

AESTHETIC SOCIETY NEWS

Quarterly Newsletter of The Aesthetic Society

Volume 24, Number 4 • Fall 2020

PRESIDENT'S REPORT

It is Time...

EDUCATION

Highlights from
Experienced Insights
in Breast and
Body Contouring

SOCIETY NEWS

Advocacy and
The Aesthetic Society

INFORMED CONSENTS

Patient Decision Aid
Scaffold Off-Label Consent



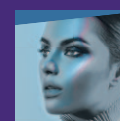
"All In"
34"×41" Charcoal
Pencil Drawing by:
David Hidalgo, MD




Premier Global
Hot Topics + Nuances
and Techniques
in Injectables
November 14, 2020



6th Annual
Residents' Symposium
December 5–6, 2020



Facial Rejuvenation
and Nasal Surgery
January 16, 2021



America is ready
to feel better again.

And we're
ready to help.



There's a lot of care to catch up on.

People are ready to get the treatment they need, and eager to get things done that have been waiting too long.

Our eleven-million-plus cardholders are ready. And for those patients who aren't CareCredit cardholders, we've got new tools for your practice that help them apply instantly, easily, and privately.

And, as always, when patients use CareCredit, you get paid within two business days.

To learn more about how we can help restart and re-energize your practice, visit carecredit.com/providercenter.
Or call 855-860-9001.



ASN2020CA



Aesthetic Society News

Quarterly Newsletter of The Aesthetic Society

THE AESTHETIC SOCIETY BOARD OF DIRECTORS

President

Herluf G. Lund, MD

President-Elect

William P. Adams Jr., MD

Vice President

Jennifer L. Walden, MD

Treasurer

Melinda J. Haws, MD

Secretary

Kiya Movassaghi, MD, DMD

Members-at-Large

Jamil Ahmad, MD
Michael A. Bogdan, MD, MBA
Trent Douglas, MD
Nolan S. Karp, MD
Tracy Pfeifer, MD
Lorne K. Rosenfield, MD
Douglas S. Steinbrech, MD
Marissa J. Tenenbaum, MD
Steven Wallach, MD

Parliamentarian

Brian K. Brzowski, MD

Immediate Past President

Charles H. Thorne, MD

ASERF President

Luis M. Rios Jr., MD

ASERF BOARD OF DIRECTORS

President

Luis M. Rios Jr., MD

President-Elect

Louis L. Strock, MD

Vice President

Michael A. Bogdan, MD, MBA

Treasurer

Bruce W. Van Natta, MD

Secretary

Mark W. Clemens, MD

The Aesthetic Society President

Herluf G. Lund, MD

The Aesthetic Society President-Elect

William P. Adams Jr., MD

The Aesthetic Society Vice President

Jennifer L. Walden, MD

Directors

Onelio Garcia, MD
Caroline A. Glicksman, MD, MSJ
Terence Myckatyn, MD
Christopher J. Pannucci, MD
Ivona Percec, MD
Lee Q. Pu, MD, PhD

The Aesthetic Society Members Forum: www.surgery.org/members

The Aesthetic Society: www.surgery.org

ASERF: www.aserf.org

The Aesthetic Society—Consumer Education:
www.smartbeautyguide.com

Statements and opinions expressed in articles, editorials, and communications published in *ASN* are those of the authors and do not necessarily reflect the views of The Aesthetic Society or ASERF. Publishing of advertisements in *ASN* is not a guarantee, warrant, or endorsement of any products and services advertised.

Send address changes and membership inquiries to:

Membership Department
The Aesthetic Society
11262 Monarch Street, Garden Grove, CA 92841
Email: TheAestheticSociety@Surgery.org



© 2020 The American Society for
Aesthetic Plastic Surgery
All rights reserved.

- 4 Meetings Calendar
- 5 President's Report

EDUCATION

- 9 Highlights from Experienced Insights in Breast and Body Contouring
- 11 Breast Implant Label Guidance Finalized by FDA
- 13 Use of Patient Decision Aids for Breast Augmentation Informed Consent
- 15 On Your RADAR

SOCIETY NEWS

- 16 Thank you, Premier Partners!
- 18 International Aesthetic Society Fellow Spotlight
- 21 Advocacy and The Aesthetic Society
- 23 Changes to the Aesthetic Society's Bylaws
- 25 *Aesthetic Surgery Journal* and *ASJ Open Forum* Update
- 27 Society of Plastic Surgical Skin Care Specialists Dissolves After 26 Years
- 31 Update on ASERF
- 35 Media Notes and Quotes
Meet the Staff: John Paul Gutierrez
- 36 The Aesthetic Society's Premier Partners
- 38 The Aesthetic Society's Alliance Partners
- 41 Industry Partners Continue Their Support!
- 49 Membership FAQs
Membership Myth-Busters

PRACTICE SOLUTIONS

- 51 How to Use Google PPC to Drive Traffic and Branding During COVID-19
- 53 If Doing a Practice Assessment Would Improve your Business, Would You?
- 55 Empathetic Marketing: Be Kind
- 57 The #1 Stress of a Plastic Surgeon
- 58 Staying the Course: What History Can Tell Us About Investing During The COVID-19 Crisis
- 61 How Much Should a Plastic Surgery Website Cost in 2020?
- 63 Five Stages of Patient Interaction—Are You Making the Most of Each?
- 67 COVID-19 Hasn't Slowed Patient Complaints
Off-Label Scaffold Patient Consents
- 71 Guidelines for Re-Opening Your Practice During COVID-19
- 73 The Straight & Narrow

SAFETY MATTERS

- 74 Preventing Burnout During the COVID-19 Pandemic

MEETINGS CALENDAR

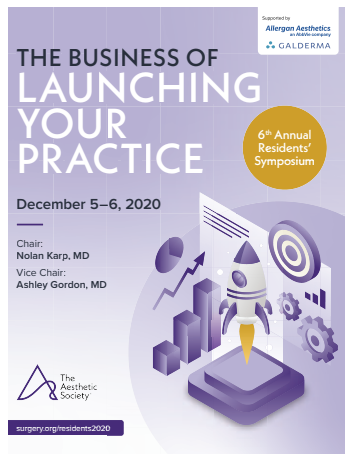
Brought to you by



Premier Global Hot Topics and Nuances and Techniques in Injectables

November 14, 2020

[www.surgery.org/
hottopicsandinjectors2020](http://www.surgery.org/hottopicsandinjectors2020)



6th Annual Residents' Symposium The Business of Launching Your Practice

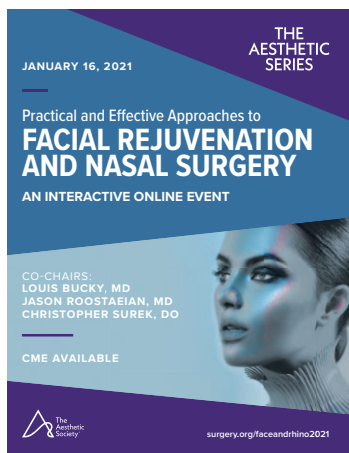
December 5–6, 2020

[www.surgery.org/
residents2020](http://www.surgery.org/residents2020)

Practical and Effective Approaches to Facial Rejuvenation and Nasal Surgery

January 16, 2021

[www.surgery.org/
faceandrhino2021](http://www.surgery.org/faceandrhino2021)



The Aesthetic Meeting 2021

April 29–May 3, 2021

www.surgery.org/meeting2021

Jointly provided by



North Carolina Society of Plastic Surgeons 2020 Virtual Annual Meeting

October 24, 2020

<https://www.ncsps.com>

2020 Florida Plastic Surgery Forum

December 10–13, 2020

The Breakers
Palm Beach, FL

55th Baker Gordon Educational Symposium

February 11–13, 2021

Hyatt Regency Miami, Miami, FL
www.bakergordonsymposium.com

2021 American-Brazilian Aesthetic Meeting

February 12–15, 2021

Grand Summit Resort
Park City, UT

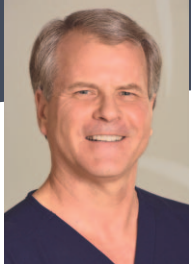
Endorsed by



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

October 29–30, 2021

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



President's Report

By Herluf G. Lund, MD

IT IS TIME...

It is time for us, The Aesthetic Society, to have "The Talk." The one we all know about; we all understand has to be addressed. The one we as a society can no longer ignore. It is time to have the talk on race, racism, and its impact on aesthetic plastic surgery, aesthetic medicine, and our society's role in it.

Racism is an ongoing destructive force that continues to inflict harm and damage to our country. Systemic racism was woven into the fabric of our country before its founding, accepted for over two hundred years, and its resistance to be displaced from our culture continues to cause frustration, stress, and anger for those who suffer from it and those who seek to end it. Some of the impacts of racism are blatant and out in the open but most are hidden and buried, hard to pinpoint, and easy to dismiss. Intentional and unintentional racism are found through many segments of our nation where a lack of diversity, equality, and inclusion continue to plague underrepresented minorities.

Some may ask, "What does being a part of an aesthetic society have to do with racism?" It's so easy to simply say racism may impact other parts of healthcare but not us; we are different. But that is simply not true.

Sadly, medicine is not immune to the disease of racism. If there were only one aspect of our society where the color of your skin, the country of your family's origin, or the sex of the one you choose to love should have no bearing on your life, it should be in medicine. But healthcare, just like so many other institutions, suffers from the chronic disease of discrimination and exclusion. Despite the vast and incredible resources for quality healthcare in this great nation, too many citizens do not get the opportunity to share in this wealth. As physicians, we vowed to provide care for all persons in need and yet our failure to address the inequities of healthcare services in our country renders us almost complacent in its flaws.

Some may ask, "What does being a part of an aesthetic society have to do with racism?" It's so easy to simply say racism may impact other parts of healthcare but not us; we are different. But that is simply not true.

Currently, aesthetic surgery and medicine in the United States is most often provided by white males to white females. There is a strong disconnect between aesthetic services and underrepresented people in our country. It is highly unlikely that this was the intent of those who chose to enter into our specialty.

As a white male of northern European descent, I was not subject to the injustices and biases suffered by those discriminated against because they were not like me. Because of this, I can never say, "I know and understand how you feel." I never experienced the extra layers of resistance my minority colleagues faced in their mission to become aesthetic plastic surgeons. I will never be able to understand the ongoing challenges these doctors face every day in our country to be accepted for the highly trained and expertly skilled surgeons they are. But the fact that I cannot understand these things doesn't mean I should not try and tear down the barriers of both intentional and unintentional racism.

Just as an alcoholic must first admit they have a problem, the process begins by admitting there is a racism problem in the specialty of aesthetic surgery and medicine. Once you accept the problem, then you can begin treating it. The second step is education, which begins with self-examination to help define the extent of racism and exclusion, intentional and unintentional, in our aesthetic culture and systems. Education comes from the courage to ask the uncomfortable questions and accept their even more uncomfortable answers. From these findings, develop and implement the changes needed to begin the treatment. But it does not stop there; as with any medical care plan, you have to monitor the response to the treatment,

acknowledge its results (both favorable and unfavorable), and then modify the treatment to maximize the response. Just like addiction, this process repeats itself every day and will continue to do so for many years to come. Racism and exclusion did not occur overnight and they will not go away easily.

The Aesthetic Society has begun that process. Based on the principles of Inclusion, Diversity, Equity, and Accountability (IDEA), we have acknowledged we have a problem. On racism, we acknowledge our society is not where it should be. We accept that for inclusion and equality, we can and need to improve. We have begun the process of self-examination by reviewing our demographics and those of other similar societies. We are defining areas where we can act, beginning first with those problems that can be addressed and corrected sooner than later. We are also beginning to define problems where answers and solutions may take years to achieve. This process will make us uncomfortable and uneasy. It probably will expose our flaws and our blemishes. During this process, we will make mistakes, but like good research scientists, we will learn from them and move toward our goals.

WHERE WE WANT TO BE: ROLE MODELS

The Aesthetic Society and its members should serve as role models for plastic surgeons. We should inspire those who desire to become partners in delivering the highest quality of aesthetic surgery and medicine.

Every resident in training at one of the accredited plastic surgery programs in our country, if they have the skills and the talent to do so, should have the opportunity to become an aesthetic surgeon and a member of The Aesthetic Society. There should be no barriers to this dream because of race, national origin, gender, or sexual orientation. There should be role models for these aspiring young plastic surgeons to emulate. At every meeting, every

Based on the principles of Inclusion, Diversity, Equality, and Accountability (IDEA), we have acknowledged we have a problem. On racism, we acknowledge our society is not where it should be. We accept that for inclusion and equality, we can and need to improve.

Continued on Page 7

FLAWLESS IN MOTION

THE ONLY DESIGNER HYALURONIC ACID FILLER
APPROVED TO TREAT DYNAMIC WRINKLES AND FOLDS



RHA® Approved Use

The RHA® collection of fillers is for injection into the facial tissue for the correction of dynamic facial wrinkles and folds that are moderate to severe, such as nasolabial folds, in adults 22 or older.

IMPORTANT SAFETY INFORMATION

Are there any reasons why I should not receive any RHA® injectable gel formulation?
Do not receive if you have a history of multiple severe allergies or severe allergic reactions; if you are allergic to lidocaine or gram-positive bacterial proteins; or if you have a bleeding disorder.

What precautions should I discuss with my doctor?

- Tell your doctor if you are pregnant or breastfeeding as the safety of these products for use during pregnancy or while breastfeeding has not been studied
- Tell your doctor if you have a history of excessive scarring, keloid formations or pigmentation disorders, as use of these products may result in additional scars or changes in pigmentation
- Tell your doctor if you are planning laser treatments or a chemical peel, as there is a possible risk of inflammation at the treatment site if these procedures are performed after treatment
- Tell your doctor if you are on immunosuppressive therapy used to decrease your immune response, as use of these products may result in an increased risk of infection
- Tell your doctor if you are using medications that can prolong bleeding, such as aspirin, ibuprofen, or other blood thinners, as this may increase bruising or bleeding at the injection site
- The safety and effectiveness of RHA® fillers in areas other than those indicated have not been established in U.S. clinical studies

- Patients who experience skin injury near the site of injection with this product may be at a higher risk for side effects
- Minimize strenuous exercise, exposure to extensive sun or heat, and alcoholic beverages within the first 24 hours following treatment

What are possible side effects?

The most commonly reported side effects included injection-site redness, swelling, pain, tenderness, firmness, lumps/bumps, bruising, discoloration, and itching. One of the risks with using these products is unintentional injection into a blood vessel, and while rare, the complications can be serious and may be permanent. These complications, which have been reported for facial injections, can include vision abnormalities, blindness, stroke, temporary scabs, or permanent scarring. As with all skin injection procedures, there is a risk of infection and recurrence of herpetic eruptions.

To report a side effect with any RHA® product, please call Revance at (877) 373-8669. Please visit RHACollection.com or talk to your doctor for more information.

Available by prescription only.
Revance Therapeutics and the Revance logo are registered trademarks of Revance Therapeutics, Inc. RHA® is a registered trademark of TEOXANE SA.

©2020 Revance Therapeutics, Inc.
RHA-P-000XXX

President's Report

Continued from Page 5

Each and every medical student who has the desire, skills, and talents to become a plastic surgeon should have that opportunity. Not all will succeed, but their inabilities should not come from intentional and unintentional barriers imposed unfairly upon them. These medical students should be able to look at the leaders and members of our noble profession and have someone they can identify with and desire to emulate.

symposium, in every journal there should be examples for these young residents to see and to be able to identify with. To be inspired to believe that they too one day can stand in that very same space.

Each and every medical student who has the desire, skills, and talents to become a plastic surgeon should have that opportunity. Not all will succeed, but their inabilities should not come from intentional and unintentional barriers imposed unfairly upon them. These medical students should be able to look at the leaders and members of our noble profession and have someone they can identify with and desire to emulate.

But when we look at the demographics of our society, The Aesthetic Society, and compare them with the demographics of our plastic surgery residents, our medical students, and the college students who identify themselves as pre-meds, a very different picture presents itself. The Aesthetic Society is dominated by men. 82% of our members are Caucasian with little representation from African Americans, Latinos, or Asians. The leadership structure of The Aesthetic Society also reflects similar demographics: mostly white and male. Compare it to the demographics of current medical students, which is 51% female with significant representation from underrepresented minorities: 22% Asian, 7% African American/Black, 6% Latino, 9.4% "Multi-racial". If we want to have the smartest, the brightest, and the most innovative come join our specialty, we need to ensure they find role models amongst us. We need to remove every barrier from the path to joining us.

THE BEGINNING OF THE PROCESS

Shortly after the tragic death of George Floyd in Minneapolis, Minnesota, The Aesthetic Society believed that as part of the healthcare community, the time had come to

act. With the help and input from members and staff, we drafted and circulated an official statement:

The Aesthetic Society and the Aesthetic Surgery Education and Research Foundation (ASERF) denounce the continued damage and harm that racism inflicts on our nation. The Aesthetic Society and ASERF stand with People of Color in America and advocates that all people, no matter race, national origin, or sexual orientation be treated with the respect and dignity all people deserve. The Aesthetic Society and ASERF recognize the deep pain experienced by communities of Color due to systemic racism and are committed to ending the impact of racism in the United States.

Our organizations are made up of diverse members who are respected, supported, and encouraged to support their given communities, as they pursue the highest standard in aesthetic plastic surgery.

If we are to truly address the ideals of the IDEA process, these beliefs must become an essential part of our aesthetic culture.

Racism is destructive. It destroys lives. It destroys hopes and it destroys dreams. And if we let it, it destroys the very foundation of the society in which we live.

The Talk. Racism. This is not an easy discussion to have. It makes us uncomfortable. It makes us uneasy. And that is exactly why we need to have it.

The discussion has begun. Please join us in it and together let's create The Aesthetic Society for the future, where everyone is welcome no matter what their gender, color, nationality, or sexual orientation may be.

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

The Aesthetic Society and the Aesthetic Surgery Education and Research Foundation (ASERF) denounce the continued damage and harm that racism inflicts on our nation. The Aesthetic Society and ASERF stand with People of Color in America and advocates that all people, no matter race, national origin, or sexual orientation be treated with the respect and dignity all people deserve. The Aesthetic Society and ASERF recognize the deep pain experienced by communities of Color due to systemic racism and are committed to ending the impact of racism in the United States.

Our organizations are made up of diverse members who are respected, supported, and encouraged to support their given communities, as they pursue the highest standard in aesthetic plastic surgery.

THE
AESTHETIC
SERIES

NOVEMBER 14, 2020

PREMIER GLOBAL
HOT TOPICS

AN INTERACTIVE ONLINE EVENT

Jamil Ahmad, MD—Co-Chair
Jeffrey Kenkel, MD—Co-Chair
Simeon Wall Jr, MD—Co-Chair

+

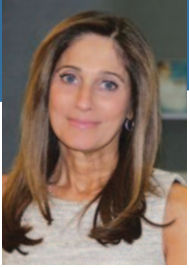
NUANCES AND TECHNIQUES
IN
INJECTABLES*

AN INTERACTIVE ONLINE EVENT

Haideh Hirmand, MD—Co-Chair
Rod Rohrich, MD—Co-Chair
Christopher Surek, DO—Co-Chair

surgery.org/hottopicsandinjectors2020

*CME Available



Highlights from Experienced Insights in Breast and Body Contouring

By Caroline Glucksman, MD, MSJ

This year's Experienced Insights in Breast and Body Contouring was the first of a three-part online meeting series, The Aesthetic Series: Together, Everywhere. I was honored to chair the meeting with a stellar Vice-Chair, longtime friend, and outstanding surgeon, Patricia McGuire, MD. Aided by our experienced faculty, I think we did an outstanding job creating an interactive atmosphere on a virtual platform. With several faculty members together in Dallas, we were able to facilitate face to face lively debates while still engaging meaningfully with our remote faculty spread across the US and abroad.

This online interactive event consisted of 12 hours of educational content over two days. Through digital chat and Q&A logs, attendees enjoyed lively, dynamic discussion with the faculty and each other. Questions from the 'audience' were answered in real-time so attendees could 'step up to the microphone' and get answers to their questions, just as if they were at an in-person meeting. The sessions covered some of the hottest topics in breast and body contouring, like Breast Implant Illness, BIA-ALCL, key insights on high definition liposuction and abdominoplasty, as well as debates surrounding breast implant capsule and pocket irrigation. Between sessions, attendees had the opportunity to join networking rooms or participate in live chats with our participating exhibitors.

With 116 attendees and 14 faculty members, it was a high energy meeting with many highlights!

- The Great Pocket Irrigation debate heated up as Drs. Haws, Pozner, and Adams discussed implant contact time and whether following formulas would affect your outcomes.
- The Interactive Live Polling Session: COVID-19 Pandemic and Practice Management created a lot of buzz between

the faculty and attendees with the use of 14 poll questions to examine how the pandemic is affecting our practices.

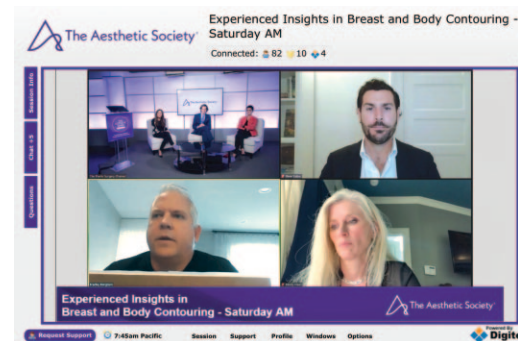
- The Expert Video Pearls Forum provided eye-opening insights and takeaways for attendees that will surely be implemented immediately. From buttock augmentation to capsular flaps to how to manage informed consent with your patients, there was something for everyone.

If you didn't get a chance to join us for the live meeting, you can still register for access to the educational content with on-demand access! Keep an eye out for an email announcing on-demand access in early October. You will be able to customize your education by purchasing the entire meeting or by purchasing only segments that most interest you. Best of all, on-demand access still comes with the opportunity to earn CME credits.

I hope to see you at the next two meetings in The Aesthetic Series! Next up on November 14, join us for a half-day of Premier Global Hot Topics followed by an afternoon of Nuances and Techniques in Injectables. The last segment of The Aesthetic Series will be held on January 16 with a full-day meeting on Facial Rejuvenation and Nasal Surgery. Both days are designed to help you customize your educational experience to best meet your professional needs. I'll see you at our next meeting!

Special thanks go out to Allergan Aesthetics and Mentor, whose educational grants supported this symposium!

Caroline Glucksman, MD, MSJ is a plastic surgeon practicing in Sea Girt, NJ and served as Chair for Experienced Insights in Breast and Body Contouring.



It was a very worthwhile meeting. Would recommend to anyone! During COVID with zero in-person conferences, this format allowed attendee communication and felt intimate and interactive. Thank you.

Karen M. Horton, MD, MSc, FACS, FRCS

An entirely new and very effective way of learning and communicating. A small price to pay in fee and time for a profound return on education and better patient care. Thank you, and also to the exhibitors. James Romano, MD

THANK YOU TO THE SUPPORTERS WHO MADE EXPERIENCED INSIGHTS IN BREAST AND BODY CONTOURING POSSIBLE!

Educational Grants

Allergan Aesthetics
an AbbVie company



Exhibitors



Allergan Aesthetics
an AbbVie company



THE
AESTHETIC
SERIES

JANUARY 16, 2021

Practical and Effective Approaches to
**FACIAL REJUVENATION
AND NASAL SURGERY**

AN INTERACTIVE ONLINE EVENT

CO-CHAIRS:
LOUIS BUCKY, MD
JASON ROOSTAEIAN, MD
CHRISTOPHER SUREK, DO

CME AVAILABLE



surgery.org/faceandrhino2021

Breast Implant Label Guidance Finalized by FDA

The U.S. Food and Drug Administration (FDA) recently issued the final guidance regarding Breast Implant Labeling. This guidance provides recommendations for industry and FDA Administrative Staff concerning the content and format of certain labeling information for breast implants most notably, a boxed warning, changes to screening recommendations to include the use of ultrasound, and a Patient Decision Checklist. The Aesthetic Society presented to the FDA on all of these topics, and specifically supported the use of a checklist for patient education, but believes it is inadequate on its own—we recommend the use of a validated Patient Decision Aid (PDA) that we developed and are making available to members for use and educating on practice integration this fall. **You can download this PDA at surgery.org/pda and see the article on Page 13.**

The final guidance contains detailed recommendations for saline and silicone gel-filled labeling that have been summarized below.

BOXED WARNING

Manufacturers should include a boxed warning that is noticeable and easy to read and understood by the ordinary individual. FDA believes a boxed warning would be useful in communicating risks that have been identified and which patients may be unaware

of, including that breast implants are not considered lifetime devices.

PATIENT DECISION CHECKLIST

A patient decision checklist highlighting key information regarding risks should be included at the end of the patient information booklet/brochure.

Copies of the completed patient decision checklist should be provided to patients prior to breast implant surgery.

RUPTURE SCREENING RECOMMENDATIONS FOR SILICONE GEL-FILLED BREAST IMPLANTS

For asymptomatic patients, the first ultrasound or magnetic resonance imaging (MRI) should be performed at 5–6 years post-operatively, then every 2–3 years thereafter. For symptomatic patients or patients with equivocal ultrasound results for rupture at any time postoperatively, an MRI is recommended.

MATERIALS/DEVICE DESCRIPTIONS

Patient information booklet/brochure should include a detailed device description of the materials of the breast implant shell and filling in a format that is understandable to the patient. Manufacturers may include information noting the FDA states the potential toxicity of the chemicals and materials used in

the manufacture of breast implants have been evaluated and have been determined to likely be safe. Specifically, tables listing breast implant materials, chemicals that might be released from breast implants, and heavy metals present in breast implants.

PATIENT DEVICE CARDS

Cards should clearly be labeled so that the physician can easily find it and provide it to the patient immediately following surgery. They should include the device's serial or lot number and Unique Device Identifier (UDI).

The Aesthetic Society and our members are committed to patient safety, advancing the quality of care, and practicing medicine based upon the best available scientific evidence. Breast implant health is critical to our members and patients; we are dedicated to the research and development of tools that improve safe outcomes, like the Aesthetic One app. The mobile platform is tailored to empower patients, facilitating two-way doctor-patient communication and acquiring essential data related to breast implant patients. It will allow surgeons to register breast implant devices and provide unique implant device cards. Aesthetic One is coming soon with beta testing happening now.

Learn from the Finest Minds in Aesthetic Plastic Surgery

Finished with an international residency? Apply for The Aesthetic Society's International Fellowship Program by **January 6, 2021**. 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.

For more information: surgery.org/InternationalFellowship



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



Supported by:

Allergan Aesthetics
an AbbVie company

Supported by

Allergan Aesthetics
an AbbVie company

 **GALDERMA**

THE BUSINESS OF LAUNCHING YOUR PRACTICE

6th Annual
Residents'
Symposium

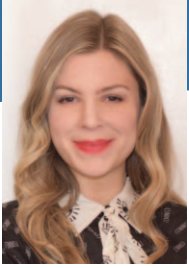
December 5–6, 2020

Chair:
Nolan Karp, MD

Vice Chair:
Ashley Gordon, MD



surgery.org/residents2020



Use of Patient Decision Aids for Breast Augmentation Informed Consent

By Chelsea O. Hagopian, DNP, APRN, AGACNP-BC

I have worked in collaboration with The Aesthetic Society's Informed Consent Task Force to develop an evidence-based Patient Decision Aid (PDA) *"Making quality decisions about primary breast augmentation surgery"* to improve the quality of the informed consent process for breast augmentation surgery.

Our PDA is designed for use throughout the consultation and informed consent process to assist in shared decision-making before breast augmentation surgery and during the lifespan of the breast implant. Our first webinar on practice integration will be held October 21. Watch your email for details.

WHAT ARE PATIENT DECISION AIDS (PDAs) ?

PDAs are evidence-based tools that help patients meaningfully participate in decision-making about health care options. More than an educational pamphlet or website, there are three defining characteristics:

1. A PDA makes explicit the decision or decisions that need to be made, the options, and their features.
2. A PDA helps patients to clarify and communicate their values and preferences.
3. A PDA empowers patients and clinicians to work together to make informed decisions based on the clinically appropriate options, the best available scientific evidence, and what matters most to patients.

SHARED DECISION-MAKING

The active process of bilateral communication and collaboration requiring meaningful input from both the patient and the clinician is termed *shared decision-making*. A growing body of evidence strongly supports that shared decision-making and the use of PDAs improve patient knowledge about risks and decision concordance with patient values, but standards for ensuring the quality of PDAs are critical for advancing shared decision-making in clinical practice and public policy. In

recognizing this need, the National Quality Forum and the International Patient Decision Aids Standards Collaboration have published standards for screening, certifying, and evaluating the quality of PDAs.

It is important to note that PDAs are not a new concept. There has been a push for PDAs into practice for at least the past decade based on consistent evidence demonstrating their clinical value. Other surgical specialties that have adopted PDAs in clinical practice with success include cardiac and orthopedic surgery.

WHO IS THIS PDA DESIGNED FOR?

Making quality decisions about primary breast augmentation surgery is a procedure- and population-specific PDA. The defined population is based on the approved FDA indication for the use of saline or silicone breast implants for cosmetic augmentation. Defining both the procedure and the target audience is necessary to ensure the *right patient* gets the *right information*. The PDA is designed specifically to replace traditional informed consent documents and better support patients and plastic surgeons when considering and making decisions about primary breast augmentation surgery with implants. It is divided into five sections, each guided by an overarching question that corresponds to a specific decision point along the natural decisional timeline for the defined clinical context. Each section includes the relevant decision or decisions necessary to consider, the essential information needed to make a decision, and details about why the information is needed or how it should specifically inform the patients' decision-making.

AN EVIDENCE-BASED APPROACH

A practical, evidence-based approach with deference to expertise was used to guide content inclusion and exclusion, format, presentation, and delivery. Core information sets (CIS), including general content about any

aesthetic surgery and procedure-specific content for primary breast augmentation surgery with implants were defined by active members of The Aesthetic Society using a modified Delphi consensus method. The CIS serve as guidance for what is minimally necessary but does not preclude further disclosure or discussion of additional information as relevant to the individual patient or surgeon. The level of detail needed for the CIS to actually be informative, and the preferred timing, format, and presentation of information, was informed by a subsequent consumer crowdsourcing study of adult females actively considering primary breast augmentation surgery.

INTEGRATING INTO CLINICAL PRACTICE

The PDA should integrate seamlessly into routine clinical practice both pre-encounter to prepare patients for each decision point before surgery and for what to expect after surgery and during the consultation and informed consent process to facilitate shared decision-making. Each section of the PDA can be used independently if desired to best support the patient's informational needs based on their stage of decision-making. Supporting informed consent and patient education materials should work *for* you, not *against* you.

The goal of our Patient Decision Aid is to ensure breast augmentation patients understand and appreciate the essential information during the time they are actively considering their options and actually making decisions, thus ensuring the *right patient* gets the *right information* at the *right time*.

Chelsea O. Hagopian, DNP, APRN, AGACNP-BC is a clinical instructor at the Emory University Nell Hodgson Woodruff School of Nursing and is presently participating in the 2020 class of the Emory University Healthcare Ethics Leadership Academy through the Healthcare Ethics Consortium and the Emory University Center for Ethics. She has practiced clinically in the field of plastic surgery as a nurse and nurse practitioner for the past 8- and 5-years, respectively, and her research focuses on ethics and informed consent.

Our PDA is designed for use throughout the consultation and informed consent process to assist in shared decision-making before breast augmentation surgery and during the lifespan of the breast implant. Our first webinar on practice integration will be held October 21. Watch your email for details. **Download the PDA at surgery.org/pda**

RADAR resource



The Aesthetic
Society's medical
education platform.



Accessible
via smartphone,
tablet and
web browser!

WITH RADAR YOU CAN

surgery.org/RADAR

- Read all issues of *ASJ*
- Watch didactic and operative videos
- Download customizable tools, checklists and forms for your practice
- Build a personalized medical library
- Review articles from *ASN's* Practice Solutions and Safety Matters sections
- New! COVID-19 Emergency Webinar Series



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

AESTHETIC SURGERY JOURNAL

Review the latest issue of the *Aesthetic Surgery Journal* in the RADAR library under Aesthetic Surgery Journal> 2020. Article highlights for this issue include:

Journal Club

The *Aesthetic Surgery Journal* Club holds live sessions via Zoom and is hosted on alternating months by The Next Generation Editors (NGEs) of the *Aesthetic Surgery Journal* and the Young Aesthetic Plastic Surgeons (YAPS) of The Aesthetic Society.

The latest session features Steven R. Cohen, MD author of "Progressive Improvement in Midfacial Volume 18 to 24 Months After Simultaneous Fat Grafting and Facelift: An Insight to Fat Graft Remodeling." Watch replays of the latest sessions in the library under Video Library > Resident Education>Journal Club

COVID-19 RESOURCES

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

Back to School and COVID-19 Lessons

Learned: What we know about COVID-19 has evolved dramatically since the pandemic's start. This webinar provides insight on how to

continue to improve patient safety and surgical outcomes. Featuring: Bradley Calobrace, MD; Heather Furnas, MD; Melinda Haws, MD; Steven Teitelbaum, MD; and Thomas Wiener, MD.

TRAVELING PROFESSOR SERIES

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

Our latest series features Dr. Michael Edwards discussing the lessons the aesthetic surgery industry has learned surrounding breast revision. Thank you to Allergan Aesthetics, the exclusive supporter of this webinar!

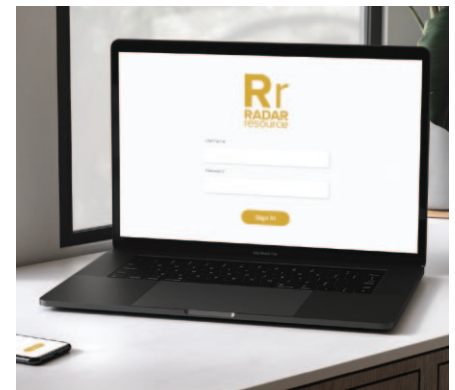
RADAR CME SEARCH

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

Purchase your CME subscription today and earn up to 20 AMA PRA Category 1 Credits.[™] This online activity is a quick and convenient way to get the CME you need while researching the aesthetic plastic surgery topics you love. All 20 credits earned are also offered as Patient Safety credits.

ACCESS RADAR

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



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

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



The Aesthetic Society is proud to present
a ten-part roundtable series
on breast implant health!
Stay up-to-date by
watching the series on RADAR:
Video Library> Videos> The Aesthetic Society.

Supported by an educational grant from Allergan Aesthetics.

Thank you, Premier Partners! INDUSTRY LEADERS WHO SHAPE AESTHETICS

The Aesthetic Society values our Industry Partners and the ongoing support they provide to The Society and our Members. In recognition of this support, we would like to thank and acknowledge our Premier Partners and 'present' each industry leader with The Aesthetic Society Industry Partner Award as a token of our appreciation.

The Aesthetic Society is proud of our meaningful relationships with industry, and we thank our esteemed partners for their ongoing collaboration, participation in the Industry Partnership Program, and support of The Aesthetic Society and our Members. Thank you!



Herluf G. Lund, MD
The Aesthetic Society, President



Jennifer Walden, MD
Vice President
Industry Relations Chair



PREMIER PARTNER 2 YEARS



Rob Catlin
Vice President
Aesthetics Sales and Marketing



PREMIER PARTNER 2 YEARS



Tracy Bonvino Black
U.S. Marketing Director
Medical Division—3M Healthcare



PREMIER PARTNER 2 YEARS



David Moatazedi
President and CEO



PREMIER PARTNER 8 YEARS



Carrie Strom
Senior Vice President, AbbVie
President, Global Allergan Aesthetics



PREMIER PARTNER 3 YEARS



Andy Joiner
President, Chief Executive Officer
Tepha, Inc.
Galatea Surgical is a wholly owned subsidiary of Tepha, Inc.

Premier Partners as of April 2020



PREMIER PARTNER 5 YEARS



Alisa Lask
VP and GM of US Aesthetics



PREMIER PARTNER 3 YEARS



Diane J. Gomez-Thinnes
Worldwide President

The support from our Premier Industry Partners results in quality education and valuable programs and services for our members. The Aesthetic Society partners with industry in support of our mission 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.



PREMIER PARTNER 8 YEARS



Bob Rhatigan
CEO



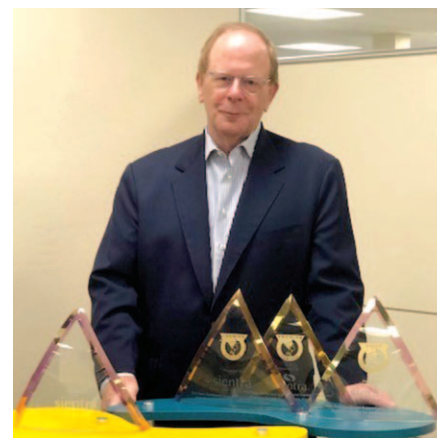
PREMIER PARTNER 1 YEAR



Heather Brennan, Ph.D.
Vice President
Plastic & Reconstructive Surgery



PREMIER PARTNER 10 YEARS



FOUNDING PREMIER PARTNER
Jeffrey Nugent
Chairman and Chief Executive Officer

Premier Partners as of April 2020

International Aesthetic Society Fellow Spotlight



ROISIN DOLAN, MD

I was incredibly grateful and appreciative to the The Aesthetic Society and Allergan Aesthetics to be selected as one of two Aesthetic Society international fellowship recipients following my interview in New Orleans. I am an Irish plastic and reconstructive surgeon and completed my fellowship examination in plastic surgery at the Royal College of Surgeons in Ireland in 2017. I then completed a microsurgery and hand surgery fellowship at the Oxford University Hospitals NHS Foundation Trust with Professor Henk Giele and thereafter, had the opportunity to participate in the novel Vascularised Composite Allograft Programme using radial forearm flaps to monitor for solid organ rejection following transplantation. I value the importance of aesthetic surgery principles in daily reconstructive surgery practice and was delighted to have this learning opportunity afforded to me.

I visited the very lovely Dr. Elizabeth Hall-Findlay in beautiful Banff. In addition to her gracious hospitality I had great exposure to her pre-operative assessment and post-operative management of patients considering mastopexy and breast reduction procedures. She taught me core principles of breast evaluation and a methodological approach to each patient in addition to use of software packages to aid communication with patients. I had the opportunity to attend her OR sessions and gained some really valuable tips and tricks applied to body contouring procedures. From an academic perspective, I attended her invited guest lectures at the University of Calgary, Department of Plastic Surgery which gave me great insights into the evolution of her techniques over time and the theoretical basis for these decisions. This was invaluable learning as a novice aesthetic surgeon.

Facial aesthetics was an area of cosmetic surgery I had little exposure to and I wanted to learn a safe way of approaching the ageing face that I could replicate. Having heard Dr. Daniel Baker speak so eloquently at the Cutting Edge meetings I was delighted to be accepted to observe him in the OR. Whilst operative intervention must be tailored to individual patients, I learned a strategic operative approach to face and neck lifts with non-surgical adjuncts to optimise results. He showed me how to mark upper and lower lid blepharoplasties and some techniques to reduce risk of complications. I learned the importance of vigilant post-operative care and the importance of MDT input in these patients.

These experiences have vastly improved my understanding of approaches to the ageing face and body contouring strategies. I gained expertise in technical tips, pre and post-operative assessments and management but most importantly have gained two wonderful mentors. Thank you to The Aesthetic Society, Allergan Aesthetics and in particular to Pamela for all her wonderful communication, organization and can-do attitude.



SAUMYA MATHEWS, MD

The American Aesthetic Society's international aesthetic fellowship for me can only be described as an enchanted adventure across five cities and two countries. I had the opportunity to learn from stalwarts in the field of aesthetic surgery who welcomed me into their practice and left no stone unturned in educating me about patient communication, meticulous planning, nuances of their individual surgical technique, investing in the right technology and instrumentation, importance of research and ethics in practice.

My fellowship journey began in Boston with Dr. Amy Colwell at Massachusetts General Hospital, it continued to Canada to private practice of Dr. Frank Lista, Dr. Jamil Ahmad and Dr. Ryan Austin. Next was California to Dr. Steve Cohen and Dr. Robert Singer in San Diego and Dr. Steven Teitelbaum in Los Angeles. The final stop was New York City to the private practices of Dr. Daniel Baker, Dr. Ryan Neinstein, Dr. Sachin Sridharni and Dr. Alan Matarasso and Dr. Scot Glasberg at MEETH.

I was able to focus on my areas of interest of aesthetic breast surgery, body contouring, facelifts, and complementary applications of fat grafting to modern aesthetic surgery during the fellowship.

Despite their busy schedules I had an opportunity to have meaningful conversations about setting up a successful practice, the commitment and passion required to set oneself apart, work life balance, and the significance of giving back to the Society. I understood the importance of research and collaboration with industry partners to aid in developing useful, innovative and cost-effective technology. I feel privileged to have observed firsthand how to tackle real life situations with knowledge, confidence, humility, and panache.

I would like to express my gratitude to Pamela Diecidue for helping me at every juncture of the way and The Aesthetic Society, and Allergan Aesthetics for this incredible opportunity. I hope to utilize the training I have received through the fellowship and continue this meaningful journey to learn and educate about aesthetic surgery in India. It was intriguing for me to note that many surgeons I visited came from a very strong reconstructive plastic surgery background like myself. The fellowship has given me immense confidence to strive towards my goal to combine the best from reconstructive and aesthetic plastic surgery in order to provide the best possible care to my patients.

Supported by

Allergan Aesthetics
an AbbVie company

Qwo™
collagenase clostridium
histolyticum-aaes injection
0.92mg

Now Approved

Finally, a cellulite treatment you can get behind.

Introducing Qwo™, the first and only FDA-approved injectable for moderate to severe cellulite in the buttocks of adult women.¹

Available Spring 2021

To learn more and sign up for product updates, visit **QWO.com**

INDICATION AND IMPORTANT SAFETY INFORMATION FOR QWO™ (collagenase clostridium histolyticum-aaes)

INDICATION

QWO is indicated for the treatment of moderate to severe cellulite in the buttocks of adult women.

IMPORTANT SAFETY INFORMATION FOR QWO CONTRAINDICATIONS

QWO is contraindicated in patients with a history of hypersensitivity to collagenase or to any of the excipients or the presence of infection at the injection sites.

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions

Serious hypersensitivity reactions including anaphylaxis have been reported with the use of collagenase clostridium histolyticum. If such a reaction occurs, further injection of QWO should be discontinued and appropriate medical therapy immediately instituted. Advise patients to seek immediate medical attention if they experience any symptoms of serious hypersensitivity reactions.

Injection Site Bruising

In clinical trials, 84% of subjects treated with QWO experienced injection site bruising. Subjects with coagulation disorders or using anticoagulant or antiplatelet medications (except those taking ≤150 mg aspirin daily) were excluded from participating in Trials 1 and 2.

QWO should be used with caution in patients with bleeding abnormalities or who are currently being treated with antiplatelet (except those taking ≤150 mg aspirin daily) or anticoagulant therapy.

Substitution of Collagenase Products

QWO must not be substituted with other injectable collagenase products. QWO is not intended for the treatment of Peyronie's Disease or Dupuytren's Contracture.

ADVERSE REACTIONS

In clinical trials, the most commonly reported adverse reactions in patients treated with QWO incidence ≥ 10% were at the injection site: bruising, pain, nodule and pruritus.

Please see Brief Summary of full Prescribing Information on the following page.

Reference: 1. QWO [prescribing information]. Malvern, PA: Endo Aesthetics LLC.

Qwo™ and Endo Aesthetics™ are trademarks of Endo International PLC or one of its affiliates.
© 2020 Endo Aesthetics LLC. All rights reserved. Malvern, PA 19355
EA-QW-05015/August 2020



QWO™ (collagenase clostridium histolyticum-aaes) for injection, for subcutaneous use

Brief Summary

For complete information, see the full Prescribing Information

INDICATIONS AND USAGE

QWO is indicated for the treatment of moderate to severe cellulite in the buttocks of adult women.

CONTRAINDICATIONS

QWO is contraindicated in:

- patients with a history of hypersensitivity to collagenase or to any of the excipients [see *Warnings and Precautions*].
- the presence of infection at the injection sites.

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions

Serious hypersensitivity reactions including anaphylaxis have been reported with the use of collagenase clostridium histolyticum. If such a reaction occurs, further injection of QWO should be discontinued and appropriate medical therapy immediately instituted.

Injection Site Bruising

In clinical trials, 84% of subjects treated with QWO experienced injection site bruising [see *Adverse Reactions*]. Subjects with coagulation disorders or using anticoagulant or antiplatelet medications (except those taking ≤ 150 mg aspirin daily) were excluded from participating in Trials 1 and 2.

QWO should be used with caution in patients with bleeding abnormalities or who are currently being treated with antiplatelet (except those taking ≤ 150 mg aspirin daily) or anticoagulant therapy.

Substitution of Collagenase Products

QWO must not be substituted with other injectable collagenase products. QWO is not intended for the treatment of Peyronie's Disease or Dupuytren's Contracture

ADVERSE REACTIONS

The following adverse reactions to QWO for injection are discussed in greater detail in other sections of the labeling:

- Hypersensitivity [see *Contraindications and Warnings and Precautions*].
- Injection Site Bruising [see *Warnings and Precautions*].

Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, the adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice.

In two double-blind, placebo-controlled clinical trials (Trials 1 and 2) of identical design, 424 female subjects with cellulite in the buttocks received QWO and 419 female subjects with cellulite received placebo. Enrolled subjects were adults age 18 to 78 years with moderate to severe cellulite (graded as 3 or 4 on a 0 to 4 scale) and without excessive skin laxity. The majority were White (78%) or African American (18%). Subjects completed up to 3 treatment visits separated by 21 days and were followed for up to 6 months after the last treatment visit in a separate open-label extension trial (Trial 3).

The following table shows the incidence of adverse reactions that were reported in $\geq 1\%$ of subjects who received QWO and at a frequency greater than subjects who received placebo in Trials 1 and 2 through Day 71. Generally, adverse reactions had a duration of less than 21 days.

Adverse Reactions Occurring in $\geq 1\%$ of Subjects in Trials 1 and 2 Through Day 71

Adverse Reactions at Injection Site	QWO N=424 %	Placebo N=419 %
Bruising	84	21
Pain	48	10
Nodule	33	1
Pruritus	15	1
Erythema	9	5
Discoloration	8	1
Swelling	8	1
Warmth	3	0

Pooled terms:

- Bruising - injection site bruising, injection site hematoma, and injection site hemorrhage (refers to verbatim term injection site ecchymosis)
- Pain - injection site pain, injection site discomfort, and injection site dysesthesia
- Swelling - injection site swelling, injection site edema, injection site induration
- Discoloration - injection site discoloration
- Nodule - injection site mass and injection site nodule

Four hundred seventy-nine (479) subjects from Trials 1 and 2 completed a 6-month observation phase in the ongoing open-label safety extension (Trial 3). No long-term safety signals have been identified.

Immunogenicity

As with all therapeutic proteins, there is potential for immunogenicity. The detection of antibody formation is highly dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody (including neutralizing antibody) positivity in an assay may be influenced by several factors including assay methodology, sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies in the studies described below with the incidence of antibodies in other studies or to other products, including other collagenase clostridium histolyticum products, may be misleading. By Day 22, approximately 53% (203/383) and 26% (101/383) of subjects who completed the first treatment visit of QWO at the recommended dose in Trials 1 and 2 developed anti-AUX-I and anti-AUX-II antibodies, respectively. The majority ($> 96\%$) of subjects developed antibodies for AUX-I and AUX-II after second and third treatment visits. Antibody titers suggested that antibodies were retained for up to 360 days after receiving the first recommended dose. By Day 71, approximately 68% and 83% of subjects developed antibodies to AUX-I and AUX-II which were classified as neutralizing, respectively.

Antibodies to AUX-I and AUX-II including those classified as neutralizing were not associated with changes in clinical response or adverse reactions at injection site.

Postmarketing Experience

Because adverse reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure. The following adverse reaction was reported during post approval use of a collagenase product:

Immune system disorders: serious hypersensitivity reactions including anaphylaxis [see *Warnings and Precautions*].

USE IN SPECIFIC POPULATIONS

Pregnancy

Risk Summary

There are no available data on collagenase clostridium histolyticum use in pregnant women to evaluate for a drug-associated risk of major birth defects, miscarriage or adverse maternal or fetal outcomes. Following subcutaneous injection, the systemic concentrations for QWO were below the bioanalytical assay limit of quantification [see *Clinical Pharmacology in the full Prescribing Information*].

In animal reproduction studies, intravenous administration of collagenase clostridium histolyticum to pregnant rats during organogenesis at doses up to 0.13 mg/rat (43 \times human equivalent dose [HED] on a mg/kg basis) revealed no evidence of harm to the fetus.

The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the US general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2-4% and 15-20%, respectively.

Lactation

Risk Summary

There are no data on the presence of collagenase clostridium histolyticum in human milk, the effects of collagenase clostridium histolyticum on the breastfed child or on milk production. Following subcutaneous injection, the systemic concentrations for QWO were below the bioanalytical assay limit of quantification [see *Clinical Pharmacology in the full Prescribing Information*]. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for collagenase clostridium histolyticum and any potential adverse effects on the breastfed child from collagenase clostridium histolyticum, or from the underlying maternal condition.

Pediatric Use

The safety and effectiveness of QWO have not been established in pediatric patients.

Geriatric Use

In two double-blind, placebo-controlled, clinical trials in subjects with cellulite (Trials 1 and 2), 24 (5.7%) of the 424 subjects who received QWO were 65 years of age or older. No overall differences in safety of QWO were observed between these patients and younger patients.

PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-approved patient labeling (Patient Information).

Hypersensitivity

Advise patients to seek immediate medical attention if they experience any symptoms of serious hypersensitivity reactions [see *Warnings and Precautions*].

Injection Site Bruising

Advise patients that injection site bruising may occur with administration of QWO [see *Warnings and Precautions*].

Manufactured by: Endo Global Aesthetics Limited Dublin, Ireland
US License No. 2136

Distributed by: Endo Aesthetics LLC Malvern, PA 19355

Based on the Prescribing Information revised 07/2020.

©2020 Endo Aesthetics LLC

EA-QW-05002/August 2020

Advocacy and The Aesthetic Society

The following is the transcript of a discussion, hosted by The Aesthetic Society President Herluf G. Lund, MD, including Aesthetic Society members Brian Brzowski, MD; William Huffaker, MD; and Paul LoVerme, MD.

Dr. Lund: Thank you three for joining me! Recently, I've been thinking a lot about the role of advocacy in aesthetic surgery. It's not something I talk, or even think about, very often, so it struck me as unusual. Each of you have extensive backgrounds advocating for our specialty and I wanted to pick your brains a bit. Could you tell us a bit about your background in aesthetic surgery advocacy, and what your greatest successes have been?

Dr. LoVerme: Of course, and thanks for having me! I came up through the ranks of the New Jersey Society of Plastic Surgeons and eventually became its president. I've been on the Legislative Action Committee of ASPS and I'm currently the chair of our Advocacy Committee here at The Aesthetic Society.

I think the biggest achievement I'm happy to have been a part of was working to end New Jersey's six-percent cosmetic procedures tax. The bill was passed just as I finished my presidency with the New Jersey society, but we got to work on repealing it right away. It's a tax that was conceived, voted on, and instituted within three days, but took nine years to repeal! It took time to make the case that the tax was actually costing the state money.

Dr. Lund: Is that because patients were going out of state?

Dr. LoVerme: That's one part of it, yes. But it was also because the tax was costly to collect and doctors were moving out of state. This was a great example of why being proactive is so important. While it took nine years to repeal the tax, afterward we were able to proactively prevent similar taxes from implementation in other states. In fact, we were able to get the bill's sponsor, Joe Cryan, to change his mind and argue against the tax in other states. I've heard of similar taxes are being discussed in Massachusetts and Utah, so that's something our committee is keeping a close eye on.



Participating in this discussion are, clockwise from upper left: Herluf G. Lund, MD; Paul LoVerme, MD; Brian Brzowski, MD; William Huffaker, MD

Dr. Lund: Brian, could you introduce yourself and tell us a bit about a favorite advocacy story?

Dr. Brzowski: Sure, thanks for having me. I've served as president for the Utah Plastic Surgery Society, and currently serve as Vice-Chair of The Aesthetic Society's Advocacy Committee. One victory I'm proudest of was five years ago when a local ENT and oral surgeon sued our state society over our advertising campaign which simply urged patients to examine the credentials of anyone

they're considering going to for cosmetic surgery. Our research showed that about 95% of people were unaware that there's no regulation preventing doctors from performing aesthetic surgeries. I was very pleased with the ruling, which reinforced the legality that asking patients to do their due-diligence was not anti-competitive.

Dr. Lund: For those who don't know, Bill was my business partner, who just retired. How have you been doing, in, oh, the two weeks since you've been in the office?

Dr. Huffaker: Hah, great thanks, and thanks for having me, Herluf. I think my advocacy was most important getting local tort reform passed. For a while, our insurance premiums were completely out of control. Doctors were paying up to \$100,000 per year. And that's if they could get an insurance plan; because of

Our research showed that about 95% of people were unaware that there's no regulation preventing doctors from performing aesthetic surgeries. I was very pleased with the ruling, which reinforced the legality that asking patients to do their due-diligence was not anti-competitive.

Continued on Page 22

Advocacy and The Aesthetic Society

Continued from Page 21

the restrictive laws, many carriers left the state. So, I loudly and repeatedly voiced my opinion to legislators. Even more, I donated \$10,000 to a supportive PAC. It was a great investment, and I suggested others do likewise. After we saw those reforms pass, my malpractice premiums dropped by about \$40,000.

Dr. Lund: I hear lots of aesthetic surgeons believe advocacy should be the role of their state's medical societies, and not even aesthetic ones. Do you think that's accurate?

Dr. Huffaker: No, I can't say I do. You see, I don't think other physicians understand plastic surgery, or our issues, like we do. General surgeons used to be supporters of plastic surgery, but that seems to have changed.

Dr. LoVerme: I agree. Some state societies have stood against truth in advertising regulations, because they were run by internists who were performing Botox injections. So state societies not only fail to understand us, they're not always with us.

Dr. Huffaker: Some people think our specialty, and thus our societies, are too small to have much impact on legislation, but that's why we need to look to other specialties and make alliances. For instance, we have found success in the past allying with dermatologists and otolaryngologists when our interests aligned.

Dr. LoVerme: And while our specialty may be small, we often have tremendous access to legislators, because we're performing surgery on them or their spouses. We need to take advantage of that! It's all about relationships and coalitions. See, many people don't bother, because they rightly think that one letter doesn't help. But when dealing with issues that affect us, it doesn't have to be thousands of letters to change a mind; thirty letters can make a big impact, most especially when that legislator remembers our names!

Dr. Huffaker: The problem we have is that no one outside our specialty seems to understand the difference between us and other so-called plastic surgeons. I feel ASPS represents reconstructive plastic surgeons, and that doesn't do us any favors. Tackling

And while our specialty may be small, we often have tremendous access to legislators, because we're performing surgery on them or their spouses. We need to take advantage of that!

that on a consumer level is one thing, but equally important is ensuring that legislators know that we have unique businesses, and that some bills they propose might adversely affect us. Often they mean well, they're just not informed. That's why our being visible and vocal is so important.

Dr. Brzowski: There are so many potential problems we need to keep an eye on, and we'll only be able to affect them if we're involved. Spas and scope of practice laws. Optometrists doing facial surgeries. Office surgery restrictions like Florida's limiting of the number of procedure hours. And that's just to name a few.

Dr. Lund: I hear some of our members say that they aren't fond of smaller societies, or the AMA. What would you say to them?

Dr. Huffaker: There are many things I don't like about some societies and even the AMA. However, if we had no state societies, or no AMA, where would we be? Industry and legislators would run amok, and aesthetic surgeons would be screwed!

I'm reminded of one important battle within the AMA. Their ethics committee made an official statement that it was unethical for plastic surgeons to sell skincare products in their offices. And the way their Council works, there is no way to change the statement, only to reject it outright. We were able to refer the ruling back to their Council. Six months later, after conveying to them why the statement was so harmful and explaining our situations, they came out with another statement without that clause. If plastic surgeons hadn't been involved with the AMA, our practices would look very different, for the worse.

Dr. LoVerme: Agreed. Advocacy isn't just about keeping legislators informed of our

issues. It's also making sure our issues and agendas are furthered within the larger medical community, because its decisions can drastically affect our specialty.

Dr. Brzowski: Yep, I worry we've lost ground, not only to non-plastic surgeon physicians, but now to non-physicians. I shudder to think where we would be without the efforts and expenses made in advocacy. It's more important than ever to be vocal.

Dr. Lund: It appears to me that interest in advocacy seems to have waned in our newer members. What advice do you have to give to get them involved?

Dr. Huffaker: Well, it's something I fell into, and then turned into a bit of an addiction. But I realize that it's not that way for everyone! I was introduced to the AMA by an ophthalmologist friend of mine. I found I enjoyed getting to know legislators both on the state and national level. Once I got involved I was addicted.

Dr. LoVerme: That's true. Some will get hooked and stay involved, and some won't. But the best way I've found is simply to invite people. Invite people to political hearings. Invite people to state and national conferences. Invite them to join an advocacy committee, like ours, which I chair!

Dr. Brzowski: I think a lot of younger aesthetic surgeons focus solely on their skills and their practice. Which is commendable! But the importance of protecting the reputation and perception of board certified plastic surgeons can't be overstated. Membership in The Aesthetic Society is the first step, but active participation on committees is crucial. You've also got to be members in societies who aren't representing us as well as they could, like the AMA. We can make change from the inside. Participate, participate, participate.

Dr. Lund: Thanks to all of you for taking the time to chat with me today! All of your insights into aesthetic advocacy have been enlightening. You've done tremendous work, but it's obvious that there's much more to be done.

So, I loudly and repeatedly voiced my opinion to legislators. Even more, I donated \$10,000 to a supportive PAC. It was a great investment, and I suggested others do likewise. After we saw those reforms pass, my malpractice premiums dropped by about \$40,000.



Changes to the Aesthetic Society's Bylaws

By Sarvam TerKonda, MD

If anything is certain, it's that this has been a year of change. This got us thinking, why should our Bylaws miss this year's opportunity for reinvention? So we decided it was about time to finetune The Aesthetic Society Bylaws.

First, a glimpse into the process. Working with The Aesthetic Society staff and our legal counsel, Robert Aicher, we drafted our initial changes. Once satisfied, we passed them on to the Bylaws Committee. After minor revisions, the recommendations were sent to the Board of Directors. With their blessing, the edits were submitted via email to the Society membership for approval. Thankfully, the edits were approved, or else this would be a very different column!

Below is a summary of the recently accepted changes made to The Aesthetic Society's Bylaws, effective September 2020 :

- Following the dissolution of SPSSCS, the Aesthetic Care Team Affiliate Program was created: Aesthetic Care Team Affiliate (ACTA) is a Program of the Society, not a

membership category. ACTAs may be physician assistants, nurses, surgical technicians, aestheticians, cosmetologists, practice managers, patient care coordinators, office staff, and program coordinators from a plastic surgery training program. The application process, qualifications, benefits, and annual fees will be determined by the Board of Directors. Additional information regarding this new program will be coming soon!

- The ANN Committee was made a standing committee to represent the continued importance of this asset.
- The Maintenance of Certification Question Writing Committee was disbanded. It is no longer needed as ABPS has revised the process for question writing.
- The Light and Energy Based Therapies Committee was disbanded as it is no longer needed.

- The Electronic Communications Committee was renamed the Website Committee to clarify its responsibilities and scope.
- The Consent Calendar section was removed from the Bylaws. The process is still in use by the Board of Directors.
- The Entrance Fee section was removed, as they are no longer used in practice.
- The Payment of Dues section was made more flexible to clarify the current process and to provide flexibility on a case-by-case basis.
- The name of the 'Associate Member' category was replaced with 'Honorary Member' category for clarity.

Sarvam TerKonda, MD, is a plastic surgeon practicing in Jacksonville, Florida, and is chair of the Bylaws Committee.

ATTENTION RESIDENTS AND FELLOWS!

Are you a resident or fellow looking for funding to attend The Aesthetic Meeting 2021? Consider applying for the ASERF Resident Travel Scholarship this fall.



The Aesthetic Surgery
Education and
Research Foundation

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. Scholarship funds must be used to offset the costs of travel, hotel, and other expenses associated with attending The Aesthetic Meeting 2021.

Questions? Contact alicia@surgery.org

Apply Today! surgery.org/resident-travel-scholarship



The Allergan Foundation

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 in the US/Canada
- Submit a letter of recommendation from the resident's or fellow's program director
- Submit a Curriculum Vitae
- Submit an essay explaining the importance of attending The Aesthetic Meeting 2021
- 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*



ASJ is your resource.

We have your back during this tough time.

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

GLOBAL EDUCATIONAL MEETINGS

JOURNAL CLUBS


SOCIETY WEBINARS

THEMATIC ISSUE

VIRTUAL GRAND ROUNDS

Explore Today: academic.oup.com/asj

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





Aesthetic Surgery Journal and ASJ Open Forum Update

To read the current issue of the *Aesthetic Surgery Journal*, visit:
<https://bit.ly/3jl1Rgl>

CHANGES TO OUR TEAM

In September, we welcomed Vicki Tedeschi, the new Managing Editor of *Aesthetic Surgery Journal*. Vicki lives in Taylors, South Carolina, has extensive publishing experience, and has managed several high-impact medical journals. She replaces Hunter Alexander who was with The Aesthetic Society for almost 10 years. We wish him all the best in his new role. We'd also like to congratulate Kyleigh Vrettos who has been promoted to Editorial Manager of ASJ and Managing Editor of ASJ Open Forum. Kyleigh's three years of work have helped us grow the journals and we are so pleased she's a part of our team. Lexy Stang's title changed to Editorial Assistant and Phaedra Cress's title changed to Executive Publisher, Journals. Congratulations to the entire team for these well-deserved acknowledgements.

ASJ AND ASJ OPEN FORUM BEST PAPER COMPETITION— November 20 Deadline To Submit!

It's that time of year, residents and fellows! Submit your article by November 20 and qualify to win a \$200 gift card from Oxford University Press. We welcome your submissions. Each journal will award one winner. All articles undergo standard peer review with no guarantee of acceptance. Don't miss out on the chance to publish in our family of journals and add to your collection of academic books from Oxford. Questions? Email journal@surgery.org.

ASJ OPEN FORUM RESIDENTS PUBLISHING PROGRAM— Sponsored by Tephra, Inc./ Galatea Surgical, Inc.

We are pleased to announce the winners of the Residents Publishing Program supported by an unrestricted educational grant from Tephra, Inc./Galatea Surgical, Inc. The opportunity to publish in a premier open access journal such as *ASJ Open Forum* is incredibly valuable for residents. It allows them to contribute to the plastic surgery literature and become more familiar with the peer review process as authors. On behalf of our entire editorial team, we would like to thank Tephra, Inc./Galatea Surgical, Inc for contributing to resident education. Editor in Chief, Dr. Jeffrey M. Kenkel shares his thoughts about the program:

"Educating residents and fellows has been a professional passion of mine for many years. It is extremely gratifying to teach and champion the next generation of aesthetic surgeons. I am proud that the goals of *ASJ Open Forum* and Tephra, Inc./Galatea Surgical, Inc. were aligned, and appreciate their support of the *ASJ Open Forum* Residents Publishing program through an unrestricted educational grant. Their support enabled the publication of five articles by resident authors and I would like to thank them personally for their strategic partnership."

Read them here: <https://bit.ly/3glk2LC>

Accidental Magnetic Resonance Imaging Activation of Carbon Dioxide Tissue Expanders
 Carissa L. Patete, BS; Michael Plastini, MD;
 Prakash J. Mathew, MD, MBA; Jason J. Yoo, MD;
 Zubin Panthaki, MD

Infantile Asymmetrical Diffuse Infiltrative Lipomatosis of the Abdomen and Upper Thighs: A Case Report with Long-Term Follow-Up
 Fawzy Hamza, MD; Tarek Elbanoby, MD;
 Hazem Dahshan, MD; Amr Elbatawy, MSc, MD,
 EBOPRAS, MRCS

Practice Management Knowledge Amongst Plastic Surgery Residents in Canada: A National Survey
 Brian Hong, MD; Ryan Austin, MD;
 Kyle Wanzel, MD; Sultan Al-Shaqsi, MBChB

Periprosthetic Fluid Analysis in the Diagnosis of Breast Implant Infections Using Cell Count and Differential

Christopher N. Stewart, MD; Bill B. Liu, MD;
 Eugene E. Zheng, BA; Sue-Mi C. Tuttle, MD

An Updated Review of Plastic Surgery-Related Hashtag Utilization on Instagram: Implications for Education and Marketing
 Nisha Gupta, BA; Robert Dorfman, MD;
 Sean Saadat, MD; Jason Roostaeian, MD

JOIN US IN CELEBRATING HISPANIC HERITAGE MONTH

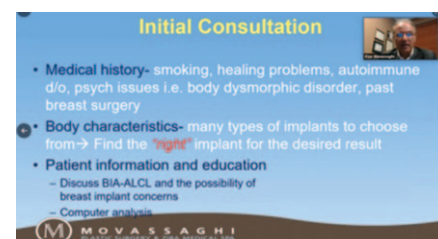
Read our collection of journal articles authored by Hispanic authors, with Introduction by ASERF President, Dr. Luis Rios:
<https://bit.ly/3I9pHfo>

ASJ WEBINARS

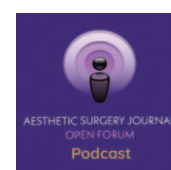
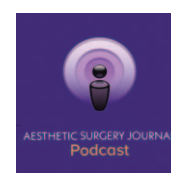
Looking for in-depth educational resources? Turn to ASJ and RADAR Resource and watch our ASJ GEMS and ASJ Virtual Grand Rounds today!

ASJ GEMS: Video Library> Aesthetic Surgery Journal> ASJ GEMS.

ASJ VGR: Video Library> Resident Education> Virtual Grand Rounds.



ASJ GEMS continues and in August, Dr. Kiya Movassaghi presented on breast reconstruction and Dr. Steven R. Cohen served as our discussant.



ASJ AND ASJ OPEN FORUM PODCASTS

We have launched the ASJ Podcast—and now you can listen to authors read their articles and keep up with the latest articles when you're on-the-go.

ASJ: <https://bit.ly/3jqNqHx>
 ASJ Open Forum: <https://bit.ly/30sNDCM>

The Aesthetic Society's Industry Partnership Program



Allergan Aesthetics
an AbbVie company

endo aesthetics
REDEFINING SCIENTIFIC ARTISTRY

GALATEA
SURGICAL

 **GALDERMA**

MENTOR
PART OF THE *Johnson & Johnson* FAMILY OF COMPANIES

MERZ AESTHETICS™

mtfbiologics
Plastic & Reconstructive Surgery

sientra®

Founding Premier Partner: Sientra



 **Abbott**

AMS
A Medical Liability
Insurance Company

IMAGING EXCELLENCE FROM
CANFIELD

 **CareCredit**
Making care possible...today.

CosmetAssure®
We Cover Complications.

PLANATOME®
BY ENTREPIX MEDICAL

 **INMODE**

 **revance**®

SENTÉ
Glycosaminoglycans

 **symplast**®

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.

Update Your Aesthetic Society Logo!

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

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



Society of Plastic Surgical Skin Care Specialists Dissolves After 26 Years

In 1994, a group of renowned plastic surgeons recognized the need to provide an educational forum for the emerging specialty of skin care in the plastic surgeon's office. This vision led to the creation of The Society of Plastic Surgical Skin Care Specialists (SPSSCS), which served as the professional organization to promote and educate these specialists worldwide. Twenty-six years later, challenges in our world, that we could never have envisioned, took a devastating toll on the financial health of this organization. The cancellation of the SPSSCS's annual meeting due to the COVID-19 pandemic was followed by the extremely difficult decision to dissolve the Skin Care Society. The Board of Directors, Past Presidents, members, and staff took the sad, yet necessary steps to complete the dissolution process by June 30, 2020.

For 26 years, SPSSCS provided invaluable education to skin care professionals and nurses. The annual meetings fostered friendships and professional relationships that have withstood the test of time. Our loyal exhibitors supported outstanding education sessions and epic social events that were the cornerstone of the meeting each year. Our faculty remained on the cutting edge of new treatments, technologies and business solutions. The time given to the Society by the Board of Directors and committee members cannot be understated. Their contributions in program planning, exhibitor outreach, mentoring new members, creating newsletter content, volunteering at the World Burn Congress, and participating as faculty, are what made SPSSCS the esteemed society it came to be. Our Founding Members

gave birth to something groundbreaking, and our distinguished Past Presidents fostered the organization for continued growth. The participation of our Active Members is why SPSSCS was able to exist for over a quarter of a century. Thanks to their support, desire to learn and dedication to excellent and safe patient care, we were able to hold true to our Mission.

SPSSCS staff wish to thank everyone involved with the Skin Care Society over the years. We, too, made lifelong friends, enjoyed those grand social events, and learned so much from your expertise.

We will be exploring ways to maintain our community of skin care specialists under the banner of The Aesthetic Society, with more information to come later this year!

PATIENTS IN NEED?



The Aesthetic Surgery
Education and
Research Foundation

Mollenkopf Aesthetic Breast Reconstruction Fund Now Available Nationwide!

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

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

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

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

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

PATIENTS IN NEED?



The Aesthetic Society®



The Aesthetic Surgery Education
and Research Foundation



AMERICAN SOCIETY OF
PLASTIC SURGEONS



THE PLASTIC SURGERY
FOUNDATION™

For Uninsured Patients, Utilize the BIA-ALCL Patient Fund

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

Patient Fund Criteria:

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

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

Made Possible By Generous Contributions From

Allergan Aesthetics
an AbbVie company

 **MENTOR**
PART OF THE Johnson & Johnson FAMILY OF COMPANIES

sientra.

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



renuva®

STILL YOU, ONLY BETTER.

Renuva contains the same collagens, growth factors and proteins as your own fat – and nothing more. The treatment is injected anywhere native fat exists to restore volume, where desired.

Renuva is ideal for:

- Cheeks
- Temples
- Hands
- Nasolabial folds
- Neck
- Décolletage
- Ideal for contouring
- Cellulite dimples
- Liposuction irregularities

Actual Renuva® patient.



mtfbiologics.org/aesthetic | Stay in touch @MyRenuva #MyRenuva



Update on ASERF

By Luis Rios Jr., MD



The Aesthetic Surgery
Education and
Research Foundation

For each passing day, I am thankful that my family and I continue to be safe and in good health and that I am able to resume serving my patients during these challenging times. I hope that each of you can say the same thing with regards to your personal and professional well-being. I miss seeing your faces in-person but I'm grateful that thanks to technology, I am able to connect with many of you and push forward with advancing ASERF's Mission and to fund valuable aesthetic plastic surgery research projects.

On that note, this summer, our ASERF Scientific Research Committee remained active reviewing research grant applications. To give applicants a clearer understanding of the funding process, we recently implemented quarterly application deadlines. Posted on the ASERF website at www.aserf.org/calls-for-research-applications/interim-grant-application the deadlines to apply are March 1, June 1, September 1, and December 1. All applications received by these quarterly deadlines will be reviewed by the Committee within a month after that date. If an application is received any time after a deadline listed, it will be reviewed a month following the next listed cutoff date. If necessary, during the review process, we ask that applicants reply promptly to emails from the Committee requesting additional information about their grant request. Grants approved for funding will then move on for final funding approval by the ASERF Board of Directors. We hope that these efforts will help keep the review and approval process shorter than it has been in the past and allow for more transparency.

It was exciting to see that some of our recently funded research is starting to bare some important fruit. Dr. Patricia McGuire presented some very interesting preliminary data on her and Dr. Caroline Glicksman's BII research, "Systemic Symptoms: Biospecimen Analysis Study," at the Breast and Body Contouring Meeting, specifically the comparison of the different approaches regarding the breast capsule in BII explantation. In addition, the repeat ASERF BBL Survey results and analysis were published in the August 2020 issue of *Aesthetic Surgery Journal*. BBL seems to be

safe as long as fat grafting is performed in the subcutaneous plane. Modification of the technique, as described in the two ASERF papers, has improved the safety of the procedure. Of course, the same type of improved safety was seen with studies of liposuction in the past. ASERF will continue to strive to sponsor studies, which will improve our evidence-based practice.

ASERF-FUNDED RESEARCH RECENTLY PUBLISHED IN *AESTHETIC SURGERY JOURNAL*

- "Comparative Analysis of Cytokines of Tumor Cell Lines, Malignant and Benign Effusions Around Breast Implants"—Kadin ME, Morgan J, Kouttab N, Xu H, Adams WP, Glicksman C, McGuire P, Sieber D, Epstein AL, Miranda RN, and Clemens MW *Aesthetic Surgery Journal*, Volume 40, Issue 6, June 2020, Pages 630–637
- "The Use of Eye Tracking Technology in Aesthetic Surgery: Analyzing Changes in Facial Attention Following Surgery"—Frautschi RS, Dawlagala N, Klingemier EW, England HS, Sinclair NR, and Zins JE Published online

- "Gluteal Vein Anatomy: Location, Caliber, Impact of Patient Positioning, and Implications for Fat Grafting"—Turin SY, Fracol M, Keller E, Markl M, Collins J, Krochmal D, and Kim JYS *Aesthetic Surgery Journal*, Volume 40, Issue 6, June 2020, Pages 642–649

For more information on these and other articles, visit aserf.org/published/blog.

RESEARCH PROJECTS RECENTLY APPROVED FOR ASERF FUNDING

- "Quantitative and Qualitative Analysis of Bacterial Load Contamination in Breast Implant Surfaces and Capsular Tissue"—Rafael Couto, MD and William Adams Jr., MD (\$38,338.00)
- "Prevalence of Adverse Childhood Experiences and Adult Health in ASAPS Members"—Mark Constantian, MD, FACS (\$5,000.00)

For detailed descriptions of these and other studies, visit aserf.org/newsroom/blog.

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

Thank You ASERF President's Circle Members!

Mark T. Boschert, MD

M. Bradley Calobrace, MD

Sepehr Egrari, MD

Dr. and Mrs. Julio Garcia

Dr. and Mrs. Joe Gryskiewicz

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?



Aesthetic Neural Network

The Gold Standard in Data Analytics

ANN is designed by and tailored to aesthetic plastic surgeons—empowering you with a new way to look at your own data. ANN goes beyond standard reporting available from your PM system—allowing you to enhance your business by harnessing your practice data.



Requires no extra data entry from you or your staff.



Offers coded practice data and real-time reporting.



Integrates seamlessly with most EMR/PM platforms.



Features comparative aggregate data from practices on the ANN Network.



Market Your Services Using the Power of Data

Get Practice Insights: Key Performance Indicators (KPIs) review and compare your data on a monthly or annual basis to identify trends and shift efforts.

Access Comparative Data: ANN is the only Business Intelligence Tool in the plastic surgery market where you can access cooperative data from your peers.

Eliminate Guesswork: See your data in a more insightful way and make informed decisions—when to buy a new product, market a new offering, or determine which service could be the most profitable.

Stay Secure: ANN relies on read-only hardware to access your general data (nothing patient-specific). Your data is stored in our state-of-the-art, HITRUST certified Cloud, offering ultimate security.

Skip Extra Data Entry: Our team securely collects your procedure-related practice data and delivers it back to you in a readily-accessible and meaningful format.

Guarantee Your Privacy: Only you have access to your specific practice details. Other users will only see your data as part of an aggregate, allowing you the benefit of comparing your data with your peers but protecting your privacy.

ANN is currently home to more than...

1.13M

Patients

356

Data Sources

6.38M

Procedures

\$5.78B

Gross
Charges

“As an early adopter of ANN, I have seen amazing changes in the details available to members about their practices. You can benchmark regionally or nationally to explore and implement changes in your practice, improving data analysis and hopefully your bottom line. I have been waiting for a program like ANN for a long time and there are greater additions to come.”

Michael C. Edwards, MD, FACS
Past President of The Aesthetic Society

Is My System Compatible With ANN?

ANN is currently optimized for cloud-based patientNOW systems. It also integrates with Intellipract, ModMed, NexTech, NexCloud, Stage 4 and Symplast systems.

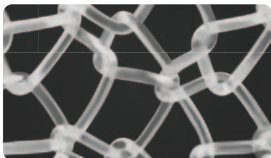
Support for new systems is being continuously expanded. If you don't see your system listed here, contact ann@surgery.org.



Learn more about ANN at: ann.surgery.org

Internal Support Beyond the Procedure

Reshape Your Thinking About Soft Tissue Support



Soft tissue becomes thinner and less elastic as the body ages, and studies show that native tissue only heals to 80% of its original strength following surgery.¹ The GalaFLEX[®] scaffold collection is a biologically derived scaffold for plastic and reconstructive surgery that supports, elevates, repairs, and reinforces soft tissue.

- Comprised of a unique P4HB polymer, which is naturally bioresorbable
- Generates tissue that is 3 to 4X stronger than the native tissue^{2,3}
- Predictable performance that promotes healing and stability²

Give your patients the support they need so that they can get back to the life that they love. **Real Strength Starts From Within.**

GalaFLEX[®]
P4HB Scaffold

www.galateasurgical.com / 781 357 1750

Indications for Use GalaFLEX scaffold collection is indicated for use as a bioresorbable scaffold for soft tissue support and to repair, elevate, and reinforce deficiencies where weakness or voids exist that require the addition of material to obtain the desired surgical outcome. This includes reinforcement of soft tissue in plastic and reconstructive surgery, and general soft tissue reconstruction.

Important Safety Considerations Possible complications include recurrence of the soft tissue defect, infection, seroma, pain, scaffold migration, wound dehiscence, adhesions, hematoma, inflammation and extrusion. Important additional safety and risk information is located at www.galateasurgical.com.

For complete prescribing information, including its indications for use, warnings and precautions, consult the Galatea Instructions for Use at www.galateasurgical.com/ifu.

1. Meilang Xue and Christopher J. Jackson. "Extracellular Matrix Reorganization During Wound Healing and Its Impact on Abnormal Scarring" *Advances in Wound Care*. March 2015.
2. Preclinical data on file; results may not correlate to clinical performance in humans.
3. 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.

Media Notes and Quotes

THE NEW YORK TIMES

What Will Happen to All of the Faces?

Excerpt: According to the Aesthetic Society, a professional organization and advocacy group for board-certified plastic surgeons that gathers data from plastic surgery practices nationwide, liposuction and tummy tucks made up 31 percent of total procedures in June, up from 26 percent in June 2019. Breast procedures were up 4.3 percent over last June. "In my own practice, if you take into account the time that we were closed, breast augmentations and breast lifts are up significantly when compared to last year," said Dr. Herluf Lund, a plastic surgeon in St. Louis and the president of the Aesthetic Society.

THE NEW YORK TIMES

The New Nose: Is the Bump Back?

Excerpt: Dr. Doft has also noted a recent uptick in patients who had reduction rhinoplasties years ago and now want to correct the "sharp angles which we used to think were beautiful but have aged the patient." She cited a study recently published in the Aesthetic Medical Journal that used computer software to demonstrate that a well-done rhinoplasty could make a patient look three years younger.

CHEDDAR

Plastic Surgery Rebounds as Americans Begin 'Revenge Spending'

Excerpt: As pandemic restrictions lift, doctors in the American Society of Plastic Surgeons and The Aesthetic Society trade groups have reported an uptick of patients looking for nips, tucks, and fillers. Botox, breast enhancements, and soft-tissue fillers topped the American Society of Plastic Surgeons members' lists, while The Aesthetic Society members say they have done more body procedures in 2020 compared to last year.

NEWBEAUTY

How Filling This Forgotten Area of the Face Can Help You Look Years Younger

Excerpt: According to The Aesthetic Society, 2,525,279 people received injectable fillers in 2019, making it apparent that they are a rapidly expanding approach to treating facial aging. While patients come in for all different types of fillers in a wide variety of places, getting the temples filled is not often thought-about, but it should be.

NEWBEAUTY

Why Plastic Surgeons Say 2020 Is the Year of the 'Daddy Do-Over'

Excerpt: At the start of the year, The Aesthetic Society predicted that "Daddy Do-Over"—the male counterpart of the "Mommy Makeover" that includes pretty much everything from liposuction to gynecomastia (male breast development)—would see a boom as more and more men were embracing aesthetic procedures as a way to "boost their confidence and improve their physical appearance."



Meet the Staff:
John Paul Gutierrez

John Paul Gutierrez joined the Aesthetic Society in January 2020 as the new Senior Director of Communication & Marketing. JP oversees the Communication department and the Society's rebranding efforts, implementing changes to the overall visual identity and messaging.

Born and raised in the Los Angeles area, JP graduated from California State University, Fullerton with a BA in Journalism, and then headed to the United Kingdom for graduate school. As the only young American in his program, JP earned a MA in Communication with Merit, and focused his studies on pragmatic formations in newspapers and its impact on the public sphere. It's here he honed his skills in qualitative and quantitative research and stays the course with these methods to influence the communication and marketing strategy of The Society.

His first foray into the workforce was as an acquisitions editor for five years at an academic publisher, before entering the non-profit world as the Associate Executive Director of a scholarly society.

His turn at The Aesthetic Society has been a whirlwind with COVID-19. Under pressure from this pandemic, he is inspired that The Society has been able to create services and education for members during these challenging times.

JP spends most of his free time taking care of his two young boys, playing starman and other heroes games with them, and reading sci-fi, especially tales about life on Mars. He is an aspiring pizzaiolo, much to the delight of his Italian wife.

He hopes to spend his golden years on a tropical island with his family.

Share Your Stories!

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

INDUSTRY PARTNERS



The Aesthetic Society®

Premier Partners

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

As a benefit, Premier and Alliance partners are given the opportunity to provide key updates and information on products, promotions, and discounts. The Aesthetic Society is driven to provide visibility and support for our partners.

Allergan Aesthetics an AbbVie company

At Allergan Aesthetics, an AbbVie company, we develop, manufacture, and market a portfolio of leading aesthetics brands and products. Our aesthetics portfolio includes facial injectables, body contouring, plastics, skin care, and more.

With our own research and development function focused on driving innovation in aesthetics, we're committed to providing the most comprehensive science-based product offering available.

For more information, visit www.AllerganAesthetics.com.



Endo Aesthetics is pushing the boundaries of aesthetic artistry by designing bold solutions that address unmet needs—starting with the first and only FDA-approved injectable for the treatment of moderate to severe cellulite in buttocks of adult women. This innovative injectable treatment option will be available in spring 2021. Endo Aesthetics is a part of Endo International plc, a company grounded in over two decades of pharmaceutical and scientific excellence. Endo is headquartered in Malvern, PA. Learn more at EndoAesthetics.com to sign up for updates on product availability.



GALATEA® SURGICAL

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



Galderma, the world's largest independent global dermatology company, has an extensive product portfolio of best-in-class aesthetic solutions, prescription medicines and consumer care products. The company partners with aesthetic providers worldwide to impact the lives of patients by providing innovative solutions driven by groundbreaking medical research to help patients achieve natural-looking results. For more information, visit www.galderma.com/us.

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!



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

MERZ AESTHETICS™

Merz Aesthetics offers unique, award winning products and a customer-centric approach that sets our company apart. Family-owned and led by passionate people, Merz Aesthetics is fully committed to customers and patients and has been for over 112 years. With a range of medical aesthetic injectables and non-invasive medical devices, our products meet the need for comprehensive aesthetic medicine.

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



New Products to Check Out!

Special Offers for
Aesthetic Society Members



MTF Biologics is a global nonprofit organization that saves and heals lives by honoring donated gifts, serving patients and advancing science. For over 30 years, we have been dedicated to advancing patient outcomes by focusing on innovative, biologic solutions that support and enhance tissue healing. Today, we offer a comprehensive portfolio of aesthetic medicine solutions for providers and patients worldwide including FlexHD Acellular Dermal Matrix, Renuva Allograft Adipose Matrix, LipoGraft Fat Transfer System, Profile Costal Cartilage and MESO BioMatrix Acellular Peritoneum Matrix. These represent surgical and nonsurgical solutions for soft tissue support, rhinoplasty, and volume restoration treatments for patients seeking a healthy and youthful lifestyle.

sientra.



Sientra is focused on supporting Board-Certified Plastic Surgeons through our innovative product lines and value-added services. Stay up to date with our many educational opportunities and offerings by visiting drivetherecovery.com.

Sientra's comprehensive plastic surgery product line includes its innovative OPUS® breast implants, its ground-breaking Allox2® breast tissue expander, and BIOCORNEUM® the #1 performing, preferred and recommended scar gel of plastic surgeons.* Sientra also offers its miraDry® system, the only non-surgical FDA-cleared device for the permanent reduction of underarm sweat, odor and hair of all colors.

*data on file

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.

A special thank you to
Founding Premier Partner
Sientra.

INDUSTRY PARTNERS



The Aesthetic Society®

Alliance Partners

New Alliance Partner



◆ Abbott Nutrition is making an everlasting impact on human health as one of the world's leading authorities in science-based nutrition nourishing every stage of life. As your lifelong nutrition partner and advocate, we invite you to learn about our therapeutic nutritional powder for wound healing. Visit Juven.com to find additional product information, clinical research, delicious recipes and more.



A Medical Liability
Insurance Company

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

IMAGING EXCELLENCE FROM



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



◆ CareCredit is a health, wellness and beauty credit card dedicated to helping millions of patients get the care they want for over 30 years. Now accepted at more than 210,000 providers nationwide, the CareCredit credit card allows patients to make convenient monthly payments for cosmetic surgery, minimally invasive treatments, skin care products and more by offering promotional financing options. Once approved, patients can use their card again and again for additional procedures and services you provide.* CareCredit also gives reconstructive patients a way to pay for deductibles, co-pays and other fees not covered by insurance. Learn more about CareCredit by visiting carecredit.com/asn or call 855-860-9001. **Subject to credit approval. Minimum monthly payments required.*



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

As an Alliance Partner and the Gold Standard in complications insurance, we work diligently to deliver a superior product to

surgeons and patients. CosmetAssure is easy to implement in your practice.

Exclusive program features include:

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

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

New Alliance Partner



◆ Planatome® Technology by Entrepix Medical redefines surgical expectations for both the surgeon and patient by adapting the most advanced nano-polishing technology used in microchip manufacturing and applying it to surgical instruments. This patented technology transforms the 100+ year old scalpel design being used today and produces a radically unique, patient-focused surgical blade that provides an ultra-smooth, precise, and consistent cutting surface, minimizing surgically induced tissue trauma. By eliminating the manufacturing grind defects found on all standard scalpels, Planatome surgical blades provide patients and surgeons with improved post-operative outcomes, such as faster healing with less infections, increased wound strength with reduced scarring, and less pain with reduced nerve damage. Planatome Technology offers a cutting-edge tool for the hands of exceptional surgeons to produce extraordinary results. For more information, please visit us at www.planatome.com.

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



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



Revanche is a biotechnology company focused on aesthetic and therapeutic offerings, notably its next-generation investigational neuromodulator product, DaxibotulinumtoxinA for Injection. DaxibotulinumtoxinA for Injection combines a proprietary stabilizing peptide excipient with a highly purified botulinum toxin that does not contain human or animal-based components and is manufactured exclusively in the U.S.

Beyond DaxibotulinumtoxinA for Injection, Revance has a portfolio of products and services for aesthetics practices designed to transform the physician and patient experience. These prestige offerings feature the RHA® Collection of dermal fillers for the correction of dynamic facial wrinkles and folds and the HintMD fintech platform.



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



SENTÉ developed the first and only skincare line that includes patented Heparan Sulfate Analog (HSA). This master hydrator works to replenish what the skin loses with age while controlling inflammation and supporting barrier repair. This patented technology provides skin rejuvenation solutions for all skin tones and skin types, including the most sensitive skin.

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

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

New Alliance Partner



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

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

Optimize your plastic surgery business for the post-COVID "new normal" with Symplast. FREE LEAD MANAGEMENT SOFTWARE: Visit www.symplast.com to find out if you qualify.

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

Contact

Jackie Nunn at

jackie@surgery.org

for more information

about partnership

opportunities.

MAKING THE MOST OF THE ADVANTAGE PROVIDER PROGRAM

The Aesthetic Society®
Advantage Program

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

THE AESTHETIC SOCIETY CLOUD

Powered by **RONAN SOLUTIONS**

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

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

Industry Partners Continue Their Support!

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

We'd like to thank and acknowledge industry leaders Endo Aesthetics, Merz Aesthetics and MTF Biologics for their ongoing support as they each continue with Premier Industry Partnerships. In addition, we'd like to thank Canfield, Revance, and SENTE for their continued support as Alliance 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.

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

PREMIER INDUSTRY PARTNERS



Aesthetic Society Premier Partner, Endo Aesthetics, Preparing To Launch Qwo™

(collagenase clostridium histolyticum-aaes) *QWO is the first and only FDA-approved injectable for the treatment of cellulite.*

Endo Aesthetics is embarking on a mission devoted to pushing the boundaries of aesthetic artistry. Driven by world-class research and development, the company is advancing solutions to address unmet needs beginning with the launch of Qwo™ (collagenase clostridium histolyticum-aaes), the first and only FDA-approved injectable for the treatment of moderate to severe cellulite in the buttocks of adult women.

Cellulite is a localized alteration in the contour of the skin that has been reported in approximately 90% of post-pubertal females and affects women of all races and ethnicities.^{1,2} While cellulite is known to be a multifactorial condition, a primary contributing factor is the fibrous connective tissue, called the "fibrous septae," which connect the skin perpendicularly to the fascia below.^{3,4} These fibrous septae

tether the skin, drawing it downward and leading to a mattress-like appearance, commonly referred to as "dimpling."^{5,6} When injected into the treatment area, QWO is thought to release the fibrous septae enzymatically by specifically targeting Types 1 and 3 collagen, which may result in smoothing of the skin and an improved appearance of cellulite.^{7,8}

"I have presented this new treatment at the past two Aesthetic Meetings, and the feedback received from my colleagues is that QWO could be a game-changer for many women with cellulite," said Lawrence Bass, MD, an Aesthetic Society member with a practice in New York City. "I am excited for the upcoming launch and thrilled there will soon be an FDA-approved injectable treatment proven to address a root cause of cellulite."

In clinical trials, the most commonly reported adverse reactions in patients treated with QWO incidence ≥ 10% were at the injection site: bruising, pain, nodule and pruritus. Please see QWO ad [advertisement] on pages 19–20 of this publication for Important Safety Information.

QWO is expected to be available throughout the United States at aesthetic healthcare practitioner's offices in spring 2021. Physicians and consumers are encouraged to visit www.QWO.com and sign up for updates on product availability.

References:

1. Hexsel DM, et al. Side-by-side comparison of areas with and without cellulite depressions using magnetic resonance imaging. *Dermatol Surg.* 2009;35(10):1471-7.
2. Khan MH, et al. Treatment of cellulite: Part I. Pathophysiology. *J Am Acad Dermatol.* 2010;62:361-70.
3. Zhang YZ, et al. *Appl Environ Microbiol.* 2015;81(18):6098-6107.
4. Rossi AM, Katz BE. *Dermatol Clin.* 2014;32(1):51-59.
5. Edkins TJ, et al. *Clin Vaccine Immunol.* 2012;19(4):562-569.
6. Kaplan FT. *Drugs Today (Barc).* 2011;47(9):653-667.
7. Qwo™ package insert. Malvern, PA: Endo Aesthetics LLC
8. Endo Pharmaceuticals data on file 2020.

MERZ AESTHETICS™

Merz Aesthetics: Confidence to be

Merz Aesthetics exists to fuel confidence by helping people look better, feel better and live better. They are pioneering the industry with the way they see beauty in uniqueness and celebrate originality. With a range of injectables and non-invasive and minimally-invasive medical devices, their products meet the need for comprehensive aesthetic medicine.

Part of the family-owned Merz Group, Merz Aesthetics is fully committed to customers and patients and is known for building relationships that feel like family. Through insights and products, they help health care professionals guide patients to make decisions that are right for their body and mind. This self-care ethos has resonated especially well with the recent "stay at home" and physical distancing mandates implemented due to the COVID-19 pandemic.

This year, the organization's focus will remain on helping customers recover from the effects of COVID-19. "We recognize that medical aesthetics can be an integral part of self-care routines. We've learned that during a time of high uncertainty, self-care and personal health are top of mind, so we will continue to provide our customers the tools to empower patients in their personal quests to be their best selves," said Merz Aesthetics CEO Bob Rhatigan.

Merz Aesthetics is committed to safety, research and training. Now with a singular focus on medical aesthetics, the newly formed global business based in Raleigh, N.C. will provide even stronger collaboration with its customers.

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

Continued on Page 43

All Accepted Manuscripts publish
online ahead of print within
approximately one week.



AESTHETIC SURGERY JOURNAL IS EXCITED TO ANNOUNCE AN INCREASE IN SPEED TO PUBLICATION

YOUR WORK WILL BE
**DISSEMINATED & DISCOVERED MORE
QUICKLY** THAN EVER BEFORE

This increase is
another important
reason to make **ASJ**
your #1 choice for
submission



AESTHETIC SURGERY JOURNAL

  @ASJrnl   AESTHETIC SURGERY JOURNAL
ACADEMIC.OUP.COM/ASJ

OXFORD
UNIVERSITY PRESS

Industry Partners Continue Their Support!

Continued from Page 41

PREMIER INDUSTRY PARTNERS Continued



MTF Biologics is a global nonprofit organization that saves and heals lives by honoring donated gifts, serving patients and advancing science. For more than 30 years, we have been dedicated to advancing patient outcomes by focusing on innovative, biologic solutions that support and enhance tissue healing. Today, we offer a comprehensive portfolio of aesthetic medicine solutions for providers and patients worldwide including FlexHD Acellular Dermal Matrix, Renuva Allograft Adipose Matrix, LipoGraft Fat Transfer System, Profile Costal Cartilage and MESO BioMatrix Acellular Peritoneum Matrix. These represent innovative surgical and nonsurgical solutions for soft tissue support, rhinoplasty, and volume restoration treatments for patients seeking a healthy and youthful lifestyle.

As we continue to grow our products and presence in the aesthetic plastic surgery space, we are thrilled to have joined the Aesthetic Society's Partnership Program in 2020 as a Premier Partner. MTF Biologics has a strong history of working closely with advanced surgeons to develop and innovate with the patient in mind. We look forward to continuing that history with members of the Aesthetic Society.

"As a nonprofit foundation focused on developing novel, biologic-based solutions, we have a unique position in the aesthetics industry," says Heather Brennan, Ph.D., Vice President, Plastic and Reconstructive Surgery. "Our dedication to tissue transplantation and allograft-related research allows us to offer solutions that harness the inherent properties of natural tissue. As patients are more and more in tune with their bodies and their health, natural options become more appealing. We are excited to be a part of the future of aesthetic medicine."

ALLIANCE INDUSTRY PARTNERS



Canfield's Alliance Partnership with The Aesthetic Society has been going strong since 2013. During the past year we continued to work closely with the membership on several next generation innovations for image-based consultations. This year we introduced new AI-driven skin and hair consultation tools and the latest in breast simulation tools with new shape optimization algorithms. All of Canfield's products are now driven by a cloud-based product library, updated by the individual manufacturers and containing skin care products, lasers, injectables and all approved breast implants.

"We are grateful to the Aesthetic Society members for their valuable knowledge, trust and friendship over the past 20+ years," said founder Doug Canfield.

Today, thousands of surgical and nonsurgical consultations begin with images captured by VISIA®, VECTRA® and the new HairMetrix® consultative system. Paired with centralized storage using the Mirror® database, practices have access to advanced 3D, 2D and multispectral imaging across networks and workstations. These powerful tools improve communications, align doctor-patient expectations, facilitate treatment planning, and highlight results. Additionally, iPad® support and the ViewMyConsult® patient web portal extends the influence of imaging throughout the medical practice and into the patient's home. Learn more about how the power of clinical imaging can transform your practice at www.canfieldsci.com.



Addressing the Root Cause of Skin Aging

Aging skin is more than fine lines and wrinkles. Chronic inflammation and dehydration are significant factors at the root of skin aging. The skin has mechanisms to support hydration but those defenses are depleted with time and age.

One of the most biologically active hydrators in the skin is Heparan Sulfate (HS), a naturally occurring glycosaminoglycan that is

ubiquitously expressed on all cell surfaces and in the extracellular matrix. HS supports deep hydration, reduces water loss and promotes skin repair by supporting growth factor activity. HS is vital to healthy, hydrated skin, but as we age the abundance and production of HS decreases significantly and affects the skin's youthful appearance.

This is where HSA (Heparan Sulfate Analog) SENTÉ skincare's unique, proprietary ingredient is a key player. HSA is a bioengineered version of Heparan Sulfate in which SENTÉ optimized the size, shape and charge for topical application to promote deep hydration, cell communication and cell renewal. HSA improves the appearance of hyperpigmentation, fine lines & wrinkles and visible loss of firmness. SENTÉ Dermal Repair Cream is tested and shown to be safe for use pre and post non-ablative laser treatments and microneedling, making it the perfect partner to in-office treatments and the ideal anti-aging hydrator for daily use.

Incorporating HSA along with DSA+CSA, patented ingredients Dermatan Sulfate Analog and Chondroitin Sulfate Analog, SENTÉ created a targeted skincare line designed to address a variety of concerns. All products are dermatologist-tested and the core treatment products are powered by SENTÉ's HSA technology. They are appropriate for all skin types, including the most sensitive skin.

"SENTÉ greatly values the importance of The Aesthetic Society and the role it plays in educating plastic surgeons and consumers to ensure safety while attaining desired outcomes. We are proud to partner with and support The Aesthetic Society in this mission as an Alliance Partner," said Zubin Meshginpoosh, COO.

To meet the needs of the changing esthetic market, SENTÉ offers an Affiliate Program to support your product sales to your patients to keep them engaged between visits. Your practice earns commission on every sale.

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

Continued on Page 45



Questions about Management of Patients with Difficult Breast Implant Problems?

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



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

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

HOW IT WORKS:

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

DISCLAIMER: Information we provide to you, a plastic surgeon member of The Aesthetic Society, through our "Ask The Expert!" service, is made possible by an educational grant from Allergan. Our brief, generic and informal communications with you do not create a treatment relationship with your patient. Since our communications lack PHI, patient contact, chart review, patient-specific advice, care plan participation, charting of assessments, plans, recommendations and orders, and billing, they are not a substitute for you or your patient seeking a formal medical consultation with a qualified surgeon.

*Made possible by an
educational grant from
Allergan Aesthetics*

Industry Partners Continue Their Support!

Continued from Page 43



Revance Seeks to Enter the Aesthetics Market with Product Innovation and a Practice-Centric Experience

Revance is a Silicon Valley-based biotechnology company daring to make a difference by focusing on innovative aesthetic and therapeutic offerings, featuring its next-generation investigational neuromodulator product, DaxibotulinumtoxinA for Injection. The company is progressing a portfolio of products and services across aesthetic medicine and underserved therapeutic specialties, including neurology, orthopedics and pain management.

Next-Generation Products for Wrinkle Correction

Revance's trajectory to commercial success begins with the first real innovation in the botulinum toxin segment in more than 30 years. Its lead investigational drug candidate is DaxibotulinumtoxinA for Injection, a unique formulation that combines a proprietary stabilizing peptide excipient with a highly purified botulinum toxin type A that does not contain human or animal-based components. Revance anticipates U.S. regulatory product approval for this initial indication in the fourth quarter of 2020.

Meanwhile, DaxibotulinumtoxinA for Injection is also being evaluated in Phase 2 studies of the forehead lines, crow's feet and the full upper face. These trials will provide injectors a deeper understanding of the performance of DaxibotulinumtoxinA for Injection in treating lines and wrinkles.

Establishing a New Prestige Category

The company's commercial entry into the aesthetics market ushers in a new "prestige" category with the launch of an innovative line of hyaluronic acid gels called the RHA® Collection of dermal fillers. These three FDA approved products, RHA® 2, 3 and 4, are the first and only dermal fillers approved for the correction of dynamic wrinkles and folds.

To augment its strong aesthetics product portfolio, Revance also offers HintMD, an integrated fintech platform that streamlines smart payment processing and other individualized services.

In this catalyst-rich year, Revance is excited to offer differentiated facial injectable products accompanied by an elevated clinical

experience for health care professionals, their practices and patients that promise to transform the aesthetics industry.

PLEASE SEE FULL DIRECTIONS FOR USE RHA® Collection of Fillers

Indications The RHA® collection of resilient hyaluronic acid (HA) fillers includes RHA® 2, RHA® 3 and RHA® 4. RHA® 2 and RHA® 3 are indicated for injection into the mid-to-deep dermis for the correction of moderate to severe dynamic facial wrinkles and folds, such as nasolabial folds; and RHA® 4 is indicated for injection in the deep dermis to superficial subcutaneous tissue for the correction of moderate to severe dynamic facial wrinkles and folds, such as nasolabial folds; in adults 22 or older.

IMPORTANT SAFETY INFORMATION

Contraindications

Do not use in patients who have severe allergies, marked by a history of anaphylaxis or multiple severe allergies, or in patients with a history of allergies to gram-positive bacterial proteins or local anesthetics of the amide type, such as lidocaine.

Do not use in patients with bleeding disorders.

Warnings

Do not inject into blood vessels. Introduction of these products into the vasculature may lead to embolization, occlusion of the vessels, ischemia, or infarction. Take extra care when injecting soft-tissue fillers; for example, inject the product slowly and apply the least amount of pressure necessary. Rare, but serious, adverse events associated with the intravascular injection of soft-tissue fillers in the face have been reported and include temporary or permanent vision impairment, blindness, cerebral ischemia or cerebral hemorrhage leading to stroke, skin necrosis, and damage to underlying facial structures. Immediately stop the injection if a patient exhibits any of the following symptoms: changes in vision, signs of a stroke, blanching of the skin, or unusual pain during or shortly after the procedure. Patients should receive prompt medical attention and, possibly, evaluation by an appropriate healthcare professional specialist should an intravascular injection occur.

Product use at specific sites in which an active inflammatory process or infection is present should be deferred until the underlying process has been controlled.

Precautions

These products should only be used by healthcare professionals who have appropriate training, experience, and knowledge of facial anatomy.

Discuss the potential risks of soft-tissue injections with your patients prior to treatment and ensure that patients are aware of signs and symptoms of potential complications.

The safety and effectiveness for the treatment of anatomic regions other than the labeled indications have not been established in controlled U.S. clinical studies.

As with all transcutaneous procedures, dermal filler implantation carries a risk of infection. Standard precautions associated with injectable materials should be followed.

The safety for use in sites in the presence of other implants, during pregnancy, in breastfeeding females, and in patients with known susceptibility to keloid formation, hypertrophic scarring, and pigmentation disorders has not been studied.

Use with caution in patients on immunosuppressive therapy.

Patients who are using products that can prolong bleeding (such as thrombolytics, anticoagulants, or inhibitors of platelet aggregation) may experience increased bruising or bleeding at treatment sites.

Patients with a history of herpetic eruptions may experience reactivation of the herpes.

There is a possible risk of inflammation at the implant site if laser treatments or a chemical peel are performed after treatment.

Use as supplied. Modification or use of the product outside the Directions for Use may adversely impact the sterility, safety, homogeneity, or performance of the product.

For single patient use. Do not reuse a syringe between two treatments and/or between two patients. Do not resterilize.

Adverse Events

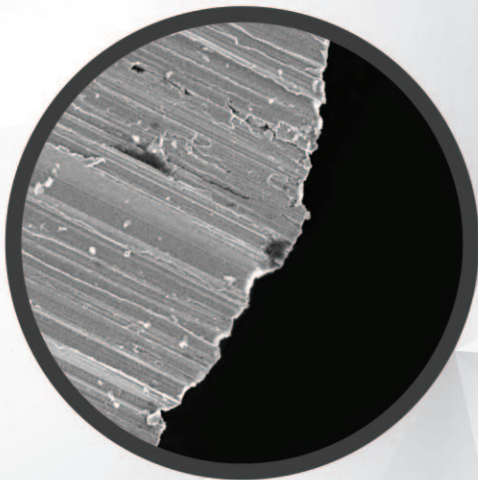
The most commonly reported side effects were firmness, redness, tenderness, swelling, lumps/bumps, bruising, discoloration, pain and itching. Most of these events were mild or moderate and resolved within 14 days.

To report an adverse reaction with any RHA product, please call Revance at (877) 373-8669.

CORPADV-DAXI-RHA-000626

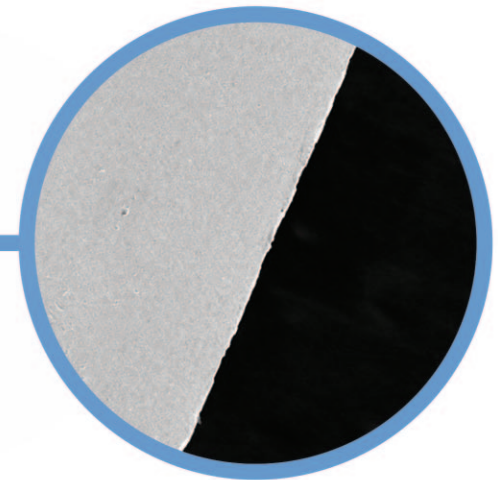
Which one deserves to be in your exceptional hands?

What you use
TODAY.



Standard Scalpel Edge
1000x Magnification

What you could use
TOMORROW.



Planatome® Scalpel Edge
1000x Magnification

Extraordinary Begins Now™

Imagine the difference of a molecularly smooth blade.

Learn how it's achieved at
planatome.com



PLANATOME®

BY ENTREPIX MEDICAL



Your artwork here!

Submit Your Artwork for ASN's Next Cover!

Aesthetic Society members, we invite you to submit a photo of your **original art** to asaps@surgery.org. One of our **four brand pillars** is artistry, so we want to **showcase** your work. After all, many of our members are artists, not only on, but off the operating table. In years past, we adorned the cover of *Aesthetic Surgery Journal* with **member-submitted artwork**. Now is a perfect time to return to that tradition, but for the cover of this publication, ***Aesthetic Society News***.

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



Have You Mistakenly Unsubscribed from Aesthetic Society Emails?

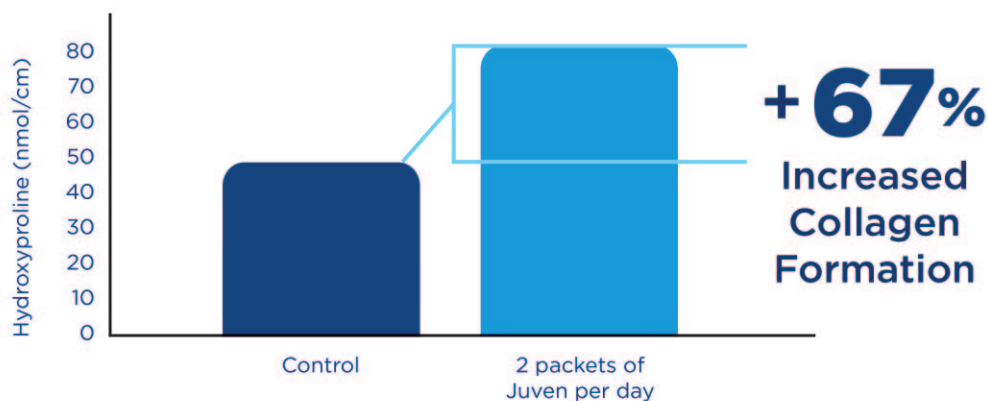
The Aesthetic Society has recently become aware that some members and colleagues have mistakenly clicked "Unsubscribe" on our emails, which removes a person entirely from all Aesthetic Society email communication. Typically, a person may think that they are unsubscribing from only that particular

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

If you have not received email from The Aesthetic Society in some time, it is likely that you may have mistakenly unsubscribed from email communications. If this was in error, please email asaps@surgery.org, and ask to be re-subscribed to our communications list. We value your support of The Aesthetic Society. Thank you!

Could your patients benefit from nutritional support for incision healing?

Juven's unique blend of ingredients including Arginine, Glutamine & HMB is clinically shown to enhance wound collagen formation^{1,2*}



Juven also contains micronutrients, and collagen protein to support wound healing.



Recommend 2 packets of Juven per day
to help support incision healing

*Studied both in healthy elderly and patients with diabetic foot ulcers, taking 2 servings per day, at 2 weeks

References: 1. Williams JZ et al. *Ann Surg.* 2002; 236:369-374. 2. Jones MS et al. *Surg Infect.* 2014; 15(6): 708-712.

Use Juven under medical supervision



Juven[®]: A targeted amino acid nutrition therapy
Juven helps build new tissue when your body needs it the most
— after injury and surgery

To learn more contact Brian Benson from Abbott Nutrition at Brian.Benson@abbottnutrition.com



Abbott is a proud Alliance Partner of The Aesthetic Society.





Membership Myth-Busters

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

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

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

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

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

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

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

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

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

Membership FAQs

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

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

HOW MANY SPONSORS WILL I NEED?

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

WHO MAY SPONSOR ME FOR MEMBERSHIP?

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

WHAT ARE THE DEADLINES FOR SUBMITTING A MEMBERSHIP APPLICATION?

The two deadlines are January 5 and August 15.

WHEN WILL THE MEMBERSHIP VOTE ON MY APPLICATION?

Applicants who submit materials for the August 15 deadline are eligible for election at the end of the year. Applications submitted by the January 5 deadline are eligible for election in the Spring.

Apply for Active Membership
Next Deadline January 5, 2021

WHAT WILL FULFILL THE MEETING ATTENDANCE REQUIREMENT?

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

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

WHAT ARE THE FEES AND WHEN SHOULD THEY BE PAID?

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

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

For information on the full application process, visit the Medical Professionals section of surgery.org.

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

NEW: ONLINE APPLICATION

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



THE DYNAMIC DUO

Dermal Repair Cream & Bio Complete Serum

The ultimate skincare duo is formulated with Heparan Sulfate Analog (HSA) to rapidly hydrate and strengthen the skin's natural ability to repair itself. The duo will reduce redness and improve the appearance of fine lines and wrinkles for healthy, even looking skin.



Baseline



8 weeks



Products used: SENTÉ Bio Complete Serum (PM), SENTÉ Dermal Repair Cream (AM/PM), generic cleanser and generic SPF 45 Sunscreen. Unretouched clinical photography. Data on file. SENTÉ®

SENTÉ offers an Affiliate Program to support your product sales to your patients to keep them engaged between visits. Your practice earns commission on every sale. Register now to take advantage of the exclusive member offer.

Email affiliate@sentelabs.com to register today!



How to Use Google PPC to Drive Traffic and Branding During COVID-19

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

The past few months have been trying for many industries, including surgical practices. From reduced hours and required closures to new COVID-related safety protocols, nothing now is as it was a year ago, let alone six months ago.

With so many changes and restrictions, online marketing is currently more important than ever, as it is likely now your primary source of advertisement. Practices have several options for optimizing their web presence and gaining additional leads and conversions, with one of the most profitable being Google PPC.

WHAT IS GOOGLE PPC?

Google PPC (pay-per-click) ads are paid online advertisements that appear alongside relevant searches to expand your audience. These ads allow you to connect to a larger pool of customers from a wider geographical area. And the benefit is, you only pay for these ads when they are clicked on. This process can help you streamline your advertising practices while only paying for the benefit you are receiving.

HOW DOES GOOGLE PPC DIFFER FROM SEO STRATEGIES?

Online marketing is often separated between two categories: paid and SEO/organic. While both of these practices help improve your web presence and allow more people to visit your site and learn about your practice, they go about doing so in very different ways. SEO (search engine optimization) makes the physical content on your web page more relevant to users. This is achieved through rewriting content to be more SEO friendly, meaning more on par with what prospective clients (patients) are searching for and using SEO copywriting strategies. PPC ads are paid advertisements that allow you to stay relevant in search results when you do not have the time or finances to update your website for SEO in hopes of showing up organically.

While PPC does not improve your SEO, it can provide you with numerous other benefits.

HOW CAN GOOGLE PPC BENEFIT YOUR PRACTICE?

When your Google Ad is displayed, you reach a much wider audience than ever before, which will hopefully lead to an increase in leads and conversions. Advertising with Google provides immediate benefits, and you can tailor your ads to promote your newest special, a specific office location (if you have practices in several locations), or a targeted procedure you wish to highlight. These ads not only increase your traffic but help to promote brand awareness as people see your practice name and become familiar with it. When people recognize your business online more frequently, they become more comfortable with it and are more likely to be comfortable contacting you for a consultation.

HOW CAN EXTENSIONS IMPROVE YOUR GOOGLE ADS?

Bidding on Google Ads and getting your PPC advertisements to show is the primary objective, and this can be significantly enhanced by implementing tools and extensions through Google. Tools and extensions are free “upgrades” offered by Google that make your Google PPC ad campaign more effective while optimizing your site. These extensions allow you to add more useful information to your advertisement, which, in turn, often improves the ad’s click-through-rate (CTR) by several percentage points. All of these factors allow you to communicate with a broader audience while making it easier for that audience to reach you for further questions, consultations, and, ideally, surgical appointments.

WHAT ARE COMMON TOOLS AND EXTENSIONS?

Google offers many tools to optimize your site, including keyword tools (for better SEO), tracking tools, and search analytics.

In addition, they also offer extensions to improve your Google PPC content and get the most from your advertisement. Some of these extensions include:

- **Sitelink extensions**, which direct the customer toward a specific page, such as a special, your contact form, or a treatment you wish to promote
- **Location extensions**, which connect to your Google My Business listing and display the ad in the local 3-pack
- **Promotion extensions**, which further highlight specific deals and promotions
- **Callout extensions**, which highlight your business offerings and services
- **Structured snippet extensions**, which help people instantly know about your practice offerings, catalog, services, etc.

There are no limits to the number of extensions you can use in your Google PPC ad, and you should be using as many as possible to increase your visibility and click-through-rate. There are no downsides to extensions, as they provide customers more ways of reaching you and finding the information they need.

Since extensions often lead to better conversions, you won’t pay as much for unworthy clicks.

HOW DOES THIS HELP YOUR SALES PIPELINE?

Because Google PPC helps streamline your advertisements and make it easier for potential customizers to find and contact you, it directly correlates to your sales pipeline (sales funnel). A sales pipeline is your customer’s path to purchase, and the information provided by Google Ads makes this process all the more easy, effective, and efficient.

Right now, businesses across the country and globe are experiencing unprecedented changes. Google PPC and the extensions and tools offered can help your practice succeed.

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.

Google PPC (pay-per-click) ads are paid online advertisements that appear alongside relevant searches to expand your audience. These ads allow you to connect to a larger pool of customers from a wider geographical area... you only pay for these ads when they are clicked on.

AMS RRG, INC.

your medical liability
risk management partner

Experience the Difference

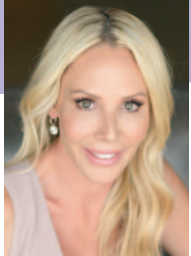
“As an Alliance Partner of The Aesthetic Society, AMS RRG and its Preferred Aesthetics™ program carefully tailors malpractice insurance coverage and premium for Plastic and Aesthetic practices. They were able to assist me in streamlining a malpractice insurance policy that was distinctive to my practice's needs in addition to reducing my premium costs.”

– Daniel C. Mills, M.D., F.A.C.S. Past President of the American Society for Aesthetic Plastic Surgery



Contact: Christopher Edge, 609-737-1154 ext. 301

AMS RRG, INC • 23 Route 31 North • Suite A-10 • Pennington, NJ 08534 • 866-461-1221



If Doing a Practice Assessment Would Improve your Business, Would You?

By Terri Ross

The old rules are out the window as we enter a new paradigm and adapt to new ways of doing business. We simply cannot return to the old ways of doing things and bury our heads in the sand. We have to think differently, act differently and most importantly, **take action** differently in our practices.

The good news is it's not too late to do the work so that you can become more informed and able to operate your practice at a higher level, which translates to increased profitability and efficiency. That's why I've developed a systematic solution and exclusive Practice Assessment Tool to identify the gaps in your practice, allow you to course correct, and make the changes you need to implement **RIGHT NOW!**

This is not some "shiny new object" assessment. It's based on my years of experience and proven methodology managing and scaling medical aesthetics practices to 7–8 figures.

HERE ARE THE TOP 3 REASONS TO PERFORM A PRACTICE ASSESSMENT

1. You can't make an accurate diagnosis without the proper information

Just as you would never make a medical diagnosis without a set of diagnostic parameters or tests, you cannot diagnose what's working and what's not in your practice without taking what I like to call the "ultimate X-ray." The Practice Assessment allows you to take a deep dive and really evaluate your business as well as uncover missing revenue and growth opportunities so you can pivot and make informed decisions on what to change.

2. You Have to Focus on the Whole Wheel, Not Individual Spokes.

The Practice Assessment is a robust, comprehensive tool that asks probing questions and requires you to provide meticulous details about your business. Every area of your practice will be evaluated to get the full picture, not just a piece. A wheel does not turn properly unless all the spokes are in good shape. We'll look at your:

- Revenue Sources and Goals
- Facility and overhead costs
- Services Offered and Profitability
- Equipment
- Strengths and Weakness Analysis
- Patient Retention



You MUST know your numbers. Since most of us have lost 2–3 months of revenue this year, it is more important than ever to analyze your data and know your numbers, so you can streamline and choose to focus on the services that have the highest ROI (return on investment).

- Lead Generation Sources and Follow Up
- Consultations and conversion rates
- Operations
- Marketing
- Website & SEO
- Information Technology
- Human Resources, Staffing and Compensation

You'll get a high-level summary report with **concrete action steps** that, if implemented, will help your business grow. Action creates energy and movement. Information without implementation does NOT create change.

3. You Can't Track What You Don't Measure

You **MUST** know your numbers. Since most of us have lost 2–3 months of revenue this year, it is more important than ever to analyze your data and know your numbers, so you can streamline and choose to focus on the services that have the highest ROI (return on investment). In addition, you can determine what changes you need to make going forward. Completing a Practice Assessment will help you to:

- Analyze your cash flow
- Determine your revenue per hour compared to industry benchmarks
- Know your profit per treatment
- Evaluate your conversion metrics. Are they 70% or higher? If not, we'll figure out how to change that.
- Put call tracking into place and evaluate your phone conversions so you don't lose thousands of dollars.

- Streamline your consultation process, build long-term treatment plans and create follow up protocols.
- Understand your cost of goods
- Align your compensation plan with the company goals
- Make sure your payroll is 30% or less of your operating costs and if not, where to make cuts.
- Maximize scheduling software
- Channel your marketing dollars in the areas that are most important
- Optimize and ensure your website is converting leads
- Put the proper SOPs (Standard Operating Procedures) & Job Descriptions in place so you are **LEGALLY COMPLIANT**.

There is no better time than **RIGHT NOW** to complete a Practice Assessment and invest in your team. You'll understand your business in ways you never have before so you can recoup some of this lost revenue and move forward. With systems and structure in place, everything can change for the better.

To help you take the first step, I've put together a complimentary Practice Diagnostic Tool Assessment and a link to a comprehensive webinar on the importance of conducting a SWOT Analysis of your business—just one element of a deep-dive Practice Assessment you can download at <https://bit.ly/practice-diagnostic>.

If you have any questions, my team and I are here to help. Please call 310-272-5715 or visit www.terrirossconsulting.com.

THE ONLY EHR THAT MAKES YOU MONEY

Join the fastest growing EHR software in Aesthetics

Are you stuck in a contract and feel like you aren't delivering the best patient experience?
Symplast can help you move and bring your data with you!



The complete platform that manages your entire business from any device.
The #1 Mobile EHR/ Practice Management Software for Plastic Surgery and Aesthetic practices with solutions including:

- Inventory Purchase Order
- Conversion Rate Dashboard
- Quickbooks-friendly Accounting
- Membership + Loyalty Programs
- Full Insurance RCM
- Mobile e-Prescription
- Front Desk Automation
- HIPAA Secure Messaging

"Step into the future, now. Switch to Symplast to elevate your practice, patient experience and patient care to the next level, using today's technology. You will never look back!" - Luis Rios M.D.



Contact us today!
hello@symplast.com
(844) 796 - 7527
www.symplast.com

 **symplast**™
intuitive • all-in-one • attentive



Empathetic Marketing: Be Kind

By Wendy Lewis

COVID-19 came upon us suddenly and sent shockwaves across every industry. It has changed how we market at least for the short term and has catapulted us into a digital transformation perhaps sooner than expected.

The sudden shift in consumer behavior has caused everyone to adapt quickly to a new model. Those who were slow to adapt may find their practices lagging behind the competition. This period has made it clear that your marketing approach should be more customer-focused than before. Right now, the best way to reach new patients who may convert to real patients in 2021 is to take a patient-centric approach; talk less, listen more, and be more sensitive to their current struggles.

To remain competitive, strong and relevant digital content is a critical success factor to help consumers engage, build connections with your audience, and retain their interest in your practice for when they are ready to have surgery, a treatment or to purchase skincare. Traditional methods to acquire new patients may not work at all or as well anymore, so you need to pivot quickly. By converting live events, patient visits, and consultations to virtual options, many practices I talk to are thriving once they were able to open full-stop.

At least a certain group of patients will be more cautious in their choices and timing, which may mean that the time from initial consultation to pulling the trigger will be longer. Patients may need multiple touchpoints, more nurturing, reassurance and convincing before they sign up, especially for the most invasive procedures. This is also true specifically among an older population of patients who may be more concerned with their health, and mothers who are worried about the pending school situation.

Marketing should be redesigned to take a more personalized approach to send the right message to the right people at the right time. For example, aggressive weekly ebasts promoting your special offers may not be looked upon kindly now. Printed materials, brochures, forms and regular mail may no longer be practical, especially as text messaging can put you in touch with patients in a matter of seconds.



Social media has tapped into the way we naturally build communities around topics that matter to us. The best way to develop your community is by producing relevant content in the form that your audience wants to consume it. This means engaging photographs, beautiful graphics and images, and more video.

Tactics that are designed to build relationships directly with patients based on empathy will serve you well in the long term. Speaking more closely to their challenges, fears and concerns about the current state of the world puts you in the position of being a welcome friendly source. An intimate, open conversation will go far to build long-lasting trust and customer loyalty. This starts with listening more closely to what patients are posting and commenting.

Consumers' expectations and perspectives have also shifted. In-person encounters have been minimized across the board which necessitated other ways to build authentic connections with people. Thus, social media has emerged as the number one way to create personal connections. Aim to meet your current and future patients where they are spending the most time, which means Instagram, Facebook, YouTube, TikTok or Reels or the next hot platform.

Social media has tapped into the way we naturally build communities around topics that matter to us. The best way to develop your community is by producing relevant content in the form that your audience wants to consume it. This means engaging photographs, beautiful graphics and images, and more video. Content marketing is the path to stimulate positive conversations, build relationships and trust, and emanate empathy.

This requires a different tone from pre-COVID.

Leverage your best content to nurture conversations through blog posts, Instagram Live, webinars, Facebook communities, YouTube videos, and more. Listening closely to your customer's responses will provide vital clues as to their wants and needs. Be careful not to create content that is insensitive to how their lives may have changed. Keep content useful and relevant to your target audience to maintain them. Format your content in the most appealing ways; for example, less text and more visuals, more targeted key messages and a lighter, friendlier tone.

Digital marketing offers the most direct and effective methods for lead generation at a lower cost and with measurable outcomes. The need to diversify your marketing strategies and adopt more digital opportunities is the clear path to emerging successful on the other side.

Wendy Lewis is the Founder and President of Wendy Lewis & Co Ltd, a marketing communications boutique in New York since 1997. She is a frequent presenter at national and international aesthetics conferences and contributes to many trade and consumer publications and websites. She is also the author of Aesthetic Clinic Marketing in the Digital Age (CRC Press) which will have a second edition in 2021. wl@wlbeauty.com

BEING A PLASTIC SURGEON TODAY IS NOT EASY.

Dear Plastic Surgeon,

It used to be enough to be a good surgeon but not anymore. Now, you have to keep a steady stream of patients coming to YOU in an uber competitive marketplace, all while:

- ✓ Running a business
- ✓ Managing staff
- ✓ Marketing yourself
- ✓ Consulting with prospective patients
- ✓ Keeping your expenses down
- ✓ AND doing surgery (to name a few)

That's a lot to take on.

There is a faster, cheaper, easier way to stay busy with patients willing and able to pay a fair price for your skills and expertise...
without discounting, spending more on advertising or adding more staff.

Please read my latest report,

“Easier Way to Grow Your Cosmetic Revenues”

This makes being a plastic surgeon easier and more profitable.

I look forward to your feedback -

Enjoy!

Catherine

**FREE REPORT AT:
WWW.CATHERINEMALEY.COM**

Catherine Maley, MBA

Cosmetic Patient Attraction AND Conversion Specialist
Author | Podcaster | Consultant | Trainer | Speaker

Cell/Text: (415) 851-0172

The
New York
Times

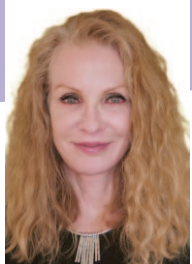
Newsweek

abc NEWS

**Beauty
and
the Biz**
Podcast for
Surgeons

Strategies to Up Level Your Cosmetic Practice





The #1 Stress of a Plastic Surgeon

By Catherine Maley, MBA

It doesn't matter if you've been in practice five years or 20 years...

One of the biggest stresses of a cosmetic practice is finding a solid patient attraction plan you can count on to bring you a steady stream of new cosmetic patients.

Nothing else matters. Not your new office or your new laser or your killer Instagram videos.

If you don't have cosmetic patients saying yes to you AND giving you money, you're in big trouble.

Think of cosmetic patients as your oxygen. When you have a steady flow of them saying yes to you, you breathe easy.

When you don't, your breathing is cut off and you won't survive for long.

And it never quits. The anxiety of running out of patients. Even when you're booked out for months, aren't you waiting for the other shoe to drop?

The well was running over and now it's dry. (We saw it happen in past recessions and then again, very recently).

On the other hand...

When you have a predictable patient attraction system in place, you breathe easy.

But here is what usually happens...

Whenever most surgeons decide to grow their practices, they start with the most expensive and costly option available—trying to get new cosmetic patients.

So, they spend a small fortune trying to get these "stranger Internet patients" while they leave untapped profits in their backyards.

For some reason, there is something seductive about going after new patients instead of ethically garnering more profit from your existing patient files.

But please keep in mind... the most expensive act you can ever participate in is to find a new "Internet stranger" patient who doesn't know you, doesn't know how to choose a surgeon and has unlimited options.

I'm just saying, it behooves you to have a balanced plan and budget for externally advertising for new "Internet stranger" patients AND internally advertising to your current patients who already know you and have friends who can know you too.

Here is a quick story to illustrate my point.

There's this farmer who hears of the massive fortunes being made by people mining diamonds. He decides his life is stuck in a rut and he is tired of farming his land because of all the stupid rocks on the property. Rocks all over the place. He can't walk two yards without nearly falling over these little boulders. He thinks his land is absolutely useless for farming or for anything else.

So, he decides to set out for his fortune. But first, he sells his worthless land to make some money so he can leave. After wasting all his money in a fruitless search for a diamond mine, he returns home. When he gets back, he finds out his old property is now the site of the largest diamond mine in the country.

Those rocks he kept tripping over were really diamonds in the rough! He literally had a fortune at his feet but did not realize it—does that sound familiar?

The same thing applies here. Most surgeons never realize the immense profit potential in their own patient database. Before you write this off, think about how much money and time you have spent building goodwill and trust by servicing your patient base. It's been thousands and thousands of dollars and countless hours.

That's where all your leverage is. You already spent the time, money and effort attracting these patients to you. The beauty of our industry is that you have built-in demand with your cosmetic patients because a cosmetic patient who cares about how they look today, will still care next month, next year and next decade.

That means if you have a list of 2,000 patients but only 100 "regulars," where did your other 1,900 patients go? Yes, some of them moved away; however, the majority of them went elsewhere to continue their cosmetic rejuvenation treatments and procedures.

And, it's usually NOT because they didn't get a great result from you. It's because you've been ignoring them, so they wandered off to your competitors.

PREDICTABLE PATIENT PLAN

The best way to grow your cosmetic revenues is with a *deliberate, systematic plan of encouraging your patients to return, refer, review and share you on social.*

When you have that, you have peace of mind. You no longer need to scramble and jump from one marketing tactic to another. You have a predictable plan for attracting AND retaining cosmetic patients, so you're building a solid asset of predictable patients who say yes to you.

But you can't "hope" your current patients will spread the word about you.

Between their hectic work schedules and never-ending list of social and family obligations, your marketing strategy is the last thing on their minds.

So, make the predictable plan easy to understand, simple to use, compelling and fun so your patients happily become your biggest brand advocates.

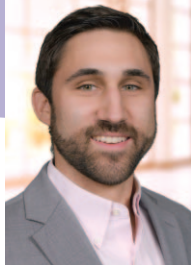
Please think more strategically about patient attraction AND retention since it's going to get more expensive and complicated to attract new cosmetic patients in the future.

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

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

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

Most surgeons never realize the immense profit potential in their own patient database. Before you write this off, think about how much money and time you have spent building goodwill and trust by servicing your patient base. It's been thousands and thousands of dollars and countless hours.



PRACTICE SOLUTIONS

Staying the Course: What History Can Tell Us About Investing During The COVID-19 Crisis

David B. Mandell, JD, MBA and Adam Braunscheidel, CFP®

Tensions have been high since March for all investors, including plastic surgeons. For the first time ever, many medical offices closed, decimating practice revenue and personal income. On top of that, came a stock market downturn where many investors saw significant retirement savings lost in a matter of weeks. While the second quarter brought a partial recovery of values, volatility and uncertainty are still of high concern to many doctors.

“WHAT SHOULD I DO?”

All of this leads to a common but crucial question for many physicians: “What should I do?” In this article, we will answer this question, at least in terms of personal finances and investing. In fact, as you may have gleaned from the title of the article—the answer is simple, but often not easy. Stay the course.

When we say, “stay the course,” this does not mean that we are encouraging investors to do nothing. Ideally, in conjunction with a trusted financial professional, there are many tactics that can be taken to protect and build family finances during this crisis. These include revisiting retirement/financial models (focusing on cash reserves and potential cuts in spending) and repositioning the portfolio with a possible rebalance of asset classes to their strategic benchmarks. Some plastic surgeons may need to raise cash for spending purposes, while others may allocate further to equities, seeing lower stock prices as a buying opportunity for the long term. These tactics may all make sense and should be guided by rational planning.

In other words, what “stay the course” really means is to stick with your long-term financial and investment plan and avoid getting caught up in emotional decision making (i.e., fear). Actions driven by fear—or the urge to just “do something”—often feel right when watching hard-earned savings quickly evaporate but can often lead to disastrous long-term financial consequences.

When we say, “stay the course,” this does not mean that we are encouraging investors to do nothing. Ideally, in conjunction with a trusted financial professional, there are many tactics that can be taken to protect and build family finances during this crisis.



The cautionary tale of attempting to time the market is the same: There can be an enormous cost to pay if the market swings to the upside while you are on the sidelines. It would take a crystal ball to get in and out of the market perfectly, particularly since it needs to be done in short order given the market's best and worst days tend to cluster close to one another.

TIMING THE MARKET

The opposite of staying the course is to try to time the market. In essence, market timing means selling assets when one thinks the market will continue to decline and then buying back in when it feels safe that the market has bottomed out. This may sound enticing in theory. In practice, however, the evidence is overwhelming that most investors diminish their long-term returns trying to do so. They are more likely to chase the market up and down, and get whipsawed, buying high and selling low. Market timing, while tempting, involves getting two nearly impossible decisions right: when to sell and when to get back in.

DATA FROM THE PAST 60 YEARS

The table on the next page shows that the 15 best days for the S&P 500 (through March 31, 2020) all occurred within bear markets, not bull markets as you might expect. In other words, the best days to be in the market have

been when it is hardest to remain invested or tempting to get out of the market and wait for better days. Looking at these dates, you will find the who's who of dark times for the stock market: the 2008 financial crisis, the dot-com crash, the Black Monday crash of 1987. A handful of these best days even happened in the first quarter of 2020, during the onset of the COVID-19 crisis.

By trying to miss the worst days, investors are very likely to miss the best days. Let's examine how detrimental this can be.

THE EXTRAORDINARY DAMAGE OF MISSING A FEW DAYS

Missing just the 10 best days (out of more than 17,500 trading days since 1950) has a significant long-term effect on a portfolio. For example, an investor who invested \$10,000 in the S&P 500 in 1950 would have gained 7.5% annualized and finished with a portfolio value of more than \$1.5 million (as of March 31, 2020) if they had remained fully invested (not including dividends). However, the portfolio value for an investor that missed the 10 best days is much, much lower—just shy of \$700,000.

Continued on Page 59

Investing During The COVID-19 Crisis

Continued from Page 58

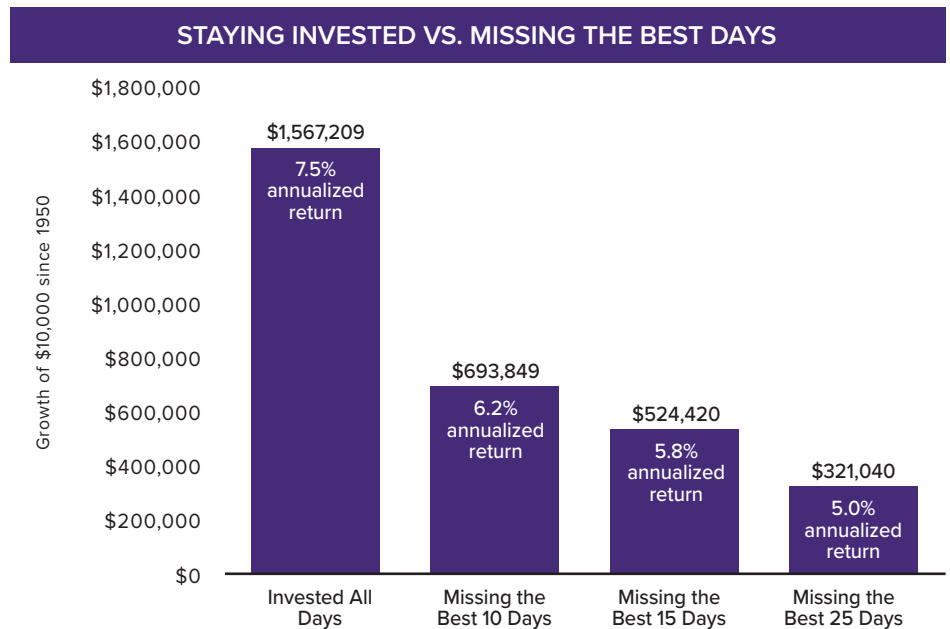
15 BEST DAYS SINCE 1950	
Day	S&P 500 % Gain
10/13/2008	11.6%
10/28/2008	10.8%
3/24/2020	9.4%
3/13/2020	9.3%
10/21/1987	9.1%
3/23/2009	7.1%
11/13/2008	6.9%
11/24/2008	6.5%
3/10/2009	6.4%
11/21/2008	6.3%
3/26/2020	6.2%
3/17/2020	6.0%
7/24/2002	5.7%
9/30/2008	5.7%
7/29/2002	5.4%

Source: Morningstar Direct. Note: Returns shown are price returns, dividends not included. Data as of 3/31/20.

Now it is unlikely an investor will miss only the best days if they attempt to time the market. They might also be able to miss some of the historically bad days. However, the cautionary tale of attempting to time the market is the same: There can be an enormous cost to pay if the market swings to the upside while you are on the sidelines. It would take a crystal ball to get in and out of the market perfectly, particularly since it needs to be done in short order given the market's best and worst days tend to cluster close to one another. Investors should also be aware of the tax implications associated with attempts to time the market, which can often make the tactic even more painful.

CONCLUSION

While owning stocks on historically bad days can be unsettling, staying the course is the best plan of action during periods of severe market stress. Plastic surgeons, like all investors, would do well to remember the investing adage, "Time in the market beats timing the market," and avoid emotional decisions regarding their finances. Ideally, working with a trusted experienced financial professional can help keep an investor on the right path.



© Copyright 2020. Litman Gregory Analytics, LLC. Source: Morningstar Direct. Price returns, excludes dividends. As of 3/31/20.

SPECIAL OFFERS: The authors have recently completed *Wealth Planning for the Modern Physician*, their first book for physicians in five years. To receive free print copies or ebook downloads of this book or *Wealth Management Made Simple*, text ASAPs to 47177, or visit www.ojmbookstore.com and enter promotional code ASAPs at checkout.

David Mandell, JD, MBA, is an attorney and author of more than a dozen books for doctors, including *Wealth Planning for the Modern Physician*. He is a partner in the wealth management firm OJM Group (www.ojmgroup.com), where Adam Braunscheidel, CFP®, is a wealth advisor. They can be reached at 877-656-4362 or mandell@ojmgroup.com.

Disclosure:

OJM Group, LLC. ("OJM") is an SEC registered investment adviser with its principal place of business in the State of Ohio. SEC registration does not constitute an endorsement of OJM by the SEC nor does it indicate that OJM has attained a particular level of skill or ability. OJM and its representatives are in compliance with the current notice filing and registration requirements imposed upon registered investment advisers by those

states in which OJM maintains clients. OJM may only transact business in those states in which it is registered or qualifies for an exemption or exclusion from registration requirements. For information pertaining to the registration status of OJM, please contact OJM or refer to the Investment Adviser Public Disclosure web site www.adviserinfo.sec.gov.

For additional information about OJM, including fees and services, send for our disclosure brochure as set forth on Form ADV using the contact information herein. Please read the disclosure statement carefully before you invest or send money.

This article contains general information that is not suitable for everyone. Information obtained from third party sources are believed to be reliable but not guaranteed. OJM makes no representation regarding the accuracy or completeness of information provided herein. All opinions and views constitute our judgments as of the date of writing and are subject to change at any time without notice. The information contained herein should not be construed as personalized legal or tax advice. There is no guarantee that the views and opinions expressed in this article will be appropriate for your particular circumstances. Tax law changes frequently, accordingly information presented herein is subject to change without notice. You should seek professional tax and legal advice before implementing any strategy discussed herein.

WEBSITE TAKEOVER SPECIALISTS

Trusted in Plastic Surgery for Over a Decade



Organize Your Digital Assets



Improve Your Results



Experienced Support with
Dedicated Service Representatives



Our Services



Custom Website Design



Sustainable SEO



Paid Ads



Social Media Marketing

We're Here to Help! | www.rosemontmedia.com/asaps



ROSEMONTMEDIA
A Modern Ad Agency for Healthcare



Committed to Excellence,
Trained and Certified by Google

www.rosemontmedia.com
800-491-8623



ROSEMONTREVIEW
Presented by Rosemont Media

Stay up to date with all the latest
news in digital marketing.
www.rosemontmedia.com/blog



How Much Should a Plastic Surgery Website Cost in 2020?

By Keith Humes, CEO Rosemont Media

Similar to pricing for the customized aesthetic procedures your practice offers, the overall cost of a plastic surgery website can vary greatly based on factors such as the web design firm you are considering and the particular elements, features, and degree of customization you desire. To assist you in determining an appropriate budget for a new site, Rosemont Media has provided some expert guidance below to help you identify a realistic price range for the type and quality of website you need.

TEMPLATES VS. CUSTOM DESIGN

When shopping for a new website, it may be difficult to determine value when it comes to these two types of designs.

A template can be customized (to a point), and can sometimes look quite decent. However, since you won't actually own the design, this option can ultimately end up costing you more in the long-run as you will likely have to pay a recurring fee to use the template. Additionally, these sites are often poorly coded, which can lead to less than ideal SEO performance. Being aware of the exact quality of the coding can obviously be difficult, so we recommend asking the company to show you examples of how well their websites perform in search engine results to get a better idea of what you can expect. Ultimately, template websites typically only address the most basic needs and elements.

Conversely, with a 100% custom website design, all the elements of your site (design, functionality, content, etc.) can be tailored exactly the way you want them, reflecting your practice in a personalized, one-of-a-kind way. Additionally, the SEO can be expertly written in a manner designed to target your specific market. Custom website design allows you to produce a unique look and feel for your site that can range from covering only essential elements to creating a totally interactive experience for the viewer.

BUDGET

If you think a "fancy new website" isn't in your budget, think again—certain plastic surgery web design firms, such as Rosemont Media, offer a variety of packages to help aesthetic surgeons obtain a new, customized,



it is important to remember that the functionality and design of your site can impact your credibility with patients. Your website is a direct reflection of you and your practice, so if it seems outdated or poorly organized, patients may believe your practice is also a bit behind-the-times. Regularly refreshing the look and feel of your site can help you maintain a positive reputation.

responsive website that can meet their needs while still fitting into their desired price range.

So, which package is right for you? The best way to figure out how much you should be spending on a new website is to determine what's most important to you. Is the goal of your site to attract new patients? Should your site focus on informing and educating those who visit it? Do you want to provide access to online forms? How many procedures are offered at your practice? Do you want your site to be extremely interactive? Do you want to feature videos? Are you hoping to establish your practice as the authority on a specific procedure? These are all questions that can help determine the price point for your new site. If you already have a price point in mind, answering these types of questions can also help you prioritize your needs and fit the most important elements into your particular budget.

CREDIBILITY

To think a newly designed website isn't necessary for your practice is understandable—it's likely not exactly at the top of your list of priorities. However, it is important to remember that the functionality and design of your site can impact your credibility with patients. Your website is a direct reflection of you and your practice, so if it seems outdated or poorly organized, patients may believe your practice is also a bit behind-the-times. Regularly refreshing the look and feel of your site can help you maintain a positive reputation.

CONTENT

As you analyze the price of your new or updated website, ask yourself: is content included? If so, will it be 100% unique to your practice? If the team working to build your website is able to provide you with personalized, original-written content, your site can stand out among your competitors. If canned copy is used, however, it is likely to hinder your ability to rank well on search engines. The original content on your site can go beyond written information, as well—you may wish to highlight your top procedures with custom pages that feature important information in creative ways, such as with infographics. These dynamic pages not only bring attention to the treatments you want to focus on, but with proper optimization of digital assets, they can have a higher potential for gaining visibility in the SERPs.

ADDITIONAL CONSIDERATIONS

To find out which type of plastic surgery website is worth the cost, here are a few more important details to consider:

- If you will not own the design, what is the regular fee associated with it?
- Will the website be mobile-ready? If not, you will want to keep shopping—the way the site looks and performs on various devices is critical for users.
- Does the company provide SEO for the website?

Continued on Page 65



We Cover Complications.

CosmetAssure is a unique insurance coverage that helps pay medical expenses related to treating unexpected complications from elective cosmetic surgery.

"It truly gives us peace of mind, knowing that our patients will not be burdened by additional expenses after their procedure."

-Dr. Anh Lee



855.874.1230 · info@CosmetAssure.com



Five Stages of Patient Interaction—Are You Making the Most of Each?

By Karen Zupko

Suspects. Prospects. First-time patients. Repeat Patients. Advocates.

Are your Suspects or Prospects evolving into First-Time patients, and eventually becoming Repeat Patients and Advocates? Ask yourself that question. Then ask your staff.

Let's start with some definitions. A suspect is someone who is in the inquiry phase of their journey either contacting your office through your website, or by telephone. They are information gathering.

Not all Suspects should become patients. Read that again. Everyone who contacts your practice should not necessarily become a patient. What if they can't afford your fees? Others may have unrealistic expectations. Some are on a shopping expedition. Your staff should be skilled in separating "lookers" from "likely patients." Qualifying Suspects up front can spare you hours of unproductive consultation time.

Some Suspects, however, are genuine Prospects. Start by looking to see if the Suspects who inquired via the internet were answered. Was it a timely, articulate response or not? In one recent practice review, we discovered multiple replies—and they were identical—*"Only the doctor can discuss treatments and we quote fees at the consultation."* Click. Calls to the front desk generated similar vague answers. These potential Prospects were lost before they could even be qualified.

Prospects are those who need the procedures and treatments you offer and have the purchase power. Answering a Prospect's email request *quickly* with pithy copy and—directing them to relevant educational material on your website will pay dividends. Notice we emphasize quickly. We have mystery shopped practices where emails go unanswered if sent on a Friday afternoon—as if never received. Not making that up! If your practice is so busy that inquiries are delayed by days and weeks or forever,



Prospects are those who need the procedures and treatments you offer and have the purchase power. Answering a Prospect's email request quickly with pithy copy and—directing them to relevant educational material on your website will pay dividends.

congratulations. But hire a service that can guarantee a rapid response.

Prospects need to be persuaded that you are the right choice. That your practice has the knowledge, aesthetic expertise, and equipment to solve their issues and concerns. They want to feel confidence that in exchange for their consultation fee they received a professional opinion answering their desires while putting any concerns to rest.

Practical idea: Ask your staff to demonstrate how they'd respond to certain patient questions in writing. Questions about fees, value proposition, experience, or fears should be deftly handled. Let me re-emphasize written answers. In black and white you can evaluate what staff is telling patients. Is it accurate as well as persuasive? You have the advantage of collecting the best responses—and developing a best practices "script" for everyone to use.

During a team meeting, have staff role play using the scripts. No one should ever sound like they are reading. That's off-putting to patients who can feel the insincerity over the phone or Internet. Practice until it sounds natural and conversational.

Prospects on the phone should always be offered two appointment slots. Encouraging them to commit to an appointment is an essential skill. In 2020 we are way beyond the "call us when you are ready" phase. WARNING: This is the stage where the focused attention span of many surgeons and staff ends. They fail to track results—that is, prospects who become patients. And you can only manage what you measure. How are you really doing?

The First Time Patient is a qualified Prospect that books an appointment. They are giving you and your staff a chance to wow them. You are "on stage" and every "touch point" is telegraphing your brand. What are some steps you can take to dazzle?

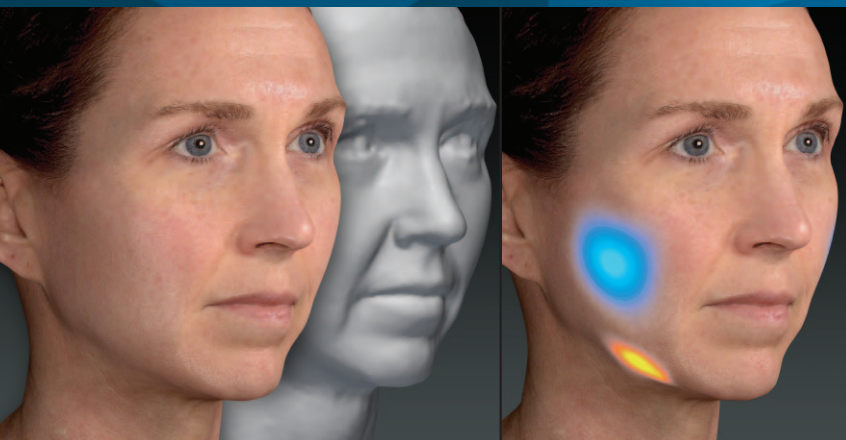
Being seen on time is a must for all new patients—especially the aesthetic minded. Long waits dampen enthusiasm. A text telling a patient you are running late is always

Strong recommendation: Satisfied patients will not grow your practice. Delighted patients will. Begin investing in upgrading staff skills toward creating a memorable customer experience. Spend as much on training as you do on developing technical expertise and investing in equipment.

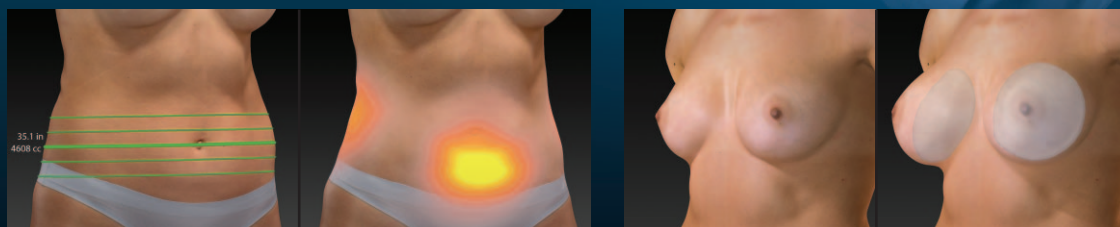
Continued on Page 65

VECTra^{H2}

The 3D imaging solution for
FACE, BREAST, and BODY.



*Photographic quality 3D images with unrivaled
assessment and consultation software.*



www.canfieldscientific.com | info@canfieldsci.com

phone +1.973.434.1201 | (USA) 800.815.4330

IMAGING EXCELLENCE FROM



VECTRA, VISIA, Reveal, IntelliStudio, and IntelliStage are registered trademarks of Canfield Scientific, Inc.

Five Stages of Patient Interaction

Continued from Page 63

appreciated. Manage your schedule.

How about wearing the new clear masks that allow your face to be seen? Ordering these for your patient coordinator makes excellent sense. And, how about having these available for patients? Seeing facial expression is important, and especially so, when discussing financial matters or fears about moving ahead.

You can impress your patients with safety measures. A totally touchless registration process is a plus in the COVID era. Similarly, you can report that you have the top of the line air filters in every exam room. Having patients experience Visia® is an example of state of the art technology that tells a story. It proves what you and your skin care specialist have been telling patients about underlying skin damage in a powerful way. Sensational photographs of before and after results—used with permission of course—in the office are a tangible reminder that dreams are achievable. Access to a secure online portal and consultation photos are mandatory in 2020. Thank you notes—whether delivered by mail or email,—are a must. “Thank you” represents another “touch point.”

Since a potential patient cannot literally “try on” your expertise, everything you and your staff do and say is being judged either explicitly or subliminally. The First Timer’s consultation experience will result in a decision to move forward with proposed surgery or treatment plans—or they’ll decide to keep on looking for a surgeon and practice with whom they feel more comfortable. Remember this—small service failures, like running 30 minutes late, ignoring budget parameters, interrupting, or failure to use the patient’s name, can prevent a patient from becoming your patient.

When a First-Time patient becomes a Repeat Patient, you’ve succeeded in building a reciprocal arrangement. It’s a foundation that should be built upon and cherished. Think about car dealerships. The more drivers who return regularly to the service department and are happy, the more likely that driver is to buy their next car there. The same goes for your

“service department”—the injectors and medical aestheticians who care for patients—if future surgical “tune-ups” are desired, the Repeat Patient should look to your office for care.

Moving Repeat Patients to Advocate status is your goal. By providing amazing results, service successes and recognition, one develops Advocates. Look at the definition of an advocate:

“One who acts and intercedes on behalf of another”

In *The One Minute Manager*, Ken Blanchard describes Advocates as “raving fans.” No amount of advertising will ever be as believable or effective as a strong word of mouth recommendation. Best of all—it doesn’t cost you anything other than the initial investments you made in your office and staff.

Advocates, known as great referral sources, can direct friends and family to your practice—people who weren’t scouring the Internet. An Advocate’s recommendation and referral means you and your staff don’t have to qualify the referral or “sell” anything. All you need to do is provide exemplary service and treatment that exceeds expectation. Hopefully “business as usual.”

Strong recommendation: Satisfied patients will not grow your practice. Delighted patients will. Begin investing in upgrading staff skills toward creating a memorable customer experience. Spend as much on training as you do on developing technical expertise and investing in equipment. It will make just as significant a contribution to the bottom-line.

Karen Zupko is president of KarenZupko & Associates, Inc. The firm has been advising and educating aesthetic plastic surgeons and their staff for more than 30 years.

Moving Repeat Patients to Advocate status is your goal. By providing amazing results, service successes and recognition, one develops Advocates. Look at the definition of an advocate: “One who acts and intercedes on behalf of another”

How Much Should a Plastic Surgery Website Cost in 2020?

Continued from Page 61

- What does the rest of the site look like? Be sure to look beyond a good-looking homepage—are there any “inside pages” with an interesting custom design?

Investing in a good website will pay your practice long-term dividends, making it an asset rather than a liability.

BOTTOM LINE ON WEBSITE PRICING

Your practice website is the center of your marketing and brand. Investing in a good website will pay your practice long-term dividends, making it an asset rather than a liability. Is your current website a good reflection of your brand? Is it the best resource in your local market for patients researching your top services and procedures?

If you would like to speak with an experienced industry professional about plastic surgery website design and/or to discover how you can improve your current online strategy, please contact Rosemont Media, LLC at www.rosemontmedia.com/asaps. Also, check out Rosemont Media’s educational blog—the Rosemont Review—at rosemontmedia.com for the latest on how to position yourself for success in the world of SEO.

Keith Humes is Founder/CEO of Rosemont Media, LLC, a San Diego-based digital marketing agency. 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.



EXPERT LEGAL ADVICE

Absolutely free. Who else can offer that?

Exclusively for Members and Candidates for Membership of The Aesthetic Society. With rich legal experience in the medical field, Bob Aicher, Esq., is uniquely qualified to provide free consultations in the areas of practice management, insurance, malpractice, scope of practice, ethics, and defamation.

For more information, please contact

Bob Aicher: 707-321-6945 • aicher@sbcglobal.net



COVID-19 Hasn't Slowed Patient Complaints

By Bob Aicher, Esq.

CCOVID-19 has caused your business to fluctuate, but patient complaints have remained steady. Here are a handful of member complaints from the last two months.

Refund Demands. Suboptimal outcomes frequently result in unhappy patients. Demands based on a 2018 rhinoplasty or a 2016 facelift, however, well beyond the malpractice statute of limitations, aren't credible claims of medical error. Even a tummy tuck demand 6 months later by a closet smoker raised questions for one member, especially since the patient didn't want to come in for photos and a consultation. Hold your ground.

Implant Removals. Time will tell if there is a patient profile overlap with BII and BDD. Dissatisfaction before the procedure is certainly common to both groups, but two member queries about complaints from two post-BII surgeries, i.e. nipple placement and feeling "mutilated," confirm the importance of managing patient expectations, similar to when you suspect BDD.

Yelp First, Demand Later. Two of our members were shocked to discover negative reviews, followed by one patient demanding a refund, and a second patient demanding a free revision. No lawsuits, just shakedowns. Since the patients already Yelped, however, they lost their bargaining power, and considering the lack of trust, reoperating was out of the question. If you feel compelled to attempt to "purchase peace," keep all your out-of-pocket costs, and only offer the patient a small percentage of your fee. I have yet to see lowball offers by our members be turned down.

Fire The Patient Who Threatens to Yelp. If your patient mentions Yelp, it's time to end the relationship. Any appeasement efforts will be seen by the patient as proof you done her wrong, so don't do or say anything that sounds like an apology. Firing a patient is easier than you think when you aren't her primary care provider.

As long as your aesthetic patient has fully recovered and is no longer in need of medically-necessary care, simply send a letter that begins with, "I am no longer your aesthetic provider." Don't provide a referral, because that's what primary care providers do, not aesthetic providers. As long as your aesthetic patient has healed and is out of harm's way, there can be no patient abandonment.

Yelp Reviews Survive Settlement. Don't think that by settling with the patient, his/her reviews will disappear. When you create an account with Yelp, the agreement states, "You hereby irrevocably grant us world-wide, perpetual, non-exclusive, royalty-free, assignable, sublicensable, transferable rights to use Your Content for any purpose." Since Yelp owns the post, your patient can't pull it down, so what are you paying for?

Yelped For Saying "No." One of our members refused to treat a transgender patient who was being cagey about meds and psych evaluations. Immediately thereafter, the patient Yelped that the member was transphobic, thereby confirming the member made the right decision not to operate. You aren't being nose-y for requesting labs to rule out drug use, political for requiring masks and PCR testing, or phobic for requiring a psych clearance before a trans procedure. It's called standard of care to ensure patient safety.

Yelp Fake Names. If it's just one post, then it's ok to reply, "I have no patient by this name." For one member, there were duplicate posts with strikingly similar language, so in addition to this reply, the member flagged the posts and asked Yelp to remove the duplicates as a violation of their Terms of Service, paragraph 4.D: "We ask that you provide complete and accurate information about yourself... You may not impersonate someone else, provide an email address other than your own, [or] create multiple Accounts..." [Underlining is mine]. Unfortunately, Yelp likes controversy, and they consistently win lawsuits which seek to hold them liable for user content, so don't expect sympathy from Yelp when you ask for justice.

Aesthetic patients are often complainers, because dissatisfaction is frequently what brings them to your office. Try not to take their irritation personally. Better yet, see if you can simply live with the negative posts. As Dr. Mark Constantian said years ago, after doing precisely that, "Amazingly, life goes on."

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

Off-Label Scaffold Patient Consents

WHY NOW?

During the September 12 online Breast and Body Symposium, Dr. Caroline Glicksman waived her surgical mesh off-label consent form at the camera, saying "You need one!" Later, Dr. Brad Bengtson echoed her recommendation. So, what's the big deal?

REVEAL OFF-LABEL USE

For medical malpractice plaintiff attorneys, the lowest hanging fruit is lack of informed consent. If you achieve a suboptimal result and the welling-up patient says, "I was never told," the judge will wipe her tears with your checkbook. To be clear, as long as a product has an FDA label, you can use it off-label as the legal practice of medicine, which FDA does not regulate.¹ If all this hasn't been discussed with the patient, however, her attorney can tell the jury your scaffold use was "unconsented to," "not FDA approved," and even "experimental." You can explain all you want, but lack of off-label informed consent is a bad look.

REVEAL YOUR CONFLICTS

Surgeons are, unfortunately, reluctant to mention that they have, or have had, a business relationship with a scaffold manufacturer. You may think you are above conflicts and are immune to the influence of manufacturers, but judges and juries may not share your self-assessment. After all, if you're on the scaffold company payroll, how does the patient know your recommendation isn't free of bias?

CASE EXAMPLE

If disclosing the scaffold's off-label status and your conflicts of interest seems unnecessary, here's a 2016 Seri Scaffold lawsuit² the details of which, on May 21, 2020, became part of the California Medical Board's Accusation to revoke or suspend the surgeon's license

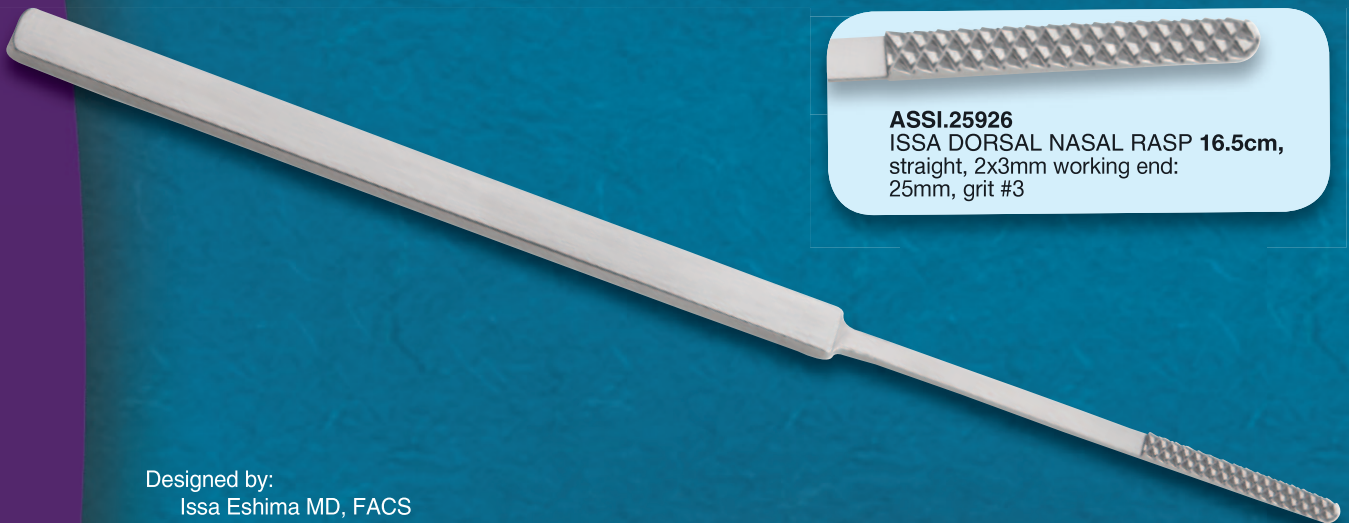
Continued on Page 69

ISSA Dorsal Nasal Rasps



ASSI.25726
ISSA DORSAL NASAL RASP 16.5cm,
straight, 2x3mm working end:
25mm, grit #2

- These Dorsal Nasal Rasps are 2mm wide and allow in-office nasal work on the dorsal hump under local anesthesia.



ASSI.25926
ISSA DORSAL NASAL RASP 16.5cm,
straight, 2x3mm working end:
25mm, grit #3

Designed by:
Issa Eshima MD, FACS
San Francisco, CA



ACCURATE SURGICAL & SCIENTIFIC INSTRUMENTS®

For diamond perfect performance®

accurate surgical & scientific instruments corporation

300 Shames Drive, Westbury, NY 11590

800.645.3569 516.333.2570 fax: 516.997.4948 west coast: 800.255.9378

Info: assi@accuratesurgical.com • Orders: orders@accuratesurgical.com • www.accuratesurgical.com

Off-Label Scaffold Patient Consents

Continued from Page 67

based upon his not discussing “(1) the risks/benefits relating to options other than Seri Surgical Scaffold; (2) whether the Seri Surgical Scaffold for breast reconstruction had FDA approval; and (3) that Respondent had participated in Seri Surgical Scaffold studies sponsored by Allergan, the maker of Seri Surgical Scaffold.”

OFF-LABEL CONSENT FORM LINKS

Several Breast and Body seminar attendees asked for a patient consent form for the off-label use of acellular dermal matrices or biologic scaffolds. Since many of you also use non-biological surgical scaffolds, we created a second form. Use the links below. Both include a Surgeon Conflicts of Interest Disclosure, all of which may help you avoid becoming your own case example.

Acellular Dermal Matrix or Biologic Scaffold Off-Label Consent and Surgeon Disclosure

www.surgery.org/ADMConsent

Non-Biological Surgical Scaffold Off-Label Consent and Surgeon Disclosure

www.surgery.org/NonBioConsent

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

1. <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/label-and-investigational-use-marketed-drugs-biologics-and-medical-devices>
2. <https://www.pasadenastarnews.com/2018/12/17/patient-claims-pasadena-plastic-surgeon-experimented-on-her-and-altered-medical-records-to-hide-it>
3. <https://www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCs%5c20200522%5cDMRAAHL1%5c&did=AAHL200522155620981.DID>

USE THE LINKS BELOW TO DOWNLOAD THESE FORMS

Acellular Dermal Matrix or Biologic Scaffold Off-Label Consent and Surgeon Disclosure
www.surgery.org/ADMConsent

Non-Biological Surgical Scaffold Off-Label Consent and Surgeon Disclosure
www.surgery.org/NonBioConsent

ACELLULAR DERMAL MATRIX or BIOLOGIC SCAFFOLD OFF-LABEL PATIENT CONSENT and SURGEON DISCLOSURE	
<p>Off-Label Use of ADMs. I, the undersigned patient, understand that my undersigned surgeon and/or other staff (collectively “my Surgeon”) will be performing a breast procedure for me using an Acellular Dermal Matrix or Biologic Scaffold (collectively “ADM”). ADMs, sometimes called surgical scaffolds, are composed of human or porcine collagen, elastin, and other proteins. ADMs have been approved by FDA for a labeled purpose, i.e. soft tissue coverage and repair, but have not been approved for use specifically in breast surgery. I understand that such off-label use is legal and considered by FDA to be the practice of medicine, which FDA does not regulate. https://www.fda.gov/regulatory-information/search-fda-guidance-documents/label-and-investigational-use-marketed-drugs-biologics-and-medical-devices</p> <p>Purposes and Advantages of ADMs. My Surgeon has explained that an ADM will help maintain my tissue integrity, and will help my breast more rapidly gain a new blood supply. Over time, the ADM will be replaced by my body’s own collagen and proteins. Potential advantages include decreasing visible wrinkling or rippling of my implant, decreasing the hardness of my breast, and maintaining and supporting the position of my breast, possibly reducing the need for corrective surgery.</p> <p>Known Risks of ADMs. I understand that the risks of ADMs may include, but are not limited to, seroma, hematoma, cellulitis, infection, palpability and visibility, and interference with routine breast imaging, as well as unknown, yet possible long-term effects.</p> <p>Alternatives to ADMs. My Surgeon has explained that alternatives to ADMs including adding nothing, or using my own tissues to support and reinforce any of my damaged or inadequate tissues.</p> <p>Medical Studies Supporting Off-Label Use. I understand fewer studies of safety and efficacy may have been performed for a Scaffold’s off-label use than for its over-all labeled use, although an abundance of published studies support the off-label benefits of ADMs. I accept my Surgeon’s judgment, and have been assured that my Surgeon is well-informed, will use the ADM based upon experience, a firm scientific rationale and sound medical evidence, and will maintain appropriate records, which may include biopsies, photos and videos, to which I consent.</p> <p>Patient Consent for Off-Label Use. I accept my Surgeon’s recommendation to use an ADM off-label. I am satisfied that my concerns have been addressed, all my questions have been answered to my satisfaction, and my Surgeon has explained the Disclosure below. If I am the parent, guardian or conservator, I have read this document and am authorized to consent on the patient’s behalf.</p>	<p>ADM: Manufacturer:</p>
<p>_____ Patient or Authorized Representative Signature</p>	<p>_____ Print Name & Date</p>
SURGEON CONFLICTS OF INTEREST DISCLOSURE	
<p><input type="checkbox"/> I have the following family, business or financial relationships with the ADM manufacturer:</p> <p>_____</p> <p><input type="checkbox"/> I have no family, business or financial relationship with the ADM manufacturer.</p>	
<p>_____ Surgeon Signature</p>	<p>_____ Print Name & Date</p>

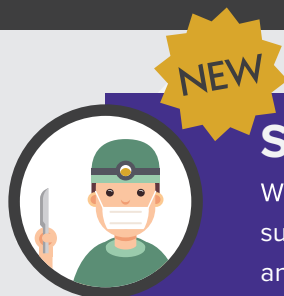
NON-BIOLOGICAL SURGICAL SCAFFOLD OFF-LABEL CONSENT and SURGEON DISCLOSURE	
<p>Off-Label Use of Scaffolds. I, the undersigned patient, understand that my undersigned surgeon and/or other staff (collectively “my Surgeon”) will be performing a breast procedure for me using a Non-Biological, Non-Tissue Scaffold (collectively “Scaffold”). Scaffolds are composed of natural or manufactured proteins that will be incorporated into and transformed by my body to reinforce my own weakened tissues. Scaffolds have been approved by FDA for a labeled purpose, i.e. soft tissue support and repair, but have not been approved for use specifically in breast surgery. I understand that such off-label use is legal and considered by FDA to be the practice of medicine, which FDA does not regulate. https://www.fda.gov/regulatory-information/search-fda-guidance-documents/label-and-investigational-use-marketed-drugs-biologics-and-medical-devices</p> <p>Purposes and Advantages of Scaffolds. My Surgeon has explained that a Scaffold will help maintain my tissue integrity, and will help my body better support my own breast tissue. Over time, the Scaffold will be replaced by my body’s own collagen and proteins. Potential advantages include decreasing visible wrinkling or rippling of my implant, decreasing the hardness of my breast, and maintaining and supporting the position of my breast, possibly reducing the need for further corrective surgery.</p> <p>Known Risks of Scaffolds. I understand that the risks of Scaffolds may include, but are not limited to, seroma, cellulitis, infection, palpability and visibility, and interference with routine breast imaging, as well as unknown, yet possible long-term effects.</p> <p>Alternatives to Scaffolds. My Surgeon has explained that alternatives to Scaffolds including adding nothing, or using my own tissues to support and reinforce any of my damaged or inadequate tissues.</p> <p>Medical Studies Supporting Off-Label Use. I understand fewer studies of safety and efficacy may have been performed for a Scaffold’s off-label use than for its over-all labeled use, although an abundance of studies support the off-label benefits of Scaffolds. I accept my Surgeon’s judgment, and have been assured that my Surgeon is well-informed, will use the Scaffold based upon experience, a firm scientific rationale and sound medical evidence, and will maintain appropriate records, which may include biopsies, photos and videos, to which I consent.</p> <p>Patient Consent for Off-Label Use. I accept my Surgeon’s recommendation to use a Scaffold off-label. I am satisfied that my concerns have been addressed, all my questions have been answered to my satisfaction, and my Surgeon has explained the Disclosure below. If I am the parent, guardian or conservator, I have read this document and am authorized to consent on the patient’s behalf.</p>	<p>Scaffold: Manufacturer:</p>
<p>_____ Patient or Authorized Representative Signature</p>	<p>_____ Print Name & Date</p>
SURGEON CONFLICTS OF INTEREST DISCLOSURE	
<p><input type="checkbox"/> I have the following family, business or financial relationships with the Scaffold’s manufacturer:</p> <p>_____</p> <p><input type="checkbox"/> I have no family, business or financial relationship with the Scaffold manufacturer.</p>	
<p>_____ Surgeon Signature</p>	<p>_____ Print Name & Date</p>

Performance KPI Reports

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

Not on ANN yet? Complimentary spots are still available for members of The Aesthetic Society!

Contact ANN@surgery.org or visit ann.surgery.org for information today.



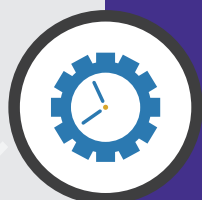
Surgical Procedures this Year

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



Non-Surgical Procedures this Year

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



Performance R3M (Rolling 3 Months)

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

Growth Matrix

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



Long-Term Growth

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



Guidelines for Re-Opening Your Practice During COVID-19

By Kelly N. Reddell, Esq., Vice President Litigation Management, AMS Management Group

As of September 3, 2020, there were six million reported COVID-19 cases located in the United States. This number represents almost 25% of the total number of reported positive COVID-19 exposures—*worldwide*. Nowhere has the pandemic's impact been greater than among healthcare workers.

Depending upon the specific phase of shutdown, or reopening that a city and state are experiencing, will ultimately determine the extent to which a physician's office can reopen and schedule in-person patient visits. The AMA has developed a chart for detailing state-specific restrictions regarding telemedicine, as well as the resumption of elective and non-emergent procedures. (<https://bit.ly/2RbDLbm>) (<https://bit.ly/2DIR7J1>)

With the ongoing threat of continued exposures, gradual re-openings, and recurrent spikes, medical offices must adhere to basic guidelines in order to ensure that physicians, staff and patients are protected as much as possible from in-office COVID-19 exposure. The AMA has developed a basic set of guidelines, which physicians should implement *prior* to and *during* the re-opening of their practices:

1. **Comply with Governmental Guidance.**

The appropriate state and city guidelines for reopening should be consulted and reviewed in detail. Both the CDC and CMS have published guidelines for health care providers; however, a physician should first consult and evaluate his/her community's most recent guidelines for reopening. These continue to evolve and may even be different for cities within the same state.

2. **Make a Plan.** Assess what the PPE needs will be of office staff and physicians and ensure that a sufficient quantity has been stockpiled *before* opening. This will prevent patient delays and potentially reduce risk of inadvertent exposure.

3. **Anticipate and plan for COVID-19 office exposures.** There should be a plan in place *prior* to re-opening for how the practice will implement contact tracing, and sanitation methods, should a patient, or office employee test positive for COVID-19. Consult the CDC guidelines for employees who are in contact with a patient later diagnosed with

COVID-19. A positive COVID-19 exposure in the office will also require a system for notifying patients. The CDC also has guidelines in effect for reopening, if the practice had to close due to an exposure, and for planning for an employee's return to work.

4. **Ensure Workplace Safety for Physicians and Staff.** Communicate personal health requirements clearly to all staff regarding not presenting to the office if they are exhibiting symptoms of COVID, or, are concerned about a suspected positive exposure. Minimize physical contact among staff in the office, as much as possible. Consider rearranging open workspaces in order to minimize the distance between individuals.

5. **Ensure Safety Measures for Patients.**

If possible, utilize a modified schedule to avoid a high volume of patients being exposed to one another, and to staff. Some alternatives include: identifying a separate entrance for "sick" patients, from an entrance for patients who are not acutely ill; asking patients to call a designated phone number before entering the office to minimize the number of patients in the waiting area; and, strictly limiting the number of companions a patient can bring to an appointment. The expectation that ALL visitors to the office should wear a face cloth covering should be made clear before the patient arrives to the office. Visitors should be screened in the same manner as the patients upon entry to the office, and social distancing should be maintained in the office.

6. **Screen patients before in-person office visits.** Before the patient presents to the office, an effort should be made to verify that the patient does not have symptoms of COVID-19. Have the staff member prepared

with a script to follow. The AMA has developed a template for office personnel, see links in callout box below.

7. **Establish confidentiality and privacy protocols.** The results of employee screenings should not be maintained in their personnel files but kept in employment records. For employment purposes, a written, signed HIPAA authorization from the patient is required before sharing their medical information. Should an employee become diagnosed with COVID-19, patients and coworkers can be informed that they came into contact with an employee who tested positive for COVID-19, but the *identity* of the employee can never be shared, without the express consent of the employee.

The above recommendations are not exhaustive but provide a basic checklist for what physicians must implement in their daily office procedures, in order to provide as safe an environment as is reasonably possible for both patients and staff. The goal is to resume in-office care with confidence—for both staff and patients!

Remember, always consult the CDC's guidelines, and your state and local health departments' guidelines for the most up-to-date COVID-19 developments in your specific area.

Kelly N. Reddell, Esq. is Vice President of Litigation Management at AMS Management Group. For additional information you can reach Kelly at kreddell@amsmanagementgroup.com.

The AMA has developed a chart for detailing state-specific restrictions regarding telemedicine, as well as the resumption of elective and non-emergent procedures. (<https://bit.ly/2RbDLbm>) (<https://bit.ly/2DIR7J1>)



THE
**AESTHETIC
MEETING**
2021

April 29–May 3, 2021



The Aesthetic Society®



The Aesthetic Surgery Education
and Research Foundation

surgery.org/meeting2021



The Straight & Narrow

By Joe Gryskiewicz, MD

Question

Joe,

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

Large Cell Lymphoma (ALCL). Many of my patients are calling with questions. They seem distraught. This is not the time to exploit them. Yet one of the board-certified plastic surgeons in town is doing just that. She shows surgery videos on her website claiming a particular patient is having problems from her implants. This of course has not been established by science as of yet. She goes on to claim that after the surgery the patient will feel much better. This isn't exactly the scientific method! I feel my colleague is exploiting patients. Isn't this unethical?

Answer

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

1. ETHICAL RESPONSIBILITIES TO PATIENTS

1.02 Competence

b. *Members should only practice based upon a scientific basis.* When generally recognized standards do not exist with respect to an emerging procedure, a member should exercise careful judgment and take responsible steps, including appropriate education, research, training, consultation and

supervision, to ensure the competence of their work and to protect patients from harm.

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

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

3. ETHICAL RESPONSIBILITIES IN PRACTICE SETTINGS

3.01 Unethical Publishing

a. A member, whether personally or through affiliated intermediaries, and whether by act or omission, shall not publish, which term includes all activities and forms of communication, *anything which is false, fraudulent, deceptive or misleading*, whether or not such publishing is for personal, commercial or practice-related purposes.

She seems too gung-ho for my taste. If you feel comfortable calling her, then I believe the best thing would be to discuss the matter directly. Explain how her marketing material is could appear misleading. If this doesn't work, then you could report her to the Ethics Committee.

The downside of this approach is that if you ultimately report her, even though the complainant is not revealed to the reported member, she may well figure out it was you. It reminds me of the days of bloodletting to cure disease. Now there is a new twist: bleeding patients for money—disgusting.

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

Now let's look at the other side, because every situation and coin has one. Doctor X (so we'll call her) has patients complaining about their implants; those patients report physical symptoms, and after removal of the implants the patients feel better. Doctor X's website and videos report all this to her viewers in a truthful fashion without making any guarantees about symptom relief.

If we're trying to be empathetic and compassionate, what's wrong with doing what the patient wants and removing her implants? Or look at it this way: if we're willing to implant devices with no medical necessity, why shouldn't we be willing to explant those same devices, also with no medical necessity? Isn't helping patients feel better what we do? It might look like removing implants is appealing to the patient's fears and anxieties, but isn't that why she asked for them in the first place, i.e. fear and anxiety about her body image?

Before pursuing an ethics complaint, the Committee will ask these questions as part of its investigation. Doctor X likely doesn't make any promises of symptom relief or patient satisfaction, just like we don't promise our patients that implants will make them happier, or fix their love life, or that they will be pain free post-surgery.

Prior to 1977, physicians didn't advertise. It was considered "demeaning to the profession." Now we advertise, and boy, do we ever. Perhaps Doctor X's advertising seems offensive now, but as long as it's truthful, perhaps it will seem tame in a decade. We'll see, won't we?

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

Prior to 1977, physicians didn't advertise. It was considered "demeaning to the profession." Now we advertise, and boy, do we ever. Perhaps Doctor X's advertising seems offensive now, but as long as it's truthful, perhaps it will seem tame in a decade. We'll see, won't we?



SAFETY MATTERS

Preventing Burnout During the COVID-19 Pandemic

James Fernau, MD

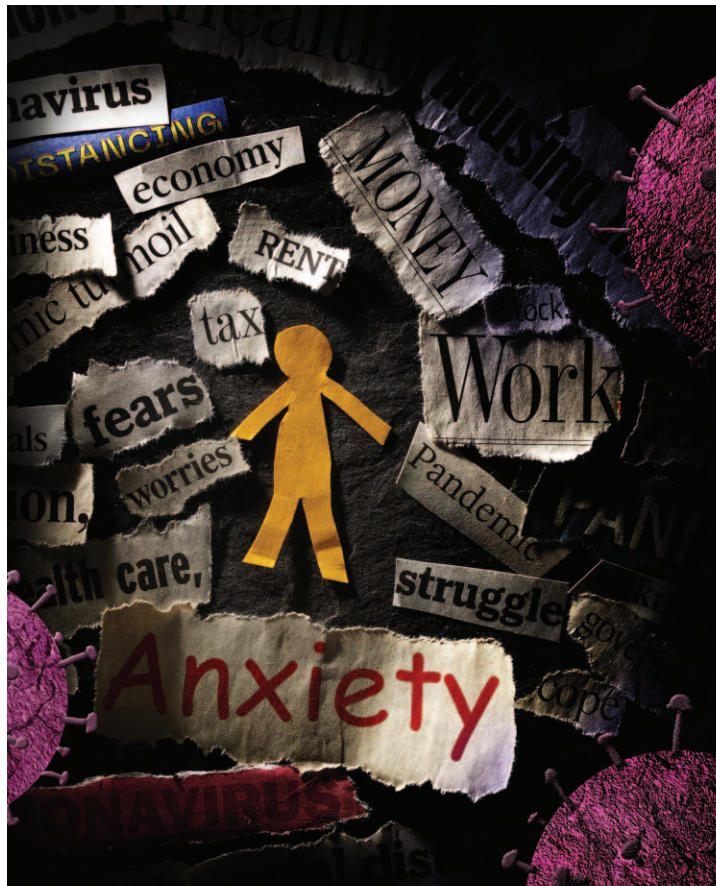
Chair, The Aesthetic Society's Patient Safety Committee



Burnout is an issue familiar to medical professionals long before COVID-19. The added stress of treating patients during a pandemic has made a huge impact on physician well-being around the world. Furthermore, for aesthetic surgeons, the increase of patient demands, market competition, and a recent back log of surgeries distracts from the importance of work-life balance.¹

According to Maslach and colleagues, who first developed the Maslach Burnout Inventory, burnout is a work-related syndrome involving emotional exhaustion, depersonalization and a sense of reduced personal accomplishment² (see *Table One*). In studies of both physicians-in-training and practicing physicians, rates of burnout symptoms now have been shown to exceed 50 percent (West et. Al).³ A study by the American College of Surgeon (ACS) revealed over 40% of surgeons experienced burnout.

Burnout in plastic and aesthetic surgery can have devastating consequences to the surgeon, their family, their parents, their staff, colleagues, co-workers, and their organization. There is a paucity of literature addressing burnout. This article will address symptoms of burnout and its effect on plastic surgeons. Strategies to



Burnout is characterized by feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy. While burnout is not yet classified as a medical disorder, signs associated with burnout include feelings of sadness and apathy, or frustration and irritability, which can mimic psychiatric illness.

WORK-RELATED BURNOUT SYMPTOMS

1. Emotional Exhaustion; mostly due to emotional demands
2. Depersonalization; a cynical, negative or detached response to patient care
3. Sense of Reduced Personal Accomplishment; a belief that one can no longer work effectively

prevent and treat burnout will be discussed as well. As we enter another month of COVID-19, there are still many unknowns and physicians are at risk of experiencing an additional stressor related to their workplace.

It is imperative the aesthetic surgeon recognize the symptoms of burnout and its implications. There is a similarity to burnout and post-traumatic stress disorder.⁴ In the 11th Revision of the International Classification of Diseases (ICD-11), burnout is characterized by feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy. While burnout is not yet classified as a medical disorder, signs associated with burnout include feelings of sadness and apathy, or frustration and irritability, which can mimic psychiatric illness.

According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), common signs of acute or post-traumatic stress include negative mood, altered sense of oneself or surroundings, and efforts to avoid reminders of traumatic events.⁵ Other signs of PTSD include risky or destructive behavior, overly negative thoughts and assumptions about oneself or the world, exaggerated blame of self or others for causing the trauma, negative affect, decreased interest in activities and feeling isolated.

It is important to note that burnout and post-traumatic disorders may share similar signs and symptoms. Both the burnout and mental disorders can present with poor concentration, sleep disturbance, mood change, irritability or low frustration tolerance, outburst, and a sense of depersonalization or derealization (losing sense of oneself or one's environment,

Table One

Continued on Page 76



CULTURE OF SAFETY

**Putting Patient Safety First
Benefits Everyone**

Patient Satisfaction. Performance.
Revenue. Referrals. Efficiency.

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

Preventing Burnout During the COVID-19 Pandemic

Continued from Page 74

respectively). Finally, problematic substance use and abuse can be comorbid with either burnout or post-traumatic stress. A summary of the consequences of burnout are found in *Table Two*.

CONSEQUENCES OF BURNOUT

1. Depression
2. Suicide
3. Alcoholism
4. Substance Abuse
5. Marital Problems
6. Poor Job Performance
7. Compromised Patient Care
8. Disruptive Behavior

Table Two

According to Medscape's physician Lifestyle Report, the top five causes of burnout amongst plastic surgeons are:

1. Too many bureaucratic tasks
2. Unsatisfactory income
3. Increased computerization of practice
4. Long work hours
5. The uncertainty of COVID-19

Many plastic surgeons may work more than 70 hours a week and may be spending more nights on call. The financial compensation for many plastic surgeons may be based on billing and/or fees rather than a salary. This model may contribute to at least uncertainty in income if not unsatisfactory income altogether. Furthermore, having a subspecialty of aesthetic surgery is an independent predictor of burnout. If you are concerned about burnout, then evaluate your options as suggested by the Mayo Clinic. First, determine whether you can work with your staff to change contributing factors thought to contribute to burnout. These include an inability to control scheduling decisions or adjust workload. Clarify job expectations among staff and stop micro-managing. Lastly, identify any dysfunctional



Understanding the potential risk and remaining aware of possible signs and symptoms can help change the trajectory of the distress. The next best step if you have concern about any emerging signs of burnout is to reach out to a mental health professional.

workplace dynamics. Have a frank discussion with your team. Most importantly be open, honest, and direct with everyone on your team.

It will be important to seek support from colleagues, family, and friends. Actively prioritizing self-care in the form of relaxation, exercise and sleep can help balance the stressors of work and achieve balance with your personal life. A combination of yoga followed by meditation provides powerful stress relief. The yoga should focus on core musculature to alleviate surgeon fatigue during surgery. The practice of mindfulness meditation can be a strengthening exercise in your resilience. Finally, consult with professionals if the above initial steps do not alleviate the stress.

Understanding the potential risk and remaining aware of possible signs and symptoms can help change the trajectory of the distress. The next best step if you have concern about any emerging signs of burnout is to reach out to a mental health professional. This can be through a trauma-informed counselor, therapist, psychologist, or psychiatrist who specialized in working with medical professionals. If you are unfortunate enough to develop COVID-19, it definitely induces anxiety. This is an important symptom to relate to your mental health provider.

Don't let social distancing protocols deter you from seeking care. For the time being, most clinicians are offering virtual or telemedicine visits which occur mostly by phone or HIPAA-compliant videoconferencing platforms (remember to ask when inquiring

about services). By now most of us are experts at telemedicine and this is a good opportunity to use this to our advantage.

References

1. Prendargast C, Ketteler E, Evans G. Burnout in the Plastic Surgeon: Implications and Interventions. *Aesth Surg J*. March 2017; Vol 37 issue 3: 363-368.
2. Maslach C, Jackson SE, Leiter MP. *Maslach Burnout Inventory Manual*, 3rd ed. Palo Alto, CA: Consulting Psychologists Press, 1996.
3. West, CP, Dyrbye, LN, Shanafelt, TD. (Mayo Clinic, Rochester, MN; and Stanford University Medical Center, Stanford, CA, USA). Physician burnout: contributors, consequences and solutions (Review). *J Intern Med* 2018; 283: 516-529.
4. Department of Veterans Affairs and Department of Defense, (2017). VA/DOD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder. Washington DC: Author. Retrieved from: <https://www.healthquality.va.gov/guidelines/MH/ptsd/>
5. American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Arlington, VA: American Psychiatric Association, 2013.

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



Have You Felt the
MENTOR® MemoryGel® Xtra
Breast Implant?



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



@BreastImplantsbyMentor

#MemoryGelXtra #MentorBreastImplants #OwnTheDay

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

IMPORTANT SAFETY INFORMATION

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

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

Breast implants are not lifetime devices and breast implantation may not be a one-time surgery. The most common complications for breast augmentation with MemoryGel® Breast Implants include any reoperation, capsular contracture, nipple sensation changes, and implant removal with or without replacement. A lower risk of complication is rupture. The health consequences of a ruptured silicone gel breast implant have not been fully established. MRI screenings are recommended three years after initial implant surgery and then every two years after to detect silent rupture.

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

© Mentor Worldwide LLC 2019 109944-190320



sientra®

The difference
is in the

gel

High-Strength Cohesive Plus Gel (HSC+)

- Unmatched shape retention without being overly firm¹
- Highest level of gel fracture resistance available¹
- Designed to minimize wrinkling and rippling



Sientra OPUS® HSC & HSC+ implants show minimum trade-off in softness in order to achieve greater gel strength.

Go to technews.sientrahcp.com for more information

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

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

Sientra® and OPUS® are trademarks of Sientra, Inc. ©2020 Sientra, Inc. All rights reserved.

888.708.0808

sientra.com

MDC-0470 R1