



# Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

Volume 23, Number 4 • Fall 2019

COMING IN 2020



New Brand • New Logo • New Positioning

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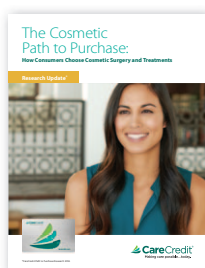
For More Information  
See the  
President's Report  
on Page 5  
of This Issue

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## Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

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The Aesthetic Society Members Forum: [www.surgery.org/members](http://www.surgery.org/members)

The Aesthetic Society: [www.surgery.org](http://www.surgery.org)

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

The Aesthetic Society 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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These meetings are exclusively organized and managed by The Aesthetic Society. These meetings fulfill The Society's Active Member application requirements or Active Member maintenance requirements.



## Experienced Insights: Breast and Body Contouring—An Aesthetic Society Symposium

October 17 – 19, 2019

Live! by Lowes  
Dallas/Arlington, TX  
[www.surgery.org/breastandbody2019](http://www.surgery.org/breastandbody2019)

## The Aesthetic Society's Facial and Rhinoplasty Symposium

January 30 – February 1, 2020

The Cosmopolitan of Las Vegas  
Las Vegas, NV  
[www.surgery.org/face2020](http://www.surgery.org/face2020)



## The Aesthetic Meeting 2020

April 23 – 27, 2020

Mandalay Bay Resort & Casino  
Las Vegas, NV  
[www.surgery.org/meeting2020](http://www.surgery.org/meeting2020)

## The Aesthetic Meeting 2021

April 29 – May 3, 2021

Boston Convention and Exhibition Center  
Boston, MA

This Meeting is exclusively organized and managed by The Aesthetic Society. No CME Provided.



## 5th Annual Residents' Symposium

December 13 – 15, 2019

Renaissance Dallas Hotel  
Dallas, TX  
[www.surgery.org/residents2019](http://www.surgery.org/residents2019)

The meetings below are jointly provided, The Aesthetic Society provides CME—Registration is not done through The Aesthetic Society, nor do they fulfill The Society's Active Member application requirements or Active Member maintenance requirements.

## North Carolina Society of Plastic Surgeons 2019 Annual Meeting

October 11 – 13, 2019

The Umstead  
Cary, NC  
[www.ncsps.com](http://www.ncsps.com)

## Mastering Endonasal Rhinoplasty

November 7, 2019

New World Center  
Miami Beach, FL  
[aberger@qmp.com](mailto:aberger@qmp.com)  
<https://www.qmp.com/meeting/Mastering-Endonasal-Rhinoplasty/114/details>

## QMP Aesthetic Surgery Meeting—Master Classes on Facial Aesthetic Surgery and Rhinoplasty

November 8 – 10, 2019

Lowes Miami Beach Hotel  
Miami Beach, FL  
[aberger@qmp.com](mailto:aberger@qmp.com)  
[www.qmp.com/meeting/Aesthetic-Surgery-Symposium/2/details](http://www.qmp.com/meeting/Aesthetic-Surgery-Symposium/2/details)

## The Aston Baker Cutting Edge Aesthetic Surgery Symposium

December 5 – 7, 2019

New York Marriott Marquis  
New York, NY  
[www.nypsf.org](http://www.nypsf.org)

## 2019 Florida Plastic Surgery Forum

December 12 – 15, 2019

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

## 54th Annual Baker Gordon Educational Symposium

February 6 – 8, 2020

Hyatt Regency Downtown Miami  
Miami, FL  
[www.bakergordonsymposium.com](http://www.bakergordonsymposium.com)

## 2020 American-Brazilian Aesthetic Meeting

February 27 – March 1, 2020

Grand Summit Resort  
Park City, UT  
<https://americanbrazilianaestheticmeeting.com>

The meetings below are endorsed by The Aesthetic Society (may or may not have CME through another provider, none through The Aesthetic Society). Registration is not done through The Aesthetic Society, nor do they fulfill The Society's Active Member application requirements or Active Member maintenance requirements.

## The 7th St. Petersburg Live Surgery and Injections Course

October 24 – 27, 2019

Advanced Aesthetic Rhinoplasty and Face Contouring 2019  
Corinthia Hotel (Nevsky Palace)  
St. Petersburg, Russia  
[www.aasurgery.ru](http://www.aasurgery.ru)

## The 3rd Norwegian-American Aesthetic Meeting (NAAM3)

October 25 – 26, 2019

Oslo, Norway  
Contact: Kaisa Flitvedt  
[oslomeeting@naam.no](mailto:oslomeeting@naam.no)  
[www.naam.no](http://www.naam.no)

## SESPRS/ISAPS Periorbital and Facial Symposium

January 23, 2020

Intercontinental Buckhead  
Atlanta, GA  
[www.sesprs.org/page/2020PeriorbitalFacial](http://www.sesprs.org/page/2020PeriorbitalFacial)

## Atlanta Breast Surgery Symposium

January 24 – 26, 2020

Intercontinental Buckhead  
Atlanta, GA  
[www.sesprs.org/page/2020BSS](http://www.sesprs.org/page/2020BSS)

## Dallas Cosmetic Surgery and Medicine Meeting

March 11 – 12, 2020

The Westin Galleria Dallas  
Dallas, TX  
[www.dallasrhinoplastyandcosmeticmeeting.com](http://www.dallasrhinoplastyandcosmeticmeeting.com)

## Dallas Rhinoplasty Meeting

March 13 – 14, 2020

The Westin Galleria Dallas  
Dallas, TX  
[www.dallasrhinoplastyandcosmeticmeeting.com](http://www.dallasrhinoplastyandcosmeticmeeting.com)





**New name. New logo. New colors. New website. New tag lines. New journal design. New ways to help members with marketing.**

By Charles H. Thorne, MD

**Y**our Society is not new. Our principles have not changed. We are enormously proud of our heritage. So what are we doing? How does a successful organization recognize its past but simplify, modernize and develop a strategy for its next 50 years? The Rebranding Task Force led by Tracy Pfeifer, MD, with the help of Untitled Worldwide, our branding agency, spent the last year answering the above question. We began by re-examining every detail of your Society to identify the foundations of our existence. The following four “Brand Pillars” were identified:

#### Education

We provide surgeons with the latest and most cutting-edge tools, techniques and resources they need to safely advance the field of aesthetic surgery and medicine.

#### Beauty

We are passionate about authentically creating beauty and improving lives.

#### Artistry

We combine rigorous surgical skill with refined artistic vision.

#### Expertise

We bring a higher level of knowledge, safety and excellence, so patients feel more confident when choosing an aesthetic plastic surgeon.

**What about our name?** The American Society for Aesthetic Plastic Surgery will always be our legal name. The ASAPS acronym, to the outside world looks like every other alphabet soup of associations, medical societies and not-for-profit organizations. We need a bolder statement of identity. We have

The Aesthetic Society is a select group of plastic surgeons dedicated to advancing the gold standard of cosmetic surgery and medicine to transform lives.

long been known internally as The Aesthetic Society and our branding consultants strongly advised us to own it. It's our space; let's take it. Go big or go home. We are **The Aesthetic Society**.

We wrestled with the implications of dropping “surgery” or “surgeons” from our name but ultimately determined that the more inclusive name was our future. No other organization has the subspecialty focus combined with the education and credibility that we have.

**What about the new logo?** Nefertiti has served us well but in keeping with current trends, The Aesthetic Society needed a new, simplified, modern logo. From a practical perspective, our new emblem needed to achieve three broad goals:

1. Become an instantly recognizable symbol
2. Encompass our brand pillars
3. Be practical for all Society uses

Our new logo employs the familiar triangular shape but graphically reinterprets what we represent. Our “A” does not stand for “American” or “Association;” it stands for Aesthetics—our identity for 50 years. Our founders believed in aesthetic plastic surgery and our new name and logo reinterpret and expand their concept.

#### New Simplified Positioning Statement:

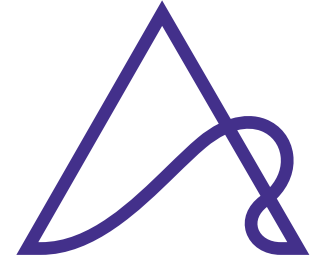
“The Aesthetic Society is a select group of plastic surgeons dedicated to advancing the gold standard of aesthetic surgery and medicine to transform lives.”

#### Journal

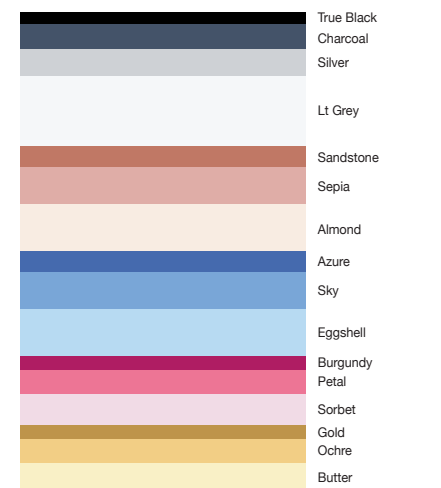
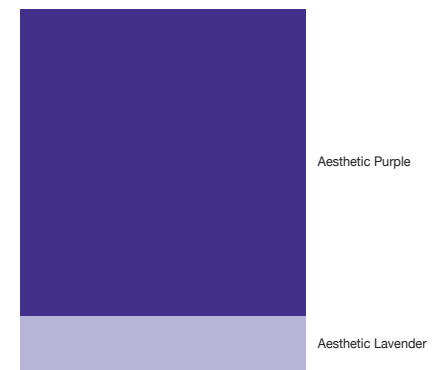
The redesigned cover of ASJ will make its debut in January.

The roll out of the new brand will continue over the next year. The new website design with some of the new features will be demonstrated at The Aesthetic Meeting 2020 in Las Vegas in April. Stay tuned; more to come.

*Charles H. Thorne, MD, is a plastic surgeon practicing in New York and serves as President for The Aesthetic Society.*



**The Aesthetic Society**



The Aesthetic Society's New Color Palette



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## Society Issues New Q&A on BIA-ALCL

### **Q:** What is BIA-ALCL?

**A:** BIA-ALCL (Breast Implant-Associated Anaplastic Large Cell Lymphoma) is a rare spectrum of disease that can range from an indolent accumulation of fluids around the breast (seroma) to a potentially metastatic lymphoma, especially when there are delays in diagnosis. It is a disease that ranges from indolent to full-blown metastatic disease when not caught early. BIA-ALCL is not a cancer of the breast tissue itself. When diagnosed early, it is readily curable. If the disease is advanced, chemotherapy or radiation may be required.

BIA-ALCL is currently classified as a lymphoma. Many experts believe that it behaves clinically as a lymphoproliferative disorder (LPD) that encompasses the spectrum of disease from benign CD30+ seromas, to CD30+ malignant seromas, to invasive capsular disease, and finally metastatic disease. Current ASERF research is underway to further understand the proper classification of this disorder. Similar to LPDs, BIA-ALCL is a highly treatable disease with high cure rates.

### **Q:** Have there been any deaths due to BIA-ALCL?

**A:** As of July 24, 2019, FDA reports that there have been 33 confirmed deaths globally, (13 in the United States), attributed to BIA-ALCL since the disease was first reported nearly 20 years ago.

### **Q:** What are the symptoms of BIA-ALCL?

**A:** The first symptom of BIA-ALCL is usually a swelling of the breast between 2 to 28 years after the insertion of breast implants, with an average of about 8 years after implantation. The swelling is due to a collection of fluid surrounding the implant. This fluid can cause the breast to enlarge significantly over a period of days or weeks. It can also present as a lump in the breast or armpit, firmness of the breast, or pain. It is usually easily and completely treated if patients see their doctor at the first symptom.

### **Q:** What is the risk of developing BIA-ALCL?

**A:** The FDA reports that it is 1:3,817 to 1:30,000 in their latest statement. These risk assessments are changing on an ongoing basis, but this is the most accurate information currently available.

Based on current data, the risk can be further explained by the texture grade of the implants as follows:

- Grade 1 (Smooth only)—In global databases, there has not been a confirmed case of smooth only. In the Feb 2019 FDA statement, it was reported that “there have been reports of BIA-ALCL in patients with smooth-surfaced implants and many reports do not include the surface texture of the implant at the time of diagnosis.” At the time of this publication it is known that a single case of smooth only BIA-ALCL was originally reported to the FDA; however, it was later determined that this was not accurate and the case was a mixed implant case, and the report to the FDA was amended.
- Grade 2 (e.g. Microtexture, Siltex and similar)—1:82,000
- Grade 3 (e.g. Macrotexture, Biocell and similar)—1:3,200
- Grade 4 (e.g. Polyurethane)—1:2,800\*

*\*Based on data from an Australian study—however this was 100% Silimed PU implants that had a manufacturing defect and have since been taken off the market.*

*Loch-Wilkinson, A., et al. (2017). “Breast Implant-Associated Anaplastic Large Cell Lymphoma in Australia and New Zealand: High-Surface-Area Textured Implants Are Associated with Increased Risk.” *Plast Reconstr Surg* 140(4): 645-654*

On July 24, 2019, Allergan reported a voluntary recall of all BIOCELL textured implants and expanders, worldwide. The recall includes the Natrelle Saline-Filled breast implants, Natrelle Silicone-Filled breast implants, Natrelle Inspira Silicone-Filled breast implants, and Natrelle 410 Highly Cohesive Anatomically Shaped Silicone-Filled breast implants.

The recall also includes tissue expanders used by patients prior to breast augmentation or reconstruction, including Natrelle 133 Plus Tissue Expander and Natrelle 133 Tissue Expander with Suture Tabs. This recall was requested by FDA.

“Based on the currently available information, including the newly submitted data, our analysis demonstrates that the risk of BIA-ALCL with Allergan BIOCELL textured implants is approximately six times the risk of BIA-ALCL with textured implants from other manufacturers marketing in the US,” the FDA said in a statement.

### **Q:** What does FDA mean by a “recall?” Should current BIOCELL patients be contacted and explanted?

**A:** This is recall of inventory of Biocell and sold Biocell products but not implanted Biocell implants in asymptomatic women. The FDA **does not** recommend or suggest that asymptomatic patients be explanted; rather that the company refrain from selling BIOCELL implants moving forward.

### **Q:** If a breast implant patient sees a plastic surgeon when she develops a first symptom, will she be cured?

**A:** That answer is not known and is a very important piece of information for patients and plastic surgeons. Most of the time patients see their plastic surgeon right away when they develop significant swelling of the breast. In these cases, the disease is almost always caught early and cured with a straightforward operation. Some women with advanced disease ignored earlier symptoms or saw a doctor who did not properly diagnose them. There are a few patients who presented with advanced disease who said that they never had earlier symptoms.

### **Q:** Can you explain the differences in implant texture and what role that factor plays in the research?

**A:** Although it is rare, BIA-ALCL appears to currently develop exclusively in women with textured implants. To date there has not been a case of BIA-ALCL in a patient with only smooth implants. There are several theories which attempt to explain the higher rate for textured implant patients: many believe that the increased surface area of textured implants allows a higher number of bacteria around the implant, which forms a biofilm in some patients, and can result in chronic inflammation, ultimately leading to a proliferation of lymphocytes. Less accepted theories are that textured implants create greater inflammation because of chronic mechanical irritation, and another postulates that microscopic shedding of silicone from the textured wall induces inflammation.

Continued on Page 9



# Ask Us About Membership



“

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

~ Susan Lovelle, MD  
ASAPS member since 2006

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Manager Marissa Simpson at  
[marissa@surgery.org](mailto:marissa@surgery.org) to Learn  
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## Society Issues New Q&A on BIA-ALCL

Continued from Page 7

### Q: Is it a problem with Saline or Silicone implants?

A: Of the 573 unique cases of BIA-ALCL (FDA 2-2019) implants are both silicone and saline. It appears to purely be related to the surface of the implant and not to what the implant is filled with.

### Q: How does this impact those with breast implants?

A: The Aesthetic Society and ASERF emphasize that the most important issue for women with breast implants is to screen for breast cancer with self-exam, a regular physician exam, and mammography/ultrasound/MRI as recommended by their physician. Regardless of BIA-ALCL, all women should see their plastic surgeon immediately if they note a change to the size, feel, or shape of their breasts.

### Q: What about those considering breast implants?

A: Patients considering textured breast implants should discuss this issue with their plastic surgeon. Since our knowledge of this condition is continuing to evolve, thanks in large part to ASERF-sponsored research, patients should check [surgery.org](http://surgery.org) and the FDA website for any updates.

### Q: What if a doctor is recommending textured implants to a patient?

A: The choice of implant type is ultimately a decision between an educated patient and her board-certified plastic surgeon. There may be certain circumstances where a textured implant is recommended for particular patients.

All patients should have a detailed conversation with their surgeon about the risks associated with textured implants, beyond what is published online or in pamphlets. Ultimately, there are instances where textured implants are the best choice for them.

### Q: How is BIA-ALCL diagnosed?

A: If a woman develops swelling in an augmented breast, she should undergo an ultrasound scan. If fluid is detected, it should be drained and tested for:

1. Cytology
2. CD30

CD30 immunohistochemistry is not diagnostic for BIA-ALCL; however, it is a marker for activated T-Cells. If a patient's seroma is CD30 positive, and the cytology is

negative, this likely represents a precursor to BIA-ALCL, and should be treated with total capsulectomy. If the seroma test is CD30 negative with negative cytology, then it should be treated as a benign seroma using the individual surgeon's protocol.

The majority of seromas seen clinically are benign seromas and not BIA-ALCL.

Management of all seromas should be by a board-certified plastic surgeon. Mammograms are not useful in diagnosing BIA-ALCL. In confirmed cases PET or MRI/CT scans may be used to help stage the disease.

If a patient wants to have their textured implants removed and replaced, the options are:

- Exchange to smooth implants
- Exchange to smooth implants with a capsulectomy

### Q: How is BIA-ALCL treated and what is the prognosis?

A: Current recommendations for the treatment of BIA-ALCL call for bilateral capsulectomy (removing all the scar tissue) and removal of the old breast implants. This is a very common procedure performed by plastic surgeons, identical to what is done when an implant has ruptured or capsular contracture has developed. Smooth implants can be put back in or the patient can choose not to have implants. In all early stage cases, the disease has been fully resolved by this surgery alone. The majority of patients require no additional treatment.

However, if the disease has spread to lymph nodes or grown into the adjacent tissues, chemotherapy and radiation may be necessary. These are very serious treatments with significant side effects.

### Q: Are some patients at greater risk than others?

A: The rates of BIA-ALCL seem to have different rates throughout the world. This may be due to different reporting and registries, but there is likely to be a genetic predisposition that is not yet fully understood. For instance, as of this time there are very few cases in Asian patients. The risk is only with textured implants and not smooth implants; the rate is no different between silicone and saline; it occurs in both cosmetic and reconstructive patients. There is no test to determine whether

one textured implant patient is at any more risk of developing this disorder than any other patients.

### Q: Should patients have their implants removed because of BIA-ALCL?

A: For textured implant patients, neither the FDA nor any plastic surgery society currently recommends that women should preventatively remove textured breast implants to prevent BIA-ALCL. However, there are women who have been concerned enough about BIA-ALCL and have chosen to have their implants removed. There are some women who were already considering a breast implant revision, and the BIA-ALCL issue gave them one more reason to decide to proceed.

Breast implant patients should have ongoing follow up. Current FDA recommendations and The Aesthetic Society recommendations indicate that patients with textured implants with no issues should not do anything and implant removal is not recommended.

### Q: Should women with breast implants be screened for BIA-ALCL?

A: There is no blood test to specifically screen for BIA-ALCL. The expert opinion is that asymptomatic women without breast changes do not require more than routine mammograms and breast exams. But if a patient experiences a change in her breasts—especially if there is swelling or a lump—she should undergo immediate examination, imaging, and consultation with a plastic surgeon. If there is fluid around the implant the fluid should be aspirated under ultrasound guidance and sent for analysis.

### Q: What causes BIA-ALCL?

A: ASAPS, ASERF, the FDA, and the implant manufacturers are intensely studying BIA-ALCL. To date, no specific causal factors have been identified. Implant texturing, bacteriologic contamination, and genetic factors have been implicated and are undergoing further study.

The best theory today is that a combination of four factors are required for the development of BIA-ALCL:

1. Textured implants (surface area to sequester bacteria)
2. Chronic bacterial-inflammation

Continued on Page 11



# Watch. Learn. Advance.

## The Aesthetic Meeting 2019 Education on Demand

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 2019 Education on Demand

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

**106** Cosmetic Vaginal Surgery: Labiaplasty and Beyond  
Christine Hamori, MD

**107** Comprehensive Treatment of Difficult Eyelids, Festoons and Malar Bags  
Mokhtar Asaadi, MD

**204** Demystifying Management of the Subplatysmal Elements in Necklift  
T. Gerald O'Daniel, MD and Sadri Ozan Sozer, MD

**208** BBL and Butt Implant Disasters: How Did I Get Here? A Beginner's Guide to Staying Out of Trouble  
Johnny Franco, MD and Matthew Nykiel, MD

**304** Oblique Flankplasty as an Alternative to Lower Body Lift  
Dennis Hurwitz, MD

**309** Building a Bulletproof Marketing Blueprint to Grow Your Aesthetic Practice  
Audrey Neff

**404** Planning for Primary Breast Augmentation: Incision, Pocket, Implant  
Frank Lista, MD

**405** Transaxillary Endoscopic Breast Augmentation: Processes and Refinements to Improve Patient Outcomes  
Louis Strock, MD and Grady Core, MD

**507** Revisional Breast Augmentation for Dummies: The Six Most Common Problems & How to Fix Them  
Karan Chopra, MD and Joe Gryskiewicz, MD

**510** Advanced Micro-Needling (MN)/RadioFrequency (MNRf) with Growth Factors: Benefits, Limitations, and Complications for Skin and Hair Rejuvenation in your Practice  
Gordon Sasaki, MD

**606** Bodylifting, Mastopexy, and Brachioplasty in the Massive Weight Loss Patient: Technical Refinements to Optimize Results  
J. Peter Rubin, MD and Robert Centeno, MD

**610** Consultants, Technology and Social Media—Putting It All Together  
Luis Rios, MD

**706** All Seasons Vertical Augmentation/Mastopexy  
Eric Swanson, MD

**709** Cutting Edge Topics in Patient Safety with the Masters  
Luis Rios, MD; William Adams, Jr., MD; Steven Davison, MD; Felmont Eaves, III, MD and Chris Pannucci, MD

*\*Program Subject to Change.*

## POST-MEETING PRICING

Individual Courses—**\$99 each**

Selected 2019 General Sessions—  
**\$24.99 per panel**

# WE ARE AESTHETICS.



Purchase Education on Demand at [www.radarresource.com](http://www.radarresource.com)

## Society Issues New Q&A on BIA-ALCL

Continued from Page 9

3. Genetic predisposition
4. Time

The source of the chronic inflammation is thought to be bacteria that have been identified around the implants in affected breasts. Evidence is accumulating that a long-term inflammatory response to the presence of these bacteria is one of the factors that may cause BIA-ALCL. Research is ongoing and cases are being monitored.

Genetic factors may play a role. Some geographic areas have reported very few cases. Ongoing data collection worldwide will help to determine whether or not there are any genetic propensities for this disease.

### **Q: Does ASAPS recommend against the use of textured implants?**

**A:** The available data does not support discontinuance of textured implants. The best practice is always for the physician to discuss with each patient the known risks and potential complications associated with any procedure. It is important for the patient and her doctor to frankly discuss all options available, and the risks involved.

Every plastic surgeon offers patients options regarding breast implants in terms of sizing, shape, and surface. Depending on a particular patient's needs, a textured implant may be preferable.

The plastic surgeon must provide a frank and transparent discussion regarding the benefits and risks of implants, both smooth and textured. The patient must then make an informed decision, based upon her own assessment of her needs and the risks involved.

Every plastic surgeon needs to help each individual patient make her own decision about which implant she prefers in a fully transparent manner. This involves weighing any possible increased risks against the advantages offered by a particular type of implant. It is critical that the patient makes a fully informed decision following a full discussion of the risks and benefits.

### **Q: What is the recommended clinical response to a patient presenting with symptoms that could be attributable to ALCL?**

**A:** Detailed information can be found on the ASAPS website at: [www.surgery.org/professionals](http://www.surgery.org/professionals)

### **Q: Where can I find more information on BIA-ALCL?**

**A:** Additional information and resources on BIA-ALCL are available online at [www.surgery.org/media/resources](http://www.surgery.org/media/resources)

### **Q: Is there any assistance available to the patient?**

**A:** The Mollenkopf Aesthetic Breast Reconstruction Fund and the BIA-ALCL Patient Assistance Fund can offer financial assistance to patients. Additionally, Sientra offers to cover lab testing for any seromas associated with their implants.

- The Mollenkopf Aesthetic Breast Reconstruction Fund: [www.aserf.org/attachments/223\\_mollenkopf-grant-request-form.pdf](http://www.aserf.org/attachments/223_mollenkopf-grant-request-form.pdf)  
The Mollenkopf Aesthetic Breast Reconstruction Fund The Aesthetic Surgery Education and Research Foundation (ASERF) is pleased to announce available funding for breast reconstruction patients. The Mollenkopf Aesthetic Breast Reconstruction Fund provides grants to ASERF/ASAPS member surgeons, to financially assist patients in completing their aesthetic breast reconstruction journeys. These funds are intended to help underinsured or uninsured patients nationwide cover the associated costs with breast reconstruction. The goal of this fund is to provide women with limited financial means the opportunity to achieve the best possible aesthetic breast reconstruction result. In particular, the grant is focused on women who need a final surgery or revisional surgery to complete their aesthetic reconstruction. The goal is for ASERF/ASAPS members to help women feel good about themselves after their reconstruction and aid them in returning "back to me."
- The BIA-ALCL Patient Assistance Fund: [www.aserf.org/images/documents/bia-alcl-patient-fund-grant-request-form.pdf](http://www.aserf.org/images/documents/bia-alcl-patient-fund-grant-request-form.pdf)  
The American Society for Aesthetic Plastic Surgery (ASAPS) and the American Society of Plastic Surgeons (ASPS), in conjunction with the Aesthetic Surgery Education and Research Foundation (ASERF) and the Plastic Surgery Foundation (PSF), are pleased to announce funding for patients diagnosed with breast implant associated anaplastic large cell lymphoma (BIA-ALCL). These

funds are intended to help underinsured or uninsured patients who are seeking surgical treatment of BIA-ALCL, total capsulectomy and explantation, and excision of associated mass with biopsy of suspicious node(s) and implant-based reconstruction, if indicated. The goal of this Fund is for ASAPS, ASPS, ASERF, and PSF members to help patients obtain treatment when insurance limitations would have otherwise restricted their ability to do so. The Fund is made possible by generous contributions from Allergan, Mentor Worldwide, LLC and Sientra, Inc.

- Allergan: Allergan will cover the cost of new, smooth replacement devices under the BIOCELL® Replacement Warranty. As part of this program, Allergan will not be providing surgical fee assistance.
- Sientra: <http://sientra.com/Content/pdfs/LGL-0006%20R2-Sientra%20Warranty%20Terms%20and%20Conditions.pdf>  
The Sientra Platinum20™ Product Replacement and Limited Warranty Program for Sientra Opus™ Silicone Gel Breast Implants (Smooth and Textured Surface) offers assistance with patients presenting with late-forming seromas.

### **Q: What research is being conducted?**

**A:** ASERF is currently funding two BIA-ALCL studies on the Pathogenesis of BIA-ALCL and Genomic Profiling to Understand the Pathogenesis of BIA-ALCL.

ASERF is sponsoring leading, cutting edge research on BIA-ALCL to better define the disease and improve diagnosis and outcome. More information can be found on the ASERF website: [www.aserf.org](http://www.aserf.org)

If you haven't donated to ASERF, here's the link: <http://www.aserf.org/donor-benefits/make-a-difference>.

Extensive written and video resources are available for all members by visiting [www.surgery.org/patient-safety](http://www.surgery.org/patient-safety).

# PATIENTS IN NEED?



THE AESTHETIC SURGERY EDUCATION  
AND RESEARCH FOUNDATION



## Mollenkopf Aesthetic Breast Reconstruction Fund Now Available Nationwide!

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

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

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

For Aesthetic Society member surgeons who have patients eligible for a Mollenkopf Fund grant, please view all details and download the grant request form at: [www.aserf.org/Mollenkopf](http://www.aserf.org/Mollenkopf)

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



# PATIENTS IN NEED?



THE AMERICAN SOCIETY FOR  
AESTHETIC PLASTIC SURGERY, INC.



THE AESTHETIC SURGERY EDUCATION  
AND RESEARCH FOUNDATION



AMERICAN SOCIETY OF  
PLASTIC SURGEONS



THE PLASTIC SURGERY  
FOUNDATION™

## For Uninsured Patients, Utilize the BIA-ALCL Patient Fund

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

### Patient Fund Criteria:

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

For Aesthetic Society, ASPS, ASERF and PSF member surgeons who have patients diagnosed with ALCL, visit: **[www.aserf.org/BIA-ALCL](http://www.aserf.org/BIA-ALCL)**, for all criteria and to download a grant request form.

Made Possible By Generous Contributions From



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

THE AESTHETIC SOCIETY'S

# EXPERIENCED INSIGHTS

BREAST  
AND  
BODY  
CONTOURING

OCTOBER 17-19, 2019

LIVE! BY LOEWS  
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DALLAS, TX

CHAIR: William P. Adams, Jr., MD  
VICE CHAIR: Daniel Del Vecchio, MD



The American Society  
for Aesthetic Plastic Surgery

CME will be available

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INTERACTION  
INVOLVEMENT  
INSPIRATION

[SURGERY.ORG/BREASTANDBODY2019](http://SURGERY.ORG/BREASTANDBODY2019)



## Experienced Insights: The Aesthetic Society's Breast and Body Contouring Symposium

By William P. Adams, Jr., MD

### Superb New Meeting at Brand New Location!

There's still time to register for our Breast and Body Symposium at Texas Live! which is based at the brand new Loews hotel, next door to the Cowboys stadium, just 10 minutes from DFW airport.

This is a new, unique format with the ultimate audience interaction. This year's Breast and Body Symposium offers an outstanding faculty brought together by Vice Chair Daniel Del Vecchio and me, including:

Jamil Ahmad, MD; Robert Cohen, MD; Christine Hamori, MD; Melinda Haws, MD; Alfredo Hoyos, MD; Jeffrey Kenkel, MD; Julie Khanna, MD; Patricia McGuire, MD; Luis Rios, MD; Steven Sigalove, MD; and Louis Strock, MD.

But of course, this type of high-quality faculty is what you've come to expect from an Aesthetic Society Symposium. What's different about this one is the depth of discussion and intimacy of the meeting—you not only get to hear what we have to say, but you also are able to learn and discuss in a casual and collegial way. Just some of the topics we'll be discussing are:

### Just Added!—Breast Implant High-Resolution Ultrasound Course

Experience expert faculty demonstrate how to incorporate in-office high-resolution ultrasound into your practice! The course will

include a live demonstration, didactic presentations, and hands-on experience stations with different HRUS technologies. Improve patient care with in-depth training into the techniques most plastic surgeons aren't yet utilizing.

### The Surgery Lounge Discussions

1. Does Breast Implant Technology Make a Difference?  
*William Adams, Jr., MD*
2. Should I Use Textured Implants?  
*Julie Khanna, MD*
3. Non-Surgical Vaginal Rejuvenation—Is It Legit?  
*Christine Hamori, MD*
4. Social Media Marketing—Boom or Bust?  
*Robert Cohen, MD*
5. BBL—Should It Be Banned?  
*Daniel Del Vecchio, MD*

### Fat Grafting to the Breast—Evolution: What Works? Large Volume, Small Volume, Composite?

Experienced Insight: *Daniel Del Vecchio, MD*  
Pundit: *William Adams, Jr., MD*  
Analyst: *Julie Khanna, MD*  
Panelists: *Melinda Haws, MD; Jeffrey Kenkel, MD; Patricia McGuire, MD; and Steven Sigalove, MD*  
Audience Moderator: *Jamil Ahmad, MD*

### BIA-ALCL Update—Minimizing Risk/Clinical Practice Pearls and Beyond

Experienced Insight: *William Adams, Jr., MD*



Pundit: *Patricia McGuire, MD*  
Analyst: *Jamil Ahmad, MD*  
Panelists: *Robert Cohen, MD; Julie Khanna, MD; Steven Sigalove, MD; and Louis Strock, MD*  
Audience Moderators: *Jeffrey Kenkel, MD and Daniel Del Vecchio, MD*

### BBL—Look Live Surgery

Surgeon: *Daniel Del Vecchio, MD*  
Expert Panel: *Alfredo Hoyos, MD; Jeffrey Kenkel, MD; Robert Cohen, MD; Christine Hamori, MD; and Julie Khanna, MD*  
Audience Moderator: *Louis Strock, MD*

### Special Presentation—Gluteal Fat Grafting Controversy—Where Do We Go From Here?

Presenter: *Daniel Del Vecchio, MD*  
Discussant: *Alfredo Hoyos, MD*

The questions are still pouring in from patients regarding both BIA-ALCL and BBL. Here's your chance to get the latest information from the leading experts in the field, and earn 18 hours of AMA PRA Category one credit.<sup>™</sup>

*William P. (Bill) Adams, Jr., MD is an aesthetic surgeon practicing in Dallas. He is Chair of the Education Commission and Vice President of The Aesthetic Society.*

## Faculty



William P. Adams, Jr., MD



Daniel A. Del Vecchio, MD



Jamil Ahmad, MD



Robert Cohen, MD



Christine Hamori, MD



Melinda J. Haws, MD



Alfredo E. Hoyos, MD



Jeffrey M. Kenkel, MD



Julie J. Khanna, MD



Patricia A. McGuire, MD



Luis Rios, MD



Steven R. Sigalove, MD



Louis L. Strock, MD



# THE AESTHETIC SOCIETY'S FACIAL AND RHINOPLASTY SYMPOSIUM

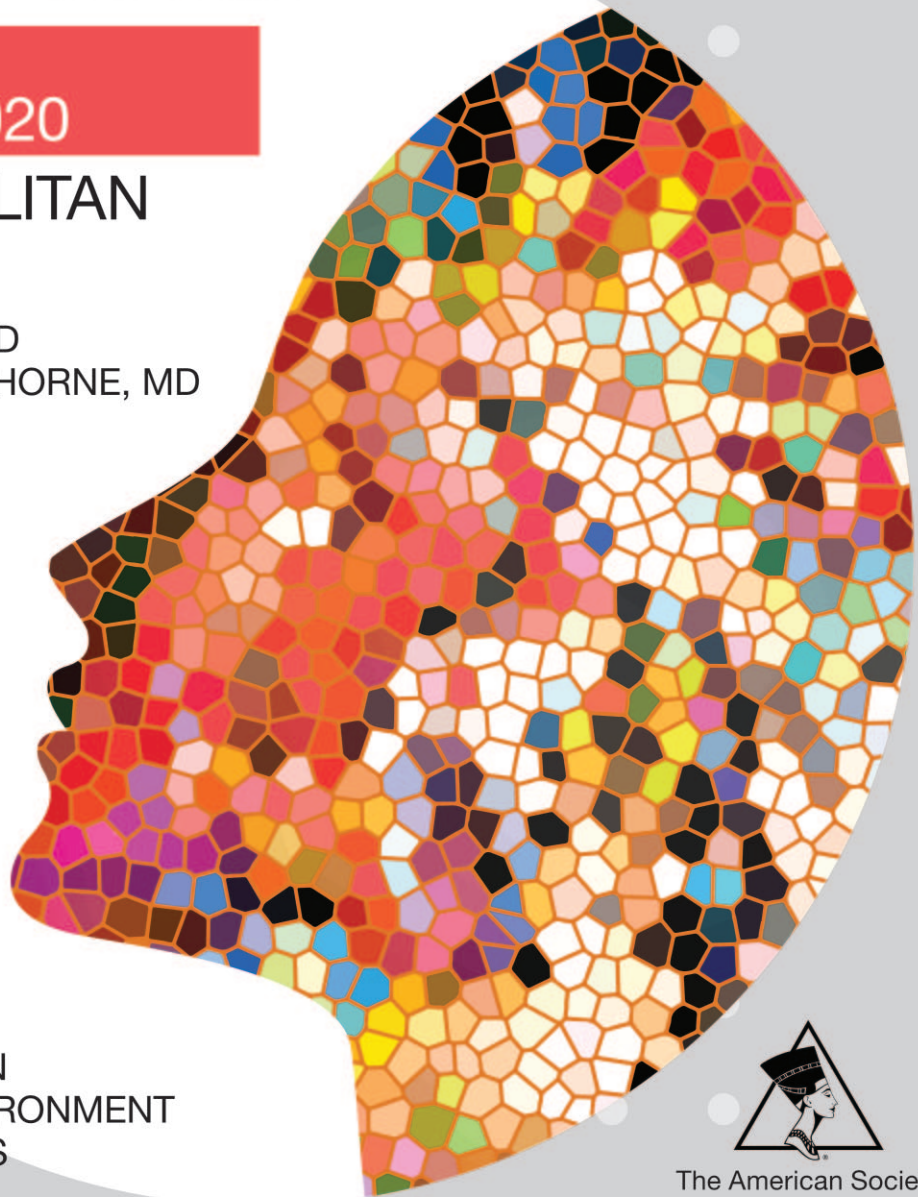
JANUARY 30 –  
FEBRUARY 1, 2020

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VICE CHAIR // CHARLES THORNE, MD

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The American Society  
for Aesthetic Plastic Surgery

SURGERY.ORG/FACE2020







## The Aesthetic Society's Facial and Rhinoplasty Symposium

*If facial rejuvenation and rhinoplasty are part of your practice, this is a must attend symposium!*

By Louis Bucky, MD

Our outstanding faculty and I are pleased to announce that registration is open for The Aesthetic Society's Facial and Rhinoplasty Symposium. We will again be at the The Cosmopolitan of Las Vegas—a beautiful luxury resort casino and hotel on the Las Vegas Strip—January 30 – February 1.

We have planned an exciting program in an intimate learning environment with some of the best minds specializing in facial and rhinoplasty aesthetic surgery. The program is designed to recognize all aspects of facial surgical rejuvenation. Some of the session titles are:

- The Consult: The Keys to Physician and Patient Happiness
- Brow Lifting: Dead or Alive?
- Your Face Practice is More Than Surgery
- Eyelids—Cut? Fill? Remove? Replace?

- Ancillary Procedures: Are They Ancillary or Mainstream?
- Rhinoplasty and More Rhinoplasty
- Neck Lifting—Go Deep or Go Home!
- Facelifting—Should We Redefine the Procedure?

We're also featuring highlights from some of the Masters with these deeper dives into their expertise:

- Centofacial Rejuvenation: A Paradigm in the Reconstruction of Youth  
*Patrick Tonnard, MD*
- Facial/Neck Rejuvenation: Lessons from Close Analysis and Anatomic Investigation  
*Mario Pelle-Ceravolo, MD*
- Defining Anatomical Problems and Applying Logical Solutions  
*Timothy Marten, MD*

Dr. Jackie Yee has agreed to return to share her injection techniques in our Session: "Live Injectables: Achieving Excellent Outcomes Using Great Judgement and Masterful Technique." She's a great instructor—you can't miss this opportunity!

And lastly, practice what you've learned in one of the optional cadaver labs offered on Saturday afternoon. The faculty will be there to give some hands-on demonstrations in facial surgery or rhinoplasty—an outstanding chance to enhance your skills!

We hope you'll register and attend this exciting symposium and enroll in one of the cadaver lab options. You can find more information online at [www.surgery.org/face2020](http://www.surgery.org/face2020). We'll see you in Las Vegas!

## Faculty



Louis Bucky, MD  
Chair



Charles Thorne, MD  
Co-Chair



Oren Tepper, MD  
Rhinoplasty Chair



Francisco Bravo, MD



Bradley Calobrace, MD



Spencer Cochran, MD



Grady Core, MD



Lara Devgan, MD



Dino Elyassnia, MD



Christopher Godek, MD



Timothy Marten, MD



Malcolm Paul, MD



Mario Pelle-Ceravolo, MD



Jason Roostaeian, MD



Sammy Sinno, MD



Derek Steinbacher, MD



Christopher Surek, DO



Patrick Tonnard, MD



Stelios Wilson, MD



Jackie Yee, MD

# The Gift of Expert Advice from The Aesthetic Society



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## Residents, This is a Must-Attend FREE Symposium!

### The Business of Launching Your Practice—The Gift of Expert Advice, from The Aesthetic Society

**D**rs. Gary Tuma (Chair) and Nolan Karp (Vice Chair) are once again assembling some of the leading experts in practice management for The Aesthetic Society's 5th Annual Residents' Symposium. "The Business of Launching Your Practice" takes place December 13–15, 2019, at the Renaissance Dallas Hotel, Dallas, TX, and is sure to be another crowd pleaser. This symposium is so popular, one resident has attended four years in a row!

Learning from experts in law, hiring, finance, marketing, and more, you'll learn the key elements for a successful business that you don't learn in medical school. Registration is open, so check [surgery.org/residents2019](http://surgery.org/residents2019) regularly for updates on this essential symposium. Thank you to Allergan and Galderma for again sponsoring this educational effort!

Register by visiting [www.surgery.org/residents2019](http://www.surgery.org/residents2019).

Here's what participants said about this symposium:

"The Business of Launching Your Practice is a must for anyone considering aesthetic plastic surgery as a part of their ultimate practice scope. The all-star faculty at the symposium left us informed and inspired!"

—Ali Qureshi, MD

"The Business of Launching Your Practice was a great supplement to my education. The weekend was information-packed and engaging."

—Jared Davis, MD

"I found this conference very educational! The lectures were very well put together and included a wealth of information on how to run a private practice successfully. It was also a great opportunity for networking and making great new contacts. I would recommend it to all residents!"

—Inzhili K. Ismail, MD



Indepth Discussions with doctors, business professionals and residents happen formally and informally. Free business advice—our gift to Residents!

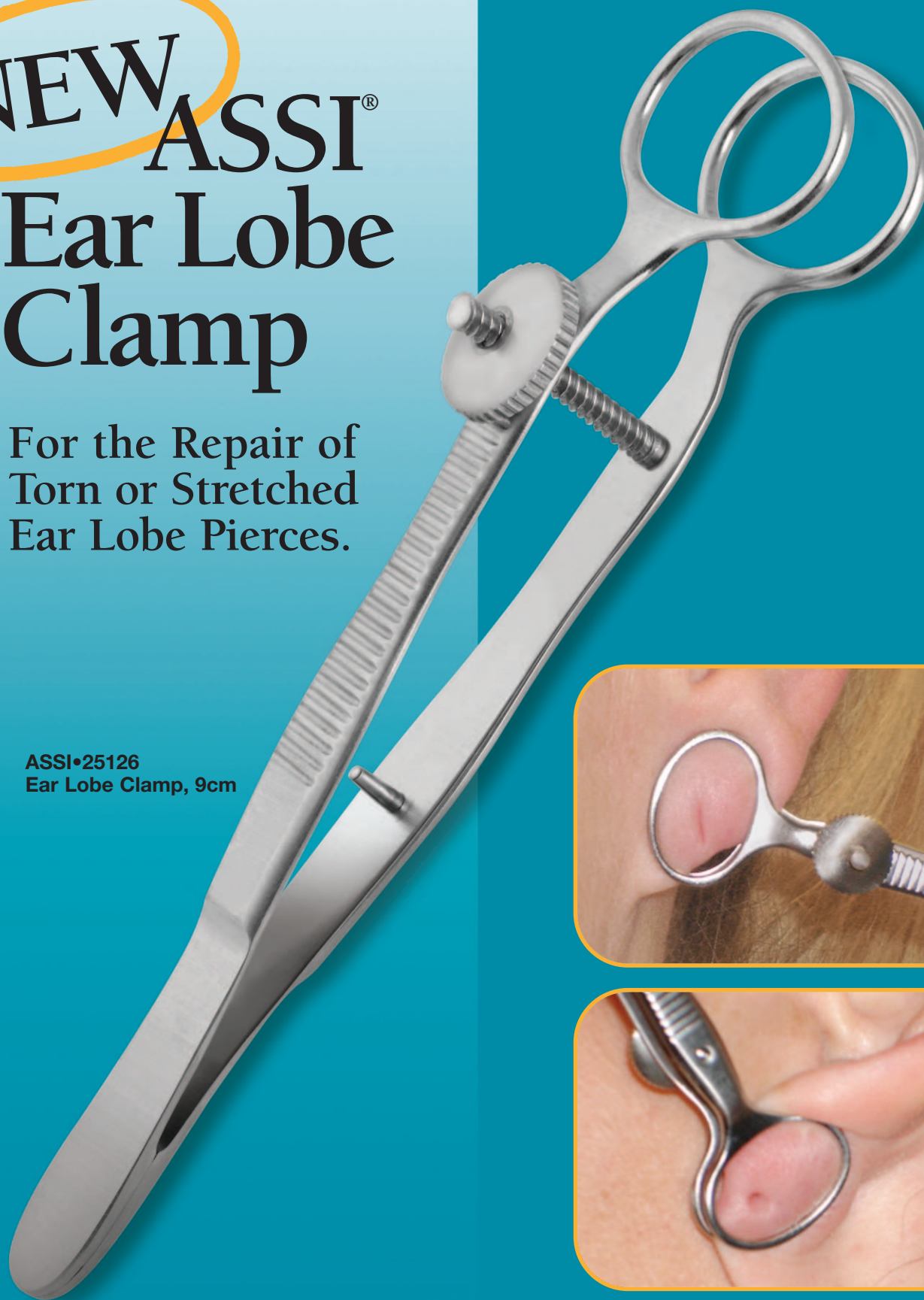




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## Aesthetic Society Member and Noted Author Dr. Anthony (Tony) Youn Publishes Second Book

**D**r. Tony Youn is no stranger to his fellow Aesthetic Society members. He has shared the podium at The Aesthetic Meeting, Chaired and been involved in several high-profile committees and task forces and is known for his prowess in social media. What some of us may not know is his authorship of several books including the recently issued *Playing God: The Evolution of a Modern Surgeon*.

The reviews so far have been glowing. According to *Amazon*:

"I thoroughly enjoyed this book. Dr. Youn's unique insight will make you laugh, cry, shake your head, and recoil while wanting more."

—Paul Ruggieri, MD, Author of "Confessions of a Surgeon"

"A riveting look at what it takes to become a premiere surgeon in today's wild west of medicine. Dr. Youn has written a moving and humorous memoir that is a must-read for medical students, doctors, and anyone interested in the fascinating world behind the clinic curtains and the operating room doors."

—Dr. Andrew Ordon, MD, FACS, board-certified plastic surgeon and co-host of the Emmy Award-winning show, "The Doctors"

"In this well-written, heartfelt, and at times amusing book, Dr. Youn chronicles his journey towards a successful and fulfilling career as a plastic surgeon. The tribulations, joys, disappointments along the way, and the final triumph are all portrayed in a frank and humbling and sometimes humorous manner."

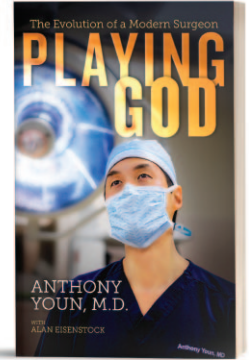
—Foad Nahai, MD, FACS, Professor of Surgery at Emory University School of Medicine, Editor-in-Chief of the *Aesthetic Surgery Journal*, Past President of the American Society for Aesthetic Plastic Surgery and the International Society of Aesthetic Plastic Surgery

"Dr. Youn has written a fascinating and informative book about the making of a surgeon. This gripping tale should be required reading for medical students and surgery residents." —Matt McCarthy, MD, New York Times bestselling author of "Superbugs: The

Race to Stop an Epidemic" and "The Real Doctor Will See You Shortly: A Physician's First Year"

Anyone who knows Dr. Youn is well aware of his keen wit and humor. According to another reviewer: "Youn doesn't limit his story to just within hospital walls. He lets his personality shine through with personal details about his life, like his amusing obsession with eBay, his adventures playing in a Jimmy Buffet cover band, and one time when he and his wife accidentally chose a nudist resort in Jamaica to vacation at. All of these things add humor to the book while serving as a reminder that doctors are people too."

Tony's book is available through Amazon, Good Reads and book sellers nationwide.



# Attention Residents And Fellows!



THE AESTHETIC SURGERY EDUCATION  
AND RESEARCH FOUNDATION

Are You Looking for Funding to Attend  
The Aesthetic Meeting 2020  
in Las Vegas, NV?



The Allergan Foundation

## ASERF Resident Travel Scholarship to The Aesthetic Meeting 2020 Criteria

**SUBMISSION DEADLINE: NOVEMBER 8, 2019**

**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 2020.

**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 2020
- 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*

Download the Application and Apply Today!

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

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## An Enduring Legacy: Dr. Bruce Connell



**L**ongtime Aesthetic Society member and noted educator Bruce F. Connell, MD passed away on September 16, 2019 in Laguna Beach, California.

Dr. Connell was born in Detroit, Michigan but spent his youth in Alabama. He received his medical degree from University at Buffalo, School of Medicine and Biomedical Sciences and received his surgery training at Los Angeles County Medical Center and his plastic surgery training at the Mayo Clinic in Rochester, Minnesota.

He settled in Orange County and practiced until he retired at the age of 85. He was well-known for his sense of humor and his wonderful teaching skills.

### *Acknowledged as One of the Finest Facelift Surgeons of the 20th Century*

A lot has been written on Bruce Connell. Perhaps the definitive piece is an article from The Los Angeles Times in 2006, that featured several of his colleagues. It is excerpted below:

#### **Los Angeles Times—Take a Seat, and Dr. Connell Will Erase All Those Years**

For decades, colleagues have flocked to his sold-out seminars and stalked him at medical conferences. Other surgeons have pestered him to work on their own faces. Textbooks and scholarly papers have detailed his techniques for elective surgeries in every imaginable niche of the burgeoning market, from women whose necks sag to bald men

who want brow-lifts. His former apprentices, known as Connell Fellows, gather regularly from around the globe as the collective Connell Society to learn from one another and their mentor.

“He really refined the face-lift a lot several decades ago, and brought a level of attention to detail in aspects that had been overlooked,” says Dr. Steven Teitelbaum, a Santa Monica plastic surgeon. But, he added, Connell’s contributions “are very specialized within the profession.” So specialized, in fact, that a Connell-style face-lift can take twice as long—up to 6½ hours—as the average procedure, and less-exacting surgeons often view the longer operation as not worth the fuss.

“Basically, I had to relearn everything when I met Bruce,” says Dr. Timothy J. Marten, a San Francisco plastic surgeon who was a Connell Fellow in 1990 and who remembers Connell’s constant admonitions against what he called “cookbook surgery.”

Whereas most surgery is “like changing a part on a car—“important but not stimulating,” Marten says, performing a face-lift “is like pruning a bonsai or growing an orchid.” Connell, he explains, “used the ‘good results’

shown in the textbooks I had studied from as examples of what not to do, and he showed me how they could be done better.

“Bruce would say, ‘What do you need to do to make this beautiful? What’s the underlying problem?’” And even those questions turned out to be more art than science.

“I used to look at people and think of the things that they might have fixed. Bruce said, ‘Don’t waste your time dwelling on what isn’t beautiful. The real mystery is in what is.’”

Connell says that cosmetic surgery patients don’t necessarily want to look like anyone else.

They don’t want Sophia Loren’s eyes or Brad Pitt’s chin or some other lovely extreme of nature. They just want a younger-and-pleasanter version of their own face, with no sign that they resorted to surgery to achieve it. “It’s no difference if you’re a child born with a deformity, or a teenager with an ugly neck, or an ugly nose,” says Connell. “Most people just want to fit in.”

Dr. Connell left this world surrounded by family and longtime friends. At his request, there was no service. Pacific View Memorial Park in Southern California handled the cremation.

## 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 3, 2020. 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)



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



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# ON YOUR RADAR



## RADAR Resource: Are You Utilizing This Society Benefit?

**D**id you know RADAR is optimized to provide plastic surgeons with access to some of the best educational materials for aesthetic education at every stage in their career?

The RADAR library is home to all issues of the *Aesthetic Surgery Journal* since 1995, didactic operative videos, extensive video content from aesthetic educational meetings, legal advice and The Aesthetic Society's new practice management hub, Practice Solutions on RADAR. This area offers access to business and marketing tools, on-demand education, discussion forums, digital products, and other content designed to help your practice thrive.

With a robust library at your fingertips, you can now get quick access to the answers you need in seconds—no more digging through volumes of publications and dozens of websites.

### **NEW login feature for RADAR Resource**

Aesthetic Society Members, and those enrolled in the Candidate for Membership or Resident Program can now access RADAR Resource via the Society's new online portal in just a few clicks.

The Aesthetic Meeting 2019's Education on Demand: Now Available for Purchase on RADAR Resource! Learn from the masters through Education on Demand via RADAR Resource, where you can view exceptional video content when you want, wherever you want. Offering 20+ sessions and courses featuring an array of video content.

### **Logging into RADAR:**

1. Go to <https://members.surgery.org>
2. Enter your email address
3. Enter your password
4. Click "Login"

### **Haven't used the new portal yet? Use the instructions below to get started:**

1. Go to the Reset My Password page
2. Enter your email address
3. Click "Submit" and follow the instructions in the email that follows

Once logged into the portal, you can access RADAR by selecting the "Services" tab on the menu. Be sure to bookmark [members.surgery.org](https://members.surgery.org) for easy access in the future!

### **Now Available in the RADAR Library**

The Aesthetic Meeting 2019's Education on Demand: Now Available for Purchase on RADAR Resource!

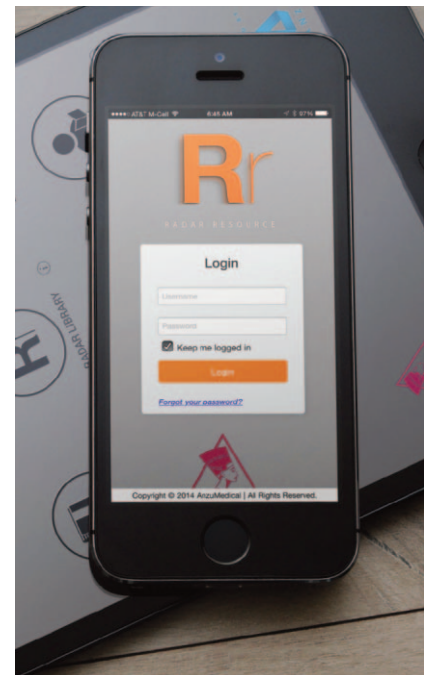
Learn from the masters through Education on Demand via RADAR Resource, where you can view exceptional video content when you want, wherever you want. Offering 20+ sessions and courses featuring an array of video content, including surgical tips from the experts, practice management solutions, social media advice, and so much more. To access this content, log into RADAR and select Library> Purchasable Content> Education on Demand 2019

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

**Practice Solutions on RADAR Resource** is the Aesthetic Society's practice management resource hub. An exclusive benefit for Aesthetic Society members, candidates, residents, and their practice staff

Staff of Society Members and Candidates for Membership can register for an individual account by completing the enrollment form at: <http://practicesolutions.surgery.org>.

Need help logging in? Email Alicia Potochniak-Vale at [alicia@surgery.org](mailto:alicia@surgery.org)



### *With RADAR you can:*

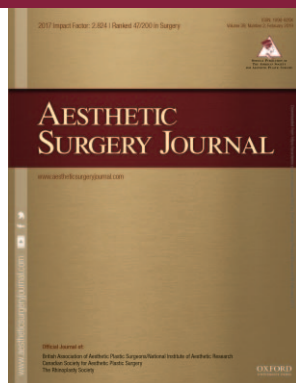
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## Aesthetic Surgery Journal and ASJ Open Forum Update

To read the current issue of the *Aesthetic Surgery Journal*, visit: <https://bit.ly/2mh4S8J>



### Increased Impact Factor

The entire editorial team of ASJ is thrilled by the new Impact Factor that increased 23% this year to 3.48. The Journal is now ranked #33 of 203 journals published in the category "Surgery." The continued support of Aesthetic Society members—through submissions, reviews, and service as Editorial Board Members and Section Editors—has made this achievement possible.

How important is a Journal's Impact Factor? For many, it's the reason they choose to submit their work. Where authors publish has been linked to promotions and career advancement. As we continue to grow and innovate, we welcome your new submissions and suggestions for new reviewers at: [journal@surgery.org](mailto:journal@surgery.org).



### ASJ Open Forum and Open Access Videos

What is Open Access publishing, why do authors choose this model, what are the benefits, and what's the quality like? These are some of the

questions covered in this comprehensive video interview with Phaedra Cress, Executive Editor of *ASJ Open Forum* and Chris Reid, Executive Publisher at Oxford University Press. We encourage anyone looking to learn more about our new journal to watch the complete video. <https://youtu.be/D3C9En9nTGA> Have a question you'd like answered? Email [phaedra@surgery.org](mailto:phaedra@surgery.org). Be sure to sign up for e-alerts for *ASJ Open Forum* here: <https://bit.ly/2lJKt5> and keep reading our new issues here: <https://academic.oup.com/asjopenforum>.



Phaedra Cress and Chris Reid discuss open access publishing and *ASJ Open Forum*.

We also encourage you to watch Associate Editor Dr. Jeffrey Kenkel as he discusses *ASJ Open Forum* with key opinion leaders in aesthetic surgery. The free video is available here: <https://bit.ly/2Z1gdHJ>



Dr. Jeff Kenkel discusses *ASJ Open Forum* with Dr. Laurie Casas, Dr. Graeme Southwick, and Dr. Tracy Pfeifer.

Continued on Page 27

## What is ASJ Open Forum?

1. An Open Access online-only Journal
2. Free to read for anyone, no subscription required
3. To publish, authors are responsible for an article processing charge (APC)
4. APC costs depend on article type/length
5. Aesthetic Society members receive a discount on APC costs



## Aesthetic Surgery Journal and ASJ Open Forum Update

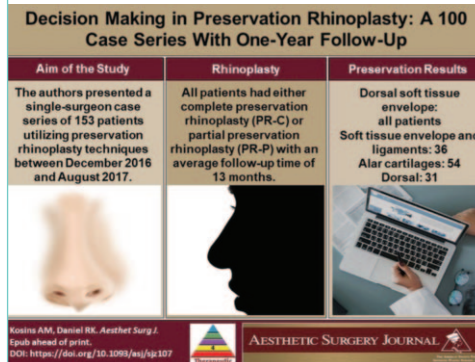
Continued from Page 26



### ASJ Wins Two APEX Awards

The *Aesthetic Surgery Journal* won two APEX Awards of Excellence for print and online education and training for a thematic issue with Introduction by Dr. Grant Stevens “The Marriage of Social Media and Plastic Surgery” and an article by Dr. Norman Rappaport et al. “Enhanced Recovery After Surgery: The Plastic Surgery Paradigm Shift.” Both can be read here: [bit.ly/2y8aOEn](http://bit.ly/2y8aOEn) and [bit.ly/2T7PXKL](http://bit.ly/2T7PXKL).

Interested in attending the next ASJ Journal Club the first Tuesday of every month? Email [journal@surgery.org](mailto:journal@surgery.org) to sign up.



### ASJ Journal Club Success

The most recent ASJ Journal Club hosted by the Young Aesthetic Plastic Surgeons featured Dr. Aaron Kosins and Dr. Wright Jones discussing Kosins' article shown above in Visual Abstract form. The next ASJ Journal Club featured Dr. Dzifa Kpodzo and Dr. Foad Nahai discussing their article: Malar Mounds and Festoons: Review of Current Management.

### On the Road Again

Dr. Nahai was the visiting professor at the Medical College of Wisconsin recently and had an opportunity to meet with Dr. David Larson, the former Chair of Plastic Surgery. Dr. Larson serves as the Research Section Editor. To read research articles in the Journal, visit: ([link: https://bit.ly/2WPC5JZ](https://bit.ly/2WPC5JZ)) [bit.ly/2WPC5JZ](https://bit.ly/2WPC5JZ)



Editor in Chief Dr. Foad Nahai and Dr. David Larson, Research Section Editor for ASJ.

### BIA-ALCL Video Update with Dr. Jeffrey Kenkel

In the current issue of ASJ Open Forum, watch this must-see video discussion about BIA-ALCL with key authorities as they discuss the international landscape and statistics: Worldwide Experience of Breast Implant-Associated Large Cell Lymphoma (BIA-ALCL): Expert Panel and Roundtable Discussion. Watch the video discussion here: <https://bit.ly/2Ggc4cA>



Associate Editor Dr. Jeffrey Kenkel leads a roundtable discussion on BIA-ALCL with Dr. Mark Magnusson, Dr. Nigel Mercer, and Dr. Bill Adams.

The ASJ Editorial Team met up with authors and reviewers at the Plastic Surgery Meeting in San Diego and were excited to share updates about both official publications of The Aesthetic Society.



Dr. Chris Surek, Marissa Simpson, Dr. Rob Whitfield, Kathleen McClemmy, and Phaedra Cress chat during a gathering of The Aesthetic Society's partners.



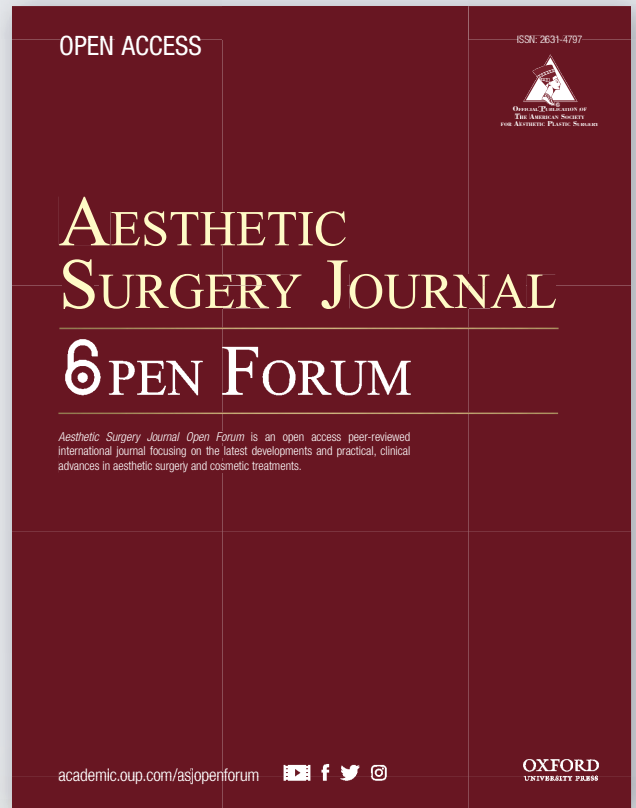
Social Media Ambassador Roy Kim poses with Kyleigh Vrettos just after his talk on social media.

Debi Toombs and Dr. Jim Grotting thumb through the latest issue of ASJ.



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## ASJ Open Access Publishes Timely and Important Article on Management of Asymptomatic Patients with Textured Surface Breast Implants

By Clark Schierle, MD, PhD, FACS

**A**esthetic Society members Patricia A. McGuire, MD; Anand K. Deva, BSc (Med), MBBS, MS, FRACS (Plast); Caroline A. Glicksman, MD; William P. Adams, Jr, MD; and Melinda J. Haws, MD have authored an excellent and timely article to help you talk to your asymptomatic patients about BIA-ALCL.

I'm sure my practice isn't the only one to have calls from concerned patients since Allergan announced the Biocell recall. We've set up a page on our website to help address these concerns and The Aesthetic Society is committed to education and transparency on this and all aesthetic patient safety issues. This article uses a simple question and answer

format to answer the most complicated in a factual and straight forward manner.

We all know these women need to have their concerns taken seriously and to have the most up to date information provided to them. This article will help you do just that.

<https://academic.oup.com/asjopenforum/advance-article/doi/10.1093/asjof/ojz025/5552845>.

*Clark Schierle, MD, PhD, FACS is an aesthetic surgeon practicing in Chicago. He is Vice Chair of the Communications Commission and Editor of ASN.*

## Florida Bills Responding to BBL Deaths To Go Into Effect

**I**n recent years, Florida's plastic surgery world has been shocked by a string of deaths, primarily tied to BBL procedures performed by underqualified physicians. The crisis was exacerbated as scandal forced the clinics to shut down, only to see the original management opening clinics with fresh names. One such doctor changed the name of his clinic three times; a total of eight patients died at his facilities. Plastic surgery-seekers around the country are none the wiser, often focusing on the names of the clinics as opposed to the surgeons, whose identities are sometimes not easily identified.

Thanks to outspoken board-licensed plastic surgeons like Aesthetic Society member Dr. Adam Rubinstein, in concert with state congresspeople, new patient-safety regulations (Florida SB 732 and HB 933) were passed in early 2019 and will take effect on January 1st, 2020.

The bills, which were unanimously approved in both House and Senate, aim to improve patient safety through two measures. First, they bar doctors from opening new facilities for up to five years if their past clinic was shut down due to malpractice. Second, doctors managing the clinics are required to register with the Florida Department of



Adam Rubinstein, MD

Health, ending the practice of non-physician-run surgery centers.

Dr. Rubinstein's advocacy started with the creation of a consumer-facing social media brand, Plastic Surgery Truths. He has used his online presence to call out the lack of qualifications and harmful business practices of some of the doctors involved in the BBL-related fatalities and urges other plastic surgeons to do the same.

"We can't be scared to call out bad actors. Educating the public is not only checking credentials but notifying the public when these 'going out of business' clinics have opened new operations in their areas. Don't be scared; just tell the truth."

As for the new bills about to go into effect, he believes they are a step in the right direction. "It's a better system for patients if it is a doctor, not merely a businessman, who is ultimately responsible for the delivery of their medical care."

Robert Aicher, general counsel for The Aesthetic Society, agrees. "These bills are good for members, and, most importantly, good for patients." Time will tell whether similar bills will appear in other states or at the federal level, but The Aesthetic Society will keep you informed.

## The Aesthetic Society's Robust CME Tracking System—Greater Control and Accuracy of Credits

*The Aesthetic Society No Longer Reporting Credits to ASPS*

**W**ith the implementation of The Aesthetic Society's new technologically-advanced membership and online CME tracking systems, The Aesthetic Society will no longer be reporting credits to the American Society of Plastic Surgeons (ASPS).

The new CME tracking system ensures greater security of your CME profile and provides increased control of your CME credits to ensure consistency with the number of credits for programs that are more closely aligned to aesthetic plastic surgery. Advanced features include the ability to:

- Create multiple credit cycles and date parameters which is useful for licensure in multiple states.
- Self-report credits for activities not directly or jointly provided by The Aesthetic Society.
- Print a transcript of your CME activities using multiple data filters conveniently at any time.

For programs or activities that The Aesthetic Society provides directly or jointly provides with other organizations, your credits will be maintained within the system. You and/or your staff can still self-report credits to ASPS.

The Aesthetic Society's new system enhancements are designed specifically to better assist you in meeting changing credentialing needs.

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Courtesy of Ellen Turner, MD  
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Silhouette InstaLift is indicated for use in mid-face suspension surgery to temporarily fixate the cheek sub dermis in an elevated position.

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Individual results may vary. The Silhouette InstaLift device is available only through a licensed practitioner.

Silhouette InstaLift is sourced and manufactured in the U.S.

**References:** 1. Data on file. Sinclair Pharma, Ltd. 2018. 2. Silhouette InstaLift® Instructions for Use. Silhouette Lift, Inc.; 2017. 3. Nestor M, Ablon G, Andriessen A, et al. Expert consensus on absorbable advanced suspension technology for facial tissue repositioning and volume enhancement. *J Drugs Dermatol.* 2017;16(7):661-666. 4. Ogilvie MP, Few JW Jr, Tomur SS, et al. Rejuvenating the face: an analysis of 100 absorbable suture suspension patients. *Aesthet Surg J.* 2017;38(6):654-663. 5. Goldberg D, Guana A, Volk A, Daro-Kaftan E. Single-arm study for the characterization of human tissue response to injectable poly-L-lactic acid. *Dermatol Surg.* 2013;39(6):915-922.



# Media Notes and Quotes

## Men's Health

### *What to Know About Stretch Marks and Weight Loss*

(<https://bit.ly/2ISJalc>)

**Excerpt:** There are two types of lasers used to treat stretch marks: ablative and non-ablative. The first removes the outer skin layer while the latter delivers heat to stimulate collagen production. Microneedling, as the name implies, involves using tiny needles to prick the skin. These options come with a hefty price tag. According to the American Society for Aesthetic Plastic Surgery, one ablative laser treatments cost roughly \$2,681, on average. Non-ablative laser treatments will set you back \$1,410 each. In comparison, microneedling ranges from \$300–700 per session, Healthline reported.

## Vice

### *The Stigmas Around Botox and Fillers for Black People Are Changing*

(<https://bit.ly/2H9iFWz>)

**Excerpt:** “Black don’t crack” is a succinct way of saying that higher concentrations of melanin provide more protection against the physical signs of aging that result from UV rays breaking down collagen and elastin, causing

sagging and wrinkles. But a new generation of Black and brown people are embracing Botox and fillers. A recent study conducted by The American Society for Aesthetic Plastic Surgery revealed that Black people, who constitute about 13 percent of the US population, accounted for eight percent of all cosmetic procedures in 2016. Between 2005 and 2013, the rate of cosmetic augmentation in Black patients rose by 56 percent.

## The Cut

### *“Incels” are going under the knife to reshape their faces, and their dating prospects.*

(<https://bit.ly/31GWwXm>)

**Excerpt:** Cosmetic surgery among people who identify as male rose 325 percent between 1997 and 2015 in the U.S., according to the American Society for Aesthetic Plastic Surgery.

## Allure

### *Why Everyone Is Talking About Breast Implant Safety Right Now*

(<https://nyti.ms/2WimBda>)

**Excerpt:** Doctors and the FDA concede that there is still much to learn, says Grant Stevens, the president of the American Society for Aesthetic Plastic Surgery (ASAPS) and a clinical professor of plastic surgery at the Keck School of Medicine of USC. But after 35 years of performing breast implants on more than 10,000 patients, he’s convinced that the vast majority have few problems with the devices.



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# The Aesthetic Society's Industry Partnership Program



Founding Premier Partner: Sientra



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





## Meet the Staff: Ben Rubinstein

**B**en Rubinstein is excited to join The Aesthetic Society staff as its new Member

Marketing Manager. In the role he will be managing member-related communications, meeting execution and coordination of the ASN.

Born and raised in Michigan, he graduated from Michigan State University with a Bachelor's degree in Professional Writing. Diploma in hand, he gallivanted to New York City to

begin his career in marketing, starting in the book publishing industry. Since then, he's had various marketing and communications positions in the newspaper, construction product and CRM software industries. He even took a brief hiatus from marketing to experience the arts administration world with the Long Beach Symphony. It was a great fit, as he plays a mean trumpet and will forever identify as a Band Kid.

During his first week on the job he was "thrown in the deep end" while attending the

Annual Strategy Meeting in La Jolla. Luckily, he's a good swimmer. "It was a great opportunity to meet The Aesthetic Society Board of Directors and Premier Industry Partners. I think I gained about a month's worth of insight and context in 72 hours!"

Outside the office you'll likely find him battling on the kickball field, locked in a boardgame contest, attempting to tame decorative grasses, sipping some syrah, or escaping into science fiction. Be sure to say "hi" at The Aesthetic Meeting!



## Have You Mistakenly Unsubscribed?

**T**he Aesthetic Society has recently become aware that some

members and colleagues have mistakenly clicked "Unsubscribe" on our emails, which removes a person entirely from *all* Aesthetic Society email communication. Typically, a person may think that they are unsubscribing from only that particular symposium promotion, for example, but in

reality they are unsubscribing from *all* Society emails. The Aesthetic Society makes every effort to ensure that the emails we send are relevant to you, with important Society information, educational opportunities, and member offerings. *Please be assured that we never loan or sell our email lists.*

If you have not received email from The

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# AESTHETIC SURGERY JOURNAL

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The Aesthetic Society's partnership program provides industry with strategic benefits and opportunities to collaborate with The Society'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.

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The Aesthetic Society is driven to provide visibility and support for our partners.



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



Endo Aesthetics™ is a unit of Endo Pharmaceuticals Inc., a specialty branded pharmaceutical company with over 20 years of experience. Driven by world-class research and development, Endo is working to create the aesthetic solutions of tomorrow through the development of a new injectable treatment for cellulite, a condition of the skin that has been reported in 85 to 98 percent of post-pubertal females and affects women of all races and ethnicities.

Endo recently completed two Phase 3 trials for the treatment of cellulite of the buttock and is continuing a development plan for generation of data for cellulite of the thigh. If approved, this product will be the first injectable indicated to treat cellulite. Endo Aesthetics™ is headquartered in Malvern, PA. Learn more at [www.endopharma.com](http://www.endopharma.com).



Evolus is a performance beauty company with a customer-centric approach focused on delivering breakthrough products. Evolus' primary market is self-pay healthcare. Our lead FDA approved product is a proprietary purified botulinum toxin type A formulation. For more information, go to [www.evolus.com](http://www.evolus.com).



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## Thank you Industry Partners!

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

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

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InMode has recently launched the AccuTite and Morpheus8 to their BodyTite, EmbraceRF, Optimas, Contoura and Votiva workstations. InMode is a leading global provider of innovative, energy-based, minimally and non-invasive medically accepted solutions. InMode has developed and commercialized products utilizing medically-accepted radiofrequency energy technology, which can penetrate deep into the subdermal fat, allowing adipose tissue remodeling. InMode's technologies are used by physicians to remodel subdermal adipose, or fatty tissue in a variety of procedures including liposuction with simultaneous skin tightening, face and body contouring and ablative skin rejuvenation treatments. Learn more about InMode technologies by visiting [www.inmodemd.com](http://www.inmodemd.com).



Revanche is Creating a New Neuromodulator Category

The neuromodulator market hasn't changed significantly in more than 30 years, yet patient desires continue to evolve. As an emerging biotechnology leader, Revance® is creating true innovation in aesthetic medicine and therapeutic specialties: DaxibotulinumtoxinA for Injection (DAXI). DAXI combines a highly purified botulinum toxin type A molecule, with a proprietary stabilizing excipient peptide technology, to produce the first long-acting neuromodulator formulated without human serum albumin. In the Phase 3 SAKURA clinical trials, DAXI achieved unrivalled efficacy, including a median 24-week duration of effect in treating glabellar lines. Revance is dedicated to making a difference by transforming patient experiences. Revance anticipates commercial launch in 2020 upon FDA approval.

For more information visit us at [www.revanche.com](http://www.revanche.com)



Founded by biotech entrepreneurs and scientists, SENTÉ® is driven by a sense of wonder and scientific discovery. Our mission is to challenge beliefs and the status quo within the skincare industry. As one of the fastest growing physician dispensed-only skin care lines within the U.S., SENTÉ® offers consumers through an exclusive network of physicians the opportunity to experience patented Sulfated Glycosaminoglycan (SuGAG) analog technology clinically proven to deliver rapid skin rejuvenation in its products.

To discover more and register with the company, please visit [sentelabs.com](http://sentelabs.com).



Suneva Medical is a privately-held aesthetics company focused on developing, manufacturing and commercializing novel, differentiated regenerative products for the aesthetic markets. The company's flagship brand, Bellafill® is the only dermal filler on the market with five-year safety and efficacy data, and the only dermal filler approved for the correction of facial acne scars. The company markets Bellafill® in the U.S., Canada, Hong Kong, Korea and Mexico. Leading the way in regenerative options, Suneva Medical added an innovative PRP technology and Puregraft, the most predictable fat graft in the market, to their portfolio in 2019. For more information, visit [www.sunevamedical.com](http://www.sunevamedical.com).

## THERMI

Leverage the science of heat and the beauty of control to bring out the best in your patients and practice with the new ARVATITM system, powered by Thermi®. With its EPIC Technology, ARVATI offers: emission of continuous radiofrequency waves, powerful RF with an enhanced 50-watt capacity system, intelligent software with electrode recognition, and a control algorithm, offering the speed you want and the control you need for various modalities (ThermiTight®, ThermiRase®, ThermiSmooth® Face, ThermiVa®).

With its advanced temperature-controlled radiofrequency EPIC Technology, ARVATI is a state-of-the-art platform offering more versatility to treat more body areas and grow your practice.

To learn more, visit [www.Thermi.com](http://www.Thermi.com) or call 833-ONE-RF4U.



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**Special Offers for Aesthetic  
Society Members**

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

Contact

Jackie Nunn at

[jackie@surgery.org](mailto:jackie@surgery.org)

for more

information

about partnership

opportunities.

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

# We Invite You to Apply!



“I joined The Aesthetic Society primarily because of the ability to interact with colleagues and the excellent educational opportunities it provides. The Aesthetic Meeting is an optimal environment for collaboration and exchange of new ideas.”

~ Heideh Arbabzadeh, MD  
ASAPS Member since 2007

Contact Membership  
Manager Marissa Simpson at  
[marissa@surgery.org](mailto:marissa@surgery.org) to Learn  
More Today!

# WE ARE AESTHETICS.



THE AMERICAN SOCIETY FOR  
AESTHETIC PLASTIC SURGERY, INC.

562.799.2356 [www.surgery.org](http://www.surgery.org)



## Industry Partners Continue Their Support

**T**he Society is pleased to partner with industry in support of The Society's mission to advance the science, art, and safe practice of aesthetic plastic surgery and cosmetic medicine among qualified plastic surgeons.

We'd like to thank and acknowledge industry leaders, Allergan and Merz Aesthetics for their ongoing support as they each continue their Premier Industry Partnerships. And we'd like to welcome Endo Aesthetics as one of our newest Premier Industry Partners!

*"Our Industry Partners are invested in the future of The Aesthetic Society and are committed to supporting our mission and advancing the specialty, together."* —Dr. Jennifer Walden, Industry Support Chair.

Each Industry Partner benefits from the strategic program at The Aesthetic Meeting and throughout the year.

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

Allergan continues as a Premier Industry Partner, marking seven years of partnership with The Aesthetic Society!



The Aesthetic Society welcomes Endo Aesthetics™ as one of our newest Premier Partners! Endo Aesthetics™ is a unit of Endo Pharmaceuticals Inc., a specialty branded pharmaceutical company with over 20 years of experience. Driven by world-class research and development, Endo is working to create the aesthetic solutions of tomorrow through the development of a new investigational

injectable treatment for cellulite, a condition of the skin that has been reported in 85 to 98 percent of post-pubertal females and affects women of all races and ethnicities.

*"We couldn't be more excited to bring the vision that's driving Endo Aesthetics—the R&D, influential science and customer practices—with us as we join The Aesthetic Society as a Premier Partner,"* said Patrick Barry, Endo Pharmaceuticals EVP and Chief Commercial Officer. *"The effort from our physicians, along with this new partnership, supports our ongoing development of CCH for Cellulite in this demanding market."*

Aesthetic Society member, Lawrence Bass, MD, a collagenase clostridium histolyticum (CCH) clinical trial investigator, presented data on this investigational injectable treatment during the Premier Global Hot Topics sessions the past two years at The Aesthetic Meeting. This year, Dr. Bass presented clinical data from Phase 3 investigational studies of CCH for the treatment of cellulite, the largest cellulite study ever conducted.

*"During Hot Topics 2018, my colleagues expressed great interest in the data that I presented on CCH for cellulite,"* said Dr. Bass. *"An injectable option to treat cellulite, if approved, would be very meaningful to our patients, which is why I was thrilled to come back in 2019 to share the positive results from the Phase 3 studies."*

*"As a Premier Partner of The Aesthetic Society, we could not be more pleased that our data has been a Hot Topic at the past two Aesthetic Meetings,"* said Matthew Davis, M.D., R.Ph., Senior Vice President and Endo's Chief Medical Officer. *"We greatly appreciate investigators like Dr. Bass who have helped further our understanding of the potential of CCH by participating in these studies and presenting their scientific findings to their peers."*

Endo Pharmaceuticals Inc., headquartered in Malvern, PA, develops and markets high-value, quality branded pharmaceutical products for patients in need. Endo Pharmaceuticals' specialty portfolio includes products for urology, men's health, orthopedics and endocrinology, with product development underway in medical aesthetics. Endo Pharmaceuticals is an operating company of Endo International plc (NASDAQ: ENDP), a highly-focused generics and specialty branded pharmaceutical company. Learn more at [www.endo.com](http://www.endo.com) or [www.endopharma.com](http://www.endopharma.com).

## MERZ AESTHETICS™

Merz continues its strategic Premier Partnership into 2020 marking eight years of partnering with The Aesthetic Society!

Merz offers unique, award winning products and a customer-centric approach that sets our company apart. Family-owned and led by passionate people, Merz is fully committed to its customers and patients and has been for over 110 years. Merz takes a modern approach to aesthetic medicine, with a unique and well-balanced product portfolio designed to deliver personalized, natural looking outcomes for both face and body. From a range of medical aesthetic injectables to non-invasive and minimally invasive medical devices, the Merz portfolio of products meets our customers' need for comprehensive aesthetic medicine.

At Merz, customer success is synonymous with company success, and that philosophy drives a strong partnership approach with health care professionals. Each partnership is rooted in a commitment to being reliable, different and responsive. Reliability is proven by making the customer's business the core focus and following through with commitments to those customers. What is different is a portfolio that is unique by design, and responsiveness is demonstrated by a team that is accessible and easy to work with. In addition, Merz provides 360° practice support including injection training, educational resources and scientific expertise, as well as marketing expertise, customer support and a competitive loyalty program.

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



# Boost Your Hair Loss Treatments

## **GROWTH FACTOR 3X: Recombinant poly-GF (Growth Factors) EGF, FGF and KGF**

*Increase the effectiveness of PRP and microneedle treatments with targeted growth factors for hair thinning and hair loss.*

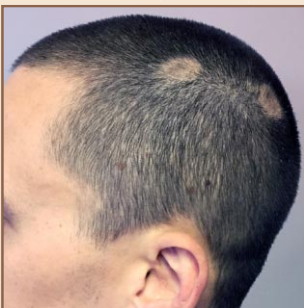
### **LockRx is brought to you by the makers of SmartGraft® Hair Restoration**

Growth Factor 3X Professional Serum is a topical solution containing growth factors from human cells, isolating three specific growth factors (EGF, FGF and KGF) known to be of primary importance in hair follicle stages and scalp health. As an autologous solution, PRP base line components vary in individuals. By applying this serum to the scalp to boost a PRP treatment, a consistent bath of the growth factors essential for hair proliferation is created.

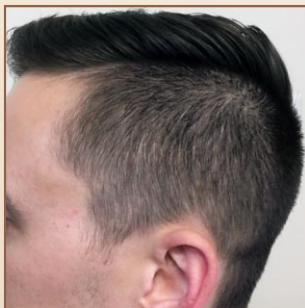
Applied by a medical professional, it can be used in conjunction with all modalities for encouraging hair follicle stimulation, including surgical SmartGraft FUE Hair Restoration, PRP, Microneedling, LED and Low Level Laser, to increase the specific growth factors most needed for the best outcomes of the procedures.



Photos courtesy of Smart Solutions Rx



BEFORE



AFTER

**For more information about offering this life changing solution at your practice, call 239-451-5650 or visit [www.smartsolutionsrx.com](http://www.smartsolutionsrx.com).**

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Distributed exclusively by SmartGraft® by Vision Medical, Inc.

**SmartGraft®**  
THE SMART CHOICE FOR HAIR RESTORATION



## Update on ASERF

By Robert Whitfield, MD



THE AESTHETIC SURGERY EDUCATION  
AND RESEARCH FOUNDATION

I hope everyone enjoyed their summer and had some time to relax with family and friends. ASERF activities continued for our Scientific Research Committee and Board of Directors as we continue to get submissions of new and innovative research projects to fund. With Breast Implant Illness (BII) and BIA-ALCL at the forefront of many of our member and patients' minds, we approved funding recently for, "Understanding Breast Implant Illness," by Dr. Jill Newby, a researcher and clinical psychologist based in Australia, "Systemic Symptoms: Biospecimen Analysis Study," by Dr. Patricia McGuire, and "Pilot Study to Identify a Genetic Predisposition to BIA-ALCL," by Dr. Terence Mykатыn. I am extremely pleased that our Foundation approved funding for these studies, and I look forward to their findings and potential publication in ASJ.

ASERF Board Members have also been involved in the discussions surrounding the development of the Surgeon App. Through surveys on the app, ASERF will be able to obtain data for research projects to further our mission.

Annual Membership dues notices for The Aesthetic Society and ASERF are sent out on September 1st each year. I encourage you to continue to pay your ASERF dues to maintain your membership or to join this year if you have not in the past. Both my ASERF and Aesthetic Society membership mean to me that I am part of a group of aesthetic plastic surgeons whose priority is the safety of their patients. I became a Member of ASERF in 2013, had the honor of joining the Board of Directors and continue to pay my dues annually because I am passionate about maintaining our research efforts and respect the work of those who came before me. Thanks to the dedication and generosity of our Members, ASERF is poised to fund research in areas such as BII and gluteal fat grafting that are of urgency for our members, patients and the FDA. When new challenges arise, ASERF leadership and committee members are dedicated to determining, as best we can, what sort of research will keep our Members on the cutting edge.



### THANK YOU MENTOR!

Mentor Worldwide, LLC graciously made a \$20,000 donation to ASERF in support of funding breast implant research. At a time when this type of research is so vital, we thank Mentor for their dedication to our patients and our research efforts. These funds will be put to good use!

Thank you in advance for continuing your membership with ASERF for 2020 and as a result, having an impact on aesthetic plastic surgery research, patient safety and outcomes and the advancement of our specialty!

*Dr. Robert Whitfield is an aesthetic plastic surgeon practicing in West Lake Hills, Texas, and serves as President of ASERF*

## Join the ASERF President's Circle

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

### To Join the President's Circle:

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

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

To learn more about making a planned gift or cash donation, please contact Ivan Rodriguez, [ivan@surgery.org](mailto:ivan@surgery.org) or 562.799.2356

### Thank You ASERF President's Circle Members!

Mark T. Boschert, MD  
Sepehr Egrari, MD  
Dr. and Mrs. Julio Garcia  
Dr. and Mrs. Joe Gyskiewicz  
Dr. and Mrs. Jeffrey Kenkel  
Luis López Tallaj, MD  
Dr. and Mrs. Dan Mills  
Susan and Steve Mollenkopf  
Dr. and Mrs. James Payne  
Qualcomm  
Dr. and Mrs. Luis Rios, Jr.  
Dr. and Mrs. Robert Singer

### Who will be next?





SKIN  
CARE  
2020

# Skin Care Education You Can Bet On

April 23–26, 2020

Mandalay Bay Resort and Casino  
Las Vegas, NV



SOCIETY OF  
PLASTIC SURGICAL  
SKIN CARE SPECIALISTS

[www.spsscs.org/meeting2020](http://www.spsscs.org/meeting2020)



## Education and Support for Skin Care Specialists

**A**s a board-certified plastic surgeon, do you have nurses, aestheticians, and/or skin care professionals who provide invaluable patient care, innovative procedures and revenue to your practice? Is continuing education for them and safety of their patients important to you and them? Are they Members of the Society of Plastic Surgical Skin Care Specialists (SPSSCS) yet? If not, visit [www.spsscs.org/membership](http://www.spsscs.org/membership) for membership details and to download the one-page application today!

SPSSCS provides evidence-based education on “hot topics” to skin care specialists working

in the offices of board-certified plastic surgeons. Our Members find that the networking opportunities during our annual meeting (held at the same time as The Aesthetic Meeting) lead to meaningful connections with other Members who become valuable support and trusted friends for years to come.

Skin Care 2020—Skin Care Education You Can Bet On! will be held at the Mandalay Bay Resort & Casino in Las Vegas, Nevada, April 23–26. Visit [www.spsscs.org/membership](http://www.spsscs.org/membership) for membership details or contact Lauren Todd, [lauren@surgery.org](mailto:lauren@surgery.org).

## Has Your Practice Been Yelped?—According to the Website The Hustle, Yelp Isn’t Doing so Great Either

### *Yelp Swaps Restaurant Phone Numbers with Grubhub’s to Boost Referral Revenue*

**A**ccording to a Vice report, Yelp is “screwing over” restaurants by secretly removing their direct phone numbers under the “Delivery or Takeout” tab and replacing them with Grubhub’s referral line to justify charging a marketing fee. According to the report, Yelp started prompting customers to call Grubhub phone numbers in October 2018 after the two companies announced a “long-term partnership.” But restaurant owners claim they were never notified of the switch.

### *What does it all mean?*

Grubhub offers a “marketing” service to restaurants, which includes being listed on the Grubhub platform, for between 15% and 20% of each order total—they call it a “referral fee.”

Basically, it’s free money. Also, the perfect swindle: If a customer is transferred to Grubhub (albeit unknowingly), why not opt to order through the company’s physical delivery service?

But, delivery through Grubhub bills yet another 10% fee to the restaurant. “It’s not fair because this is our customer who called directly into our restaurant,” says Mohammad Zaman, an owner of a Brooklyn kabab and grill house. “It’s a trick.”

### *Is it time to finally call a spade a spade?*

Earlier this year, Yelp avoided a *Blackfish*-esque takedown after snatching up the domain for the website *Billion Dollar Bully*, a crowd-funded documentary of the same name that takes aim at how the company extorts small business owners for advertising fees.

And Grubhub isn’t a stranger to the shade either: In June, *The Verge* reported that Grubhub bought as many as 23k domain names that resemble some of the restaurants on their platform in order to upcharge customers with commission fees.

While this issue relates to the food service industry, surgeons are not immune—it pays to watch your online reviews.



## Is it Time to Give that Useless 510K Device the SAC?

**A**h, 510K devices. “No downtime.” “Cash Cows.” “No adverse events.” “The one thing that will have patients lining up at the door.” All wonderful claims.

Of course, many of these devices do live up to their promotion and hold an important place in your armamentarium. Patients love noninvasive options. And often these procedures can turn a one-time visit into a regular and loyal patient.

But, let’s face it, many of these pieces of equipment don’t live up to their promises. For years members have searched for guidance, before leasing or purchasing equipment. Now, thanks to the Surgeon as Consumer product (SAC), you have it.

Based on a simple star rating system, SAC was created by members, for members. It lets you review your 501K device in a password protected, safe environment. You can even submit a review anonymously.

You can access SAC by logging onto [www.surgery.org/surgeonasconsumer](http://www.surgery.org/surgeonasconsumer) and entering your user name and password. There you will find reviews from other members and be able to submit your own. **Remember, SAC is a service exclusively for use by Aesthetic Society members.**

Help yourself and help others by reading and writing device reviews today!

## Share Your Stories!

Aesthetic Society 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.



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

The Advantage Provider Program was created to provide members with pre-negotiated special pricing on products and services, to enhance practice performance.

Each Advantage Provider is rigorously vetted, carefully selected and has agreed to uphold our strict ethical standards.

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



### ASAPS.CLOUD POWERED BY RONAN SOLUTIONS

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

For more information, please contact Ronan Solutions at 602.884.8330 or by email at [info@ronansolutions.com](mailto:info@ronansolutions.com).



Vizium360™ | RealPatientRatings™ doesn't just manage online reviews; our survey-based system helps your practice excel on all levels. Our doctors have an average of 243+ 5-star reviews, increasing consumer trust and online conversion rates, with an average of 94%+ patient satisfaction. In addition, our ReviewMultiplier™ program boosts content on the most popular 3rd party consumer sites and enhances your online reputation.

Vizium360™ | RealPatientRatings™ offers its reviews and feedback software at a reduced rate for Aesthetic Society members. 800.267.1228, extension 106 • [www.vizium.com/asaps-member-special-offer](http://www.vizium.com/asaps-member-special-offer)

WE ARE  
AESTHETICS.

The Aesthetic Society  
[www.surgery.org/ems](http://www.surgery.org/ems)





Apply for Active Membership  
Next Deadline January 5, 2020

## Membership FAQs

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

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

### Who may sponsor me for membership?

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

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

The two deadlines are January 5 and July 1.

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

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

### What will fulfill the meeting attendance requirement?

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

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

### 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 Aesthetic Society 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 Aesthetic Society Active/International Active or Life Member sponsor, and the other must be a member in a national plastic surgery society acceptable to The Aesthetic Society, or from an ISAPS member in their country.

For information on the full application process, visit the Medical Professionals section of [surgery.org](http://surgery.org).

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

## Membership Myth-Busters

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

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

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

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

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

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

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

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

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



## Increase Tax Deductions and Boost Retirement Savings with a Cash Balance Plan

By Jason M. O'Dell, MS, CWM, Carole C. Foos, CPA and David B. Mandell, JD, MBA

**A** Cash Balance Plan is a Qualified Retirement Plan (QRP) that can provide physicians with a way to increase tax deductions and simultaneously boost retirement savings. These types of QRPs are often overlooked but they are, in fact, a very powerful tax planning tool that many plastic surgery and aesthetic practices have yet to consider.

### **Cash Balance Plans: "Modern Retirement Plans"**

We refer to cash balance plans (CBPs) as "modern retirement plans" because their use has grown rapidly in closely held businesses, including medical practices, during recent years. CBPs are a solution for high income practice owners looking for tools that can provide them with significant short-term tax deductions, along with strong long-term economics.

With the new tax code specifically excluding physicians, attorneys, consultants, CPAs and others from some of its most powerful tax benefits, we would not be surprised to see more of these types of businesses looking to implement CBPs in the coming decade. A CBP is truly one of the few remaining substantial tax tools for 2019 and beyond.

Also, for those whose income puts them above the new tax code's qualified business income (QBI) threshold limits, CBPs can be a tool to reduce taxable income enough to qualify for the QBI deduction, creating one deduction that leads to a second deduction.

### **Cash Balance Plan Basics**

In a CBP, a participating employee will have access to a certain sum upon reaching retirement. Let's use \$100,000 as an example. In order to get to \$100,000 at retirement, the plan assumes a combination of employer contributions and compound interest over time. When the employee retires, he or she can take the \$100,000 either as a lump sum, or as an annuity that pays a portion of the \$100,000 in periodic payments.



Each participant's account balance grows annually in two ways:

#### **Benefit Credit**

The benefit credit is a percentage of pay or flat dollar amount that is specified in the plan document. The credit is often class-based, so that higher dollar or percentage amounts accrue to owners/partners; lower dollar or percentage amounts to staff. This, as one would expect, makes the CBP ideally suited for businesses and medical practices.

#### **Interest Credit**

The interest credit is a guaranteed rate of return specified in the plan document that is typically tied to federal long-term interest rates or set at a fixed rate around 4 percent. The interest credit is not dependent on the plan's actual investment performance, but the plan's investment portfolio should be structured to attempt to perform in line with the anticipated crediting rate.

#### **How Cash Balance Plans are Similar to and Different from Traditional Defined Benefit Plans**

CBPs are like traditional defined benefit plans in terms of the funding and reporting requirements. Minimum funding standards

apply; there is a minimum annual employer contribution that is reported on the CBP's tax form 5500. An actuary is required to calculate this contribution amount using a reasonable actuarial funding method and actuarial assumptions specified by the IRS. The employer can decide to contribute an amount between the minimum funding requirement and the maximum permitted deduction but should attempt to fund to the actuary's recommended contribution level in order to meet the plan's current benefit liability.

On the other hand, CBPs are different from traditional defined benefit plans that promise a specified monthly benefit amount at retirement (i.e., 3 percent of pay per year of employment, payable at the retirement age of 67). CBPs define benefits in the form of an account balance, rather than a periodic amount. This can be helpful because employees always understand what they are entitled to under the CBP, since it is a specific amount. Owners and employees both know what is going into the plan on their behalf, and what will come out when they leave.

*Continued on Page 47*

## Increase Tax Deductions and Boost Retirement Savings with a Cash Balance Plan

Continued from Page 46

### Cash Balance Plans Work Well with 401(k)s

CBPs are not mutually exclusive to 401(k)s. In fact, a medical practice can typically utilize both types of plans simultaneously. Because many plastic surgery and aesthetic practices already have 401(k) plans in place, physician owners often consider “layering in” a CBP on top of their existing 401(k).

### Main Benefits of CBPs

There are four compelling reasons why medical practices are interested in CBPs:

#### 1. Significantly increased deductions for plan contributions

In 2019, 401(k)s are subject to maximum deductible contribution limits of \$19,000, with profit-sharing plan limits at \$56,000. (The catch-up contribution for those over age 50 is an additional \$6,000 annually.) These limits will increase slightly each year. Properly structured CBPs, on the other hand, can allow business owners to make tax deductible contributions of \$200,000 or more, potentially saving them \$80,000 to more than \$100,000 in income taxes annually.

#### 2. Additional Costs are Much Less than Additional Tax Savings

CBPs usually involve higher annual administration costs and higher employer contribution amounts for employees than 401(k)s and/or profit-sharing plans. Nonetheless, the tax savings typically dwarf these additional expenses, making the CBP extremely attractive.

#### 3. Possible Second Level of Tax Deduction

For those whose income puts them above the new tax code’s qualified business income (QBI) threshold limits, CBPs can be a tool to reduce taxable income enough to qualify for the QBI deduction, creating one deduction that leads to a second deduction.

#### 4. Greater Access to Top (+5) Asset Protection Level

As an exempt asset under federal law and most state laws, ERISA-qualified QRP’s are protected at the highest (+5) level. Unless a CBP is put in place for only one owner, with no other employees, this ERISA protection will usually also apply to the CBP. With larger contribution levels

allowed in the CBP, this means more wealth can be protected in the CBP than in most other QRPs.

### How a Cash Balance Plan Can Create Two Deductions for the Price of One

Earlier we mentioned that, for those whose income puts them above the new tax code’s qualified business income (QBI) threshold limits, CBPs can be tools to reduce taxable income enough to qualify for the QBI deduction even if taxpayer’s business is a specified service trade or business. In this way, the CBP can create one deduction that leads to a 2nd deduction. Let’s look at an example in the chart below.

### Conclusion

Cash Balance Plans are powerful planning tools that provide larger contributions than the QRPs most medical practices use today. CBPs can be attractive to practice owners who are looking for greater tax deductions, asset protection, and superior retirement savings. The authors welcome your questions.

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David B. Mandell, JD, MBA, is an attorney and author of more than a dozen books for physicians, including “*For Doctors Only: A Guide to Working Less and Building More*.” He is a

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	Before Cash Balance Plan	After Cash Balance Plan*
QBI	\$585,822	\$300,000
199A Deduction	\$0	\$60,000
Total Taxable Income	\$585,822	\$240,000
Federal Income Taxes	\$177,118	\$60,086
Difference in Federal Income Taxes**	—	\$117,032

\*CBP contribution in year 1 of \$285,822

\*\*Adding a cash balance plan reduces federal tax by 66%





# PRACTICE SOLUTIONS

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## The Rise of Hyper-Personalization

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

If you have ever received a marketing email that started out with your name in large letters or seen an advertisement for something you just searched for a few minutes prior, you have been on the consumer end of personalized marketing.

Personalization is an essential part of a successful marketing strategy; according to a 2018 survey from Evergage, a company that focuses on real-time marketing personalization, 90 percent of participating marketing organizations said their audience expects a personalized experience, while 74 percent claim personalization has a “strong” or “extreme” impact on successfully reaching priorities like improving customer experience and a better understanding of their consumers.

While personalized marketing has become the standard for effective marketing in the past decade, consumers are becoming increasingly sophisticated in their web searches and usage. From this sophistication, a largely untapped market for hyper-personalized consumer experiences has been created.

### What Is Hyper-Personalization?

Hyper-personalization, at its core, is about building a relationship with potential customers to increase the likelihood that they will sign up for a service. Rather than focusing on optimizing conversion links, the focus is, instead, on meeting that customer's unique needs—answering their questions, suggesting solutions to problems, etc. It also means offering them content that is tailored to their demographics and habits.

### Hyper-Personalization in the Plastic Surgery Industry

Personalization marketing is driven by user data: their habits, searches, interests, purchases, schedules, etc. all create specific profiles for each user. The trick is to analyze that data and create an experience tailored to that user.

Let's say on a Friday evening, a 35-year-old man searches “how to hide excess skin after weight loss” from his mobile phone in downtown Los Angeles. He may have just been looking for fashion tips and had no idea that plastic surgery was his best option to get rid of excess skin. After making his search, though, he is presented with a blog titled, “How to show off your fitness results after



weight loss” from a plastic surgeon less than 10 miles away. He clicks the link, intrigued by the article's ability to solve his problems.

Unfortunately, he gets a call and doesn't come back to the article that night. While not ideal, this sort of distraction happens all the time, but it isn't the end of the relationship between the plastic surgeon and the potential client. The next evening, while scrolling through his social media feed, he sees an ad for the same blog he forgot about the previous night.

This time, he reads the article thoroughly and examines the accompanying before and after photos (optimized for mobile reading) of other men who all had the same problems he had. The blog links to a tummy tuck procedure page, where he can get an overview of what to expect. That page links to a contact page, and having built a relationship with the author of the blog, he decides to fill out the contact form for a consultation appointment.

A few months later, he was so excited by the final results of his tummy tuck that he sends the blog to a few friends from the gym whom he knows have similar problems with excess skin. This is the power of hyper-personalization marketing: every part of the funnel between the potential customer and the business was directed at solving his specific needs.

### How Successful Has Hyper-Personalization Been?

A research-based marketing company called Ascend2 conducted a 2018 survey that found 36 percent of participating companies

considered a hyper-personalization strategy to be a very successful way of achieving marketing priorities, while 50 percent of the same group considered their strategy to be somewhat successful.

According to *Our World in Data*, worldwide internet usage has grown from 413 million in 2000 to 3.4 billion in 2016. As web usage continues to grow, so too will the amount of content people are able to access. Hyper-personalized marketing is the only way to differentiate yourself from the rest of the competition and the only way to ensure you are reaching the most potential clients in the market.

Vague marketing strategies targeted at large demographics without any strategic thought may land you plenty of initial views and visits, but all of that attention will have zero value when only a minuscule portion of those people are converted into actual patients. The best approach in the current landscape is to take advantage of hyper-personalization strategies: build customized content, create strategic campaigns, understand who your customers are, and then watch as patient growth soars.

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





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## Leveraging Data to Maximize Your Brand Value

By Melissa Schmidt, M.Ed, and Barry Fernando, MD

**A**s aesthetic surgeons, you began the process of building your “brand” the moment you opened the doors of your practice. While “brand” and “branding” are powerful buzzwords, it’s not always easy to accurately evaluate what yours looks like, how strong it is, how well it’s supporting your business, and whether it could be improved. Your brand is what motivates patients not only to seek you out, but to trust you enough to book your services. But what makes a brand? And how do you translate yours into a “bottom line?”

That brand you’ve constructed—and how it’s perceived—is a foundation made from many bricks, including: the quality of your work; your training and certifications; your bedside manner; your unique technical and surgical skills; your specific procedure and product offerings; your reputation amongst your patients, with your peers, and in the business community; your web-based ratings and feedback; your social media presence; your local, national, and international marketing presence (including your website and logo); and your practice’s personnel. Obviously, there’s a subtle interplay between many of these factors, and they influence the strength and attractiveness of your brand in qualitative—but not always easily quantifiable—ways.

Harkening back to the beginning of this article, if we are defining a “brand” as the individual combination of factors that makes patients book services with you in a luxury market where they have no shortage of choices, the path to evaluating your brand using quantifiable data becomes clearer: it can be done through careful examination of your quote and invoicing patterns, a benefit of membership we’ve been offering you for more than two years on the Aesthetic Neural Network (ANN).

Now, what if you are nearing a point in your career at which you’d like to consider selling your practice? Or what if you’d like to join an existing group, create a new group, or hire a future partner? Sadly, many aesthetic surgeons who have spent an entire career establishing and improving their brands have faced a situation in which the process of practice valuation, which is traditionally based

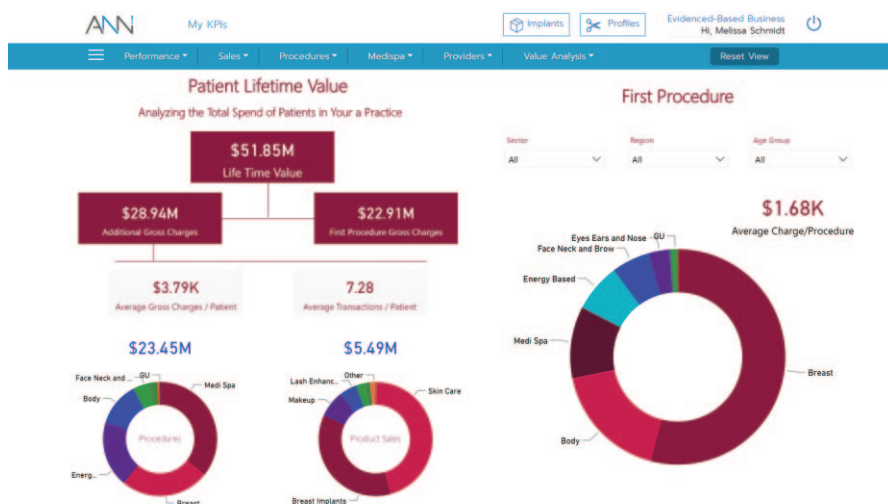


Figure 1

on profit and loss (P&L) analysis, devalues the complex concept of branding to a “patient goodwill” line item. In an effort to enhance the applicability of ANN to surgeons at all phases of their career, rather than just those trying to grow their practice footprint, we’ve added a new set of reports to help well-established surgeons play the “long game.” (It’s worth noting that this same data is presented throughout the original four ANN Dashboards and our 20 new Key Performance Indicator [KPI] reports in a way that also helps surgeons who are active in practice and playing the “short game,” so to speak. We suggest they approach and evaluate their data based on the four “Ps” of an aesthetic surgery business: Practice, Procedures, Patterns, and Providers. We included detailed suggestions about those topics in the last issue of ASN.)

The Aesthetic Society works with Ronan Solutions to achieve accurate data collection and storage for all of the practices on ANN; then, we use a variety of programs to achieve a transformation and presentation of your data that shows simple, straightforward, relevant analysis of your practice. For well-established surgeons looking for a specific number that represents their practice sale value, understanding longitudinal production metrics—in other words, repeated collection of specific metrics over time that measure

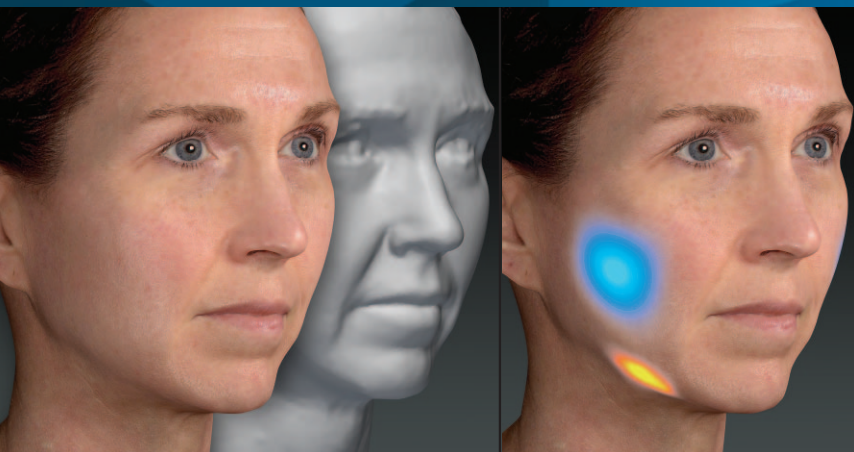
achievement and improvement (and therefore value)—will be key.

So, how about some specifics? Inside ANN, your longitudinal, “intrapractice” metrics are most easily visualized on our 20 Key Performance Indicator reports, some of the numbers on which can then be cross-referenced through our 4 original Benchmarking Dashboards, which contain “interpractice” numbers from an average of your colleagues. Any valuation of your practice—at any time during your career, for any purpose—should include some type of Customer/Patient Lifetime Value analysis; prior to ANN, this was very difficult to quantify, as we’ve discussed throughout this article. To find it using ANN, you (and your accountant, practice manager, or business analyst) would follow a path that looks something like this: First, you’d visit your KPI list, and find the Patient Lifetime Value report in the Value Analysis section. (Figure 1) This report includes a total of all available data in your practice management system, back to the year 1999, if applicable. In, this example, it would show that your patients spent a total of \$51.85 million with you over the life of your practice: \$22.91 million on their first procedures, and \$28.94 million on

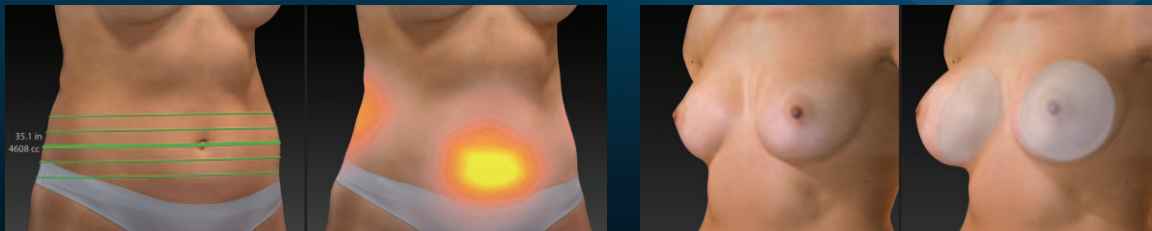
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## Leveraging Data to Maximize Your Brand Value

Continued from Page 51

subsequent treatments. Right away, you can see a significant amount of brand loyalty, because your patients returned to your office frequently—in fact, spending more money than they spent with you initially—for both surgical and nonsurgical interventions.

Next, you'd visit your Benchmarking Dashboards, and find your Return Patients report. (Figure 2) This report shows data about patients who have returned to you over time for a different procedure than what they presented for initially, and it helps capture how many of your patients you are not only retaining, but converting. Again, this is an excellent signifier of brand strength and customer loyalty. Using the Dashboard filters to ensure that you were analyzing all patients over all time, you'd see (among other things) that your total gross charges for return procedures is \$12.5 million, 189% higher than the average competitor. Your number of return procedures is more than 300% higher!

Last, you might visit your KPI reports again, to glance at your Retail Sales report (Figure 3). Filtering this report to include all of your data (all time), you'd see that you've sold over \$4 million in products. While ANN doesn't yet have a corresponding Benchmarking Dashboard to analyze your competitors' product sales, this can still become a part of your practice valuation equation.

Using this information, you could clearly and simply quantify your Customer/Patient Lifetime Value as part of any practice valuation analysis: "Dr. Smith's number of return procedures per patient is 3 times higher than the average aesthetic surgeon on ANN. She has collected 189% more in gross charges per return procedure than her colleagues. Her Customer Lifetime Value, calculated by adding total gross charges for the first procedure to total gross charges for every subsequent procedure, is \$51.85 million over the life of her practice. Add to that more than \$4 million in product sales." Having a quantifiable report of not just your P&L, but your patients' loyalty and trust in your brand, is priceless—or rather, irreplaceable during the process of valuing your invaluable practice for sale. In fact, we recommend calculating these numbers annually, perhaps in December of each year, to

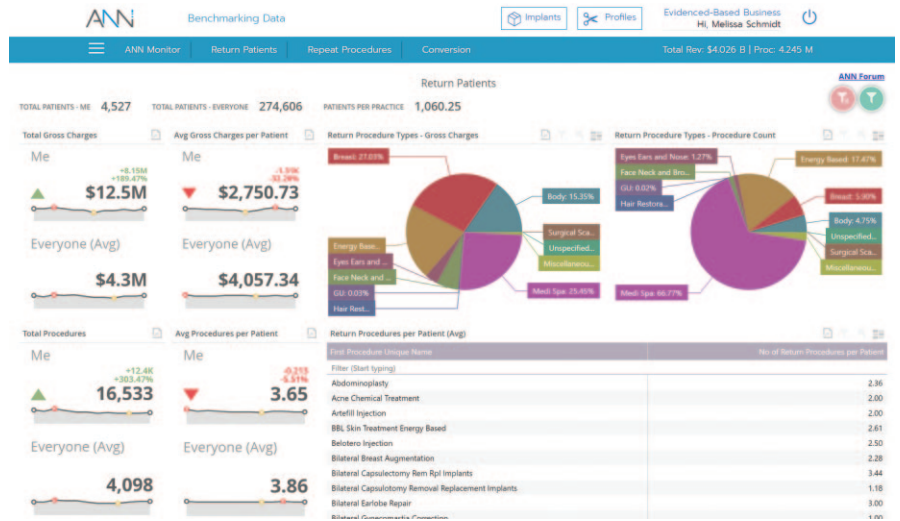


Figure 2

see how your practice value has grown. If you're in the prime of practice, you can then use ANN to take a closer look at where the growth is occurring, and decide how best to support and enhance it the next year.

This is one small example of how ANN can help you solve one of the many complicated equations that are a standard part of running your aesthetic business, no matter your stage and phase of practice. Just as you practice Evidence-Based Medicine in the operating room, we strive to bring Evidence-Based

Business to your office, streamlining and simplifying many of the challenges you and your staff face in a competitive environment. Let's work together to put a number on your brand!

For more information about ANN or how to calculate your Customer/Patient/Business Lifetime Value, visit [ann.surgery.org](http://ann.surgery.org) or contact [melissa@surgery.org](mailto:melissa@surgery.org). ANN remains a free member benefit for domestic Aesthetic Society Active Members with an eligible electronic practice management platform.

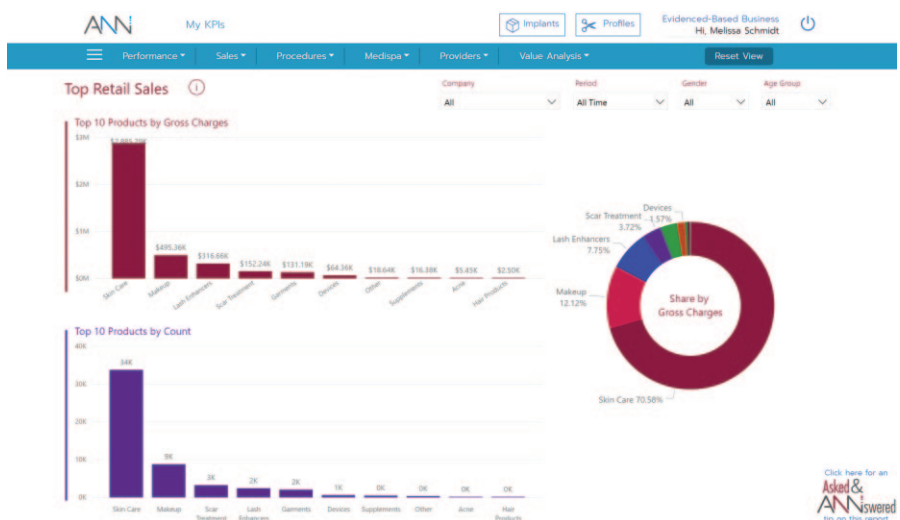


Figure 3

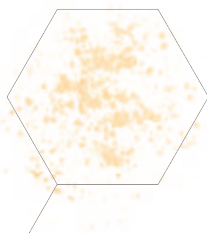


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## Best Practices for Ending the Year on a High Note Q4 Strategies to Maximize Profits

By Wendy Lewis

**W**e've waved so long to summer and Thanksgiving will be here before you know it. So, there is a narrow window to meet your goals till the end of year and it starts NOW.

You still have time to plan for October through December, which in many practices can be the busiest and most profitable months of the year.

For example, if building a whole new website for a group practice is on the list, you may need to push it to January due to an unrealistic timeframe. Review or create your goals for the quarter and construct a timeline to achieve them. Make sure to build in time to manage the unexpected and aim to keep your goals realistic. If your targets are more aggressive than previous quarters, you may be setting your team up to fail. You may want to add one or two initiatives that could be a reach, just to keep everyone on their toes and see if they can nail it by New Year's Eve.

This is not the right time of year to reinvent your brand. Rather, try to focus on what you do best, what you enjoy doing most, and what drives profits. Time has a funny way of getting away from you around the holidays, so it is smart to get things done before the first signs of angels and menorahs hit store windows.

Look back to see what worked well for previous holiday seasons. If the 'Cool Yule Facial Renewal' package was a big seller, revisit it but add a new twist. If your 'Filler Fest' program (for example, 30 units of toxin with two syringes of filler, or 30% off the second syringe of filler at the same time, etc.) kept your injectors busy, give it another go this year.

Think about other local events and collaborations you can tap into that include an opportunity to educate an audience on the latest trends in aesthetics, such as a healthy skin panel with non-competitive colleagues or a series of spa chats.



Create a compelling reason to get in front of your most valued patients, partners and colleagues to thank them for their loyalty and business in a relaxed rather than a hard sell way.

### *Holiday Themes*

- Hold an open house in the fall inviting your VIP patients and their friends and family just to socialize.
- Host an event with a like-minded but non-competitive business in your community to cross promote and generate awareness.
- Holiday event themes may include:
  - Fall Back to Beauty
  - XYZ Plastic Surgery Pamper Party
  - Cocktails & Candy Canes
  - Merry Little Christmas Bash
  - Winter Wonderland
  - A November to Remember
  - Mistletoe Makeovers

Think about other local events and collaborations you can tap into that include an opportunity to educate an audience on the latest trends in aesthetics, such as a healthy skin panel with non-competitive colleagues or a series of spa chats. Invite a special guest, such as a makeup artist, popular hair stylist,

sommelier, personal chef or yoga instructor to add something unique and interesting for attendees and drive attendance. Serve a special drink on trays, such as prosecco with raspberries or a smoky cocktail in a glass with your brand's colors. Each guest should leave with a goody bag. These social activities can serve as no pressure ways to catch-up with patients and colleagues who refer patients, and to keep your services and products top of mind.

Make sure each holiday is marked and has a reminder. These include the obvious; Thanksgiving, Christmas, and New Year's, but you may also add Hanukkah and Kwanza, which may also be relevant to your patients. Set aside enough time to prepare seasonal content for each special date to promote your practice via email blasts, invitations, and social media campaigns. The more you plan ahead, the better results you can achieve, and it leaves more time to change course if your plan is not performing as well as expected.

To make the most of the holidays, special offers are always welcome, especially since your patients are already bombarded by every

*Continued on Page 57*

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## Best Practices for Ending the Year on a High Note

Continued from Page 55

This is an ideal time of year to connect with your patients in an authentic way and make them feel very welcome. Your team's efforts can pay off nicely, especially since January is right around the corner.

online and brick and mortar retailer on the planet. Black Friday and Cyber Monday are a chance to boost sales by bundling skincare products with treatments and offer select lower priced services that can be performed by physician extenders. Your vendors and sales reps may help out with the cost of an event or offer to host an event for your patients. Consider branding a special holiday treatment just for the season like high end spas do. For example, add a pumpkin scrub to a peel treatment, or come up with a combination therapy package and call it a "Party Prep." These make Insta-worthy moments, so you may encourage patients to share their experiences in your practice on their own channels, that is if they desire. Create a hashtag for your patient-focused events, such as #PartyPrep2019 or #JKAestheticsHolidaze.

Show patients your appreciation by giving them a festive gift. This could be something as simple as a book, gift certificate, scented candle, chocolates or cookies, skincare in a kit, or a branded makeup case. A donation in their name to your favorite charity that has a connection to your practice shows your compassionate side, such as Operation Smile or a Breast Cancer Research charity. The gift should be wrapped in a pretty branded bag so it looks special.

Note: Check out the regulations for gift certificates in your state as rules apply, such as gift cards cannot expire within five years from the date they were activated. This will avoid any surprises when a patient shows up with a gift certificate 5.2 years from now.<sup>1</sup>

Serve up some treats from your favorite local shops to serve when patients arrive for appointments during the season. Try a signature spiced apple cider or mulled wine to get guests into the spirit of the season. These

little touches can encourage patients to spend more time in your facility and to feel like you are celebrating with them.

Send a personalized email sharing your practice milestones of the year with a compilation of photos or a video and thank your patients for being a part of your practice. Keep your practice looking festive to get into the holiday spirit. Add some décor to the waiting room and patient areas, write a blog about how to enjoy holidays in style, create a holiday themed gift card, use a special holiday shopping bag for product sales, add a pretty bow or use red or gold tissue paper for the season. Brighten up product displays to transform your practice into a holiday mecca. Create shelf talkers to highlight the most popular skincare gifts you want to promote.

This is an ideal time of year to connect with your patients in an authentic way and make them feel very welcome. Your team's efforts can pay off nicely, especially since January is right around the corner. Patients often put off bigger procedures until the new year to live up to their beauty resolutions or save their holiday cash to get the gift they really want; cosmetic enhancements.

### *Prepare for the New Year*

During this final period of the year, try to close any lingering details or projects that need to be dealt with to position your practice for success. As a reminder, December is the best month of the year to buy capital equipment so if you have been eyeing a new non-invasive body system or picosecond laser, mark your calendars. Most importantly, your comprehensive marketing and social media calendar should be in place and ready to implement by January 2nd to make the most of 2020.

1. <http://www.ncsl.org/research/financial-services-and-commerce/gift-cards-and-certificates-statutes-and-legis.aspx>

Wendy Lewis is President of Wendy Lewis and CO Ltd, [www.wendylewisco.com](http://www.wendylewisco.com), Editor in Chief of [www.beautyinthebag.com](http://www.beautyinthebag.com), and author of *Aesthetic Clinic Marketing in the Digital Age* (CRC Press, 2018). Her next book, *Growing an Aesthetic Surgery Practice: A Roadmap for Success*, will be published by Thieme in 2020. [wl@wlbeauty.com](mailto:wl@wlbeauty.com)



## PRACTICE SOLUTIONS

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### *Solve Your Practice Pain Points*



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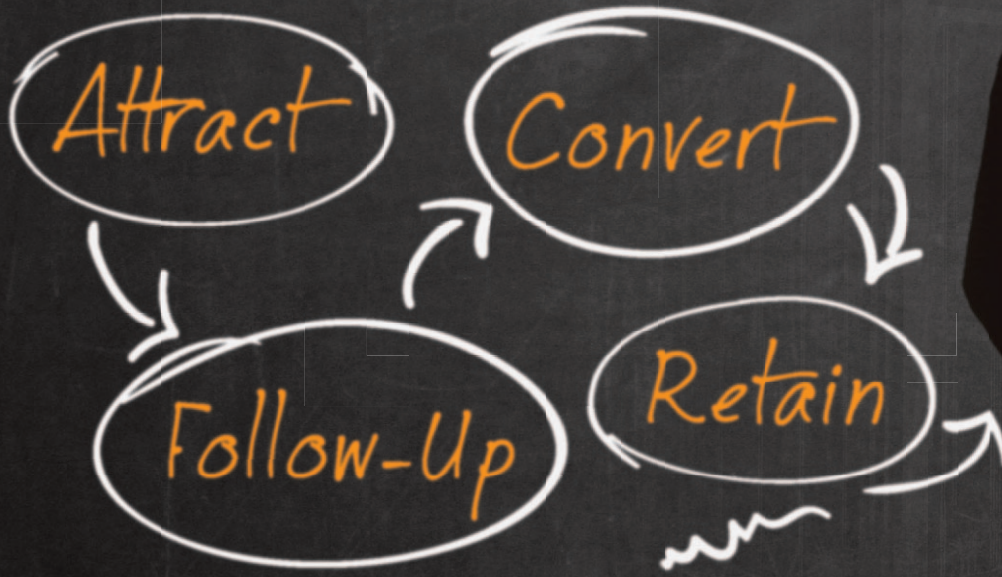
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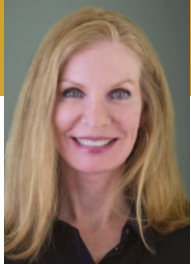
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## The Top 5 Money Makers in Your Practice

By Catherine Maley, MBA

**T**here are 5 and only 5 essential money-making operations that occur in ANY successful plastic surgery practice.

If you miss *any* of these 5 key elements, you're leaving a lot of money on the table—often several HUNDREDS of thousands of dollars.

However, the reality is that most practices focus on ONE area only (instead of all five) and that is hurting them and they don't realize it.

If YOU focus your time and energy on these five areas, you will make more money than ANY of your competitors, and with less effort.

Here are the 5 key areas to focus on to win:

1. Lead generation (making the phone ring)
2. Converting callers into appointments
3. Converting appointments into procedures
4. Encouraging these patients to come back so they experience (and pay for) more of your procedures and treatments
5. Building an army of raving fans who refer you to their friends.

Think about it. Don't a majority of your surgeries come from word of mouth referrals and from existing patients coming back for more?

So, the biggest problem holding you back is your narrow focus on "getting more leads." You might be throwing a ton of money at SEO, google adwords, social advertising and directories OR you're spending a ton of time creating content for your Instagram and Facebook followers.

Yes, it's exciting to get lots of leads and comments but here's the kicker... *Leads are only one part of it.*

These leads need to be converted because if you can't monetize these leads, then you're throwing money down the drain.

However, if you KNOW how to monetize the leads through the other 4 key elements mentioned above, then you can run circles around your competitors and even CRUSH them.

Here's an example:

- Let's say *your competitor* is spending \$1,000 per month on PPC. For this amount he gets 10 people to call. Most of the PPC leads are

"price shoppers," so let's say he converts 4 out of 10 into an appointment. Only two of them show up, and only ONE of them is getting a procedure for \$800. Your competitor doesn't follow up with the leads, so they are lost. This means he makes \$800 from the 10 leads, and he spent \$1,000. Does that sound familiar?

- Let's say *YOU* are spending the same \$1,000 per month on PPC. You also get 10 people to call. However, your staff has a proven sales script that gets you SIX appointments (instead of 4 like your competitor). All of these SIX are excited to see you, so all of them are showing up for a consultation. You close 3 of the 6, and you're offering the SAME procedure for \$800. You make \$2,400 on the initial call. However, you have a proven system in place, and over the next few weeks you systematically follow up with the remaining 7 leads that did NOT book a procedure. Through systematic follow up you're getting 1 more patient out of the remaining 7, bringing your total revenue to \$3,200. You upsell your 3 new patients on skin care or more Botox, and you earn an additional \$500. In addition, you get 2 more reviews from them, and 1 out of the 3 new patients refers a friend. The friend does the same procedure for \$800, so your total revenue is now \$4,500 for the \$1,000 you spent on PPC.

Let's compare: Your competitor made \$800 on a \$1,000 investment, and you made \$4,500 on a \$1,000 investment.

So what do you think your competitor is doing next? Probably "testing" PPC for a few more months, getting increasingly frustrated that he's losing money and then moving on to another marketing strategy that sounds interesting.

And what will YOU do? Since you're make \$4.50 on each \$1 that you spend on PPC, you will spend as much money as possible,

constantly tracking your results to ensure that you're getting the same return on your investment and within a few months you will DOMINATE your zip code while your competitors are still fiddling around with the next shiny object strategy that comes their way.

Do you see how focusing on a plan that includes all 5 money-making operations makes all the difference in your revenues?

Before you write off a certain marketing strategy, look carefully at your results to determine where the breakdown is since there's a chance it's not what you think.

Ask yourself: How quickly do we respond to these leads? Can our receptionist convert our callers to appointments? Is our coordinator equipped to convert our consultations to paid procedures? Do we have a plan in place to encourage our patients to return, refer and review?

If not, what is that costing us?

Attracting new cosmetic patients online has become a big expensive challenge for surgeons like yourself so it's time to fight back by having your operations in tip-top shape as diagramed above.

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

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

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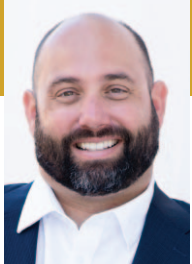
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1. Preclinical data on file; results may not correlate to clinical performance in humans.
2. Deeken, Corey R., and Brent D. Matthews. "Characterization of the mechanical strength, resorption properties, and histologic characteristics of a fully absorbable material (poly-4-hydroxybutyrate-PHASIX mesh) in a porcine model of hernia repair." ISRN surgery 2013 (2013).
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## How Much Should SEO Cost?

By Keith Humes, CEO Rosemont Media

**W**hat is the right amount to spend on SEO services for your practice's website? The truth is, it really depends on the competitiveness of your marketplace and who you're working with. Ultimately, *when it comes to the cost of SEO, you should be seeking out the best possible service, not the "best deal" or lowest price.* Cutting corners and costs for your SEO budget is almost certainly going to mean you'll see little to no results (or possibly end up hurting your rankings).

### Consequences of "Cheap" SEO

Avoiding low-cost SEO is wise for some of the same reasons you would advise against a patient seeking discounted surgeries or treatments—it is likely to be performed by someone who is not qualified and/or not as thorough as they should be. It's one thing to forfeit measurable results due to a subpar SEO strategy, but the more distressing possibility is drawing a Google penalty from questionable marketing tactics. When a "discount" SEO provider tries to fulfill unrealistic promises made to clients with underhanded tactics, Google can blackball your website, resulting in lost organic search rankings, website traffic, and potential revenue.

Another thing to keep in mind is that low-cost digital marketing companies are often inundated with a high volume of clients, making it impossible for them to establish a long-term relationship with those whose websites they manage. This gives them little incentive to create a high-quality product for the clients they serve, and also makes it easier for them to avoid accountability if and when mistakes are made. By the time you've decided to cease contact and terminate services, they're already focused on the next batch of business at their doorstep.

To help ensure you're paying the right amount for the right services, we've provided some helpful information to guide you along:

#### 1. Get a clear strategy

Your SEO provider should be transparent with you, allowing you to understand exactly what they're offering and why. *Be wary of SEO firms with low or severely discounted prices and big promises—you're likely being swindled,* so be sure to keep an eye out for any



questionable SEO tactics. No SEO company can guarantee instant results or a #1 spot on Google without employing shady black hat tactics that will ultimately hurt your rankings in the long run.

#### 2. Ensure their service is as comprehensive as it should be.

Google now uses at least 200 ranking factors, and their algorithm is constantly changing. If you purchase a "fix it and forget it" style of SEO, you can bet that as the ever-changing world of SEO evolves, your site is going to be left behind in the dust. If you opt for the company offering a discounted rate, they likely won't be taking the time to constantly monitor and address how your site is complying with each of the ranking factors on Google's continually developing list. You're better off working with a marketing company that offers more customization and attention to detail.

#### 3. Avoid proprietary systems.

When investigating SEO prices (much like when deciding how much you should pay for a website), it is important to be aware of any proprietary products or systems that will be used. If everything is owned by the SEO company you are considering, you'll be left with nothing if you ever decide to part ways.

#### 4. Know quality when you see it.

A good SEO firm will be able to prove their worth by showing examples of how they've helped other healthcare practices succeed and will likely have positive reviews from their

clients. Finding the SEO company that's right for you can be a lot easier if you know what to look for—an open and honest company that demonstrates a strong ability to help others succeed while avoiding outdated and deceitful tactics. Once you find a good fit, you can be sure the price is right.

#### 5. Be aware of your marketplace.

Remember that the size and competitiveness of your marketplace can be a factor in pricing for your SEO services, which can also impact how aggressive your SEO strategy needs to be. If your office is up against a ton of other similar practices in your area, a more aggressive SEO strategy is highly recommended in order to see results.

#### Questions?

If you're still unsure about how much you should be paying, we can help. Our friendly and experienced consultants can walk you through pricing information to help you better understand what goes into the cost of SEO services and help you find a budget that's right for you. Contact us at [info@rosemontmedia.com](mailto:info@rosemontmedia.com)

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

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## Short Answers to Short Questions

By Bob Aicher, Esq.

**S**ince 2011, I have received 810 questions from our members. It can take a while getting to the heart of the matter, but once I know the backstory, I provide complete answers. Here I am providing in digest form short answers to questions I am often asked.

**Q. Can patients demand to see their charts?** Yes. Some states require you provide patient access within 24 hours, at least to inspect the records. You have more time to make copies, however, you can usually charge, and you should provide copies in the same format you keep the originals.

**Q. Can I provide medical records to defend a chargeback?** Yes. HIPAA specifically allows you to reveal protected health information to get paid, but don't over share. Just provide enough to justify your charges.

**Q. Can I charge my patient who cancels surgery?** Yes, provided your paperwork says so. Modest booking fees are routinely nonrefundable, and sliding scale charges, up to 100% of the total quote for cancelling within 1 week of surgery, have won in court.

**Q. Is it ok to send patient photos by text or email?** It's ok for your patient to send you photos, but it's risky for you to do the same without the patient's written permission, which you should get as part of the patient's informed consent paperwork.

**Q. Are black bars over the eyes enough to post photos without written consent?** No. Black bars provide no more anonymity than Superman donning black glasses to become Clark Kent. If you post without permission, the test of anonymity will be whether the patient is recognizable, even to spouses. Black bars won't cut it.

**Q. When patients don't speak my language, or are deaf, do I have to pay for an interpreter?** Yes. Your office is a place of public accommodation, even if you only provide aesthetic services, so the ADA requires that you pay and absorb the cost as office overhead.

**Q. Is it ok to thank reviewers online?** Yes, but keep it short. Gushing is undignified.

**Q. Is it ok to thank reviewers with gift cards?** No, unless your reviewers state up front they were compensated for their reviews, in which case the Federal Trade Commission says it's ok.

**Q. Is it ok to thank referring patients with gift cards?** No, that's a referral fee, prohibited for doctors. However, if you give both the referred patient and your referring patient a discount on future services, now it looks like advertising.

**Q. Can I use silicone implants for aesthetic augmentation in my 21-year old patient?** Yes. FDA says silicone implants are indicated for aesthetic patients 22 years and older. Placing them in under 22 patients would be a legal, off-label use, which FDA recognizes as the legitimate practice of medicine. However, you should get informed consent to do so, because if anything goes wrong, the lack of FDA approval will harm your defense.

**Q. Is it ok to charge my cosmetic price if the patient's insurer denies coverage?** Yes, though patients sometimes convince their carriers post-surgery to cover the procedure. When they do, you will have to return the cosmetic fee to the patient and settle for the insurance reimbursement, or you'll be in breach of your provider contract.

**Q. Can I refuse to do a vampire facelift on an HIV positive patient?** Yes, but not because they're HIV positive. Any refusal will have to be for non-discriminatory, medically valid reasons.

**Q. If I accidentally delete some files, do I have to tell the affected patients?** No. Loss or destruction does not constitute an unauthorized disclosure mandating your confession. Of course, if something goes wrong and the patient sues, not only will it be difficult for you to mount a defense, but you might get in trouble with your medical board for not taking adequate care to safeguard patient records for the required number of years.

**Q. Can I buy extra product and sell it to a colleague?** No. Unless you are a distributor, reselling product will violate your contract as a purchaser.

**Q. Can I advertise a discounted price for plastic surgery?** Yes, as long as you have recently offered the same service at full price. Also, make sure you mention any hidden fees.

**Q. As an expert witness, how do I know what is the local standard of care?** Due to nationally available continuing medical

education, there is no local standard of knowledge. There will be a local availability of practitioners and technology, however, as well as geographical realities that will support medical decisions otherwise unsupportable in urban settings.

**Q. Can I offer aesthetic services on Groupon?** Yes. Groupon is neither fee-splitting nor a referral service. Instead, it is advertising, so make sure your offer isn't false, deceptive or misleading, and that any limitations to your offer are spelled out in the fine print.

**Q. Should my nurse practitioner have his/her own insurance?** Yes, but only if your state gives your NP prescribing and practice independence. If your NP is closely supervised, then your own malpractice policy already provides coverage, and a second policy will be money wasted as well as an opportunity for two carriers to point the finger at each other.

**Q. Are there any problems with my accepting an offer to be the medical director for a local aesthetic spa?** Yes. Medical directorships come with a huge risk of liability claims for inadequate records review, inappropriate delegation, lack of medical supervision, and aiding and abetting the unlicensed practice of medicine. Handle these issues first, then see if it still looks like easy money.

**Q. Is my malpractice carrier's release ok to use to settle with a patient?** Yes, provided it releases not just you, but your staff and any other doctors or medical personnel involved in the patient's care. It should also include a confidentiality/no blogging clause. You don't want her taking your money, then suing your partner and trashing all of you on Yelp.

**Q. Should I tell my Jevue patients I own stock in Evolus?** Yes. If something goes wrong, any undisclosed financial relationship will look like you put your pocketbook before the patient's best interests, an easy win for the patient's lawyer.

**Q. Can I share my patient's medical records with her ex during their divorce?** No. You will need either the patient's written permission or a records subpoena, even if the ex paid for the procedure.

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## The Straight & Narrow

By Joe Gryskiewicz, MD

Have an ethics question for Dr. Joe?

Email [ethics@surgery.org](mailto:ethics@surgery.org)

### Question:

Dear Dr Joe,

I wanted to make you aware of what some members are doing and to ask, when is it ethical to recommend a patient self-pay for a breast reduction?

Insurance companies require a large amount of tissue be removed. Some of my colleagues, who don't mind low insurance reimbursements or are sympathetic to their less affluent patients, are telling their patients that due to these requirements, their breasts will be smaller than they desire, so to "guarantee" insurance pre-approval coverage, the surgeon overestimates to the carrier the amount of tissue to be removed, but then removes less during surgery. Is that ethical?

There are also surgeons who are not happy with the reimbursement from the insurance company, so they tell the patient she will not be happy when so much breast tissue is removed so as to qualify for insurance reimbursement. The surgeons then tell the patient she can pick her own size, but she will have to self-pay at a much higher price. Is that ethical?

We know that the estimated amount removed is for preauthorization and the actual amount removed is rarely the same, much often less, and the insurance company still pays. Would it be better to send in an accurate estimate, and if coverage is denied, let the patient decide whether to self-pay?

### Answer:

Yes. I think it is ethical to submit this case and let the patient decide if denied.

Your question actually has four scenarios: (1) the surgeon overestimates the amount of resection so as to obtain insurance coverage [unethical]; (2) the surgeon underestimates

the amount of resection so as to obtain an insurance denial, forcing the patient to self-pay a higher price [unethical]; (3) the surgeon accurately estimates the amount of resection and the procedure is approved [ethical]; or (4) the surgeon accurately estimates the amount of resection and the procedure is not approved [ethical].

The medical outcome depends on the BMI and estimated resection, but the surgeon's motive, whether they are giving their best guess and being honest, is also important. You could look at your colleagues and give them the benefit of doubt. That said, I believe more members **underestimate** the weight to coax the patients to convert to self-pay. I believe other members **overestimate** to obtain coverage, but I suspect they truly believe breast reductions should be a covered insurance benefit regardless of the amount resected, and seldom do they get caught.

#### Warning #1: Preapprovals Later Revoked.

Some states have a review process and your insurance breast reduction could be reviewed. If your estimate for the insurance company is less than they require for reimbursement, they will revoke precertification for the procedure after the fact. In this case, the patient should be given a self-pay rate. If you purposely

It won't help having a written office policy stating that, once a patient decides to self-pay for a breast reduction, you will not accept insurance payment for the procedure. Since you are under contract with the insurance company, you have agreed to the terms of the insurance reimbursement, you are obliged to accept their payment rates, and you are prohibited from balance billing the patient.

overestimate the amount to be resected, solely to compel the insurance company to prior authorize, then this constitutes insurance fraud. Insurance companies do ask for operative reports (I know) in some instances to check on the amount of tissue required. Although I have not had them ask for a pathology report to verify weight, this is always a possibility.

30-years ago I had an insurance company grant my teenage patient prior authorization for a breast reduction. Postop the company refused to pay me because I was slightly short of the authorized weight on one side. I explained my intraoperative thinking in my dictation, but the company would not yield. The mother wanted to skin me alive while the dad wanted to shoot me! It took many appeals. Finally, the insurance panel decided to cover the hospital costs for this patient and saved my life. I know I never want that to happen to me again; I was just short of being crucified.

#### Warning #2: Denials Later Approved.

I had a member email just a couple of weeks ago on this issue, except that in his case, after the insurance denial, the patient agreed to self-pay and did self-pay. Unbeknownst to our member, however, the patient's mother postoperatively continued pursuing her insurance company, which eventually approved her breast reduction and paid our member, **leaving him no choice but to refund everything that had been self-paid** by the patient, and to accept only the insurance reimbursement, which was 1/3rd of his self-pay surgical fee. Oh the pain!

It is best to remain honest and ethical and not play the games that the patients request. If a patient badgers their insurance company enough post-procedure, on occasion the insurance company may cave and pay for the procedure and if you are under contract with the carrier, you are obliged to accept their payment and refund your patients the self-pay rate, as I noted above. But beware, some insurance companies utilize third parties to

Continued on Page 66



## Ransomware

By NAS Insurance Services



**R**ansomware is quickly becoming a familiar household term as both the frequency and the severity of attacks in this realm are on the rise.

Did You Know...

Ransomware is malware that locks your organization's data and prevents you from accessing it until you pay a ransom. The most common way cyber criminals carry out a ransomware attack is by including malicious links in emails.

According to Verizon's 2018 Data Breach Investigations Report (DBIR), ransomware is the most common type of malware. It is found in 39 percent of malware-related data breaches, double the percentage from last year's DBIR. The DBIR discovered that ransomware accounts for 85 percent of all malware targeting the healthcare industry.

Many smaller healthcare organizations do not have sophisticated IT support staff. As the criminals know that they are more likely to get paid, they target these vulnerable organizations and expect rapid payment of their demand. In these cases, Cyber Extortion Insurance can mitigate the severity of the loss. Cyber Extortion Coverage includes extortion expenses incurred and extortion monies paid as a direct result of a credible cyber extortion threat, including ransomware.

Consider this:

A medical group experienced a Ryuk ransomware event that resulted in the shutdown/compromise of their computer system which included multiple desktops and servers, as well as backup systems. The

malicious actor made a ransom demand of more than \$1.2M. Attorneys for the Insured attempted to negotiate the ransom down, but the hacker wasn't willing to negotiate.

Additionally, counsel confirmed that the Insured's system could not be restored from the encrypted backup servers. The Insured, therefore, paid the \$1.2M ransom and was reimbursed under its Cyber Extortion coverage. After paying the ransom, the Insured received the decryption key and was able to regain access to its systems and data.

Without Cyber Extortion Coverage, the above scenario could have resulted in more devastating losses for the Insured. Though the data was not able to be restored without the decryption key, this coverage was able to reimburse for loss of ransom monies.

### To Protect Your Organization...

1. Conduct a Risk Assessment
2. Train Employees
3. Implement Policies & Procedures
4. Manage Vendors Appropriately
5. Prepare an Incident Response Plan

### If You Suspect Ransomware...

- Isolate infected computer from all networks (by unplugging network cable and/or turning off Wi-Fi)
- Take a picture of ransomware message (if possible)
- Do not immediately rebuild your system (you might destroy important forensic evidence)
- Regularly backup all critical data and store offsite

Although these methods can be effective tools in the prevention of ransomware attacks, it is important to remain ever vigilant as Cyber criminals are becoming more innovatory. Even the best trained personnel can experience a ransomware attack. If you become a victim, look to your Cyber Liability Insurance.

For additional information on protecting your business please contact Chris Edge at [cedge@amsmanagementgroup.com](mailto:cedge@amsmanagementgroup.com) or 866-461-1221x301

NAS Insurance Services can be reached via [www.NASinsurance.com](http://www.NASinsurance.com)

## The Straight & Narrow

Continued from Page 65

review their payments and have up to two years to request a refund from the physician. Often the insurance company will subtract the amount owed from your future payments.

**Insurance Contracts Trump Your Office Policies.** It won't help having a written office policy stating that, once a patient decides to self-pay for a breast reduction, you will not accept insurance payment for the procedure. Since you are under contract with the insurance company, you have agreed to the terms of the insurance reimbursement, you are obliged to accept their payment rates, and you are prohibited from balance billing the patient.

Our Code of Ethics says the same thing under Professional Fees 1.06(b):

"The reasonableness of fees depends upon the uniqueness and difficulty of the procedures involved, the skill required to provide proper care, the time and labor required, fees charged for similar services by similarly situated peers, **any limitations imposed by contracted third-party payors**, and the patient's advance agreement to the fees."

**Bonus Scam Alert:** When I was chief of surgery, a female board-certified plastic surgeon on staff would use a large amount of tumescent solution on each breast before incision. Upon removal, she was also soaking the excised tissue in saline. Once the case was finished, the excised tissue was brought to the lab to be "officially" weighed. The nurses complained to me. I quietly put an end to her practice, but deep down I felt she should have gone to the clink. Stay on the high ground and you won't have to worry what is waiting for you over the horizon.

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

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## The Dangers of Obstructive Sleep Apnea

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



It is estimated that up to 10% of people have some degree of undiagnosed sleep apnea and additionally, 10 to 20% have some sleep disordered breathing. Other studies using screening questionnaires found that 20 to 40% of elective surgical patients were at high risk for obstructive sleep apnea (OSA). Patients will often not mention their signs or symptoms when filling out medical questionnaires and the pre-operative assessment must be thorough and complete regarding specific questions that are especially directed towards Obstructive Sleep Apnea (OSA) and whether or not the patient uses continuous positive airway pressure (CPAP) at night. As knowledge of this condition and its consequences have become more common, there has been a proliferation of sleep clinics where detailed

studies are done of a patient's sleep patterns.

Since the mid-1990s the medical literature has reflected a growing awareness of the risks of postoperative pain and sedation medications in a patient with sleep apnea, mainly obstructive sleep apnea (OSA). Despite the growing awareness, the problems of OSA continue today in hospitals, surgery centers, and in office surgery. In patients with obstructive sleep apnea, the airway completely or partially closes during sleep despite respiratory effort. Arousal from sleep temporarily reopens the upper airway, but falling back asleep may close it and start the process of closure and arousal again. The sleep apnea patient will often snore loudly and have fitful periods of awakening and arousal. This process, by itself, can produce nocturnal hypoxemia and

reduced oxygen flow to the brain, but the dangers are greatly increased when the patient is sedated by postoperative pain medication and/or sedation medications. Some patients will give a good history of OSA whereas most patients will not divulge this information unless asked directly. An effective screening tool is the STOP-BANG protocol (See Figure 1). Not only should we be asking about OSA, we should independently ask if the patient uses continuous positive airway pressure or CPAP. Many patients are on a CPAP device and they don't understand the reason for being on CPAP and it is up to us as physicians first and foremost to ask for the settings on their CPAP device. This is becoming increasingly

Continued on Page 69

Figure 1

Patient

Date

Time

James Fernau M.D.  
Board Certified Plastic Surgeon

---

**Obstructive Sleep Apnea Assessment – STOP BANG Questionnaire**

	Y/N		
<input type="checkbox"/> S SNORING	<input type="checkbox"/>	Do you snore louder than talking/can be heard through closed doors?	<input type="checkbox"/>
<input type="checkbox"/> T TIRED	<input type="checkbox"/>	Do you often feel tired, fatigued or sleepy during the daytime?	<input type="checkbox"/>
<input type="checkbox"/> O OBSERVED	<input type="checkbox"/>	Has anyone observed you stop breathing in your sleep?	<input type="checkbox"/>
<input type="checkbox"/> P PRESSURE	<input type="checkbox"/>	Do you have or are you being treated for high blood pressure?	<input type="checkbox"/>
<input type="checkbox"/> B BMI	<input type="checkbox"/>	BMI > 35kg/m2 ?	<input type="checkbox"/>
<input type="checkbox"/> A AGE	<input type="checkbox"/>	Over 50 years old?	<input type="checkbox"/>
<input type="checkbox"/> N NECK	<input type="checkbox"/>	Neck circumference > 40cm?	<input type="checkbox"/>
<input type="checkbox"/> G GENDER	<input type="checkbox"/>	Male?	<input type="checkbox"/>

\*Scores greater than 4 are at risk for obstructive sleep apnea!

SCORE:

☐ Contact Anesthesia for consult.

Name

Date

Time

☐ Anesthesiologist Notified:

Name

Date

Time

☐ PCP Notified:

Name

Date

Time

Comment:



## The Dangers of Obstructive Sleep Apnea

Continued from Page 68

important with the increased use of Office-Based Surgery (OBS) and wide-awake local anesthesia when using small amounts of sedation.

In patients with sleep apnea the sedation can result in hypoxia which in turn can cause brain damage or even cardiorespiratory arrest and death. Pain medication and/or sedatives in a postoperative patient with sleep apnea can reduce the pharyngeal muscle tone, thus contributing to airway collapse and potential hypoxia and respiratory arrest. Studies have shown that patients with sleep apnea are very sensitive to even minimal levels of sedation from pain medication. Furthermore using even oral Versed at small doses of 1 to 5 mL can cause emergent respiratory arrest in these patients. The oxygen saturation reading that is normal can be a red herring as they can maintain oxygen but are retaining carbon dioxide. In other words a sleep apnea patient can maintain normal oxygen saturation greater than 93% and start retaining CO<sub>2</sub>. Carbon dioxide retention is the ultimate cause of respiratory arrest in these patients. As the CO<sub>2</sub> level rises, it shuts off the respiratory center. It is my opinion that any Office-Based Surgery (OBS) should be monitored with end-tidal carbon dioxide measurements which can be attached to a nasal cannula. End-tidal carbon dioxide (EtCO<sub>2</sub>) measurements or capnography machines can cost anywhere from \$2,000 to \$6,000. They measure both O<sub>2</sub> saturation and end-tidal CO<sub>2</sub> (EtCO<sub>2</sub>). This is potentially a life-saving device for patients with sleep apnea and/or obstructive sleep apnea.

Pain medication routes that can contribute to hypoxia can be oral, spinal, epidural, intravenous, or intramuscular. In the hospital setting there may be special risks for patients using patient controlled analgesia (PCA) machines, since the PCA may have been programmed for normal amounts of pain medications that will prove to be excessive for a sleep apnea patient.

There are three keys to avoiding such disastrous outcomes:

1. Awareness on the part of the physicians and postop care providers that the patient suffers from sleep apnea or obstructive sleep apnea.

2. Careful use of postop pain medications and/or sedatives and avoidance of any narcotics and using intravenous ibuprofen (Caldolor) or intravenous ketorolac (Toradol) and/or intravenous Tylenol (Ofirmev).
3. Careful monitoring of the patient especially with capnography measuring end-tidal carbon dioxide (EtCO<sub>2</sub>) measurements along with pulse oximetry.

In 2006 the American Society of Anesthesiologists published "Practice Guidelines for the Perioperative Management of Patients with Obstructive Sleep Apnea". Most attorneys in the United States reference this article regarding the appropriate standard of care. One of the common symptoms of sleep apnea is loud snoring on a regular basis. Another possible symptom of sleep apnea is a patient's body habitus. A person with a "Pickwickian" body build (named after the Charles Dickens character that was obese and had a thick neck) has a higher risk of sleep apnea. Male patients with a BMI of > 35kg/m<sup>2</sup> and a neck circumference of > 40cm are at a higher risk of OSA. Sleep apnea explains patient's difficulties in getting a good night's sleep when experiencing excessive fatigue during the day. Any patient that reports snoring at night and has a "Pickwickian" body habitus and has excessive daytime fatigue should be questioned before surgery about sleep apnea. In the case of elective surgeries, possibly refer them to a sleep center for testing and diagnosis. The alternative is to treat such patience as if they have sleep apnea and take the same precautions that would be taken for someone with a prior diagnosis. In other words, we may elect to do an office procedure in the hospital with a 23 hour observation order with post-operative capnography. For the management of severe cases I have included post-operative orders (See Figure 2 and Figure 3).

### *There are 10 Common Symptoms of Sleep Apnea:*

1. **Snoring.** The patient's partner will often complain first.
2. **Periodically choking or gasping while sleeping.** This may happen once per night or hundreds of times per night.

### **3. Inability to fall asleep or remain asleep.**

The theory of insomnia with sleep apnea is the person is aware of the fact that his or her breathing stops during the night, which causes a level of anxiety. It is difficult to fall asleep when the mind is anxious and cannot settle down. The sound of their own snoring may awaken them or cause gasping.

### **4. Disturbed sleep.** A high-quality night's sleep consists of alternating cycles of REM and non-REM sleep. Sleep apnea prevents this. Many patients never enter REM sleep and sleep quality degrades drastically, leaving the patient feeling fatigued.

### **5. Frequently waking up with a sore throat.** Sleeping with the mouth open causes the throat mucous membranes to dry out, leading to an uncomfortable or painful feeling in the throat that may last all day.

### **6. Weight gain.** When we do not get enough high-quality sleep, our bodies produce an excess of a hormone called ghrelin, which signals our body to eat. A lack of sleep also causes the body to produce less of a hormone called leptin, which signals our bodies to stop eating. Sleep deprivation makes our bodies insulin-resistant, which causes additional insulin production. The body will crave unhealthy food as a result of these fluctuations.

### **7. Feeling sleepy throughout the day.** Patients wake up feeling as though they haven't slept. They may be unable to complete simple tasks without feeling fatigue and weakness dragging them down. A decrease in overall oxygen levels causes health problems such as cardiovascular disease such as atrial fibrillation and pulmonary hypertension. In one study atrial fibrillation occurred in 70% of high risk, untreated sleep apnea patient. These health issues also contribute to the excess fatigue associated with poor sleep and sleep apnea.

### **8. Forgetfulness.** Lack of oxygen has been shown to damage the brain cells associated with memory and concentration. Children with sleep apnea are particularly susceptible to this symptom, which can decrease their ability to learn in school

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## The Dangers of Obstructive Sleep Apnea

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Figure 2

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS		
PACU ORDERS: PATIENTS WITH DIAGNOSED OR SUSPECTED SLEEP APNEA		
(items with check boxes must be selected to be ordered)		(Page 1 of 1)
Date: _____ Time: _____		
Diagnosis & PAP therapy		
<input type="checkbox"/> <b>Diagnosed</b> sleep apnea <div style="text-align: center; margin: 5px 0;"><u>or</u></div> <input type="checkbox"/> <b>Suspected</b> sleep apnea	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input type="checkbox"/> severe  <input type="checkbox"/> moderate  <input type="checkbox"/> mild  <input type="checkbox"/> <i>unknown severity</i> </div> <div style="margin-right: 10px;"> <input type="checkbox"/> on CPAP preoperatively  <input type="checkbox"/> on BiPAP preoperatively  <input type="checkbox"/> not on PAP preoperatively           </div> <div> <input type="checkbox"/> non-compliant,    <u>or</u>    <input type="checkbox"/> not recommended           </div> </div>	<div style="margin-top: 20px;">             → <b>apply device in PACU if drowsy/sleeping</b> </div> <div style="margin-top: 20px;">             → <b>sleep apnea assessment required</b> →             <div style="display: flex; align-items: center;"> <input type="checkbox"/> referred to regional <b>Sleep Disorders Program</b>, <u>or</u>  <input type="checkbox"/> instructed to see <b>GP</b> for further arrangements           </div> </div>
<input type="checkbox"/> <b>Respirology consult*</b> for assessment and treatment if: <div style="display: flex; align-items: center; margin-left: 10px;"> <input type="checkbox"/> PAP therapy <b>newly required postoperatively</b>, <u>or</u>  <input type="checkbox"/> hypoxemic or hypercarbic <b>respiratory failure</b> </div> <p style="font-size: x-small; margin-top: 5px;">*as long as the patient remains in a monitored bed, the Respirology consult does not necessarily have to occur in the PACU</p>		
PACU sleep apnea protocol		
<ul style="list-style-type: none"> <li>• semi-upright or lateral <b>position</b>, <b>PAP</b> application if ordered &amp; <b>monitor</b> for respiratory events</li> <li>• <b>extended PACU stay</b>:               <ul style="list-style-type: none"> <li>→ for at least <b>1 h after standard PACU discharge criteria met</b> (this requirement elapses after 3 hrs of post-extubated stay in the PACU)                   <div style="margin-left: 20px;"> <input type="checkbox"/> 1 h extended stay <b>waived</b> (only if <u>Baseline Risk not increased</u> - see reverse side)                 </div> </li> <li><u>and</u></li> <li>→ for at least <b>1 h after last respiratory event</b> (unless transferred to a monitored bed), <u>and</u></li> <li>→ <input type="checkbox"/> until <b>spinal anesthesia regressed below surgical incision</b> (order if pain management challenge expected)</li> </ul> </li> <li>• <b>prior to transfer from PACU</b>:               <ul style="list-style-type: none"> <li>→ <b>notify Anesthesiologist of</b>:                   <div style="margin-left: 20px;"> <input type="checkbox"/> <b>respiratory events</b> (apneas ≥ 10 s, RR &lt; 8/min, desaturations to &lt; 90%, or airway obstruction interventions)  <input type="checkbox"/> <b>significant opioid requirement &amp;/or sedation level</b>  <input type="checkbox"/> <b>unstimulated baseline room air SpO<sub>2</sub> &lt; 90% &amp;/or PaCO<sub>2</sub> &gt; 50 mm Hg</b> </div> <div style="margin-left: 40px; font-size: x-small;">↳ O<sub>2</sub> supplementation may prolong apneas, exacerbate hypercapnea &amp; hinder detection of respiratory deterioration by SpO<sub>2</sub></div> </li> <li>→ obtain <b>discharge clearance from Anesthesiologist</b> (not required if 1 h extended PACU stay waived by Anesthesiologist)</li> <li>→ <b>inpatient: notify Respiratory Therapy if on PAP therapy</b> (for ward follow-up)</li> </ul> </li> </ul>		
Safe transfer of care: Consider Baseline Risk and Postoperative Indicators (see reverse side)		
<ul style="list-style-type: none"> <li>• <b>Baseline Risk</b>:               <div style="display: flex; align-items: center; margin-left: 10px;"> <div style="margin-right: 10px;"> <input type="checkbox"/> significantly ↑  <input type="checkbox"/> not significantly ↑               </div> <div>                 → <b>monitored bed</b> (regardless if Postoperative Indicators present or not)                  → <b>monitored bed if Postoperative Indicators present</b> (use clinical judgment)               </div> </div> </li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center; font-size: small;">             Final decision regarding appropriate postoperative disposition made by Anesthesiologist, after getting report from PACU Nurse           </div>		
_____ Anesthesiologist Signature	_____ Printed Name	_____ College ID

## The Dangers of Obstructive Sleep Apnea

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Figure 3

### STOP-Bang Questionnaire: Screening Tool for OSA

	Yes	No
<b>S</b> Do you <b>snore</b> loudly (loud enough to be heard through closed doors)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>T</b> Do you often feel <b>tired</b> , fatigued, or sleepy during daytime?	<input type="checkbox"/>	<input type="checkbox"/>
<b>O</b> Has anyone <b>observed</b> you stop breathing during your sleep?	<input type="checkbox"/>	<input type="checkbox"/>
<b>P</b> Do you have or are you being treated for high blood <b>pressure</b> ?	<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b> <b>BMI</b> > 35 kg/m <sup>2</sup> ?	<input type="checkbox"/>	<input type="checkbox"/>
<b>A</b> <b>Age</b> > 50 years old?	<input type="checkbox"/>	<input type="checkbox"/>
<b>N</b> <b>Neck</b> circumference > 40 cm?	<input type="checkbox"/>	<input type="checkbox"/>
<b>G</b> Male <b>gender</b> ?	<input type="checkbox"/>	<input type="checkbox"/>

Total "yes" ≥ 5: high probability of OSA

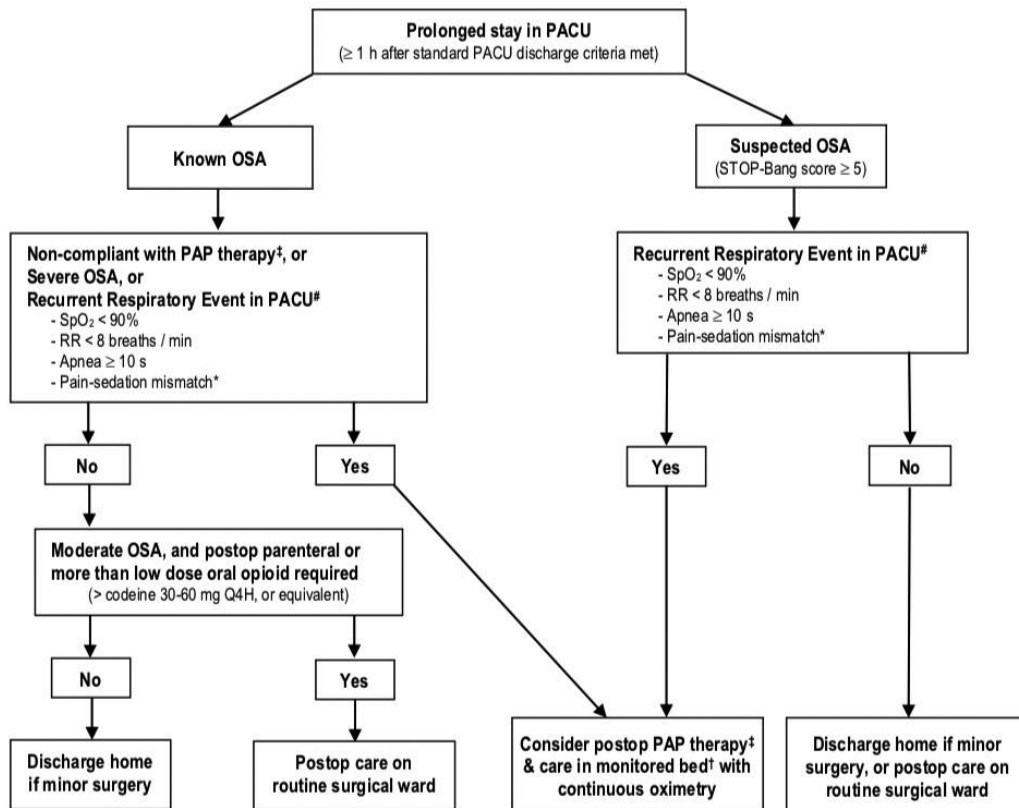
(Chung F, et al. STOP Questionnaire. A Tool to Screen Patients for OSA. *Anesthesiology* 2008; 108: 812–21)  
 (Chung F, et al. High STOP-Bang score indicates a high probability of OSA. *Br J Anaesth*. 2012; 108: 768–75)

### Postoperative Risk of Complications from Sleep Apnea

Baseline Risk	Postoperative Indicators	Indications for Monitored Bed
<ul style="list-style-type: none"> <li>• severity OSA, <i>and</i></li> <li>• severity comorbidities, <i>and</i></li> <li>• impact surgery &amp; anesthesia, <i>and</i></li> <li>• postoperative opioid requirement</li> </ul>	<ul style="list-style-type: none"> <li>• recurrent respiratory events, <i>or</i></li> <li>• newly required PAP therapy, <i>or</i></li> <li>• respiratory failure, <i>or</i></li> <li>• significant risk of myocardial ischemia or dysrhythmia, <i>or</i></li> <li>• opioid or sedative requirement not stabilized, <i>or</i></li> <li>• pain-sedation mismatch</li> </ul>	<ul style="list-style-type: none"> <li>• significantly ↑ baseline risk, <i>or</i></li> <li>• any postoperative indicators of risk</li> </ul>

### Postoperative Management of the Known or Suspected OSA Patient after General Anesthesia

Adapted from: Seet E & Chung F. Management of sleep apnea in adults - functional algorithms for the perioperative period. *CJA*. 2010; 57: 849-65.



\*Recurrent Respiratory Events - consider the number, frequency and severity of events, as well as the time interval between the first and last event

†Positive airway pressure (PAP) therapy - including CPAP, BiPAP, or autotitrating PAP (APAP)

\*Pain-sedation mismatch - high pain & sedation scores concurrently

†Monitored bed = continuous pulse oximetry monitoring & possibility of early nursing intervention (e.g. PACU, SDU, other Critical Care Unit, or remote oximetry by telemetry on ward)

Disclaimer: These Clinical Practice Guidelines (the "Guidelines") have been developed by the Vancouver Acute Department of Anesthesia and Perioperative Care. The Guidelines are intended to give an understanding of a clinical problem and outline one or more preferred approaches to the investigation and management of the problem. The Guidelines are not intended as a substitute for the advice or professional judgment of a health care professional, nor are they intended to be the only approach to the management of clinical problems.



## The Dangers of Obstructive Sleep Apnea

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which may lead to hyperactive or angry behavior. As a result, they could be misdiagnosed with, and medicated for, ADHD or other behavioral disorders.

**9. Mood swings.** Chronic fatigue can develop into full-blown depression. Irritability, anxiety and impatience are also common symptoms because the mind is unable to focus on everyday tasks. And inability to focus initially leads to feelings of frustration, leading to powerful bouts of irritability and impatience.

**10. Lack of interest in sex.** Testosterone increases when we sleep. If testosterone levels do not rise appropriately, libido decreases. A lack of testosterone can result in erectile dysfunction. Women may experience issues like decrease sexual sensation and desire as a result of inadequate testosterone. Hormone replacement for testosterone has shown to worsen and sometimes cause sleep apnea so it is not a recommended treatment if this is the cause.

OSA is commonly complicated by left heart disease and is associated with pulmonary hypertension. OSA is an independent risk factor for hypertension, stroke, myocardial ischemia, congestive heart failure, arrhythmias and sudden cardiac death. Pulmonary hypertension is present in 12% to 34% of patients with OSA.

In a univariate and multivariate analysis of death or near-death in patients with OSA comprised of 60 total patients there were 43 deaths or near-deaths and 12 critical respiratory events and 5 other life threatening events. 10 patients (17%) were undiagnosed before surgery. Only 31% (11/35) were on preoperative continuous positive airway pressure (CPAP), with 36% (4/11) of them continuing CPAP in the post operative period. The majority of them received a morphine equivalent daily dose of less than 10 mg. Eighty percent of the events occurred in the first 24 hours and 67% occurred on the hospital ward.

The responsibility for determining whether there are sleep apnea risks for a prospective surgery patient is not clear. The surgeon obviously should take a good history, but many specialist surgeons may not focus on

issues that seem unrelated to the surgical problem. Some hospitals have preoperative assessment performed by nurses, who may elicit information that raises concern for sleep apnea. Currently the STOP-BANG Protocol is used nationwide and should be part of our routine screening in aesthetic surgery.

In most hospitals, it is the anesthesiologist's pre-op assessment that should elicit risk factors for sleep apnea. However in some surgical settings the assessment may take place shortly before the surgery and not involve extensive questioning. It is said the anesthesiologist is the last gate keeper who can avoid postop injury or death in sleep apnea patients. In the office base setting where there is no anesthesiologist it is up to the aesthetic plastic surgeon to elicit these risk factors and provide proper monitoring which should include pulse oximetry and capnography. As physicians first, we must take responsibility and when a patient is a known risk for obstructive sleep apnea we should consider performing the surgery in the hospital or the patient can be monitored appropriately overnight. Surgery in low-risk patients for sleep apnea can be safely done in the Office-Based Surgery (OBS) with pulse oximetry monitoring and capnography monitoring of end-tidal carbon dioxide (EtCO<sub>2</sub>). As previously stated this can be done with a nasal cannula.

Any patient with sleep apnea risk factors will need special preoperative postoperative precautions and should have the medical chart red flagged. Many different physicians may prescribe pain medication and/or sedatives (benzodiazepines and antihistamines such as Benadryl); especially during the night when residents and/or hospitalists are covering for the patient and it is up to the surgeon to communicate with the team on a consistent and continuous basis. Each of them has to be aware of the risk of over sedation through pain medication or sedatives such as Valium or Versed. This is a prime time to use the ERAS Protocol.

Medical negligence attorneys are acutely aware of this process and are particularly concerned when a postoperative patient goes home and "dies in their sleep" or ends up with

brain damage. Attorneys will investigate the hospital pharmacy records, the narcotic wasting records at the end of each nursing shift, and the computer printout for the pain dispensing equipment in use at any particular hospital. If there's a possibility of a PCA dispensing excess medications, they obtain the maintenance records for that particular machine and are aware of potential mistakes in the programming for the PCA machine when it is set. Determining responsibility for ordering or giving excessive pain medications, or for failing to appropriately monitor the patient, can be difficult to pin down without taking multiple depositions. This becomes a problem for the attorney when there is a need for certificates of merit for each of the providers who may be at fault. If a hospital does not have a specific protocol or published procedure for dealing with post-op sleep apnea that may be an initial basis for asserting fault (including a certificate of merit by the hospital administrator expert) and later discovery may allow an appointment among the players who contributed to the disastrous outcome.

I have provided the STOP-BANG Protocol which is included in Figure 1 and should be a routine part of our pre-operative questioning in our medical records and in our electronic medical records.

Patient safety is of paramount importance in surgery and aesthetic plastic surgery is no exception. We must remain physicians first and be safe with every procedure no matter how minor or major it is. I strongly recommend routine screening for OSA and capnography for all patients in the aesthetic office based surgery setting.

*James Fernau, MD, is an aesthetic plastic surgeon, practicing in Coraopolis, PA. He serves as Chair of The Aesthetic Society Patient Safety Committee.*



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AESTHETIC PLASTIC SURGERY, INC.**

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# Obstructive Sleep Apnea Assessment STOP BANG Questionnaire

<b>S</b>	<b>SNORING</b>	Do you snore louder than talking/ can be heard through closed doors?
<b>T</b>	<b>TIRED</b>	Do you often feel tired, fatigued, or sleepy during the daytime?
<b>O</b>	<b>OBSERVED</b>	Has anyone observed you stop breathing in your sleep?
<b>P</b>	<b>PRESSURE</b>	Do you have or are you being treated for high blood pressure?
<b>B</b>	<b>BMI</b>	BMI>35kg/m <sup>2</sup>
<b>A</b>	<b>AGE</b>	Over 50 years old?
<b>N</b>	<b>NECK</b>	Neck Circumference>40cm?
<b>G</b>	<b>GENDER</b>	Male?

If a patient answers “yes” to more than 4 of these questions, they are at risk for Obstructive Sleep Apnea.

**Disclaimer:** The preceding methods are not required. They are recommendations from The Aesthetic Society Patient Safety Committee as of September 2019 and do not establish a standard of care. You may download this document and any updates at [www.surgery.org/downloads/scissors-on-the-seam/Obstructive-Sleep-Apnea.pdf](http://www.surgery.org/downloads/scissors-on-the-seam/Obstructive-Sleep-Apnea.pdf) to tailor to your specific practice. ©2019 The Aesthetic Society. All rights reserved.

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

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