD

Debate: Is It Safe? How Much is Too Much?
Is There Any Data? Futurescope: What Should
We Expect These Patients to Look Like in
10–20 Years: Life Happens

Panelists: Brad Calobrace, MD; Ashkan
Ghavami, MD; Jeffrey Kenkel, MD; Constantino
Mendieta, MD; Simeon Wall, Jr., MD

10:00am–10:30am

Break in the Exhibits

10:30am–12:00pm

Technical Precision Points—
Contouring—Quick Hits: What Should
You Take Home and Do?

1. Patient Selection: BMI Cut Off—
Jamil Ahmad, MD vs. Jeffrey Kenkel, MD
2. Technology—
Douglas Steinbrech, MD vs. Simeon Wall, Jr., MD
3. Excision: Do You Really Need Those Scars?—
Jeffrey Kenkel, MD vs. Simeon Wall, Jr., MD
4. Pain Management—
Jamil Ahmad, MD vs. Douglas Steinbrech, MD
5. VTE Prophylaxis—
Jeffrey Kenkel, MD vs. Simeon Wall, Jr., MD
6. Postoperative Care—
Jamil Ahmad, MD vs. Simeon Wall, Jr., MD

Q&A /Discussion/Debate Moderator:
Brad Calobrace, MD

Package it For Us: Summary—Julie Khanna, MD

12:00pm–1:00pm

Lunch with the Exhibitors

1:00pm–2:30pm

Labial and Vaginal Rejuvenation—Zealot Phase? Check! What Have We Learned?

Technology vs Excisional Techniques: Developing an Algorithm

Experienced Insight: Christine Hamori, MD

Analyst: Jamil Ahmad, MD

Pundit: Heather Furnas, MD

Q&A /Discussion/Debate Moderator: Julie Khanna, MD

Debate: What Do Men Know Anyway? Here's What Plastic Surgeons Should Do: Trust Us

Panelists: Heather Furnas, MD; Christine Hamori, MD; Julie Khanna, MD

Please remember to verbally disclose all potential conflicts when participating in a discussion from the floor.

2:30pm–3:00pm

Break in the Exhibits

3:00pm–4:15pm

Out of the Box Procedures to Enhance Contouring: Take It or Leave It in 8 Minutes

Alternatives to Midline Plication—Jamil Ahmad, MD

Reverse Abdominoplasty—Simeon Wall, Jr., MD

Fleur-de-Lis—Jeffrey Kenkel, MD

Autologous Augmentation—When and Where—Buttock and Breast—Ashkan Ghavami, MD

Abdominal Etching—Douglas Steinbrech, MD

Analyst: Brad Calobrace, MD

Pundit: Julie Khanna, MD—I Would Never Do That and Here's Why

Q&A /Discussion/Debate Moderator: Louis Strock, MD

Debate: Limitations on Lipoaspirates When Performing Excisional Procedures

Panelists: Brad Calobrace, MD; Jamil Ahmad, MD; Jeffrey Kenkel MD; Simeon Wall, Jr., MD

4:15pm–4:30pm

Grab a Beer Break

4:30pm–5:45pm

Secondary Body Contouring: Combining LipoFilling, Liposuction, Surgical Release and Excision: When and How?

Experienced Insight: Simeon Wall, Jr., MD

Analyst: Ashkan Ghavami, MD

Pundit: Jeffrey Kenkel, MD—The Power of Excisional Surgery in Secondary Contour Deformities

Q&A /Discussion/Debate Moderator: Julie Khanna, MD

Debate: Using Fat in Body Contouring Procedures: Harvest, Preparation, Injection: Bottom Line

Panelists: Jamil Ahmad, MD; Ashkan Ghavami, MD; Jeffrey Kenkel, MD; Simeon Wall, Jr., MD

5:45pm–6:30pm

Day in Review: Managing Complications following Body Contouring Surgery: What Happened? Why Did it Happen? How Can I Prevent it From Happening?

Attendee and Faculty Submissions

Lead: Jamil Ahmad, MD

HOTEL INFORMATION

Meeting functions will be held at:

InterContinental Mark Hopkins— A San Francisco Hotel

999 California Street
San Francisco, CA 94108
Phone 415.392.3434

With a local legacy and grand architectural character that make it one of the most celebrated luxury hotels in San Francisco, the InterContinental Mark Hopkins is a landmark Nob Hill destination with breathtaking views of the Bay Area. Offering an experience of class and character, this historic hotel has been updated with modern amenities, high-tech features and elegant design. With unbeatable views, luxurious accommodations and historic charm, the sophisticated San Francisco hotel is an ideal choice for travelers who appreciate the finer things in life.

Room rates are \$299.00
Hotel reservation cut-off date:
September 27, 2017
(or until the block is sold out)

GENERAL INFORMATION

CLIMATE/ATTIRE

The average October temperatures for the San Francisco area are in the mid 60s during the day and mid 40s in the evening. Business casual attire is appropriate for the meeting. Temperature fluctuation in the hotel is common, please dress in layered clothing that can be easily added or removed throughout the meeting.

TRANSPORTATION

The InterContinental Mark Hopkins is located approximately 10 miles from San Francisco International Airport.

Taxis: Fare from the airport is approximately \$35–\$40.

Shuttle: Varieties of shuttle/limousine and Uber services are available from the airport.

Hotel Parking: Valet parking is \$57 plus tax, daily/overnight rate.

EXHIBITS

Friday, October 20

7:00 am – 4:30 pm

Includes: Continental Breakfast, Coffee Breaks and Luncheon

Saturday, October 21

7:00 am – 4:30 pm

Includes: Continental Breakfast, Coffee Breaks and Luncheon

Exhibit schedule is subject to change

REGISTRATION

ASAPS Experienced Insights in Breast and Body Contouring

October 19–21, 2017 • Sponsored by: ASAPS

Registration is very limited to maintain an interactive atmosphere

First Name _____ ASAPS ID # _____

Last Name _____

Badge Name (if different from above) _____

Street Address _____

City _____ State _____

Zip/Postal Code _____ Country _____

Phone _____ Fax _____

Email Address _____

(used to communicate Symposium Updates)

Check here if, under the American Disabilities Act, you require specific aids or devices to fully participate in this symposium.

Audio Visual

Symposium Registration Surgeons Only

18.25 AMA PRA Category 1 Credits™

	On or Before September 19, 2017	After September 19, 2017	Subtotal
ASAPS Active Member	\$1,450	\$1,650	\$ _____
ASAPS Candidate for Membership Affiliate Program (Australasian Society Only)	\$1,600	\$1,900	\$ _____
Guest Plastic Surgeon	\$1,850	\$2,050	\$ _____
ASAPS Life Member/Resident <i>(Must provide letter of verification from chief of plastic surgery—Resident Participation is limited)</i>	\$700	\$800	\$ _____

TOTAL ENCLOSED \$ _____

PAYMENT

Check Payable to ASAPS (US Funds Only) is enclosed • Visa MasterCard American Express

Account Number _____

Expiration Date _____ Security Code _____ Billing Zip Code _____

Card Holder Name _____ Signature _____

SEND PAYMENT TO:

The Aesthetic Society (ASAPS) • 11262 Monarch St., Garden Grove, CA 92841 USA • Fax: 562.799.1098 • Phone: 562.799.2356
Refunds not considered unless a written request is emailed to Victoria@surgery.org by September 19, 2017, or mailed to the ASAPS
Central Office and postmarked by September 19, 2017. Refunds will be subject to a minimum 15% administrative fee.

REGISTER ONLINE AT WWW.SURGERY.ORG/BREASTANDBODY2017

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Co-Chair: Gary Tuma, MD

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September 8–10, 2017
SHIELD Center, New York City, NY

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Free for Residents & Fellows

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Who?

Plastic Surgery Residents & Fellows in approved programs in the US and Canada

What?

“The Business of Launching Your Practice—The ASAPS Gift of Expert Advice”

Where?

The SHIELD Center—430 E. 29th St. New York, NY 10016

When?

September 8–10, 2017
Program begins Friday evening at 5:00pm and ends Sunday at 3:15pm

From?

The American Society for Aesthetic Plastic Surgery

Free of charge to qualifying attendees, this exciting weekend chaired by Sal Pacella, MD, MBA and Gary Tuma, MD, addresses the common business concerns of residents and fellows: “What comes next after graduation?”

CLIMATE/ATTIRE

The average September temperatures for the area are 76°F for the high and 61°F for the low. Business casual attire is appropriate for the meeting.

TRAVEL/HOTEL

The following hotels are a short walk, Uber or Lyft ride to the SHIELD Center.

Courtyard Soho
(2.8 miles from SHIELD Center)
181 Varick St, New York, NY 10014

Hyatt Union Square
(1.3 miles from SHIELD Center)
134 4th Ave, New York, NY 10003

The Marcel at Gramercy
(0.7 miles from SHIELD Center)
201 E 24th St, New York, NY 10010

ASAPS has no negotiated rates for these hotels. For more information on the hotels listed, please visit the Meeting website at www.surgery.org/residents2017.

The Aesthetic Society, along with industry support from Allergan, Galderma and Merz Aesthetics, allows us to offer complimentary meeting registration. Travel and hotel are not included.

SPECIAL ASSISTANCE

If, due to a physical disability, you require any special assistance while in attendance at this meeting, or if you have any special dietary restrictions, please contact Kathleen McClemmy at 562.799.2356 or email kathleen@surgery.org.

PROGRAM

FRIDAY, SEPTEMBER 8

5:00pm

Registration Opens

5:00pm – 5:10pm

The Business of Launching Your Practice
Welcome

Salvatore Pacella, MD, MBA

5:10pm – 5:20pm

ASAPS President's Welcome

Clyde Ishii, MD

5:20pm – 5:50pm

MED Talk—Personal Experience

Mark Codner, MD

5:50pm – 7:00pm

Networking Reception

SATURDAY, SEPTEMBER 9

7:00am – 8:00am

Registration and Breakfast

8:00am – 8:05am

Opening Remarks

Salvatore Pacella, MD, MBA

Contracts and Employment

Moderator: Mark Codner, MD

8:05am – 8:20am

Do's and Don'ts of Launching Your Practice

Mark Codner, MD

8:20am – 8:35am

The Contract and Interview:
Mastering the Meet and Greet

Gary Tuma, MD

8:35am – 8:50am

Where Do I Start? Transitioning from
Training to Practice

Karen Horton, MD

8:50am – 9:05am

Employment and Leasing Contracts:

Devil in the Details

Robert Aicher, Esq.

9:05am – 9:20am

Discussion

9:20am – 9:50am

MED Talk—Personal Experience

Salvatore Pacella, MD, MBA

Finance and Accounting I

Moderator: Lawrence Keller

9:50am – 10:05am

Top Ten Financial Planning Mistakes Plastic
Surgeons Make and How to Avoid Them

Lawrence Keller

10:05am – 10:20am

Tax and Retirement Strategies

Lawrence Keller

10:20am – 10:35am

Life Insurance: What Type and How Much?

Lawrence Keller

10:35am – 10:45am

Discussion

10:45am – 11:00am

Networking Break

Marketing I

Moderator: Gary Tuma, MD

11:00am – 11:20am

Building Equity Online from Day One

Ryan Miller

11:20am – 11:40am

Social Media Strategies

Karen Horton, MD

11:40am – 12:00pm

Your Online Reputation, Don't Mess It Up

Ryan Miller

12:00pm – 12:15pm

Discussion

12:15pm – 12:45pm

Lunch

12:45pm – 1:30pm

Panel: Pearls and Pitfalls of Practice

Salvatore Pacella, MD, MBA; Gary Tuma, MD;

Mark Codner, MD; Karen Horton, MD

Finance and Accounting II

Moderator: Salvatore Pacella, MD, MBA

1:30pm – 1:55pm

Office Accounting and Financial Statements

Helen Daniell

1:55pm – 2:20pm

Dr. Thrifty V. Dr. Spendalot

Salvatore Pacella, MD, MBA

2:20pm – 2:35pm

Discussion

Legal and Regulatory

Moderator: Gary Tuma, MD

2:35pm – 2:50pm

Introduction to Ethics

Robert Aicher, Esq.

2:50pm – 3:05pm

Corporations and Contracts

Alex Thiersch, JD

3:05pm – 3:20pm

Hipaa—When It Applies, When It Doesn't

Robert Aicher, Esq.

3:20pm – 3:35pm

Pros and Cons of Working with
Med Spas/Laser Centers

Alex Thiersch, JD

3:35pm – 3:45pm

Discussion

3:45pm – 4:00pm

Networking Break

Human Resources

Moderator: Salvatore Pacella, MD, MBA

4:00pm – 4:15pm

Spouse or Family Benefits—What to Give
or What to Get

Helen Daniell

4:15pm – 4:30pm

How to Handle Disgruntled, Disruptive
Employees

Alex Thiersch, JD

4:30pm – 4:45pm

Best Hiring Practices

Karen Zupko

4:45pm – 5:00pm

Discussion

5:00pm – 6:00pm

Happy Hour Reception

SUNDAY, SEPTEMBER 10

7:00am – 8:00am

Breakfast

Billing and Compensation

Moderator: Gary Tuma, MD

8:00am – 8:15am

Working with Health Insurance:
The Ins and Outs

Salvatore Pacella, MD, MBA

8:15am – 8:45am

Top Ten Reimbursement Strategies
for Plastic Surgeons

Karen Zupko

8:45am – 9:05am

Plastic Surgeons and RVUs;
Understanding Compensation

Salvatore Pacella, MD, MBA

9:05am – 9:20am

Discussion

9:20am – 9:50am

MED Talk—Personal Experience

Gary Tuma, MD

Marketing II

Moderator: Salvatore Pacella, MD, MBA

9:50am – 10:10am

Building Your Aesthetic Practice

Karen Zupko

10:10am – 10:30am

From Doctor to Director—Creating
Content to Attract Patients Online

Ryan Miller

10:30am – 10:40am

Discussion

10:40am – 10:55am

Networking Break

Program Continued on Next Page

PROGRAM

Crisis Management

Moderator: Gary Tuma, MD

10:55am – 11:10am

Disability Insurance: What You Need to Know Before You Buy
Lawrence Keller

11:10am – 11:25am

Negotiating Bureaucracy
Gary Tuma, MD

11:25am – 11:40am

Sniffing Out Fraud in Your Practice
Robert Aicher, Esq.

11:40am – 11:55am

Work-Life Balance, Professional Fulfillment and Burnout
Karen Horton, MD

11:55am – 12:10pm

Turnaround Management—From Negative to Positive
Gary Tuma, MD

12:10pm – 1:10pm

Lunch

1:10pm – 1:40pm

Final Quiz

1:40pm – 3:15pm

Mentor Discussion Groups

Moderators: Salvatore Pacella, MD, MBA and Mark Codner, MD

How to Get Sued: Learn from ASAPS' Legal Counsel about real life experiences and how you can avoid these costly mistakes.
Facilitator: Bob Aicher, Esq.

Financial Statements: Continue the conversation regarding essentials for your practice finances with this experienced office manager.
Facilitator: Helen Daniell

Asset Building and Protection: Options for discussion include disability insurance, convertible term insurance, whole life insurance, home in spouse's name, concept of self-insurance, retirement plan, business write offs, charitable contributions.
Facilitator: Lawrence Keller

Marketing—Internal and External: Options for discussion include social media, patient attraction, competition, strategies, specials, reputation protection, direct to consumer marketing.
Facilitator: Ryan Miller

Practice Launch Logistics Discuss solo vs. group vs. multispecialty group vs. hospital employee: in network, out of network, referral sources, debt acquisition, salary guarantee, partners.
Facilitator: Karen Horton, MD

Considering a Med Spa? An excellent opportunity to get advice from the Founder and Director of the American Med Spa Association.
Facilitator: Alex Thiersch, JD

The Fine Art of Negotiating: The talent that you can use every day in every situation.
Facilitator: Gary Tuma, MD

Closing the Deal – Did You Drop Something? Discuss the importance of patient leads, improving your patient coordinator's closure rate and giving the right impression.
Facilitator: Karen Zupko

What Industry Can Do for You: Industry insight into patient programs, training on product use, keeping you up to date on the real facts, what are your colleagues using and why
Facilitator: Industry Representative

3:15pm

Adjourn

Program and Faculty Subject to Change

FACULTY

Chairman: Salvatore Pacella, MD, MBA—Plastic Surgeon; San Diego, CA

Co-Chair: Gary Tuma, MD—Plastic Surgeon; Pennington, NJ

Robert Aicher, Esq.—ASAPS Legal Counsel; Pasadena, CA

Mark Codner, MD—Plastic Surgeon; Atlanta, GA

Helen Daniell—Practice Manager; Atlanta, GA

Karen Horton, MD—Plastic Surgeon; San Francisco, CA

Lawrence Keller—Insurance Agent and Certified Financial Planner; Woodbury, NY

Ryan Miller—Online Marketing Specialist; San Luis Obispo, CA

Alex Thiersch, JD—Attorney and Founder of the American Med Spa Association (AmSpa); Chicago, IL

Karen Zupko—Practice Management and Reimbursement Solutions Advisor; Chicago, IL



REGISTRATION

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

Residents' Symposium

September 8–10, 2017 • SHIELD Center, New York City, NY

Registration is open to Plastic Surgery Residents & Fellows in approved programs in the United States and Canada. If you are a current Resident or Fellow you must be enrolled in our Residents & Fellows Program. If you have already completed your residency and/or fellowship and are not yet enrolled in our Candidate Program, additional verification may be required to complete your registration. Registration is complimentary, as The Aesthetic Society's gift to you. This includes registration and provided meals. All travel costs are the responsibility of the attendee. There is no CME available for this symposium. Registration Deadline: August 4, 2017 OR until maximum capacity is met. A credit card deposit of \$100 is required to register. You will not be charged unless you cancel after August 4, 2017.

First Name _____ Last Name _____

Street Address _____

City _____ State _____

Zip/Postal Code _____ Country _____

Phone _____ Fax _____

Contact Email _____

For current senior Residents & Fellows:

Residency: Integrated Independent PGY _____

Fellowship: Aesthetic Breast Craniofacial Hand Microsurgery Other

Program Completion Date (MM/YY) _____ Program Name _____

For recent graduates:

Practice type: Private Small Group Large Group Academic Other

Program Completion Date (MM/YY) _____ Program Name _____

Check here if, under the American Disabilities Act, you require specific aids or devices to fully participate in this symposium.

Audio Visual

Liability Waiver—Please read and check box. I agree and acknowledge that I am undertaking participation in the ASAPS Residents' Symposium events and activities as my own free and intentional act and I am fully aware that possible physical injury might occur to me as a result of my participation in these events. I give this acknowledgement freely and knowingly and that I am, as a result, able to participate in ASAPS Residents' Symposium events and I do hereby assume responsibility for my own well being. I also agree not to allow any other individual to participate in my place.

Required By checking this box, I certify that I have read and understood the Liability Waiver above.

\$100 Deposit (only charged for cancellations after August 4, 2017)

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SEND REGISTRATION TO:

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THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC.

ASAPS LAS VEGAS 2018 FACIAL & RHINOPLASTY SYMPOSIUM

February 1–3, 2018
The Cosmopolitan of Las Vegas
Las Vegas, NV

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

WE ARE
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- ◆ Intimate Learning Environment
- ◆ Exceptional Education
- ◆ Cadaver Labs Available

CME Available

www.surgery.org/face2018



ASAPS Las Vegas 2018 Facial and Rhinoplasty Symposium: Save the Date!

By Charles Thorne, MD

Dr. Louis Bucky and I are extremely pleased to once again chair the ASAPS Las Vegas 2018 Facial Aesthetic and Rhinoplasty Symposium, February 1–3, at The Cosmopolitan in Las Vegas. We are planning an exciting program in an intimate learning environment, with some of the best minds in aesthetic plastic surgery as faculty.

This year we are combining facial and rhinoplasty topics into the same session—giving all attendees the opportunity to experience the entire program.

Facial and Rhinoplasty Cadaver Labs

Plan to attend either the facial or the rhinoplasty cadaver anatomy lab offered on February 3. These popular labs offer a great opportunity to try what you've learned in the didactic sessions while interacting with the faculty and your peers.

This year we are combining facial and rhinoplasty topics into the same session—giving all attendees the opportunity to experience the entire program.

Exciting Venue: The Cosmopolitan of Las Vegas

All meeting functions will be held at The Cosmopolitan of Las Vegas, a luxury resort casino and hotel, located on the Las Vegas Strip. The resort was named to the Conde Nast Travelers Gold List as one of the “Top Hotels in the World.” The hotel has a wide variety of inspired, world-class restaurants.

If you're looking for expert education in a dynamic and personal setting, look no further. We hope you'll attend this exciting symposium. See you in Las Vegas, February 1–3!

Charles Thorne, MD, is an aesthetic plastic surgeon practicing in New York City. He currently serves on the ASAPS Board of Directors as Vice President.

ASAPS Resources for BIA-ALCL Questions

Like you, The Aesthetic Society places the utmost value on patient safety and care. Recently, various media have covered Breast Implant-Associated Anaplastic Large Cell Lymphoma (BIA-ALCL) stories. To assist our members in the best way to address BIA-ALCL with patients, ASAPS has created a resource center at www.surgery.org/professionals. Here, you can read joint statements on BIA-ALCL from ASAPS and ASPS, discover the facts and statistics, and both office staff and surgeons can learn from Frequently Asked Questions (FAQs), appropriate to their position.

BIA-ALCL Study: Participants Needed

ASAPS' research arm, the Aesthetic Surgery Education and Research Foundation (ASERF), is supporting the research proposal of Dr. Marshall Kadin, entitled “Clonal Evolution of T cells in the Pathogenesis of ALCL.” Dr. Kadin has exciting preliminary results supporting his hypothesis, but needs additional specimens of late seromas (clinically benign or malignant) to obtain significant confirmatory data. You can learn more about the study and how to participate at www.surgery.org/professionals.

ASAPS Member Experts on BIA-ALCL

Do you have additional questions on this topic, which are unanswered at our resource center? Feel free to reach out to one of ASAPS' own members, who are well-versed in BIA-ALCL, as they are happy to answer your questions and concerns:

William P. Adams, Jr., MD
wpajrmd@dr-adams.com

Brad Calobrace, MD
drbrad@calobrace.com

Mark Clemens, MD
mwclemens@mdanderson.org

Learn more about
BIA-ALCL at
[www.surgery.org/
professionals](http://www.surgery.org/professionals)

Update on RADAR



The Aesthetic Society's medical education platform and professional network is now available on the web, tablet, or smart phone. Locate

content within the platform in just a few swift key strokes with the RADAR search tool. Experience the power of search via customized filters that allow you to sort through content by procedure, author, content type, illustrations, charts, etc... taking you to the exact spot of a publication, procedural video or discussion related to your search. To begin, simply input your details into the search bar at the top of the screen and tap the orange magnifying glass.

What's New on RADAR?

The following content is now available in the RADAR library:

- *Aesthetic Surgery Journal*: Enjoy ALL issues of the *Aesthetic Surgery Journal* including the latest issue for July/August, featuring a variety of articles: *Aesthetic Surgery Journal* > 2017
- Baker Gordon: Enjoy watching surgical videos from the 2016 Baker Gordon Symposium: Procedural Videos> Baker Gordon>2016
- Cyber Security Webinar: In this webinar, members of the plastic surgery community and key industry players discuss patient privacy in the digital age: Library> Practice Management> Your Practice> Webinars
- ALCL Updates: ALCL has received a great deal of attention in the media, review the latest updates on RADAR: Cases> Patient Safety
- User Tutorials: In these tutorials, RADAR Editor, Tracy Pfeifer, MD, shows users all the tips and tricks of RADAR: Select the “Tutorials Tab” to view

Log into RADAR Today!

Responsive Web Version—Via your tablet, smartphone, or computer, go to www.radarresource.org and input your login credentials.

iPad App—Via your iPad 2 or newer, search ‘ASAPS’ in the App Store and download the free app

Need help logging in? Email Alicia Potochniak at Alicia@surgery.org



Exciting New ASAPS Member Benefit, the Aesthetic Neural Network (ANN), a Big Success!

By Daniel C. Mills, II, MD

Throughout my year as ASAPS President, which recently ended, I've enjoyed speaking with Members about their practice challenges and opportunities. Time and again, members have voiced their desire and need for a better way to see how their practice stacks up to others and how to best chart patients. Happily, I can report that ASAPS has worked with AnzuMedical, the team that brought you the essential medical library application, RADAR Resource, to introduce a tool which will revolutionize the way you analyze your practice metrics. The Aesthetic Neural Network (ANN) is a new data collection platform with the ability to evaluate the business aspects of a practice with real-time data to allow benchmarking and key performance indicator data back to the member. With this tool, you'll be able to insure viability of a practice well into the future.

ANN recently debuted at The Aesthetic Meeting and was met with great interest by our membership. While ASAPS had initially planned to give ANN free to the first 100 members, by 10AM the morning the exhibits opened, we'd already blown through that number and are currently enrolling the first 250 ASAPS members free of charge.

How It Works

First, a practice must sign a few forms such as a business associates agreement and an informational form to help ANN better understand your current system. The ANN team works with your practice to install a small nanocomputer, which automatically pulls unidentifiable patient and physician information from your EMR or billing system, with no additional data input from your staff required. It will not touch the coding of your software—only pull the data from selected fields/invoices and your patient scheduler. All of the data from individual member practices will be aggregated, and data going as far back as 15 years can be utilized.

This data is presented back to you in easy-to-use dashboards, giving you a real-time view at how your practice stacks up. For example, you can see how your procedure fees compare to others in your region or nationally. Or you can chart the evolution of your patients—

what did they initially come in for? What procedures did they then gravitate towards? What offerings might appeal to them in the future?

These dashboards give you the information you need to make your practice as effective and successful as possible.

What About Patient Privacy—And Mine?

Rest easy, as no Patient Health Information (PHI) will be collected—data will be de-identified for the patient and the doctor. All data will be stored in a HITRUST certified cloud system that is HIPPA compliant. HITRUST is the same level of security as our banking system.

ASAPS has taken great care to retain member anonymity and vet security of all data storage.

What Happens With All Of The Data?

The data captured through ANN will be available to support ASERF research projects with a goal of improving outcomes and patient safety. ASAPS goals with the data gleaned are to:

- Support research in aesthetic surgery, which leads to better patient outcomes and improved patient safety.
- Collect data to publish annual procedural statistics.
- Use data to address regulatory and legislative issues.
- Provide aggregated data to industry to support ongoing development and technical support of the platform.

I'm In: Sign Me Up!

ANN is the key to the future optimization of ASAPS member practices. You can learn more about ANN by contacting sales@ronansolutions.com.

Daniel C. Mills, II, MD, is an aesthetic plastic surgeon in practice in Laguna Beach, CA, and is the Immediate Past President of The Aesthetic Society.



ANN

AESTHETIC NEURAL NETWORK

Meet ANN!

Simple. **Smart.** Revolutionary.

ANN can be a game changer for your practice.



ANN harnesses data to allow you to make better practice business decisions – and it's available exclusively for ASAPS members. ANN is the power of comparison unleashed. Benchmark yourself against other practices and see how you stack up – (and this is revolutionary) in "real-time."

Why ANN?

Developed by ASAPS as a free member benefit*, ANN is the only tool available to benchmark your practice with your colleagues. ANN is critical business information made easy. There's no drain on time to enter data. And it's designed to enhance your ROI.

- Analyze which practice areas are most profitable.
- Balance surgical vs. non-surgical offerings.
- Optimize pricing strategies by comparing to your peers.
- Develop a strategic marketing program by understanding patient demand.
- Focus future marketing efforts on highest value areas.



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How do I use ANN?

ANN is like having an in-house business consultant. It provides a user-friendly dashboard showing your practice performance vs. your peers. ANN makes it easy to visualize your business, providing many “Wow, I never knew that” moments for you.

With ANN you Benchmark. Strategize. Grow.

- Easy to sort and analyze top performing and underperforming surgical procedures.
- Easy to drill down and analyze non-surgical procedures and products such as fillers, lasers, and topicals.
- See if projected revenue goals have been met on new equipment purchases or leases.
- Compare your ROI in virtually all practice areas.

How does ANN get its information?

ANN is easy to join and offers the highest security available today. Essentially plug and play, the collective information is de-identified, mapped and integrated into ANN.

- No data entry required.
- All information is de-identified and HIPPA compliant.
- Data transmission and storage via a HITRUST®-certified private cloud. Quite simply, the most secure system available.
- ANN offers “real-time” reporting. You can benchmark performance last year or last month.
- ANN works in conjunction with leading EMR/PM platforms.

Where can ANN take us?

ANN will have significant positive impact on the future of our specialty. It was developed with a considerable investment from ASAPS for the betterment of its members and to improve the profession. Participating surgeons will benefit immediately. The information in aggregate will provide future guidance for ASERF clinical research directed towards pressing issues like ALCL. And industry partners will drive future innovation in aesthetics based on the rich data in ANN. ANN’s data will strengthen the position of ASAPS as the leading repository of national data, which is extremely helpful when dealing with regulatory and other governmental issues.

ANN is the key to the future optimization of ASAPS member practices. You can learn more about ANN by contacting sales@ronansolutions.com.



Surgeon as Consumer: The 510K Device Site Where You Write the Reviews!

How many times has a patient come in for a consultation asking for the newest “miracle treatment” they saw in a magazine or online that has no downtime, instant results and is clinically safe? In many practices, it’s one time too many.

Of course, these same manufacturers are making these claims to you as well. Add in the terrific ROI you’ll get and the fact that your nurse or other office personnel can oversee the treatment, and sometimes even the savviest plastic surgeon finds the whole proposition too good to pass up.

And sometimes the value proposition is true. But too many times the newest “miracle” isn’t, with your shiny new piece of equipment gathering dust in a corner of the office while you lament the thousands of dollars it cost or continue paying a lease on a useless device.

For years ASAPS members have grappled with this issue. Now, we think we may have a solution.



The Surgeon as Consumer solution (SAC) is a complimentary service for all ASAPS Active Members, that is designed exclusively for 510K devices. Operating on a simple Consumer Reports-like star rating system,

this private review site lets you rank devices—and see the ranking of your peers—on everything from clinical efficacy to ROI to marketing.

Here’s how it works:

- Simply log into asaps.org
- Click on “Surgeon as Consumer,” located at the top of the screen
- You can choose to either submit or read reviews
- Each device has 10 uniform questions that allow for an in-depth review of the device’s 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.

- Members will be asked to disclose any Conflicts of Interest. This will not interfere with your submitting a review.
- Remember, the more reviews you submit, the more valuable the tool is.

The Aesthetic Society is pleased to offer this new tool, complimentary to ASAPS members only. Go to asaps.org, login, and begin ensuring that the devices in which you invest actually work as promised!

ASAPS thanks Michael Bogdan, MD, MBA, for his work in creating this new tool, and Jennifer Walden, MD, chair of the Surgeon as Consumer Task Force.

To Access the Surgeon As Consumer Portal:

1. Log into 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.

Membership Approves Updates to the ASAPS Bylaws

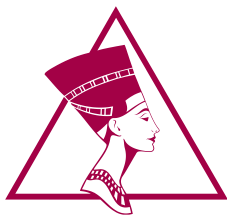
The Aesthetic Society’s Board of Directors circulated several Bylaws changes that were approved by the membership via electronic vote just prior to The Aesthetic Meeting in San Diego. In addition to several housekeeping updates, the membership approved the creation of the Young Aesthetic Plastic Surgeons Committee (YAPS). The charge of the Committee is to develop and execute strategies to establish contact with and involvement by medical students, residents, and fellows within the Society and to promote and facilitate the transition from residency, to candidate, to active membership. Along with the Education Commission, the Committee will work with organized aesthetic surgery training organizations, training programs, and other groups to accomplish its charge of improving Resident and Fellow education in Aesthetic Plastic Surgery.

To access the complete version of the ASAPS Bylaws, please visit surgery.org/bylaws

ASAPS and ASPS to Offer New Cosmetic Medicine Symposium

ASAPS Co-Chair, Dr. W. Grant Stevens, and ASPS Co-Chair, Dr. Alan Matarasso, are actively engaged in crafting the program for an exciting new symposium, “An Artful Approach to Cosmetic Medicine.” To be held August 24–26, 2018, in beautiful La Jolla, CA, at the Estancia Hotel, this dynamic collaboration will deliver the latest in noninvasive techniques from which your patients will benefit. Look for more information soon at www.surgery.org/cosmeticmed2018

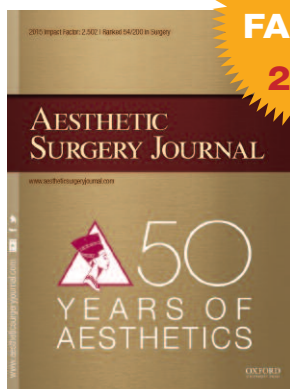
Show Your Patients You Are a Member of ASAPS



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

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

IMPACT FACTOR
2.697



Increased Impact Factor

The *Aesthetic Surgery Journal* is proud to announce its new Impact Factor which has increased to 2.697. The Journal is now ranked 54 of 196 in the category Surgery. This score reflects citations in 2016 to articles published in 2014 and 2015. The entire ASJ team would like to thank its authors, reviewers, and editors for their loyalty, support, and contributions that have led to this achievement.

Best ASJ Article Winners:

NORTH AMERICAN

Title: SMAS Fusion Zones Determine the Subfascial and Subcutaneous Anatomy of the Human Face: Fascial Spaces, Fat Compartments, and Models of Facial Aging
Author: Joel Pessa, MD, FACS

INTERNATIONAL

Title: Influence of the Pectoralis Major Muscle Sling in Chest Wall-Based Flap Suspension After Vertical Mammoplasty: Ten-Year Follow-Up
Authors: Ruth Graf, MD, PhD; André Ricardo Dall'Oglio Tolazzi, MSc; Priscilla Balbinot, MD; André Pazio, MD; Pedro Miguel Valente, MBBS (Hons), MS, FACCs; and Renato da Silva Freitas, MD, PhD

RESEARCH

Title: The Relationship of Bacterial Biofilms and Capsular Contracture in Breast Implants
Authors: Dragana Ajdic, PhD; Yasmina Zoghbi, MS; David Gerth, MD; Zubin J. Panthaki, MD; and Seth Thaller, MD, DMD, FACS



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.

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.



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

WE ARE
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Social Media Update

It's been a busy three months for ASAPS with considerable growth across all of the organization's social media channels, including audience expansion, increased engagement and brand new content including the new Facebook Live chat and Instagram Takeover initiatives.

Social Media Growth

In just three months...

- ASAPS' Instagram has seen a 50% increase in followers. Three months ago Instagram had 4,242 followers and now has 6,307
- ASAPS' online audience has grown 7.5% and is now at 60,000. (At this time last year ASAPS' total online audience was 44,000 and has grown 36.5% since then.
- ASAPS' Klout score has grown from 62 to 82, which is on par with the CDC and ASAPS (Klout is a website and mobile app that uses social media analytics to rate its users according to online social influence via the "Klout Score" which is a numerical value between 1 and 100).

ASAPS also launched Facebook Live chats, the first of which took place at The Aesthetic Meeting in San Diego featuring Doctors Youn and Nazarian and reached over 2,000 people with 23 shares, 66 likes and 11 comments.



The newly-launched Amanda video is one of ASAPS' consumer-facing campaigns featured on Facebook, Instagram, Twitter and YouTube via paid and organic placements to promote our members, and get the right word out in a compelling, fresh and fun manner.

The second chat featured Doctors Youn, Walden and Rubinstein, reaching nearly 1,400 viewers, with 2 shares, 43 likes and 23 comments, (with no advance promotion whatsoever). So far the chats have been modeled as a free-flowing conversation between colleagues who discussed trends in plastic surgery, their experience as a plastic surgeon, their favorite procedures, etc.

ASAPS will be launching its branded Facebook Live chat series, "Cutting Remarks," in July.

Consumer Marketing

ASAPS launched the new ASAPS Amanda campaign, (dovetailing the first ASAPS Amy installment) earlier this month. Here is a breakdown of how the video has performed in just under a month from launch:

YouTube: 105,654 views
(Average viewing time of 52 seconds).

Instagram: 11,374 likes

Facebook: 33,168 reached

AWARD OF EXCELLENCE



Social Media Sites
Aesthetic Surgery Journal Twitter Site

Phaedra Cress
Executive Editor

Aesthetic Surgery Journal



THERMIRF®

One device. Multiple applications.

Give your patients the **SECRET MAKEOVER.** ThermiRF® combines temperature control with proprietary algorithms, which deliver continuous temperature monitoring to enable physician's control over applications. These applications provide results with manageable downtime and no surgical scars.



#TheARTtoThermi

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Controlled Subdermal Tissue Heating

THERMIsmooth® face

Controlled Non-Invasive Tissue Heating

THERMIva®

Non-Invasive Vulvovaginal Application

The platform technology that's customizable for your patients.

Important Thermi® Product Safety Considerations: Thermi® Radiofrequency products should not be used on patients who are pregnant, have fever or skin infection in or around the area of treatment. Treating physicians should perform required testing to confirm patient is negative for infection or pregnancy. Patient should be awake and monitored during the procedure for any unexpected symptoms. Expected procedure side effects may include transient pain in procedure area, erythema and edema. ThermiRF® & ThermiVa® devices are intended: • To create lesions in nervous tissue when used in combination with approved thermal/coagulation probes • For use in dermatological and general surgical procedures for electrocoagulation and hemostasis. Individual patient results may vary. Cover model not actual patient. © 2017 ThermiGen, LLC. All rights reserved.

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.



Urgent Appeal to Join the American Medical Association (AMA)

Plastic surgeons are in jeopardy of losing key House of Delegates representation at the AMA. This is an urgent situation. As a requirement to maintain our seats at the AMA House of Delegates, Plastic Surgery needs members to sign up for AMA membership.

ASAPS and ASPS, working with the other plastic surgery societies at the AMA, have successfully advocated for plastic surgeons. It is a direct result of the hard work of plastics surgeons that the AMA has strong Truth in Advertising policy which includes licensing, board certification, etc., which has been incorporated into the model legislation materials that the AMA provides to state legislators.

Thanks to the work of many plastic surgeons across the country, Dr. Lynn Jeffers won a competitive election to the AMA Council on Medical Service (CMS) in 2016. CMS proposes policy to the AMA House of Delegates on issues including the ACA, meaningful use, pharma, telemedicine, MACRA, etc.

As Daniel C. Mills, MD, Immediate Past President of ASAPS notes, "The AMA is the major spokesperson for medicine in Congress and legislative bodies. Currently, with Lynn Jeffers serving as an advocate for plastic surgery, we have a good seat at the table as the voice of plastic surgery. If we lose our seat by not having enough members of our organization as part of the AMA, we might lose this seat, allowing room for 'want to be' boards to encroach on our space. I'm sure that nobody would like this to happen, as it is much better to try to change things from within than from outside. I highly encourage our members to join or continue your membership in the AMA, so that we can continue having a strong voice on behalf of plastic surgery."

For new members joining the AMA, there is a half-price discount on the cost of full membership for the remainder of the 2017 membership year. To join, please visit the AMA membership website at www.ama-assn.org/ membership or call 1-(800) 262-3211.

Please join now and encourage your colleagues to join so that our specialty is adequately represented at the AMA. This is not the usual "please join" appeal, this is a call to maintain crucial representation on the national level!

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August 24–26, 2018

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Update on ASERF

By Barry DiBernardo, MD



For those of you who don't know me, I'm Barry DiBernardo, MD, and it is a great pleasure to be addressing you as the new President of ASERF Research, particularly research into new therapies and devices, has always been a great interest of mine, which makes it even more humbling and gratifying to be trusted with ASERF for the next year. I follow an impressive term led by my friend and colleague Steve Teitelbaum, MD, and am privileged to be working with a Board of such talented and dedicated individuals. Thank you.

I believe that ASERF is on the cusp of becoming a powerhouse in aesthetic research. The recent paper "Report on Mortality from Gluteal Fat Grafting: Recommendations from the ASERF Task Force" is a prime example of ASERF at work. As an ASERF-funded report, this paper brought to the Foundation's attention that there were disturbing spikes in the adverse events associated with this popular procedure. A Task Force was immediately mobilized, a research protocol was developed, and findings have been published in *The Aesthetic Surgery Journal* online and will be in the print edition this summer. Ample evidence that ASERF is a fast-acting machine when it comes to patient safety.



The Foundation recently welcomed a new member to our Board of Directors. Many of you know Dan Del Vecchio, MD, MBA, from his excellent lectures and courses at The Aesthetic Meeting. What you may not know is that Dr. Del Vecchio is also an excellent clinician and actively involved in aesthetic research. Dan is a Massachusetts native, attended Harvard Medical School, and completed training in general and in plastic surgery at Mass General Hospital with additional fellowship training in cosmetic surgery at the University of Pennsylvania. He is occupying the spot recently vacated by Mark Mofid, MD, and we are delighted to have him.

Last year's strategic planning efforts were focused on ASERF and how it could better serve the house of plastic surgery. Several strategic initiatives were brought to light, and the planning group concluded that phasing them in with full transparency to the ASERF membership was the right way to go.

The first step was developing a mission,

vision and brand promise that reflected where ASERF is going and addressed the needs of today's aesthetic surgeon. The following were approved by the ASERF Board of Directors:

Vision Statement

ASERF strives to be the leading global organization sponsoring pioneering aesthetic plastic surgery research and surgeon education.

Mission Statement

The Mission of the Foundation is to identify and pursue those issues relevant to advancing the safety and effectiveness of aesthetic medicine through independent, unbiased, directed research and groundbreaking education.

Brand Promise:

ASERF pioneer's advances in aesthetic plastic surgery and medicine to provide the safest, most effective outcomes for patients and timely advancements and education to benefit our members and their practices.

ASERF Seeking Proposals

Remember, we're always looking for research subjects and your grant proposals. You can access the grant application by visiting www.aserf.org.

Membership Approves Updates to the ASERF Bylaws

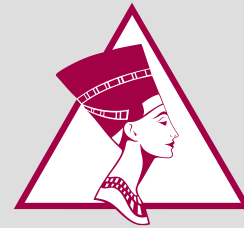
The Aesthetic Surgery Education & Research Foundation (ASERF) Board of Directors circulated Bylaws changes that were approved by the membership via electronic vote just prior to The Aesthetic Meeting in San Diego. Two categories of membership were eliminated, Life and Emeritus. These categories were counter to the goal of the Foundation—to raise money to support aesthetic surgery research. Donors who make significant contributions are now recognized via the President's Circle. Other approved revisions include housekeeping updates.

To access the complete version of the ASERF Bylaws, please visit aserf.org/bylaws

I thank everyone for their continued support of our Foundation and look forward to working with you in the months ahead.

Dr. Barry DiBernardo is an aesthetic plastic surgeon practicing in Monclair, New Jersey, and serves as the President of ASERF.

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.

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!



50

YEARS OF AESTHETICS

The Aesthetic Society's Industry Partnership Program



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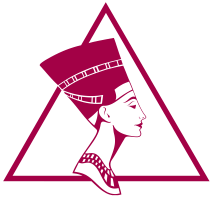
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Founding Premier Partner: Sientra

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.



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. 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 January 5, 2018 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 \$470

How many sponsors will I need to have ultimately?

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

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



Meet the Staff!


Laura Newman

Laura Newman has worked at ASAPS, since 2006, starting off as part time, then becoming full time after one year. She is ASAPS' Accounts Receivable clerk and Registrar Assistant, and is very active during The Aesthetic Meeting. About ASAPS, Laura says, "I love the family atmosphere, co-workers, the travel, flexibility. I've learned and grown so much since working here." During her spare time, she enjoys spending time with her family. She has a 2 year old daughter with whom she loves spending every waking moment. "We love taking walks and going to different restaurants. I love to read (when I can) and I LOVE all history, I especially love English history. I will spend hours just googling and looking for anything new to learn."


Share Your Stories!

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



 Allergan plc (NYSE: AGN), a leading global biopharmaceutical company, announced in April, it has successfully completed the acquisition of ZELTIQ® Aesthetics, Inc., a medical technology company behind a proprietary controlled-cooling fat reducing treatment, CoolSculpting®. Allergan acquired ZELTIQ® Aesthetics for approximately \$2.4 billion in cash. 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 www.Allergan.com.



 Galatea Surgical is a new ASAPS Premier Partner offering a Collection of Surgical Scaffolds constructed of monofilament fibers from its proprietary P4HB™ biopolymer, and indicated for soft tissue support to repair, elevate and reinforce deficiencies.

Galatea scaffolds provide excellent strength retention, elasticity, and biocompatibility designed for long-term support. Once implanted, the scaffold resorbs by hydrolysis and is eliminated as carbon dioxide and water.

At this year's Aesthetic Meeting, Galatea launched the first and only 3-dimensional scaffold for plastic and reconstructive surgery. These 3D scaffolds are designed to uplift the body's natural shape, provide easier placement and reduce procedure time. For more information, visit www.galateasurgical.com.



Dating back to 1961, Galderma is 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.

Strategic brands in the U.S. include Restylane® Refyne, Restylane® Defyne, Restylane®, Restylane® Silk, Restylane® Lyft, Dysport® and Sculptra® Aesthetic.

For more information, please visit www.galdermausa.com and www.galderma.com.



Founded in 1969, Mentor Worldwide LLC is a leading supplier of medical products for the global aesthetic market. The company develops, manufactures, and markets innovative, science-based products for surgical medical procedures that allow patients to improve their quality of life. The company is focused on breast and body aesthetics with a full portfolio of breast implants proudly made in the U.S.A. Mentor joined the Johnson & Johnson Family of Companies in 2009. For more information about Mentor visit: www.mentorwwllc.com



Merz is a family business and creating a mutually respected bond built on trust is at the core of everything we do. We are more than our products, we are a resource invested in your success.

We are proud to support ASAPS members with our thoughtfully curated portfolio of complementary products for the face and body with resources and solutions for your aesthetic practice. Our award-winning product portfolio includes: Xeomin®, Radiesse®, Belotero Balance®, Ultherapy®, Cellfina™, Neocutis®, Asclera® and Describe®


At Merz, Your success is our success
For more information about Merz, visit www.merzusa.com.



Want to elevate your practice? Leverage NewBeautyPRO's suite of marketing tools and services to start reaching your future patients today. Each month, 1.2 million people visit

newbeauty.com looking for an expert for their next cosmetic enhancement treatments and/or procedures. Were you on them? As a NewBeauty doctor you'll receive a presence in NewBeauty with a two-page profile and inclusion in the National Directory, a digital profile on newbeauty.com, access to NewBeautyPRO's daily social media content stream, quarterly interactive training webinars, office amenities and expert beauty guides for your practice. Reach out to elite@newbeautypro.com to learn more.



 Sientra, a leader in the plastic surgery industry and known for bringing innovation to the market, continues to evolve their product portfolio:

- BIOCORNEUM, the physician's choice for advance scar treatment, now with a new look
- AlloX2,® Dermaspan™ and Sofspan™ expanders, offering the most innovative designs for optimal results
- Breast Implants with High-Strength Cohesive Silicone Gel, sold exclusively to board-certified and board-eligible plastic surgeons

Sientra also offers ENHANCE practice-building webinars; designed to offer insights and expertise to plastic surgeons and their staff on practice management.

Learn more about Sientra at sientra.com



 ZELTIQ® is the maker of CoolSculpting®, the world's #1 non-invasive fat reduction treatment worldwide. With over 4 million treatments performed around the globe and the most FDA-cleared treatment areas, CoolSculpting is leading the way in the non-invasive fat reduction category. The CoolAdvantage™ family of applicators is designed to deliver transformational results with shorter treatment times, improved patient comfort, and the ability to treat more tissue. Our latest innovation is the CoolAdvantage Petite™ applicator, specifically designed to treat upper arms safely and effectively.

Allergan announced in April, it has successfully completed the acquisition of ZELTIQ® Aesthetics, Inc.



Acelity™

Acelity L.P. Inc. and its subsidiaries are a global advanced wound care company that leverages the strengths of Kinetic Concepts, Inc. and Systagenix Wound Management, Limited. Available in more than 80 countries, the innovative and complementary ACELITY™ product portfolio delivers value through solutions that speed healing and lead the industry in quality, safety and customer experience. Headquartered in San Antonio, Texas, Acelity employs nearly 5,000 people around the world.



AMS RRG, Inc., a medical liability insurance company, would like to invite you to explore how you can “Experience the Difference” in medical malpractice insurance.

- Benefits include a 7.5% premium discount for all ASAPS members, risk management strategies and personalized doctor to doctor correspondence.

For additional information please contact, Chris Edge at 609-737-1154 x302 or at www.amstrrg.com.



Special ASAPS Member Offer

New Industry Partner Products to Check Out!

Founding Premier Partner: Sientra



Canfield Scientific is the worldwide leader in developing and distributing advanced imaging systems for aesthetic plastic surgeons. Our breakthrough photographic imaging solutions have been an integral part of aesthetic consultations and surgery for almost 30 years.

- VECTRA® 3D technology offers powerful assessment tools for face, body and breast procedures.
- The VECTRA® XT features 360° body stitching, circumferential measurement, and ultra-high resolution color image capture, while the lightweight, handheld VECTRA® H1 camera is ideal for facial aesthetic procedures.
- VISIA® Gen 7 delivers fast, accurate image capture with high image resolution to access and document surface and subsurface skin conditions.

Learn more at www.canfieldsci.com.



For nearly 30 years, CareCredit has provided millions of patients with financing options for the health, beauty and wellness care they want or need. Now accepted at more than 200,000 healthcare provider and merchant locations nationwide, the CareCredit healthcare credit card allows cardholders to make convenient monthly payments for all types of aesthetic procedures that help them achieve the look they want. Once approved, patients can use their card again for additional procedures and services you provide.* CareCredit also gives reconstructive patients a way to pay for deductibles, co-pays and other fees not covered by insurance. To find out more about CareCredit, visit www.carecredit.com or call 800-300-3046.

*Subject to credit approval. Minimum monthly payments required.



New Capsular Contracture Coverage from CosmetAssure!

On January 1, 2017, we added Capsular Contracture of breast implants placed for primary augmentation as a Covered Complication.

Our coverage is the most comprehensive available and includes:

- Surgical treatment for Baker 3 or 4 capsules
- Diagnosed within 18 months
- Maximum Limit of \$3,500
- Dedicated review of all claim submissions

In response to surgeon requests nationwide, we researched and analyzed data to create a realistic benefit for your patients at no additional cost!

To learn more about this industry-leading coverage or become a participating surgeon, contact CosmetAssure at 855.874.1230 or info@cosmetassure.com.



Cynosure, located in Westford, Massachusetts is a global leader in advancing and innovating medical devices for aesthetic procedures and precise surgical applications. Its non-invasive and minimally invasive technologies enable plastic surgeons, dermatologists and other medical professionals to address skin revitalization, body contouring, fat removal, cellulite, scarring, tattoo removal, gynecologic health, unwanted hair, excessive sweating, and vascular and pigmented lesions. Cynosure also markets radiofrequency technologies for facial plastic and general surgery, gynecology; ear, nose and throat procedures; ophthalmology; oral and maxillofacial surgery; podiatry; and proctology. Established in 1991, Cynosure sells its products globally under the Cynosure, Palomar, ConBio and Ellman brand names.

For information on the products and services offered by ASAPS Industry Partners, please contact the companies directly, and be sure to let them know you are a member of The Aesthetic Society. Click on the company logos on www.surgery.org to link to the company websites.

Exclusive Medial Liability Insurance Premium Discount *for ASAPS Members*

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NeoGraft®

 NeoGraft®, the most trusted hair restoration brand in the world has launched NeoGraft 2.0®! We combined next generation surgical techniques with decades of data, and designed NeoGraft® 2.0 to be more than a device. It is engineered to make us true partners.


With a 15% increase in hair transplant surgeries from 2014 – 2015 (ISAPS Global Survey Results), we invite you to participate in one of the fastest growing trends in the aesthetic market. With the purchase of the NeoGraft 2.0 PLUS Package, we will guarantee: 50 inbound patient leads generated from a NeoGraft sponsored Direct to Consumer Marketing Campaign

Available for the first 5 ASAPS members who purchase in Q3

Please contact Jason Raser at (610) 416-0581 or jraser@neograft.com for more information.

*Must acknowledge ASAPS ad to promotional package.



 Continuing as the Founding Alliance Partner, Rosemont Media provides exclusive web marketing and design services for the aesthetic practice. We work to ensure the success of our clients by taking a highly personalized approach to creating all-encompassing strategies, including Custom Web Design, SEO, PPC and Patient Reviews.

In addition, we offer complete social media marketing services that are proven to help:

- Create and expand brand awareness
- Prompt online engagement with patients
- Showcase your practice personality
- Drive website traffic with measureable results

To inquire about market availability, please call 800-491-8623 or visit www.rosemontmedia.com/asaps.



Suneva Medical is a privately-held medical aesthetics company focused on developing, manufacturing and commercializing novel, differentiated products for the aesthetic markets. The company markets Bellafill® in the U.S., Canada, Hong Kong, Korea and Mexico; and Regenica® in the U.S., Canada, Hong Kong, Korea and Mexico.

- Bellafill® (U.S.) is the only dermal filler established safe and effective for the correction of nasolabial folds through 5 years. It is also indicated for the correction of moderate to severe, atrophic, distensible facial acne scars.
- Regenica® (U.S. and Canada) has MRCx™ next generation growth factor technology, designed to enhance the skin's natural repair and renewal and prevent the signs of aging.




Thermi,™ an Almirall company, is a leading developer and manufacturer of temperature controlled radiofrequency devices. The company currently offers three devices: ThermiRF®, Thermi250,™ and ThermiVa®.

- ThermiRF: This is a platform technology, which combines precision temperature control with advanced real-time temperature monitoring to enable a myriad of soft tissue applications.
- Thermi250: A high powered, thermistor-regulated radiofrequency system emitting at 470 kHz, the most studied RF radiofrequency in aesthetic medicine.
- ThermiVa: Non-invasive electrocoagulation, which uses a patented electrode designed for applications including the vaginal anatomy

To learn more about Thermi and the full list of applications provided through each device, please visit www.thermi.com.



 New from ZO® Skin Health, Inc. ZO® Oclipse Daily Sheer is the sunscreen solution to Triple-Spectrum Protection against UVA/UVB, HEV and IR-A

- Quick-drying, non-greasy, SPF 50
- Ideal for recreational outdoor activities, like hiking and swimming, with up to 80 minutes of water and perspiration resistance
- Packed with hydration to help maintain skin's natural moisture and help prevent dryness from outdoor exposure
- All ZO® sunscreens engineered with exclusive time release ZOx12™ complex to help shield skin from IR-A (infrared) rays, protecting skin from free radical damage and visible signs of premature aging

Learn more about ZO® Oclipse Daily Sheer at ZOSkinHealth.com



Special ASAPS Member Offer

New Industry Partner Products to Check Out!

Founding Alliance Partner: Rosemont Media

For information on the products and services offered by ASAPS Industry Partners, please contact the companies directly, and be sure to let them know you are a member of The Aesthetic Society. Click on the company logos on www.surgery.org to link to the company websites.

Never Buy or Lease a Useless Piece of Equipment Again!

Introducing the Surgeon as Consumer Solution –
the Site Where **YOU** Write the Reviews.



How many of us have been approached to buy or lease the latest 510K device, only to find it later serving as a very expensive coat rack? While the ones that live up to their promise are a big hit with patients and practice—what about the ones that don't live up?

Society members have long asked for help, and here it is! The Surgeon as Consumer Solution (SAC) is a closed site, accessible only through ASAPS.org and only for active ASAPS members. It uses a simple star rating system to rank equipment on everything from clinical efficacy to ROI.

Visit asaps.org now, log-in, click on “Surgeon as Consumer,” and you have fellow surgeons’ device reviews at your fingertips—and the ability to share your views with others. All completely free—an ASAPS benefit of membership!



Be Informed. Be Smart.
And Share Your Experiences!

Exclusively for ASAPS Members

www.ASAPS.org



THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC.

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 partnerships with Allergan and Rosemont Media, and welcome one of our newest Premier partners, Galatea Surgical, Inc.

ASAPS Premier Partners



Allergan will continue its Premier partnership into 2018, entering its sixth year receiving visibility as an ASAPS industry partner.

Allergan plc (NYSE: AGN), a leading global biopharmaceutical company announced in April it has successfully completed the acquisition of ZELTIQ® Aesthetics, Inc., a medical technology company behind a proprietary controlled-cooling fat reducing treatment, CoolSculpting®. Allergan acquired ZELTIQ® Aesthetics for approximately \$2.4 billion in cash.

"We are thrilled to complete the acquisition of ZELTIQ, which immediately expands our world-class global aesthetic business into the highly-complementary and fast-growing body contouring segment," said Bill Meury, Chief Commercial Officer of Allergan. "CoolSculpting gives Allergan the most comprehensive and dynamic portfolio of products for plastic surgeons, dermatologists and other aesthetic providers across the globe."

The CoolSculpting System has been cleared by the U.S. Food and Drug Administration, with global IP rights, to affect appearance through lipolysis or reduction of unwanted fat using a patented cooling technology. CoolSculpting works by gently cooling targeted fat cells in the body to induce a natural, controlled elimination of fat cells without affecting surrounding tissue. Body contouring is a \$4 billion market opportunity worldwide, and growing.

For more information, visit www.Allergan.com.



Galatea Surgical, Inc. became an ASAPS Premier partner earlier this year and is applying the benefits from the strategic partnership program into their marketing plans.

Galatea Surgical, Inc. is committed to enhancing and extending the life of aesthetic procedures through the use and application of a next generation in biomaterials, P4HB™ (poly-4-hydroxybutyrate). Their products offer patients and surgeons, a monofilament, bioresorbable scaffold that enable the patient's own body to generate new tissue, a stronger soft tissue repair can be obtained with the goal of achieving longer, more enduring results.

Unlike other soft tissue support for plastic and reconstructive surgery, GalaSHAPE 3D and GalaFORM 3D are the first and only contoured scaffold designed to uplift the body's natural shape, provide easier placement and reduce procedure time.

"Scaffolds play an important role in providing support for weakened tissue. These scaffolds have a strong biocompatibility profile, complete resorption and long term strength," said Dan Mills, M.D., FACS, Plastic Surgeon in Laguna Beach, CA. "With the new 3D scaffolds, my patients immediately notice the strong support and are very happy with aesthetics of their results. When my patients are happy, I am happy. It's a win-win!"

"We are honored to partner with ASAPS, an organization focused on providing state-of-the-art educational programs. Innovation is an important driver of what we do," said Andy Joiner, President and CEO of Tepha.

Galatea offers a broad range of bioresorbable scaffolds. To find out more, visit www.galateasurgical.com.

ASAPS Founding Alliance Partner



Rosemont Media is the founding Alliance Partner of the American Society for Aesthetic Plastic Surgery. Since the partnership began in 2012, the strong relationship between the San Diego-based Internet marketing firm and ASAPS has helped advance key initiatives and support educational programs within the Society, ultimately benefiting the field of plastic surgery, its physicians, and patients receiving care. Regarding the partnership, Rosemont Media CEO, Keith Humes, says:

"Rosemont Media is truly honored to be associated with such an esteemed and influential medical society dedicated to the betterment of plastic surgical care worldwide. We recognize that ASAPS member physicians are some of the most well-trained, extensively educated, and uniquely qualified surgeons to be performing plastic surgery, which is why we strive to help them increase their exposure in the online marketplace. Since opening our doors in 2008, Rosemont Media has been committed to representing only board-certified plastic surgeons—a resolve that makes our partnership with ASAPS the perfect fit. Through this alliance, we are able to support ASAPS' ongoing educational initiatives and better connect prospective cosmetic surgery patients with the most highly skilled and experienced plastic surgeons via online marketing."

For inquiries, please call: (858) 200-0044 or visit: www.rosemontmedia.com.



9 Mistakes You Don't Want the Patient Care Coordinator to Make

By Karen Zupko

Looking to build the skills of a newly hired Patient Care Coordinator (PCC)? Need an objective approach for showing the PCC how to polish her professionalism? Want to help your PCC go from good to *great*?

This article offers some options.

It covers the most common mistakes we observe PCCs making while interacting with patients. They are so common, in fact, that even PCCs themselves recognize them. When we cover this topic in our aesthetic practice workshops, the discussion is a lively learning experience for everyone.

Here are the nine mistakes you don't want the PCC to make.

1. Poor training and orientation.

Lack of training and professional development is a significant deficiency in many offices we visit. It's often due to a combination of the PCC not asking, and the surgeon not offering.

A good remedy is to create a checklist of training tasks (See Table 1), assign completion dates, and follow up with the PCC to ensure training is complete. Although the first ninety days are critical to getting a PCC up to speed, development should be ongoing. Encourage the PCC to read industry publications, attend Webinars, register for business classes, and attend workshops for aesthetic practices.

A lack of training and development is the most common staff deficiency we find in our work with aesthetic practices. Develop a list of training tasks and schedule target dates for completing them.

2. Failing to build rapport with the patient.

This common side effect occurs when the patient is "processed through the system." We frequently observe it when we conduct mystery shopping for clients. For example: We arrive at check-in, are dutifully handed paperwork, and pleasantly asked to sit and wait. We sit and wait beyond the appointment time and nobody bothers to tell us why. The surgeon does the exam and consultation and doesn't ask us anything about us beyond the procedure interest. And when we meet with the PCC, she only seems interested in providing us pricing—not in knowing who we are.

Table 1. Sample Patient Coordinator Training Plan

Training Task	Target Date for Completion	Date Completed
1. Thoroughly review the practice's Web site and all social media channels.		
2. Read all emails/e-newsletters sent to patients over the past year.		
3. Read patient ratings and comments on all online rating sites.		
4. Review all print and marketing material that is provided to the patient—from brochures and welcome letters to price quotes and pre-op packets.		
5. Read assigned ASAPS and ASPS materials in print and on the web.		
6. Review Dr. Surgeon's curriculum vitae (CV).		
7. Shadow 10 aesthetic consultations. Summarize key learnings and discuss them with the team.		
8. Role-play the consult process with the staff.		
9. Schedule vendor training for the practice management system.		
10. Conduct mystery calls to five local aesthetic surgery practices and summarize key learnings.		
11. Observe surgery and postop care with Dr. Surgeon.		
12. Register for a community college course in business or marketing.		

When you "process" patients like this, it feels to them as if they've just visited the internist or the gynecologist. An aesthetic consultation should be an entirely different experience than a regular or routine visit. You know this. So create a patient experience that achieves it.

A big part of this is learning how to build rapport. For this, we recommend the FORD Method—a framework that helps tease out personal information in four areas, and use it to enrich patient conversations.

FORD is an acronym for: **F**amily, **O**ccupation, **R**ecreation, and **D**reams. The method's concept is simple: the more you know about the patient in these four areas, and the better you are about using that information in patient communications, the faster and deeper you can take the relationship. And the deeper the relationship, the more valued your practice is to the patient, creating stronger connections, faster scheduling decisions, and increased loyalty.

Train your staff to review the patient's paperwork and ask questions about one or more of the "FORD points." If the patient is a realtor, you might inquire, "How is the local market these days? What's trending as an up-and-coming neighborhood?" You can also pick up clues from patient questions. To the patient who asks, "How long will I have to stop running? I just got a lottery entry for the New York Marathon," you could respond, "What is it like to train for a marathon? How do you find the time?" Seemingly small questions like these can have a big impact on building rapport and a sense of sincerity.

3. Being unprepared or disorganized during the patient meeting.

A PCC who appears disorganized will not win points with busy patients who are often already anxious. Patients took time off from work or their hectic family schedule to come to your office. They have likely paid a

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9 Mistakes You Don't Want the Patient Care Coordinator to Make

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Try morning “huddles”—quick, stand-up meetings during which the care team and PCC review who is coming and what everyone should know about them. Several of our clients have told us that this one change in the daily workflow has made a significant improvement in patient loyalty, referrals, and scheduled surgeries.

consultation fee. They deserve to speak with someone who is prepared and focused on their needs. Anything less is not the five star service I'm sure you aspire to deliver.

The key to being prepared is knowing who is coming that day and having a plan for how the team will leverage relationships and manage hand-offs to give the patient the best possible experience. Try morning “huddles”—quick, stand-up meetings during which the care team and PCC review who is coming and what everyone should know about them. Several of our clients have told us that this one change in the daily workflow has made a significant improvement in patient loyalty, referrals, and scheduled surgeries. A surgeon in the South told me that huddles have completely changed his practice for the better.

During the huddle, make a plan for key conversations. Notes are most useful if built around FORD. For instance, if the patient being seen at 10:00am is the sister of a loyal patient, discuss how you will acknowledge this and who will do it. Or, perhaps you'll be seeing three returning patients, and two are coming in for second consults. Review the notes from these patients' first visits to identify whether there was a special event the patient mentioned that might impact a surgery date. Or comments about family or job that would make the patient feel remembered.

4. *Leading with the quote instead of a question.*

This is one of the most common of the common mistakes, and one of the easiest to fix. At issue: After introducing herself, the PCC goes full speed ahead into reading the patient the quote. Often this is a robotic recitation of procedures, cost, what's included, cancellation and refund policies. The PCC does not come up for air to let patients ask a question, or she speaks so fast that the patient doesn't absorb all the information. It's a didactic instead of an interactive experience.

Here's a simple change: after introducing herself, the PCC can open a conversation by asking the patient a question. Notice that the following are all open-ended.

- So, Janet, tell me what you learned during your consult...
- Those shoes (or blouse, or jewelry) are fabulous. Give me the backstory!
- I'm curious, Betty, how long have you been thinking about making this change?

You have to admit, these are a lot more interesting than, “So, how was your consultation with Dr. Smart?” To which, of course, most patients are going to respond with: “Fine.” That answer tells you nothing.

Ask the PCC to create a repertoire of three or four questions that she can mix and match appropriately with patients throughout the day. Coach her to understand that a little dialogue is essential before reviewing the quote—and that the quote review can be a conversation instead of a soliloquy. The PCC can also give the patient permission to slow things down, which gives the decision-making power to the patient. Example: “Mrs. Jones, I want you to stop me if I am going too fast, or if there is something you'd like me to repeat or clarify...” In some cases and with certain patients, it's effective to let the patient read the quote and ask the PCC to highlight key points.

5. *Talking too much and listening too little.*

Some PCCs confuse telling with selling. Effective sales people ask thoughtful, open-ended questions. The right questions allow patients to open up and express their real needs. For instance:

- Who supports you in your decision to have a breast reduction?
- How long have you been thinking about having a rhinoplasty?
- I see you have a three daughters. If you told them you are contemplating a facelift, I'm curious what you think their reactions would be...
- Tell me about any special events coming up on your calendar.
- As you think about scheduling your facelift...what is your ideal timeframe?
- How will having surgery fit into your schedule?

6. *Interrupting patients when they are telling their story.*

My Midwest upbringing taught me that interrupting others was rude. Not everyone grows up with this same teaching, so your staff may need a little coaching here.

Patients come to the point of considering aesthetic surgery from so many places. The mom who wants her body back after raising three children. The bank professional whose life has dramatically changed after he dropped 130 pounds. It's essential the PCC listen to the patient's story completely, nodding and showing other signs of empathy.

Interrupting also occurs when the patient is expressing an objection. Whether that is about the fee, the plan, or the sports bra they want to eliminate from the quote because they can get it at Target. PCCs are often quick to

Ask the PCC to create a repertoire of three or four questions that she can mix and match appropriately with patients throughout the day. Coach her to understand that a little dialogue is essential before reviewing the quote—and that the quote review can be a conversation instead of a soliloquy.

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9 Mistakes You Don't Want the Patient Care Coordinator to Make

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jump in with a defensive or “corrective” response. (Perhaps, according to the practice “script.”) But any good sales trainer will tell you—listen until people have had their full say before responding. Let them vent. Sometimes, that’s all they really wanted to do in the first place. Once they’ve gotten things off their chest, you’re positioned for negotiation or decision-making.

7. Taking “no” personally

When a patient says, “I’m not comfortable scheduling here” it is not a rejection of the PCC, in most cases. However, I’ve watched some PCCs visibly bristle when the patient decides not to schedule with “their” doctor.

The mature PCC understands that when a patient passes on scheduling, it’s not a personal rejection on her or the surgeon. You don’t know what the patient heard through the exam room wall. You don’t know if the doctor wasn’t on his or her “A” game that day. Help your PCC understand that not all patients will schedule. It’s not a personal rejection. Learning to listen and use feedback is important to not making the same mistake in the future.

8. Getting defensive when asked pricing questions.

This goes along with taking “no” personally. What this means is that the patient doesn’t value the proposition in your proposal. The worst response to patients saying “the fee is

Or, the patient might be comparing an apple with a pear; you are proposing an augmentation with a mini lift and the patient got another quote for just an augmentation. She doesn’t understand the difference. It’s the PCCs job to explain it calmly and rationally. One way to do this is to ask the patient if she is comfortable sharing other quotes so the can highlight what might be the differences.



too high” is for the PCC to respond “But Dr. Smart is board-certified!” The patient isn’t disputing the doctor’s credentials. It’s the fee they are objecting to! If you don’t explain the value of a board-certified plastic surgeon, for example, the patient won’t intuit it. Or, the patient might be comparing an apple with a pear; you are proposing an augmentation with a mini lift and the patient got another quote for just an augmentation. She doesn’t understand the difference. It’s the PCCs job to explain it calmly and rationally. One way to do this is to ask the patient if she is comfortable sharing other quotes so the can highlight what might be the differences.

9. Not scheduling the post-consult follow-up.

A certain percentage of patients will not schedule surgery on the same day as their first consultation. That’s fine. And expected. They legitimately need “to think about it,” talk with their spouse, or organize their finances.

Once they leave your office, patients get busy. Maybe their kid graduated from high school. Or work demands got the best of them. Or they went on vacation. Too many practices underestimate patient inertia. Yet, follow up is essential to ongoing relationship building, even with the busiest of patients. For many PCCs, reaching out to patients several weeks after the consult is uncomfortable. They aren’t sure what to say, and many tell us

it feels like a “cold call.” So here’s the key to making it warm:

Ask all patients who choose not to schedule on the day of the consult, “When can we chat about your decision to schedule?” And when the patient responds with something like, “two weeks would be great,” the PCC asks, “What time of day is most convenient? Do you prefer a text or should I contact you on your cell phone? What works for you? Closing the patient meeting by asking these few questions will reduce PCC anxiety when following up, turn a cold follow up into a warm conversation, and increase the likelihood the patient will be responsive.

Review these nine mistakes with your PCC and prioritize the ones that you agree are the biggest issues. Don’t try to address all of them at once. Choose one or two, make a plan, and work your plan for a few weeks or a month to smooth out the bugs. Evaluate how the change impacts key metrics such as scheduling volumes and the patient acceptance rate. With success under your belt, it’ll be easier to move on making other changes.

Karen Zupko is president of KarenZupko & Associates, Inc. She and her team have been advising and educating aesthetic practices on management and marketing issues from more than thirty years. For a list of regional workshops, go to www.karenzupko.com.



What's Holding You Back?

By Scott Harvey

If your practice isn't providing you all that you want, whether that's fulfillment, or satisfaction, or free time, or bottom line dollars in the bank, what is it that's holding you back?

Here's the thing:

Your brains and education, your hard work, your skill, your great personality, your leadership ability, your creativity, your connections... all that only determines your potential for success, whatever success means to you.

What determines your actual success is your constraints. Only when you eliminate your constraints—the things that are blocking your path—will your actual success rise to the level of your potential success.

There's a whole management philosophy called "The Theory of Constraints" whose underlying premise is that an organization's throughput is always limited by at least one constraint. If that weren't true, throughput (whether it's widgets shipped, patients seen, procedures done, inquiries received, inquiries converted to appointments, or whatever) would be infinite, which of course is impossible. But stay with me here...

For an organization to increase throughput, it's first necessary to articulate the goal and define the relevant measurements.

Next you have to identify the constraint(s)—which can be more difficult than you might think. More on this later.

Then you have to decide how to solve the constraint, and for the time being, subordinate everything else to implementing that decision or solution.

When you successfully deal with that constraint, identify the next one, and start the process over again in a "Kaizen"-like progression. (Kaizen is the Japanese business philosophy of "continuous improvement." Japan's use of that philosophy created an industrial giant in a very short time, after the 1940s.)

A constraint, of course, is anything that can prevent the system from achieving its goal, and generally there are only a few important ones in any organization or practice.

It's easy to get lost in the philosophical weeds here about internal and external constraints and market forces, but for a

What determines your actual success is your constraints. Only when you eliminate your constraints—the things that are blocking your path—will your actual success rise to the level of your potential success.

medical practice, it's usually the case that the practice can "produce" more than the market demands.

Otherwise you wouldn't be marketing and advertising and doing social media and doing events and blogging and so forth to reach more of this "demand," right?

If you are doing those things, the over-arching goal is more procedures, which means you need to get the market—or the "universe of potential patients"—to demand more of you.

An example:

The owner of a pizza shop notes that the pizza dough guy and the toppings girl spend a lot of time in unproductive chatter and wasted motion. He works with them over time, gets them imbued with the "right stuff," they talk less and work more, and they double their output from 20 pizzas an hour to 40 pizzas an hour.

Sales don't go up, however, so he looks further. It turns out that dough guy and toppings girl spending too much unproductive time wasn't the constraint. The constraint was that the oven can only handle 20 pizzas an hour, so the extra 20 pizza "production" didn't matter.

A silly example? Maybe, but it illustrates that the constraint isn't always obvious.

What's Your Constraint?

So what's the constraint in your practice? There are dozens of possibilities—here are just a few: (To keep it simple, we'll posit that the goal is more procedures.)

Not enough good leads?

- Less than compelling website. (There are hundreds of ways for this to be the case.)
- Too many poor reviews on Yelp!® and RealSelf®

Not enough appointments?

- Staff not very good at converting leads to appointments
- Staff doesn't respond quickly enough to inquiries, so the prospect has already moved on
- Staff isn't seen as friendly, interested, welcoming
- You're not doing some procedures that the market is now demanding

Too many no-shows?

- Scheduling the initial visit more than just a few days out, so the prospect keeps calling around to find a quicker appointment
- Staff conducting initial call aren't making a connection with the patient
- Simple (yet unaddressed) logistics issues like expensive parking

Not enough appointments convert to procedures?

- Poor scheduling or overbooking, so prospective patients get annoyed at long waits (And a long wait in the exam room after a long wait in the waiting room doesn't help.)
- Crowded, uncomfortable waiting room
- Staff doesn't follow up consistently with prospective patients who aren't ready to schedule yet, but who eventually might if they're not forgotten

And lots more...

There are fixes for all these. Some of them pretty easy, but you must dig deeply to figure out where the real bottleneck is, because it's important to fix the real problem, not the symptom of the problem. Let's dig in a little more to help really unpack this whole constraints concept.

The "Not Enough Appointments" Constraint

Perhaps you think you're not converting enough inquiries to appointments, but maybe the real problem is that the inquiries are poor quality, or at least not a good fit for what you do.

Perhaps the place to start is not with your frustrated inquiry handler who's developing a bad attitude because she's not being as effective as she'd like to be, but with your marketing person or marketing consultant

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What's Holding You Back?

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who's generating sub-optimal prospects who really aren't prospects, and who just waste staff time.

In other words, the constraint is that you're not generating enough of the right kind of leads.

But maybe the reason you're not getting the right leads is because you're not working with the right marketing firm, so really the constraint isn't the quantity of leads, but it's the marketing firm, which may need to be replaced.

Or maybe the marketing firm is perfectly competent, but you haven't given them the time and the answers and the direction they need, so maybe you're the constraint.

Once you figure out how to get the right kind of leads, and get systems and people in place to generate more of them, you'll blow up that constraint, and be able to look for the next one.

The "No-Shows" Constraint

Another example:

You have a higher incidence of no-shows than you used to have. You think that your staff isn't impressing on the potential patient

The old metaphor of a chain being only as strong as its weakest link applies here—the weakest link being whichever constraint is most important in preventing the progress you'd like.

the value of keeping her appointment, so you search for ways to do so. There are lots of tricks that will help do that—but maybe the problem is more fundamental than that.

Maybe the problem is that your scheduling process is inefficient and you're overbooking because of the no-shows, and you're scheduling two weeks out.

That is not striking while the iron is hot, and a lot of potential patients are going to agree to the appointment, but then keep looking to find someone who can see them sooner, and end up a no-show. Remember, the hard part for the patient is deciding to call or email. Once she's done that, she wants to get going!

So the constraint is your overbooking and scheduling problems, not the no-shows, which is merely a symptom.

The old metaphor of a chain being only as strong as its weakest link applies here—the weakest link being whichever constraint is most important in preventing the progress you'd like.

Bottom line?

- Find what situation is holding you back.
- Devote all your energy to fixing just that one thing.
- Modify other systems and processes as needed to support removing the major constraint.
- Be sure you're fixing the right problem.
- Repeat p.r.n.

Scott Harvey is the Co-Founder of Cosmetic Funnels, LLC, an aesthetics-only marketing agency, and author of "Plastic Surgeons: Are You Getting Your Share?"

For various resources to help identify and break through constraints—which may be easier with fresh eyes—visit <http://CosmeticFunnels.com/constraints>.



Refunding Dissatisfied Patients—Proceed with Caution

By Harry K. Moon, MD, FACS and Susan Martin, Esq.

Patient satisfaction is the goal of every plastic surgeon. Whether patient survey sites or patient referrals, the aesthetic practice is based on patients who must be happy with their results. As a result, many plastic surgeons consider refunding unhappy patients when options for revision are limited or rejected by the patient. There are many important considerations when this situation arises.

The professional liability policy should be reviewed by each and every insured. Definitions of the policy should be noted. A

"demand" for money or services must be promptly reported to your insurer to be covered since it falls within the definition of a "claim" under the policy.

With private pay patients undergoing elective procedures, it may be acceptable to issue a refund for a procedure about which the patient is disgruntled or dissatisfied. Always consider getting a full release from the patient when refunding money. In our experience, patients who are genuinely interested in resolving a dispute without further legal remedies will agree to execute a full release, thereby releasing the practitioner from any further obligation. Further, the Release Agreement denies any liability on behalf of the physician; keeps payment terms confidential (including social media websites);

and informs the patient they are fully releasing the physician from any further obligation, payment, lien, etc. regarding the care and treatment on the date in question. This should be a signed document before any money is released.

Getting your insurance company involved early in the process will yield a better result; will assure that you are not jeopardizing coverage in the event a lawsuit is filed at a later date, and gets you back to the business of providing quality services.

Harry K. Moon, MD is Medical Director at AMS RRG, Inc. For more information on AMS RRG, go to www.amsrrg.com. Susan Martin, Esq., is Executive Vice President, Litigation Management/Loss Control, Preferred Aesthetics.

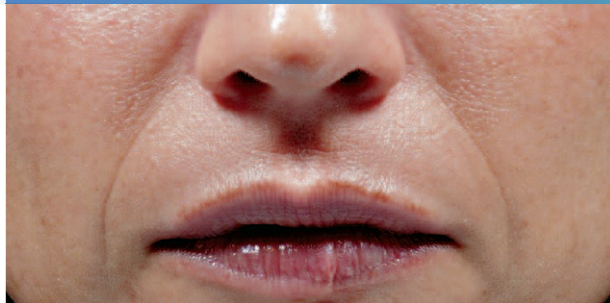
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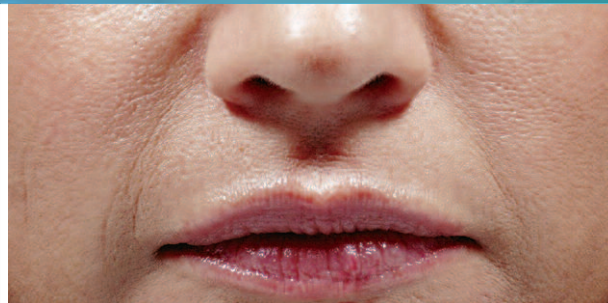
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REFERENCES: 1. Data on file. Suneva Medical, Inc.

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Follow the Money

By Catherine Maley, MBA

The Typical Cosmetic Patient Attraction process to gain more surgical patients goes like this:

- You spend money advertising and marketing your aesthetic services
- You hope your message is compelling enough for prospective patients to stop-notice-act on your message
- The prospective patient calls or emails you to learn more
- They then visit for a consult and then they hopefully say yes

Simple enough, right? You have a solid plan in place knowing it's humming along and you don't have to worry about it. And that gives you the mental freedom from constantly worrying about your practice's financial stability.

OR... is it quite the opposite? Are you losing sleep because you DON'T have a predictable, systematic revenue stream? And that is creating angst and uncertainty and puts you in "scramble mode" during your down months?

If you don't have a well thought-out plan, it's not your fault. You are supposed to be a great surgeon, NOT a great marketer; however, there are so many challenges keeping you from reaching your goals.

Cosmetic patients today have too much choice and don't know where to turn. They have to decide who best to care for them to solve their problem.

Should they go to a board-certified plastic surgeon? Or the dermatologist who treats their acne? Or the medspa down the street because they have evening hours? This is a lot for the prospective patient to consider.

There is also too much noise in the marketplace for your message (or your website) to be easily seen and heard. That's because there are so many marketing channels available to prospective patients to get their information.

On top of that, patients have many technology choices. Surgery used to be the only solution; however, thanks to technology advancements, prospective cosmetic patients can hold off on surgery by trying all sorts of non-surgical treatments first.

That means non-surgical procedures are quickly catching up to the same demand as surgery and that means a whole bunch of non-surgeons have entered the marketplace to compete with you.



And if that weren't enough, there are patient generational differences. You've got younger women wanting to stop the aging process and baby boomers trying to reverse it so patients are in their 20s all the way up to their 80s so you have to figure out how and where to market to them in a way they are most likely to notice-act-respond. That is a tall order.

So, what do you do? You stop, breathe and think strategically. Here is a quote to help. Make this your new mantra:

"The key to success is NOT doing more. It's doing more of what works."

I watch too many practices throwing money at all sorts of advertising channels assuming the more they spend, the busier they'll be. But there's a big difference between being busy and being profitable.

For example, you may be seeing a lot of consults but not converting them to booked procedures so that's not a good use of your time.

Here is what you do to keep it simple... you follow your successes. Basically, you track and monitor who is saying yes to you and giving you money and you focus there first.

Begin by reviewing your current patient data because many of the answers you're looking for are in your numbers. They will tell you so much about your patient preferences. So if you like what you see, you can do more of that or change your approach to get different results.

Real live data takes the emotion and guesswork out of this. Because it's not how busy you and your staff are when meeting new prospective patients and spending valuable time consulting with them. It's how

many of them actually said yes, gave you money, then referred their friends, gave you a great review and returned for more.

Have your staff pull reports showing the money coming in and break it down by revenue by procedure and revenue by referral source. And, in case you can't pull reports easily, at least go to your surgery schedule and write down the last 40-100 surgeries (the more the better) and note where these patients came from. Were they internet stranger patients or current patients coming back for more or, were they word-of-mouth referrals?

Here's the pearl... simply budget proportionately to your successes. For example, if the data indicates that most of your revenues are coming from tummy tucks and facelifts, then spend money on advertising those procedures versus breast augmentation. And, if half of your revenues are coming from current patients and their referrals, then half of your advertising budget should focus there, while the other half focuses on Internet efforts.

When you redistribute your promotional spending according to your successes, you get better results, easier conversions and a much better return on your investment.

Doesn't that make sense?

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.

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<p>HOW TO FOLLOW-UP AFTER THE CONSULT TO CONVERT</p> <p>WATCH NOW</p>	<p>HOW TO SET UP YOUR OWN RELIABLE AND PREDICTABLE COSMETIC PATIENT MARKETING PLAN</p> <p>WATCH NOW</p>	<p>HOW YOUR STAFF CAN MARKET YOU WHILE YOU'RE IN SURGERY</p> <p>WATCH NOW</p>	<p>HOW TO HOLD A PATIENT EVENT THAT IS FUN AND PROFITABLE</p> <p>WATCH NOW</p>	<p>HOW TO MARKET TO ALL GENERATIONS WITHOUT GOING BROKE</p> <p>WATCH NOW</p>	<p>HOW TO DOUBLE YOUR REVENUES THIS YEAR</p> <p>WATCH NOW</p>	<p>HOW TO GET 10 MORE 5-STAR PATIENT REVIEWS WITHIN 30 DAYS</p> <p>WATCH NOW</p>	<p>HOW TO ADVERTISE TO GET A RESPONSE</p> <p>MARKETING PLAN</p> <p>A comprehensive blueprint... marketing process can be realized... strategy and tactics...</p> <p>WATCH NOW</p>

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Brought to You By: Catherine Maley, MBA
Author, *Your Aesthetic Practice*
Cosmetic Patient Attraction & Conversion Specialist

Interviewed By:





The Value of PR and Social Media in Promoting Your Practice

By Megan Driscoll

I am often asked by doctors, “should I hire a PR firm?” While my agency does not represent individual doctors, I certainly believe that public relations is a valuable tool when it comes to promoting your practice and building your personal brand.

To be clear, I am talking about PR and social media, not traditional advertising. Anyone can buy an ad in a local publication or on TV or the web. Advertising, however, is a blunt instrument. The scope of your advertising reach is limited only to how much you want to spend, but your message will reach a lot of people who are not in the market for your service. Advertising will not resonate with them, meaning the extra money spent goes to waste. This translates to a low return on investment (ROI).

PR and social media are much more dynamic than advertising. Where advertising is a one-sided conversation in which you send your message, then hope for patients to start walking into your office, PR and social media can set the framework for engagement with patients in which a real conversation can take place. A well-crafted media and/or content campaign tells a story to a targeted audience, gets a conversation started, and—this is the best part—gets patients walking into your office. Your campaign reaches the right people from the beginning, which increases your odds of making a connection, and that means a higher return on your investment.

You can improve your ROI by working with an agency that appreciates your needs and your goals; but we have also seen individual doctors build great personal buzz through traditional PR and social media all on their own. Our team at Evolve are experts at creating campaigns for brands both big and small in the aesthetics market. We understand the concerns and the desires that patients have, and we love working with doctors who understand the media and can help us find the story that taps into those concerns and desires.

Here are two examples of how public relations and social media (working together, as well as individually) can help elevate your brand and bring qualified patients into the office.

IDEAL IMPLANT, an EvolveMKD client, is a new-comer to the breast implant market.



Our goal was to raise awareness around the IDEAL IMPLANT and get a conversation started between doctors and patients about the device. Dr. Lisa Peters, a plastic surgeon in Chicago, who now offers the IDEAL IMPLANT, notes how our PR campaign motivated her to start offering this new implant option to her patients:

I did a breast augmentation consultation with a patient and showed her both silicone-gel and traditional saline implants. She was not happy with either option and decided not to proceed with surgery at that time. She called the office about a year later, and said she had been watching the show “The Doctors,” learned about the IDEAL IMPLANT, and wanted to know if I had it in my practice. I had heard of the IDEAL IMPLANT, but that call made me look into it further. Once I confirmed the implant was safe, FDA approved, and had additional benefits such as a low rupture rate, I was on board. The patient in question had her augmentation with the IDEAL IMPLANT and is thrilled with her results. I’m grateful that she asked me to consider the IDEAL IMPLANT, as it has become an integral part of my breast augmentation practice.

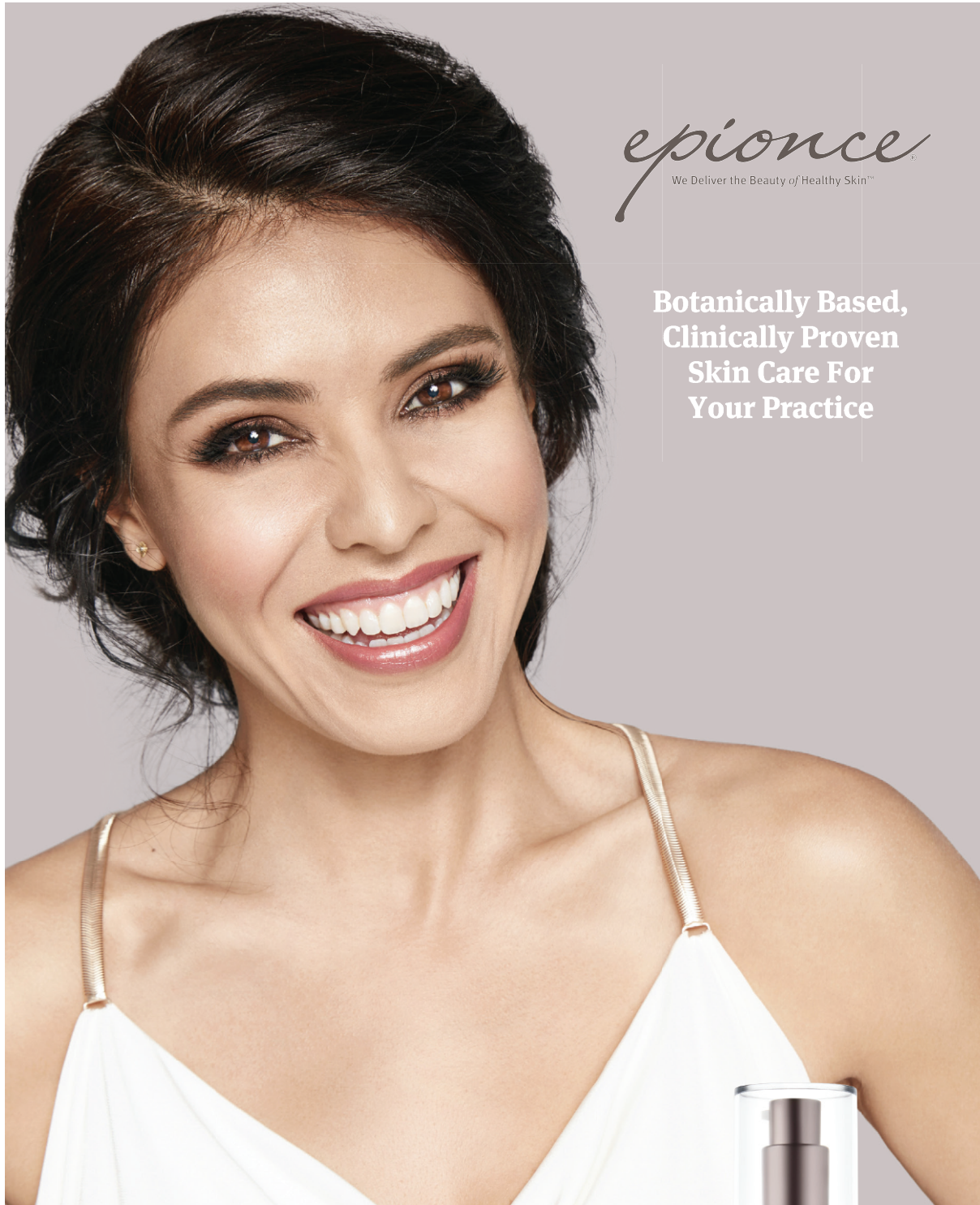
PR on social media is also an effective tool for boosting your practice. We often encourage doctors to establish a presence on social

media. Sharing your story and keeping people informed on developments in aesthetics on social platforms such as Twitter, Facebook, Instagram or Snapchat raises awareness of your practice. Dr. Matthew Schulman noted during his presentation at Hot Topics at The Aesthetic Meeting 2017 in San Diego that social media helps patients buy in to “you” before they ever walk in your door for a consultation:

From January 2016 to January 2017, I saw 1,052 consecutive surgical consults. 65% indicated that they were actively following me on Snapchat prior to the consultation. The surgical booking rate was 73% for Snapchat followers versus 43% for non-Snapchat followers. Of the 619 surgeries performed during this time period, 80% were Snapchat followers.

Dr. Schulman and Dr. Peters are just two examples of the power of starting a conversation with potential patients via media and/or social media, and how it can drive better informed and qualified patients into your office.

Megan Driscoll is CEO and founder of EvolveMKD, a marketing communications agency specializing in beauty and aesthetics.



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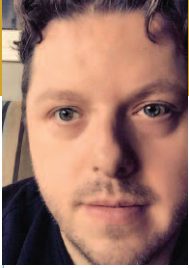
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How Your Plastic Surgery Practice Can Dominate Google Local Listings

By Samuel E. Peek, JD

It was late, and the glow of my laptop illuminated my workspace—my dining room table. I was working on a project for a plastic surgery client in Florida, and my Gmail notification slid across the top right of my screen. It's from a surgeon in California, Aaron, that I had previously met at an annual ASAPS meeting, with the subject line "Why?!?!?!?!." I quickly read over the email and the frustration is palpable. He is so clearly upset and baffled by the complexity of Google+, Google Local, Google for Business, and why he disappeared from Google's local search. "I have four Google+ accounts, and I don't even know why!!" His answer would not be answered on this evening. It was too complicated, too much to communicate in a few simple lines. That is when it hit me, the complexity of the problem stems from our inability to accept an easy answer to something we do not understand. I responded succinctly—"Aaron, the problem is *you*..."

It was too complicated, too much to communicate in a few simple lines. That is when it hit me, the complexity of the problem stems from our inability to accept an easy answer to something we do not understand.

The confusion surrounding Google+, Google Local, Google Local for Business, and now Google My Business ("GMB"), is not limited to you in the plastic surgery field. There are multiple times when I see seasoned digital marketers stumble and fail at marketing a medical practice locally. This is a byproduct of Google stumbling through its diversion into social media and still trying to protect its prized possession—The Algorithm. Google gave up on trying to compete with Facebook to be a dominant social media channel, and instead, has focused on doing what it does best—indexing the entire digital world. GMB is Google's answer to every review, directory and listing website on the Internet. No longer

is Google just a publisher of other content, it is now collecting and aggregating its own data. GMB is the solution to our 1980s roadmap, phonebook, and my dear Aunt Sally's personal recommendation. All in one place. Go ahead and Google yourself—you will find your map location, your contact information, reviews, photos, and so much more.

Most GMB search results come up in search as three local listings, if what you are searching for has a local option. We call this the "3-pack." This short name is not always accurate, as sometimes Google returns only one local result, or sometimes as many as five. It will always depend on what I am searching for, where I am searching, and what device I searched on. It is critically important to rank in the 3-pack because these results often time trump organic results, when Google has determined that a location result makes more logical sense, than a web result. Thus Google will always return GMB results for a specific location-based search such as "plastic surgeon Miami" as opposed to just "plastic surgery information." Moreover, if a search is coming from a mobile device, GMB results will always be favored.

So now that we know what GMB is and how important it is for a practice, what can be done to maximize presence? Amazingly, Google has already provided the answer in outline form. Google has expressly stated that they consider three factors when determining rankings in their GMB algorithm—*Relevance, Distance, and Prominence*. Understanding these three independent factors is critical if we want to dominate.

Google has expressly stated that they consider three factors when determining rankings in their GMB algorithm—Relevance, Distance, and Prominence. Understanding these three independent factors is critical if we want to dominate.



Relevance

Relevance quite simply refers to how well your listing matches up to the prospective patient's search term. To put it another way, are you the doctor that can actually provide the procedure requested? In order to be relevant, you have to make sure Google knows exactly what you do. Details are critical here. In filling out your GMB profile, include your top procedures, as well as photos and hours of operation. Your description should use primary keyword targeting, similar to what you use on your website.

*Pro tip: Have your current SEO company 'optimize' your detailed description, to make sure your natural language is congruent with your website SEO.

Distance

This is as straightforward as it sounds. Distance refers to how close the user is to your business. It also refers how close the business is to the specific search term, if that search term uses a location identifier. For example, if I am in Southern California, but search for "Plastic Surgeon Miami," Google will return GMB results in relation to the central hub of that city and moving outwards. This is different than me actually being in South Beach, and just doing a search from my mobile device. Google is able to ascertain my specific location, and will return GMB results proximately related to my actual position. To maximize your exposure, make sure your information is updated to your current location, and that the address is consistent across your online profiles and especially your website.

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Why You Can Lose Assets in a Medical Malpractice Lawsuit and What to Do About It

David B. Mandell, JD, MBA and Jason M. O'Dell MS, CWM

As an attorney (David) and consultants (both) to over 1,000 physicians, we encounter many misconceptions about asset protection planning. In this article, we will address the most important of all misconceptions regarding asset protection: that this area of planning is not important. The thinking of many physicians around the country, including some aesthetic plastic surgeons (and their advisors as well), is that there is little to no risk of a surgeon losing personal assets in a malpractice claim, especially if there is \$1–3 million malpractice insurance coverage in place.

There are several key issues in this analysis to review. We will take each one individually:

Finding proper data is difficult

Those of you who have spoken to us, or read our book *For Doctors Only* or other articles, know that we are not people who use extremes. Like you, we like to see data before making judgments or forming opinions. However, data tracking how many physicians lose personal assets in malpractice actions is very difficult, if not impossible to obtain. That is because the legal system publishes filed cases and judgments rendered, but they do not publish the collections of those judgments.

There are no reports that publish what happens once a judgment is rendered. Did the plaintiff, with a judgment in excess of coverage limits, simply settle for the amount of the medical malpractice insurance? Did the plaintiff and his attorney pursue the personal assets of the surgeon and his family to satisfy any excess judgments? These are questions for which there are no answers in the published materials.

Every week in the malpractice reports we review, there are dozens of malpractice actions decided in the states where we practice. Although most decisions are for the physician defendant, there are some small judgments and some very large judgments for the plaintiff. This may be the same in your location as well. Nonetheless, we can only hypothesize about what will occur once these large judgments are rendered. It seems that many physicians and their advisors simply assume that their plaintiffs in these cases will walk away from



large judgments and simply settle for the malpractice insurance coverage. Let's look at a couple of reasons why this may not be so.

Payments, Not Evictions

A common theme in speaking to physicians and their advisors around the country on this topic seems to be that "I have never personally heard of anyone losing their home to a lawsuit," and therefore the conclusion is that it doesn't happen. However, if one understands the goal of litigation and the plaintiffs, this certainly isn't surprising. What does occur instead of eviction, is that the plaintiff with the judgment will file a lien on real estate, levy bank accounts, and essentially put levies or liens on any assets of the physician to the amount of the judgment owed to them. The goal is not to kick the physician out of their home, but to make the doctor take a loan against the home to pay off the excess judgment. And this, we can assure you, happens with regularity.

Consider this situation, a true story from David's law practice: "In New York, I had a couple come to see me. He was a cardiologist and she an OB/GYN. They said that she, the OB/GYN, had just been successfully sued for a malpractice case in which the judgment rendered against her was \$4 million, \$2 million more than her personal malpractice coverage. I told him at the time that there was nothing I could do since there was already a judgment. While I have not spoken to the client since, do you think that the plaintiff and their attorney who rightfully won a \$4 million

judgment would simply settle for the \$2 million of insurance coverage when they could put a lien on the \$1.5 million of equity in the defendant's home in a matter of days (or hours!) with minimal cost?"

The Legal Obligation of the Plaintiff's Attorney: Get the Cash

There seems to be an underlying assumption by attorneys who advise doctors that asset protection isn't important and that plaintiffs and their attorneys will not go after physicians' personal assets because it is "distasteful" or for some other reason. Put yourself in the shoes of the plaintiff and the attorney. The plaintiff's attorney has a professional and ethical obligation to represent his or her client in their best interest to the fullest extent of the law. If, as an attorney, David represented a plaintiff who had a \$4 million judgment with only \$2 million paid by insurance, and he knew that the defendant had millions of dollars of assets that were unprotected that he could attack in order to get the client paid in full, David would have to do this. In fact, if he didn't pursue those assets, he would be liable for malpractice to the client, and rightfully so.

When you combine the misconception of physicians that plaintiffs and attorneys won't go after their assets because of some kind of ethical consideration with the fact that there are, in fact, ethical rules requiring an attorney to go after such assets, you can understand why the advice "you don't need asset protection" is so off-base.

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Why You Can Lose Assets in a Medical Malpractice Lawsuit and What to Do About It

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Why Wouldn't You Protect Assets?

If you have ever read our materials or heard us speak, you know that we are not people who say the “sky is falling.” Even with the statements made in this article, it is still statistically relatively low risk that you will lose personal assets in a malpractice action, regardless of your specialty. However, the point that we make with our clients and in our books and articles is that asset protection planning can benefit you in many ways beyond lawsuit protection.

In fact, most of the asset protection we do for clients is relatively low cost and has numerous financial, tax and estate planning benefits as well. Thus, the question becomes “if asset protection planning can protect you in many ways and can cost relatively little, why wouldn't you do it...when there is even a slight chance that you will lose personal assets at some time during your career?”

Conclusion

Certainly, asset protection planning is a crucial part of a physician's wealth planning today—especially for specialty surgeons. Everyone acknowledges that there is some

risk of a beyond-insurance-limits lawsuit for any physician. If this is true, and proper asset protection may actually help you build wealth, then such planning cannot be ignored. The authors welcome your questions. You can contact them at 877-656-4362 or through their website, www.ojmgroup.com

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How Your Plastic Surgery Practice Can Dominate Google Local Listings

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*Pro tip: Have your current SEO company update your website schema code with your location coordinates.

Prominence

Prominence is the most ambiguous of the three factors in measuring your GMB ranking. Google considers a myriad of factors to determine your prominence score. The most important factors, as stated directly by Google, is: Google Reviews count and score, web links, articles, and directory listings. So in addition to a great Google review score (and lots of them), Google is assessing your GMB prominence much the same way it factors your website's prominence. Google even specifically insinuates that “your results in web search will play a factor in [prominence]...” So websites that actively

follow Google's guides to optimization, will naturally rank better in GMB, if both your quality and quantity of reviews is competitive to your region.

*Pro tip: A new practice may find it hard to compete immediately for the most competitive terms. Instead, compete for something much more specific. Optimize your website and GMB profile around a much more niche procedure keyword list.

When you put all these factors together, the path that Google lays forth is actually quite intuitive. Be consistent, detailed, and authentic. Make sure you give as much information to Google as you possibly can, while still maintaining your authenticity. Make sure everything that is resonated on your website, is tied to your GMB profile page. Then work on getting reviews. Never be

afraid to ask, and be as proactive as you are comfortable with.

Even though it was the middle of the night, Aaron responded immediately, but only with a series of question marks. This response was what I had anticipated. I spent some time explaining the finer points of how his profile page had been “over optimized” by a combination of SEO agencies over the years, as well as his own efforts. He was trying to ‘game’ the system, and Google caught up to him. Instead of having a consistent and detailed approach, he tried to manipulate the algorithm. I told him to “just be yourself” and Google will reward you for that. His rankings have since returned.

Samuel E. Peek, JD serves as the Incredible Executive Officer for www.incrediblemarketing.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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How to Avoid Getting Sued for Copyright Infringement

By Wendy Lewis

Picture this.

You subscribe to various stock photography sites. You are paying about \$1 per image to license a photo or vector for a single use. You think you're protected and sleep reasonably well at night. Then a registered letter arrives and...lo and behold, you find out you are liable for over \$10,000 to a stock image site in Canada you never even heard of for an image that was used on your Wordpress blog by a former employee over seven years ago that you never even knew about. Bummer!

It happened to me, and it can happen to you too. There is a little thing called 'copyright' that you need to get familiar with before it's too late.

Here's why.

Defining Image Copyright

Copyright is a concept that protects all creative works. While it may be frustrating to navigate when trying to find images for your social media posts, keep in mind that it benefits you too. The same copyright laws that protect someone's rights to their images protect your rights to all the content you create and share online.

Although the legal definition of copyright may vary slightly by country, the basic premise is who owns creative works and how those works can be used.

In the United States at least, section 106 of the Copyright Law states that only the copyright holder can:¹

- Reproduce the work
- Make derivative works based on the work
- Distribute the work to the public
- Display the work publicly

Therefore, if you created an original artistic or written work, you own the exclusive rights to it, even if you never registered it with a copyright office or other official body. By the same token, if you use a photo or illustration created by someone else—without their express permission—you may be in breach of their copyright. This applies to all images posted that are in the public domain, including on social media platforms and websites. It is that simple.



Social Media Shares, Lifts & Borrows

It is well documented that photos increase social engagement substantially. On Facebook and Twitter, posts with photos generate more likes and comments. The challenge facing plastic surgery practices is how to get real images from patients, or in the alternative, find good images that are shareable.

The natural inclination may be to go to Google, type in "filler injections" and search for IMAGES. That would be a huge mistake. Here's why. Images on Google are not yours to pick off. Notice that most images you scroll through have the ubiquitous disclaimer "Image may be subject to copyright." Therefore, you can't just lift any old image off the web and use it for your own. Sure, you may get away with it for an occasional lecture or a short presentation at a patient seminar. But that may also be risky. For example, there have been cases where as a doctor is presenting his slides with 'lifted' before and afters, the actual doctor who performed the procedure or whose patient is in the photographs is in the audience. Busted!

Social media is all about images. As plastic surgeons, creating compelling content rests on being able to persuade patients to forego their right to privacy and allow you to post their beautiful results. That doesn't always work.

What You Need to Know Before You Borrow an Image You Don't Really Own

You can search online for images, which is the natural inclination we all have to save time, but there are big risks with that strategy because images may be subject to copyright. A bundle of intangible rights granted by statute to the author or originator of certain literary or artistic productions, whereby, for a limited period, the exclusive privilege is given to that person (or to any party to whom he or she transfers ownership) to make copies of it for publication or to sell it.

Copyright owners have the right to control the reproduction of their work, including the right to receive payment for that reproduction. An author may grant or sell those rights to others, including publishers or recording companies. Violation of a copyright is called infringement. Copyrights are like patents and trademarks. These are all examples of what is called Intellectual Property in legalese. Copyright protects the expression of an original idea.

Regrettably, the law has yet to catch up with the advent of digital media, however, the same basic rules apply. Copyright protection has been extended from the printed text to other means of recording 'original expressions.' These may include lyrics to a song, pictures,

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How to Avoid Getting Sued for Copyright Infringement

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photos, graphics, sculptures, videos and sound recordings. Technically, that include podcasts, tweets, blogs, Facebook Live videos and just about anything else you can think of that involves visuals or sounds.

Sidebar: A Brief History of Copyright Law

Copyright Law is not new. In fact, it predates the Internet by roughly 500 years. US Copyright law has its roots in English Common Law and can be traced all the way back to when the printing press was developing in the 15th century. The landmark Copyright Act of 1976 (17 U.S.C.A. § 102[a]) marked a real turning point in this area. According to this statute, an author receives copyright protection as soon as a work is recorded in a concrete way—like when it is written down, recorded, or stored on a computer disk. Any unauthorized copying of the work is subject to an infringement suit and criminal charges. The 1976 act also allows copyright protection of works that derive from the original, such as motion pictures, CD-ROM multimedia editions, and other adaptations. These subsequent creations are known as ‘derivative works.’ Revisions in the copyright law have been driven largely by commercially significant changes in technology. The distinction between common-law protection for unpublished works and statutory protection of published works has been debated in light of technological innovations in communication vehicles. Congress removed this distinction in 1976.²

‘Fair Use’ allows certain copyrighted works to be used without permission for specific purposes. The guidelines for this exception tend to be somewhat fuzzy, and may be subject to interpretation in a Court of Law. The Court may consider whether the copyrighted materials are being used for commercial, not-for-profit or educational use. The simple fact that should concern plastic surgeons is that using an image to promote your practice in any way is unlikely to meet even the most basic guidelines for ‘fair use.’

Best Workarounds

Think before you download or screenshot that perfect image. You would be better served to first search online, identify some images you may want to use, and then take the next step to find out where they originated from. In some cases, you may find that the images are free to use or can be licensed for a nominal fee for the purpose you have in mind.

Stock photography sites are an obvious safer option. These sites have huge libraries of images, vectors and videos for licensing, with fees based on the size of the image and its intended use. Some images are better than others, and it will take time to sort through available images in the category you are looking for. The more specific and narrow your search is, the faster this process may go. For example, the basic search starts by going to photographs, choose the shape you need (square, oblong, rectangle, etc), narrow your search by color if applicable, choose from royalty-free or editorial (meaning restricted use), and go. Many sites offer small-business-friendly subscription-based accounts that may end up costing about \$1 per image for limited use, as in a social media post, blog or on a website. Extended licenses are also available for using images for a more comprehensive campaign or larger project.

Free or Cheap Sites

- Gratisography
- Picabay
- Unsplash
- DeathToStock

Subscription Sites

- iStock
- Depositphotos
- Shutterstock
- Gettyimages
- Dreamstime

‘Creative Commons’ allows content creators to make their work available for certain purposes without requiring express permission. Look for ‘Creative Commons’ (or CC) licenses on sites like Flickr, Wikipedia, and YouTube. Specific terms of use may vary, such as some licenses restrict usage to include attribution, some restrict usage only to personal and not for commercial purposes (as in an advertisement or for a client), and some may have no restrictions.

There are also a fair amount of images available online that are free to use in the public domain. A Google image search can also be used to find free images. Use the Advanced Image Search function to look for images that are “free to use or share, even commercially.” If you are not 100% sure that

Stock photography sites are an obvious safer option. These sites have huge libraries of images, vectors and videos for licensing, with fees based on the size of the image and its intended use.

the images you want to use are free to use, click on the image to double check the license specifics on the page where the image lives.

Basically, you can technically use someone else’s image if they give you permission to do so. Yet, if you do not have that permission in writing, that may not hold up in Court if any future misunderstandings arise. For example, regramming photos from a branded hashtag or an Instagram contest may be fine if you follow standard practices and give credit to the original Instagram user. However, we are seeing that more big brands now requesting permission from the original user in the comments section of the post to play it safe. The language used may read like this: “We would like to use your content. If you approve, respond #(add brand or company name here)Approve. Terms & Conditions (add link to details here).”

Whenever these questions arise, the best advice is to consult with an intellectual property attorney to know your rights and responsibilities, and to get the appropriate language to use to protect yourself.

By the way, in the end after multiple back and forth emails to their in-house legal team, I negotiated the fee down to \$1,400 from the original \$10,000 asking price and settled the matter. That was a very painful check to write but I was relieved to get it resolved. Chalk it up to another hard lesson learned.

Wendy Lewis is President of Wendy Lewis and CO Ltd, www.wendylewis.com, author of 11 books and Founder/Editor in Chief of www.beautyinthebag.com. Reach her at wl@wlbeauty.com

1. www.copyright.gov/title17/92chap1.html#106
- 2 <http://legal-dictionary.thefreedictionary.com/copyright+infringement>

How Vulnerable Are Plastic Surgeons to Cyber Attacks?

Continued from Cover

commercial insurance payors. These false claims often do not come to the attention of the patient for many months, if at all, by which time, the claims have been paid to an untraceable recipient. Alternatively, they can use the information to set up false accounts to buy medical equipment or drugs, that can then be resold. New ways of making money from stolen health information fuel the demand for it.

What Is Your Responsibility for Safeguarding Your PHI?

Whether paper or electronic, you are responsible for maintaining the confidentiality and security of your patient files. You must assure that all PHI is safe-guarded against breach, even that which occurs through human error (i.e., an employee who posts confidential data on the Internet without realizing it.) With most surgeons moving to EHR as a result of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), it is imperative that everything that can be done is done, such as adequate firewalls to your network, strong password protection which is changed at intervals, and avoiding carrying PHI on vulnerable hardware such as laptops, tablets, and cell phones. If you are participating in MACRA, you must undergo a security inspection--essentially a thorough risk analysis--as part of the Quality Improvement reporting. Even if you are not participating, you must make sure you are doing everything possible to protect PHI. Can you imagine what would happen if your patient photos were compromised and identified on the Internet? The cost of dealing with a breach of that type could be astronomical! You might be responsible for paying for credit monitoring for each of your patients for a full year or more, in addition to the potential for litigation.

There are many instances of physicians getting themselves into trouble by leaving a laptop computer in a car which is then stolen or lost. This results in a reportable HIPAA violation which can generate a substantial fine as well as a mandatory notification of every patient whose information may have been compromised, credit monitoring for up to a year or more, and if more than 500 patients are affected, the media must be made aware of the breach.

What Is Ransomware?

Ransomware refers to software programs which can infect your practice management software or your EHR. Most often, it becomes embedded in your software, multiple computers, and even your backups. It can exist quietly in the background, copying your files for a month or more, before the criminal decides to hold the records hostage until a fee is paid to retrieve them. I was talking with a plastic surgeon in Florida recently who was attacked in this way. He ultimately paid \$5000 in bitcoin to retrieve his records, which actually turned out to be well under the \$17,500 average amount that is typically demanded. Even if a ransom is paid, there is no guarantee that the stolen records will be returned or that the records have not been copied for resale.

Although criminal ransom attacks have most often targeted larger health care, facilities such as the case of Hollywood Presbyterian in which a ransomware attack cost the system \$3.7 Million to regain access to their medical records, physicians are increasingly becoming victimized. Although there is no data that I am aware of, I suspect that plastic surgeons will be viewed as "deep pockets" among physician groups and the existence of our patient photos will make us targets of ransomware. It might be as simple as an unwary employee innocently clicking an email link that appears legitimate. That mistake sets the ransom software download in motion and very little can be done if not immediately recognized. Sometimes it can be isolated to a single computer which can then be "quarantined" unless the entire network is "infected."

What Can You Do to Protect Yourself?

Awareness of your vulnerability to cyber-attack is the first step in protecting yourself and your practice. Make sure that your employees understand that passwords must be strong and that they must always log out when the network is shut down. Computers should not be left running overnight. Make sure that your virus software is up-to-date and that your firewall is secure. It is essential to make sure your backups are actually doing what you think they are doing; they can be your saving grace in the event of attack.

Strong consideration should be given to housing your PHI in a secure cloud-based

storage system. ASAPS is developing a relationship with one such provider (RONAN) which allows members to access PHI from any device at any time. (Learn more about the ASAPS Cloud on Page 53.) The data is very unlikely to be hacked because it is housed in a HI TRUST certified infrastructure in "the cloud." However, no one can feel completely safe in the current environment, so you should develop an immediate response plan, in the event such an attack should occur. It isn't enough to just sit back and hope that this doesn't occur. If criminals can access the DNC, Hilary Clinton's emails, or most recently the CIA, they can get into your records, too! Although some malpractice policies include a base amount of protection for cybercrime, having additional protection is prudent. Specific companies who specialize in cybercrime insurance have an immediate response team that can guide you through the steps needed to deal with the emergency as well as cover the expenses associated with it. Many policies will also cover errors and omissions and even fines up to certain limits which might be imposed by a HIPAA breach.

There is little question that more and more of us will be victimized by cybercrime in the future. Educate yourself now and have a plan for protection and hopefully, with that the damage can be avoided or minimized.

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James C. Grotting, MD, is an aesthetic plastic surgeon in Birmingham, AL, and is a Past President of the American Society for Aesthetic Plastic Surgery.

Want Tips on Protecting Patient Information from Cyber Attacks?

Experience this ASAPS webinar as members of the plastic surgery community and key industry players discuss patient privacy in the digital age. You'll walk away with insight, understanding, and solutions to keep you and your patients protected. And, exclusively for ASAPS Members, learn more about the ASAPS.Cloud, which can help protect you from such threats, by viewing the webinar. Simply go to <http://bit.ly/2qHyqc3> or view on RADAR Resource by typing Cyber Security into the search tool. **While ASAPS Members enjoy complimentary webinars as a member benefit, the Society is extending this FREE webinar to the entire plastic surgery community, given the importance of ensuring patient privacy.*

Faculty

Bob Aicher, Esq. has been ASAPS' General Counsel since 1998 and previously represented the California Society of Plastic Surgeons (CSPS), the International Society of Aesthetic Plastic Surgery (ISAPS) and The Doctors Company (TDC) as well.

R. Brannon Claytor, MD (moderator) is an aesthetic plastic surgeon and serves as Chair of ASAPS Product Development Market Research Committee.



Jack Danahy is a 25 year veteran in the security industry, and has been the founder and CEO of two successful security companies, and now heads Barkly, a malware defense company.

Susan Doucette has 25 years of commercial insurance experience which includes underwriting, training and marketing

Barry Fernando, MD is an aesthetic plastic surgeon and the Founder of AnzuMedical, which created ASAPS' popular medical resource library, RADAR Resource.

Shashi Kusuma, MD is a business school graduate from Emory University, and a double board certified surgeon in ENT and Plastic Surgery. He is also the founder, CEO and Chairman of Symplast LLC, a mobile-centric healthcare IT company.

Ed Purkiss is the president and CEO of Iron Medical Systems, which has developed the ASAPS Cloud*, which you'll hear more about during the webinar.

*ASAPS Cloud is available only for ASAPS Members.

Protect Your Practice

ASAPS Advantage Provider RONAN Solutions offers the ASAPS Cloud. By removing content from your server and putting in a HiTrust Certified Cloud, you and your patients' information is better protected. Learn more about the ASAPS Cloud on Page 53.

ASAPS Alliance Partner CosmetAssure, in conjunction with USI, has developed a broad cyber insurance policy, called PrivaSafe, to protect plastic surgery practices against the exact scenario noted above. Cyber extortion is by far the fastest growing threat to plastic surgery practices and PrivaSafe's broad coverage is designed to address this specific threat. Please contact John Williams at j.williams@usi.com or by phone at 205.969.5158 for more information or for a quick PrivaSafe quote.

CNN Reports (6/27/17): Hackers launched blistering attacks against companies and agencies across the world, including Merck

Major global firms are reporting they're under attack, including British advertising agency WPP (WPPGY), Russian oil and gas giant Rosneft and Danish shipping firm Maersk.

"IT systems in several WPP companies have been affected by a suspected cyber attack," said WPP on its official Twitter (TWTR, Tech30) account.

Maersk issued a similar statement, saying its IT systems "are down across multiple sites and business units due to a cyber attack."

The U.S.-based pharmaceutical firm Merck (MRK) also said it's been hit. For full details, please go to <http://cnmmon.ie/2thenXw>.

Plastic Surgery Sites Hacked

On May 30, the Associated Press reported that Police in Lithuania say more than 25,000 private photos and personal data—including

nude pictures—were made public Tuesday following the hacking of a chain of plastic surgery clinics. "Police say after threats, several hundred images were released in March and rest of the database was made public on Tuesday. It's unclear how many patients have been affected, but police say dozens have come forward to report being blackmailed." For more on this incident, please go to <http://apne.ws/2rjnSBU>.

Over 75,000 Ransomware Attacks in One Day

On May 12, CNN reported that "Tens of thousands of ransomware attacks are targeting organizations around the world." Cybersecurity firm Avast said it has tracked more than 75,000 attacks in 99 countries. It said the majority of the attacks targeted Russia, Ukraine and Taiwan. According to CNN, the ransomware locks down all the files on an infected computer and asks the computer's administrator to pay in order to

regain control of them. The ransomware, called "WannaCry," is spread by taking advantage of a Windows vulnerability that Microsoft released a security patch for in March. But computers and networks that haven't updated their systems are at risk. The exploit was leaked last month as part of a trove of NSA spy tools. Do not open anything which looks suspicious and remind your staff to do the same. More about this attack can be found at <http://cnmmon.ie/2r2h5Pu>.

Beverly Hills Heist: Celebrity Records Among Those Stolen From Plastic Surgery Clinic

A massive privacy breach was reported on June 1 to have occurred at a plastic surgery clinic on Rodeo Drive in Beverly Hills. "A disgruntled employee stole patient records, including photos of patients during surgeries and posted them on social media," the clinic said, according to Patch.com. Read more at <http://bit.ly/2tiVTWC>.

QUESTIONS TO ASK BEFORE HIRING A WEB MARKETING AGENCY



Co-authored by Rosemont Media CEO Keith Humes and Courtney Humes, Director of Product Development

With countless agencies touting expertise in the field of digital marketing, how do you find a dream team that contributes groundbreaking ideas, dutifully follows directives, and provides personalized services—all at a fair price? The answer is less complicated than you may think: **identify your goals and ask the right questions.**

This simple guide has been designed to help arm you with the basics you need to more easily distinguish quality Internet marketing firms from “fast talkers” in the business.



ASK THESE SPECIFIC QUESTIONS WHEN YOU'VE NARROWED THE FIELD



Once you've identified the companies you wish to talk to, come to the conversation armed with specific questions. Some of the most important aspects of a marketing strategy include transparency with the work being performed, as well as portability should you choose to take a different path down the road. Every prospective marketing firm should have no trouble answering these questions:

1. **How long will website development take, and who owns the site once complete?**
2. **Will a customizable template be used, or will artwork be completely original?**
3. **How will my SEO results be tracked, and what timeframe do you expect to see improvement?** (Remember: SEO takes time, so be wary of anyone selling rapid results.)
4. **Do you offer guaranteed SEO success?** (No one can completely control organic ranking, so avoid SEO guarantees. Instead, look for a guarantee that an itemized statement of work will be provided so you understand what is being done.)
5. **How often will my website be worked on?** (Look for agencies who proactively adjust your website to conform to technical requirements continually set forth by Google.)
6. **Can I see examples of SEO efforts in competitive markets?**
7. **Who will be my point of contact, and how regularly can I expect strategy recommendations?** (Ideally, your chosen firm should be an advocate for your practice—not simply waiting around for you to request updates.)
8. **Will my web marketing assets be portable or locked in a master account?**

SET GOALS



Before you speak with any agency, take time to set goals for your digital marketing strategy; **this is the only way to objectively measure the effectiveness of your campaign.** For a new plastic surgery practice, these goals may center around developing a great website to build a foundation for your brand. For an established practice, these goals may range from improving search engine rankings and implementing a content marketing plan to kickstarting social media efforts and generating more patient reviews.

Whatever you decide, you'll want to look for an agency that can tailor their services around achieving your goals—not a company that employs a one-service-fits-all approach.

PINPOINT AGENCIES YOU WANT TO MEET



Rather than relying on those who have cold-called your office, **be proactive and search online to find marketing firms you believe would be a good fit for your practice.** Some key considerations when shopping around include:

1. **THEIR PORTFOLIO**
 - Do you like what you see?
 - Do you recognize any colleagues that may be able to provide a reference?
2. **THEIR ONLINE PRESENCE**
 - Does their website rank well for industry terms like “plastic surgeon website design”? (After all, you want an agency that is able to practice what they preach.)
3. **THEIR GOOGLE REVIEWS**
 - Do they have a lot of reviews? (In addition to reading the good ones, you'll want to explore negative reviews that may highlight a trend of similar issues.)

EVALUATE COSTS—TRANSPARENCY IS ESSENTIAL

Don't shop on cost alone. Prices for online marketing strategies ultimately come down to the amount of work being done. If the fees are reduced, the work output will also be lower (and, consequently, the strategy will likely flounder).

If you have any questions about choosing an Internet marketing agency, or if you would like to speak with an experienced industry professional about your practice's specific needs and goals, please contact Rosemont Media, LLC at www.rosemontmedia.com/asaps. Also, check out Rosemont Media's educational blog—the Rosemont Review—at rosemontmedia.com for the latest on how to position yourself for success in the world of SEO.

Quality website design and SEO takes time and resources to be effective. Beyond the bottom line price, dig deep to understand exactly what work will be performed with your investment.



Phishing + Trust = Ransomware

By Bob Aicher, Esq.

Why do I keep talking about ransomware? Because your colleagues keep getting ransomed, and they are getting more comfortable talking about it. Why the discomfort? Because the ransom demand is generally preceded by the member or a staff person doing one of these things: opening an e-mail attachment, providing their log-in credentials, or downloading an update to their computer. Any one can be a way in for phishing.

Direct costs of a breach are bad enough, whether one pays the bitcoin ransom and hopes to receive the decryption key, or engages IT personnel to restore all systems. Indirect costs raise that figure considerably higher, especially when the breach isn't caused by your office personnel, but by computer-linked third-party vendors with whom you do business, because then you aren't in charge of their response.

Immediate out-of-pocket costs are increased by productivity losses. A breach will consume your time and that of your staff. Reporting to regulators will be salt in the proverbial wound, because even after you have done everything you think is reasonable, you may be fined for the breach. You will have to tell your patients, undermining their confidence and their referrals. You may even be required to post a notice of the breach on your website, likely viewed by prospective patients as, "Stay away, your privacy is not safe." And even when the dust settles, patients can sue you for failing to safeguard their privacy.

You'll all be pleased to know that doctors aren't the only targets for ransomware. Lawyers have been getting ransomed as well, still for bitcoin, and with consequences to their practices quite similar to doctors'. Their greatest worry when ransomed? Loss of productivity, because the firm's finances depend upon billable hours, and billable hours can't be rescheduled. If associates and partners are locked out of their computers, the firm's income stops.

Ransomware losses between doctors and lawyers are more similar than different. Both risk loss of reputation and loss of productivity. Doctors risk loss of the physician-patient privilege, while lawyers risk loss of the attorney-client privilege. Doctors risk loss of photos and patient privacy, while lawyers risk

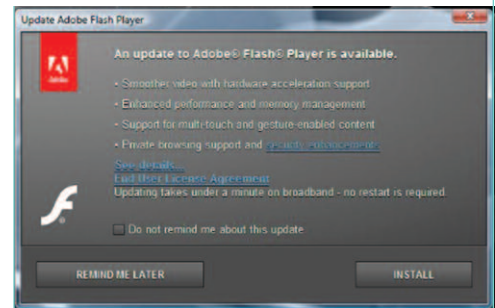
loss of trade secrets and their work product.

There are many things you can do right now to mitigate these risks. You can move your data storage to the cloud. If you use your own server, keep it backed up to a second server not linked to the first. Make certain you have patched your operating systems and applications. If any of your servers can be accessed remotely, require two-factor authentication, so a single password provided by your office manager will trigger a text message to you to confirm access is appropriate.

That failure is how the Erie County Medical Center system was ransomed on April 9, 2017. Accessing an ECMC computer remotely, hackers used brute force computing to try millions of character combinations to find the single password. They found it, locked out all 6000 of ECMC's computers, and demanded \$44,000 in bitcoin. ECMC refused to pay and successfully restored their systems from tape backups, but it took 6 weeks to get back to normal. Most practices don't have that kind of time.

You can also purchase cyber insurance to help with the direct costs of responding to a ransomware demand, but your loss of reputation and productivity will still be on you.

Back to our members' embarrassment. The reason we keep hearing about ransomware is because it works, and it works because human nature is trusting. It is embarrassing to admit you have been fooled. Messages from Dropbox



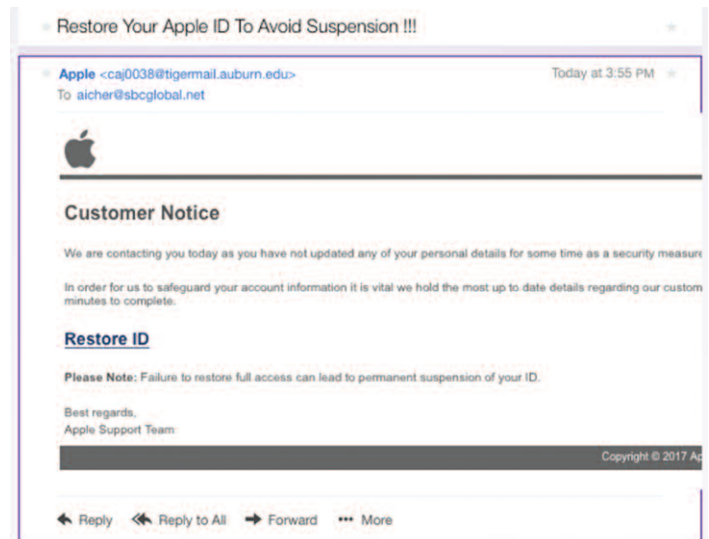
are an effective phishing hook, as are popups reminding you to update Adobe Flash Player. The message above looks real, but is fake.

We trust these messages to be legitimate, but they often aren't. Fyi, if you want a Flash update, simply to to <https://get.adobe.com/flashplayer/>, never download it from a popup. And never "Restore Your Apple ID To Avoid Suspension!!!" Just look at the e-mail return ID below, and it becomes obvious that the message didn't originate with Apple.

Even with a trained staff, there's no guarantee you won't get hooked. Your odds are much improved, however, if you accept that the risk of being ransomed is no longer an isolated event that is only going to happen to someone else. Patch your systems. Migrate your data and photos to the cloud. And be cynical about e-mails. To confirm their authenticity, use your cell and call the sender. It only takes a moment, it's free, and likely s/he will be glad to hear from you.

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.

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The Straight & Narrow

By Joe Gryskiewicz, MD

Question

A colleague in town is raffling off breast implants. So what gives? I thought we couldn't raffle surgeries?

Answer

What else would you do with an implant!? You're spot on, we can't raffle surgeries. "It's the

spirit of the law, not the letter of the law." Even though our code does not specifically mention this give-away-practice, one might consider it transgresses the spirit of the law. I must believe if you submitted this coy chicanery to the Ethics Committee that the committee members would fully review your complaint. As the complainant, I could see why you would be miffed. Your colleague is essentially raffling discounted surgery. There's nothing wrong with discounting surgery, but raffling it will violate both the ASAPS and ASPs Codes of Ethics. BTW ASPs is changing their code to make raffling a medical device an ethical offense. How does our code speak in this regard?

ASAPS Code of Ethics

3.05 Participation in Charity Events

A member may donate to a charity raffle, fund-raising event, contest or other promotion a prize which is an in-office consultation, a health care product, any procedure not requiring an incision, such as an injection, or a gift certificate redeemable for all or part of the cost of these prizes. Any such prize must identify any limitations required by state law and must reserve to the member the right to require informed consent and to determine the suitability of the patient.

First off, a breast implant is a medical device, not a health care product. Second, I believe it may be against state law for a non-physician raffle winner to receive a medical device, even if it's legal for the patient to receive the same device during a procedure. Third, we can't ignore common sense and what's really happening here.

For example, the famous philosopher Socrates was known for his sanguine character.

Although he married a hot-tempered wife, he was always able to contain himself. One day, his wife had a tempestuous fit of rage and attacked him with a stern voice and countenance, looking as if she would swallow him alive. Seeing no reaction from Socrates, she picked up the chamber pot and poured it over his head, drenching him with the foul contents. Socrates, looking up as though nothing had happened, said, "Heavy rain follows loud thunder."

Similarly, breast augmentation follows raffled implants. You can't disconnect the two.

Question

Hey Joe,

I just want to sound-off in your column about a local transgression which might serve as an object lesson for your readers. A local plastic surgeon colleague was sentenced to the clink for this. See if you think it was worth it.

She was receiving bribes comprised of cash and tickets to Keith Urban, Carrie Underwood and Kelly Clarkson concerts. What would you do for Urban tix, huh??? She was also taking cash bribes amounting to thousands of dollars a month paid out by administrators at our local lab, which runs diagnostics on patients' blood work. She also received other perks

Have an ethics question for Dr. Joe?
Email ethics@surgery.org.

including dinners and tickets to sporting events. Her referrals to the lab produced many hundreds of thousands of dollars annually for the lab and 8-figure payments from Medicare and private insurers. Keith Urban tickets are not worth going to jail for, eh?

Answer

Thank you for this object lesson, which "speaks for itself." *Res ipsa loquitur*. From your report, I would call this a bribe, which is flat-out illegal. The law does cover your scenario. When the law doesn't cover a situation, then we would look to our Code of Ethics. Ethics are designed to bridge the gap between the law and morality. Morality implies a religious orientation and that doesn't quite work in the business world. These shenanigans break the Federal anti-kickback laws, which makes them illegal too. So, it easily is unethical as well.

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.

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Antimicrobial Prophylaxis for Preventing Surgical Site Infections in Implant-Based Breast Plastic Surgery: What is the Evidence?

Kent Higdon, MD

Controversy Over Antibiotic Prophylaxis in Implant-Based Breast Plastic Surgery

Antimicrobial prophylaxis is a hallmark of surgical care and is defined as a key aspect of the Surgical Care Improvement Project (SCIP) in terms of initiation, duration, and cessation of antibiotics in the perioperative period. SCIP guidelines recommend antibiotic administration within 60 minutes of incision, or 120 minutes if using vancomycin or fluoroquinolones, and the cessation of antibiotics within 24 hours of surgery. There still exists a virtual therapeutic constant tug-of-war as to the best dosing/timing of perioperative antibiotics wherein we must at the same time, try to prevent surgical site infections, serious patient side effects, such as *Clostridium difficile* colitis, rashes, etc., and general antimicrobial resistance. The presence of an implant in cases of prosthetic surgery could increase the risk for infectious complications, and, thus, many surgeons continue antibiotics past the 24 hour SCIP guideline mark to minimize this risk. There is evidence based data for this protocol in the non-plastic surgery literature.¹ This article sets out to define the current evidence with respect to antibiotic prophylaxis in the specific subset of plastic surgery patients undergoing implant-based breast surgery.

Current Literature Supports Preoperative Antibiotics but Limiting to <24 hours in Aesthetic Breast Implant Surgery

Recently, the American Association of Plastic Surgeons assembled a consensus panel of experts in plastic surgery, as well as other invited experts in infectious diseases, clinical epidemiology, evidence-based medicine, and guidelines development. Their meta-analysis showed a significant reduction in risk of surgical-site infection with antibiotic prophylaxis (at least one dose preoperatively) versus control (no antibiotics) for patients having aesthetic breast surgery. There was no difference found in autologous or implant-based surgeries in terms of complications. However, a significant reduction in delayed wound healing with antibiotic prophylaxis was shown).² **A separate systematic review showed no difference in complications for**

aesthetic breast implant surgery with antibiotic administration limited to 24 hours versus extended antibiotics beyond 24 hours.³

Antibiotic Administration Beyond 24 hours Implant-Based Breast Reconstruction has Support from the Literature.

Halvorson noted in his article, "Once is Not Enough," the need for extended antibiotics after implant-based breast **reconstruction** surgery, noting a nearly 4-fold increase in infectious complications after implementation of SCIP guidelines.⁴ Sbitany et al looked at the issue separately and concluded that prolonged antibiotic use did not have a statistically significant effect on reducing surgical-site infections or implant loss but emphasized the need for more prospective randomized controlled trials.⁵ Yet, in another systematic review of implant-based breast surgery, **Huang et al found that extended systemic antibiotic prophylaxis given for more than 24 hours postoperatively can significantly decrease infection risk compared to antibiotic prophylaxis completed within 24 hours for implant-based breast reconstruction but not in aesthetic** implant-based breast surgery. They also reported that topical antibiotic irrigation could reduce capsular contracture risk.³

Future Studies Are Necessary For Higher Level Evidence Regarding Type and Duration of Antibiotics in Implant Breast Surgery

Phillips and Halvorson note that there is conflict regarding the literature on the optimal duration for perioperative antibiotic prophylaxis following implant-based breast reconstruction. They recommend that 24 hours of antibiotic prophylaxis is warranted, that additional studies are needed, and that a risk assessment model that is patient-oriented could be more appropriate in these cases, as opposed to broad and generic recommendations.⁶ This concept of patient-centric antimicrobial treatment design is very appropriate given the unique situation of an implant-based breast patient, where there is a certain relationship of the breast soft tissue coverage over an implant, and the several factors that can

complicate this relationship and the result of a soft breast or breast reconstruction. There is indeed a need for well-designed and executed multi-center, randomized controlled trials specific to implant-based breast surgery to this end.

In conclusion, there is controversy over the duration of antibiotic prophylaxis in implant-based breast plastic surgery. Agreement exists in that preoperative antibiotics should be given for at least one dose preoperatively and possibly continuing for 24 hours, in keeping with SCIP guidelines. For aesthetic breast cases, consensus exists for limiting antibiotics to <24 hours in keeping with SCIP recommendations. However, additional antibiotic prophylaxis beyond 24 hours has support from the literature in breast reconstruction. Given the significant and disastrous outcomes that infectious complications can cause in prosthetic breast reconstruction, antibiotics should be implemented in cases where plastic surgeons feel it appropriate until strong evidence from large, multi-center randomized controlled trials can definitively guide their use in all cases. It is quite possible and even likely that this will not be a one size fits all situation, and a more patient-centric approach to antibiotic administration for prophylaxis could be the method to best care for our patients in the future.

KEY RECOMMENDATIONS:

- In **aesthetic** breast implant cases, the literature supports **preoperative** antibiotic administration within **60 minutes of surgery and limiting post-operative therapy to <24 hours**
- In **reconstructive** breast implant cases, literature supports **post-operative** antibiotic administration beyond **>24 hours**.

Suggested Readings:

- **Incidence and Risk Factors for Major Surgical Site Infections in Aesthetic Surgery: Analysis of 129,007 Patients**
- Christodoulos Kaoutzakis, MD; Varun Gupta, MD, MPH; Julian Winocour, MD; Bruce Shack, MD, FACS; James C.

Continued on Page 90

Antimicrobial Prophylaxis for Preventing Surgical Site Infections in Implant-Based Breast Plastic Surgery: What is the Evidence?

Continued from Page 89

Grotting, MD, FACS; Kent Higdon, MD, FACS

<https://academic.oup.com/asj/article/37/1/89/2622810/Incidence-and-Risk-Factors-for-Major-Surgical-Site>

- **Effectiveness of Prophylactic Antibiotics in Outpatient Plastic Surgery**

Kendall T. Anigian, BS; Travis Miller, BS; Ryan S. Constantine, BA; Jordan Farkas, MD; Roberto Cortez, BS; Rachel Hein, BS; Jerzy R. Lysikowski, PhD; Kathryn E. Davis, PhD; Gary Reed, MD; Jeffrey M. Kenkel, MD
<https://academic.oup.com/asj/article/34/8/1252/263383/Effectiveness-of-Prophylactic-Antibiotics-in>

- **Evaluating the Role of Postoperative Prophylactic Antibiotics in Primary and Secondary Breast Augmentation: A Retrospective Review**

Michael N. Mirzabeigi, MS; Alexander F. Mericli, MD; Timothy Ortlip, MS; Gary A. Tuma, MD; Steven E. Copit, MD; James W. Fox, IV, MD; John H. Moore, Jr., MD, FACS
<https://academic.oup.com/asj/article/32/1/61/210463/Evaluating-the-Role-of-Postoperative-Prophylactic>

- **Prophylactic Antibiotics in Aesthetic Surgery**

Michael A. Lane, MD, MSc; V. Leroy Young, MD; Bernard C. Camins, MD, MSCI

<https://academic.oup.com/asj/article/30/6/859/194892/Prophylactic-Antibiotics-in-Aesthetic-Surgery>

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