



Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

Volume 15, Number 4 Fall 2011

David Ralph Millard Jr.

June 4, 1919 – June 19, 2011

By Leo McCafferty, MD

Joseph E. Murray once said “If you don’t know what to do, do what is right.” “Have a style boy!” Sir Harold Gilles was known to say. Well, Dr. Millard did it right, made a difference and certainly had a style. He had a profound impact on our specialty and most everyone touched by plastic surgery in the latter half of the 20th



century benefited from him in some way.

He had no interest in the routine. Folklore has Dr. Millard, a young trainee, offering Dr. James Barrett Brown some advice while assisting during a particularly difficult case. The stern, didactic Brown said to him “God help the surgeon who changes his plan in

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Benchmarking Plastic Surgery Revenue



Bruce Maller

For more than 10 years, BSM Consulting and Allergan, Inc. have conducted a benchmarking survey for medical aesthetic practices across the United States. Included in the database are plastic surgery and dermatology practices

where a significant percentage of practice revenue is generated from cosmetic services. This report summarizes results for only the plastic surgery practices participating in the survey. Additionally, the summary report includes results for 2007, 2008, and 2009 for practice surveys received and processed through November 30, 2010.

For each measure tracked, the mean and median values are calculated. Results for the 10th, 25th, 75th, and 90th percentiles are also included, where a satisfactory number of respondents (arbitrary minimum of 25) have been received. In addition, a “healthy range” is provided for each of the management ratios. This range is based on results for practices between the 25th and 75th percentiles in the database. The “healthy range” is intended to recognize the differences that exist between practices in terms of: mix of services, cash pay vs. third party, practice location, and the number of providers in the practice.

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Phishing for Surgeons

By Bob Aicher

Phishing is fishing, except you are the fish and the bait is a seemingly legitimate e-mail from a trusted source such as your bank or the IRS:

Department of Treasury Internal Revenue Source

We are unable to process your tax return

We received your tax return. However, we are unable to process the return as filed. Our records indicate that the person identified as the primary taxpayer or spouse on the tax return did not provide all the required documents shown on the tax form. Our records are based on information received from the Social Security Administration. Based on this information, the tax account for the individual has been locked.

What you need to do
Print out the attached notification and list of missing documents, fill it in, add the documents and send the following information to the address shown in the attached notification.

List of required documents:

1. A copy of this letter
2. Notification letter
3. A photocopy of valid U.S. Federal or State Government issued identification

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Aesthetic Society News

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The Aesthetic Surgery Education and Research Foundation

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Send address changes and membership inquiries to Membership Department, American Society for Aesthetic Plastic Surgery, 11262 Monarch Street, Garden Grove, CA 92841. Email asaps@surgery.org



The American Society for
Aesthetic Plastic Surgery



The Aesthetic Surgery Education
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ASAPS Members Forum: www.surgery.org/members
ASAPS Website: www.surgery.org
ASERF Website: www.aserf.org

December 1-3, 2011

The Cutting Edge

The Waldorf Astoria Hotel,
New York, NY

Contact: Liz Sullivan

Tel 607.754.2765

Email: [lsullivan@](mailto:lsullivan@astonbakersymposium.com)

astonbakersymposium.com

www.nypsf.org

January 12, 2012

5th Annual Oculoplastic Symposium

Intercontinental Hotel Buckhead
Atlanta, GA

Contact: Susan Russell

Tel: 703.234.4067

Email: srussell@gunnerlive.com

www.seprs.org/meetings

January 13-15, 2012

28th Annual Breast Surgery Symposium

Intercontinental Hotel Buckhead
Atlanta, GA

Contact: Susan Russell

Tel: 703.234.4067

Email: srussell@gunnerlive.com

www.seprs.org/meetings

January 27-29, 2012

Expanding Horizons Symposium

Encore Las Vegas, Las Vegas, NV

Contact: ASPS

Tel: 847.228.9900

www.plasticsurgery.org

February 1-5, 2012

Fourth American-Brazilian Aesthetic Meeting

Endorsed by ASAPS, ISAPS, SBCP
IL Campanario Villaggio Resort
Florianopolis, Brazil

Contact: Susan Russell

Tel: 703.234.4067

Email: srussell@gunnerlive.com

www.americanbrazilianaestheticmeeting.com

February 9-12, 2012

46th Annual Baker Gordon Symposium on Cosmetic Surgery

Hyatt Miami, Miami, FL

Contact: Mary Felpeto

Tel: 305.859.8250

www.bakergordonsymposium.com

March 7-8, 2012

15th Annual Dallas Cosmetic Surgery Symposium

Westin Galleria, Dallas, TX

Contact: Veronica Mason

Tel: 214.648.2154

Email: [veronica.mason@](mailto:veronica.mason@utsouthwestern.edu)

utsouthwestern.edu

www.dallascosmeticsymposium.com

March 9-11, 2012

29th Annual Dallas Rhinoplasty Symposium

Westin Galleria, Dallas, TX

Contact: Veronica Mason

Tel: 214.648.2154

Email: [veronica.mason@](mailto:veronica.mason@utsouthwestern.edu)

utsouthwestern.edu

www.dallascosmeticsymposium.com

May 1-4, 2012

Society of Plastic Surgical Skin Care Specialists 18th Annual Meeting

Hyatt Regency Vancouver

Vancouver, BC

Tel: 562.799.0466

Email: info@spsscs.org

www.spsscs.org/meeting2012

May 3, 2012

The 17th Annual Meeting of The Rhinoplasty Society

Jointly Sponsored by ASAPS

Hyatt Vancouver, BC, Canada

Contact: Rhinoplasty Society

Tel: 904.786.1377

www.rhinoplastysociety.org

May 3-8, 2012

The Aesthetic Meeting 2012

Vancouver Convention Centre
Vancouver, BC

Tel: 562.799.2356

Email: asaps@surgery.org

www.surgery.org/meeting2012



Update on ASAPS

Since I am nearly half way through my year serving as your President, I believe it is important to update you on the recent activities and key efforts taking place to further strengthen our Society and add value for our members.

I am pleased to report that through the cost control efforts of leadership and staff, the Society's fiscal year ended positively, with a net profit of \$153,000. We will continue our focus on fiscal responsibility keeping in mind the need to fulfill our strategic initiatives throughout the current fiscal year.

In July, we held our Executive Retreat strategic planning session and the need for an aggressive, cost effective and results-driven marketing plan was discussed as a strategic imperative for the organization. The reasons for this are two-fold:

- The rapid acceleration of competing societies and confusion concerning board certification has diluted the ASAPS brand among consumers and diminished the value of membership.
- Practice issues, as evidenced by recent member surveys, attendance of the practice management session at the Boston meeting and the current and seemingly on-going economic climate, are top of mind for our members who are seeing practice erosion and looking to the Society for sound marketing programs.

For the above reasons, the Board of Directors has approved the formation of a Marketing Task Force and has committed funds to the development and implementation of a comprehensive marketing plan. The Task Force determined that the use of a consultant, or consultants, with expertise in branding, digital marketing, and web development would be useful to our efforts and the RFP process is complete.

In July, we held our Executive Retreat strategic planning session and the need for an aggressive, cost effective and results-driven marketing plan was discussed as a strategic imperative for the organization.

Concurrently, as part of this plan, we are negotiating arrangements for an enhanced web presence on EmpowHer, New Beauty, Plastic Surgery Channel, and RealSelf. EmpowHer is a women's general health website with over 1.5 million users per month. They are seeking content on aesthetic plastic surgery and we have negotiated a relationship that will help inform consumers about how to choose a surgeon as well as procedural related information. If all goes well, a widget offering our "Find-a-Surgeon" feature will be added to their site to help drive new patients to our member surgeon's office.

The Board just approved the addition of the ASAPS logo to the Plastic Surgery Channel website with the designation "recognized by" believing that the site aligns with our messaging and provides another avenue to reach consumers.

Finally, we are in the process of negotiating enhanced involvement with RealSelf as this plastic surgery focused website has become very influential with consumers and a growing number of our members are participating in their "Ask-a-Surgeon" feature. More details are yet to come on this potential opportunity.

Our goal is to proceed in a stepwise fashion with an initial roll-out of the program during The Aesthetic Meeting 2012 in Vancouver BC.

On September first, we launched our newest member benefit—access to free legal advice provided by Bob Aicher, Esq. The scope of his service includes responses to individual member queries, limited to issues arising within their practices and/or the field of aesthetic medicine. Bob has already received several inquiries to date and we believe this will be an incredible "value add" for our members. With the permission of each member, he will provide a sanitized case study of each situation for posting as a "legal blog" on our member's only website. Bob will continue to serve as Legal Counsel to the Society with the same duties and responsibilities as in the past.

This is just a summary of our activities over the past several months with many more projects in development, one of the most significant being an iPad application that will serve as an educational platform for ASAPS materials, ASJ, and ASN. We are very excited about this app as the utilization of technology in a meaningful, useful fashion will help ASAPS remain relevant into the future.

Finally, as most of you already know, Dr. Jim Matas resigned as President-Elect for personal reasons. By vote of the Active Membership, Dr. Leo McCafferty was elevated to President-Elect, and the Board of Directors voted to fill the vacated Vice President position with Dr. Jack Fisher. Dr. Jim Grotting was selected as our new Treasurer and the vacated Member-at-Large position was filled by Dr. Herluf Lund.

If you have any questions or concerns about any of the above activities, please feel free to contact me via email at jeffrey.kenkel@utsouthwestern.edu or call 214-645-3112.

Breast Reconstruction Awareness Day

ASAPS Member Launches National BRA Day in Canada

On October 19th 2011, Canada celebrated its first ever National Breast Reconstruction Awareness Day (BRA-Day). Breast Reconstruction Awareness Day is an initiative, created by ASAPS Member Dr. Mitchell H. Brown, designed to promote education, awareness and access for women who may wish to consider post-mastectomy breast reconstruction.

Practicing in Toronto, Canada, Dr. Brown specializes in aesthetic and reconstructive breast surgery, body contouring and facial aesthetic surgery, and is the founder and co-course director of the Toronto Annual Breast Surgery Symposium, Canada's largest annual medical symposium of its kind. Dr. Brown took note of the many studies citing the lack of breast reconstruction taking place in both the U.S. and Canada, primarily because women did not realize that reconstruction was a viable option for them. He felt that women needed access to such procedures in a timelier manner. While breast cancer awareness is celebrated for an entire month, he felt that some measure of attention needed to be focused on reconstruction, which led to his idea of BRA day.

Once the idea had struck, Dr. Brown put his thoughts into action, creating a steering committee to help oversee the

From Dr. Brown's single thought, an amazing array of participants came together for a common vision, where all women needing breast cancer surgery will be offered information about the options for reconstructive breast surgery and be provided access to breast reconstruction in a safe and timely manner.



event. This committee included plastic surgeons specializing in breast surgery, plastic surgery nurse specialists, the Canadian Breast Cancer Foundation, Canadian Society of Plastic Surgeons, medical device industry representatives and breast cancer support groups. His goal was to have representation from all of the regions in Canada, and to ensure that each major area had some kind of visible event on the very same day.

To mark this historic day, events were held all across Canada to promote both awareness and patient access to reconstructive breast surgery. Events were organized on both the local and regional grass-roots level in order to take advantage of the unique environments, populations, and diverse resources that exist across Canada.

Working together, a variety of diverse efforts were created to help raise awareness of BRA day. One store, Sleep Country, a major mattress retailer, displayed BRA Day posters in their stores throughout Ontario and British Columbia. Okanagan Health Group (OHG) and their supporters had a wrap-around bus banner traveling for five days, which held an image along with breast cancer statistics, which OHG entirely

self-funded. Fundraising T-shirts were created and sold, which helped raise both awareness and funds, and Dr. Nick Guay launched the Canadian Collaboration on Breast Reconstruction Information website. One imaginative way to gain attention took place in Kelowna, BC, where a flash mob was held on August 5th 2011 with almost 100 people dancing in support of National Breast Reconstruction Awareness Day.

On BRA day itself, a variety of different events were held. At the Rouge Valley Ajax/Pickering and Centenary Hospitals, Informational Kiosks informed visitors about BRA-day and offered educational materials. Throughout the country, leading experts presented educational sessions on such topics as the latest techniques in breast reconstruction, navigating the medical system, healthy lifestyle modifications, body image changes that surround mastectomy and reconstruction, and therapy options to enhance and improve recovery. Participants had the opportunity to meet and speak with local surgeons and health team members, view exhibits of devices used in reconstruction, and link directly with breast cancer support

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organizations. In some cases, attendees also had the opportunity to meet women who had undergone reconstruction, seeing first-hand what the procedure can achieve.

For example, Scarborough General Hospital in Toronto held a Patient Information Session, that included discussions on all aspects of breast reconstruction, including implant choices, pedicled and microvascular flaps, and ancillary procedures such as nipple reconstruction and tattooing. Another session, called "Breast Reconstruction: My Story," featured four women talking about their breast cancer journey, their decision to have reconstructive surgery, and how it has impacted their lives.

Other informational and educational events included sessions given by such physicians as Martin Jugenburg, MD, Stan Valnicek, MD, Scott Williamson, MD, Peter Lennox, MD, Sheina Macadam, Amanda Fortin, MD, Arianna Dal Cin, MD, Ronen Avra, MD, Joan Lipa, MD, Laura Snell, MD, Don Jones, MD, Melinda Musgrave, MD, and Christine Tang, MD, among others.

Dr. Brown envisions BRA day growing each year nationally, eventually developing into an internationally recognized event, and planning for next year is already underway. BRA day has received vows of support from both The Aesthetic Society and ASPS, and many are taking the concept to their own countries.

From Dr. Brown's single thought, an amazing array of participants came together for a common vision, where all women needing breast cancer surgery will be offered information about the options for reconstructive breast surgery and be provided access to breast reconstruction in a safe and timely manner.

ASAPS congratulates Dr. Brown on the success of BRA day, and looks forward to its future growth.

For more information about BRA day, please go to www.bra-day.com or email info@bra-day.com. BRA day is also on Twitter at <http://twitter.com/mybraday> and on Facebook at www.facebook.com/breastreconawareness.



Traveling Professor Program

Kiya Movassaghi, MD

As Co-Chair of the Residents and Fellows Committee, I am extremely proud of the Traveling Professor Program, which is an invaluable learning experience for residents and has always been and continues to be a very successful program. Chaired by Clyde H. Ishii, MD, the Program brings some of the best minds in aesthetic surgery to various medical school residency programs across the country.

This year we welcome Claudio L. DeLorenzi, MD, Joseph M. Serletti, MD, W. Grant Stevens, MD, and Simeon H. Wall, Jr., MD to the Program. We also welcome back Mark A. Codner, MD, Julius W. Few, MD, Frank R. Lista, MD, James M. Stuzin, MD, V. Leroy Young, MD, and Richard J. Warren, MD who started their two-year terms in 2010.

We would also like to thank Foad Nahai, MD for his service and dedication as our first International Traveling Professor (Spring ASN). Drs. Nahai and Renato Saltz were both instrumental in getting the International Traveling Professor Program up and running. So, it's appropriate that we now welcome Renato Saltz, MD, as our new International Traveling Professor for the 2011-2012 fiscal year. We look forward to hearing his account of his travels, which we will cover in ASN once his term is complete.

Traveling professors go to three residency programs every year for two years and speak on a variety of different topics ranging from procedural techniques like augmentation mastopexy and lipoabdominoplasty to broader topics like digital photography and patient safety. Ideally, coordinating a visit to a school would also coincide with a regional society meeting so further reach is possible. A resident

program may only request one traveling professor per year, but along with the visit, a personal invitation to attend the ASAPS Annual Meeting for free is extended to every resident.

This program builds community and develops relationships with faculty at schools across the country and throughout the world. There is a sense of collective sharing to improve the field of aesthetic plastic surgery and to ensure residents come out with the best possible knowledge and skills. The traveling professor group is cross-linked with education-related committees and the Board of Directors, ensuring that ideas gleaned and gaps found from their individual observations in the field are addressed in the educational planning process.

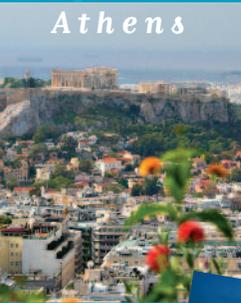
A resident packet is included at every school visit which contains a cover letter and invitation to join the ASAPS Residents and Fellows program, which entitles them to receive ASN, ASJ, email notifications from ASAPS regarding Free Webinars, educational opportunities, new events and products. There is also a Product Catalog and Membership and Candidate information so they can plan for the future and determine what they might need once they graduate and become board-certified.

Working closely with residents and furthering aesthetic education is a top priority for ASAPS and my thanks goes out to all the Resident Programs who reach out to us, the traveling professors for their service and our sponsors who make it possible. Together, we are fostering the future of aesthetic plastic surgery.

Kiya Movassaghi, MD is an aesthetic plastic surgeon practicing in Nashville, TN and Co-Chair of Residents and Fellows Committee.

BIENNIAL CRUISE

Athens



Greece

Montenegro

Croatia

Italy



Corfu



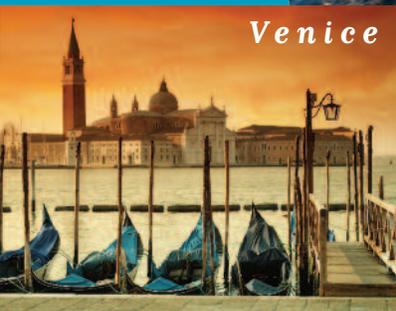
Naplion



Kotor



Zadar



Venice



The Great Hat Caper The Aesthetic Cruise 2012

By Anne Taylor, MD

The Cast:

Dr. Anne Taylor and her beloved hat
Professor Plum: W. Grant Stevens, MD
Colonel Mustard: Dan Mills, MD
Mrs. Peacock: Laurie Casas, MD
Mr. Green: Jack Fisher, MD

“Don’t make a sound, and no one gets hurt” barked the kidnapper. Before the Hat knew what had happened, it was in a dark stuffy place. With no light or air, the straw Hat felt panicked and claustrophobic. “Let’s see how much you are worth to the doctor” the abductor continued, and then let out an evil chuckle. “With a fancy ribbon like you have, and such lovely straw, you don’t need to worry- the ransom will be paid. But if not, a small snip of that ribbon with the ransom note may make them pay-up faster.”

The deep blue water of the Adriatic Sea rolled smoothly past the ship, as the fading evening sun warmed the passengers on the deck enjoying the scene. The cruisers enjoyed the sun and breeze, unaware of the most deplorable crime occurring, even as they relaxed. You may wonder about the motive for such a crime. Greed or Jealousy?

Every person was a suspect—for all had been seen with the Hat. No one was above suspicion with a crime this heinous. Professor (Grant) Plum from Marina del Ray, possibly the smartest person alive, as well as dashing and debonair would need a hat like this to complement his already perfect wardrobe. Colonel (Dan) Mustard of Laguna Beach, tanned and trendy, also

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The Great Hat Caper

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would desire such a hat, to use on his many golf outings. The lovely Mrs. Laurie Peacock from Chicago had recently mentioned that she wanted to purchase a hat just like this one, the brim perfect to shield her from all UVA and UVB. All were suspects. But they all had alibis.

For the Professor, his alibi was a ir-tight. First, he noted that he didn't "Do polka dots" unless Mr. (Jack) Green from Nashville did. And since that was not the case, he was off the hook. For the California Colonel, he too had a strong alibi with numerous witnesses placing him in the drawing room with his cigar and candlestick (used to light the cigar naturally). As for Mrs. Peacock, she was with Mr. Green in the kitchen inspecting the knives. To make matters worse, and the mystery even trickier, not only had every person on the cruise admired the Hat, every person on the cruise had a photo taken in it. Perhaps the secret could be found in the photos. Who looked the most smashing?

The ransom note- printed on a napkin, was terse. The Hat would be returned for a price. If the demand was not met—the Hat was history, in a watery grave in the Adriatic.

The Hat patiently waited, while its fate hung in the balance.

And then as quickly as the crime had occurred, it was over. The ransom was paid to ASERF. "You are one lucky Hat"... muttered the voice. And with that, the Hat was free. Out in the fresh air, the Hat detected a faint smell of a Cuban cigar, and then, nothing but fresh sea air. The mystery remains to this day, but one thing is for certain, the HAT will never be left alone on an ASAPS cruise again, lest the caper be repeated.

The outcome:

After awarding a \$500.00 check to ASERF, Dr. Taylor's hat was returned safe and sound.

Anne Taylor, MD is Associate Professor, Director of Aesthetic Surgery Department of Plastic Surgery, Ohio State University College of Medicine. Her hat was abducted on the Aesthetic Cruise, 2011.



What's in a Name? Plenty when you're dealing with energy and light-based devices.

By Michael Kulick, MD

For many of us, energy and light-based devices are playing an increasing more significant role in our practices. However, the nomenclature can be confusing to both surgeon and patient. To try and remedy this situation, the Light and Energy Based Therapies Committee (ad hoc) has established definitions for the following commonly used terms. We will be working with industry to encourage the use of these definitions that, we hope, will bring a more balanced discussion and patient expectation to the table.

Downtime—Indicates the expected time after which a patient can resume his or her "normal" lifestyle

- Essentially no downtime: less than 24 hours
- Minimal downtime: 24–72 hours
- Moderate downtime: three to seven days
- Significant downtime: more than seven days

Bruising—Ecchymosis that is visible on the skin without concealer

- Essentially no bruising: no ecchymosis/bruising, but patients may have some immediate change in skin tone
- Minimal bruising: ecchymosis that resolves in less than one week
- Moderate bruising: ecchymosis that resolves in one to two weeks
- Significant bruising: ecchymosis that takes more than two weeks to resolve

Redness—Skin demonstrating increased redness without concealer applied

- Essentially none: skin returns to "normal" (pretreatment or improved) coloring in less than 24 hours, but patients may have some immediate change in skin tone
- Minimal: hyperemia that resolves in one to three days

- Moderate: hyperemia that resolves in four to seven days
- Significant: hyperemia that takes more than seven days to resolve

Swelling—Obvious swelling in the treated areas

- Essentially none: swelling that resolves in less than three days
- Minimal: swelling that resolves in three to seven days
- Moderate: swelling that resolves in eight to 14 days
- Significant: swelling takes more than 14 days to resolve

Pain—Significant discomfort/pain associated with treatment

- Essentially none: no pretreatment medication, local anesthesia during treatment, or posttreatment pain management is required; over-the-counter medications may be used
- Minimal pain: requires pretreatment oral medications (prescriptions), topical agents and/or skin cooling during treatment, and/or post treatment prescriptions for pain management
- Moderate pain: same requirements as "minimal pain," but with pretreatment local anesthesia needed to obtain anticipated results
- Significant pain: same requirements as "minimal pain," but with pretreatment IV sedatives or general anesthesia needed to obtain anticipated clinical results.

We are hopeful that both consumers and surgeons will find these expanded definitions helpful when considering or explaining a light-based procedure. That's where we need your help.

Michael Kulick, MD is an aesthetic surgeon practicing in San Francisco. He is Chair of the Light and Energy Based Therapies Committee.



Stem Cells: Science and Clinical Applications Webinar

Clyde H. Ishii, MD



Stem cell and fat grafting research and applications are the hottest topics at meetings, symposia and of course, on the news today. With all of the claims and questions on this very important topic, ASAPS answered with an educational Webinar on Tuesday, October 4th, 2011 investigating the biology, FDA regulations, current research and relevant aesthetic applications.

Chair of the ASAPS/ASPS Joint Task Force on Stem Cell/Fat Grafting and Chief of Plastic & Reconstructive Surgery at the University of Pittsburgh, Dr. J. Peter Rubin led a panel of specialists in the field to explain the processes and challenges of using this technology. Drs. Adam J. Katz (University of Virginia), Sydney R. Coleman (NYU and University of Pittsburgh) and Kotaro Yoshimura (University of Tokyo) provided exemplary information detailing the tedious and meticulous process of extracting, isolating, enriching and characterizing stem cells and fat grafts for use. The hurdles of proving efficacy and the dangers of these techniques were addressed, along with amazing before and

after results of successful fat grafts.

Because of the interactive nature of webinars, what was scheduled to be a 90-minute presentation with Q&A, easily ran over to just under two hours with over 200 attendees actively engaged and inundating the panel with questions. This webinar had a 47% attendance rate—a landmark percentage according to industry and ASAPS standards. The audience rated the content 4 out of 5 and 85% strongly believed the webinar met their educational expectations and needs.

ASAPS not only tracks what you liked, but also what you thought could have been done better. Attendees asked for more examples of complications or downsides for stem cell/fat grafting procedures. Although Drs. Rubin and Katz explained the limitations to clinical application, viewers wanted to see more examples of clinical work done in the plastic surgery practice. Also, in spite of the already lengthy webinar, many wanted a longer Q&A session. We communicated these concerns to the panelists so they can address them at a future date, but also encourage participants to attend the Annual Meeting in Vancouver 2012 so that they can be updated on the topic and ask more questions.

This webinar was also the first to be plagued with phantom audio trouble. We ran the usual tests and trial runs, since all four panelists were in different locations (one international) with all different devices and accessibility, but technology is not fool proof and failed us briefly. Luckily, we were able to recover quickly and still have a successful webinar. Like all ASAPS webinars, this one was

recorded and available for download on www.surgery.org/professionals/webinars as well as the slides and accompanying notes for Dr. Rubin's talk that experienced audio difficulty.



Our next webinar will come from the Cosmetic Medicine Task Force and be a follow-up to last year's Skincare in the Plastic Surgery Practice Webinar. Please look out for emails with registration information for: *Practical and Simple Skin Care Solutions: An Advanced Guide to an Integrated Aesthetic Practice*. This will be on November 16th, 2011 at 5:30 PM PST, moderated by Cosmetic Medicine Commissioner Dr. Julius W. Few and contributing on the panel will be Past President of the SPSSCS, Susan Wells and Dermatologists, Drs. Jeannette O. Graf and Jeffrey Dover.

Any questions regarding webinars should be sent to asapswebinar@surgery.org or simply call Jian Sun at the ASAPS Communications Office 212-921-0500.

Clyde H. Ishii, MD is an aesthetic surgeon and practices in Honolulu, HI and is Chair of the Webinar Subcommittee.

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www.surgery.org



Update on The Electronic Communications Committee

By Robert Kessler, MD

Managing your electronic communication is a full time job these days, not to mention knowing all the things you need to know to keep up in a very competitive and constantly changing environment. The good news is you have a proactive group of volunteer peers and fulltime staff at ASAPS making great things happen for you.

The Electronic Communication Committee has grown tremendously over the last few years from a website management group to leading the way in disseminating information to the public and improving communication among the membership.

Here are just a few of the things we have been working on:

Online video promoting board certified plastic surgeons and providing general information on the most commonly performed procedures. Video is a major driver of search engines on the internet and this effort is increasing ASAPS exposure daily.

Social media efforts through portals like Realself.com and the newly revised Ask-a-Surgeon are putting your knowledge to use in a direct to consumer forum increasing not only the society profile but your own. We are on Facebook and twitter daily.

Continued efforts in the development of the monitored and fair Doctor Reviews has been successfully implemented in conjunction with Realself.com. These reviews are now being recognized by Google and impacting the members presence on the internet. By directing your reviews to one site, true representation of the practice can be created and the number of reviews will then show more favorably in position against sites like RateMD.com and other such sites.

On the internet, content is king. The committee has been generating content to improve the site ratings and we have

partnered recently with a company to further enhance this effort. The data reviewed at the last committee meeting has demonstrated significant improvement in the website position as a direct result of these efforts.

Mobile applications and websites are the next frontier in electronic communication. The smart phone and tablets are becoming a more prominent way in which our consumers acquire information. We have created and are currently exploring this media with the ASAPS app. Download it and see your membership dues at work.

As far as internal member issues we continue to explore means of improving electronic communications between the committee members as well as the members themselves. The Aesthetic Meeting had twitter updates to the members updating relevant information for improving your aesthetic practices. We are conferencing electronically on a regular basis which is expediting completion of projects, enhancing the efficiency of the process thus allowing more projects to be completed in shorter periods of time.

Future projects include updating and improving the photo gallery, expanding the mobile presence, a reputation management and anti defamation manual, creating a more user friendly interface with the membership and merging existing successful programs like Project Beauty to enhance the status of surgery.org while maintaining the brisk tempo with our current projects.

The goal of the Electronic Communication Committee is to establish ASAPS and its members as the authority in aesthetic surgery and medicine. The Electronic Communication Committee is making dramatic advances in this area to further deliver value to you our members. I encourage you to visit surgery.org and see the improvements which have been made,

participate in Ask-a-Surgeon to see how this can benefit your practice and submit photos the photo gallery, follow us on Facebook and twitter, encourage your patients to submit reviews to Realself.com. The more you are involved the greater the rewards.

Robert Kessler, MD is an aesthetic surgeon practicing in Newport Beach, CA. He is Vice Chair of the Electronic Communications Committee

e-news

Share & Learn, Confidentially

To help physicians learn from each other, check out Wimed.org/asaps, a confidential, Federally-protected space for sharing highly-sensitive “near miss” information. As other plastic surgery-related bulletin boards such as surgery.org and plasticsurgery.org are not federally protected, with all posts being discoverable and admissible in Court, ASAPS members should use wimed.org/asaps to post about a problem that has the capacity for patient harm--whether the problem reached the patient or not. The Aesthetic Society encourages all members to join and use this new communication tool to improve outcomes across the Specialty. And it's free!

Safe Surgery Checklist

ASAPS has created a new checklist for its Members, www.surgery.org/professionals/patient-safety/aesthetic-surgery-checklists which can help provide a safe environment for the patient.

Media Notes and Quotes

A sampling of current media coverage on The Aesthetic Society

Eighty-three percent of all cosmetic procedures performed in the offices of cosmetic plastic surgeons in 2010 were nonsurgical, according to **The American Society for Aesthetic Plastic Surgery**—and the American Society of Cosmetic Dermatology and Aesthetic Surgery reports a similar trend. What does that mean in terms of volume? Almost 8 million nonsurgical cosmetic procedures were performed last year at a cost of \$4.1 billion dollars. “There’s a huge demand for nonsurgical procedures,” said Dr. Jeffrey Kenkel, president of **The American Society for Aesthetic Plastic Surgery**.

The reasons are simple, Kenkel, a Dallas cosmetic plastic surgeon, said. “Some patients only want a little bit of change,” he said. Others “just aren’t interested in a surgical option.” They’re seeking procedures that are less expensive, less painful and less disruptive than, say, a face lift, which costs an average of \$6,600 and takes weeks of recovery time.

Nonsurgical Cosmetic Treatments
Growing in Popularity
The Los Angeles Times
July 24, 2011

I’ve seen lots of fit, lean and muscular women working out who have cellulite, and it made me wonder if it is something that diet and exercise can deal with. So I endeavored to find out. According to **The American Society for Aesthetic Plastic Surgery**, “Almost all women (and some men) have cellulite, stemming from genetic predisposition, hormonal changes and weight gain.” And it’s worth noting that an entire Photoshop industry is built around air-brushing cellulite from the images of anorexic actresses who in real life look like they’ve been cross-bred with cottage cheese.

A Few Dents in Those Cellulite Theories
The Los Angeles Times
October 3, 2011

Every day seems to bring fresh news about stem cells, the molecular building blocks that researchers hope may one day be used to rebuild damaged and diseased tissue throughout the body. Recently we have been reading (and watching on YouTube) claims from doctors about the clock-stopping properties of stem cells derived from fat when injected during plastic surgery—the so-called stem-cell facelift. But does it work? Doctors across the country offer similar procedures, claiming results superior to conventional fat injection. But mainstream medicine has yet to give its approval. According to a recent position paper jointly issued by the American Society of Plastic Surgeons and **The American Society for Aesthetic Plastic Surgery**, “Stem cells in aesthetic surgery are promising, but marketing claims are too far ahead of the science.”

Stem-Cell Facelifts: Hype or Reality?
Allure.com (Allure Magazine’s Website)
October 2011

Even when patients survive, botched surgeries can be painful, disfiguring and costly. Absent regulation, however, any doctor with a license to practice medicine can perform any procedure a patient wants done. Many non-plastic-surgeons have decided to go into areas in which there’s limited oversight, more money and little, if any, interference from insurers because elective cosmetic surgery typically isn’t covered.

In medicine, board certification occurs when a doctor has met all of the qualifications required by one of the American Board of Medical Specialties’ 24 member boards, which represent the main areas of medicine, including plastic surgery. ABMS’ member boards include the American Board of Plastic Surgery but none of the other cosmetic surgery boards, including the similar-sounding American Board of Cosmetic Surgery, that many surgeons say they are certified by.

Lack of Training Can Be Deadly
In Cosmetic Surgery
USA Today
September 14, 2011

A new generation is turning to plastic surgery to mold the perfect bodies they’ve always craved: seniors. According to **The American Society for Aesthetic Plastic Surgery**, nearly 85,000 people age 65 and older chose to enhance their appearance by going under the knife in 2010.

Never Too Old?
75-Year-Old Gets Breast Implants
MSNBC.Com
August 23, 2011

According to **The American Society for Aesthetic Plastic Surgery**, in 2010 there were 84,685 surgical procedures among patients age 65 and older. They included 26,635 face-lifts; 24,783 cosmetic eyelid operations; 6,469 liposuctions; 5,874 breast reductions; 3,875 forehead lifts; 3,339 breast lifts and 2,414 breast augmentations. There are as many reasons for getting plastic surgery as there are older patients, experts say.

The Golden Years; Polished With Surgery
The New York Times
August 8, 2011

Media Placements

**6 Months of Placements
May–October 2011**
Confirmed Placements979
Reach (Audience).....393,805,945

Social Media Statistics

Facebook “Likes”
ASAPS3,129
Project Beauty.....1,312

Twitter Followers
ASAPS3,916
Project Beauty.....796

YouTube Views
Project Beauty.....15,621

Phishing for Surgeons

Continued from Cover

I don't believe any of our members truly believe he or she is the "closest Surviving relation" to an unclaimed \$8.37 million in Malaysia or Nigeria, but greed continues to inspire creativity:

GREETINGS FROM MALAYSIA

Dear Friend,

Compliments of the day to you. By way of introduction, I am Siti Ghazali, a staff of Private Banking Services at the CIMB Bank (Malaysia). I would respectfully request that you keep the contents of this mail confidential and respect the integrity of the information you come by as a result of this mail. I have a business proposal which I believe would be of interest to you. It concerns a deceased client and an estate he left behind, without naming a beneficiary to There is US\$ 8,370,000.00 deposited, I alone have the deposit details... they have investigated for months and have found no family... I am prepared to place you in a position to give instruction for the release of the deposit to you as the closest Surviving relation... I will simply nominate you as the next of kin and have them release the deposit to you. We share the proceeds 50/50... I anticipate your cooperation.

Regards,
Siti Ghazali.

Phishing attempts also target plastic surgeons. Here is one received by our member, Dr. Michael Edwards. The phisher is attempting to arrange for a foreign patient to receive a breast augmentation by using a stolen credit card; our member Dr. Grant Stevens immediately noticed the signature:

Hello Mr Michael,

Thanks for your email, we want to proceed immediately with the payment for the breast augmentation surgery, as part of the travel arrangement, we want to make all bookings now to avoid any form of disappointment. According to your quote the estimated cost for the breast augmentation is \$6400. We will make a full payment of \$6400 with a credit card (Master card). She will make other outstanding payments when she arrives. I will send the credit card details to you so that you can be able to charge the entire amount from the credit card with your credit card machine.

We made an arrangement with a transport/logistics agent and concluded with him to take care of her travel arrangement and other local needs. You are required to charge the credit card for a total amount of \$14,000. This will cover the total cost for the surgery and money meant for the transport/logistics agent. As soon as you receive the money \$14,000 in your account, you deduct your cost \$6,400 and send the balance \$7,600 to the transport/logistics agent to enable him reserve a hotel for her and offset other local bills. This arrangement arises because the agents credit card machine is faulty and also reduce over exposure of the credit card details.

Please be advised that all expenses/tax and fees incurred as a result of the entire amount to be charged should be deducted from the credit card.

Confirm this message and get back to me with the following information.

- 1) Your full name-
 - 2) Contact address-
 - 3) Phone Number-
 - 4) The credit card information you need
- I await your prompt reply.

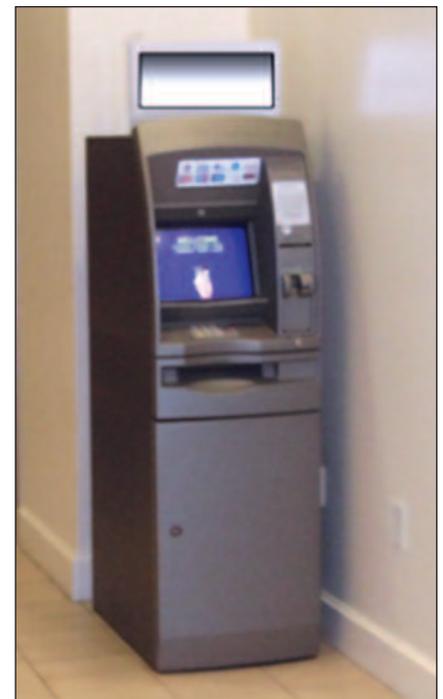
Do have a nice day.

Regards
Mr Youmustbea Fool
26 Cornwallis Close,
Long Eaton, Long Eaton,
NOTTINGHAM, NG10 1DW
+44 (0) 7045717821

Fortunately most phishing attempts are rife with punctuation, spelling and grammatical errors, even from the "IRS" (there were ten in case you didn't look closely). In an effort to appear legitimate, phishers (technically "skimmers") for several years have been using ATM machines, either with secondary card readers to capture your information www.fbi.gov/news/stories/2011/july/atm_071411, or more recently with completely fake ATM machines.

The fake ATMs are quietly placed in public places, such as the Rivera Hotel in Las Vegas www.computerworld.com/s/article/9136179/Fake_ATM_doesn_t_last_long_at_hacker_meet. Plugged in as stand-alone units, they occasionally dispense limited cash but always give an Out of Order message after recording your account information and PIN. The photo below happens to be a legitimate machine, but as of October 24th there were 17 ATMs for sale on eBay www.ebay.com/sch/i.html?_nkw=used+atm+machine for as little as \$300 each.

Be careful out there.



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To view the details and to register, visit <http://bit.ly/sesprs>

For more details, visit
www.sesprs.org
See You In Atlanta!

**online registration
now open — visit:**
<http://www.sesprs.org/meetings/>



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www.plasticsurgery.org/horizons

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- Neck Contouring
- Primary and Secondary Rhinoplasty
- Fat Grafting for the Tuberous Breast
- Bioengineered Breasts
- Complications & Poor Outcomes after Facelift & Fat Injection
- Revisionary Breast Surgery
- Hot Topics in Aesthetic Surgery
- Managing Implant Malposition

Go online to download the complete program.



Sponsored by the American Society of Plastic Surgeons in cooperation with the American Society for Aesthetic Plastic Surgery



This program has been reviewed by the Educational Council and is officially Endorsed by the International Society of Aesthetic Plastic Surgery (ISAPS).



You didn't age overnight.
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overnight?

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It works gradually, to give you a more natural look without giving you away. And a full treatment, averaging three injection sessions over a few months, can last up to two years. So you have more time to celebrate the subtle new you. Individual results may vary.

Welcome to anti-age for the modern age.

Visit SculptraAesthetic.com/as for before/after photos and a list of Sculptra-trained, board certified dermatologists and plastic surgeons.

Indication: SculptraAesthetic is intended for use in people with healthy immune systems as a one-time treatment regimen of up to 4 injection sessions that are scheduled about 3 weeks apart for correction of shallow to deep nasolabial fold contour deficiencies.

Important Safety Information for SculptraAesthetic: You should not use SculptraAesthetic if you are allergic to any ingredient of the product or have a history of keloid formation or hypertrophic scarring.

Please see detailed Important Treatment Considerations for SculptraAesthetic on the next page.

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Not an actual patient.

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New Membership Deadline Makes Applying Even Easier

By R. Bruce Shack, MD

As the only Society completely dedicated to the exclusive needs of the Aesthetic Plastic Surgeon, ASAPs has long maintained rigorous standards for application, ensuring that our Members share the highest commitment to education, training, and patient safety. At the same time, we have realized that waiting an entire year for the application date has caused issues for many of our Candidates, and the Society recently approved a second application date to make the process easier for all. Now, applicants may apply by both January 5 and July 1 of each year.

Having two dates means that prospective members will no longer have to wait an entire year before being able to apply, giving them more time to submit all needed material, as well as to acquire the requisite number of cases.

The Aesthetic Society continues to provide value to its Members through discounted early bird registration for our annual Aesthetic Meeting (the premier venue for aesthetic education), complimentary subscriptions to both Aesthetic Surgery Journal and "Aesthetic Society News," free informative webinars, three potential referral sources (Find-a-Surgeon, Enhanced Practice Profile (EPP) Web Pages, and Ask-a-Surgeon), free video content via Projectbeauty.com, and so much more. And, as Dr. Sanjay Grover notes in his article on the ASAPs Marketing Initiative (also found in this issue of ASN), there are more Member benefits on the way.

To apply for Membership, an applicant must have an Active member contact the Society in writing and request that application materials be sent. The applicant will then receive a "Checklist" with five questions that must be completed and returned. Once the completed Checklist is received, and the applicant is able to answer "yes" to all questions, the full application will be sent. ASAPs must then receive the completed application by January 5 or July 1.

ASAPs strives to provide the best in resources, education, and Member benefits, and we hope having both January 5 and July 1 as our application deadlines will help make the process easier for our applicants. While we will always keep our high standards for Membership, if you have suggestions on how we can further refine our Application Process, I welcome your comments.

R. Bruce Shack, MD, practices in Nashville, TN, and serves as Chair of the ASAPs Application Review Committee.

Important Treatment Considerations for Sculptra® Aesthetic (poly-L-lactic acid)

A Brief Description of Indication for Use, Contraindications, Warnings, Precautions, and Adverse events for SculptraAesthetic.

Caution: Federal (USA) law restricts this device to sale by or on the order of a licensed physician or properly licensed practitioner.

Indication for Use: SculptraAesthetic is intended for use in people with healthy immune systems as a one-time treatment regimen of up to 4 injection sessions that are scheduled about 3 weeks apart for correction of shallow to deep nasolabial fold contour deficiencies (smile lines) and other facial wrinkles in which deep dermal grid pattern (cross-hatch) injection technique is appropriate.

SculptraAesthetic may provide cosmetic correction of facial wrinkles with a Wrinkle Assessment Score of 2, 3, or 4 as shown in Figure 1 in the SculptraAesthetic Patient's Guide available at SculptraAesthetic.com.

Contraindications: You should not use SculptraAesthetic if you are allergic to any ingredient of the product or had or have had risk factors for hypertrophic scarring or keloid formation.

Warnings: SculptraAesthetic should not be injected into sites with active inflammation (e.g., cysts, pimples, rashes or hives). Injection should be deferred until any inflammation has resolved.

Precautions: As with all injections, SculptraAesthetic injection carries a risk of infection. People with coagulation defects or on concurrent anti-coagulant therapy are at increased risk for hematoma formation, bruising and/or bleeding at the injection site. If you are taking blood thinners or medications that may interfere with clotting of the blood, such as aspirin, you might be more likely to have bruising or bleeding at the injection site. Product use in subjects who are pregnant, lactating, breast feeding or under 18 years of age have not been evaluated in clinical trials. Product use in areas other than the nasolabial folds has not been evaluated.

The product should not be injected into the red area of the lip. Use in the area around the eyes (e.g., eyelid and eyelid folds) is not recommended. An increased risk of papules and nodules has been reported in published literature after injections in the area around the eye.

Adverse events: The most common injection related side effects reported in the pivotal clinical trial included swelling, tenderness, redness, injection site pain, bruising and bleeding. Papules (bumps) and nodules (lumps) were reported in 17.2% of subjects in the pivotal clinical trial. Most side effects were mild and resolved on their own. Five new Sculptra-related events were reported more than 13 months after first injection with SculptraAesthetic in three subjects: 2 papules (1.9%), 1 nodule (0.9%) and 2 injection site pain (0.9%).

Important: For full safety information, or to report any side effects, please call sanofi-aventis U.S. at 1-800-633-1610 or contact Dermik Laboratories, a business of sanofi-aventis U.S., Bridgewater, NJ 08807.

Limiting Factors

Please note there are several factors which may impact the validity of the results including, but not limited to, the number of respondents to the survey. In addition, practices report financial results on the cash basis of accounting, which may serve to distort true measure of performance. Also, practices use different methods of classifying expenses, which can make it difficult to draw meaningful conclusions concerning inter-practice variances. As such, practices are strongly encouraged to view the report results and benchmark comparisons as directional in nature.

Database Practice Participation

Participation in the program is voluntary. Each practice is identified by the Allergan® Practice Consulting team and may not reflect the “average” plastic surgery practice. Each practice submits the following source data to create a report:

- Practice Financial Statements or Income Tax Returns
- Productivity Reports
- Employee Census Data

Three years of data is collected for new practices participating in the survey. As new survey data are collected in 2011, it is expected the number of practices with 2008 and 2009 results will increase from those indicated in Fig. 1-1.

Demographic Analysis

Practices specializing in plastic surgery make up 58% of the total respondents to the survey. Approximately 64% of these survey participants are in solo private practice, 30% in practices with two or three physicians, and the remaining 6% of respondents in groups with four or more physicians.

The benchmarking results are segmented by region, which are consistent with the regional alignment set forth in the Medical Group Management Association Annual Cost Survey. The participants specializing in plastic surgery are illustrated in Fig. 2-1.

Discussion

Over the past few years, economic conditions have posed significant challenges for the medical aesthetic industry. Although the results indicate a slight decline in physician revenue from 2008 to 2009, there has been an increase in non-physician provider revenue of almost 20% from 2008 to 2009 as well as an 8% increase in revenue generated by other cosmetic providers. A non-physician provider includes physician assistants and nurse practitioners. Cosmetic providers include RNs, LPNs, medical assistants, cosmetologists, and others who are performing injections, laser procedures, and other cosmetic services.

Also, the demand for higher-priced elective, surgical procedures has declined, but there has been a slight increase in some non-surgical procedure volume. For example, neurotoxin injections increased 8% in 2009 as compared with 2008.

The median net collected revenue per full-time-equivalent (FTE) physician declined \$90,557 (7.3%) in 2009 as compared with 2008. Median net collected revenue per FTE non-physician provider increased by \$64,692 (almost 20%) and cosmetic provider revenue increased by \$13,146 (8.1%) during the same time frame. Revenue generated by aestheticians and retail sales declined \$8,497 (7.3%) and \$8,015 (11.0%), respectively.

It is impressive that practitioners in all parts of the country have been able to maintain practice efficiency in spite of the challenges brought about by the economic slowdown that continued throughout 2009. Staffing, facility, and marketing expenses, measured as a percentage of revenue, were relatively flat year over year. Additionally, the median operating expense ratio for the practices in the database increased slightly, from 65.3% to 66.0%, suggesting that practice owners were diligent about holding the line on operating costs. This is illustrated by the slight decline (4.64 to 4.12) in the median number of FTE support staff per FTE provider. See Fig. 3-1.

As seen in past surveys, there were some interesting regional differences in production and efficiency measures. These differences are summarized in Fig 3-2.

Fig 4-1 illustrates that there was a decline in the median number of major surgical procedures performed in 2009 as compared with 2008. Eyelid surgery declined by about 8%, facelifts declined by 7%, abdominoplasty was down 24%, liposuction was down 15%, and breast augmentation procedures were down about 14%. The tables below illustrate the median number of procedures per FTE physician for each listed procedure, as reported by survey participants.

As illustrated in Fig 4-2, neurotoxin injections increased by 8% in 2009 as compared with 2008, while “all filler injections” remained flat. Microdermabrasion and laser hair removal procedures declined by 18% and 13%, respectively. There was a significant increase in the median number of chemical peel procedures, which more than doubled in 2009 as compared with 2008. It is important to point out that many survey participants have physicians, registered nurses, and other non-physician providers performing non-surgical procedures.

As the economy continues its slow and steady path towards recovery, many plastic surgery practices are expected to experience modest growth in the coming years. As this article goes to press, a review of about 60 practices with 2010 information has been completed. The early 2010 results show across-the-board improvement in operating revenue and profitability as compared with 2009. It is nice to note that this positive trend has continued in the early part of 2011.

About the author: Bruce Maller is the founder and president of BSM Consulting, a nationally recognized health care technology and consulting firm with offices in Scottsdale, Arizona and Incline Village, Nevada. Mr. Maller is a frequent lecturer for various medical societies and national conventions. He is a regular contributor to many health care publications on different facets of practice management.

Benchmarking

Continued from Page 16

Fig. 1-1: Plastic Surgery Demographic Analysis

National Practice Type						
	2007	%	2008	%	2009	%
Solo Practice	121	65.8%	102	63.4%	68	64.2%
Up to 3 Physicians	48	26.1%	46	28.6%	32	30.2%
More than 3 Physicians	15	8.2%	13	8.1%	6	5.7%
Total	184	100.0%	161	100.0%	106	100.0%

Fig. 2-1: Plastic Surgery by Region

Year	East	South	Midwest	West	Total U.S.
2006	46	61	20	36	163
2007	52	65	21	46	184
2008	53	50	19	39	161
2009	33	34	11	28	106

Fig. 3-1: Plastic Surgery Financial Benchmarking Database Median Results

Median Net Collected Revenue per FTE Physician

	2007	2008	2009
East	\$1,265,398	\$1,146,366	\$1,168,085
West	\$1,284,788	\$1,164,832	\$1,007,445
Midwest	\$1,321,770	\$1,372,630	\$1,157,224
South	\$1,305,434	\$1,315,244	\$1,324,593
National	\$1,300,495	\$1,245,204	\$1,154,647

Median Operating Expense Ratio

	2007	2008	2009
East	62.0%	65.1%	65.9%
West	63.5%	66.2%	65.9%
Midwest	63.8%	65.2%	68.3%
South	59.9%	65.4%	65.2%
National	62.7%	65.3%	66.0%

Fig. 3-2: Plastic Surgery Regional Financial Benchmarking Database Median Results

Median Revenue Results

	2007	2008	2009
Net Collected Revenue per FTE Physician	\$1,300,495	\$1,245,204	\$1,154,647
Net Collected Revenue per FTE Non-Physician Provider	\$347,696	\$333,372	\$398,064
Net Collected Revenue by Cosmetic Provider	\$144,723	\$161,429	\$174,575
Net Collected Revenue per FTE Aesthetician	\$114,680	\$116,948	\$108,451
Retail Sales	\$63,772	\$73,035	\$65,020

Median Expense Results

	2007	2008	2009
Operating Expense Ratio	62.7%	65.3%	66.0%
Payroll Ratio	13.9%	15.2%	16.0%
Rent Expense Ratio	4.8%	5.5%	5.6%
Advertising and Marketing Expense Ratio	3.8%	4.0%	4.1%
Number of FTE Support Staff per FTE Provider	4.22	4.64	4.12

Fig 4-1: Surgical Procedure Results (Median per FTE MD)

	2007	2008	2009
Eyelid Surgery	23	24	22
Facelift	15	14	13
Abdominoplasty	23	25	19
Liposuction	43	48	41
Breast Augmentation	60	64	55
Nose Reshaping	9	8	8

Fig 4-2: Non-Surgical Procedure Results (Median per FTE MD)

	2007	2008	2009
Neurotoxin Injections	225	251	271
All Filler Injections	117	150	150
Skin Rejuvenation	48	79	65
Chemical Peel	21	21	48
Microdermabrasion	48	113	93
Laser Hair Removal	86	103	90



Get Your Passport and Meet Me in Vancouver!



The Aesthetic Meeting 2012: May 3–8 in Vancouver, B.C., Canada

By Jack Fisher, MD, and James C. Grotting, MD

The Aesthetic Society returns to the scene of one of our best attended Meetings when we journey back to the vibrant city of Vancouver, B.C., next year. The Aesthetic Meeting 2012 is set for May 3–8, and we hope you'll plan to join us as we bring you the best in higher education presented in a dazzling city, surrounded by beautiful natural scenery.

Savings, Shopping & Sights!

With our new "Show Your Badge" program, Aesthetic Meeting participants will receive discounts at local retailers, restaurants, and attractions. And with so much to do in Vancouver, there are outings the entire family can enjoy. Consider a stroll or bike ride in the 1,000 acre Stanley Park, an afternoon at the Vancouver Art Gallery or Aquarium, or explore Granville Island, with its quaint shops and public market.

Your Passport to Higher Learning

Of course, the real reason to come to the 2012 Aesthetic Meeting is our exceptional educational offerings. Not only are some of your favorite sessions returning, such as "Global Hot Topics," "Cosmetic Medicine 2012," and "Facelift: Planning and Technique," but we have some exciting new courses as well. Dr. Walter Sullivan will be presenting "Stark/ Anti-Kickback Laws and Plastic Surgeons," Dr. J. William Little will instruct us on "Fat Grafting During Facelift &

Blepharoplasty: Principals and Art," and David Evans, PhD, & Barry Eppley, MD will lead "Maximizing Your Online Marketing ROI," to name but a few of our dynamic offerings. And make sure to stay for Tuesday's session on Social Media, led by W. Grant Stevens, MD, which was widely praised in Boston. The Aesthetic Meeting 2012 will see even more interaction and dynamic courses, with the latest in Evidence-Based Medicine.

Starting in January, Book Your Room at an ASAPS Recommended Hotel

For each Annual Meeting, the Aesthetic Society enters into contractual agreements with conference hotels, based on past and anticipated meeting attendance, at the lowest possible rates. When ASAPS attendees fill our room block, your meeting registration fees are controlled.

Ultimately, if many ASAPS members stay at non-conference hotels, the registration fee will be affected in future years. Once our room block opens up in January, please book through any of the ASAPS hotels to ensure we meet our contractual obligations and keep your registration fees at their lowest possible level.

To assure a reservation, please book your room as soon as the ASAPS room block is open, as there are other events occurring in Vancouver at the same time as the Aesthetic Meeting 2012.

Skin Care 2012

As always, plan to send your skin care specialist to the Society of Plastic Surgical Skin Care Specialists 17th Annual Meeting, also in Vancouver, just prior to the Aesthetic Meeting, on May 1–4, 2012. Skin Care 2012 brings you the latest innovations by the experts in the field, and is a great opportunity for networking. It features 50 exhibits, as well as unbiased educational sessions covering everything from the latest in treatments, products, marketing, and more—everything your staff needs to help build a first class Plastic Surgical Skin Care Practice. Visit www.spsscs.org/meeting2012 for more details.

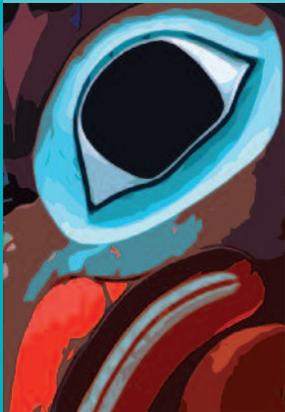
Renew Your Passport!

Make sure and renew your passport (<http://travel.state.gov/passport/>), as the Aesthetic Meeting 2012 in Vancouver is not to be missed! For more information, go to <http://surgery.org/meeting2012>

Jack Fisher, MD, is an aesthetic surgeon practicing in Nashville, TN, and is the Aesthetic Society's Vice President and Education Commissioner. James C. Grotting, MD, is an aesthetic surgeon practicing in Birmingham, AL, and is Vice-Chair of the Aesthetic Society's Education Commission and Treasurer.

THE AESTHETIC MEETING 2012

FOCUSING ON THE FUTURE—
The Changing Landscape of Aesthetic Plastic Surgery



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ASAPS Launches New Marketing Effort

By Sanjay Grover, MD

After listening carefully to Members through both Member Surveys and in-person discussions, the Aesthetic Society has embarked on an ambitious effort geared toward creating new value for members through public education, agreements with broad-based web partners and the creation of various member tool kits to help you compete in your local markets and show consumers the real value of your Aesthetic Society membership.

At the recent Executive Retreat, conversation focused on the need to distinguish ASAPS from other organizations, (particularly those that do not have our level of training and expertise in cosmetic surgery and medicine procedures).

To help in this, the Board of Directors made a commitment to dedicate resources and energy to a new branding and public education initiative, starting with the founding of a Marketing Task Force, to help implement this vision. The charge of the Task Force is to help brand ASAPS to the general public, increase awareness within membership, and to market the Society to other non-ASAPS surgeons and residents.

The Task Force is led by me and includes members Robert Singer, MD, Rob Whitfield, MD, Brian Regan, MD, Brad O'Connell, MD, Gary Brownstein, MD, Grant Stevens, MD, Kent Hasen, MD, Herluf Lund, MD, with oversight from Dan Mills, MD, Communications Commissioner, President-elect Leo

McCafferty, MD and President Jeffery Kenkel, MD.

To help us with the charge, the Task Force has hired two consultants, based on a Request for Proposals (RFP) to help oversee these efforts; one of whom will focus on brand elements, and the other with digital elements execution. These consultants will be leading an in-depth branding session, conduct analysis of the current ASAPS communication tools, and develop a refreshed look, tone, and feel for the Society's image. Additionally, they will be looking at ways to enhance the Society's websites, to ensure they become more user friendly, with enhanced capabilities and focus.

Additionally, the Product Development Committee, led by John Gross, MD, is overseeing development of several new value-added products that will be a benefit of dues to help enhance and grow our practices. These new products will be available only for ASAPS Members.

Although only created in July, the Task Force has already entered into an exciting new partnership with Empowher.com (www.empowher.com), a health and beauty site for women with 1.5 million unique visitors per month. In this new endeavor, Empowher will be utilizing ASAPS content, such as our "Ask-a-Surgeon" forum, Find-a-Surgeon and Project Beauty videos, on their website. Empowher also has strong ties with Glam.com, which has 10 million followers, and this partnership will

result in increased visibility for doctors who choose to participate in "Ask-A-Surgeon," which is open to all Members. ASAPS is also forming stronger ties with RealSelf.com, the Plastic Surgery Channel, and New Beauty, among others.

Project Beauty continues to evolve, with new video content, including both news and first-person interviews, rolling out in the coming months. The Project Beauty Task Force is working diligently to refocus the site to more closely align the videos, news, and blog posts with our core competencies. In the Spring 2012, Project Beauty will have a supplemental insert in 10 major metropolitan newspapers, with control over all content and advertising. Members will be receiving complimentary copies of the supplement for their own promotional use as well as quarterly DVD of all project Beauty content for use in your waiting rooms or consultation areas.

If you have further suggestions on how ASAPS can better serve its Members or communicate our message more effectively to both prospective Members and the general public, we welcome your input. Together, we believe the efforts we are undertaking will result in a stronger and more productive Society, as well as providing our Members with more robust Member benefits. Thank you.

Sanjay Grover, MD, practices in Newport Beach, CA, and serves as Chair of the Marketing Task Force and as the Vice-Chair of the Communications Commission.

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A Special Message from the Pathways to Leadership Program

By Margaret Skiles, MD

Editor's note: Many Aesthetic Society members have attended the ASPS-sponsored Pathways to Leadership Program, the multi-part development sessions headed by Dr. Margaret Skiles. Below is an edited email that Dr. Skiles sent to past attendees. The Aesthetic Society feels that this is a beneficial program and deserving of your help.

"Since I last wrote you, we were finally able to have an advanced training session in June for six of our graduates, focusing on skills review and included a ropes training session. At ASPS there has been a focus on finances, both decreasing expenses and increasing revenue--which is in response to the economy and the changing health care scene, specifically the change in Pharma regulations which meant Pathways to Leadership lost one of its major sources of funding.

To make a long story short, ASPS feels it is unable to support the Pathways program financially and has told us that we must raise the entire cost of the Pathways to Leadership Program or it will cease to exist. The Leadership Development Committee (of ASPS) is committed to continuing P2L and has spent most of the year working to decrease the expenses of the program while maintaining the core curriculum. We were successful and have brought the budget for the Class of 2013 down to \$100,000 which is half of what our former sponsors spent per class. If we are to continue the Pathways program and start another class next July, we need to raise \$100,000 by the end of this year.

The Plea for Help

We need your help; we need everyone's help to raise this money so the program can continue.

The good news is we already have almost \$50,000. The Leadership Development Committee has stepped up to the plate with 100% participation and pledged over \$12,000. ASAPS has pledged \$10,000. David Watson of myBody, a new skin care company has pledged \$20,000 [They make great products; give them a try. And David says that if the company is doing well, they may be able to provide a higher level of support.] And a number of graduates have pledged as well. But we still need over \$50,000.

Here are ways that you can help:

1. Pledge as much as you can (please dig deep!). The Pathways training we received was a valuable experience; help pay it back so someone else can benefit. The cost of training a participant is \$5000. Now is the time to give back. It would be great if we could get 100% participation by graduates. We could even make it a contest and see which class can raise the most! If every one of the 100 grads gave \$500 that would put us over the top. It has been suggested that we each pledge \$1000 so we can start a fund for ongoing support. I have and challenge you to join me.
2. Ask your colleagues who have not been through P2L to support it.
3. Ask sister societies that will benefit from having trained plastic surgeons as leaders (ASAPS has already pledged) for support.

4. Ask any industry contacts you have to support us. At the request of the Executive Committee we cannot solicit the members of the Corporate Leadership Council who are listed on the ASPS website. However, if you have a personal relationship with someone within the Corporate Leadership Council there is nothing wrong with asking if they would like to contribute as an individual.
5. Submit a grant proposal to an organization that gives money for leadership training.
6. Ask anyone you know who would be willing to support P2L—consider asking retired colleagues or mentors.
7. Get creative and think outside the box but get pledges!

FYI: We need pledges ASAP so we can reach our goal and start recruiting the next class but until we are 100% sure the next class will start, we will not be accepting anything but pledges. Individuals will be able to make their donations tax deductible. Send your pledges to me via email, snail mail or any way you want. We have a promotional brochure that describes the program; let me know if you want some to give to others. I would be glad to answer any questions you may have and help coordinate contacting others.

As you know, Pathways is an exceptional program. It is up to us to keep it alive for the benefit of our specialty and our colleagues. Please help as much as you can. I know that as a group we are more than capable of meeting this challenge."

The editors of ASN commend Dr. Skiles' dedication to the program and encourage you to contact her with any questions or offers to help. She can be reached at mssdocskiles@gmail.com

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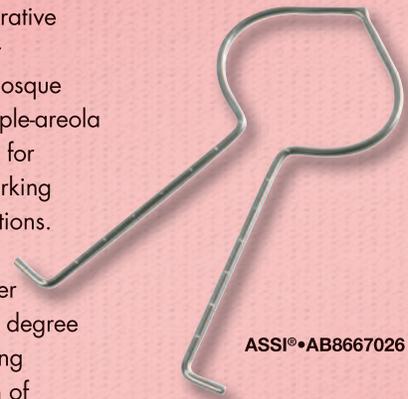
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THE AESTHETIC SURGERY EDUCATION
AND RESEARCH FOUNDATION

The Aesthetic Surgery Education and Research Foundation (ASERF) works diligently to ensure that our research and education benefits patients, physicians, and the larger field of medicine. Recently the ASERF Board of Directors met in Denver, and I am happy to update you as to some of our important items:

Requests for Assistance with Research

Recently, ASERF has had many requests from companies looking for physicians interested in doing clinical research. We currently have several opportunities available with industry, so please let ASERF know if you are interested in more information by emailing Tom Purcell at tom@surgery.org

Data Collection and Evidence Based Medicine

A hot topic at our meeting was the issue of data, given its importance to Evidence Based Medicine (EBM), and the need for us to move more quickly into establishing a clinical data collection system. Some of our doctors have extensive data collection systems in place, but there is a real need for ASERF to have its own, and we are investigating the best system for doing so.

Vice President William P. Adams Jr, MD, updated us on the efforts of the Scientific Research Committee. With 11 research grants received, 8 have gone out to the committee for full review. From prior grants, there are some insightful new final reports, which are posted on the ASERF website www.aserf.org and I would highly encourage you to read them.

As always, the research we do is funded by our loyal Members, and if you haven't yet become a Member, your \$200

donation will ensure that we continue to fund grants, the findings of which will benefit us all. Or if you would like to make an additional donation to ASERF, please speak with Tom Purcell tom@surgery.org for further information.

ASERF Study Widely Quoted, Abstracted in Pub Med

Impact of the current economy on facial aesthetic surgery.

Abstract

Background: American Society for Aesthetic Plastic Surgery (ASAPS) survey data showed a 16.7% decrease in the total number of aesthetic surgical procedures from 2008 to 2009, whereas plastic surgeons have seen an increase of 0.6% in their nonsurgical cosmetic procedures. Objective: The authors describe the results of two surveys—one administered to potential patients, one to physicians—assessing the impact of the economy on patient choices in aesthetic facial surgery. Methods: Two surveys were conducted for this study—one from the American Academy of Facial Plastic and Reconstructive Surgeons (AAFPRS) and one from the Aesthetic Surgery Education and Research Foundation (ASERF). Both surveys utilized the unique maximum difference (MaxDiff) scaling format, which assesses respondent opinions through attribute/question grouping and multiple exposures to the same parameter, rather than traditional one-time questioning. In this way, MaxDiff analysis helped identify the varied drivers of patients' medical antiaging treatment (MAT) selection. The AAFPRS survey was conducted online through Synovate's Global Opinion Panel to identify an appropriate audience of

potential patients. The ASERF survey contained both MaxDiff and traditional questions and was e-mailed to 2267 ASAPS members. Results: Data from the AAFPRS patient survey showed that 53% of respondents had been affected by the economy in their decisions regarding MAT procedures, with many seeking out less-costly options such as microdermabrasion. An overwhelming majority (95%) also reported that they would prefer a longer-lasting treatment over an immediate effect with shorter duration; furthermore, 60% felt that duration of treatment was more important than cost in selecting a facial aesthetic procedure. In the ASERF surgeon-based portion of the study, 61% of plastic surgeons felt that patients preferred long-lasting results over immediate ones, but 63% also reported that cost was a more important factor for their patients than duration. Conclusions: Extrapolating from the patient-reported survey preferences, the authors conclude that nonsurgical facial aesthetic treatment plans should currently be focused more on longevity rather than on immediate impact. There is currently a disconnect between patient preferences and surgeon perception of those preferences, which may be remedied with increased education for both groups. It is worth noting that many patients would be willing to accept a higher cost if it was correlated with a longer-lasting result.

We cannot continue to fund the research that we do without your ongoing support. We appreciate your efforts.

V. Leroy Young, MD, is an aesthetic plastic surgeon, practicing in St. Louis, Missouri, and is President of the Aesthetic Surgery Education and Research Foundation

the middle of the operation” to which Dr. Millard retorted “God help the surgeon who can’t.” Dr. Millard was then fired. “Thou shalt not have a routine” was Gilles’ ninth of 10 commandments of plastic surgery. Dr. Millard’s plastic surgery light bulb was turned on in a brilliant way while at Rooksdown House, Basingstoke,

England studying under Sir Harold Delf Gilles. Dr. Millard said it best: “Gilles combined cruelty with compassion as he cuffed, cajoled, and challenged his students. After 8 months of blundering stumbling and falling, I was literally lying on the canvas staring at the lights and feeling sorry for myself when suddenly it

dawned on me that these homespun commonsense rules were empirical principles in sheep’s clothing and held the potential key to the specialty.”

Dr. Millard published Gilles principles as 10 commandments in 1950 and expanded these to 33 principles in his 1986 landmark book “Principlization of Plastic Surgery” which should be compulsory for all plastic surgeons. Even the title bucks routine. Principlization is not a word and Millard, a Yale English major, knew it but convinced the publishers to use it. Early in my training (1985-1987), I was able to read the complete galley proofs of this soon-to-be published book in the Gilles Memorial Library on the second floor of Dr. Millard’s office. I was stunned. I had read the Converse 7 volume, 3,970 page text prior to my residency and felt I had a pretty good handle on the specialty but then sadly and suddenly realized I didn’t have a clue.

Principle 30: Teaching our Specialty Is Its Best Legacy. Great leaders motivate and teach and he did both in the office, operating room, surgical lounge, car, elevator, over dinner at his home and at football games. He demanded seeing actual patients during Grand Rounds. A common occurrence: The first year resident presents his first patient to Dr. Millard proudly listing the differential diagnosis and robotically begins to recite textbook alternatives complete with references for treatment. Dr. Millard would swiftly, decisively, and somewhat brutally interrupt saying “I don’t care one bit about what the textbooks say. Look at the patient! What do you think? What is your plan? What is your pattern for the plan? Do you have a drawing? What is your lifeboat? Think, imagine, innovate! Those Wednesday morning rounds were packed with intellectual energy and he had little use for didactic lectures that seem to consume so many Grand Rounds today. He expected you to know the literature (principle 9) but had no tolerance for it being regurgitated.

S. Anthony Wolfe, Dr. Millard’s long time associate, would urge residents to “watch how Dr. Millard handles tissue.” Dr. Millard was a towering man physically

MILLARD’S PRINCIPLES

1. *Correct the Order of Priorities*
2. *Aptitude Should Determine Specialization*
3. *Mobilize Auxiliary Capabilities*
4. *Acknowledge Your Limitations So As to Do No Harm*
5. *Extend Your Abilities to Do the Most Good*
6. *Seek Insight into the Patient’s True Desires*
7. *Have a Goal and a Dream*
8. *Know the Ideal Beautiful Normal*
9. *Be Familiar with the Literature*
10. *Keep an Accurate Record*
11. *Attend to Physical Condition and Comfort of Position*
12. *Do Not Underestimate the Enemy*
13. *Diagnose Before Treating*
14. *Return What is Normal to Normal Position and Retain It There*
15. *Tissue Losses Should be Replaced in Kind*
16. *Reconstruct by Units*
17. *Make a Plan, a Pattern and a Second Plan (Lifeboat)*
18. *Invoke a Scot’s Economy*
19. *Use Robin Hood’s Tissue Apportionment*
20. *Consider the Secondary Donor Area*
21. *Learn to Control Tension*
22. *Perfect Your Craftsmanship*
23. *When in Doubt, Don’t*
24. *Follow-up with a Critical Eye*
25. *Avoid the Rut of Routine*
26. *Imagination Sparks Innovation*
27. *Think While Down and Turn a Setback into a Victory*
28. *Research Basic Truths by Laboratory Experimentation*
29. *Gain Access to Other Specialties’ Problems*
30. *Teaching our Specialty Is Its Best Legacy*
31. *Participate in Reconstructive Missions*
32. *Go for Broke!*
33. *Think Principles Until They Become Instinctively Automatic in Your Modus Operandi*

Continued on Page 27

David Ralph Millard, Jr.

Continued from Page 26

with huge hands that were delicate, light and ever so respectful of tissue. Walter “Buster” Mullen, another associate and consummate surgeon, would often joke that the “air conditioning in Dr. Millard’s Operating Room must be different” because of his great surgical results. Despite Dr. Millard’s 9 books, 53 book chapters, 202 publications, and hundreds of presentations, much of his surgical magic was not published. It is rare indeed for an individual to be both such an accomplished academician and technically unmatched.

I refer you to the link: calder.med.miami.edu/Ralph_Millard for the complete story, but what follows are some interesting tales all published somewhere.

He attended Yale and played football, wrestled and boxed. The boxing team was undefeated and he developed a lifelong friendship teammate Dave Williams (Mr. Williams grew up in Pittsburgh, two doors down from my dad).

Dr. Millard was a prankster at Harvard Medical School. He once harvested five ears from cadavers towards the end of his anatomy class, bought five earrings and sent the ears with earrings attached to family members. The gifts received mixed reviews! Another instance had him feigning distress after hearing a test result. He pulled out a revolver, put it to his head, and pulled the trigger, another student made a popping sound, and Dr. Millard fell into his lap. The professor’s jaw dropped, but eventually he was able to finish the lecture. This story was verified by Dr. Al Ferguson, Harvard classmate of Dr. Millard and Chief of Orthopedics at the University of Pittsburgh from 1953 until 1986. Henry Bahnson, Chief of Surgery from 1963 to 1987 at the University Of Pittsburgh School Of Medicine and first to perform a heart transplant at that school, was another Harvard classmate. He was also an expert equestrian and Dr. Millard an expert with a lasso. Together they would entertain children at a summer camp in North Carolina, as Dr. Millard, the Indian, would rope Dr. Bahnson, the cowboy, on his white horse. Thomas Starzl, transplant

surgeon pioneer, relocated to Pittsburgh in 1981 because of Dr. Bahnson. Of note, Dr. Starzl also spent time on Dr. Millard’s service during his surgical training in Miami. Dr. Millard encouraged Plastic Surgery and was pleased Dr. Starzl did not drift too far off course selecting transplantation as a career.

Dr. Millard relied on his lasso to entertain sick children while a pediatric surgical intern at Boston Children’s Hospital. His first exposure to clefts was during the last rotation. He was “horrified at the results of failed embryogenesis.” He was a general surgery resident at Vanderbilt and most proud of his Plastic Surgery training with Gilles. He coauthored the Principles and Art of Plastic Surgery with Gilles which was an enormous undertaking that covered Gilles 40-year career spanning both World Wars. Eleven thousand cases from World War I alone were reviewed in preparation for this book. War, along with devastation, brings medical advances. Dr. Millard designed the Rotation–Advancement Closure of the cleft lip, while resting on his back on a cot in a MASH unit in Korea. Looking at the photo of a cleft child dangling askew, he noticed the entire lip was present, but out of position. His design ingeniously put normal into normal position (Principle 14). He presented the technique at the First Congress of the International Society of Plastic Surgeons in Stockholm in 1955. He was allotted only five minutes, but knew he needed a few more. He noted the five-minute clock did not start until the presenter reached the podium, so he sat in the back and when introduced began his presentation as he walked slowly to the podium. Some complained, but Gilles gave him a “wink” of approval.

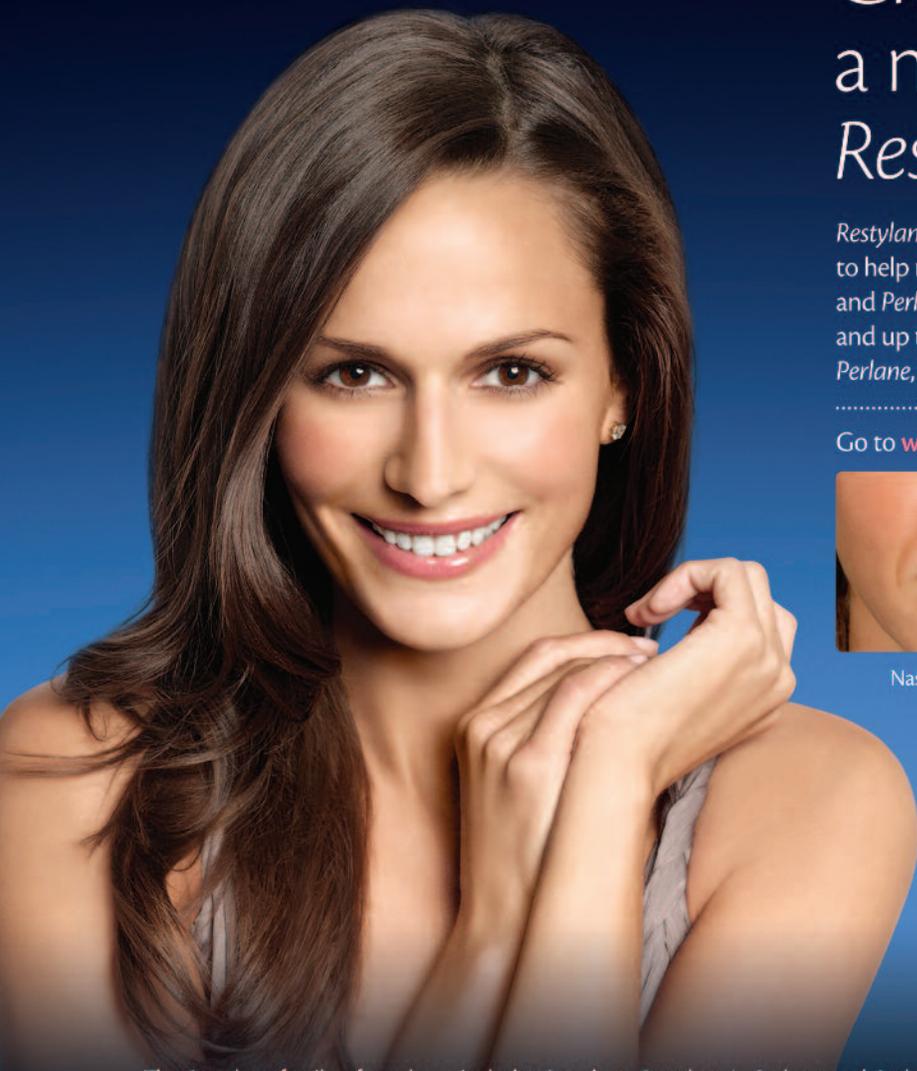
His career at the University of Miami started in 1956. In the early days, good assistants were scarce and he was known to have scrubbed, gloved, and then drape a patient’s hand into the field so she could help retract with a hook. The Chief of Surgery was puzzled when he peeked into the room and noticed an extra hand in the surgical field. He became Clinical Professor and Chief of Plastic Surgery at the University Of Miami School Of Medicine

in 1967 and developed one of the best most innovative Plastic Surgery training programs in the world. He trained approximately 200 Plastic Surgeons that practice on every continent on the planet. Many have become leaders. His honors are many, including Honorary Fellowship of the Royal College of Surgeons, Edinburgh and England, Honorary Medal from the Peoples Republic of China, Order of Distinction Jamaica, Hunterian Award (the only American Plastic Surgeon recipient) and voted one of the Plastic Surgeons of the Millennium by the American Society of Plastic Surgeons.

“The most important thing is family, the rest—just tiddlywinks,” he once said. He loved his family and always had an extra spring in his step when his children were home visiting. His beautiful wife, Barbara, was a kind, brilliant, spirited soul dedicated to her husband, children and Dr. Millard’s second family—his residents. Often the Millard’s would host a Thanksgiving meal for residents, realizing how difficult it was for trainees to be away from their families during the holidays. She once arranged a robe and slipper birthday party for Dr. Millard. He had a habit of coming home, showering, and putting on his robe, knee socks and slippers before dinner. That birthday he was momentarily speechless when all of his residents showed up for dinner in identical robes, knee socks, and slippers. Dr. Millard was a shy, kind, gentle, family man with a keen sense of humor. He was also quietly generous especially to those in need, often never charging a fee. He is survived by three beautiful children, inside and out, Duke, Bond, and Melaney and six wonderful grandchildren.

Our specialty is blessed to have been graced by his brilliance and his principles (side bar) that will forever continue to spark innovation and benefit patients. Principle 25 typified this great man’s life—“Boy, avoid the quagmire and rut of routine!”

Leo McCafferty, MD is an aesthetic surgeon practicing in Pittsburgh. He is President-elect of The Aesthetic Society.



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Serious but rare side effects include delayed onset infections, recurrence of herpetic eruptions, and superficial necrosis at the site of injection. Use with caution in patients recently treated with anticoagulant or platelet inhibitors to avoid bleeding and bruising. Safety has not been established for use during pregnancy, when breastfeeding, or in patients under 18 years.

Patients should be limited to 6.0 mL per treatment. The safety or effectiveness of products in the Restylane family for the treatment of anatomic regions other than nasolabial folds have not been established in controlled clinical studies.

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