



Simon Fredricks, MD: A Visionary Whose Legacy Endures

It is with deep sorrow that we share the news of the passing of Simon Fredricks, MD. A Founding Member and Past President of the American Society for Aesthetic Plastic Surgery, Dr. Fredricks helped conceive the need for an organization devoted to aesthetic plastic surgery, and his efforts led to the establishment of ASAPS. He passed away, peacefully in his sleep on May 23, 2018 and his loss will



no doubt be felt throughout the entire specialty.

As ASAPS Past President Peter Fodor, MD, notes, "Simon left us all with wonderful lasting memories." ASAPS Past President Renato Saltz, MD, calls Dr. Fredricks "a true Visionary and Servant of the Specialty. We will miss him very much."

'Visionary' seems to be the word most associated with Dr. Fredricks. ASAPS Past President Michael C. Edwards, MD, notes that Fredricks was "truly a visionary for our society." Daniel C. Mills, MD, ASAPS Past President, shares, "We all owe him so much. What a visionary! We can all celebrate his life, vision and what he accomplished for our entire specialty. He will live in our hearts forever."

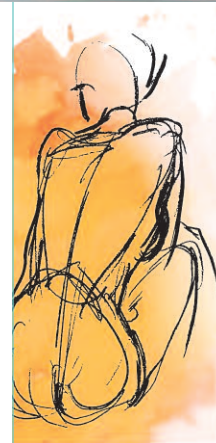
ASAPS President W. Grant Stevens, MD, recalls, "I so remember the first time I met

him and was fortunate enough as a resident to sit with him at The Aesthetic Meeting's black-tie dinner, with George Peck and my fellow resident, Paul Pinn. What an honor to be with him, and what a legacy he has given us all."

Such as Dr. Fredricks' passing felt that numerous leading surgeons in the specialty shared their condolences. As ASAPS Past President Jack A. Friedland, MD, shared,

"I was very sad to hear that Simon passed away. His legacy, our organization, is an unbelievable accomplishment. He will forever be revered by all of us." Dr. Sherrell Aston, ASAPS Past President, said of Dr. Fredricks, "Simon was truly The Godfather of ASAPS." Alan Matarasso, MD, President-Elect of ASAPS, shared, "Simon Fredricks was a friend, a mentor, and a man of razor sharp wisdom and keen insight. His very presence commanded everyone's respect. Throughout his entire career, Simon was widely recognized as a key leader in the world of plastic surgery. He was paramount in the formation and current initiatives of ASAPS/ASERF and in legitimizing aesthetic surgery. Simon lived a rich and fulfilling personal and professional life. While

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Program Inside:
Experienced
Insights—Breast
and Body
Contouring
See Page 49

NEW & ON SALE: Essential Practice Management Tools



*Developed by ASAPS Surgeons, Legal
Counsel and KarenZupko&Associates*

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WE ARE AESTHETICS.



ASAPS Breast and Body
Symposium 2018

October 18 – 20, 2018

Intercontinental Mark Hopkins Hotel
San Francisco, CA



4th Annual Residents'
Symposium

December 6 – 8, 2018

SHIELD Center
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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 6–8, 2018

QMP 2018 Body Contouring and Body Contouring After Massive Weight Loss Meeting

Loews Miami Beach Hotel
Miami Beach, FL

www.qmp.com/meeting/Body-Contouring-And-Body-Contouring-After-Massive-Weight-Loss-Meeting/81/details

September 14–16, 2018

14th Annual QMP Aesthetic Surgery Symposium

Hyatt Centric Chicago Magnificent Mile Hotel
Chicago, IL

www.qmp.com/meeting/Aesthetic-Surgery-Symposium/2/details

September 17–19, 2018

12th Annual QMP Reconstructive Surgery Symposium

Gene Siskel Film Center of the School of the Art Institute of Chicago
Chicago, IL

www.qmp.com/meeting/Reconstructive-Surgery-Symposium/1/details

October 11–14, 2018

The 6th St. Petersburg Live Surgery and Injections Course

Advanced Aesthetic Face, Breast and Body Contouring 2018

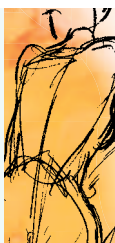
Corinthia Hotel (Nevsky Palace)
St. Petersburg, Russia
www.aasurgery.ru

October 18–20, 2018

ASAPS Breast and Body Symposium 2018

InterContinental Mark Hopkins Hotel
San Francisco, CA
asaps@asaps.org

www.surgery.org/breastandbody2018



October 29–31, 2018

IMRhiS 2018

Loews Miami Beach Hotel
Miami Beach, FL
www.IMRHIS2018.com

October 31–November 4, 2018

24th Congress of ISAPS

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

November 2–4, 2018

2018 NCSPS Annual Meeting

North Carolina & South Carolina Societies of Plastic Surgeons Annual Meeting
The Sanctuary
Kiawah Island, SC

www.ncsps.com/2018-annual-meeting

November 29–December 1, 2018

The Aston Baker Cutting Edge Aesthetic Surgery Symposium

New York Hilton
New York, NY

www.nypsf.org



December 7–9, 2018

4th Annual Residents' Symposium: Launching Your Practice—The ASAPS Gift of Expert Advice

SHIELD Center
New York City, NY
asaps@asaps.org

562.799.2356
www.surgery.org/residents2018

December 13–16, 2018

2018 Florida Plastic Surgery Forum (62nd Annual Meeting)

The Breakers
Palm Beach, FL
www.fpsps.org/meetings

January 18–20, 2019

Atlanta Breast Surgery Symposium

InterContinental Buckhead
Atlanta, GA
www.sesprs.org

January 19–20, 2019

The Learning Curve Summit

Four Seasons Hotel
Palo Alto, CA
drr@drosenfield.com
www.learningcurvesummit.com

January 31 – February 2, 2019

ASAPS Las Vegas Facial and Rhinoplasty Symposium

The Cosmopolitan of Las Vegas
Las Vegas, NV
asaps@asaps.org
562.799.2356

www.surgery.org/face2019



February 7–9, 2019

53rd Annual Baker Gordon Symposium on Cosmetic Surgery

Hyatt Regency Downtown Miami
Miami, FL

www.bakergordonsymposium.com



May 16–21, 2019

The Aesthetic Meeting 2019

New Orleans Convention Center
New Orleans, LA

www.surgery.org/meeting2019



June 23–July 4, 2019

The Aesthetic Cruise 2019

Italy, Malta, Greece, Montenegro, Croatia and Slovenia

www.surgery.org/cruise2019

October 25–26, 2019

3rd Norwegian-American Aesthetic Surgery Meeting (NAAM3)

Oslo, Norway
osloaestheticmeeting@gmail.com

<https://osloaestheticmeeting.hostmotel.no>

April 23–28, 2020

The Aesthetic Meeting 2020

Mandalay Bay Hotel & Resort
Las Vegas, NV

April 29–May 3, 2021

The Aesthetic Meeting 2021

Boston Convention and Exhibition Center
Boston, MA



Charting a Path Towards Growth

By W. Grant Stevens, MD

It is my distinct pleasure to have been elected as President of The Aesthetic Society for 2018-2019, and I look forward to ensuring that our Society moves forward, evolving and growing stronger, to best serve our members and the specialty. I would also like to thank Clyde Ishii, MD, for his stellar leadership over the past year and for the support I've already received from fellow members and colleagues.

Membership: Standards Remain High, Process Streamlined

During Dr. Ishii's tenure as President, I was grateful to have been named the Chair of the Membership Task Force, which was formed to ensure that our application process is as streamlined and efficient as possible. The entire team took this mission very seriously, and I'm pleased to share that we now have a revised path to membership that will attract dedicated aesthetic plastic surgeons, while maintaining The Society's high standards for membership.

Over the next year, you'll see concerted effort being put forth into expanding the reach of ASAPS, including to international surgeons and residents, which will help ensure our Society's vitality. You'll find more information about these changes on page 15 of this issue of *Aesthetic Society News* (ASN).

New: ASAPS Branding Task Force

If you're an aesthetic plastic surgeon in private practice, I don't have to tell you about the importance of branding. Telling our individual narratives as plastic surgeons is an incredibly powerful marketing tool, and if your brand is not fully in alignment, your marketing dollars won't be well spent.

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The Aesthetic Society is no different from a private practice in terms of needing a consistent and coherent brand which speaks effectively with and connects to consumers. Last year, Dr. Ishii got the wheels turning by creating an ASAPS Branding Task Force, chaired by the marketing-savvy Jennifer Walden, MD, and it is my goal to help move our Society forward over this next year to ensure we are doing everything possible to connect with the public and steer consumers to our members' practices.

"Why do we need a new brand," you may ask, "when we already have the Smart Beauty consumer brand and website?" Well, that website and brand was launched over five years ago. During that time, there have been tremendous leaps forward in terms of website design and social media interaction. It is not the goal of this Task Force to necessarily jettison the Smart Beauty Guide website/brand, but to assess Smart Beauty, as well as the entire ASAPS brand, to see if we are effectively communicating with the public. What works will stay, what is dated will be refreshed, and what isn't working well will go away.

Currently, in addition to the Smart Beauty Guide consumer website, we also have surgery.org and asaps.org, geared towards members. This Task Force will examine all Society assets, including our outreach to the public, and evaluate it all against current best practices. Are we doing everything right? Is there a better way to do it?

I'm looking forward to seeing this Task Force tackle these tremendously important charges and take the Society to the next level in public discourse. We need to engage consumers and advocate on behalf of our membership. We are the leaders in aesthetic plastic surgery and cosmetic medicine, and need to ensure that the public knows who is best qualified and in whom they can confidently place their trust. I believe we can be more effective in communicating our attributes and eagerly await the Task Force's recommendations.

We need to engage consumers and advocate on behalf of our membership. We are the leaders in aesthetic plastic surgery and cosmetic medicine, and need to ensure that the public knows who is best qualified and in whom they can confidently place their trust.

Aesthetic Neural Network (ANN)

I hope you've already "met" ANN, but if you haven't yet learned all about ASAPS' latest product exclusively for Members, I highly encourage you to do so. ANN has the power to scan your patient records or practice management system without touching sensitive patient identifiers or requiring data input from your staff, providing you with easy-to-understand dashboards allowing you to see how you benchmark against others. Such knowledge arms you with the information you need to better hone your practice marketing and patient services. ASAPS is currently offering this product FREE to the first 250 qualified members who apply. For more information, please contact Melissa Schmidt at melissa@surgery.org.

In Conclusion

Again, my thanks to the membership and my colleagues for your support as I assume this new and exciting role as ASAPS President. We have much to accomplish this year, and I look forward to digging in and rolling up my sleeves. I hope you'll join me and send me any input as to the Society's direction you may have. It's going to be an exciting year!

W. Grant Stevens, MD, is an aesthetic plastic surgeon practicing in Marina Del Rey, CA, and serves as President of The Aesthetic Society.

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Simon Fredricks, MD: A Visionary Whose Legacy Endures

Continued from Cover



1972. Drs. John Lewis, Jr., Salvador Castanares, John Alexander, and Simon Fredricks

his legacy will endure through the memory of his vast accomplishments, we will miss his wise council and loyal friendship.”

In lieu of flowers, a tribute donation honoring his memory can be made to Houston Hospice, to the Aesthetic Surgery Education and Research Foundation, or a charity of your choice. For those with close ties to Dr. Fredricks and his wife, Rhoda Fredricks, cards are welcome as well. Please send to Rhoda Fredricks, 2929 Westheimer Rd, Apt 608, Houston, TX, 77098.

His Legacy to The Aesthetic Society

While it might seem hard to believe now, up until 1967, no national organization existed to promote “aesthetic” or “cosmetic” plastic surgery. It was felt by some “that the enormous worth of cosmetic surgery to the public was not being sufficiently recognized. Furthermore, it was believed by these men that aesthetic plastic surgery was being allowed to slip away, by default and downgrading, to men in other specialties—persons not embarrassed in the least to label themselves ‘cosmetic plastic surgeons’.”*

While attending the IV International Congress of Plastic and Reconstructive Surgery in Rome, Italy, Drs. John Lewis and Simon Fredricks discussed the idea of forming a society specific to cosmetic surgery. After the meeting, they were in Venice at Harry’s Bar where on a napkin, they wrote the names of

colleagues who they felt would be “outstanding and enthusiastic Founding Members.”

Upon return to the USA, the organization was chartered in the State of Georgia as “The Society of Aesthetic Surgeons.” Upon recommendation of those who were originally selected as potential Founding Members, the list grew to 28 Founding Members.

As Gilbert Gradinger, MD, ASAPS Founding Member and Past President, recalls, “In 1967, while in Venice and Florence, Italy, Simon

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Dr. Simon Fredricks, 1974

My Memories of Simon Fredricks, MD

By Franklin DiSpaltro MD

Simon Fredricks, MD, was a friend, colleague, mentor, and our inspiration, as the Founder of what became The Aesthetic Society. A Northern Yankee by birth, but a Southern Gentleman by spirit, he received his Bachelor of Arts Degree from New York University, graduated from Chicago Medical College, and initiated his general surgery training at Nassau General Hospital in Long Island New York. There, he was greatly influenced by a book written by A. Barsky, “Principles and Practice of Plastic Surgery,” in which he realized this concept of blending surgery with artistry. He completed his Plastic Surgery Residency at Baylor College of Medicine and initiated his practice in Houston, Texas.

He married his true love, Rhoda, in 1961, and they were married for 57 years, with two children, Marta and Brent.

After a number of years in practice he and his friend John R. Lewis, MD, recognized that there was no avenue for those in practice of aesthetic surgery to further their education, as articles and submitted papers on the topic were not accepted for publication in the journal of the day. In 1967, while at Harry’s Bar in Venice, Italy, they discussed the idea of a “traveling club “ of interested plastic surgeons, in which there was great interest, and that concept grew to become our society, the American Society for Aesthetic Plastic Surgery. While the first meeting was attended by less than 100 Surgeons, the Society grew continuously until our largest meeting was held in New York in 2007 and exceeded 2805 in attendance and representing 50 countries.

Simon Fredricks was an inspiration to all of us. He encouraged and at times demanded that we be greater than our dreams. He demanded that aesthetic surgery be recognized for its many contributions and was always at the cutting edge of new technologies. It was exciting and fun to be around him as he formulated visions of how we could provide improved audiovisual media in our educational endeavors. It was a dynamic experience to hear him describe his past experiences and to be aware of his enthusiasm to learn by exploring the future. For all of us who were privileged to know him and to witness his exploring a new topic and with a powerful voice describe his analysis and his recommendation for action, it was an enlightening process!

To his dear Rhoda, thank you so much for allowing us to share with you in his life.

Franklin DiSpaltro, MD, is a Past President of The Aesthetic Society.

A Remembrance of Simon Fredricks

By Robert Singer, MD

Simon Fredricks was a true renaissance man; he knew fine wines, great horses, bespoke tailoring, and every aspect of his chosen profession, plastic surgery—specifically aesthetic plastic surgery. He was proficient at every endeavor and was even named breeder of the year by the American Saddle Bred Horse Association.

Simon was always a disrupter and a visionary who was never content with the status quo. He was focused on what could be better and continually sought improvement. He was not only a superb plastic surgeon, but also a dedicated educator. His extensive professional accomplishments and awards including being a founding member and past president of the American Society for Aesthetic Plastic Surgery as well as being a founding member and past president of the Aesthetic Education and Research Foundation (ASERF), among others. Patient safety was a primary concern to him and he was an early board member and officer of the AAAASF.

He was passionate about everything from politics to cuisine, travel, sports and his beloved Texas. Simon was a knowledgeable, articulate, superb debater who did not suffer fools easily and a number of individuals who made inane statements on panels or at the multiple Board meetings we attended together certainly remember being “Simonized”. On the other hand, while he had strong opinions, if one presented him with a logical, salient counter argument, he was open minded enough to change his opinion.

Simon is an iconic legend in plastic surgery. He was the Godfather of The Aesthetic Society. Excellence was in his blood and he never did anything personally or professionally that did not reflect his standards. That was how he practiced his profession, how he engaged in philanthropy, how he loved his family and friends and how he will be remembered.

The thousands of patients whose lives he improved, both through cosmetic surgical procedures and reconstructive surgery, and all of us who practice this noble profession, owe a debt of gratitude and a great deal to Simon Fredricks.

I am happy to have known him as an esteemed, compassionate, professional colleague, and as a friend, but more importantly, as a man who dearly loved and was committed to his family, his children, grandchildren and his elegant, sophisticated and caring wife, Rhoda. Simon was one of the few where the reality lived up to the legend. He was the most excellent of men and Judith and I will miss him.

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Dr. Simon Fredricks with his wife, Rhoda, 1977

Fredricks first spoke to me of his concept of creating an aesthetic plastic surgeons travel club. This conversation led to the Society's first organizational meeting in New Orleans in 1968, during the ASPS (then ASPRS) annual meeting, when we were known as The Society of Aesthetic Surgeons.”

On October 27, 1968, the First Organizational Meeting was held in the Toulouse-Dauphine Room at the Royal Orleans Hotel, New Orleans, LA, with the expressed purpose of the Society was stated “...to promote the study and exchange of ideas in the field of cosmetic surgery.” At this meeting, the first officers were elected, with Dr. Fredricks serving as Secretary.

In February, 1969, the First Meeting of the Society of Aesthetic Surgeons was held in Miami, Florida, after the 2nd Baker Gordon Symposium, with approximately 100 in attendance and 18 clinical papers presented. This Meeting would later become known as The Aesthetic Meeting. During this Meeting, the name of the Society was changed to “The American Society for Aesthetic Plastic Surgery, Inc., (ASAPS)”

with the reason for the name change being

that “...many felt strongly that we should not give up our named identity as being primarily plastic surgeons.”

Dr. Fredricks served as President of ASAPS from 1973–1974. During the 1973 Meeting, it was agreed that Dr. Fredricks, as President, write a letter to the ABPS expressing the Society's deep concern for the fact that other boards were seeking permission to certify in plastic surgery. In addition, the letter indicated the Society's strong feeling that a

change in the method of selection of members of ABPS was urgently required.

As ASAPS Past President Dr. Malcolm Paul recollects, “Dr. Fredrick Grazer encouraged me to join ASAPS, and told me that one day I might be president of ASAPS. Shortly after joining, I began committee work and soon learned that anyone who sought to be president of ASAPS had to have the support of Dr. Simon Fredricks. When I met Dr. Fredricks I was nervous and my anxiety continued for the next 15 years, until I

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Dr. Simon Fredricks on the Exhibit Floor, 1979

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became President of ASAPS in 2001. I observed Dr. Fredricks speak calmly on an issue and then, suddenly, become vitriolic when he heard something that was at a tangent to his beliefs. To his credit, his baby, ASAPS, would require his guidance through its formative years and he would not allow anyone to take over this ship who would not know how to stay the course. He was right in pushing his agenda past some unfriendly foes, but he always loved ASAPS and enjoyed watching it grow into an organization that even he could not have imagined. As I look back at my years working my way up to the presidency and all that I have gone through since, some issues easier than others, I recall vividly that Dr. Fredricks always listened to me and gave his very best advice and guidance. He was never too busy to answer my calls, listen carefully, and use his brilliance to help me. I will forever be indebted to him. He once told me that he had the good fortune to meet and to marry Rhoda with whom he was married for 52 years. I hope that his memory will be a blessing to her and to her family.”

ASAPS recognized the visionary efforts of Dr. Fredricks in 1982 by dedicating an award in his honor. The Simon Fredricks Award is now presented annually to the individual who is judged the Best Panelist at The Aesthetic Meeting.

In 1987, then-President Norman Cole, MD, appointed an ad hoc committee to develop a definition of aesthetic surgery and cosmetic surgery, and included Dr. Fredricks as one of the committee members, along with Thomas J. Baker, MD, Gustavo A. Colon, MD, and Robert Singer, MD. As Past President Dr. Cole shares, “Simon Fredricks was a unique individual whose impact on the specialty is undeniable. Over the years, he consistently rejected the political expedients that might have assured acceptance in favor of challenging the status quo and the ‘establishment’—he rocked the boat. You either loved Simon or you felt differently—there was very little ‘in-between’. His influence on those who knew him was profound. To have known him was a privilege.”

Dr. Fredricks was awarded with ASAPS Distinguished Service Award in 1988. This



Past Presidents, Drs. Michael Gurdin, John Lewis, Simon Fredricks, and Thomas Baker, 1986

award is presented to members of the Society whose dedication, service, and/or contributions to the development, well-being, and success of the Society have been demonstrated over many years and have exemplified action above and beyond the expected or ordinary.

Alan H. Gold, MD, ASAPS Past President, relates that “We all know of the incredible and formative contributions Simon made to aesthetic plastic surgery, and he will forever be remembered and honored for that. But his legacy was truly far greater. He was one of the most colorful, complex and talented characters I’ve ever known. Beyond his imposing presence, masterful command of language and often acerbic wit, he was a passionate, warm and genuinely caring man, committed to and supportive of his friends. I truly appreciated our friendship. Simon’s life enriched us all, and we are sadly diminished by his passing.”

In 1992, Dr. Fredricks was given a Special Award at The Aesthetic Meeting for his efforts in the field of aesthetic plastic surgery. As ASAPS Past President Foad Nahai, MD, recalls, “Simon was a towering, dare I say ‘intimidating’ figure with a booming voice and a presence. When Steven Mathes and I, as very young surgeons, were notified that Simon would be commenting on a Breast Reduction paper we were presenting at

ASPRS, we anticipated it with trepidation. His comments were fair, he was complimentary and friendly. Our fears had been unfounded. That encounter was the start of a lifelong friendship where I relied not only on his counsel but more so his friendship and support.”

In the summer of 1992, plastic surgery was gradually rising in popularity. While the medical community easily embraced the reconstructive side, the aesthetic plastic surgery elements were largely dismissed. Thus, the research and education opportunities that time favored reconstructive plastic surgery, leaving little for aesthetic research. ASAPS was interested in pursuing aesthetic research initiatives, but had limited resources. Additionally, it couldn’t accept charitable donations from members because it was incorporated under the Internal Revenue Service code as a trade association, 501 (c)(6). During the Aesthetic Society’s Strategic Planning Meeting in July, 1992, in Rosemont, Illinois, chaired by Robert Singer, MD, the idea for what would become the Aesthetic Surgery Education and Research Foundation (ASERF) was born. The organization would fully form the following year, and the establishment of such enabled ASAPS members to make tax deductible contributions to facilitate aesthetic surgery

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Drs. Eugene Courtiss, Norman Cole, Stanley Klatsky, and Simon Fredricks, 1987

research, with 100% of these donations going solely to research. On April 20, 1993, while celebrating Patriot's Day in Boston, MA, during The Aesthetic Meeting, ASAPS members Drs. Simon Fredricks, Robert Singer and then-Society Executive Director, Robert G. Stanton, had lunch at the Westin-Copley Place. Their conversation evolved to include other founding members, such as Drs. Francis Wolfort, Jeffrey Lang, Gustavo Colon, Lawrence Robbins, and John Penn. Dr. Simon Fredricks was named the first president of ASERF. In the first year of the Foundation, 436 members joined, contributing \$52,983. Mentor and McGhan became the first two corporate members of ASERF contributing \$2,000 each.

The first program developed by ASERF was a panel moderated by ASERF President Dr. Fredricks at The Aesthetic Meeting, specifically for staff members of aesthetic surgery facilities. This panel discussed office management issues and identified solutions to address them, and was created in honor of Mrs. Joyce Kaye, who helped pioneer the practice management classes and lectures available to plastic surgeons. Dr. Mark Jewell, ASAPS Past President, and his wife Mary were instrumental in leading these practice management sessions. As Dr. Jewell recalls, "First, as a young leader in ASAPS, I was

concerned that I might get 'Simonized', Dr. Fredricks way of disagreeing with something that is being said during the ASAPS Board of Directors. That never happened to me, yet seeing it happen to others, gave me the insight to be able to believe in what I would report to the ASAPS president and Board and be ready to support what I was saying with data." He continues, "My fondest memory of Dr. Fredricks was when I was an ASAPS Travelling Professor at Baylor. I was giving a Grand Rounds lecture to Dr. Shenaq and the residents when Dr. Fredricks walked into the room. He nodded affectionately at me, smiled, and when the lecture was over, gave me a 'thumbs up' gesture. I have to admit that I was nervous during the lecture. At the end of the lecture, I made mention to the residents all that ASAPS has for them and with great pride, called out Dr. Fredricks as one of the founding members of ASAPS."

At The Aesthetic Meeting 2002, Dr. Fredricks was honored with the Award of Special Merit, which commemorates the paramount contributions to the success and well being of the Society which, in the judgment of the Society, was above and beyond the expected and ordinary.

ASAPS Past President Dr. Robert Bernard noted, "One of my many memories of serving

on the ASAPS Board involves the Society's founder, Dr. Simon Fredricks, whose intelligence, political acumen and acerbic wit made him a formidable foe with whom to disagree. At Board meetings, I was often astounded at how Dr. Fredricks and Dr. Norman Cole would argue passionately, and on occasion angrily, on opposite sides of an issue, then leave to enjoy lunch together. This phenomenon was fun to observe and provided an important lesson about how true leaders learn to 'get along.'" He continues, "Dr. Fredricks believed passionately and frequently unconditionally. He could be, when necessary, persuasive, sarcastic, bombastic, caustic, disruptive and sometimes even cajoling. A number of years ago, I found myself sitting next to him during a board meeting. A heated discussion was in progress about a subject dear to Dr. Fredricks. I could see him growing increasingly frustrated with the direction in which the discussion was headed and his hands began to clench and unclench. I leaned close to him and whispered, 'Dr. Fredricks, I bet you ten dollars that you can't keep your own counsel during this discussion, at least for the next five minutes.' His brows shot up in surprise, he looked at me and gave a curt nod. I placed my timepiece in front of us and we both anxiously watched the second hand make its rounds. To his credit, Dr. Fredricks lasted four minutes and forty seconds, at which point he exploded into the conversation with unabated gusto. Come to think of it, I never collected my ten dollars."

Dr. Joseph Gryskiewicz, Past President of ASERF shared, "Dr. Simon Fredricks hosted me as a guest in his home for a month when I was chief resident. For the first two weeks, we lived it up, going to many restaurants for dinner after work. Soon, his vivacious wife Rhoda, returned from a trip, and we were back to home cooked meals (aka Spartan Diet.) Driving to and from work each day, Dr. Fredricks and I had so many meaningful conversations. We talked about plastic surgery, ASAPS, speaking from the podium, and prejudice—as he saw it—in medicine, government, and politics. This time and mentoring relationship with such a pioneer in our field was, quite simply, one of the best

Continued on Page 11

Simon Fredricks, MD: A Visionary Whose Legacy Endures

Continued from Page 10



Drs. Simon Fredricks and Norman Cole, 1988

experiences of my life. (Not to mention, he taught me, first hand, how to do liposuction—and I brought it back home to teach to my professors!)”

The Aesthetic Society was incredibly honored to salute Dr. Fredricks one final time at The Aesthetic Meeting 2017. It was particularly fitting, as at this Meeting our Society celebrated its founding and 50th Anniversary. At the Meeting, Dr. Fredricks and Dr. Thomas Baker received the ASERF Career Achievement Award, which honors an esteemed plastic surgeon recognizing their significant contributions and distinguished career; dedication and commitment to aesthetic surgery training and patient safety.

Prior to the Meeting, much work was put into a 50th Anniversary Commemorative Magazine. As ASAPS Past President Daniel Morello, MD, recalls, “I had several conversations with Simon last year about the history of ASAPS, as we were doing a paper on the ASAPS logo for the annual program. At the end of one of our conversations, he said, ‘thank you, my boy.’ At my age, I hadn’t been called that recently, but it was meant as a sincere compliment. Indeed, we are all ‘his boys.’”

Dr. Jeffrey Kenkel, Past President of ASAPS, shared, “I was fortunate to have many leaders from ASAPS reach out to me as a resident and young practicing plastic surgeon as I became involved in educational events. Dr. Fredricks always welcomed and invited my thoughts on a number of different topics. He was inclusive and enjoyed dialoguing about our professional and personal lives. He genuinely cared about my family and me, which I always appreciated. His mentorship and leadership were valuable in my own growth within the Society.”

Gregory Rauscher, MD, recalls, “Simon was a great guy, humble, and always helpful. He helped me when I started the New Jersey plastic program and wanted no credit.”

Clyde Ishii, MD, ASAPS Immediate Past President notes, “When I joined The Aesthetic Society many years ago, Simon Fredricks was a highly-esteemed leader and, in my mind, an aesthetic surgical giant. I was most impressed by his willingness to share and help younger members of the Society which he helped found. He was very approachable and never made anyone feel like they were encroaching on his valuable time. Over the years I would call Simon, from time to time, to get his thoughts on various pivotal issues that we

faced. He would listen, patiently, and then offer advice in a very fatherly fashion. I always left those calls with a better understanding and a sense of calm going forward. We have lost a dear friend in Simon. We are so fortunate for the honor of belonging to the Society that Simon, and his colleagues, founded over fifty years ago.”

While Dr. Fredricks has passed, The Aesthetic Society continues to thrive and grow, and our members are grateful for the solid foundation of education which Dr. Fredricks helped conceive and establish. As ASAPS Board of Directors member Tracy Pfeifer, MD, shares “I will always remember Dr. Fredericks. What a contribution to our Society and specialty.” Our deepest gratitude goes out to him and our condolences to his family and friends for their loss.

**Historical information was gathered from various documents, and Dr. Fredricks full obituary can be found at <https://bit.ly/2suN8H9>. We apologize for any errors or omissions. The Aesthetic Society thanks PRS for the usage of key historical moments, as noted by our Founding Member John F. Crosby, Jr., MD, in “The History of The American Society for Aesthetic Plastic Surgery,” published by PRS in 1975.*



ASAPS Past Presidents, Drs. Robert Bernard, Robert Singer, Simon Fredricks, and Peter Fodor, 2004

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Your Practice
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Smoothly
with These
Essential
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Comprehensive and fully-customizable, simply download these Microsoft Word documents and personalize to your specific practice needs. These tools will help keep your practice running smoothly, allowing you to focus on what you do best.

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NEW & ON SALE: Essential Practice Management Tools

Continued from Cover

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Topics include:

- Personnel
- Risk Management
- New Hire Issues
- Infection Control
- Office Policies

- Governance
- Collection Issues
- Medical Records
- Job Descriptions

Hurry—Special Offer: 20% Savings

To celebrate this new product, The Aesthetic Society is currently offering a **discount of 20%**, only through July 31, 2018.

Normal pricing on this product is \$299 for ASAPS Members, ASAPS Candidates for

Membership, and ASAPS Residents Program, making it **only \$239.20 while on sale**, and \$599 for Non-member Physicians, making it **\$479.20 while on sale**. To take advantage of this special 20% savings through July 31, 2018, please order via phone at 800.364.2147 or 562.799.2356.

If you would like samples of the product, please email Member Marketing Manager Kergan Edwards at kergan@surgery.org.

Hiring

POLICY: **##PracticeName##** believes that hiring qualified individuals contributes to the overall success of the practice. All applicants will be considered on the basis of their qualifications and ability to perform the job successfully.

PROCEDURE:

1. Review the position description and update as needed.
2. Notify staff internally of the open position (word of mouth referrals are a great resource for hiring new team members).
3. Post the job ad on external job boards (i.e. Indeed, Monster, CareerBuilder, etc.).
4. Review resumes, screening for candidates who meet the requirements. Look up qualified candidates on social media sites, reviewing for any inappropriate language, photos, or posts.
5. Invite top candidates for a phone/video interview. Ask about salary requirements during the initial screening.
6. Ask top candidates to complete the application form and the authorization for background and credit check. Ensure the application form has the attestation statement and that the candidate signs it.
7. Invite the top 3-5 candidates who pass the initial phone/video interview to the practice for an in-person interview with the surgeon, the manager, and other designated team members.
8. Arrange for skills testing (ex. tattooing/semi).
9. Extend a job offer to the top candidate. All job offers are contingent upon completion of a successful background check.
10. Check references for all final candidates. **##** [Name of agency] will be used to conduct a criminal background and credit check. Signed authorization is required for the background and credit check. The form is provided by the agency performing the background checks.
11. On an employee's start date, have the employee complete required onboarding paperwork. Refer to your state employment laws regarding required notices that must be provided to newly hired employees.

Human Resources and Office Policies

calculator, and other office equipment is also required. Employee must have normal range of hearing and eyesight to record, print, and use a computer.

Typical Working Conditions
Normal office environment. Occasional lifting of boxes and equipment.

Other

- Analyzes and updates the fee schedule annually to ensure maximum reimbursement
- Runs and prepares internal receivables, CPT frequency
- Facilitates accounts payable
- Communicates with accounts receivable
- Meets with surgeon monthly

Other

- Maintains facility and all of its equipment
- Keeps all surgeon files up to date
- Coordinates arrangements for the practice; releases PHI (attends regular HIPAA train and other personnel, and Privacy Officer)
- Maintains the coding compliance and suspected coding compliance
- Attends ASAPS, AACE, ASAP
- Meets with the surgeon monthly to review meaningful data
- Performs all other tasks as assigned

Disclaimer: This list is not exhaustive.

Access to PHI (Protected Health Information)
This position has extensive access to medical records, lab results, and to communicate effectively with staff based reimbursement data (such as financial information).

Supervisory Responsibilities
This job has supervisory responsibilities. Position requires prolonged sitting, coordination and manual dexterity.

Typical Physical Demands
Position requires prolonged sitting, coordination and manual dexterity.

Accounts Receivable and Finance

- Generates and analyzes accounts receivable and rejection patterns with the accounts receivable department
- Speaks with patients who have accounts receivable issues
- Understands financing options

Office Operations

- Ensures the office runs smoothly
- Improvements, minimizes waste
- Monitors the scheduling of "cancellation list" and calls earlier time
- Monitors the sending of incident— and tracks activity if needed
- Collates and summarizes reports
- Keeps patient flow running
- Reviews daily reports from daily close
- Supervises the initial sort of handling
- Maintains and suggests improvements into the computer system
- Acts as the in-house "informant" regularly to solve problems
- Requests customized reports
- Manages relationship with vendors

Office Manager

(In solo practices may function as part-time Patient Coordinator. This will be for early stage aesthetic surgeons. These are two distinct jobs. Asking someone to be both Patient Coordinator and Office Manager will stunt the growth of your aesthetic practice.)

POSITION: Office Manager

RESPONSIBLE TO: Surgeon(s)

JOB SUMMARY: Supervises office operations and clinic staff. Performs limited financial management. Communicates with surgeons to ensure maintenance of efficient practice site operations.

EDUCATIONAL REQUIREMENTS:

- High school diploma or equivalent
- College degree preferred

QUALIFICATIONS AND EXPERIENCE:

- Three to five years of work experience, with increased responsibility, in a surgical practice, service, hospitality, or other high end service industry
- A "can-do" attitude, shows initiative and willingness to adopt to change
- Experience filing insurance claims and understanding reimbursement requirements preferred
- Strong communication skills with staff, ancillary personnel, and surgeons
- Ability to schedule and run small staff meetings
- Ability to recommend and implement new protocols
- Ability to effectively train other employees
- Comfortable using email and interacting with internet applications
- Knowledge of practice management and word processing software
- Good analytical and problem-solving skills
- Ability to prioritize work flow in a fast-paced environment
- Neat, professional appearance
- Able to handle staff questions, problems, concerns
- Able to handle stressful situations

Responsibilities include, but are not limited to:

- Personnel
 - Oversees all staffing needs—screens applicants, suggests hiring of office staff, and discusses final decisions with the surgeon

Job Descriptions for the Aesthetic Practice.

Governance

Administrative Structure

Ownership: ###
Governing Body: ###
Medical Director: ###
Practice Manager: ###
Nursing Director: ###

Organizational Structure

Because of the tremendous time commitment required of the Medical Director, the practice manager is to conduct, administer, and monitor the day-to-day operations of this practice. All problems, questions, or matters, which affect the office, are to be discussed and/or brought to the attention of the practice manager. The practice manager serves as a liaison and will be the key person in any and all matters.

Complete and Essential Employee Handbook

What You Can Expect From Us

##PracticeName## strives to...

1. Operate an economically successful business, so that consistent, steady work is available.
2. Promote employees on the basis of ability and merit.
3. Review wages, employee benefits, and working conditions periodically—with the objective of providing compensation and benefits consistent with market norms.

What We Expect From You

##PracticeName## expects you to:

1. Know your duties and perform them consistently, accurately, and pleasantly.
2. Cooperate with the manager, physicians, and your fellow employees, and maintain a good team attitude.
3. Interact with fellow employees, patients, and visitors in a professional manner.
4. Perform every task to the best of your ability.
5. Grasp opportunities for personal development.

Your Initial Employment

Introductory Period
Your first 90 days of employment are considered an Introductory Period, during which time we will evaluate you and you will evaluate us to determine whether your continued employment is appropriate. If you take approved time off in excess of five workdays during the Introductory Period, the Introductory Period may be extended by that length of time. Benefit accruals begin after 30 days of employment. During the Introductory Period, you are not eligible to take paid time off unless permitted by state or federal law.

New employees are expected to read and study the Policy & Procedures Manual, during which time we will hold responsible for knowing the content relating to their responsibilities by the end of their third week of employment. New employees are also expected to read the OSHA and HIPAA manuals within the first month of their employment. Each employee (classified as a II or III category [see OSHA classification]) will complete a checklist which sets forth the possible exposures to injury, illness and infection control.

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Keeping Up with the Specialty: ASAPS Updates Membership Requirements

By W. Grant Stevens, MD

I'm just as pleased as you are that the aesthetic surgery specialty is flourishing, in large part because of such dedicated ASAPS Active Members such as yourselves. We continually push forward, encouraging innovation and improved patient care, safety and satisfaction. However, despite such an ever-changing specialty, oftentimes our societies are slower to make such changes or offer innovations. Happily, The Aesthetic Society is at the forefront of the specialty and is making improvements to our application process, which everyone agrees has been onerous.

To encourage younger, qualified surgeons to apply, we are streamlining our application process, removing some of the hurdles that proved daunting to many. Why does The Aesthetic Society need to encourage growth? Quite simply, by encouraging new and younger members, ASAPS can maintain our Society's prestige, relevance, and encourage successful growth and revenue streams that will benefit the specialty as a whole.

Many of our membership requirements harken back to the exclusionary days when the aesthetic procedures in our specialty did not have the respect that they do today. In order to remain vibrant, some of the Society's more stringent requirements had to change.

What is Changing?

Case Requirements. Case requirements clearly demonstrate one's devotion to aesthetics and, as such, are not being eliminated. However, instead of cataloging a

set number of cases, applicants will be asked to list the number of cases performed in each category, which the Application Review Committee will review at their discretion. The requirements to complete a plastic surgery residency program and become certified by the ABPS are more comprehensive than ever before. The RRC now requires a total of 150 major aesthetic cases be performed during residency, a significant increase compared to past requirements. This makes our requirement redundant.

Aesthetic CME Requirement. As all prospective members are required to attend an ASAPS meeting prior to applying, at which meetings they receive CME, the CME requirement itself will be eliminated.

Optional Personal Statement. While the steps above have been streamlined, we are adding one additional new optional step: the inclusion of a Personal Statement. Our primary goal is ensuring that in addition to aesthetic surgical skills, ASAPS acquires new members excited about and dedicated to the specialty. We want enthusiastic surgeons who will take up the cause of patient safety and improved patient care and satisfaction, as new ASAPS Members can help fortify and grow our specialty long into the future.

Revised ASAPS Member Requirements

As always, The Aesthetic Society only seeks the best-of-the-best for its membership. Any applicant for Active and International Active Membership will be required to submit the following:

- **US and Canadian applicants:** Must be Board-certified by the American Board of Plastic Surgery (ABPS) or the Royal College of Physicians and Surgeons of Canada (RCPSC)
- **International applicants:** Must be a member of their country's national plastic surgery society (must be a society acceptable to the ASAPS Board of Directors) or a member of the International Society of Aesthetic Plastic Surgery (ISAPS)—
- Must have attended The Aesthetic Meeting or an ASAPS Symposium exclusively

Continued on Page 17

The Value of Membership

There are so many reasons to become an ASAPS Active Member. Here are just a few benefits of membership:

Superior Aesthetic Education

Subscriptions. Receive complimentary print and online subscriptions to *Aesthetic Surgery Journal (ASJ)*, the #1 journal in all of aesthetic surgery and *Aesthetic Society News (ASN)*.*

RADAR Resource. Access to a complete medical library and private professional network, featuring all issues of ASJ, educational videos, discussion forums, and more.

Meeting Discounts. Take advantage of significant savings on registration for The Aesthetic Meeting and ASAPS' Symposia.

Webinars. Enjoy complimentary webinars on timely topics to benefit you and your practice.

Essential Tools & Services

My CME Record. Track and manage your CME online at asaps.org

Legal Counsel. Receive complimentary one-on-one legal advice from ASAPS legal counsel.

Expand Your Reach. ASAPS offers essential advice on Search Engine Optimization (SEO), public relations, and social media, including assistance with blogging and media interviews. Plus, use ASAPS' annual procedural statistics to promote your practice locally.

Aesthetic Neural Network (ANN). ANN offers real-time data, allowing you to benchmark your practice, with no data entry by your staff.

Surgeons as Consumers (SAC). ASAPS' own version of Yelp!, SAC is a members-only review system of 510K devices, such as light and laser, allowing you to read and write reviews before you make a big product investment. Visit asaps.org.

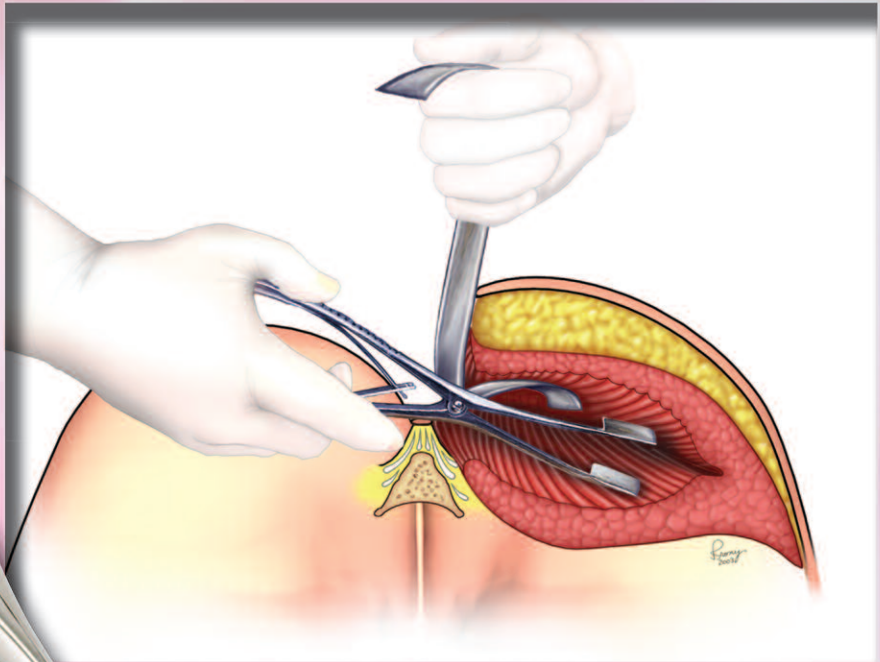
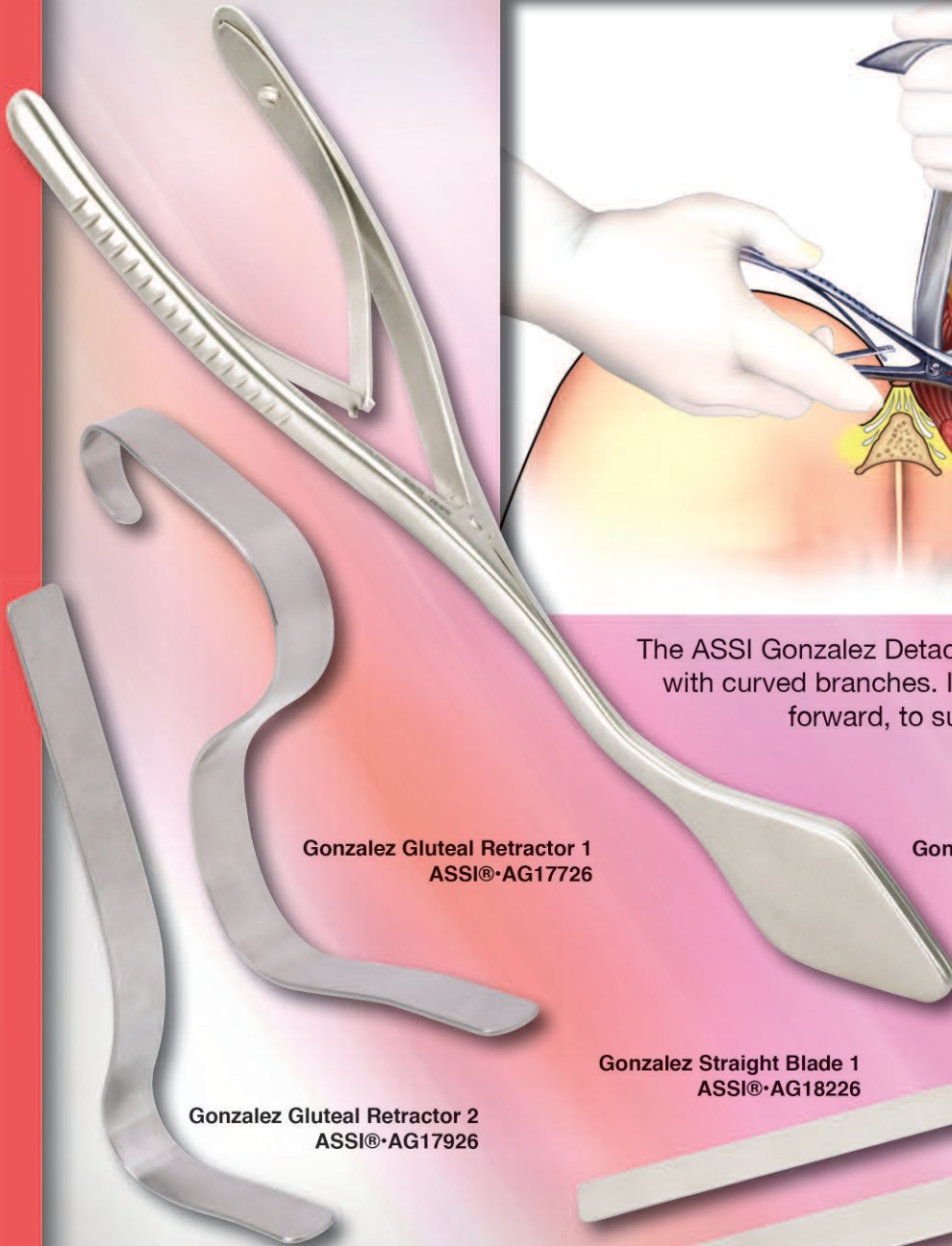
Continued on Page 17

Candidate/International Candidate Requirement Change

Through a Bylaws change, ASAPS recently removed the meeting attendance requirement to join the Candidate or International Candidate Program. This means that all residents who complete their training and obtain ABPS admissibility (or the equivalent Internationally) now qualify to apply for the Candidate Program, regardless if they have attended an ASAPS meeting or not.

For more information on the Candidate Program, please go to www.surgery.org/professionals/candidate-program

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Gonzalez Gluteal Retractor 2
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Gonzalez Straight Blade 1
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Gonzalez Straight Blade 2
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Keeping Up with the Specialty: ASAPS Updates Membership Requirements

Continued from Page 15

organized and managed by the Society within the last 4 years

- Complete a questionnaire telling us about their plastic surgery training and history
- Complete a summary of surgical cases from the last 12 months
- Provide Two (2) sponsors that are ASAPS Active or Life Members. One must be within their geographical area, while the other can be located anywhere within the U.S. or Canada
- Provide information on all malpractice cases, if any
- Provide verification of accreditation of any surgical facilities that are used
- Provide a listing of their websites and any social media platforms, including print marketing
- Agree to abide by the Society's Bylaws,

Conflict of Interest Policy, and Code of Ethics

- Optional—Submit a personal statement, telling us about themselves and why they want to be an Active Member of ASAPS

Together, united by knowledge, superior education, and a dedication to patient safety, The Aesthetic Society members will continue to form a solid foundation for the specialty. We appreciate your ongoing support as we ensure the Society remains vital and relevant. For those interested in becoming ASAPS Active Members, there are two applications deadlines annually, January 5 and July 1 (*extended to August 15*). I encourage you to apply today!

W. Grant Stevens, MD, is an aesthetic plastic surgeon practicing in Marina Del Rey, CA, and serves as President for The Aesthetic Society.

The Value of Membership

Continued from Page 15

Promotion to Prospective Patients

ASAPS Logo and Certificate. Distinguish yourself from your competition by using the ASAPS member logo on your website and marketing materials, and receive a membership certificate to display in your office.

Smart Beauty Guide. Patient referral opportunities are available through a complimentary "select a surgeon" listing, by answering patient questions via "ask a surgeon," and through linking to Smart Beauty Guide (SBG) using our SBG logo on your personal website. Further increase your visibility by purchasing an Enhanced Practice Profile (EPP), allowing patients to more easily find you.

Products. Receive discounts on essential products for your practice, as well as Smart Beauty Guide marketing materials, exclusively for ASAPS members.

Social Media. Receive complimentary twice-monthly digital content for use on your social media accounts and website.

Maximize Your Presence in the Specialty

Networking Opportunities. Enjoy the opportunity serve on committees, and influence change within the aesthetic specialty. ASAPS Active members are also eligible to vote and hold office. Make an impact today!

Interested in learning more about ASAPS Active Membership? Please visit <http://bit.ly/2pfqxNj>

For ASAPS Candidate for Membership, please visit <http://bit.ly/2tQppV1>

For ASAPS Residents Program, please visit <http://bit.ly/2FWqEqB>

**International Members receive online-only subscriptions*



Allergan + LifeCell
Plastic and Regenerative Medicine

Free ASAPS Candidate for Membership Enrollment, Supported by Allergan Plastic & Regenerative Medicine

By Clyde Ishii, MD and Chad Tattini, MD

Hurry and Apply, as Space is Limited!

If you've been thinking about joining our ASAPS Candidate for Membership Program but the enrollment fees have been holding you back, we have some good news! We are proud to announce that The Aesthetic Society is offering complimentary enrollment in the Candidate for Membership Program for 2018, supported by Allergan Plastic & Regenerative Medicine. This program is available to recent graduates practicing in the United States, and will be given on a first come, first served basis.*

If you are interested in joining, don't wait! Complete the Candidate for Membership Application today as space is limited! www.surgery.org/professionals/candidate-program

We hope you'll take advantage of this generous program.

*You are considered a recent graduate if you have completed your plastic surgery training within the last 3 years. Applications must be complete in order to be considered, including the sponsorship form and any accompanying documentation such as your ABPS admissibility letter. The Aesthetic Society cannot guarantee that every applicant will receive complimentary enrollment.

Clyde Ishii, MD, is an aesthetic plastic surgeon practicing in Honolulu, HI, and serves as Past President of The Aesthetic Society. Chad Tattini, MD, is an aesthetic plastic surgeon practicing in Bloomington, IL, and serves as Chair of the Young Aesthetic Plastic Surgeons Committee.

Are You Our Next Member?



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The Aesthetic Meeting 2018 Recap

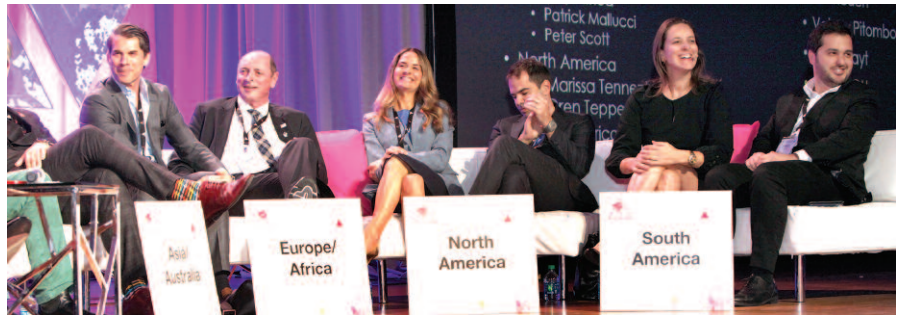
By William P. Adams, Jr., MD

It's another Aesthetic Meeting for the record books as we close out The Aesthetic Meeting 2018 in New York, NY. As always, I give my most sincere 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 Staff Sessions and Tech Tuesday returned home with an array of ideas which will help their practices evolve and grow.

There were 1,821 surgeons attending this year's Aesthetic Meeting, 523 of whom were international. **Our recent Aesthetic Meeting received an outstanding response, with 97.8% of attendee evaluations noting that participants would recommend the Meeting to others.** In addition to surgeons, we had a total attendance of 2,465 when including nurses, office staff, spouses and guests. This was a tremendous turnout, and we hope The Aesthetic Meeting 2018 was beneficial to you and your practice team.

Essential Education at The Aesthetic Meeting 2018

- **Scientific Sessions.** Each day the Scientific Sessions were filled with content and topics for every kind and level of aesthetic surgery practice. Our new Rapid Fire Sessions added a bolt of energy into the proceedings, and all reports indicate that our attendees valued the opportunity to both learn and exchange thoughts and opinions.



The Aesthetic Meeting 2018's Scientific Sessions proved to be lively and informative, invigorating attendees with new insights.

- **Staff Sessions** featured our Legal Counsel, Bob Aicher facilitating "Compliance, Policies & Protocols" one day and Karen Zupko and Amy Boyer lead the "Better Staff; Better Practice" session the next. Both offered doctors and staff the opportunities to learn, interact and take home pearls to use in their practices. Tech Tuesday was all about Cybersecurity and other practice technology topics—this timely session was facilitated by Dr. James Grotting.

New Products and Excitement in The Aesthetic Marketplace.

The Aesthetic Meeting 2018 attracted 247 vendors who exhibited in our Aesthetic Marketplace, including 39 first time exhibiting companies. At the annual exhibitor breakfast, participants were very positive about their experience at the Meeting. The Aesthetic Marketplace is already 85% sold out for 2019

in New Orleans. Highlights in The Aesthetic Marketplace included:

- **ASERF Silent Auction.** The auction raised \$334,984 for aesthetic surgery research. Attendees and online participants were able to bid on some useful, fun and educational items! (See page 35 for a full list of winning bids.)
- **ASJ.** Top contributors and ASJ's Editorial Board gathered for a special champagne toast, sponsored by Galatea, with hundreds of colleagues in attendance.
- **Aesthetic Neural Network (ANN).** This popular ASAPS member benchmarking tool is now being offered free to the first 250 ASAPS members. Learn more about this exciting tool on page 69.
- **We Are Aesthetics Photo Booth.** Members and guests alike enjoyed the free photos (both print and electronic) that they received from the We Are Aesthetics Photo Booth. If you missed the chance to get yours, make sure to find the ASAPS Booth at both the upcoming ASAPS and ISAPS Meetings!

Media Relations

The Aesthetic Meeting generated significant media coverage on topics including the expertise of incoming President Dr. Grant Stevens, the 2017 Annual Statistics, and spotlights on additional ASAPS members. The Society was featured across print, online, and broadcast media, securing vast readership, generating consumer awareness, and bolstering the Aesthetic Society's position as a leader in patient safety and education. Top media coverage included *Newsweek*, *The New*



Cadaver labs again proved popular with Aesthetic Meeting attendees, offering them a chance to practice their techniques with leading surgeons in the specialty.

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The Aesthetic Meeting 2018 Recap

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York Times, MarketWatch, Inside Edition, Women's Health, CBS, WIRED, Allure, Men's Fitness, Refinery29, WWD, Forbes, and more.

This year's Aesthetic Meeting provided fresh news angles that the ASAPS communications team will leverage for future media opportunities, including forthcoming media placements secured with *Bloomberg, Fast Company, and Allure.*

The Presidential Welcome Celebration

If you missed the special surprise performance by Broadway cast members of the hit show, "Hamilton," you really missed out! Members and guests gathered at the Presidential Welcome Celebration to toast Clyde Ishii, MD, and his wife, Saskia, as his term as ASAPS president came to a close. Wonderful food and drink were plentiful, and attendees got to discover "What Kind of a New Yorker Are You?" by sampling tastings and enjoying entertainment from around the Big Apple.

The Aesthetic Meeting 2019: Join Us in New Orleans

The Aesthetic Meeting hits the Big Easy next year, May 16–21, 2019, at the New Orleans Convention Center, and between the impactful education you'll receive and the draw of this historic and fun-filled city, The Aesthetic Meeting 2019 is sure to be



Aesthetic Meeting attendees enjoyed a special surprise performance by members of the Broadway cast of the in-demand musical, "Hamilton," at the Presidential Welcome Celebration.

rewarding and valuable. Registration opens in December 2018, with more information available soon at surgery.org/meeting2019. 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 Aesthetic Society's Treasurer and Education Commissioner.

Do you have an idea for 2018—something you do or use that enhances your practice, or a dynamic education topic? Apply through the abstract submission system—open in August 2018. Watch www.surgery.org/abstracts for your golden opportunity!



Dr. Robert Singer receives an award of Special Merit from ASAPS President Clyde Ishii, MD.



The Presidential Welcome Celebration offered attendees the chance to discover "What Kind of a New Yorker Are You?", by experiencing a variety of dining and entertainment options.

The Aesthetic Meeting 2018 Recap

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ASAPS 2017–2018 Board of Directors. Bottom, from left, Drs. Daniel C. Mills, II (Past President), Herluf Lund, Charles Thorne, President Clyde Ishii, President-Elect W. Grant Stevens, William P. Adams, Jr., ASERF President Barry DiBernardo. Top row, from left, Drs. Simeon Wall, Jr., Tracy Pfeifer, Kiya Movassaghi, Joseph Hunstad, Jennifer Walden, Adam Rubinstein, Nolan Karp, Melinda Haws, Michael Bogdan, Jamil Ahmad.

Social Media Explosion!

There was quite a bit of buzz from our attendees and exhibitors at The Aesthetic Meeting 2018! We would like to thank everyone for sharing their favorite moments during the meeting using the hashtag #ASAPS18—there were over 900 uses of the hashtag on Instagram alone!

Let's be friends!



@aestheticsociety



@theaestheticsocietyasaps



@asaps



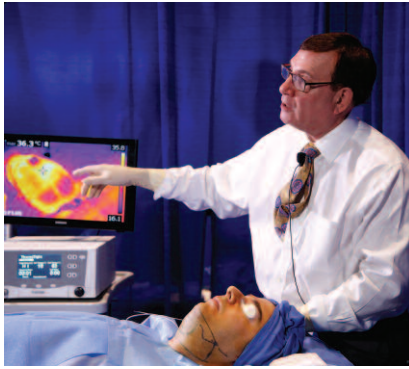
Bob Aicher, Esq., and Dr. Michael Kulick pose with the Statue of Liberty during ASJ's packed champagne toast, sponsored by Galatea.



ASERF 2017–2018 Board of Directors. Bottom, from left, Drs. Louis Strock, President-Elect Julio Garcia, President Barry DiBernardo, Luis Rios, Rob Whitfield. Top row, from left, Drs. Christopher Pannucci, Mark Clemens, ASAPS President-Elect W. Grant Stevens, ASAPS President Clyde Ishii, ASAPS Vice President Charles Thorne, Michael Bogdan, and Spencer Brown.

The Aesthetic Meeting 2018 Recap

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Cosmetic Medicine courses continue to be popular among Aesthetic Meeting attendees, as here Dr. Barry DiBernardo gives a live demonstration.



Dr. Foad Nahai presents during The Aesthetic Meeting's Scientific Session.



ASAPS Past President Leo McCafferty, MD, with ASAPS Vice President Herluf Lund, MD.



Drs. Herluf Lund and Jamil Ahmad thank all vendors during the Exhibitor Breakfast, at which participants share their feedback, which will enhance future Aesthetic Meetings.



The ASAPS booth in The Aesthetic Marketplace was the place to be, offering information on the streamlined ASAPS membership application process and free We Are Aesthetics photos.



Participants battle it out in the 2018 Global Plastic Bowl Challenge.

Highlights from the ASAPS & ASERF Business Meeting April 2018

The outgoing Presidents of the American Society for Aesthetic Plastic Surgery (ASAPS), Clyde Ishii, MD, and the Aesthetic Surgery Education and Research Foundation (ASERF), Barry DiBernardo, MD, each noted how much they enjoyed their respective tenures leading the two organizations, as the work of each directly impacts the aesthetic surgery specialty, its patients, and our members' practices. They offered thanks to all who donated to ASERF or are members of ASAPS, as what YOU do makes a difference that is felt by the entire specialty.

ASERF Celebrates 25 Years of Scientific Advances

Dr. DiBernardo shared that this Meeting marked the 25th Anniversary of the founding of ASERF. ASERF strives to be the leading global organization sponsoring pioneering aesthetic plastic surgery research and surgeon education, with its Mission being to identify and pursue those issues relevant to advancing the safety and effectiveness of aesthetic medicine through independent, unbiased, directed research and groundbreaking education. To celebrate the 25th Anniversary, two types of ASERF lapel pins and Benefactor ribbons were created for distribution to 2018 donors based on their donation amounts.

New vendor, SENTÉ® made a \$100 donation for every attendee who visited and

had their badge scanned at their booth, in celebration of ASERF's 25th Anniversary. This resulted in \$5,600 in additional funding for ASERF. Thank you, SENTÉ®!

This has been a very productive year for ASERF. To date in 2018, ASERF funded 7 research projects for a total of \$337,477. These research projects include various studies on BIA-ALCL, new innovations for projected flap design, PlastyPoints (an educational resource and collaboration network), and danger zones in Gluteal Fat Transfer. ASERF is actively seeking new research projects to fund and the application can be found online at: www.aserf.org/research/blog.

During this year's ASERF Silent Auction, more than \$660,000 in donations were provided by our dedicated vendors and colleagues. All winning bids from the Silent Auction help fund ASERF research grants. After the Business Meeting, all were thrilled to learn that the Auction raised \$334,984. All funds raised go directly to aesthetic plastic surgery research—something everyone can appreciate!

Dr. DiBernardo encouraged surgeons to apply for the Mollenkopf Aesthetic Breast Reconstruction Fund and the BIA-ALCL Patient Assistance Fund. These funds are available across the United States, to be utilized for uninsured or underinsured breast

IN MEMORIAM

In the year following the 2017 ASAPS/ASERF Business Meeting, the following members passed away. Our thoughts go out to their families, friends and colleagues.

Deason Dunagan, MD
June 2017

Robert A. Fischl, MD
June 2017

Jack Gunter, MD
July 2017

Jose Guerrerosantos, MD
*Former President of ISAPS
November 2017*

Rodrigo Santamarina, MD
October 23, 2017

Paul J. Scioscia, MD
December 3, 2017

Alejandro M. Sanchez, MD
February 2018

cancer patients and patients diagnosed with ALCL. Plastic surgeons can apply for these funds on their patients' behalf. Learn more at www.aserf.org/Mollenkopf and www.aserf.org/BIA-ALCL.

All gathered were touched by Dr. Steven Teitelbaum's gracious tribute to beloved colleague, Dr. Scott Spear, who was posthumously awarded the ASERF Career Achievement Award, with his family in attendance.

At the conclusion of the ASERF portion of the meeting, Dr. DiBernardo expressed his gratitude for his time in office and welcomed the new ASERF Board. Dr. Julio Garcia took over the gavel as the incoming President, with Dr. Robert Whitfield as President-Elect, Dr. Luis Rios, Jr. as Vice President, Dr. Louis Strock as Secretary, and Dr. Mark Clemens as Treasurer. He also welcomed Directors and Lay Directors: Dr. Michael Bogdan, Spencer Brown, PhD, Dr. Daniel Del Vecchio, Dr. Christopher Pannucci, Dr. Lee Q. Pu, David B. Sarwer, PhD and Dr. Bruce Van Natta as well as Trustee, Dr. Scott Barttelbort.



ASAPS Past Presidents, Drs. Jack Friedland, Renato Saltz, Robert Singer, Daniel C. Mills, II, and Jack Fisher enjoy the ASAPS/ASERF Business Meeting

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Highlights from the ASAPS & ASERF Business Meeting April 2018

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Outgoing ASAPS President Clyde Ishii, MD, receives recognition of his tenure by incoming ASAPS President W. Grant Stevens, MD

ASAPS Business Meeting: Much to Cheer!

Dr. Clyde Ishii took over the microphone, thanking everyone for their support during his year as President of The Aesthetic Society. He explained that a new open call for nominations process was approved by the Boards, which will make the nominations process for selected open positions on both the ASAPS and ASERF Boards of Directors, as well as other “voted” positions, more inclusive and transparent. The positions open for the Call for Nominations process include:

- ASAPS Members-At Large
- Application Review Committee
- Judicial Council (prior experience on an ethics committee required)
- Ethics Committee
- ASERF Director and Lay Directors

The Aesthetic Neural Network (ANN)

Dr. Ishii shared that last year, ASAPS introduced a new practice management tool, the Aesthetic Neural Network (ANN), which is beginning to revolutionize the way ASAPS members run their practices. ANN is a software solution that gives meaning to member’s own practice information. It recognizes areas for improvement in your practice and benchmarks your practice with other ASAPS members to help participants improve their bottom line. ANN currently is optimized for specific EMR and practice management systems such as Nextech, PatientNow and Intellipract. It is currently

being offered free to the first 250 ASAPS eligible members who sign up for ANN. For more information on ANN, please contact Melissa Schmidt at melissa@surgery.org.

ASAPS Exceptional Educational Offerings

Dr. Ishii thanked Drs. Bill Adams, Jamil Ahmad and the Program Committee for their outstanding scientific program. He also thanked Drs. Lorne Rosenfield, Mindy Haws and the Teaching Course Subcommittee for putting together informative teaching courses.

Last year ASAPS formed a new relationship with the Chinese and participated in a conference in Shanghai, China, at which fifteen ASAPS faculty participated. More information about this exciting partnership can be found in the spring issue of *Aesthetic Society News*.

Dr. Ishii also reported that last year ASAPS was invited to speak at the Korean Society for Aesthetic Plastic Surgery (KSAPS) in Seoul, which is currently the world’s epicenter of plastic surgery. Dr. Tai Suk Roh, KSAPS President, flew to New York with a Korean delegation of eight surgeons. During the meeting, we signed a Memorandum of Understanding with KSAPS. This new relationship is mutually beneficial, allowing ASAPS a pathway to recruit new members, as well as provide ASAPS members special pricing for scientific events organized by KSAPS. Additionally, this alliance will help improve recognition of *Aesthetic Surgery Journal* into the Korean surgeon’s community.

Further, Dr. Ishii reported on the following upcoming Aesthetic Society sponsored meetings:

- Experienced Insights 2018, the ASAPS Breast and Body Symposium, will again be held in San Francisco, CA, October 18–20. www.surgery.org/breastandbody2018 will have all of the details, coming soon!
- The popular ASAPS Residents’ Symposium, “The Business of Launching Your Practice—The ASAPS Gift of Expert Advice,” will be December 7–9, 2018 in New York, NY. Complimentary to qualified applicants, more information will be available soon at www.surgery.org/residents2018.
- ASAPS Las Vegas 2019 Facial and Rhinoplasty Symposium will be January 31–February 2,



Dr. Sherrell Aston, Past President of The Aesthetic Society.

2019, at the Cosmopolitan of Las Vegas. Look for more information soon at www.surgery.org/face2019.

- The Aesthetic Meeting 2019 will be May 16–21 in New Orleans. We can’t wait to see you there! www.surgery.org/meeting2019
- There are still spots open for The Aesthetic Cruise 2019 to the Mediterranean June 23–July 4, 2019. This exciting journey combines education with adventure, and travels to Italy, Malta, Greece, Montenegro, Croatia and Slovenia. More details are available at www.surgery.org/cruise2019.

Aesthetic Surgery Journal (ASJ)

The *Aesthetic Surgery Journal* continues to hit new milestones. Dr. Ishii announced that the publication has now gone monthly, with 12 issues in 2018. ASJ is ranked the #1 Journal in Aesthetic Surgery, and in 2019 we will launch a new ASJ Open Access Journal.

New Membership Requirements

Dr. Ishii shared that, under his tenure, ASAPS had formed a Membership Task Force, chaired by President-Elect W. Grant Stevens, MD. This Task Force worked diligently throughout the year, streamlining the application process in order to better open the door to the next generation of aesthetic surgeons. The changes reflected revisions in specialty training while maintaining the Society’s exceptional membership standards.

New Ventures

Under Dr. Ishii’s tenure, a new task force was launched, the Branding Task Force. This Task Force will focus on marketing and communications activities to keep the Society healthy and strong, and is chaired by Jennifer Walden, MD.

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Highlights from the ASAPS & ASERF Business Meeting

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Dr. Clyde Ishii presented ASAPS Past President, Dr. James C. Grotting, with the Distinguished Service Award.



New ASAPS President, Dr. W. Grant Stevens, with outgoing President of ASERF, Barry DiBernardo, MD.



Dr. Clyde Ishii presents Dr. J. William Little with an award for his contributions to the specialty through education.



Drs. Tim Papadopoulos, W. Grant Stevens and Richard Warren.

Media

ASAPS has been featured in top tier media such as *The Wall Street Journal*, *Allure* magazine, *The Huffington Post*, *Business Insider*, *Newsweek* and on the CBS News. We have also experienced an increase in followers of Facebook Live and Instagram Takeovers, from 75–400 new followers per activity, and ASAPS continues to forge a strong social media presence.

Advocacy

Dr. Ishii announced that funding is available at the State level from \$5,000–\$20,000 grants. More information on ASAPS' advocacy efforts can be found in Dr. Paul LoVerme's report on page 55 in this issue of *Aesthetic Society News*.

Awards Presented

As always, a highlight of the Business Meeting is the presentation of awards. It was announced that a new award was created called the *Scott Spear Award* for the Best Breast Presentation, which will be given beginning next year.

Traveling Professors—recognition for completion of their 2 year terms of service Drs. William P. Adams, Jr., Jamil Ahmad and Lorne K. Rosenfield.

The Klingbeil Award for Teaching Excellence

Drs. Grady B. Core, Joseph P. Hunstad, Constantino Mendieta, and Kiya Movassaghi.

The Distinguished Service Award

Dr. James M. Grotting

Special Merit Award

Dr. Robert Singer

Lastly, two Special Awards were given to Drs. Bruce F. Connell and J. William Little for their contributions to the specialty through education. Our congratulations to all award recipients!

In Closing

Dr. Ishii thanked the ASAPS membership for their support during his time in office and noted how much he valued his experience as President. He then turned the gavel over to Dr. W. Grant Stevens, The Aesthetic Society's new President for 2018–2019, ushering a new year of leadership.



Drs. W. Grant Stevens, KSAPS President Tai Suk Roh, MD, and ASAPS President Clyde Ishii celebrate the signing of a Memorandum of Understanding between ASAPS and the Korean Society for Aesthetic Plastic Surgery (KSAPS).

ASAPS and Korean Society Sign Memorandum of Understanding

During The Aesthetic Meeting 2018, the American Society for Aesthetic Plastic Surgery (ASAPS) and the Korean Society for Aesthetic Plastic Surgery (KSAPS) signed a Memorandum of Understanding (MOU) to further collaboration between the two societies.

As then ASAPS President Clyde Ishii noted, for ASAPS, "This allows us to better reach out to the Korean aesthetic surgeon community, not only creating awareness of ASAPS and our exceptional educational offerings, but also of our terrific International Member benefits, which these surgeons might want to enjoy. Additionally, they will be offering ASAPS members special fees for scientific events organized by the Korean Society. Lastly, this MOU helps us improve recognition of *Aesthetic Surgery Journal* into the Korean surgeon's community."

KSAPS members will be offered easier access to ASAPS International Active Membership (for those KSAPS members who meet our membership requirements), with special fees for KSAPS members who want to attend scientific events organized by ASAPS. Korean plastic surgery residents who are enrolled in a valid plastic surgery residency training program will receive complimentary Aesthetic Meeting registration. ASAPS may endorse selected official KSAPS educational programs and help publicize them, allowing for cross-promotion of both societies.

As ASAPS then President-Elect W. Grant Stevens, MD, shared, "This collaboration really is beneficial for both societies. It creates information exchanges between the two societies, allowing us better understandings on such shared concerns as aesthetic training, public education, and research opportunities. We plan to meet regularly on matters of common interest and I look forward to ensuring that these collaborative efforts flourish."



Thank You to Our Aesthetic Marketplace Vendors!

The Aesthetic Meeting 2018 attracted 247 vendors who exhibited in our Aesthetic Marketplace, including 39 first time exhibiting companies. At the annual exhibitor breakfast, participants were very positive about their experience at the Meeting.

A to Z Surgical & Tiemann Surgical
www.georgetiemann.com

AccuVein
www.accuvein.com

AD Surgical
www.ad-surgical.com

Aesthetic Brand Marketing, Inc.
www.aestheticbrandmarketing.com

Aesthetics Biomedical
www.aestheticsbiomedical.com

Alastin Skincare
www.alastin.com

 Allergan
www.allergan.com

Alma Lasers
www.almalasers.com

ALPHAION Corporation
alphaion.com/credit

Alpine Pharmaceuticals
www.alpinepharm.com

AMA Network, Inc. (DBA Meditime)
www.meditimeusa.com

American CyroStem Corporation
www.americancryostem.com


American Silicone Corporation
www.americansilicone.com

American Society of Plastic Surgeons
www.plasticsurgery.org

American Society of Plastic Surgery
Professionals—ASPSP
www.PlasticSurgeryProfessionals.org

Anthony Products / Gio Pelle
www.anthonyproms.com

Apollo Endosurgery
www.apolloendo.com

 Applied Medico-Legal Solutions,
RRG, Inc.
www.amsrrg.com

Aquavit Pharmaceuticals Inc.
www.aquagoldfinetouch.com

Ascentium Capital LLC
www.AscentiumCapital.com

ASPS—Plastic Surgeon Match
www.plasticsurgery.org

ASSI-Accurate Surgical
www accuratesurgical.com

AtaskPI
www.ataskpi.com

Augustine Temperature Management
www.hotdogwarming.com

Bella Sciences—KERACELL MD &
THEYA Healthcare
www.bellasciences.com

Bellaire Industry
www.bellaireindustry.com

Bellus Medical
www.skinpen.com

Bio Med Sciences, Inc.
www.oleeva.com

Biodermis
www.biodermis.com

Birdeye
www.birdeye.com

Black & Black Surgical, Inc.
www.blackandblacksurgical.com

Blaine Labs, Inc.
www.blainelabs.com

BOMED Co., LTD
www.bomedurgical.com

Bovie Medical Corporation
www.boviemedical.com

BQ Ergonomics LLC
www.bqergonomics.com

BRAVE Coalition Foundation
www.bravecoalition.org

Brilliant Contours
www.brilliantcontours.com

brumaba USA, Inc.
www.brumaba.com

BTL Industries, Inc
www.btaesthetics.us

Canadian Society for Aesthetic Plastic
Surgery
www.csaps.ca

Candace Crowe Design
www.candacecrowe.com

Candela
www.syneron-candela.com

 Canfield Scientific, Inc.
www.canfieldsci.com

 CareCredit
www.carecredit.com

CAREstream America, Inc.
www.carestreamamerica.com

Carnegie Surgical LLC
www.carnegiesurgical.com

Cartessa Aesthetics
www.cartessaaesthetics.com

Catscape Productions
www.catscape.com

Ceatus Media Group
www.ceatus.com

Cellmedix
www.cellmedix.com

ClearPoint Medical Inc.
www.clearpointmedical.com

Cohera Medical, Inc.
www.coheramedical.com

Colorescience
www.colorescience.com

Contemporary Design Inc.
www.contemporarydesigninc.com

CosmedicList
www.cosmediclist.com

 CosmetAssure
www.cosmetassure.com

CosmetiSuite (a Division of Meditab
Software, Inc.)
www.cosmetisuite.com

CosmoFrance Inc.—Dermasculpt
www.cosmoFrance.net

CreativeTake Medical Media and
Consulting
www.creativetakemedical.com

Crisalix SA
www.crisalix.com/dr

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CryoProbe
www.ho-equipments.com

Crystal Clear Digital Marketing
www.crystalclearmd.com

Cutera
www.cutera.com



Cynosure, a Hologic Company
www.cynosure.com

Cypris Medical
www.cyprismed.com

DefenAge
www.defenage.com

Design Veronique
www.designveronique.com

Designs for Vision, Inc.
www.designsforvision.com

Digital Limelight Media
www.dlmconversion.com

Doctor.com
www.doctor.com

DoctorLogic
www.doctorlogic.com

Dp Derm LLC
www.dpderm.com

Dr.Kim Co.
www.dr-kim.net

DRE Medical
www.dremed.com

eClinicalWorks
www.eclinicalworks.com

Eclipse Aesthetics
www.eclipseaesthetics.com

Eclipse Loupes and Products
www.eclipseloupesandproducts.com

Einstein Medical
www.einsteininmedical.com

Elite Brand Products
www.elitebrandind.com

Ellis Instruments
www.ellisinstruments.com

Elsevier Inc.
www.elsevier.com

EltaMD Skincare
www.eltamd.com

Enova Illumination
www.enovailumination.com

Environ Skin Care/Dermaconcepts
www.dermaconcepts.com

Envy Medical
www.envymedical.com

Epionce
www.epionce.com

eRelevance Corporation
www.erelevancecorp.com

Etna Interactive
www.etnainteractive.com

EuroThreads, LLC
www.eurothreadlift.com

Factor Medical/Selphyl
www.selphyl.com

Fallene, Ltd.
www.tizofusion.com/

Firm Media
www.firm-media.com

Forever Young
www.celestolite.com

Freedom Practice Coaching
www.freedompracticecoaching.com

FriendMedia
www.friendmedia.com

Fuji Cyber-Relax
www.drfuji.com



Galatea Surgical
www.galateasurgical.com



Galderma Laboratories, L.P.
www.galderma.com

GreenSky Patient Solutions, LLC
www.greenskypatientsolutions.com

GrowthMed, Inc.
www.growthmed.com

Hanson Medical
www.hansonmedical.com

Hayden Medical Instruments
www.haydenmedicalinc.com

Healeon Medical, Inc.
www.healeonmedical.com

HintMD
www.hintmd.com

HK Surgical
www.HKSurgical.com

Ideal Implant Incorporated
www.idealimplant.com

Illusio, Inc.
www.illusioimaging.com

Implantech Associates, Inc.
www.implantech.com

Incredible Marketing
www.incrediblemarketing.com

Influx Marketing
www.influxmarketing.com

InMode Aesthetic Solutions
www.inmodemd.com

Integra Life Sciences
www.integralife.com

International Society of Aesthetic
Plastic Surgery
www.isaps.org

Internet Inspirations
www.internetinspirations.com

Interni USA Inc.
www.interniusa.com

Invotec International, Inc.
www.invotec.net

Isavela Enterprises, Inc.
www.isavela.com

Jac-Cell Medic
www.jacell.com

Jan Marini Skin Research, Inc.
www.janmarini.com

JustBreastImplants.com
www.justbreastimplants.com



KCI, An Acelity Company
www.acelity.com

Lemod
www.lemod.co

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Leonisa
www.leonisa.com

LightStim
www.lightstim.com

Lineare SPA
www.kristals.com

Liposales
www.liposales.com

Longitudinal Facial Project
www.vallambros.com

Lumenis
www.aesthetic.lumenis.com

Lutronic Inc.
www.lutronic.com

Marena Group, LLC
www.marenagroup.com

Marina Medical Instruments
www.marinamedical.com

MD Resource
www.mdresource.com

MDware Software
www.mdware.com

Medesthetics & Surgical Aesthetics
Magazine
www.medestheticsmag.com

Medical Technology Industries, Inc. (MTI)
www.mti.net

Medical Z
www.medicalz.com

 Mentor Worldwide, LLC
www.mentorwwllc.com

 Merz Aesthetics
www.merzusa.com

Micrins
www.micrins.com

MicroAire Surgical Instruments
www.microaire.com

Microsurgery Instruments, Inc.
www.microsurgeryusa.com

Midmark Corporation
www.midmark.com

Millennium Medical Technologies, Inc.
www.mmt-us.com

miraDry, Inc., a Sientra Company
www.miradry.com

MirrorMe3D
www.mirrorme3d.com

Modern Aesthetics
www.modernaesthetics.com

Moeller Medical GmbH
www.moeller-medical.com

MTF Biologics
www.mtf.org

MyMedLeads
www.mymedleads.com

Nadia International, Inc.
www.ronadro.com

Neodyne Biosciences, Inc.
www.embracestherapy.com



NeoGraft, a Division of Venus
Concept
www.venusconcept.com

Neostrata Company, Inc.
www.neostratpro.com

New York State Association of Nurse
Anesthetists
www.nysana.com



NewBeauty Magazine
www.newbeauty.com

NewMedical Technology, Inc.
www.newmedical.com

Nextech
www.nextech.com

NKP Medical Marketing, Inc.
www.nkpmedical.com

Nova Innovations
www.novainnovations.net

NUTRAFOL
www.nutrafol.com

NY Laser Outlet
www.nylaseroutlet.com

Obalon Therapeutics, Inc.
www.obalon.com

OBP Medical
www.obpmedical.com

Opatra Ltd
www.opatra.com

OptiCall Inc.
www.opticall.com

Oxford University Press
www.global.oup.com

Page 1 Solutions, LLC
www.page1solutions.com

PatientPop
www.patientpop.com

Patients Direct
www.patientsdirect.com

PCA SKIN
www.pcaskin.com

Perigee Medical
www.perigee.com

Pierre Fabre Dermo-Cosmetique USA
www.pierre-fabre.us

Pipeline Medical
www.pipelinemedical.com

Plastic and Reconstructive Surgery
www.PRSJournal.com

Plastic Surgery Studios
www.plasticsurgerystudios.com

PMT Corporation
www.pmtcorp.com

Practice Enhancement Specialists, Inc.
www.intellipract.com

Prollenium US
www.prollenium.com

Proximate Concepts
www.inplantfunnel.com

Puregraft
www.puregraft.com

Quality Medical Publishing, Inc.
www.qmp.com

QUILL™ /Surgical Specialties
Corporation
www.surgicalspecialties.com

RealSelf
www.realself.com

Recros Medica, Inc.
www.recrosmedica.com

Red Spot Interactive
www.redspotinteractive.com

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Refine USA
www.rejuvopen.com

Remedly, Inc.
www.remedly.com

Restoration Robotics
www.restorationrobotics.com



Revence Therapeutics
www.revence.com

Revision Skincare
www.revisionskincare.com

Rohrer Aesthetics, LLC
www.rohreraesthetics.com

Ronan Solutions
www.ronansolutions.com

Ronin Surgical Corp.
www.roninsurgical.com



Rosemont Media, LLC
www.rosemontmedia.com

Roya.com
www.roya.com

RxBra
www.rxbra.com

RxPhoto
www.rxphoto.com

Sciton
www.sciton.com

Seattle Software Design
www.alterimage.info

SENTE, Inc.
www.sentelabs.com/

Shippert Medical Technologies, Inc.
www.shippertmedical.com



Sientra, Inc.
www.sientra.com

Sinclair Pharma USA
www.instalift.com

skinade-better skin from within
www.skinade.com

skinbetter science
www.skinbetter.com

SkinCeuticals
www.skinceuticals.com

SmartGraft by Vision Medical
www.smartgraft.com

Societe Francaise des Chirurgiens
Esthetiques Plasticiens
www.sofcep.org

SoftFil Microcannulas
www.softfil-usa.com

Solutionreach
www.solutionreach.com

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THE AESTHETIC SURGERY EDUCATION
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Mollenkopf Aesthetic Breast Reconstruction Fund Now Available Nationwide!

The Aesthetic Surgery Education and Research Foundation (ASERF) is pleased to announce that the **Mollenkopf Aesthetic Breast Reconstruction Fund**, which aids breast cancer patients in completing their aesthetic breast reconstruction journey, is now available to patients nationwide.

Made possible through generous restricted donations to ASERF by Susan and Steve Mollenkopf and matched by the Qualcomm Foundation:

- **Grants of up to \$5,000:** Assist underinsured or uninsured patients in completing a quality aesthetic breast reconstruction following breast cancer.
- **Ideal Candidates:** Women who have had breast reconstruction with unacceptable results and who are deferring surgery due to financial difficulties.
- **Use of Funds:** Ideally, doctors would donate their surgical skills and the grant money would help cover the patient's operating room fees, anesthesia, deductibles and other related expenses.

For ASERF and ASAPS member surgeons who have patients eligible for a Mollenkopf Fund grant, please view all details and download the grant request form at: **www.aserf.org/Mollenkopf**

**For additional information on the Fund, please contact Ivan Rodriguez at
(562) 799-2356 or ivan@surgery.org**

PATIENTS IN NEED?



THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC.



THE AESTHETIC SURGERY EDUCATION
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AMERICAN SOCIETY OF
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For Uninsured Patients, Utilize the BIA-ALCL Patient Fund

The American Society for Aesthetic Plastic Surgery and the American Society of Plastic Surgeons, in conjunction with the Aesthetic Surgery Education and Research Foundation and the Plastic Surgery Foundation, are pleased to offer the BIA-ALCL Patient Assistance Fund for uninsured patients diagnosed with ALCL.

Patient Fund Criteria:

- Health insurance must be either exhausted or unavailable
- No health insurance through any other source
- U.S. Patients Only
- Diagnosed with ALCL following National Comprehensive Cancer Network (NCCN) treatment guidelines

For ASAPS, ASPS, ASERF and PSF member surgeons who have patients diagnosed with ALCL, visit: www.aserf.org/BIA-ALCL, for all criteria and to download a grant request form.

Made Possible By Generous Contributions From



For additional information on the Fund, please contact Ivan Rodriguez at
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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 2018 in New York City, on behalf of The Society, Dr. Melinda Haws, Industry Relations Chair, presented each esteemed Premier partner with the 2018 ASAPS Corporate Support Award.



Carrie Strom
Vice President, Marketing



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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.



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

104 Effective, Efficient, Patient Friendly Facelifting Using SMAS, Fat and Tumescent Technique
Louis Bucky, MD

115 Social Media for Plastic Surgeons by a Plastic Surgeon
Sheila Nazarian, MD

206 Use of Internal Support Devices to Enhance Outcomes in Breast Surgery
Bruce Van Natta, MD

209 Keeping Your Body Contouring Patients Safe: Twenty Tips to Better Contouring Strategies and Safer Surgeries
Henry Mentz, MD; Chris Patronella, MD; German Newall, MD; Raul Morales, MD; Kristi Hustak, MD; Paul Fortes, MD

302 Technical Refinements of the Vertical Mammoplasty: A Modified LeJour Approach
Steve Wallach, MD

303 Pre-Pectoral Breast Augmentation and Reconstruction
Hilton Becker, MD

402/502 Arms, Breast, Back, Buttocks and Thighs Following Major Weight Loss
Joseph Hunstad, MD and J. Peter Rubin, MD

507 Optimizing Outcomes in Breast Augmentation and Augmentation/ Mastopexy
William Adams, Jr., MD and David Sieber, MD

609 Intelligent Choices in Injectables: Complications, Strategies and Combination Therapy
Brian Kinney, MD and Z. Paul Lorenc, MD

312 ASERF Bootcamp: So You Want to do Research?
Spencer Brown, PhD; Mark Clemens, MD; Bary DiBernardo, MD; and David Sarwer, PhD

711 How Snapchat and Instagram Stories Transformed my Practice (and I Don't Even Have a Ton of Followers!)
Jonathan Kaplan, MD

713 Cultivating Authority Online: Where Reputation and Rankings Intersect
Ryan Miller

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SPECIAL Post-Meeting Prices

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

Selected 2018 Scientific Sessions ONLY—

\$299 *ASAPS Members*

\$399 *Guest Plastic Surgeons*

Selected 2018 Scientific Sessions and
Optional Courses—

\$1129 *ASAPS Members*

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**Program Subject to Change.*

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A special thank you to our wonderful participating vendors and bidding surgeons. Due to your contributions and bids, ASERF raised \$334,984 in donations, which will assist ASERF in continuing our important aesthetic research.

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DefenAge	Clinical Power Trio	Michele Rivard, MD
DefenAge	Clinical Power Trio	George Sanders, MD
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Elizabeth Hall-Findlay, MD	Train With an Expert	Angela Rodriguez, MD
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Lorne Rosenfield, MD	Train With an Expert	James Romanelli, MD
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Merz Aesthetics Portfolio Package	Ultratherapy; Merz Injectables; Neocutis	Ulysses Scarpidis, MD
MicroAire Surgical Instruments	Limited Edition Pink PAL-650	Matthew Nykiel, MD
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Obalon Therapeutics, Inc.	Obalon Startup Package	Ulysses Scarpidis, MD
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Wendy Lewis & Co. Ltd.	Aesthetic Clinic Marketing in the Digital Age	Ali Ghanem, MD

ASERF Resident Travel Scholarship—2018 Recipients



The Allergan Foundation

endo aesthetics



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 grants from The Allergan Foundation and Endo Aesthetics. The recipients share their experiences of attending The Aesthetic Meeting 2018 in New York, below.

The following residents received a scholarship thanks to:



The Allergan Foundation



Amaka Agochukwu, MD

The Aesthetic Meeting 2018 in New York was one of the most exciting and interesting learning experiences I have had as a resident. At this particular

meeting, I saw and really felt the focus and passion that our specialty has for safety. This appeared to be an important theme throughout the meeting. Whether it was a discussion on the issues and safety in gluteal fat transplantation, breast implants and ALCL, or on the safety and precautions during submandibular gland excision there was so much passion in the simple concept of staying safe. During the gluteal debate session on the technique of gluteal fat transplantation, although the platform was a debate on one technique versus another technique, the underlying passion was the emphasis and desire of conveying to the audience the safety of each technique. Throughout our medical training, and as practicing physicians we are held to specific ethical standards, hence the adage “first, do no harm.” This meeting really emphasized these points, and demonstrated the importance of patient selection, comfort with a chosen technique and the importance of holding yourself accountable and staying safe for the benefit of our patients. The other important learning point for me at this meeting was how important long-term results are. At panels and educational sessions, there was so much emphasis not on results at days or even months post-op, but on the sustainability of results over long periods of time—i.e., How does the patient who underwent a facelift look at 5, or 10 years from surgery? The emphasis went on to what preoperative planning and considerations as well as surgical techniques and maneuvers are important to attaining a result that is sustainable in the long-term. What

I took away from this, was not only the importance of continuing to follow patients over the long-term, but also how crucial it is to *never stop* in the pursuit of excellence in technique and outcomes. There were so many things I took away from this meeting that will affect how I practice plastic surgery now as a chief resident, and in the future. It has been exciting to bring back what I have learned to my home program and spread this fund of knowledge that I consider myself fortunate to have gained. I sincerely thank ASERF and Allergan for the opportunity to attend this meeting and look forward to further meetings in the future.



Jeff Chang, MD

The Aesthetic Meeting was diverse and covered many facets of the field of aesthetic plastic surgery, including surgical techniques and business management.

The surgical component of the meeting I found most beneficial were sessions on breast surgery. As someone who will be starting a microsurgery fellowship soon, the majority of my work will be focused on breast reconstruction. I found it most useful to listen to the experts discuss their challenging breast cases and share with the audience any tricks and tips they gained throughout their career to result in outcomes that are increasingly more aesthetically pleasing for their patients. Sessions where the pre-operative planning was explained in detail was extremely useful rather than simply showing pre- and post-operative results. The detailed sessions helped clarify why the surgeon chose that particular clinical decision and how it resulted in the outcome.

Another area of the meeting that I found interesting was how to establish the business side of a practice. This subject is rarely discussed during residency yet it becomes crucial information to know upon completion of training. Topics such as online marketing, website management, and financial planning were all sessions that I found helpful in obtaining a general understanding of how to start a successful practice.

The Aesthetic Meeting is definitely a meeting worth attending each year. Regardless of what area of plastic surgery one goes into, this meeting is a valuable tool both in terms of learning and networking.



Obaid Chaudhry, MD

The Aesthetic Meeting is the pinnacle of all the aesthetic plastic surgery conferences each year. Traveling and lodging can be expensive, however the

ASERF travel scholarship made attending the meeting a reality. The significance of each of the courses for trainees cannot be underscored enough. It is difficult to pinpoint just one learning experience, as there is value to each session. The Rhinoplasty Society meeting was an exceptional session for anyone interested in this procedure. This year, there was a wonderful dedication to the late Dr. Jack Gunter, who pioneered many of the techniques used today. The Rhinoplasty Symposium that occurs on the 2nd day is a must for anyone who desires to master rhinoplasty. Learning different strategies from the experts is of great value when trying to “get it right the first time.” Executing these concepts in the ASAPS focused cadaver labs was a golden opportunity, and I was fortunate enough to take the rhinoplasty workshop. This intimate hands on lab with the experts was the highlight of the meeting. To have a Rhinoplasty Society member show you the subtleties of each step was worthwhile in all regards.

During residency, it is difficult to attain a grasp on the business of plastic surgery. The meeting fills those gaps with its’ practice management workshops. The focused educational course led by Drs. Douglas and Gallus provided a candid insight into the pearls and pitfalls of starting a practice. This was complemented by a Rapid Fire Session Panel with Drs. Tietelbaum, Lee, Levine, Sieber, and Hirmand. Each of their own unique stories and authentic experiences

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ASERF Resident Travel Scholarship—2018 Recipients

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delineating personal triumphs and tribulations was definitely a worthwhile panel to attend.

The Scientific Sessions hosted by the most well regarded experts in each respective field were both educational and thought provoking. The fiery debates at the gluteal augmentation panel between Drs. Del Vecchio and Ghavami were intense, but the authentic passion exhibited between these professionals is what keeps these meetings stimulating. In addition, the years of experience imparted by Drs. Baker, Aston, Nahai, and Thorne, on both the facelift and upper lid/brow rejuvenation panels provided the audience an experienced, insightful look into the nuances of facial rejuvenation.

Overall, The Aesthetic Meeting in NYC was a tremendous success, and attending during residency is highly recommended. Each year the meeting continues to invigorate plastic surgeons, and next year in New Orleans will be no different.



Kris Day, MD

The Aesthetic Meeting 2018 was held this year in New York at the massive Javits Convention Center. It was a beehive of knowledge-sharing,

networking, and social activities amongst leaders in the field of aesthetic surgery. There were advanced presentations on facelift, rhinoplasty, body contouring, mammoplasty, liposuction, non-surgical rejuvenation, and everything in between. While each presentation imparted important concepts and pearls to audience members, there seemed to be a common theme that connected all of the information presented: excellence through self-criticism and inquiry. It should be no surprise. Invited presenters at ASAPS are some of the best in their field, and they have honed these skills over years of toil. But there were many important takeaways for an attendee taking part in this collective apprenticeship process for the first time.

For me, it was the appreciation of the information put out at the meeting into one of three categories of what these experts could do that: 1. I could do, 2. I might be able to do with practice and preparation, 3. If someday I am able to do it will be after a process I can't

currently imagine. Presenters gave cutting-edge information on concepts like the bioactivity of injectables, how to market to men, sophisticated approaches to social media, and—of course—technical pearls for complex surgeries. Beyond simply receiving updates and introductions to advanced concepts in the field, the precision with which presenters approached and solved surgical problems was a lesson in being deliberate, capable, and well-practiced in one's method of choice. These were some of the concepts that transcended the clinical material and provided a higher level of insight into what it might take to one day develop into a surgeon capable of delivering advanced aesthetic surgical care.

I look forward to my next time attending The Aesthetic Meeting. I am sure there will be an interesting realization of all I have learned since this first attendance, which will provide insight into how I have developed as an aesthetic plastic surgeon. Aesthetic surgery will forever remain a relevant part of plastic surgery, and the skills of precise analysis and surgical execution demonstrated by the field's leaders set a shining example of what to strive for as a young surgeon. I greatly appreciate the support of ASERF and Allergan to attend The Aesthetic Meeting 2018. I look forward to next time!



Erez Dayan, MD

The Aesthetic Meeting 2018, hosted by the American Society of Aesthetic Plastic Surgery (ASAPS) and the Aesthetic Surgery Education and

Research Foundation (ASERF) was among the most innovative and cutting edge global gathering of aesthetic experts of its kind. The meeting included lively debates on hot topics from world experts in areas such as body contouring, rhinoplasty, facial rejuvenation, and aesthetic medicine.

My particular interest is in rhinoplasty as it is commonly regarded among the most technically challenging procedures in aesthetic surgery. Global experts including Drs. Rod Rohrich, Bahman Guyron, Nazim Cerkes, and others presented their approach to rhinoplasty

and how to avoid common pitfalls. The vast collective experience of these experts shed light on intricacies of rhinoplasty and how to best approach nasal analysis and operative technique to ensure optimal long term results. Notably, Dr. Rohrich presented pearls of his approach including numerous techniques and grafts that he has adapted in his extensive rhinoplasty experience to avoid long-term pitfalls. For example, he discussed the frequent use of alar contour grafts to prevent alar retraction as well as the use the 'butterfly graft'—which is of the cartilage removed during cephalic trim that perfectly blends the transition from the tip lobule to the alar lobule. Many impressive cases were presented by these international experts with long-term follow-up.

Beyond the vast surgical education at the meeting, were many opportunities to learn more about the business side of optimal practice management and marketing which are topics often not taught in training. Popular sessions included tips for building a social media presence and how to best stay true to one's mission and practice brand. Social media experts such as Drs. Sheila Nazarian and Karen Horton were among those teaching how to build a loyal following and maintaining ethical practices in social media.

Among the best parts of the meeting included the Presidential Welcome Reception at the Marriott Marquis Times Square—where hundreds of plastic surgeons from all parts of the world filled the ballroom to enjoy each other's company over good food and drinks. New York City provided the perfect energy for a memorable Aesthetic Meeting 2018—a remarkable time to learn, connect, and re-connect. Most of all, it is meetings like this that make us proud to be able to call ourselves plastic surgeons.



Paul D. Durand, MD

Attending The Aesthetic Meeting 2018 proved to be an invaluable experience. Not surprisingly, the breadth of the topics discussed, and the quality of presenters was

outstanding. The whole experience provided further reassurance that my decision to pursue

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ASERF Resident Travel Scholarship—2018 Recipients

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an aesthetic fellowship next year was the correct one.

The Resident and Fellows Forum proved to be incredibly useful for someone at my level of training. Several young plastic surgeons offered their experiences in their first years of practice. Knowing that they were in my shoes few years earlier and now have done so well was quite reassuring.

As always, the amount of quality panels and courses was overwhelming, making the decision of which to attend quite difficult. Early in the conference I tried to focus on facial surgery and was able to witness great presentations and heat discussions amongst the experts in our field. Technical variations in subplatysmal surgery was particularly significant amongst presenters. The discussion whether to surgically treat the submandibular glands during facial rejuvenation was superb and exposed various potential deleterious outcomes.

High definition liposuction and buttock fat augmentation was also heavily discussed in this meeting. Truly stunning results were presented and details in technique and patient selection were discussed. Potential dangers of fat transfer to the buttocks was particularly timely. Experts in this area offered not just their techniques but also what they believe can minimize several devastating consequences.

The wide variety of courses offered was outstanding, allowing for world-renowned surgeons to present their own experiences in a more personable setting. In the courses that I attended, speakers were great in actively engaging members of the audience, making the educational experience even more profound.

I would like to thank ASERF and Allergan for the tremendous opportunity of attending this year's Aesthetic Meeting. It was a truly unique experience for a resident like myself who is just months from graduation. Looking forward to next year's meeting!



Matthew Epps, MD

The Aesthetic Meeting 2018 was a hit! The Resident and Fellows Forum was outstanding. Drs. Kahn and Higdon put together a brilliant day of practice primers for young plastic surgeons. Dr. Sieber's aesthetic

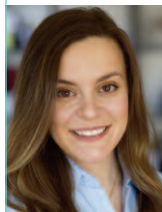
practice pearls were very helpful and the perfect lead-in to the ASAPS Residents' Symposium in December.

Throughout The Aesthetic Meeting, it was striking just how approachable and available the speakers were.

The most memorable experience was my unexpected 15 minutes with the renowned Dr. Val Lambros at his 3D Facial Averaging Study booth. After he took a 3D picture of my face with his Canfield M3 imaging system, he patiently explained to me the novel concept of facial aging as "in-and-out" as opposed to the classically taught "up-and-down." I watched as he demonstrated his 3D facial averaging model of images collected over the past 11 years. Right before my eyes I saw the aging human face in animation and it began to make sense. There it was—the human face ages inward and outward...the lips widen and recess posteriorly, the nares flare as the nasal tip rotates down and inward, and the eyelid aperture shrinks. He was also very pleasant to speak with. I cannot wait to read his article in JPRS on the subject.

Thank you to ASERF and the Allergan Foundation for the travel scholarship and the opportunity to attend this year's meeting. Most importantly, thank you to all the folks at the ASAPS Central Office for helping put together this unforgettable experience.

Job well done ASAPS! See you at the Residents' Symposium.



Diana Flis, MD

What happens at The Aesthetic Meeting 2018 doesn't stay at the Aesthetic Meeting 2018. I would like to thank ASERF and the Allergan Foundation for granting me an ASERF Resident Travel Scholarship. Another resident from my program and I were fortunate enough to attend the meeting, which was notable and not only educational but we really enjoyed ourselves and had the opportunity to spend time outside of work with some of our staff and mentors. I will be graduating this June and I am now looking forward to becoming an ASAPS Candidate for Membership after graduation. During the Residents and Fellows Forum we learned that ASAPS is providing

the new candidates the opportunity to join the society at no cost because of a generous donation from Allergan which will support the ASAPS candidate members. One of the biggest take home messages from the meeting was navigating the RADAR Resource website. I have since introduced RADAR to our staff and residents and have already been able to incorporate it into our weekly resident education. The Aesthetic Meeting 2018 was a great experience and I am thankful that I was able to attend.



Christopher Funderburk, MD

I am so grateful to ASERF for selecting me to receive a Resident Travel Scholarship to attend the annual Aesthetic Meeting of the

American Society for Aesthetic Plastic Surgery in New York City. Attending the conference was one of the highlights of my years of surgery training. It far exceeded my already-high expectations. The Residents and Fellows Forum was an incredible experience. I appreciated the insights about preparing for my future practice and the detailed, practical information about fillers in the filler crash course. During the conference, I also appreciated the "Hot Topics" debates, particularly the spirited discussion regarding gluteal implants versus fat grafting.

Overall, my most important learning experience of the conference was Dr. Alfredo Hoyas' presentation on total body contouring. When I first chose to pursue a career in plastic surgery, it was because of my fascination with the marriage of art and medicine. Dr. Hoyas spoke about the artistic aspect of surgery in a way that expanded my understanding and interest. He was very engaging and paid great attention to detail, even explaining proper instrumentation and the stealth placement of his incisions.

One of the most enlightening parts of the presentation was at the beginning when Dr. Hoyas talked about ideal beauty through the ages. It was surprising to hear that the standard of beauty has changed over the decades for women, while it has stayed largely the same for men. He also spoke in detail about his

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ASERF Resident Travel Scholarship—2018 Recipients

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approach the different body types for men and women. This discussion helped establish a framework for working with diverse populations. It was also tremendously helpful to learn about the underlying anatomy for each technique.

Overall, I sincerely appreciated Dr. Hoyas' attention to detail, including in-depth intraoperative videos. His anatomical basis for addition and subtraction of volume is truly revolutionary, and his postoperative photography is stunning. His focus on using the underlying natural anatomy as the foundation of this surgery is the biggest takeaway I had from this inspiring lecture. He not only expanded my understanding, but also inspired me to pursue further education on the topic and include body contouring as one of the key components of my future practice.



Ed Gronet, MD

The Aesthetic Meeting in New York was my first Aesthetic Meeting and the educational programming delivered! As a senior resident my main draw to

the meeting was the lectures offered in aesthetic surgery, since this is what I am exposed to the least.

The hardest things to learn as a resident are the technical steps and refinements of both facial and aesthetic body surgery. Luckily these were well covered at the meeting. The most important lectures to me were delivered by Dr. Codner and Dr. Marten, two surgeons who prior to this meeting were just authors I knew from literature. While reading their articles in the past had given me a base of knowledge, being in the lecture hall brought it to life. Within two weeks of the conference I have already put to work what these surgeons taught me in New York.

During a recent operative day, I spent the morning putting Dr. Codner's instruction into practice for an upper blepharoplasty. From markings to closure, I used his refinements. That afternoon while performing a cheek rotation-advancement flap to resurface a nasal sidewall defect I had created the week prior, I had another memory from the meeting. To create the flap, I used a single incision from

the caudal wound to the oral commissure within a deep nasolabial fold to raise a cheek flap in the subcutaneous plane. After incising skin and beginning to raise the flap I was allowed to struggle for a few minutes before my Attending instructed that my plane of dissection was too deep. I paused to think and re-evaluate. This time allowed me to remember a lecture from The Aesthetic Meeting in New York. I recalled Dr. Marten describing his use of Metzenbaum scissors to elevate his skin flap in a facelift. Once I made that association I requested the Metz from the scrub nurse and proceeded to raise the cheek flap to the lateral canthus in a more confident and controlled manner. Recalling that specific lecture enabled me to execute a case in a more mature manner than I could have without attending the meeting.

The lectures from The Aesthetic Meeting had taught me principles and technique that allowed me to perform surgery better than I would have been able to do without that seat in the Javits center.



Don Hoang, MD

As a graduating senior in the plastic and reconstructive surgery program at the University of Southern California, I have spent the past 5 years focusing a large

deal of my training on the reconstructive aspect of plastic surgery. After receiving an ASERF travel scholarship to attend The Aesthetic Meeting, I felt I was rewarded with concentrated didactics in aesthetic surgery, which were of great value to bolster my residency training. The most influential aspect of the meeting came in the form of the ASAPS Hot Topics discussion—learning about specific aesthetic problems, procedures, and technological advances from respective experts.

This expedient but thorough compilation of data, news, and results were the most formative experience I had at the meeting. There was enough content on principles and foundation for young trainees such as myself to complement the innovative and cutting edge perspective of experts who have been in the field for decades. It was there I listened intently to the most up-to-date data and theories on BIA-ALCL development, advances

in radiofrequency adjunct use, composite breast augmentation, and facial rejuvenation from surgical to nonsurgical.

The opportunity to attend this meeting with financial support tremendously supplemented my clinical training and exposure. I felt that this meeting was extremely useful to all levels of training.



Lisa Hwang, MD

Enlightened. Connected. Inspired. Absolutely blown away! As The Aesthetic Meeting 2018 concludes, I feel immensely satiated—filled with knowledge, inspired

by the cornucopia of social interactions, and immersed in deep appreciation for what the American Society for Aesthetic Plastic Surgery stands for.

It is always an honor to attend lectures and panels conducted by the forefathers of aesthetic plastic surgery, as they reduce decades of experience into hourly lectures, expediting the learning curve for the rising generation. Dr. Bahman Guyuron eloquently summarized this phenomenon at the "Put Me in, Coach, and See What I can Do Rhinoplasty Session", as he struggled to critique "freshman" Dr. Jason Roostaeian's rhinoplasty case, proclaiming his outcome to be superior to anything he had ever produced at his level. This exceptional compliment captures the mission and quintessence of ASAPS and ASAPS-endorsed aesthetic fellowships—to pass on pearls and pitfalls such that we learn from others' past mistakes while minimizing our own.

Furthermore, panel discussions led by the masters offer the young and brazen a venue to present innovative ideas while acting as a measure of peer-review. During "Finesse Rhinoplasty: My Greatest Technical Pearl," Dr. Aaron Kosins boldly introduced a novel technique yielding excellent results, admittedly bracing for interrogation. It is always entertaining to observe the masters squirm at deviation from current standards.

Paramount to The Aesthetic Meeting is the overwhelming vivacity of the attendees, from residents and practicing surgeons, to speakers and instructors, to industry members. Ultimately, the most valuable asset of this

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internationally-attended meeting is the opportunity for face time, the opportunity to interact with masters whose textbooks/journals we all read, rising stars groomed to become future leaders, mentors and mentees in all stages of their career, and industry members who emanate the entrepreneurial spirit. Here, we reconnect with friends and colleagues from multiple stages of our lives, as we have all undergone rigorous subspecialty training. With many of us having only two degrees of separation, we easily fortify our relationships, and expand our social network like wildfire!

As a recipient of an ASERF Travel Scholarship, contributing author to *ASJ*, and matriculating ASAPS aesthetic surgery fellow, I am extremely grateful for these opportunities. Collectively, ASAPS, ASERF, and *ASJ* uphold the highest standards and serve to perpetuate our leadership in the aesthetic surgery world; they are invaluable entities that I am tremendously honored to be a part of, and strive to give back to.



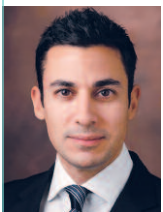
Suzanne Inchauste, MD

It was a tremendous honor to be selected as one of the ASERF Travel Scholarship recipients to attend The Aesthetic Meeting 2018 in New York City. I truly appreciate the generosity of the ASERF and the Allergan Foundation for enabling me to attend this outstanding meeting. As the graduating independent plastic surgery resident at University of Cincinnati, The Aesthetic Meeting was an amazing compliment to my training in aesthetic surgery thus far. The conference is a forum for all the leaders in the field of aesthetic surgery.

One of the common themes I noted throughout the meeting was the emphasis on patient safety. Aesthetic surgery is commonly elective surgery and emphasis on patient safety is important. Many aspects of aesthetic surgery have been in the news recently under intense scrutiny because of issue with patient safety. Gluteal augmentation with autologous fat transfer for patient death, vascular complication associated with injectables and anaplastic large cell lymphoma associated with breast augmentation are very hot topics.

Counseling patients for breast reconstruction in the treatment of their breast cancer and cosmetic breast augmentation is very common for plastic surgeons. I intend to pursue a career in academic plastic surgery with a focus on breast reconstruction and breast aesthetics. The most beneficial lecture at The Aesthetic Meeting for me was The Panel: Hot Topics in Breast Surgery—ALCL, Texture, Biofilms provided an excellent panel of leading experts. The panelists presented their expert clinical opinion and the most recent data from around the world in regards to ALCL. The discussion included the future of breast augmentation and what research still needs to be done to assure patient safety. They gave advice about how they counsel patients regarding ALCL. The discussion was incredibly informative and I will use the information from this lecture to counsel my breast patients going forward.

The Aesthetic Meeting was incredible. I plan to continue to be a part of ASAPS after residency. Thank you so much to ASAPS, ASERF and the Allergan Foundation for this wonderful opportunity.



Christodoulos Kaoutzakis, MD

Attending The Aesthetic Meeting in New York earlier this year has definitely been an amazing experience as it provided the unique opportunity to listen and watch leaders in the field discussing their experiences and viewpoints, and demonstrating their techniques on trending topics in aesthetic surgery. This global gathering of aesthetic experts allowed exposure to lively debates, presentations, and courses with strong emphasis on decision-making and innovation. It requires multiple pages to summarize all the great educational opportunities that this meeting offered, but the following paragraph represents a very brief highlight on facial rejuvenation.

The panel discussions on facelift surgery and neck contouring were very educational as the experts reviewed not only common pearls of these procedures, but also some of the latest and more controversial approaches. During one of the panel discussions, two world-renowned plastic surgeons, Dr. Foad Nahai

and Dr. Daniel Baker, talked about critical concepts to consider in any facelift technique, such as the approach to the SMAS, which was very informative. This was supplemented by another outstanding panel on subplatysmal surgery for cervical contouring. It is well established that a well-contoured neck is essential for a youthful appearance and an integral part of facelift surgery to provide better facial harmony. However, there has been a debate as to the necessity of performing subplatysmal surgery. Some experts advocate partial resection of the digastric muscles and submandibular glands to achieve a more attractive neck appearance in selected patients, but this has not been widely accepted given the risks associated with this approach. This hot topic was analyzed during four excellent presentations that were followed by a panel discussion. Perhaps one of the most important advances in aesthetic surgery over the last few decades is fat grafting. Fat grafting has allowed clinicians to correct facial hollowing and atrophy, something that they were previously unable to address comprehensively with the facelift procedure alone. Attending a course on simultaneous facelift and fat injections by Dr. Timothy Marten, one of the leaders in the field of facial rejuvenation, has allowed me to better understand this approach from the surgical planning to harvesting and processing of the fat to the optimal surgical approach in order to safely achieve attractive long-lasting results.

Without a doubt, this meeting continues to be one of the most advanced meetings of its kind, and one of the best meetings I have ever attended so far, and this was only made possible thanks to ASERF and the Allergan Foundation's Travel Scholarship. I look forward to attending and participating in The Aesthetic Meeting in years to come!



Jillian Morrison, MD

I am very grateful that I was able to attend The Aesthetic Meeting in New York City in April. As a resident, most of the exposure we have to aesthetic plastic surgery comes from the faculty at our program or associate plastic

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surgery faculty in our community. It was a pleasure to see the wide range of techniques and view points expressed by the surgeons from all over the United States and world in one place. I particularly enjoyed learning from these experts as they debated their approaches to various patient complaints. I attended a rhinoplasty panel where each of the experts described their most valuable technical pearls while fielding questions from moderators. Many of the surgeons on the panel show videos of their preferred surgical approaches and techniques. The Scientific Sessions also demonstrated newer procedures and innovations in our field. I will certainly make an effort to regularly attend The Aesthetic Meeting as I enter into practice this summer.



Anson Nguyen, MD

The transition from residency to unsupervised practice is a daunting challenge. Even with the best training, there is only so much that can be taught

through residency. While surgical skills and clinical knowledge are the focus of training, less emphasis is placed on how to actually develop one's own practice. The skills of employee management and business marketing along with even the more basic ideas of equipment purchasing and supplying one's office are sometimes neglected concepts. The Aesthetic Meeting provided ample opportunity to gain insight into the business side of medicine as trainee eventually prepare for a life beyond residency.

There are innumerable tasks and requirements to be fulfilled in establishing a practice that are often an afterthought or sometimes even unrecognized. Fortunately throughout the meeting there were several courses geared towards educating the burgeoning plastic surgeon on how to build their practice from the ground up. Sessions run by some who had just started their own showed the complexities of this from the hiring of consulting firms to design a building to staffing the office. Various invaluable discussions centered on marketing strategies and patient retention. Some more experienced surgeons provided their perspectives on developing systems to streamline practices

and maximize efficiency. Perhaps one of the more enlightening concepts highlighted was retention of assets. A talk by David Mandell provided education on preparation throughout ones career for a life after plastic surgery and ways to curtail potential financial struggles in retirement. These talks all laid the groundwork for basic practice building.

Another highlight of the meeting was focus on social media. It is undeniable that the advent of social media platforms has had a transformative effect at least on the way that aesthetic surgery is presented to the public. This can be both for better or worse depending on one's discretion. Talks by several social media-savvy surgeons emphasize the benefits of using social media in a sensible manner.

All in all the meeting was a wonderful experience to not only hear from world renown experts on the latest and most effective techniques to obtain wonderful results, but also to reinforce or get a foundation for practice building. The opportunity to attend multiple sessions and benefit from the experience of accomplished peers made this meeting an invaluable affair.



Naveed Nosrati, MD

The Allergan Foundation was gracious enough to grant scholarships to multiple residents this year to attend The Aesthetic Meeting. As part of the scholarship the

recipients were asked to write a short piece reflecting on their most important learning experience. It was difficult to narrow down my most valued learning experience to a specific talk or speaker due to the high caliber of presenters. What I appreciated most from the meeting was the organization, execution, and overall flow.

Typically, at large national meetings one conference hall hosts all the ceremonies, achievements, and presentations of the society. Amidst these talks, there may be one or two educational presentations. Most of their scientific sessions occur in the smaller satellite rooms. This meeting took a different approach. The central room contained some of the best content, with panels of experts presenting slides and talks that were coherent and lively with heated debates after. The talks

were filled with useful content that did not stem from a dry template. Speakers on the panel conveyed vastly different approaches and opinions, to which they were able to justify at the end of the panel. Amongst these, I learned completely new use for fillers, re-evaluated my approach to a blepharoplasty, and discovered a larger scope of genital rejuvenation.

Even when I went to the other rooms, the talks were excellent. Other meetings accept a large volume of presenters to increase their attendance. With larger numbers, the talks will be given a diverse level of speakers. The Aesthetic Meeting severely limited their abstracts. I personally submitted two abstracts and my co resident submitted two as well, none of which were accepted. While the majority of the meeting was experts teaching their techniques and pearls, which is what I valued the most, the abstracts chosen were definitely of higher quality. I enjoyed spending time in the Rapid Fire session and hearing these presenters too.

I will be continuing my educational career with a hand fellowship at UCLA. I have enjoyed aesthetics but had not planned making this a focus of my practice. The purpose of this meeting was for me to learn what else aesthetics has to offer, and well it did not disappoint. I still plan on having a hand practice, but following my time in New York City I hope to be able to incorporate a significant portion of aesthetics into my practice.



Fernando Ovalle Jr, MD

Attending The Aesthetic Meeting 2018 in New York City with the assistance of the ASERF Travel scholarship was a great honor. The educational options available

at the meeting were varied and well-coordinated, and the scientific program showcased several cutting edge studies. Moreover, the excellent Residents and Fellows Forum had great talks on transitioning from training to practice, aesthetic education during residency, as well as a crash course on fillers/injectables. Especially notable were several general session panels on facial

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rejuvenation, mastopexy-augmentation and high-definition liposculpting. Overall the meeting's educational offerings were comprehensive and these opportunities were complemented with the ability to network with colleagues and pioneers in plastic surgery. The knowledge and pearls learned from the meeting will not only be helpful to bring home to our resident aesthetic clinic practice, but will also be invaluable moving forward in my career.



Daniel Park, MD

The Aesthetic Meeting 2018, was an amazing and unique learning opportunity. As a senior plastic surgery resident about to finish training and enter practice,

receiving sponsorship from the Aesthetic Surgery Education and Research Foundation (ASERF) to attend this year's meeting was very important and a great educational experience. It will prove to be an important foundation for my practice going forward.

One of the most important aspects of The Aesthetic Meeting, those features that are integral to its educational value and unlike most other conferences, are the breadth of subjects covered and the extensive time given to discuss those topics within aesthetic surgery. The scientific program was filled great presentations from leaders within our field. The program also created well-organized groupings of these lectures with excellent panel discussions. The panels of facelift principles moderated by Dr. Stuzin, of re-operative breast implant surgery moderated by Dr. Lista, and the panel regarding the management of facial fat and filler complications moderated by Dr. Singer were amongst my favorites.

I feel as though the panel discussions were the strongest, most memorable portions of The Aesthetic Meeting. It was amazing to see so many well-known surgeons sharing the stage to discuss their varied opinions on areas of continued debate, such as the role of submandibular gland resection in contouring the neck, as well as how they would handle certain patients and situations. The differing ideas and opinions in those discussions have already fostered numerous dialogues between myself, my fellow residents, and our attendings.

In my opinion, the greatest takeaway point from that week in New York City was something that Dr. Stuzin said during a panel discussion. To paraphrase, despite the variations in techniques and divergent underlying philosophies behind their approaches, the panelists all achieved great results. It was not so much a certain dogma or methodology that provides for their good outcomes, but an adherence to safe practices and sound surgical techniques. That was a reassuring idea, especially for someone about to begin their practice.

Despite the absolutely horrid weather in New York, The Aesthetic Meeting 2018 was a profound educational experience. I want to thank ASERF for their generosity and support on behalf of myself and all of the other residents that were awarded scholarships in order to attend this meeting. It is deeply appreciated.



Kevin Shultz, MD

As I reflect on my time this year at The Aesthetic Meeting in New York, I am reminded of so many positive experiences. In thinking about the different learning opportunities, I cannot help but ask myself, "What makes a great plastic surgeon?" In fact, excellence in the field of plastic surgery cannot be boiled down to a single trait or experience. Success in this specialty requires business acumen, technical precision, a passion for learning, and thought leadership. The value of The Aesthetic Meeting is the opportunity to grow in all of these areas.

Although I am just embarking on my career, I recognize that success in plastic surgery requires life-long learning. I thoroughly enjoyed listening to instruction ranging from periorbital rejuvenation to the latest on breast augmentation. The field of plastic surgery has long been predicated on innovation. Our specialty is constantly evolving, and I find that The Aesthetic Meeting is a great place to educate myself on new concepts, ideas, and technology while refreshing my knowledge on anatomy and its surgical implications.

This year was the first time I participated in cadaver workshops. I found this time invaluable, getting hands-on experience performing dissections and becoming more familiar with

various techniques. This included expert teaching and technical guidance in the field of endoscopic brow lifting, mid face lifting, and eyelid surgery. Patients expect the best, and I want to be able to deliver. The more that I learn, the more options I can safely provide and the more I can educate my patients.

I also learned from business leaders the pearls of practice management and social media. In today's climate, utilizing technology is essential to both reach potential patients and effectively deliver care. During residency, business education is often severely deficient or absent altogether. The Aesthetic Meeting provides a unique opportunity to gain business insight from business experts as well as plastic surgeons who have gained personal experience in applying these principles.

My time at The Aesthetic Meeting was very rewarding. The most valuable aspect was not a single learning moment, but a summation of multiple experiences that will help me become a more well-rounded plastic surgeon.



Ashley J. Steinberg, MD

During my six days in New York City at The Aesthetic Meeting, my mind was constantly reeling. Every day and during every presentation that I was able

to attend, I learned something. Every panel and speaker brought to light something new and exciting.

I was asked to write about the most important thing I learned at the meeting this year. Piece of cake, right? Or so I thought. Before beginning to write, I spent a lot of time thinking about the one thing that could outshine all others as the ultimate learning experience from the New York meeting. The truth is, I learned so many things that it is too difficult to pinpoint just one that outweighs all others. Therein lies the answer: this meeting is essential for plastic surgeons who plan to continue to grow their practice. There are constantly advances in every aspect of plastic surgery, especially aesthetic surgery. Every year there are new trends, techniques, and devices. These alone are hard enough with which to stay current, but these are only the tip of the iceberg. Further adding to the already existing

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layers of complex ambiguity in the aesthetic world is the proverbial “next best thing” becoming popularized by celebrities, social media, and within elite plastic surgical circles. It is imperative to stay up to date with not only the literature but advances in clinical practice, as outlined by the many presentations and panels at this meeting.

As a resident, I am humbled by the opportunity of a scholarship to attend this meeting. After attending, I would implore all residents and fellows considering performing any aesthetic surgery in their practice to consider these meetings as soon as possible. It has been one of the most worthwhile experiences I have had in seven years of training, and I believe it will only get better and more useful for me as the years pass. The phrase “the more you know, the less you know” comes to mind. I feel as if I am just opening Pandora’s box.

I realize that it is our job to inspire future generations of surgeons as I was inspired, to continue evolving and accepting new methods, and to develop my own safe practices to pass onto colleagues and training surgeons in this dynamic field. I believe that regularly attending this meeting and making the most out of my time during it will help me succeed in doing all of these things.

The following residents received a scholarship thanks to:

 **endo aesthetics**



Turkia Abbed, MD

During my first experience at The Aesthetic Meeting four years ago, I could not help but feel overwhelmed by the massive convention center, endless streams of

participants and world renowned speakers. Now, in the final months of my aesthetic fellowship, I can truly say I was excited to attend this year’s conference. I looked forward to the opportunity to learn first-hand from the leading surgeons around the world. I was excited to network with plastic surgeons in my area and all over the country. Most importantly, I was anxious to gain the knowledge that will allow me to better care

for my patients by providing the most up-to-date techniques and technology.

I am indebted to the Women Aesthetic Surgeons for providing a welcoming and unassuming forum for women of all levels to come together and learn from one another’s experience. Each year, this group puts together a symposium meant to inspire and motivate all of us to take the time to care for ourselves to allow us to better care for our patients and our families. I continue to be truly inspired by their words and plan to continue attending this event for years to come.

As my plastic surgery training comes to an end, I am grateful to ASAPS for continuing to provide invaluable educational seminars and opportunities for professional development. The Aesthetic Meeting has instilled in me a sense of belonging in the field of aesthetic plastic surgery.



Elisa Bolletta, MD

During my residency I have always improved my training following The Aesthetic Meeting, because I think it is one of the most prestigious societies in the

field and it has got a really high-quality team of masters, appreciated and followed all over the world. I strongly think it gives us, as residents, an extremely good chance of professional growth.

I come from a different vision of training of young surgeons, in Italy things are changing little by little, but we are still so far from considering young trainees as a potential for the future and there are really few chances of surgical and practical growing.

I am a woman in plastic surgery and, unfortunately for us things are worse than for men, because we are also asked to do more, to demonstrate more and it is really a continuous fight for our rights. Often we are appreciated for our appearance and we need to work harder to let patients and colleagues know we are also good surgeons.

I love my country and I miss my country but I think that a deep change is needed.

I have done part of my residency in Italy and part in Europe and I am actually concluding my residency in Banff, Alberta, Canada following Dr Elizabeth Hall-Findlay’s

practice and doing my thesis working on her database. It is an amazing experience of professional and human growth and I should thank her for everything!

She suggested me to apply for ASERF Travel Scholarship and I would like to strongly thank every person that allowed me to attend The Aesthetic Meeting. I had the chance to learn from the best surgeons in the world (I’d like to personally thank some of them for the kindness and the professionalism they showed me, but I do not want to leave out anyone!)

I will be boarded very soon in Italy and I would like to join ASAPS as an international member, hoping to keep cultivating my big passion for aesthetic surgery and to improve my knowledge more and more through your events. Thank you again for that special chance.



Charlie Chen, MD

It was a tremendous honor to attend The Aesthetic Meeting as a recipient of the ASERF Travel Scholarship. The great generosity of ASERF and the

Allergan Foundation allowed for residents and fellows across the nation to attend the meeting. As a graduating ASAPS-endorsed Aesthetic Fellow, the meeting served as an apex to a tremendous year dedicated to aesthetic training. The meeting provided valuable information and thought-provoking discussion from leaders across the field. In addition, over the years, I have come to appreciate the amount of valuable networking opportunities available during The Aesthetic Meeting. It is truly a warm gathering of old colleagues and new associates.

Reflecting upon the meeting, I find it difficult to pinpoint a single most important learning experience from the number of expert panels and courses. Talented panelists dove into the latest techniques in fat grafting safety, rhinoplasty techniques, BIA-ALCL guidelines, and many more topics. I certainly feel the individual educational courses were the most stimulating part of the experience. The intimate settings allowed for intriguing discussion and focused teaching. In particular,

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the “Tear Trough and Peri-Orbital Area: Minimizing Complications and Optimizing Results” lecture brought forth many new ideas and safety guidelines. I feel comfortable in being able to immediately apply these new techniques I learned from the meeting.

The American Society for Aesthetic Plastic Surgery (ASAPS) is truly dedicated to advancing the art and science of aesthetic surgery, all with a priority in ensuring patient safety. ASAPS is empowering plastic surgeons to confront current and new challenges within the field of plastic surgery. I sincerely believe The Aesthetic Meeting is the premier gathering for plastic surgeons, and I am grateful to have had the opportunity to attend the meeting set in one of the greatest cities in the world, New York City.



Olivier A. Deigni, MD, MPH

The Aesthetics Meeting 2018 was a success. The conference was well organized with a great variety of topics ranging from

specific surgical techniques such as addressing a bulbous nasal tip to discussions on how to increase your patient conversion rate in your private practice. The intangible opportunities for networking were limitless and the forging of relationships that allow for mentorship and further discussions were made possible. The wealth of resources available at the meeting offered an invaluable complement to the residents’ and fellows’ education that is difficult to attain through residency and fellowship training alone.

I enjoyed hearing from plastic surgeons from all over the world who shared their surgical techniques and experiences with great enthusiasm. Unlike previous ASAPS meetings that I have attended, this meeting was particularly memorable because I had the pleasure of presenting a number of topics on several different platforms. It was a great privilege to be given the opportunity to present to my peers, mentors, and colleagues. Being actively engaged in the learning process allows for tremendous growth on all levels.

One specific topic of interest to me during this meeting was how to address the potentially high risk of mortality associated

with the Brazilian Butt Lift procedure. Reports of death over the past decade were alarming and published literature described autopsy findings that showed injury to the gluteal vessels with injection of fat into the systemic circulation. The proposed mechanism had been direct injury to the gluteal vessels from injection of fat into deep muscle layers. However, Dr. Del Vecchio presented a well-designed cadaveric experiment that demonstrated an additional cause of gluteal vessel injury and provided evidence for limiting the injection of fat to the subcutaneous layers of the buttocks. This ground-breaking discovery emphasized the need for continued research and experiments in order to answer the questions that are generated every day in our wonderful field of plastic surgery. I am committed to learning and teaching and I am looking forward to becoming an active member of ASAPS.



David Lee, MD

We often hear the phrase “reconstructive surgery makes you a better cosmetic surgeon.” I now realize that this concept can also work the other way around.

At this year’s Aesthetic Meeting, I attended a course entitled “Aesthetic Breast Reconstruction: A New Paradigm in Breast Surgery.” Curious about why a reconstructive course was featured at an aesthetics conference, I took a seat in the back row. The panel of speakers provided valuable insights into the different variables of breast reconstruction: above the muscle vs under the muscle, direct to implant vs tissue expanders, delayed vs immediate, things to consider in the irradiated breast, the use of acellular dermal matrix, and the addition of fat grafting. Although I’ve done countless breast reconstruction cases in residency, I now see breast surgery with a new set of eyes. My aesthetic fellowship training has refined my understanding of various nuances in implant, pocket, nipple, and IMF management.

As I move from fellowship into practice, I hope to bring what I’ve learned from The Aesthetic Meeting and my aesthetics training to provide the best care of both my cosmetic and reconstructive patients.



Amanda Nelson, MD

I am grateful for the strong foundation in reconstructive surgery I received as an integrated resident at the University of Wisconsin, but I am in awe of the breadth

and depth of education I garnered this past year as an aesthetic fellow for Dr. Grant Stevens, Dr. Andrew Ordon and Dr. Jay Calvert. Thanks to the generous ASERF scholarship I was able to attend my first Aesthetic Meeting, certainly a highlight of the year. The cadaver courses, individual lectures and panel discussions provided an unparalleled exposure to the experts. Having relied heavily upon the resources available on RADAR including videos from past Aesthetic Meetings it was a joy to meet long held mentors and new compatriots alike. The Aesthetic Meeting was a remarkable opportunity for aesthetic clinical education, practice development and networking with colleagues. Thank you kindly for your consideration and support.



Stanley Ogu, MD

It was a great honor to be selected as one of the recipients of the 2018 ASERF travel scholarships to attend The Aesthetic Meeting. I arrived in New York on the

26th of April, filled with excitement at the opportunity to rub minds with colleagues in the field, while expanding my knowledge base and skillset in aesthetic surgery.

Overall, I was highly impressed with the breadth and depth of topics covered at the different sessions, the quality of the speakers and presenters, and the general spirit of camaraderie among participants. It was also refreshing to hear the various viewpoints and approaches employed by different individuals, in addressing various problems faced by aesthetic surgeons today. The forums tailored towards graduating residents and fellows had invaluable information on what to expect as a young plastic surgeon, as well as pitfalls to avoid early in a career.

Most importantly, I was very grateful to ASERF for the exposure and opportunity to

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network directly with pioneers in the field of aesthetic surgery, as well as leaders in the industry, who were well represented. The experience was amazing and has challenged my thinking in new and innovative ways. I look forward to coming back to future meetings as a full-fledged member of ASAPS.



Aditya Sood, MD

As a current aesthetic surgery fellow through an ASAPS endorsed program, I had the distinct privilege of attending The Aesthetic Meeting 2018 held in New

York, New York this past spring. This meeting held up in regards to my prior meeting attendances and the educational content was top notch. I particularly enjoyed the Residents and Fellows Forum, which was geared towards educating young surgeons, such as

myself, prior to setting out into practice. The general sessions were great, and I was happy to be able to hear such distinguished surgeons speak of their experiences in all aspects of plastic surgery. I was fortunate enough to attend a few instructional courses and I was further impressed with the content and engagement of the speakers. My experience this year was wonderful, and I will continue to attend ASAPS meetings on a regular basis.



Chris Surek, DO

It's difficult to narrow down the best learning experience I had at this year's Aesthetic Meeting because the entire meeting was jammed packed with great

content and forums. For me, it was the opportunity to listen to world experts discuss their personal pearls & techniques in facial

aesthetic surgery (face & necklift, rhinoplasty, blepharoplasty and brow surgery). This was tremendously educational. Each of these procedures carry their own unique challenges and often times it's a matter of millimeters between a good result and a sub-optimal result. The meeting leadership assembled an "all-star" cast of speakers and panelists. As a young surgeon the opportunity to learn from these experienced surgeons is irreplaceable. In addition, I really enjoyed the collaboration during "junior-senior plastic surgery prom." This created a fun and stimulating environment.

The other great component of The Aesthetic Meeting was the chance to personally interact and network with colleagues and mentors. It's like hitting the "refresh" button on an internet browser...you leave the meeting feeling renewed and enthusiastic about aesthetic surgery.

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ASERF Resident Travel Scholarship to The Aesthetic Meeting 2019 Criteria

SUBMISSION DEADLINE: NOVEMBER 16, 2018

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 2019.

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 2019
- 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*



THE AESTHETIC SURGERY EDUCATION
AND RESEARCH FOUNDATION



International Fellowship Program

The Aesthetic Society's International Fellowship Program was established in 2009. The program endeavors to enhance the aesthetic education of young plastic surgeons abroad and promote international exchange of information in aesthetic plastic surgery. Our 2018 Fellows share their aesthetic plastic surgery fellowship experiences with us, below.

The following fellows received a grant thanks to:



Michelle Feijen, MD

"Looking in somebody else's kitchen"

The title of this essay is literally translated from a Dutch saying. I wrote this, not just to draw your

attention, but it actually implies what this fellowship is. You can have a look in "the kitchen" of the best plastic surgeons in the United States.

I spent time in Dallas Plastic Surgery Institute, UT Southwestern Medical Center in Texas and MEETH in New York. I got the opportunity to observe Drs. Rohrich, Byrd, Rozen and Matarasso, perform surgery and see patients in their outpatient clinic. Through this experience I learned a lot about aesthetic plastic surgery and all the technical details that are important operating on aesthetic patients. The plastic surgeons not only explained the procedures, but also talked about their career and about building a business. I learned about the differences between the Dutch and the American health system and was really impressed by how American plastic surgeons build their practice, focus on delivering excellent service to their patients and get the whole staff involved in this process.

To get the opportunity to do something like this in the beginning of your career as a plastic surgeon is amazing. Not just because of the technical details you learn, but it is a career and life changing experience and it inspires you to learn more, read more and, to quote Dr. Rohrich: "Be the best you can be everyday."

I am deeply grateful for this opportunity. Hope to see you again in the future! Tot ziens!

Aniketh Venkataram, MD

It was in the spring of 2017 that I travelled to San Diego, interviewing for the ASAPs International Fellowship. I was overjoyed to be selected, as I viewed

this fellowship as an incredible opportunity for my career. Having completed the

fellowship, I can safely say these few months have exceeded all my expectations.

I started my fellowship in January 2018 in Dallas with Drs. Rohrich and Adams. I then visited Dr. Wall in Shreveport, LA followed by Dr. Mentz in Houston, TX and Drs. Reid, Gordon and Walden in Austin, TX. I then travelled to Miami where I visited Drs. Mendieta and Stuzin. I finished my trip in New York at MEETH with Drs. Matarasso and Jelks. It has been a wonderful journey across the country.

My experience with every single surgeon was remarkable and I was exposed to all aspects of aesthetic surgery. I spent time with people who are masters of their craft, and it was inspiring to see them operate and understand their thought processes. Everyone went out of their way to make me feel welcome and I honestly cannot express the gratitude I feel towards all of them. I have found amazing mentors and made some fantastic friendships that I hope will last a lifetime.

There are a few things that really impressed me, apart from the technical knowledge I gained. When I started this fellowship, I was of the mindset that there was one right way to do a procedure, and I was in search of that. But during my fellowship, I have seen

surgeons use different techniques to deliver beautiful results. It's opened my eyes to the range of techniques and philosophies that can be used effectively.

The second thing that greatly impressed me is the culture of research prevalence in the USA and in ASAPs particularly. To see surgeons with a busy private practice find time for research was inspiring and I aim to do the same in my career.

The third thing I took from my fellowship was the joy of teaching shared by all the surgeons who took the time to educate me and answer my doubts. They were forthcoming about all aspects of their profession. Apart from my time in the OR, I also learned a great deal about what it takes to have a successful practice. I hope to imbibe the same attitude of teaching and share what I have learnt back home.

The time I spent in the USA will shape my entire career. I sincerely want to thank the ASAPs for organizing this fellowship and for deeming me worthy of it. The impact of this fellowship cannot be measured. It is a fantastic way to improve the standards of aesthetic surgery all over the world. I hope to be associated with this great organization during the course of my career.

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 11, 2019. 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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*Residents from the U.S. and Canada are not eligible for this program.

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“

Given the focus on aesthetics in my practice, I wanted to align myself with the leaders in the specialty, which is why I became a Member of ASAPS. The continuing education I receive helps me be the best surgeon possible.”

~ Susan Lovelle, MD
ASAPS member since 2006

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at 562.799.2356

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EXPERIENCED INSIGHTS

Breast and Body Contouring

Thursday, October 18 –
Saturday, October 20, 2018*

INTERACTION.
INVOLVEMENT.
INSPIRATION.

InterContinental
Mark Hopkins
San Francisco, CA

This activity has been approved for
17.75 AMA PRA Category one credit™



www.surgery.org/breastandbody2018



EXPERIENCED
INSIGHTS
Breast and Body
Contouring

INTERACTION. INVOLVEMENT. INSPIRATION.

To maintain an interactive atmosphere, registration *is very limited*.

Register now to insure your place in this educational offering from ASAPS!

ASAPS' **"Experienced Insights in Breast and Body Contouring,"** will take place October 18–20, 2018, at the InterContinental Mark Hopkins, San Francisco, CA. This dynamic, intimate gathering chaired by Doctors William P. Adams, Jr. and Daniel Del Vecchio is your opportunity to learn from some of the foremost experts in the specialty.

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.

Our goal is to interactively discuss, using video and debate, the most current and innovative clinical insights in breast and body contouring.

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 (ASAPS)

The American Society of Plastic Surgeons (ASPS)

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.

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 17.75 *AMA PRA Category 1 Credits™*. Physicians should only claim the credit commensurate with the extent of their participation in the activity.

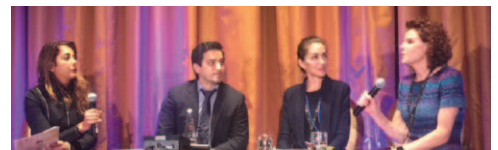
▲ of the 17.75 credits have been identified as Patient Safety Credits.

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.



"Overview of emerging surgical techniques, honest critiques of noninvasive therapies, review of international patient safety studies and surgical pearls from our specialty's experts in a small personal setting makes this one of the best meetings of the year."

– Pat Pazmino, MD

"The whole symposium was an honest and informal exchange between experts. A great deal of "pearls" were revealed during the discussion. For an old dog still trying to learn new tricks the course was priceless!"

– Miguel A. Yanez, MD

THURSDAY, OCTOBER 18

4:00PM – 8:30PM
Registration Open
Peacock Foyer

5:00PM – 6:00PM
Meet & Greet Reception
Peacock Foyer

6:00PM – 6:15PM
Welcome and Introduction
William P. Adams, Jr., MD

6:15PM – 8:30PM
**THE SURGERY LOUNGE
DISCUSSIONS**

1. Implant Gel Cohesivity
Is There a Difference? How
Do I Sort Them All Out?
William P. Adams, Jr., MD
2. Mastopexy—Do You Need STS?
Caroline Glicksman, MD
3. VTE Prophylaxis in Aplasty
What's the Standard?
Jeffrey Kenkel, MD
4. Textured Implant—Do I Use
Them and Why or Why Not?
Julie Khanna, MD
5. BBL—Where Did It Go
Wrong? Should I Offer This
Procedure?
Daniel Del Vecchio, MD

FRIDAY, OCTOBER 19

7:00AM – 6:30PM
Registration Open

7:00AM – 8:00AM
Breakfast with the Exhibitors

8:00AM – 9:20AM
**FAT GRAFTING IN AESTHETIC
BREAST SURGERY—WHY, WHEN
AND HOW**

Experienced Insight:
Daniel Del Vecchio, MD
Analyst: Julie Khanna, MD
Pundit: William P. Adams, Jr., MD
Audience Moderator:
Jamil Ahmad, MD
Panelists: Barbara Hayden, MD and
Jeffrey Kenkel, MD

9:20AM – 10:50AM
**BACK TO THE FUTURE—BREAST
POCKET IRRIGATION—WHATS NEW,
WHATS CHANGED AND WHAT DO I
NEED TO KNOW?**

Experienced Insight:
William P. Adams, Jr., MD
Analyst: Caroline Glicksman, MD
Pundit: David Sieber, MD
Audience Moderators:
Daniel Del Vecchio, MD and
Jeffrey Kenkel, MD
Panelists: Jamil Ahmad, MD,
Craig Creasman, MD and
Heather Furnas, MD

10:50AM – 11:20AM
Break with the Exhibitors

11:20AM – 12:30PM
**IMPLANT MALPOSITION—HOW IN
THE WORLD DO I FIX THIS?**

Experienced Insight:
Kiya Movassaghi, MD
Analyst: Jeffrey Kenkel, MD
Pundit: Julie Khanna, MD
Audience Moderator:
Daniel Del Vecchio, MD
Panelists: Craig Creasman, MD, and
Barbara Hayden, MD

12:30PM – 1:15PM
BIA-ALCL UPDATE
Controversies and US Update:
William P. Adams, Jr., MD

Canadian Update: Julie Khanna, MD
Analyst: Caroline Glicksman, MD
Audience Moderator:
Craig Creasman, MD
Panelists: Jamil Ahmad, MD, Daniel Del
Vecchio, MD, and Heather Furnas, MD

1:15PM – 2:15PM
Lunch with the Exhibitors

2:15PM – 2:45PM
**RAPID FIRE SESSION:
SOFT TISSUE SUPPORT IN BREAST
REDUCTION AND MASTOPEXY**

Rapid Fire Insight:
Caroline Glicksman, MD
Rapid Fire Analyst: Jeffrey Kenkel, MD
Rapid Fire Pundit: Kiya Movassaghi, MD
Audience Moderator:
Jamil Ahmad, MD

2:45PM – 4:15PM
**AESTHETIC BREAST
RECONSTRUCTION—PEARLS
FOR SUCCESS**

Experienced Insight:
Barbara Hayden, MD
Analyst: Jeffrey Kenkel, MD
Pundit: Caroline Glicksman, MD
Audience Moderator:
David Sieber, MD
Panelists: Jamil Ahmad, MD,
Julie Khanna, MD and
Kiya Movassaghi, MD

4:15PM – 4:45PM
Break in the Exhibits

4:45PM – 5:40PM
QUICK HIT HAPPY HOUR

1. The New Infra-Mammary Fold
Incision—How Do You Plan It?
Quick Hit Presenters:
William P. Adams, Jr., MD,
Caroline Glicksman, MD
and Jeffrey Kenkel, MD
Analyst: Craig Creasman, MD
2. Round Vs. Anatomic—Does It
Matter?
Quick Hit Presenters:
Jamil Ahmad, MD,
Barbara Hayden, MD and
Julie Khanna, MD
Analyst: Kiya Movassaghi, MD

5:40PM – 6:30PM
EXPERT FORUM

1. My Top 5 Technical Tips in
5 Minutes
 - a. Breast Augmentation
Caroline Glicksman, MD
 - b. Augmentation Mastopexy
Craig Creasman, MD
2. My Worst Complication and
How I Fixed It
 - a. Breast
Julie Khanna, MD
 - b. Body
Daniel Del Vecchio, MD

PROGRAM continued

SATURDAY, OCTOBER 20

7:00AM – 4:00PM
Registration Open

7:00AM – 8:00AM
Breakfast with the Exhibitors

8:00AM – 9:10AM HIGH DEFINITION LIPOSUCTION

Experienced Insight:
Jamil Ahmad, MD
Analyst: Daniel Del Vecchio, MD
Pundit: David Sieber, MD
Audience Moderator:
Heather Furnas, MD
Panelists: Paco Canales, MD,
Jeffrey Kenkel, MD and
Kiya Movassaghi, MD

9:10AM – 10:30AM FEMALE GENITAL REJUVENATION WHERE HAVE WE BEEN AND WHERE ARE WE GOING?

Experienced Insight:
Heather Furnas, MD
Analyst: Paco Canales, MD
Pundit: Julie Khanna, MD
Audience Moderators:
Craig Creasman, MD, and
Daniel Del Vecchio, MD

Panelists: Jamil Ahmad, MD,
Caroline Glicksman, MD and
Barbara Hayden, MD

10:30AM – 11:00AM
Break with the Exhibitors

11:00AM – 11:15AM ASAPS UPDATE

11:15AM – 12:00PM
**QUICK HITS: PEARLS OF
UMBILICOPLASTY**
Experienced Insight:
Jeffrey Kenkel, MD
Analyst: David Sieber, MD
Pundit: Daniel Del Vecchio, MD
Audience Moderators:
Jamil Ahmad, MD and Julie Khanna, MD
Panelists:
William P. Adams, Jr., MD,
Paco Canales, MD and
Kiya Movassaghi, MD

12:00PM – 1:00PM 3D IMAGING—HOW DOES IT FIT INTO THE PRACTICE?

Experienced Insight:
Craig Creasman, MD
Analyst: Kiya Movassaghi, MD
Pundit: Heather Furnas, MD
Audience Moderator: Julie Khanna, MD

Panelists: Paco Canales, MD,
Barbara Hayden, MD, and
David Sieber, MD

1:00PM – 2:00PM
Lunch with the Exhibitors

2:00PM – 3:35PM BBL: HOW I DO IT AND WHY? INSTRUMENTATION AND TECHNIQUE FROM TUMESCENCE TO GRAFTING—RATIONALE FOR THE CHOSEN METHOD

Experienced Insight:
Daniel Del Vecchio, MD
Analyst: Julie Khanna, MD
Pundit: Jeffrey Kenkel, MD
Audience Moderator:
Caroline Glicksman, MD
Panelists: Jamil Ahmad, MD,
Paco Canales, MD and
Barbara Hayden, MD

3:35PM – 4:30PM
THE KITCHEN SINK—“RAP IT UP”
Attendee Case Discussions and Q&A –
All Faculty

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

HOTEL INFORMATION

Meeting functions will be held at:

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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.

TRANSPORTATION

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

Room rates are \$299 +Tax
Hotel reservation cut-off date:
September 27, 2018
(or until the block is sold out)

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 \$62 plus tax, daily/overnight rate.

*“If Aesthetics is your passion, and you desire to learn from the very best inspiring
“pioneers” of our time...this is The Meeting NOT to miss!”*

– Suzanne M. Quardt, MD

ASAPS Experienced Insights in Breast and Body Contouring

October 18–20, 2018 • Sponsored by: ASAPS

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

Audio

Visual

Symposium Registration

	On or Before Sept 19, 2018	On or After Sept 19, 2018	Subtotal
18.25 AMA PRA Category 1 Credits™*			
ASAPS Active Member	\$1,450	\$1,650	\$ _____
ASAPS Candidate for Membership	\$1,600	\$1,900	\$ _____
Guest Plastic Surgeon	\$1,850	\$2,050	\$ _____
ASAPS Life Member/Resident <i>(Residents must provide letter of verification from chief of plastic surgery)</i>	\$700	\$800	\$ _____
Allied Health Personnel <i>(Must provide letter verifying employment by an ABPS-certified plastic surgeon)</i>	\$1,000	\$1,200	\$ _____

Total Enclosed: \$ _____

By registering for this event: You will be receiving additional communications about this event. Non-EU/UK registrants will also be receiving information about future events and/or products and services.

For EU/UK registrants: Pursuant to the GDPR, do you wish to receive information about future events and/or products and services? Yes No

Payment

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

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Refunds not considered unless a written request is emailed to Victoria@surgery.org by September 19, 2018, or mailed to the ASAPS Central Office and postmarked by September 19, 2018. Refunds made on or before 10/10/18 will be subject to a 15% administrative fee.

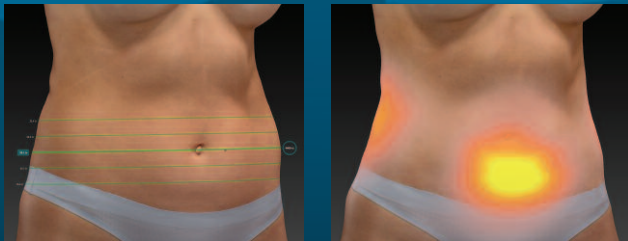
No refunds after 10/10/18.

*Program and hours subject to change.

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ASAPS Advocacy Report 2017–2018

By Paul LoVerme, MD

As Chair of the ASAPS Advocacy Relations Committee, I thought it important to share with you some of the many advocacy efforts on which your Society has made donations or offered support. Too often as members, we don't immediately see the effects of such advocacy, but knowing that your membership dues help support legislation which directly impacts our specialty can make writing your annual dues check just that much easier. Here is a brief summary of ASAPS' recent efforts:

New Jersey Society

\$10,000 grant

The grant would be used specifically for advocacy efforts towards "out of network" reform, one-room surgical suites which are required to be registered but not licensed (change would shift control from the Medical Board of Examiners to the Department of Health which would also require that all facilities become Medicare compliant), and the opioid regulation situation as they are limited to prescribing a 5-day supply of pain killers.

Florida Society

\$10,000 grant

1. Independent practice by NPs and PAs as well as optometrists performing facial procedures—these issues have been killed for this year.
2. Office Surgery rules and regulations—the Board of Medicine helps develop the rule before it goes to the legislature for a vote. Fortunately, Chris Nuland the FL Society attorney, has a good relationship with the Board so he has input. They are trying to tighten regulations with scope of practice language but it is challenging as there is a fine line for some procedures. Everyone thinks they are a plastic surgeon.
3. Opiate prescriptions—only allowed to prescribe enough for 3 days after that the doctor must access the patient registry before prescribing more pain killers.
4. Cosmetic "mills" where surgeons show up to operate and never see the patient again. Trying to attach "transfer agreements" that detail who the surgeon is, training, and experience.

Louisiana Society

\$10,000 grant

SB 186—requested by the Louisiana State Board of Medical Examiners to remove the criteria from the truth in advertising law which permits the LSBME to evaluate non-ABMS boards and make equivalency determinations. The ABCS will be lobbying to oppose these changes as the new language would prohibit their diplomates from advertising a status of "Board Certified." If this bill passes, Louisiana would have one of the strongest TIA laws in the country.

Maryland Society

\$8,000 grant

1. Dispensing of cosmetics—Currently a person must be licensed by the State Board of Pharmacy in order to dispense prescription drugs. Retinol is now being restricted as many doctors do not have dispensing licenses.
2. Tort Reform
3. Cosmetic Procedure regulations—at the state level, they cannot delegate to esthetician who fall under the Board of Cosmetology. Doctors cannot delegate anything that can ablate or destroy any tissue/living skin.
4. Legislation on use of sunscreen. SUNucate: efforts include model legislation which seeks to ensure that students are allowed to bring and use sunscreen in schools and youth camps. Indiana became the first state in 2018 to sign this into law. Legislation is pending in 14 other states including Maryland, Michigan and Oklahoma.
5. Insurance Reform issue

California Society

\$12,000 grant

1. SB 945 (Atkins)—Would eliminate the period of coverage limitations for breast cancer treatment and cervical cancer treatment. CSPS will be supporting this bill.
2. Non-ABMS Board(s) seeking equivalency through the Medical Board of California (MBC)—ABCS has submitted an application to the Medical Board seeking to be deemed equivalent. CSPS has been

engaged with the Medical Board on this issue last year and will continue again in 2018.

3. AB 2674 (Aguiar-Curry)—This bill would require the Department of Managed Healthcare (DMHC) to investigate physician complaints of underpayments by insurance companies. When found to have underpaid physicians, DMHC would be required to fine the insurance companies at a minimum at the level of the underpayment. CSPS will be supporting this bill.
4. AB 1998 (Rodriguez)—This bill would limit physicians to only prescribe a three-day supply of opioids unless more detailed information was provided in the medical record. The bill also would require the physician to provide certain information to the patient prior to prescribing opioids including providing a referral to psychological services. CSPS is opposing the bill.
5. SB 1240 (Stone)—This bill would require physicians to include the ICD-10 code on all prescriptions. CSPS is opposing this bill.
6. AB 2499 (Arambula)—This bill would change the medical loss ratio law from requiring insurance companies to spend 90% of the premiums on the provision of medical care to 95%. CSPS is supporting this bill.

LETTERS OF SUPPORT

LETTER: Nevada

Letter to the Nevada State Board of Dental Examiners—Dr. Edwards helped introduce a bill that would limit those who do Botox to physicians and advanced practice nurses. Basically, it was written so medical assistants, dental hygienists, dentists, and estheticians couldn't inject. The bill was then re-written at the urging of dental lobbyists to include dentists as injectors. Dr. Edwards then withdrew his support. However, it passed and dentists can now inject both Botox and fillers.

Continued on Page 57



THE AESTHETIC CRUISE 2019

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Co-Chair: Joseph Hunstad, MD

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ASAPS Advocacy Report 2017–2018

Continued from Page 55

LETTER: Utah

Letter against the change that was made to R414-1-29. This change reduces coverage for breast reconstruction to one surgical procedure. Utah Medicaid enrollees who need multiple breast reconstruction procedures should not be singled out and subsequently penalized. Breast reconstruction following lumpectomy and mastectomy usually entails more than two surgical procedures per breast. The change could lead to women receiving incomplete reconstruction, suffering from difficult-to-camouflage asymmetries, and having pain or discomfort that could be easily remedied by an additional surgical intervention.

Letter: American Society for Dermatologic Surgery Association (ASDSA)

Letter in support of SUNucate, whose efforts include model legislation which seeks to ensure that students are allowed to bring

and use sunscreen in schools and youth camps. Indiana became the first state in 2018 to sign SUNucate into law. Legislation is pending in 14 other states, and progress in Maryland (SB 217), Michigan (HB 5379), and Oklahoma (SB 950).

Letter: Maryland

Letter to oppose any changes to the current regulations regarding the delegation of chemical peels: Any chemical medical procedure that uses a product to ablate living tissue should only be performed by a physician or by a licensed provider under direct physician supervision. Non-physicians and unlicensed medical assistants should not perform any type of procedure that could risk scarring, unless there is proper direct supervision.

Letter: Minnesota

Letter urging the Board of Cosmetologist Examiners to make necessary changes to ensure that the scope of advanced practice estheticians is clearly defined and does not include the practice of medicine. Any services provided beyond the epidermal dermal junction should be performed by a physician and boundaries need to be clearly defined.

We appreciate your support of The Aesthetic Society and if you have advocacy needs of which our committee should be aware, please do not hesitate to reach out to me. Thank you!

Paul LoVerme, MD, is an aesthetic plastic surgeon in practice in Verona, NJ, and serves as Chair of the ASAPS Advocacy Relations Committee.

PATIENTS IN NEED?



THE AESTHETIC SURGERY EDUCATION AND RESEARCH FOUNDATION

Mollenkopf Aesthetic Breast Reconstruction Fund Now Available Nationwide!

The Aesthetic Surgery Education and Research Foundation (ASERF) is pleased to announce that the **Mollenkopf Aesthetic Breast Reconstruction Fund**, which aids breast cancer patients in completing their aesthetic breast reconstruction journey, is now available to patients nationwide.

Made possible through generous restricted donations to ASERF by Susan and Steve Mollenkopf and matched by the Qualcomm Foundation:

- **Grants of up to \$5,000:** Assist underinsured or uninsured patients in completing a quality aesthetic breast reconstruction following breast cancer.
- **Ideal Candidates:** Women who have had breast reconstruction with unacceptable results and who are deferring surgery due to financial difficulties.
- **Use of Funds:** Ideally, doctors would donate their surgical skills and the grant money would help cover the patient's operating room fees, anesthesia, deductibles and other related expenses.

For ASERF and ASAPS member surgeons who have patients eligible for a Mollenkopf Fund grant, please view all details and download the grant request form at: www.aserf.org/Mollenkopf

For additional information on the Fund, please contact Ivan Rodriguez at (562) 799-2356 or ivan@surgery.org



THE AMERICAN SOCIETY FOR AESTHETIC PLASTIC SURGERY, INC.



AMERICAN SOCIETY OF PLASTIC SURGEONS



THE AESTHETIC SURGERY EDUCATION AND RESEARCH FOUNDATION



THE PLASTIC SURGERY FOUNDATION

For Uninsured Patients, Utilize the BIA-ALCL Patient Fund

The American Society for Aesthetic Plastic Surgery and the American Society of Plastic Surgeons, in conjunction with the Aesthetic Surgery Education and Research Foundation and the Plastic Surgery Foundation, are pleased to offer the BIA-ALCL Patient Assistance Fund for uninsured patients diagnosed with ALCL.

Patient Fund Criteria:

- Health insurance must be either exhausted or unavailable
- No health insurance through any other source
- U.S. Patients Only
- Diagnosed with ALCL following National Comprehensive Cancer Network (NCCN) treatment guidelines

For ASAPS, ASPS, ASERF and PSF member surgeons who have patients diagnosed with ALCL, visit: www.aserf.org/BIA-ALCL, for all criteria and to download a grant request form.

Made Possible By Generous Contributions From



For additional information on the Fund, please contact Ivan Rodriguez at (562) 799-2356 or ivan@surgery.org

Enhancements to ASAPS 2017 Statistics



ASAPS opted to change its survey methodology in 2018, which is why there are differences between prior reports and ASAPS' latest report. The statistics now only include board-certified plastic surgeons, whereas prior surveys also included dermatologists and otolaryngologists. The Society opted to exclude other specialties in order to:

- Best represent the specialty of board-certified plastic surgeons to media, industry and other board-certified plastic surgeons.
- Put forth our specialty's actual numbers in terms of procedures performed, etc. (It was suspected that including dermatologists and otolaryngologists deflated the surgical

numbers and inflated the nonsurgical numbers). The new data shows that many surgical procedures believed to have been on the decline or leveling out, are actually on the rise, (e.g. facelifts which increased by 22% last year).

- Differentiate us from other organizations conducting similar surveys.

If you have any questions about the new statistics, please do not hesitate to contact Leigh Hope Fountain, Director of External Communications—leigh@surgery.org (562) 799-2356 or Sarah Lilburn, Public Relations Manager—sarah@surgery.org (562) 799-2356



Meet the Staff

Alicia Potochniak-Vale

Alicia Potochniak-Vale has worked for The Aesthetic Society for 11 years. During that time, she has served in many capacities and is currently ASAPS' Social Media and Marketing Manager. As such, she is responsible for managing all ASAPS social accounts, and email marketing for symposia and select ASAPS products.

When asked what she best liked about her work, Alicia shared, "We have a great culture here at The Aesthetic Society! I've had the privilege of working with an incredible staff and membership. I've really enjoyed watching our organization grow over the past 11 years and can't wait to see what the future holds for us."

Outside of work, Alicia enjoys backpacking with her husband, practicing Brazilian Jujitsu, caring for her one-eyed cats (yes, you read that correctly...) and exploring the endless realm of craft beers.

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.



Have You Mistakenly Unsubscribed?

The Aesthetic Society has recently become aware that some members and colleagues have mistakenly clicked "Unsubscribe" on our emails, which removes a person entirely from *all* Aesthetic Society email communication. Typically, a person may think that they are unsubscribing from only that particular symposium promotion, for example, but in reality they are unsubscribing from *all* Society emails. 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. ***Please be assured that we never loan or sell our email lists.***

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 email asaps@surgery.org, and ask to be re-subscribed to our communications list. We value your support of The Aesthetic Society. Thank you!

ASAPS Membership Approves Bylaws Change

The membership of The Aesthetic Society recently voted to implement a change in the bylaws. This change is intended to remove a barrier to entry for the Candidate for Membership Program, making it easier for those interested in aesthetic plastic surgery to learn more about The Aesthetic Society before applying for Active membership.

The exact wording change is as follows:

Proposed ASAPS Bylaws Change - 2018

ARTICLE IV

CANDIDATE FOR MEMBERSHIP PROGRAM

- Candidate for Membership (CFM) is a Program of the Society, not a membership category. CFMs shall be plastic surgeons of high moral standing and professional qualifications who are citizens of the United States of America, or its territories, or Canada, and are Board Admissible by the American Board of Plastic Surgery, Inc. (ABPS), or by the Royal College of Physicians and Surgeons of Canada (RCPSC).
- International Candidate for Membership (ICFM) is a Program of the Society, not a membership category. ICFMs shall be surgeons of high moral, professional and ethical standing engaged in the practice of plastic surgery who are not ABPS or RCPSC admissible, yet have evidenced special interest and attainment in the field of aesthetic surgery. An ICFM applicant must

be a member of a national plastic surgery society acceptable to the Board of Directors, or a member of the International Society of Aesthetic Plastic Surgery (ISAPS).

- A CFM or ICFM applicant must be recommended by an Active or Life Member, or the applicant's Plastic Surgery Program Director who does not need to be a member. ~~Applicants must have attended a meeting exclusively organized and managed by the Society within four (4) years prior to the date of their application.~~ CFM applicants must provide verification of accreditation of any surgical facilities that they use. CFMs and ICFMs must sign a pledge to abide by the Society's Bylaws, Conflict of Interest Policy and Code of Ethics.

Explanation for Recommended Change

Candidate for Membership Program (not a membership category): Removal of this barrier to the Candidate Program will provide an opportunity for those interested in aesthetic surgery to learn more about the organization before applying for Active membership.

To apply for **Active membership**, an applicant must have attended a meeting exclusively organized and managed by The Aesthetic Society.



Are You Mitigating Your Risk of Malpractice Claims by Utilizing Patient Education Brochures?

According to a recent paper in the *Aesthetic Surgery Journal* (<https://bit.ly/2ITdBsi>), written by Piper Boyll, BSc, Paul Kang, MS, MPH, Raman Mahabir, MD and *ASJ* Founding Editor Robert W. Bernard, MD:

Variables that may reduce malpractice claims, and thereby both improve the quality and affordability of healthcare, include: (1) the use of procedure-specific patient education brochures; and (2) physician participation in malpractice insurance carrier-required courses. These findings should be of interest to physicians, hospitals, and insurance companies.

To help you reduce this risk, The Aesthetic Society is extending this special offer of a 20% savings on all Aesthetic Society patient education brochures. Simply order via phone at 562.799.2356 or 800.364.2147. You can learn about all of our brochures in our product catalog, which can be found at surgery.org/shop. *Offer good through July 31, 2018.



American Board of Plastic Surgery

ABMS Maintenance of Certification

Certification Matters



James C. Grotting, MD Elected Vice-Chair of ABPS

The Aesthetic Society congratulates Dr. James C. Grotting on his election to the position of Vice-Chair of the American Board of Plastic Surgery. This is a rare honor, as there are seldom aesthetic plastic surgeons in ABPS leadership positions.

Dr. Grotting is a Past President of ASAPS and is in private practice in Birmingham, AL. We salute Dr. Grotting and wish him well as he assumes this important role.

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- Stephen J. Ronan, MD, Blackhawk Plastic Surgery

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Update on ASERF

By Julio Garcia, MD

Happy 25th Anniversary ASERF! As we return from celebrating 25 years of groundbreaking research and scientific advances at The Aesthetic Meeting 2018 in New York, I look forward to serving as your ASERF President. I thank those who donated to ASERF in New York and this year. Your donations directly support our Mission and will allow us to fund research that will impact your aesthetic plastic surgery practice and patients.

As President, my goals this year include working with our Scientific Research Committee to fund innovative research that will directly apply to the future capabilities within the specialty of aesthetic plastic surgery. I plan to continue to work with ASERF leadership to develop mentorship programs and courses to assist individuals who have not previously conducted formal research. By enabling more aesthetic surgeons to contribute to the field, ASERF will expand its reach and continue to improve the specialty.

Your 2018–2019 Board of Directors include aesthetic plastic surgeons and researchers with years of experience in both fields:
 Robert Whitfield, MD—President-Elect
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Patient Assistance Funds

ASERF is proud to offer two distinct patient assistance funds for your uninsured or underinsured patients:

The BIA-ALCL Patient Assistance Fund is intended to help underinsured or uninsured patients diagnosed with ALCL who are seeking surgical treatment of BIA-ALCL, total capsulectomy and explantation, and excision of associated mass with biopsy of suspicious node(s) and implant-based reconstruction, if



ASERF 2017–2018 President Barry DiBernardo, MD, shares that he donated to ASERF.



ASERF had a more vibrant presence at this year's Aesthetic Meeting, raising awareness of the important research they fund.

indicated. The goal of the fund is for surgeons to help patients obtain treatment when insurance limitations would have otherwise restricted their ability to do so. The fund is made possible by generous contributions from Allergan, Mentor Worldwide, LLC and Sientra, Inc. ASAPS, ASPS, ASERF, and PSF member surgeons can apply for the fund on their patient's behalf at: www.aserf.org/BIA-ALCL.

The Mollenkopf Aesthetic Breast Reconstruction Fund provides grants to ASERF/ASAPS member surgeons, to financially assist patients in completing their aesthetic breast reconstruction journeys. These funds are intended to help

Continued on Page 75



The ASERF Silent Auction raised \$334,984, which will help fund essential aesthetic research.



All ASERF Donors were recognized publicly on the ASERF Donor Wall.



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

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.



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.



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ASERF Task Force Article Wins Silver ASHPE Award

The American Society of Healthcare Publication Editors (ASHPE) has awarded the *Aesthetic Surgery Journal* article, "Report on Mortality from Gluteal Fat Grafting: Recommendations from the ASERF Task Force," the 2018 Silver ASHPE Award for Best Special Report/Section. The article appeared in *Aesthetic Surgery Journal*, Volume 37, Issue 7, 1 July 2017.

Fat grafting is among the fastest-growing procedures worldwide. The authors collected data on morbidity and mortality rates from six hundred and ninety-two surgeons to determine and decrease potential risk factors of the procedure. Lead author, M. Mark Mofid, MD, FACS, was delighted to hear that the article, co-authored by Steven Teitelbaum, MD, FACS; Daniel Suissa, MD, MSc, FRCSC; Arturo Ramirez-Montana, MD; Denis C. Astarita, MD; Constantino Mendieta, MD, FACS; and Robert Singer, MD, FACS; was chosen to receive the award, "This was a herculean and multi-disciplinary effort spearheaded by ASERF that brought together plastic surgeons, pathologists, statisticians, radiologists and investigative reporters to help solve a large and looming problem in our field. There is no question that ASERF saves lives. The authors sincerely hope that this article has made the practice of plastic surgery safer and has made a positive impact on the specialty. A special thanks to Steve Teitelbaum, MD for his tireless efforts to promote the cause of patient safety, for his leadership of ASERF, for creating the task force, and for effectively ripping the door off its hinges when most others would have merely added a little oil to a squeaky joint."

The Aesthetic Surgery Education and Research Foundation (ASERF) is proud of the work done by these surgeons to support its mission of promoting safety and education for patients. Expressing his excitement over the honor, Dr. Singer noted, "As evidenced by the discussions and panel at the meeting, this article has made a significant difference with regard to the understanding and modification of the procedure which results in improved safety for our patients. Education to elevate the safety of our patients should always be our main focus."

Thank you and congratulations to the authors; ASJ Editor, Foad Nahai, MD; ASAPS Past-President, Daniel Mills, II, MD; ASAPS Executive Director, Sue Dykema; and ASJ staff, Phaedra Cress and Hunter Alexander, for their dedication to publishing this important article!

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ANN is powered by hardware called a bundleBOX, which is delivered to your office and connects directly to your electronic medical record or practice management software. Each night, the bundleBOX “queries” your software for basic procedural and billing information, minus patient identifiers, and transfers it to a highly secure cloud environment. The ANN cloud has the highest level of security possible today (HITRUST). As opposed to “public clouds”—think Amazon or Google—ours is a private cloud only for individual ASAPS members. It’s a level of security you most likely don’t have in your office. We can currently offer ANN to members with NexTech, Intellipract, and Patient NOW systems.

How Can ANN Help My Data Work for Me?

These real-time Dashboards show you snapshots of your practice, helping you to answer questions like:

- Do I see the most patients in during the same month every year? Is it the same month when many of my colleagues also experience a peak?
- Do my gross charges peak in the same month (or year) when I had the highest volume of patients?
- How many of my patients are coming back to me for a different procedure? Am I seeing the same common patterns between first and second procedures that my colleagues are seeing?
- How many of them are seeing me again for the same procedure? Is that a higher or lower percentage than my colleagues?
- Which of my practice areas is most profitable? Is it the same area where I have the most patient volume?
- What is the balance of gross charges from my surgical vs. non-surgical offerings?

- Is the new laser I purchased bringing me the same patient volume and profitability as my colleagues?
- Are my colleagues offering new procedures or technologies I should consider?
- Is my targeted marketing, advertising, or social media outreach bringing more new patients during a specific time of year?

Your aggregated data in ANN can be used for practice management decisions, marketing strategy, research, advocacy, patient safety issues...the list is only restricted by your imagination.

How Much Does ANN Cost?

For a limited time, ASAPS is offering ANN free to members.

For more information on the Aesthetic Neural Network, please contact Melissa Schmidt, ANN Product Manager: melissa@surgery.org or 562.799.2356.



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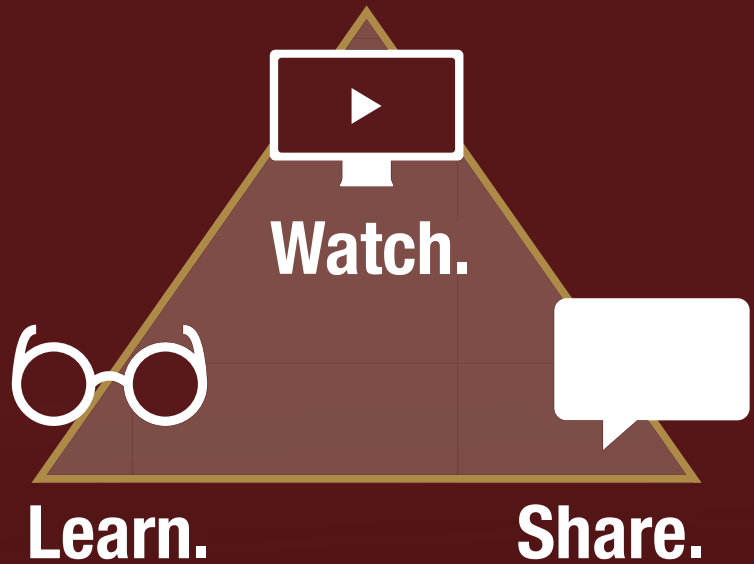
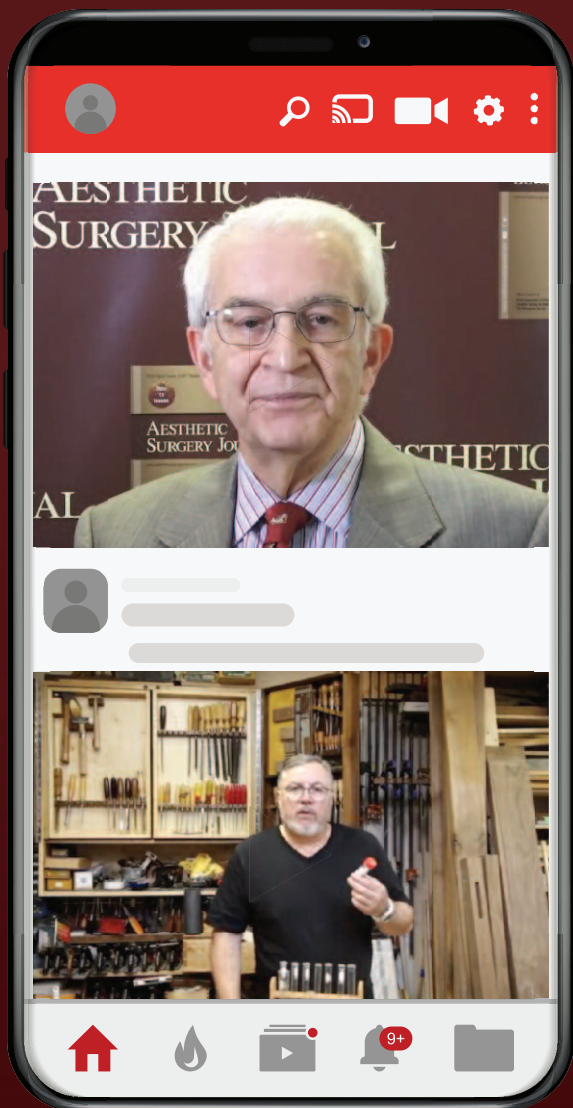


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Aesthetic Surgery Journal Update

To read the current issue of the *Aesthetic Surgery Journal*, visit: <https://goo.gl/inp7GF>

Aesthetic Surgery Journal: Annual Meeting Recap

We announced that in 2019 we will launch the *Aesthetic Surgery Journal Open Forum*. The plans are being made now to unveil this new Open Access journal that will provide ASAPS members with a new benefit and another publication resource. Since Open Access journal articles are freely available to all, the broad reach of articles published in *Aesthetic Surgery Journal Open Forum* offers authors maximum exposure, dissemination, and potential for citations and improved altmetric scores. We look forward to keeping you apprised as the launch draws closer and we open the official submission site. If you're interested in submitting an article to the new journal, write us here: journal@surgery.org.

During the meeting, we also transitioned in Dr. Cindy Wu as the new Lead Next Generation Editor. She held her first team meeting, produced video about upcoming plans to improve and enhance our video outputs, and had an opportunity to brainstorm new ideas.

Did you catch up with us during The Rhinoplasty Society Meeting? Staff were on-hand to meet up with editorial board members and promote the journal's new monthly frequency.



Just after our return from NYC, we learned that ASJ had won 2 American Society of Healthcare Publication Editors (ASHPE) awards: Silver for Best Use of Video (Cosmetic Corner series with moderator Dr. Chris Surek) and Best Special Report/Section (**Report on Mortality from Gluteal Fat Grafting: Recommendations from the ASERF Task Force** by M. Mark Mofid, MD, FACS; Steven Teitelbaum, MD, FACS; Daniel Suissa, MD, MSc, FRCSC; Arturo Ramirez-Montañana, MD; Denis C. Astarita, MD; Constantino Mendieta, MD, FACS; and Robert Singer, MD, FACS).

How Can We Improve?

All that we do is to serve the readership—our ASAPS membership. Your feedback is critical to our continued success. Do you want to shoot a video or become active with our social media team? If you have ideas for improvement or suggestions for innovations, drop us a line here: journal@surgery.org and as always, we appreciate and thank you for your support.

Continued on page 73



Dr. Foad Nahai, ASJ's EIC, shares the news that the Journal has gone monthly with the rhinoplasty community.



Digital Video Editor, Dr. Michael Lee shot video with ASJ Executive Editor, Phaedra Cress, and Editorial Board Member, Dr. Jason Roostaean.



ASJ team members talk about Open Access and the upcoming new Journal launch with friends who stopped by the booth.



The ASJ booth was a meeting place for friends, authors, reviewers, and editors throughout the meeting, with lots of discussion about ASJ Open Forum.



Drs. Chris Surek and Jerry Lamb signed their newly published book "Facial Volumization," won by Dr. Peter Scott in a raffle.

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Aesthetic Surgery Journal Update

Continued from Page 71



Dr. Foad Nahai promotes ASAPS with its core message, We Are Aesthetics.



Dr. Foad Nahai raises a glass with Galatea Surgical CEO Andy Joiner, during their sponsored champagne toast event, attended by more than 150 guests.



ASJ Editor Emeritus and ASAPS Past President Dr. Stanley Klatsky visits with Dr. Akash Chandawarkar during the Welcome Reception.



It was standing room only at the ASJ Editorial Board Meeting with nearly 50 members in attendance. We are honored by this enthusiastic show of support and all the new ideas that resulted from the board meeting.



The editorial team (Kyleigh Vrettos, Phaedra Cress, Hunter Alexander) gets ready for the ASJ-Galatea Surgical champagne toast!



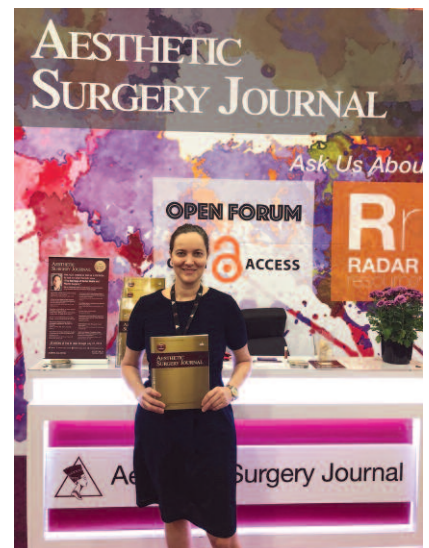
Dr. Danielle Cooper, Residents and Fellows Forum participant, and winner of Dr. Foad Nahai's book, "The Art of Aesthetic Surgery."



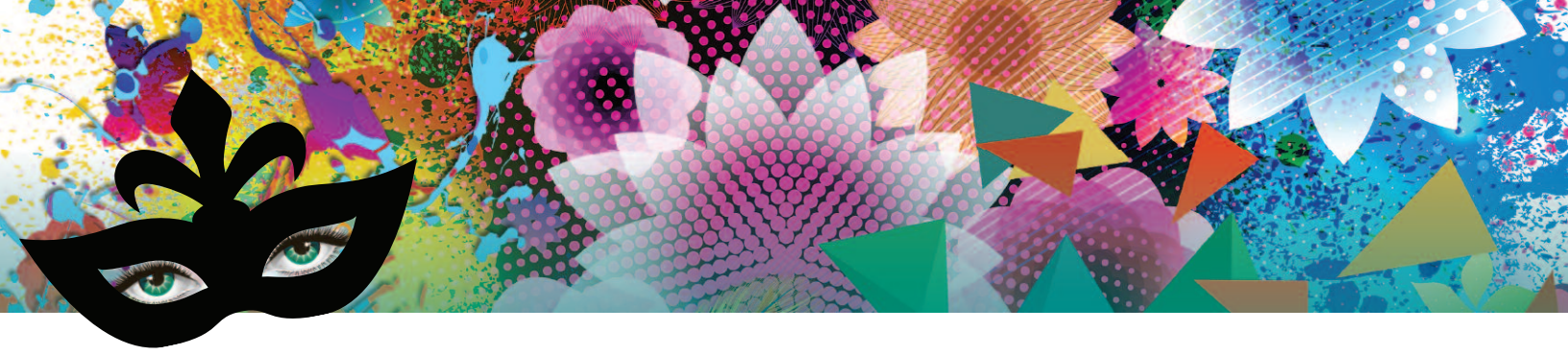
Jacqueline Gomez, Dr. Erica Bartlett, Dr. Luis Macias, Dr. Kriti Mohan, and SoMe Ambassador Dr. Dan Gould toasted ASJ in the booth.



The team was so excited to promote ASAPS President Dr. Grant Stevens' new thematic issue "The Marriage of Social Media and Plastic Surgery" that was distributed on flash drives with free journal articles.



Dr. Lina Triana, Past President of the Colombian Society of Plastic, Aesthetic & Reconstructive Surgery, dropped by to check out the latest issue of ASJ.



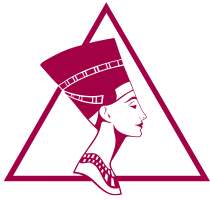
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Apply for Active Membership Deadline extended to August 15!

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.

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. Sponsorship forms are included within the application.

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.

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 and Rhinoplasty Symposium
- The Biennial Aesthetic Cruise
- ASAPS Breast and 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 information on the full application process, visit the Membership section of surgery.org.

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

Update on ASERF

Continued from Page 61

underinsured or uninsured patients nationwide cover the associated costs with breast reconstruction. The goal of this fund is to provide women with limited financial means the opportunity to achieve the best possible aesthetic breast reconstruction result. The grant is focused on women who need a final surgery or revisional surgery to complete their aesthetic reconstruction. Previously only available to patients in San Diego, CA, this fund is now available nationwide! ASAPS and ASERF member surgeons can apply for the fund on their patient's behalf at: www.aserf.org/Mollenkopf.

Research Update

The ASERF Board of Directors approved funding for two research grants during The Aesthetic Meeting 2018:

- Dr. John Kim—*In-Vivo Study of Gluteal Vein Caliber and Anatomy to Improve Safety in Gluteal Augmentation*
- Dr. Jeffrey M. Kenkel, MD—*A Randomized Placebo-Controlled Trial Evaluating Radiofrequency and Hybrid Fractional Laser for Vaginal Rejuvenation*

Thank You RealSelf and SENTÉ®

In honor of the 25th Anniversary of ASERF, Tom Seery, CEO/Founder of RealSelf, made a generous donation to ASERF thanking Drs. R. Brannon Claytor, Robert Cohen, and Jason Pozner for generously sharing their insights and helping the RealSelf team.

Meeting attendees who visited the SENTÉ® booth in New York and had their badge scanned, contributed to a \$5,600 donation to ASERF on behalf of the company.

ASERF thanks both companies for their commitment to advancing aesthetic research during our 25th year!

In Conclusion

ASERF continues to thrive financially thanks to those who donate and volunteer their time. It is an honor to be President, and I am thrilled to be a part of the Foundation as we now enter a new and exciting chapter for ASERF and further expand its research and impact on the specialty.

Dr. Julio Garcia is an aesthetic plastic surgeon practicing in Las Vegas, Nevada, and serves as President of ASERF



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Restylane® Refyne and Restylane® Defyne were recently approved by the U.S. Food and Drug Administration (FDA) for the treatment of nasolabial folds (NLF) or "laugh lines," in patients over the age of 21. Restylane® Refyne was approved for the treatment of moderate to severe facial wrinkles and folds, such as NLF and Restylane® Defyne for the treatment of moderate to severe, deep facial wrinkles and folds, such as NLF. These scientifically-advanced gels are manufactured with XpresHAN Technology,™ creating gels that offer a range of flexibility and support for varied patient needs. For more information, please visit www.galdermausa.com and www.galderma.com.

New at Premier Level



★ Bringing advanced wound care expertise to plastic surgery, KCI, an Acelyty Company, the world's largest advanced wound care company, is committed to developing innovative healing solutions for customers and patients across the care continuum that generate superior clinical outcomes while decreasing the overall cost of care. We have built upon our pioneering market leadership in negative pressure wound therapy and revolutionized advanced wound care, providing solutions for both wound healing and surgical management.

We applied our proprietary technology to develop the most comprehensive incision management portfolio with PREVENA™ Therapy, supported by more than 80 clinical papers demonstrating the ability to help surgeons manage surgical incisions.



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

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Cellfina® is the only FDA-cleared, minimally invasive procedure proven to improve the appearance of cellulite with results that last at least three years—the longest FDA-cleared duration for a cellulite treatment. With just a single procedure, Cellfina precisely and consistently treats the primary structural cause of cellulite dimples for the smooth look many women have been seeking for years. We're so confident in the procedure's results, they're backed by our CYA (Cellfina® Yearlong Assurance) Guarantee. For more details, visit Cellfina.com

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★ The unique and profitable NeoGraft business proposition just got stronger! NeoGraft is now able to offer our plastic surgeons a "Subscription Model" that allows for substantial flexibility and even further solidifies our back-end partnership. Never has it been easier to tap into one of the fastest growing aesthetic trends, providing patients with a clinical outcome that is as good as it gets. With the purchase of the NeoGraft 2.0, we'll reserve a spot for you to attend our upcoming clinical and business preceptorship with Dr. Jack Fisher, NeoGraft CMO and ASAPS past president.

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*Must acknowledge the ASAPS ad to receive preceptorship offer.

sientra.

★ Sientra, an innovative leader in the medical aesthetics industry, recently announced full commercialization of breast implants from its U.S. manufacturing facility. The company offers a diversified portfolio to the industry:

- OPUS,™ the only brand of silicone gel breast implants and tissue expanders exclusively for board-certified plastic surgeons, manufactured solely in the United States.
- Sientra Platinum20™ Product Replacement and limited Warranty Program, the most comprehensive protection, longest length of coverage, most financial assistance, and least amount of warranty restrictions in the industry.
- BIOCORNEUM,® the physician's choice for advance scar treatment, completing the scar healing process through FDA-cleared Silishield™ technology.
- miraDry,® the only FDA-cleared device to reduce underarm sweat, odor and permanently reduce hair of all colors.

Learn more about Sientra at sientra.com



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Learn more at www.canfieldsci.com.



CareCredit is a health, beauty and wellness credit card dedicated to helping millions of patients get the care they want and need for over 30 years by offering special financing options. Now accepted at more than 200,000 healthcare provider and merchant locations nationwide, the CareCredit credit card allows cardholders to make convenient monthly payments for 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. Learn more about CareCredit by visiting carecredit.com/asn or call 855-860-9001.

*Subject to credit approval. Minimum monthly payments required.



Cynosure, A Hologic Company (Westford, Mass.) 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.



★ Celebrating 15 Years! CosmetAssure exclusively provides board certified plastic surgeons with a financial safety net for patients undergoing elective aesthetic surgery. The program works to remove the stress and uncertainty involved with unexpected medical expenses due to post-surgical complications.

As an Alliance Partner and the Gold Standard in complications insurance, we work diligently to provide a superior product to surgeons and patients. CosmetAssure is easy to implement in your practice.

Exclusive program features include:

- Automatic enrollment for ASAPS Members
- Available in all 50 states
- Tiered Pricing Structure
- Capsular Contracture Coverage
- Online Claims Submission

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



An emerging biotechnology leader in aesthetic medicine and therapeutic specialties, Revance® is actively pursuing new ways to advance the neuromodulator product category. They are currently developing the first new neuromodulator product in nearly 30 years: DaxibotulinumtoxinA for Injection (RT002).

RT002 unites a highly purified botulinum toxin type A molecule with a patented peptide excipient to produce the first potentially long-acting injectable neuromodulator. This investigational product has already achieved positive results in the treatment of glabellar lines: two pivotal Phase 3 trials of RT002 in this indication met all primary and secondary endpoints. An open-label, long-term safety study is currently underway, with potential approval anticipated in 2020.



Special ASAPS
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New Industry Partner
Products to Check Out!

Founding Premier Partner:
Sientra

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 Proud to be the Founding Alliance Partner of ASAPS, Rosemont Media has been in business for over a decade, working with aesthetic practices from all around the world. We are innovative thinkers striving to discover unique, yet effective opportunities to grow your practice through our all-encompassing strategies which include:

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

New Partner



 SENTÉ® is a privately held aesthetic company leveraging its expertise and foundation in biotechnology to deliver unique, novel and science-based skincare products. The SENTÉ® research and discovery plan focuses on the science of Glycosaminoglycans (GAGs), master molecules that control skin health, aging, extracellular matrix formation and integrity as well as wound healing.

SENTÉ products are available through its exclusive network of physicians and medically supervised spas. Products include: Dermal Repair Cream, Bio Complete Serum, SENTÉ Illuminé Eye Cream, Neck Firming Cream, ATP Reset Moisturizer, SENTÉ Pollution Shield™ SPF 46, Exfoliating Cleanser, and Daily Soothing Cleanser.

Further information may be found at www.sentelabs.com.



Privately-held aesthetics company Suneva Medical develops, manufactures and commercializes innovative products, including flagship brand, Bellafill.® Available in the U.S., Canada, Hong Kong, Korea and Mexico, Bellafill is the only dermal filler approved by the FDA for treating nasolabial folds and facial acne scars. For more information, visit www.sunevamedical.com.

- Bellafill® (U.S.) is the only dermal filler established safe and effective for the correction of nasolabial folds through 5 years
- Bellafill® (U.S.) is the only dermal filler indicated for the correction of moderate to severe, atrophic, distensible facial acne scars on the cheek in patients over the age of 21 years old



Thermi®, an Almirall company, is a leading developer and manufacturer of temperature-controlled radiofrequency devices. Thermi devices offer versatile modalities (ThermiTight®, ThermiSmooth® Face, ThermiSmooth® Body, and ThermiVa®) that address collagen remodeling, cellulite, and women's intimate and sexual wellness needs.

- ThermiRF®: A monopolar platform that combines temperature control with advanced real-time temperature monitoring; physician control makes the treatment platforms customizable.
- Thermi250®: A high powered, temperature-controlled system emitting at 470 kHz that offers patients pre-rejuvenation and a temporary reduction in the appearance of cellulite.
- ThermiVa®: A non-invasive device that heats vulvovaginal tissue.

To learn more about Thermi and what its technology can offer, please visit www.thermi.com.

ZO® SKIN HEALTH

We value your relationship with your patients. ZO® has a zero-tolerance policy on product diversion. Our commitment to you extends to protecting not only you as an account partner, but also our brand and our patient customers, from fraudulent or diverted products. Our Brand Protection team finds, identifies and shuts down diversion quickly and effectively. In addition, the sole authorized e-commerce site is zoskinhealth.com, where all purchases are credited to our physician partners.

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.



Special ASAPS Member Offer

New Industry Partner Products to Check Out!

Founding Alliance Partner:
Rosemont Media

Industry Partners Continue Their Support

The Aesthetic Society News is pleased to partner 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 strategic partnership with Allergan and we are very pleased to have recently welcomed KCI, An Acelity Company to the Premier partner level! We are also proud to welcome our newest Alliance partner, SENTÉ®.

Premier Industry Partners



Allergan continues as an ASAPS Premier partner marking six years of partnership! Allergan plc (NYSE: AGN), headquartered in Dublin, Ireland, is a bold, global pharmaceutical leader. Allergan is focused on developing, manufacturing and commercializing branded pharmaceutical, device, biologic, surgical and regenerative medicine products for patients around the world.

Allergan markets a portfolio of leading brands and best-in-class products for the central nervous system, eye care, medical aesthetics and dermatology, gastroenterology, women's health, urology and anti-infective therapeutic categories.

Allergan is an industry leader in Open Science, a model of research and development, which defines their approach to identifying and developing game-changing ideas and innovation for better patient care. With this approach, Allergan has built one of the broadest development pipelines in the pharmaceutical industry.

Allergan's success is powered by their global colleagues' commitment to being Bold for Life. Together, they build bridges, power ideas, act fast and drive results for their customers and patients around the world by always doing what is right.

With commercial operations in approximately 100 countries, Allergan is committed to working with physicians, healthcare providers and patients to deliver innovative and meaningful treatments that help people around the world live longer, healthier lives every day.

For more information, visit Allergan's website at www.Allergan.com.

New at Premier Level



KCI, an Acelity Company began partnering with the Aesthetic Society as an Alliance partner in 2017 and this year elevated to the Premier partnership level!

Bringing advanced wound care expertise to plastic surgery, KCI, an Acelity Company, the world's largest advanced wound care company, is committed to developing innovative healing solutions for customers and patients across the care continuum that generate superior clinical outcomes while decreasing the overall cost of care. We have built upon our pioneering market leadership in negative pressure wound therapy and revolutionized advanced wound care, providing solutions for both wound healing and surgical management.

We applied our proprietary technology to develop the most comprehensive incision management portfolio with PREVENA™ Therapy, supported by more than 80 clinical papers demonstrating the ability to help surgeons manage surgical incisions.

The PREVENA™ Incision Management System, launched in 2010, is the first disposable negative pressure system designed specifically for the management of closed surgical incisions. The system covers and protects the incision from external contamination while negative pressure removes fluid and infectious material from the surgical incision into a canister.

At KCI, our broad spectrum of advanced wound care solutions has changed the practice of medicine with improved clinical outcomes across new and growing categories. We are driven by an ingrained culture of innovation with a demonstrated history of advancing technology by introducing first-of-kind solutions to market. Our products are supported by an unmatched commitment to investing in rigorous clinical and economic outcomes data coupled with extensive academic-level medical education programs.

Our unsurpassed product portfolio is available in more than 90 countries and delivers value through solutions that speed healing and lead the industry in quality, safety and customer experience. Committed to

advancing the science of healing, KCI sets the standard for leading advanced wound therapy innovation.

NOTE: Specific indications, contraindications, warnings, precautions and safety information exist for PREVENA™ Therapy. Please consult the applicable PREVENA™ System Clinician Guide instructions for use prior to application. Rx only.

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Alliance Industry Partners

New Partner



The Aesthetic Society welcomes SENTÉ® as its newest Alliance industry partner! Founded in 2007 by biotech entrepreneurs and scientists, SENTÉ® brings biotechnology experience and the rigor of scientific formulations to the skincare market. SENTÉ® collaborates with leading scientists from around the world to develop age management products that clinically prove to be effective and safe. SENTÉ® believes that science and rigorous clinical study must drive product innovation in the development of topical skin care products.

SENTÉ® is a privately held aesthetic company leveraging its expertise and foundation in biotechnology to deliver unique, novel and science-based skincare products. The SENTÉ® research and discovery plan focuses on the science of Glycosaminoglycans (GAGs), master molecules that control skin health, aging, extracellular matrix formation and integrity as well as wound healing. Their scientific approach led to the creation of Heparan Sulfate Analog (HSA), a bio-engineered form of endogenously produced Heparan Sulfate (HS) that differs in size, shape and charge. SENTÉ® products are the

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Industry Partners Continue Their Support

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first and only line in the aesthetic market that contains HSA technology and are only available through physician offices.

“We are thrilled to be an Alliance industry partner to The Aesthetics Society. We look forward to building a strong collaborative relationship with the leadership and members of this great society.” Laurent Combredet, CEO SENTÉ Inc.

SENTÉ products are available through its exclusive network of physicians and medically supervised spas. Products include: Dermal Repair Cream, Bio Complete Serum, SENTÉ Illuminé Eye Cream, Neck Firming Cream, ATP Reset Moisturizer, SENTÉ Pollution Shield™ SPF 46, Exfoliating Cleanser, and Daily Soothing Cleanser

SENTÉ is a recognized leader in the development of innovative and targeted medical skincare products based on glycosaminoglycans. Further information may be found at www.sentelabs.com.

Thank you ASAPS Industry Partners!

The Aesthetic Society thanks all our industry partners for their ongoing support and collaboration.

The Aesthetic Society's partnership program provides industry with strategic benefits and opportunities to collaborate with ASAPS's members. Working together to support our mission to advance the science, art, and safe practice of aesthetic plastic surgery and cosmetic medicine through education, research, and innovation.

A special thank you to Founding Premier partner Sientra, and Founding Alliance Partner Rosemont Media.

PATIENTS IN NEED?



Mollenkopf Aesthetic Breast Reconstruction Fund Now Available Nationwide!

The Aesthetic Surgery Education and Research Foundation (ASERF) is pleased to announce that the **Mollenkopf Aesthetic Breast Reconstruction Fund**, which aids breast cancer patients in completing their aesthetic breast reconstruction journey, is now available to patients nationwide.

Made possible through generous restricted donations to ASERF by Susan and Steve Mollenkopf and matched by the Qualcomm Foundation:

- **Grants of up to \$5,000:** Assist underinsured or uninsured patients in completing a quality aesthetic breast reconstruction following breast cancer.
- **Ideal Candidates:** Women who have had breast reconstruction with unacceptable results and who are deferring surgery due to financial difficulties.
- **Use of Funds:** Ideally, doctors would donate their surgical skills and the grant money would help cover the patient's operating room fees, anesthesia, deductibles and other related expenses.

For ASERF and ASAPS member surgeons who have patients eligible for a Mollenkopf Fund grant, please view all details and download the grant request form at: www.aserf.org/Mollenkopf

For additional information on the Fund, please contact Ivan Rodriguez at (562) 799-2356 or ivan@surgery.org



For Uninsured Patients, Utilize the BIA-ALCL Patient Fund

The American Society for Aesthetic Plastic Surgery and the American Society of Plastic Surgeons, in conjunction with the Aesthetic Surgery Education and Research Foundation and the Plastic Surgery Foundation, are pleased to offer the BIA-ALCL Patient Assistance Fund for uninsured patients diagnosed with ALCL.

Patient Fund Criteria:

- Health insurance must be either exhausted or unavailable
- No health insurance through any other source
- U.S. Patients Only
- Diagnosed with ALCL following National Comprehensive Cancer Network (NCCN) treatment guidelines

For ASAPS, ASPS, ASERF and PSF member surgeons who have patients diagnosed with ALCL, visit: www.aserf.org/BIA-ALCL, for all criteria and to download a grant request form.

Made Possible By Generous Contributions From



For additional information on the Fund, please contact Ivan Rodriguez at (562) 799-2356 or ivan@surgery.org

Ask About Reduced Dues for International Membership

“ I became a plastic surgeon because it was the perfect union between science and art. Aesthetic plastic surgery is one of the toughest disciplines and the education I receive from ASAPS helps me know that I’m fully versed on all the latest techniques. ”

~ Arturo Ramirez-Montanana, MD
ASAPS International Active Member
since 2006

Learn More at Surgery.org
or by Calling Marissa Simpson
at 562.799.2356



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Only through July 31, enjoy a discount of 20% on all Aesthetic Society brochures, including our popular members-only Smart Beauty Guide line of brochures. With an array of products to meet your need, The Aesthetic Society works daily to ensure your practice's success.

Enjoy your 20% savings on brochures today!

Call 800.364.2147 or 562.799.2356 to order

**Offer ends July 31, 2018.*

Some products are exclusively for Members of The Aesthetic Society.



The Importance of Social Media Marketing

By Peter Houtz

While social media is relatively new to digital marketing, it continues to prove itself as a valuable asset to the industry. It is an excellent tool that allows businesses to build relationships and communicate directly with their audiences, whether potential consumers are at home or on the go. Social media platforms range from visual to textual and serve multiple purposes, and these forms of electronic communication offer a flexible approach to marketing.

The Social Media Advantage

According to Pew Research Center, the number of adults who use social media has jumped from 7 percent in 2005 to 69 percent a decade later. Additionally, the use of social media on mobile devices grows by 30 percent annually. Social media is expected to grow significantly over the next few years, and businesses can only benefit from utilizing it during this opportune expansion period. Additional benefits of social media marketing include:

- Direct engagement opportunity
- Method of increasing brand awareness and consumer loyalty
- Cost-effective advertising
- Real-time analytics

Directing Patients to Your Website

While building a substantial follower base is a part of social media marketing, it is not the primary goal; you want to lead consumers from your social media profiles to your website, increasing the likelihood of conversion. Social media allows doctors to pinpoint their desired demographic using different platforms with the intention of connecting their target audience to their website. The following are currently the most popular social media platforms:

- **Instagram:** A mobile platform for a younger audience. It can be used to showcase a variety of visual content, including before and after photos, infographics, and short videos.
- **Snapchat:** A mobile messaging platform for sharing photos and short videos that last a maximum of 10 seconds each. Doctors who utilize this application can pique the interest of curious visitors by giving them a

behind-the-scenes glimpse into what their practice has to offer.

- **Twitter:** An online social networking site and application that makes it easy to reach out to users directly and start a dialogue. Because there is a character limit, Twitter is ideal for sharing witty and concise responses, particularly to customers reaching out for information about your practice and services.
- **Facebook:** A broad reach of online and mobile users frequent this network on a daily basis. Many use it for regular engagement with businesses and to find reliable written content around their personal interests.
- **LinkedIn:** Draws a more professional crowd, mainly from business-to-business (B2B) rather than business-to-consumer (B2C).

Content Development for Social Media

Consumers trust brands that share rich, educational content that speaks in a consistent, unique voice. Create content that reflects your practice's personality, and you can begin cultivating strong relationships with your social media following. Borrowed material can occasionally be used, but original compositions preserve a brand's integrity. Pairing enlightening text with visuals like office photos, procedure images, and before and after shots helps educate social media users, enticing them to visit your practice's website for more information. Search engines also favor unique and readable material, meaning that developing optimized content is essential for search engine visibility as well.

Building a Social Media Strategy

Mapping out your social media strategy is helpful in guiding your online marketing decisions and ultimately generating a higher conversion rate. You may want to consider taking the following steps:

- **Establish clear objectives:** What areas of your business do you want to improve? You may want to boost conversion, raise brand awareness, or increase traffic to your website. Delineating your goals can help you determine the direction in which you want to take your social media efforts.

- **Understand your target demographic:** Find out which platforms your specific audience uses and what topics they gravitate toward. Also, dig a little deeper into the personality types and attitudes of your target demographic to develop a social media presence that speaks to them on a more profound level.
- **Decide which platforms to use:** Not every practice needs to utilize every social media outlet. Consider your business goals and your audience to determine the kind of platforms to use for your business.
- **Create stunning visuals and valuable content:** Producing relevant and exciting material in conjunction with enticing visual content adds value to your social media posts and encourage users to share them. The more your posts are shared and engaged with, the more online visibility your practice will gain.
- **Test your strategy and analyze your results:** Social media platforms usually come with vital real-time analytics reporting and tracking so you can dissect the strengths and weaknesses of your marketing efforts. Knowing what works helps you optimize your strategy and brand authority.

Social Media for Your Practice

Target audiences are using social media to connect and engage with brands of interest on a daily basis. Any social media marketing campaign should focus on developing and delivering authoritative content to captivate a specific audience. Practices can choose from several social media outlets that are suitable for their distinct marketing objectives and how they want to reach potential patients. Consumers are more inclined to favor a brand if they have experienced positive social media interaction with it in the past, making the development of a strong social media presence a worthwhile endeavor.

Peter Houtz is Vice President of Sales at Plastic Surgery Studios.

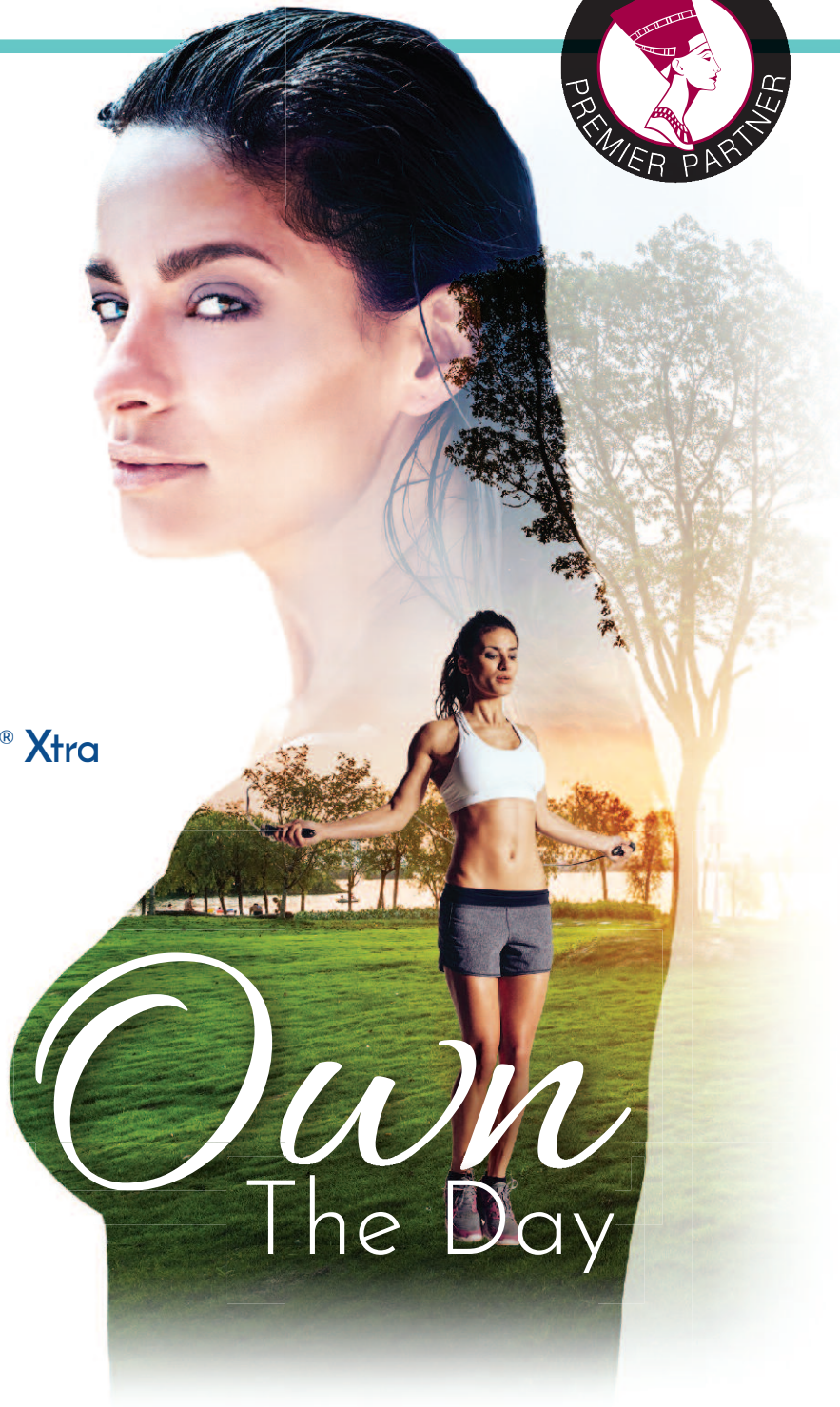


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The soft, natural feel your patients desire² with increased projection, fullness and firmness.³



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References: 1. Worth It Ratings Data - November 2017. 2. In-person consumer survey with 452 respondents. Mentor Consumer Preference Market Research Report - July 2017. 3. When compared to MemoryGel® Breast Implants.

IMPORTANT SAFETY INFORMATION

MENTOR® MemoryGel® Breast Implants are indicated for breast augmentation in women at least 22 years old or for breast reconstruction. Breast implant surgery should not be performed in women with active infection anywhere in their body with existing cancer or pre-cancer of their breast who have not received adequate treatment for those conditions or are pregnant or nursing.

Breast implants are not lifetime devices and breast implantation is not necessarily a one-time surgery. The most common complications with the MemoryGel® Breast Implants include reoperation, capsular contracture, asymmetry, and breast pain. A lower risk of complication is rupture. The health consequences of a ruptured silicone gel-filled breast implant have not been fully established. MRI screenings are recommended three years after initial implant surgery and then every two years after to detect silent rupture.

Patients should receive a copy of Important Information for Augmentation Patients about MENTOR® MemoryGel® Silicone Gel-Filled Breast Implants or Important Information for Reconstruction Patients about MENTOR® MemoryGel® Silicone Gel-Filled Breast Implants. Your patient needs to read and understand the information regarding the risks and benefits of breast implants, with an opportunity to consult with you prior to deciding on surgery. For detailed indications, contraindications, warning and precautions associated with the use of MemoryGel® Breast Implants. Please refer to the Product Insert Data Sheet provided with each product, or online at www.mentorwllc.com.



Will The Real Conversion Rate Please Stand Up?

By Karen Zupko, Cheryl Toth and Amy Boyer

Everyone agrees that it's important to understand how many patients seen in consultation actually schedule surgery. Aesthetic surgeons measure their value on it, and patient care coordinators are rewarded for improving it. Nearly every aesthetic surgeon we talk with wants to know what is a "good" conversion rate.

But if your team calculates a "lump" conversion rate for the year, you're missing the bigger picture. Not to mention lacking the nuanced data needed for making strategic marketing and performance improvement decisions.

This article sets the record straight. It explains why and how to correctly track this essential metric, the importance of understanding how the practice management system algorithm calculates it, and how to take action if your current data collection procedures need a clean up. Throughout the article, "conversion rate" is referred to as "Patient Acceptance Rate (PAR)," our firm's preferred term. "Conversion" has an unfortunate religious connotation. And PAR takes into account three important variables for getting patients to "yes, schedule me:" connection to the surgeon, procedure recommendations, and fee.

More Than a Gross Number

Blame it on cultural artifacts or an old formula used by a previous office manager, but many staff still calculate one gross PAR and use it as the primary stick for measuring performance. This aggregate data point is of little use. It prevents you from knowing where

The more accurate and useful way to review PAR is by procedure. That means your practice should track and review multiple PARs—one for each of your most common procedures. We advise reviewing the data quarterly, as well as year over year.

Table 1. Patient Acceptance Rates By Procedure

	2017	2016	2015
Breast Augmentation	79%	57%	50%
BAM with Lift	68%	63%	0%
Abdominoplasty	65%	69%	69%
Facelift	60%	52%	47%
Rhinoplasty	33%	30%	30%
Average	61%	54.2%	39.2%

your consultation strengths are, where you should invest in marketing, and where you might need to make some improvements.

The more accurate and useful way to review PAR is by procedure. That means your practice should track and review multiple PARs—one for each of your most common procedures. We advise reviewing the data quarterly, as well as year over year. Doing so indicates performance over time and can assist you in pinpointing the trouble spots. Table 1 shows an example of how we recommend surgeons review annual PAR data. And, we suggest looking at a rolling 12-month period each month. We'll explain how to generate that report later in this article.

Are some procedures always going to have a higher PAR than others? In our experience the answer is yes. Most aesthetic surgeons find that their PAR is highest for breast augmentation, and lower for procedures such as rhinoplasty (unless you are known as a nasal surgery expert). The variance is logical when you think about the various characteristics of each procedure. Usually, "facial rejuvenation" would have a lower conversion rate than breast augmentation. It's more expensive surgery, has longer downtime, is sought by a mature patient population who typically consider multiple surgeons, and it typically requires a lengthier planning/decision-making time frame.

In addition to tracking the PAR by procedure, monitor how it varies over time. Once you see what's revealed at the procedure level, you may decide to sharpen your focus on procedures with high PARs. Or, assess why the procedures you'd like to do more of have a lower PAR, and determine ways to modify your consultation style or process to improve it. Here are several questions to ask as you analyze the data:

- Which procedures do you enjoy performing most? Your enthusiasm (or lack thereof) can become apparent to patients and influence their decision to say "yes." Perhaps the PAR for your lesser favorites can be increased with a few consultation tweaks.
- Are certain high PARs due to your reputation "the breast aug doctor" or for your "Mommy Makeover?" Is this the reputation you want to maintain? Or could you modify it through marketing and different messaging?
- Is your fee higher than the market for the procedures with the lower PARs? Deservedly so, based on your reputation?
- Is the consultation flow or technique different between the procedures with a higher PAR than the ones with a lower PAR? Should it be different? Could it be changed?

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Will The Real Conversion Rate Please Stand Up?

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- Does everyone on the staff understand the procedures with low PARs, as well as they do the highest scoring ones? Does staff show enthusiasm for some procedures more than others?

How to Correctly Calculate the PAR

The basic PAR calculation is straightforward: the total number of surgeries in a procedure category, divided by the number of consultations. Thus, if you saw 40 patients during the first six months of the year for a facelift and 20 patients scheduled, your PAR for facelift is 50%.

But the simplicity ends there. There are several other things that impact the calculation. And staff must understand these in order for data accuracy. In many practices we visit, this is not the case and re-education is in order.

First, you must generate the PAR report from your practice management system using the correct date range filter. As previously suggested, we advise that practices generate the report for a 12-month period, up to the previous month or two, depending on how far out patients schedule. Based on how the algorithms work in most practice management systems, the date of the patient's consult and the date of the surgery must *both* be within the selected date range in order for the selected procedure to count. So, if you generate the report for a single month, the PAR will typically be very low, because many of the consults have not yet turned into surgeries within that same month. If you, instead, generate the report based on a 12-month period, it is more likely to capture both the consult and the surgery within that date span, thus calculating a more accurate PAR.

Second, you must understand how the algorithm in your practice management system calculates the conversion, and ensure your practice workflow and data entry support the system to work as intended. In the majority of practices we visit, staff is unaware that how they schedule patients, categorize information, and generate quotes and invoices may *impact the PAR calculation*. A common result is that nobody trusts the PAR report because it's "wrong." The surgeon or patient care coordinator sense that they are

The Aesthetic Society's new Aesthetic Neural Network (ANN) system uses a different methodology. In ANN, PAR is calculated using quotes converted to invoices.

doing better than what the report says, but don't have the data to prove it. Or, they spend significant time calculating the PAR by hand, using their own methodology.

Here's how to fix this. Most systems calculate the PAR by procedure, correlating the procedure for which the patient scheduled a consult appointment for with the procedure for which the patient scheduled surgery. In order for the calculation to be correct, *the two must match*. If they don't, the conversion rate report data will be incorrect.

For example, in Nextech the PAR is based on the data entered by *scheduled appointment*. A successful conversion is counted when a patient has a *Consult* appointment type and a *Surgery* appointment type with the same "purpose." If the patient schedules an appointment to discuss breast augmentation and schedules a breast augmentation, Nextech calculates the conversion accurately. But if that breast augmentation changes to a mastopexy, the only way the system knows this is if staff updates the *Consult* purpose. This is a vital step that many practices miss. If yours is one of them, modify practice workflow so that if the *Consult* purpose changes from the original appointment, staff makes this important update. Only then will the system calculate the conversion correctly.

PatientNOW pulls the data based on the appointment type configuration, not on the name of the appointment. If you use patientNOW it's critical that you configure your appointment types correctly on the back end—or the software's conversion retention report will not calculate properly.

PatientNOW also bases the PAR calculation on the schedule. All new patients are counted as inquires and a report table shows conversion to consult and then consult to procedure. Different from how Nextech calculates the

data, the specific type of consult or procedure does not matter, so there is no need to change the appointment type.

PatientNOW's conversion retention report pulls data based on the *appointment type configuration*, not on the name of the appointment. For PatientNOW to calculate PAR accurately, practices must configure *appointment types* correctly on the back end, in Admin Data Tables. To do this, configure a *consult* for each procedure or treatment you offer—for example, laser, breast augmentation, Botox. Doing so enables the *inquiry to consult conversion* table to correctly count and calculate new patients who schedule an appointment type marked as *consult* to the corresponding appointment type marked as *surgery or procedure*, which will result in an accurate PAR.

The Aesthetic Society's new Aesthetic Neural Network (ANN) system uses a different methodology. In ANN, PAR is calculated using *quotes converted to invoices*. ANN's Conversion Dashboard displays the ratio of quotes that are converted to invoices, the associated gross charges from these conversions, and the average time period from quote to invoice. So instead of calculating the number of blepharoplasty consults against the number of blepharoplasty surgeries, ANN's algorithm looks at the number of blepharoplasty quotes, and how many of them were billed in relationship with the scheduled surgery. ANN also benchmarks your PAR against the average aggregated conversion data of other plastic surgeons participating in ANN.

Why You Must "Bill the Quote"

The ANN algorithm raises another critical point, although it's relevant for users of other aesthetic practice management systems too: *Staff must create the patient's surgery bill or invoice from the quote when the patient decides to schedule—not create a new invoice for the surgery*. We work with many bewildered staff who tell us the unconverted quote report is wrong because it contains many patients who have already had surgery. In almost every case,

Continued on Page 87

Will The Real Conversion Rate Please Stand Up?

Continued from Page 86

The ANN algorithm raises another critical point, although it's relevant for users of other aesthetic practice management systems too: *Staff must create the patient's surgery bill or invoice from the quote when the patient decides to schedule—not create a new invoice for the surgery.*

the reason for this is that the staff are creating new invoices instead of billing from the quote, and are not cleaning up the unconverted quotes from the list. When staff “bills the quote” as it's typically described, it closes out that quote from the system's unconverted quotes log, applies the conversion credit to the surgeon, and removes the quote from the unconverted quotes report. Consult your vendor for details. Figure 1 explains the actions aesthetic practices can take to clean up unconverted quote transactions and improve data accuracy.

You can't manage what you don't measure. And you can't manage the opaque. Slicing your PAR by procedure provides the granularity needed to see how well your consultation process is working, and where modifications may be needed to get patients to “yes.” Ensuring your team is entering information accurately and using practice management system features correctly is essential to turning “wrong” reports into trusted management resources.

Karen Zupko is president of KarenZupko& Associates, Inc. She has been advising aesthetic surgeons on practice management, marketing, and hiring issues for more than 30 years. Cheryl Toth and Amy Boyar are valued members of the KarenZupko&Associates team.

Karen is an annual faculty member at The Aesthetic Meeting and offers regional workshops for patient care coordinators and aesthetic surgeons. Visit karenzupko.com for dates and details.

Figure 1. 4 Steps Toward Cleaning Up Unconverted Quotes

“Many clients we work with have unconverted quote reports that are 60 pages long and filled with inaccurate information,” according to Amy Boyer, MBA, consultant and speaker with KarenZupko&Associates, Inc. Cleaning up the data, she says, can improve the accuracy of your PAR calculation as well as pare down the report so it can be used as intended: as a patient follow up and relationship building tool.

- 1. Generate the report,** using a filter that will capture all quotes created but never closed or converted, for all dates of service.
- 2. Review each patient's account.** If they've had surgery, or have an invoice for surgery, that matches the open quote, mark it inactive. In most cases you cannot go back to tie the invoice to the original quote after the fact. If there are open quotes for procedures the patient did not choose to have, mark those quotes as inactive, as well.
- 3. Meet with staff to be sure everyone understands why and how to “bill the quote.”** It's essential that everyone on the team be trained to create an invoice from the quote from this point forward.
- 4. Create a workflow that catches and modifies the consult appointment purpose to match the surgery appointment purpose.** In some systems, if the consult appointment purpose doesn't match the surgery appointment purpose, the PAR rate won't calculate correctly. Consult your vendor for refresher training if needed.

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Turn Your Staff into Master Promoters

By Catherine Maley, MBA

Want to double the number of surgeries you perform?

Here is how you do it...turn your staff into your professional "Sales Ambassadors" rather than a necessary overhead expense.

Passionate Staff Make the Difference

I have consulted in practices where the staff's appearance and attitude do not match that of the practice's branding.

For example, a well-known breast augmentation surgeon employs small-chested staff and a renowned plastic surgeon that performs excellent facelifts has a coordinator in her 50's who desperately needs facial rejuvenation but hasn't had anything done.

When I ask staff about their feelings towards cosmetic rejuvenation, they have said things like:

"I would never have surgery."

"I'm scared of surgery."

"Plastic surgery is just not for me."

What?!? That attitude is NOT helping the success of your practice.

That lack of passion for plastic surgery is a huge disconnect for the prospective patient who is considering those very procedures but now questions why the very staff that represents the surgeon have not had any work done themselves.

It's not that these staff members are wrong about how they feel towards plastic surgery... it's that they are wrong for your practice and should not be representing you.

Prospective plastic surgery patients are looking for evidence why YOU are the best choice. Since they can't touch, hold and feel your results, the next best thing is for them to experience your skill and expertise through another patient you have performed surgery on.

You need staff that love this industry and respect that you are in the business of transforming lives. They loved experiencing their own transformation and are excited to participate in the transformation of others.

Be sure you have staff that is passionate about looking their best and feeling great and would not hesitate to have plastic surgery to help them meet their goals.

How to Double Your Conversions

Perform a breast augmentation on your receptionist and a facelift on your coordinator and watch what happens.

Your coordinator magically turns into the confidant aesthetic advisor because she has personally gone through the same journey and can relay her own personal story with confidence.

Your receptionist now talks about her own experience while chatting with the waiting patients who also want a breast augmentation and so on.

This changes everything. Your staff is no longer uncomfortable promoting you or "selling" your services.

They are simply your aesthetic advisors to your prospective patients who look to them for guidance on their own cosmetic rejuvenation journey.

Prospective patients see your excellent results first hand through your staff and are more comfortable moving forward because they can see with their own eyes your skill and expertise.

Use Social Media Strategically

Now that your staff looks fantastic, it's time for them to promote your excellent work. Your staff must sing your praises and spread your message to new prospective patients using the social media strategies below.

And since you have limited time, use the most popular social media sites with the biggest reach to new prospective patients such as FaceBook, Instagram, and YouTube. Here's what you do...

Daily Diary

Since social proof and authenticity is everything in social media, use that to attract the attention of prospective patients considering plastic surgery.

Have your staff start a blog and keep a daily diary of their own surgical journey. They can write about their experience and feelings as they go through the various stages of surgery.

If they had an eyelid lift or facelift, they take photos every day and make a photo book or upload the photos to an iPad so they can visually explain the process they went through with your prospective patients.

If they had bodywork, they show through photos how they may have been bruised and swollen but they are comfortable during their recovery thanks to meds and rest and they are thrilled with their final outcome.

Videos

Your staff can even do a VLOG. (Video Blog) about their journey. YouTube and Vimeo are the top video websites to use. Your staff can use their iPhone to shoot a daily update video and post it on social media sites with a link back to your website so prospective patients can learn more and contact you for their own surgical consultation.

Introductory Practice Video

Go a step further and have your staff shoot a video welcoming new prospective patients to your practice.

They can reiterate why you are the best choice and then give a tour of the office and explain what to expect during the consultation process when they visit you.

Your staff can explain that not only are they a member of your team, they were also a patient of yours. They explain how they understand how the prospective patient may feel anxious and apprehensive but it's worth it and here's why!

Live Events

If you hold patient events in your office or speak outside your practice, be sure to bring your staff, along with their before photos. You also want to call on them to tell their own story which is:

- This is why they were uncomfortable with their appearance
- This is what the process was like
- This is how great they feel now and how they wished they had done it sooner

Set Boundaries for Free Surgery

Staff must complete a 90-day probationary period to assess if this staff person is a keeper or not before you offer them complimentary surgery.

You may decide to cover the entire fee or have them pay the OR and anesthesia fees and forgo your surgeon's fee, charge them a

Continued on Page 107



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A SAPS.CLOUD is the first HITRUST® certified, aesthetic and plastic surgery-specific cloud offering in the world, and is an ASAPS Advantage Program, offering substantial savings to ASAPS Members. Created by ANZU®—the creators of RADAR Resource—and Iron Medical Systems®—a leading provider of secure private medical clouds, the ASAPS.CLOUD provides the highest assurance that your patient information is protected from cyber threats.

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

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.

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



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.

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. 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.

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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.

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Focus on Reducing Risk

By Harry K. Moon, MD, FACS

While considering the risks that your practice faces it is important to consider the causes of most malpractices suits. The top five allegations by paid claims, according to the PIAA, include the following: improper performance, 67%, failure to supervise or monitor a case, 7%, no medical misadventure, 6%, surgical foreign body left in patient after procedure, 4% and failure to recognize a complication of treatment, 4%.

The above information gives us, as plastic surgeons, a clear path as to what our primary focus should be on as it relates to reducing risk and surgical performance. Improper performance can be prevented by continuing to closely adhere to our basic techniques while embracing new approaches that may assist in preventing surgical errors. An

example of a basic technique that can be followed is closely monitoring your surgical checklist. With that in mind, Crew Resource Management (CRM), has been assumed from aviation and is emerging as a new technology to assist in managing one's surgical program. Finding the balance between basic techniques and technology will be key in helping prevent surgical errors.

Another factor contributing to improper performance is a breakdown in communication. Aside from the obvious errors such a wrong site incision there are a variety of additional risks. According to a study performed by the University of Toronto, Toronto, Ontario, Canada, a communication failure in the OR

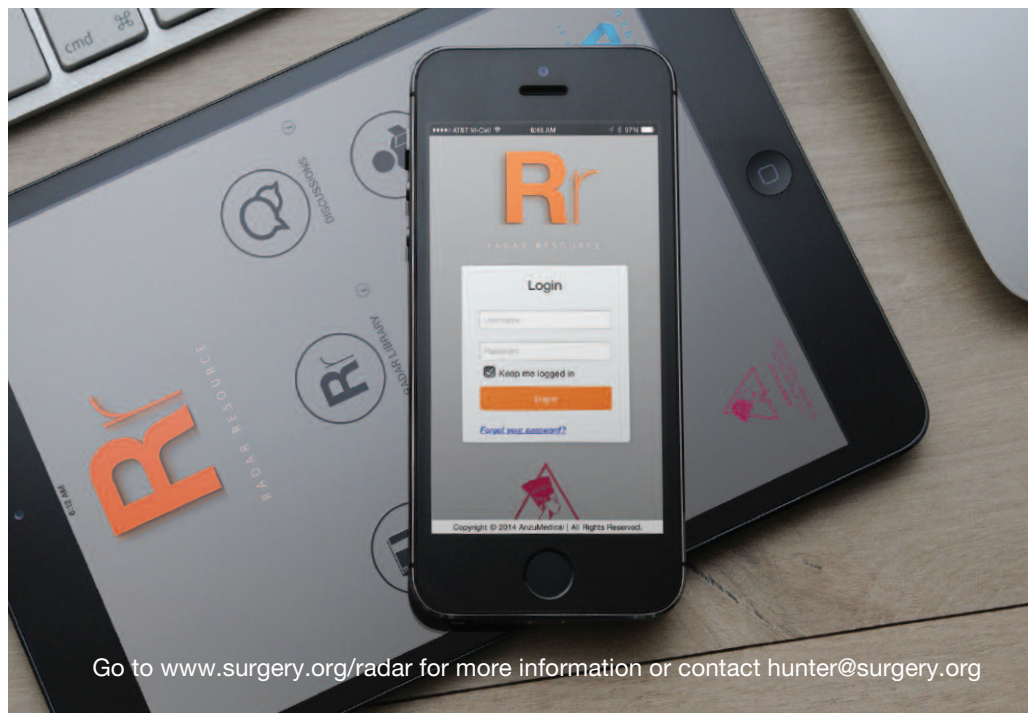
can contribute to increasing cognitive load, interrupting routine and increasing tension in the OR which jeopardized patient safety. This is yet another example of why readiness (surgical checklists) and communication are paramount in preventing improper performance, the leading cause of indemnity payments for plastic surgeons.

Harry K. Moon, MD is Medical Director at AMS RRG, Inc. For more information on AMS RRG, go to www.amsrrg.com.

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Winning Over the Customer You Already Have

By Nicole Gusé

Traditional wisdom may lead us to believe that in order to increase profit, you must increase the number of new customer leads. However, smart business owners and marketers know that's far from true.

It's all about turning your existing customers into your biggest fans, because fan loyalty is everything.

Your existing client is one that trusts you, and trusts in your product and services. In turn, a trusted source is a recommended one. The more you can connect and build longevity with your current clients, the more likely they are to turn to their social circles when recommending your services. In this industry, marketing dollars play their part but word of mouth recommendations are still the bread and butter.

How can you build these ongoing connections with your current clients, turning an existing customer into a routine customer? The single most important factor is building a well-rounded business.

Email Marketing and Social Media Outreach

Do you have a local event coming up? Are you planning to host a live treatment demonstration on your Facebook page? If so, be sure to connect with the clients who already know and trust your practice. Send an email flyer with your information to keep them informed. Share this news on your social media accounts. This gives them the

The single greatest way to manage this connection is through your email marketing efforts. Drop an event flyer in their inbox, or send a weekly or monthly digest from your practice. Provide content worthy of their time and interest, and make them aware of what you offer.



opportunity to stay engaged with you, and learn more about the additional products and services you offer. Additionally, they can keep their friends and family apprised of the details.

The single greatest way to manage this connection is through your email marketing efforts. Drop an event flyer in their inbox, or send a weekly or monthly digest from your practice. Provide content worthy of their time and interest, and make them aware of what you offer.

Provide Meaningful Engagement

It's about making the connection you have with a client so routine, that they can't help but remember you. It's important that you post to your social media accounts on a daily basis, engaging your clients with meaningful content that grabs their attention and holds their interest. Be sure to have a specific team member dedicated to these efforts, one that can engage with the questions and comments you receive. Ultimately, it needs to be a connection formed in such a way that they want to carry on that information to others. Remember, your current clients are your greatest marketing asset.

Increase Their Level of Value

Do you connect with your customers on special occasions? Do you send them a 'thank you' or perhaps a discount for their birthday or anniversary? What about a personal follow up post-treatment? Connect with your clients in such a way that it doesn't feel like they're lost to the numbers game.

Lastly, and possibly most important in terms of value, handle complaints whether verbal, via social media or otherwise, directly and with a level of confidence and sincerity. The situation will arise, unfortunately, where a bad experience turns into a visibly bad review, especially in the age of social media. You need to offer responsive feedback. Take the time that's needed to address these matters, and handle with precision and care. You might be surprised by the turn-around it offers.

To learn more about branding, selling, and staying connected with your clients in the digital age of aesthetics, visit [LVBX at TheLiveBox.com](http://LVBX.com).

Nicole Gusé is the Vice President of Marketing at The Live Box + LVBX Magazine, a full-service marketing agency and digital commerce platform serving the aesthetics industry. For more information, visit [The Live Box.com](http://TheLiveBox.com).

WHEN SHOULD I CONSIDER AN IDENTITY REFRESH?

You know your services are one-of-a-kind, but do your patients? While exemplary patient care and first-rate results are the foremost authorities in distinguishing your aesthetic practice from others, **the power your personal brand yields in communicating your unique quality of expertise should not be underestimated.** An effective and enticing brand identity can make a lasting impression on current and prospective patients while establishing a sense of trust by legitimizing your practice.

As trends and tastes change constantly, people can easily tell when a logo or website seems outdated. You don't want patients to wonder whether they've traveled back in time when they think of your practice—a very likely possibility if your services are represented by an antiquated aesthetic. If your brand or logo no longer reflects the life and soul of your practice, refreshing your identity can communicate the vital message that you are capable of embracing growth and changing trends without uttering a single word.



Unlike a complete rebranding, an identity refresh simply acknowledges the importance of remaining relevant to your patient base while keeping the overall message and character of your practice intact. So when is the right time to reinvigorate your brand? The following factors can help you glean an idea of when a makeover may be opportune:

WHETHER OR NOT YOUR BRAND IDENTITY IS TRUE TO YOUR PRACTICE

Do the colors, fonts, and graphics used to distinguish your practice still accurately embody the soul of your expertise? If your brand feels distant or irrelevant, this should be an impetus for renovating the symbols which identify you.



THE AGE OF YOUR CURRENT LOGO OR WEBSITE

A good general rule of thumb is that most branding and website designs have a shelf-life of five to seven years before they feel dated. A brand that feels behind the times can hinder your ability to be perceived as an advanced practice with cutting-edge technologies, potentially driving prospective patients into the hands of a healthcare provider that seems more equipped to embrace innovation. You want your services to resonate and connect with individuals, and a brand identity that feels obsolete can be disenchanting, especially to younger generations.



YOU WANT TO COMMUNICATE A MESSAGE THAT IS NOT CONVEYED WITH YOUR EXISTING BRAND

Are you aiming to shift the focus of your identity and want this evolution to be mirrored in your brand? Revamping the designs associated with your practice can be an effective way to illustrate an expansion/transformation of services, a shift in the internal culture of your practice, or another development that is not currently reflected by your identity.



YOU WANT TO REACH A DIFFERENT DEMOGRAPHIC

An identity refresh can be a highly effective means of engaging with younger patients, appealing to a more upscale patient base, or otherwise resonating with a demographic that is not currently responding to your marketing efforts.



Visual communication is a compelling tool that can foster incalculable growth of your patient base. The ability to more effectively reach your patients can be as simple as adjusting text-width and updating a font, or as elaborate as a complete logo redesign. If you think it may be time for a brand refresh, the team of creative experts at Rosemont Media can help you formulate a unique strategy to modernize your identity and ultimately grow your practice.

Co-authored by Rosemont Media CEO Keith Humes and Presley Van, Web Content Writer

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Rules of the Road When Working with Influencers

By Wendy Lewis

Influencer marketing has evolved into a well-established strategy for consumer engagement. An estimated 86% of marketers used Influencer Marketing in 2017 and an estimated 67% think it helps them reach a more targeted audience.

Instagram Stories and Snapchat are the platforms of choice for influencer campaigns to drive engagement, but these are not the only avenues to consider. Collaborating with the influencers is a good way to get in front of a new audience and extend your brand awareness. This strategy can work nicely, but there are some caveats.

I have talked to many plastic surgeons who have been disappointed with their experience with influencers. Some have been ripped off by paid influencers who don't deliver on time or live up to their contractual obligations. They can also mess up surgeons' schedules in the process by not showing up when expected and planned for. Regrettably, this is not an uncommon occurrence. Most of the 'influencers' you may work with are not professionals and will not have managers, agents, or even much experience in business. In fact, some of them may be stay-at-home moms, bloggers, makeup artists, aspiring models or musicians, or socially savvy millennials looking to make a quick buck. Therefore, entering into any engagement where services or products or fees and exchanged for agreed upon deliverables in the form of posting or photos or videos, should be handled professionally, in writing with the specifics laid out and signed and countersigned so it will be legally binding in your place of business.

Influencer Strategies

Harnessing the power of influencers can generate big payoffs. Historically, influencers have been celebrities, Kardashians, models, reality show stars and sports figures. For a plastic surgery practice, an influencer could be other businesses in your community, social media users with high follower counts or customers who are very active across social media platforms. It's about choosing someone who has enough reach among an audience that matters to your practice. In most cases,



for aesthetic surgery practices at least, this means a local or regional individual who has fans and followers who seek them out for beauty advice and recommendations. One of the keys to success is relatability.

The best influencers are referred to in marketing speak as 'micro-influencers' and they can be ordinary people who have similar lifestyles, interests and goals. The advantages are that they are easier to engage with, more open to potentially working with you, and every practice has some already. Tapping into the right micro-influencers who can authentically weave stories and experiences into desirable content on social platforms that consumers trust can produce powerful results. But the end result you may see online is not always a seamless process. For big consumer product brands and global beauty brands, a single post may involve multiple agency teams, photographers, designers, account coordinators, and a slew of brand managers to get it just right. Of course, plastic surgeons do not typically have unlimited resources, so you have to think a lot smaller.

Whether it's a treatment conveyed through a blog post, an impactful video of the

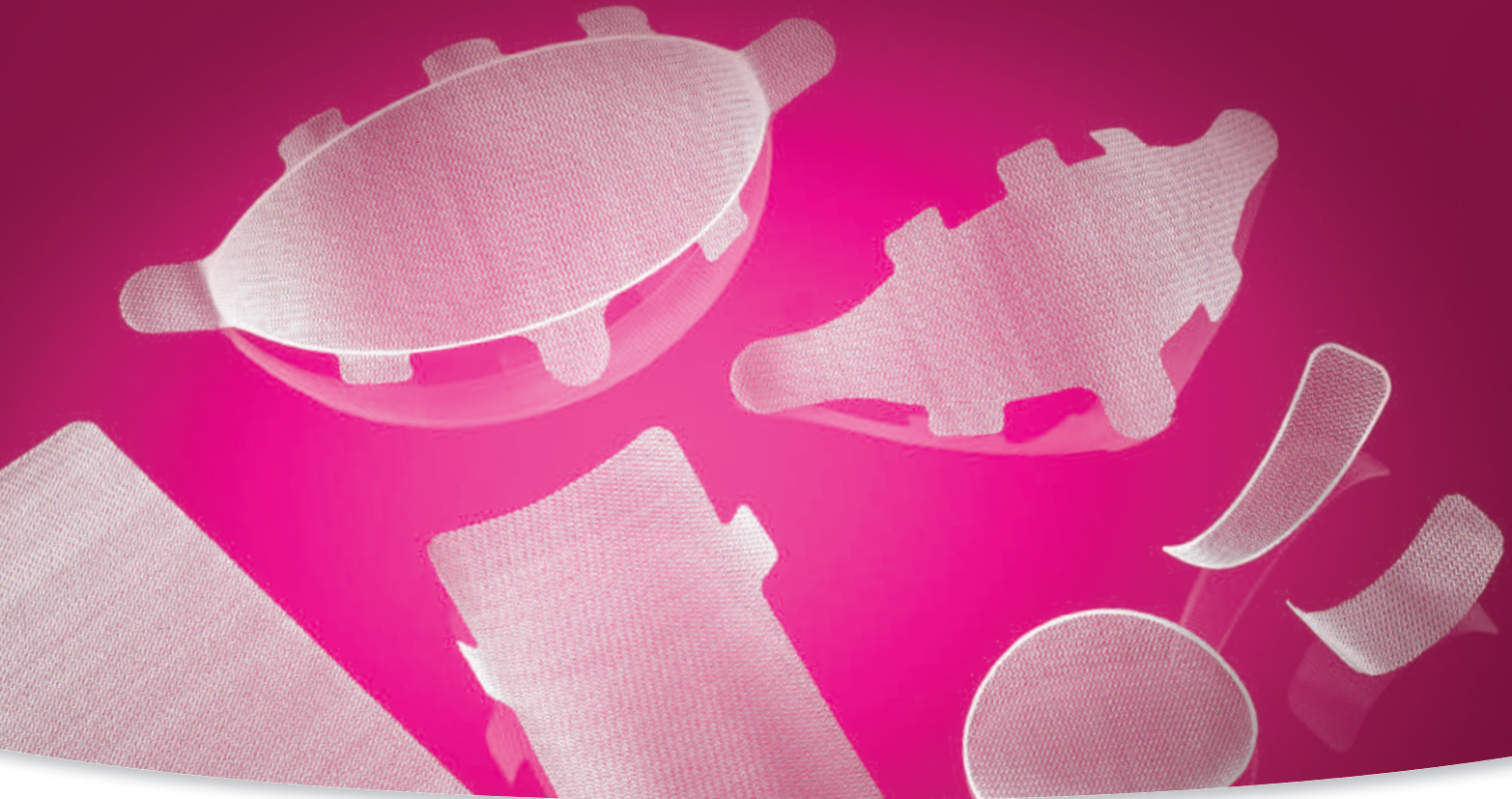
influencer's experience, a noteworthy image, or any combination of these, individual practices can work with micro-influencers to bring their brands, services and products to life. The secret sauce is to develop engaging customized content that gets delivered to the right audience in the right platform at the right time, and then amplify it across as many potential platforms as possible to have the greatest bang for the buck.

One of the most common ways to use influencers is to ask for original content in the form of a sponsored post with a minimum of about 500 words. For example, sponsored blog posts can be created by influencers who will be tasked with developing and distributing the content. This content can be used to promote products, services, and/or the practice and doctors. It should be created in the voice and tone of the influencer to be authentic, and may be produced in the form of text, images, video or a combination.

Another popular strategy is to facilitate an Instagram or Facebook takeover that allows influencers to share their own content and tap into a new audience. The goal is to then

Continued on Page 99

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Consult the Galatea Instructions for Use for complete prescribing information, including its indications for use, warnings and precautions.

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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Rules of the Road When Working with Influencers

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convert their followers to become followers of the brand too.

Yet, unless this is all outlined in writing in a legally-binding agreement signed by both parties, you may be unhappy with what you actually get for the investment.

The Agreement

Not all influencer relationships are the same, so you should adapt your contract or agreement to fit each campaign you enter into.

These are some of the common sections you should include in the contract, or preferably, seek the advice of an attorney.

- **Scope of Work**—Use standard agreement terms stating that you are entering into a contract between the company (your practice) and the influencer. Include the basics, such as the names of the parties involved, and the date of the agreement and a simple description of what the contract covers.
- **Timelines of the campaign**—How long it will last, beginning and end of the contractual engagement.
- **Deliverables**—In specific terms, what is the influencer expected to do as part of this contract? What are the penalties for posting late or not at all or inadequately? You can add a separate Schedule of Services to customize each agreement.
- **Cancellation clause**—To protect yourself, give yourself the choice to opt out if the relationship is not working and make the terms as specific as possible.
- **Approval process**—State up front that you must approve all content that mentions

Social sharing is essential to track because it is a strong signal of engagement. Knowing how consumers are behaving across your own social channels is paramount because accountability and attribution are keys to success.

your practice, brand and name before it goes live to control key messages and ensure that the influencer stays on brand.

- **FTC requirements**—It is important to insist that all influencers you work with agree to abide by relevant FTC regulations. They must disclose that their posts are paid or that products/services were gifted. Many influencers will use #Client #Paid #Sponsored #Partner in their content. Note that #Ad and #Spon are usually deemed insufficient for this purpose.
- **Confidentiality**—A standard confidentiality clause is a good idea to include to keep the exact terms of the agreement between the parties exclusively.
- **Consideration**—State what you agree to give to the influencer in exchange for posting and social media activities, in terms of fees, services, products, in accordance with the ASAPS Code of Ethics. Payment terms should be detailed, such as payment up front and at the end of the campaign. I would advise against paying the entire fee upfront, because it leaves you with little leverage if the relationship goes south.

Try to formalize the arrangement before you work with an influencer. Hopefully, nothing will go wrong. But having a fully executed contract helps to clarify all terms upfront and gives both parties something to fall back on if misunderstandings develop. Even if you have a signed contract, you may not have much recourse, but it can serve as a deterrent for influencers who are not experienced in business matters.

What is Social Amplification?

Social sharing is essential to track because it is a strong signal of engagement. Knowing how consumers are behaving across your own social channels is paramount because accountability and attribution are keys to success.

Tagging influencers or other brands lends credibility to your posts, as well as notifying those tagged that you are talking about them which makes it more compelling to share with their own audience. Followers of your social channels may see you as being well connected and trusted by recognizable names which can encourage higher trust levels. You can create

Another tactic to consider is using paid promotion to amplify influencer content across Facebook and Instagram. Promoted social posts can be pushed through the influencers' social profiles directly to get better exposure and engagement. This allows you, the advertiser, to align your branded content with new audiences that you can target.

multiple, unique posts and tag influencers individually or produce a roundup and tag all of them in one shot.

The social amplification of sponsored blog posts occurs when micro-influencers promote the blog post across their own social media accounts, including Instagram, Facebook, Twitter, Pinterest, and LinkedIn. They can tap into the features of each platform to utilize images, video, and campaign hashtags that tie back to the original sponsored blog post. Posting content like this allows influencers to share key messages, tag your social handles and use dedicated hashtags for best engagement.

Another tactic to consider is using paid promotion to amplify influencer content across Facebook and Instagram. Promoted social posts can be pushed through the influencers' social profiles directly to get better exposure and engagement. This allows you, the advertiser, to align your branded content with new audiences that you can target.

Measuring Success

The specific asks, design, timing, and tactics can have a huge impact on the success of your influencer campaign. Determine in advance what success looks like in terms of engagement and social media listening

Continued on Page 101

LASTING RESULTS BUILD LOYAL PATIENTS

Of the 9 million patients¹ who have had dermal fillers, an estimated 8 million are feeling filler fatigue².
How can **Bellafill®** help you capture more of these patients?

#1 PATIENT NEED: LONGER LASTING FILLER



90%
90% of filler users are interested in a 5-year filler that is FDA approved.³

In a recent survey conducted by The Harris Poll among filler patients ages 30-65, a longer lasting filler was the #1 improvement they would like to see with current fillers.³

BELLAFILL® BRINGS NEW PATIENTS TO YOUR PRACTICE AND RETAINS EXISTING



MORE THAN 4 OUT OF 5
filler users would switch providers to get a long lasting filler

82%
of filler patients report a likelihood to change providers if current provider did not offer a 5-year filler.³

NEARLY 9 in 10

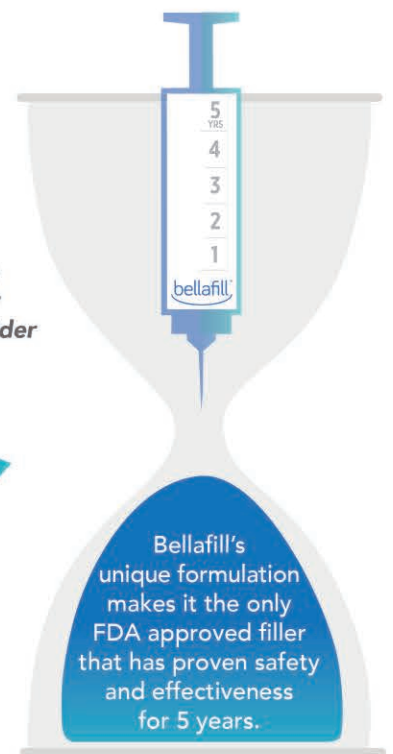
filler users would continue going to their provider for other services if that provider offered a filler that lasted 5 years³.



What would they have?³

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Bellafill® is indicated for the correction of nasolabial folds and moderate to severe, atrophic, distensible facial acne scars on the cheek in patients over the age of 21 years. Patients who have had a positive reaction to the Bellafill® Skin Test, have a history of severe allergies, have known bovine collagen allergies, are allergic to lidocaine, have bleeding disorders or are prone to thick scar formation and/or excessive scarring should not receive Bellafill.® The safety of Bellafill® for use during pregnancy, breastfeeding, or in patients under 21 has not been established. You may experience temporary swelling, redness, pain, bruising, lumps/bumps, itching, and discoloration at the treatment site. These side effects are usually transient and typically resolve within 1-7 days. You may experience lumps/bumps/papules that may occur more than one month after injection and that may persist. Less common side effects include rash and itching more than 48 hours after treatment, persistent swelling or redness, lumps/bumps, acne, and increased sensitivity at treatment sites. Infrequently, granulomas may occur and may be treated by your licensed physician provider. Be sure to call your licensed provider immediately if you notice any unusual skin reactions around the treatment area. Based on the 5-year Post Approval Study on nasolabial folds with 1008 patients, long term safety of Bellafill® for up to 5 years has been established.

For more safety information, please consult with your physician and the patient labeling that can be found by visiting our website www.bellafill.com.

REFERENCES:

1. According to the 2017 U.S. Census Bureau Current Population Survey, there are 148.4 million U.S. adults ages 30-65. According to a survey conducted by The Harris Poll, 6.1% of U.S. adults ages 30-65 have used a dermal filler.
2. "Filler fatigue" is defined as those who selected strongly or somewhat agree for any of the following statements: If I could, I would get fillers more often; There are times that I've felt that my filler doesn't last as long as it used to; Having to frequently get fillers gets in the way of me living my life the way I want to; I don't get fillers as often as I would like; It is a hassle to find time to schedule a filler appointment; I have to frequently make appointments to get fillers.
3. The survey was conducted online by The Harris Poll on behalf of Suneva Medical and Vance & Associates within the United States between February 26 and March 14, 2018 among 503 U.S. adults ages 30-65 who have had dermal fillers in the past. Data were weighted where necessary to bring them into line with their actual proportions in the population.

Toll-free call (U.S. & Canada): 844-Bellafill (844-235-5234). Local calls: 858-550-9999. International calls: ++ 858-550-9999.



Rules of the Road When Working with Influencers

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measures. If you don't get the kind of traction you were expecting, re-evaluate the relationship and look for areas that need improvement. See what worked well and what didn't drive sufficient engagement and tweak it for the next time. In some cases, you may just repeat the same campaign on a different day or time or with a fresh audience. In some cases, you may have selected the wrong influencer. Even a slight shift in any campaign component can make a big difference in the final outcome.

Key Metrics:

- **Sponsored Blog Post:** Comments, questions, replies
- **Facebook:** Shares, comments, reactions, video views, shares from posts
- **Twitter:** Re-Tweets, mentions, favorites
- **Pinterest:** Re-Pins, comments, likes, shares from posts
- **Instagram:** Comments, video views, likes
- **YouTube:** Views, comments, shares
- **Snapchat:** Views, screenshots
- **Contests:** Completed entries
- **Other measurements:** Clicks to practice website or blog, Posts with specific campaign hashtags

Social media listening involves identifying and assessing what is being said about you online by hunting for specific keywords on social media, blogs and media. A good metric to gauge how influencer marketing campaigns are performing organically is through social listening. Consumers appreciate branded content that speaks to them authentically, so they are more inclined to comment, share, retweet, repin, regram and react favorably to it.

The next stage in influencer marketing will be driven by AI. Analytics platforms will allow you to look at articles and blogs written by influencers to find who writes often about relevant beauty, health, aesthetics and wellness trends.

5 Key Takeaways of Influencer Marketing

- Determine clearly defined and realistic goals at the outset—the operative word being 'realistic.'
- Focus on engagement over growth in fans and followers as the main KPI (key performance indicator) for your campaigns.
- Figure out the social media preferences of your key target audience and match those with the influencers you choose to work with and the channels they are most active on.
- Influencer Marketing is all about customization. The more customized a campaign is, the more authentic it will ring to consumers.
- Micro-influencers do not have the same reach as celebrities. When a celebrity posts on Instagram about a brand or product, its notoriety may spike immediately. A micro-influencer's reach is far subtler.

AI and Influencers

The next stage in influencer marketing will be driven by AI. Analytics platforms will allow you to look at articles and blogs written by influencers to find who writes often about relevant beauty, health, aesthetics and wellness trends. You will then have the ability to curate a list of specific influencers that offer the most relevant match to what you are looking for, thereby increasing the likelihood that the influencer will be interested in working with your practice and participating in a campaign. Over time, AI may also be able to uncover which influencers will have higher response rates to your specified key messages and goals to keep them top of mind for future campaigns.

Wendy Lewis is Founder/President of Wendy Lewis & Co Ltd, Global Aesthetics Consultancy, a marketing communications boutique in New York City since 1997. She is also Founder/Editor in Chief of Beautyinthebag.com, and the author of 12 books, including Aesthetic Clinic Marketing in The Digital Age (CRC Press) published in January 2018. She is a prolific contributor to many publications, websites and trade journals in the US and Europe, and a frequent presenter at national and international conferences.



Is It Time to Give that Useless 510K Device the SAC?

Ah, 510K devices. “No downtime.” “Cash Cows.” “No adverse events.” “The one thing that will have patients lining up at the door.” All wonderful claims.

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But, let's face it, many of these pieces of equipment don't live up to their promises. For years members have searched for guidance, before leasing or purchasing equipment. Now, thanks to the Surgeon as Consumer product (SAC), you have it.

Based on a simple star rating system, SAC was created by members, for members. It lets you review your 501K device in a password protected, safe environment. You can even submit a review anonymously.

You can access SAC by logging onto www.asaps.org and entering your user name and password. There you will find reviews from other members and be able to submit your own. **Remember, SAC is a service exclusively for use by Aesthetic Society members.**

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Are Your Facebook Leads “Worthless?”

By Scott Harvey

Plastic surgeons, dermatologists, and others in the cosmetic industry are more and more using Facebook to generate interest and leads.

It works. Done right, it often works really well.

Done wrong, it can waste lots of time and money generating leads who will never become patients—so the leads you spent good money to obtain really *are* worthless. Worse yet, it can generate leads who will come for your loss-leader promotion but whom you can never convert to long-term profitable patients.

The main reason is that Facebook is where people go to waste time.

Because the audience is so huge, you can microtarget and still attract a decent number of people to take a look at what you have to offer. The problem is that many people even in that brilliantly-targeted Facebook audience aren't your ideal prospects.

That doesn't mean you shouldn't do Facebook. You absolutely *should* do Facebook—the right way.

But if you're looking to aggressively grow your practice, you should do more—because there are ways to turn Facebook leads into ideal prospects, and it's not that hard.

For businessmen and marketers (and you need to be both if you want to expand your practice) “Internet Marketing” can be sort of a mixed blessing. The ease and precision with which you can address large groups of prospects makes it easy for marketers (and practitioners) to hide in our “laboratories,” trying and split-testing one of dozens of different approaches.

We forget that there are marketing principles from a hundred years ago that should be observed, and those principles go way beyond just Internet Marketing—they're timeless.

It's easy to forget that people buy from people they know, like, and trust. This means that while she may click your ad while she's on Facebook, you're probably going to have to do more to get her into your office. You have to get her to know, like, and trust you.

There are lots of ways to do that, starting with a great website, but going far beyond

that. In other words, yes... absolutely use Facebook and Instagram and other social media to build traffic, but recognize that you're probably not going to get an immediate phone call to set up a consult. You get that phone call later, after you've done the “know, like, and trust” part.

How?

You should have an email autoresponder

That way, once you have an email address, with no effort other than writing a series of messages (one time) you send a message or series of email messages to your prospect. Email, the “killer app” that made the Internet a business tool, not just an interesting curiosity, is still the most powerful marketing approach on the web.

(Really. In various studies, email has been shown to have an ROI of over 50:1!)

One of the beauties of a well-designed autoresponder sequence is that you don't have to just send out a generic message. You send specific messages and offers to people, based on what they've responded to in the past or on what they seem to be interested in.

You get the email addresses by offering something of value in exchange. Typically this is some sort of special report. Not just some generic “10 Things to Ask Your Surgeon,” but something detailed about a procedure you have particular expertise in, for example.

First you need the software. There are dozens of providers, such as MailChimp, Get Response, iContact, AWeber, and even underpowered Constant Contact. The cost is trivial—from about \$30 a month for most practices.

Then you need a plan. We'll come back to that in a minute.

Then you need to sit down, or pay someone to sit down, and write a bunch of email messages.

The beauty of the autoresponder is that once the emails are written, and the plan is designed, the emails go out absolutely automatically. Staff has to spend no time on sending them out, and over time you build a relationship with your prospective patient who begins to, yep, know, like and trust you.

And because you're in constant communication with her, you're “top of mind” on that crucial day when she decides to actually do something about whatever it is that prompted her to click over to your website in the first place—and you're the one she calls.

Back to the plan:

First, we're not talking about a “blast” email that goes out once a month, or whenever you get around to it, where everyone on your list gets the same “GET YOUR [procedure] HERE!!! TEN PERCENT OFF THIS MONTH!!!” message.

You can send, for example, a “thank you for subscribing” email immediately after someone opts in or subscribes to your blog, or downloads your special report or otherwise gives you her email address. The next day, you send her some valuable content to “train” her to open and read your emails.

Then you wait a few days before sending another email with great content, and at the bottom tie it in to a product or procedure you offer—GENTLY.

Then a few more messages with pure good content, then another offer. And so on.

How many messages? No limit. Seasoned users of sophisticated autoresponder sequences talk of conversions many months, even a couple of years down the road. (“Conversion” is just marketing talk for “she did what you wanted her to do”—in this case probably a phone call and a consult.)

The genius of a good autoresponder sequence is that everybody doesn't have to get the same message. The person who clicked to your website from your BOTOX® ad on Facebook can get a different series of messages than the lady who read your blog post about laser resurfacing.

The woman who shows up for her consult, but doesn't schedule, gets a different series of emails from the one who does schedule, which is different from the messages received by the woman who no-showed.

When someone does CoolSculpting® she gets one series. A laser procedure, a different series. When she does Ultherapy®, a different series.

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Are Your Facebook Leads “Worthless?”

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It's not as complicated as it sounds.

You and your marketing resource simply think through and flowchart out what you want to happen when something else happens (or when something *hasn't* happened.) You write the messages, or have them written. You load them into MailChimp or whichever provider you decided on, with the appropriate settings, and you're done.

When you bite the bullet and sit down to write a bunch of emails, you'll probably find that you really get into the “flow,” and it will go more quickly than you thought. And if you really hate to write, there are plenty of people you can find on the web who can clean up your thoughts and make your messages pretty and persuasive.

Think about it this way: Do you think that building a solid relationship with your prospects, automatically, would help just one more of them schedule a procedure in a month? What's your average lifetime customer value? Five Hundred dollars? A Thousand? Five Thousand? More? Think about it.

By the way, before we move on, did you notice how much of this article was dedicated to the importance of email autoresponders? That wasn't done by accident.

You should have a remarketing program.

Remarketing is simply showing your information again to people who have expressed interest in you or your product. There's an art to it so you're not perceived as creepily “stalking” people, but it can be remarkably effective, and cost-effective, too.

A big part of that effectiveness is that you create the perception that you're “everywhere.” If you're everywhere, you must be good.

You should do some live events

Even just simple open houses. Free seminars—maybe even with lunch or dinner—may not pull huge numbers, but those who do show are really good leads. They knew they were going to get pitched, and they still got out of the house and braved the traffic and parking, and showed up.

And once again, you're seen as being everywhere, and as an authority.

Think about it this way: Do you think that building a solid relationship with your prospects, automatically, would help just one more of them schedule a procedure in a month? What's your average lifetime customer value? Five Hundred dollars? A Thousand? Five Thousand? More? Think about it.

You should write a book

Because it really helps cement your reputation as an expert and an authority.

What works well for our clients is that we interview them, asking questions you want to answer for strategic reasons. Takes a couple of hours of your time, then another couple of hours to approve the final product once we've converted the interview transcript into the manuscript. That's all.

(So if you want to do it on your own, can you get your Practice Manager—or even a spouse—to interview you and make that happen?)

Sure, there are dozens of steps we'd perform that turn the interview into a manuscript, design a cover, choose a title, typeset with the appropriate margins and gutters, get an ISBN number, etc., and ultimately into a book that's for sale on Amazon

But if you're willing to devote some time to the process and learning curve, and you're not afraid of hiring freelancers to do what you can't, then you can be a published author.

Once the book is done, you put it in your waiting room, you send it to media outlets, and you mail it to prospective patients even before they show up for their consult—which helps reduce no-shows and is a huge authority builder!

No, you're not going to sell many books. Hardly any, in fact. You're going to give them away as high-powered, authority-conferring

business tools. *Forbes* and *Entrepreneur* and *Fast Company* agree that a book isn't just a book. It's a branding device and a credibility signal.

It's like a tiny billboard. It shows you value the relationship enough to give away something of value, rather than just a business card or a generic “Ten Things to Ask Your Surgeon” brochure. Used properly, your book can be incredibly effective in converting consults into patients.

You should be in print.

You should be on the radio (and probably television also.)

You should certainly have some videos on YouTube and Vimeo.

All the “You should...” items above don't just create leads on their own, but they also reinforce that you're “everywhere,” which makes your Facebook leads who also see or hear you on other channels become much better leads.

So if your leads are “worthless,” use the information above to upgrade them.

There are many more You Shoulds, of course—we haven't even mentioned how powerful SMS (texting) and messenger apps can be (not to mention using “bots” to automate that!) Hmmm, that might be a good topic for next time....

Oops, I almost forgot.

You should ensure that your online ratings and reviews are top-notch!

It's sad that we're all at the mercy of consumers, but such is life—and this part should go without saying. But sometimes it's tough, I get it. If you haven't been bitten by this yet, it's a question of when, and not if.

Because at the end of the day, all of the lead generation, nurturing, and “upgrading” gets you a ticket to the dance. If your reputation isn't as good as it can get, then she's going to leave the dance with somebody else.

Scott Harvey is the Co-Founder of CosmeticFunnels.com an aesthetics-only marketing agency, and author of “Plastic Surgeons: Are You Getting Your Share?”



Protecting Personal and Practice Assets: A Matter of Degree

By David B. Mandell, JD, MBA

As an attorney and consultant to physicians for more than two decades, I have advised many on the area of asset protection—how to shield assets from unforeseen future liability. In this article, I hope to dispel some incorrect assumptions you may have and provide you with one of the most important fundamentals of this field: protective tactics and tools are not all the same. In fact, each can offer varying levels of protection—shielding assets to a certain degree.

Improving Level of Asset Protection: Changing Bad Habits

The most common misconception that physicians, including plastic surgeons, have regarding asset protection is to think that an asset is either “protected” or “not protected.” In this endeavor, an asset protection professional approaches a client with unprotected assets much in the way that a physician approaches a patient. Like physicians, asset protection professionals will first try to get a client to avoid bad habits. For a medical patient, bad habits might mean smoking, drinking too much or a poor diet. From an asset protection standpoint, bad habits might include owning property in a physician’s own name, owning it jointly with a spouse, or operating any medical practice with business assets exposed.

Beyond bad habits, we try to structure a client’s assets so they have the best protection that’s reasonably possible under the circumstances, which can range from how much the client wants to spend, how much the asset is worth, the client’s marital status, state of residence and interest in estate planning. Guiding us along this process is the knowledge that each asset protection tool, like any medicine, has certain efficacy and costs/benefits.

For the past twenty years, I have used an asset protection rating system ranging from -5 (totally vulnerable) to +5 (highest level of protection). The goal of asset protect planning is not to move all the client’s assets to a +5 position—this simply is not possible, even in the states that have the most protective laws. On the other hand, too many physicians,

including plastic surgeons, have too many of their personal or practice assets in negative positions with little or no shield. At a minimum, nearly all physicians would do well to move the bulk of their personal and practice assets to positive positions.

Highest Level of Protection: Exempt Assets

We always begin by making sure clients leverage the best +5 tools at their disposal—state and federally exempt assets. We recommend exempt assets first because (1) they enjoy the highest +5 level of protection and (2) they involve no legal fees, state fees, accounting fees or gifting programs. In other words, you can own the exempt asset outright in your name, have access to any values and still have it 100 percent protected from the typical lawsuit against you. Each state law has assets that are exempt from creditor claims, thereby achieving a +5 status. Many states provide exemptions for qualified retirement plans and IRAs, cash within life insurance policies, annuities and primary homes. Consult an asset protection expert to find out the exemptions in your state; and, if protection is important to you, be sure to maximize these +5 tools.

Joint Ownership Forms: Top Protection for Some Assets Against Some Creditors in Some States

In about twenty states, there exists an ownership form that can provide +5 level of protection in certain circumstances. Tenancy by the entirety (“TBE”), a form of joint ownership available to married couples in such states, may provide the top level of protection for claims against only one spouse. In some states, this protection applies only to real estate owned by TBE; in other states, both real property and personal property, like investment accounts, can be shielded through TBE.

However, inherent in TBE are several risks, including the fact that TBE never provides any protection against joint risks (such as lawsuits that arise from jointly-owned real estate and potentially car accidents) and all protections are lost in the event of a divorce. For this reason, even in states where TBE can be

protective, we often recommend that it be combined with legal tools such as those described below.

Bridging the Gap: Legal Tools

Legal tools, such as limited liability companies (LLCs), family limited partnerships (FLPs), and a variety of trusts, are often used to bridge the gap between the negative positions and the +5 exempt assets (or TBE in limited circumstances, per above).

FLPs and LLCs will provide good asset protection against future lawsuits, allow for maintenance of control by the client, and can provide income and estate tax benefits in certain situations. Specifically, these tools will generally keep a creditor outside the structure through *charging order* protections. These protections typically allow a physician to create enough of a hurdle against creditors to negotiate favorable settlements. For these reasons, we often call FLPs and LLCs the *building blocks* of a basic asset protection plan.

There are also many types of trusts that provide significant protection for clients. These can range from life insurance trusts or charitable remainder trusts to grantor retained annuity trusts and more. Over the past twenty years, many states have passed statutes allowing domestic asset protection trusts (DAPTs) which can be an ideal trust protection tool for many physicians. Each trust type has its pros and cons, costs and benefits.

Obviously, for all these legal tools, asset protection benefits are reliant upon proper drafting of the documentation, proper maintenance, respect for formalities and proper ownership arrangements. If all these are in place, the physician can enjoy solid asset protection for a relatively low cost.

Conclusion

Asset protection planning, like any sophisticated multidisciplinary effort, is a matter of degree. Be sure to be guided by an advisor who utilizes all available tools to give you the highest levels of protection with reasonable costs.

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Protecting Personal and Practice Assets

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David B. Mandell, JD, MBA, is a former attorney and author of more than a dozen books for doctors, including "For Doctors Only: A Guide to Working Less and Building More." He is a principal of the wealth management firm OJM Group www.ojmgroup.com and can be reached at 877-656-4362 or mandell@ojmgroup.com.

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Turn Your Staff into Master Promoters

Continued from Page 89

monthly fee taken from their paycheck, or deduct it from the monthly bonuses they receive if you have an incentive plan.

The point is to make it easy for them to have the procedure they need to represent you and promote you professionally without you feeling taken advantage of.

Then have them sign an agreement giving you full use of their photos and videos to use in your marketing efforts.

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You will get far more value from the revenues you collect from better conversion rates than what it will cost you to invest in your staff's appearance.

Surgeons are afraid staff will have their surgery and then leave the practice. That's understandable at first but quickly becomes narrow-minded thinking.

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Think about it... most of your staff will tell you they are not good at sales and "pushing" your services, right?

But I'll bet they're really good at telling your patients about their own experience with some "Show and Tell" and that's more compelling than anything else.

You also have their photos and videos so you can continue to use them to help convert consultations even though they have moved on so there is no downside to turning your staff into master promoters.

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.



Cyber Insurance Today

By John Williams

As medical devices and records become increasingly connected to the Internet of Things (IoT), the probability of being hacked by a cyber-criminal only increases. This has potentially devastating ramifications for today's hospitals and surgeons, as not only can records be compromised but medical devices can be programmed to malfunction.

At a recent global cybersecurity event, The RSA Conference, hackers were able to infect information being sent to medical devices. Obviously, this could have dramatic consequences to you as a surgeon. Imagine if your EMR gave you false information about a patient that led to erroneous drug prescriptions. Equally as important, think of the consequences of a medical device shutting off or providing improper dosage of critical medications.

One insurance company is offering a solution to this dilemma. Coalition, a California-based cyber underwriter, is providing Bodily Injury (BI) and Property Damage (PD) to help address this risk. Traditionally, cyber coverage has excluded BI/PD, as early policies were never intended to cover this.

Joshua Motta, CEO of Coalition and a former CIA employee, was recently quoted stating that, "we now live in a time where a cyber-attack can cause hospital shutdowns, medical device failures and even nuclear centrifuge explosions—literally the entire spectrum of risks. Consequently, companies must now consider the prospect of a physical attack which causes not just business interruption losses, but also property damage, bodily injury, and even pollution."

When purchasing cyber insurance, please feel free to call John Williams j.williams@usi.com or (205)969-5158 of USI/CosmetAssure to discuss this exciting new coverage offered by Coalition.



The European Union Here?

By Bob Aicher, Esq.

All of us have recently been inundated with popups requiring our consent and acknowledgement of changes to the privacy policies for virtually every website we have ever visited. The reason is the European Union (EU) General Data Protection Regulation (GDPR), which took effect May 28, 2018. But wait, you ask: Why would the EU impose laws on non-EU businesses and entities?

The GDPR was passed April 6, 2016 to address the use of personal data “where the processing activities are related to the offering of goods or services, irrespective of whether a payment of the data subject is required, to such data subjects in the Union.” (Article 3.1) Sending personal e-mails to EU-located friends won’t count; at issue are commercial communications. And Brexit won’t change any of this, since Great Britain has voted to adopt the GDPR even after it exits the EU.

The personal data of EU subjects may be used only for “specified, explicit and legitimate purposes” and held only so long as necessary. (Article 5.1.b) Furthermore, the data must be secure, accurate, correctable, and erasable, also known as “the right to be forgotten.” (Article 5.1.b)

What are legitimate uses for personal data? The GDPR specifies only 6: (1) with “consent... for one or more specific purposes,” (2) to fulfill a contract with the data subject, (3) if required by law, (4) “to protect the vital interests of the data subject or of another natural person,” (5) if necessary in the public interest or as an official act,” or (6) when “processing is necessary for the legitimate interests... of the [data] controller.” (Article 6.1a-f) “Consent” and “legitimate interests” are what save the day for ASAPS, ISAPS and ASPS, but more on that later.

If you’re an EU subject, this is great privacy news, and considering that data breach headlines continue, some commentators have suggested the GDPR will, or at least should, become the world standard for personal data privacy. If you are not an EU subject, you are still getting the benefit of the GDPR because large data processors, such as Google, Amazon and Apple, as well as all websites which collect your personal data, are updating their privacy protections for all of their users, not just those who are citizens of, or living in, the EU. That is why we are all receiving popups, such as the one from Google above, entitled “Improvements to our Privacy Policy and Privacy Controls.”

On the other hand, lawsuits have already been filed, claiming these big data users are requiring customers to either consent to use of our data or have our accounts disabled. We’ll see how those lawsuits play out.

So what is Personal Data? It means any information that can be used to identify the person, similar to Protected Health Information under HIPAA. (Article 3.1) In fact, if you think of the GDPR’s protections as HIPAA expanded to cover even non-medical data, you won’t be far off.

If you are a business that uses the personal data of EU subjects, the 261-page GDPR appears a daunting document. It builds upon current expectations of data privacy, but then imposes enhanced requirements, such as technical safeguards (Articles 24 and 25), an EU representative (Article 27), business associate-esque (again, like HIPAA) agreements (Article 28), records of all data use activities (Article 30), appointment of an independent Data Protection Officer who reports only to the Board of Directors (Article 37), supervision by an EU Member State (Article 58), and penalties intended to “be effective, proportionate and dissuasive” of up to €20,000,000 or 4% of the entity’s “total worldwide annual turnover of the preceding financial year, whichever is higher.” (Article 83.)

Whoa. If you’re a private citizen, these protections are a tropical breeze. If you’re a business, these requirements are a tropical depression.



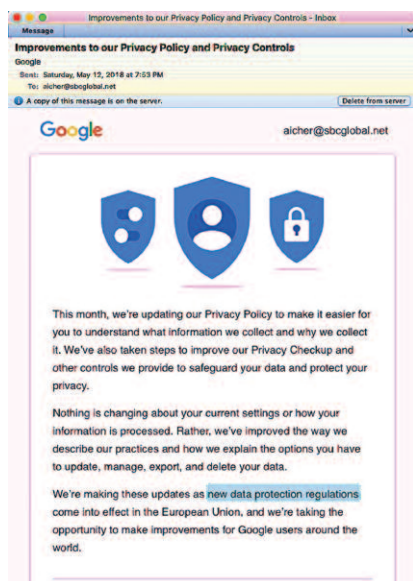
Hey there,

As you may have heard, new data protection laws are being implemented in Europe (via the new European General Data Protection Regulation). To continue our commitment to keep your personal information private, and to follow this new law, Goldstar is updating its Privacy Policy.

Take a look, and if you have any questions or comments, simply reply to this email.

Cheers,
Team Goldstar

The answer is to protect their subjects from behind-the-scenes use of their private data. But even for non-EU subjects, which you likely are, as indirect beneficiaries, the GDPR includes a lot of language you will likely appreciate in light of the recently highlighted activities of Cambridge Analytica’s undisclosed scraping of Facebook data about which Mark Zuckerberg testified before Congress. Whether or not the GDPR becomes 2018’s Y2K, it is useful to understand what all the fuss is about.



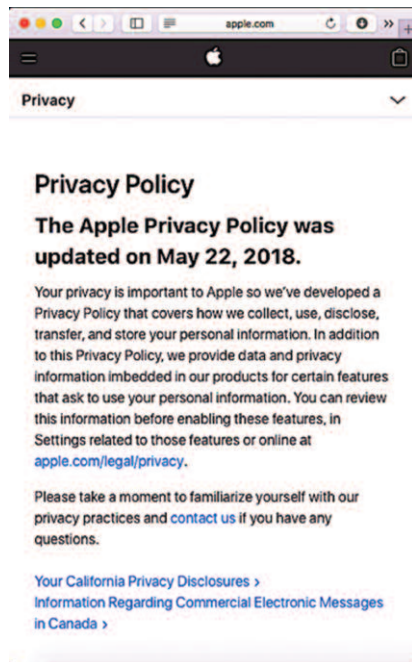
On the other hand, the GDPR recognizes that these regulations may swamp small businesses, especially our professional societies, including ASAPS, ISAPS and ASPS, where our use of personal data is limited to mailing and e-mailing professional colleagues our dues notices, flyers about our educational meetings and symposia, and offers of products and services from our partners in the plastic surgery industry. Consequently, the GDPR offers safe harbors to protect us from the harshest impositions of the law.

Firstly, records of all data use activities need not be kept, and an EU representative need

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The European Union Here?

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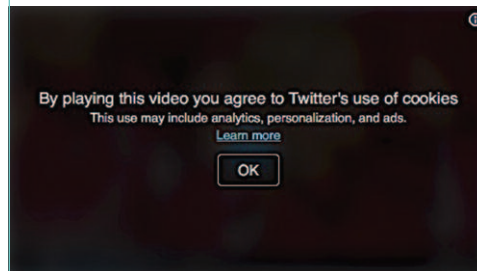
not be appointed, if the organization employs fewer than 250 persons, the data use activities are occasional, and the data is not either in a special category [“racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade-union membership, and the processing of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person’s sex life or sexual orientation”] or is of criminal offenses. (Articles 27 and 30). We qualify.

Secondly, each Society also qualifies for a GDPR safe harbor when “processing is carried out in the course of its *legitimate activities* with appropriate safeguards by a foundation, association or any other *not-for-profit body with a political, philosophical, religious or trade-union aim* and on condition that the processing *relates solely to the members or to former members of the body or to persons who have regular contact with it in connection with its purposes* and that the personal data are not disclosed outside that body without the consent of the data subjects” (Article 9.2.d-e) I have added underlining to emphasize the GDPR recognizes that not-for-profits should be treated more leniently than Google and Facebook, and that

using our members’ contact information is a legitimate activity of our Society.

Thirdly, an exemption applies where “processing relates to personal data which are manifestly made public by the data subject.” (Article 13.4) Using data readily available on our members’ practice websites would qualify, because our members want the world to know their names, practice addresses, phone numbers and e-mails. On the other hand, our members are not making their credit card numbers public data. Consequently, ASAPS doesn’t store credit card information, and you shouldn’t either for any longer than necessary to process the transaction at hand. That will help all of us remain within the GDPR’s safe harbor for processing only public data.

Fourthly, our Societies do not need to appoint Data Protection Officers because we



are not public authorities or bodies, our data processing operations are not one of our “core activities,” and we don’t process special category or criminal offense data. (Article 37.)

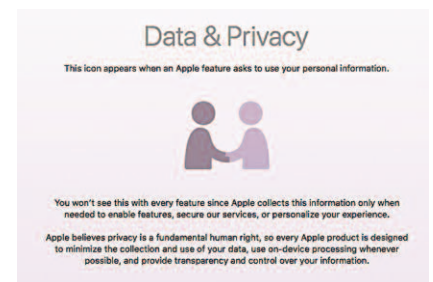
This is a long way of saying that the most onerous provisions of the GDPR (appointing an EU representative, appointing a Data Protection Officer, and abiding by the DGPR’s record-keeping requirements) will not apply to our Societies as long as we are not-for-profit entities with “trade-union” aims, each employing fewer than 250 people, using only personal data which is publicly accessible, and using that data only occasionally with our members and colleagues for our “legitimate interests,” including notifying them of our educational products and business services.

That said, the GDPR still impacts our Societies. We must now obtain affirmative “opt in” consent, as opposed to silent “opt out” consent, to continue sending marketing

communications, though not for dues notices. (Article 6.1.a) Our Societies must use our members’ personal data only occasionally, lest such use becomes a “core function” and thereby defeats the GDPR’s safe harbor. We must provide a mechanism for EU subjects (though if we’re forward-thinking, for all our members) to see, correct, and sometimes, to erase personal (but not historical financial) data.

Each Society must state, just as our members do when they obtain HIPAA consent, who we are, the purposes for the data collection as well as the legal basis for the use (legitimate business interest) (Articles 6.1.f and 6.4), who will receive the personal data collected, how long we will store the data, the right to request access to the data, the right to correct or erase it (the right to be forgotten), the right for EU recipients to complain to their Member State supervisory authority, whether the data is contractually required, whether we engage in profiling, whether we intend to further use of the data for other purposes, and whether we sell personal data, such as mailing lists (which, for ASAPS, is never). (Article 13.1-3)

What will these changes look like? Your Societies may be asking you to affirmatively opt-in for marketing e-mails to confirm their legitimate business interests in communicating with you. That’s not really an issue, because



after all, that’s why you joined. And if you look at your Society’s Privacy Policy, these various changes to your data privacy will appear. And if the rest of the world formally adopts the language of the GDPR, we’ll be ready.

Bob Aicher is General Counsel to ASAPS and has represented The Society for 27 years. He can be reached by phone at 707-321-6945 or by email at aicher@sbglobal.net.

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Have an ethics question for Dr. Joe?
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The Straight & Narrow

By Joe Gryskiewicz, MD

Question:

I can't tell you how exasperated I am. Another ASAPS member not far from me is stealing my business. If you Google my name, it literally goes to his office not mine!! Yes, for real. Therefore, since his number is listed instead of mine, so when you call the number it unexpectedly goes to his office. What can I do about this?

Answer:

I want to make sure the reader understands what was going on, because I talked directly to the member who wrote the question above. An example should help. This would be the equivalent of Googling "gryskiewicz" then seeing the search result below in blue ("Gryskiewicz Twin Cities Cosmetic Surgery") but the actual web hyperlink jumps to www.slicksurgeonplasticsurgery.com instead of to www.tcplasticsurgery.com!! Therefore the prospective patient NEVER sees the below:

You need to shut this down like right now. This is unacceptable but urgent and needs to happen overnight. The ethics process can be used in due time, but wouldn't be my first choice because it is too slow for your immediate needs. This is referred to as a "black hat" technique. This technique diverts web traffic away from your website. This obstructs your legitimate right to be contacted by patients. To do this, he may be incorporating false, fraudulent, deceptive or misleading website data, terms, metadata, links, automatically generated back links or forging or misrepresenting message headers to mask the originator of the message.

First, I would call him directly. He may blame his webmaster. That's great, whatever he says, you just want to get the link removed.

Second you can report him to Google. Since this practice is a big no-no, his ratings will sink.

Third, I would report him to ethics. Call ASAPS and ask for the attorney, Mr. Bob Aicher. Submit a written complaint. You can grease the wheels by citing the section of the Ethics Code which applies. I would look at the following from the ASAPS Code of Ethics:

3.01 Unethical Publishing (a) A member, whether personally or through affiliated intermediaries, and whether by act or omission, shall not publish, which term includes all activities and forms of

communication, anything which is false, fraudulent, deceptive or misleading, whether or not such publishing is for personal, commercial or practice-related purposes.

(b) Examples of unethical publishing include, but are not limited to:

1. Utilizing "black hat" techniques, whether or not such techniques in fact positively influence a member's website, negatively influence a third-party's website, or divert web traffic. Such techniques include but are not limited to:
 - a. **Incorporating false, fraudulent, deceptive or misleading website data, terms, metadata, links or automatically generated back links**
 - b. Forging or misrepresenting message headers to mask the originator of the message
 - c. Plagiarizing the content of another
 - d. Accessing illegally or without authorization computers, accounts, or networks belonging to another, or attempting to penetrate security measures of another's system, or engaging in any information gathering activity that might be used as a precursor to an attempted system penetration
 - e. Disrupting or interfering with the ability of another to effectively use his/her own network, system, service, or equipment
2. Any activity which has the self-evident purpose of obstructing any member's legitimate right to contact or be contacted by patients.

Finally, may the force be with you!

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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BIA-ALCL Update: A Practical Guide for Plastic Surgeons

James Fernau, MD
Chairman ASAPS Patient Safety Committee



In 2016, the world health organization designated breast implant associated anaplastic large cell lymphoma BIA-ALCL as a T cell lymphoma that can develop following breast implants. It often presents as a delayed fluid collection around textured implants or surrounding scar capsule. It is not a breast cancer; it is a lymphoma. The exact number of cases remains difficult to determine due to significant limitations in worldwide reporting and lack of global breast implant sales data. At this time, most data suggest that BIA-ALCL occurs more frequently following implantation of breast implants with textured surfaces rather than those with smooth surfaces. Current data report 529 cases of BIA-ALCL with 16 deaths worldwide. Five of the deaths reported where from the United States. The FDA in the United States has reported 414 cases of BIA-ALCL with 9 deaths. Some of these reported cases and deaths were international cases. The Plastic Surgery Foundation's PROFILE breast implant registry has reported 201 cases of BIA-ALCL with 5 deaths. PROFILE stands for Patient Registry and Outcomes For breast Implants and anaplastic large cell Lymphoma (ALCL) etiology and Epidemiology. www.the-psf.org/research/registries/profile This is the preferred registry which is supported by ASPS and the FDA. Reporting from the FDA is somewhat confusing due to unconfirmed cases and duplicated cases. The PROFILE registry is more accurate with unique and confirmed cases. Currently, M.D. Anderson Hospital in Houston, Texas is recognized by the FDA as a centralized tissue repository.

Finally, prevention is a necessary step to avoid bacterial contamination of implants and subsequent ALCL. Scientific papers have revealed the efficacy of Betadine to reduce bacterial contamination. 10% Povidone iodine is the full strength of Betadine. This solution is more effective when mixed 50-50 with sterile injectable saline because the latter releases the iodine allowing a more efficient kill of bacteria. Another scientific study has shown the efficacy of 0.025% hypochlorous acid eliminating planktonic bacteria from the biofilm including *Ralstonia pickettii* which has been implicated in ALCL. While triple antibiotics have been a mainstay option in prevention of capsular contracture, relevant recent data suggests they offer no effect against *Ralstonia pickettii* and presumably other gram negatives. As surgeons, it behooves us to take every possible precaution to prevent complications in our patients. Considering the use of half strength Betadine and 0.025% hypochlorous acid is prudent. These solutions can be injected directly into the thermoform packaging on the operating room back table and/or used for pocket irrigation.

The importance of best practice techniques is summarized below by 20 key opinion leaders who met in Milan at the Maurizio Bruno Nava Aesthetic Breast Meeting in December 2016:

- Perform intravenous antibiotic prophylaxis at anesthetic induction
- Use nipple shields
- Avoid axillary and periareolar incision
- Use inframammary incision
- Avoid breast parenchyma dissection
- Minimize devascularized tissue

- Avoid blunt dissection which causes bleeding
- Use meticulous hemostasis
- Avoid drains which could be a source of bacterial infection
- Minimized implant handling with the no touch technique
- Changing gloves prior to implant insertion
- Use insertion funnels
- Perform pocket irrigation with povidone iodine solution
- Close the inframammary incision in layers

Remember, these are recommendations from key opinion leaders. Other suggestions include the use of tranexamic acid in the breast pocket for additional hemostasis and consider the use of a 50% solution of povidone iodine and/or the use of hypochlorous acid for pocket irrigation. Additionally, these solutions can be injected directly into the thermoform packaging before being placed into a funnel for final implantation. These are proposals for patient safety and clearly more research needs to be done for optimal implant decontamination. Finally, we need to be thoughtful on our choice of a smooth implant or a textured implant for each individual patient. A thorough and honest discussion of all the risks and benefits, including BIA-ALCL, must be had with all patients presenting for all breast augmentation/reconstruction.

I have included a discussion by Dr. Ali A. Qureshi and Dr. Mark Clemens which examines a clinical case of BIA-ALCL and concludes with a protocol for managing possible cases of BIA-ALCL which present as delayed (> 1 year) seromas.

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Delayed Breast Seromas after Breast Augmentation and Reconstruction: Could it be BIA-ALCL?

Ali A. Qureshi, MD and Mark W. Clemens, MD

Introduction

Earlier this spring, the FDA released patient safety communications agreeing with the World Health Organization's provisional classification of Breast Implant Associated—Anaplastic Large Cell Lymphoma (BIA-ALCL) as a newly recognized malignancy. Currently, the FDA in the United States has reported 414 cases of DTA-ALC adverse events and 9 deaths which has heightened awareness of plastic surgeons and anxiety among patients. But as plastic surgeons, who should we be working up for BIA-ALCL and how?

Case Example

Take the example of Monica, a 40-year old woman who had a primary breast augmentation eight years ago with a textured device in a sub-glandular plane. She presents to your office after recently moving from another state with asymmetric swelling of her left breast. She denies any trauma, fevers or open wounds or palpable masses. She also had a mammogram earlier this year before any swelling that was BIRADS-1 with no concern for malignancy.

Guidelines

The National Comprehensive Cancer Network released guidelines in 2016 to specifically help oncologists and surgeons with the diagnosis and treatment of BIA-ALCL using best available evidence-based medicine. These recommendations have been adopted by ASAPS as well as our sister organizations, ISAPS and ASPS.

Here's what we know about BIA-ALCL presentations:

- 80% present as a fluid collection but 40% also present as a mass with some presenting with both
- 8% present with description of capsular contracture symptoms but many times this is a rapid hardening of the breast from the accumulation of a large volume seroma within 24–48 hours
- 8% describe lymphadenopathy and 2% an overlying rash
- Median onset is 8 years with a range of 2–28 years

Evaluation and Diagnosis

Now back to Monica. A thorough physical examination should be performed to assess for any masses or lymphadenopathy and an exam of the contralateral breast should be done. A high index of suspicion on the part of the clinician is critical for appropriate management of these patients. The next step should be diagnostic evaluation of the fluid collection and fine needle aspiration. Ultrasound has been found to have the best sensitivity and specificity for seromas/effusions suspected of being BIA-ALCL. If inconclusive, an MRI can be considered. If the patient presents with a mass, this could represent a different breast cancer and should be worked up by a breast oncologist. Because BIA-ALCL does not present with calcifications, mammography is not a recommending screening or diagnostic tool. The aspiration can be performed by the plastic surgeon in the clinic setting if equipped with the appropriate tools such as ultrasound to displace and protect the implant. However, effusion aspiration can also be performed by interventional radiology.

Once the fluid is obtained, don't throw the fluid away! BIA-ALCL cannot be diagnosed without sending the aspirated fluid for cytology. The pathologists should be asked to assess for BIA-ALCL and the pathologists will look for large anaplastic cells cell block cytology as well as CD30 expression on immunohistochemistry. The fluid needs to be screened for CD30 immunohistochemistry as routine pathology will miss the diagnosis. The pathologist will then perform flow cytometry to assess for clonal expansion of a single T-cell. The fluid should be sent for aerobic and anaerobic cultures as well.

What about ALK protein or translocations? BIA-ALCL is always ALK-translocation negative. ALK testing is not a screening test but is used to differentiate BIA-ALCL from other aggressive diseases such as systemic ALCL, which has a higher mortality (up to 80% at three years).

BIA-ALCL is the diagnosis of an effusion or seroma around a breast implant or associated with the capsule if these criteria are met:

- Cells are CD30 positive on immunohistochemistry
- Cell block cytology shows large anaplastic cells occurring in an effusion or on the luminal surface of a breast capsule
- Flow cytometry shows a single T-cell clonal expansion
- ALK protein or translocation negative on gene testing

The results of the testing will guide the next steps in management and have been published in the *Aesthetic Surgery Journal*, including staging and treatment algorithms for BIA-ALCL.

Back to the Case

In Monica's case, her testing returns CD30 negative and no further testing is warranted. She can be treated for a benign delayed seroma. Rarely, there can be cases like Monica's where CD30 testing is positive and the remainder of testing is negative as CD30 is a nonspecific marker for an activated T-cell. Normally, about 1-5% of normal, circulating lymphocytes are CD30 positive. Some patients will have rare, scant CD30 positive cells but no anaplastic cells seen on smears. These patients have a benign seroma and do not need further workup and should be treated for a benign seroma. This has been done with antibiotics, implant exchanges and sometimes even a partial capsulectomy.

The FDA mandated CA/CARE Trial published in January 2017 by McGuire et al. was a prospective study of Biocell textured implants in 17,656 patients with almost 32,000 implants. The late seroma rate was 0.1% at 3.4 years. Common things being common, late seromas are likely to be benign, but they can be BIA-ALCL. In fact, in the CA/CARE study, 6 patients have BIA-ALCL or roughly 1 in 3,000 women in the study.

Conclusions

BIA-ALCL cannot be diagnosed if plastic surgeons do not have a high index of suspicion in a patient who has a delayed seroma (>1 year after presentation). Specific testing of aspirated fluid needs to be performed to rule in or out the possibility of

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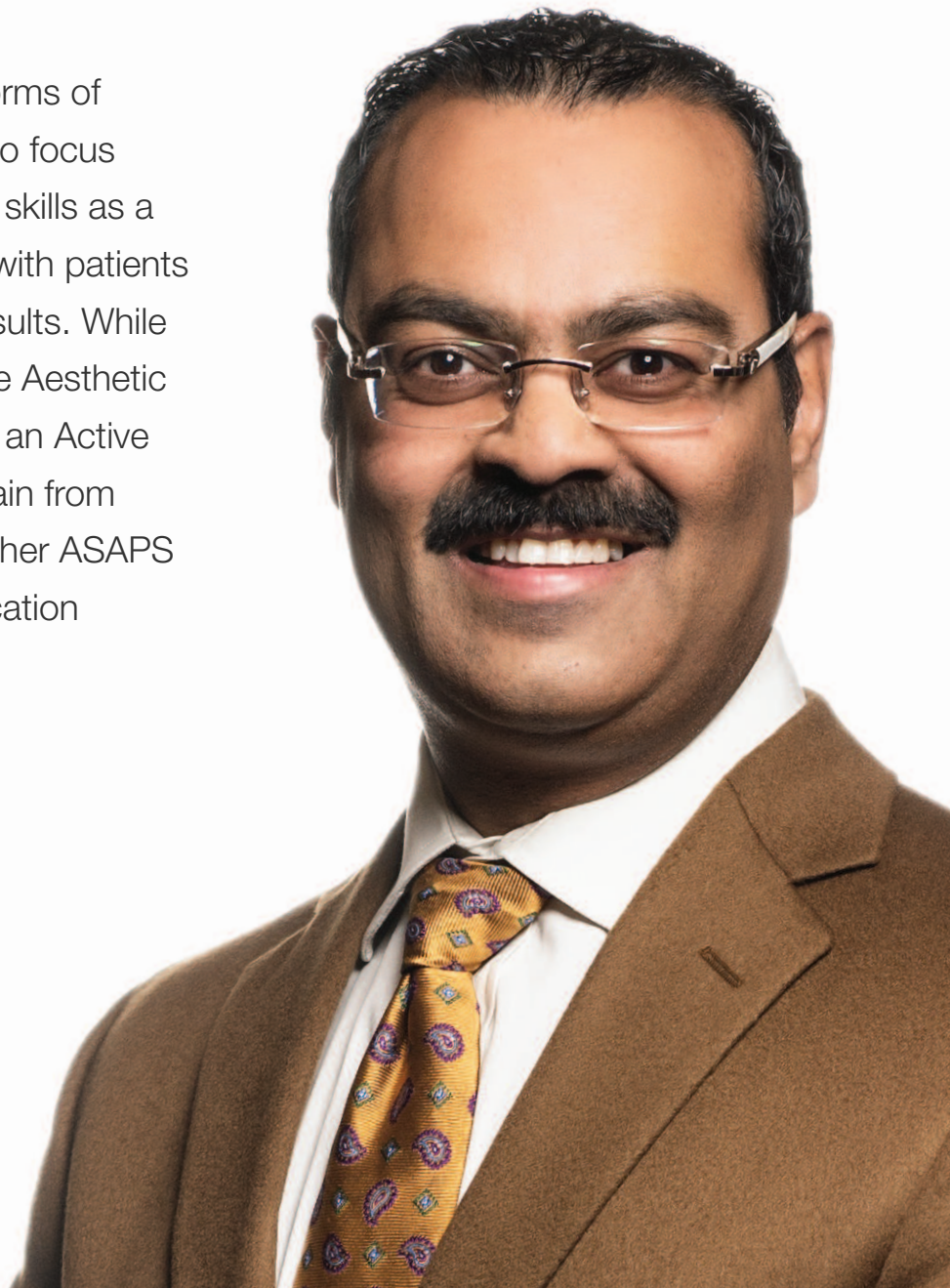
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BIA-ALCL Update: A Practical Guide for Plastic Surgeons

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this rare disease process. To date, no case of BIA-ALCL have been reported in patients who have only had placement of smooth devices in their lifetime, either for augmentation or reconstruction. While the example provided here was in primary augmentation, delayed seromas can also present in revisionary augmentation and reconstruction procedures. We believe that by following these steps, patient safety in the diagnosis of BIA-ALCL can be improved.

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Diagnostic Evaluation Based on NCCN Guidelines

Breast Implant Associated—Anaplastic Large Cell Lymphoma (BIA-ALCL) is a malignancy associated with breast implants that presents as a delayed seroma greater than 1 year after implantation. It can be seen in primary and revisionary breast augmentations as well as breast reconstructions. It can also present as a breast mass, and if so, should be worked up by a breast oncologist. When faced with a patient presenting with a delayed breast seroma, consider the following diagnostic evaluation based on NCCN guidelines:

EDUCATE the patient about existence and symptoms of BIA-ALCL during preoperative consultation and include in informed consent discussion.

SUSPECT the possibility of BIA-ALCL in patients with delayed seromas greater than one year from implantation, particularly those with a textured device implanted at some time in their history.

PERFORM a thorough physical examination including the contralateral breast and assessing for lymphadenopathy.

IMAGE the breast including regional lymph node basins with an ultrasound evaluating for fluid and/or mass.

ASPIRATE the fluid either in clinic or through interventional radiology. Place the fluid in a sterile specimen cup with NO FORMALIN. Send the specimen Fresh for immediate evaluation. It can be refrigerated but after 3 days the specimen is no longer viable.

SEND the fluid for CD30 immunohistochemistry and cell block cytology and aerobic and anaerobic cultures.

ASK the pathologist to assess and rule out BIA-ALCL. If positive, the pathologist will

further test for flow cytometry for a single T cell clone, as well as ALK translocation to differentiate BIA-ALCL from systemic ALCL. ALK translocation is negative in all cases of BIA-ALCL.

DISCUSS the diagnostic workup results with the patient, obtain a preoperative PET/CT scan for workup of systemic disease, and formulate a treatment plan.

COORDINATE next appropriate steps in management, with consideration for consultations to lymphoma oncology and surgical oncology to facilitate a multidisciplinary approach. Advanced cases may benefit from referral to a high volume tertiary cancer center.

TREATMENT with total capsulectomy, removal of implants, and excision of involved lymph nodes. Chemotherapy for advanced disease and radiation therapy for unresectable disease per NCCN guidelines.

REPORT all confirmed cases to the PROFILE registry, www.theapsf.org/PROFILE.

FOLLOW the patient closely and **ASK** for help from local or national experts on the treatment of BIA-ALCL when questions arise.

Disclaimer: The preceding methods are not required. They are recommendations from the ASAPS Patient Safety Committee as of June 2018 and do not establish a standard of care. You may download this document and any updates at www.surgery.org/downloads/scissors-on-the-seam/Diagnostic-Evaluation-Based-on-NCCN-Guidelines.pdf to tailor to your specific practice. ©2018 American Society for Aesthetic Plastic Surgery. All rights reserved.



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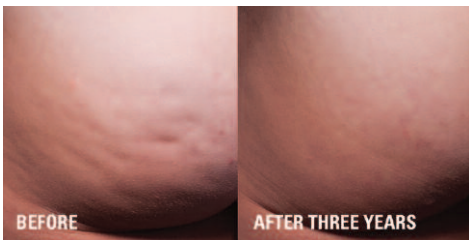
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