



Registration Now Open—ASAPS Las Vegas Aesthetic Symposium

By Glenn Jelks, MD



Dr. Charles Thorne and I are extremely pleased to announce that registration is open for the incredibly popular ASAPS Las Vegas 2016 Aesthetic Symposium: Practical Tips and Revolutionary Concepts in Facial Surgery, Injectables and Rhinoplasty, January 14–16, 2016, at The Cosmopolitan of Las Vegas, Las Vegas, Nevada. We have planned an exciting program in an intimate learning environment, with some of the best minds in aesthetic plastic surgery as faculty.

NEW! Rhinoplasty Session

In addition to our face program, this year will feature a rhinoplasty session. This session will be geared to a small, intimate group of doctors who will enjoy a full day of didactic learning. Limited space will be available for this unique opportunity. The entire program can be found at www.surgery.org/lasvegas2016 and beginning on page 7 of this issue of *Aesthetic Society News*.

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ASAPS Mourns the Loss of Dr. Edward Truppman



The American Society for Aesthetic Plastic Surgery and the medical community mourn the loss of Edward Truppman, a Past President of ASAPS, who passed away peacefully at the

age of 84. Known as a tireless advocate for patient rights, Dr. Truppman won many accolades throughout his career and his many contributions to the specialty will not be forgotten.

“Eddie Truppman was a pioneer in ambulatory surgery, dedicated to patient safety in surgical facilities long before there was any required oversight. He was instrumental in starting AAAASF and his contributions in the specialty will forever be valued,” Dr. Robert

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Why Industry Relationships Matter

By Bob Aicher, Esq.

As speakers take the podium at our meetings, the second slide we see reveals a list of drug and device manufacturers with whom they have relationships. It might be as a founder, advisor or investor, maybe with compensation. CME rules require this so members of the audience can judge for themselves whether the speaker's comments are free from bias.

ASAPS members have asked whether the Society is protected when individuals with industry relationships are not just speakers, but serve in leadership roles. The answer is yes. Through our Conflict of Interest Policy, rules more stringent than for speakers are applied to Society leaders so as to insulate Board decisions from potentially compromising outside influences.

The Q&A which follows addresses the many ways in which our Society is protected from, and benefited by, relationships with industry.

Are the AdvaMed, PhRMA and Sunshine Act rules necessary to limit doctor relationships with industry?

Yes, but that doesn't mean all physician relationships with industry are bad. When disclosed, industry relationships with our Society and our members directly benefit patients.

Why are there so many laws about doctor relationships with industry?

Media reports about undisclosed industry relationships with doctors are nothing new, but the government has become more

Continued on Page 29

APPLY TODAY!
January 5, 2016
is the next ASAPS Active Member Application Deadline. Learn more at www.surgery.org/active-membership

WE ARE AESTHETICS.

Save the Dates!



Residents' Symposium— Launching Your Practice 2015

December 11–13, 2015
The Grand Hyatt at DFW
Dallas, TX



ASAPS Las Vegas Aesthetic Symposium

Practical Tips and Revolutionary Concepts
In Facial Surgery, Injectables and Rhinoplasty
January 14–16, 2016
The Cosmopolitan of Las Vegas
Las Vegas, NV

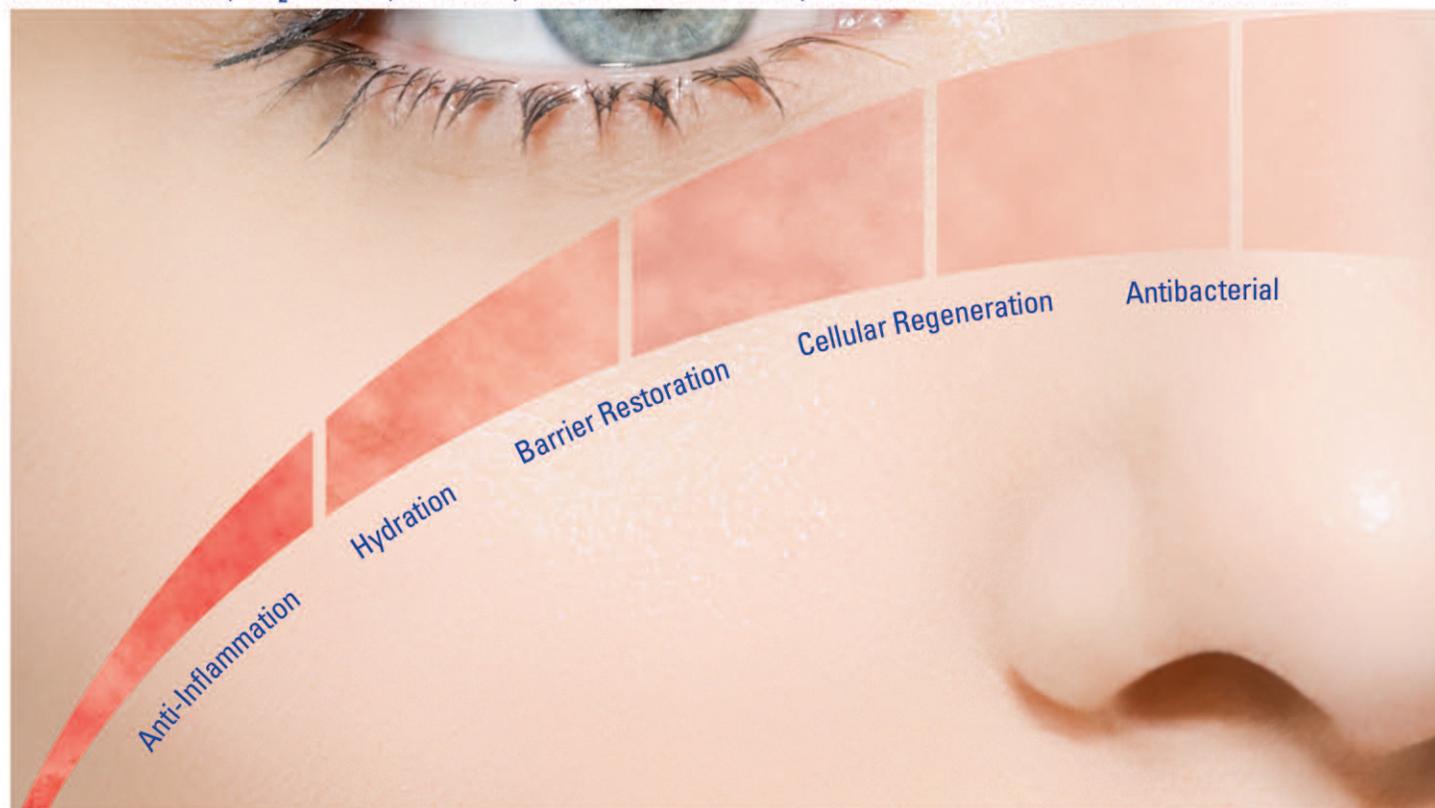


The Aesthetic Meeting 2016

April 2–7, 2016
Mandalay Bay Resort & Casino
Las Vegas, NV

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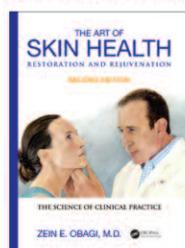
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The Truth is Out There?

James C. Grotting, MD—ASAPS President

Like many of you, I received the October/November edition of *Plastic Surgery News* that included an editorial by President Scot Glasberg titled, “The truth is out there: ASAPS/ASAPS relationship.” Unfortunately the whole truth is not found in Dr. Glasberg’s article. As distasteful as it is to even respond to half-truths, I simply cannot allow them to go unchallenged.

As distasteful as it is to even respond to half-truths, I simply cannot allow them to go unchallenged.

Plastic surgeons who have attended an ASAPS annual Aesthetic Meeting, read *Aesthetic Surgery Journal* or have worked with me on various committees and task forces know that, first and foremost, I am a plastic surgeon and educator. I do not have the skills to participate in the political intrigues that ASPS leadership seems to have mastered so well. What I do have is documentation as to why the break between ASAPS and ASPS happened in the first place, what so-called “cooperative efforts” ASPS has offered and why The Aesthetic Society will always be the voice and home for the subspecialty of aesthetic plastic surgery. As an organization, we pride ourselves on transparency and any member is welcome to look at any of these documents that are not bound by confidentiality agreements.

One Specialty

Dr. Glasberg stated “Our goal in trying to bring ASPS and ASAPS together was never to squash or destroy the Aesthetic Society...but rather to unite the two organizations under one umbrella...” The ASPS “umbrella” apparently refers to the “One Voice” concept presented to ASAPS in February 2014. That proposal stated we could keep our board with limited authority over bylaws, budget, and programs. From our standpoint, the result would be absorption not cooperation. ASAPS would lose its culture of creativity, innovation, and exceptional service to our members.

ASAPS was not alone in its decision to reject absorption by ASPS. In fact, ASPS approached all other subspecialty groups in

plastic surgery with this same offer. All agreed it was not in the best interest of their members.

Education

Santa Fe. Let’s look at the Santa Fe Breast and Body Symposium. The two organizations successfully collaborated on this meeting for over 20 years until ASPS decided to cancel our agreement in 2013 and declared sole ownership of the symposium. This action followed the ASPS decision to end the Cosmetic Surgery Alliance that for more than a decade served as a very successful forum for the two societies to discuss collaborative and controversial issues.

Dr. Glasberg and others did indeed approach us last month to collaborate again on the Santa Fe Symposium—with one major change in the agreement: While all profit would be split 50/50, any losses incurred would be the sole responsibility of ASAPS. I personally asked Scot if he would sign such an agreement. His answer? “I wouldn’t.” Lop-sided agreements are neither cooperative nor collaborative.

Aesthetica. With extraordinary hypocrisy, Dr. Glasberg accuses ASAPS of performing services that are redundant and duplicative when, in fact, ASPS strategically organized the Aesthetica meeting two weeks before our national annual meeting. Nothing could have been more duplicative, more redundant, more competitive, more openly hostile or more antithetical to the rhetoric of cooperation that disingenuously permeates his article. Regardless of the move, The Aesthetic Meeting 2015 went on as always, once again providing the best educational experience focused on aesthetics in the specialty.

Dr. Glasberg suggested that ASPS and ASAPS endorse each other’s meetings. At first glance this appears to be a very simple way to demonstrate collaboration and mutual support. However, as ASPS will again offer Aesthetica in 2016, a clear continued attempt to confuse and solicit attendees on the basis of the Aesthetic Society’s name recognition, endorsement by ASAPS would be illogical.

RADAR Resource. Both ASAPS and ASPS offer unique educational platforms for plastic surgery education, yet the two platforms, RADAR Resource and PSEN, offer very different content and capabilities. Both

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societies have invested significantly in their products. We proposed a technology solution where our two platforms could communicate resulting in a comprehensive educational resource for our members and plastic surgery residents. This proposal was summarily rejected, as ASPS leadership views RADAR as competitive and refused to have any further discussion about this option.

Data Collection

In conjunction with the Aesthetic Surgery Education and Research Foundation (ASERF), The Aesthetic Society embraced our Data Hub as a means of collecting and providing meaningful data to improve safety and outcomes for our patients.

Dr. Glasberg states that the ASAPS/ASPS rift arose 3-1/2 years ago over its National Breast Implant Registry (NBIR). He claims to have offered ASAPS a seat on the NBIR. He omits three vital pieces of information.

The first important interaction occurred in October 2012, when a threatening and personally insulting letter was sent by Malcolm Roth, then president of ASPS, to then ASAPS President, Leo McCafferty, chastising ASAPS and ASERF for having the audacity to speak to the FDA about our own Data Hub.

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Aesthetic Society News

The American Society for Aesthetic Plastic Surgery
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
and Research Foundation

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ASAPS Members Forum: www.surgery.org/members

ASAPS: www.surgery.org

ASERF: www.aserf.org

ASAPS Consumer Education:
www.smartbeautyguide.com

Society of Plastic Surgical Skin Care Specialists:
www.spsscs.org



The Truth is Out There?

Continued from Page 3

The second is that ASPS, despite hundreds of thousands of member dollars and years of inertia, still does not have an operational breast implant registry.

Finally, ASAPS was asked to pay *retrospective expenses* (currently totaling in the high six figures) for something in which we were not involved. Unacceptable.

What Dr. Glasberg failed to mention is that we offered to feed data from our Data Hub to the NBIR, once it is launched, to make it easy for our members to participate and improve the capture of all cases for the NBIR. ASPS rejected our offer. We also asked to have a seat on the NBIR without any financial ties (expense or income)—just a “voice.” Also rejected.

We continue to feel that ASAPS would add value to the NBIR steering committee as our members have a vital interest in the safety and efficacy of breast implants. We stand ready to actively cooperate in this effort.

ASAPS in the Reconstructive Realm?

Dr. Glasberg makes it appear that ASAPS is attempting to compete in the area of breast reconstruction. Nothing could be more of a distortion of the truth. A generous and grateful patient of one of our members in the San Diego area offered to set up a fund to directly assist cancer patients living in San Diego County in need of aesthetic corrections not covered by insurance. ASERF was asked to help oversee the fund. This is good for plastic surgery and good for patients. This fund is not duplicative, but unique. Can breast cancer survivors have too many places to turn for help?

The Future

Many members of The Aesthetic Society are also ASPS members. They have chosen to participate as members of both societies because they see value in the products and services provided. When Dr. Glasberg chooses to publish such a divisive column, does he not realize that in so doing he potentially alienates 2000 surgeons who are members of his own organization? Is he suggesting that those of us who are members of both societies need to make a choice? If so, I know what my choice will be.

We can be stronger as a specialty if we are willing to work together and be respectful of each other.

I am left to wonder, which society will fall into ASPS's crosshairs next? Regional or state societies of plastic surgery? The Micro Society, The Hand Society or The Craniofacial Society? Are they not also duplicating some activities that ASPS, as the self-appointed “umbrella society,” would like to have under its financial control? I, for one, see value in the many components of our wonderful specialty of plastic surgery and encourage each society to become strong and independent, serving the needs of its members.

Perhaps there is good to be found from this exercise as it finally affords all ASAPS and ASPS members to see “both sides of the story” and the ability to draw their own conclusions. We will continue to believe, as we always have, that we can recapture the cooperative spirit where both societies collaborated and placed their focus squarely where it belongs—on the success and vitality of their members—versus on bureaucracy and politics.

ASPS claims to want collaboration. Unfortunately, even after hundreds of hours of ASAPS leadership and staff time, we have failed to achieve that objective. We seek a collegial and productive relationship focused on serving the house of plastic surgery. We can be stronger as a specialty if we are willing to work together and be respectful of each other. ASAPS will continue to work toward that goal as we have for nearly 50 years.

James C. Grotting, MD, is an aesthetic plastic surgeon practicing in Birmingham, AL, and serves as President of The Aesthetic Society.



Input to Action: How ASAPS Works for YOU

By James C. Grotting, MD

The visionary surgeons who started the Aesthetic Society had specific goals in mind as concepts developed and structure was designed: build an organization where clinical knowledge would be shared, collegiality would be fostered and safe outcomes that meet patients' expectations would be the end result.

These goals were valid 49 years ago and remain valid today. Of course a lot has happened since John Alexander, Tom Baker and the others founded ASAPS. Aesthetic surgery went from a whispered secret among the very wealthy to procedures that are available to everyone. Techniques have changed, as our skills are refined and a positive outcome today is synonymous to a natural looking result. But I would suggest that the biggest change of the last 49 years is the widespread acceptance of what we do and our decision to become aesthetic surgeons. This is a great time to be in practice and I for one will never forget how the founders of the Aesthetic Society helped this to come about.

On that note, it's time for me to fill you in on what's been happening at The Aesthetic Society. It's been a busy few months and there is a lot to report. Let's start with our most recent member survey.

Member Survey Yields Interesting Results

The consulting firm Minding Your Business was retained to conduct a survey on virtually every aspect of the ASAPS experience from educational offerings to over-all satisfaction with the organization. The online survey was fielded between June 23, 2015 and July 6, 2015 with a response rate of 17.4% and a margin of error is +/- 3/6% at the 95% confident level. For the first time we included nonmembers who had attended The Aesthetic Meeting, candidates and residents.

The results include the following:

When asked "How likely are you to recommend ASAPS Membership/Candidate for Membership/Resident Program to a colleague?" almost 80 percent answered very to extremely likely; when queried on how valuable is your ASAPS affiliation to you, a little over 70 percent answered very to extremely valuable.

When developing survey questions, statisticians sometime use unaided recall to

get the immediate, top of mind answer to an important question. This was done in our survey, where among active members, education was the key benefit followed by The Aesthetic Meeting. For non-members, ASJ was the key benefit.

It's also important to ascertain where we stand in comparison with other plastic surgery organizations. Members were asked to rank The Aesthetic Society among four other organizations on the following qualities: Trustworthy, Well-respected, Reliable, Reputable, Has a wide network, Accessible, Global, Relevant to me, Responsive, Leader, Innovative, Dynamic, Visionary and Important to my practice. ASAPS is represented by the first red line on the graph below. The full report and its suggested conclusions will appear in the winter edition of ASN.

Strategic Planning:

The Society held its annual strategic planning session this summer moderated again this year by the consulting firm Minding Your Business. The meeting included younger members, candidates and key industry leaders. As the two day session concluded, the following were identified as strategic imperatives:

- Attracting more residents to the Society
- Investigating clinical meetings with live surgeries

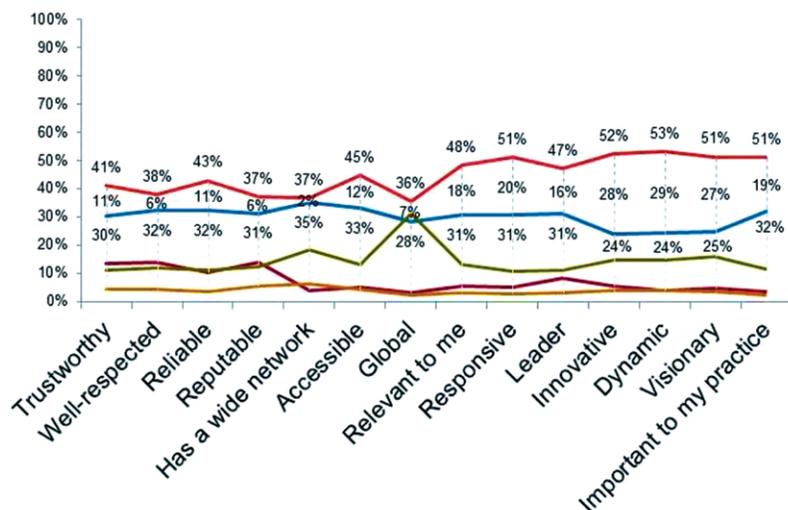
- Developing clinical video content for both RADAR Resource and Smart Beauty Guide
- Developing new services to help you manage your practice.

President-elect Dan Mills, MD will be following up on these items and informing you of our progress in future issues of ASN.

Educational Opportunities:

Last but certainly not least I would like to remind you of two upcoming meetings. The first, the Business of Launching Your Practice, a three-day senior resident's symposium chaired by Mark Codner, MD and Sal Pacella, MD is free of charge to all qualifying attendees. Taking place December 11 to 13 at the Grand Hyatt in Dallas, this is an excellent opportunity for senior residents to learn what it takes to start a successful practice. The second is the annual ASAPS Las Vegas Aesthetic Symposium, State of the Art in Facial Rejuvenation, occurring January 14 to 16, 2016 at The Cosmopolitan of Las Vegas. The facial symposium has become a must attend event, and features a new focus on rhinoplasty and cadaver labs that are a sell out every year. My friend, colleague and ASAPS Past President Robert Singer, MD called this "the best symposium he ever attended." You can't go wrong with that kind of endorsement.

James C. Grotting, MD, is an aesthetic plastic surgeon practicing in Birmingham, AL, and serves as President of The Aesthetic Society.



ASAPS is represented by the red line above when compared to other plastic surgery societies on these qualities.

Registration Now Open— ASAPS Las Vegas Aesthetic Symposium

Continued from Cover

Our Cadaver Labs Sell Out Every Year!

On Saturday, January 16, plan to attend the cadaver anatomy labs focused on techniques in rhinoplasty (morning lab) and facial aesthetics (afternoon lab). The popular facial lab, and the rhinoplasty lab, which is new this year, offer attendees a great opportunity to learn from some of the best in the field. Please make plans to attend this exciting event. The ASAPS Las Vegas 2016 Aesthetic Symposium will be an exceptional educational experience.

Testimonials from Attendees

"I went to the first ASAPS Las Vegas Aesthetic Symposium and knew I had to return, as it was the best meeting I attended last year. As it is highly focused on areas of the face and fat grafting, which I do a lot of, I wanted to come back for 2015, and am glad I did." Michael Kelly, MD

"The ASAPS Las Vegas Aesthetic Symposium is a wonderful opportunity. I've been to both 2014 and 2015, and the cadaver lab experience was particularly informative for me as an aesthetic plastic surgeon. I'm able to take home the skills I've learned and provide more enhanced patient care." Jerome Lamb, MD

"I signed up for the ASAPS Las Vegas Aesthetic Symposium as soon as I heard about it, as the cadaver lab really appealed to me. It's not every day you can get in and work with the face, the nerves, and all of the danger zones without having to worry about the patient. It was an excellent and rewarding experience." Susan Lovelle, MD

Glamorous and Exciting Venue: The Cosmopolitan of Las Vegas



All meeting functions will be held at The Cosmopolitan of Las Vegas, a luxury resort casino and hotel, located on the Las Vegas Strip.

The resort was named to the 2015 Conde Nast Travelers Gold List as one of the "Top Hotels in the World." The hotel has a wide variety of inspired, world-class restaurants.

Terrace Studio

Wednesday, January 13: \$189

Thursday, January 14: \$189

Friday, January 15: \$189

Saturday, January 16: \$189

Make your online reservation now, go to www.surgery.org/lasvegas2016.

Call center number: 702-698-7575 (local) or 855-435-0005, Reservation Code: SAMRE6

The cut off date for reservations is December 23, 2015. Reservations made after the deadline, or after the room block fills, are subject to space and rate availability. Deposit and cancellation penalties will apply. Please confirm these details when making your reservations.

CME

The American Society for Aesthetic Plastic Surgery (ASAPS) designates this live activity for a maximum of 23.75 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

By attending both the optional Facial Cadaver Lab and the Educational Session you may earn a maximum of 23.75 AMA PRA Category 1 Credits™ and 12 Patient Safety Credits.

By attending the Educational Session only you may earn a maximum of 19.75 AMA PRA Category 1 Credits™ and 8 Patient Safety Credits.

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

Credit hours subject to change.

REGISTER TODAY

If you're looking for expert education in a dynamic and personal setting, look no further. We hope you'll register and attend this exciting symposium. Remember, cadaver labs sell out in advance, so register today! The ASAPS Las Vegas Aesthetic Symposium registration brochure follows this article in its entirety, or you can find more information online at www.surgery.org/lasvegas2016.

Glenn Jelks, MD, is an aesthetic plastic surgeon practicing in New York and has been an Aesthetic Society member since 1990.

ASAPS Las Vegas 2016 Aesthetic Symposium—

Faculty

Chair: Glenn Jelks, MD

Co-Chair: Charles Thorne, MD

Javier Beut, MD

Louis Bucky, MD

Baris Cakir, MD

Jay Calvert, MD

Steven Cohen, MD

Rollin Daniel, MD

Steve Dayan, MD

Joan Fontdevila, MD

James Grotting, MD

Bahman Guyuron, MD

Mark Jewell, MD

Aaron Kosins, MD

Val Lambros, MD

Steven Levine, MD

Timothy Marten, MD

Peter Palhazi, MD

Mario Pelle-Ceravolo, MD

Robert Singer, MD

Timothy Sproule, MD

Oren Tepper, MD

Patrick Tonnard, MD

Richard Warren, MD

Exhibit Dates and Hours

Thursday, January 14

7:00am – 5:30pm

Includes: Continental Breakfast, Coffee Break, Luncheon and Wine and Cheese Networking Break

Friday, January 15

7:00am – 5:30pm

Includes: Continental Breakfast, two Coffee Breaks and Luncheon

Saturday, January 16

7:00am – 10:00am

Includes: Breakfast and Coffee Break

ASAPS Las Vegas 2016 Aesthetic Symposium

Practical Tips and Revolutionary Concepts
In Facial Surgery, Injectables and Rhinoplasty

January 14–16, 2016

The Cosmopolitan of Las Vegas
Las Vegas, Nevada

Chair: Glenn W. Jelks, MD

Co-Chair: Charles H. Thorne, MD



Intimate Learning Environment • International Faculty



**THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC.**

www.surgery.org/lasvegas2016

- Facial Cadaver Lab—
Sells Out Every Year!
- NEW! Rhinoplasty Session
and Cadaver Lab

The American Society for Aesthetic Plastic Surgery (ASAPS) designates this live activity for a maximum of 23.75 *AMA PRA Category 1 Credits*.™ Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**WE ARE
AESTHETICS.**

ENGAGING AND INTERACTIVE AESTHETIC EDUCATION IN ONE OF THE WORLD'S MOST DAZZLING CITIES!

Interactive Education on All Aspects of Facial Aesthetics

- Aging Concepts
- Anatomy
- Aesthetic Evaluation
- Surgical Options
- Fat Grafting
- Fillers
- Complications
- Rhinoplasty

Special Sessions Dedicated to Improving Your Skills

- Concurrent Face and Rhinoplasty Sessions—Friday, January 15
- Rhinoplasty Cadaver Lab—Saturday Morning, January 16
- Facial Cadaver Lab—Saturday Afternoon, January 16

Connect with the World's Leading Surgeons.
Improve Your Techniques. See Your Practice Thrive.

PROGRAM GOALS AND LEARNING OBJECTIVES

Our goal is to present, interactively discuss and improve advanced techniques in facial rejuvenation, including rhinoplasty, through surgical and injectable therapies to ultimately achieve optimal aesthetic outcomes and minimize complications with an emphasis on patient safety.

Learning Objectives

- Summarize and evaluate advanced techniques and science in structural fat grafting
- Discuss advanced concepts in aesthetic surgery of the face, nose and neck to achieve optimal outcomes
- Identify methods of minimizing surgical complications to increase patient safety awareness.
- Define and analyze advanced techniques for facial rejuvenation to include:
 - Aging concepts
 - Anatomy
 - Aesthetic evaluation
 - Surgical options
 - Fat grafting
 - Fillers
 - Complications with emphasis on patient safety

WHO MAY ATTEND?

The ASAPS Las Vegas 2016 Aesthetic Symposium is open to Domestic and International Members and Candidates of:

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

DESIGNATION

The American Society for Aesthetic Plastic Surgery (ASAPS) designates this live activity for a maximum of 23.75 *AMA PRA Category 1 Credits*.™ Physicians should claim only the credit commensurate with the extent of their participation in the activity.

▲ of the 23.75 credits have been identified as Patient Safety Credits.

ACCREDITATION

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

DISCLOSURE POLICY

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

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

THURSDAY, JANUARY 14

7:00am – 5:30pm

Exhibits Open

Includes: Continental Breakfast, Coffee Break, Luncheon and Wine and Cheese Networking Break

7:45am – 8:00am

Welcome

Glenn Jelks, MD and Charles Thorne, MD

ASAPS Update

James Grotting, MD

FACIAL AGING: LOTS OF QUESTIONS AND FEW ANSWERS

Session Moderators: Charles Thorne, MD

Discussants: Louis Bucky, MD and Richard Warren, MD

8:00am – 8:20am

New Paradigm Shift in Facial Analysis

Glenn Jelks, MD

8:20am – 8:40am

Danger Zones in Facial Rejuvenation

Mario Pelle-Ceravolo, MD

8:40am – 9:00am

Facial Average—3D Analysis of Facial Aging

Val Lambros, MD

9:00am – 9:20am

Beyond Face Value: Aesthetics and Mood

Steve Dayan, MD

9:20am – 9:40am

Discussion

9:40am – 10:15am

Coffee Break in the Exhibits

FAT GRAFTING—BASICS, BIOLOGY, AND B.S.

Session Moderator: Glenn Jelks, MD

Discussants: Val Lambros, MD and Timothy Marten, MD

10:15am – 10:30am

What are the Objectives of Regenerative Therapies in Facial Aesthetic Surgery?

Steven Cohen, MD

10:30am – 10:45am

Face Fat Grafting: In Vivo Objective Measurement of its Durability

Joan Fontdevila, MD

10:45am – 11:00am

The Science of Fat Grafting—Current State of the Art

Louis Bucky, MD

11:00am – 11:15am

Is Fat Grafting Worth the Enrichment? Measurement of the Outcomes with the Use of PRP and Regenerative Cells

Joan Fontdevila, MD

11:15am – 11:30am

Discussion

HOT TOPIC #1

Do Compartments or Technique Really Matter in Facial Fat Grafting?

Session Moderator: Mark Jewell, MD

Discussants: Steven Cohen, MD and Robert Singer, MD

11:30am – 11:40am

Oren Tepper, MD

11:40am – 11:50am

Javier Beut, MD

11:50am – 12:00pm

Timothy Marten, MD

12:00pm – 12:30pm

Discussion

12:30pm – 1:30pm

Lunch in the Exhibits

COMPLICATIONS OF FAT GRAFTING; WHAT HAPPENS WHEN THINGS GO WRONG

Session Moderator: Robert Singer, MD

Discussants: Glenn Jelks, MD and Richard Warren, MD

1:30pm – 1:45pm

Fat Grafting Complications

Louis Bucky, MD

1:45pm – 2:00pm

Fat Grafts Can Go Very Wrong! Be Careful!

Val Lambros, MD

2:00pm – 2:15pm

Common Facial Fat Grafting Complications How to Avoid Them. How to Treat Them.

Joan Fontdevila, MD

2:15pm – 2:30pm

Patient Satisfaction 18 Months After Fat Grafting

Steven Cohen, MD

2:30pm – 2:45pm

Discussion

FILLERS AND NON-SURGICAL APPROACHES

Session Moderator: James Grotting, MD

2:45pm – 3:00pm

Advanced Toxin and Filler Strategies to Defeat Commoditization

Steve Dayan, MD

3:00pm – 3:15pm

Rejuvenation Filling via the Facial Viaducts—Types I Through IV

Javier Beut, MD

3:15pm – 3:30pm

Using Resurfacing Lasers to Maximize Benefits in Facial Rejuvenation

Timothy Sproule, MD

3:30pm – 3:45pm

Traditional Fractional Lasers and the Latest in Picosecond Lasers

Mark Jewell, MD

3:45pm – 4:00pm

Discussion

4:00pm – 4:45pm

Wine and Cheese Reception in the Exhibits

PRACTICE MANAGEMENT AND GROWTH

Session Moderator: Robert Singer, MD

Discussant: Mark Jewell, MD

4:45pm – 5:00pm

The Med-Spa in a Plastic Surgery Practice—Taking a Closer Look

Louis Bucky, MD

5:00pm – 5:15pm

The Financial and Practical Realities of How to Fit Lasers and Related Devices into Your Practice—How Well Does it Work?

Timothy Sproule, MD

5:15pm – 5:30pm

Take Down the Four Barriers Blocking Patients From Your Office

Steve Dayan, MD

5:30pm – 5:45pm

Team Care for Facial Rejuvenation

Steven Cohen, MD

5:45pm – 6:00pm

Discussion

Claim Your CME Credits Electronically at www.surgery.org/eval

IMPORTANT—The AMA requires that you certify the number of CME credits commensurate with your participation. Attendees are required to complete an online evaluation form which includes a Credit Claiming Section for CME credits.

Program and Faculty Subject to Change

FRIDAY, JANUARY 15

7:00am – 5:30pm

Exhibits Open

Includes: Continental Breakfast, two Coffee Breaks and Luncheon

Face Session

Runs concurrently with Rhinoplasty Session

MAXIMIZING FOREHEAD AND BROW AESTHETICS THROUGH SURGERY

Session Moderator: Charles Thorne, MD

Discussants: Louis Bucky, MD and Joan Fontdevila, MD

8:00am – 8:15am

Endoscopic Brow Lift

James Grotting, MD

8:15am – 8:30am

Non-Endoscopic Short Scar Forehead Lift

Timothy Marten, MD

8:30am – 8:45am

Limited Access Open Brow Lift

Richard Warren, MD

8:45am – 9:00am

When Do I Lift and How Do I Do It?

Patrick Tonnard, MD

9:00am – 9:15am

Direct Cutaneous Brow Lift

Mario Pelle-Ceravolo, MD

9:15am – 9:30am

Discussion

9:30am – 10:00am

Coffee Break in the Exhibits

PERIORBITAL REJUVENATION—EXCISE, AUGMENT, TIGHTEN?

Session Moderator: James Grotting, MD

Discussants: Val Lambros, MD and Charles Thorne, MD

10:00am – 10:20am

This Dog Doesn't Need New Tricks—

Skin Excision Works

Glenn Jelks, MD

10:20am – 10:40am

Prominent Eyes and Negative Vector:

A Strong Challenge in Aesthetic

Blepharoplasty

Mario Pelle-Ceravolo, MD

10:40am – 11:00am

Augmentation Blepharoplasty—

Fat Grafting in the Periorbital Region

Patrick Tonnard, MD

11:00am – 11:15am

Discussion

11:15am – 11:35am

Fat Grafting in the Periorbital Area

Mario Pelle-Ceravolo, MD

11:35am – 11:55pm

The Upper Eyelid—Brow Interface

Richard Warren, MD

11:55pm – 12:15pm

Periorbital Fat Grafting—A New Paradigm for Eyelid Rejuvenation

Timothy Marten, MD

12:15pm – 12:30pm

Discussion

12:30pm – 1:30pm

Lunch in the Exhibits

THE LOWER LID-CHEEK JUNCTION

Session Moderator: Robert Singer, MD

Discussants: Val Lambros, MD, Steven Levine, MD and

Timothy Marten, MD

1:30pm – 1:40pm

Anatomy of Tear Trough

Charles Thorne, MD

1:40pm – 1:50pm

Fat Transposition—Still Good After All

These Years

Richard Warren, MD

1:50pm – 2:00pm

Hybrid Approach to Lower Tear Trough

Glenn Jelks, MD

2:00pm – 2:10pm

Centrofacial Rejuvenation: The Role of Fat Grafting in Facial Rejuvenation

Patrick Tonnard, MD

2:10pm – 2:20pm

Staying out of Trouble with the Lower

Eyelid Using a 7-Step Preoperative Checklist

Oren Tepper, MD

2:20pm – 2:30pm

Canthopexy: Is it Always Necessary in Lower Lid Surgery?

Javier Beut, MD

2:30pm – 2:40pm

What To Do About Malar Pads and

Festoons

Glenn Jelks, MD

2:40pm – 2:50pm

Discussion

FACELIFTING—HOW I HAVE CHANGED MY TECHNIQUE IN THE LAST 10 YEARS

Session Moderator: Charles Thorne, MD

Discussants: Glenn Jelks, MD and Robert Singer, MD

2:50pm – 3:10pm

Technique Refinements for Skin Incisions,

Skin Vectors, and Skin Sutures

Timothy Marten, MD

3:10pm – 3:30pm

Tumescent Facelift—The First Step in

Facelift Innovation

Louis Bucky, MD

3:30pm – 3:45pm

Discussion

3:45pm – 4:15pm

Coffee Break in the Exhibits

CONTINUED: FACELIFTING—HOW I HAVE CHANGED MY TECHNIQUE IN THE LAST 10 YEARS

4:15pm – 4:35pm

Paradigm Shift in the MACS Lift

Patrick Tonnard, MD

4:35pm – 4:55pm

Is a MAPS Lift Just a MACS Misspelled?

Richard Warren, MD

4:55pm – 5:15pm

The Delta Facelift: Whatever Happened to Alpha, Beta, and Gamma?

James Grotting, MD

5:15pm – 5:35pm

High SMAS Face and Mid-Facelift—

Combined Lifting of the Mid-Face, Cheek, and Jowl

Timothy Marten, MD

5:35pm – 5:55pm

Traction Deformities of the Face and How

to Fix Them

Val Lambros, MD

5:55pm – 6:10pm

Incision Planning in Facelifts: What I've

Learned Since Residency

Steven Levine, MD

6:10pm – 6:30pm

Discussion

Rhinoplasty Session

Runs concurrently with Face Session

8:00am – 8:15am

Welcome

Glenn Jelks, MD and Charles Thorne, MD

OVERVIEW—RHINOPLASTY

Session Moderator – Rollin Daniel, MD

8:15am – 8:35am

Patient Evaluation for Rhinoplasty

Bahman Guyuron, MD

8:35am – 8:55am

The Real Philosophy Behind Closed vs Open Rhinoplasty

Javier Beut, MD

8:55am – 9:15am

Standard Open Rhinoplasty—

Technique Video

Oren Tepper, MD

9:15am – 9:30am

Discussion

9:30am – 10:15am

Coffee Break in the Exhibits

MASTERING THE NASAL TIP AND ALA

Session Moderator: Jay Calvert, MD

10:15am – 10:30am

New Nasal Anatomy
Peter Palhazi, MD

10:30am – 10:45am

Closed Tip Suture Techniques
Baris Cakir, MD

10:45am – 11:00am

Open Tip Suture Techniques
Rollin Daniel, MD

11:00am – 11:15am

Tip Surgery—The Decision Tree
Bahman Guyuron, MD

11:15am – 11:30am

Discussion

11:30am – 11:45am

The Plunging Tip
Aaron Kosins, MD

11:45am – 12:00pm

New Concepts in Alar Base Resection
Baris Cakir, MD

12:00pm – 12:15pm

Correction of the Over-Projected Nose
Bahman Guyuron, MD

12:15pm – 12:30pm

Discussion

12:30pm – 1:30pm

Lunch in the Exhibits

DORSAL AESTHETICS

Session Moderator: Steve Dayan, MD

1:30pm – 1:50pm

The New Dorsal Anatomy
Peter Palhazi, MD

1:50pm – 2:05pm

Piezo Electric Instrumentation—
Hump Reduction and Osteotomies
Aaron Kosins, MD

2:05pm – 2:20pm

Dorsal Augmentation with Diced
Cartilage Grafts
Jay Calvert, MD

2:20pm – 2:35pm

Discussion

2:35pm – 2:50pm

3D Photography and Printing in
3D Rhinoplasty
Oren Tepper, MD

2:50pm – 3:10pm

Thick Skin—The Role of Ultrasound
Assessment and Accutane
Aaron Kosins, MD

3:10pm – 3:30pm

Noses with Thick Skin
Bahman Guyuron, MD

3:30pm – 3:45pm

Discussion

3:45pm – 4:15pm

Coffee Break in the Exhibits

DIFFICULT AND SECONDARY RHINOPLASTY

Session Moderator: Aaron Kosins, MD

4:15pm – 4:30pm

Applying Cleft Rhinoplasty Techniques in
Aesthetic Patients
Oren Tepper, MD

4:30pm – 4:45pm

How to Approach the Difficult, Crooked Nose
Rollin Daniel, MD

4:45pm – 5:00pm

Tip Support: Lessons Learned from
Secondary Rhinoplasty
Jay Calvert, MD

5:00pm – 5:15pm

Lengthening of the Short Nose and
Correcting the Over-Projected Nose
Bahman Guyuron, MD

5:15pm – 5:30pm

Discussion

5:30pm – 5:45pm

Summation: The Rhinoplasty Revolution
Rollin Daniel, MD

SATURDAY, JANUARY 16

7:00am – 10:00am

Exhibits Open
Includes: Breakfast and Coffee Break

Face Session

Runs concurrently with Rhinoplasty
Cadaver Lab

MAXIMIZING NECK PROCEDURES

Session Moderator: Robert Singer, MD
Discussants: Charles Thorne, MD and Javier Beut, MD

8:00am – 8:15am

Deep Layer Neck Problems: Defining
Anatomical Problems and Applying Logical
Solutions
Timothy Marten, MD

8:15am – 8:30am

Why I Rarely Open the Neck in
Facelift Surgery
Louis Bucky, MD

8:30am – 8:45am

Recurring Platysma Bands and Excess
Skin in the Neck: My New Technique
Without Anterior Incisions
Mario Pelle-Ceravolo, MD

8:45am – 9:00am

Ulthera, Kybella and Other Adjuncts to
Improve Neck and Face Outcomes
Mark Jewell, MD

9:00am – 9:15am

Discussion

9:15am – 9:45am

Coffee Break in the Exhibits

ROUNDING OUT YOUR PRACTICE

Session Moderator: Glenn Jelks, MD
Discussants: Robert Singer, MD and Richard Warren, MD

9:45am – 10:00am

FDA Update on Fat Grafting
Mark Jewell, MD

10:00am – 10:15am

Tips and Tricks in Periorbital Rejuvenation
Patrick Tonnard, MD

10:15am – 10:30am

A Systematic Approach to Lip Augmentation
Javier Beut, MD

10:30am – 10:45am

Zygomatic Implants: The Cinderella of
Facial Rejuvenation—Why I Use Them so
Often During a Facelift
Mario Pelle-Ceravolo, MD

10:45am – 11:00am

Discussion

11:00am – 11:15am

Using Resurfacing Lasers to Maximize
Benefits in Facial Rejuvenation Surgery:
Forehead, Eyes, Nose, Face and Neck
Timothy Sproule, MD

11:15am – 11:30am

Genioplasty for the Non-Craniofacial/
Maxillofacial Trained Plastic Surgeon
Bahman Guyuron, MD

11:30am – 11:45am

Otoplasty—What Works for Me
Charles Thorne, MD

11:45am – 12:00pm

Discussion

THE CADAVER LABS

Two Cadaver Labs are being offered this year—one
focusing on Rhinoplasty and one on Facial Rejuvenation
procedures. Our expert faculty will demonstrate the
pertinent anatomy and will review technical details
relating to the symposium lectures. It's an excellent
opportunity to try some of these techniques and gain
insight from the instructors.

These labs are an additional fee—Sign up for one or
both online, or on the attached registration form.

8:00am – 12:00pm

Rhinoplasty

1:00pm – 5:00pm

Face

REGISTRATION

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Symposium Registration

	On or Before November 23, 2015	On or After November 24, 2015	Subtotal
ASAPS or AAFPRS Active Member	\$1,350	\$1,550	\$ _____
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ASAPS Life Member/Resident <i>(Must provide letter of verification from chief of plastic surgery)</i>	\$400	\$600	\$ _____
Allied Health Personnel/Office Personnel <i>(Letter verifying employment by an ABPS-certified plastic surgeon required)</i>	\$800	\$900	\$ _____
Optional Rhinoplasty Cadaver Lab (8:00am – 12:00pm, Saturday, January 16) <i>4 AMA PRA Category 1 Credits™</i>	\$795	\$995	\$ _____
Optional Facial Cadaver Lab (1:00pm – 5:00pm, Saturday, January 16) <i>4 AMA PRA Category 1 Credits™</i>	\$795	\$995	\$ _____

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*Plastic Surgery Residents & Fellows
graduating from the classes of 2012–2016*



Residents' Symposium



Chair: Mark Codner, MD

Co-Chair: Salvatore Pacella, MD, MBA



The American Society for Aesthetic Plastic Surgery (ASAPS) is proud to announce “The Business of Launching Your Practice—The ASAPS Gift of Expert Advice.” Ideal for Senior Plastic Surgery Residents, this complimentary symposium will be held in Dallas, Texas, on December 11–13, 2015.

This timely symposium will address the pressing business concerns of graduating residents as to “what comes next” after graduation. Chairman Mark Codner, MD, and Co-Chair Sal Pacella, MD, MBA, have designed the symposium around the common concerns of residents, asking “What is your greatest concern/fear in going out into practice?”

The Grand Hyatt at DFW—a beautiful 4 Diamond hotel—is located in the Dallas/Fort Worth airport, making time away minimal and easy.

With an outstanding faculty, this free symposium for residents is not to be missed! Apply today at www.surgery.org/residents2015 or complete the form in the registration brochure immediately following.

FRIDAY, DECEMBER 11

7:00 – 9:00pm

Welcome Reception and Registration
Grand Hyatt DFW Airport—Terminal D

SATURDAY, DECEMBER 12

7:15am – 8:00am

Registration and Breakfast
Conference Level

8:00am

Welcome
Mark Codner, MD—Chair

Our Personal Experience

Moderator: Mark Codner, MD

8:00am – 8:15am

Mark Codner, MD

8:15am – 8:30am

Salvatore Pacella, MD, MBA

8:30am – 8:45am

Gary Tuma, MD

Let's Get Started—Things to Consider

Moderator: Salvatore Pacella, MD, MBA

8:45am – 9:10am

The Top 10 Financial Planning Mistakes Residents/Fellows Make and How to Avoid Them
Lawrence Keller

9:10am – 9:35am

Beware of Mentors Bearing Gifts—
Negotiating a Contract that Favors You
Bob Aicher, Esq.

9:35am – 9:45am

Discussion

9:45am – 10:00am

Networking Break

Joining a Group—Tips for Making it a Good Experience

Moderator: Gary Tuma, MD

10:00am – 10:15am

Asking the Right Questions
Salvatore Pacella, MD, MBA

10:15am – 10:30am

How You Divide Expenses and How You Divide Income Are Equally Important
Bob Aicher, Esq.

10:30am – 10:45am

Compensation in a Group Practice
Karen Zupko

10:45am – 11:00am

Discussion

It's Your Money, Manage It Properly

Moderator: Mark Codner, MD

11:00am – 11:15am

It's All About Financial Reports—Overhead and Revenue
Helen Daniell

11:15am – 11:30am

Dr. Thrifty vs Dr. Spendalot
Salvatore Pacella, MD, MBA

11:30am – 11:45am

Understanding Physician Compensation
Salvatore Pacella, MD, MBA

11:45am – 12:00pm

Understanding and Maximizing Your RVUs
Karen Zupko

12:00pm – 12:15pm

Common Financial Mistakes That New Plastic Surgeons Make
Joseph Ellis

12:15pm – 12:30pm

Discussion

12:30pm – 1:30pm

Lunch

Hiring the Right Staff to Enhance Your Practice

Moderator: Salvatore Pacella, MD, MBA

1:30pm – 1:45pm

Best Hiring Practices: Interview Skills and How to Pick the Right People
Karen Zupko

1:45pm – 2:00pm

How Many Employees Do I Need?
Sheila Nazarian, MD

2:00pm – 2:15pm

Scheduling and Personnel Issues That Impact Your Success
Herluf Lund, MD

2:15pm – 2:30pm

How to Use Physician Extenders to Generate Revenue and Save You Time
Alex Thiersch, JD

2:30pm – 2:45pm

Discussion

2:45pm – 3:00pm

HIPPA Claims—From Staff Conversations to Patient Photos
Bob Aicher, Esq.

3:00pm – 3:15pm

ICD-10—What YOU Need to Know
Karen Zupko

3:15pm – 3:30pm

How to Handle Disgruntled, Disruptive Employees; Including Termination vs Resignation
Alex Thiersch, JD

3:30pm – 3:45pm

Discussion

3:45pm – 4:15pm

Networking Break

Don't Forget Practice Benefits— Giving and Receiving

Moderator: Herluf Lund, MD

4:15pm – 4:30pm

Reward Your Staff Before You Reward Yourself—401K and Bonuses

Gary Tuma, MD

4:30pm – 5:00pm

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

Helen Daniell

5:00pm – 5:15pm

Discussion

6:30pm

Cocktails and Dinner

SUNDAY, DECEMBER 13

7:15am – 8:00am

Breakfast

Marketing Your Practice— Getting the Word Out

Moderator: Bob Aicher, Esq.

8:00am – 8:30am

Online Marketing, SEO, Websites and Branding

Ryan Miller

8:30am – 9:00am

Marketing—Internal and External

Karen Zupko

9:00am – 9:30am

Social Media—The More the Better

Sheila Nazarian, MD

9:30am – 9:45am

Discussion

9:45am – 10:15am

Networking Break

How to Protect Your Practice and Yourself

Moderator: Salvatore Pacella, MD, MBA

10:15am – 10:45am

How to Protect and Detect Embezzlement—Checks and Balances

Joseph Ellis

10:45am – 11:00am

Specifics of Disability Insurance and What You Need to Know

Lawrence Keller

11:00am – 11:15am

Bad Internet Reviews—What Do I Do?

Ryan Miller

11:15am – 11:30am

Staying Engaged—Balancing Your Life

Herluf Lund, MD

11:30am – 12:00pm

Discussion

12:00pm – 1:00pm

Lunch

1:00pm – 4:00pm

Sunday Afternoon Roundtable Discussions

All Faculty to Participate

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

How to Get Sued: Learn from the ASAPS Legal Counsel about real life experiences and how you can avoid these costly mistakes.

Facilitator: Bob Aicher, Esq.

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

Facilitator: Helen Daniell

Asset Protection: Discuss basic investments, real estate, home, office, stocks, bonds, mutual funds, tax free investments, saving for children's education.

Facilitator: Joseph Ellis

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

Facilitator: Lawrence Keller

Practice Building in Your Community:

Learn how to achieve life balance, contribute to your community, and make a difference.

Facilitator: Herluf Lund, MD

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

Facilitator: Ryan Miller

Practice Launch Logistics: Solo vs Group vs Multispecialty Group vs Hospital Employee: In network, out of network, referral sources, debt acquisition, salary guarantee, partners.

Facilitator: Sheila Nazarian, MD

Considering a Med Spa? An excellent opportunity to get advice from the Founder and Director of the American Med Spa Association.

Facilitator: Alex Thiersch, JD

The Fine Art of Negotiating: The talent that you can use every day in every situation.

Facilitator: Gary Tuma, MD

Closing the Deal—Did You Drop Something?

Discuss the importance of patient leads, improving your patient coordinator's closure rate, and giving the right impression.

Facilitator: Karen Zupko

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

Facilitator: Industry Representative

4:00pm – 4:30pm

Conclusions for Launching a Practice

Mark Codner, MD

Program and Faculty Subject to Change



CLIMATE/ATTIRE

The average December temperatures for the area are 58°F for the high and 39°F for the low. However, you will not need to leave the airport/hotel during the meeting. Business casual attire is appropriate for the meeting. Temperature fluctuation in the hotel is common, please dress in layered clothing that can be easily added or removed throughout the meeting.

TRAVEL/HOTEL

The Grand Hyatt at DFW is a 4-Diamond corporate hotel, conveniently located in Dallas Fort Worth Airport International Terminal D, and accessible by Skylink, providing a unique and convenient experience. The Aesthetic Society has contracted a special discounted rate for your stay. Please use the Hotel link at www.surgery.org/residents2015 to make your reservation. Reservations can be made until November, 19, 2015 or until the room block is full. As part of industry donation and ASAPS support, the cost of the symposium will be covered at no expense to attendees. Travel and hotel are not included.

SPECIAL ASSISTANCE

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

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Practice type: Private Small Group Large Group Academic Other

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

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ASERF Resident Travel Scholarship To The Aesthetic Meeting 2016

C R I T E R I A

Submission Deadline: November 1, 2015

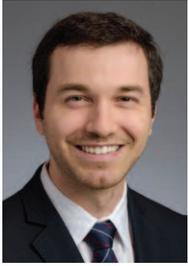
Purpose: ASERF established the Resident Travel Scholarship to benefit residents and fellows by providing financial support for travel expenses associated with attending The Aesthetic Meeting. Currently, this scholarship program has been made possible by a grant from The Allergan Foundation. We will be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

Uses: Scholarship funds must be used to offset the costs of travel, hotel, and other expenses associated with attending The Aesthetic Meeting 2016.

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

- Must be enrolled and in good standing in an approved plastic surgery training program
- Submit a letter of recommendation from the resident or fellow's program director
- Submit a Curriculum Vitae
- Submit an essay explaining the importance of attending The Aesthetic Meeting 2016
- Agree to attend the entire educational session during the meeting
- Agree to accept the scholarship funding after the annual meeting for which the scholarship was provided (to ensure attendance)
- Agree to write a short article about their most important learning experience during the meeting, which may be used in an issue of *Aesthetic Society News*

ASERF Resident Scholarships: The Aesthetic Meeting 2015 Experiences

Julian Winocour, MD

As I enter my final year of training in Plastic and Reconstructive Surgery at Vanderbilt University, I reflect upon the meaningful experiences during my residency that will

shape my future practice. Some of the most significant highlights have been the conferences and meetings that I have attended. Being a smaller specialty in surgery, especially compared with my prior residency in general surgery, The Aesthetic Meetings give a more intimate experience with a stronger emphasis on innovation, surgical techniques and panel discussions on controversial subjects. They also give the opportunity to translate factual learning, from books and peer-reviewed journals, to a more thorough understanding and appreciation of techniques in Plastic Surgery.

The Aesthetic Meeting in Montréal has definitely been one of the great experiences from my training, with the advantage of being in my hometown city. It provided the unique opportunity to listen and watch leaders in the field discuss and demonstrate their techniques and viewpoints on different subjects in Aesthetic Surgery. This was especially informative during the case panel discussions where different cases, chosen by the audience, were tackled one by one, by leaders of a particular specialty. This really emphasized to me that in the aesthetics field it is the decision-making and nuances of different techniques that make the difference in the final surgical outcome.

I was fortunate to attend multiple courses at the meeting and proctor several others. A couple of the courses that I found especially informative were Dr. Tim Martin's course on facial fat grafting and Dr. Joseph Hunstad and Dr. Peter Rubin's course on body contouring following major weight loss. The Aesthetic Meeting also provided the opportunity to learn about cutting-edge research and novel new techniques. The Residents and Fellows Research Forum was a great example of this, where many of my peers showcased the amazing work and commitment to advancing the field, even at the resident level.

Olivier A. Deigni, MD, MPH

The Aesthetic Meeting 2015 was an amazing experience. The charm of Montréal combines a European feel with a unique North American touch. The conference was very well organized

with a great variety of topics ranging from specific surgical techniques to address a particular problem to discussions on how to maximize your online presence for your private practice.

The meeting offers an amazing opportunity for one to grow tremendously as a member of the society. It brings plastic surgeons from all corners of the world and allows for direct face-to-face communication with local, national, and international experts. The intangible opportunities for networking are limitless and the forging of relationships that allow for mentorship and further discussions are made possible.

In addition, the display of innovative technologies provides a perfect forum for interactions with industry partners. The wealth of resources available at the meeting offers an invaluable complement to the residents' and fellows' education that is difficult to attain through residency and fellowship training alone.

One of my most important learning experiences was the paramount necessity for building a united front as plastic surgeons whose voices and presence cannot be overlooked or ignored. We must take on leadership roles in the health care industry in order to guarantee that our practice of aesthetic surgery and our ability to make decisions to ensure the best outcomes for our patients are not lost or transferred to third parties. Without plastic surgeons at the decision making level, third party ideologies and visions may in the end severely handicap the entire health care system and crush the freedom to practice at one's own account.

I am very thankful for having been selected as one of the recipients of the ASERF Resident Travel Scholarship for 2015 and I look forward to participating in many more aesthetic meetings.

Charalambos (Babis) Rammos, MD

I am privileged and grateful to have been a recipient of the Aesthetic Surgery Education and Research Foundation (ASERF) travel scholarship to attend The Aesthetic Meeting

2015 in Montréal.

Along with my exposure to the realm of plastic surgery during my residency training at Mayo Clinic, I believe my understanding of the intricacies involved in the field of aesthetic surgery has increased due to the attendance of The Aesthetic Meeting. A sharp scalpel and pure surgical knowledge do not fully make a surgeon. There is a need to constantly expand your horizons. The Aesthetic Meeting is a great example, where world class surgeons share their tips and tricks, and shed light to questions that arise daily in residency and practice. It's also a great opportunity to get together with your peers, get to know the people that you will be seeing in the future.

This was a generous gesture from ASAPS with ASERF, and the experience in Montréal was priceless.

Following my graduation in June 2015, I accepted the ASAPS endorsed Aesthetic Fellowship position with Dr. Joseph Hunstad in North Carolina for the period 2015–2016, and being able to attend the ASAPS meeting helps to have a better grasp of aesthetic procedures and prepare you how to handle cases and patients.

I encourage every resident in training to apply for the ASERF scholarship, as it will bring you one step closer to attending one of the best meetings in Plastic surgery.

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Aesthetic Surgery Journal Update

Foad Nahai Blogs for OUP: A Day in the Life of the Editor-in-Chief of Aesthetic Surgery Journal

By invitation of Oxford University Press (OUP), Dr. Nahai answers questions in blog format ranging from the evolution of aesthetic surgery over the past 25 years to what may change most in our specialty in years to come to and what inspired him to become an aesthetic surgeon. The blog is live here: <http://goo.gl/7Ty0wr> and offers personal insights we hope will be of interest to ASAPS members and ASJ readers.

Frequency Increase

We're very pleased to announce the frequency of ASJ issues will increase from 8 issues per year to 10 issues per year beginning in 2016! Stay tuned for more information and look for 2 extra issues in your mailbox next year. As always, we encourage you to visit our website and RADAR Resource here: ASJ Website: www.aestheticsurgeryjournal.com

Meetings and Conferences

Are you traveling to an aesthetic meeting soon? Come visit ASJ at the following meetings and ask us about free swag and the latest and greatest updates and features of RADAR Resource.

- The Cutting Edge: New York, December 3–5, 2015
- Atlanta Oculoplastic Symposium: Atlanta, January 21, 2016
- Atlanta Breast Surgery Symposium: Atlanta, January 22–24, 2016
- The Rhinoplasty Society Meeting: Las Vegas, April 2, 2016
- The Aesthetic Meeting 2016: Las Vegas, April 2–7, 2016

Social

Have you been keeping up with us on Twitter, Facebook, and LinkedIn? Many of your colleagues are featured in video interviews providing clinical and technique tips as well as more information about their research. Join us today!

Twitter: @ASJrnl
<https://twitter.com/ASJrnl>

Facebook: Aesthetic Surgery Journal
<https://goo.gl/7MzmGl>

LinkedIn: Aesthetic Surgery Journal
<https://goo.gl/aTpa4x>



ASJ Around the Globe

Dr. Frank Lista (ASJ's Breast Section Co-editor) represents *Aesthetic Surgery Journal* at the esteemed 35^a Jornada Paulista de Cirurgia Plástica meeting in São Paulo, Brazil last month.

AESTHETIC SURGERY JOURNAL

Discover the new RADAR

Explore *Aesthetic Surgery Journal* on RADAR Resource, The Aesthetic Society's medical library and professional network on your tablet, smartphone, and the web. RADAR includes dozens of features that enhance ASJ's print edition, including operative videos; discussion boards; interactive cases; and the ability to annotate, customize, and organize your Journal articles.



iPad App: search "ASJ" in the Apple App Store

Responsive Web Version: go to www.radarresource.org from your web browser

Visit <http://oxford.ly/RADARresource> for more information.



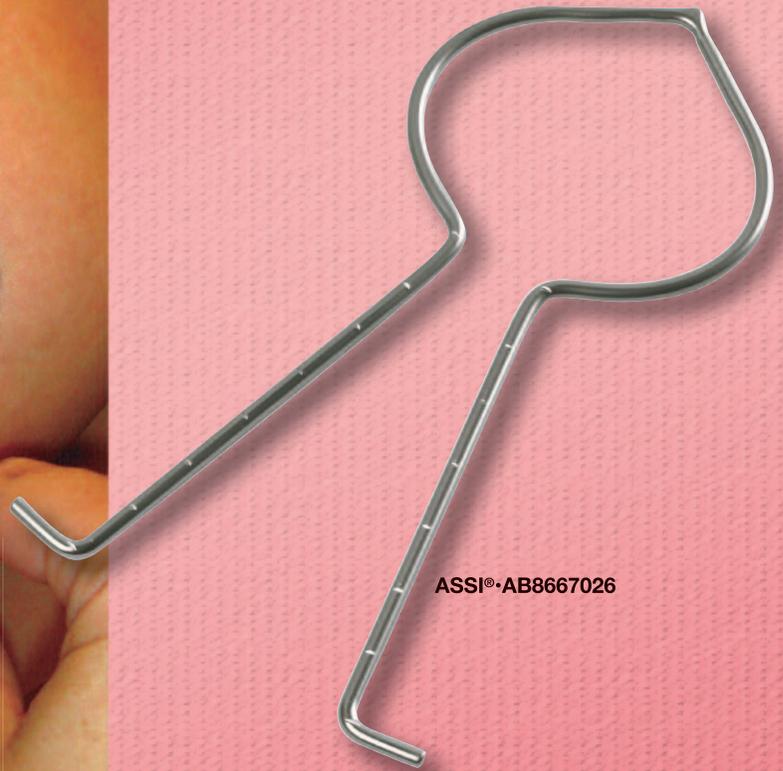
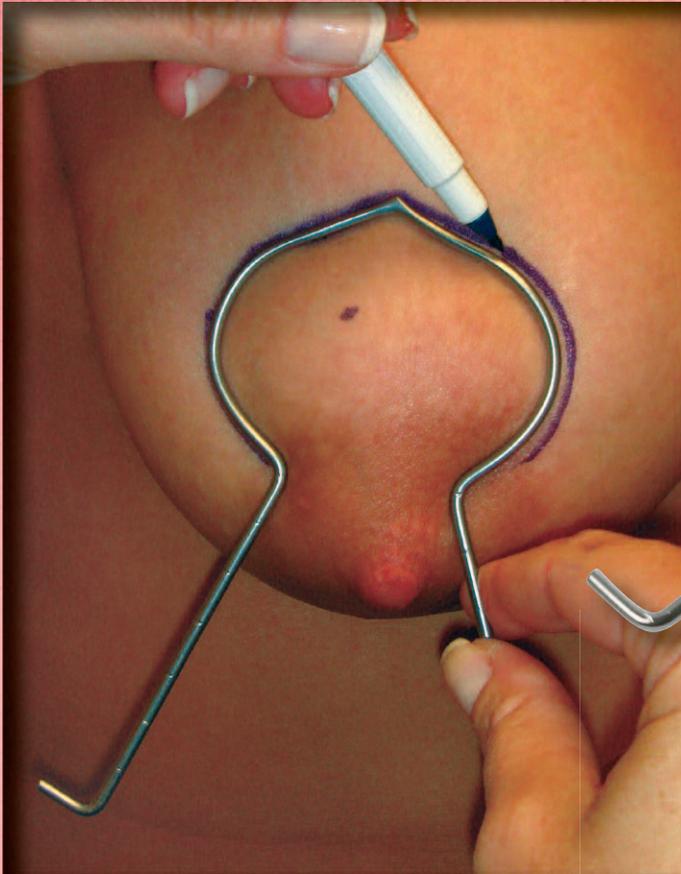
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Designed by
Jennifer L. Walden, MD, NY, NY

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Complimentary to ASAPS Members: 1st Norwegian-American Aesthetic Surgery Meeting

The Norwegian Society for Aesthetic Plastic Surgery (NSAPS) and the American Society for Aesthetic Plastic Surgery (ASAPS) are pleased to invite you to the 1st Norwegian-American Aesthetic Surgery Meeting, in Oslo, October 23, 2015. The annual meeting of the Norwegian Society for Plastic Surgery will be held October 22, preceding this meeting. Please let your colleagues know about this special opportunity to participate in these two events! Participation for ASAPS Active Members is complimentary!

We are proud to announce that many ASAPS members will be participating, as will 3 keynote speakers—Dr. Timothy Marten (USA), Prof. Jan Öivind Moskaug (Norway), and Prof. Hans Holmström (Sweden)—along with other Swedish and Norwegian distinguished lecturers. In all, 26 lectures and courses will be presented at this educational 1-day full-day meeting. The program will be divided into 6 specific sessions on the Face (3 sessions), Breast, Stem Cells and Fat Grafting, and QOL and Patient Safety. Special emphasis will be on recent developments in facial aesthetic surgery, with video presentations and course-based lectures by world-renowned surgeon and teacher Dr. Timothy Marten, who will provide more than 4 hours of education during his session on Face, both for beginners and the most advanced plastic surgeons. The

second keynote speaker—Prof. Jan Öivind Moskaug—will elaborate on recent developments in the explosive and exciting field of stem cell and fat grafting. The prominent Swedish surgeon in the field of rhinoplasty—Prof. Hans Holmström from Gothenburg, Sweden—with his 44 years of experience, will talk about change in techniques in rhinoplasty, heading the second Face session.

Many exciting topics will be approached, including, in aesthetic breast surgery, the interesting discovery of acute cellulitis caused by breast implant dystrophic calcification and the recently implemented Swedish breast implant registry. Fat grafting enhancement tools and its controversies will be presented as well as comparison of fat processing methods. Additional lectures will present information about mastopexy refined techniques. Quality of life and patient safety is becoming an integral part of our work and is gaining attention. The question, “Do We Harm Our Patients?” is legitimate and universal, and we will illustrate patient satisfaction/dissatisfaction with current aesthetic procedures through long-term follow-up. The complete final program is attached for your reference.

This meeting is a milestone in a collaborative effort to elevate the goals of aesthetic surgery, with more focus on research, quality of life,

October 23, 2015

1st Norwegian American
Aesthetic Surgery Meeting

Holmenkollen Rica Hotel
Oslo, Norway

[www.hostmotet.no/
?page_id=9153](http://www.hostmotet.no/?page_id=9153)

patient satisfaction, and developing the best standard of care. This joint meeting is a solid foundation for a scientific gathering at the highest international level.

The Congress will be held at the traditional Scandic Holmenkollen Park Hotel in Oslo, which has the best view of Norway's beautiful capital, along with its fjords and natural surroundings. Late October in Oslo can be sunny and chilly, about 16°C (60°F), with clear skies and a chance of rain or snow.

We look forward to this exciting meeting and to seeing you in Oslo on October 23, 2015! Please register here: www.hostmotet.no/?page_id=9153



A portrait of Susan Lovelle, MD, a Black woman with long, dark, wavy hair and bangs. She is smiling warmly at the camera, wearing a black cardigan over a black and white striped top. Her arms are crossed.

“By attending The Aesthetic Meeting, I get to connect with my compatriots and attend courses which reinforce my skills. Even more, the Meeting gives me the opportunity to ensure that what I’m doing in Newton, Kansas, is aligned with what the rest of the country is doing as well.”

Susan Lovelle, MD
ASAPS member since 2006

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What's New on Radar?

Aesthetic Surgery Journal

The September/October issue of the *Aesthetic Surgery Journal (ASJ)* is available NOW in the RADAR library.

To view in the RADAR Library:

Aesthetic Surgery Journal ⇒ 2015 ⇒ Volume 35, Number 7, September 2015
Highlights include the following articles with video:

- *The Circumrotational Technique for Mastopexy*—Gabriele Cáceres Miotto, MD; and Felmont F. Eaves III, MD, FACS
- *Preoperative Saline Implant Deflation in Revisional Aesthetic Breast Surgery*—Cindy Wu, MD; and James C. Grotting, MD, FACS
- *A CE-Marked Drug Used for Localized Adiposity Reduction: A 4-Year Experience*—Raffaele Rauso, MD; and Giovanni Salti, MD
- *Superior Sulcus Volumetric Rejuvenation Utilizing Dermis Fat Grafting*—Craig N. Czyn, DO, FACOS, FACS; Jill A. Foster, MD, FACS; and Allan E. Wulc, MD, FACS



Did you know that you can view videos for articles simply by selecting the video camera icon?

ICD-10 Webinar

Missed the ICD-10 Dash to the Deadline webinar with Karen Zupko? No Problem! Watch the entire webinar with your staff and get your office ready for ICD-10!

This webinar will demonstrate what to do now to avoid denials and payment delays. Dash to the Deadline is a specific, plastic surgery focused program—presented by Karen Zupko & Associates Inc. She will tell you what to do and how to efficiently get it done.

To view in the RADAR Library:
Library ⇒ Practice Management ⇒ Your Practice ⇒ Webinars



Did you know that you can annotate webinars and videos by selecting the clipboard icon?

Legal Advice

NEW advice on “Aicher’s Legal Pad!” Have you thought about using targeted ads on your practice website? ASAPS Legal Counsel, Bob Aicher, Esq. weighs in on the matter.

To view in the RADAR library: ASAPS ⇒ Practice Management ⇒ Legal ⇒ Aicher’s Legal Pad ⇒ Targeted Ads

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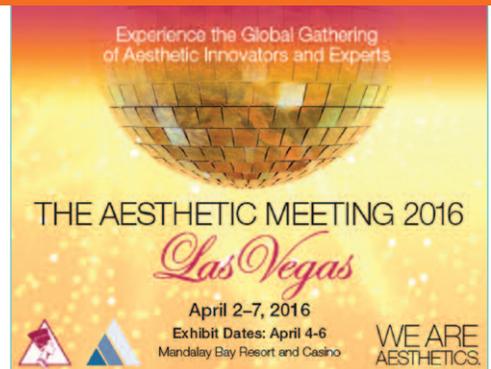
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Hotel Room Rates: \$175 - \$279

Additional hotel rooms available at:

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Las Vegas, NV 89119

702-262-4000

Hotel Room Rates: \$48 - \$99

Hotel reservations will be available

October 22, 2015. Go to

www.onpeak.com/ASAPS

to make your reservation.

Please note: onPeak is the only official housing company associated with ASAPS. While other hotel resellers may contact you offering housing for your trip, they are not endorsed by or affiliated with the meeting and if you choose to book with a vendor not endorsed or ASAPS, we strongly encourage you to verify their credentials before doing business with them, and then independently confirm that your reservations have in fact been made and will be honored by directly contacting your chosen hotel, airline and/or rental car company.

The ASERF Data Hub

The last decade has seen huge advances in the generation of data and how we collect it. Parallel to this increase in data is the development of technological tools to analyze this data. Especially within our continually changing regulatory environment, the ability to cohesively collect and interpret unbiased medical data is a crucial and necessary development that has been difficult to execute, until today.

Recognizing the importance that data analysis will play in the future of healthcare, ASAPS and ASERF have partnered to develop a shared data collection system, the ASERF Data Hub, that will help the societies and membership remain the authority on care delivery in the field of plastic surgery.

Once launched, ASERF will have access to the largest surgical database system focused on aesthetic plastic surgery in the world.

The ASERF Data Hub was introduced this past May at The Aesthetic Meeting in Montréal, Québec, Canada. Designed by surgeons for surgeons, the ASERF Data Hub, powered by SurgiMetrix, is a cloud-based, HIPAA compliant data entry system used to collect and analyze patient outcomes data that is integrated with compliance standards throughout the continuum of care. We are



“This system will document safe surgical compliance and will

provide data that can be easily analyzed to improve patient care. Data collection needs to be designed using the same fields for all parties. Consistency in the reporting process will lead to the practice of evidence based medicine.”—

Dan Mills, MD, ASAPS President-Elect

thrilled to announce that the ASERF Data Hub will soon launch as a complimentary service, allowing advocates of data collection to unite in an effort to improve patient care.

Starting Fall 2015, ASAPS/ASERF will be conducting a beta test of the ASERF Data Hub in order to refine the platform specific to ASAPS/ASERF member user experience. Once launched, ASAPS/ASERF members will be asked to enter surgical data from one case per month into the ASERF Data Hub. The ASERF Data Hub was designed with ease-of-use in mind, with intuitive, interactive case entry forms averaging 3–5 minutes to complete per case. Active members will instantly benefit from this data by having the ability to generate unique reports on a comparative basis in order to enhance operations and market their practice. Once members have entered a statistically reliable amount of data into the ASERF Data Hub system, aggregated data will be used by ASAPS/ASERF to advocate on behalf of its membership everywhere.

The ASERF Data Hub tracks the entire surgical process, from pre-operative through post-operative care. This provides valuable insight that, when used in conjunction with data from outcomes, allows for a comprehensive understanding of the surgical process.

The goals for the ASERF Data Hub are two-fold, all founded with the focus of improving patient care through Evidence Based Medicine.

Firstly, with surgeons from other surgical specialties beginning to incorporate aesthetic surgical procedures into their practice, it is critical that we have the ability to demonstrate statistical evidence of outcomes and safe surgical care delivered by ASAPS and ASERF members. Armed with member compliance data, ASERF will be in the strongest position to guide the media, regulatory agencies and others that have the ability to impact membership. ASAPS and ASERF will soon have the capabilities to use robust data in order to generate benchmarks, recognize trends, and pinpoint considerations, which will help us limit the patient impact of other surgical specialties trying to incorporate aesthetic surgical procedures into their practice.

The second goal for the ASERF Data Hub is to provide a platform for benchmarking at a practice level—the ASERF Data Hub allows



participating ASAPS/ASERF members to compare their own case data with data from their peers for analysis and marketing purposes.

While the ASERF Data Hub is founded on data collection, there are additional features that members can take advantage of now, including a HIPAA Compliance Management Program specifically designed for Aesthetic Surgical practices. If your practice hasn't done so already, email compliance@surgimetrix.com to arrange for a private, no-cost consultation and assessment on HIPAA compliance requirements specific to your practice's unique needs. During this call, you can also ask the SurgiMetrix experts questions about OSHA, HR and Corporate Compliance policies, if needed.

About SurgiMetrix

SurgiMetrix is the only surgical data entry platform that documents and analyzes the entire surgical process in conjunction with outcomes to formulate Evidence Based Medicine. SurgiMetrix documents compliance with accepted safety standards and allows for surgeons, surgical societies, and accrediting organizations to analyze and improve patient care through a variety of data and solution-driven resources. At the discretion of the operating surgeon, this data may be shared with their specialty societies or accrediting associations, or to fulfill governmental regulatory requirements.

The first Internet Based Quality Assurance and Peer Program (IBQAP) was developed for the American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) in 1999. In 2001, SurgiMetrix was established to facilitate the safe operation of outpatient facilities through compliance managed care using safe surgical standards. The AAAASF database now has had over 20,000 members contribute data and over 20 millions procedures entered. The ASERF Data Hub entry is on track to formally launch early next year.

The SurgiMetrix platform integrates data collection for peer review with

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The ASERF Data Hub

Continued from Page 26

compliance management and research. In addition, the platform offers a variety of interrelated features that benefit all members, both currently existing and coming soon.

Additional Features of the Data Hub include:

- **Data Entry System**— A unique data entry system that follows the patient through the surgical process for analyzing outcomes with care delivered, adapted to meet the needs of each society and membership group.
- **Healthcare Suppliers' Directory**— A place for healthcare professionals to connect with the highest quality healthcare goods and service suppliers. Become a member of the directory in order to improve your SEO and visibility or browse top-tier suppliers for your healthcare needs.
- **Social Network**— A secure environment for discussion of healthcare-related issues. Confidentially communicate with peers about a variety of topics related to the healthcare industry.
- **Compliance Management for HIPAA and OSHA regulatory requirements**— Managing your Healthcare Compliance, customized for your needs. Get support from our professionals and stay on top of all compliance and regulatory mandates.
- **Research Portals**— Providing relevant, current research from an unmatched set of data for both industry and patients.
- **Real-Time Reporting**— Real time data for your needs with custom reports at the touch of a button. Create reports from the database at your convenience to better your practice or facility.

Questions?

Contact us to set up a demonstration of the Data Hub platform and its features today!

Visit www.surgimetrix.org for more information, or email us at info@surgimetrix.com to speak with us directly regarding your questions and interest.

If you wish to volunteer as a beta tester, please contact us at info@surgimetrix.com.



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Why Industry Relationships Matter

Continued from Cover

aggressive about patients being over billed. As a result, AdvaMed and PhRMA, along with some states, created guidelines designed to limit gifts from industry to insure prescribing and treatment decisions were being made based only upon the patient's best interests. In a further effort to limit payments from industry to doctors, the Sunshine Act now mandates industry reports to CMS which are open to the public.

Does ASAPS allow Board members to have industry relationships?

By all means. ASAPS has a Conflict of Interest Policy that requires Board members, as well as Committee Chairs and Staff, to annually reveal any relationships they or their family has with industry and any time during meetings and conference calls if a certain manufacturer becomes a topic of discussion. Once provided, ASAPS evaluates those relationships to make sure they are appropriate and won't undermine ASAPS' reputation or mission of providing the highest level of CME.

How is the Society protected from relationships board members might have with industry?

All board members report their relationships yearly. The relationships are also posted on the agendas for the board of directors meeting at our annual and interim meetings. When these relationships are revealed, just as they are during scientific presentations, anyone listening will keep these relationships in mind. When the specific industry becomes an agenda item, conflicted board members are prohibited from voting, speaking on the topic, or both.

When are industry relationships with doctors constructive?

They are as long as they are disclosed and compensation is appropriate as required by our Conflict of Interest Policy. Examples of valuable relationships include:

- Advising a manufacturer about their drug or device [helps develop new treatments for patients]
- Researching the safety and effectiveness of new drugs and devices [helps create new treatments for patients]
- Testing the safety and effectiveness of new drugs and devices [helps insure that new

treatments for patients will be safe and effective]

- Teaching both on label and off label CME courses [helps educate other doctors about new treatment options]

What kinds of compensation can Board members receive from industry?

There are many appropriate levels of compensation that depend upon the activity:

- Advisory board service sometimes results in a stipend; other times it is uncompensated, i.e., the doctors donate their time
- Researchers are paid both for their time and the cost of staff to perform research and write papers
- Testers are paid for their time using new devices with informed patients; sometimes the devices are provided for free, or for a discounted price
- Teachers can be paid for their time as well as for their costs, such as travel, lodging and food

Are the rules different for the ASAPS President and President-Elect?

Yes. Our Conflict of Interest Policy states that President and President-Elect relationships, such as speaker bureaus, advisory boards and non-CME training and educational events, are still permitted as long as:

- The relationship enhances the mission and goals of the Society
- The relationship is uncompensated
- Reimbursement is limited to costs, such as travel, lodging and food
- They speak only as plastic surgeons and not as ASAPS representatives
- Their names do not appear in any company advertising
- They are not members of any exhibitor's or corporate sponsor's board of directors, unless they founded the company

Does advisory board service create a conflict of interest?

Usually not, but there are several considerations:

- Do the company's products or services benefit our members?
- Is the company a competitor, or are the company's mission and goals inconsistent with those of ASAPS?

- How long has the Board member been advising this company?
- Is the company controversial?
- What compensation is the Board member receiving?
- If the Board member is on the Executive Committee, is the member willing to decline advisory board compensation during the President-Elect and President terms?
- If the Board member is on the Executive Committee, will the appearance of company favoritism be so great that, even if compensation is refused, the member should plan on withdrawing from that particular advisory board during the President-Elect and President terms?

What are the rules about teaching CME for industry?

Courses offered by industry are not accredited CME because the company is selecting the faculty and curricula. Compensation from industry for teaching is still permitted, however, depending upon the member's position on the ASAPS Board:

- With the exception of the President and President-Elect, Board members are permitted to receive cost reimbursements and compensation from industry
- The President and President-Elect are permitted to receive cost reimbursements only from industry

When are industry relationships with ASAPS constructive?

Even though our Conflict of Interest Policy covers our leadership and staff only, ASAPS is careful with whom it does business. Valuable relationships can include:

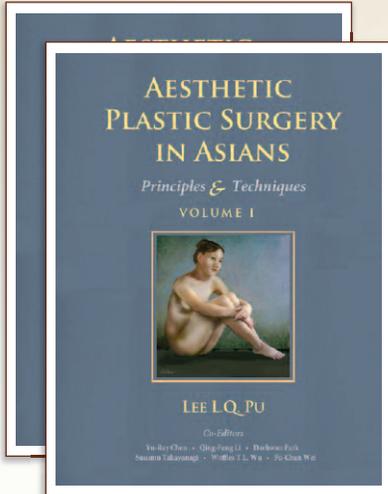
- Unrestricted educational grants [helps ASAPS fulfill its mission of physician and patient education]
- Marketing packages [helps educate physicians as to the company's products and services]
- Exhibitor booths [helps educate physicians as to the company's products and services without taking office time away from patients]
- Directed research grants [helps ASERF fund research topics]

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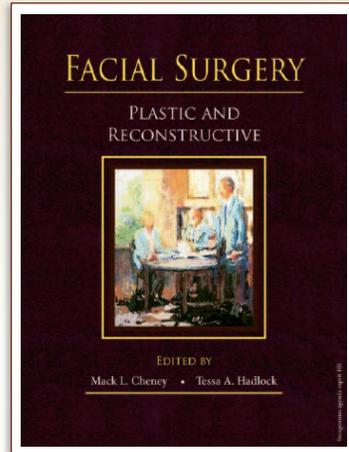
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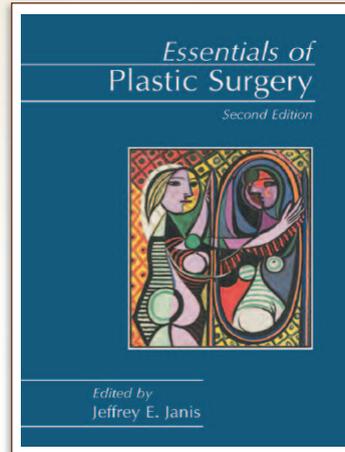
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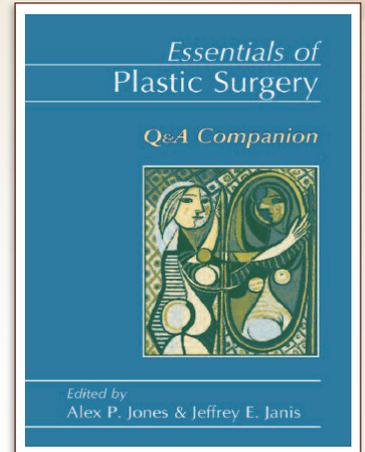
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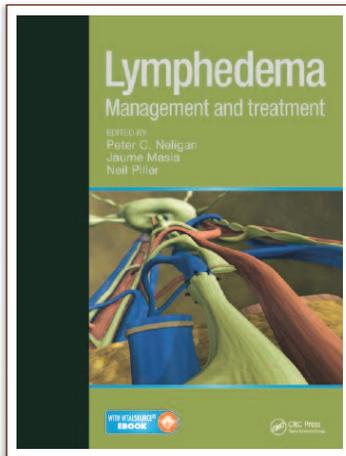
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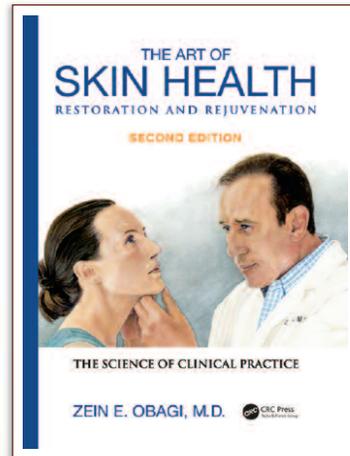
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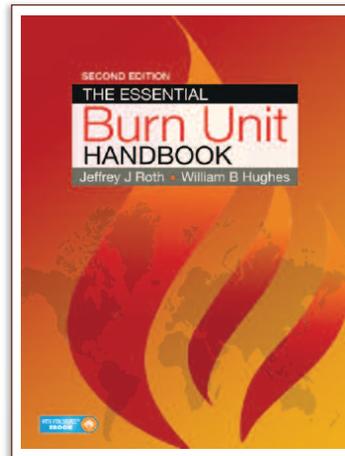
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Why Industry Relationships Matter

Continued from Page 29

- Marketing policy [helps ASAPS encourage industry to use uniform terminology and to market non-deceptively]
- Silent auction donations [helps ASERF fund research and develop its Data Hub to collect procedural information to improve patient outcomes]

Does the government approve of these relationships?

Certainly. The government does not have the resources to advance the specialty. FDA, for example, does not invent drugs or devices or independently develop treatments for patients. FDA's role is to evaluate drugs and devices developed by others, namely, manufacturers. Drug and device manufacturers are essential to advance the plastic surgery specialty, and plastic surgeons are essential advisors, researchers, testers and teachers of these advancements.

Is the profession demeaned when doctors have a large media presence?

There was a time when advertising was illegal and discussing prices was considered demeaning to the profession. Now, patients seeking aesthetic services expect to see advertising and to be informed precisely as to the cost, both initially and for any future course of treatment. Non-surgical procedures have become affordable to younger patients who turn to social media to become informed and to find aesthetic practitioners. Plastic surgeons without a social media presence are not as likely to be found.

Would it be better for ASAPS if all Board members had no industry relationships?

Unlikely. One member wanted to return a device still in the unopened box. The company refused until an ASAPS Board member called the CEO to facilitate. Another Board member secured over \$1 million in

silent auction donations to fund ASERF research. Board members frequently provide their experience with industry when ASAPS is required to determine whether a specific entity should be permitted to exhibit, to become an advertising partner or a corporate sponsor, or to be endorsed. For ASAPS to fulfill its mission of physician education, and for ASAPS' members to employ best medical practices when treating their patients, drug and device manufacturers cannot be strangers. Appropriate relationships are essential to support and advance the specialty.

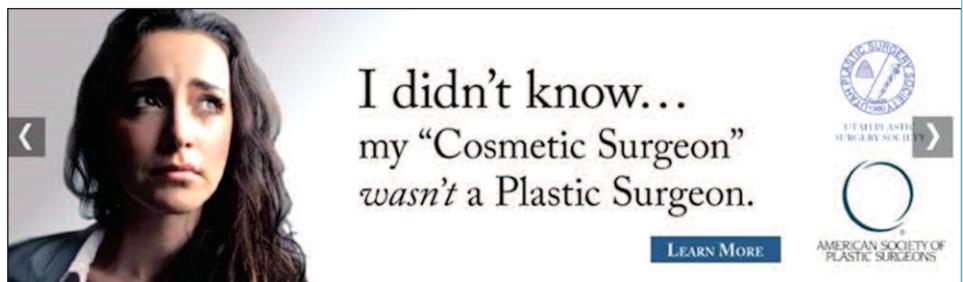
Bob Aicher is General Counsel to ASAPS and has represented the Society for 24 years. He lives in Pasadena, California, and can be reached by phone at 707-321-6945 or by email at aicher@sbcglobal.net.

The Aesthetic Society Congratulates the Utah Plastic Surgery Society for Taking a Stand

On August 31, 2015, an important federal case was decided. The 10th Circuit Court of Appeals affirmed the September 5, 2013 dismissal of an antitrust lawsuit filed by two cosmetic surgeons, Drs. Drake Vincent and Benjamin Dunkley. The defendants were the UPSS, ABPS, ASPS and several of our Utah colleagues. At issue was an educational campaign organized by the Utah Plastic Surgery Society. The most visible feature of the campaign, which included internet statements and a local television interview, was a billboard that depicted a tearful woman saying, "I didn't know my 'Cosmetic Surgeon' wasn't a Plastic Surgeon."

The two cosmetic surgeons lost on all three of their federal claims because:

1. They failed to allege any concerted action, price fixing, territory allocation or control over the cosmetic surgery market by the defendants (Sherman Act, section 1).



2. They failed to allege any monopoly power in the cosmetic surgery market by the defendants (Sherman Act, section 2).
3. They failed to allege false advertising, i.e., actual or implied falsity or actual consumer deception (Lanham Act).

The Court of Appeal found the claims by Drs. Drake Vincent and Benjamin Dunkley to be speculative, with no proof of actual damages. The fact that they claimed their practices had "cooled" as a result of the

campaign was insufficient under federal law.

"Educating the public about the importance of ABPS board certification remains a priority for The Aesthetic Society," said James C. Grotting, MD, ASAPS President, upon hearing of Monday's decision. "The Utah Plastic Surgery Society, along with the ASPS, ABPS and 19 of our colleagues in Utah, are all to be congratulated for boldly encouraging patients to understand the differences between cosmetic surgeons and plastic surgeons."

ASAPS PR/Communications Department's Recent Achievements

The PR team continues to make headlines, highlighting its members as experts on all things aesthetics and the Society as an emblem of patient safety and public education.

Some recent traditional media hits include: Reuters (Tattoos may be taboo for US millennials seeking to dress for success) with ASAPS President, Dr. James C. Grotting weighing in on the tattoo removal trend, FashionTimes.com (Men's Skin Care Routine Tips) featuring skincare tips for men from ASAPS board member, Dr. Grant Stevens and DallasNews.com (Desire for buttocks enhancement popularizes legal, illegal procedures) with commentary from ASAPS member, Dr. Jennifer Walden cautioning consumers against illegal buttock injections.

Our annual statistics continue to garner plenty of ink as well, which is why we encourage you to participate in the forthcoming annual survey this December. The results of this survey are sourced year-round by top-tier media outlets—and have been highlighted in a considerable number as of late, including: Time.com (These 3 Trends Are Changing the Face of Plastic Surgery), FoxNews.com (Number of men over 40 seeking cosmetic treatments on the rise, experts say), Newsweek.com (24 Hour Boob Job), LA Times ('Modern Family' actress Ariel Winter's breast reduction puts the procedure in a spotlight), Yahoo Parenting (Teens Are Getting Back-to-School Plastic Surgery), and Yahoo Beauty (The Risk of Cheap Botox) among others.

The communications team has also been hard at work promoting studies out of *Aesthetic Surgery Journal (ASJ)* beyond the scientific community, further raising the profile of The Aesthetic Society, members who authored the respective studies, and the journal itself. Some of the most recent media coverage includes: Healio (Researchers: Consumers should be wary of stem cell products 'scienceploitation'), Medical News Today (Wound closure more effective when surgeons listen to their preferred music) and Yahoo Health (Study shows how contact lenses can affect your appearance over time), among others.

In addition to traditional media, the communications department has established a strong social media presence for both ASAPS (16,000+ on Facebook and 18,000+ on

Twitter) and its consumer-facing platform, Smart Beauty Guide (10,000+ on Facebook and 1,300+ on Twitter) engaging with consumers and empowering them with resources to make informed decisions about plastic surgery, including a search tool to find ASAPS member surgeons in their area.

Social media accounts for about 11% of the traffic to SmartBeautyGuide.com. A significant amount of social media content includes blogs crafted by a team of beauty bloggers, based on interviews with you and your peers, and contributing ASAPS member physicians. The top five blog posts this past month were:

- Keep Abreast of Your Implant Maintenance (645 clicks, 70 shares)
- Botox Party Bust: Why Botox and Parties Don't Mix (360 clicks, 61 shares)
- Plastic Surgeon vs. Cosmetic Surgeon: What's The Difference (210 clicks, 36 shares)
- If You're Not Quite Ready for Surgery, Consider This! (245 clicks, 33 shares)
- Botox Does More Than Just Smooth Away Wrinkles (502 clicks, 31 shares)

Video content featuring interviews with ASAPS members is also growing in popularity. The top five most popular videos in the past month were:

- Dr. Al Aly—Transforming lives through plastic surgery after a dramatic weight loss (431 clicks, 11 shares)
- Dr. Oren Tepper—How fat can restore a youthful look to your eyes (276 clicks, 26 shares)
- Dr. Larry Weinstein—The difference between a male and female rhinoplasty (212 clicks, 17 shares)
- Dr. Clyde Ishii—What is Asian blepharoplasty (159 clicks, 10 shares)
- Dr. Jim Nammoum—How breast reconstruction surgery has evolved to improve cosmetic outcomes (132 clicks, 14 shares)

As the communications team continues to further the ASAPS mission, we welcome you to participate by submitting guest blogs on topics of your choice and/or surgical video content to feature on Smart Beauty Guide. Please contact leigh@surgery.org for guidelines and additional information.

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3 Reasons You Should Schedule a 10 Year Reunion with Your Breast Surgeon

By Brian K. Reedy MD October 1, 2015

f p t t +

3 Reasons You Should Schedule a 10 Year Reunion with Your Breast Surgeon

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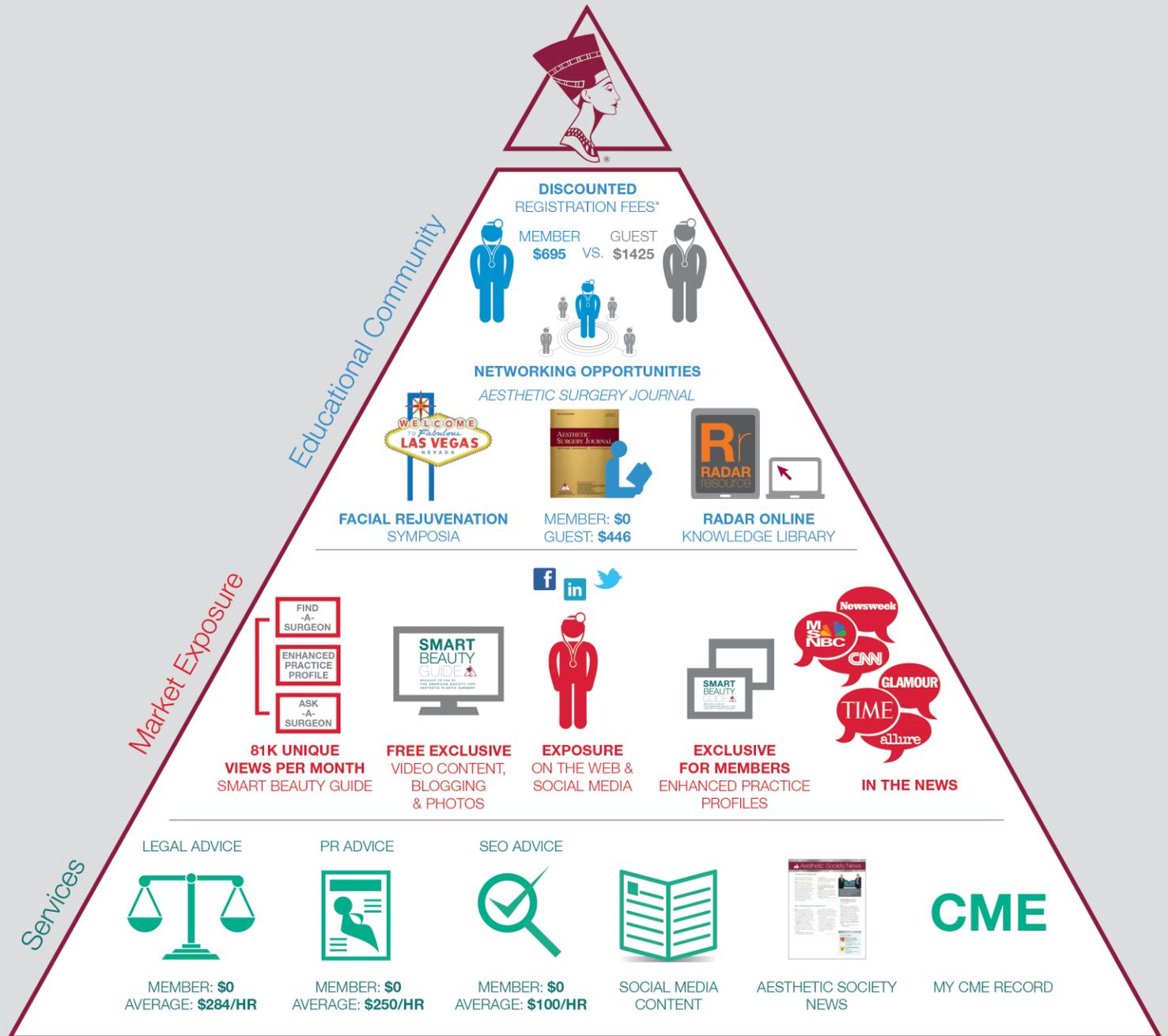
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Popular Posts

The Functional Benefits of Vaginal Plastic Surgery

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The Benefits of Membership



* Early Bird Registration Fees from The Aesthetic Meeting 2015

WE ARE AESTHETICS.

For aesthetic plastic surgeons passionate about connecting with brilliant minds, learning ground-breaking new advances, and building a successful practice, ASAPs is the leading, globally-recognized society singularly dedicated to inspiring and enhancing the aesthetic profession, continuous life-long learning, and personal growth for our members for more than 45 years.

The Aesthetic Society.

The Legacy You Trust. Member Benefits to Utilize Now. Education You Need to Ensure a Bright Future.

Only The Aesthetic Society offers education, products and member benefits created by Aesthetic Surgeons, for Aesthetic Surgeons.

Innovative Educational Programs

Both ASAPS Members and non-members voted The Aesthetic Society the best provider of aesthetic education, besting other educational opportunities by more than 50%!¹

- Members save on registration fees for The Aesthetic Meeting and symposia
 - 87% of members find The Aesthetic Meeting important¹
- Complimentary *Aesthetic Surgery Journal* subscription – beginning in 2016, 10 issues per year!
 - 82% of respondents said “I usually find some information of relevance to my practice in every issue”²
- Complimentary access to RADAR Resource (now available on all platforms), an aesthetic knowledge library with a host of dynamic features
- Symposia designed by the key opinion leaders in our specialty incorporating unique educational & networking opportunities
- Complimentary webinars

The Best Value Proposition in the Specialty

NEW: My CME Record

You asked, ASAPS responded!

- Complimentary and exclusively for ASAPS Members
- Use My CME Record to maintain all your CME requirements
- Receive automatic email every time your CME Record has meeting credits added
- Add your other CME activities as well as create specific cycles for your credentialing and licensure CME requirements
- With My CME Record, it's never been easier to track your credits through one easy-to-manage portal
- Log in today: asaps.org/cme



COMING SOON: The ASAPS Member Marketing Program

- All Members receive a standard profile on Smart Beauty Guide with your own web address, which enhances your Google search results and makes it easier for prospective patients to find you
- General Membership promotion on social media
- Additional Member promotional opportunities, available for purchase



1. ASAPS survey of ASAPS Members and non-member plastic surgeons, conducted June 23-July 6, 2015.
2. *Aesthetic Surgery Journal* survey conducted August 2015.

The American Society for Aesthetic Plastic Surgery

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THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC.

WE ARE
AESTHETICS.

ASAPS Consumer Website Smart Beauty Guide Continues to Gain Viewers, Traffic and Facebook Likes (and Why You Should Care)

Perhaps you've heard this information before, but the ASAPS consumer site www.smartbeautyguide.com (SBG) is written and designed to offer the best user experience for patients in your target demographic. Content is written as conversation, now considered best practice in web-based communication. Our use of video is extensive and we are now paying special attention to our YouTube channel. YouTube is now considered the second most used address for search, the first being Google itself. The pundits suggest fresh content: SBG has a team of bloggers, all of whom have their own followers, who give us on content three to four times per week. Member reviews? Stay tuned, we are at the final stages of vendor negotiations to make this happen in a fair and balanced program.

Just the numbers:

The figures at right compare third quarter this year to third quarter 2014. Please note, third quarter figures are traditionally lower as they include the summer months.

And I should care about this because...

Ok, so Smart Beauty Guide is steadily growing, your content strategy seems logical, and you use a lot of video... As a member, what's in it for me?

That's a logical question. The Society has two parallel goals for all of our public education endeavors: provide consumers with accurate, unbiased information and to provide members with tools that can help their practices.

Members who have purchased Smart Beauty Guide Enhanced Profile Pages have seen qualified leads come into their offices and enjoyed the additional digital presence that enhances their current web and social media efforts.

As ASAPS continues to improve its tools and services, member satisfaction remains crucial to our success. Should you have any questions or suggestions, please contact the Director of Marketing & Public Education, John O'Leary at 562-799-2356 or john@surgery.org.

Smart Beauty Guide Q3 2014 and Q3 2015 Web Site Traffic

Key Performance Indicators	Q3 2014	Q3 2015	%of Change +/-
Sessions	193,128	214,587	+10%
Unique Users	166,239	184,711	+10%
Pageviews	457,646	526,031	+13%
Avg. Session Duration	00:01:82	00:02:00	+9%

Smart Beauty Guide Top Content (by type)

Content Type	Pageviews	Unique Views
Photo Gallery: Procedure Gallery	83,196	17,275
Procedure	65,017	46,196
Search: Surgeon	33,713	7,970
Photo Gallery: Case	29,224	8,387
Profile: Surgeon EPP	24,141	14,779
Blog	23,247	19,640
Search: General	10,393	2,989
Ask a Question: Landing	7,772	3,040
Video	7,082	5,930
Article	2,233	1,964
Infographic	1,168	967
Testimonial	377	296

Top Blogs

Page Title	Pageviews	Unique Pageviews	Avg. Time on Page
Keep Abreast of Your Breast Implant Maintenance: What You Need To Know	4,516	4,371	0:02:27
Why thigh gap is a bad idea	3,428	3,284	0:01:50
How to Choose between Liposuction and CoolSculpting	875	820	0:03:27
Plastic surgeon vs. cosmetic surgeon: What's the difference?	849	795	0:04:04
Botox Does More Than Just Smooth Away Wrinkles	840	799	0:02:41

Top Videos

Page Title	Pageviews	Unique Pageviews	Avg. Time on Page
My Breasts are Now Symmetric and I'm More Confident after Undergoing Breast Augmentation	1,450	1,391	00:01:55
My Facelift Results Met My Expectations. The Saggy Skin Is Gone!	1,078	992	00:01:52
My Eyelid Surgery Results: I Look Rested and Don't Need Eye Creams for Puffiness	412	375	00:01:49
CoolSculpting Got Rid of My Diet and Exercise Resistant Fat Pockets	349	321	00:01:51
How Breast Reconstruction Surgery Has Evolved To Improve Cosmetic Outcomes	333	311	00:01:44

Industry Experts Weigh in on How to Improve Your Practice

The Aesthetic Society has a program developed for industry known as The Premier Partner Program which invites C level industry experts to interact with Society leadership and participate in various activities.

One of these is our annual strategic planning session. While their role in strategic planning is confined to non-proprietary issues, our industry friends provide great insights as the folks who are in the trenches and in member's practices on virtually a daily basis.

These industry pundits met at the recent ASAPS strategic planning retreat to discuss how ASAPS members can improve business by embracing the latest consumer trends and adopting simple practice changes. Below are direct quotes from industry discussions, segmented by topic. In future issues of ASN we will be exploring some of them in depth, providing practical tactics for applying them to your practice.

About Practice Positioning

- ASAPS members need to integrate more non-invasive procedures into their practices.
- Members should incorporate more of their focus on anti-aging and wellness. Today's patients want to feel and be seen as beautiful and healthy.
- ASAPS doctors need to expand their product offering from A-Z instead of only concentrating on surgery.

Members should incorporate more of their focus on anti-aging and wellness.

Today's patients want to feel and be seen as beautiful and healthy.

On Demographics

- It's not just females anymore; we need to embrace males as well. Younger patients in the 18 to 24 range are now interested in aesthetic surgery.

Regarding the Biggest Trends

- Consumers are interested in "replenishing what was lost" versus a makeover. It's all about Wellness, Beauty, Replenish and Replace. Overall, there is more interest in non-invasive procedures.
- We all know the consumer is more educated and informed. As a result, there are more opportunities for the wrong information to be disseminated. ASAPS needs to be the expert voice.
- The industry representatives believed that ASAPS doctors need to look holistically at facial aging. "You need the full portfolio of products in order to be competitive and/or in the considered set."

Leveraging Social Media

- There is a huge opportunity to leverage the social media space with doctors. Dermatologists are capitalizing on social media and are also open to offering the complete set of products and services. They realize that if a consumer has a good experience in the office, they stay and come back. ASAPS could use social media to create and maintain a position of authenticity.

Practice Management Tools

- Some of the members are good plastic surgeons but bad businessmen. The biggest opportunity is to determine how to run an efficient, successful business. Many times I've heard "teach us how to be good at business."
- ASAPS needs to assist members by developing practice management tools to build a practice. What is the right model for successful business?
- The doctor's staff also needs to be educated and has to understand what is being offered. Staff at times doesn't know what is important and this can eliminate any chances of a return visit.
- ASAPS members also need an open mind to new technology. "You are not early adopters of some of this technology."

What is ASAPS.org?

ASAPS.org is the member portal for The Aesthetic Society, where you can handle most of your member needs, such as:

Ask a Surgeon Answer Submission and Management

Discover and answer newly submitted consumer questions in a variety of categories.

Photo Gallery Submission and Management

Submit before and after photographs and manage existing cases.

My CME Version 1.0

Advanced CME tracking with automatic submission of credits for ASAPS meetings and self reporting capabilities.

Profile Statistics and Rankings

For members with an EPP, view the performance of your profile over time with a variety of statistics and relative rankings amongst your peers.

Notifications and Message Center

Sign up for email notifications for new consumer questions, added CME credits to your record and other events. Set the frequency of notifications or, opt out altogether.

Practice and Account Information

Keep your basic profile and web site account information up to date including

practice addresses, practice web site and NID number. Enhanced Practice Profile (EPP) changes are still administered by ASAPS staff, contact Lisa Orozco with EPP changes at lisa@surgery.org.

Simply go to ASAPS.org and log in. If it is your first visit, please click on the "New to ASAPS.org" button.

Have more questions about how to best use this tool? Please email Lisa Orozco for assistance at lisa@surgery.org.

Emails From The Aesthetic Society

One of the commonly heard suggestions from those associated with the Aesthetic Society is that the Society reduce the number of emails we send. As we understand the many demands on your time, The Aesthetic Society makes every effort to ensure that the emails we send are relevant to you, with important Society information, educational opportunities, and member offerings. While we occasionally send out emails on behalf of our industry partners, please keep in mind that our partnerships with them enable us to keep membership dues as low as possible.

Please be assured that we never loan or sell our email lists.

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

Unfortunately, our current email system

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

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

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

A Call to ASAPS Members Making a Difference by Giving Back



We are looking to share the stories of ASAPS members who have made a difference in their communities by either offering a pro-bono procedure to someone in need or by starting up their own charitable organizations to this end. By offering free or discounted surgeries to patients with congenital deformities and to women or men disfigured as a result of violence or domestic abuse, you are the catalysts for life-changing procedures, restoring confidence and hope for many.

We would love to hear about your charitable work! Please send an email to media@surgery.org and include the name of your nonprofit organization, (if applicable) and a bit about the pro bono work you are doing in your community as well as eligibility criteria. We would like to highlight your work in upcoming issues of ASN and our social media channels.



Show Your Patients You Are a Member of ASAPS

Alerting your patients that you're a member of one of the most distinguished medical societies focused on higher learning is easy! Simply use our complimentary logos on your website, stationery, business cards, brochures,

and advertising to let prospects know that you've achieved the distinction of membership. Logos can be found here: www.surgery.org/members/member-resources/asaps-members-logo

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

The Help You Need Is Finally Here.



SMART BEAUTY GUIDE

BROUGHT TO YOU BY
THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY

Prospects for Your Practice
Products Patients Want
Content You Trust

www.smartbeautyguide.com

NEW: Guide to Facial Rejuvenation Take Advantage of Special Savings—Only Through October!

Customizable with photo, bio and practice information, and available exclusively for members of The Aesthetic Society, the new Guide to Facial Rejuvenation is filled with vetted Smart Beauty Guide content and proprietary illustrations and photography. Covering essential skin care, cosmetic medicine, and aesthetic surgical procedures for the face, this brochure is sure to appeal to the patient seeking detailed education on the latest facial techniques, including Kythera's new non-surgical chin fat treatment.

SAVE NOW

Order by October 31, 2015, and enjoy 20% savings on this beautiful brochure. Call The Aesthetic Society at 800.364.2147 or 562.799.2356 to place an order or to have a sample sent to you.

PRODUCT DETAILS

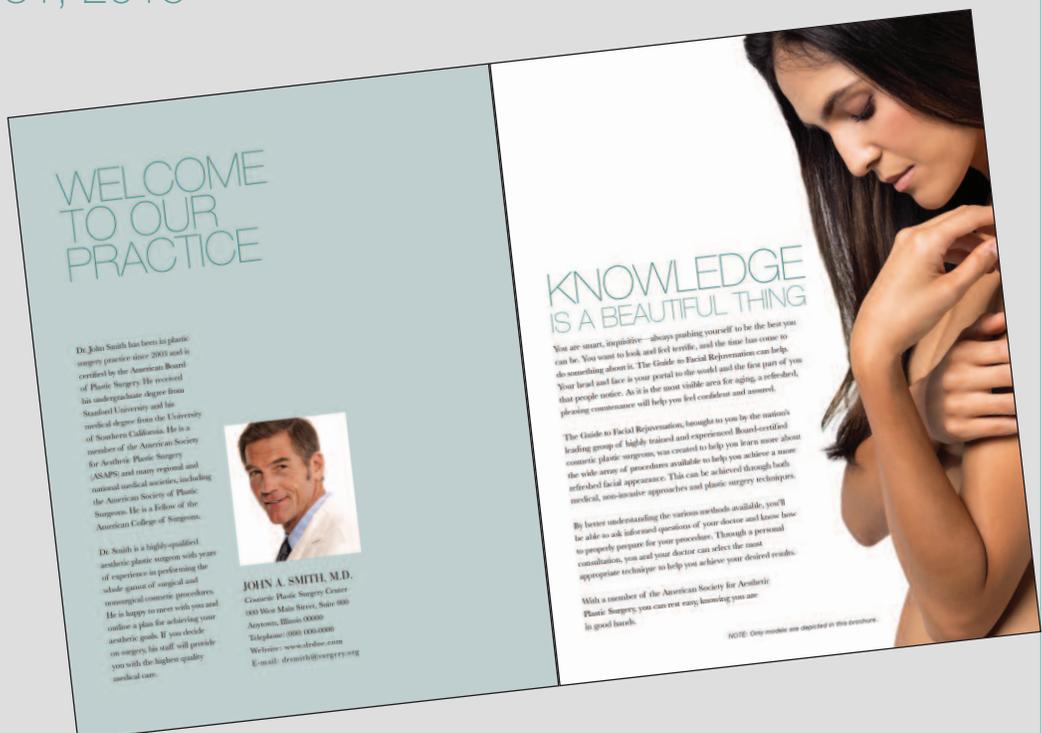
24 pages plus customizable cover.

8.5" x 11"

Sold in packs of 500.

1 pack \$1495 • 2 packs \$2490

Save 20%
Order by October 31, 2015



Exclusive and Proprietary
Imagery You Won't See
Anywhere Else!

According to a Survey by Real Patient Ratings, Sending a Brochure Prior to Consult Increases the Chances a Prospect will Book a Procedure by 56%

MINI-FACELIFT (OR LIMITED INCISION FACELIFT)

If your aging concerns are confined to the mid-face area, a limited incision facelift procedure may provide the results you're looking for with minimal scarring.

As the name implies, the mini facelift is suited to those who have a limited amount of excess or sagging skin. Your surgeon will make short incisions in your hairline, starting at your temples and continuing down and around the back of your ears behind the natural creases. There may also be incisions in the lower eyelids, temple area or under the upper lip.

Like a traditional facelift, the underlying muscles are tightened, which provides a youthful boost to the firmness and elasticity. The face has not yet noticeably aged in the first, a mini-facelift keeps you looking younger longer.

Some Considerations about Mini-facelifts:

- Limited lift: signs of aging in a particular area of the face. These procedures are called limited or mini lift because they are abbreviated facelift techniques that give your surgeon access to limited areas of excess, fat and excess skin.
- This procedure is appropriate for younger people who are starting to exhibit signs of drooping jowls, or people who have already had a full, but care again are showing some signs of sagging.
- Limited lifts are generally performed in one to four hours, usually with local anesthesia and/or sedation.
- As with any surgical procedure, limited lifts carry the risk of nerve damage, infection, irregular scarring, and complications related to anesthesia.

114 FACIAL REJUVENATION

NONSURGICAL CHIN FAT TREATMENT

Pharmaceutical company Kybella has introduced a new non-surgical treatment for chin fat, which is commonly known as a double chin. A patented formulation of deoxycholic acid, the active ingredient used in a low-maintenance, non-surgical option for the treatment of submental fullness, deoxycholic acid is a natural bile salt. If approved for use, this medication will create a new method for helping to remove the lower half of the face by reducing small pockets of fat through injections.

Aging and weight gain can have a profound effect on one's self-esteem or self-perception, and Kybella's naturally derived treatment has been shown in clinical trials to improve the appearance of the neck. Side effects are similar to other lipolytic products, including potential swelling, bruising and temporary numbness, but the application of deoxycholic acid is painless or discomfort. The treatment is not recommended for patients with very lax skin. For those undergoing treatment, multiple treatments may be required to achieve the desired effect.



YOUR FACE PUT YOUR BEST FACE FORWARD

Common medical procedures are a blend of both art and science. The American Society for Aesthetic Plastic Surgery has a number of member surgeons who are world-class painters and sculptors, focusing on the human face and form. Plastic surgeons as a whole have a strong feeling for beauty. Their goal is to enhance the harmony of your facial features while preserving your unique facial character. Facial plastic surgery can lift your brows, open up your eyes, reshape your nose, reduce prominent ears, contour your chin, shape your skin, and firm up your neck and jawline. Sometimes enhancing a single facial feature brings your whole face in balance, improving overall appearance, making you appear more youthful, and increasing your self-confidence.

Your face is the first part of you that people notice, and a pleasing countenance will help you feel confident and assured.

12 FACIAL REJUVENATION

NOTE: Only results are depicted in this brochure.

FACELIFT / RHYTIDECTOMY

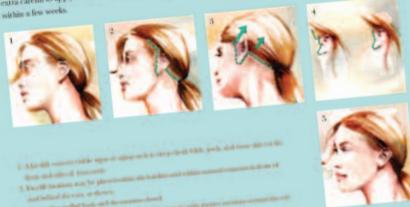
Today's facelift techniques are designed to tighten deep tissues, firm up loose skin, and address volume changes that occur with aging. The goal of a facelift is to deliver your most youthful and natural look. Healing, skin texture, and the underlying bone structure of your face all play a role in how many years your facelift will remain solid, to some extent, how long these changes will last.

Facelifts are not one size fits all; the procedure is dictated by your facial characteristics. In some, the deeper facial tissues may be repositioned or tightened to remove a more youthful contour. In others, removal or addition of fat or other soft tissue fillers may be necessary to achieve optimal results.

Common to all facelifts is that excess skin is removed to yield a smoother, firmer facial appearance. One important factor in the length of incisions varies, depending on the facelift technique that has been used. The placement and length of incisions vary, depending on the ear, ranging around the earlobe, with variations going up into the hairline of the temple, or behind the ear. Your doctor will help you determine the best technique to meet your individual needs.

Facelifts can also improve your neck, with your surgeon treating neck laxity through a small incision placed under your chin, and through the same incision, remove excess fat and tighten neck muscles. Excess neck fat can also be removed through a very small incision or incisions using liposuction.

After your facelift, you may feel tightness or numbness in your face and neck. Some skin discoloration is common. You can expect some swelling, which will resolve shortly. Your skin will be sensitive, so you will need to be extra careful to apply skin block products daily. You can apply makeup soon after surgery and return to work within a few weeks.



FACIAL REJUVENATION 115

Includes the Latest Techniques, including Non-Surgical Chin Fat Reduction Treatment

YOUR SKIN LOVE THE SKIN YOU'RE IN

Aging is unavoidable, but with the right treatments, the effects of aging, sun exposure, smoking, poor diet, alcohol, stress, and heredity can be altered.

SKIN REVITALIZATION / NONMEDICAL SKIN TREATMENTS

Noninvasive skin rejuvenation procedures to minimize fine lines and deeper wrinkles can reduce signs of aging in your mid-face, lower face, neck, eyelids, forehead, and brow areas, making you look as youthful and energetic as you feel and giving you an "edge" in your personal and professional life.

Improving the texture of your skin creates a youthful look and restores a healthy, luminous, and radiant appearance. Skin resurfacing, skin tightening, fillers, and neuromodulators are used in combination, with or without surgery, to achieve the best results.

Your doctor will tailor your treatment plan to address your specific needs and personal objectives. Some of these treatments are done in your doctor's office, but there are also treatments you can do at home.

PEELS

Superficial peels, such as glycolic acid (an alpha hydroxy) or salicylic acid (a beta hydroxy) can be used in varying concentrations to improve skin texture and treat acne, mild sun damage, and pore congestion. These acids are used to exfoliate dead skin cells, stimulate cell turnover, and unclog pores, and in the case of salicylic acid, have an antibacterial effect which may be beneficial for acne. A single peel performed in your plastic surgeon's office may be enough to help refresh and brighten your skin, but many choose to have a series of light peels to achieve more significant improvement. Typically, you would have the peels weekly for about six weeks and then monthly for maintenance. You can expect little to no downtime.

Deeper peels are meant for those who have severe wrinkles, sun damage, and uneven skin tone and texture. They take longer to perform and will leave a healing crust on the skin that must be covered with protective ointment and limited from sun exposure. While the results can be quite impressive, these peels must be performed in a surgeon's office, will require a few days of downtime, and are not right for everyone.

4 FACIAL REJUVENATION

NOTE: Only results are depicted in this brochure.

FACIAL REJUVENATION 5

20% Savings on the New Guide to Facial Rejuvenation Good through October 31, 2015

The Aesthetic Society's Industry Partnership Program



Founding Premier Partner: Sientra



Founding Alliance Partner: Rosemont Media

Working together to advance the science, art, and safe practice
of aesthetic plastic surgery among qualified plastic surgeons.

It's more than just business to us.

ASAPS Mourns the Loss of Dr. Edward Truppman

Continued from Cover

Singer notes. "He was a person who believed in 'giving back' to plastic surgery through philanthropy. Eddie was very knowledgeable, with a wealth of interests beyond just surgery. He will be greatly missed."

Jack A. Friedland, MD, shares, "I am happy to say that no one was more interested in the good works and the future of ASAPS than Ed Truppman. In 1961, he rose to the Presidency of ASAPS, following me, after having gone through the chairs of the Executive Committee, particularly on the financial side. He was very focused on the numbers, making sure that the Ts were crossed and the Is were dotted! Ed's service to ASAPS was admirable."

Dr. Truppman graduated from University of Minnesota with a Bachelor of Arts in 1952, Bachelor of Science in 1953, and a Doctorate of Medicine in 1955. Dr. Truppman served as a Lieutenant in the United States Navy Medical Corps. He was an Associate Clinical Professor of Plastic Surgery, University of Miami School of Medicine, and Diplomate, American Board of Plastic Surgery. Dr. Truppman was actively involved in the medical community serving as a founding member and Vice-Chairman, Board of Directors Palmetto General Hospital; Chairman, Department of Plastic Surgery, Parkway Regional Medical Center; Fellow, American College of Surgeons; Founding President, American Association for Accreditation of Ambulatory Surgery Facilities; Past President, Greater Miami Society of Plastic and Reconstructive Surgery; Past President and Treasurer, The American Society for Aesthetic Plastic Surgery; Past President, and Board of Trustees, Florida Society of Plastic and Reconstructive Surgeons.

Over the years, Dr. Truppman received many accolades for his work including a Certificate of Excellence from the American Society for Aesthetic Plastic Surgery; Certificate of Honorary fellowship to Israel Association of Plastic Surgery; Member of the Board of Governors of the Florida Patient Compensation Fund; Member of the Advisory Board of Directors of ProAssurance Insurance Company (Professional Liability).

As an advocate for patients' rights, Dr. Truppman fought to require insurance companies to cover reconstructive mastectomy surgery for cancer patients. He also lobbied in Washington, DC to allow elderly patients to undergo medical procedures in outpatient facilities and was a founding member of the society that accredited outpatient surgical centers. Dr. Truppman's advocacy was also responsible for ensuring that Medicare covered reconstructive surgery performed at outpatient facilities.

Dr. Truppman's dedication to helping others and saving lives did not stop at the door to the operation room. In 1973 Dr. Truppman traveled to Israel to serve as a volunteer worker in the emergency medical care services during the Yom Kippur War. At the Shaare Zedek Hospital in Jerusalem, Dr. Truppman devoted his time and expertise during times of war and times of peace. He was instrumental in the success of "The Hand of Healing in Israel" program under the Hadassah Medical Organization. Dr. Truppman also facilitated and performed medical procedures on children in San Salvador who were severely burned and injured during the war. He was also honored by President George H.W. Bush for saving the life of Judy St. Claire, following a major injury from a shark attack in the Bahamas.

Beyond these recognitions lie the myriad personal and unheralded stories of the lives touched by Dr. Truppman. He was a tremendous example of selflessness with a steadfast dedication to improving the lives of others with the soft touch of his surgical hand. His healing presence will be greatly missed.

Dr. Truppman is survived by his beautiful and caring wife of 35 years, Patricia, his sister Barbara, his children Caryn, Keith (Linda), Tracy (Rhonda), Harold (Elizabeth), and his grandchildren Jonathan, Joshua (Sara), Jordan, Asher, Dylan, Daniel, and Rachel. He will be greatly missed by his family, friends, colleagues and patients. In lieu of flowers contributions can be made to the Alzheimer's Association (Alz.org).

*Obituary information courtesy of
www.legacy.com.*

Are You Regularly Updating Your EPP?

Fully optimized for Google search, Enhanced Practice Profiles rely on procedural keywords and practice locations to help patients find you. Please review your EPP and make sure that the procedures you perform are listed so that search engines will connect prospects with your profile on SmartBeautyGuide.com. If you need assistance in updating your EPP, please contact webmaster Lisa Orozco at lisa@surgery.org or 562.799.2356.

Share Your Stories!

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

Have You Applied for the All New Candidate for Membership Program?

On January 1, 2015, The Aesthetic Society implemented an updated Candidate for Membership Program, which is rich with new benefits. Upon implementation, the original program was dissolved. Be sure to apply for the new program and re-instate your benefits, plus more! For a complete list of benefits and to download the application, visit: www.surgery.org/professionals/candidate-for-membership

APPLY TODAY: ASAPS Leadership Training Program

Application Deadline—November 30, 2015

Applications are now being accepted for the 2016 ASAPS Leadership Training Program, which is designed to provide ASAPS Active Members with leadership skills applicable both personally and professionally. Participants are taught conflict resolution techniques, team building and consensus tactics, and meeting management, as well as other important leadership skills.

The Leadership Training Program is also an opportunity to recognize the potential of outstanding individuals for inclusion into the Society's leadership. Selected participants will meet for the training over two weekends in 2016, one in the spring (May 13–15) and one in the fall (Sept 9–11), in Dallas, TX. For more information and the application form for this beneficial and complimentary program, please visit www.surgery.org/leadershipapplication.



ASAPS Leadership Training participants enjoy a variety of exercises focusing on conflict resolution techniques, team building and consensus tactics, and meeting management, as well as other important leadership skills.

A Members-Only
Benefit!

Leadership Training Participants Share Their Experiences

“The Leadership Training meeting was an education in new and better ways to organize meetings and function as a leader in general. It gave me a lot of insight into my own personality and the way that I communicate with my staff, and even friends and family. I would recommend leadership training for anyone that runs a small business, plastic surgeon or otherwise.”

—Adam J Rubinstein, MD, FACS

“I am always looking to do better both professionally and personally. While there are books that focus on this subject, I think it works better in a forum like this where you actually do ‘hands-on’ training. It’s easier to comprehend and remember since you are an actual participant for several days reinforcing important aspects with other people who are also learning for the first time and eager to improve.”

—Chad D. Tattini, MD

“The ASAPS sponsored leadership training course was everything I hoped it would be. I learned about my personality type, situational leadership and how to assess others and guide them effectively, and about conflict management and use of the ‘I’ message. The insights, exercises, and training I received during the leadership forum weekend were immediately useful in my work and personal life. I eagerly look forward to the second leadership training session and learning more about being an effective leader.”

—Farzad R. Nahai, MD

“As physicians and plastic surgeons we are all well trained in our specialty. Unfortunately, the medical aspect of our practice only represents a portion of what we deal with day to day. The ASAPS leadership course fills in many of those important gaps that we typically only learn “on the job” and through trial and error.”

—Todd A. Pollock, MD

“I always say my third world mission trips are a ‘vacation for my soul.’ I feel like this leadership course has been an ‘inspiration for my soul.’ I feel empowered both personally and professionally. It has been a priceless experience.”

—Jennifer Harrington, MD

“The Leadership Training program has been invaluable and a truly positive experience. I returned home energized, optimistic and happy. The tools I learned greatly reduced my frustration level with certain aspects of managing a solo private practice. As effective staff is key to any practice, one of the major benefits was in identifying which personality type is best suited for each staff position and how to motivate people based on their personality type. I highly recommend the program to everyone. I applaud ASAPS’ vision to provide leadership training to our members. For any person who works with others, this program provides a tremendous benefit. I have a better understanding of my staff and how to lead and motivate them. For any person who will be leading a committee or group, this program is essential.”

—Tracy Pfeifer, MD

Media Notes & Quotes

According to The Aesthetic Society (ASAPS), liposuction is the most popular surgical procedure for men and women. It is a fact. Last year, about 340,000 men and women had liposuction surgery.”

—Dr. Anthony Youn

TodayShow.com

Thinking of a Nip & Tuck; Busting Plastic Surgery Myths
<http://on.today.com/1l1FM9J>
 August 5, 2014

Men underwent more than one million non-surgical treatments such as Botox, photo rejuvenation and fat reduction in 2014, a report from the American Society for Aesthetic Plastic Surgery found. Plus, the number of cosmetic treatments for men increased 273 percent since 1997.

Fox News

Number of men over 40 seeking cosmetic treatments on the rise, experts say
<http://fxn.ws/1NEKQJX>
 August 24, 2015

You don't have to go under the knife to take years off anymore. Botox and fillers are popular and don't require surgery.

“There's been a rise in men seeking care with a plastic surgeon,” says Michael Edwards, MD, past president of the American Society for Aesthetic Plastic Surgery. “It's becoming more acceptable.”

WebMD

Get a Sharper Image: Grooming Tips for Guys
<http://wb.md/1Ca1MF7>
 July 7, 2015

Tattoo removal surged by almost 46 percent among millennials in just the last couple of years, according to the American Society for Aesthetic Plastic Surgery. The average cost of a tattoo's removal is \$464, according to the trade group. That is a lot more than the going rate of about \$100 for a basic tattoo.

“There is no question that the millennial generation has been more interested in tattoos earlier in life than any generation before them. With those decisions, often come regrets later in life,” says Dr. James Grotting, president of the American Society for Aesthetic Plastic Surgery. “We fully anticipate a growing interest in removal of tattoos.”

Reuters

Tattoos may be taboo for U.S. millennials seeking to dress for success
<http://reut.rs/1D9vEBM>
 July 28, 2015

“There are some surgeries that should not be done on teens, and those are surgeries that are purely cosmetic,” Youn says. “I do not believe it is ethically appropriate for a teenager to have a breast augmentation, because if you have breast implants you are guaranteed to have future surgery down the line. Implants are not made to last forever: We expect them to last up to 20 years. So you can expect a teenager who has them for her sweet-16 to undergo multiple more surgeries in her lifetime, and at her age she may not understand that.” Still, according to the American Society of Aesthetic Plastic Surgery, 3,531 girls under the age of 18 underwent breast-augmentation surgery last year.

Yahoo Parenting

Teens Are Getting Back-to-School Plastic Surgery
<http://yhoo.it/1K2zu2H>
 August 25, 2015

Meet the Staff!



If the name “Kathleen McClemmy” seems familiar, you likely interacted with Kathleen during her first gig with The Aesthetic Society, from 1996-2000, when she then left to raise her children. Happily, she is now back at ASAPS, serving as our Meetings Manager. In this capacity, her primary responsibilities are to ensure that each Aesthetic Meeting or educational symposium goes off without a hitch. She handles logistics and communications with facilities and vendors, contract negotiations and long range planning. As Kathleen notes, “Working as a part of a team is essential in the success of any meeting planner, and we have a super team!” She is very happy to be back, and shares, “I had the pleasure of working with so many doctors and employees who are still with ASAPS, and it was like coming home. While the society has grown and changed over the last 15 years, the kindness, sincerity, service-oriented family-like atmosphere has not changed. I am thrilled to be back.” In her spare time, Kathleen serves on the Executive Board of the JF Shea Therapeutic Riding Center in San Juan Capistrano. Additionally, she enjoys golfing, horseback riding, entertaining friends, watching sports especially football and a great martini. Please say hello to Kathleen, the next time you see her!

Are You Blogging for Smart Beauty Guide?

**SMART
 BEAUTY
 GUIDE** 
 BROUGHT TO YOU BY
**THE AMERICAN SOCIETY FOR
 AESTHETIC PLASTIC SURGERY**

You may not yet be aware, but we welcome our Members to take advantage of a complimentary member benefit to increase awareness of you and your practice via Smart Beauty Guide, our consumer-facing website that now has more than 60,000 unique visitors per month. All you need to do is blog about a topic of your choosing to help educate consumers about various aesthetic procedures. We promote

all of our blogs through our social media channels as well, so there is a great opportunity to increase exposure and drive traffic to your practice. Please note, we do have blogging guidelines for anyone who wishes to participate. For more information, please click here, or contact Leigh Hope Fountain via email at leigh@surgery.org or by calling the Society at 562.799.2356.

Premier Industry Partners Continue Their Support

The Aesthetic Society is pleased to continue partnering with industry in support of ASAPS' mission to advance the science, art, and safe practice of aesthetic plastic surgery among qualified plastic surgeons. Both Enaltus and ZO Skin Health are benefiting from ASAPS' collaborative partnership program, into 2016. ASAPS is proud to welcome two new Alliance Partners, Applied Medico-Legal Solutions Risk Retention Group, Inc. and Zwivel. Both have recently signed on as Alliance Partners, and are already benefiting from ASAPS' strategic partnership program.



Enaltus, manufacturer and distributor of bioCorneum®+ advanced silicone gel scar treatment, began its strategic partnership with The Aesthetic Society in 2012 and is entering year two, of a current Premier Partnership agreement, which continues into 2016!

"This has been such a mutually beneficial relationship," states Zubin Meshginpoosh, Enaltus COO "we're honored to continue working with The Society to find ways to partner, and together advance the specialty of Plastic Surgery."

Enaltus provides technologically innovative skin care products for both medical professionals and consumers, and has a network of distribution partners. Enaltus' scar treatment portfolio, including bioCorneum®+, represent the latest advancements in topical scar therapy. bioCorneum®+ is the first and only quick drying silicone gel scar treatment with SFP30 cleared by the FDA and is used as part of a comprehensive scar management plan for patients. bioCorneum®+ is available at over 1,300 Plastic Surgeons' offices across the country.

In further collaboration, Enaltus made a \$25 donation to ASERF for each attendee who stopped by their booth, at The Aesthetic Meeting in Montréal, and an additional \$25 for every on-site purchase over \$2,000. The result was a \$10,000 contribution to ASERF, bringing their two year total to \$30,000.

Enaltus is making additional donations of \$100 for every ASAPS member who opens a new account from August 3 to October 31, 2015, for additional information, go to www.biocorneum.com/contact-us

ZO SKIN HEALTH INC

BY ZEIN OBAĞI, MD

ZO Skin Health, Inc. began its Premier Industry Partnership with The Society in 2012, and is beginning year two of a two-year agreement that will take the partnership into 2016. ZO Skin Health, Inc. develops and delivers innovative skincare solutions that optimize skin health around the globe. They utilize cutting-edge science and Dr. Zein Obagi's extensive clinical experience to create treatments and regimens for healthy skin.

ZO® products are available for purchase exclusively through select authorized physician practices. This allows patients to experience safe and effective results, and well as continuously healthy skin regardless of their age or unique skin condition.

The ZO® Skin Health Circle™ is the foundation and driving philosophy behind ZO Skin Health, Inc. The ZO® Skin Health Circle™ represents a continuum wherein Therapeutic, Maintenance, Daily Skincare and Prevention are addressed with skin health as the main objective. Only Board-certified licensed physicians, or licensed skin health professionals are invited to become members of the ZO® Skin Health Circle™ Club, and enjoy exclusive member benefits.

Committed to advancing effective treatments for healthy skin, ZO Skin Health, Inc. supports physicians' practices through skin health seminars and clinical training, and patients through a variety of educational programs.



ASAPS Welcomes Two New Alliance Partners



A Medical Liability Insurance Company

The Aesthetic Society welcomes its newest Alliance Partner, Applied Medico-Legal Solutions Risk Retention Group, Inc. (AMS RRG). Since 2003, AMS RRG has been providing medical liability insurance to a growing number of physicians across a broad range of specialties, and today is one of the nation's premier physician risk retention groups with over 2,500 members.

Since the launch of Preferred Aesthetics™ in 2012, AMS RRG has offered medical liability coverage specifically for plastic and aesthetic surgeons with an underwriting process that is physician-led by ASAPS member Harry K. Moon, MD. Under Dr. Moon's leadership, AMS RRG is able to offer accurate risk assessments and customized insurance programs with the guidance of a practicing Aesthetic Plastic Surgeon.

"Our Preferred Aesthetic™ program offers AMS RRG member physicians and practices a unique combination of coverage features as well as other exclusive benefits," said Richard B. Welch, President of AMS RRG. "In addition to specialty-specific claim and risk management reviews and individual underwriting, including a practice evaluation by a physician, we offer tailored policy terms to meet each physician's or group's specific needs."

Additionally, AMS RRG's risk retention group model works to ensure physician-owner interests are aligned with the company's interests, and the organization's continued financial strength enables AMS RRG to reward shareholders with tangible benefits. And all member claims assistance and defense is provided by a staff of in-house

Continued on Page 45

Industry Partner Updates

Continued from Page 44

attorneys. "Our team puts our covered physicians first and foremost in navigating today's world of medical liability," added Welch.

For more information, visit www.amsrrg.com.



The Aesthetic Society is proud to welcome Zwivel Online Cosmetic Consultations as its newest Alliance Partner. Zwivel is a user-friendly, free online cosmetic consultation tool for cosmetic patients and doctors that began in 2012 out of a need for greater efficiency throughout the cosmetic consultation process.

Zwivel's HIPAA/HITECH-compliant, private and secure platform is like a "match.com" for cosmetic medicine. It enables prospective cosmetic patients to search for and connect with cosmetic doctors online before they come in for full, in-office consultations, allowing them to prescreen each other, saving both doctors and patients valuable time from wasteful cosmetic consultations that do not result in a procedure being performed.

"I started Zwivel after becoming frustrated with the inefficiency of the cosmetic consultation process. Zwivel streamlines the cosmetic consultation process for both cosmetic patients and plastic surgeons, saving them hours of valuable time from wasteful consultations that go nowhere," said Gary D. Breslow, MD, Zwivel Co-Founder & CEO, Board Certified Plastic Surgeon and ASAPS Member.

The Zwivel Online Cosmetic Consultation platform can be linked to websites and marketing materials to prescreen patients who contact physicians directly. Patients who visit the doctor's website can click on a "Start Your Consultation Now" widget, then select their concerns and desired procedures, upload photos and record video of themselves, and answer some basic questions. Patients can also go to Zwivel.com and start their online cosmetic consultation with multiple plastic surgeons from the ZwivelSearch™ Doctor Directory. Zwivel is free for plastic surgeons and cosmetic patients.

To sign up for free go to www.zwivel.com.



Membership FAQs

Do I have to be a member of ASPS to be a member of The Aesthetic Society?

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

How do I begin the membership process?

To begin the membership process, please complete the Active Member Checklist at www.surgery.org/checklist and submit to the Membership Manager at Marissa@surgery.org or by fax to 562.799.1098 attention Marissa.

Who may sponsor me for membership?

Any Active or Life Member of The Aesthetic Society, who is not a family member, an associate and/or partner in the same practice may sponsor you for Active membership.

What are the deadlines for submitting a membership application?

The two deadlines are January 5 and July 1.

When will my application be voted on?

Applicants who submit materials for the July 1 deadline are eligible for election at the end of the year. Applications submitted by the January 5 deadline are eligible for election in the Spring.

Do I need to be a member of a professional organization in order to obtain CME?

No. Earning CME credits is not associated with any Society membership.

What will fulfill the meeting attendance requirement?

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

- The Aesthetic Meeting (ASAPS Annual Meeting)
- The ASAPS Las Vegas Symposium
- The Biennial Aesthetic Cruise

What are the fees and when should they be paid?

There is a \$250 Application Fee that must be paid along with your completed application. Once voted in, you will be required to pay your annual membership dues:

- Membership dues for Active Members are \$1,198
- Membership dues for International Active Members are \$940

How many sponsors will I need to have ultimately?

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

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



The Aesthetic Society creates integrated relationships with Industry and ASAPS members, in support of our mission to advance the science, art, and safe practice of aesthetic plastic surgery. As a partnership program benefit, Premier and Alliance partners are provided the opportunity to submit valuable information for ASAPS members including key updates, and information on products, promotions, and discounts. ASAPS is driven to provide visibility and support for our Partners.



ALPHAEON

ALPHAEON Corporation, a social commerce company, has built a global ecosystem around a cooperative community of physicians called ShoutMD®. ShoutMD is the first professional and social network in which physicians across specialties can freely exchange ideas, provide real-time feedback, gain insight and access to management, and purchase products. To join the conversation, connect with fellow core specialists and lead the way in lifestyle healthcare, download the app in the iTunes or Google Play stores or visit www.shoutmd.com.

consumer treatment certificates, and many other exclusive rewards. 100,000 consumers have already enrolled in ASPIRE Galderma Rewards. For more information, visit: www.aspirerewards.com
Facebook Page: Aspire Rewards Program
www.GaldermaUSA.com

sientra.

Sientra, a company focused on bringing innovation to the market, has recently launched the style 107, the first and only round implant featuring HSC+ gel. When it comes to round shape retention, fracture resistance and minimized wrinkling and rippling, the gel matters.

To further their dedication to plastic surgeons, Sientra has launched The Orange Dot campaign with RealSelf, to educate consumers on the importance of choosing a board-certified plastic surgeon. To find out more, contact your local Sientra Plastic Surgery Consultant.

More choice, from the leader of choice—Sientra.

www.sientra.com



Let's raise funds for aesthetic plastic surgery research. From August 3rd to October 31st, enaltus™ will donate \$100 to ASERF for every ASAPS member that opens a new account with an order for bioCorneum®. To help ASERF receive the largest donation possible, please contact enaltus™ today, tell them you're a Member of The Aesthetic Society, and place an order for bioCorneum®. Contact enaltus™ at www.biocorneum.com or by calling (678) 684-1426.

MERZ AESTHETICS™

Merz recently announced that the FDA has cleared the Cellfina™ System for long-term improvement in the appearance of cellulite on the buttocks and thighs with no loss of benefit for up to 2 years, the longest duration cleared by the FDA. Cellfina™ will be available to physicians in Fall 2015. With Cellfina™, Ultherapy® and the NEOCUTIS skincare line, Merz is building an aesthetic portfolio that allows physicians to use Merz technologies to treat a broad range of patients and concerns. For more information, visit www.merzusa.com/aesthetics-otc. For full product and safety information, including possible mild side effects of Cellfina™, visit www.cellfina.com/IFU.

ZO SKIN HEALTH INC

BY ZEIN OBAGI, MD

The newest members of the ZO® family of physician-dispensed products include Oraser® Nourishing Hand Crème, designed for universal usage, day and night, to help reduce the signs of aging hands, and Oraser® Correcting Hand and Body Scrub, a breakthrough in hand and body exfoliation. For more information on ZO® Medical and ZO® Skin Health products, visit <http://shop.zoskinhealth.com>.

Dr. Fred Coville, a member of the exclusive ZO® Faculty team, will be hosting a webinar for the Public on October 6, 2015 on the topic of "Exposure and Aging Skin: The Damaging Truth." To register and find out more about other upcoming ZO events, visit www.zoskinhealth.com/events.

NEWBEAUTY

THE BEAUTY AUTHORITY

In honor of our 10th anniversary, NewBeauty magazine unveils a fresh new look: lighter, brighter and more integrated with the same trusted, authoritative content. The fall issue will debut redesigned content from cover to cover inclusive of the physician profile redesign intended to highlight NewBeauty's Top Doctors as true experts in their fields and more importantly, give readers a chance to "get to know" the physician in print, establishing a trust prior to consultation for cosmetic enhancement. Want to be a part of the excitement? ASAPS members can submit their before and after cases for editorial consideration by contacting elite@newbeautypro.com.



Launched in May 2015, ASPIRE Galderma Rewards is a premier loyalty program specific to Galderma's aesthetics brands that rewards healthcare providers and patients for consistent use of and treatment with Galderma family of aesthetic products.

The program is based upon connections between the Healthcare Professional, Consumer and Galderma, providing benefit from online tools and apps, educational content, instant savings and rebates,



Applied Medico-legal Solutions Risk Retention Group, Inc., a medical liability insurance company, would like to invite you to No Name Restaurant, 15½ Fish Pier St W, South Boston, MA on October 17th at 11:30 a.m. Please join us to learn how you can “Experience the Difference” in medical malpractice insurance. To RSVP or for additional information please contact, Erika Wilson at 954-900-5963 or visit our website www.amstrg.com.



Expanding the traditional boundaries of 3D imaging, VECTRA® XT system can now create a 360° body view by automatically stitching front and back captures into a single, seamless wraparound image. This dramatically enhances the consultation experience, allowing patients to visualize a more complete view of their body, and the expected results of surgical procedures. All of the powerful simulation tools in Sculptor software module can now be used on a 360° image to view breast augmentation, mastopexy and body contouring procedures such as abdominoplasty, liposuction and buttock augmentation.

VECTRA XT 360° body imaging is a standard feature in software Version 5.7, included with all new systems. It is provided as a free upgrade to customers with current Canfield Care™ Support & Upgrade agreements.



There is only ONE CosmetAssure, the GOLD STANDARD in complications insurance, and a proud Alliance Partner of ASAPS.

For more than 12 years, we have been the LEADER in this industry by protecting surgeons and patients against unforeseen medical costs and providing valuable research to the Plastic Surgery community.

We recently extended our Coverage Period to 45 days and increased our list of Covered Procedures to better serve your patients.

Visit our booth at the QMP 11th Annual Aesthetic Surgery Symposium, Oct 8–11,

2015 in St. Louis, MO and the ASAPS Facial Rejuvenation Symposium, January 14–16, 2016 in Las Vegas, NV.

Contact us today to learn more.
1.855.874.1230 or info@cosmetassure.com
or www.cosmetassure.com



Nextech deploys all-in-one, specialty-focused, intelligent healthcare solutions and services. Dedicated to plastic surgeons since 1997, Nextech delivers innovative tools that enable physicians to increase efficiencies while meeting their long-term business goals. The company's product portfolio integrates seamlessly with value-added modules to create a single, intuitive platform that streamlines clinical, administrative, financial and marketing workflows. Nextech goes beyond managing to optimizing office workflow and revenue management with its advanced offerings. For more information visit Nextech.com.



Rosemont Media is an ASAPS Founding Alliance Partner based in San Diego. Participation is limited to just One Practice Per Market and we only work with Board Certified Plastic Surgeons. RM also prides itself in providing ethical and comprehensive online marketing services such as:

- Custom Responsive Website Design
- Dedicated Social Media Strategists
- Content Marketing & SEO Services
- Proactive Reputation Management
- Online Review Management
- Print & Logo Design
- Email Marketing
- Ongoing Marketing Consultations

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THE ANNUAL MEETING OF
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and Aesthetic Surgery Education and Research Foundation

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www.surgery.org/meeting2016



Update on ASERF—Funding Important ALCL Research

Neal R. Reisman, MD, JD, FACS

Research Grant Updates

Recently, during the ASERF Board Meeting the Scientific Research Committee requested funding for an Anaplastic Large Cell Lymphoma study lead by world renowned pathologist Marshall Kadin, MD.

The research topic, Clonal Evolution of T-Cells in the Pathogenesis of Breast-Implant Associated ALCL, is expected to take place over the next two years, is the first of its kind. Kadin hypothesizes that bacterial antigens from a breast implant covered with a biofilm can trigger sustained proliferation of immune reactive T cells.

ASERF is excited to be funding such an important study for its members as well as the plastic surgery space as a whole. ALCL continues to be of note to patients and surgeons with some confusion about etiology and treatment plans. These ASERF funded studies will hopefully provide more information to assist with the care of our patients.

Not only has ASERF funded Dr. Kadin's most recent grant, but in the last year it has funded a six other grants on a variety of topics, totaling more than \$225,000, including another by Dr. Kadin.

- Identification of Biomarkers in Breast Implant Associated Anaplastic Lymphoma—Marshall Kadin, MD
- Evolving Trends in the Educational Environment Amongst Plastic Surgery Trainees in the United States—James Zins, MD
- Cosmetic Surgery Training in United States Plastic Surgery Residency Programs: An 8 Year Update—James Zins, MD
- The Validation of the Efficacy of a “Breast Implant Teaching Model” to improve patient, resident, and staff education in breast augmentation—Caroline Glicksman, MD
- Does the public know the difference between Cosmetic and Plastic Surgeons?—Ajul Shah, MD
- Defining the extent and limitations of the SMAS-platysma unit—Charlie Thorne, MD

As policy, all grant recipients are required to submit manuscripts to *Aesthetic Surgery Journal*. Look for Dr. Kadin's research update early next spring!

Fundraising Update

It is possible that you have heard, ASERF the research arm of The Aesthetic Society recently received a \$100,000 major gift from Steve and Susan Mollenkopf which was used to create the Mollenkopf Reconstruction Breast Fund. And shortly thereafter, it was matched by Qualcomm, a leader in wireless technology.

Mrs. Mollenkopf, a patient of ASAPS/ASERF member Scott Barttelbort, MD, of La Jolla, CA, assisted with the stewardship of the donation. With his help, ASERF will be able to assist patients of members who are struggling to pay off the last of their surgical expenses.

At the request of the donor, funds will be made available to patients under the care of an ASAPS member in San Diego County.

We are very appreciative to the Mollenkopfs and Qualcomm for their generosity. If you would like to learn more about applying for a grant or major and planned giving opportunities with ASERF please contact Director of Development, Tom Purcell, in the ASAPS office (tom@surgery.org or 562-799-2356).

Data Hub

Development of the Data Hub continues to reflect an improved vehicle to demonstrate our quality outcomes. The data from easy entry can be used for fulfilling regulatory requirements when they arise, as well as establishing information suitable for Registries such as Breast or Fat. The entry and collection methods continue to be improved helping to create an easy office collection of necessary data proving our excellence in Aesthetic Surgery.

Membership

ASERF can boast that nearly 50% of ASAPS members are also members of ASERF. This number is quite high when compared to the industry standard among other medical Societies. Last year 915 of the nearly 2000 ASAPS members joined ASERF.

As your board President, thank you. Your continued membership ensures that ASERF can grow and invest the dollars into important research as outlined in this article.

If you haven't paid your dues for ASAPS/ASERF yet, please don't forget to include ASERF. 100% of your donations go to fund important research and projects, while staff costs are covered by The Aesthetic Society.



THE AESTHETIC SURGERY EDUCATION AND RESEARCH FOUNDATION

The Aesthetic Surgery Education and Research Foundation was established in 1993 as the philanthropic arm of The Aesthetic Society. ASERF continues to fund research that directly impacts your practice. Through directed research studies, as well as physician initiated studies, ASERF is helping to ensure that aesthetic plastic surgery products and techniques are safe, effective and relevant.

You can help keep plastic surgery research moving forward by:

- Donating your honoraria or royalties
- Becoming an annual donor
- Making a year-end donation
- Funding a specific area of research
- Donating gifts of stock

Consider ASERF in your estate plans by:

- Leaving a bequest in your will or trust
- Naming ASERF as a beneficiary on a life-insurance policy

To learn more about donating to ASERF and other research projects, please call 562.799.2356 or visit www.aserf.org



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

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

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A Common Tax Mistake Could Be Costing You Thousands Annually

By David B. Mandell, JD, MBA and Carole F. Foos, CPA

Are you an owner of a plastic surgery practice taxed as a flow-through entity...such as an S corporation? In working with over 1,000 doctors of all specialties, we estimate that 70 percent of medical practices operate as S corporations. As such, you may be paid both as an employee of the practice—receiving a W-2—and as an owner of the practice—through a K-1 distribution. The key difference between income earned as employee compensation (W-2) and that earned as a K-1 profit distribution is that you pay FICA (Medicare and Social Security) tax on the income earned as an employee but not necessarily on K-1 profit distributions. While the large Social Security portion of FICA phases out after income of \$118,500 in 2015 the Medicare tax has no phase-out. Also, the Medicare tax increased a few years ago to 3.8 percent for higher income taxpayers, under the Affordable Care Act.

While this is only a 3.8 percent tax, we have seen poor advice here cost surgeons \$10,000 or more each year, every year of their career. *Over one's career, this can amount to nearly half a million dollars of lost capital...for no good reason!*

Let's look at two examples. Do you see yourself in either of these?

Dr. Smith is part of a three-doctor plastic surgery practice. She earns about \$400,000 annually as a surgeon. She calls the two other doctors "partners" but technically they are co-owners of the practice, an S corporation. Each month, Dr. Smith gets paid \$20,000. Then at the end of each six month period, she gets another \$80,000 based on the practice's performance. Her accountant deems both the monthly and semi-annual payments to be salary payments. Thus, she pays Medicare tax on all \$400,000 for a tax of \$12,950 at the 3.8 percent rate on wages exceeding \$250,000 and at 2.9 percent on the first \$250,000 of wages. This, of course, is in addition to state and federal income taxes, property taxes, etc. If she works for 25 years earning the same income, she will have lost over \$615,000 in Medicare taxes, assuming a five percent growth rate.

Down the road, Dr. Jones is in the exact same economic situation. However, his CPA

treats the monthly payments as W-2 wages and the semi-annual payments as K-1 distributions of the profit earned by the practice. Thus, he pays Medicare on \$240,000 for a cost of \$6,960. If Dr. Jones works for 25 years earning the same income, he will have lost about \$330,000 in FICA taxes, assuming a 5 percent growth rate—an improvement of \$285,000 over Dr. Smith.

The above cases are hypotheticals and any change or deviation from the circumstances discussed above could affect the outcome. However, obviously, you would not want to be Dr. Smith. Yet, we are continually astounded when we see so many physicians come to us in the same position—having all, or most, of their income treated as W-2 compensation when in fact much of it is earned because of the profitability of the practice rather than the doctor's personal services. Wouldn't all of us prefer to be in Dr. Jones' situation? If we are allowed to be—yes. So, the question really comes down to—what are the tax rules that govern this situation?

In discussions with a number of CPAs with over 15 years of experience, the consensus is that one should follow a simple rule: basically that *one can reasonably be paid as a W-2 salary what one would need to pay an associate physician with the same training to come join your practice.* The rest of your compensation can be characterized as distributions. One CPA, practicing for over 20 years, commented "this is what I do for my clients, and when the issue has been discussed in audits over the years, the IRS finds it very difficult to argue that our client should be paid more on their W-2 than a staff member doing the same job."

Looking again at the examples above, Dr. Smith could attract another surgeon to her practice paying \$250,000 salary. This would allow her to avoid Medicare tax on \$150,000—saving over \$5,500 annually. Not coincidentally, Dr. Jones is in the right situation.

As hard as physicians work, throwing away hundreds of thousands of dollars over a career—for no good reason—is a shame. Yet it happens every day.

David B. Mandell, JD, MBA, is a former attorney and author of ten books for doctors, including For Doctors Only: A Guide to Working Less & Building More, as well a number of state books. He is a principal of the financial consulting firm OJM Group www.ojmgroupp.com, where Carole C. Foos, CPA is a principal and lead tax consultant. They can be reached at 877-656-4362 or [HYPERLINK "mailto:mandell@ojmgroupp.com" mandell@ojmgroupp.com](mailto:mandell@ojmgroupp.com)

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Meet Galderma, Your Valued Partner in Skin Health

This article is sponsored by Galderma

Already a global leader in Aesthetic Medicine, with two decades of expertise and 20 million Restylane® treatments received by patients worldwide, one year ago Galderma acquired the rights to distribute its aesthetic solutions including as Restylane® and Sculptra® Aesthetic, in the U.S. and Canada as well.

Now fully owned by Nestlé, Galderma has become the flagship and operating company of Nestlé Skin Health, the newly created division of the food and wellness giant.

Galderma is a valued partner of healthcare professionals and provides innovative medical solutions to people with skin health needs.

Dating back to 1961, Galderma is present in 80 countries with an extensive product portfolio of prescription drugs, self-medication and aesthetic solutions.

Galderma is dedicated to meeting aesthetic physicians' needs through a comprehensive portfolio of premium quality brands—comprising neurotoxins, injectables, collagen production stimulators, and skin care products driven by science and clinical research — in addition to value-added services, such as **training and educational support.**

Galderma has a unique view of Aesthetics, focused on providing **natural-looking solutions, seen as a critical part of an overall wellness routine.**

“We view aesthetic treatments as a proactive approach to skin health.”
-Todd Zavodnick

“Maintaining, preserving and restoring the health of the skin is as important as treating or correcting conditions. Our science-based approach to fillers and muscle relaxants advances our solutions beyond the aesthetic, to an integral part of our more holistic approach to skin health.”, explains Todd Zavodnick, President of Galderma for North America.

In 2014, Zavodnick moved from the global Headquarters of Galderma in Switzerland to its North American Headquarters in Fort Worth, to complete the integration of five aesthetic brands in the U.S. and to launch a new Aesthetic & Corrective Business Unit.

In March 2015, Zavodnick was appointed President of Galderma for the



Todd Zavodnick - President & General Manager for Galderma North America

U.S. and in July, for North America. Kelly Huang joined the Galderma team in May to lead the new Aesthetic & Corrective Business Unit.

“Our goal is to grow the number of people we serve worldwide to more than a billion within 10 years.

Our passion to drive innovation and bring superior outcomes to patients will propel Galderma to global leadership and unparalleled partnership with healthcare professionals.”

- Todd Zavodnick.

Acceleration of Launches

Galderma will launch a series of eight skin health innovations in 2015, through its Prescription, Self-medication and Aesthetic and Corrective channels.

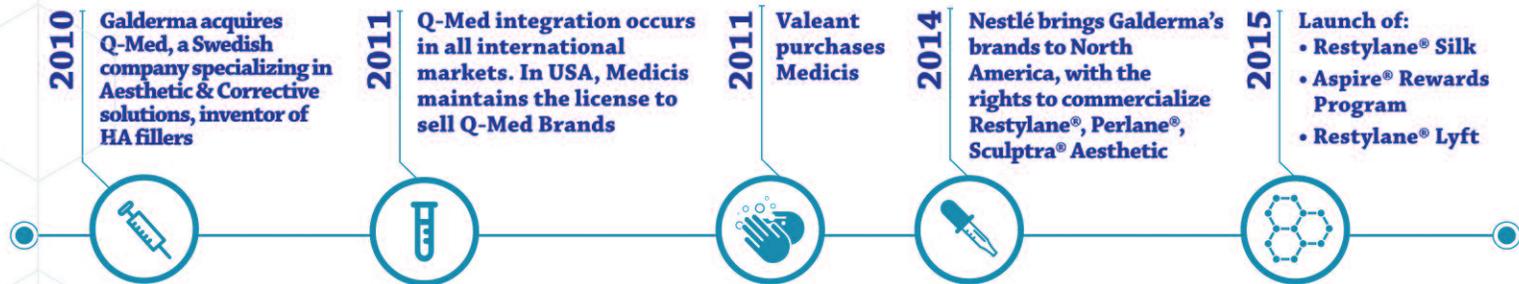
In the Aesthetic arena, Galderma has begun to expand its market share with the launch of two major innovations.

Restylane® Silk, approved by the FDA for lip enhancement and for the treatment of lines around the mouth in patients over the age of 21, is the first hyaluronic acid filler to receive FDA approval specifically for lip lines.

Restylane® Lyft was approved in July by the FDA for cheek augmentation and the correction of age-related, mid-face contour deficiencies in patients over the age of 21.



Galderma Aesthetic Story in North America



100,000 consumers have already joined the **ASPIRE®** Galderma Rewards loyalty program.

Launched in May 2015, Aspire® is a premier loyalty program for Galderma aesthetics brands that rewards healthcare providers and patients for consistent use of and treatment with the Galderma family of aesthetic products.

Aspire® is based on **connections between the Healthcare Professional, Consumer and Galderma**, and provides benefit such as online tools and apps, educational content, instant savings and rebates, consumer treatment certificates.

More information visit:
www.aspirerewards.com

Visit our Facebook Page@ ASPIRE Rewards Program



Kelly Huang - Vice President & General Manager, Aesthetic & Corrective Business Unit, Galderma USA

Q&A

With Kelly Huang, Ph.D.

Q: What does Galderma bring to the world of Aesthetic Medicine?

"Galderma is on an extraordinary mission to improve people's lives through dermatology and aesthetics. We have a team with vast knowledge of the aesthetic and corrective markets, robust support from our parent company Nestlé, and a real commitment to drive innovation."

Q: How do you read the market?

"Aesthetic and Corrective is an amazing opportunity to serve patients. We are in the midst of a cultural shift in the U.S. where aesthetic treatments are now being seen as a way to improve skin health and appearance. Instead of being dismissed as vain or extreme, it's now seen as **part of a comprehensive approach to wellness.** As a result, it's currently a **\$12 billion market and growing** double digits year over year."

Q: How do you think Galderma can make a difference?

"We pride ourselves on bringing a big company impact with a small partnership feel to doctors and their teams. We are leveraging resources from Galderma and Nestlé Skin Health for the benefit of patients, plastic surgeons and dermatologists. This year we are bringing innovation with fillers **Restylane Silk and Restylane Lyft**, and we have more to come —it's a very exciting time to be a part of Galderma!"

Today, Galderma is the largest skincare company in the world. **We look forward to partnering with you.**

Driven By Innovation

Galderma offers state-of-the-art expertise in understanding, characterization, and modification of hyaluronic acid and expertise in toxins.

- 1000** People worldwide
- 80** Dedicated researchers in Uppsala, Sweden
- 10** Research and Development projects
- 7** Global brands
- 18** Years of clinical experience with Restylane
- 20** Million Restylane treatments in 2014

At Galderma, our ambition is to support and partner with plastic surgeons and aesthetic physicians in their practices.

We provide:

- Product Innovation
- Best-in-class medical solutions
- Peer-to-Peer Trainings
- Services to help grow your practice
- Loyalty Programs
- Patient Education



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Actual Restylane Silk patient. Individual results may vary.

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Restylane
SILK

Important Safety Information

Indication: Restylane Silk is indicated for submucosal implantation for lip augmentation and dermal implantation for correction of perioral rhytids in patients over the age of 21.

Restylane Silk should not be used by people with previous bad allergies,

particularly to microorganisms known as gram-positive bacteria, or by people with serious allergies to drugs that have previously required in-hospital treatment. Restylane Silk should not be used by people with bleeding disorders. Restylane Silk should not be used by anyone with a known allergy to lidocaine.

Use at the site of skin sores, pimples, rashes, hives, cysts, or infection should be postponed until healing is complete. In these instances, product use could delay healing or make skin problems worse. After treatment, swelling, redness, pain, bruising, or tenderness may occur. Swelling may be more likely

in patients under 36 years, and bruising may be more likely in patients over 35 years. Restylane Silk should not be injected into blood vessels.

Treatment volume should be limited to 1.5 mL per lip per treatment and 1.0 mL for perioral rhytid correction, as greater amounts significantly increase moderate and severe injection site reactions.

Please see complete Instructions for Use at restylanesilk.com or restylaneusa.com.

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MP-RES-00100 08/15

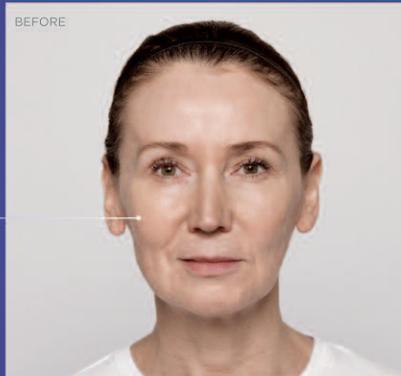
Get UpLyfted with a look you'll love

As you age, the bone density and fat that support the skin on your face begin to lessen

PATIENT: Carol AGE: 50
TREATMENTS:
1 mL of Restylane® Lyft in midface, 1 mL of Restylane-L® in nasolabial folds, and 0.7 mL of Restylane® Silk in lips and perioral lines

Have your cheeks, once full and lifted, begun to sag like Carol's?

Restylane Lyft provides a subtle, natural-looking lift for your cheeks.¹



PATIENT: Nina AGE: 38
TREATMENTS:
2 mL of Restylane Lyft in midface and nasolabial folds, 1 mL of Restylane-L in nasolabial folds and marionette lines, and 1 mL of Restylane Silk in lips

Are lines appearing in the middle of your face like Nina's, particularly on the sides of your nose and mouth?

Restylane Lyft smooths lines, folds, and wrinkles on the sides of your nose and mouth.¹

Actual, unpaid Restylane Lyft patients. Individual results may vary. Photos have not been retouched.

RESTYLANE LYFT—FOR REAL-LIFE RESULTS

Restylane Lyft is an FDA-approved injectable filler that treats 2 target areas in just 1 treatment. It's proven to deliver long-lasting results for up to 6 to 12 months.¹

Join ASPIRE Galderma Rewards and feel good about looking your best.

Sign up today for instant access to facial aesthetic products, exclusive discounts, and more at ASPIREwards.com.

Important Safety Information

Indications: Restylane® Lyft with Lidocaine is indicated for implantation into the deep dermis to superficial subcutis for the correction of moderate to severe facial folds and wrinkles, such as nasolabial folds, and for subcutaneous to supraperiosteal implantation for cheek augmentation and correction of age-related midface contour deficiencies in patients over the age of 21.

Restylane Lyft with Lidocaine should not be used by people with severe allergies, particularly to microorganisms known as gram-positive bacteria, or by people with serious allergies to drugs that have previously required in-hospital treatment. This product should not be used by people with bleeding disorders and should not be injected anywhere except just under the skin. Restylane Lyft with Lidocaine should not be used in people with a known allergy to lidocaine.

The most common adverse events after initial treatment include bruising, redness, swelling, pain, headache, tenderness, and itching. Use at the site of skin sores, pimples, rashes, hives, cysts, or infection should be postponed until healing is complete. In these instances, product use could delay healing or make skin problems worse.

This product should not be injected into the blood vessels as it may cause vascular occlusion, infarction, or embolic phenomena.

Restylane Lyft with Lidocaine is available only through a licensed practitioner. Complete Instructions for Use are available at www.RestylaneLyft.com.

Reference: 1. Restylane Lyft. Instructions for Use. Fort Worth, TX: Galderma Laboratories, L.P.; 2015.

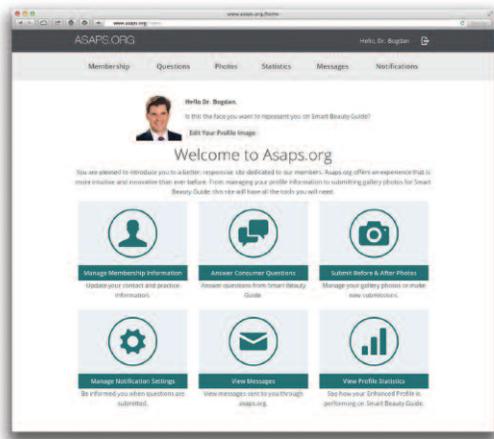
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MP-RES-00047 07/15

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Talk to your healthcare professional
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Build Your Social Media Base and Expand Your Reach. New Tools from The Aesthetic Society.



Easy-to-Use Tools for ASAPS Members!

Take control of your online presence with the help of the new ASAPS.org member portal. Just log in and you'll be able to:

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- Access the Message Center
- View Your EPP Statistics (for those members with EPPs)

If you have questions about these new features, please contact our webmaster, Lisa Orozco, at lisa@surgery.org or by calling 800.364.2146 or 562.799.2356.



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With the new ASAPS Social Media Newsletter, you have instant access to ASAPS-vetted content to share with your patients on Facebook, Twitter, Google+, and LinkedIn. Delivered by email twice monthly, directly into your inbox, simply click on the social media icons next to each entry and share:

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Add your practice or marketing manager to the social media newsletter distribution list by entering their info at asaps.org!



TRACKING THE ELUSIVE SOCIAL MEDIA STRATEGY



Co-authored by Rosemont Media CEO Keith Humes and John Lewis, Senior Writer & Editor



Do Plastic Surgeons Really Need a Facebook Page?

Statistical evidence from numerous studies shows that plastic surgeons should establish and maintain a social media presence as part of their overall online marketing plan – **patients want a doctor who’s accessible, engaged, and up-to-date across all aspects of their practice.** Once in place, however, the question that begs to be asked is how can the effectiveness of your social media strategy be measured? How do you know if your involvement in social media is actually working towards generating leads?

Thankfully, there are several metrics that can help track the efficacy of your social media efforts. Using Facebook as our prime example, let’s cover three of these helpful measurements.

SOCIAL ENGAGEMENT

Social engagement refers to the ways in which the public interacts with your social platform(s). On Facebook, social engagement includes “Likes” (for your page and/or something you’ve shared), “Comments,” and “Shares” – the ultimate form of marketing. For tracking purposes, the individual breakdown and/or sum of this data can be monitored on a regular basis using Facebook Insights (or the equivalent analytical tool of another social site). This allows you to see such statistics as how many new page likes you received, the number of unique people who have access to content associated with your page, which types of posts have generated the highest visitor involvement, and much more. Using this information, you can better refine your approach based on what’s working.

SOCIAL REFERRALS

Social referrals allude to how many people visit your website from a link located on one of your social pages. For example, if you create a Facebook post that includes a link to the latest blog entry on your website, each individual who follows that link to your practice’s site is considered a social referral. These statistics can be readily found in Google Analytics, helping you to identify which posts have amassed the most referrals, as well as track the increase in social referrals over time. Furthermore, Google Analytics enables you to determine how many referrals came from the desktop version of Facebook versus the Facebook app accessed on a mobile device.

SOCIAL CONVERSION

Social conversion is a term used to indicate that someone has not only followed a link from your social media page, but they have also completed an action, such as submitting a contact form. For instance, if your Facebook post links to a page about a fall special your practice is currently running, visitors who fill out and submit a contact form located on that page are considered social conversions. This is made possible by installing a Facebook Conversion Pixel that tracks how many people clicked on the link and initiated contact through the page they were directed to, ultimately enabling you to see exactly how effective your social media message was.

FACEBOOK BY THE NUMBERS

 1.49 billion monthly active users	 161 million people in the U.S. & Canada are active daily
 of ages 18-29 use Facebook	 of ages 30-49 use Facebook
 of ages 50-64 use Facebook	 of ages 65+ use Facebook
 estimated Facebook users in the U.S. by 2018	 of all people in the U.S. on social media use Facebook

FINAL THOUGHTS TO CONSIDER

- The role of social media is to complement your comprehensive marketing strategy – your social platforms should reinforce your overall brand and messaging.
- Missing a key online marketing component (i.e. a website or social media presence) can be a red flag to many people – at best you’re outdated, at worst you might be hiding something.
- Just because you aren’t receiving warm leads immediately doesn’t mean your social campaign is unsuccessful – many people may follow your social media page(s) for months, or even years, before making contact with your practice.
- A number of individuals admit that while they want their doctor to be active on social media, they may never engage with certain platforms for confidentiality reasons – nevertheless, they are still watching the activity on your pages in hope of receiving valuable information.

If you have any questions about social media marketing for plastic surgeons, please contact Rosemont Media, llc at info@rosemontmedia.com. Also, be sure to check out Rosemont Media’s informative blog - the Rosemont Review - at rosemontmedia.com for up-to-date information about how to achieve and maintain a prominent presence in your online marketplace.



The Millennials are Coming!

By Steve Dayan, MD

Annual Academic Meeting 2036

We want to welcome you to the Annual Academic fall meeting 2036 where our chairman Jenny Jetson and Raj Techno will be our chairs. We have an exciting line up. Dr. Jonas will be instructing live how to perform robotic rhinoplasty from 10,000 miles away. Dr. Bieber will walk you through the current state of 3D printers and show you how to print out and use the perfect nasal skeleton. Dr. Welby will be honored for his 40 years of service with his keynote presentation, “The evolution of facial plastics from the dark days of the 20th century.” We ask all of you to commit to attending the lecture physically and not just holographically. Dr. Pierce will lead the roundtables on what it was like when doctors used scalpels. And for those of you still participating in the affordable care national service program, Dr. Oz will conduct a practice management seminar on how to get paid. Please make sure to bring your Google Glasses and we all will be taking a virtual tour of the Acme Stem cell factory and the nasal gene lab. Additionally the Dickinson Library will be open so join us as we transport ourselves into the operating room and watch our most esteemed colleagues. We hope to see you all in sunny Havana, but for those of you who can’t make it and will be attending virtually, we will see your avatar but will miss your physical presence at the beach party.

For the last six years I have taught an undergraduate course at DePaul University, and on my first day of class as I stood at the lectern welcoming the class, I quickly recognized the learners of today are much different from what I had remembered back in my Washington University days. Brookings hall was a voluminous vaulted gothic structure class that pew 150 coeds. We sat as if in a house of worship listening to an esteemed professor soliloquy for 60 minutes. We knelt before the professor, opened our mouths, and accepted every drop of information as if it was the Eucharist. We wrote furiously so as not to miss an important dictum. My experience though at DePaul is rather different. The classroom is carpeted and small, a whiteboard has replaced the chalkboard, the students ramble in with ear buds in tow, splash down into their seats, recline back in their comfortable chairs, open their laptops, look



up at me with a not so subtle look and demand to be taught. At first miffed by their opened laptops, I was told by my TA this is how they take notes, but I soon realized it means they also reserve their constitutional right to surf the net if not being adequately entertained. I quickly learned my lesson. Teaching as well as social interacting has changed and it was me that was now going to have to adapt if I wanted to share my knowledge with the current generation. I scrubbed my lecture and rewrote my lesson plans. No longer was I paternalistically shoveling information into their fertile minds. I had to demonstrate, paint, and entertain them. I developed teaching methods that became interactive, including role playing, and social experiments. We even once sat in circle discussing the evolutionary make up of bananas, whatever it took to keep their skeptical, certainly abbreviated attention spans and compartmentalized minds interested. I now had to deliver information by merging presenting and entertaining into what I called “presentainment.” Utilizing this strategy, teaching became an incredibly rewarding experience. But I also learned that the new generation learns, interacts and is inspired differently from that of a generation ago, and to stay relevant it is necessary to adapt.

As a leading plastic surgical medical society are we ready for coming generation of medical Millennials?

Who are The Millennials?

The Millennials are defined as those individuals who turned 18 in year 2000. David Roberts from Harvard Medical School described them as “...technologically savvy, interested in fairness, attracted to teamwork and community building, and accepting of diversity. However, they are driven by self-interest, often prefer structured environments for learning, and are used to immediate satisfaction of needs.”¹ While this makes sense to gain a deeper understanding, I decided to sit down with my millennial staff members and three daughters questioning them further. And what I learned fascinated me.

Millennials see the social world as flat

This unfurling generation sees a broader, flatter social landscape absent of the structural architecture and hierarchy common to yesteryear. There is no better example than that which is found in the sleepy affluent Chicago suburb where I reside. The local neighborhood kids call parents by their first name! To the 12 year old cookie chomping, Lulu lemon draped, hair flipping 7th grade drama queen, I am “Steve” not Dr. Dayan.

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The Millennials are Coming!

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And this lack of hierarchal etiquette is not limited to personal arenas. In my operating room, medical students tell me when they felt they have learned enough and are ready to scrub out for lunch! Such blasphemous behavior a generation ago would have resulted in a measure of reprimand however caution advised today such retributions are better known by one of the named abuses: child, student, verbal, psychological or environmental.

As my millennial medical assistant Meaghan told me yesterday, the demise of the societal pecking order is due to the democracy of social media which has done away with hierarchies. Through Instagram, Twitter, Facebook and such, Millennials comfortably can and will reach out to anyone, regardless of their age, profession, or status. They feel less venerable to authority and while this may seem insulting to the “hard knocks” raised Gen X or Baby Boomers, there can be an advantage to those who are willing to accept the new interactions openly. An opportunity for an honest exchange of information and frank feedback is there for the taking, an ability to learn for the mentor as much as the mentee is an eye opening proposition that can and should be welcomed. And while at first the lack of deferential demure may be interpreted as an insult, perhaps in an evolving world challenging the canons of the past sooner than later should be an appreciated offering. Nourishing an intellectual garden that will allow such flowers of promise to sprout can shade out the weeds of doubt that too often sideline the pathways of progress commonly found between the white towers of academia. In practicality, as a medical society, perhaps we should aim to get our younger generation of physicians up on the panels, advisory boards and in leadership positions quicker.

Millennials are impatient

Just as Millennials are unlikely to wade through pages of books housed in bowels of a library or wait until the end of the season to get a trophy, they are less inclined to methodically work their way up a chain of command. They aren't clear on the reasoning behind “paying their dues” as was the previous generations' expected protocol. They also don't see as this being an efficient means

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to their end goal. The Millennials want to feel and know they are contributing now and not have to wait their turn. And with tech world that is doubling every three years they just may have a lot to offer. The information age is advancing incredibly quickly and understanding, mastering, and using it to an advantage is necessary for messaging, marketing and education. Most of our senior leaders have little interest or knowledge of Instagram, Pinterest or how to use the Up To Date App. As a progressive academic society can we consider this demand? Can we provide fast track opportunities for Millennials to publish, teach and organize? Should there be more than a token Millennial representative helping to organize our meetings? Should there be a Millennial chairman, maybe a Millennial board member or a viable mechanism for the next generation to truly contribute to our policies?

Millennials tend to be less trustworthy of authority and relationships.

A generation ago, a leader with a hole in their sock rarely worried about its revelation, but today breaking scandals surrounding our biggest political leaders is the expected daily fare. Additionally with social media, electronic friends and relationships are more fleeting, less vested and defined more by fallacious

highlight reels then pivoting singular life experiences. Romantic twist can be swiped and swapped with just the touch of a finger. Millennials therefore seem to trust less in relationships and empty words of future promises. A generation ago, going through the rigors of medical schools meant following rather formulaic rules of delayed gratification. Study hard, get good grades, get a good residency, get a good job and then finally get a house in the burbs and a Cadillac. That payoff or promise is no longer, but Millennials however, don't seem dismayed as Cadillacs have lost their luster and their living interests have deviated. Millennials want a more fulfilling life enriched with meaningful experiences. They don't see the futility in devoting themselves to another's cause unless there is an immediate return. As a medical society, are we ready to deliver more fulfilling benefits to our members and in a quicker manner? Can we offer more experiential learning options, visiting internships, more travel medicine opportunities, establishing outreaches to charitable organizations both at home and abroad, celebrate awards and praise recognition at earlier milestone achievements?

Today, when I hire a Millennial I no longer encourage them to mislead by verbally flagellating me by how they want to work in my office for next 25 years and get a watch. I have come to accept that I am just a stop on their yellow brick road to something else bigger and better. So now during our interviewing process we have a frank discussion about their dreams and desires and we brainstorm how a stint at my office can help them to achieve their goals. Whether it be a CEO of a marketing company, a medical science liaison (MSL) at a pharma company or a stay at home mom, if they are straight forward with me, I'll do my best to craft their job so that they can get the necessary skills and meet the appropriate contacts propelling them closer to their dream. I only ask them to be honest and to work hard while they are with me and when it is time for them to move on we both are the better for it. This has resulted in enormous fulfillment for me as I now see many of my former employees going on to reach new levels of acclaim

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new, bright and brilliant

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- Unique pairing of pure retinol and resveratrol for increased brilliance
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Condition:

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After seven weeks



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0.5% pure retinol night**

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The Millennials are Coming!

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professionally and it allows new people to come in and be inspired by those ahead of them who have reached great heights. I get better staff. But it took me adapting to them, not the other way around.

Millennials are Team Players

Millennials are recognized to be better team players; they are not as interested in individual power gains common to a previous generation². Millennials understand the group dynamics and benefits of team achievements. They likely won't see or care about the inter-specialty conflicts or battles of a previous generation. Moving forward the educational programs that are more multi-specialty in nature which have already begun can expect to triumph to greater success. Attempting to draw lines in the sand between specialties, reliving turf battles and shunning other groups can probably be packed away for good. Our Millennials will be forging stronger bonds and relationships with other specialties as it is clear we have mutually aligned interest. Additionally thanks to internet, email and social media, the medical universe is shrinking rapidly. Cross continent training and sharing of information is no longer a rarity but now the norm. And our Millennials with mastery of technology and the electronic world will be as likely to learn from a colleague in Singapore as from one in Seattle.

What Do You Think?

Share your opinions on this thought-provoking article. Send a letter to the editor of *ASN* or continue the conversation on *RADAR Resource* in the Discussion Forum.

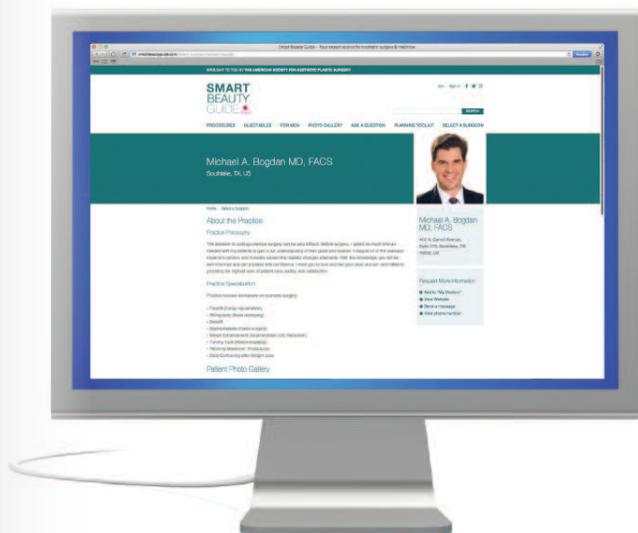
Millennials want to be entertained

They are tech savvy and desire their information from multiple sources packed into quick hitting quanta's of information. They won't sit in a cold large lecture hall and listen to a litany of professors' crow about their successes. Our presentations will have to become more visually attractive, integrating multiple touches from social multiple modalities. Other tentacles of education will likely include streaming social media pings that hit them where they look most, to virtual learning centers, interactive role playing and simulation technologies which allow for near life-like experiences. If we are to stay relevant, new educational methods will be requisite to our future meetings. And for those Millennials

who can't make the meeting because they are scaling base camp at Mount Everest, surfing the break on Bondi Beach or coaching the 6th grade soccer team, how do we provide the meeting highlights to them? Perhaps the future will bring ghost lecture halls and social networking events where we can virtually attend and interact with our colleagues' electronic likenesses on screen but yet not be there physically.

The future medical societies and medical education is exciting to contemplate, and if there is one thing we can say for sure, it is going to change from what it is today. The days of bulleted Power points, complicated charts and over extended tables splashed upon slides are coming to a screeching halt. As Charles Darwin so prophetically stated over 140 years ago, "It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is most adaptable to change" Are we ready?

- 1 Roberts, David H., Lori R. Newman, and Richard M. Schwartzstein. "Twelve tips for facilitating Millennials' learning." *Medical teacher* 34.4 (2012): 274-278.
- 2 Borges NJ, Manuel RS, Elam CL, Jones BJ. 2010. Differences in motives between Millennial and Generation X students. *Med Educ* 44(6):570-6.



Expand Your Reach, Attract New Patients

Many websites offer physician profiles with annual fees ranging from \$3,500 up to \$5,000—with an Aesthetic Society Enhanced Practice Profile you can get all of the benefits of a comprehensive online presence for only \$699 per year (plus a one-time set-up fee of \$399).

- EPPs consistently get top rankings in major search engines
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- www.surgery.org/shop



Staffing the Practice: What a Plastic Surgeon Needs

By Julius Few, MD

It wasn't long ago that surgery was everything in the aesthetic plastic surgery practice. As surgeons, we receive years of training to develop the medical expertise and technical prowess required to deliver safe and effective surgical results. Frankly, there's nothing more rewarding. But the numbers don't lie when it comes to just how dramatically the industry has changed. And by that, I mean non-surgical treatments—in both availability and demand.

Dealing with the Demand

The volume of non-surgical business we see in our practices is nothing short of outstanding. There were more than 10 million surgical and non-surgical procedures performed last year by members of the American Society for Aesthetic Plastic Surgery (ASAPS), and only 17% were surgical.

Here's roughly how the top five broke down, in order of popularity:

- Botulinum toxin (40%)
- Hyaluronic acid fillers (19%)
- Hair removal (9%)
- Chemical peels (5%)
- Microdermabrasion (5%)

These five represent the majority (78%). Non-surgical fat reduction came in at number 10 on the list, but with a 42% increase compared with 2013, we can also expect this category to continue to grow. Add in the procedures performed by nurse injectors and estheticians and that number increases to more than 13 million—not an insignificant number. While surgery draws in 60% of total patient expenditure, as also reported by the ASAPS, the fact is that non-surgical treatments are what patients want, as they are relatively affordable and quick, and downtime is generally minimal if necessary at all. As a result, one of the biggest questions we face as surgeons is, how do we keep up with this growing demand? The answer is simple: by surrounding ourselves with well trained, professional staff, including nurses and estheticians, who can safely and effectively provide support for these kinds of high-volume treatments to meet patient demand.

A Matter of Reputation

Finding the right people to add to our practices isn't as simple as it may seem. It can be a long, excruciating process to ensure that our medical support staff have the right education, experience, demeanor and drive. Every component of the practice is a reflection of the surgeon, from credentials and research to branding and patient experience, and, understandably, every surgeon guards his or her reputation fiercely. Regardless of who in the practice is performing specific treatments, patient experience—good or bad—reflects on the surgeon. Therefore, hiring the right people

is critical, and that means qualified, licensed skin care professionals. The nurse or aesthetician who has both facial aesthetic skills and business skills makes a very competitive skin care professional and I've found the Society of Plastic Surgical Skin Care Specialists (SPSSCS) to be an invaluable continuing education organization. All of my nurses and aestheticians are members of the SPSSCS, which helps me to feel confident that my team is not only qualified to provide non-surgical aesthetic treatment to our patients, but that their clinical skills are consistently enhanced and improved.

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Should I Drop My Prices to Compete?

By Catherine Maley, MBA

Are you losing consultations to lower-priced competitors even though you have more skill and expertise than they do?

It IS frustrating to have to negotiate with cosmetic patients when you are offering high-quality aesthetic services for a fair price. It makes you not want to do what you do because you don't feel like you're being fairly compensated.

Because we both know it's not just about the money. It's about the years of training and experience, sleepless nights, angst and battle you went through to get where you are and you want to be financially rewarded for it, right?

It's maddening to watch these "so-called competitors" call themselves surgeons and market low prices throughout your community. The patients show up in their consultations armed with these quotes from these low-ball competitors and now what do you do?

The question becomes, "Should I drop my prices to compete?"

Today's reality is that patients have choice – LOTS of choice. With so much choice, they tend to group all "cosmetic surgeons" together. They think in terms of commoditization but then regret it when they make a bad choice and get a bad result but then it's too late!

If patients aren't buying your cosmetic services at the price you've established, that means you have not established enough value to help the cosmetic patient logically and emotionally justify the extra cost.

Or, on the flip side, your low-priced competitors used promotion and marketing to "sell" themselves to prospective patients so you're behind the 8-ball. You now are forced into the position to distinguish yourself from the lower price-point competitors....or face losing that patient.

For you to rise above your competitors, you need some other compelling reason or angle for stranger patients to choose you over all the others.

Here are approaches to help you build value instead...

Set Your Prices to Attract Your Preferred Patients

Structure the pricing of your services for the preferred patients you want. Those are the patients who care more about quality than they care about "saving a buck". They are more than willing to pay a higher price because they value the skill, education and expertise you bring to the table. That means they are GLAD to pay a FAIR PRICE to get a great result. So, in essence, they are paying more for peace of mind and confidence in you as a Board-Certified Plastic Surgeon!

Look at your marketing and advertising efforts to determine where these "cheapo" patients are coming from. If you are getting price-shoppers, you are doing something to attract them so stop that and start fishing in a higher-quality pond.

Be the Expert

Your "preferred" cosmetic patients who see you as the expert are much more likely to pay what you ask because they value your professional standing and see you as the BEST choice.

Do all you can to portray your expertise and skill creatively; such as:

Explain, in detail, what Board Certification means since many of your competitors can't begin to compare to it.

Brag about what others won't, don't or can't. Count up all the surgical procedures you've performed since fellowship. The number will be impressive and your non-core competitors won't be able to come close to it.

Use high-quality promotional efforts such as cool Website, web presence and social media so prospective patients see that you value excellence and quality.

Do not be shy about ANY PR you've gotten. Make a big deal out of it since patients see that as credibility and will pay more for celebrity status.

Become an online celebrity using video. Psychologically, when patients see you in video, whether it's on their TV, computer, ipad or iphone, it all builds your expert status.

Be the invited expert speaker in your community and hold events where you are the main attraction. Your credibility will

explode when the cosmetic patients see you in this light. And the face-time with prospective patients is priceless.

Develop the BEST Relationships with Your Patients

Cosmetic patients will pay more for the relationship they have with you. The way you make a patient feel when they call or visit and how they are treated before, during and after their treatment or procedure makes all the difference in the world because, as Mia Angela said:

*They won't remember what you told them
They won't remember what you showed them
But they will remember how you made them feel.*

The point being, in today's competitive arena, skill is not enough. The patient willing to pay more requires a "connection" with you and a great patient experience to go along with their great result.

Out-Service Your Competitors

Charge more than your lower-priced competitors and back it up with exceptional and consistent 5-star customer service. It's the details that count: updated office, smart and friendly staff and professional processes that make the difference. Become the "go-to-surgeon" in your patient's mind because you coddle them so they don't have a reason to go elsewhere. They see the value in paying a bit more but getting a better return on their investment in terms of service.

The point is to think quality versus quantity. Put more effort into the patient who cares about service and will pay extra for it than to put another dime or minute into price-shopping patients who only care about pinching pennies.

Catherine Maley, MBA is author of "Your Aesthetic Practice/What Your Patients Are Saying" and President of Cosmetic Image Marketing. She uses creative patient-attraction and staff-training strategies to get you more patients and more profits. Catherine can be reached at (877) 339-8833 or visit her website at www.CosmeticImageMarketing.com.



The 5th P: "Personnel" is Essential to Your Practice's Marketing Mix

By Karen Zupko

Price. Product (or Service). Promotion. Place. These "4 Ps" comprise the classic *Marketing Mix* and are foundational components of any marketing discussion or marketing plan development.

But I propose that there is an important "P" missing from this mix: *Personnel*.

The people you hire can make or break the patient experience. They can build the surgeon's value and credibility with enthusiasm, or merely say "he's Board Certified." They can foster relationships that result in long-term, loyal patients, or they can jump right into talking about fees and policies, never getting to know the patient personally, or following up if the patient leaves without scheduling.

The fact is: the people in your practice can be a marketing asset or a marketing liability.

Many aesthetic surgeons believe their staff is already performing at the top of their game and that there is no room for improvement. And many of these same physicians hire us to figure out why their patient acceptance rate (PAR) for surgical procedures is hovering around 50%.

Results of our mystery shopping calls and visits often uncover the people issues that impact what seems at the outset to be a "marketing problem." In one recent project, the receptionist of a 3-surgeon aesthetic practice was dreary on the phone, left us on hold, and was decidedly unpleasant when we arrived for the appointment. "I'll take your consult fee now," she said, curtly and without eye contact.

In another, the patient coordinator (who, it should be mentioned, had been with the practice for more than a decade) dove right into the surgeon's fees and policies without ever asking a single personal question. When our consultant (undercover as the patient) asked about a procedure advertised in the reception area, the coordinator did not know the answer and suggested waiting for the aesthetician to explain it. But she was busy with a patient so "why don't you give her a call later?"

It's lackluster service performances like these that cost your practice consultations, scheduled surgeries, and the opportunity to build lifelong patient relationships. And that's a kick in the gut if you spend thousands each month on search engine optimization, lead generation software, or other marketing tools. These

investments may indeed be reeling potential patients in, but once the leads reach the practice's phone or email inbox, it's up to your people successfully turn them into actual patients. They are the 5th P of your Marketing Mix.

Take a look at your hiring practices, and your existing team. Here are 6 tips to help you make every hiring decision a good marketing decision too.

1. *Change your perception of the "ideal" hire.*

She worked for another plastic surgeon so she won't need training.

We didn't think we needed to do a background check; she goes to my church.

Well, she dressed nicely and she "looked the part."

In 30 years, I have heard lots of different excuses for why a poor-performing employee was hired. But if "Personnel" is the 5th P, you've got to ask yourself this about every person you put on the payroll, not just the patient care coordinator: *Would The Ritz-Carlton or Tiffany hire this person?*

Handling the service experience and patient needs in an aesthetic practice requires skill and sophistication. Each member of your team must be able to establish a value proposition, assess a prospective patient's needs, quote fees with grace, overcome objections, and offer personalized service. These abilities do not come naturally to everyone.

Sure, some staff can be trained, however others are congenitally unable to meet high service standards. This is particularly important to understand when an applicant arrives with a competing aesthetic surgeon's name on her resume. Don't assume the person has been trained or has the right skill set for your practice just because she's worked in another practice.

2. *Don't discount the importance of decorum.*

"We are ladies and gentleman serving ladies and gentleman."

This is the well-known motto of The Ritz-Carlton Hotel Company. Applying this concept to your practice can add an element of refinement to your hiring decisions.

In an age where our national past time seems to have become a fascination with mobile devices, etiquette is often overlooked in practice hiring. But it is not lost on your high end patients, who expect a certain level of decorum and societal "correctness," if you

will. Delivering on this can go a long way toward delighting them and motivating them to schedule surgery, return for injections, and send their like-minded friends for the same.

For instance, do job candidates maintain eye contact? Do their handshake, posture, and facial expression exhibit confidence and a positive, can-do attitude? Does your existing team use patient names throughout conversations? Are all of capable of managing a service recovery when a patient complains?

Envision your receptionist as a front desk staff and the patient coordinator as a concierge at a boutique hotel. Both must be accustomed to dealing with high-end service requests. In many practices, the employees in one or both of these roles lack the finesse required by the position.

Consider etiquette too when evaluating loyal staff for a promotion. Moving a nurse into the patient care coordinator position because she knows the technical aspects of procedures is not always a recipe for success. Certainly, some staff can make the transition if training is provided. Just remember that the right skills and service aptitude will trump "nice" and "loyal" every time.

3. *Assess candidates for "service sense."*

Speaking of service, we think it's better to assess for how people will handle delicate situations instead of assuming that they are good at it because they have worked in hospitality, or retail, or a high end spa. Ask job candidates to demonstrate their "service sense" by conducting a few simple role playing exercises during the interview. Playing the patient and asking the candidate to handle scenarios such as those below can give you a sense of the person's service orientation, confidence, and ability to think on their feet.

Scenario 1: The surgeon is running late in the O.R. and afternoon consult patients have started to arrive. One has already been waiting for ten minutes. How do you communicate the delay to patients in the reception area, and to patients as they arrive?

Scenario 2: When you open the office in the morning, one of your regular patients is waiting. "I know it's my fault for not calling to schedule," she says. "But could Dr. Wonderful fit me in for a quick injection? Please?"

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The 5th P

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Scenario role playing can also be a fun game to play in staff meetings or working lunches, especially when you bring up a few recent patient issues that needed to be handled. Such discussions provide an awareness of how the team is handling real patients situations, and staff will learn from their peers.

4. Don't skip testing and background checks.

An outstanding candidate we found for a patient care coordinator position lied about having a university degree. A woman we hoped to hire as the manager of an aesthetic practice had nearly \$70,000 in debt—which we learned after running a background check. She was not exactly the type of person to put in charge of a \$1M+, cash-based business.

Background checks and skills tests enable physicians avoid potentially disastrous hires of people who seemed great or “looked the part,” but clearly weren't.

TrustedEmployees is a cost-effective background screening report that provides employment and salary history, criminal history, credit history, and more. *Select* is a role-specific screening tool that provides objective information about a candidate's productive attitude, work ethic, activity level, frustration tolerance, and more. And, for patient care coordinators and managers we also recommend the *Proception2 Workstyle Analysis*, which provides practical insight into a person's interpersonal, decision-making, data management, and other skills. Learn more about these tools at karenzupko.com.

For skills testing, we suggest *Total Testing* (www.totaltesting.com), which offers more than 800 online tests. We particularly like the Microsoft Office assessments, which ferret out Excel and Word whizzes from candidate who'll need additional training.

5. Allow time for orientation.

Rushing the new employee learning process can be a costly mistake. If your practice provides only a few days—maybe a week—and only includes orientation details such as obtaining login credentials and office keys, completing payroll and benefits forms, and training with a coworker, you are short changing yourself.

Resist the temptation to focus a new employee on the backlog of work that piled

Table 1. 10 Things to Include in the Orientation Plan of Everyone on the Team

1. *Review the Orientation Plan and establish the road ahead.* Setting expectations is vital to the new person's success. In addition to completing the Orientation Plan, establish some short term and long term goals for the person and the position and put them in writing.
2. *Read ASAPs printed and online materials.* Schedule time to discuss which procedures you perform most often, and point out any differences in your patient care.
3. *Review Dr. Wonderful's curriculum vitae (CV).* All staff must be able to explain the scope of your training, the medical school you attended, and where you completed your Fellowship.
4. *Attend a Welcome Lunch with the manager and physician.* This is a good opportunity to get to know your new employee personally and to review topics such as expected behaviors, practice culture, and the characteristics of your patient mix.
5. *Review the practice web site in detail.* The entire team must know it like the back of their hand so they can direct patients to use it, and explain what's there.
6. *Attend technology training.* Schedule training directly with vendor to optimize the new employee's knowledge of the system.
7. *Get to know your online reputation and that of your competitors.* Staff should spend time reviewing Facebook, Yelp! Twitter, and physician rating sites such as RealSelf and Vitals.
8. *Shadow 5-10 aesthetic consultations.* Making sure staff thoroughly understands the consultation process enables them to accurately explain it to patients.
9. *Observe surgery and post-op care.* Seeing patients in the O.R. and in the exam room postoperatively will give your team the “big picture” of the patient experience.
10. *Read “Delivering Knock Your Socks Off Service,” a brief, practical and lively book by Chip Bell and Ron Zemke.* You'll find the ideas lively and practical.

up while the position was vacant. The more deeply they understand the surgeon's background and practice style, services, culture, and patient mix, the better they will serve as a marketing ambassador. This may take a few weeks or a month but the added orientation and knowledge immersion can pay off big in terms of their performance and service skills.

Table 1 contains 10 things to include in your new employee orientation plan. It includes a review of your CV and web site, as well as shadowing 5–10 consultations and observing surgery. In addition, allow each new staffer to take their technology training directly with the vendor—not from a coworker. They will learn more effectively and may even bring back ideas about features and reports that are currently unused.

6. Allow your people to “go outside the circle.”

Sending staff to The Aesthetic Meeting, off-site training, and continuing education are great opportunities for them to gain new knowledge and network with peers. Without ongoing access to knowledge, your team can become stagnant and stuck in the “this is the way we've always done it” box. This does not bode well for patients, or the bottom line.

A study on the drivers of great work found that people who connect with their outer

circle are three times more likely to produce work that has a financial impact, and more than twice as likely to respond positively to the work they are doing.¹ Most people interact with the same 5–10 trusted colleagues and friends 80% of the time.² By sending employees outside the “practice circle,” they are more likely to experience divergent thinking, novel ideas, and added expertise.

And I'll bet you'll be amazed at the fresh ideas they return home with.

Karen Zupko, President of Karen Zupko & Associates, Inc., is an internationally sought-after speaker, author, and practice management consultant. For 30 years, she has been advising and educating plastic surgeons on management and marketing issues, including personnel, billing, technology, coding, and practice expansion. Ms. Zupko and her team are featured regularly at workshops and events held by the American Society of Plastic Surgeons, American Society of Aesthetic Plastic Surgeons, American Society of Plastic Surgery Assistants, and the Plastic Surgery Administrators Association.

1 O.C. Tanner, Global Research: The Great Work Study, <http://www.octanner.com/content/dam/oc-tanner/documents/global-research/Great-Work-Study.pdf>

2 Margery Weinstein, Power Surge, Training Magazine, July/August 2015, pages 16-19



Is Self Perceived Beauty a Footpath on the Road to the Hundred Year Mark?

By Tamarin Lindenberg

With several recent studies reporting that 1 in 7 women, and 1 in 12 men, born after 1960, are slated to reach the 100 year mark, medical aesthetics plays a critical role in defining ageless beauty. As the first to challenge the norms of the “visual” aging process, the baby boomers reset expectations for upcoming generations slated for increased longevity, and, standing at a powerful intersection of market demand and rapidly advancing technology, purveyors of timelessness have a unique opportunity to deliver.

Does the field of medical aesthetics, by its nature, play a role in producing vibrant contributors to society over many decades? My vote is yes.

Profound are the findings of various longevity studies, including that of Lewis Terman, which spanned eight decades and uncovered high levels of conscientiousness and a detail-oriented mind as traits of those with the longest lifespan, and a healthy one to boot. Is a lifelong desire for visual satisfaction with one’s self a manifestation of the very trait which produces centenarians and, as such, should it be encouraged over a lifetime? Does the field of medical aesthetics, by its nature, play a role in producing vibrant contributors to society over many decades? My vote is yes.

Leaders in medical aesthetics are watching this shifting trend as patient expectations evolve, and the early 20s groups are setting the stage forward, while those a few years beyond are setting the clock back and holding it there. As much as we have advanced in our ability to manage the effects of time, according to our personal perceptions of health and beauty, society still seeks to categorize, and, in many cases, diminish, those who intend to manage the process well. Our work, as physicians and researchers, creates a pioneering chance to shift thinking, and that includes identifying and overcoming barriers of shame, or disdain, that society levies on those who seek to fulfill a physical vision as a vital component of self-esteem and a long vigorous life. Sadly, those barriers are sometimes



created within the aesthetic profession itself when a staid mindset responds to an 80 year old’s desire for a beautiful body, or porcelain skin, with a wink and grin of disbelief. I question if in doing so more is affected than realized; perhaps a life slated to contribute several more decades of wisdom to the planet, sadly, begins to believe in limitations.

As we begin to recognize socially-induced constraints, we find the examples go far past the ostensibly impossible goal of the octogenarian seeking a bikini worthy shape, and reach to the post-partum or post cancer woman in far distant age groups. When exploring issues surrounding a woman’s perception of beauty, the rapidly evolving focus has extended to matters associated with vaginal health and perceived attractiveness of the lower regions. As women continue to embrace their ability to engage in the redesign of their bodies, the natural outcome is often a heightened sense of sexuality, at all ages, and a desire to preserve, or enhance, all working parts.

According to Dr. Red Alinsod, designer of the ThermiVa vaginal rejuvenation system hand piece, which utilizes thermal controlled radio frequency to tighten and restore internal and external tissues, while also delivering additional improvement along a spectrum of clinical effects including increased moisture, softness and sensitivity, and a reduction in urinary urge and leakage, patients also report extreme satisfaction with its enhancement of feminine beauty. These challenges straddle all age groups as they effect postpartum, post cancer, or post-menopausal women and greatly diminish sexual confidence and, as the result, intimacy with their partners.

Post-partum women, who have often experienced unexpected functional changes, are no more overjoyed by restoration than the post-menopausal woman who has felt her body left her behind after hormonal declines affected her ability to enjoy the deepest of pleasures with her partner. All in all, the female psyche is consistent over a lifetime, no matter the span of those years.

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Self Perceived Beauty

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Just ask Ernestine Shepherd, the 79 year old body builder from Maryland who, ripped and shredded, starts her day at 3 am with a shaker full of egg whites and a trip to the gym. Proudly living by the motto “Determined, Dedicated and Disciplined” she serves to challenge the journey of aging—is it a mandate or a choice? When we consider that becoming a first time mom at close to 50, with a husband 15 years younger, is relatively main stream today, we recognize the erasure of limitations along the timeline and the built in expectation for more upcoming fruitful years than previous generations dared to dream enjoying.

Given that research reveals countries with the highest concentration of centenarians are also the countries that revere age, perhaps, we are finally taking steps in our own way to treasure life as a whole and with a focus beyond the first twenty years. Perhaps, we might also consider that by giving patients the chance to embrace each season, without fearing the physical display, we create a blessing we have the chance to both offer and experience. The foundation of ageless beauty may well be lifestyle acquired, but even that lifestyle can have a less than desirable offsetting force; thus the field of medical aesthetics plays a vital role in the partnership of health and beauty.

For many women, lower body fat can add to natural volume loss to the face leaving one with a thong worthy bottom accompanied by time hollowed cheekbones and telltale eyes—certainly no one’s goal for timeless beauty. Dr. Massry, an ophthalmic plastic and reconstructive surgeon in Beverly Hills, believes true rejuvenation of the mid and upper face comes from an expanded and comprehensive treatment approach. This has led him to develop significant expertise in restoring volume loss through techniques he developed specifically for under eye hollows, while also using filler for the brow and temple areas for a balanced effect. In cases requiring a surgical approach, he has a wide array of methods for safely maximizing results while achieving optimal outcomes.

Just as common an issue, dimpling on the wrong set of cheeks is equally concerning, and

Dr. Jeremy Brauer, Director of Clinical Research and a NY based dermatologist, is working on a protocol for the reduction, or erasure, of cellulite with Ulthera’s Cellfina. According to Dr. Brauer, “In the past we didn’t really have the ability to treat the different aspects of cellulite. I believe that though we had a good understanding of its multiple causes—genetics, hormones, fibrous bands, fat herniation, laxity, etc.—we have had continued difficulty in its complete treatment. Cellfina is a big step in addressing some of the causes. It is designed to release the fibrous bands that pull the skin downward, creating the dimpling effect, and we have seen great results with this.” Dr. Brauer is exploring a multi-dimensional approach to cellulite; Dr. Kaminer, Associate Clinical Professor of Dermatology, Yale Medical School; Founding Partner, Skincare Physicians, Chestnut Hill, MA, is one of the lead researchers for Cellfina, and is exploring additional approaches with the device to address smaller more widespread dimpling.

Dr. Migliori, Past President of the American Society of Ophthalmic Plastic and Reconstructive Surgery and Clinical Professor of Ophthalmology at Brown University, is a passionate advocate for bringing the specialties together to provide the best of all worlds to the patient, “These pieces all fit together to create a complete picture. When you affect a patient’s perspective on their physical being, you also affect their view on life, and, subsequently how they will contribute to the world. It’s essentially the same subject whether we are seeking to restore vaginal function, vitality to the face and eyes or smoothness to the back of the thighs—in truth, it’s all a contiguous journey.”

At all ages, that journey leads to wholeness, and isn’t that what we all seek?”

Tamarin Lindenberg is a healthcare executive with a focus in behavioral research. She is an author and speaker whose work encompasses women’s health issues, advances in medical aesthetics, and quality of life research. She is the founder of CALIEB (www.calieb.com) a program for women post cancer, and is the CEO of HT, a healthcare consulting company. (www.hitiinc.com)

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Fat Grafting And The FDA: My View

By Neal R. Reisman, MD, JD, FACS

Introduction

Robert H. Aicher, JD
ASAPS General Counsel

FDA is not authorized to regulate the practice of medicine. It is authorized, however, to ensure the safety, efficacy and security of drugs, biological products and medical devices, including human cells, tissues, and cellular and tissue-based products (HCT/Ps). FDA issued draft guidance in December 2014 for the primary purpose of creating a unified registration and listing system for establishments that manufacture HCT/Ps so as to prevent the introduction, transmission, and spread of communicable diseases by HCT/Ps, and for the secondary purpose of limiting misleading stem cell advertising.

FDA's draft guidance was issued in two parts: one for manufacturers and users of HCT/Ps derived from adipose tissue www.fda.gov/downloads/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Guidances/Tissue/UCM427811.pdf and the other to explain the criterion of minimal manipulation www.fda.gov/downloads/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Guidances/CellularandGeneTherapy/UCM427746.pdf.

The article below by Neal R. Reisman, MD, JD, FACS, the first in a series of upcoming My View submissions by ASAPS members, interprets this recent draft guidance from FDA with examples of fat grafting practices common to our membership. Dr. Reisman explains whether FDA will permit such practices to continue as is, whether registration as a HCT/P manufacturer will be required, and under what conditions stem cell therapies may be advertised by your practice.

Fat grafting is a major part of a plastic surgical practice. The stem cell and growth factor component of fat grafting have many uses for many anatomic areas, but the FDA's Guidance document (21 CFR 1271.10(a)(2)) refines definitions for use. These changes should be understood by all. ASAPS, through a multi-specialty Task Force, responded to these definitions by suggesting changes in an

attempt to improve patient safety and the appropriate use of fat grafting.

Hypothetical #1: Dr. Mary advertises "Stem Cell" Breast Augmentation utilizing Fat Grafting performed in her office. She utilizes an available reservoir to collect the fat and then as she describes "processes" the fat into a higher Stem Cell component. Jane has a "Stem Cell Augment" which results in many areas of necrosis, unevenness, adherent scarring and asymmetry. Jane files a complaint with her local state Board of Medicine which starts an investigation, citing a violation of FDA rules against advertising Stem Cell treatment and therapy.

FDA Guidance restricts the use of "Stem Cell" in advertisements and therapy. There should be caution and a review of advertising information to comply. The FDA Guidance document reaffirms the earlier FDA definition of adipose tissue as a structural tissue. Adipose tissue is typically defined as a connective tissue that stores energy in the form of lipids, insulates the body, and provides cushioning and support for subcutaneous tissues and internal organs. It is composed of clusters of cells (adipocytes) surrounded by a reticular fiber network and interspersed small blood vessels, divided into lobules and lobes by connective tissue septa.

Because connective tissue provides structure and support to the body, FDA considers connective tissue including adipose tissue to be structural. The guidance document further states the use of fat grafting should be a homologous use and minimal manipulation.

To evaluate whether the use of an adipose derived graft would meet the regulatory definition of homologous use, you should consider whether the adipose tissue used for the repair, reconstruction, replacement, or supplementation of a recipient's cells or tissues performs the same basic function or functions in the recipient as in the donor. (21 CFR 1271.3 (c)). This poses a problem when using adipose tissue for breast augmentation in that the fat from the donor is not restoring a function of the breast in the recipient. The term "homologous" suggests that the graft

performs the same basic function in the recipient as in the donor. This questions the continued use of fat grafting for the purpose of breast augmentation.

The second hurdle surrounds the minimal manipulation considering only its use for structural support and cushioning. One should be very careful to comply with advertising and marketing regulations as well as FDA's fat graft processing regulations. Some may argue FDA cannot regulate practicing physicians, and with adequate patient consents, the physician is immune from FDA guidelines. This may be a very dangerous and costly assumption. State Medical Boards sanction physicians who do not comply with regulatory requirements. Judges take "judicial notice" and permit lawyers to inform the jury in very large exhibits how the defendant physician violated FDA rules and patient safety doctrine.

Hypothetical #2: Dr. Brown routinely utilizes fat grafting as a facial and trunk volume replacer in age management. His routine is to gather many syringes of fat that are centrifuged to remove the non-fat cells. Some of the syringes are utilized to carefully inject the fat grafts into facial areas, dorsal hands, and areas in the upper chest while others syringes are brought back to the office, kept in a small refrigerator with some labeling, and used for later supplemental injections. Dr. Brown complains to hospital leadership when his privileges to remove fat graft syringes from the operating room are challenged.

The guidance document clearly limits the "minimally manipulated" component to within the surgical procedure being performed. It would therefore be a violation to remove fat for later patient use. With patient safety in mind there would be concerns as to labeling, refrigeration and storing of the fat. The FDA puts the burden of proof on the practitioner, as everything is considered more than minimally manipulated unless one can prove otherwise.

These new guidelines raise many concerns about appropriate processing and advanced

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Fat Grafting And The FDA: My View

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isolation of components. There may be confusion about minimal manipulation where centrifugation and filtration of adipose tissues can be considered more than minimally manipulated. If tissues are more than minimally manipulated, they are considered manufactured.

FDA states that, "Manufacture means, but is not limited to, any or all steps in the recovery, processing, storage, labeling, packaging, or distribution of any human cell or tissue." (21 CFR 1271.3(e)). A facility that is processing the adipose tissue is manufacturing an HCT/P from adipose tissue and is required to register with FDA and comply with all requirements under 21 CFR 1271 unless it qualifies for an exception.

FDA recognizes some exceptions from registration. If the facility removes HCT/P from an individual and implants HCT/P into the same individual during the same surgical procedure, they are not required to register:

FDA Example A-1: Adipose tissue is recovered by tumescent liposuction. The lipoaspirate is centrifuged at a low speed before blood and extracellular fluid are decanted. The remaining adipose tissue is resuspended in sterile saline. Because nothing else is added to the adipose tissue, and only minor handling is performed (e.g., no steps were taken to isolate stem cells from the lipoaspirate, commonly referred to as stromal vascular fraction), the adipose tissue would remain a connective tissue composed of clusters of adipocytes and other cells surrounded by a reticular fiber network and interspersed small blood vessels. It is then re-injected into the subcutaneous space of the same patient from whom it was removed, in a single operation or in a limited number of predetermined operations in order to achieve the intended effect. We generally would consider the facility manufacturing this HCT/P from adipose tissue to meet the exception under 21 CFR 1271.15(b), and the facility would not be required to comply with the requirements in 21 CFR Part 1271.

Another exception is noted in FDA Example A-1 above, i.e., low speed centrifugation.

FDA and its guidance document on the harvesting and use of fat grafts should be reviewed. While there is still discussion within the agency, it appears that same surgery use of minimally manipulated aspirates that are not advertised as stem cell therapy would comply with FDA's guidance. There may still be an issue with homologous use performing the same basic function in the recipient as in the donor.

It appears that the safety and efficacy of fat grafts within the breast are better established, which hopefully resolves some of the concerns with diagnosis and treatment of breast cancer. Please compare your practice against FDA's definitions of homologous use, minimally manipulated, and manufacturing registration and exceptions to remain in compliance.

*Neal R. Reisman, MD, JD, FACS is an aesthetic plastic surgeon. He serves as president of the Aesthetic Surgery Education and Research Foundation, as Chief Plastic Surgery at Baylor St. Luke's Medical Center, and is a member of the ASAPS Patient Safety Committee**

***Notice:** The preceding article contains input from the ASAPS Patient Safety Committee but does not represent an official opinion. Any advice provided within the discussion above constitutes recommendations of the author only and does not establish a standard of care. Practitioners who perform fat grafting and/or offer stem cell therapies are encouraged to review the most recent literature as well as current statements of FDA.

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Electrosurgical Smoke as a Workplace Hazard*

By Kent K. "Kye" Higdon, MD

Electrosurgical Smoke as a Workplace Hazard

Bovie machine's "smoke" is officially recognized as a significant hazard in the National Institute of Occupational Safety and Health (NIOSH) Health Hazard Evaluation Report, 1988.

However, OSHA does not yet have standards for electrocautery or laser smoke plumes. Regardless, the following is a guideline summary.

Since 77% of particulate matter in Bovie smoke is <1.1 micron and is not captured by the standard surgical masks, it is necessary for the surgeon to institute other measures to reduce the risks of exposure:

- CDC and NIOSH recommend the use of some form of smoke evacuation: a combination of general room and a local exhaust ventilation (LEV) portable smoke evacuators, a connected Bovie/evacuator or the standard room suction systems. Note: Smoke evacuator or room suction hose nozzle inlet must be kept within 2 inches of the surgical and should be ON (activated) at all times during Bovie use.
- The Bovie should be adjusted to the lowest settings possible to minimize "smoke"
- Proper personal protective equipment (PPE) use, such as a N95 respirator mask, decreases exposure to 95% of particulate materials including particles >0.1microns. The AORN recommends every healthcare worker who uses a respirator be trained in its use and pass a fit test before using it in the workplace.
- Post-op, all tubing, filters, and absorbers must be considered infectious waste and be disposed appropriately and new filters and tubing should be installed on the smoke evacuator for each procedure.

William T. Bovie invented and developed an electrosurgical device, which he called the "Bovie Electrosurgical Generator," in the early 1900s. It was first implemented in a surgical case when neurosurgeon, Harvey Cushing, used it at the Peter Bent Brigham Hospital on October 1, 1926. Though it was not the first electrosurgical cautery device, it is certainly the most famous and is used on a daily basis in operating rooms around the world. Physicians, nurses, and operating room staff, among others, are exposed to the machine and the "smoke" it generates. This article is an attempt to educate our members as to what that exposure may represent as a potential workplace hazard.

Let's start with how the device works and how the "Bovie Smoke" is generated. When a "Cutting" setting is used, a voltage of >200V is applied to the tissues, which have an inherent resistance to the flow of the current. Heat is instantly built up in the tissues, causing temperatures within the tissues to rise immediately to >400°C. The water within the tissues is vaporized, and tissue fragments are aerosolized and ejected. The result is a "cut" within the tissue from where the fragments were ejected, as well as the "smoke." Similarly, when the "Coagulation" setting is used, energy is applied to the tissue. But the voltage is less than 200V. Lower energy causes the tissue proteins to which the energy is applied to denature into a coagulum, sealing vessels and providing hemostasis, while leaving deeper tissues intact. The result is that much less tissue is vaporized, and there is no "cut." There is also much less "smoke."

The next step in understanding "Bovie smoke" as a workplace hazard is to identify the smoke's various components. Generally, the smoke is 95% vapor and 5% particulate matter. The particulate matter contains bacteria, viruses, such as Human papilloma virus and HIV, as well as a combination of dead and living tissue material or cellular debris, including malignant cells. These can potentially cause infectious, inflammatory, and allergic complications in persons exposed while in the operating room. To put this into perspective, baseline operating room particulate levels are approximately 60,000

particles per cubic foot. These levels rise to over 1 million particles per cubic foot after 5 minutes of Bovie use.

"Who cares since I'm wearing a mask?" you might ask. Typical surgical masks capture particles of variable sizes >5 microns. Yet 77% of particulate matter in Bovie smoke is <1.1 micron and is not captured by the standard surgical masks worn every day. Small particles of this size penetrate the masks and make it into the pulmonic tree all the way to the alveolus. It is these small particles that are the most dangerous. It is important to point out, though, that the viability of particulate matter in surgical smoke that may be inhaled has yet to be conclusively proven in humans. Proper personal protective equipment (PPE) use, such as a N95 respirator mask, decreases exposure to 95% of particulate materials including particles >0.1microns. The AORN recommends every healthcare worker who uses a respirator be trained in its use and pass a fit test before using it in the workplace.

What do we actually know with regard to biologic particulate matter in surgical smoke? Most of the literature that exists is from studies of laser plumes, which have similar characteristics compared with Bovie smoke, and the smoke of which many plastic surgeons are also exposed. Let's start with bacteria and viruses. In one study, 5 bacterial cultures grown from specimens collected from plume smoke during laser resurfacing in 13 patients grew out coagulase negative staphylococcus. One of these 5 positive cultures also grew out Corynebacterium and other Neisseria. In another study, proviral HIV DNA was recovered from suction tubing used to remove CO2 laser plume. Strands of human papilloma virus DNA were isolated from a CO2 laser plume during treatment of plantar warts. It has been shown that CO2 laser surgeons have a higher risk of acquiring nasopharyngeal lesions, especially in those surgeons who have treated genital warts. In another study, pellets of B16-F0 mouse melanoma cells were cauterized and the electrocautery smoke was collected and plated on culture media. Intact melanoma cells were identified in the culture.

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Electrosurgical Smoke as a Workplace Hazard

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Since 77% of particulate matter in Bovie smoke is <1.1 micron and is not captured by the standard surgical masks, it is necessary for the surgeon to institute other measures to reduce the risks of exposure

Another important component of surgical smoke that poses a potential workplace hazard are the chemicals in the smoke. There are over 150 chemicals that have been reported in surgical plumes. Benzene, a noxious and potentially carcinogenic chemical, has been detected at higher than specified limits near the Bovie electrode in colorectal surgery. Other chemicals with carcinogenic or teratogenic potential, such as hydrogen cyanide, carbon monoxide, Toluene, Formaldehyde, and polyaromatic hydrocarbons, among others, have been detected in surgical smoke. Lin et al reported that Toluene levels over 2,252 ug were detected in a single breast surgery from Bovie smoke. With the exception of smokers and those people who work with the teratogen Toluene, members of the American public are exposed to approximately 300 ug of Toluene in an entire day.

From nasopharyngeal lesions, asthma, chronic bronchitis, emphysema, and dermatitis, to anemia, HIV, HPV, headaches, and eye irritation, among many others, there are many reported symptoms associated with surgical smoke exposure. Carcinoma has also been reported to be the result of surgical smoke exposure. A direct comparison between Bovie smoke, laser smoke, and an unfiltered cigarette was performed in which one gram of tissue was treated with laser, one gram of tissue was treated with Bovie cutting current, and both were compared to the chemical byproducts in the smoke of one single unfiltered cigarette. The results showed the laser plume to be 3-times higher and the Bovie 6-times higher than the cigarette in carcinogenic chemicals. Mutagenicity is

another concern with surgical smoke, where the chemical byproducts in smoke can change the genetic material of the exposed individual above the natural background. One study sampled the air 3 feet above a bilateral breast reduction and collected smoke in filters. Extracts were tested with Salmonella typhimurium using an Ames test (for mutagenicity), and every sample tested positive for the presence of mutagens. Currently there are no known safe levels for mutagens.

Despite being in use since 1926, the Bovie machine's "smoke" was not officially recognized as a significant hazard until the National Institute of Occupational Safety and Health (NIOSH) published and distributed a Health Hazard Evaluation Report in 1988. Operating room ventilation takes approximately 20 minutes to return levels of particulates to normal levels of 60,000 parts per cubic foot. The only other adjunct to filtration systems currently is a Local Exhaust Ventilation (LEV) device or the use of operating room suction. However, the LEV devices and suction can increase the operating room noise levels and reportedly can impede communication as a result. The greatest barrier to LEV use in the operating room is surgeon refusal.

The Centers for Disease Control and Prevention and NIOSH recommend that ventilation techniques include a combination of general room and local exhaust ventilation (LEV). "General room ventilation is not by itself sufficient to capture contaminants generated at the source. The two major LEV approaches used to reduce surgical smoke levels for health care personnel are portable smoke evacuators and room suction systems." They go on to recommend also that smoke evacuator or room suction hose nozzle inlet must be kept within 2 inches of the surgical site to effectively capture airborne contaminants generated by these surgical devices. The smoke evacuator should be ON (activated) at all times when airborne particles are produced during all surgical or other procedures. At the completion of the procedure all tubing, filters, and absorbers

must be considered infectious waste and be disposed appropriately. New filters and tubing should be installed on the smoke evacuator for each procedure." Each year, over 500,000 surgeons and operating room personnel are exposed to surgical smoke. Local smoke evacuation units have been recommended by several organizations, including the CDC, NIOSH, and the Association of periOperative Registered Nurses (AORN). However, there are currently no specific OSHA standards for electrocautery or laser smoke plumes.

It is incumbent upon surgeons and operating room personnel to make the best decisions for their health. Based on the current body of evidence, there is significant consideration for a potential increased risk posed by electrosurgical and laser smoke. Britain's Occupational Hygiene Society's Control of Substances Hazardous to Health regulations require the use of LEVs in operating rooms in addition to standard air filtration. Until the mandate in the United States comes from OSHA, which will likely require more research on the subject, we as plastic surgeons can take a leadership role in this regard and encourage the use of LEVs in our operating rooms and join in the research efforts to clarify the true risk that electrosurgical smoke.

Kent K. "Kye" Higdon, MD, Assistant Professor, Associate Program Director, Department of Plastic Surgery, Vanderbilt University Medical Center, Nashville, TN.

Dr. Higdon is a member of the ASAPS Patient Safety Committee and may be reached at kent.higdon@vanderbilt.edu

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A note from your Patient Safety Committee

I want to introduce our newest feature in *Aesthetic Society News*: A dedicated “Safety Corner” where we will highlight useful protocols, such as the Benzodiazepine and Opioid Rescue presented in this edition, valuable safety tips, and any other practical information that will help us all realize better, safer results. I would encourage all *ASN* readers to feel free to submit their own safety ideas to me at DrR@DrRosenfield.com.

Lorne Rosenfield, MD
Chair, ASAPS Patient Safety Committee
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Benzodiazepine Rescue*

If patient unresponsive and/or respiratory depression,
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- **Flumazenil** (Romazicon): dose 0.2 mg (2 cc) INTRAVENOUSLY over 15 seconds, may repeat dose 0.5 mg (5 cc) over 60 seconds at 1 minute intervals for a maximum dose of 3 mg (30 cc)
- **Resedation** dose: 0.5 mg (5 cc)
- **Monitor** patient for at least 120 minutes (Flumazenil has a shorter half-life than benzodiazepines)
- **Side effects:** N/V, emotional lability, headache, dizziness, agitation, resedation, seizures, blurred vision, pain at injection site (be sure to have a good IV before pushing)
- Flumazenil is packaged in 5 cc vials (.5mg)
- Stock 7 vials
- Store at 59–86°F.

Opioid Rescue*

If patient unresponsive and/or respiratory depression,
immediately administer:

- **Naloxone** (Narcan): dose 0.1–0.2 mg INTRAVENOUSLY, INTRAMUSCULARLY, or SUBCUTANEOUSLY at 2–3 minute intervals to desired degree of reversal from overdose. Maximum dose of 10 mg (100 cc); in case of extreme scenario, e.g., heroin overdose, up to 25 vials
- **Practical dose** for respiratory depression is a 1cc vial (0.4 mg/cc)
- **Caution:** Careful titration required, e.g., too large a Naloxone dose may result in pain and circulatory stress by reversing the analgesia from opiates
 - **Side effects:** N/V, diaphoresis, tachycardia, hypertension, seizures, ventricular tachycardia/ventricular fibrillation, pulmonary edema, cardiac arrest
- Naloxone is packaged in single dose 1 cc vials (0.4mg/cc)
- Stock a minimum of 6 vials
- Store at room temperature

***Disclaimer:** The preceding methods and products are not required. They are recommendations from the ASAPPS Patient Safety Committee and do not establish a standard of care. Practitioners who do not have these products should consider practicing near a facility which does and which would allow for expeditious access. You may download this document at www.surgery.org/downloads/private/Benzodiazepine-and-Opioid-Rescue.docx to tailor to your specific practice.



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