

AESTHETIC SOCIETY NEWS

Quarterly Newsletter of The Aesthetic Society

Volume 24, Number 3 • Summer 2020

EDUCATION

The Transition: From Annual to @Home

SOCIETY NEWS

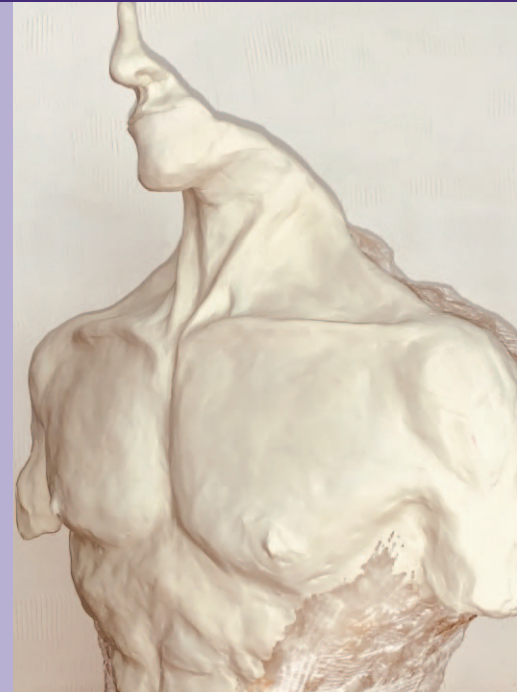
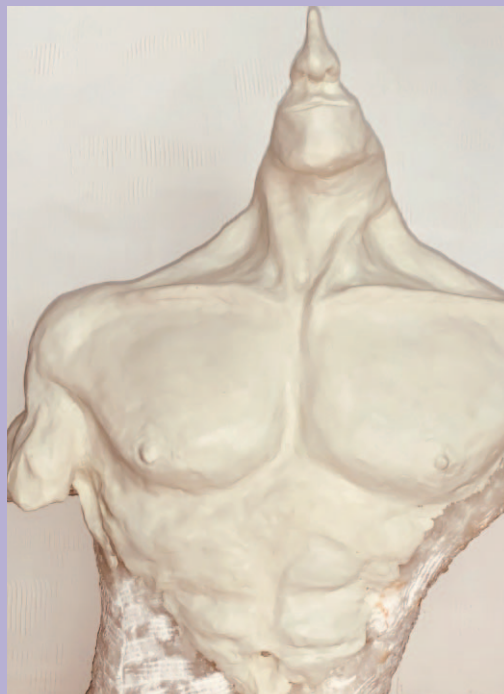
Overview of the 2020 Aesthetic Society and ASERF Business Meetings

LEGAL ADVICE

My Client Contracted COVID-19 From Your Office

SAFETY MATTERS

COVID-19 Testing Made Easy




Sculpture by:
Kaveh Alizadeh, MD



The Aesthetic Meeting Series: Together, Everywhere.
Experienced Insights in Breast and Body Contouring
September 12–13, 2020
An Interactive Online Event



The Aesthetic Meeting 2021
April 29–May 3, 2021
Boston, MA



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Aesthetic Society News

Quarterly Newsletter of The Aesthetic Society

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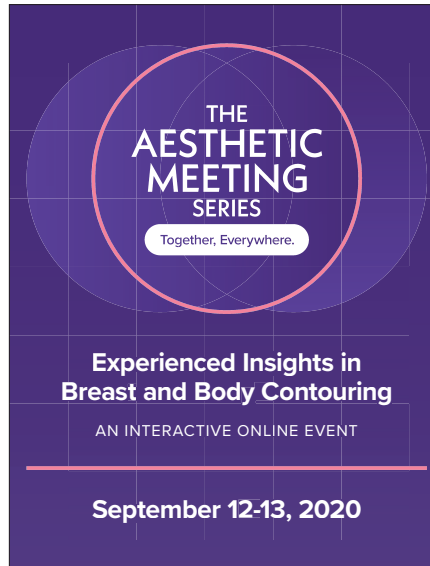
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**The Aesthetic Meeting Series:
Together, Everywhere.
Experienced Insights in Breast
and Body Contouring**
September 12–13, 2020
An Interactive Online Event



The Aesthetic Meeting 2021

April 29–May 3, 2021

The Boston Convention
and Exhibition Center
Boston, MA

www.surgery.org/meeting2021



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North Carolina Society of Plastic Surgeons 2020 Virtual Annual Meeting

October 24, 2020

<https://www.ncsps.com>

2020 Florida Plastic Surgery Forum

December 10–13, 2020

The Breakers
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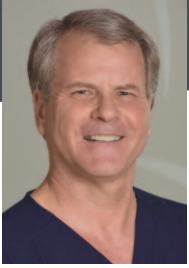
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The 4th Norwegian-American Aesthetic Surgery Meeting (NAAM4)

October 29–30, 2021

Oslo, Norway
<https://naam.no>



President's Report

By Herluf G. Lund, MD

Words are truly powerful, but no words can describe what has happened to our world and our community over the last six months.

Together we have walked one of the most difficult paths our society and specialty have ever encountered. The journey down this path is not ended but we now can see our specialty will survive and indeed, thrive through determination, innovation, and flexibility. We are the Phoenix—we will rise again.

Countless thanks go out to all our members who were on the front lines, many of whom volunteered where needed and stepped in to fill critical roles. A special thank you to all our committee and task force members and Aesthetic Society staff who worked tirelessly to provide ongoing education and the tools needed to reopen our practices and return to the operating rooms. As our optimism returns, we have the daunting task of moving The Aesthetic Society and our specialty through this pandemic and into a new reality. Though the landscape around us may have changed, the mission of our Society remains as true today as it did before, and it will be our guide forward as we continue down this path.

The foundation of The Aesthetic Society is built on knowledge and education. This has been and continues to be achieved by the formation of a collaborative community of plastic surgeons committed to sharing their skills and knowledge and creating new pathways to do so. Crises like we face today force change to our paradigms. Our specialty has faced many challenges before only to rise up stronger and more focused. This is the time to examine and re-engage in our programs and projects with renewed vigor. The Aesthetic Society sees new potential and opportunities for ANN—the Aesthetic Neural Network, *Aesthetic Surgery Journal*, and RADAR in this new era. We anxiously await the soon to be unveiled Aesthetic One—Surgeon



Innovation and reinvention everywhere. Renaissance everywhere. Now more than ever, we need all our artists, thinkers, surgeons, and partners to come together with The Aesthetic Society and move us into this new era. Stronger and better than ever.

and Patient Apps, and our completely re-designed website to launch into a rebirth of our specialty. This is groundwork for our Aesthetic Renaissance.

Renaissance is founded on education, innovation, and discovery. The Aesthetic Society remains committed to providing our members with the best education in aesthetic surgery and to using new creative innovative ways to deliver it. Sadly we had to cancel The Aesthetic Meeting 2020 in Las Vegas. Our next Annual Meeting will be Boston in the spring of 2021 as a completely new and redesigned meeting. Boston will not be just a meeting but AN EVENT not to be missed! From paradigm disruption comes opportunity.

I was away from the operating room for over two months due to this pandemic. Like

many of you, it was the longest time I had been away since my last days of medical school. There was something very comforting about the thought of returning back to the “normal” I knew before COVID-19 arrived, but I've realized that while it looks familiar, it has all changed. Innovation and reinvention are everywhere. Renaissance is everywhere. Now more than ever, we need all our artists, thinkers, surgeons, and partners to come together with The Aesthetic Society and move us into this new era. Stronger and better than ever.

Herluf G. Lund, MD, is a plastic surgeon practicing in St. Louis, MO and serves as President for The Aesthetic Society.

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The Transition: From Annual to @Home

William P. Adams Jr., MD and Jamil Ahmad, MD

The Aesthetic Society supports our members in many ways, but the core of our work is to provide unparalleled education in aesthetic medicine. The main way we deliver on that work is The Aesthetic Meeting, the annual convergence of luminaries of the aesthetic world. With the outbreak of COVID-19, the meeting's cancellation was inevitable. What was the best that could be salvaged from these unfortunate and unforeseen circumstances?

Reacting with lightning speed, the Society's leadership and Education Commission, headed by Drs. William P. Adams Jr. and Jamil Ahmad, planned to reconfigure the Meeting. Nearly overnight, it became The Aesthetic Meeting 20/20 @Home. Faculty was assembled, topics were chosen, sponsorships were secured, and plans were made.

On the date of the original meeting, April 25, 2020, an unprecedented symposium was held. Four live three-hour sessions were streamed and achieved fantastic attendee interaction for an online meeting. Through digital Q&As and chat, attendees enjoyed lively, dynamic discussion with the faculty and each other. The sessions covered some of the hottest topics in aesthetic medicine: Aesthetic Breast Reconstruction; Buttock Augmentation; Facial Rejuvenation; and Safety and Outcomes Following Massive Weight Loss. Between sessions, attendees had the opportunity to chat live with representatives from exhibiting sponsors.

The live sessions were just the beginning of @Home's education. Faculty who had been scheduled to present at The Aesthetic Meeting recorded a total of sixteen additional teaching courses, which have been made available for purchase and are 50% off for Aesthetic Society members, candidates for membership, and nurses. Email us at TheAestheticSociety@Surgery.org for details if you believe you missed your discounted opportunity.



The live sessions were just the beginning of @Home's education. Faculty who had been scheduled to present at The Aesthetic Meeting recorded a total of sixteen additional teaching courses, which have been made available for purchase and are 50% off for Aesthetic Society members, candidates for membership, and nurses.

Thank you to all the attendees and sponsors who made The Aesthetic Meeting 20/20 @Home possible. COVID-19 handed us lemons, but with your support, we were able to make some outstanding lemonade! The

future of 2020 is still uncertain, but we will continue to work diligently to bring you the pinnacle of aesthetic education, whether it's in a convention center or your home office.

On the date of the original meeting, April 25, 2020, an unprecedented symposium was held. Four live three-hour sessions were streamed and achieved fantastic attendee interaction for an online meeting. Through digital Q&As and chat, attendees enjoyed lively, dynamic discussion with the faculty and each other.

RADAR resource



The Aesthetic Society's medical education platform.



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- Read all issues of *ASJ*
- Watch didactic and operative videos
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- Build a personalized medical library
- Review articles from *ASN's* Practice Solutions and Safety Matters sections
- New! COVID-19 Emergency Webinar Series



RADAR is home to hundreds of downloadable tools, on-demand education, Aesthetic Society products, and content tailored to support your business during challenging times. Below are the latest curated surgical and practice management resources that can be accessed anywhere!

COVID-19 RESOURCES

The Aesthetic Society is here to help you make sense of the rapidly evolving landscape created by the COVID-19 crisis. Recent webinars and supplemental resources for you and your staff are available in the library under: Practice Solutions> Practice Management> COVID-19.

ASJ VIRTUAL GRAND ROUNDS

Grand rounds are a universal component of all plastic surgery educational programs. That's why we're proud to welcome you to ASJ Virtual Grand Rounds—a weekly virtual meeting with aesthetic surgery experts in the field. Replays of the topics below can be viewed in the library under: Video Library> Resident Education> Virtual Grand Rounds.



Cosmetic Genital Surgery
Jamil Ahmad, MD



Massive Weight Loss Contouring: My Latest Approaches and Pearls
Al Aly, MD



Patient Safety and VTE
Chris Pannucci, MD

TRAVELING PROFESSOR WEBINAR SERIES

Our Traveling Professors are sharing their clinical, technical, and educational expertise with residents in our new webinar series. Each session offers a wealth of information and innovative perspectives on plastic surgery topics. Access the replays below in the library under: Video Library> Resident Education> Virtual Grand Rounds.



FTM Gender Affirming Top Surgery
Patricia McGuire, MD



Rhinoplasty Principles That No One Tells You
Mark Constantian, MD



Breast and Chest Wall Asymmetries & HRUS
Caroline Glicksman, MD, MSJ



Social Media for Your Practice: Taking COVID-19 Into Consideration
Jennifer Walden, MD

RADAR CME SEARCH

The Aesthetic Society is making it easier for you to earn your Continuing Medical Education (CME) credits through the RADAR Resource iPad app.

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ACCESS RADAR

Aesthetic Society Members, and those enrolled in the Candidate for Membership or Resident Program can access RADAR Resource via the Society's new online portal <http://members.surgery.org>.



Has Your Staff Signed up for Access to Practice Solutions on RADAR?

Practice Solutions on RADAR Resource is the Aesthetic Society's practice management resource hub. An exclusive benefit for Aesthetic Society members, candidates, residents, and their practice staff. Staff of Society Members and Candidates for Membership can register for an individual account by completing the enrollment form at: practicesolutions.surgery.org.

The Aesthetic Society is here to help you make sense of the rapidly evolving landscape created by the COVID-19 crisis. Recent webinars and supplemental resources for you and your staff are available in the library under: Practice Solutions> Practice Management> COVID-19.

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6 Hours
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**Inflammatory
Phase Begins²**

5-7 Days
after insult:



**Collagen
Formation Peaks²**

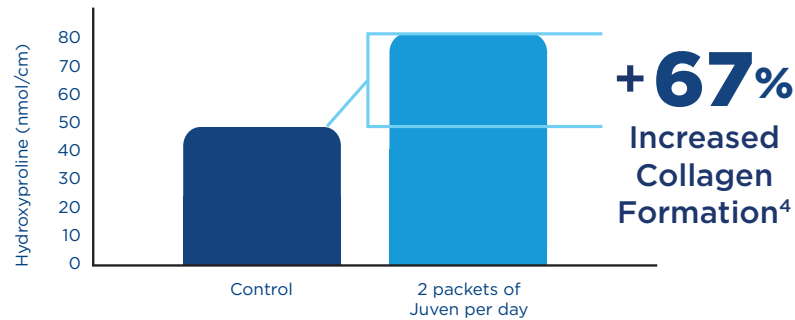
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after insult:



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* in healthy elderly adults as part of a wound healing model, taking 2 servings per day

References: 1. Kerstein MD et al: *Dis Manage Health Outcomes* 2001;9:651-663) 2. Trott AT. Surface Injury and Wound Healing. In: *Wounds and Lacerations: Emergency Care and Closure*. Third Edition. Philadelphia: Mosby Inc; 2005: 22-25 3. Joseph Molnar: *Nutrition and Wound Healing*. CRC Press. 2007:6. 4. Williams JZ, et al. *Ann Surg*. 2002; 236:369-374.

Use under medical supervision in addition to a complete, balanced diet.

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The Aesthetic Society®

ASJ is your resource.

We have your back during this tough time.

We have created the following resources to help you through the COVID-19 pandemic:

GLOBAL EDUCATIONAL MEETINGS

JOURNAL CLUBS


SOCIETY WEBINARS

THEMATIC ISSUE

VIRTUAL GRAND ROUNDS

Explore Today: academic.oup.com/asj

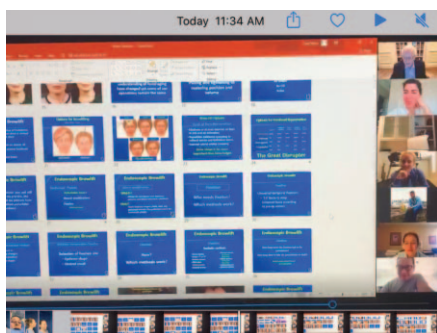
We are thinking of you, we are here to help,
and **we will get through this together.**





ASJ IS YOUR RESOURCE

Dr. Foad Nahai, Dr. Jeffrey Kenkel, and the entire editorial team have worked hard during the pandemic to be your go-to resource for information, videos, educational Zoom meetings, thematic issues, and more. They held weekly ASJ Virtual Grand Rounds on Zoom created by Associate Professor Dr. Angela Cheng (Emory University School of Medicine, Atlanta, GA) and co-moderated with Assistant Professor Dr. William Knaus (Emory University School of Medicine, Atlanta, GA) featuring presentations by expert aesthetic surgeons teaching residents, fellows, society members, and international plastic surgeons during COVID to bolster learning. Four of these sessions were supported by Allergan and we appreciate their contribution to our online educational presence during this challenging time. Additionally, Executive Editor Phaedra Cress developed ASJ GEMS (Global Educational Meetings), weekly Zoom meetings to educate and learn with the international audience featuring leaders in our field presenting on timely topics, sharing their experience and techniques. The recorded sessions are available on Radar Resource and can be found here: [ASJ GEMS: Video Library> Aesthetic Surgery Journal> ASJ GEMS.](https://www.anzumedical.com/Login/home/login/radar#/videolibrary/radar) <https://www.anzumedical.com/Login/home/login/radar#/videolibrary/radar>
ASJ VGR: Video Library> Resident Education> Virtual Grand Rounds. <https://www.anzumedical.com/Login/home/login/radar#/videolibrary/radar>



A recent Emory Aesthetic Tutorial Zoom meeting with residents and fellows.

Aesthetic Surgery Journal and ASJ Open Forum Update

To read the current issue of the *Aesthetic Surgery Journal*, visit: <https://bit.ly/38J73pJ>

Dr. Foad Nahai has been a lifelong educator and COVID-19 did not change that! He held weekly Zoom meetings called Aesthetic Tutorials at Emory organized by Fellow Dr. Deniz Sarhaddi and Senior Resident Dr. Alexandra Hart. All fellows in fellowships endorsed by The Aesthetic Society were invited to attend and he was pleased to have the Emory residents and some of Dr. Jeff Kenkel's residents from UTSW attend several sessions.

APRIL, A BANNER MONTH

During the quarantine, nearly all plastic surgeons were home, and unable to perform elective surgery. As such, they had increased time for academic pursuits like writing and revisions submissions to ASJ. In April, we saw a record number of submissions (148) and the staff worked 24/7 to keep up. Dr. Nahai and Dr. Kenkel would like to thank their staff Phaedra, Hunter, Kyleigh, and Lexy and also all the contributors for their support in continuing to submit their work for consideration.



ASJ Open Forum Editor in Chief, Jeffrey Kenkel, MD.

ASJ OPEN FORUM, NEW EDITOR IN CHIEF

We congratulate Dr. Jeffrey Kenkel on becoming Editor in Chief of *ASJ Open Forum*. We know he will take the fledgling journal to new heights! According to Dr. Kenkel, "The focus of this new, open

access journal is to offer authors a high-quality publication option with rapid review and global dissemination. This is a great forum for innovative article types such as videos, smaller case reviews, and features such as Second Thoughts About First Thoughts, My Way, and Featured Operative Techniques that synthesize clinical skills and techniques from masters in our field, making them easy to replicate in your practice. Education should not be limited by subscriptions and memberships and the fact that all *ASJ Open Forum* articles are freely available, and in the case of some developing countries shown here, free to publish, exposes the research and data to more of our colleagues that ultimately improves patient care worldwide." Thanks to our publisher Oxford, the following

countries may submit to the Journal with no publication fees:

Afghanistan	Ghana	Rwanda
Angola	Guinea	Samoa
Belize	Guinea-Bissau	Sao Tome and Principe
Benin	Haiti	Senegal
Burkina Faso	Kiribati	Sierra Leone
Burundi	Kyrgyzstan	Solomon Islands
Cambodia	Lao People's Democratic Republic	Somalia
Cameroon	Lesotho	South Sudan
Cape Verde	Liberia	Syrian Arab Republic
Central African Republic	Madagascar	Tajikistan
Chad	Malawi	Tanzania, United Republic of
Comoros	Mali	Timor-Leste
Congo	Marshall Islands	Togo
Congo, Democratic Republic of	Mauritania	Tokelau
Cote D'Ivoire	Mozambique	Tuvalu
Djibouti	Myanmar	Uganda
Equatorial Guinea	Nepal	Vanuatu
Eritrea	Nicaragua	Yemen
Ethiopia	Niger	Zambia
Gambia	Papua New Guinea	

Additional developing countries may also submit with reduced rates. To learn more: <https://bit.ly/2XdcS9H>.

Issue Two features a number of excellent articles including a series of Editorials about COVID-19 and experiences of residents, fellows, mid-level career, and experienced plastic surgeons sharing how the pandemic has affected them. If you're ready to submit your open access article, you can do so here: <https://bit.ly/36mdjmk>.

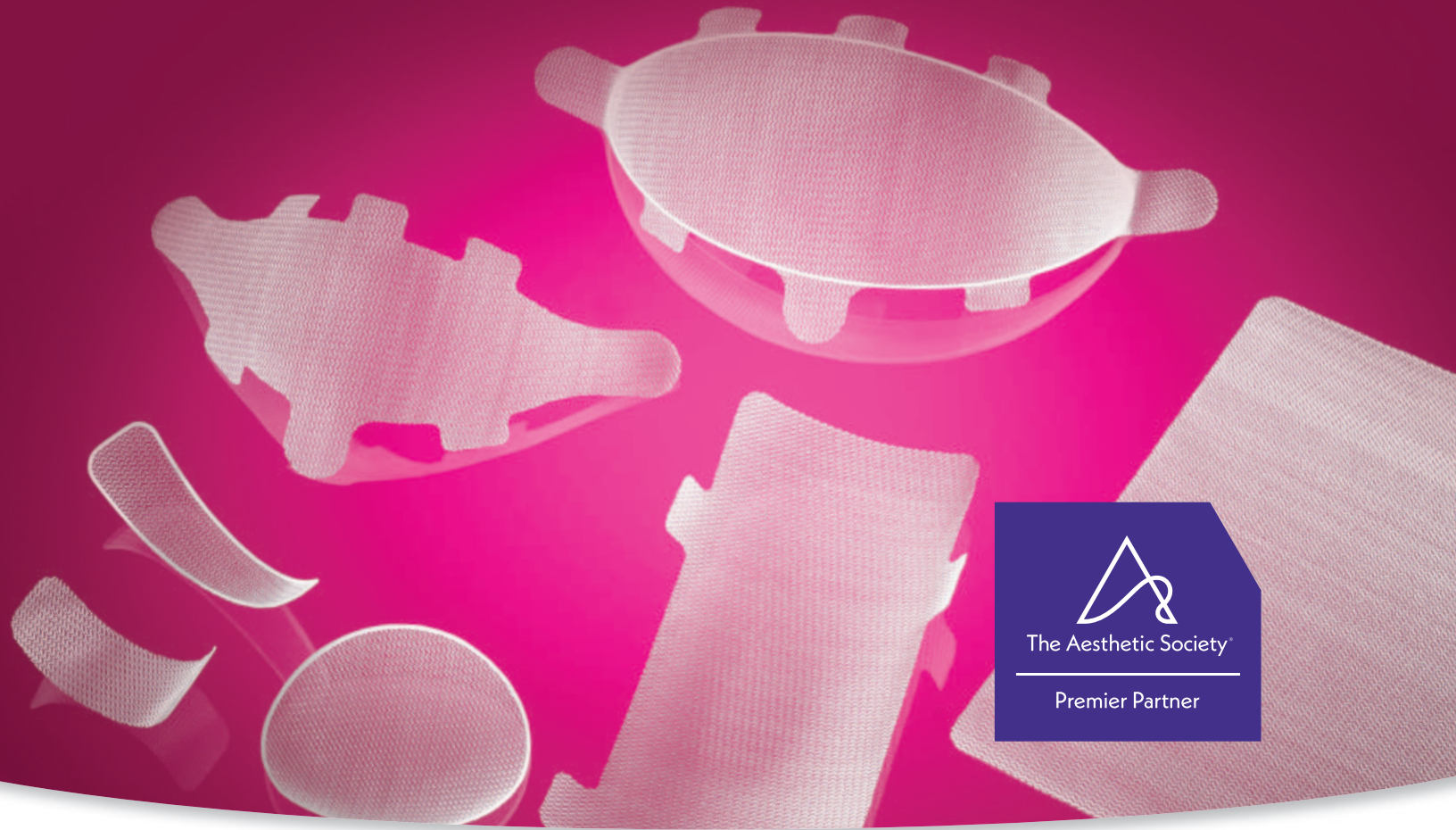
THE ASJ AND ASJ OPEN FORUM PODCASTS

The ASJ Podcast series launched in June and showcases plastic surgery authors as narrators, reading their newly published articles in *Aesthetic Surgery Journal*. It's now easy to catch up on your reading by listening on your smartphone, computer, iPad, or anywhere on the go to maximize your learning. Episode 1 features author Dr. James Bradley reading his article: Facial Feminization Surgery Changes Perception of Patient Gender.

Soon, the podcast series will also launch for *ASJ Open Forum* featuring Dr. Mark Clemens reading his article: Stepwise En Bloc Resection of Breast Implant-Associated Anaplastic Large Cell Lymphoma with Oncologic Considerations. Stay tuned and thanks for listening!

Continued on Page 15

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*1. Preclinical data on file; results may not correlate to clinical performance in humans.

2. Deeken, Corey R., and Brent D. Matthews. "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 surgery 2013 (2013).

3. Williams, Simon F., David P. Martin, and Arikha C. Moses. "The History of GalaFLEX P4HB Scaffold." Aesthetic Surgery Journal 36.Suppl 2 (2016): S33-S42. PMC. Web. 1 June 2017.



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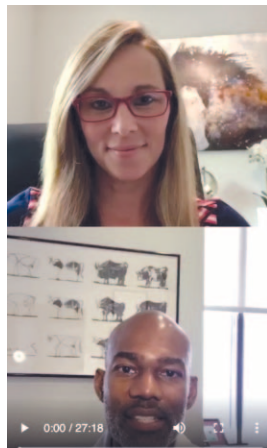
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Aesthetic Surgery Journal and ASJ Open Forum Update

Continued from Page 13

INSTAGRAM: HAVE YOU FOLLOWED US YET?

We are pleased by the following and success of our enhanced Instagram account: [aestheticsurgeryjournal_asj](https://www.instagram.com/aestheticsurgeryjournal_asj) and welcome you to follow us, engage with us, share our content, and keep tabs on what's happening and when. Our posts and stories will always keep you up to date.

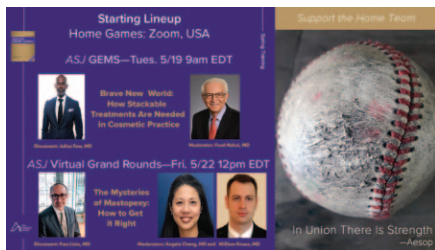


We held our first IG Live featuring Dr. Julius Few who promoted his upcoming ASJ GEMS session on stackable treatments in cosmetic medicine.

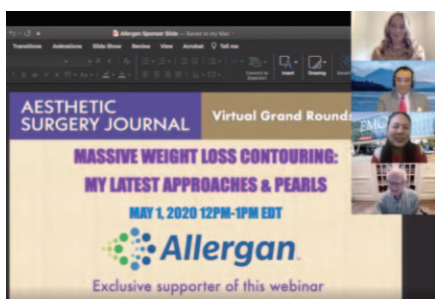


ASJ GEMS on Zoom featured Dr. Julius Few who gave an excellent presentation to an international audience across four continents. Over the lifetime of GEMS, we have had participants from all seven continents and reached more than 1,500 attendees.

ASJ received its new Impact Factor, 3.799, ranking it 31/210 in the category Surgery—which puts us in the top 15% of all surgical journals. We remain #1 in all of aesthetic surgery and #2 in all of plastic surgery, thanks to your support.



A typical social media post promoting the weekly VGR and GEMS Zoom calls.



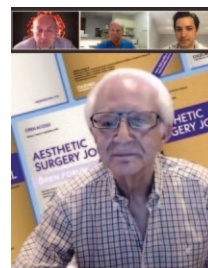
Body Contouring Section Editor Dr. Al Aly joined us for Virtual Grand Rounds on May 1 with attendees in all seven continents. He logged in from Abu Dhabi, UAE. We are very appreciative that Allergan supported his talk and 3 others during the pandemic.



Editor in Chief of ASJ, Dr. Foad Nahai with Editor in Chief of ASJ Open Forum, Dr. Jeffrey Kenkel.



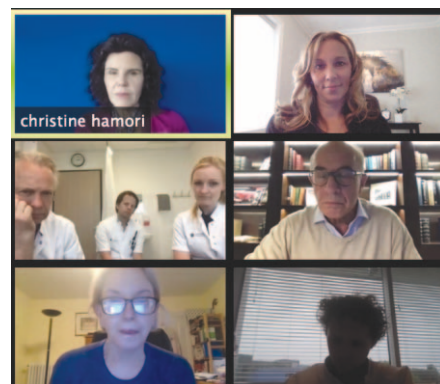
Dr. Hema Sundaram is a board-certified dermatologist, an international teacher of advanced cosmetic and dermatology, and an ASJ author and reviewer is right in style with the Journal's new colors and branding during her recent video. Watch it here: <https://youtu.be/-FVJkMSLXsE> and read her article here: <https://bit.ly/2zbM15K>.



Dr. Foad Nahai and Dr. Jamil Ahmad moderated a great International ASJ GEMS session with Dr. Robert Singer, Dr. Ash Mosahebi, Dr. Mark Jewell and Mary Jewell. The International audience represented five continents.



We welcomed a very special addition to the ASJ and ASJ Open Forum editorial board in May, the esteemed Dr. Robert Singer.



Dr. Christine Hamori's ASJ GEMS session on managing vaginal rejuvenation patients was a huge success, drawing a large International audience! We are grateful for all her support as an educator and Section Editor of ASJ.



This all-star GEMS session featured Dr. Ash Mosahebi, Dr. Robert Singer, Dr. Mark Jewell, Mary Jewell and moderators Dr. Foad Nahai and Dr. Jamil Ahmad.

Continued on Page 17



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Days of Wine, Anosmia, and COVID-19

By Richard Baxter, MD



I had been updating my wine & health blog and found a connection to COVID-19: resveratrol had actually been tested and found to have in vitro activity against SARS coronaviruses.

When my sense of smell disappeared, that's when I knew. We had recently seen what was thought to be the first case of COVID-19 in the U.S. only a few miles away, and the situation had rapidly spiraled out of control. Local hospitals were overrun with desperately ill patients, and we began to grasp that we were in the epicenter of an exponentially escalating crisis. There was little time to prepare for the mandate to cease nonurgent surgery, and we scrambled to set up for a practice closure of unknown duration. After our last day I stopped at Costco on the way home; they were already out of toilet paper (!) and hand sanitizer, but thankfully well stocked with wine.

As the reality of the circumstance set in, I cycled through phases of COVID-19 coping—denial, anger, bargaining—and wandered into a badlands of cynicism. Staff had to be furloughed, cash flow critical, and everyone wants to know *what is the plan?* Try doing Zoom consults! *What's the point of that when I don't know if and when I can even re-open?* Get a PPP loan! *Where are those payroll reports kept?* It seemed every problem had to be solved at least three times. Do what you can, I told myself; get on the hospital volunteer list, call your patients, cajole your vendors, try to keep informed.

I had been updating my wine & health blog and found a connection to COVID-19: resveratrol had actually been tested and found to have in vitro activity against SARS coronaviruses. So I practiced what I preach, in moderation of course, and hunkered down as a statewide stay at home order came down a week after the ban on elective procedures. I spent my time practicing tango moves with my now also unemployed wife, but after a few weeks we lost steam. Surely all this stress

explains the headaches, we thought; ditto for the cough. Are those chills or are we just not sleeping well? We were already quarantining, and as COVID-19 tests were still tightly allocated, my physician advised against going out for testing unless I was called to work. But there was no work for surgeons, and wouldn't be for a while.

At least my wife and I could still enjoy a glass of wine at dinner until we couldn't. That was the symptom that clinched it, and I realized that staying home and closing the practice was for the best. Acceptance.

For a wine lover, temporary anosmia/ageusia is an informative experience. The ability to taste and smell varies widely, determined by dozens of taste receptor genes, each with polymorphisms affecting their function. I had been looking into the phenomenon for my writing on wine and came to see that a lot of people are truly "taste blind" for certain flavors. Their palates aren't uneducated; all wines really do taste the same to them. I could appreciate how fawning about subtleties in wine might seem as pointless as an art critic's rave over a painting's exquisite hues does to the color blind.

Fortunately, my senses and sensibility returned. Antibody tests were confirmatory. It was a relief that the timeline was not consistent with any workplace exposure, so patients and staff were in the clear. There's no way to know if wine helped me recover—the experience in Italy and Spain suggests otherwise—but I'm not ruling it out. And I'm saving a special bottle for a toast to so many who deserve recognition when the time is right for celebration.

Dr. Richard Baxter is an aesthetic plastic surgeon in private practice in Mountlake Terrace, WA and a member since 1999.

Aesthetic Surgery Journal and ASJ Open Forum Update

Continued from Page 15

AESTHETIC SURGERY JOURNAL

ASJ Journal Club
Hosted by Next Generation Editors

Does Implant Surface Texture Affect the Risk of Capsular Contracture in Subglandular Breast Augmentation and Breast Augmentation-Mastopexy?

Author: Dr. Frank Lista
Discussant: Dr. Bradley Calobrace
Moderator: Dr. Ryan Austin (NGE Lead)

ASJ JOURNAL CLUB

The May Journal Club was a huge success with the highest number of registrants and attendees ever. Lead Next Generation Editor Dr. Ryan Austin moderated the session featuring an article by Dr. Frank Lista and a related Commentary by Dr. Brad Calobrace. Read the articles here: <https://bit.ly/2XkUQT8> <https://bit.ly/3g95k0c> then watch the recording here: <https://youtu.be/EyNRgfsM-VA>.

NEW THEMATIC ISSUE

Practice Management and Getting Back to Work After a Pandemic

Special thanks are due Dr. Tom Fiala (Orlando, FL), who graciously and quickly authored an introduction for our newest thematic issue. Please read it here: <https://bit.ly/3cY0tes>.

CHINESE TRANSLATIONS AND INTERNATIONAL FOCUS

Beginning with our July issue, select abstracts will be translated in Simplified Chinese and will appear both in print and online. Additional languages will follow in the future. We are excited to share this news and our increased focus on international submissions, colleagues, and translations that we hope will improve and enhance global learning and the impact of published articles. We would like to thank Dr. Haison Xu and Dr. Haiyan Cui of Shanghai Ninth People's Hospital, Shanghai, China, who have partnered with us on the first ASJ Chinese translated edition that will be published soon and distributed in print and online.

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Overview of the 2020 Aesthetic Society and ASERF Business Meetings

On Sunday, April 26, 2020, The Aesthetic Society and ASERF held its annual business meeting virtually via video conference. A quorum was present and the full minutes from the meeting were emailed to Society active members.

Of particular note:

- The Aesthetic Society president, Charles Thorne, MD, passed the presidential gavel to Herluf Lund, MD.
- ASERF President, Robert Whitfield, MD, passed the presidential gavel to Luis Rios Jr., MD.
- The Slates of Candidates from The Aesthetic Society and ASERF were presented to the membership.

AWARDS PRESENTED



Special Award
Tracy Pfeifer, MD



Leadership Award
James Grotting, MD



Traveling Professor Award
Louis P. Bucky, MD



Traveling Professor Award
M. Bradley Calobrace, MD



Traveling Professor Award
Daniel A. Del Vecchio, MD



Traveling Professor Award
Joseph P. Hunstad, MD



Traveling Professor Award
Kiya Movassaghi, MD



Jerome Klingbeil Award for Teaching Excellence
Joe Gryskiewicz, MD



Jerome Klingbeil Award for Teaching Excellence
Geoffrey R. Keyes, MD



Jerome Klingbeil Award for Teaching Excellence
Z. Paul Lorenc, MD

After the meeting, voting on the slates of candidates occurred via SurveyMonkey beginning on April 27, 2020 and closed May 12, 2020. There were a total of 289 qualifying votes, well above the quorum of 193. Each voter's Active Member status was verified. Any disqualified (non-Active member) votes were removed.

The Slates of Candidates from both The Aesthetic Society and ASERF passed. The Member Business Meeting Minutes from May 19, 2019 were approved. The results of the Nominating Committee vote are as follows: Drs. Laurie Casas, Jeffrey Kenkel, Foad Nahai, and Michele Shermak, with Dr. Steven Teitelbaum serving as alternate.

Congratulations to those voted in to serve on the Board of Directors and Committees of The Aesthetic Society and ASERF! Your dedicated service will ensure that our organizations and membership thrive during these uncertain times.

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Support our Industry Partners and consider using their products in your practice.

Update Your Aesthetic Society Logo!

Now that The Aesthetic Society has undergone its brand transformation, we are encouraging all of our members to follow suit! The easiest way to do that is to ensure that our new Society logo replaces any instances of the old one, or to add it where appropriate. It is perfect for your website, social media, business cards, letterhead, or any other platform to differentiate yourself as an Aesthetic Society member, and it can help you rise above the noise of a competitive market.

Our new logo draws from our long tradition of excellence while transforming our mark into a strong, consumer-friendly emblem. The predominant feature is a strong "A." It stands for "Aesthetics," our defining difference for more than 50 years. The Aesthetic Society's trail-blazing founders believed in Aesthetic Plastic Surgery and this logomark re-ignites that passion. The logo and guidelines for its use can be found at surgery.org/logo



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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 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 Aesthetic Society 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 Aesthetic Society®



The Aesthetic Surgery Education
and Research Foundation



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For Uninsured Patients, Utilize the BIA-ALCL Patient Fund

The Aesthetic Society 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 The Aesthetic Society, 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.

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For additional information on the Fund, please contact Ivan Rodriguez at
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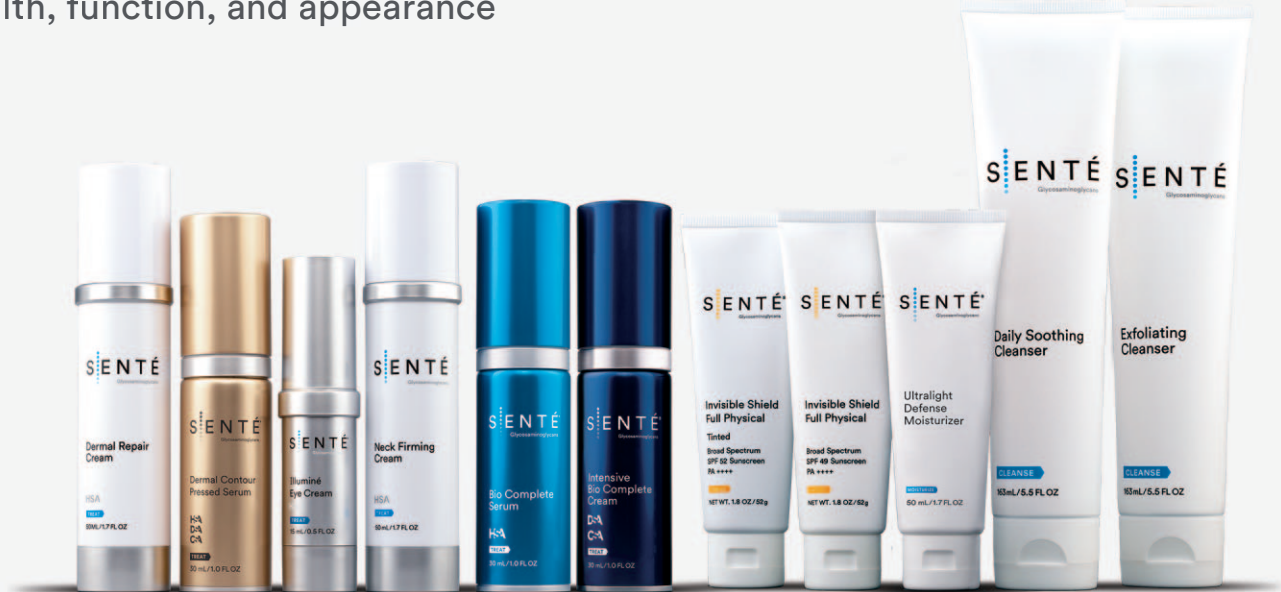
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Update on ASERF

By Luis Rios Jr., MD



The Aesthetic Surgery
Education and
Research Foundation

ASERF: STATE OF THE UNION

Although my presidency is starting during challenging times, I am excited to be leading the Foundation through an exciting transitional period. Thanks to the generosity of our members, donors and industry partners, ASERF is in a strong position to respond to our members' needs. Our recent efforts in fundraising have left the Foundation in solid financial standing, so that we can continue to address important issues for our members.

STRATEGIC PLAN: PROACTIVE FOUNDATION

Last year ASERF created a three-year strategic plan that included recommendations for modifications to our bylaws and policies. We also solidified our ties with The Aesthetic Society, so that we could work in unison in order to tackle important issues that face aesthetic surgery today. During the process of transformation, ASERF will continue to perform its traditional role of encouraging and funding innovative research ideas in aesthetic surgery and medicine. In addition, ASERF's plan is to also utilize the unique tools both The Aesthetic Society and Foundation have developed. I have made a commitment to evaluate and utilize our Aesthetic Neural Network (ANN) and *aesthetic one* physician and patient apps in ASERF's effort to design and deliver innovative research pertinent to our members.

BBL SAFETY AND RECENT ACCOMPLISHMENTS

I am proud to say that we have started off the year with great momentum. Look for the ASERF-sponsored *Aesthetic Surgery Journal* article, "Improvement in Brazilian Butt Lift (BBL) Safety With the Current Recommendations from ASERF, ASAPS, and ISAPS" by Dr. Varun Gupta and myself, which is a follow up to the original 2017 ASERF article on BBL safety. The current paper highlights the improved safety of the procedure if the original safety recommendations are adhered to, most importantly, fat grafting in the subcutaneous space. In addition to this article, ASERF has funded studies on breast implant health, which will make an impact on our understanding of ALCL and BII.

FUTURE DIRECTIONS

In the upcoming year, I anticipate that ASERF will be playing an active role in issues that affect all of our practices. As we begin

implementing our strategic plan, ASERF will begin its transformational process into a unique research foundation that will support The Aesthetic Society and its members. I look forward to the upcoming achievements and transformation.

CAREER ACHIEVEMENT AWARD

It is my honor to report that we will present our 2021 ASERF Career Achievement Award to Dr. Sherrell J. Aston. Sherrell is an icon in

our Society and aesthetic plastic surgery and is very deserving of the award. We will be accepting donations on his behalf with his award being presented at The Aesthetic Meeting 2021 in Boston. Tax deductible donations to the Foundation can be made at aserf.org/donor-benefits/make-a-difference.

Luis Rios Jr., MD is an aesthetic plastic surgeon practicing in Edinburg, Texas, and serves as President of ASERF.

Mollenkopf Aesthetic Breast Reconstruction Fund—Gratitude From A Recent Recipient!

In 2016, Dr. Scott Barttelbort, a longtime member of ASERF and The Aesthetic Society, was instrumental in helping his former patient, Susan Mollenkopf, establish the Mollenkopf Aesthetic Breast Reconstruction Fund. The following spring, Dr. Barttelbort became the first recipient of a Mollenkopf Fund grant which provided life-changing support for a patient who encountered financial obstacles in completing her breast reconstruction journey following breast cancer.

This past fall, another of Dr. Barttelbort's patients, Candy Sanchez, became the Fund's most recent grant recipient. The grant allowed Candy to complete a 12-year breast reconstruction journey that came with many medical and personal setbacks.

First diagnosed with breast cancer in 2007, Candy required a mastectomy, chemotherapy and radiation therapy. Her breast reconstruction left Candy with a less than desirable outcome. "The results were awful," she said, "but I figured that this was my story of battling breast cancer." Candy leaned on the unconditional love of her husband and moved forward with her life.

Ten years later, cancer came back into Candy's life. This time, however, it was her husband who was stricken and died six months after his diagnosis. "At this point," recalled Candy, "I'm not only going through the pain of losing my husband, but how I'm going to move forward looking the way I do (as a result of my breast cancer)."

During a follow-up appointment for her mammogram results in early 2019, Candy expressed her wish to have a revisional breast reconstruction. She was referred to Dr. Barttelbort, who upon hearing her story, was



Last fall, Candy Sanchez, a patient of ASERF and The Aesthetic Society member, Dr. Scott Barttelbort, became the most recent beneficiary of the Mollenkopf Fund.

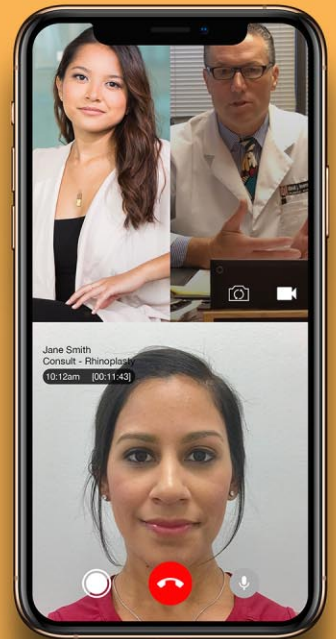
eager to help and applied for a Mollenkopf Fund grant on her behalf. "When I was approved, I jumped for joy," proclaimed Candy. "I felt like I was going to be a real woman again.

The grant allowed for Dr. Barttelbort to perform a right major breast revision with fat transfers, a left breast mastopexy and scar revision. "Candy is a special patient and has a great spirit about her. She just wanted to feel whole. Improving the symmetry between her two breasts was very important to her," said Dr. Barttelbort.

To date, the generosity of Susan and Steve Mollenkopf, with matching support from Qualcomm, has made possible the availability of more than 60 grants—of up to \$5,000 each—to eligible patients like Candy. The grant application—which includes guidelines and requirements—can be found on the ASERF website at www.aserf.org/Mollenkopf.

Both doctor and patient are thankful to the Fund for allowing Candy to reclaim a sense of confidence she once thought was unattainable. "I feel beautiful now," exclaimed Candy. "I am blessed."

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M. Bradley Calobrace, MD joins The ASERF President's Circle

ASERF is pleased to announce that M. Bradley Calobrace, MD of Louisville, Kentucky has joined its prestigious President's Circle of donors after making a generous \$50,000 donation this spring.



An internationally and nationally renowned authority on aesthetic breast surgery, Dr. Calobrace serves on ASERF's BIA-ALCL Patient Assistance Fund and Innovative Procedures

Committees. He is also a member of The Aesthetic Society's Traveling Professor Program and Chair of the BIA-ALCL Task Force.

Dr. Calobrace, a member of ASERF and The Aesthetic Society since 2006, made his commitment during a time where surgeons in the aesthetic space are facing a lot of uncertainty due to the COVID-19 pandemic.

"During these unprecedented times, it is often difficult to look outward as so many stresses and challenges are present in each of our lives, personally and professionally," said Dr. Calobrace. "Nonetheless, all the issues that were important before this crisis are still important and need our ongoing attention and commitment. It was my decision that during these times, for those whom much is given, much is expected. I choose to not simply 'ride' the recovery, but hopefully in as many ways as I can, help 'drive' the recovery."

Dr. Calobrace's gift will support ASERF's research efforts, especially as it relates to breast implant and breast health, that will continue to develop new ways of helping our patients achieve their goals safely and efficaciously.

"For me, there is no better way than to help support the research efforts of ASERF," said Dr. Calobrace. "With so much uncertainty in issues related to breast implant and surgery safety, I believe the best way forward is ongoing support of research that will provide guidance in our daily practices based on good, evidenced-based medicine."

Join the ASERF President's Circle

ASERF continues to fund research that directly impacts your practice and supports efforts to ensure that aesthetic plastic surgery products and techniques are safe, effective and relevant. You can help keep plastic surgery research moving forward by joining our ASERF President's Circle!

To Join the President's Circle:

- Donate \$50,000 or more in cash to ASERF, or
- Make a planned gift of \$100,000 or more to ASERF
 - Leave a bequest in your will or trust, or
 - Name ASERF as a beneficiary on a life-insurance policy

Your donation will be recognized on the ASERF website, www.aserf.org, at The Aesthetic Meeting each year and with a lapel pin to promote your generosity to The Foundation.

To learn more about making a planned gift or cash donation, please contact Ivan Rodriguez, ivan@surgery.org or 562.799.2356

Thank You ASERF President's Circle Members!

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Who will be next?



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The Aesthetic Society's partnership program provides industry with strategic benefits and opportunities to collaborate with Aesthetic Society members in support of our mission.

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For information on the products and services offered by industry, please contact the companies directly, and let them know you are an Aesthetic Society member!

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◆ A new minimally invasive treatment for cellulite was just approved.

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Endo Aesthetics, headquartered in Malvern, PA, is embarking on a mission devoted to pushing the boundaries of aesthetic artistry. Driven by world-class research and development, Endo is advancing solutions to address unmet needs starting with QWO. QWO will be available throughout the US at aesthetic healthcare practitioner's offices starting in spring 2021. Clinicians are encouraged to visit QWO.com and sign up for updates on product availability.



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"Mentor is committed to supporting you, your practice, your patients and our community as we navigate the unprecedented challenges of COVID-19. In May, we announced a series of cash flow relief, patient acquisition, education and collaboration efforts designed to help you BREAKTHROUGH this pandemic. For more information, please reach out to your Mentor Sales Representative."

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As part of its commitment to customers, Merz invites The Aesthetic Society members to join the Merz Institute of Advanced Aesthetics by creating an account at merz-institute.com. This professional educational resource provides health care professionals with on-demand, online training in medical aesthetics. To learn more about Merz Aesthetics, visit merzaesthetics.com.



MTF Biologics is a global nonprofit organization that saves and heals lives by honoring donated gifts, serving patients and advancing science. We offer Plastic and Reconstructive Surgery regenerative medicine solutions for providers and patients worldwide including FlexHD Acellular Dermal Matrix, Renuva Allograft Adipose Matrix, LipoGraft Fat Transfer System, Profile Costal Cartilage and MESO BioMatrix Acellular Peritoneum Matrix. We believe that tissue transplantation, related research, and innovation hold vast potential to save and heal lives.



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Thank you Industry Partners!

The Aesthetic Society thanks all of 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 Aesthetic Society 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.

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◆ As we all prepare to make significant changes to our practices in response to the COVID-19 pandemic, please rest assured that we at Applied Medico-Legal Solutions Risk Retention Group (AMS RRG) will continue to be your partner in medical liability coverage as you weather the storm. We will continue to work with our insureds on a one on one basis to ensure your practice's needs continue to be met and to address any risk management questions you may have. At the same time, we are here to assist you as you may be ready to reopen your practice and start seeing new patients once again. As always, we here at AMS RRG appreciate your business and our partnership in this ever changing landscape.



Canfield Scientific is the global leader in developing and distributing imaging and photographic systems for the medical and skin care industries. Used in medical and aesthetic practices, skin care and wellness centers, spas and medical spas, Canfield's advanced photographic imaging solutions are an integral part of aesthetic consultations. Today, thousands of surgical and non-surgical consultations begin with images captured by Canfield's powerful imaging tools, improving communications, aligning doctor-patient expectations, facilitating treatment planning, and highlighting results.



◆ CareCredit is dedicated to helping your practice quickly rebound during these challenging times. That's why we're giving you the opportunity to offer your patients a financing option with a longer promotional period at a special merchant rate.

- From May 15 to August 31, 2020, your practice will receive the same rate on the 18 Month No Interest if Paid in Full Financing Option as you currently pay on the 12 Month option.

For more than 30 years, CareCredit has supported healthcare providers in helping their patients access care for themselves, their families and their pets. Over the coming months, we'll be providing additional resources and solutions to help you re-engage, rebound, and reimagine the future.

For more information or to get started with CareCredit, call 800-300-3046 or corpsales@carecredit.com.

For information on the products and services offered by industry, please contact the companies directly, and let them know you are an Aesthetic Society member!



◆ CosmetAssure exclusively provides board certified plastic surgeons with a financial safety net for patients having elective aesthetic surgery. The program works to remove the stress and uncertainty from unexpected medical expenses due to post-surgical complications.

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

Exclusive program features include:

- Aesthetic Society members automatically qualify for enrollment
- No cost to enroll
- Tiered pricing based on volume of cosmetic patients
- Capsular Contracture coverage for 18 months
- Convenient online claims reporting


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

New Alliance Partner



◆ With Planatome® Technology by Entrepix Medical, the surgical experience has changed for both the surgeon and the patient. Our improved scalpel blades have been crafted to provide a smooth, consistent, and precise cutting surface by eliminating the grind defects found on all standard scalpels, thus minimizing surgically induced tissue trauma. Planatome Technology will provide surgeons with a more precise incision with better consistency from blade to blade, while contributing to enhanced surgical outcomes, such as faster healing with reduced infections, increased wound strength with reduced scarring, and less pain with reduced nerve damage. Planatome Technology by Entrepix Medical provides an extraordinary tool for the hands of an exceptional surgeon. For more information, please visit us at www.planatome.com.



 InMode has launched two new distinct non-invasive, hands-free platforms into the market, Evolve for body reshaping, and Evoke for facial remodeling. With these introductions, InMode has created yet another new category within the aesthetic market: Comprehensive Hands-Free Total Body Solutions. The success of InMode's Subdermal Adipose Remodeling Devices (SARD) in the minimally invasive space inspired InMode to apply the same principles of facial and body reshaping to the non-invasive market, in a hands-free application. InMode is a leading global provider of innovative medical technologies used by physicians worldwide. To learn more about InMode technologies, visit www.inmodemd.com.



Revance Therapeutics, Inc. understands that what we do today can make for a better tomorrow. Let's remind each other to embrace the change and face these trying times, together.

Revance is a biotechnology company focused on innovative aesthetic and therapeutic offerings. DaxibotulinumtoxinA for Injection (DAXI) is a next-generation neuromodulator that successfully completed a Phase 3 program in glabellar lines and is pursuing U.S. regulatory approval in 2020. We also have exclusive rights to commercialize TEOXANE SA's Resilient Hyaluronic Acid® line of fillers in the U.S, and we've begun development of a biosimilar to BOTOX.® For more information, visit REVANCE.COM.



New Products to Check Out!
Special Offers for
Aesthetic Society Members




SENTÉ developed the first and only skincare line with our patented Heparan Sulfate Analog (HSA), a hydrator that works differently to replenish what the skin loses, while controlling inflammation and supporting barrier repair.

With recent shifts in our industry, online skincare sales have increased 50%. Many of your patients are seeking skincare online and we want to provide you with the resources to meet their needs. We recently introduced our Affiliate Program to support product sales, enabling you to sell SENTÉ to your patients keeping them engaged between visits. Your practice earns commission on every sale.

Register now to take advantage of the exclusive members offer. Email affiliate@sentelabs.com to register today!

New Alliance Partner



 It's here, and it's BIG!
The highly-anticipated Symplast v2.0 update has been released, adding a variety of powerful new modules to the already-robust Symplast EHR/Practice Management cloud platform, including:

- Full Insurance RCM
- Advanced KPI Dashboard & Business Intelligence Analytics
- Medical PRM – Lead Tracking, Monitoring & Follow-Up
- Memberships/Loyalty Program
- Canfield Integration
- Windows & MacOS Desktop Apps
- Redesigned S.M.A.R.T. Home Screen
- Happy Birthday Automated Promotions (email & text)

Optimize your plastic surgery business for the post-COVID "new normal" with Symplast.

FREE LEAD MANAGEMENT SOFTWARE:
Visit www.symplast.com to find out if you qualify.

Is Your Company
Ready to Fully
Engage with
The Aesthetic
Society?

Contact

Jackie Nunn at
jackie@surgery.org
for more information
about partnership
opportunities.



AESTHETIC NEURAL NETWORK

Meet ANN...The power of Evidence-Based Business.

ANN WILL REVOLUTIONIZE HOW YOU LOOK AT YOUR PRACTICE...WITH NO EXTRA DATA ENTRY.

By automatically combining your anonymized data with a network of other members, you can gain incredible insight into your past performance, learn how to optimize your pricing, and hyper-target your marketing strategies.

Gain deeper insights into your practice patterns

ANN shows you Key Performance Indicators (KPIs) like the correlation between initial and subsequent procedures, which gives you the Lifetime Value of your patients.

Optimize your purchasing with comparative data

ANN is the only Business Intelligence Tool in our market that lets you access cooperative data from your peers.

Hyper-target your marketing

Seeing your data on ANN helps you make more insightful Evidence-Based Business decisions - when to buy a new product, when to market a new offering, or which service combinations could be most profitable.

ANN BY THE NUMBERS

ANN is currently home to more than 280 data sources contributing to ANN - including surgical and medspa numbers - with data on \$4.3B in gross charges, 4.66M procedures, and 879K patients. These numbers grow every day!

280
Data Sources

879K
Patients

4.66M
Procedures

\$4.3B
Gross Charges

Visit ann.surgery.org or email ann@surgery.org for more information!



Industry Partners Continue Their Support!

The Aesthetic Society is pleased to partner with industry in support of The Society's mission to advance the science, art, and safe practice of aesthetic plastic surgery and cosmetic medicine among qualified plastic surgeons.

We'd like to thank and acknowledge industry leader Galatea Surgical, Inc. for their ongoing support as they continue their Premier Industry Partnership. In addition, we'd like to thank CareCredit, InMode and Symplast as they each continue with Alliance Partnerships. We'd also like to welcome and thank our newest Alliance Partner, Entrepix Medical. Read about their Planatome® Technology on page 35.

"Our Industry Partners are invested in the future of The Aesthetic Society and are committed to supporting our mission and advancing the specialty, together."

—Dr. Jennifer Walden, Industry Support Chair.

And a special thank you to all our Industry Partners who have provided amazing support for The Aesthetic Society and all our members during this time. We are extremely appreciative of this support.

PREMIER INDUSTRY PARTNER



Partnership. Support. Strength. At the beginning of the year, these are some of the ideals that we identified to represent how Galatea Surgical scaffolds help to promote the clinical needs of the surgeon.

Then everything stopped.

Like you, we found ourselves scrambling to make sense of the present times, while preparing for an uncertain future. While we were facing more questions than we had answers, we realized that we keep coming back to the same guiding principles for navigating the uncertainty—Partnership. Support. Strength.

"During these trying times, we continue defining, developing and expanding our relationship with the Aesthetic Society and the reconstructive community as a whole," said Adrian Roji, SVP and GM of Galatea Surgical. "Even as we are working within the constraints of so much uncertainty, we will continue developing innovative products and solutions that will support surgeons in developing and

restoring patient's beauty. This support forms the backbone of what will be an inseparable partnership moving forward. Because we know that working together, we can develop an unbreakable strength in unity that will see us through whatever comes our way."

The GalaFLEX® Scaffold—made from poly-4-hydroxybutyrate (P4HB™)—provides the ability to strengthen and stabilize plastic and reconstructive soft tissue repairs by enabling new tissue generation in a targeted manner. This unique biologically derived scaffold offers immediate elevation and reinforcement of soft tissue, while facilitating rapid cellular infiltration, neovascularization and tissue integration into the macropores of the monofilament scaffold. The repair site is strengthened, resulting in a tissue plane 3-4 times stronger than native tissue. GalaFLEX is essentially fully resorbed by 18-24 months, resulting in the targeted placement of a vascularized, remodeled tissue plane to continue reinforcing the soft tissue repair, long after surgery.

Galatea Surgical offers a collection of surgical scaffolds that helps patients regenerate soft tissue. GalaFLEX®, GalaSHAPE® 3D and GalaFORM®3D scaffolds are designed to uplift the body's natural shape, enhance tissue strength and reduce procedure time. Constructed of monofilament fibers from its proprietary P4HB™ biopolymer, and indicated for soft tissue support and repair, our products elevate and reinforce deficiencies in plastic and reconstructive surgery. Galatea Surgical offers the first and only 3-dimensional scaffold for plastic and reconstructive surgery. They provide excellent strength, elasticity, and biocompatibility.

Visit www.GalateaSurgical.com for more information on Galatea Surgical scaffolds as well as indications for use, safety considerations and reference documents. Preclinical data on file at Tephra; results may not correlate to clinical performance in humans. www.galateasurgical.com/publications-p4hb-mesh

ALLIANCE INDUSTRY PARTNERS



CareCredit is dedicated to helping your practice quickly rebound during these challenging times. We greatly appreciate everything you're doing to help your patients, staff, and communities. That's why we're giving you the opportunity to offer your patients a financing option with a longer promotional period at a special merchant rate.

"We have been thinking of you and your patients and designing ways to support you now and as you plan for the future. We're launching a robust Revitalization program, including a special merchant rate. We're offering a special rate to CareCredit providers to help patients pay over time for the procedure they want or need," said Jill Frattallone, General Manager, CareCredit Specialty—Cosmetic, Spa and Retail Pharmacy.

Special Merchant Rate:

From May 15 to August 31, 2020, your practice will receive the same rate on the 18 Month No Interest if Paid in Full Financing Option as you currently pay on the 12 Month option. All sales must be completed by August 31, 2020 to receive this special rate.

To take advantage of this reduced rate, simply transact as you normally would by selecting the 18 Month No Interest if Paid in Full Financing Option. The special rate will be automatically applied.

For more than 30 years, CareCredit has supported healthcare providers in helping their patients access care for themselves, their families and their pets. Over the coming months, we'll be providing additional resources and solutions to help you re-engage, rebound, and reimagine the future.

For more information or to get started with CareCredit, call 800-300-3046 or corpsales@carecredit.com.

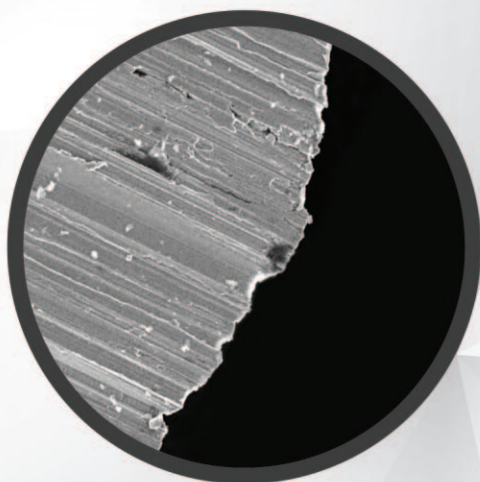
Continued on Page 35

Thank you Industry Partners!

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

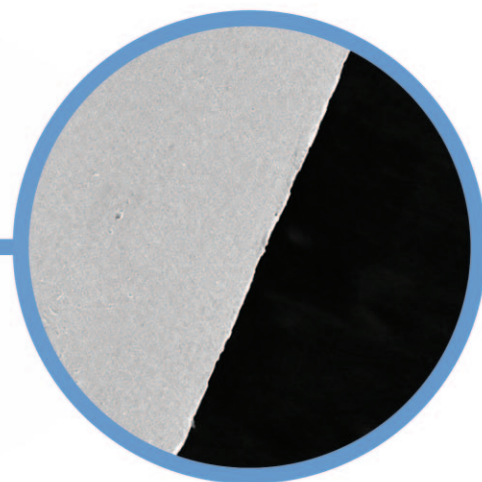
Which one deserves to be in your exceptional hands?

What you use
TODAY.



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1000x Magnification

What you could use
TOMORROW.



Planatome® Scalpel Edge
1000x Magnification

Extraordinary Begins Now™

Imagine the difference of a molecularly smooth blade.

Learn how it's achieved at
planatome.com



PLANATOME®

BY ENTREPIX MEDICAL

Industry Partners Continue Their Support!

Continued from Page 33

New Alliance Partner

PLANATOME
BY ENTREPIX MEDICAL

Entrepix Medical was created through a collaboration between leaders from the medical device and semiconductor industries with the goal to provide surgeons and patients with a better alternative to the surgical cutting devices currently available today. Scalpel blades have essentially remained unchanged since the early part of the 20th Century. While the method, speed, and materials used in the making of scalpel blades have seen upgrades, the grind defects found on all standard scalpel blades have remained the same. The skills and techniques of surgical professionals have vastly improved over the century despite there not being any significant advancements to one of their primary surgical tools.

With Planatome® Technology by Entrepix Medical, the surgical experience has changed for both the surgeon and the patient. These improved scalpel blades have been crafted to provide a smooth, consistent, and precise cutting surface. This level of precision brings a new dimension to surgical cutting devices that improves the surgeon's experience and provides the patient with a host of post-operative benefits.

President & COO of Entrepix Medical, Bill Fender, says, "Entrepix Medical is proud to bring the Planatome innovation to the Medical Device industry. By adapting a proven nano-polishing technology from the microchip industry to scalpel blades we have been able to create a new class of surgical cutting devices that provides surgeons a vastly improved tool that aides in the patient's surgical outcomes."

Planatome Technology will provide surgeons with a more precise incision with better consistency from blade to blade, while contributing to enhanced surgical outcomes, such as faster healing with reduced infections, increased wound strength with reduced scarring, and less pain with reduced nerve damage. Planatome Technology by Entrepix Medical provides an extraordinary tool for the hands of an exceptional surgeon. For more information, please visit us at www.planatome.com.



"Non-Invasive and Minimally-Invasive Radiofrequency Treatment Solutions for the Gap patient in the post-COVID 19 recovery phase," Author: Dr. Christopher Chia

COVID-19 has taken a devastating toll globally with large numbers of deaths and hospitalizations as well as historically disrupting entire industries. As aesthetic surgeons, we need to adjust our services accordingly. Minimally-invasive operations using only small access incisions performed under local anesthesia have been steadily rising in popularity and will likely further grow. With the tremendous increase in tele-conferencing and camera-centric interactions over the internet, more people are seeing themselves in unflattering views for longer periods of time.

This pent-up demand for self-improvement and cosmetic procedures will need to be met as restrictions ease. We learned from past downturns in 2008–2009 to meet this need ahead of time with a combination of non-invasive and minimally invasive technology offerings. Namely, radiofrequency soft tissue remodeling such as the Evoke and Evolve platforms (InMode, Lake Forrest CA) and minimally-invasive radiofrequency-assisted liposuction (RFAL) with soft tissue tightening using the BodyTite/Embrace devices. A current example of "social distancing therapy" is the Evoke facial remodeling device that requires only two 3-minute interactions between staff and patient following a virtual consultation for placement and removal of the device. The notion of general anesthesia, ventilators and hospitals has recently been associated with a negative connotation. In view of this fact, there is currently a strong patient demand for awake procedures under local anesthesia in an office-based setting. As a result, minimally invasive procedures provide an easy solution to the doctor and patient since they require only a sole additional staff member to be present, thus limiting exposure.

In conclusion, the latest technology delivered in a minimal or non-invasive way is the key to not only increase patient capture rates, but to also allow for significant long-term results. Safety and efficacy should always be the cornerstone dogma of any plastic surgery procedure. By offering these modalities to our patients, we adhere to the basic fundamentals of our specialty while at the same time respecting current realities on the ground. For more information go to www.inmodeuniversity.com or www.inmodemd.com.



Symplast delivers a complete, all-in-one EHR/Practice Management cloud platform that optimizes the clinical, administrative, and financial workflows of over 3,500 aesthetic users across the country. As the country continues its slow return to the "new normal," Symplast remains at the forefront of tele-medicine, patient experience, and innovation, delivering a modern, all-in-one HIPAA secure ecosystem that grows your plastic surgery business during the post-COVID ramp-up. Symplast recently released a major update to all customers that includes new modules such as:

- Full Insurance RCM (Revenue Cycle Management)
- Medical PRM—Lead Tracking, Monitoring & Follow-Up
- Memberships/Loyalty Program
- Advanced KPI Dashboard & Analytics
- Canfield Integration
- Windows & MacOS Desktop Apps
- Advanced Patient Engagement & Communication Tools
- Retail Compliant Inventory Control

Symplast Chief Product Officer Izhak Musli: "The reaction to the various major new features we released has been amazing. The completely rewritten Insurance CRM module is a huge win for us. But what we are most excited about is the data analytics; our team has introduced an incredible amount of new metrics, dashboards, and reports that are interwoven throughout the software. As the former CEO of AtlasKPI, I appreciate first-hand the power that advanced KPIs and analytics can provide a plastic surgery business. I'm proud to say that we have elevated the entire Symplast EHR suite to the top of the field. And we're just getting started."

The ability to adapt to the ever-changing industry, as well as the unprecedented app-based ecosystem that Symplast was founded upon 7 years ago, have resulted in Symplast gaining a large market share of customers during Q2 2020, including some of the top key opinion leaders (KOLs) in aesthetics. For more information, visit <https://symplast.com> today.



Your artwork here!

Submit Your Artwork for ASN's Next Cover!

Aesthetic Society members, we invite you to submit a photo of

your **original art** to asaps@surgery.org. One of our

four brand pillars is artistry, so we want to **showcase** your work.

After all, many of our members are artists, not only on, but off the operating table.

In years past, we adorned the cover of *Aesthetic Surgery Journal* with

member-submitted artwork. Now is a perfect time to return to that tradition, but for the cover of this publication, ***Aesthetic Society News***.

So please, show us what you've got; we would love to feature your creations. Final selections will be made by the **Publications Committee**.



Have You Mistakenly Unsubscribed from Aesthetic Society Emails?

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!

Media Notes and Quotes

THE NEW YORK TIMES

'No One Needs Botox in a Pandemic.' But Some in Beverly Hills Are Now Getting It.

Excerpt: Steven Teitelbaum, the former president of the California Society of Plastic Surgeons, said patients at his practice in nearby Santa Monica have continued to call throughout the state's shutdown, hoping to schedule cosmetic procedures. "But," he added, "the Beverly Hills vote doesn't change anything."

"No mainstream surgeon I know sees this as any green light," Dr. Teitelbaum said. "We're still bound legally and ethically by the directives of the governor and the ethics of the profession." And, he noted, even Mr. Newsom specified when he unveiled his plan for the state's economy to reopen that cosmetic surgery was not approved in the early phases.

"My office is shut, and I'm going to stay shut until the stay-at-home order is lifted," he said, adding that his practice, except for emergencies, is mostly telemedicine for the moment, and that most of his Beverly Hills colleagues have the same plan.

GLOSSY:

Botox-starved beauty addicts turn to dermaceuticals

Excerpt: Use of clinical cosmetic procedures is widespread. In 2018, 15.8 million minimally invasive cosmetic procedures were performed in the U.S., according to the American Society for Plastic Surgeons. An estimated 11 million Americans used Botox after it was approved for cosmetic use, from 2002 through 2017. In 2018, over 1.8 million botulinum toxin procedures (including Botox and other brands) were performed in the United States, according to the American Society for Aesthetic Plastic Surgery. But Botox lasts about four to six months, meaning that consumers and celebrities alike who did not receive a recent tune-up are starting to get desperate as the quarantine period drags on.

VOX:

How the brow lift went mainstream

Excerpt: The Botox brow lift became the easy choice for people who didn't want to undergo surgery and had already been desensitized to the idea of injecting chemicals in their faces. The process, according to Dr. Liotta, lasts only about 45 seconds and typically doesn't even require numbing cream, which explains its popularity over the past few years. More patients were willing to trade impermanence (Botox tends to last around six months) for convenience, all for between \$500 and \$1,200. From 2012 to 2017, the American Society for Aesthetic Plastic Surgery saw a 40 percent increase in the number of injectables administered.

WOMEN'S HEALTH:

What Exactly Is A Designer Vagina? What To Know About Labiaplasty

Excerpt: If celebs have taught us anything in recent years, it's that the vulva and vagina aren't off-limits when it comes to cosmetic treatments. From the Kardashian sisters' openness about getting laser vaginal rejuvenation to Sharon Osborne talking about her vaginal tightening procedure, it's clear that beautification treatments below the belt are becoming commonplace. And the trend is growing among non-celebrities too. In fact, when it comes to labiaplasty (aka "designer vagina" surgery, which involves altering the labia), there was a 53 percent increase in procedures from 2013 to 2018 in the U.S., according to the American Society for Aesthetic Plastic Surgery.



Meet the Staff:
Lexy Stang

Hailing from the steel city, Lexy Stang is about to celebrate one year with The Aesthetic Society as the Junior Editorial Assistant for *ASJ* and *ASJ Open Forum*. Although the editorial team is scattered across the East coast and Midwest, Lexy works closely with Drs. Nahai and Kenkel, as well as Phaedra Cress, Hunter Alexander, and Kyleigh Vrettos.

She earned a degree in English from Point Park University. Her experience in writing has given her the opportunity to explore various avenues. She previously worked for *Science Magazine* at the American Association for the Advancement of Science in Washington, DC. While there, she developed an interest in scholarly publishing.

She volunteers at her Greek Orthodox church and with a local nonprofit theater school that provides classes to children and young adults, as well as disabled people of all ages. She costumed hundreds of children for various productions including *Mamma Mia*, *Annie*, and most recently the high school premiere of *Lucky Guy*, which allowed her the opportunity to work with the original off-Broadway show writer Willard Beckham.

Outside of work, Lexy enjoys spending time with her big, loud Greek family. Her hobbies include reading, traveling, and making a mess in the kitchen while attempting to use Yiayia Sadie's cookbook.

Share Your Stories!

Aesthetic Society Members, have you found a grateful patient through our Smart Beauty Guide website? Or, have you 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.



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CHEEKS UP. THAT STAY UP.*

Help your patients achieve the look they want with an innovative, long-lasting, nonsurgical treatment.¹⁻³

Advanced Micro-Suspension Technology™ provides an **instant lift** while **adding volume** over time^{1,2,4-8}

- Hollow cones with a **large 3-D surface** provide efficient soft-tissue suspension that **reduces the risk of migration and extrusion**^{3,5,7,9}
- **Stimulates collagen production** to help correct age-related volume loss and recontour the mid-face⁸

High patient satisfaction at 24 months post-procedure^{3,†}

- **68%** saw results **immediately**
- **71%** were **satisfied** with the results
- **71%** found it to be an **effective** treatment at **improving age-related volume loss**
- **44%** rated the effect as **long-lasting**

*Results may last up to 2 years. Individual technique and results may vary.

†Of the initial 100 patients, complete records were available for 80 patients in the follow-up study. Results were based on patient satisfaction surveys sent 24 months post-procedure (n=34).³

Silhouette InstaLift is indicated for use in mid-face suspension surgery to temporarily fixate the cheek sub dermis in an elevated position.

IMPORTANT SILHOUETTE INSTALIFT SAFETY CONSIDERATIONS

The Silhouette InstaLift device should not be used in patients with any known allergy or foreign body sensitivities to plastic/ biomaterial or in situations where internal fixation is otherwise contraindicated, (e.g. infection.) The device should also not be used in patients appearing to have very thin soft tissue of the face in which the implant may be visible or palpable.

Like all procedures of this type there is a possibility of adverse events, although not everybody experiences them. These adverse events include but are not limited to infection, minimal acute inflammatory tissue reaction, pain (which may be temporary or persistent in nature), swelling and oedema, transient haematoma or bruising and transient rippling or dimple formation. For further safety or product information, please consult your physician.

To report a side effect with Silhouette InstaLift, please send the details to quality@sinclairpharma.com.

Please visit www.instalift.com or talk to your doctor for more information.

The Silhouette InstaLift device is available only through a licensed practitioner. Silhouette InstaLift is sourced and manufactured in the U.S. To learn more about Silhouette InstaLift, visit Instalift.com.

References: 1. Nestor MS, Ablon G, Andriessen A, et al. Expert consensus on absorbable advanced suspension technology for facial tissue repositioning and volume enhancement. *J Drugs Dermatol.* 2017;16(7):661-666. 2. Lorenc ZP, Ablon G, Few J, et al. Expert consensus on achieving optimal outcomes with absorbable suspension suture technology for tissue repositioning and facial recontouring. *J Drugs Dermatol.* 2018;17(6):647-655. 3. Few JW, Vachon G, Pintas S, Smith JR. Nonsurgical tissue repositioning: analysis of long-term results and patient satisfaction from 100 absorbable suture suspension cases. *Aesthet Surg J Open Forum.* 2019;2(1):1-13. 4. Data on file. Sinclair Pharma, Inc. 5. Silhouette InstaLift® Instructions for Use. Sinclair Pharmaceuticals; 2019. 6. Ogilvie MP, Few JW Jr, Tomur SS, et al. Rejuvenating the face: an analysis of 100 absorbable suture suspension patients. *Aesthet Surg J.* 2018;38(6):654-663. 7. de Benito J, Pizzamiglio R, Theodorou D, Arvas L. Facial rejuvenation and improvement of malar projection using sutures with absorbable cones: surgical technique and case series. *Aesthet Plast Surg.* 2011;35(2):248-253. 8. Goldberg D, Guana A, Volk A, Daro-Kaftan E. Single-arm study for the characterization of human tissue response to injectable poly-L-lactic acid. *Dermatol Surg.* 2013;39(6):915-922. 9. Sasaki GH, Komorowska-Timek ED, Bennett DC, Gabriel A. An objective comparison of holding, slippage, and pull-out tensions for eight suspension sutures in the malar fat pads of fresh-frozen human cadavers. *Aesthet Surg J.* 2008;28(4):387-396.

Before and After Silhouette InstaLift

44-YEAR-OLD PATIENT



Model is a real patient treated with Silhouette InstaLift by Tam Nguyen, MD.
Patient was treated with an average of 6 to 8 sutures.
Individual results may vary.

Manufactured by: Sinclair Pharma US, Inc.



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In Memoriam, Mark Codner, MD

It is with great sadness that we report the passing of our dear friend and dedicated member, Mark A. Codner, MD. Dr. Codner died on June 4, 2020, at his home in Atlanta, GA.

Dr. Codner was Clinical Assistant Professor at Emory University, author of many textbooks, and a noted and internationally known aesthetic plastic surgeon. He graduated from Emory University School of Medicine in 1987 and completed his plastic surgery residency at Emory University in 1994. In 1995, he completed his Oculoplastic Surgery Fellowship at the Southeastern Oculoplastic Center. In 2000, as a Candidate, he was awarded The Aesthetic Society's Sherrell J. Aston Award for Best Presentation by a Resident, Candidate, or Fellow. This focus led him to become one of the preeminent Oculoplastic surgeons in the specialty, advancing procedures with improved outcomes in eyelid surgery. If the topic was addressed, Mark Codner's name was too. He also excelled in facelifting, rhinoplasty, and breast surgery including minimal visible scarring in endoscopic transaxillary breast augmentation.

Outside of his stellar surgical career, Dr. Codner donated extensive time to the Society creating educational tools and opportunities for members and residents. He was paramount in the formation of The Aesthetic Society's Annual Residents' Business Symposium—The Business of Launching Your Practice. He was an enthusiastic supporter of RADAR, providing significant content from The Atlanta Breast Symposia for advancing education in the specialty. He served on The Aesthetic Society's Board of Directors from 2006–2012 as a Member-At-Large and left behind an impressive legacy of dedication and educational service to the Society.

In addition to the Sherrell J. Aston Award, Dr. Codner also received the following Aesthetic Society accolades—The 1996 Best Aesthetic Surgery Article published in *ASJ*, presented at the Annual Aesthetic Society Meeting in Orlando, FL and the Peter B. Fodor Award for Best Panel Moderator at the 2011 Annual Aesthetic Society Meeting in Boston, MA.

Dr. Codner's contributions to the specialty and The Aesthetic Society were only part of his legacy. He had an indomitable spirit for helping others, particularly breast cancer survivors.



Dr. Mark Codner and his wife Jane from the Aesthetic Cruise to Alaska in 2013.

Dr. Codner is survived by his wife, Jane, and their children Blake and Molly.

A memorial for Dr. Codner will be organized at a future date once restrictions due to COVID-19 have eased. Information about an option to donate to a fund in his memory will be available in the near future.

The Southeastern Society of Plastic and Reconstructive Surgeons, where Dr. Codner served as President, organized an educational fund in his honor. Donations in his memory can be made here: www.sesprs.org/donations/fund.asp?id=19817

FOAD NAHAI, MD

Thirty-five years ago, a bright well-dressed well-spoken young man walked into my office. With a firm handshake and a smile, he introduced himself as Mark Codner going on to add, "I would like to be a plastic surgeon." A lifelong friendship and a productive professional relationship began that day. Since then I have had the pleasure and satisfaction to witness his success and his rise to the top.

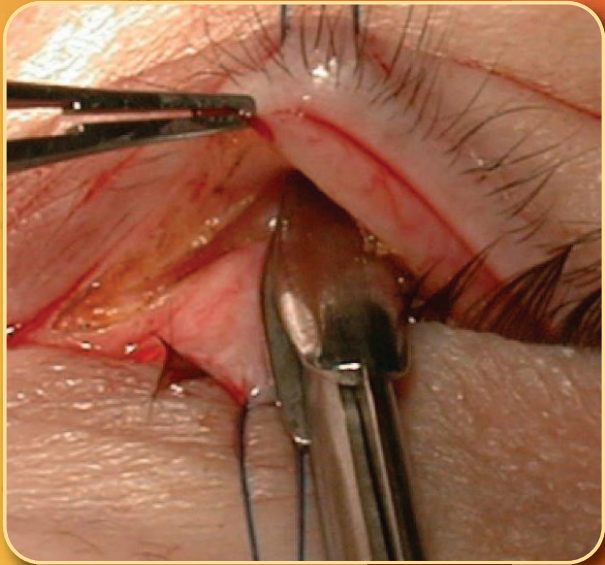
As a resident he was amongst the best who trained at Emory, eager and pleasant to work with as we collaborated on several projects. A few years later we practiced together at Paces Plastic Surgery. Mark had already become a leading authority on Oculoplastics within our specialty. His passion for teaching, which was evident as a resident, was even more intense, as he became intimately involved in the training of our fellows. Later he continued this commitment to educating the next generation of plastic surgeons to his own fellowship. He published extensively, over 200 peer reviewed papers and chapters, several books including the classic, with Sonny McCord on periorbital surgery.

As a leader, he chaired the Atlanta Breast Symposium for 20 years and established the Atlanta Oculoplastics Symposium. His tireless commitment and service to the Southeastern Society of Plastic Surgeons deservedly led him to the presidency. Sadly, he passed away on the eve of the society's virtual annual meeting. He served the Aesthetic Society on committees, as a board member and as instructor in many of our teaching courses.

He loved life and lived it to the fullest. Fun to be with in and out of the office. I have many fond memories of our times with Mark and his wife Jane in Atlanta and many international trips. He was a friend, a respected colleague who I will never forget and shall miss terribly.

Continued on Page 41

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In Memoriam, Mark Codner, MD

Continued from Page 39

GARY A TUMA, MD

What can be said about a man who was at the pinnacle of his career, responsible for the careers of so many and who always had time for others? This was Dr. Mark Codner. I had been to a lecture recently by a very successful businessman who spoke about leadership and what it means to be Great! He spoke about the attributes that most would immediately identify with Greatness such as hard working, organized, confidence, personable, successful, and well liked but none of these make someone Great. He stated those that are Great “send the elevator down.” This is why Dr. Codner was not only Great but Exceptional. He believed and lived everyday working to elevate those around him. He truly felt those that he trained should and would be better than he, otherwise he had not done his job. He was always encouraging the next generation of surgeons to rise up and push forward. He trained people by working alongside them not from in front of them like many others in the field.

Many successful individuals keep others beneath or below them to only try and elevate themselves but not Dr. Codner. He was constantly encouraging and pushing those around him to step into the elevator and join him at the top!

I miss him dearly and will be forever indebted for his guidance, wisdom, and sending the elevator down!



Dr. Mark Codner third from right, Chief Resident in General Surgery, 1992.

TRACY PFEIFER, MD

Mark Codner was a chief resident in General Surgery at New York Hospital-Cornell when I began my internship. It was obvious he was a special person, incredibly focused, even at that early stage in his career. Mark was a wonderful combination of talents. He was devoted to education and valued honesty in presentations and teaching. Mark championed the International Scholars program of SESPRS and it was so characteristic of him—welcoming young plastic surgery residents from around the world, introducing them to the US surgeons and making the visitors feel so welcome. You could see the joy in his face when he awarded the visiting residents their commemorative plaques. Mark was Chairman of the SESPRS Atlanta Breast meeting. I loved working on the live surgery with him and he was so proud of the high-quality live surgery the team was able to deliver. He supported my dream of collaborating with The Aesthetic Society to make the SESPRS live surgery videos available on RADAR to enhance resident training and education.

We had some memorable moments during the live surgery at the Breast Symposium. He taught many of us how to perform oculoplastic surgery. He was a world class surgeon, trailblazer and a mentor to many. He was gracious. He and his wife Jane were wonderful hosts, welcoming each person in a way unique to Southerners. For all his academic and clinical accomplishments, Mark also loved a good party and was the first one on the dance floor. Things will not be the same without him. We lost a giant far too young.

Continued on Page 42

In Memoriam, Mark Codner, MD

Continued from Page 41

JULIUS FEW, MD

Today, as I attended the funeral of my dear friend and brother, Mark, I reflect on many amazing things about our more than 20 year connection—as a mentor, teacher, friend, confidant, and defender.

Between tears, I remember fondly with a smile, the great friendship gift Mark really represented. I was fortunate to first meet Mark in 1999—as I learned from the world renown team called Paces Plastic Surgery—and immediately we clicked. He was so driven to the pursuit of perfection and immediately identified that in me. He took me under his wing from that moment and said, “I am going to teach you everything I know.” He was so confident in who he really was that he was never afraid of competition, he did not think this way at all. His view was simple, if you could do it better than him, you deserved it and he would shine with pride that he played a part in it. This became a reality when I became an early adopter of non surgical cosmetic medicine and while he was a clear champion of plastic surgery he had the vision to respect what I was doing when many colleagues early on took shots at it. He knew that I loved surgery as much as he did and I excelled in surgery because of him, it made him proud that I wanted to take our specialty to the next level and that I was using his early teaching to get there.

Mark taught me the right way to present at a national and then international platform. In fact, when he was invited to the prestigious Carioca meeting in Brazil, to demonstrate his mastery level Oculoplastic techniques in live surgery, he invited me more than 15 years ago to be his first assistant. Immediately after he completed a masterful surgery, he said to me and then to other surgeons around us that I was going to be the next superstar and better take note now. That said it all about the kind of person Mark was. He could have basked in the fame of what he was doing but he insisted on sharing the light with someone he loved like a brother—his brother from another mother!

SALVATORE J. PACELLA, MD, MBA

Mark was not only my colleague and mentor; but was one of my dearest and closest friends. I am absolutely devastated by this loss.

Since I took his fellowship with Paces in 2008, we immediately clicked. I was drawn to him by his passion for life and knowledge...but especially his incredible sense of humor. Perhaps his best asset was his humility. One of his philosophies, which shines through with every talk, textbook, lesson or paper he created was this: “You raise yourself up, by elevating those around you.”

One of the best stories I remember about “The Godfather” is from the earlier days of the Atlanta Breast Symposium. I was presenting one of the last lectures on the last day of the meeting. After it concluded, we were on our way to the valet parking at the Intercontinental Hotel to get his car. I had a few hours before my flight, and we were planning on just relaxing at his house together. As we walked through the lobby, several of hotel staff passed by, and each greeted him personally: “Good Afternoon, Dr. Codner.” “Have a great day, Dr. Codner.” Or, “Hello, Dr. Codner.”

I said to him: “Mark...you are a true ‘baller’...look at this: even the hotel staff knows exactly who you are...” He replied back, “You know Sal, after working so hard at this meeting for so many years here, maybe everyone is starting to recognize me.”

He then casually looked down toward his lapel, stopped for a second and smiled, saying: “or...maybe it’s because I still have my name-tag on.” We had a great laugh.

I am truly crushed by his exit from this world...but the heavens will shine knowing the gifts that he has given humanity. We must all continue his legacy with every word that we write, and every stitch that we tie.



Dr. Mark Codner and Dr. Sal Pacella enjoyed the opportunity to see each other at many plastic surgery meetings.

LEO R. MCCAFFERTY, MD

I had the pleasure and honor of serving with Mark on various Aesthetic Society committees and our Board. His brilliant, organized mind offered practical solutions to complex issues he seemed to decipher with ease. This clear, precise thinking was also demonstrated in his teaching, lectures, publications and clinical contributions. He was kind, humble, soft spoken and always available for advice. He was a real gem and I will miss him along with his warm, friendly smile.

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In Memoriam, Mark Codner, MD

Continued from Page 42

GLENN W. JELKS, MS, MD

Mark Codner, friend and fellow enthusiast, advanced Oculoplastic Surgery as an important and dynamic subspecialty of Plastic and Reconstructive Surgery. With Sonny McCord he co-authored the definitive oculoplastic textbook, *Eyelid and Periorbital Surgery*. In addition to many books and chapters, he contributed important peer reviewed articles in the Plastic Surgery literature. Several projects were in the works and his efforts will continue to be a resource and testament to the time and dedication he so generously gave to our specialty. I was honored to co-chair the SESPRS Annual Atlanta Oculoplastic Symposium with Mark for many years. His appeal was international as exemplified by the many participants who happily traveled to Atlanta in January.

He will be remembered for establishing the "Oculoplastic Surgery for the Plastic Surgeon" Teaching Course during the ASAPS meetings. Another reflection of his generous sharing of his knowledge was his mentorship of many Fellows in Oculoplastic Surgery. Mark Codner, a gracious and honorable physician and gentleman, was devoted to his wife, Jane and their children, Molly and Blake. He left us too soon and for so many reasons he will be missed.



It wasn't always work with these good friends. Drs. Pacella, Tuma and Codner enjoying a relaxing moment.

The Southeastern Society of Plastic and Reconstructive Surgeons, where Dr. Codner served as President, organized an educational fund in his honor. Donations in his memory can be made here: www.sesprs.org/donations/fund.asp?id=19817

HAIDEH HIRMAND, MD

Last week, I lost my close friend, my colleague, my mentor, Dr. Mark Codner. I am devastated. This is in Mark's honor, recognition, celebration, and memory. It is an unimaginable loss for the national, and international plastic surgery community. Mark's contributions to our field through articles, books, annual symposia, visiting scholar's program, resident teachings - and the list goes on- are immense and hard to summarize. His passion for education and teaching were unique and I know that first-hand since he was my first chief resident on the cardiac surgery unit at New York Presbyterian and then again years later he taught me as his first fellow in Oculoplastic surgery in Atlanta. I would be one of many he would train and whose careers he would help form. His commitment to his patients, who adore him, and to his friends and family, who also adore him, are without limit.

For those of us who had the fortune of calling him a friend, he was always there for guidance in work and in life, day or night. He had our backs. To me, he was more than my friend, he was my "brother". So much of my success and achievements, I owe to Mark's support, sponsorship, and encouragement. I cannot do him justice with these few words. There is so much to say, to remember and to celebrate.

Of my fondest memories are meeting up with Mark at the ASAPS meeting every year, where there was an unspoken rule to meet in the front of the left section of the auditorium for sessions. He would always save a seat. He would often ask me to walk with him to the exhibits or to one of his courses through the convention centers so we could multi-task and chat, except it was practically impossible since he was stopped every two steps and greeted by someone with a handshake or a hug or a kiss.

On even a more personal level, during the pandemic, Mark checked on me weekly and sometimes more than once. He was concerned about the severity of the problem in NYC and the length of time we were shut down. He offered to send financial assistance so I could keep afloat. I was truly humbled by his generosity of spirit. The only other person who offered was my own brother.

I am overcome by such unbearable sadness and grief, and at the same time, am reminded of Mark's boundless optimism and energy, intelligence, positivity, humanity, generosity, and humor. I am reminded of all of the laughs, and joyful moments, of which there are so many. Add to that a wonderful sense of humor and a love for life and that was The Cod, as I often called him.

My deepest condolences to his wife, Jane and his children Molly and Blake and to the rest of his immediate and extended family and friends. I am thinking of you and we all share in your grief, especially at this very difficult moment in time.



Membership FAQs

DO I HAVE TO BE A MEMBER OF ASPS TO BE A MEMBER OF THE AESTHETIC SOCIETY?

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

HOW MANY SPONSORS WILL I NEED?

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 Aesthetic Society Active/Life Member that knows you well. Each sponsor will need to complete the sponsorship form on your behalf. International applicants must have one Aesthetic Society Active/International Active or Life Member sponsor, and the other must be a member in a national plastic surgery society acceptable to The Aesthetic Society, or from an ISAPS member in their country.

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 August 15.

WHEN WILL THE MEMBERSHIP VOTE ON MY APPLICATION?

Applicants who submit materials for the August 15 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.

Apply for Active Membership
Next Deadline August 15, 2020

WHAT WILL FULFILL THE MEETING ATTENDANCE REQUIREMENT?

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

- The Aesthetic Meeting (The Aesthetic Society's Annual Meeting)
- The Aesthetic Society's Facial and Rhinoplasty Symposium
- The Biennial Aesthetic Cruise
- Experienced Insights: Breast and Body Contouring—An Aesthetic Society Symposium
- The Aesthetic Meeting Series

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 \$1,275
- Membership dues for International Active Members are \$545

For information on the full application process, visit the Medical Professionals 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.

NEW: ONLINE APPLICATION

Complete your application from start to finish 100% online
surgery.org/apply

Membership Myth-Busters

Myth: One must be a member of ASPS to be a member of The Aesthetic Society.

Fact: Many Society leaders and members are not members of ASPS. The Aesthetic Society is the premier aesthetic society, dedicated solely to aesthetic education, and we don't require membership in any other in order to become an Aesthetic Society member. As long as you meet our requirements, you can apply for membership today!

Myth: The Aesthetic Society's streamlined application process means that we are somehow lowering our membership standards.

Fact: Our Society will continue to accept only the best and brightest surgeons, with a major focus on aesthetic surgery and cosmetic medicine. We want the best trained people, and those high standards will never change. That is how we differentiate ourselves from the crowd. Only the process has been streamlined.

Myth: The Aesthetic Society Candidate for Membership fee is expensive.

Fact: Our Candidate for Membership category is currently free for up to two years of enrollment for recent graduates, courtesy of a generous grant from Allergan + LifeCell Plastic & Regenerative Medicine. Apply today, and maintain your access to the *Aesthetic Surgery Journal* and RADAR Resource!

Myth: One must be a Candidate for Membership in order to apply for Active Membership in The Aesthetic Society.

Fact: As long as a surgeon meets our application requirements, they can apply for Active Membership immediately.

What questions about The Aesthetic Society or membership do you have? What myths can we help dispel? If you have questions about anything related to our Society, simply email theaestheticsociety@surgery.org and you'll get an answer to your question!

ANN Meets COVID: Data in Uncertain Times

As we anticipate resuming elective, aesthetic procedures, we are faced with new challenges in our practices due to COVID-19.

The Aesthetic Neural Network (ANN) can provide insights and answer some of the most unique questions we now face. ANN is home to data that has been acquired not only internally from your practice but from your aesthetic plastic surgery colleagues within the ANN network. We've outlined a few scenarios where ANN can create visuals representing your practice data to help strategize your next steps.

UNDERSTANDING THE CURRENT CLIMATE

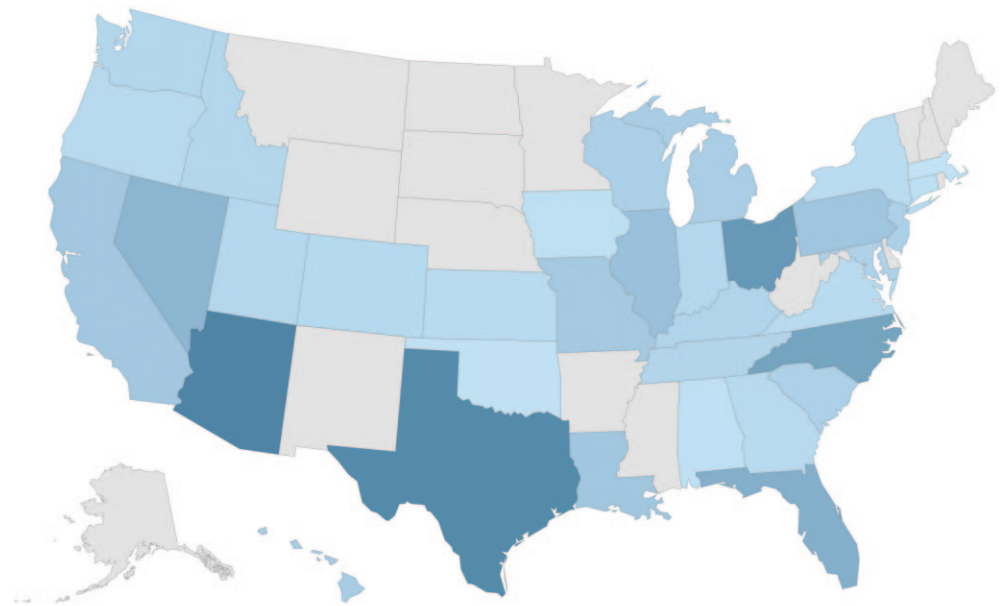
What does the health of plastic surgery look like in your backyard and other regions of the US? Using the ANN Monitor, you can see a snapshot of procedure counts and gross charges. Multiple filters allow you to sort data by patient age and gender, procedure, and date range. See how your own procedure counts and gross charges compare to the averages of your peers on the ANN network, comparing both short-term and long-term trends.

ENSURING ADEQUATE STAFFING AND REDUCING RISK IN OUR OFFICES

Is your staffing adequate to cover your anticipated needs? Where should you be focusing your efforts to protect staff and patients as well as help slow transmission of the virus? You can investigate answers to questions such as these using the Top 10 Procedures report, which can help you project upcoming workload by seeing which procedures are in high demand (both surgical and non-surgical).

TRACKING THE LONG TERM EFFECT OF COVID-19 ON YOUR PRACTICE

What does the recovery of my practice look like? While any long-term planning will be difficult until more COVID-19 data have been accumulated, we can look at our current



States performing surgical and nonsurgical aesthetic procedures in the month of June, 2020. Darker blue equals more procedures.

practice status with the past three months using the Performance R3M (Rolling 3 Months) report. This report showcases your total performance over the 3 months prior to the current date. It also offers you a comparison to the same period in the prior year, as well as the 3 months prior to those. You can also use the Long-Term Growth report to see your practice numbers over all time. It's important to note that any date filter on these new reports displays the calendar year(s) prior to the current date and does not include any YTD data. This report will show if your numbers have trended upward at a steady rate over time.

For those currently using ANN as well as those who are thinking of joining, it's important to understand what ANN's capabilities are. ANN provides insights into the business of aesthetic surgery and medicine through a

series of user-friendly dashboards and reports that help visualize your data and showcase the most important aspects of aesthetic business success. Rather than combing through several reports, pulling pieces of data from each into a separate spreadsheet and analyzing them in an effort to ascertain your patients' Lifetime Value, for example, ANN does that for you. ANN is not an accounting program—that's the job managed by your PM system or EMR.

Instead, ANN is meant to help analyze trends within your practice and the industry, understand your patients' behavior and maximize your margins. ANN is also an aesthetic surgery productivity and performance evaluation platform that will aid the user in understanding how productive and efficient their aesthetic practice and employees are.

If you're interested in learning more about ANN, visit ann.surgery.org or contact ann@surgery.org. ANN remains a free member benefit for domestic Aesthetic Society Active Members with an eligible electronic practice management platform!

ANN provides insights into the business of aesthetic surgery and medicine through a series of user-friendly dashboards and reports that help visualize your data and showcase the most important aspects of aesthetic business success.

Download Now: PracticeProfitabilityMD.com/phone-scripts



***COVID-19 is not stopping us from taking care of our patients! Get the exact phone scripts that Dr. Rich Castellano's team used to bring in hundreds of thousands of dollars after COVID-19 closed his office for 6 weeks.**

Doctors LOVE Our Programs!



"What's amazing Rich, you revealed a fun and effective way to connect with my staff. We learned a lot and it has fundamentally changed my practice skills. My team are so jazzed now we had 5 consults closed in one day! I know the cost of the Practice Profitability MD System is so modest for all your time and expertise. Loved the unique and smart scripts. It was very enlightening for me to remember the power emotion has on the care we give and that being genuine is the core of what being a doctor is all about. Thanks for being a great mentor and coach!"

Larry Fan, MD | Harvard Trained Plastic Surgeon | San Francisco, CA



"Dr. Rich, I wanted to thank you on how we are beginning to transform the consistency of the mood in my office. I appreciate your endeavors to identify methods to help energize my office and establish tools for training to maintain an improved office culture. Your approach is entertaining and enlightening, and we are brining your online training to our entire office. This approach focuses on important concepts that we often take for granted. We look forward to continuing our work with you!"

Alex Digenis, MD | Plastic Surgeon | Louisville, KY



"I had so much going on, I just didn't think I had time to join. Practice Profitability MD gave me a simple structure to take action and grow my practice. You've done a great job helping with what other people tend to be uncomfortable with - like being humble, selling yourself, putting yourself out there. Doctors often internalize problems and don't always act on them. I just have to get out there and do it!"

Robert Whitfield, MD, FACS | Plastic Surgeon | Austin, TX

"I really didn't think Practice Profitability MD would be worth my time (or money) because I didn't think I would learn anything new. But the way you present it, your analysis, is very helpful. How you analyze problems and come up with solutions, that is your key strength. This will help doctors in their ability to function in their practice. To take things to the next level. Not just in good quality of care but to inspire staff loyalty. Your approach helped me become a better practice owner. You motivate me!"

Adam Schaffner, MD, FACS | Plastic Surgeon | New York, NY



"We were skeptical at the beginning because we thought we'd already heard all the strategies at the national meetings, what more could this add? Your approach is different and refreshing, and what works in your practice works in our practice too! Practice Profitability MD has been very transformative for our practice and our revenue is up 40%! Your course is methodical, high energy, and allowed us to energize the staff. Your gratitude and thankfulness comes across in everything you do, and it has inspired our office. This is helping us grow our practice. We are fully confident and super pumped!"

Elbert Cheng & Jackie Cheng, MDs | Facial Plastic Surgeons | Saratoga, CA



"Practice Profitability MD has given me the confidence to look at myself and my practice and recognize what has been holding us back. With Rich's mentoring, my team is now taking a new level of ownership in the office, and we are seeing a more consults now. This isn't about training your staff with practice management, this is about creating a patient experience my team did not realize was possible. Dr. Rich, we can not thank you enough for your dedication and integrity as you assist doctors with the tools and skills they need most. Your program has impacted our sales, marketing, business management, patient care, & most importantly, my quality of life [:]"

Trey Sands, MD | Plastic Surgeon | New Orleans, LA





How COVID-19 Is Reshaping the SEO Landscape

By Peter Houtz, Vice President of Sales at Plastic Surgery Studios

If the last few months have taught us anything, it's that the COVID-19 crisis affects the way we do business just as much as it impacts the routines and aspects of our day-to-day lives.

Even with states having various degrees of lockdown, there is not a single plastic surgeon in this country who is operating with business as usual. Practice closures, restricted hours, and the inability to perform elective surgery are affecting plastic and cosmetic surgeons nationally, and, unfortunately, there is nothing you can do to prevent that right now.

The one aspect that you can control during these troubling times is your web presence. Implementing stronger SEO strategies can help keep your existing clientele and also expand your brand to ensure that your practice makes it through this situation at the very top.

WHY SHOULD I INVEST IN A VALUABLE SEO STRATEGY?

In the time of COVID-19, you do not have the luxury of bringing potential patients into your office and getting to know them on a one-on-one basis.

Right now, every plastic and cosmetic surgeon in the country is facing the same limitations. With everyone in the same boat, the competition to rank higher on Google and other platforms has never been stronger because, at this moment, your web identity is your main source for attracting new patients. While PPC and paid ads have seen a decline recently due to the crisis, it's still important to invest in a cost-effective SEO program and build a pipeline of leads.

You need to ensure that your website is full of original, well-organized, and well-designed educational information that will give you better authority. This is achieved through implementing SEO best practices.

SEO increases your brand's authority by improving and optimizing all of the content on your website. By implementing content that readers are searching for—and they likely

have a lot of spare time to explore right now—you can strengthen your site's traffic and web presence.

Local optimization, keyword-driven content, concise and understandable information, easy-to-navigate designs, and mobile-friendly sites are all essential in today's internet-driven society. Right now is the time for your website to shine.

HOW CAN I ENSURE A GOOD WEB PRESENCE?

Your web presence is not only there to present what you do, but it is also responsible for building trust between you and your potential clients.

By implementing valuable SEO tactics, you can experience significant growth in your site's authority and trustworthiness.

During this quarantine, many people are spending hours a day on the internet looking for information, and if they are curious about plastic surgery, you need your site to be optimized for that. They may be planning ahead for potential procedures they put on hold because of the crisis, and by providing them the resources to make an educated decision, you can stay ahead and in their minds.

SHOULD I CARE ABOUT KNOWLEDGE PANELS (GOOGLE MY BUSINESS)?

Knowledge panels are another way that brands are optimizing their web presence. The knowledge panel is the block of text that appears on the right side of the Google search results screen.

To show up on the knowledge panel, you need to have a Google My Business (GMB) listing with correct and relevant information. You need to populate your listing with relevant and timely information in the form of weekly posts and images. Keep your audience up-to-date on your hours of operation during the crisis. Google has been placing heavy emphasis on this platform, and it's wise to

invest the time and resources to build a strong local listing to appear in Google's 3-pack (the top three local businesses that Google suggests in a particular location) for your popular and common terms.

ARE TELEVISITS (VIRTUAL CONSULTATIONS) BENEFICIAL?

Consultations are an essential element in any treatment process. With the lockdown still in full swing in many states, office hours are shorter and most physicians are entirely unable to perform in-office consultations. Televisits (online consultations) aren't just for out-of-town patients anymore; anyone who wants a consultation right now has to do it virtually.

Virtual meetings allow physicians and plastic surgeons to restore what the quarantine seemed to have initially taken away—the ability to have a one-on-one conversation to build trust and an emotional connection with their patients. Televisits offer patients a virtual office visit so you can get that one-on-one time without you or your clients risking their health.

In this time of quarantine, people are anxious to return to their lives, their schedules, and their previously decided-on activities. For some, those decisions were to have plastic surgery, and offering televisits to your patients puts you one step ahead of your competitors who do not offer them.

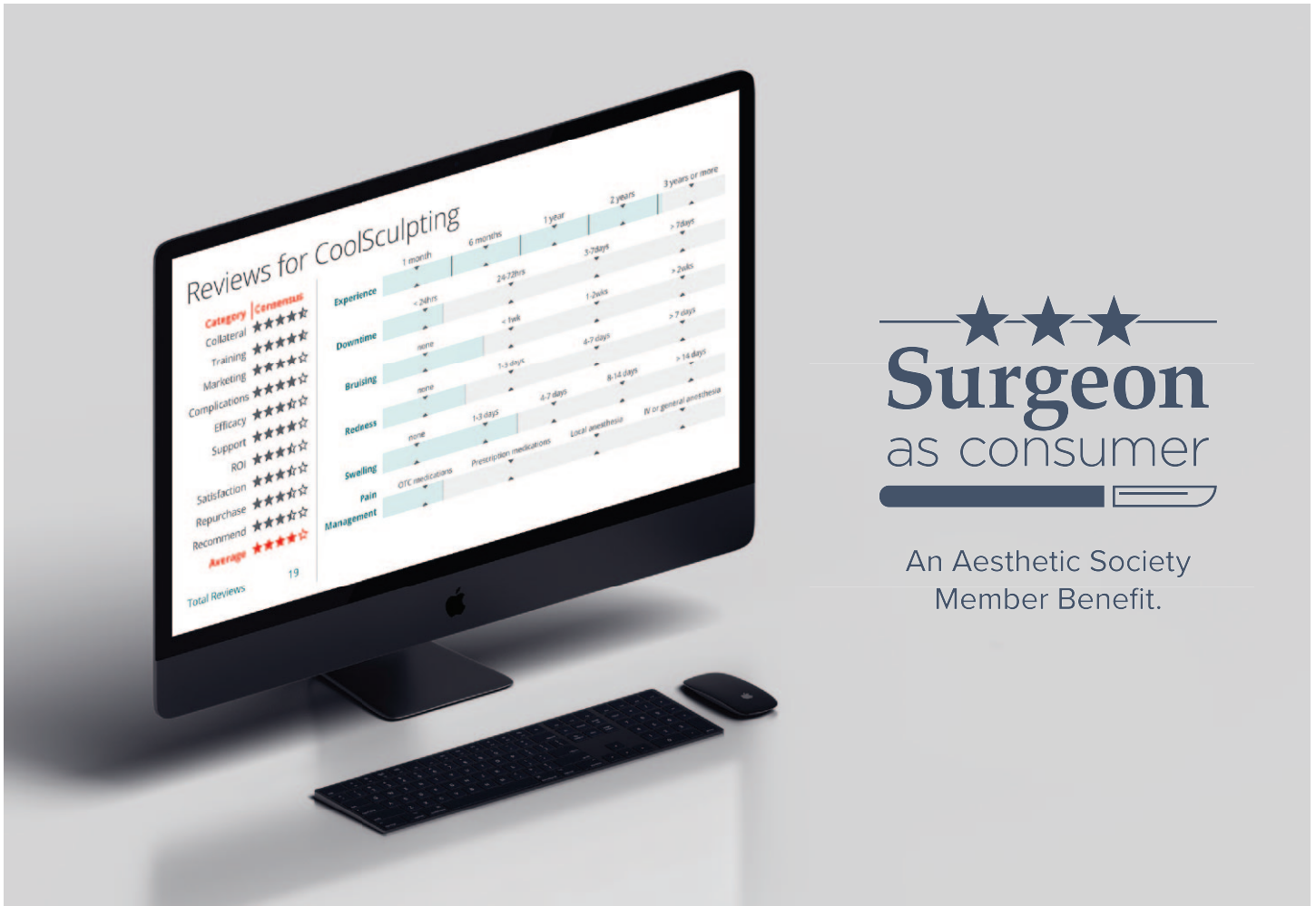
Telehealth links can now also be added to Google My Business listings; if you have a telehealth page on your site, you can link to it from your GMB. So take advantage of this feature while Google has it available, and offer your potential patients the ability to conduct virtual visits.

USE YOUR WEB PRESENCE WISELY

This is a unique time in history, and no one knows if or when things will return to business as usual. All you can do now is make sure that you are doing everything in your power to implement the best strategies to keep your web presence strong.

Peter Houtz is the Vice President of Sales for Plastic Surgery Studios, a full-service online digital marketing agency serving the aesthetics industry since 1998. Peter is a frequent presenter at The Aesthetic Meeting and can be reached by phone at (909) 758-8320 or by email at peter.houtz@plasticsurgerystudios.com.

The one aspect that you can control during these troubling times is your web presence. Implementing stronger SEO strategies can help keep your existing clientele and also expand your brand to ensure that your practice makes it through this situation at the very top.



Welcome to the Surgeon as Consumer Solution.

Never Buy or Lease a Useless Piece of Equipment Again!

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

The Surgeon as consumer Solution is a closed site, accessible only by active Aesthetic Society members. It uses a simple star rating system for you to rank equipment on everything from clinical efficacy to ROI.

Visit surgery.org/surgeonasconsumer now, log-in, and you have fellow surgeons' device reviews at your fingertips—and the ability to share your views with others. All completely free as an Aesthetic Society benefit of membership!





Unflattening the Aesthetics Curve: How Data, Courage, Action, and Hope Will Power the Path to Achieving It

By Hani Zeini, Founder of Sientra Inc. | Aesthetics | CEO | Entrepreneur | Advisor | Visionary | Strategist

An infamous politician once said ‘never let a crisis go to waste’... I cannot think of a better time or circumstance than now to apply this to our Aesthetics Ecosystem. It is a once in a life opportunity to hit the reset button and, if not, at least to pause and evaluate whether we should or should not hit the reset button. It is imperative to long-term sustainability of our Aesthetics Ecosystem

These are extraordinary times we are living through, viewed through the lens of this virus’ unique global reach, common impact, and broad effects.

In the immediate short term, that is days and weeks ahead, the honest truth is that no one knows how things will be, not even the pundits, consultants and self-proclaimed experts. Rather than focusing on the immediate short term, we should be looking to the mid and long term for potential opportunities.

I encourage us not to fall deceptively into the myopic trap of pent-up demand and its bolus effect which we will experience in the immediate short term. It has the potential to provide a false sense of normalcy and undoubtedly distort any underlying conditions that we will face over the next 12–18 months.

There is not much that I can say or add that has not been exhaustively articulated by expert individuals who are better qualified to opine on the conditions of reopening sites, practices, companies, et al. The how, what, and why from a logistics and compliance perspective are what they are. However, what is important, if not critical, about them is the ‘VALUE’ they represent. A key determinant of our success viewed from the consumer lens is ‘TRUST.’ That factor has never been more critical than now in terms of projecting and delivering on its value to the consumers of our products and services. Everyone is overly sensitized (and rightfully so) about ‘SAFETY,’ and will migrate towards the people and places they trust to be safe.



What was needed to establish a new industry or a new ecosystem is markedly different than what will be needed to sustain, grow and transform it as times and conditions change.

OK, WHY IS THAT IMPORTANT BEYOND THE OBVIOUS?

Because it sets a foundation for creating, building, or enhancing your brand. Note that the highest valued brands are those most trusted by the constituents consuming them. Aesthetics providers must recognize that they are independent business owners and the products or services they provide are luxury goods.

By the way, I believe it is the same for the manufacturers of products. If that mindset is adopted, not as a marketing ploy, but as genuine foundational vision of how to scale our aesthetics industry and ecosystem, it will empower all of us to grow it beyond what has been while establishing a long and safe runway that shall also benefit the next generation in our ecosystem.

With all due respect to those of us who have been involved in the aesthetics space since its nascent times, myself included, what has been is not a precursor to what will be. What was needed to establish a new industry or a new ecosystem is markedly different than

what will be needed to sustain, grow and transform it as times and conditions change.

Twenty years ago, there were only three product types for wrinkle correction (fillers and toxins), one kind of breast implant, a handful of similar energy based boxes, etc. There was no market segmentation regarding women vs men, boomers vs millennials, pro-active early treatment vs long-term maintenance programs, or direct-to-consumer demand generation vs gate-keeper model enhancement. Can you imagine the reaction in 2000 or 2001 to a subscription plan model, or an affinity program?

SO, WHAT IS ALL OF THIS LEADING TO?

My contention is that as the landscape becomes more complex vis-à-vis the above-mentioned conditions, coupled with the imposed pause by this virus, we are provided a rare opportunity for the overall Aesthetics Ecosystem to pause, reevaluate, correct course, and initiate execution in a direction that guarantees long-term sustainable growth.

HOW DO WE DO THAT?

The obvious things are just that, obvious! So, in the immediate term we need to reopen safely, restore trust, meet pent-up demand, and re-engage consumers. But, my first warning to all of us is to not get sucked into that slippery slope of pent-up demand misleading us to the notion that we are back, and therefore, we can go back to doing what

A key determinant of our success viewed from the consumer lens is ‘TRUST.’ That factor has never been more critical than now in terms of projecting and delivering on its value to the consumers of our products and services. Everyone is overly sensitized (and rightfully so) about ‘SAFETY,’ and will migrate towards the people and places they trust to be safe.

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Questions about Management of Patients with Difficult Breast Implant Problems?

Ask The Expert!
This time, **YOU** get
the consult.



The Aesthetic Society is pleased to announce a **NEW** service for members, candidates, and residents: Ask The Expert!

Need help or have a question about a treatment or management challenge regarding a breast implant patient? Tap into The Aesthetic Society's community of experts to assist.

HOW IT WORKS:

1. Text your question to 833-629-0163 or email asktheexpert@surgery.org
2. Do NOT include any PHI or patient photos (not HIPAA compliant)
3. Acknowledgement and an initial response will be provided within 60 minutes by staff (if received Monday through Friday, 8:00 AM to 5:00 PM Pacific Standard Time)
4. Questions will be circulated to our pool of experts for comment.
5. Complex questions may require a conversation vs. text response.

Another service from The Aesthetic Society to support our aesthetic community of surgeons and their patients.

Made possible by an
educational grant from
Allergan

Unflattening the Aesthetics Curve

Continued from Page 49

we did before. The second warning is, if you are not (or ready to be) a digital, paperless, contactless operation when it comes to calendaring, forms, scheduling, billing, payment, check-in, ordering, shipping, educating etc., you are going to be at a disadvantage and with time obsolete. (discussion for a different time).

A key success factor will also be the collaborative relationship between the manufacturers industry and aesthetics providers related to the role of sales representatives, marketing tools, and support. Trust and Safety should extend as far backward in the value chain as they do forward to the consumer. It will be a remarkable lost opportunity if we cower to fear and retreat to the position of barriers and closing doors. I urge both sets of stakeholders to work together in finding what that support model can look like based on a variety of conditions.

These considerations should include, but should not be limited to, whether it is based in the operating room, treatment room or consultation room, or whether it is service oriented, educationally oriented or product oriented. We must abandon the valueless and condescending approach of 'What are you going to do for me?' or 'How are you going to help my profitability as we re-open.' Rather, we must embrace how we can shoulder the immediate next phase together with all of its inconveniences, challenges, and unknowns. How do we create a collaborative channel that does not compromise the critical Value, Trust, and Safety channels that must be entrenched to serve consumers?

These kinds of situations typically necessitate servant leadership and stewardship, things that unfortunately have been waning across the entire ecosystem. However, this crisis presents a much-needed wake up call. I am a total believer and an optimist that we can rise to such challenge and lead out of this crisis collectively—it is within us!

Make no mistake, this is not a competitive advantage exercise, rather a required shared responsibility to collaborate, compromise, and create an ideal environment to restore the rightful balance of our Aesthetics Ecosystem.

The first step is to question and reevaluate EVERYTHING. Cease listening to people, pundits, and consultants, and start looking at the data and analysis of said data. Regardless of whether you are a provider or manufacturer, this should lead to identifying where the core

The first step is to question and reevaluate EVERYTHING. Cease listening to people, pundits, and consultants, and start looking at the data and analysis of said data. Regardless of whether you are a provider or manufacturer, this should lead to identifying where the core of your profit is coming from.

of your profit is coming from. This is a new era where the misleading concept of a 'loss leader' must end. The notion that a product, a device, or a procedure is what gets the customer in the door—if you want to be honest with yourself—is a lie! That means it is purging and pruning time. Be bold, be courageous, and make the change to simplify the path forward and never look back.

Of course, unless you have such a large and broad base of business akin to companies like P&G or Amazon, the loss leader should not even be a consideration. That said, I know none of us in the Aesthetics Ecosystem have such breadth of offering. Even a \$5 Billion global revenue generator with multiple platforms is but a mere equivalent to less than a single second-tier blockbuster pharmaceutical product (there were 10 products in 2019 that generated revenues between \$6.5B and \$19.9B). So let's dispel the myth of the loss leader offering, product, or procedure in our ecosystem.

What we should do is focus on VALUE! Which product(s), which procedure(s), and which service(s) are the core of the current business. What is equally as important is which of those will remain or become core for the next 2–5 years. This must be based on market data, practice or company data, and consumer data. It should not be based on opinions, yours or others, or by looking in the rear-view mirror convincing ourselves what worked after the 2008/2009 crisis is going to work now. The market conditions, dynamics, competition and consumer base are all vastly and remarkably different now!

Lastly, a point I want to make here is something that I learned early on in my career from an amazing mentor about hiring resources. The advice was to hire those with experiences and expertise who are or have been where you want to go. The context of my point here is not about hiring practices or organizational dynamics, rather the advice is very much applicable to evaluating our hired external

resources. Are these consultants, advisors, marketers, SEOs/SCOs, or experts reflective demographically and experientially of where the practice or company wants or needs them to be? Or are they more like us and with similar experiences? For example, if we want to target men, millennials, and digitally savvy consumers, are those external resources ones that are of that age demographic, digitally wired, and with a depth of direct consumer experiences even though it may not be in the aesthetics space? (that would be a perfect trifecta if they were) If not, then they should be, and there is no better time to make that transition than this golden opportunity given to us now.

Leadership is about being the merchant of hope. Hope is what moves us to act boldly, moves us forward, and allows us to make things happen. If you are a business owner or running a business, then you are in a position of leadership and it is imperative that we all step up to lead.

Data is the antidote to Opinions,
Courage is the antidote to Irrelevance,
Action is the antidote to Stagnation,
Hope is the antidote to Fear,

I continue to believe we have the greatest industry and ecosystem that provide a valued difference in the lives of people, yielding direct impact on their self-esteem, image and confidence. Let us not forfeit the stewardship of this valuable and life-impacting ecosystem to circumstances, conditions, and relics of the past.

It can be a new beginning and hopefully not just a new normal.

Hani Zeini is the Owner and Chairman of Elissar Strategic Advisors based in Santa Barbara, CA. He is the Founder of Sientra, Inc. and has extensive experience as a proven leader in aesthetic medicine as well as the broader medical device industry. Hani can be reached at aestheticsadvisor@gmail.com.



PRACTICE SOLUTIONS

A Guide to Selling Your Plastic Surgery Practice

By Amy Anderson, MBA

The COVID-19 pandemic forced most plastic surgeons to close their offices and cease elective procedures for 30–60 days. The unexpected and unfamiliar free time provided surgeon owners the opportunity to reflect on both their professional and personal life circumstances. For some, it became clear now is the right time to start planning to transition.

Deciding to sell a practice that you likely spent decades building is an emotional decision. But once you've arrived at the decision, you need a plan and an experienced team to objectively guide you through the process. This is not a DIY project.

These eight steps walk you through selling your practice to another plastic surgeon.

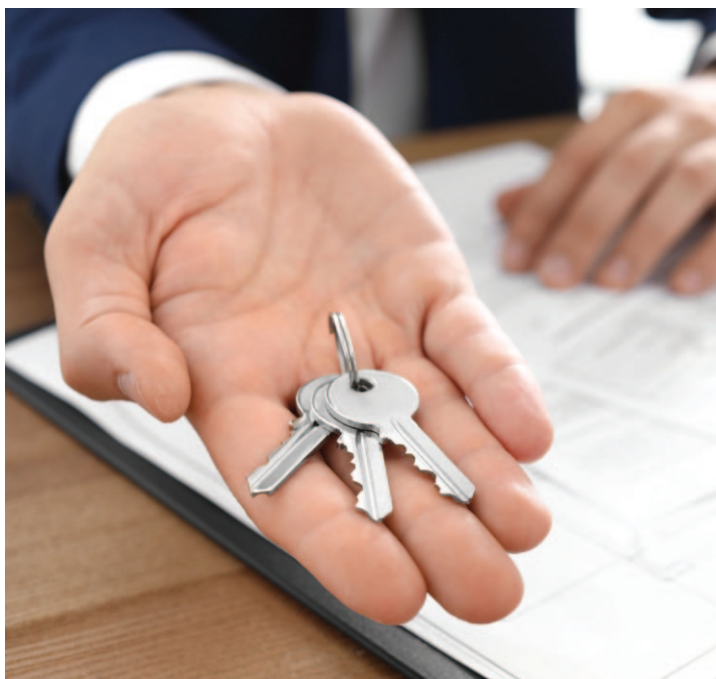
1. OUTLINE YOUR OBJECTIVES AND TRANSITION TIMELINE.

You didn't open your practice without preparation, and you shouldn't list it for sale without first spending time reflecting on what the transition will look like. Include your spouse or significant other in the conversation, as he or she will surely have an opinion.

Determine what your objective is in selling the practice. Are you simply looking to toss the keys to a new surgeon and walk away, or do you intend to overlap and work together for a period of time? What is your timeframe for the overlap and when you do intend to fully transition out?

2. EVALUATE AND FINE TUNE THE PRACTICE.

Get an objective 365-degree assessment of the practice that evaluates financial and management reports, billing processes, staff performance, and clinical flow. The purpose of the evaluation is to identify opportunities to increase revenue and modernize workflows, making the practice more attractive to a potential buyer. Ideally, do this a year or more before you want to market the practice for sale, allowing optimal time to make improvements and maximize the value of your practice.



Determine what your objective is in selling the practice. Are you simply looking to toss the keys to a new surgeon and walk away, or do you intend to overlap and work together for a period of time? What is your timeframe for the overlap and when you do intend to fully transition out?

3. GET THE BOOKS IN ORDER.

An interested buyer will ask for 3–5 years of financial statements, so if you have been less than detailed in your financial reporting, now is the time to clean it up. A good P&L tells a story at a glance. Ensure revenue is properly categorized. Examples include: surgical revenue, office consults/procedures, lasers/devices, injectables, skin care products, and skin care procedures. (Refer to *Cheyenne Brinson's* article 5 Tips for Analyzing Practice Profitability from the Winter 2019 edition of *Aesthetic Society News*.)

Calculate the operating overhead percentage. Under national benchmarking formulas, operating overhead consists of costs for items such as staff, benefits, payroll taxes, rent, medical and office supplies, and even malpractice insurance. The overhead percentage is computed by comparing those costs to medical revenue.

By comparison, specific costs for the physician, including salary, benefits, payroll taxes, CME, dues and licenses, are excluded from operating overhead and should be categorized separately. If your P&L has physician expenses sprinkled throughout, work with your consultant or CPA to re-organize the chart of accounts. An illustration of a condensed P&L:

Income

Total Income
Cost of Goods Sold

Gross Profit

Expense

Operating Overhead
Physician Expenses

Net Income

An interested buyer will also be interested in your annual procedure volume. Use your practice management software reports to tally the number of cases by type. Then, pull data points from the Aesthetic Neural Network (ANN) to compare your volume with others in your region.

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A Guide to Selling Your Plastic Surgery Practice

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4. HAVE THE REAL ESTATE VALUED BY A HEALTHCARE REALTOR.

If you own the real estate and intend to sell it at the same time as the practice, it will be a separate transaction from the practice sale but can occur simultaneously. Use an experienced healthcare realtor to avoid the mistake of overpricing or undervaluing the real estate.

When reviewing market comparisons (“comps”), Clint Herrema, Director with CARR Healthcare Realty reminds us that all medical office space is not created equally, particularly if you have a turnkey office with an accredited surgery suite. “When reviewing buildings or suites in your market for comparable listings, those that are not turnkey require additional consideration,” says Herrema. “With today’s average ASC build out ranging from \$135–\$150/SF, it is imperative to add an appropriate adjusted estimate cost into those options to arrive at a fair price for both Seller and Buyer.” It is not as simple as hiring an appraiser. There are a myriad of moving parts in a practice sale that require both the science and art aspect to see a deal through across the finish line.

If you don’t own the real estate and are instead in a third-party lease, a healthcare realtor is still an important ally to have on your advisory team. He or she can help you negotiate the best lease terms that are attractive to a buyer (who will take over the lease) and also optimizes cash flow to the practice right now.

5. OBTAIN AN APPRAISAL ON THE PRACTICE AND THE ASSETS.

The value of the practice itself boils down to the physical assets and goodwill. The physical assets include all of the lasers and devices, the furniture and décor, surgical instruments, exam tables, computers, etc. A CPA certified in equipment valuations can provide an estimate of current value.

The topic of goodwill can be misunderstood. It basically comes down to how profitable the practice is. Referring back to step 3, getting the books in order, it’s important to differentiate between the owner’s salary and profit distributions. A valuation specialist will compare a typical non-owner plastic surgeon’s salary with what you paid yourself.

Other factors that go into the practice’s value are a trained and assembled workforce (i.e. your staff), referral sources that are likely to transfer, and existing practice reputation.

If you have a busy med spa with a steady stream of repeat patients, that can significantly increase the value.

6. DESIGN A PROMOTIONAL PACKAGE AND PUT THE WORD OUT.

Similar to a listing sheet when selling a personal residence, create a teaser of what you have available to sell. Include details such as price, annual revenue, location, reason for sale, year established, employees, square footage of office, and number of exam rooms. Advertise the practice sale with your state and national specialty societies, notify peers, and explore online boards.

7. VET AND INTERVIEW INTERESTED BUYERS.

Many surgeons use a consultant or other advisor as the first contact for interested buyers. The consultant will explore the buyer’s interest, assess their financial capabilities, and determine if they are a viable candidate. The interested buyer would then sign an Non-Disclosure Agreement (approved by your attorney) and receive detailed financial and productivity information.

In most cases you will then interview the interested buyer to determine if it’s a good fit. If you intend to continue practicing together for a period of time, it is imperative to have multiple interactions and explore compatibility.

8. ESTABLISH A TRANSITION PLAN AND TIMELINE.

Congratulations, you’ve found the right buyer for your practice, and the deal is on its way to being done. While the buyer engages in due diligence, and the attorneys and bank prepare the paperwork, work on details of a transition plan. Be thoughtful of how you will announce the change in ownership to your staff and patients. Depending on the new surgeon’s experience and proclivity for business, he or she may desire a transition period where you remain involved to coach them in their new business venture. Discuss the timeline with the buyer and set clear dates and milestones.

Amy Anderson, MBA is a consultant with KarenZupko & Associates, Inc. who advises aesthetic surgeons on practice management and marketing issues. Amy is a former plastic surgery practice administrator. You can reach Amy at aanderson@karenzupko.com.

It Takes a Team

The process of preparing and selling a plastic surgery practice is complex and can be emotional. Engage a team of advisors to guide and support you. The team includes:

Practice Transition Coordinator:

This is a consultant or friend who will quarterback the entire transitions so that you can focus on continuing to provide patient care and maintaining revenue through the process. The practice transition coordinator will arrange for valuations, work with your accountant to ensure your books are in order, develop a prospectus and advertise the practice for sale, screen and vet interested buyers, and coordinate communication with you, the buyer, the accountants, and the attorneys. They will also help you develop an operational transition plan.

Healthcare Realtor: A realtor experienced in healthcare, like CARR Healthcare Realty, provides valuation on the real estate and advises on strategies for selling or leasing your space.

Attorney: Both buyer and seller need an attorney who specializes in healthcare transition law. Typically your attorney will write up the purchase agreement and ensure the final documentation is all in order to finalize the sale.

Accountant: Your practice CPA will help you prepare your financial statements for presentation to an interested buyer. Depending on the CPA firm, they may also provide asset valuation services or introduce you to a firm who does. They also will provide tax planning advise related to a stock versus asset sale.

MAKING THE MOST OF THE ADVANTAGE PROVIDER PROGRAM

The Aesthetic Society®
Advantage Program

The Advantage Provider Program provides members with pre-negotiated special pricing on products and services to enhance practice performance. Each Advantage Provider is rigorously vetted and has agreed to uphold our strict ethical standards.

THE AESTHETIC SOCIETY CLOUD

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The Aesthetic Society is pleased to announce The Aesthetic Society Cloud, a service brought to you by Ronan Solutions, a partnership between Anzu Medical and Iron Medical Systems. Anzu Medical is the creator of RADAR Resource, and Iron Medical Systems is the leading provider of secure private medical clouds. The Aesthetic Society Cloud is the first HITRUST certified, aesthetic and plastic surgery-specific cloud offering in the world.

For information please contact Ronan Solutions at:
602.884.8330 or email info@ronansolutions.com



Virtual Practice: 4 Ways to Digitize the Patient Experience

By Wendy Lewis

Post COVID-19, aesthetic practices have had to cut down on patient traffic and time spent in their practices, which is counterintuitive from where we were a few months ago. Yet, aesthetic patients are still seeking solutions and a seamless experience. Cutting-edge technology can help digitize a practice by delivering the efficiency and safety patients want while meeting the standards of new regulations.

1. VIRTUAL APPOINTMENTS

Once used mainly as an option for out of town patients, virtual appointments have emerged as a vital component of the new practice model. These may include consults as well as follow-ups and can be conducted by the plastic surgeon or ancillary staff as needed. Commonly used platforms include ZOOM, SKYPE, Facetime, Google Meet, and a long list of encrypted telehealth options including Doxy.me. New consults may be handled as complimentary for a limited time (30 minutes), prepaid fee, or prepaid fee to be applied to a procedure. Photos and medical history are requested in advance, and notes should become part of the patient's chart.

2. VIRTUAL EVENTS

Virtual events have taken the place of live patient seminars since sheltering in place orders and are here to stay. They can be hosted on Facebook, Instagram, or video conferencing programs. Many live event themes can be converted to virtual, including an interview format with a guest, panel discussion, educational event with a slide presentation, or demonstration of a treatment. Consider including raffles, giveaways, or special pricing during the event to enhance attendance. Get guests to register in advance to build your database and leave time for Q&A to keep the audience engaged.



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3. TOUCH-FREE PRACTICE

With fewer patients spending less time in your facility, think of ways to convert systems to be accomplished digitally pre-appointment. For example, most practices are no longer accepting cash or credit cards at the time of the visit and handling fees in advance by phone or online. Credit card terminals are another hard surface that need to be sanitized after every use. Touch-free thermometers and hand sanitizers have already become standard practice. Pre and post procedure instructions, prescriptions, orders for garments, etc. can be sent digitally for greater efficiency. Patient photos may also be taken digitally.

4. E-COMMERCE

Another sea change are the limitations on open displays and samples, and the elimination of testers due to potential contamination. More practices are dispensing products through Shopify and other e-commerce solutions. Many

professional skincare brands offer practices the option of referring patients to their website with a code that gives the practice credit for the sale. Another recent evolution is offering curbside pickup or local delivery for product sales, in addition to shipping. Consider the best ways to preserve a profitable retail vertical while maintaining a limited number of staff and patients in the practice at any given time.

ZOOM, etc. have become part of our daily personal and work lives universally. Staff and physician training may be accomplished by webinar, video or e-learning platforms. CME workshops are available digitally to be viewed on your own time. Even staff meetings can be scheduled at convenient times virtually.

Telemedicine has been on the rise for the past decade, but the current health crisis has catapulted it to a necessity. Technology has made it easier to connect with patients and colleagues and bridged the gap between online and offline patient experiences, making the process easier to manage.

Wendy Lewis is President of Wendy Lewis and CO Ltd, www.wendylewisco.com, Editor in Chief of www.beautyinthebag.com, and author of "Aesthetic Clinic Marketing in the Digital Age" (CRC Press). Her next book, "Growing an Aesthetic Surgery Practice: A Roadmap for Success," will be published by Thieme in 2021.

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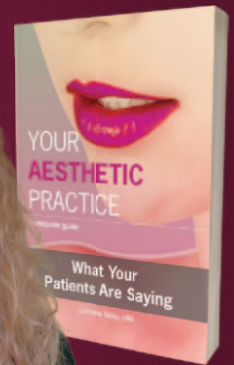
IT'S MY 20-YEAR ANNIVERSARY AND YOU GET THE GIFT!

Since Year 2000, I have devoted my career to working with plastic surgeons to get them more patients and more profits.



Catherine Maley, MBA

Author, *Your Aesthetic Practice*
Cosmetic Patient Attraction
and Conversion Specialist



Featured in:

Newsweek

abc NEWS

The
New York
Times

To celebrate, I created a special guide that lays out 20 Patient Attraction Strategies Including:

- ✓ Branding – Be seen as the BEST Choice
- ✓ Social Media that gets attention and calls from new patients
- ✓ Pricing Strategies that increase the value of each patient
- ✓ Word-of-Mouth Strategies to grow your practice from within
- ✓ Silent Sales Tools that do the selling for you so you don't have to
- ✓ Presentation Tools to close more consultations
- ✓ Retention Tools to avoid losing patients to your competitors and more...

20 COSMETIC PATIENT
ATTRACTION STRATEGIES
FOR 2020

Catherine Maley, MBA

Author, *Your Aesthetic Practice*
Cosmetic Patient Attraction
and Conversion Specialist



Get Your Free Guide at www.CatherineMaley.com



Patient Attraction Trends for the Rest of 2020

By Catherine Maley, MBA

The COVID-19 pandemic created a massive increase in social media usage by would-be cosmetic patients. However, it also created stiff competition among surgeons to grab that attention of patients who are ready for cosmetic services.

That means if you want more leads, more inquiries, more conversions, more money and more growth, it's smart to adapt your patient attraction plans accordingly.

Here are 3 patient-attraction trends affecting you the most, as well as strategies to adapt:

IMPROVE YOUR BRAND

The increase in non-surgical technologies makes this industry very attractive to non-core providers who want to cash in, so now you are competing for cosmetic revenues with internists, gynecologists, NPs, PAs, RNs, med spas, laser techs and even aestheticians.

It's time for you to brag about your extension surgical training and experience. Show off your medical degrees, board certification, awards, plaques, PR and your pro-bono efforts.

Educate patients on surgical vs. non-surgical procedures and when surgery is necessary to get the results they want. Then show off your surgical expertise with your great before/after photos of your other real patients who had the same problem you were able to fix.

In other words, make a big deal out of things your competitors can't, won't or don't.

And, as Jeff Bezos of Amazon says, *"Branding is what people say about you when you're not in the room."*

It would behoove you to build your brand based on trust, safety and helping others.

DEAL WITH DISCOUNTING

When it comes to price, you can no longer ignore what prospective patients see in the marketplace. They are bombarded with special deals and promotions. When price cutting is rampant, it's confusing to patients to distinguish price from value.

If you have not done a good job explaining why you offer so much more value than your price-cutting competitors, these prospective patients don't have a good enough reason to pay your higher prices.

Please don't take this lightly. Obviously, you shouldn't compete on price alone. But you **MUST** compete on brand.



I read a stat that said 85% of consumers find User Generated Content more influential than brand content so please spend extra time on creating content that inspires your audience to engage with you.

That means you spend more time and effort educating prospective patients on your superior skills and expertise, you give them a great result, and then you WOW them with added-value customer service. It's the way you make patients feel that makes them willing and happy to pay more to get more.

The point is to spend the time, money and effort on attracting the best quality patients to you who care about your status, develop a relationship with them and keep them coming back because they "value" you and your services more than saving a buck.

SOCIAL MEDIA DOMINATES

Posting on Facebook and Instagram used to be a fun thing to do and now it's a must. It's time to learn how to get traction using these communication platforms since this is where all the eyeballs went.

You can post for free using educational and entertaining posts; however, the platforms are only showing your posts to 5–10% of your audience since they want you to pay for advertising.

To combat that, be sure you are connecting with your patient list using email as well, since most of your patients are not seeing you on social media like you think they are.

And, here's another challenge with social media. You don't own the data. You can be turned off on a whim and disappear from the platforms and have to start over.

Ad Campaigns

As you are painfully aware if you have been trying to advertise on social media platforms, plastic surgery does not get along well due to the nature of your content.

You are one step away from porn, you are seen as persuading consumers to have medical procedures and you are hurting the consumers' self-esteem.

That's why it's so difficult to get your ads approved.

You are forced to "pay to play" to get the audience reach you need like you had to with TV, radio and newsletters because they strangle your organic reach, but do you see the catch 22?

The platforms force you to advertise YET they won't approve your ads—crazy!!

User Generated Content

And here's another new trend to complicate things...

It's called "User Generated Content." Those are the comments your audience makes about

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PRACTICE SOLUTIONS

Six Financial Actions to Take During the COVID-19 Crisis

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

The COVID-19 crisis has created a significant financial setback for almost all aesthetic plastic surgeons. For the first time ever, many practices closed completely, decimating practice revenue and personal income. On top of this has come a stock market downturn and extreme market volatility, where many surgeon-investors have seen years of retirement savings wiped out in a matter of months, or even weeks.

All of this leads to a common but crucial question for many aesthetic surgeons: "What should I do?" In this article, we will discuss six actions to take proactively, in terms of personal finances and investments.

ACTION #1: FOCUS ON THE LONG TERM: MACROECONOMICS

One of the topics we encourage aesthetic plastic surgeons to discuss with their trusted financial advisors is the long-term history of the U.S. stock market and economy. Looking at more than 100 years of data can help nervous investors reduce stress when seeing previous serious shocks to the system (like World Wars, Great Depression, Great Recession, etc.) and subsequent recoveries. Doing so can help surgeons apply the ancient wisdom "this too shall pass" to the financial arena.

ACTION #2: FOCUS ON LONG TERM: MICROECONOMICS

Perhaps even more valuable than reviewing long-term macroeconomic history with your trusted financial advisor is to re-examine your personal (microeconomic) long-term future. This means reviewing your long-term financial model with assumptions that reflect our new reality—ideally, through adjustable, iterative software where variables can be altered, and best/medium/worst cases saved for future review. Many aesthetic plastic surgeons who are years away from retirement may see that even the short-term pain of today will have a



Another benefit of looking at one's personal planning model is to re-focus on cash reserves and personal spending. In good times (i.e., the last decade), many physicians, including aesthetic plastic surgeons, lost some focus on both personal spending and maintaining a sufficient "rainy day fund." Times like these can lead to an appropriate re-focusing on these two key elements of financial modeling.

relatively minor impact on their long-term plans. This realization can be burden-relieving.

Another benefit of looking at one's personal planning model is to re-focus on cash reserves and personal spending. In good times (i.e., the last decade), many physicians, including aesthetic plastic surgeons, lost some focus on both personal spending and maintaining a sufficient "rainy day fund." Times like these can lead to an appropriate re-focusing on these two key elements of financial modeling.

ACTION #3: MAKE TACTICAL INVESTMENT CHANGES... OR DON'T

Moving from the long term to the short term, there may be tactical investment changes to implement during this crisis. For some, this will simply mean rebalancing asset class allocations to their long-term strategic percentages. As an example, an investor with

a long-term strategic model of 70% stocks and 30% bonds and alternatives might see those percentages move significantly from those benchmarks during a stock downturn, especially if stocks lose value when bonds and alternatives remain steady or gain in value. Simply rebalancing back to the 70/30 split would require some trading—even if both the client and advisor agree nothing should change for the long-term model.

For others who need cash to maintain their practices or pay personal bills, securities may need to be sold regardless of, or in addition to, rebalancing. Determining which assets to liquidate and how to minimize tax implications is extremely important in these situations.

Finally, many investors may make no changes to their portfolios. In all three cases, of course, aesthetic plastic surgeons should be driven by rational decision-making, ideally with the assistance of a professional advisor.

ACTION #4: MAKE SURE YOUR FINANCIAL ADVISOR IS ACTING IN YOUR BEST INTEREST

Understanding the distinction between the fiduciary and suitability standards under which financial advisors work is crucial—yet it is one that even many experienced physicians do not comprehend.

Understanding the distinction between the fiduciary and suitability standards under which financial advisors work is crucial—yet it is one that even many experienced physicians do not comprehend... There is no better time than during this crisis to understand how one's advisors make money and to whom they owe their duty. Ask the right questions and you will learn the answers.

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Six Financial Actions to Take During the COVID-19 Crisis

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Stated succinctly, one set of investment advisors operates under a professional standard that requires them to make *suitable* recommendations to their clients without having to place their interests below that of the client. A key distinction in terms of loyalty is also important, in that this type of advisor's duty is to the firm he or she works for, not necessarily the client served.

In contrast, another set of investment advisors operates under the fiduciary standard, meaning they have a *fiduciary duty* to their clients—i.e., they have a fundamental obligation to provide suitable investment advice and always act in their clients' best interests.

There is no better time than during this crisis to understand how one's advisors make money and to whom they owe their duty. Ask the right questions and you will learn the answers.

ACTION #5: PROTECT AGAINST OTHER RISKS

As we deal with the COVID-19 pandemic, we are primarily focused on its direct impact on health care, practice and personal financial risks. For those who have the capacity to do so, this can be a good time to focus on protecting against other risks as well. We see physicians looking again at their insurances, from disability insurance and life insurance to long-term care coverages for themselves or family members. Others are finally getting to legal planning that they have put off for years, including asset protection and estate planning.

ACTION #6: USE DOWNTIME WISELY

We encourage all aesthetic plastic surgeons to use any downtime they have during this crisis productively. For many surgeons, their practices may be closed, or they are seeing a significantly reduced patient caseload. For these reasons and others (lack of travel, conferences, children's activities), many surgeons have more time on their hands now than at any time in their careers.

If any of this applies to you, we encourage you to spend some of that time focusing on the actions outlined in this article. Physicians can also take advantage of a wide range of free educational content to increase your knowledge on financial matters. At some point, we will all go back to busier schedules and we will thank ourselves for being better prepared to handle the items on our financial to-do lists.

SPECIAL OFFERS: The authors have recently completed *Wealth Planning for the Modern Physician*, their first book for physicians in five years. To receive free print copies or ebook downloads of this book, text ASAPS to 555-888, or visit www.ojmbookstore.com and enter promotional code ASAPS at checkout.

David B. Mandell, JD, MBA, is an attorney, consultant and author of more than a dozen books for doctors, including "Wealth Planning for the Modern Physician." He is a partner in the wealth management firm OJM Group (www.ojmgroupp.com), where Jason M. O'Dell, is a partner and financial consultant. They can be reached at 877-656-4362 or mandell@ojmgroupp.com.

Disclosure:

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Patient Attraction Trends

Continued from Page 57

your posts so most of your efforts should be going towards user-generated content that engages your audience to interact with you.

You see plenty of examples of this on social media when the surgeon asks his audience a question and has them respond below and now you see a stream of responses. You can also use polls and contests to get your followers to leave comments.

I read a stat that said 85% of consumers find User Generated Content more influential than brand content so please spend extra time on creating content that inspires your audience to engage with you.

Influencer Marketing

Influencer marketing is having someone with a good following of loyal fans talk you up by posting about you to their followers, in hopes they will choose you for cosmetic rejuvenation.

Start with your current patients to find out what kind of following they have and if they would be willing to spread the word for you.

You can also google "influencer marketing platforms" who will partner you with influencers; however, consumers are waking up to the fact that most influencers are promoting for the sheer motive of getting paid and that hurts your brand so choose wisely.

CONCLUSION

As you can see, a lot goes into your branding social media presence and it takes effort since you are the star of the show. Today's prospective patients want to get to know you so show them your surgical side as well as your softer side. See you online!

Catherine Maley, MBA is a cosmetic practice consultant, speaker, trainer, blogger and podcaster. Her popular book, Your Aesthetic Practice/What Your Patients Are Saying is read and studied by plastic surgeons and their staff all over the world.

She and her team specialize in growing plastic surgery practices using creative patient attraction, conversion, follow up and retention strategies as well as staff training to turn team members into converting rock stars.

Visit Catherine for Free resources at www.CatherineMaley.com or Instagram @catherinemaleymba.

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How to Get Started on Virtual Consultations

By Keith Humes, CEO Rosemont Media

Virtual consultations have dramatically increased as the COVID-19 pandemic requires the continued effort of social distancing. While telemedicine was already being offered in other healthcare sectors, it has become an excellent option for plastic surgeons to see new patients and keep business rolling under current circumstances. By employing virtual consultations at your practice, you can help many prospective individuals identify and schedule the best aesthetic treatment for their needs—all while limiting in-person interactions for optimal safety.

WHAT TO KNOW BEFORE OFFERING VIRTUAL CONSULTATIONS

To conduct virtual appointments, you and your patient will both need a video communication device, such as a phone, tablet, or desktop computer. Due to the necessity of telehealth at present, **the Department of Health and Human Services (HHA) has temporarily loosened its HIPAA rules and guidelines.** Popular tools like FaceTime, Zoom, Google Hangouts, Facebook Messenger, UberConference, and Skype are now being allowed for telehealth purposes. However, public-facing platforms, including Facebook Live, Twitch, and TikTok, should be avoided for privacy reasons. Paid software programs specifically designed for telehealth are also available. Since these often create an additional expense, though, you may want to search for the most cost-effective options, such as Doxy.me, RevenueWell, and Zoom for Healthcare.

To maximize your time in virtual consultations, it can be helpful to update the contact forms on your website to allow patients to upload photos of their area(s) of concern prior to their appointment. Before implementing your virtual consultation process, check with your state's medical guidelines to ensure you are taking the necessary precautions for keeping your patients' information private and secure.

STEPS FOR SETTING UP YOUR VIRTUAL CONSULTATIONS

1. Select a video communication application.

To find the best technology for your practice's telehealth process, consider which features you care about the most. Are you looking for a free video software, or are you



The world of virtual healthcare is quickly changing, and remote consultations have become more important than ever as aesthetic practices do their best to abide by social distancing guidelines. As this method of doctor-patient communication becomes more prevalent, it will likely remain a popular option—even after the COVID-19 pandemic has ended.

willing to pay for additional capabilities? Would you like a virtual waiting room for patients before they are connected? Do you need advanced security features? Every video application offers different benefits, and the one that best serves your practice will ultimately depend on your unique needs.

2. Make sure patients know you offer virtual consultations.

There are several ways to advertise that you offer virtual consultations. Email blasts and social media posts are extremely useful for announcing the option to existing patients. A pop-up note on your website can be a valuable way to catch the attention of new visitors. *(Visit Dr. Spencer Cochran's website at rhinoplasty-usa.com for an example of this.)* Google Ads is another avenue for increasing awareness of your virtual consultations. With these messages, encourage readers to learn more about your telemedicine options by visiting a specific page or contacting your practice. As yet another way to reach people, you may want to host an educational webinar about specific procedures you want to focus on when you begin seeing patients again at your office.

3. Ensure the process is as user-friendly as possible.

Telemedicine can be intimidating for many patients, which is why you may want to create a short instructional video for virtual consultations. By clearly explaining how it works, you can make the entire process feel more accessible to prospective patients. As an added step,

including a video in your tutorial message shows you are going above and beyond to help patients understand what they can expect in their virtual doctor appointment. *(Visit Richmond Aesthetic Surgery's website at richmondplasticsurgery.com for an example of this.)*

HAVE QUESTIONS? NEED HELP GETTING STARTED?

The world of virtual healthcare is quickly changing, and remote consultations have become more important than ever as aesthetic practices do their best to abide by social distancing guidelines. As this method of doctor-patient communication becomes more prevalent, it will likely remain a popular option—even after the COVID-19 pandemic has ended.

For additional advice on virtual consultations for your plastic surgery practice, please don't hesitate to contact Rosemont Media today at www.rosemontmedia.com/asaps. Also, check out Rosemont Media's educational blog—the Rosemont Review—at rosemontmedia.com for the latest on how to position yourself for success in the world of SEO.

Keith Humes is Founder/CEO of Rosemont Media, LLC, a San Diego based digital marketing agency. As the founding Aesthetic Society Alliance Partner, the firm has helped numerous members successfully navigate the rapidly evolving digital marketing landscape with innovative and effective SEO strategies, social media optimization, and customized website development.



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My Client Contracted COVID-19 From Your Office

By Bob Aicher, Esq.

These are words you do not want to see as the opening line in an attorney's demand letter, but plaintiff lawyers are known to be opportunists. Last year, Roundup attorney solicitations dominated late night, resulting in over 50,000 plaintiffs claiming Bayer's weed killer caused their cancers! This year's legal bonanza is expected to be coronavirus claims by customers.

Legislators know that. As the COVID-19 pandemic eases, they have promised liability protections as a top priority for businesses and doctors reopening.² It's good the government is thinking about immunity, similar to Good Samaritan laws, but blanket immunity will be unlikely, lest reckless behavior be insulated from liability. It is more likely legal protections for doctors will require a good faith effort on your part to adhere to the medical standard of care for infection control.

Although lawsuits might come from your staff, they should be rare, because your employees are covered by Workers Compensation. Granted, if you are self-insured, any payments will be out-of-pocket, but at least you won't be supporting a lawyer.

If you do receive an attorney's demand letter on behalf of a patient, be prepared. Your carrier-appointed defense counsel will not necessarily know the standard of care for infection control as of the date your patient claims to have contracted COVID-19. Educating your attorney won't be difficult if you have been keeping a legal defense diary.

When plaintiffs' lawyers claim, "You should have," their sweeping accusations will likely be based on national standards of infection control. You will need to be able to say, "That wasn't the standard of care for our local

COVID-19 INFORMED CONSENT AGREEMENT

Risk of Exposure. I, the undersigned individual, consent to an in-person consultation and/or to have my Doctor and/or his/her staff (hereinafter collectively "my Doctor") perform medical procedures, whether regarded as necessary, elective or aesthetic, during the time of the COVID-19 pandemic and after. I understand in-person consultations and/or having my procedure performed at this time, despite my own efforts and those of my Doctor, may increase the risk of my exposure to COVID-19. I am aware that exposure to COVID-19 can result in severe illness, intensive therapies, extended intubation and/or ventilator support, life-altering changes to my health, and even death. I am also aware of the possibility that the procedure itself, whether performed in my Doctor's office or in a hospital, may result in a more severe case of COVID-19 than I might have had without the procedure.

Infection Control Procedures. I also understand in-person consultations and/or having my procedure performed at this time increases the risk of my transmission of COVID-19 to my Doctor. This virus has a long incubation period, there may be as yet unknown aspects of its transmission, and I realize that I may be contagious, whether or not I have been tested or have symptoms. To reduce the possibility of COVID-19 exposure or transmission at my Doctor's office, I accept that my Doctor will implement infection-control procedures with which I must comply, before, during and after my consultation and/or procedure, for my own protection as well as that of my Doctor. I understand my cooperation is mandatory, whether or not I personally feel such COVID-19 procedures and/or preventive measures are necessary.


Testing. I have informed my Doctor of any COVID-19 testing I or any person living with me during the past 14 days has received, as well as the results of that testing, and if I am tested between now and the date of my procedure, I will immediately provide the results of that testing to my Doctor. I understand my Doctor may require that I be tested, possibly at my own expense and regardless of any prior testing, and that the results of that testing must be satisfactory to my Doctor, before I may receive my procedure.

Symptoms. I confirm neither I nor any individual living with me has any of the COVID-19 symptoms listed by the Centers for Disease Control here: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms.pdf> and printed on the reverse of this form, which information I have consulted; neither I nor any individual living with me during the past 14 days has experienced any such symptoms; and that I and all persons living with me for the past 14 days have practiced all personal hygiene, social distancing and other COVID-19 recommendations contained within all governmental orders issued by my city and state. I understand I must honestly disclose this information to avoid putting myself and others at risk.

My Consents. All topics above have been discussed with me, and all my questions have been answered to my satisfaction. Being fully informed, I accept the risk of COVID-19 exposure and I will bear the cost of any COVID-19 treatments required. I have been given the opportunity to postpone my in-person consultation and/or procedure until the COVID-19 pandemic is less prevalent, but I choose to have my in-person consultation and/or procedure performed now. If I am the parent, guardian or conservator of the patient, I hold his/her health care power of attorney. I have read this COVID-19 Informed Consent Agreement and am authorized to consent on the patient's behalf.

_____ _____
Individual/Patient/Authorized Representative Signature and Initials Print Name & Date [First encounter]

_____ _____
Individual/Patient/Authorized Representative Signature and Initials Print Name & Date [Day of procedure]

 **Notice and Disclaimer.** Medical information changes constantly. This COVID-19 Informed Consent Agreement sets forth the current recommendations of The Aesthetic Society, is provided for informational purposes only, and does not establish a new standard of care. June 2, 2020

Your yellow cones for coronavirus are your patient consent warnings, such as the COVID-19 Informed Consent Agreement created by the COVID-19 Safety Task Force, as well as additional notices you may have posted or e-mailed to your patients prior to their arrival. Keep copies of all these in your patient's file so they are the first things your patient's lawyer would read when s/he makes a medical records request.

community," and prove that by keeping a daily record. Your log should include official pronouncements, heavily weighted to local information pertinent to your specific practice locale. Here is what I, as a lawyer, would like to see (chart below).

Such a log is similar to preparing for a tax audit. It may be possible to go back and organize federal, state, city and local hospital proclamations by date, so as to prove the

Continued on Page 65

COVID-19 Evolving Standard of Care												
Date	Restrictions/Permissions					COVID-19 Your Practice Area		Infection Control Recommendations				
	Federal	Your State	Your County	Your City	Your Hospital	Cases	Deaths	CDC	FDA	WHO	IDSA	Anthony Fauci MD

Performance KPI Reports

Are you looking to gain deeper insights into your practice? The Aesthetic Society's Aesthetic Neural Network (ANN), now offers users access to carefully curated Key Performance Indicator (KPI) reports. Each report has been carefully designed to help you and your team focus efforts toward meaningful and realistic goals. Make sure to check out the two NEW reports and take your reporting to the next level!

Not on ANN yet? Complimentary spots are still available for members of The Aesthetic Society!
Contact ANN@surgery.org or visit ann.surgery.org for information today.



NEW

Surgical Procedures this Year

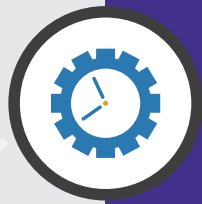
Wondering what months of the year are better or worse to be out of the office based on surgical procedure demand? Use this report to determine surgical procedures trends for any given year.

NEW



Non-Surgical Procedures this Year

Do you know which months of the year should have more physician extenders on staff based on need? This report will help you see which non-surgical treatments are in high or low demand throughout the year.



Performance R3M (Rolling 3 Months)

Have you noticed fewer bookings at an unexpected time of year? This report can help you identify whether it's coming from surgical or nonsurgical bookings, so you can address the problem quickly with marketing or patient outreach.

Growth Matrix

Is your practice 'up' or 'down' this year vs. last? Use the Growth Matrix report to get a snapshot of your practice performance and decide where to dig deeper!



Long-Term Growth

Do you know how your numbers are trending long-term? Use the Long-Term Growth report to identify yearly trends and use your knowledge of your practice to help keep the line graph climbing.

My Client Contracted COVID-19 From Your Office

Continued from Page 63

All of the referenced COVID-19 safety documents can be found at [surgery.org/CovidSafety](https://www.surgery.org/CovidSafety).



Examine Your Medical Liability Coverage During Times of Uncertainty

By Harry K. Moon, MD, FACS

During times of uncertainty it is important to be confident that you and your practice have safeguards in place. One of those safeguards is your medical liability coverage. There are many factors to examine when considering a new medical liability policy or when examining your current liability policy. The following provides some examples to contemplate:

- Do you know and fully understand what the limits of liability are on the policy?
- Do you have a deductible and understand its implications?
- Do you have full consent to settle?
- Do you know what the policy defines as a “claim trigger”?
- Are there any exclusions on the policy that you may not be aware of?
- Are you aware of what your retro date is?

These are just a few examples from dozens of significant components and/or deficiencies of your malpractice coverage.

Another thing to consider is having an insurance carrier that you know you can lean on in times of distress. Even when there has been no formal lawsuit presented, it is good to know you can call your carrier at any time and speak with an expert on how you should handle certain scenarios. Whether its questions on how to communicate with and handle an unhappy patient, what is acceptable when providing telehealth services, or making sure you’re utilizing the optimal consent form, it’s important to know you have a carrier who is there to lead you in the right direction.

For additional information on protecting your business please contact Chris Edge at cedge@amsmanagementgroup.com.

particular COVID-19 protocol at issue wasn’t yet recommended in your hometown, but why not keep good records now and save yourself the aggravation later?

As for my suggestion in the last column below to keep track of Dr. Fauci, we may not think he’s the best authority on COVID-19 infection prevention, but juries will. Since the public trusts him, plaintiffs’ lawyers will quote him, so now’s the time as offices reopen to keep a brief diary with URLs for later reference. Even doing that act, i.e. keeping the diary itself, will demonstrate you were focused on patient safety, and not merely on making money.

The next step towards assisting in your defense will be proving that you took all reasonable steps to adhere to your local standard of care so as to prevent coronavirus transmission. That also isn’t as difficult as it might seem if you have been keeping a sweep log.

Back in the 1980s, slip-and-fall lawsuits against grocery stores were frequent, as long as shoppers could prove that the store should have known of the hazardous situation. To combat mopped floor lawsuits, employees began placing yellow caution cones everywhere. To combat lettuce leaf lawsuits, employees began keeping sweep logs, sheets of paper taped to the inside of the swinging doors of the produce backroom. Employees hand-entered the date and time, and signed their name, after they swept the produce section every 15 minutes. Next time you’re shopping, pop inside the swinging doors; the logs are still there, being used to prove that the grocery store took reasonable steps to protect shoppers. Yellow cones and sweep logs reduced these kinds of lawsuits.

The same concepts apply to proving your office is COVID-19-free. It isn’t enough that you have a policy to prevent the spread of COVID-19. You must have proof that you actually followed your own policy.

Your yellow cones for coronavirus are your patient consent warnings, such as the COVID-19 Informed Consent Agreement

created by the COVID-19 Safety Task Force, as well as additional notices you may have posted or e-mailed to your patients prior to their arrival. Keep copies of all these in your patient’s file so they are the first things your patient’s lawyer would read when s/he makes a medical records request.

Your sweep logs are lined sheets on clipboards, dated and signed by your staff every time they spray the patient’s shoes, clean waiting room surfaces, or wait for air exchanges before reentering to sanitize treatment rooms. Your COVID-19 Safety Task Force has provided its recommendations, generalized to permit you to make the final decision as to the coronavirus infection controls expected by your local government, hospital and surgery center. Whatever protocols you have adopted, your sweep log should match so it’s clear you and your staff did everything possible, every time, and on time, to prevent the spread of coronavirus.

There are endless opportunities for your patient to catch COVID-19 *outside* your office. Your patient’s hurdle will be to prove s/he caught COVID-19 *in* your office. Your defense is that s/he couldn’t have, proven by your legal defense diary, yellow cones and sweep logs. If you have ever prevented a tax audit because you were able to lay your hands on that single crucial piece of paper, you will appreciate how much trouble you can avoid by preparing your legal defense, now.

Bob Aicher is General Counsel to The Aesthetic Society and has represented The Society for 28 years. He can be reached by phone at 707-321-6945 or by email at aicher@sbcglobal.net.

- 1 <https://fortune.com/2020/04/27/roundup-weedkiller-cancer-coronavirus-settlement/>
- 2 <https://www.cnn.com/2020/05/19/liability-protections-are-top-gop-priority-in-next-coronavirus-bill-mccarthy-says.html>



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The Straight & Narrow

By Joe Gryskiewicz, MD

Question

Joe, I am concerned about our patients who believe their implants are causing them symptoms, i.e. Breast Implant Illness (BII). I am equally concerned for our patients over the Biocell recall by Allergan with respect to Anaplastic Large

Cell Lymphoma (ALCL). Many of my patients are calling with questions. They seem distraught. This is not the time to exploit them. Yet one of the board-certified plastic surgeons in town is doing just that. She shows surgery videos on her website claiming a particular patient is having problems from her implants. This of course has not been established by science as of yet. She goes on to claim that after the surgery the patient will feel much better. (Maybe emotionally better, but no guarantee for relief of her physical symptoms.) This isn't exactly the scientific method! I feel my colleague is exploiting patients. Isn't this unethical?

Answer

Sometimes I am embarrassed to be a doctor. Of course, we should listen, be empathetic and compassionate for our patients, and we shouldn't lead them down the garden path to line our pockets. She seems eager to grab the brass ring in this situation. Our code does speak to this.

1. ETHICAL RESPONSIBILITIES TO PATIENTS

1.02 Competence

(b) Members should only practice based upon a scientific basis. When generally recognized standards do not exist with respect to an emerging procedure, a member should exercise careful judgment and take responsible steps, including appropriate education, research, training, consultation and supervision, to ensure the competence of their work and to protect patients from harm.

(c) The foundation of a member's practice should be evidence-based medicine and recognized scientific knowledge, including empirically based knowledge, relevant to aesthetic medicine.

Have an ethics question
for Dr. Joe?
Email ethics@surgery.org

If we don't run our practice on the scientific method, then we're living in the dark ages and selling snake oil instead of healing and curing. I can only imagine that the reason for your colleague to do this is that either she is completely uninformed or is egregious in her marketing practices, or both. I think it's time to nip this behavior in the bud or it will only rapidly expand like a wildfire. Our Code of Ethics further speaks to this behavior:

3. ETHICAL RESPONSIBILITIES IN PRACTICE SETTINGS

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.

She seems too gung-ho. If you feel comfortable calling her, then I believe the best thing would be to discuss the matter directly. Explain how her marketing material is misleading. If this doesn't work, then I would report her to the Ethics Committee. The downside of this approach is that if you ultimately report her, then she will know it was you who reported her to the committee. In the Ethics process, the complainant is not revealed to the reported member. Either way yes, I agree this may be a violation of the Code for competence and unethical publishing. This should be stopped until ruled upon. It reminds me of the days of bloodletting to cure disease. Now there is a new twist: bleeding patients for money—disgusting.

Joe Gryskiewicz, MD, is an aesthetic plastic surgeon practicing in Burnsville, MN, and Clinical Professor University of Minnesota (Craniofacial-Cleft Palate Clinics). He has served on The Aesthetic Society Judicial Council, is a past president of ASERF and he has been in practice for more than 30 years. Disclaimer: Dr. Joe's opinions aren't those of the Ethics Committee or the Judicial Council.

For additional resources covering
BIA-ALCL and Breast Implant Illness, visit
Surgery.org/BreastImplantResources.

This information is curated by
The Aesthetic Society's Breast Implant Illness
and BIA-ALCL Task Forces and is updated
as new information is made available.



SAFETY MATTERS

COVID-19 Testing Made Easy

James Fernau, MD
Chair, The Aesthetic Society's Patient Safety Committee

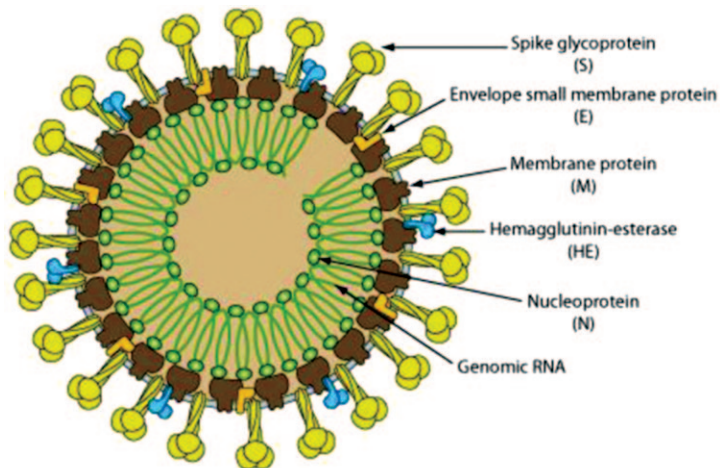


There are two categories of testing for COVID-19 infection. These include diagnostic tests and antibody tests.

DIAGNOSTIC TESTS

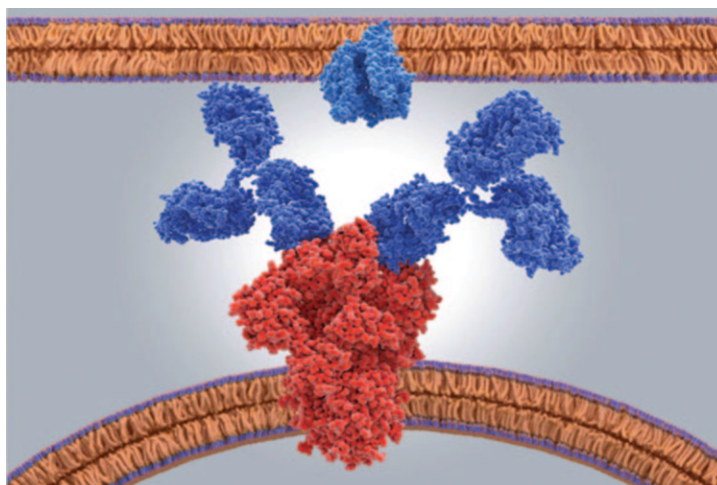
Currently, there are two types of diagnostic tests. These include *molecular* tests and *antigen* tests. Molecular tests identify genetic viral RNA inside the membrane protein (see diagram 1). These tests are located in designated labs or point of care testing centers (your office could be a point of care testing center). Those authorized by the FDA are very accurate. Plastic surgeons can order a COVID-19 test, which requires a prescription. Some of these tests are at-home collection kits. We, or our patients, can use a specialized sterile swab to collect mucus from the nose or throat and place it in a sterile container and seal it for transport to a specialty lab. The sample must arrive at the lab within 72 hours and be kept at a certain temperature range for the virus to be kept alive. A lab technician mixes chemicals with the swab to extract the viral RNA genetic material of any virus that may be on the swab. The technician uses special chemicals called primers and probes. They use a high-tech machine to conduct several heating and cooling cycles. This converts the virus' RNA into DNA which then makes millions of copies of the DNA. When the DNA binds to specific probes, a light is produced which is interpreted by the machine. The test shows a "positive" result with infection of SARS-CoV-2, the virus that cause COVID-19. The accuracy of molecular diagnostic tests is increasing; however, no test is 100 percent accurate. Some variables which affect the test accuracy include:

- you may have the virus but the swab did not collect it from the nose or throat (false negative)
- you may have the virus in your tears; however, tears are not currently being used for diagnosis (false negative)
- the swab or sputum sample may be accidentally contaminated by the virus during collection or analysis (false positive)
- the swab or sputum sample may not be kept at correct temperature before it can be analyzed (false negative)
- the chemicals used to extract the viral genetic material and make copies of the virus DNA may not work correctly



STRUCTURE OF A CORONAVIRUS

Currently, there are two types of diagnostic tests. These include *molecular* tests and *antigen* tests. Molecular tests identify genetic viral RNA inside the membrane protein.



Antibodies (blue) bind to viral surface proteins (red)
*Note: These antibodies have nothing to do with antibody tests.

Antigen tests check for viral proteins which are located inside the nose or mouth. Antigen tests detect specific proteins on the surface of the virus. Antigen tests diagnose an active coronavirus infection. Antigen tests can provide results in minutes but are currently less accurate than molecular tests. If an antigen test is negative and you still suspect COVID-19 infection, you may consider a molecular test to confirm the result.

ANTIBODY TESTS

The antibody tests look for antibodies that are made in the immune system's response to infection such as COVID-19 infection. The antibodies are detected from blood samples. These blood serology samples can be taken in at specialized laboratories, hospitals, and point of care office space testing. Antibodies fight infections. They may take several days or weeks to develop after an infection and may stay in your blood several weeks after

recovery. Because of this, antibody tests should not be used to diagnose an active coronavirus infection. Some international plastic surgeons are recommending performing two antibody tests followed by a final diagnostic test (PCR test) to enhance detection of possible infection. Presently, researchers do not know if the presence of antibodies confirm immunity to future coronavirus infection. It is important to know that antibody tests do not show if you have a current infection. Antibody tests can show who has been infected and who has developed antibodies to the infection. In the future, the antibody testing may provide information regarding protection from a future infection or who may still be at risk of a future infection. Additionally, it can define eligibility for convalescent plasma blood donation to those patients with active COVID-19 infection.

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CULTURE OF SAFETY

Putting Patient Safety First Benefits Everyone

Patient Satisfaction. Performance.
Revenue. Referrals. Efficiency.

The Aesthetic Society's Patient Safety Committee would like to remind you that an increased focus on patient safety leads to enhanced surgical performance and efficiency. When a surgeon puts safety first, patients are better satisfied, resulting in more referrals, which ultimately impacts your bottom line.

COVID-19 Testing Made Easy

Continued from Page 68

TABLE 1: THE DIFFERENCE BETWEEN THE TWO DIAGNOSTIC TESTS AND THE ANTIBODY TEST.

	Molecular Test	Antigen Test	Antibody Test
Synonyms	Diagnostic test, viral test, molecular test, nucleic acid amplification tests (NAAT), RT-PCR tests	Rapid diagnostic test (Some molecular tests are also rapid tests.)	Serological test, serology, blood test, serology test
Sample Source	Nasal or throat swab (most tests) Saliva (a few tests)	Nasal or throat swab	Finger stick or blood draw
Timeliness of Test	Same day (some locations) or up to a week	One hour or less	Same day (many locations) or 1–3 days
Is a second test needed?	This test is typically highly accurate and usually does not need to be repeated.	Positive results are usually highly accurate but negative results may need to be confirmed with a molecular test.	Sometimes a second antibody test is needed for accurate results.
What does it mean?	Diagnoses active coronavirus infection	Diagnoses active coronavirus infection	Shows if you've been infected by coronavirus in the past
What the test Cannot do	Show if you ever had COVID-19 or were infected with the coronavirus in the past	Definitively rule out active coronavirus infection	Diagnose active coronavirus infection at the time of the test or show you do not have COVID-19

HOW CORONAVIRUS TESTS MAY BE AUTHORIZED

During the COVID-19 pandemic, there is an urgent need for products to diagnose, treat or prevent a medical illness. There are three ways a coronavirus test is used during this emergency.

1. Emergency Use Authorization

The FDA issues an Emergency Use Authorization, or EUA. The EUA process is different than full approval or clearance because there is not enough time to wait for all of the evidence.

2. Lab Developed Test (LDT)

A laboratory developed test (LDT) is an in

vitro (or laboratory) diagnostic test manufactured by and used within a single laboratory. The Centers for Medicare and Medicaid Services (CMS) regulates all laboratory testing (except research) performed on humans in the United States through the Clinical Laboratory Improvement Amendments (CLIA). The FDA

provides flexibility to certain CLIA certified labs that run high-complexity testing during the COVID-19 pandemic.

3. State Authorization

The FDA provides flexibility to states who take responsibility for the safety and accuracy of COVID-19 testing and the lab does not submit an EUA request to the FDA.

CORONAVIRUS TESTING IN YOUR COMMUNITY

You may visit your state (www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html) or local (www.naccho.org/membership/lhd-directory) health department's website to look for the latest local information on testing.

REPORT ADVERSE EVENTS

We can report adverse events or side effects related to the use of coronavirus tests to the FDA's MedWatch Safety Information and Adverse Event Reporting Program:

- Complete and submit the report online (www.accessdata.fda.gov/scripts/medwatch/index.cfm) through the FDA's MedWatch website.

MY PERSONAL CURRENT SITUATION

For all patients undergoing office-based surgery, I am using FDA EUA authorized diagnostic testing and antibody testing. My goal standard is a diagnostic molecular PCR test (turn-around time is seven days) using the patient's sputum. I am performing antibody testing for research purposes. My hospital-based surgeries only require testing in symptomatic patients and aerosol generating procedures such as rhinoplasty and facelift. The hospital uses a diagnostic molecular PCR test from a nasopharyngeal swab (turn-around time is three days). Please note all patients self-quarantine between the time of their testing and their surgery.

James Fernau, MD, is an aesthetic plastic surgeon practicing in Pittsburgh, PA.

You may visit your state (www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html) or local (www.naccho.org/membership/lhd-directory) health department's website to look for the latest local information on testing.



**CULTURE OF
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Actions When Staff Have Exposure or Test Positive to COVID-19

What to do when a medical provider or staff member is exposed to COVID-19?

COVID-19 EXPOSURE

Currently CDC advises that critical infrastructure workers may be permitted to continue work following potential exposure to COVID-19, **provided they remain asymptomatic and additional precautions are implemented to protect them and the community.**

A potential exposure means having close contact within 6 feet of an individual with confirmed or suspected COVID-19. The contact timeframe is 48 hours before the individual became symptomatic.

Critical Infrastructure workers who have had an exposure but remain asymptomatic should adhere to the following practices prior to and during their work shift:

- **Pre-Screen:** Employers should measure the employee's temperature and assess symptoms prior to them starting work, ideally before the individual enters the facility.
- **Regular Monitoring:** As long as the employee doesn't have a fever or symptoms, they should self-monitor under the supervision of their employer's occupational health program.
 1. If the employee develops any symptoms they should be sent home immediately and COVID-19 testing should be considered.
 2. The staff member should seek medical attention immediately if they develop warning signs for COVID-19 such as trouble breathing, persistent pain or pressure in the chest, new confusion or inability to arouse or bluish lips or face.
- **Contact Information:** Information should be compiled on persons who had contact with the ill employee up to 2 days prior to their start of symptoms
- **Wear a Mask:** The employee should wear a face mask at all times while in the workplace for 14 days after last exposure.
- **Social Distance:** The employee should maintain 6 feet and practice social distancing as work duties permit in the workplace including breakrooms.
- **Disinfect and Clean Work Spaces:** Clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment routinely.
- **No sharing:** Employees should not share headsets or other objects that are near mouth or nose.

What to do when a medical provider or staff member tests positive for COVID-19?

COVID-19 POSITIVE

- **Report:** The positive result will be communicated to the primary care provider. The test result should be sent to the local health department to assist with contact tracing.
- **Cease working:** The medical provider/staff member should cease providing health care services immediately and should quarantine and monitor symptoms for 14 days. They should seek medical attention immediately if any symptoms worsen.
- **Clean:** Clean and disinfect environmental surfaces in the facility and especially their work space.
- **Inform:** The medical provider should inform staff and patients of the potential exposure to the COVID-19 person in the last 14 days. Contact all patients who may have had contact with the COVID-19 positive individual to determine whether they're symptomatic. Recommend that they self-quarantine for 14 days and notify their physician if symptoms develop.
 1. *Risk Assessment* with helpful detailed questions:
 - a. What was the date of the last contact?
 - b. How long was the contact?
 - c. What was the approximate distance of the contact?
 - d. Are they experiencing symptoms?
- **Other Staff:** See above guidelines on staff exposure to COVID-19. Consider testing of unaffected staff and document all test results. Continue to monitor them symptomatically daily.
- **Emergency Plan:** If the practice needs to be closed due to COVID-19, follow office protocols to address the emergency/urgent care needs of their patients.
- **Return to Work:** The provider/staff member should be excluded from work until:
 1. Resolution of fever without the use of fever-reducing medications **AND**
 2. Improvement in respiratory symptoms (e.g., cough, shortness of breath **AND**
 3. Two consecutive negative results >24 hours apart of an FDA Emergency Use Authorized COVID-19 molecular assay by nasopharyngeal swab.

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Breast Implant?



In a blinded comparison
9 out of 10 consumers
chose **MemoryGel® Xtra**
Breast Implants as feeling
more like a natural breast
than the other leading brand.*¹



#MemoryGelXtra #MentorBreastImplants #OwnTheDay

*Head-to-head blinded in-person tabletop product comparison (MemoryGel Xtra vs. Inspira Responsive vs. Inspira Cohesive) with 452 respondents. 1. Mentor Consumer Preference Market Research Report - July 2017.

IMPORTANT SAFETY INFORMATION

MENTOR® MemoryGel® Breast Implants are indicated for breast augmentation in women who are at least 22 years old. 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; Who are currently pregnant or nursing. Safety and effectiveness have not been established in patients with autoimmune diseases (for example lupus and scleroderma), a weakened immune system, conditions that interfere with wound healing and blood clotting, or reduced blood supply to breast tissue. Patients with a diagnosis of depression, or other mental health disorders, should wait until resolution or stabilization of these conditions prior to undergoing breast implantation surgery.

There are risks associated with breast implant surgery. You should be aware that breast implants are not lifetime devices and breast implantation may not be a one-time surgery. You may need additional unplanned surgeries on your breasts because of complications or unacceptable cosmetic outcomes. Many of the changes to your breast following implantation are irreversible (cannot be undone) and breast implants may affect your ability to breastfeed, either by reducing or eliminating milk production.

Breast implants are not lifetime devices and breast implantation may not be a one-time surgery. The most common complications for breast augmentation with MemoryGel® Breast Implants include any reoperation, capsular contracture, nipple sensation changes, and implant removal with or without replacement. A lower risk of complication is rupture. The health consequences of a ruptured silicone gel 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.

Detailed information regarding the risks and benefits associated with MENTOR® Breast Implants is provided in the educational brochure for MemoryGel® Implants: Important Information for Augmentation Patients about MENTOR® MemoryGel® Breast Implants. The brochure is available from your surgeon or visit www.mentorwllc.com. It is important that you read and understand the brochure when considering MENTOR® MemoryGel® Breast Implants.

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Go to technews.sientrahcp.com for more information

REFERENCE: 1. Kinney BM, Jeffers LLC, Ratliff GE, Carlisle DA. Silicone gel breast implants: science and testing. *Plast Reconstr Surg.* 2014;134(1S):47S-56S.

Sientra OPUS breast implants are indicated for breast augmentation in women at least 22 years old and for breast reconstruction. Breast implant surgery is contraindicated in women with active infection anywhere in their body; with existing cancer or precancerous conditions who have not received adequate treatment for those conditions and; who are currently pregnant or nursing. Prior to use, plastic surgeons should review all risk information, which is found in the Instructions for Use. Key complications associated with the use of silicone gel breast implants include capsular contracture, implant removal, rupture and reoperation. The Instructions for Use and detailed information regarding the risks and benefits of Sientra OPUS breast implants can be found at sientra.com/resources.

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