



## Surgeons Remember Plastic Surgery Pioneer Jack Gunter, MD

**I**nternationally renowned plastic surgeon Jack Pershing Gunter, Jr., MD, passed away peacefully in his sleep on July 11, 2017, at the age of 79. Dr. Gunter has been recognized as one of the premier plastic surgeons in the world, particularly for his techniques in rhinoplasty. Board certified in both otolaryngology and plastic surgery, Dr. Gunter was known for his numerous presentations at symposia



around the world, and as a prolific author and innovator. As Clyde Ishii, MD, President of ASAPS, notes, "With the passing of Jack Gunter, we have certainly lost a giant in plastic surgery. His teachings were instrumental in improving the way we approach our work but he'll be with us every time we do a rhinoplasty."

William P. Adams, Jr., MD, a member of the ASAPS Board of Directors, knew Dr. Gunter very well. "Jack Gunter was truly a giant of plastic surgery. If they ever build a plastic surgery Mt. Rushmore, he would easily be one of those recognized. He was the consummate perfectionist, yet also a great guy. He knew how to use that trait to make himself—and everyone around him—better." He goes on to recall, "I first met Jack in 1991 at my first of 26 Dallas Rhinoplasty symposia. Can you imagine writing a book with Jack Gunter on rhinoplasty during your second year in practice? Real life lessons were learned, with the most valuable being that Jack really taught me what it takes to be at the very top of your

discipline (I'm not sure I'll ever make it there....) Jack was a one of a kind, a gem of a man, and I will miss him greatly."

Born in Fort Smith, Arkansas, Jack and a friend were once told by their high school biology teacher that they were the last students in her class whom she thought had a chance of getting into medical school. Like in class, they didn't listen, with both

becoming doctors.

Dr. Gunter attended medical school at the University of Oklahoma. Graduating in 1963, he did a rotating internship and a year of general surgery residency at The University of Arkansas, followed by an otolaryngology (ENT) residency at Tulane University. There, his interest in plastic surgery, especially rhinoplasty, began. After finishing the residency, Dr. Gunter did a one-year NIH Fellowship in facial plastic surgery at Mercy Hospital in Pittsburgh, PA. At this point, Dr. Gunter was ready to launch his career and found a position at UT Southwestern Medical School in Dallas in the Division of Otolaryngology; and so his career in Dallas began in 1969 and he later became Chairman of the Division. In 1978, Dr. Gunter made a major mid-life decision to do a plastic surgery residency at the University of Michigan, so that he would be double-board certified in both otolaryngology and plastic surgery. Peter

*Continued on Page 42*



## Experienced Insights 2017 Coming Soon

By Jeffrey M. Kenkel, MD

**B**ill Adams, MD and I were so pleased to see the reaction to ASAPS' first-ever *Experienced Insights in Breast and Body Contouring* in 2016 (of which you can read participant testimonials in the sidebar on Page 7). Our goal was to create an educational experience featuring some of the leading experts in breast and body contouring, in which participants felt welcome to share ideas and challenge assumptions, and—based on the testimonials—we succeeded. Now it is your chance to dive into this interactive experience featuring panelists, pundits, and discussants who will debate and challenge the experts, offering insightful, critical thinking. Upon the conclusion of the symposium, you'll able to take the many pearls of wisdom you receive back to your practices.

*Continued on Page 7*

## WE ARE AESTHETICS.



**Experienced Insights in Breast and Body Contouring**  
October 19–21, 2017  
The Intercontinental Mark Hopkins  
San Francisco, CA



**ASAPS Las Vegas 2018 Facial & Rhinoplasty Symposium**  
February 1–3, 2018  
The Cosmopolitan of Las Vegas  
Las Vegas, NV



**The Aesthetic Meeting 2018**  
April 26–May 1, 2018  
Jacob K. Javits Convention Center  
New York, NY

**APPLY NOW!** January 5, 2018 is the next ASAPS Active Member Application Deadline. Learn more at [www.surgery.org/active-membership](http://www.surgery.org/active-membership)

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## Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

*Editor-in-Chief*  
Jennifer Walden, MD



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ASERF: [www.aserf.org](http://www.aserf.org)

ASAPS Consumer Education: [www.smartbeautyguide.com](http://www.smartbeautyguide.com)

Society of Plastic Surgical Skin Care Specialists: [www.spsscs.org](http://www.spsscs.org)

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## ASAPS Provided, Jointly Provided & Endorsed Symposia

Experienced Insights  
Breast and Body Contouring  
Interaction Involvement Inspiration



October  
19–21, 2017

**October 19–21, 2017**

### Experienced Insights: Breast & Body Contouring

Intercontinental Mark Hopkins Hotel  
San Francisco, CA  
562.799.2356  
[www.surgery.org/breastandbody2017](http://www.surgery.org/breastandbody2017)

**October 19–22, 2017**

### 40th Annual Australasian Society of Aesthetic Plastic Surgeons Conference

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

**October 19–22, 2017**

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

Corinthia Hotel  
St. Petersburg, Russia  
kulakova\_p@mail.ru  
[www.aasurgery.ru](http://www.aasurgery.ru)

**October 26–28, 2017**

### North Carolina Society of Plastic Surgeons Annual Meeting

Grove Park Inn  
Asheville, NC  
435.200.8272  
[www.ncsps.com](http://www.ncsps.com)

**October 27, 2017**

### 2nd Norwegian American Aesthetic Surgery Meeting

Oslo, Norway  
osloaestheticmeeting@gmail.com  
<http://osloaestheticmeeting.hostmotet.no>

**November 11–13, 2017**

### QMP's 11th Annual Reconstructive Surgery Symposium

Hyatt Chicago Magnificent Mile Hotel  
Chicago, IL  
314.878.7808  
[www.qmp.com](http://www.qmp.com)

**November 17–19, 2017**

### QMP's 13th Annual Aesthetic Surgery Symposium

Hyatt Chicago Magnificent Mile Hotel  
Chicago, IL  
314.878.7808  
[www.qmp.com](http://www.qmp.com)

**November 30–December 2, 2017**

### The Cutting Edge 2017 Aesthetic Surgery Symposium

Sheraton New York Times Square Hotel  
New York, NY  
212.327.4681  
[www.nypsf.org](http://www.nypsf.org)

**December 14–17, 2017**

### 2017 Florida Plastic Surgery Forum

The Breakers, Palm Beach, FL  
435.602.1326  
[www.fspfs.org](http://www.fspfs.org)

**January 18, 2018**

### SESPRS 11th Annual Oculoplastic Symposium

Intercontinental Hotel  
Atlanta, GA  
435.901.2544  
[www.sesprs.org](http://www.sesprs.org)

**January 19–21, 2018**

### SESPRS 34th Annual Atlanta Breast Surgery Symposium

Intercontinental Hotel  
Atlanta, GA  
435.901.2544  
[www.sesprs.org](http://www.sesprs.org)



**February 1–3, 2018**

### ASAPS Las Vegas 2018 Facial & Rhinoplasty Symposium

The Cosmopolitan of Las Vegas  
Las Vegas, NV  
562.799.2356  
[www.surgery.org/face2018](http://www.surgery.org/face2018)

**February 8–10, 2018**

### Baker Gordon Educational Symposium

Hyatt Regency Downtown Miami  
Miami, Florida  
305.854.8828  
[www.baker Gordonsymposium.com](http://www.baker Gordonsymposium.com)

**February 17–19, 2018**

### 33rd Hawaii Plastic Surgery Symposium

Hawaii Prince Hotel, Waikiki, HI  
Honolulu, HI  
808.526.0303  
[www.panpacific.org](http://www.panpacific.org)

**February 29–March 1, 2018**

### Dallas Cosmetic Surgery and Medicine Meeting

The Westin Galleria Dallas  
Dallas, TX  
781.793.0088  
<http://dallasrhinoplastyandcosmeticmeeting.com>

**March 2–3, 2018**

### Dallas Rhinoplasty Meeting

The Westin Galleria Dallas  
Dallas, TX  
781.793.0088  
<http://dallasrhinoplastyandcosmeticmeeting.com>



**April 24–27, 2018**

### Skin Care 2018: Stop the Clock on Aging

New York Marriott Marquis  
562.799.0466  
[www.spsscs.org/meeting2018](http://www.spsscs.org/meeting2018)

## THE AESTHETIC MEETING 2018



**April 26–May 1, 2018**

### The Aesthetic Meeting 2018

Jacob K. Javits Convention Center  
New York, NY  
562.799.2356  
[www.surgery.org/meeting2018](http://www.surgery.org/meeting2018)



**August 24–26, 2018**

### The Artful Approach to Cosmetic Medicine

An ASAPS/ASPS  
Joint Symposium  
Estancia Hotel  
La Jolla, California  
562.799.2356  
[www.surgery.org/cosmeticmed2018](http://www.surgery.org/cosmeticmed2018)

**October 29–31, 2018**

### IMRHIS 2018

Loews Miami Beach Hotel  
Miami, FL  
[www.IMRHIS2018.com](http://www.IMRHIS2018.com)

**October 31–November 4, 2018**

### 24th Congress of ISAPS

Miami Beach Convention Center  
Miami Beach, FL  
isaps@isaps.org  
[www.isapsmiami2018.com](http://www.isapsmiami2018.com)



By Clyde Ishii, MD

I am happy to report that many positive things have been happening at The Aesthetic Society. Between our volunteer leaders and staff, it's challenging to keep up with all the forward movement of this lean, mean machine. Allow me to bring you up to speed on some of our recent activities:

### **Resident and Young Plastic Surgeon Education and Outreach**

Few would argue against the notion that residents and younger plastic surgeons are the lifeblood of both our specialty and our organization. ASAPS has several programs aimed at providing these physicians with the support and education they need to successfully integrate aesthetics into their practices, including:

- The newly formed **Young Aesthetic Plastic Surgeons Committee (YAPS)** was created to meet the unique clinical and practice needs of Residents, Fellows and Candidates with a Mission of improving Resident and Fellow education in Aesthetic Plastic Surgery, both clinical and business-related. Under the guidance of Membership Commissioner Kiya Movassaghi, MD, and Vice Commissioner Chad Tattini, MD, the YAPS Committee was formed to make the transition from Residency to Candidate for Membership to Active Member smoother and to remove as many barriers to entry as possible. (Learn more about this effort on Page 32 of this *Aesthetic Society News*.)
- **The ASAPS Resident Program**, providing Residents with a range of complementary benefits including complimentary registration to The Aesthetic Meeting, the ability to attend educational courses for free (conditions apply), access to RADAR Resource as well as informational webinars and Education on Demand.
- **The Candidate for Membership Program**, giving aesthetic surgeons a taste of what it means to be an ASAPS member, including benefits such as print and online subscriptions to *Aesthetic Surgery Journal*, (*ASJ*), *Aesthetic Society News* (*ASN*), RADAR Resource, meeting and product discounts, free legal counsel and the ability to promote

yourself as an ASAPS "Candidate for Membership" on your website and marketing materials.

Many residency programs still frown on their students taking part in any aesthetic education, let alone teaching them how to run and manage a successful practice. ASAPS is known for education, and I am especially proud of our Residents' Symposium, recently held in New York City, where leaders in our field cover the business aspects of running a practice. This is the third time we have offered this meeting (free of charge to attendees), under the leadership of Chair Sal Pacella, MD and Co-Chair Gary Tuma, MD. The evaluations are already coming in, with 86 percent of attendees stating that the symposium exceeded their expectations. (For a recap of this year's *The Business of Launching Your Practice*, please see Page 25 of this *Aesthetic Society News*.)

A special Thank You to Allergan, Galderma and Merz Aesthetics for their support of this meeting.

### **BIA-ALCL**

Plastic surgeons worldwide are trying to determine the cause of the rare and baffling lymphoma known as BIA-ALCL. As physicians, scientists and researchers, we are all aware of the pivotal role evidence based data plays in understanding any medical condition. Enter the Aesthetic Neural Network (ANN).

Due to generous support from Sientra and Allergan, we now have the funds to use the technological power of ANN to gather specific data points that will lead to research to help eradicate the condition. We are just getting started on this project and will keep you informed of its progress via email and future issues of *ASN*.

### **The Aesthetic Cruise 2017**

If you haven't yet been able to join your colleagues on The Aesthetic Cruise, I highly recommend that you consider it for 2019. This year found us in the beautiful coastal regions of England, Scotland, and Norway as well as enjoying top flight education under the direction of President-Elect, Grant Stevens, MD, and Board Member, Melinda Haws, MD.

The cruise offers a unique combination of great education and an opportunity to make and cement friendships that in many cases last a lifetime. For more than 35 percent of the attendees, this was their first aesthetic cruise. It looked like everyone enjoyed it and everyone could take home both memories of this beautiful region and practical knowledge they can apply to their practices. (Please see Page 27 for a recap of this year's Aesthetic Cruise.)

### **Upcoming Educational Events**

We have two ASAPS symposia coming up. On October 19–21, 2017, *Experienced Insights 2017: Breast & Body Contouring* will take place at the Intercontinental Hotel in San Francisco, CA. Under the expert guidance of Chair, Jeffrey M. Kenkel, MD, and Vice Chair, William P. Adams, Jr., MD, this is an intimate and interactive educational experience made all the more special by a unique collaboration via satellite of key opinion leaders from Australia. This one is not to be missed! (Full program can be found beginning on Page 9.)

Also coming up, February 1–3, 2018, is the ASAPS Las Vegas 2018 Facial & Rhinoplasty Symposium taking place at The Cosmopolitan of Las Vegas. This meeting is chaired by Charles Thorne, MD and Vice Chair, Louis Bucky, MD. This will be an exciting, insightful and practical gathering of some of the best minds in the specialty. (Full program can be found beginning on Page 15.)

### **In Closing**

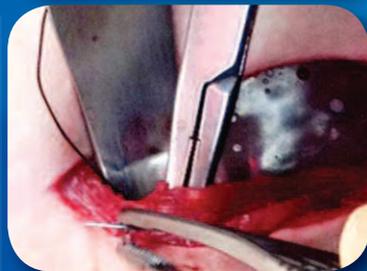
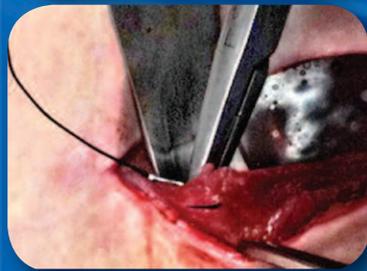
This is a great time to be an aesthetic surgeon and ASAPS member. The organization is financially conservative and strong, our education is timely and more insightful than ever and our range of benefits is plentiful. Thank you for being a member of our organization and for trusting me with its stewardship.

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

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## The Ultimate in Interactive: Experienced Insights 2017

Continued from Cover

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

*Experienced Insights in Breast and Body Contouring* will take place October 19–21, 2017, at the Intercontinental Mark Hopkins in San Francisco, CA. Registration is open now at [www.surgery.org/breastandbody2017](http://www.surgery.org/breastandbody2017).

**Registration is very limited to maintain an interactive atmosphere so register now to insure your place in this dynamic educational offering from ASAPS!**

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

### FACULTY

CHAIR—Jeffrey M. Kenkel, MD  
 VICE CHAIR—William P. Adams, Jr., MD  
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 Brad Calobrace, MD  
 Robert Cohen, MD  
 Heather Furnas, MD  
 Ashkan Ghavami, MD  
 Christine Hamori, MD  
 Julie Khanna, MD  
 Constantino Mendieta, MD  
 James Namnoum, MD  
 Dave Sieber, MD  
 Douglas Steinbrech, MD  
 Louis Strock, MD  
 Simeon Wall, Jr., MD

### SATELLITE APPEARANCE

Anand Deva, MD  
 Craig Layt, MD  
 Mark Magnusson, MD  
 Tim Papadopoulos, MD



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

### 2016 Participant Testimonials

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

—Clyde Ishii, MD

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

—Melanie Aya-ay, MD

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

—German Newall, MD

*"This was a very refreshing meeting that was advanced, interactive and very intimate. I would strongly recommend this meeting to anyone. A great deal of information was provided not only by the faculty but also by members of the audience. This was a friendly but very lively meeting."*

—Leo McCafferty, MD

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

—Patrick Proffer, MD

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

—Eugene Cherny, MD, FACS

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

—Pat Pazmino, MD, FACS

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

—Mariam Awada, MD

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THE AMERICAN SOCIETY FOR  
AESTHETIC PLASTIC SURGERY, INC.

# Experienced Insights

## Breast and Body Contouring

Interaction. Involvement. Inspiration.

Thursday, October 19–  
Saturday, October 21, 2017

InterContinental Mark Hopkins  
San Francisco, CA

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

CHAIR: Jeffrey M. Kenkel, MD

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



[www.surgery.org/breastandbody2017](http://www.surgery.org/breastandbody2017)

# Experienced Insights

## Breast and Body Contouring

Interaction. Involvement. Inspiration.

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

### LEARNING OBJECTIVES

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

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

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

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

### WHO MAY ATTEND?

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

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

### DESIGNATION

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

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

### ACCREDITATION

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

### DISCLOSURE POLICY

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

# PROGRAM

## THURSDAY, OCTOBER 19

4:00pm

Registration

5:00pm–6:00pm

Meet & Greet, Attendees & Exhibitors

### INSIGHT: BREAST AUGMENTATION

6:00pm–7:30pm

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

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

Experienced Insight: Brad Calobrace, MD

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

Pundit: Julie Khanna, MD

Audience Moderator: Jamil Ahmad, MD

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

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

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

7:30pm–8:15pm

Quick Hits Session: Male Chest

Experienced Insight: Douglas Steinbrech, MD

Analyst: Jamil Ahmad, MD

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

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

## FRIDAY, OCTOBER 20

7:00am–8:00am

Breakfast with the Exhibitors

### INSIGHT: BREAST AUGMENTATION

8:00am–9:30am

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

Experienced Insight: James Namnoum, MD

Analyst: Julie Khanna, MD

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

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

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

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

9:30am–10:00am

Break in the Exhibits

10:00am–11:30am

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

Experienced Insight: Louis Strock, MD

Analyst: Jeffrey Kenkel, MD

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

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

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

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

11:30am–12:40pm

Lunch with the Exhibitors

12:40pm–12:45pm

ASAPS Update

President Clyde Ishii, MD

12:45pm–2:15pm

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

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

Experienced Insight: Brad Calobrace, MD

Analysts: Robert Cohen, MD; Craig Layt, MD

Pundit: James Namnoum, MD

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

Audience Moderator: Simeon Wall, Jr., MD

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

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

2:15pm–3:45pm

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

Moderators: Jeffrey Kenkel, MD (US);  
William Adams, Jr., MD (AU)

Updates: Anand Deva, MD; Mark Magnusson,  
MD; Miles Prince, MD; William Adams, Jr., MD  
Discussion

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

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

3:45pm–4:15pm

Break in the Exhibits

4:15pm–5:00pm

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

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

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

Audience Moderator: David Sieber, MD

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

5:00pm–6:00pm

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

Lead: Jeffrey Kenkel, MD

## SATURDAY, OCTOBER 21

7:00am–8:00am

Breakfast with the Exhibitors

### INSIGHT: BODY CONTOURING

8:00am–10:00am

Fat Transfer to Buttock: Safety  
and Efficiency

Experienced Insight: Constantino Mendieta, MD

Another Perspective: Ashkan Ghavami, MD

Analyst: Julie Khanna, MD

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

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

Audience Moderator: David Sieber, MD

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

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

10:00am–10:30am

Break in the Exhibits

10:30am–12:00pm

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

1. Patient Selection: BMI Cut Off—  
Jamil Ahmad, MD vs. Jeffrey Kenkel, MD

2. Technology—  
Douglas Steinbrech, MD vs. Simeon Wall, Jr., MD

3. Excision: Do You Really Need Those Scars?—  
Jeffrey Kenkel, MD vs. Simeon Wall, Jr., MD

4. Pain Management—  
Jamil Ahmad, MD vs. Douglas Steinbrech, MD

5. VTE Prophylaxis—  
Jeffrey Kenkel, MD vs. Simeon Wall, Jr., MD

6. Postoperative Care—  
Jamil Ahmad, MD vs. Simeon Wall, Jr., MD

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

Package it For Us: Summary—Julie Khanna, MD

Program and Faculty Subject to Change

REGISTER ON OR BEFORE SEPTEMBER 19, 2017 FOR EARLY BIRD SAVINGS

## 12:00pm–1:00pm

Lunch with the Exhibitors

## 1:00pm–2:30pm

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

Technology vs Excisional Techniques: Developing an Algorithm

**Experienced Insight:** Christine Hamori, MD

**Analyst:** Jamil Ahmad, MD

**Pundit:** Heather Furnas, MD

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

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

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

## 2:30pm–3:00pm

Break in the Exhibits

## 3:00pm–4:15pm

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

Alternatives to Midline Plication—Jamil Ahmad, MD

Reverse Abdominoplasty—Simeon Wall, Jr., MD

Fleur-de-Lis—Jeffrey Kenkel, MD

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

Abdominal Etching—Douglas Steinbrech, MD

**Analyst:** Brad Calobrace, MD

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

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

**Debate:** Limitations on Lipoaspirates When Performing Excisional Procedures

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

## 4:15pm–4:30pm

Grab a Beer Break

*Sponsored by Galetea*

## 4:30pm–5:45pm

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

**Experienced Insight:** Simeon Wall, Jr., MD

**Analyst:** Ashkan Ghavami, MD

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

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

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

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

## 5:45pm–6:30pm

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

Attendee and Faculty Submissions

Lead: Jamil Ahmad, MD

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

## HOTEL INFORMATION

Meeting functions will be held at:

### InterContinental Mark Hopkins— A San Francisco Hotel

999 California Street  
San Francisco, CA 94108  
Phone 415.392.3434

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

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

## GENERAL INFORMATION

### CLIMATE/ATTIRE

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

### TRANSPORTATION

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

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

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

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

## EXHIBITS

### Friday, October 20

7:00 am – 4:30 pm

Includes: Continental Breakfast, Coffee Breaks and Luncheon

### Saturday, October 21

7:00 am – 4:30 pm

Includes: Continental Breakfast, Coffee Breaks and Luncheon

*Exhibit schedule is subject to change*

# REGISTRATION

## ASAPS Experienced Insights in Breast and Body Contouring

October 19–21, 2017 • Sponsored by: ASAPS

*Registration is very limited to maintain an interactive atmosphere*

First Name \_\_\_\_\_ ASAPS ID # \_\_\_\_\_

Last Name \_\_\_\_\_

Badge Name (if different from above) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

(used to communicate Symposium Updates)

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

Audio  Visual

### Symposium Registration Surgeons Only

18.25 AMA PRA Category 1 Credits™

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

TOTAL ENCLOSED \$ \_\_\_\_\_

### PAYMENT

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

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Card Holder Name \_\_\_\_\_ Signature \_\_\_\_\_

#### SEND PAYMENT TO:

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

REGISTER ONLINE AT [WWW.SURGERY.ORG/BREASTANDBODY2017](http://WWW.SURGERY.ORG/BREASTANDBODY2017)



## ASAPS Las Vegas 2018 Facial and Rhinoplasty Aesthetic Symposium: Registration is Now Open!

By Charles Thorne, MD

**D**r. Louis Bucky and I are extremely pleased to announce that registration is open for the **ASAPS Las Vegas 2018 Facial and Rhinoplasty Aesthetic Symposium, February 1–3, at The Cosmopolitan of Las Vegas.**

We have planned an exciting program in an intimate learning environment, with some of the best minds specializing in facial and rhinoplasty aesthetic surgery today. We'll be covering such topics as aging concepts, anatomical landmarks and deviations, aesthetic evaluation, fat grafting, fillers (including a live demonstration), and much more.

### What to Expect

This program is designed to recognize all aspects of facial surgical rejuvenation, including eyes, nose, lips and chin. A big thanks to Jay

Calvert, MD, for organizing our in-depth rhinoplasty portion of this program. Come join us for this rare opportunity to interact and learn from a top-notch faculty comprised of surgeons from around the globe. This is truly a symposium you won't want to miss!

### Cadaver Labs: Practice Your Skills

Plan to attend the optional cadaver anatomy labs, that are focused on techniques in rhinoplasty and facial aesthetics. These popular hands-on labs offer a great opportunity to try what you've learned during the meeting with faculty instruction and interaction.

### Exciting Venue: The Cosmopolitan of Las Vegas

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

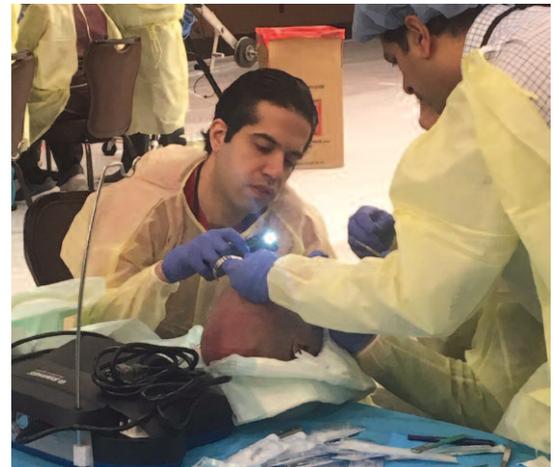
Strip. The resort was named to the Conde Nast Travelers Gold List as one of the "Top Hotels in the World." The hotel has a wide variety of inspired, world-class restaurants. If you're looking for expert education in a dynamic and personal setting, look no further. We hope you'll attend this exciting symposium.

The program and registration form follows this, or you can see more information at [www.surgery.org/face2018](http://www.surgery.org/face2018). See you in Las Vegas, February 1–3!

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



Exhibitors value the opportunity to show symposium participants the latest technologies.



Participants enjoy practicing skills they've just learned in the hands-on cadaver labs.



Intimate learning environment allows for maximum interactions with leaders in the field of aesthetic plastic surgery.



THE AMERICAN SOCIETY FOR  
AESTHETIC PLASTIC SURGERY, INC.

# ASAPS LAS VEGAS 2018 FACIAL & RHINOPLASTY SYMPOSIUM

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

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

WE ARE  
AESTHETICS.

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

CME Available

[www.surgery.org/face2018](http://www.surgery.org/face2018)

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

## Interactive Education on All Aspects of Facial Aesthetics

- Aging Concepts
- Anatomical Landmarks and Deviations
- Aesthetic Evaluation
- Surgical Options
- Fat Grafting
- Fillers—Live Demonstration
- Complications
- Rhinoplasty

## Special Sessions Dedicated to Improving Your Skills

- General Session Featuring Face and Rhinoplasty
- Rhinoplasty Cadaver Lab
- Facial Cadaver Lab

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

### PROGRAM GOALS AND LEARNING OBJECTIVES

**Goal:** Discuss advanced techniques in facial rejuvenation, including rhinoplasty, through surgical and non-surgical therapies to achieve optimal aesthetic outcomes and minimize complications with an emphasis on patient safety.

#### Learning Objectives

- Evaluate advanced concepts in aesthetic surgery of the face, nose and neck to achieve optimal outcomes
- Summarize advanced techniques and science in structural fat grafting
- Demonstrate appropriate use of hyaluronic acid in achieving optimal non-surgical facial rejuvenation
- Manage surgical and non-surgical complications with an emphasis on patient safety
- Recognize the importance of all aspects of facial surgical rejuvenation, including eyes, nose, lips and chin
- Define and analyze advanced techniques for facial rejuvenation to include:
  - Aging concepts
  - Aesthetic evaluation
  - Surgical options
  - Resurfacing options

### WHO MAY ATTEND?

The ASAPS Las Vegas 2018 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 *AMA PRA Category 1 Credits*.™ Physicians should claim only the credit commensurate with the extent of their participation in the activity.

To earn the maximum, 23 CMEs, you must also attend an optional cadaver lab on Saturday afternoon, without which the maximum is 19 CMEs.

 of the 23 credits have been identified as Patient Safety Credits (8 for the general session and 4 for the cadaver lab).

### 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.

# PROGRAM

## THURSDAY, FEBRUARY 1

7:00AM

Breakfast in Condessa Foyer

9:00AM – 5:00PM

Exhibits Open

7:30AM – 7:45AM

**Welcome**

Charles Thorne, MD and  
Louis Bucky, MD

7:45AM – 8:45AM

**PERCEPTION AND PRACTICE STRATEGY**

Moderator – Charles Thorne, MD  
Discussant – Louis Bucky, MD

7:45AM – 8:00AM

**Assessing Results in Facial Aesthetic Surgery: Learning to See What Works and What Doesn't**

Francisco Bravo, MD

8:00AM – 8:15AM

**Centrofacial Rejuvenation: How to Change Emotional Expression in a Face**

Patrick Tonnard, MD

8:15AM – 8:30AM

**Strategy: Obtain and Keep Facelift Patients**

Gerald O'Daniel, MD

8:30AM – 8:45AM

Discussion/Audience Q&A

8:45AM – 9:30AM

**INJECTABLES 2018: WHAT YOU NEED TO KNOW TO BUILD YOUR PRACTICE**

Moderator – Louis Bucky, MD  
Discussant – Richard Warren, MD

8:45AM – 9:00AM

**Anatomical Pearls for the Facial Injector**

Christopher Surek, DO

9:00AM – 9:15AM

**Injectables 2018: Matching Options with Patient Needs**

Jeffrey Kenkel, MD

9:15AM – 9:30AM

Discussion/Audience Q&A

9:30AM – 10:15AM

What's the Buzz?

Coffee Break in Exhibits

10:15AM – 11:00AM

**CROTON OIL PEELING: BETTER AND CHEAPER THAN THE ALTERNATIVES?**

Moderator – Charles Thorne, MD  
Discussants – Patrick Tonnard, MD and Jeffrey Kenkel, MD

10:15AM – 10:45AM

**17 Years of Croton Oil Peeling: What I've Learned**

Richard Bensimon, MD

10:45AM – 11:00AM

Discussion/Audience Q&A

11:00AM – 12:00PM

**HYALURONIC ACID FILLERS FOR OFFICE-BASED REJUVENATION**

Jeffrey Kenkel, MD  
Moderator – Louis Bucky, MD  
Discussant – Michael Edwards, MD

11:00AM – 11:15AM

Live Injections – Patient 1

11:15AM – 11:30AM

Discussion – Patient 1

11:30AM – 11:45AM

Live Injections – Patient 2

11:45AM – 12:00PM

Discussion – Patient 2

12:00PM – 1:00PM

Lunch in the Exhibits

1:00PM – 1:45PM

**SKIN RESURFACING/ TIGHTENING: DOES ANYTHING WORK?**

Moderator – Charles Thorne, MD  
Discussant – Francisco Bravo, MD

1:00PM – 1:15PM

**Skin Resurfacing: Skin Care, Peels, Lasers or Combination?**

Jeffrey Kenkel, MD

1:15PM – 1:30PM

**Office-Based Skin Tightening Procedures: Should We Consider Them?**

Jeffrey Kenkel, MD

1:30PM – 1:45PM

Discussion/Audience Q&A

1:45PM – 3:00PM

**FOREHEAD LIFTING: WILL ANYONE MENTION THE ENDOSCOPE?**

Moderator – Louis Bucky, MD  
Discussant – Mario Pelle-Ceravolo, MD

1:45PM – 2:05PM

**Forehead/Brow Analysis: When to Use Which Technique**

Richard Warren, MD

2:05PM – 2:30PM

**Forehead Lift: Non-Endoscopic, Small-Incision Technique**

Timothy Marten, MD

2:30PM – 2:50PM

**Temporal Lift by Galeopexy: Why We Don't Do Browlifts Anymore**

Patrick Tonnard, MD

2:50PM – 3:00PM

Discussion/Audience Q&A

3:00PM – 3:45PM

**"Give it a Shot"**

Networking Break in the Exhibits

*Program and Faculty Subject to Change*

REGISTER ON OR BEFORE DECEMBER 1, 2017 FOR EARLY BIRD SAVINGS

3:45PM – 6:00PM

## **THE NITTY GRITTY OF FACIAL FAT GRAFTING AND FAT REMOVAL: HOW, WHERE AND OOPS, I PUT TOO MUCH**

Moderator – Charles Thorne, MD

Discussant – Louis Bucky, MD

3:45PM – 4:05PM

## **Fat, Microfat, SNIF and Nanofat: From Volume to Cell Therapy**

Patrick Tonnard, MD

4:05PM – 4:35PM

## **How Fat Grafting Improves Your Facelift Results**

Timothy Marten, MD

4:35PM – 4:55PM

## **Sculptra for Rescue of Fat Graft Loss After Facelift with Fat Grafting**

Gerald O'Daniel, MD

4:55PM – 5:15PM

## **Periorbital Fat Grafting: The Agony and the Ecstasy of Plastic Surgeons**

Mario Pelle-Ceravolo, MD

5:15PM – 5:30PM

## **Getting Better Results with Large Volumes of Dilute Fat to the Neck**

Louis Bucky, MD

5:30PM – 5:45PM

## **Micro Lipo Sculpture: A Refinement in Facial Liposuction**

Richard Bensimon, MD

5:30PM – 5:45PM

## **Discussion/Audience Q&A**

## **FRIDAY, FEBRUARY 2**

7:00AM

Breakfast in Condessa Foyer

9:00AM – 5:00PM

Exhibits Open

7:30AM – 7:40AM

## **ASAPS UPDATE**

Clyde Ishii, MD – ASAPS President

7:40AM – 8:50AM

## **DON'T FORGET THE LIPS AND CHIN: GOD KNOWS YOUR FACELIFT WON'T HELP THEM**

Moderator – Charles Thorne, MD

Discussant – Gerald O'Daniel, MD

7:40AM – 7:55AM

## **Perioral Rejuvenation: More Than a Filler**

Patrick Tonnard, MD

7:55AM – 8:10AM

## **Philtrum Accentuating Upper Lip Lift: A Cornerstone of Centrofacial Rejuvenation and Attractiveness**

Francisco Bravo, MD

8:10AM – 8:25AM

## **Perioral Ancillary Procedures: Dermabrasion, Lip Thickening, Lip Shortening**

Richard Warren, MD

8:25AM – 8:40AM

## **The Chin: The Cinderella of Facial Aesthetic Surgery**

Mario Pelle-Ceravolo, MD

8:40AM – 8:50AM

## **Discussion/Audience Q&A**

8:50AM – 9:45AM

## **PERIORBITAL REJUVENATION: ADDING INSTEAD OF SUBTRACTING AND DON'T BE A WIMP WHEN IT COMES TO PTOSIS**

Moderator – Louis Bucky, MD

Discussant – Mario Pelle-Ceravolo, MD

8:50AM – 9:10AM

## **Periorbital Fat Grafting: A New Paradigm for Rejuvenation of the Eyelids**

Timothy Marten, MD

9:10AM – 9:25AM

## **Tips and Tricks in Augmentation Blepharoplasty**

Patrick Tonnard, MD

9:25AM – 9:40AM

## **Practical Ptosis Repair**

Richard Warren, MD

9:40AM – 9:50AM

## **Discussion/Audience Q&A**

9:50AM – 10:30AM

## **“What’s the Buzz?”**

Coffee Break in the Exhibits

10:30AM – 12:00PM

## **PERIORBITAL REJUVENATION PART 2: YOU THOUGHT THE UPPER LIDS WERE HARD!**

Moderator – Charles Thorne, MD

Discussant – Richard Warren, MD

10:30AM – 10:50AM

## **Correcting the Aging Lower Eyelid Deformity: Why is It So Damn Hard to Get Home Run Results and What to Do About It**

Francisco Bravo, MD

10:50AM – 11:10AM

## **Blepharoplasty in Prominent Eye Patients: A Serious Challenge**

Mario Pelle-Ceravolo, MD

11:10AM – 11:30AM

## **The Bi-lamellar Approach to the Lower Eyelid**

Richard Bensimon, MD

11:30AM – 11:50AM

## **What You Have to Know When Dealing with Secondary Blepharoplasty**

Mario Pelle-Ceravolo, MD

11:50AM – 12:00PM

## **Discussion/Audience Q&A**

12:00PM – 1:00PM

Lunch in the Exhibits

# PROGRAM

**1:00PM – 2:10PM**

## **RHINOPLASTY: OVERVIEW AND ANALYSIS**

Moderator – Charles Thorne, MD  
Discussant – Louis Bucky, MD

**1:00PM – 1:10PM**

## **How to Get Started in Rhinoplasty in 2018**

Jay Calvert, MD

**1:10PM – 1:20PM**

## **Facial Analysis and Patient Evaluation for Rhinoplasty**

Spencer Cochran, MD

**1:20PM – 1:30PM**

## **Surgical Pearls for Opening the Nose**

Oren Tepper, MD

**1:30PM – 1:50PM**

## **Ethnic and Cultural Considerations in Rhinoplasty**

Ashkan Ghavami, MD

**1:50PM – 2:00PM**

## **Influences of Projection and Rotation**

Jeffrey Marcus, MD

**2:00PM – 2:10PM**

## **Discussion/Audience Q&A**

**2:10PM – 3:10PM**

## **RHINOPLASTY: BONY CONTOURING, RADIX AND DORSUM**

Moderator – Oren Tepper, MD  
Discussant – Sammy Sinno, MD

**2:10PM – 2:20PM**

## **New Techniques for Dorsal Refinement**

Spencer Cochran, MD

**2:20PM – 2:30PM**

## **Instrumentation Approach to Bony Vault**

Jeffrey Marcus, MD

**2:30PM – 2:40PM**

## **Cartilage and Facia Harvesting**

Jay Calvert, MD

**2:40PM – 2:50PM**

## **Dorsal Augmentation in Ethnic Rhinoplasty – To Dice or Not to Dice**

Ashkan Ghavami, MD

**2:50PM – 3:00PM**

## **Approaches and Rationale to Nasal Osteotomies**

Jay Calvert, MD

**3:00PM – 3:10PM**

## **Discussion/Audience Q&A**

**3:10PM – 3:35PM**

## **RHINOPLASTY: MANAGING THE MIDDLE**

Moderator – Jay Calvert, MD  
Discussant – Oren Tepper, MD

**3:10PM – 3:20PM**

## **The Nuances and Need for the Spreader Graft**

Spencer Cochran, MD

**3:20PM – 3:30PM**

## **Managing the Airway in Aesthetic Rhinoplasty**

Jeffrey Marcus, MD

**3:30PM – 3:35PM**

## **Discussion/Audience Q&A**

**3:35PM – 4:20PM**

## **“Chill Out” Networking Break in the Exhibits**

**4:20PM – 5:40PM**

## **RHINOPLASTY: NASAL TIP AESTHETICS**

Moderator – Richard Warren, MD  
Discussant – Sammy Sinno, MD

**4:20PM – 4:30PM**

## **The Decision Tree – Setting Tip Position Relative to Dorsum**

Jay Calvert, MD

**4:30PM – 4:40PM**

## **The Use of Alar Contour Grafting in Rhinoplasty**

Jason Roostaeian, MD

**4:40PM – 4:50PM**

## **Lateral Crural Strut Grafts**

Spencer Cochran, MD

**4:50PM – 5:00PM**

## **The Value of Onlay Tip Grafts in Primary and Secondary Rhinoplasty**

Mario Pelle-Ceravolo, MD

**5:00PM – 5:10PM**

## **Pivot Columellar Grafting**

Timothy Marten, MD

**5:10PM – 5:20PM**

## **Septal Extensions vs. Columellar Strut Grafts**

Jason Roostaeian, MD

**5:20PM – 5:30PM**

## **Alar Tip Transition – Finesse is Key**

Ashkan Ghavami, MD

**5:30PM – 5:40PM**

## **Discussion/Audience Q&A**

**5:40PM – 6:30PM**

## **RHINOPLASTY: ADVANCED RHINOPLASTY AND TECHNOLOGY**

Moderator – Jason Roostaeian, MD  
Discussant – Jay Calvert, MD

**5:40PM – 5:50PM**

## **3D Imaging, Printing and Virtual Reality**

Oren Tepper, MD

**5:50PM – 6:00PM**

## **How to Approach the Crooked Asymmetric Nose**

Spencer Cochran, MD

**6:00PM – 6:10PM**

## **Lengthening the Short Nose and Shortening the Long Nose**

Richard Warren, MD

**6:10PM – 6:20PM**

## **Lessons from Secondary Cleft Rhinoplasty**

Jeffrey Marcus, MD

**6:20PM – 6:30PM**

## **Discussion/Audience Q&A**

*Program and Faculty Subject to Change*

# PROGRAM

## SATURDAY, FEBRUARY 3

6:45AM – 7:30AM

“Get a Dose of This” Mimosa  
Breakfast in the Exhibit Hall!

### Exhibits Open

6:45AM – 11:00AM

7:30AM – 9:00AM

### FACELIFTING: WHAT YOU WON'T LEARN AT OTHER SYMPOSIA

Moderator – Charles Thorne, MD  
Discussant – Mario Pelle-Ceravolo, MD

7:30AM – 7:45AM

### Safety in Facelifting: Anatomic Pearls

Chris Surek, DO

7:45AM – 8:00AM

### Spanning Interlocking Sutures for Facial Rejuvenation: Could Deep Plane SMAS Flap Facelifts Become Obsolete?

Francisco Bravo, MD

8:00AM – 8:15AM

### Correction of Secondary Facelift Deformities

Gerald O'Daniel, MD

8:15AM – 8:30AM

### Surgical Rejuvenation of the Male Face: How Aesthetic and Treatment Strategies Differ From Women

Timothy Marten, MD

8:30AM – 8:45AM

### Injecting Honesty (Not Just Fat): In Which Patients Will My Procedure Fail?

Richard Warren, MD

8:45AM – 9:00AM

### Discussion/Audience Q&A

9:00AM – 9:30AM

### “What’s the Buzz?” Coffee Break in the Exhibits

9:30AM – 12:15PM

### NECK REJUVENATION: AN ENTIRE FELLOWSHIP IN 2 HOURS, 45 MINUTES

Moderator – Louis Bucky, MD  
Discussant – Richard Bensimon, MD

9:30AM – 9:45AM

### Who Wins in Office-Based Neck Contouring: Liposuction, Deoxycholic Acid or Cryolipolysis?

Jeffrey Kenkel, MD

9:45AM – 10:10AM

### Neck Lift: Defining Anatomic Problems and Applying Logical Solutions

Timothy Marten, MD

10:10AM – 10:30AM

### Addressing the Elephant in the Room: A Step-by-Step Guide to Safely Incorporating Submandibular Gland Reduction

Francisco Bravo, MD

10:30AM – 10:45AM

### Why I Prefer the Lateral Approach to Reduce the Submandibular Gland

Mario Pelle-Ceravolo, MD

10:45AM – 11:05AM

### Demystifying Treatment of the Central Neck and Subplatysmal Structures

Gerald O'Daniel, MD

11:05AM – 11:25AM

### Avoiding Recurrent Platysmal Bands

Mario Pelle-Ceravolo, MD

11:25AM – 11:45AM

### To Open the Neck or Not: THAT is the Question (An Early Experience with Mario's Technique)

Richard Warren, MD

11:45AM – 12:00PM

### Direct Neck Excision: The Rodney Dangerfield of Neck Rejuvenation

Jeffrey Kenkel, MD

12:00PM – 12:15PM

### Discussion/Audience Q&A

1:00PM – 5:00PM

*Customize Your Experience by  
Choosing One of These Labs:*

### OPTIONAL FACIAL OR RHINOPLASTY CADAVER LABS

*(additional fee)*

These popular hands-on labs offer a great opportunity to try what you've learned during the meeting with faculty instruction and interaction.

*Program and Faculty Subject to Change*

Claim Your CME Credits Electronically at [WWW.SURGERY.ORG/EVAL](http://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.

FOR MORE INFORMATION PLEASE VISIT: [WWW.SURGERY.ORG/FACE2018](http://WWW.SURGERY.ORG/FACE2018)

# HOTEL INFORMATION

## ASAPS LAS VEGAS 2018 AESTHETIC SYMPOSIUM

Meeting functions will be held at:

### THE COSMOPOLITAN OF LAS VEGAS

3708 Las Vegas Boulevard South, Las Vegas, Nevada 89109

#### ONLINE RESERVATIONS:

<https://aws.passkey.com/go/SASAP7>

The Cosmopolitan is 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 world-class chefs and inspired restaurants.



#### TERRACE STUDIO

A resort fee of \$20 includes in-room WiFi, access to the 24 hour fitness center, free local and long distance domestic phone calls and use of tennis courts.

Wednesday, January 31	\$219
Thursday, February 1	\$219
Friday, February 2	\$219

#### CALL CENTER NUMBERS

702-698-7575 (local) or 855-435-0005

Reservation Code SAPAS8 Cut off date is 1/2/2018

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. Please note this is Super Bowl weekend and rooms will fill quickly. No extension to cut off will be accepted.

## ASAPS LAS VEGAS 2018 FACIAL SYMPOSIUM FACULTY

**Charles Thorne, MD – Chair**

**Louis Bucky, MD – Co-Chair**

**Jay Calvert, MD – Rhinoplasty Chair**

Mark Albert, MD

Richard Bensimon, MD

Francisco Bravo, MD

Spencer Cochran, MD

Michael Edwards, MD

Ashkan Ghavami, MD

Jeffrey Kenkel, MD

Jeffrey Marcus, MD

Timothy Marten, MD

Gerald O'Daniel, MD

Mario Pelle-Ceravolo, MD

Jason Roostaeian, MD

Sammy Sinno, MD

Christopher Surek, DO

Oren Tepper, MD

Patrick Tonnard, MD

Richard Warren, MD

#### RESTAURANTS AND NIGHTLIFE

The Cosmopolitan Concierge Service can help you discover every unique aspect of the resort, as well as assist you in experiencing all the restaurants and shows that Las Vegas has to offer. Contact them at 877-893-2003 from 7:00am –10:00pm or email them at [concierge@cosmopolitanlasvegas.com](mailto:concierge@cosmopolitanlasvegas.com)

#### BREAKFAST & BREAKS

##### THURSDAY FEBRUARY 1

7:00AM – 7:30AM

Breakfast in the Condessa Foyer

9:00AM – 5:00PM

Exhibits Open

Includes: Coffee Breaks and Luncheon

##### FRIDAY FEBRUARY 2

7:00AM – 7:30AM

Breakfast in the Condessa Foyer

9:00AM – 5:00PM

Exhibits Open

Includes: Coffee Breaks, Luncheon, and Wine and Cheese Networking Break

##### SATURDAY FEBRUARY 3

6:45AM – 11:00AM

Continental Breakfast in the Exhibit Hall

9:00AM – 5:00PM

Exhibits Open

Includes: Coffee Breaks and Luncheon

##### SUNDAY FEBRUARY 4

Super Bowl Sunday

#### COMING SOON:

The official interactive mobile app for the ASAPS Las Vegas 2018 Facial & Rhinoplasty Symposium!

# REGISTRATION

## ASAPS Las Vegas 2018 Aesthetic Symposium

February 1–3, 2018 • Sponsored by: ASAPS

First Name \_\_\_\_\_ ASAPS ID # \_\_\_\_\_

Last Name \_\_\_\_\_

Badge Name (if different from above) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

(Used to communicate Symposium updates)

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

Audio  Visual

### Symposium Registration

19 AMA PRA Category 1 Credits™\*

	On or Before December 1, 2017	On or After December 2, 2017	Subtotal
ASAPS or AAFPRS Active Member	\$1,450	\$1,650	\$ _____
ASAPS Candidate for Membership	\$1,600	\$1,900	\$ _____
International Affiliate Program (Australasian)	\$1,600	\$1,900	\$ _____
Guest Plastic Surgeon	\$1,850	\$2,050	\$ _____
ASAPS Life Member/Resident <i>(Residents must provide letter of verification from chief of plastic surgery)</i>	\$500	\$600	\$ _____
Allied Health Personnel/Office Personnel <i>(Must provide letter verifying employment by an ABPS-certified plastic surgeon)</i>	\$800	\$900	\$ _____
Optional Rhinoplasty Cadaver Lab <b>(1:00pm – 5:00pm, Saturday, February 3)</b> 4 AMA PRA Category 1 Credits™	\$850	\$995	\$ _____
Optional Facial Cadaver Lab <b>(1:00pm – 5:00pm, Saturday, February 3)</b> 4 AMA PRA Category 1 Credits™	\$850	\$995	\$ _____

TOTAL ENCLOSED \$ \_\_\_\_\_

### PAYMENT

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

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Card Holder Name \_\_\_\_\_ Signature \_\_\_\_\_

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The Aesthetic Society (ASAPS) • 11262 Monarch Street, Garden Grove, CA 92841 USA • Fax: 562.799.1098 • Phone: 562.799.2356

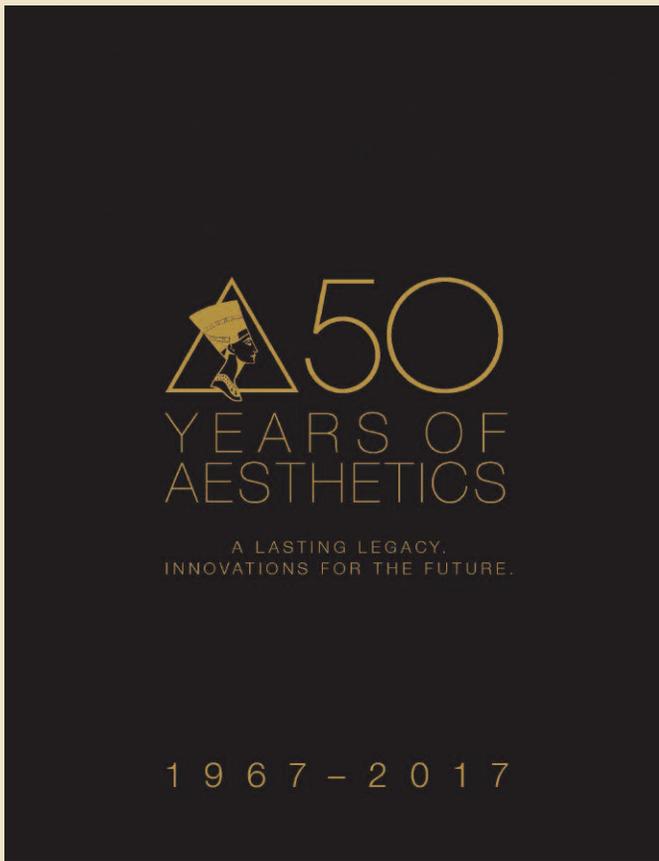
Refunds not considered unless a written request is emailed to [Victoria@surgery.org](mailto:Victoria@surgery.org) by January 3, 2018, or mailed to the ASAPS Central Office and postmarked by January 3, 2018. Refunds will be subject to a minimum 15% administrative fee.

\*Program and hours subject to change.

# Complimentary 50th Anniversary Magazine— Just Pay Shipping!

Join the celebration as The Aesthetic Society marks its 50th Anniversary with this beautiful commemorative magazine. Containing a comprehensive timeline of the Society, remembrances from key figures in the specialty, interesting articles, an array of photographs through the eras, and much more, this beautiful keepsake is over 200 pages, with a striking gold foil cover.

Get yours by calling The Aesthetic Society at 562.799.2356 or 800.364.2147. While this magazine is free, shipping charges will apply. Only while supplies last!



### TIMELINE

- 1967** Gustavo A. Cohen, MD, ASAPS President from 1966–1967.
- ASAPS purchased the URL [www.asaps.org](http://www.asaps.org) to launch our web presence. Members of the Society were encouraged to link personal web pages to the Society's home page. By the end of 1998, the site was characterized as having "significant interest" with an average of 66 user sessions per day.
- The Electronic Communications Committee was established to manage the Society's web presence. A new ASAPS patient education brochure line was launched due to a desire to have a more comprehensive and aesthetic design.
- MARKETING** The Cosmetic Plastic Surgery Referral Line was launched offering a toll-free number consumers could call if they were seeking a referral to an ASAPS member.
- The Candidate Program grew to a record 1,001 participants and an "ASAPS Candidate News" was launched to promote Active Members in the Society.
- A certificate commemorating the place where ASAPS was first conceived, Harry's Bar in Venice, Italy, was created and placed in the restaurant for display.
- JANUARY 1997** ASAPS and Symposia International, LLC, co-sponsored an Endoscopic Skin, Laser, Oculofacial, and Facial Rejuvenation Plastic Surgery Symposium.
- MAY 1997** The annual meeting was held in New York, NY. The 1997 Annual Meeting included a basic course about the internet and a course on presentation graphics.
- ASAPS and PDSF co-sponsored Horizons in Cosmetic Plastic Surgery Advances in Facial and Body Contouring Surgery, including Ultrasound Assisted Liposculpture.



## WE ARE AESTHETICS.

### 1995 continued

**1995** The first issue of the noted new *Aesthetic Surgery Quarterly Clinical Journal* was published with Lindsay Year Book.

The *Aesthetic Surgery Journal* published a commentary by Bruce Cunningham entitled, "ASU Now dimorphic." This endorsement noted that ASU was changing its frequency from quarterly to six issues a year and that its name would change from *Aesthetic Surgery Quarterly* to *Aesthetic Surgery Journal*. This issue would also contain the quarterly *ASAPS PDSF Category 1 Credit* article and examination under the able editorship of David Krizek, MD, as well as a review article focused on facilities by Thomas D. Pines, MD.

The *ASAPS* article, "The Art and the Science of the Face," by Dr. Pines, MD, not only was a research article, but also a review article focused on facilities by Thomas D. Pines, MD.

SPRING  
SUMMER  
FALL  
WINTER

### SCRAPBOOK

#### 2010's

**2010**

- Cosmet Lab Participants at The Aesthetic Meeting, 2010
- Aesthetic Meeting participants, 2010
- Dr. Cynthia Goodman in the We Are Aesthetics photo booth, 2010
- Dr. Jenn and Agneta Ahmad, 2010
- Exhibitors at ASAPS Las Vegas Symposium, 2010
- Dr. Stanley Kistly and Al Aly, 2010
- Dr. Mark B. Constantine and Jeffrey R. Marcus, 2010
- Jan and Dan Mills, MD, show their dedication to Aesthetics, 2010
- Dr. and Dr. Alan Goss, 2010
- ASAPS Leadership Skills Training participants, 2010
- ASAPS Las Vegas Facial and Rhinoplasty Symposium, 2010
- Dr. Constantine Mendes, 2010
- Dr. Lauren Cassis, Jack Fisher, Jennifer Vlastin, and Marinda Hays, 2010
- ASAPS staff with image of Jan and Dan Mills social during behind them, 2010
- ASAPS Staff Members Josh and Lisa Orsco, 2010
- ASAPS Las Vegas Facial & Rhinoplasty Symposium participants, 2010
- ASAPS Las Vegas Facial & Rhinoplasty cadaver lab participants, 2010
- "ASAPS provides a tremendous wealth of educational opportunities for resident surgeons" — Lawrence Long, MD
- Dr. Lawrence Long shows his commitment to aesthetics, 2010
- ASAPS President at the 50th Baker Gordon Symposium. Drs. Tom Baker, Stan Kistly, Shari Hays, Jan Baker, Jim Shari, Paul Nishi, and Jeff Kistly, 2010
- Dr. Daniel G. Mills and James G. Orsco, 2010
- Cosmet Lab at ASAPS Las Vegas Symposium, 2010
- Dr. Jose Szykiewicz and Geoffrey Hayes, 2010
- Dr. Lawrence Long shows his commitment to aesthetics, 2010
- Aden Darin Suren. The future of ASAPS, 2017

## PREVENA DUO™ Therapy System with PEEL & PLACE™ Dressings - 13cm/13cm



### TWO INCISIONS – ONE SOLUTION

The PREVENA DUO™ Therapy Platform provides effective leak management for your patients with two incisions. The system includes:

- PREVENA™ 125 Therapy Unit
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## ASAPS' 3rd Residents' Symposium Helps Residents Prepare for the Future

By Salvatore Pacella, MD, MBA

The third annual ASAPS' symposium exclusively focused on Residents, "The Business of Launching Your Practice—The ASAPS Gift of Expert Advice," was held in New York City, NY, on September 8–10, 2017 at the SHIELD Center. Vice Chair, Gary Tuma, MD and I were so pleased to welcome 62 Residents from around the country for this complimentary symposium dedicated toward helping them map out a plan for success after graduation. Our faculty included attorneys, marketing specialists, practice management consultants, accountants, practice managers, and physicians who shared personal experiences about how to avoid common pitfalls on the path for success.

Building on the success of previous two years, we wanted to focus as specifically as we could on how to be successful, regardless of whether one is starting a solo practice, joining a group, or working in a hospital or educational setting. As we all know, residency programs do an excellent job teaching students the necessary skills for positive patient outcomes, but residents rarely get access to the business and marketing expertise necessary for success. Our goal at this symposium was for them to learn from the experts what to do—and what not to do—to ensure they've established a solid platform on which to grow.

To do so, we assembled a first-rate team of experts who shared with the participants' tips and practical suggestions for success. Gary and I would like to thank our faculty, as their valuable insight helped motivate and inspire those in attendance:

- Robert Aicher, Esq.—  
ASAPS Legal Counsel; Pasadena, CA
- Mark Codner, MD—  
Plastic Surgeon; Atlanta, GA
- Helen Daniell—  
Practice Manager; Atlanta, GA
- Karen Horton, MD—  
Plastic Surgeon; San Francisco, CA
- Lawrence Keller—  
Insurance Agent and Certified Financial Planner; Woodbury, NY
- Ryan Miller—  
Online Marketing Specialist;  
San Luis Obispo, CA



Symposium Vice Chair Gary Tuma, MD, and Chair Sal Pacella, MD, MBA

- Alex Thiersch, JD—  
Attorney and Founder of the American Med Spa Association (AmSpa); Chicago, IL
- Karen Zupko—  
Practice Management and Reimbursement Solutions Advisor; Chicago, IL

Lastly, our sincere thanks to our sponsors, Allergan, Galderma, and Merz Aesthetics, whose support is greatly appreciated.

We look forward to building on this success in the future. By creating a symposium such as this which addresses the concerns and challenges that our residents face, not only can we assist in providing them with a recipe for success, but we can help ensure that the future of our specialty continues to be vibrant and strong.

*Salvatore Pacella, MD, MBA is an aesthetic plastic surgeon practicing in Del Mar, CA.*

### Resident Symposium Participant Testimonials

"This conference was much better than the senior resident conference I attended my last year of residency. More information and better speakers."

"I plan on letting my program director and chair know that they need to be sending all chief residents."

"I would definitely recommend this program to senior PRS residents and I may attempt to attend again next year."

"Best conference I have ever been to."

"I will be coming back every year for the rest of my 4 years left in residency!"



## ASAPS and ASPS to Offer New Cosmetic Medicine Symposium

ASAPS Co-Chair, Dr. W. Grant Stevens, and ASPS Co-Chair, Dr. Alan Matarasso, are actively engaged in crafting the program for an exciting new symposium, "An Artful Approach to Cosmetic Medicine."

To be held August 24–26, 2018, in beautiful La Jolla, CA, at the Estancia Hotel, this dynamic collaboration will deliver the latest in noninvasive procedures from which your patients will benefit.

Look for more information soon at [www.surgery.org/cosmeticmed2018](http://www.surgery.org/cosmeticmed2018)

**THE ARTFUL APPROACH TO COSMETIC MEDICINE**  
August 24–26, 2018

Directly Provided By  
  
THE AMERICAN SOCIETY FOR AESTHETIC PLASTIC SURGERY, INC.  
W. Grant Stevens, MD  
ASAPS Co-Chair

In Collaboration With  
  
AMERICAN SOCIETY OF PLASTIC SURGEONS®  
Alan Matarasso, MD  
ASPS Co-Chair

**Estancia Hotel**  
La Jolla, California

This activity has been approved for  
AMA PRA Category 1 credit™

[surgery.org/cosmeticmed2018](http://surgery.org/cosmeticmed2018)

## Learn from the Finest Minds in Aesthetic Plastic Surgery

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

[www.surgery.org/professionals/international/international-fellowship-program-application](http://www.surgery.org/professionals/international/international-fellowship-program-application)



THE AMERICAN SOCIETY FOR AESTHETIC PLASTIC SURGERY, INC.

\*Residents from the U.S. and Canada are not eligible for this program.

Supported By  




## The Aesthetic Cruise 2017: A Trip of a Lifetime

By W. Grant Stevens, MD

Vice Chair Melinda Haws and I were so delighted with the response to The Aesthetic Cruise 2017, which set sail for adventure—and education!—to England, Scotland and Norway this summer. Not only was the education spectacular, which we all expect from an ASAPS-sponsored symposium, but the experience of conversing, eating, and seeing the sights with colleagues, friends, and family was unforgettable.

Dr. Haws and I would like to offer our thanks to our extraordinary faculty, who delivered both clinical and practice management tips which were invaluable: Gianluca Campiglio, MD; Matthew Concannon, MD; Mark Constantian, MD; Jack Fisher, MD; Dana Fox; Mark Freeman, MD; Roberta Gartside, MD; Raul Gonzalez, MD; James Grotting, MD; Joe Gryskiewicz, MD; Bahman Guyuron, MD; Christine Hamori, MD; Joseph Hunstad, MD; Clyde Ishii, MD; Angela Keen, MD; Vakis Kontoes, MD; Elizabeth Slass Lee, MD; Herluf Lund, MD; Luis Macias, MD; Daniel Mills, MD; Foad Nahai, MD; Tim Papadopoulos, MD; Linda Phillips, MD; Arturo Ramirez-Montanana, MD; Renato Saltz, MD; Peter Scott, MD; Ozan Sozar, MD; Luis Vasconez, MD; Richard Warren, MD; and Karen Zupko.

I think I can safely speak for everyone: When the next Aesthetic Cruise occurs, GO! You won't be disappointed!

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



Geiranger, Norway



Aesthetic Cruise participants in Bergen, Norway



Charlotte and Mark Constantian, MD, in Scotland



Dr. Dan and Jan Mills



Drs. Papadopoulos, Stevens and Hunstad



Cocktails and Complications



Lucien Ion, MD; Melinda Haws, MD; Angelica Kavouni, MD and Peter Scott, MD



Drs. Elizabeth Slass Lee, Erin Kennedy and Peggy Skiles in Scotland

Save the Date!

# THE AESTHETIC MEETING 2018

April 26–May 1, 2018

Exhibits Open April 28–30, 2018

Jacob K. Javits  
Convention Center  
New York, NY

Experience the  
Global Gathering of  
Aesthetic Innovators  
and Experts

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



[www.surgery.org/meeting2018](http://www.surgery.org/meeting2018)

WE ARE  
AESTHETICS.



## Save the Date: The Aesthetic Meeting 2018— New York!

By William P. Adams, Jr., MD

**A**SAPS is hitting New York, and the “City that Never Sleeps” will never be the same! Save April 26–May 1, as The Aesthetic Meeting 2018 will be at the Javits Convention Center in New York City, New York. The Aesthetic Meeting is the annual global gathering of innovators and aesthetic experts, where you’ll learn from the best and brightest minds in aesthetic plastic surgery, as they share the latest in technological advances and techniques. Plus, with our special Practice Management Scientific Sessions, The Business Side, ideal for practice staff, you’ll return home with an array of ideas which can help your practice evolve and grow.

If you are an aesthetic plastic surgeon passionate about connecting with brilliant minds, learning ground-breaking new

advances, and building a successful practice, The Aesthetic Meeting is the leading must-attend educational event of the year. With live demonstrations and courses taught by the finest surgeons and professionals in the specialty, The Aesthetic Meeting has become the gold standard in aesthetic education.

Registration will begin in December, but you can book your hotel now using OnPeak, ASAPS’ housing partner, to ensure your preferred location and room at [surgery.org/hotel](http://surgery.org/hotel). We look forward to seeing you in New York!

*William P. Adams, Jr., M.D., is an aesthetic plastic surgeon practicing in Dallas, TX, and serves as the Chair of the ASAPS Program Committee.*



### Book Your Hotel Now!

Housing is now available for The Aesthetic Meeting 2018, April 26–May 1 at the Javits Convention Center.

The New York Marriott Marquis in Times Square is our Headquarters Hotel. Please make sure you use the ASAPS housing company OnPeak to secure the best rates and locations. Book your hotel now at [surgery.org/hotel](http://surgery.org/hotel).

## Attention Residents And Fellows!

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

Download the Application and Apply Today!

[www.surgery.org/professionals/residents-and-fellows/asferf-resident-travel-scholarship](http://www.surgery.org/professionals/residents-and-fellows/asferf-resident-travel-scholarship)

#### ASERF Resident Travel Scholarship Criteria to attend The Aesthetic Meeting 2018

**SUBMISSION DEADLINE: NOVEMBER 1, 2017**

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

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

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

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



THE AESTHETIC SURGERY EDUCATION  
AND RESEARCH FOUNDATION



# Watch. Learn. Advance.

Learn from the masters through The Aesthetic Meeting's Education on Demand, where you can view exceptional video content when you want, wherever you want.

## The Aesthetic Meeting 2017 Education on Demand

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

**108** Abdominoplasty—A Comprehensive Guide to Abdomen Contouring Techniques  
Matarasso

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

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

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

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

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

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## ASAPS Leadership Training Program: An Opportunity for Professional Development

Select Aesthetic Society members and industry partners met recently to undergo part two of the ASAPS' Leadership Training program led by the National Leadership Institutes' trainers, at the Dallas Fort Worth Grand Hyatt Hotel.

The ASAPS Leadership Training Program is intended to fill a gap that exists in many plastic surgery practices. While a physician may be an expert surgeon, he or she will benefit from learning leadership skills not being taught in residency or fellowship programs. As participant Regina Nouhan, MD, relates, "I attended the 2017 ASAPS Leadership Training Course and couldn't have been

happier with it. The professional and engaging staff used clever and creative ways to pass on information that will be invaluable to the participants, regardless of their stage in career. These leadership skills will transcend all aspects of life; not just plastic surgery." She goes on to note, "Furthermore, the course flowed seamlessly with no time for boredom. And, that's difficult to do for surgeons, who are used to being 'on the go' all the time! And, one of the unexpected bonuses of these 2 brief weekends was the connection with other like-minded physicians and industry partners, who will now be friends and colleagues for life."

The ASAPS Leadership Training Program is designed to provide members with leadership skills applicable both personally and professionally. Participants are taught conflict resolution techniques, team building and consensus tactics, meeting management, and received media interview training, as well as other important leadership skills. Fabiano Arruda, MD, MSc, MBA, shared that "The ASAPS Leadership Training is the most comprehensive leadership training course in plastic surgery in the world. The structure based on leadership development, communication and education align our personal knowledge and skills with our values and mission, allowing the use of new tools for our personal and professional development. I am certainly grateful to be leaving this program with a vision of leadership and improvement that I



ASAPS' Leadership Training Program 2017 participants. Back row, left to right: Fabiano Arruda, MD, Jason Roostaeian, MD, Matthew Nykiel, MD, Zachary Ferris, MD, Ken Murgja (Allergan), R. Brannon Claytor, MD, Hisham Seify, MD, Hebert Lamblet, MD, Regina Nouhan, MD, and Camille Cash, MD. Front row, left to right: Jennifer Neisse (Sientra), Tiphany Hall Lopez (Galderma), Andre Levesque, MD, Michael R. Lee, MD, Bonnie Baldwin, MD, C. Bob Basu, MD, and Leigh Hope Fountain, ASAPS' Director of Media Relations.

can use every day in my office, in the plastic surgery department of the hospital and in my personal life."

The ASAPS Leadership Training Program is also an opportunity to recognize the potential of outstanding individuals for inclusion into Society's leadership. "Referring to this course as a 'Leadership Course,' I believe, is almost a disservice," participant Matthew Nykiel, MD, noted. "Why? Because this course is so much more! Does the course help you lead? Absolutely. But, you gain knowledge and insights that affect every aspect of your life: business relationships, friend relationships, and family relationships. Essentially, this course provides the tools and the knowledge to allow you to simply become an overall better person. A person that you believe in! And through that personal growth you become an individual that others believe and follow. This course has helped my business, my friendships, my family and my relationship with my wife. Overall, it is one of the best combined personal and career decision I have made."

Participants were very enthusiastic about the training they received. Attendee Hebert Lamblet, MD, said, "ASAPS is always innovating and bringing to the members important values to our practice. The ASAPS Leadership Training was something unique in my profession. The experience was well worth the effort of traveling to Texas from Brazil. We

were challenged into our awareness. After this valuable experience, I feel more confident, resonant and prepared to deal with potential conflict and daily challenges in a way that helps to resolve conflict. Dealing with conflict makes for better relationships in the long run."

Participant R. Brannon Claytor, MD, relates, "After two sessions in Dallas that each lasted an entire weekend as well as spending four months reading the "Resonate Leadership" book and undergoing self reflection about my strengths and weaknesses as a leader, I have come to learn so much more as a result of the opportunity I was given as a participant in the leadership program. My ability to more clearly articulate the vision I have for my practice as well as to

build consensus among my peers has been greatly enhanced from the education that I received, and the close relationships that I developed with my team members will continue to yield a wealth of information in addition to being a rich resource for collaboration." In fact, he notes, "The timing of this course has been especially significant for me. Upon returning home from the final segment of the leadership training program I was notified that after a lengthy review process I had been selected as the system Chief of the division of Plastic Surgery at our health system which encompasses 4 hospitals. I feel confident that the skills and resources which we mastered during our leadership training will help me to be an effective and collaborative chief of plastic surgery."

In 2018, ASAPS will conduct another Leadership Training, for which members are encouraged to apply. Participant Jason Roostaeian, MD, stated, "The ASAPS Leadership Training Program was tremendously valuable, giving me useful personal insight and tools that I can apply toward my practice and beyond!"

Details on the 2018 ASAPS Leadership Training Program are forthcoming, giving you an opportunity to stretch your skills and become a better leader.



## ASAPS Develops a Young Aesthetic Plastic Surgeons Initiative

By Chad Tattini, MD

As most of us can attest, while residency provides surgeons with excellent medical training, there are often other areas overlooked, such as how to start, build and market a practice. To compliment ASAPS' excellent clinical education, offered through The Aesthetic Meeting and our symposia, ASAPS recently established a Young Aesthetic Plastic Surgeons (YAPS) initiative, with our mission being to improve resident and fellow business-related education in aesthetic plastic surgery, to help assist young aesthetic surgeons with the transition into a successful practice.

With our Resident Program, Candidate for Membership Program, and Active Membership, we have programs to help surgeons through each stage of their career and the YAPS Committee will act as advocates in this process. In addition to being charged with harboring involvement with ASAPS Programs and Membership, the YAPS Committee, in concert with the Education Commission, will work with organized aesthetic surgery training organizations, training programs, and other groups to accomplish its charge of improving resident and fellow education in aesthetic plastic surgery.

### Free Residents' Program

Many may not know that the ASAPS' Residents Program is absolutely free to join for residents and fellows currently enrolled in

To compliment ASAPS' excellent clinical education, offered through The Aesthetic Meeting and our symposia, ASAPS recently established a Young Aesthetic Plastic Surgeons (YAPS) initiative, with our mission being to improve resident and fellow business-related education in aesthetic plastic surgery, to help assist young aesthetic plastic surgeons with the transition into a successful practice.

accredited plastic surgery residency programs or accredited/private plastic surgery fellowships in the United States and Canada. Additionally, residents receive complimentary registration for The Aesthetic Meeting, and are able to attend educational courses for free (conditions apply.) Qualified residents and fellows also receive other complimentary aesthetic surgery educational and support services. Complete details of this free program and all of its benefits can be found at [www.surgery.org/residents](http://www.surgery.org/residents).

### Candidate for Membership Program

For those surgeons who have completed residency but are not yet eligible or still deciding upon full Active Membership in The Aesthetic Society, the Candidate for Membership Program offers amazing discounts and benefits as you chart your course for full Active Member status.

Participation in The Aesthetic Society's Candidate for Membership Program is limited to five years, with initial fees at a reasonable rate, which increase gradually, the longer a person is part of the Program. Complete details of this Program and all of its benefits can be found at [www.surgery.org/professionals/candidate-program](http://www.surgery.org/professionals/candidate-program).



### Residents' Symposium: The Gift of Free Advice

One key element of ASAPS continuing commitment to younger surgeons is the ASAPS Residents' Symposium, an annual symposium which is free to participants. This is open to both current residents and surgeons new in practice as well. In this essential educational effort, surgeons are exposed to some of the specialty's key thought leaders and industry experts, who share with the participants all of the necessary elements of starting/building a successful practice. Fellow surgeons serve as faculty, explaining how they built their practices, and what they wish they'd known when first starting out. Meeting attendees learn about finance, legal considerations, staffing, marketing and more. This symposium has been incredibly successful with past participants raving:

Continued on Page 33



## ASAPS Develops a Young Aesthetic Plastic Surgeons Initiative

Continued from Page 32

- “Overall, I wouldn’t change much—it’s a winner.”
- “Everything was really useful, the round tables were probably my favorite. The speakers were incredibly dynamic, funny and very honest.”
- “I think the talks on social media, insurance, hiring, and online branding were probably my favorite, but nothing seems out of place or not relevant.”
- “Sincerely every single one of these talks were exceptional!!”
- “It was so good I can’t really think of anything I would change. Honestly, I really think the size was perfect.”

While the 2017 Residents’ Symposium has just concluded, the team is already planning for 2018. Look for more information soon at [www.surgery.org/residents2018](http://www.surgery.org/residents2018).



### RADAR for Residents

Today’s residents in training are fortunate to have a variety of ways to enhance their education. ASAPS contributed to this by developing an application called RADAR for Residents that provides a collection of the top aesthetic education resources at their fingertips. These resources include a digital library, loaded with pearls from experts, a variety of quality videos, excellent clinical and non-clinical content, and a private community just for residents. In addition to content, the is also equipped with a user-friendly interface, high-powered search tool, and content filters that allows residents to access content quickly and effortlessly.

In addition to RADAR for Residents, the Society has also extended an educational opportunity to 20 residency programs called the RADAR Residency Network. This private network takes learning and communication to a whole new level. In addition to RADAR’s



At the recent Residents’ Symposium, Mentor Discussion Group—What Industry Can Do for You: Industry insight into patient programs, training on product use, keeping you up to date on the real facts, what are your colleagues using and why.

Images featuring younger plastic surgeons are being created, for use on social media platforms such as Facebook and Instagram. ASAPS will be targeting advertising to plastic surgery residents, to boost awareness of the Young Aesthetic Plastic Surgeons’ initiative.

The advertisement features a portrait of a smiling man in a suit, Chris Surek, DO, with his arms crossed. To his right is a quote: “The ASAPS educational curriculum is very strong and offers residents the opportunity to attend The Aesthetic Meeting and other symposia free of charge. In particular, The Aesthetic Meeting gives residents the chance to discover what kind of surgeons we want to become.” Below the portrait, the text reads “WE ARE AESTHETICS.” and “Chris Surek, DO”. In the bottom right corner, there is a logo for The American Society for Aesthetic Plastic Surgery, Inc., which consists of a stylized triangle containing a figure.

customary tools, this RADAR Residency Network provides educational resources, a Content Management System customized for each residency program, an HTML-based web page builder for residents to generate/share multi-media notes, and a “Virtual Journal Club.” Participating programs can also share information with each other, allowing a new level of engagement for education.

### Outreach Efforts

ASAPS will continue to reach out to younger aesthetic plastic surgeons via social media, with posts and advertisements on Facebook, Twitter and Instagram. Images are being created for use on these platforms, featuring younger surgeons. Additionally, ASAPS coordinates with 20 residency programs, utilizing the RADAR for Residents

platform, to keep them posted about key Aesthetic Society offerings.

Through the Young Aesthetic Plastic Surgeons program, The Aesthetic Society works diligently to ensure that our next generation of surgeons has the tools and skills needed for success. For information on the Resident Program, Candidate for Membership Program, Active Membership, or should you have suggestions on how we can improve education for younger aesthetic plastic surgeons, please reach out to Marissa Simpson, Membership Manager, at [marissa@surgery.org](mailto:marissa@surgery.org). Thank you!

*Chad Tattini, MD, is an aesthetic plastic surgeon in practice in Bloomington, IL, and serves as Chair of ASAPS Young Aesthetic Plastic Surgeons Committee.*



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

By Daniel C. Mills, II, MD

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

ANN recently debuted at The Aesthetic Meeting 2017 and was met with great interest by our membership. While ASAPS had initially planned to give ANN free to the first 100 members, by 10AM the morning the exhibits opened, we'd already blown through that number and are currently enrolling the first 250 ASAPS members free of charge.

### How It Works

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

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

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

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

### What About Patient Privacy—And Mine?

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

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

### What Happens With All Of The Data?

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

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

### I'm In: Sign Me Up!

ANN is the key to the future optimization of ASAPS member practices. You can learn more about ANN by contacting [sales@ronansolutions.com](mailto:sales@ronansolutions.com).

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



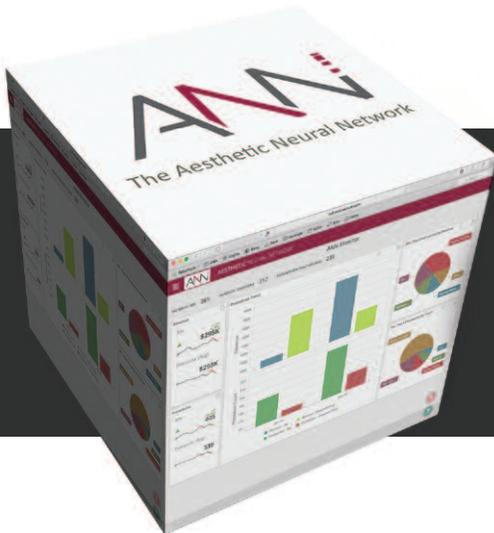
# ANN

AESTHETIC NEURAL NETWORK

## Meet ANN!

Simple. **Smart.** Revolutionary.

ANN can be a game changer for your practice.



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

### Why ANN?

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

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



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## How do I use ANN?

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

## With ANN you Benchmark. Strategize. Grow.

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

## How does ANN get its information?

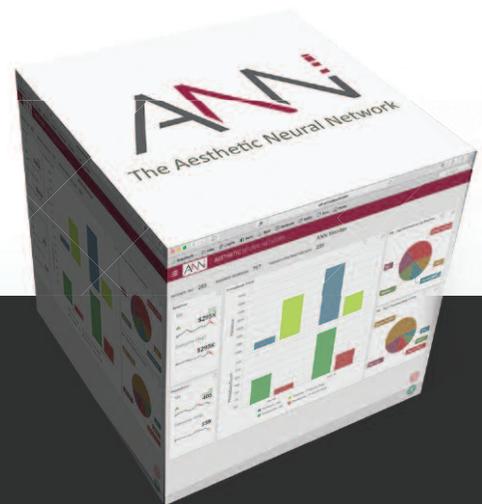
ANN is easy to join and offers the highest security available today. Essentially plug and play, the collective information is de-identified, mapped and integrated into ANN.

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

## Where can ANN take us?

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

ANN is the key to the future optimization of ASAPS member practices. You can learn more about ANN by contacting [sales@ronansolutions.com](mailto:sales@ronansolutions.com).



## ASAPS Public Relations and Social Media: Creating Awareness of Our Surgeons and Promoting Patient Safety



Drs. Sammy Sinno and Tracy Pfeifer kicked off the first Facebook live edition of ASAPS' "Cutting Remarks"

**T**he ASAPS communications team, (in concert with the Social Media Task Force and Media Relations Committee), recently launched its Facebook Live "Cutting Remarks" chats and the response has been tremendous. The first two doctors featured were Drs. Tracy Pfeifer and Sammy Sinno. Their Cutting Remarks garnered 2.1k views, 54 likes, 20 shares, and 16 comments with active and engaged participants.

In addition, ASAPS has begun hosting Instagram Takeovers. Thus far, Drs. Sheila Nazarian and Adam Rubinstein have been featured, with each takeover resulting in more impressions, more followers and more traction on this social channel for ASAPS.

If you are interested in participating in a Facebook Live "Cutting Remarks" chat or Instagram Takeover, please contact either Leigh Hope Fountain: leigh@surgery.org or Elizabeth Schaub: elizabeth@surgery.org. They can send you guidelines and discuss potential participation.

In case you missed them online, here is a roundup of some of the latest stories featuring ASAPS and ASJ in the news!

### Allure

**Taking Selfies Can Help Plastic Surgery Patients Heal, Study Finds:** "According to a recent study published in the *Aesthetic Surgery Journal*, a peer-reviewed clinical publication of the American Society for Aesthetic Plastic Surgery (ASAPS), researchers found that 96.2 percent of patients who sent in selfies of themselves to their surgeons during the first few days following their procedures reported a higher quality post-op experience." <http://bit.ly/2uEZxbC>

## Cutting Remarks

### AN ASAPS FACEBOOK LIVE EVENT

Get all your plastic surgery questions answered by top plastic surgeons, Dr. Tracy Pfeifer and Dr. Sammy Sinno

Live July 18th, 2:30 EST  
[www.facebook.com/AestheticSociety](http://www.facebook.com/AestheticSociety)



### Reuters

**Body contouring tied to better quality of life after weight-loss surgery:** "After weight-loss surgery, people who get cosmetic procedures to remove excess tissue may have a better quality of life than those who don't get this additional work done, a recent study suggests." Source: [bit.ly/2tNojb1](http://bit.ly/2tNojb1) *Aesthetic Surgery Journal*, online June 3, 2017 <http://reut.rs/2xLUkSz>

### Hawaii News Now, Broadcast

**Clyde H. Ishii, M.D., named new President of American Society for Aesthetic Plastic Surgery:** Dr. Clyde Ishii featured to discuss his role as the new president of ASAPS along with U.S. spending on cosmetic procedures and trends <http://bit.ly/2xEkjlY>

### Cosmopolitan

**21 Things You Should Know Before Getting a Boob Job:** Among many other things to know, #1 on Cosmo's list: "Your

first breast surgery probably won't be your last. Twenty-five percent of women will need another surgery after 10 years because implants don't last forever. The implant could begin to leak over time or a "scar shell" could develop around it, warping the shape and causing a need for new implants. Weight loss, pregnancy, and change in preference are other factors that could lead the patient having another surgery after a few years." <http://bit.ly/1E9adRv>

### Elite Daily

**"Designer Dimples" Are The Latest Plastic Surgery Trend Among Millennials:** "In a time when a record number of millennials are seeking plastic surgery, the latest trend is focused on attaining what are called "designer dimples." The procedure is pretty much exactly what it sounds like: You pay someone anywhere between \$800 and \$2,500 to slice holes into your cheek to give you the appearance of "natural" dimples." <http://elitedai.ly/2eJ5kc9>

### Missed the Free Webinar on Cyber Security?

Learn how to protect your patients' privacy in the digital age by learning from the experts!  
[www.surgery.org/professionals/publications/webinars](http://www.surgery.org/professionals/publications/webinars)

### Are You Utilizing "My CME?"

Did you know that ASAPS tracks your CME through "My CME?" Learn more by logging onto [asaps.org](http://asaps.org) and click on "My CME!"

# Never Buy or Lease a Useless Piece of Equipment Again!

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



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

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

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



Be Informed. Be Smart.  
And Share Your Experiences!

Exclusively for ASAPS Members

[www.ASAPS.org](http://www.ASAPS.org)



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

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

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

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

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



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

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

Here’s how it works:

- Simply log into [asaps.org](http://asaps.org)
- Click on “Surgeon as Consumer,” located at the top of the screen
- You can choose to either submit or read reviews
- Each device has 10 uniform questions that allow for an in-depth review of the device’s pros and cons, as well as a free text section for additional comments.
- Overall star rating can be compared over different devices to allow for product comparison.

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

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

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

### To Access the Surgeon As Consumer Portal:

1. Log into [www.asaps.org](http://www.asaps.org)
2. Enter user name and password
3. Click on the “Surgeon As Consumer” button
4. Follow the prompts and submit your reviews

Your username is first name-last name (e.g., john-smith). If you do not remember your password click on the “forgot your password?” link. If you need additional assistance call 800-364-2147 or 562-799-2356.

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



### ASAPS.CLOUD POWERED BY RONAN SOLUTIONS

The Aesthetic Society is pleased to announce ASAPS.CLOUD—a new service, brought to you by ANZU®—the creators of RADAR Resource, and Iron Medical Systems®—a leading provider of secure private medical clouds. As the newest

ASAPS Advantage Program provider, ASAPS.CLOUD is the first HITRUST® certified, aesthetic and plastic surgery-specific cloud offering in the world.

For more information, please contact Ronan Solutions (partnership of Anzu & Iron Medical Systems) at 602.884.8330, or by email at [sales@ronansolutions.com](mailto:sales@ronansolutions.com).



**REALPATIENTRATINGS™** Reviews are the single strongest strategy to power your website and

all of your marketing. RealPatientRatings generates dozens of 100% verified reviews fast. Powerful content marketing boosts rankings, increases traffic and enhances your online reputation. Patient feedback and actionable data increase revenue, retention, and referrals.

RealPatientRatings offers its patient rating services at a reduced rate for ASAPS members. 800.267.1228, extension 106 • [www.realpatientratings.com](http://www.realpatientratings.com)



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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Shaping the Future of Smart Beauty®  
[www.surgery.org/ems](http://www.surgery.org/ems)

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## Introducing ASAPs' Endorsed Aesthetic Fellowship Match

By Jeffrey M. Kenkel, MD

**O**n behalf of The Aesthetic Society's Board of Directors, it gives me great pleasure to announce a new matching program for ASAPs Endorsed Fellowships starting for the 2019 Fellows. This new program will help eliminate stress of early matches for plastic surgery residents and alleviate some of the strain on the fellowship system. ASAPs will be using SF Match to organize the process ([smatch.org](http://smatch.org)), which outlines specific rules for the match.

### The Process

To apply, Fellows pay a \$50 registration fee, but there are no further charges to complete the ranking process. Registrations are now being accepted, with interviews beginning in late fall and results being announced at The Aesthetic Meeting 2018. The first group of Fellows will begin their training in July of 2019. Should you need assistance through this process, please reach out to Pamela Diecidue at [pamela@surgery.org](mailto:pamela@surgery.org).

### Want to Join the ASAPs Endorsed Fellowship Program?

Lastly, if you have a qualifying program and wish to join the ASAPs Endorsed Fellowships, we would welcome your involvement in a unified effort to offer well rounded aesthetic education to plastic surgery fellows and help establish a pressure relieving process with the Match Program. For further information contact Debi Toombs, Director of Meetings and Education, at [debi@surgery.org](mailto:debi@surgery.org)

We are extremely excited to offer this ASAPs' Endorsed Aesthetic Fellowship Match, as both patients and our specialty benefit from well-trained surgeons. To learn more, visit our website at [www.surgery.org/professionals/residents-and-fellows/aesthetic-fellowships](http://www.surgery.org/professionals/residents-and-fellows/aesthetic-fellowships)

*Jeffrey M. Kenkel, MD, is chair of the ASAPs Aesthetic Training Committee and is a Past President of The Aesthetic Society.*



## Former ASJ Executive Editor Publishes Debut Novel



**T**he Aesthetic Society congratulates Elizabeth Hutchison Bernard, former Managing Editor of the *Aesthetic Surgery Journal*, on the debut of her first novel, *The Beauty Doctor*. Her

in-depth knowledge of plastic surgery history lends a unique perspective to her novel, a suspenseful work of historical fiction set in 1907 in New York City. The author currently lives in Arizona with her husband, ASAPS Past President Robert Bernard, MD. Her novel is available now at your favorite bookseller and is a finalist in the Published Fiction category of the 2017 Arizona Literary Contest.



## Passing of ASAPs Member Deason C. Dunagan, MD

**D**r. Deason Dunagan, 71, of Huntsville, Alabama, passed away on June 30, 2017. He was a

devoted husband, father, and grandfather, a gifted plastic surgeon, and an accomplished airplane pilot. He held an Airline Transport Pilot certificate, which is the highest FAA certificate that can be earned. He received his Bachelor's degree in Biology from the University of Tennessee; Master's degree in Biology from the University of Memphis; and his Doctor's degree from the University of Tennessee Center for Health Sciences. His surgery residency was at Methodist Hospital, Memphis, and plastic surgery residency at the University of Tennessee, Memphis. Dr. Dunagan was on the Board of Directors of the Madison County Medical Society, active in the Medical Association of the State of Alabama, and a member of First United Methodist

Church. In addition, he supported the Huntsville Museum of Art and the Broadway Theatre League. Most recently, he worked with the Gordon Robinson Foundation, performing reconstructive surgery on children in Honduras. In his free time, Dr. Dunagan loved traveling, spending time in Fairhope, Alabama and hosting family and friends and treating them to his special grilled steaks and chicken. He lived life to the fullest and will be dearly missed. Survivors include his wife, Lynn Dunagan; daughters, Rachel Wiles (Philip), and Sarah Labosier (Andrew); stepsons, Chris Thrash (Kathy), and Brandon Thrash; and grandchildren, Eleanor, Emerson and Asa Wiles, Elizabeth Labosier and Noah Thrash. He was preceded in death by his parents, Deason and Mai Dunagan. ASAPs joins the specialty in sending well wishes to his family and friends.

## Show Your Patients You Are a Member of ASAPs



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For information on how logos can be used, please review: <http://bit.ly/2y10Yr6>

## Surgeons Remember Jack Gunter, MD

Continued from Cover

McKinney, MD, a Past President of ASAPS, remembers, “Years ago, I asked him why he went back to take his plastic training after his ENT training. He replied ‘that’s where the quality is’ and Jack certainly added to it.”

Upon his return to Dallas in 1980, he resumed his private practice and in 1983 founded the Dallas Rhinoplasty Symposium, which still meets annually and has become world-renowned. As Terry Tubb, MD, notes, “Jack took Rhinoplasty light years forward. He was inextricably intertwined with the medical school in Dallas and all teaching symposia. We all share in his loss.”

As Dr. Gunter’s expertise grew in rhinoplasty, he was invited to lecture at many major U.S. universities and eventually became an international lecturer to medical universities and societies on six of the seven continents. Jamil Ahmad, MD, a member of ASAPS Board of Directors, affirms, “There are very few surgeons who have such a profound effect on the evolution of an operation. Jack either made a direct or indirect contribution to everything we currently do in rhinoplasty and I think all who love this operation would agree that he is the ‘father of open rhinoplasty’. I was lucky enough to spend some time with him in Dallas as a resident. I remember the first time I went to watch him operate—it is an amazing and humbling experience to watch a master surgeon operate late in their careers when they are at the

Dr. Mark and Charlotte Constantian, Deborah and Dr. Jack Gunter



Daniel C. Mills, II, MD; Jack Gunter, MD; Michael S. Byrd, Esq.

pinnacle of their experience. We had lunch and he told me the story of the early days of open rhinoplasty—why he chose to pursue his path. Jack and Deborah have always been so warm and kind to Agnete and me. I will always be grateful for his friendship and all that he has given to me. I’m going to really miss seeing him when I visit Dallas.”

Dr. Gunter was a member of all the major plastic surgery societies in the U.S. He was honored as The Invited Visiting Professor at 18 major medical centers in the U.S. including Harvard and Johns Hopkins. He authored 54 scientific papers in major medical journals and books and was co-author of the book, *Dallas Rhinoplasty: Surgery by the Masters Editions 2002, 2007*. In 2004, he was honored as recipient of The President’s Award of the American Society of Plastic Surgeons and with the Distinguished Fellowship Award 2014, given by the American Association of Plastic Surgeons for his personal achievements and lifetime contributions to the field of plastic surgery.

Franklin Di Spaltro, MD, a Past President of ASAPS, notes, “This is very sad day for all of us, but especially for Jack’s beloved wife, Deborah. Our heartfelt condolences go out to his entire family. Jack was a friend and a mentor to us all, and his passing leaves a huge void in our profession and in our society. May he Rest In Peace!”

In addition to Deborah, Dr. Gunter is survived by his daughters and sons-in-laws, Ashley and David Beverly, Page and Rob Doby, C.B. and Bo Hamrick; step-daughters, Taylor Overstreet, Mary Reading and Andy Graydon; sister, Vicki Woodson; grandchildren, John David Beverly, Caroline Beverly, Miller Doby, Jack Doby, Wyatt Doby, Ellie Hamrick, and Gunter Hamrick. Honorary pallbearers were Barry Andrews; Fritz Barton, MD; Buford Berry; Steve Byrd, MD; Henry M. Carder, MD; Leo F. Corrigan, III; Don Gaskins; Jim Hammond; Sam Hamra, MD; Ducote Haynes, MD; William Hayner; Mitch Hurwitz; Hayden McLroy; V. Bryan Medlock; Jerry Meyer; Bill Meier; Lamar Norsworthy; Charles Pace; Rod Rorhich, MD; John Tebbets, MD; Bill Vines; Jim Wikert; and Terry Worrell.

Dr. Gunter felt gratitude for the loyalty and service of his co-workers and staff. In particular, he appreciated Marilyn Jackson, Jan Phillips, Jane Dynis, Leslie Soehner, Dorothea Hamilton, Kathleen Soper, and Mimi Morris who worked with him for more than 20 years.

Memorials may be made to Special Olympics of Texas, Attn: Lesa Cantrell, 1804 Rutherford Lane, Austin, TX 78754 or North Texas Food Bank, [www.ntfb.org/donate](http://www.ntfb.org/donate).

*Obituary Details from Dallas Morning News.*

## Memories of Dr. Gunter

"I am so sad to learn of Jack's passing. He was a friend for almost 40 years, and was a real Hero to me, from whom I learned so much. I was honored that he came to my Closed Rhino talks at the 2016 Dallas Rhinoplasty meeting. We had dinner with two of his former residents who became fellows at MEETH (Constantine and Kurkjian) and Jack was the life of the party. Jack was not just an amazing rhinoplasty surgeon, Jack was Amazing. He was a truly first class person, and his loss is deeply felt." *Sherrell Aston, MD—ASAPS Past President*

"I am privileged to have know Dr. Gunter as an associate, mentor, and friend. He has benefited thousands of patients and surgeons directly thru his craft and teachings, and millions indirectly. Advancing the art of rhinoplasty and education of others was his passion, and our society owes him greatly." *Michael Bogdan, MD—ASAPS Board of Directors Member at Large*

"I have known Jack Gunter for more than 30 years and was pleased to work with him many times. At first, he was sort of an avuncular advisor; as I got older he became a peer and we shared bourbons and candid conversations together.

When I was a younger surgeon and a more insecure teacher, I felt compelled to write out all my lectures; the joke was that I almost never referred to them because I understood the material so well. I was suspicious that it made my lectures seem stilted but just couldn't stop. At a Cutting Edge meeting about 25 years ago, Jack put his arm around me when I got off the podium. As we walked together he leaned over and said, 'Stop reading. You don't need it.' Of course he was right and I never did again.

Jack was a genuine educator, and almost uniquely tolerant in his respect for any sincere and well thought-out ideas, even if they completely contradicted what he practiced and taught. We had great respect and fond admiration for each other. After he retired, one of us would call the other for no particular reason, just to visit, but I always felt better after I spoke to him. Even when he called me, I'm quite sure I was the bigger beneficiary." *Mark Constantian, MD*

"I agree with the kind words and sentiments that my colleagues have shared about Jack. He was a good friend, teacher and an all-around good guy. May he Rest in Peace." *Jack A. Friedland, MD—ASAPS Past President*

"We have lost a giant in Aesthetic Plastic Surgery. Jack Gunter was an amazing surgeon, teacher, and colleague. His contributions will remain as a cornerstone of achieving excellent results in aesthetic and reconstructive rhinoplasty." *Malcolm Paul, MD—ASAPS Past President*

"It is a sad day. Like many of you, I was privileged to know and learn from Jack. He was an excellent surgeon and educator, but more importantly a good person." *Robert Singer, MD—ASAPS Past President*

"I'm so saddened by this news. Jack was such a great guy, teacher and mentor. His teachings will live on." *James L. Baker, Jr., MD—ASAPS Past President*

"Jack was a good friend and a master plastic surgeon. His contributions to the art and understanding of Rhinoplasty were legendary. A great guy, and one hell of a good golfer. I will miss him." *Gil Gradinger, MD—ASAPS Founding Member and Past President*

"I remember sitting on the tailgate of the truck at Grants ranch one-on-one with Jack. He told me he performed over 6000 rhinoplasties and never did one perfectly. That profoundly affected me and I think that attested to his highest integrity and great humility. This is, indeed, a sad day." *Joseph P. Hunstad, MD—ASAPS Board of Directors Member at Large*

"Mary and I are so sorry to learn of the passing of Jack. He was a wonderful educator and mentor to all of us who wanted to do a better rhinoplasty. In fact, I thought of him just the other day when I was using one of his rhinoplasty sheets. We learned a lot from Jack, and the specialty is better for his teachings." *Mark Jewell, MD—ASAPS Past President*

"Since the start of my residency in the 1980's when I saw Jack on Teleplast, I have been impressed by what an incredible educator he was and how he changed the way we would look at rhinoplasty. Always outcomes-oriented, he taught us how to evaluate what we did and how it impacted our surgical results. As a dear friend, we golfed, scuba dived, and hunted together over the years. He was a giant in plastic surgery and a consummate gentleman. He will certainly be missed by Jan and me as well as the entire specialty. I feel blessed he was in my life." *Daniel C. Mills, II, MD—ASAPS Immediate Past President*

"I was deeply saddened to hear of Jack's passing. I wanted to extend my sympathy to his family and the ASAPS community as a whole. Jack was a doyen in plastic surgery and a significant influence as an educator in rhinoplasty, both for me and many others who were interested in bettering themselves in this field. I am comforted because I am one of the lucky ones whose life was touched by this very special man. I join you and the many others who will miss him, but I remain grateful still for having known him." *Tim Papadopoulos, MD*

"My condolences go out to Jack's wife, Deborah, and to their entire family. I am so very sorry to learn that Jack has passed. We will all miss him. He was a super surgeon and good friend. My daughter, Jessica, adored him, both for his kindness and surgical ability. The time we spent together playing golf in Dallas allowed us to bond. In particular, I remember he and I flying to New Orleans to be with Gus when his wife passed. He was respected by all who knew him." *Larry Robbins, MD—ASAPS Past President*



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

1. Data on file at Tephra, Inc. 2. Deeken CR, Matthews BD. Characterization of the Mechanical Strength, Resorption Properties, and Histologic Characteristics of a Fully Absorbable Material (Poly-4-hydroxybutyrate-PHASIX Mesh) in a Porcine Model of Hernia Repair. *ISRN Surg.* 2013;2013:238067.



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## Aesthetic Surgery Journal Update

To read the current issue of the *Aesthetic Surgery Journal*, visit: <https://goo.gl/Vw57tT>

Looking for evidence-based research related to BIA-ALCL? Check out the **ASAPS Medical Professionals** page featuring an article newly published in *ASJ* by Dr. David Sieber and Dr. Bill Adams, “What’s Your Micromort? A Patient-Oriented Analysis of Breast Implant-Associated Anaplastic Large Cell Lymphoma (BIA-ALCL)” plus an accompanying video interview with both authors. <https://www.surgery.org/professionals>

**Did you know that the Breast Augmentation procedure is 55 years old?** Read as Dr. Steven Teitelbaum explores the evolution of breast augmentation through published *ASJ* articles: <https://goo.gl/svu02Q>. Stay tuned for the next Thematic Issue that drops in October on Filler Complications with an introduction by Dr. Claudio DeLorenzi. Do you have an idea for our next one? Drop us a line here: [phaedra@surgery.org](mailto:phaedra@surgery.org).

Have you been keeping up with **Cosmetic Corner**? The summer edition features insights from Dr. Joel Pessa on facial anatomy. Watch the video here: <https://youtu.be/lkQ-JefqBDA>

**Got CME?** If you need continuing medical education credits, look no further than our robust collection here: <http://bit.ly/2ff8NvT>

Are you interested in **printed reprints of an ASJ article** for distribution at conferences, clinics, or universities? Contact Amy Foote of Oxford University Press to order: Phone 919-677-0977 x 5391; Email [amy.foote@oup.com](mailto:amy.foote@oup.com).

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Thank you to everyone who completed the *ASJ* reader survey. We appreciate your time and comments, which we know will help us to improve the Journal.

Reminder: All issues of *ASJ* are available on RADAR Resource too!



*ASJ* Social Media Ambassadors (L-R): Dr. Jamil Ahmad, Dr. Dan Gould, Dr. Marissa Tennenbaum, Phaedra Cress, Dr. Paco Canales, Dr. Jennifer Walden, Dr. W. Grant Stevens.



Michael Willis, President of the International Society of Managing and Technical Editors (ISMTE) presented *ASJ* Executive Editor Phaedra Cress with the Award for Excellence in Denver on August 10. The award recognizes her work in publishing on altmetrics, publication ethics, predatory publishing, open access, and video initiatives.



Are you among the 1,000+ followers who’ve watched this instructional video on hyaluronidase by Dr. Claudio DeLorenzi? Don’t miss it here: <https://goo.gl/V3YWB7> and read the full article online here: <https://goo.gl/NeNUD2>

## Emails From The Aesthetic Society



One of the commonly heard suggestions from those associated with The Aesthetic Society is that the Society reduce the number of emails. As we understand the many demands on your time, The Aesthetic Society makes every effort to ensure that the emails we send are relevant to you, with important Society information, educational opportunities, and member offerings. While we occasionally send out emails on behalf of our industry partners, please keep in mind that our partnerships with them enable us to keep membership dues as low as possible. **Please be assured that we never loan or sell our email lists.**

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

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

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

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## Update on ASERF

By Barry DiBernardo, MD



**T**he Aesthetic Surgery Education and Research Foundation (ASERF) continues to fund meaningful studies of interest to the aesthetic surgery community.

Some of our **recently awarded grants** include:

Terry Myckatyn, MD—*The Impact of Matrix Proteins & Surface Texturing on Implant Biofilms*

Kihyun Cho, MD—*Study of the Pathophysiology of Filler-induced Blindness*

Eric Culbertson, MD—*Optimizing Breast Pocket Irrigation*

Jeffrey Kenkel, MD—*A Randomized Placebo-Controlled Trial Evaluating Radiofrequency and Hybrid Fractional Laser for Vaginal Rejuvenation*

We look forward to sharing the results of these studies with ASAPS and ASERF members.

**Remember, funding is available for your research project.** Please visit [www.aserf.org](http://www.aserf.org) for full details.

**The following papers, based on ASERF grants,** have been published in *Aesthetic Surgery Journal* in 2017:

*CD30+ T Cells in Late Seroma May Not Be Diagnostic of Breast Implant-Associated Anaplastic Large Cell Lymphoma.* Marshall E. Kadin, MD; John Morgan, PhD; Haiying Xu, BS; and Caroline A. Glicksman, MD

*Report on Mortality from Gluteal Fat Grafting: Recommendations from the ASERF Task Force.* M. Mark Mofid, MD, FACS; Steven Teitelbaum,

The ideal candidates to receive a Mollenkopf grant are women who have had breast reconstruction but for whatever reason, still have unacceptable results and who are deferring surgery due to financial difficulties. Ideally, doctors would donate their surgical skills and the grant money would help cover the patient's operating room fees, anesthesia, deductibles and other related expenses.

MD, FACS; Daniel Suissa, MD, MSc, FRCSC; Arturo Ramirez-Montañana, MD; Denis C. Astarita, MD; Constantino Mendieta, MD, FACS; and Robert Singer, MD, FACS

*Resident and Program Director Perceptions of Aesthetic Training in Plastic Surgery Residency: An Update.* Ahmed M. Hashem, MD; Joshua T. Waltzman, MD; Gehaan F. D'Souza, MD; Cagri Cakmakoglu, MD; Kayshap Komaraju Tadisina, BS; Jeffrey M. Kenkel, MD; and James E. Zins, MD, FACS

*Adipose Stem Cell Function Maintained with Age: An Intra-Subject Study of Long-Term Cryopreserved Cells.* Lauren E. Kokai, PhD; Dmitry O. Traktuev, PhD; Liyong Zhang, PhD; Stephanie Merfeld-Clauss, BS; Gabriella DiBernardo, BS; Hongyan Lu, PhD; Kacey G. Marra, PhD; Albert Donnenberg, PhD; Vera Donnenberg, PhD; E. Michael Meyer, BS; Peter B. Fodor, MD; Keith L. March, MD, PhD; and J. Peter Rubin, MD.

### **Update on the Mollenkopf Breast Reconstruction Fund**

The Mollenkopf Breast Reconstruction Fund, made possible through a generous restricted donation to ASERF by philanthropists Susan and Steve Mollenkopf, which was matched by the Qualcomm Foundation, provides grants of up to \$5,000 to assist underinsured or uninsured patients in completing a quality aesthetic breast reconstruction following breast cancer.

The ideal candidates to receive a Mollenkopf grant are women who have had breast reconstruction but for whatever reason, still have unacceptable results and who are deferring surgery due to financial difficulties. Ideally, doctors would donate their surgical skills and the grant money would help cover the patient's operating room fees, anesthesia, deductibles and other related expenses.

Since launching the program, we have awarded three more patient grants (four in all, totaling \$20,000) and have the resources to award 66 more. Currently, the fund is limited to doctors in San Diego County, but the Mollenkopfs are open to applicants outside of the area on case-by-case basis. The application (with guidelines) can be accessed on the ASERF website: <http://bit.ly/2hn2De8>.

ASERF works diligently each year to select the best grant applications, as well as fund directed research projects that will most greatly impact the sub-specialty.

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

### **Make a Difference**

ASERF works diligently each year to select the best grant applications, as well as fund directed research projects that will most greatly impact the sub-specialty. Research, however, is an expensive endeavor. And while ASERF, with the support of ASAPS, is able to keep costs low, we turn to those who are most likely to reap the benefits, the aesthetic plastic surgeon, and ask them to support our mission.

Through conservative fiscal policies and smart business practices, ASERF has built up a significant cash reserve. ASERF is grateful to those who have given and hopes that with continued support we will be able to further our mission.

### **How You Can Make a Difference**

- Become an Annual Donor
- Honor Your Mentor
- Donate to a Specific Project
- Create a Named-fund
- Start a Grateful Patient Program
- Make ASERF the Beneficiary of a Life Insurance Policy
- Provide for ASERF through your Trust or Will

For more information, please contact Ivan Rodriguez at (562) 799-2356 or email [ivan@surgery.org](mailto:ivan@surgery.org).

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



# The Aesthetic Society's Industry Partnership Program



Founding Premier Partner: Sientra



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Working together to advance the science, art, and safe practice of aesthetic plastic surgery and cosmetic medicine through education, research, and innovation while maintaining the highest standards of ethical conduct among qualified plastic surgeons.

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



Apply for Active Membership  
for the January 5, 2018 deadline!

## Membership FAQs

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

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

### How do I begin the membership process?

To begin the membership process, please complete the online Pre-Application Checklist at [www.surgery.org/checklist](http://www.surgery.org/checklist). Here you will be required to answer a few questions and upload a CME report for verification. Once the information is verified and requirements to apply are met, you will receive the full application.

### Who may sponsor me for membership?

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

### What are the deadlines for submitting a membership application?

The two deadlines are January 5 and July 1.

### When will the membership vote on my application?

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

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

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

### What will fulfill the meeting attendance requirement?

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

- The Aesthetic Meeting (ASAPS Annual Meeting)
- The ASAPS Las Vegas Facial & Rhinoplasty Symposium
- The Biennial Aesthetic Cruise
- ASAPS Breast & Body Symposium

### What are the fees and when should they be paid?

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

- Membership dues for Active Members are \$1,198
- Membership dues for International Active Members are \$470

### How many sponsors will I need to have ultimately?

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

For additional information/questions, please contact our Membership Manager, Marissa Simpson via email [Marissa@surgery.org](mailto:Marissa@surgery.org) or at 562.799.2356



Meet  
the  
Staff

*Diana Hernandez-Guerrero*

**D**iana Hernandez-Guerrero has worked at The Aesthetic Society for 21 years. As Director of Finance and Human Resources, Diana works closely with Executive Director Sue Dykema, providing financial, budget and cashflow reports for ASAPS, ASERF and the Society of Plastic Surgical Skin Care Specialists. Diana also assists with human resources matters, facilities and IT office coordination. One of the most challenging parts of her job is each organization's annual audit.

Diana enjoys having the opportunity to work with the staff on gathering the information needed to produce accurate financial and audit reports for each entity, as every day is very different. Aside from work, Diana enjoys raising her 9-year-old son, Christian James. As she notes, "I enjoy watching him grow, learn and participate in various activities both in and out of school. I want to watch him grow and experience life and not end up regretting missing out on those moments—it goes by so fast!" The Aesthetic Society thanks Diana for her many years of service.

## 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](mailto:asaps@surgery.org) and we will be in contact with you soon.



# ASAPS PREMIER PARTNERS



Allergan plc (NYSE: AGN), headquartered in Dublin, Ireland, is a bold, global pharmaceutical company and a leader in a new industry model—Growth Pharma. Allergan is focused on developing, manufacturing and commercializing branded pharmaceutical, device, biologic, surgical and regenerative medicine products for patients around the world.

Allergan recently announced that Allure has awarded the 2017 Best of Beauty Breakthrough Award to three of the company's products: JUVÉDERM VOLBELLA® XC, RHOFADÉ® (oxymetazoline HCl) cream 1%, and SkinMedica® Lytera 2.0 Pigment Correcting Serum.

For more information, visit [www.Allergan.com](http://www.Allergan.com).



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

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

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

For more information, visit [www.galateasurgical.com](http://www.galateasurgical.com).



 Restylane® Refyne and Restylane® Defyne were recently approved by the U.S. Food and Drug Administration (FDA) for the treatment of nasolabial folds (NLF) or “laugh lines,” in patients over the age of 21. Restylane® Refyne was approved for the treatment of moderate to severe facial wrinkles and

fold, such as NLF, and Restylane® Defyne for the treatment of moderate to severe, deep facial wrinkles and folds, such as NLF. These scientifically-advanced gels are manufactured with XpresHAn Technology™, creating gels that offer a range of flexibility and support for varied patient needs.

For more information, please visit [www.galdermausa.com](http://www.galdermausa.com) and [www.galderma.com](http://www.galderma.com).



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



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Please contact Jason Raser at (610) 416-0581 or [jraser@neograft.com](mailto:jraser@neograft.com) for more information. \*Must acknowledge ASAPS ad to promotional package.



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★ Acelity L.P. Inc. is pleased to introduce the PREVENA DUO™ Incision Management System. This system is the first single use negative pressure wound therapy (NPWT) system designed specifically for the simultaneous management of two closed surgical incisions in bilateral procedures. “We are finding that surgeons around the world are adopting PREVENA™ Therapy as standard practice to provide care for their post-operative patients,” said Ron Silverman, MD, Chief Medical Officer, Acelity.

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

Continued on page 53

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

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visit [Thermi.com](http://Thermi.com).



Brock Ridenour, MD

1 application, 6 months post



Barry DiBernardo, MD

1 application, 1 month post



Barry DiBernardo, MD

1 application, 4 days post

<sup>1</sup>Rusciani, A., Curinga, G., Menichini, G., Alfano, C., Rusciani, L. (2007). Nonsurgical tightening of skin laxity: A new radiofrequency approach. *Journal of Drugs and Dermatology*, April 2007; Volume 6, Issue 4. ThermiRF<sup>®</sup> device is intended: • To create lesions in nervous tissue when used in combination with approved thermal/coagulation probes • For use in dermatological and general surgical procedures for electrocoagulation and hemostasis.

**Important ThermiRF Safety Considerations:** Thermi<sup>®</sup> Radiofrequency products should not be used on patients who are pregnant, have fever or skin infection in or around the area of treatment. Treating physicians should perform required testing to confirm patient is negative for infection or pregnancy. Patient should be awake and monitored during the procedure for any unexpected symptoms. Expected procedure side effects may include transient pain in procedure area, erythema and edema.

Individual patient results may vary. © 2017 ThermiGen, LLC. All rights reserved. MC-AD-TRF-04 Rev A



## New Partner

 Revance, a Silicon Valley-based biotechnology company, is committed to the advancement of remarkable science. The company is developing a portfolio of products for aesthetic medicine and under-served therapeutic specialties.

Revance's initial focus is on developing daxibotulinumtoxinA, the company's highly purified botulinum toxin, for a broad spectrum of aesthetic and therapeutic indications, including facial wrinkles and muscle movement disorders. The company's lead drug candidate, DaxibotulinumtoxinA for Injection (RT002), is currently in development for the treatment of glabellar lines, cervical dystonia and plantar fasciitis with the potential to be the first long-acting neuromodulator.

More information on Revance may be found at [www.revance.com](http://www.revance.com).



 Proud to be the Founding Alliance Partner of ASAPS, Rosemont Media provides exclusive web marketing and design services for the aesthetic practice. We work to ensure the success of our clients by taking a highly personalized approach to creating all-encompassing strategies which include:

- Custom Website Design
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To inquire about market availability, please call 800-491-8623 or visit [www.rosemontmedia.com/asaps](http://www.rosemontmedia.com/asaps).



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

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



an  Almirall company

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

- ThermiRF: A platform technology which combines temperature control with advanced real-time temperature monitoring to enable a myriad of non- and minimally-invasive soft tissue options.
- Thermi250: A high powered, temperature regulated, radiofrequency system emitting at 470 kHz that offers patients temporary reduction in the appearance of cellulite.
- ThermiVa: A non-invasive radiofrequency device that heats vulvovaginal tissue.

To learn more about Thermi and what its technology can offer, please visit [www.thermi.com](http://www.thermi.com).



— BY ZEIN OBAGI MD —

 Ossential® Instant Pore Refiner is our newest anti-aging powerhouse at ZO Skin Health, Inc. This lightweight serum is clinically proven to refine pores, minimize shine, and smoothe texture. Exclusive formula includes:

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Instant Pore Refiner easily integrates into a daily regimen by applying to the skin after cleansing, exfoliating, and toning. Learn about Ossential® Instant Pore Refiner at [ZOSkinHealth.com](http://ZOSkinHealth.com)

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



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Making care possible...today.

## Industry Partners Continue Their Support

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

We are thrilled to continue strategic partnerships with Galderma and Thermi, and we are very pleased to welcome NeoGraft to the Premier partner level!

### ASAPS Premier Partners



Galderma continues as an ASAPS Premier partner into 2018. Galderma, a global leader focused on medical solutions in skin health, announced in April the results from two Phase 4 clinical studies of its most recent additions to the Restylane® family of products in the U.S., Restylane® Refyne and Restylane® Defyne.

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

“These Phase 4 clinical studies in aesthetic and correctives truly embody our long-term commitment as a leader in innovative skin solutions and demonstrate our continued effort to collaborate with healthcare professionals to develop products that raise the bar on clinical outcomes in every skin health category in which we operate,” said Johannes J. Baensch, Chief Scientific Officer of Nestlé Skin Health, Galderma’s parent company.

Strategic brands in the U.S. include Restylane®, Restylane® Silk, Restylane® Lyft with Lidocaine, Restylane® Refyne, Restylane® Defyne, Dysport®, Sculptra® Aesthetic, plus more.

For more information, please visit [www.galdermausa.com](http://www.galdermausa.com) and [www.galderma.com](http://www.galderma.com).

## NeoGraft®

### New at Premier Partner Level

NeoGraft joined the The Aesthetic Society’s strategic partnership program in early 2016 as an Alliance Partner. In addition to sharing a commitment to clinical excellence and continuing education, NeoGraft found that ASAPS partnership program and leadership were so well run that they committed to not only extending, but enhancing their partnership to the Premier level.

“Our partnership with ASAPS has been a valuable platform for physician education, patient advocacy and working with highly specialized and trained board-certified plastic surgeons,” said Glenn Normoyle, President of NeoGraft. “We are truly humbled and honored at the invitation to expand our partnership with ASAPS as a Premier Partner as we continue to explore the trends and procedures in our industry that make the biggest impact in the lives of our patients.”

As an industry leader, NeoGraft has developed the state-of-the-art technology that makes FUE hair transplants safe and reliable, resulting in superior clinical results. What’s more, they have created a novel business model that delivers a profound ROI to each and every practice they partner with. NeoGraft offers a complete end-to-end solution to practices and patients alike, with both non-surgical and surgical options for those with hair restoration needs.

To find out how you can partner with NeoGraft, please call: 1.844.343.4247 or visit [neograftdocs.com](http://neograftdocs.com).

### ASAPS Alliance Partner

## THERMI™

an Almirall company

Thermi®, an Almirall company, continues its strategic partnership with the Aesthetic Society, as an Alliance Industry Partner, into 2018. Thermi is a leading developer and manufacturer of temperature controlled radiofrequency devices. By using the SCIENCE OF HEAT, Thermi devices offer patients results with no surgical scars and manageable to no downtime, although results may vary. The technologies allow you to give patients the ‘Secret Makeover.’ The company currently offers three devices: ThermiRF®, Thermi250®, and ThermiVa®.

- ThermiRF: This is a platform technology which combines temperature control with advanced real-time temperature monitoring to enable a myriad of non- and minimally-invasive soft tissue options.
- Thermi250: A high powered, temperature regulated, radiofrequency system emitting at 470 kHz that offers patients temporary reduction in the appearance of cellulite.
- ThermiVa: A non-invasive radiofrequency device that heats vulvovaginal tissue.

The company continues to focus on the worldwide distribution of its products as it introduces new options and partners throughout its growth. To learn more about Thermi and what its technology can offer, please visit [www.thermi.com](http://www.thermi.com).

## Thank you ASAPS Industry Partners!

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

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

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



## Going From Free to Fee Consultations *Yes, You Can. Here's How.*

By Karen Zupko

**T**o charge or not to charge? That is the question many aesthetic surgeons and their staff ask about paid consultation fees.

Some are concerned that if they charge, patients will schedule with a free “cosmetic surgeon” across town. Others use the excuse, “Everyone else is free—so how can I charge?” Younger surgeons worry they won’t build a patient base if they don’t offer free consults. And, then there are the confident, self-assured surgeons who see their consultation as a real service for which they’ve earned compensation.

Regardless of the rationalization used, my response for decades has been that *aesthetic surgeons can and should charge a consultation fee*. The fact is that you, dear reader, are not everyone’s plastic surgeon. The reasons why we recommend charging, and how to implement a move from free to fee, follow.

### **Why Charge a Fee?**

Simply put, when patients don’t pay, you send the message that your time has no value. And from the patient’s perspective, there is no risk or consequence, if they don’t show up. So many “no show,” making the appointment schedule look like Swiss cheese. If you don’t believe me, generate a *No Show Report* from the software system and take a look at the data. If you aren’t tracking appointment no shows for new patients in your system, start doing so immediately. Savvy surgeons review this data monthly. To compensate for the inevitable no shows, practices overbook which of course backfires on days when because of the planetary alignment, everyone shows up. Then the practice is punished on Yelp by impatient patients accusing them of scheduling malpractice. Or, the surgeon and staff rush through consultations in an attempt to accommodate everyone, proving there was a reason the experience was “free”—it wasn’t very good.

Second, realize that instituting a charge is the best cure for patient amnesia—they remember to call and cancel or rebook when there is a charge. No show patients are like stealthy pickpockets who rob you of the opportunity to fill your block time.

Second, realize that instituting a charge is the best cure for patient amnesia—they remember to call and cancel or rebook when there is a charge. No show patients are like stealthy pickpockets who rob you of the opportunity to fill your block time.

Third, there’s no risk for patients to see Dr. Free for a second opinion after they’ve already scheduled surgery elsewhere. And who can blame them? Why not get a verification of a recommendation?

Fourth, when the consult is free, patients don’t appreciate the value associated with the overall patient experience you and your team have worked so hard to create. To them it’s just another free opportunity to ask a surgeon questions and maybe with imaging thrown in. And since the consult is free, many patients reason, “*Why not ask for a discount on the surgery?...*” Not charging for your time, expertise, and five-star service results in a perceived lower value for each of them. Further discounting and negotiation attempts typically follow.

### **But If I Charge, Patients Will Go Somewhere Else!**

This is the story many aesthetic surgeons tell themselves. I see a different story.

We have dozens of clients who charge \$75, \$100, \$200, or more, who successfully fill their consult and O.R. schedule. And if you are a young surgeon who believes you can’t charge until you have been practicing for a while—why? You are impeccably trained and have extra time to devote to each patient—make that clear. When your “free” brand is established, making the move to charging a consultation fee is harder.

What of the patients who do decide to go somewhere else if you charge a fee? We don’t think of this as being a bad thing. Think about it rationally: If a patient can’t or doesn’t want to pay for the consultation, what makes you think they can even afford surgery? In many

cases, they can’t. If they see a free competitor, fine. You have more room on your schedule for the paying consultation patient who is more likely to become a surgery patient. Say it again, “I am not everyone’s plastic surgeon.” Face it, plastic surgery has something in common with retail. There are Neiman’s shoppers and there are shoppers at T.J. Maxx—different experience, different price point. It’s not up to you to provide Neiman’s and Sak’s quality surgery at T.J. Maxx or Forever 21 prices.

### **Implementation Policy Options**

If you are thinking of moving from free to fee—great. The next step is considering how to implement it in your office.

Confirm first that your staff thinks you are worth it. Yes, you read that correctly—read it again. Your staff must believe that you provide quality care, show excellent judgment, and deliver results that are well worth paying for. Of course, discussing fees with prospective patients requires more work for your staff. Having trained literally thousands of receptionists and patient care coordinators, I can tell you that some are unskilled in having conversations about money and recognize the need and welcome an opportunity for training. My favorite clients to remember are the staff who believe in their surgeon-boss and—once trained—confidently implement a consult fee on their own—much to the surprise of their boss, who learns sometimes weeks later that a credit card charge was enacted, which is why the surgery schedule is more full.

We don’t think there is a one-size-fits-all solution. There are a variety of options. In some cases, the consult can still ultimately be complimentary if certain thresholds, such as scheduling surgery within a time limit like 45 days are met. Some of the other options are:

1. *Require a credit card guarantee, and charge only if the patient doesn’t come in.* This is common practice for upscale salons. Massage therapists aren’t afraid to ask—why are plastic surgeons? It reduces the no show rate almost immediately and cures appointment amnesia.

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## Going From Free to Fee Consultations

Continued from Page 56

2. *Require a credit card guarantee, and charge for the consultation at check-in.* Deduct the consult fee from surgery if the patient makes a non-refundable scheduling and booking fee that day. The consult then becomes “free” but only for the patients who commit to surgery. Make sure you have a written protocol for making this transaction.
3. *Require a credit card guarantee for medspa patients receiving treatments from in-demand staff or equipment.* Say it’s an injectable patient, having filler. The practice charges for at least one syringe of whatever will be used. The latter is particularly beneficial if you offer appointments on Saturday and/or if you have high no show rates in the medspa.
4. *Ask for a credit card and charge the whole fee at the time of scheduling. Don’t deduct it from the surgery fee.* The consultation becomes its own revenue stream. This is typically the policy of practices with a large facial rejuvenation practice and older, established, discerning patients. The consult is often 45 minutes or an hour.

### Explaining the Credit Card Guarantee to Patients

Charging a fee, as well as asking for a credit card guarantee, takes skill and polish. It’s important to have a plan for how to explain the charge to patients. Here’s a sample script for your team to customize. It begins after staff and patient have agreed to a date and time for the appointment.

**Staff:** Which credit card would you like to use to guarantee your consultation time?

**Patient:** Why do I have to do that?

**Staff:** *Because* (NOTE: It’s very important that you use this word) we have scheduled you for 45 minutes with Dr. Skilled, we ask for a credit card guarantee. We’ve found that by doing this, patients remember to call us if their plans change. So, if you can’t come in and your call us 24 hours before your consultation, there’s no charge to your credit card. I’ll send you an email letter confirming this.

**Patient:** I don’t think a doctor has ever asked me to guarantee an appointment.

### Figure 1. Charging for Consults: Part of an Effective No Show Prevention Plan

The number of patients who fail to keep their schedule appointments has grown steadily over the past five years. The trend is not unique to physicians and it’s why many fine restaurants, top stylists, and upscale spas require a credit card to guarantee a reservation. Don’t let no show patients steal your opportunity to have a full surgery schedule. Use this formula to develop and implement a prevention plan.

1. Track and monitor no show appointments in the software system. How many no show appointments were there in 2016? Make it a goal to reduce that number in 2017. Review the no show report monthly and judge it by the quarter.
2. Try to avoid scheduling too far in advance. Have some consult times for patients who have a near term surgery date in mind.
3. Pre-register patients by phone or on the patient portal.
4. Require a credit card to guarantee the appointment.
5. Send a confirming letter confirming the charge and cancellation policy via email and track open receipts in Outlook. Use this if the patient denies knowing you would charge.
5. Charge half the fee on the card the day the appointment is made for major injection or other spa treatments.
6. Remind patients in confirmation calls/texts/emails and other communications to cancel if they can’t make it so they will avoid a charge.
8. Use a negative option when confirming: “We’ll release the time if we don’t hear from you.”
9. Maintain a list of ready-to-be-worked-in patients.
10. Don’t give patients with a history of no shows a prime appointment time.

**Staff:** I can’t speak for every office but I do know that asking for a credit card is a practice that is growing nationally among physicians in all specialists. Many physicians and dentists are asking for credit cards to address the growing problem of no show patients. You know, this practice is also customary at high-end hair salons, spas, fine restaurants, luxury hotels, and airlines.

Note the adjectives “high end,” “luxury,” and “fine.” Make sure staff uses these consistently in their conversations with patients.

In addition to helping patients understand why you are charging, this conversation reinforces the value of the appointment and reduces no show rates. Figure 1. provides additional components of what we refer to as a No Show Prevention Plan.

Moving your practice from free to fee takes some planning and won’t transition smoothly without staff training. But if the notion of reducing no shows, increasing the perception of your service value, and adding new revenue are appealing, use these techniques to create an implementation plan that works for your culture and patient base. Remember, there are typically long lines to enter clubs with a red velvet rope—the barrier makes them more desirable.

*Karen Zupko is president of KarenZupko & Associates, Inc. She and her team have been advising and educating aesthetic practices on management and marketing issues from more than thirty years. For a list of regional Patient Care Coordinator workshops, go to [www.karenzupko.com](http://www.karenzupko.com)*

## BECOME A PARTNER | 6 REASONS WHY



**2** Bellafill has the highest “Worth It” rating for dermal fillers on realself.<sup>1</sup> Suneva has set up a national partnership with realself to reach their users.

**4** SPP members are invited to participate in the Bellafill<sup>®</sup> Rebate Program. This program provides an opportunity to extend a point of sale purchase rebate to your patients.

Additionally, Suneva has partnered with NEW BEAUTY — a top destination for consumers on all things aesthetic — for the development of national advertorial campaigns.



**6** Learn how to grow your practice through Suneva practice development resources.



**1** Suneva can partner with you to help grow your practice by investing cooperative marketing dollars to grow your brand and Bellafill<sup>®</sup> business.



**3** No charge Bellafill<sup>®</sup> syringe offerings to support staff member treatments. Nothing showcases your clinical outcomes more than having in-practice brand advocates.

**5** Small monthly quantities improve cash flow and inventory.



### IMPORTANT SAFETY INFORMATION

Bellafill<sup>®</sup> is indicated for the correction of nasolabial folds and moderate to severe, atrophic, distensible facial acne scars on the cheek in patients over the age of 21 years. Patients who have had a positive reaction to the Bellafill<sup>®</sup> Skin Test, have a history of severe allergies, have known bovine collagen allergies, are allergic to lidocaine, have bleeding disorders or are prone to thick scar formation and/or excessive scarring should not receive Bellafill. The safety of Bellafill<sup>®</sup> for use during pregnancy, breastfeeding, or in patients under 21 has not been established. You may experience temporary swelling, redness, pain, bruising, lumps/bumps, itching, and discoloration at the treatment site. These side effects are usually transient and typically resolve within 1–7 days. You may experience lumps/bumps/papules that may occur more than one month after injection and that may persist. Less common side effects include rash and itching more than 48 hours after treatment, persistent swelling or redness, lumps/bumps, acne, and increased sensitivity at treatment sites. Infrequently, granulomas may occur and may be treated by your licensed physician provider. Be sure to call your licensed provider immediately if you notice any unusual skin reactions around the treatment area. Based on the 5-year Post Approval Study on nasolabial folds with 1008 patients, long term safety of Bellafill<sup>®</sup> for up to 5 years has been established. For more safety information, please consult with your physician and the patient labeling that can be found by visiting our website [www.bellafill.com](http://www.bellafill.com).

REFERENCES: 1. RealSelf.com. Data retrieved December 20, 2016

Toll-free call (U.S. & Canada): 844-Bellafill (844-235-5234). Local calls: 858-550-9999. International calls: ++ 858-550-9999.





## Start the Conversation

By Robin Keyser

Photo Credit: Roberto Tumini on Unsplash



“Over half a million procedures of feminine rejuvenation were performed in 2016, generating more than \$500 million in incremental fees for practitioners. By 2021, over 27,000 devices will be in use per this forecast, producing an estimated \$2.2 billion in fees.”

—Medical Insight Annual Aesthetic Practice Survey, January 2017  
#VaginalRejuvenation. #ItsNotTaboo  
#FeminineHealth #ItsYourTime

**Y**es, Vaginal Rejuvenation is making its way to social media, mainstream media, and to physicians' offices at a record pace. The Housewives are doing it and tweeting about it, and want the world to know about their... experience.

All joking aside, introducing Vaginal Rejuvenation procedures into an existing plastic surgery practice can be a bit tricky. Starting the conversation is difficult when feminine health is most often discussed between a woman and her OBGYN, or even her sex therapist, but not usually with her plastic surgeon.

You want your patients to ask YOU about this procedure. Because honestly, how would it go otherwise? When considering adding Vaginal Rejuvenation to your practice, here are some tips to #StartTheConversation.

### Video

- Ask for any and all video supplied by your device vendor, and ask that you be updated when new content is available.
- Film a patient testimonial and/or you or your staff speaking about the new procedure.
- Your phone camera is good enough for social video. Use it. Post often.

### Add Video to:

- Your Website
- Video drives SEO

- Your Reception Area TV

Your patients are in your office for a multitude of reasons. They can't know all that you offer unless you show them. Your waiting room can become your education room, your selling room, and your #StartTheConversation room.

- Your Exam Room TV, see above
- Your YouTube Channel
- Your Vimeo Channel
- Your Facebook Page

Video lives at the top of your page. Your clients use Facebook. While organic reach is in rapid decline, Facebook LOVES video. With the right content, your clients will SHARE and you will connect to their friends and family.

- Facebook Live: Plan a segment around Vaginal Rejuvenation. Announce it a few days before and promote it across all of your channels. Unlike Instagram Stories, Facebook Live segments stay on your Facebook page to be viewed later.

BTW—Boosting posts to your target demographic is an excellent way to reach a new audience. Remember Vagina is a four-letter word for Facebook—use “feminine” instead to avoid ad rejection.

- Instagram:  
Add video to your posts.  
Add video to Instagram Stories.

### Write

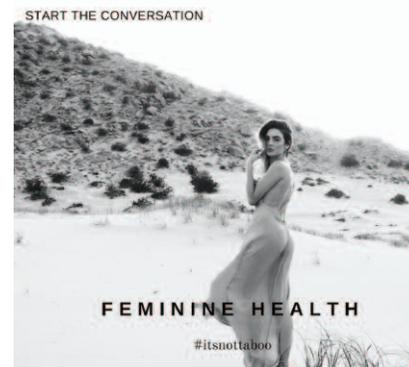
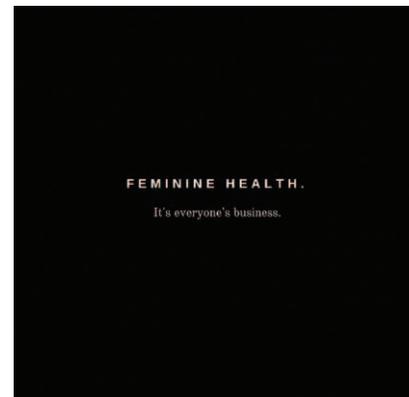
Write about Vaginal Rejuvenation and add these articles to your website and share them across all social channels. Add to Google+. Submit your articles to local news agencies. Submit a press release to your local news agencies—they may decide to feature you for an article or interview.

Have Mommy Bloggers/Influencers as clients? Offer to do a guest post or submit an article. This is great way to expand your reach.

### Hashtags

Produce a set of hashtags to use across all of your social media channels. Be consistent. Ask your staff to save and use these tags when they post. Be sure and to use the hashtags that are specific to your Vaginal Rejuvenation device. Your feed will become visible to those looking for this particular device. Mention your device company in your posts so that they can like and share your posts.

*Use Hashtags over images such as these for Instagram.*



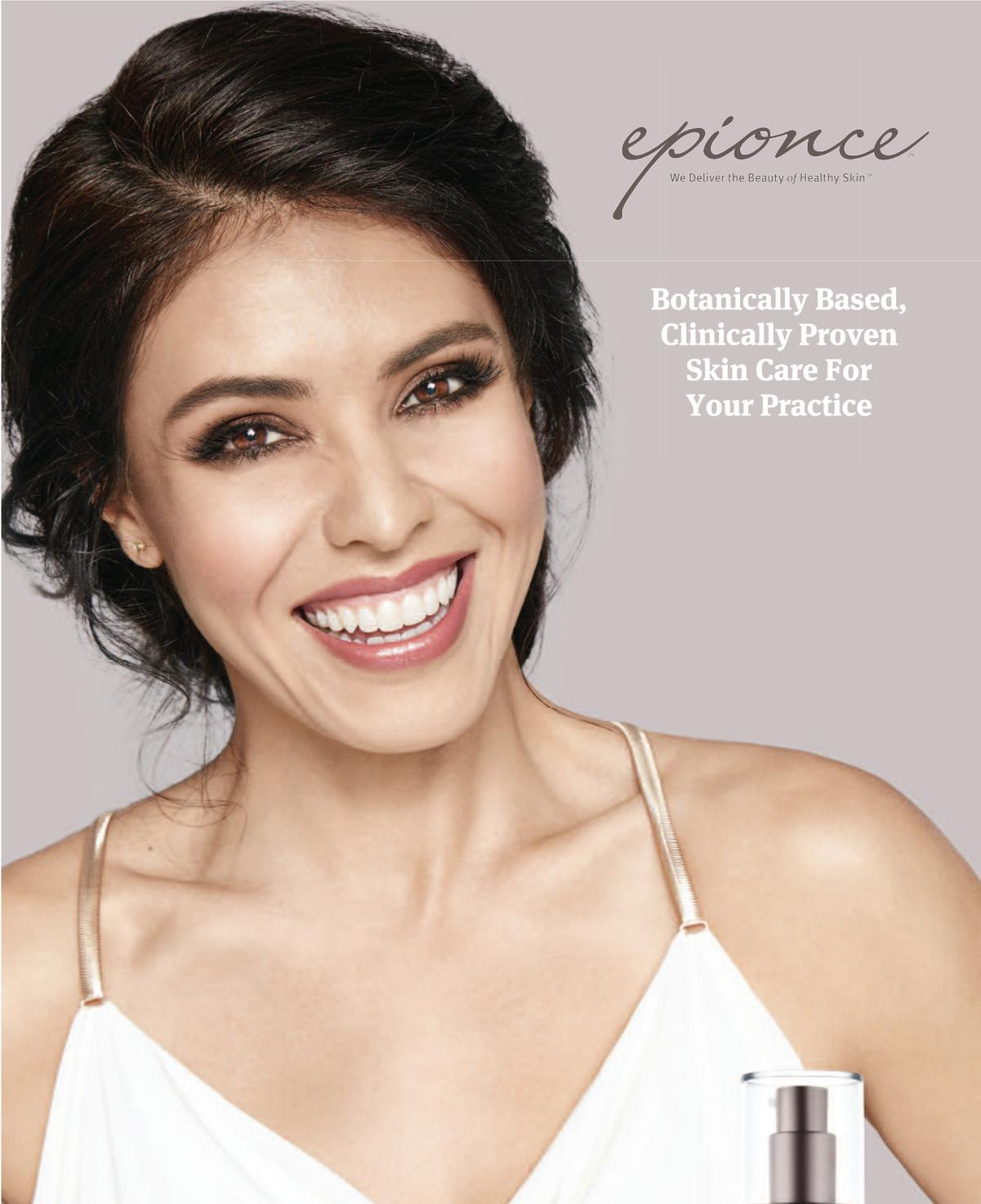
Remember #ItsNotTaboo to bring Vaginal Rejuvenation into your practice and it can be a profitable addition now that you know how to #StartTheConversation.

*Robin Keyser is the Co-Founder of THE LIVE BOX NETWORK, a media company serving aesthetics and salons. She is Editor-in-Chief and Co-Founder of LVBX MAGAZINE, the social media platform for The Live Box Network.*

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## The Doctor's Ideal Digital Footprint

By Megan Driscoll

**S**uccessful aesthetics practices often have one major component in common—a solid digital presence. Whether it be a website or a social media platform (preferably both), doctors are using digital in clever ways to communicate with patients, share information and promote their practice.

The possibilities are limitless. This is why it's always good to have an idea of what you want your digital presence, or footprint, to look like. You also want a plan for how you will make that happen. It's easy to get lost in the digital space. I want to offer you a little guidance.

The first question to ask yourself is, what is your goal? Some doctors want to keep it simple with a website that gives information on their practice and services. That's all well and good, but give it some depth and add some video testimonials from satisfied patients. Quotes that you post on your site are nice, but seeing the patient actually sing your praises on your site adds a level of sincerity and believability for the visitor that can lead to more business.

Many doctors want to go a step further and get a conversation going. This is where social media comes in handy. It operates in real time, it has broad reach and it can introduce your practice to an audience that traditional marketing might not identify or reach.

There are a number of different social platforms, and the one that works best can often depend on what you are looking to get out of it. Facebook is by far the world's most popular social media platform, with over two billion monthly users. Plastic surgeon and ASAPS Member Dr. Anthony Youn uses Facebook (@dryoun) to share widely viewed videos of the procedures he performs. He also

Many doctors want to go a step further and get a conversation going. This is where social media comes in handy. It operates in real time, it has broad reach and it can introduce your practice to an audience that traditional marketing might not identify or reach.

Add some color and personality to your content. Funny videos, jokes and off-topic content like vacation spots or good books are always welcome when tastefully done. It makes you human, and it is a great digital representation of a good bedside manner.

posts regularly to his 46,000 followers about pre-surgery prep and post-surgery recovery, skin care tips and information on maintaining a healthy diet and lifestyle.

Another plastic surgeon and ASAPS Member, Dr. Matthew Schulman, has found great success on Snapchat (@nycplasticsurg). "Snapchat is no longer only the domain of teenagers sending bathroom selfies," Schulman points out on his website. He has used the platform to post before-and-after videos of procedures he has performed, and he has seen a sharp rise in surgical bookings from Snapchat followers as a result. It's a clever use of the platform's disposable content.

Twitter is great for starting conversations and sharing important information. Dermatologist Dr. Dendy Engelman (@DendyEngelman) uses Twitter to talk about skin care products and techniques that have worked for her patients. She offers recommendations and shatters myths, and shares content from her website that includes in-depth articles and press hits. She also takes time to give a birthday shout out or share a fun video.

Speaking of sharing fun content, physicians on social media don't get much more light hearted than plastic surgeon Dr. Michael Salzhauer, a.k.a. Dr. Miami. Salzhauer's Instagram (@therealdrmiami) has almost 650,000 followers, and you can see why after a quick pass through his page. He offers a variety of humorous and quirky images and videos. Mixed in with all that, though, are some serious tips beauty tips, cross-promotion with his other digital platforms and information on his practice.

All these doctors and others who are digitally engaged share some great online habits in common.

- Post regularly. There may not be time to do it every day, but don't let too much time go by without adding something. Be consistent and post on specific days each week.
- Speak about the information that is relevant to your practice and keep it fresh. Patients will look to you for advice, so let them know you are plugged in to the latest trends and developments.
- Link your digital platforms together. Some of your social media posts should link back to your website and vice versa. This allows you to share information with a variety of followers that speaks to their needs.
- Start conversations and ask questions. Get people involved. Let them know you're listening to what's on their minds.
- Use video. It's a great way to demonstrate a procedure and share patient testimonials.
- Don't confuse the promotional with the educational. Doctors have the freedom to discuss on- and off-label uses of products and give reviews. But don't let yourself become a salesperson. Always have the best interest of your patients in mind.
- Don't get involved in arguments on social media. If you have a disagreement with another physician's take on a procedure, product or service, take the high road. Protect your patients and your practice. Don't make it personal, and don't get into an online fight. Nobody wins.
- Add some color and personality to your content. Funny videos, jokes and off-topic content like vacation spots or good books are always welcome when tastefully done. It makes you human, and it is a great digital representation of a good bedside manner.

If you haven't already done so, there is no time like the present to get started establishing your digital footprint. It's okay to start small. Just remember the tips I've mentioned here. You will discover very quickly how enjoyable and rewarding it can be to take part in an online conversation about your practice. And your practice can benefit as a result.

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

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## What Plastic Surgeons Can Learn from Retailers and Brands That Are Rockin' It

By Wendy Lewis

**W**hen I need inspiration to get my creative juices flowing, I tend to look to start-ups and brands that are deemed to be great disrupters in their respective categories.

Branding and marketing an aesthetic practice is not exactly the same, but many of the same rules apply. Aesthetic patients want to be wowed, too. They also want to have their needs met in a timely and efficient way. Convenience counts. Service ranks high. They want to be responded to in the way they reached out, be that on Facebook, Twitter or by text. And like most consumers, they tend to vote with their feet and share their experience online with anyone who will listen.

Beauty brands are facing intensive competition from multiple directions. To stay at the top of their game, they need to constantly discover new ways to innovate. Consumer loyalty is at an all-time low due to selection, availability, discounting, and competing claims. Sound familiar? It should.

The retail space is in serious panic mode. Just take a walk on Madison Avenue or Main Street USA to see how many storefronts have 'For Rent' signs in the windows and for how long. In my zip code in Manhattan, every city block has at least one or two empty stores that stick out like sore thumbs, and stay empty for months to years due to skyrocketing rent hikes.

Let's talk about malls. According to Credit Suisse, 20–25% of malls in U.S. will most likely close by 2022, according to Credit Suisse, due mainly to the rise of e-commerce, mass store closings, and the growing popularity of off-price chains outside of malls to divert traffic.<sup>1</sup> Amazon Prime and eBay claims some responsibility for this downward trajectory, but they are not the only ones. Clever concepts in 100% online brands from beauty, fashion, and home goods are changing the retail landscape by digitizing the supply chain to make the shopping experience practically seamless.

Think about how Nike offers customization of your favorite running shoe in the color, fabrics, arch, etc. that you want, all online. Untuckit.com is another example. Want a custom shirt that is wallet-friendly and can be



STITCH FIX

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worn untucked in the fabric of your choice? Use the app. This model is being applied to everything from window blinds to cars now.

So, here are my top 5 brilliant brand picks that we can take some cues from:

### *Skin Laundry Laser & Light Facial Clinic* —[skinlaundry.com](http://skinlaundry.com)

Skin Laundry is like DryBar® for skin. If you don't know what DryBar is, it's the award-winning blow dry bar concept that has blossomed into a hugely successful and recognizable brand. The flagship SL store opened in 2013 and there are now locations in California, New York, Arizona, London and Hong Kong, and more are underway. In a nutshell, these cool, modern clinics offer a quick 15-minute treatment that can be done in a lunch hour and addresses exactly what their target audience (skin-obsessed millennials) wants and needs; "15-minute laser & light facial. No downtime. Just results." The menu is brilliant in its simplicity and has grown up to feature a robust branded product line that includes package pricing for bundles and gift cards that can be purchased online, like the Flywheel® model. There is also a well-designed loyalty club offering package for repeat customers that includes preferred pricing on treatments and products.

Keywords: Results-oriented targeted offer, affordable luxury, loyalty program

### *ULTA Beauty—[ulta.com](http://ulta.com)*

Once the bastion of suburban soccer moms only, ULTA has emerged as the beauty retailer powerhouse to watch. Now the largest beauty retailer in the US and the premier destination for cosmetics, fragrance, skin, hair care products and salon services, they feature over 20,000 products from 500 beauty brands, including their own private label products. In 2018, they will open their first location in New York City, one short block away from a huge Sephora. What sets ULTA apart is a mix of products from mass to class plus salon services, all co-existing under one well stocked roof with a big online shopping experience push, and rewards program. ULTA represents how we shop for beauty today; consumers are far less brand loyal, they appreciate the convenience of a one-stop-shop, and a mix of price points to choose from. It is the only beauty retailer that combines \$5 on trend nail polishes, beauty tools and supplies, with professional hair care, high end foundations and makeup artist brands.

Keywords: Product selection, value proposition, loyalty program

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# DIGITAL MARKETING QUIZ: IS YOUR PRACTICE WEBSITE UP TO DATE?

Co-authored by Rosemont  
Media CEO, Keith Humes and  
Ashley Berg, Senior Writer



Today's patients spend countless hours researching aesthetic surgery options from the convenience of their smartphones, laptops, and other mobile devices. If your practice website and marketing strategy are not tailored to suit this modern approach to elective healthcare, you could be missing out.

With this quick and easy quiz, you can determine where your marketing strengths and weaknesses lie. If vulnerabilities are found, there's no better time than the present to bolster your approach and better cater to current and potential patients alike.



- |   |     |  |
|---|-----|--|
| <p>1. <b>Is Your Website Responsive?</b><br/>(Responsive design makes it possible for users to view and easily navigate your website from a wide range of devices, including smartphones, tablets, laptops, and desktop computers.)</p> | YES | NO --> The latest data show 80% or more of your patients use smartphones and 47% use tablets to browse the web. If your practice website is hard to use on a mobile device, a prospective patient will probably look elsewhere.  |
| <p>2. <b>Have You Claimed Your Business on Google+?</b></p>   | YES | NO --> While there are several search engines, Google is the undisputed king. Give your practice website the best chance of being found by verifying your listing.   |
| <p>3. <b>Do You Have an Effective Way to Encourage Patients to Leave Reviews?</b></p>   | YES | NO --> Happy patients are great, but what's even better is having those happy patients take their satisfaction to Yelp, Facebook, Google+, or your website to share their reviews with the world.  |
| <p>4. <b>Are You Running a Productive Ad Campaign?</b></p>  | YES | NO --> It often takes the right combination of AdWords, display banners, and Pay-Per-Click to consistently attract new patients.   |
| <p>5. <b>Are All Phone Numbers Listed on Your Website Clickable?</b><br/>(Take out your phone and pull up your site. Tap on all instances of your practice phone number to see if this action causes your phone to place a call.)</p>   | YES | NO --> What sounds like a minor inconvenience can prove to be a major frustration for many people. Make contacting your practice as easy as possible for potential patients by creating clickable phone numbers that tell your phone to start dialing.                   |
| <p>6. <b>Are You Sending Email Promotions to Entice Current Patients to Return?</b></p>   | YES | NO --> Current and former patients are more likely to return when prompted, especially when special promotions are provided via email.   |
| <p>7. <b>Are You Active on Social Media?</b></p>  | YES | NO --> Social media marketing is a fantastic way to interact with patients—those you know and those you want to get to know better. Facebook in particular allows surgeons to spread their message of health and attainable beauty in the place users frequent the most. |

## HOW DID YOU DO?

Based on the number of questions you answered "Yes," your grade is as follows:

0-3

You're down but not out; it's time to ramp up your marketing efforts.

4-5

You are headed in the right direction; a little fine-tuning can help you reach the summit.

6-7

Very impressive; just remember SEO is constantly evolving, so don't get complacent.

If you have any questions about digital marketing, or if you would like to speak with an experienced industry professional to discover how you can improve your current online strategy, please contact Rosemont Media, LLC at [www.rosemontmedia.com/asaps](http://www.rosemontmedia.com/asaps). Also, check out Rosemont Media's educational blog—the Rosemont Review—at [rosemontmedia.com](http://rosemontmedia.com) for the latest on how to position yourself for success in the world of SEO.

## What Plastic Surgeons Can Learn from Retailers and Brands That Are Rockin' It

Continued from Page 63

### Wunderbrow—wunderbrow.com

We can credit bushy-browed celebs for inspiring Wunderbrow®'s meteoric success in the beauty world. This disruptive brow gel brand was launched in 2015, and is well on its way to becoming a best-selling cult brand of the likes of GLAMGLOW®, the British mud mask brand that was picked up by Estee Lauder. Founder of KF Beauty, Michael Malinsky, is all about analytics and has based his model on a mathematical approach to digital advertising. He boasts spending up to \$50,000 on Facebook ads daily. Believing that women, especially millennials, relate to other women demonstrating how products work, so he hired a slew of vloggers to do short video clips and bloggers to write product reviews to blow the brand up. By using sponsored content and traditional advertising, and amplifying his earned media hits as 'best brow gel,' the brand has grown at a furious rate. Watch this space for copycats like Wander Beauty (cosmetics) and Wonderskin (body makeup) that are gaining traction with social media and digital marketing strategies.

Keywords: Analytics, influencer outreach, trending category

### Stitch Fix—stitchfix.com

Stitch Fix is a virtual personal styling service that claims to "blend(s) the art of expert personal styling with the science of algorithms to deliver apparel and accessories tailored to your taste, budget and lifestyle." It's an e-tailer with a twist; they have 3,300 stylists and 80 data scientists on board to guide customers through a formula that matches their measurements and personal style with professional picks from a growing list of brands. Male and female customers fill out a style questionnaire to get a curated collection of five pieces shipped to them. They can try and buy or send it all back with no charge for shipping. It's a technology play that uses proprietary algorithms to match customers with their best style. Founded in 2011 by CEO Katrina Lake, Stitch Fix is based in San Francisco and sells clothing and accessories ranging from \$20–\$600 per item including more big brands, boutique labels and exclusive ranges. Like Skin Laundry, Stitch Fix took a previously exclusive service

Aesthetic patients want to be wowed too. They also want to have their needs met in a timely and efficient way. Convenience counts. Service ranks high. They want to be responded to in the way they reached out, be that on Facebook, Twitter or by text. And like most consumers, they tend to vote with their feet and share their experience online with anyone who will listen.

and brought it down to a level that is affordable to the average person.

Keywords: Analytics, personalization, affordable luxury

### Framebridge—framebridge.com

One of our plastic surgeon clients has an unwieldy binder of media clips on his coffee table. I finally decided to tackle the 800-pound elephant in the waiting room, and gently suggested that he retire the faded cordovan leather volume and modernize. He looked puzzled at first—surgeons are not always open to change—but then realized that perhaps it didn't mesh with his image and gave in. 'Okay, so how are you going to do this?,' he asked. My answer was Framebridge®, the online custom framing platform that makes it easy to frame anything from a wedding photo to an art poster. Launched in 2014 by Susan Tynan, this startup is changing the way America gets framed. You take a photo of your item, upload it, choose from a tasteful selection of frames and mat options, check out, and you're almost done. They will send you a prepaid box to ship back with your art, and in about a week, your perfectly framed item will arrive. There is no charge for shipping both ways, and designers are available to answer questions and give advice via email or the chatbot on the site. Prices go up to \$189 for the largest size offered, which is a fraction of what framing costs in most markets. I also love the little burlap branded sack that comes with your framed artwork that includes a thank you for your business

card with two 15% off coupons to give to friends, hooks for hanging, and a note asking you to share your frame on social media.

Keywords: Customization, expert advice, value proposition

I bet you're now thinking, 'so, what does this have to do with me?' EVERYTHING.

The trends highlighted above effect the way consumers think, select, purchase and pay. Technology has enabled brands to get smarter, more customer-driven, personalized, and responsive. This, in turn, has generated an improved customer experience, which signals that plastic surgery practices must also keep up with these trends. Digitization is simply the automation of things you use to do manually; as in going from a paper appointment book to a Google calendar, and text messaging for appointment reminders instead of messages left on answering machines. For example, if patients want to use Apple® Pay for their breast augmentation and get a receipt sent to their mobile devices, you have to step up your game. If they want free Wi-Fi in your practice, to have their retinol cream delivered when they run out with free shipping, and to get points for every syringe, peel or fat blasting session they have, consider how to incorporate these services.

Practices must continuously think of new ways to stand out in a crowded market that is overserved, and to stay top of mind with current patients. Loyalty programs rank high because the companies they deal with every day have them trained to respond to this concept. Despite an emphasis on high tech problem-solution models, personal touches, samples and perks still count a lot to keep patients coming back.

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

1. Business Insider, "Wall Street bank says a quarter of shopping malls will close in 5 years" <http://read.bi/2gLOua4>

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## How to Write the Book You've Always Thought About

By Scott Harvey

**N**o, I'm not talking about your memoir or a compilation of crazy patient stories. While I can't wait to read those for entertainment... I'm talking about the book that positions you as an authority in your market.

The one that differentiates your practice from the other five surgeons within your medical building or the 10 within two miles of you. The one that you use as part of your "shock and awe" campaign during consults. The one that allows **you** to set the bar that others struggle to reach, because you're not just a surgeon, you're a published author. A book that converts many more inquiries into consults when you mail it. And more importantly, a book you physically put in her hand during the consult to ensure the consult turns into a procedure.

If that's the book you're thinking about, here's a roadmap on how to write it.

I'm going to skip over the part where I'd normally talk at length about why you should write it (credibility, positioning, authority, etc.) I'm going to skip the part about what kind of book it should be (not a thinly-veiled "How to Choose the Best Plastic Surgeon in Seattle/Dallas/Wherever" sales pitch.)

I'm skipping all of that theory and justification so that this can be a cookbook on how to get it done for those who understand how incredibly effective it can be. Let's jump right in.

This may seem simplistic, but I want to help you bring this idea into the realm of possibility. Writing a book isn't a trivial exercise, but if you "Eat the elephant one bite at a time" as the saying goes, it's doable. Here are the three simple parts:

1. Figure out what you want to say. (*Plan*)
2. Say it. (*Write*)
3. Get it out there. (*Publish*)

### Plan

Here's the first "bite" about figuring out what you want to say—and it's critical. You want to write something that is immediately beneficial to your perfect prospective patient.

Think of it as a "Consumer's Guide" to the procedure on which you want to focus. (Please promise me you won't bastardize this whole approach by writing a way-too-general book on "plastic surgery"—trust me, it doesn't work nearly as well.)



This shouldn't be difficult—choose a procedure that you do well and enjoy doing, and that is profitable. Think through the "persona" of your perfect patient so you've got someone particular in your mind's eye while writing.

Specifically think through what a "win" is for your book.

Don't expect to sell many (any?) copies on Amazon and generate passive income. Think of it in terms of better lead opt-in or phone call rates when she sees your book on your website. Think of it in terms of fewer consult no-shows when you mail a copy in your shock and awe package right after she schedules.

Think of it in terms of higher procedure conversion rates when you offer another copy of the book during the consultation, just in case she put the package you mailed immediately after her inquiry aside and forgot.

Finally, think about how you can say something different and interesting to your perfect patient. The book itself accomplishes 80% of the persuading for you, but if you can be interesting, tell stories that draw the reader in, and tie examples in to your longevity and experience, the other 20% is accomplished.

The first part was pretty easy, right? In fact, you've probably already thought about all that

for years. We're about to move on to the part that's the huge roadblock. You know, the part you think is so incredibly difficult and time-consuming. The good news? It's really the easiest part!

### Write

When I say "write," I don't mean write. Huh?

Instead of an hour a day for months on end typing your book, there's a much easier way. This breakthrough came from a colleague in the legal marketing industry years ago, but to get your book written an order of magnitude faster, you want to "speak your book."

It isn't just because people can talk faster than they type. It's because the ideas and words come tumbling out so much easier and more efficiently. It's a whole different thought process. There's no writer's block. No paralysis by analysis by backspacing over a sentence a hundred times because it isn't perfect. No dreaded "blank page" staring back at you.

Here's exactly what to do.

Analyze past questions that have been asked by prospective patients before a consult, and write down the top 8 or 10 that occur the most. Add the top questions that are asked during consults. Finally, add the top questions that are asked after the consult.

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## How to Write the Book You've Always Thought About

Continued from Page 67

Your spouse or practice manager or somebody will then take these questions and use them to interview you. Be thorough, be descriptive, and tell stories whenever possible—it's better to have more rather than less, as editing it out later is easier than creating more content.

Do it in person and record to a device from which you can upload the finished audio file. Or, get one of the \$10 apps for your mobile phone and do it that way. Simple.

You're shooting for about 90 minutes total of question and answer time, so add or remove questions as necessary if it's too far under or over that length.

Then you'll want to have the entire interview transcribed into a Microsoft Word document, or a Google Doc.

You're (at least) 80% done with "writing" your book at that point! Yes, some editing of the "ums" and "ahs" and other audio "artifacts" will be required, but that's easy and can be done by others on your staff that you trust. Now we're at 90%.

The final 10% is to gently format the questions and answers into similar groupings that become the chapters. Add a quick introduction and a quick closing, and that's your book.

90 minutes of total audio tends to produce a finished, 6" x 9" book that's about 50–60 pages, which we've found to be the "Goldilocks length"—short enough to be consumed without overwhelm, and long enough to be substantial and taken seriously.

Sure, the exact details for this part could go another 10 pages. But do you now see how much easier this can be than you originally thought?

### Publish

This is the hardest easy part. Nothing in this section is too difficult, but there are just lots of little detail-oriented steps that need to be done. Don't despair—either chunk things out into a reasonable schedule and task list, or hire it out to freelancers. You're close... stick with it.

Something that can send us mere mortals into a tailspin is choosing the perfect title for your book. Yes, a title can make or break a book if you're looking to sell a million copies. Fortunately, that's not the case here.

Don't expect to sell many (any?) copies on Amazon and generate passive income. Think of it in terms of better lead opt-in or phone call rates when she sees your book on your website. Think of it in terms of fewer consult no-shows when you mail a copy in your shock and awe package right after she schedules.

Sure, give it thought, and be clever if you can and come up with a good title. But since it's a consumer guide, play off of that. Having your geography mentioned helps personalize it and it will carry a little more weight with your perfect patient—but it isn't mandatory... and it isn't necessary to stuff keywords in there.

It can be something as straightforward as "10 Things You Absolutely Must Know Before Having a Mommy Makeover," or as specific as "A Philadelphia Surgeon Helps You Clearly See How to Get a Successful Blepharoplasty."

After the title is set, everything starts to fall in to place, and gets more mechanical.

By the way, in terms of some of the specialized items below, I recommend that you post your project(s) on Freelancer.com or Upwork.com. It's easy, quick, and inexpensive to get things done on those sites.

Here are the most important publishing-related items:

- **Write back cover.** The easiest formula here is to take a couple of your best testimonials and place them side-by-side on top, and then a short summary paragraph about the book below that.
- **Choose "intro" testimonials.** Similar to bestselling authors, we love to fill the very beginning of the book with a bunch of testimonials about the surgeon/practice. The best, most specific quotes work well here.
- **Format your book.** Turn your 8.5" x 11" non "book-formatted" document into a 6" x 9" formatted document (with gutters, running heads, and all the other "book

stuff.") Freelancers on Freelancer.com or Upwork.com can do this for \$100–\$200.

- **Obtain your ISBN** (your publisher will assign you one)
- **Design.** Have your cover and spine designed by a book designer—so they are used to leaving space for the barcode, etc. \$100–\$300 on a freelancing site.
- **Finish book "configuration."** There are a few more easy steps like writing your author bio, your book description, choosing the price of your book (\$9.95 is a good place to start), uploading a W-9 form for book payments, etc.
- **Order!** They'll go quick, so I'd recommend ordering at least 200 to start. Depending on options (black/white vs. color interior, etc.), they'll be between \$2.00 and \$5.00 each, so the cost is trivial compared to what they will do for you and your practice.

There are a number of companies who can help you publish your book. I don't think they are the very best, but CreateSpace is owned by Amazon and makes much of this really easy. They help get your book available for sale on Amazon quickly, so I'd say go with them and keep it simple for your first book.

The final thing to think about is making your book available on the Kindle platform as well. But that's a part of the elephant you don't need to pay attention to yet. It's a "nice to have," but not at all required. To do that, the book will need to be reformatted for eReaders, and re-uploaded and configured separately. It's not difficult, but it's a task that you should do after you get your first shipment of your books.

This can be one of the best things you do for your practice—start it today!

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

*For additional resources (and a simple, one-page checklist) to help you write your book – visit <http://CosmeticFunnels.com/book-asaps>*



## You “Refi” your Mortgage when Rates go Down... 7 Reasons to do the Same for Your Life Insurance

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

**W**hen interest rates fall, many of us consider refinancing our mortgages. We review the long-term savings versus the refinance costs and make a decision. Physicians can do this with their home mortgages, investment properties and maybe even business loans. It is a common practice.

However, many physicians do not realize they can apply a similar cost-reduction and wealth enhancement strategy with another of their long-term assets: permanent (also called “cash value”) life insurance. In this article, we explain why you should consider reviewing your life insurance as you likely have already done with your mortgage.

### *How life insurance and real estate are similar: taxes*

While our tax code may change under a new president, real estate and cash value life insurance remain “tax-advantaged” asset classes—enjoying superior tax treatment over

While our tax code may change under a new president, real estate and cash value life insurance remain “tax-advantaged” asset classes—enjoying superior tax treatment over recent decades. With real estate, you can write off depreciation on business real estate, deduct interest payments on home mortgages, and enjoy up to a \$500,000 capital gains exemption on the sale of the primary home, among other benefits. With cash value life insurance, you can enjoy tax-deferred growth of gains within the policy, while death benefits are generally paid to beneficiaries income tax-free.



recent decades. With real estate, you can write off depreciation on business real estate, deduct interest payments on home mortgages, and enjoy up to a \$500,000 capital gains exemption on the sale of the primary home, among other benefits. With cash value life insurance, you can enjoy tax-deferred growth of gains within the policy, while death benefits are generally paid to beneficiaries income tax-free.

Further, both can utilize a powerful tax benefit that few other assets are afforded: the ability to move from one piece of real estate/life policy to another using a tax-free like kind exchange. For real estate, these exchanges are controlled under tax code 1031; for life insurance, 1035. This shared tax benefit plays a role reducing in long-term costs. A 1035 Exchange permits moving from an existing policy to another one (perhaps to lower costs or reap better distributions), without realizing built-in gains within the policy, and without any tax consequences.

### *How life insurance and real estate are similar: variable costs*

Both real estate and cash value insurance have ongoing expenses like the interest cost of a mortgage for real estate and, with life insurance, the mortality Cost of Insurance (COI). These expenses accrue over time; the key is to monitor them and position yourself

advantageously if the outside environment changes.

If interest rates fall below your current mortgage rate, you can refinance to take advantage of the lower rates, assuming closing costs will not completely eat up the savings. In some ways, the strategy is similar for cash value life insurance. You may be able to exchange your existing policy for a new policy that provides lower costs and/or better net withdrawals. It is a relatively simple analysis—but it helps to go a little deeper.

### *How to “refi”/exchange*

Unlike a mortgage, you do not actually “refinance” an existing cash value life insurance policy—you exchange it for a new one, using the 1035 Exchange provision described above. This is generally a simple process, but it usually requires new underwriting. This is important, because just as you would not refinance your mortgage if the closing costs are higher than the expected interest savings, neither should you exchange a policy for a new one if your health has worsened since you first acquired the policy because the costs of the new policy will likely exceed the costs of your existing policy.

With the help of a knowledgeable advisor, you can determine these factors in advance and model the numbers so you have all the

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## You “Refi” your Mortgage when Rates go Down...

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information before making the exchange.

Note: if you have maintained a healthy lifestyle and remain in good health, there may be further financial incentive to exchange the policy.

### *Five reasons to exchange related to costs*

There are five potentially cost-lowering reasons why owners exchange existing policies for new ones:

- 1. Industry-Wide COI Reductions:** As a physician, you know people are living longer today. As a result, COIs have been dropping across the industry. Lower COIs mean lower insurance costs which mean better policy performance. If you began a policy over ten years ago, exchanging into a new policy with updated COIs could be reason enough to see greater cash value growth and distributions in future years.
- 2. You Are Still in Great Health:** Did you get a top rating when you received your cash value policy initially? Are you still in good health? If you answered “yes” to both questions, you may have the most to gain financially from a 1035 Exchange because of the way insurance carriers price their policies. The carrier only had a snapshot of your health when they issued your policy (perhaps a physician’s statement and blood/urine samples). They have no idea of your current lifestyle or health since policy issuance.

With such little information, and potentially millions of dollars on the line, it is not surprising that the carrier’s internal cost accounting gradually diminishes the value of your “preferred” or “super preferred” rating. After all, how do they know you haven’t started smoking or gained significant weight? The bottom line: if you can still qualify for a top underwriting rating, you may have the most to gain by exchanging into a new policy to “revive” a lower COI structure. Your cash values and distributions could benefit significantly.

- 3. Costs Structures Between Companies:** Separate from the specific COI expense, insurance carriers vary in their overall product pricing structures, even within the

For Dan, a 52-year-old “preferred” risk, and assuming a 5.85 percent rate of return for each policy, the results are quite dramatic. The distributions in his current whole life policy are projected to be \$53,696 annually for 20 years starting at age 65. With the same assumptions, the distributions from the new universal life policy would be \$98,476 annually for 20 years starting at age 65. This is nearly \$45,000 of annual improvement—or nearly \$900,000 of increased distributions over 20 years!

top-tier companies. Because some carriers’ products are known for being more expensive in their cost structures, additional long-term cost savings can be gained by exchanging from one carrier’s products to another carrier.

- 4. Moving to Policies with Lower “Access” Costs:** What are “access” costs? The most important one by far is the “net loan rate” the insurance carrier will charge you for borrowing from your cash values. Beyond your basis (what you paid in over the years as premium), you will likely want to borrow additional cash value against your death benefits to access your cash value while you are alive—that’s what makes your access to these amounts tax-free. Thus, the loan rate your carrier charges is significant—and unfortunately, often hidden by unscrupulous agents selling high-loan-rate policies. If you own a cash value policy, part of your strategy for doing so is likely to access those cash values, perhaps in retirement. In fact, it is exactly this reason that both co-authors own such

policies. If so, “access” costs are just as important as accumulation costs.

- 5. Moving to Mutual Companies:** Some policy owners exchange their policies to those issued by mutual insurance companies—companies owned by the policyholders themselves. The rationale is that they are more likely to get the benefit of future COI reductions or avoid future loan rate hikes (and other cost efficiencies) as owners of the company, as opposed to owning policies issued by stock insurance companies where these savings may just mean more profits for shareholders. For a long-term asset like life insurance, eliminating the conflict between shareholders and policy owners may be a wise decision.

### *Two Reasons to Exchange Your Policies for Performance*

In addition to lowering costs, many life policy owners consider exchanging their policies because of investment performance. Let’s look at two reasons here:

- 1. Taking Advantage of New Product**

**Features:** How much more can your cell phone do for you now as compared to 10 to 15 years ago? While the differences in life policies may not be as visually dramatic as your old versus new iPhone, they can be just as dramatic financially. Policy elements such as return multipliers, index participation rates, long-term care riders and benefit distribution riders are new to the industry over the past few years and can be beneficial for the right client. If the underwriting rating has not changed, these factors alone may be attractive enough to justify a 1035 Exchange.

- 2. Moving From a Bond-Based Whole Life Policy to One With Some Stock Market Exposure:** Anyone following investments knows the last decade has not been kind to bonds and other investments that are based on interest rates. With the federal funds rate at 0 percent or close to it from 2009–2016, many such bond-based or interest rate-based asset classes have underperformed expectations. A whole life

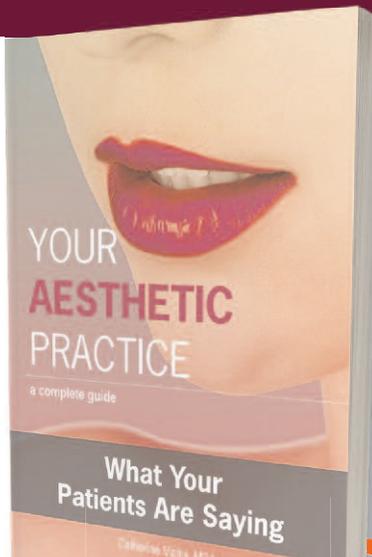
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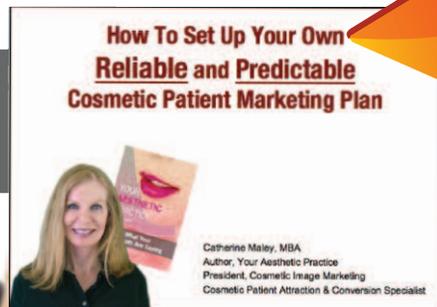
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**Catherine Maley, MBA**  
Author, *Your Aesthetic Practice*  
Cosmetic Patient Attraction & Conversion Specialist

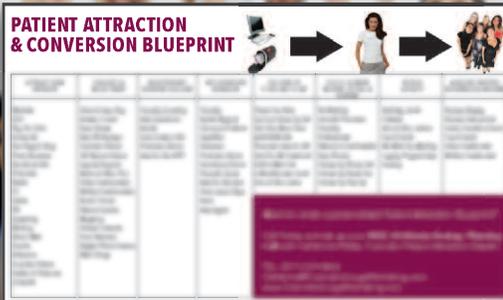


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## You “Refi” your Mortgage when Rates go Down...

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insurance policy is such an asset class, as its growth is based on an insurance company's dividend. With insurance companies' portfolios heavily bond-based, it is not surprising that most of the top-rated life insurance companies have seen their dividend rates decline steadily for the past decade. Though rates have climbed a bit recently, it may be awhile before they rise enough to see whole life policies return to what they yielded pre-2009.

As a result, for many clients looking for a decade or more of future growth in their policies, an exchange to a type of product that provides more upside than a whole life bond-based product may make sense. A description of these types of products is beyond the scope of this article but will be covered in the future.

### **CASE STUDY: Doctor Dan Improves Performance Exchange to Different Type of Product**

Dan purchased a whole life policy at age 40 from a large well-known carrier, and he is now 52. While the carrier is a very solid one, as is their whole life product, it is also known in the industry to have relatively high expense charges. Dan was super-preferred when he initially purchased the policy and has maintained good health. Dan wanted to see how his whole life policy would compare with a different type of policy, perhaps one with more upside on the investments and lower cost structures, taking advantage of COIs and perhaps a different company's product.

We modeled several scenarios for Dan. We found that, if he were to 1035 Exchange his whole life policy to a universal life policy with another top-rated company, he would enjoy significantly-improved performance. While insurance carriers do not publish their COIs for whole life products, knowledgeable advisors can examine head-to-head performance numbers with identical ages, underwriting classifications, and assumed rates of return to see how the difference in distributions from the policy are impacted, thereby comparing their underlying cost structures. For Dan, a 52-year-old “preferred” risk, and assuming a 5.85 percent rate of return for each policy, the results are quite dramatic. The distributions in his current whole life policy are projected to be \$53,696 annually for 20 years starting at age 65. With

Any physician who owns cash value life insurance should at least explore an exchange to a more efficient policy to determine if it would be more beneficial in the long run. Nearly all doctors review their mortgages and contemplate refinancing; an exchange is similar, and may work just as well. We encourage you to examine your options.

the same assumptions, the distributions from the new universal life policy would be \$98,476 annually for 20 years starting at age 65. This is nearly \$45,000 of annual improvement—or nearly \$900,000 of increased distributions over 20 years!

This dramatic improvement is due to the factors discussed above: (1) likely improved COIs moving from the whole life product to the universal product (we don't use exact numbers here because, per above, COIs for whole life products are not published) and (2) the improved costs of accessing the cash values in the universal life policy vs. the whole life policy (see reason #4 above).

### **Conclusion**

Any physician who owns cash value life insurance should at least explore an exchange to a more efficient policy to determine if it would be more beneficial in the long run. Nearly all doctors review their mortgages and contemplate refinancing; an exchange is similar, and may work just as well. We encourage you to examine your options.

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### **Disclosure:**

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## How Your Staff Can Market YOU

By Catherine Maley, MBA

### Is Your Staff Helping or Hurting You?

**D**o you ever feel like you're paying a lot of staff to do the many tasks it takes to run a successful plastic surgery practice; yet, you feel like you are the responsible one for getting things done or it doesn't happen? And, if you don't stay on them, patients don't get called back, the patient photos don't get taken and the phones aren't answered properly?

Do you wish your staff would step up and care as much as you do about growing your practice?

If you said yes to any of the above, keep reading for the solution.

### Your staff is your practice-building secret weapon.

Every minute you've spent and every dollar you have invested in setting up, marketing and promoting you and your practice will rely on your staff's support.

They are the first voice your patients hear when they call; the 1st person your patients see when they visit; as well as the last person they see when they are walking out the door.

It's the details, from how your staff answers the telephone to how the patient is treated once they arrive, to how you follow up before, during, and after a procedure that has a huge effect on your bottom line and your reputation.

Here is the harsh reality...

No amount of money can be thrown at the internet to get you more cosmetic patients if you don't have staff that can see it through and live up to the image you are attempting to portray.

Every patient interaction on your behalf—either on the telephone or in person—either enhances your image or destroys it.

Frankly, you may not even get the chance to meet new prospective patients if your staff doesn't have the skills or interest in getting them in the door and through your processes that lead to surgery.

But it's not their fault. The solution is to give your staff direction and hold them accountable.

### Staff Needs Clarity

The reality is your staff may be unknowingly sabotaging your best practice promotional efforts.

There is a good chance they are not clear what is expected of them or how to do

something you've asked them to do, or they take short cuts and hope nobody notices.

To begin, follow these rules and that will take care of 80% of the issues:

- Get the right people on the bus and get them in the right seats
- Give them the training and the tools they need to promote you professionally
- Hold them accountable

### It always starts with the WHO

You want to find, train and pay for the best people available. It will be so much cheaper in the long run than wasting money on the "wrong fit".

I know a very well-known surgeon who received his first 1-star review because his young staff argued with—and then rolled her eyes at—the more mature patient checking-out.

You cannot afford bad attitudes in today's competitive marketplace.

Set goals and expectations, because your staff needs to know they are representing you in all they say and do.

### A 3-Step Plan to Follow

You need to keep this simple or you will lose momentum. Follow these steps:

#### Step #1: What to Measure

WHAT should you measure on a weekly basis and WHO should be responsible?

What moves the needle the most for you? Here is what I suggest you go over at each weekly staff meeting:

- # of Consults & Referral Source
- # of Booked Surgical Procedures or Minimally-Invasive Treatments
- # of Revenues
- # of Before/After Photos
- # of Reviews
- # of Referrals

#### Step #2: Who and How

Assign one person to each of the above numbers so they own it and they are responsible for growing it and must come to your meetings with ideas about how to improve on their numbers and get input from the team.

#### Example:

Answering Telephones—Karen

#### Objectives:

- Answer phone within 2 rings
- Be friendly and curious
- Convert at least 70% of the callers to booked appointments

#### How:

- Keep a mirror by the phone to gauge your mood
- Follow a script to convert callers

Before/After Photos—Susan

#### Objectives:

- Upload at least (2) sets of Before/After Photos on Website per week
- (2) New Online Patient Reviews per week
- (2) New Patient Referrals from each surgical patient

#### How:

- Check in with the patient while recuperating to keep the relationship alive
- When healed, invite them back for a complimentary treatment or have a gift basket waiting for them.
- Take "after" photos, give them instructions for posting an online review and present referral cards for them to pass along to their friends and family.

Now map this clarity out for each area of your practice that makes a difference to your bottom line.

#### Step #3: Repeat Weekly

There is some kind of Universal Law that says what you measure and monitor grows. So, have your staff report these numbers each week.

Not only will it help them stay focused on the most important tasks to help you reach your goals, it will give you more peace of mind knowing they have your back and you are progressing.

*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](http://www.CosmeticImageMarketing.com) for a Free Marketing Checklist and (5) Phone Fixes Guide.*

## Cyber Insurance—A Team Approach is Necessary

By Jim Sedgwick and John Williams

**C**yber security has been front page news lately in the plastic surgery community, with ransomware and data breaches becoming all too common. Without protection from a quality cyber insurer and a team of experts who can quickly assist you, your costs resulting from such an event can escalate out of control.

Imagine you arrive at the office to find your EMR/patient engagement system has been hacked. What is your first step? More than likely, you will call your IT provider to find out the extent of the damage, followed by a call to your attorney, who might (or might not) have experience with healthcare-related data breaches. As they both provide you with answers that leave you feeling a little ill, you start to consider the magnitude of the serious issues facing your practice. How can you possibly build an adequate team to deal with this crisis when you are in fact in crisis mode yourself?

The good news is that some cyber insurance providers are now offering breach response

services that can help you get through this frightening scenario. The critical components of a data breach response can involve legal advice from a privacy attorney, forensics work from an IT firm, the services of a public relations firm, notification services, call center services and credit monitoring to your affected patients. Each of these areas calls for expertise that is specific and deep. The immediate response by a qualified team to a data breach is critical in determining the severity of the outcome.

With some carriers you handle your own breach. This involves researching vendors and negotiating with them yourself. You pay for services, save the receipts and forward them to the carrier for reimbursement. However, with a carrier such as Beazley Insurance, which provides breach response services, you have a breach “coach” who works with you through every step. Having handled over 6500 incidents, Beazley’s Breach Response service team has unmatched experience in guiding you through

the necessary steps to gain hold of the situation. They work with you to secure the services of their panel of pre-vetted experts. These providers usually are contracted for lower rates and often the policy is “pay on behalf of,” meaning the vendors bill your insurance carrier directly. This keeps you from having to foot the bill and wait to be reimbursed. With experience in your corner, you will not have to stop your day to day business to manage your breach.

Many carriers offer cyber coverage. The real question is, if that “bad day” ever happens to you, which carrier do you want seeing you through this maze of complexities? The one that wants to treat your breach as a DIY experiment, or the one with the experienced breach team to help you every step of the way?

*Jim Sedgwick is a co-founder of CosmetAssure—The Gold Standard in Complications Insurance. John Williams is Chairman of USI Insurance Services of Alabama. j.williams@usi.com, (205) 969-5158*



## Tips for Writing Clinical Guidelines

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

**M**any ASAPS members have their own surgery/ambulatory centers and we all have developed protocols and guidelines

for patients, and staff. They are important in many ways, equally important is the way in which they are constructed so that they don’t end up being used as a definition of standard of care.

In writing clinical protocols or guidelines, we suggest the following:

- Each clinical guideline should have the following language at the beginning of the page:

*“These guidelines are tools and considerations for the practitioner’s use and are not intended to suggest or dictate medical standards of care. Each patient has individualized needs and each practitioner must use his or her own professional independent judgment in medical decision making for each patient’s treatment plan of care.”*

With this language at the beginning of each clinical recommendation, you can respond

accordingly. If asked in deposition testimony, you can state that you know of the guidelines, but you determined that your patient, Jane Doe, needed different treatment modalities, and you were acting in the best interest of the patient at the time of care.

- Use caution in using words such as “practitioners shall always” or “practitioner shall ensure that.” Again, the wording should give flexibility for the practitioner and not denote absolute terms.
- Nursing policies can be somewhat more problematic, yet required by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and nursing boards. Nurses are accustomed to policies and procedures, which are strictly construed. For example, a policy that states, “Vital signs shall be repeated every two (2) hours,” is an absolute and not tied to patient acuity. A violation of the policy would be considered a departure and a violation of hospital policy. Instead, allow the patient’s acuity to better dictate the

guidelines. It would be better to state, “Vital signs shall be repeated according to the immediate needs and acuity of the patient or as further ordered by the physician.” In this manner, nurses are not charged with taking repeat vital signs on non-acute patients or patients awaiting discharge.

### Get Involved

Whatever term is used—core measurements, performance standards or clinical guidelines—these policies are here to stay. It is in the practitioner’s best interest to assist in the development of these measurements within their hospitals and/or their specialty organizations to draft reasonable and medically sound criteria that gives flexibility and allows practitioners to continue to determine individual patient needs.

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

Have an ethics question for Dr. Joe?  
Email [ethics@surgery.org](mailto:ethics@surgery.org).



## The Straight & Narrow

By Joe Gryskiewicz, MD

### Question

My patient is unhappy with his results, and he gave me a bad Yelp review. Naturally this is a bummer. I want a good review especially on Yelp. What should I do and still be ethical about it?

### Answer

First of all, everyone will tell you that you need to pile on the good reviews. But these reviews have to be real, however, and not astroturfing. (It looks green but it isn't real grass... It's fake.) Therefore, don't pay a professional reputation management company to post fake reviews for you. They have to be real. An example from the past is the defunct Lifestyle Lift, which paid a six-figure settlement in New York State for having employees post fake reviews.

Not all astroturfing is this large. Astroturfing can be small. The FTC requires bloggers to say when they have been paid. If you give your patients discounts or freebies or payments in exchange for good reviews, and they don't say so, you/they are astroturfing.

If you do give a spa procedure or discount a surgery in exchange for someone to post a review, this can still be legal as long as your

Therefore don't pay a professional reputation management company to post fake reviews for you. They have to be real. An example from the past is the defunct Lifestyle Lift, which paid a six-figure settlement in New York State for having employees post fake reviews.

The consequences of a patient affair go beyond the legal ramifications. Your staff loses respect for you. Your spouse and family lose respect for you. Your colleagues lose respect for you. And most importantly, you lose respect for you.

patient discloses the remuneration in his/her review.

In response to your question, I searched a famous plastic surgeon on Yelp, and it showed 70 reviews that were Recommended Reviews. But then I clicked at the bottom on the "reviews that are not currently recommended." 140 more reviews came up!!!! Seriously! Why is this???? Yelp says they "have good reasons for filtering those reviews." Hmmmm. Is this really true? Maybe yes, or maybe no. Yelp claims it's "their algorithm that does that." In my opinion, good reviews should not be filtered out.

Ask your patients to go to your own Yelp page. Scroll to the very bottom, and tell them click on "other reviews that are not currently recommended." This will give them the whole picture. And notice that Yelp uses grey font to make it harder to find all your filtered reviews.

Some members believe if you pay to advertise with Yelp, your good reviews don't get filtered quite so fast. How do you spell disgusting?! At the end of the day, I suggest you PILE ON THE GOOD REVIEWS, but make sure they're legit. As Dr. Sherry Rogers (former EPA official) says, "The solution to pollution is dilution."

### Question:

I had an affair with a patient, which did not end well. She was willing to let sleeping dogs lie, and did not report me to the state medical board, or file any kind of lawsuit or malpractice action. Nevertheless, I preemptively self-reported to the ABPS. They did not impose discipline, but they did report me to ASPS. ASPS gave me a private letter of censure. Do I need to tell ASAPS also?

### Answer:

Absolutely, so it doesn't look like you're hiding anything from ASAPS. If you act as an expert witness in the future, you will have to admit the ASPS discipline in deposition or on the witness stand. It's best to get it all out there now. It is good you asked, because this is a little known rule/pitfall.

Even though the section I quote below from our ASAPS Code of Ethics applies to people convicted, I would take it to heart:

### 3.11 Professional Discipline and Convictions

- (a) Professional discipline of any kind, whether imposed by a certifying body, regulatory commission, licensing board or a professional society, or any criminal conviction by any governmental body or judicial tribunal, whether or not of a professional nature, and whether or not such discipline or criminal conviction is suspended or stayed on appeal, shall be immediately reported by the member to the Society for review by the Ethics Committee.
- (b) Any loss of the right to practice medicine due to license suspension, license revocation or personal incarceration shall result in the automatic termination of membership in the Society.

Here is my advice to you, surgeon to surgeon. Our profession provides an abundance of temptation. The consequences of a patient affair go well-beyond the legal ramifications. Your staff loses respect for you. Your spouse and family lose respect for you. Your colleagues lose respect for you. And most importantly, you lose respect for you. I know it's difficult and this seems simplistic, but just don't do it. If you are truly brave, you will speak to your spouse about it, discuss the temptation, and work through it together. Your marriage will be stronger; your practice will be stronger, and your sense of self will be stronger.

*Joe Gryskiewicz, MD, is an aesthetic plastic surgeon practicing in Burnsville, MN, and Clinical Professor University of Minnesota (Craniofacial-Cleft Palate Clinics). He serves on the ASAPS Judicial Council and is Chair of the ASERF Research Committee. Disclaimer: Dr. Joe's opinions aren't those of the Ethics Committee or the Judicial Council.*



## IRS Intersections

By Bob Aicher, Esq.

**D**oes anybody like the IRS? We enjoy government services, but not being taxed, especially our members who pride themselves on independence. Sounds rather like our Founding Fathers, though they only objected to being taxed without having any say in the matter. So other than the mundane quarterly payments mandated for the self-employed, what are the IRS issues that intersect with our members' practices?

**Cash.** Occasionally our members receive reminders from the IRS to file Form 8300. This reporting is required when you have received \$10,000 or more in cash for a single or a series of related transactions in your business. [www.irs.gov/pub/irs-pdf/p1544.pdf](http://www.irs.gov/pub/irs-pdf/p1544.pdf) "Cash" means coin and currency, as well as cashier's checks, bank drafts, traveler's checks, or money orders, provided they have a face amount of \$10,000 or less. If the face amount is \$10,000 or more, the IRS doesn't require you to report, because the financial institution will do the reporting.

Cash does not include personal checks or credit card payments, or proceeds from a bank loan. And you don't have to report patients who pay you more than \$10,000 cash during the year for unrelated procedures, unless those procedures took place within 24 hours.

The reason for the requirement is that large cash payments look like drug money laundering to the IRS. The IRS even approached *ASAPS* in 2004 and wanted to publish in *Aesthetic Society News* a reminder about filing Form 8300. We said no.

Is this really a problem? In 2014 a former NYPD detective pled guilty to 10 burglaries netting \$10 million worth of goods and cash. One burglary included \$2 million in cash he stole in 2010 from the office of Dr. Stephen Greenberg, a plastic surgeon in Woodbury, New York. The detective confessed to stealing an additional \$250,000 in cash and jewelry from Dr. Greenberg's home.

Can you think of a good reason why a plastic surgeon would have \$2 million in cash in his office?

**Credit Cards.** In 2014, one of our members received a letter from the IRS saying that 75% of her income came from credit card purchases. They said that was high for "similarly situated"

doctors. The letter came with a 4-page form to fill out and send back. It was obvious to me that the IRS agent didn't understand that aesthetic practices are like merchants, which are paid by credit card, as opposed to medically-necessary practices which receive insurance payments. On my recommendation, our member used the form, plus financial reports from her accountant, to educate the IRS agent. The agent ultimately agreed with our member that it was normal for aesthetic surgeons to receive 75% of their income from credit cards. The IRS apologized, but more importantly, went away.

**HIPAA.** When our members are defending themselves against the IRS, they often wonder whether doing so violates HIPAA. It does not. HIPAA contains three privacy exceptions: law enforcement, judicial and administrative proceedings, and taxpayer consent. Even if your patient doesn't want you to release her PHI to the IRS, the law permits it. So if you're trying to outsmart the IRS, don't claim patient privacy.

**Tax Evasion.** One of our members heard me speak at our annual meetings about tax evasion by plastic surgeons. He subsequently told me he had been pocketing cash for years. Now he was paralyzed with fear that he would be found out, reported by one of his staff, and visited by an IRS investigator. How does this happen to our members?

It starts small, and rest assured, there will come a time when you will be tempted. Giving in to that temptation will create a terrible burden, however, because with whom can you share your secret? If you tell your spouse, not only will s/he lose the "innocent spouse" defense in a criminal prosecution for tax evasion, s/he will threaten to expose you during the predictable divorce. And when your divorce is final, you will wish you had your ex's 50%.

If you tell your practice manager, you will end up giving her raises she doesn't deserve. Worse, when she quits in a huff, she will get her revenge, as happened to one of our members who served 6 months in federal prison for tax evasion. You can't tell your partner, because now you will be viewed with suspicion and distrust.

You can tell your lawyer, but even if you voluntarily disclose everything to the IRS and offer to pay all back taxes and penalties, you

have to confess before they are on to you or somebody turns you in. Even then, the IRS can still prosecute you in their discretion. And whether or not they prosecute you, the IRS will also, for its deterrent value, issue a press release that will find its way to your medical board.

Despite all these obvious consequences for tax evasion, plastic surgeons still engage in it. An elaborate recent scheme involved Michael D. Brandner, MD, 68 of Anchorage. [www.justice.gov/usao-ak/pr/anchorage-plastic-surgeon-sentenced-prison-wire-fraud-and-tax-evasion](http://www.justice.gov/usao-ak/pr/anchorage-plastic-surgeon-sentenced-prison-wire-fraud-and-tax-evasion). Shortly after his wife filed for divorce in late 2007, Dr. Brandner drove to Costa Rica where he opened two bank accounts into which he deposited over \$350,000 in cash and hid a thousand ounces of gold in a safe deposit box. He then drove to Panama where he opened an account and deposited \$4.6 million in cashier's checks.

Dr. Brandner knew he was concealing the accounts as well as the interest earned from the IRS. He didn't know, however, that his foreign contact was cooperating with Homeland Security. When the divorce was final in 2011, Dr. Brandner attempted to repatriate over \$4.6 million, all of which was seized by ICE and Homeland Security. He was charged \$500,000 in back taxes, plus \$25,922 in prosecution costs, and the balance went to his ex-wife, according to the divorce decree. In 2016 Dr. Brandner was sentenced to 48 months in prison for wire fraud and tax evasion, plus 2 years of supervised release. According to both medical boards, he no longer has a medical license in Alaska or Washington.

**Moral of the Story.** The IRS may seem like a faceless bureaucracy, but their rules aren't particularly mysterious. You can reason with them when you are in the right. If you aren't, your story may appear in a future *ASN* article. And if you need more examples, Google within quotes "plastic surgeon" and "tax evasion." You will get 325,000 hits, with some of the names likely familiar.

*Bob Aicher is General Counsel to ASAPS and has represented The Society for 27 years. He lives in Pasadena, California, and can be reached by phone at 707-321-6945 or by email at [aicher@sbcglobal.net](mailto:aicher@sbcglobal.net).*



## Safety for the Long Haul

By Ramsey J. Choucair MD, FACS



### *A note from your Safety Committee*

This issue's Safety Matters, by our Safety Committee member Dr. Choucair, highlights a critical subject that mandates what I call a **preoperative** "pause!" That is, when it comes to planning a lengthy or multi-stage surgery, particularly in patients with comorbidities, it is essential that the surgeon and the entire support staff take time to deliberately strategize so as to insure the safest outcome. Then, and only then, will the safety measures noted in this article be properly predetermined and inserted within the intra- and postoperative care of the patient. Accordingly, another easily integrated protocol summary "Scissors on the Seam" is included. And if you have any ideas for a future Safety Matters article, please contact me directly!

Lorne Rosenfield, MD  
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**P**rimum non nocere." First do no harm. Safety first! Plastic surgeons are acutely aware of safety concerns when performing elective surgery, and the level of scrutiny is further magnified when contemplating lengthy aesthetic procedures.

Patients often request multiple aesthetic procedures that require lengthy operative times, frequently greater than six hours. Combining body and breast contouring surgery, multiple facial cosmetic procedures, or even a single extensive aesthetic procedure may extend operative time. The designation of "six hours," (time-in-the-room until out-of-the-room) is somewhat arbitrary, yet a seemingly reasonable timeframe to be considered "lengthy."

Increased operative duration is historically associated with greater morbidity, although, specific aesthetic surgery data is sparse. Surgeons may encourage patients to stage multiple procedures, however, the "reality" remains that patients frequently desire a single

recovery. Ultimately, the decision to perform a lengthy aesthetic procedure comes down to a single basic tenet: surgeon judgment.

While operative expediency is valued, speed is not a primary operative goal and the duration of an aesthetic procedure is not the single most important factor in postoperative morbidity. Appropriate patient selection and the physiologic effects of the procedure are of far greater significance than pure operative time.

Important considerations include:

### **1. Patient Selection/Preoperative Evaluation**

Perhaps the list of priorities is best summarized under the heading of "patient selection." A greater emphasis is placed on "physiologic age" and potential co-morbidities than "chronological age." Preoperative risk assessment and medical clearance should be documented to support the decision to perform a lengthy aesthetic case. Most elective aesthetic procedures are performed on generally healthy individuals with ASA classifications of I or II and this threshold would be desirable when contemplating lengthy or combined procedures.

### **2. Anesthesia Care**

While inhalational general anesthesia, total intravenous general anesthesia or IV sedation may be effectively employed for lengthy aesthetic procedures, this forum limits an in-depth review of the dynamic pros and cons of each option. Individual surgeon preference regarding the type of anesthesia and the medical professionals administering the anesthetic make declarative statements and specific guidelines challenging. Anesthetic safety is a leading concern when contemplating aesthetic procedures of significant length and unanimous support from an unbiased anesthesia provider is a critical component in the decision process.

### **3. Facility**

In patients healthy enough to contemplate lengthy aesthetic surgeries, the type of accredited facility (i.e., office based surgical suite, ambulatory surgery center or hospital) where the procedure is performed is less relevant than the attention to surgical technique and anesthesia care. It is more important "how" the surgical procedure is

Effective use of preoperative and intraoperative hot air warming devices, administration of warm intravenous and tumescent fluid, and continuous core body temperature monitoring are essential maneuvers that hasten recovery.

performed than "where." The expertise of aftercare providers and the duration of postoperative monitoring are also greater priorities than the type of facility.

### **4. Intraoperative Care**

Maintaining normothermia in an extended procedure requires planning and organized care. Combined aesthetic procedures often require multiple preps and drapes which may be time consuming and tedious but essential to prevent hypothermia. Effective use of preoperative and intraoperative hot air warming devices, administration of warm intravenous and tumescent fluid, and continuous core body temperature monitoring are essential maneuvers that hasten recovery.

Postoperative morbidity from pressure injury to susceptible skin and peripheral nerves is preventable. Conscientious attention to extremity and trunk positioning, adequate padding and frequent repositioning are warranted. Intraoperative checklists should include periodic reevaluation of positioning parameters to ensure that pressure avoidance measures are properly executed.

Perhaps the most controversial yet critical consideration during lengthy procedures is appropriate maneuvers to prevent VTE in the perioperative period. The Caprini RAM is a useful VTE risk assessment guideline with distinct recommendations for prophylaxis, however, VTE prevention algorithms are not clearly established for aesthetic surgery patients. Documenting the preoperative discussion of VTE risks along with mutually agreed upon preventative measures likely

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## Safety for the Long Haul

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represents the best medicolegal effort to demonstrate thoughtful attention to VTE concerns.

VTE prevention measures utilized in all patients include:

- Discontinuing hormone replacement therapy
- Discontinuing oral contraceptive use
- Discontinuing smoking at least four weeks prior to surgery
- Encouraging oral fluid loading beginning twenty-four hours prior to surgery
- Highlighting adequate hydration and frequent ambulation for airline travel immediately prior to surgery
- IV fluid loading up to 500 ccs prior to induction of anesthesia
- Application of sequential compression devices prior to induction of anesthesia
- Trendelenburg positioning to assist venous return
- Utilization of long-acting local anesthetics or pain pumps to reduce early postoperative pain
- Additional benefits of long-acting anesthetics:
  - Facilitating immediate ambulation
  - Diminishing narcotic requirements
  - Improving atelectasis and reducing postop pulmonary complications

### 5. Postoperative care

Once the patient reaches a baseline equilibrium (i.e., temperature, fluid balance, pulmonary status) postoperatively and meets the clearly delineated objective criteria for discharge from the PACU, surgeons must determine the level of skill and duration of postoperative care necessary to ensure a safe recovery. The surgeon must then decide what environment, level of monitoring and length of the postop care are prudent following a lengthy aesthetic procedure.

An “overnight hospital stay” may convey a nostalgic sense of safety for both patient and surgeon yet the healthcare environment is rapidly evolving, and this is being reevaluated. Postoperative vital monitoring of pulse oximetry, blood pressure, respiratory effort and urine output by a skilled registered nurse in a “one-on-one” outpatient recovery setting may meet or exceed the level of care provided in a standard “in-hospital” setting where the nursing staff is caring for multiple patients. Prudent surgeon judgment is again necessary to decide the optimum, individualized postoperative care atmosphere.

### 6. Informed consent

Patients contemplating aesthetic procedures over six hours should be informed of the

potential increased risks associated with the greater duration of surgery, even though these increased “risks” are somewhat vague.

Informing patients of the alternative to stage multiple procedures is necessary for fully informed consent. Dialogue regarding the rationale and duration of monitored postoperative nursing care should also be substantiated.

Our greatest responsibility in performing elective aesthetic surgery is keeping patients safe. Aesthetic surgery is in large part about “risk management,” especially when contemplating lengthy, combined surgical procedures. When patient safety is a priority and rational standards of care are followed, then individual surgical judgment becomes the critical variable. Retrospective analysis or “Monday morning quarterbacking” is often harsh, therefore, our surgical decision making must be sound and defensible to our patients and our conscience.

*Ramsey J. Choucair M.D., FACS, is an ASAPS member in private practice in Dallas TX and serves as Assistant Clinical Professor of Plastic Surgery at the University of Texas Southwestern Medical School. Dr. Choucair is a member of the ASAPS Patient Safety Committee.*

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# Safety for the Long Haul

Document the following for lengthy aesthetic procedures:

## 1. Patient selection

- ASA Classification I or II
- Co-morbidities
- Risk assessment and medical clearance

## 2. Anesthesia Care

- Anesthetic risk
- Type of anesthetic and rationale
- Affirmative opinion from anesthesia provider

## 3. Facility

- Established safety protocols are followed regardless of facility type (Office-Based Surgical Suite, Ambulatory Surgery Center, Hospital)

## 4. Intraoperative Care

- Maintenance of normothermia
  - Preoperative and intraoperative hot air warming devices
  - Warming intravenous and tumescent fluid
  - Continuous core body temperature monitoring
- Prevention of pressure injury
  - Proper positioning and padding
  - Periodic reevaluation with intraoperative checklist
- VTE prevention
  - Caprini RAM
  - Mutually agreed upon prophylaxis recommendations

- Chemo prophylaxis duration and associated risks
- Routine VTE prevention measures
  - Discontinue hormone replacement, oral contraceptives and smoking
  - Begin PO hydration 24 hours prior to surgery
  - Ensure hydration and frequent ambulation for air travel immediately prior to surgery
  - IV fluid loading prior to induction of anesthesia
  - Application of sequential compression devices prior to induction of anesthesia
  - Trendelenburg positioning to assist venous return
  - Utilization of long-acting anesthetics/pain pumps, to facilitate immediate ambulation, reduce narcotic requirements, improve atelectasis, reduce postoperative pulmonary complication

## 5. Postoperative Care

- Duration of postoperative vital monitoring and skilled aftercare
- Rationale for postoperative care environment

## 6. Informed Consent

- Discussion of alternative of staging procedures

**\*Disclaimer:** The preceding methods and products are not required. They are recommendations from the ASAPS Patient Safety Committee and do not establish a standard of care. You may download this document at [www.surgery.org/downloads/private/Safetyforlonghaul.doc](http://www.surgery.org/downloads/private/Safetyforlonghaul.doc) to tailor to your specific practice.

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