Upcoming Education: 7th Annual Residents’ Symposium and Experienced Insights in Breast & Body Contouring

New Members of ASERF’s President’s Circle

The Straight and Narrow: A Small Town Ethical Dilemma

Art by Bouraoui Kotti, MD
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\textsuperscript{®} 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 bioabsorbable
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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.

2. Preclinical data on file; results may not correlate to clinical performance in humans.

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**MEETINGS CALENDAR**

Brought to you by

The Aesthetic Society

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**Experienced Insights in Breast & Body Contouring**
A Hybrid Symposium
November 4–6, 2021
‘Live’ by Loews
Arlington, TX
meetings.theaestheticsociety.org/breast-and-body

**Resident’s The Business of Starting Your Practice**
A Virtual Symposium
December 4–5, 2021
meetings.theaestheticsociety.org/residents

**Facial and Rhinoplasty Symposium**
A Hybrid Symposium
January 13–16, 2022
Virgin Hotels Las Vegas
Las Vegas, NV
meetings.theaestheticsociety.org/face-and-rhino

**The Aesthetic Meeting 2022**
A Hybrid Event
April 20–24, 2022
San Diego Convention Center
San Diego, CA
meetings.theaestheticsociety.org/the-aesthetic-meeting

**The Aesthetic Cruise 2022**
July 9–21, 2022
The Baltic
meetings.theaestheticsociety.org/cruise

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**North Carolina Society of Plastic Surgeons 2021 Annual Meeting**
November 5–7, 2021
Omni Grove Park Inn
Asheville, NC
www.ncsp.com/annual-meeting

**The Florida Plastic Surgery Forum**
December 9–12, 2021
The Breakers
Palm Beach, FL
www.fspsp.org/meetings

**The Rhinoplasty Society Annual Meeting 2022**
April 20, 2022
San Diego Convention Center
San Diego, CA
www.rhinoplastysociety.org/meetings2022

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**The 4th Norwegian-American Aesthetic Surgery Meeting (NAAM4)**
October 29–30, 2021
Oslo, Norway
https://naam.no

**2021 Advanced Aesthetic Blepharoplasty, Facial Rejuvenation and Contouring**
International Hybrid Course with Live Surgery
October 29–31, 2021
Saint-Petersburg, Russia
https://aasurgery.ru/en/surgery_course
“There is no such thing as work life balance—it’s all life. The balance has to be within you”
—Sadhguru

Life balance is a key to overall happiness in one’s life. Typically, most surgeons are content to think about it, but true balance only comes with significant effort.

This subject came to mind just recently as I attended my first international plastic surgery meeting (ISAPS) in almost 1 ½ years! Despite many people’s new-found skills with online meeting software such as Zoom, it has been clear that some surgeons prefer in-person educational meetings and symposia. I would absolutely concur, and while the educational experience and overall quality of web-based education has come a long way, we can’t overlook the value in connecting face2face with your friends and colleagues. Here I am reconnecting over a cleansing ale with my good buddy and soon-to-be Aesthetic Society member Patrick Mallucci, MD, in Vienna.

Nevertheless, going to a live meeting requires a fair amount of effort. Being out of the office with lost revenue, having to arrange coverage, playing catch up when you return, and not to mention the ever increasing difficulty of simple travel. BUT at the end it is all net positive.

One key is to determine what is your passion, or what drives joy and happiness in your life, and focusing on them. These are the things that will allow even busy plastic surgeons to achieve a better life balance. Here are a few things that may be excellent places to start adding to get your “Balance ON.”

- **Spend time with your family.** I recommend routine full family at-the-table dinners. They are something to start early and keep doing for as long as you can. Set up a “process” (love that word) that facilitates family time. Friday Pizza & Gin night with your significant other, movie nights or a sports trip with your kids.

- **Prioritize your chosen exercise.** This may be one of the most popular ones that many already do; however, for the busy plastic surgeon, this is often the first to get put on the back burner. Cycling is my passion, but as time constraints have become more demanding and the safety of outdoor riding has become more and more dicey, I have relied heavily on computer-based power trainer cycling that now has evolved into quite the high-tech road cycling program called Zwift. Zwift is to road cycling as Peleton is to spin classes. You can see in this Zwift image I am virtually riding in Provence with ‘The Monster of Provence,’ Mont Ventoux in the foreground, which I rode up in 2004 with two Aesthetic Society members, Drs. Brett Snyder and Karen Kelly, and six other friends—full throttle indeed!

- **Find a hobby/ do your hobby/ make time for your hobby.** Mine is playing guitar. It’s not how long you practiced, BUT when was the last time you practiced… Now that I am in Luis Rios’s newly formed band, I need to start practicing more regularly. You can see my home office is filled with my guitars. Even my cat Elvis, aka THE KING, thinks it is cool to hang out here.

These are just a few ideas that can help get your life Balance ON, which is important not just for happiness, but also allowing you to thrive in your professional practice.

I look forward to seeing many of you at our upcoming symposia. Until then, keep it full throttle.

William P. Adams Jr., MD, is an aesthetic plastic surgeon practicing in Dallas, TX, and is the current president of The Aesthetic Society.

Here I am reconnecting over a cleansing ale with my good buddy and soon-to-be Aesthetic Society member Patrick Mallucci, MD, in Vienna.

You can see my home office is filled with my guitars. Even my cat Elvis, aka THE KING, thinks it is cool to hang out here.
Help grow your practice by optimizing your website.

*Your website is a digital representation of your practice.* So, just like your physical location, make sure it’s attractive and easy to navigate. By implementing some, or all, of the recommendations below, patients can find you more easily and you’ll help free up your team to remain focused on care.

A strong online presence starts with a quality website designed to generate a response from potential new patients. Your website should always have a strong call to action that motivates visitors and tells them what you want them to do. For example, “Schedule a consultation today.”

Position yourself as the go-to provider in your market by including expert content such as videos and articles on your site. Personalize your content and make it relevant by including topics patients care about. Include educational information or shoot a short video or offer an article addressing each topic and feature it on your website.

**Make it mobile-friendly.**

As much as 70% of all internet traffic comes via mobile devices.¹ If your website isn’t designed to display content on a mobile device or is difficult to use on a phone, people may immediately leave your site and never come back. The good news is most web designers create sites with mobile in mind. If your website is due for an update, look for a design firm that builds responsive websites. Responsive sites automatically adapt to the screen they’re on, meaning they work on any device no matter if it’s a laptop, phone or tablet.

**Make payments easier.**

Since cost may be a significant concern for patients, it’s important to include a financing page on your site if you don’t already have one. Showing potential patients that you offer financing options may help them schedule a consultation and move forward with your full recommended plan. CareCredit offers several ready-to-use assets you can utilize to complement your practice’s website and add value to your patients’ experience.

**✓ Add your custom link for a contactless experience.**

A custom link can be added to your website or quotes you provide your patients and shared via social channels, email or text. Patients can learn about the CareCredit credit card, apply and pay securely using their own device – anytime, anywhere.

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¹ Estimates based on 2018 data. ² As of February 2021.
✓ Payment calculators help patients budget for procedures.

CareCredit’s Payment Calculator allows current and potential patients to view available financing options and estimated monthly payments*. It’s a simple way to add a lot of value quickly and easily.

✓ Add a pay or apply button.

Graphics, like buttons, help communicate the availability of financing quickly while keeping site visitors engaged longer.

Key takeaway.

By implementing these tips, you can help make your practice’s website a user-friendly and helpful resource for potential patients searching online for the procedures they want.

* Subject to credit approval. Minimum monthly payments required. See carecredit.com for details.
Facial and Rhinoplasty Symposium

A Hybrid Symposium
CME Available

Virgin Hotels Las Vegas
Las Vegas, NV

JAN
13–16
2022

Chair: Louis Bucky, MD
Co-Chairs: Jason Roostaeian, MD and Charles Thorne, MD
Cadaver Lab Chair: Chris Surek, DO
meetings.theaestheticsociety.org/face-and-rhino
When it was launched 10 years ago, this event was referred to as The Vegas Symposium, for obvious reasons. Last year, for equally obvious reasons, the meeting was attended virtually, and was called Practical and Effective Approaches to Facial Rejuvenation and Nasal Surgery. But no matter where it’s held, by what name, or how you attend, it is the premier Facial and Rhinoplasty-focused aesthetic meeting!

The Aesthetic Society’s Las Vegas 2022 Facial and Rhinoplasty Symposium will take place January 13–16 at the new Virgin Hotels Las Vegas. Start the year off by joining your peers in this fabulous city with equally fabulous learning opportunities. Chairs Louis Bucky, MD; Charles Thorne, MD; Jason Roostaeian, MD; Cadaver Lab Chair Christopher Surek, DO and the all-star faculty will “wow” you with interactive education on all aspects of facial aesthetics.

This year, you can attend the symposium on your terms. If you join in person, you’ll experience both education and relaxation at the Virgin Hotels Las Vegas (formerly the Hard Rock Hotel). Just remodeled this past March as a stylish desert oasis, this truly luxurious resort is an ideal and exciting venue for a symposium. We know that not everyone can attend in person, so remote viewers can register for the interactive streaming option to access content from the comfort of your home or office. Unlike other hybrid offerings, this will be available in real time only.

This long-running symposium is one of our most popular, and for very good reason. But don’t take our word for it. Check out the program featuring live injections, fabulous keynote presentations, an optional cadaver lab—and new this year—Master Surgical Presentations with Real-Time Cadaver Dissection! No matter the location or medium, this meeting should be considered mandatory!

*In-person and ‘live’ virtual attendance are the only options for participating in this symposium. The educational sessions will not be available on-demand at a later date.

“An absolute gem of a conference. As a young surgeon, it was refreshing to have discussions from experts that were honest, in-depth and relatable. The accessibility of faculty during the cadaver dissection was invaluable. I appreciated the small intimate nature of this conference.”
—Thomas Satterwhite, MD

“An outstanding meeting—great faculty of various ages, locations and opinions. True pearls of options to consider in my practice. The passion, innovation and communication skills of the faculty was impressive.”
—Michael Suzman, MD

“As usual, an excellent symposium. I have attended the last five years and plan to continue to do so. It is ever-evolving and dynamic and I always learn something new.”
—Terry Maffi, MD

“The meeting is educational in both basic and advanced cosmetic techniques. The majority of instructors are exceptional as is the quality of their presentations. There is no dogma. The presentations are enthusiastic and timely. I highly recommend this meeting for basic and advanced knowledge to make us better plastic surgeons.”
—James Fernau, MD

“Outstanding faculty and educational content! A one-of-a-kind cadaver lab experience. Every plastic surgeon needs to attend this symposium to enhance their ongoing knowledge of facial aesthetic surgery. This course is for beginners and more advanced facial aesthetic surgeons... everyone should attend.”
—Michael Bradley Calobrace, MD

See the full program beginning on the next page.

Register Today!
meetings.theaestheticsociety.org
Thursday, January 13

3:00pm
Registration Opens

5:00pm – 5:30pm
See and Sip with Exhibitors

5:30pm – 8:30pm
Coffee and Snacks in the meeting room

5:30pm – 5:35pm
Welcome
Louis Bucky, MD

5:35pm – 7:00pm
Attracting Patients to Your Practice
Moderator: Louis Bucky, MD

Social Media for Face and Rhinoplasty Patients
– “The Real Deal!”
Presenter (TBD)

Website 2022 – Relevant or Obsolete?
Peter Houtz

Email – The Most Effective Means of Communication?
Max Bayback

Financing for Aesthetic Surgery – Reducing the Barriers to Entry
Scott Jorgenson

Discussants
Steve Dayan, MD, Dino Elyassnia, MD, Aaron Kosins, MD, Gabriele Miotto, MD

7:00pm – 7:40pm
KEYNOTE PRESENTATION
Aesthetics in a Post-Covid World
Steve Dayan, MD

7:42pm – 8:45pm
Consultations – How to Increase Conversions
Moderator: Charles Thorne, MD

Facelift Consultation: Strategies for Success
Steve Dayan, MD

Rhinoplasty Consultation: Attracting the Patients
You Want in Your Rhinoplasty Practice:
Education and Expectations
Jamil Ahmad, MD

Injectable Consultation – How to Maintain the Facial Patient When They’re Not Ready for Surgery
Jackie Yee, MD

8:19pm – 8:45pm
Discussion

Friday, January 14

7:00am – 7:30am
Breakfast with the Exhibitors

7:30am – 7:45am
The Aesthetic Society Update
William P. Adams, Jr., MD – President

7:45am – 8:30am
KEYNOTE PRESENTATION
Navigating the Maze of Facial Aesthetic Surgery:
My (Ongoing) Journey on Understanding What Needs to Be Done
Francisco Bravo, MD

8:30am – 9:45am
Brow Lifts: What Should We Really Do?
Moderator: Louis Bucky, MD

The Endo Brow Lift is Not Dead
Dino Elyassnia, MD

Superficial Lateral Brow Lift with Deep Temporalis Fascia Fixation
Francisco Bravo, MD

Experience with Viterbo’s Scarless Browpexy
Patrick Tonnard, MD

Which Patients do Best with Endo Brow Lift vs Gliding Brow Lift
James Grotting, MD

Discussion
9:45am – 10:15am
Break with the Exhibitors

10:15am – 11:45am
Periorbital Rejuvenation
Moderator – Louis Bucky, MD

Upper Eyelid Rejuvenation – Tips and Tricks of Augmentation Blepharoplasty
Patrick Tonnard, MD

Lower Lid Blepharoplasty – Procedure Selection Based on Anatomy
Gabriele Miotto, MD

Tear Trough Complications – Dissolving and Reset
Jackie Yee, MD

Extended Lower Eyelid Blepharoplasty: When Dr. Miotto’s Procedure Won’t be Enough
Chris Godek, MD
Friday, January 14

Key Points in Correcting the Aging Lower Eyelid Deformity
Francisco Bravo, MD

Discussion
11:45am – 1:00pm
Facial Rejuvenation
Moderator: Charles Thorne, MD
Evolution of the MACS Lift
Patrick Tonnard, MD
Why the SMAS Lift is Still the Best Lift
Louis Bucky, MD
The Marionette Facelift: Jowl Reduction and Trans-SMAS Open Thread Lift
Francisco Bravo, MD
Rationale for Plication Facelifting Over Sub-SMAS Approaches
James Grotting, MD

Discussion
1:00pm – 2:00pm
Lunch with the Exhibitors

2:00pm – 3:15pm
Live Injections
Moderator: Louis Bucky, MD
Patient Safety – Minimizing Risk of Catastrophic Filler Complications
Michael A. C. Kane, MD
Live Injection Demonstrations
Jackie Yee, MD and Michael A. C. Kane, MD

3:15pm – 4:30pm
Rhinoplasty
Moderator: Jason Roostaeian, MD
Getting Started – How to Make a Successful Rhinoplasty Practice
Aaron Kosins, MD
Advanced Closed Rhinoplasty by the Experts
Steve Dayan, MD and Dino Elyassnia, MD
Open – Precision versus Preservation
Jamil Ahmad, MD and Aaron Kosins, MD
Discussion

4:30pm – 5:15pm
Break Reception with the Exhibitors

5:15pm – 6:30pm
Neck
Moderator: Jamil Ahmad, MD
Dilute Fat to the Neck – A New Form of Neck Rejuvenation
Louis Bucky, MD
The Short Scar Neck Lift: A Focused Study of the Deep Neck
Dino Elyassnia, MD
When to Go Deep and How to Keep It Safe
James Grotting, MD
Dual Plane Reduction Neck Lift: Combining Deep Neck Contouring with Superficial Musculocutaneous Management for Optimal Cervical Rejuvenation
Francisco Bravo, MD
Discussion
Saturday, January 15

7:00am – 8:00am
**Breakfast with the Exhibitors**

8:00am – 8:30am
**KEYNOTE PRESENTATION**  
The Science and Technology of Anti-Aging  
Patrick Tonnard, MD

**Live! – Simultaneous Cadaver Prosection/Lecture**

**New! Master Surgical Presentations with Real Time Cadaver Dissection in Order to Demonstrate Surgical Techniques and Anatomy like Never Before!**  
Room Moderators: Louis Bucky, MD and Charles Thorne, MD  
Lab Moderator: Chris Surek, DO

8:30am – 9:00am  
**#1 – Browlift – Lecture and Prosection**  
James Grotting, MD

9:00am – 9:40am  
**#2 – Sub-SMAS Facelift Anatomy and Deep Plane Dissection**  
Chris Surek, DO

9:40am – 10:10am  
**#3 – Extended Lower Lid Fretoons with Canthopexy – Lecture and Prosection**  
Chris Godek, MD

10:10am – 10:45am  
**Break with the Exhibitors**

10:45am – 11:30am  
**#4 – Three Approaches to the Dorsum and Prosection**

- **Advanced Component Reduction Techniques**  
  Jamil Ahmad, MD

- **Who is and Who isn't a Good Dorsal Preservation Candidate**  
  Dino Elyassnia, MD

- **Expanding Indications for Dorsal Preservation Rhinoplasty**  
  Aaron Kosins, MD

- **Prosection**  
  Jason Roostaeian, MD

11:30am – 12:15pm
**Structural vs Preservation Tips**  
Moderator: Jamil Ahmad, MD

**Structural Tips with Septal Extension Grafts vs Columellar Struts**  
Jason Roostaeian, MD

**Keys to the Preservation Tip**  
Dino Elyassnia, MD

**When to do a Preservation Tip vs a Structural Tip**  
Aaron Kosins, MD

**Discussion**

12:15pm – 1:45pm
**Lunch with the Exhibitors**

1:45pm – 2:30pm  
**#5 – Neck – Lecture and Prosection**  
Dino Elyassnia, MD

2:30pm – 3:15pm  
**#6 – Pearls and Pitfalls in Surgical Neck Management – Lecture and Prosection**  
Louis Bucky, MD

3:30pm – 6:30pm
**Hands on Cadaver Lab**

Now it’s your turn! Sign up for this hands-on opportunity and work with the experts to learn or perfect your technique. (Additional charge)
Sunday, January 16

7:00am – 8:00am
Breakfast

8:00am – 8:45am
KEYNOTE PRESENTATION
Innovations in Plastic Surgery
Louis Bucky, MD

8:45am – 9:45am
Difficult Cases and Complications – Face, Eyes and Nose
Moderator: Chris Surek, DO

Complications of Face and Neck Rejuvenation
James Grotting, MD

Common Periapical Rejuvenation Challenges for the Young Surgeon
Gabriele Miotto, MD

Avoiding Complications in Rhinoplasty: Combining the Best of Structural and Preservation with a Hybrid Approach
Jason Roostaeian, MD

Discussion

9:45am – 10:45am
Netting – Technique and Results
Moderator: Charles Thorne, MD

Panelists:
Francisco Bravo, MD
James Grotting, MD
Patrick Tonnard, MD

10:45am – 12:00pm
Hot Topics
Moderator: Gabriele Miotto, MD

Nanofat Graft as an Adjunct to Facial Rejuvenation Surgery
Patrick Tonnard, MD

XACT Face and Neck Lifting
Chris Godek, MD

Sliding Osseous Genioplasty – The Procedure with the Highest Patient Satisfaction
Louis Bucky, MD

Philtrum Accentuating Upper Lip (PAUL) Lift: A Cornerstone in Facial Rejuvenation and Attractiveness
Francisco Bravo, MD

Adjourn

Enhance Your Practice With Updated Products!
We’ve worked hard to reimagine our products to align with our beautiful new brand. Expertise is everything; put it on display with these stylish and functional products.

Reimagined Products Include:
Procedure Brochures, Membership Certificates, Membership Plaques, Consultation Folders, and more!

View all our updated products at Surgery.org/Shop

MEETINGS.THEAESTHETICSOCIETY.ORG/FACE-AND-RHINO
THE BUSINESS OF LAUNCHING YOUR PRACTICE
A Virtual Symposium

December 4–5, 2021

Chair
Nolan Karp, MD

Vice Chair
Ashley Gordon, MD
As The Aesthetic Society’s President William P. Adams Jr., MD is fond of saying, “It’s important that we remember to take our vitamins.” Just as vitamins are most important early in life, they’re also most important early in a surgeon’s early career. Of course, in the context of The Aesthetic Society, by vitamins, we mean education! While many young surgeons are rightly focused on clinical education, business education can’t be overlooked. That’s why we’re pleased to offer, The Business of Launching Your Practice: The 7th Annual Residents’ Symposium.

Join us on December 4–5, to address some of the most common concerns Residents have after graduation:

- What comes next?
- How do I find a job or start my own practice?
- How do I navigate the world of contracts and insurance?
- And so much more!

For those early in practice, you are also welcome to attend this symposium. It offers an opportunity to ask questions of the faculty at the key time when you may be personally dealing with many of the concerns and decisions that will have a long-term impact on your career.

Best of all, this virtual symposium is completely free! Chair Nolan Karp, MD, and Vice Chair Ashley Gordon, MD have put together a stellar program. The symposium will dissect each of the following subjects in great detail, with time for discussion built into each topic.

Hearing a wide range of expert voices is key to learning. That’s why the chairs have chosen to close out the symposium with panels packed with industry specialists and professionals who can help you get started and be successful:

**Should I Open a MedSpa, Be a MedSpa Director and/or Offer Non-Surgical Services?**
Moderator—Nolan Karp, MD
David Sieber, MD; Ashley Gordon, MD; Brad Calobrace, MD; and Troy Pittman, MD

**Women’s Plastic Surgical Panel—What Women AND Men Need to Know**
Moderator—Ashley Gordon, MD
Ashley Amalfi, MD; Marissa Tenenbaum, MD; and Umbareen Mahmood, MD

“I have attended the Residents’ Symposium three times in the past six years of its existence (2015, 2018, 2020), and even now, two years into private practice, I get something new each and every time I attend. From practice pitfalls to practice management, this is the premier meeting for plastic surgery trainees and early-practice plastic surgeons to help navigate a plastic surgery career beyond what we do in the operating room.”

Register Today!
meetings.theaestheticsociety.org
A Hybrid Symposium
CME Available

Live! by Loews
Arlington (Dallas), TX

Experienced Insights in
Breast & Body Contouring

NOV
4–6
2021

Chair: Caroline Glicksman, MD, MSJ
Vice Chair: Patricia McGuire, MD

meetings.theaestheticsociety.org/breast-and-body
As we age everything starts to go south on the face. The proper use of neurotoxins and injectable fillers can help to correct this and restore a more youthful appearance. The aging face redistributes volume from the upper face to the lower face. Changes occur in the soft tissue and the underlying bone. The lower face transitions from a youthful heart shape to a widened more square appearance. Key to this is the changes and laxity in the jawline and perioral region as they begin to show advanced age.

When restoring the lower face with neurotoxins and fillers, several key areas must be evaluated and addressed:

1. The angle of the mandible—should have a well-defined smooth trajectory from the chin to the angle of the mandible. The mandibular angle should be at the intersection of the inferior mandible and parallel line down to the tragus of the ear.

2. Pre-Jowl region—filling the pre-jowl sulcus camouflages the jowl and re-establishes the contour of the mandibular border.

3. Marionette lines and down-turned oral commissures—need to be filled and brought back to a smooth, horizontal position. This can be accomplished with a combination of hyaluronic acid filler and neurotoxin to the DAO muscle.

4. Mental crease—deepens as we age. It needs to be softened with filler preserving the contour of the chin. The chin needs to be assessed for loss of projection.

5. Lips—as we age they lose volume and definition. The upper lip lengthens, thins and rolls in. The philtral columns flatten and perioral rhytids develop. The upper and lower lip lose their defined border. All of these deficiencies can be addressed with judicial use of hyaluronic acid filler.

As we assess the face for age related changes and volume loss, we must evaluate the whole face—temples, cheeks and N/L folds. Improving volume loss in these areas first will aid in improving the lower face.

But focusing on the lower face for this article, I would like to share some pearls for how I address lower face restoration. Prior to starting, provide adequate topical or injectable anesthesia for patient comfort. Thoroughly cleanse the area to be treated using aseptic technique:

1. Start with the jawline restoring the mandibular angle using serial puncture with small blouses placed between the periosteum and sub-q tissue. Filler can also be delivered by cannula delivering boluses along the jawline. Use a firmer hyaluronic acid filler or calcium hydroxyapatite for structure. Gently massage to smooth the filler. Know your anatomy, avoiding the facial artery and vein. Depending on the loss of definition, multiple syringes of filler may be needed.

2. Fill the pre-jowl sulcus with HA filler to disguise the jowl, smoothing along the jawline.

3. Address the marionette lines and oral commissures by injecting a softer HA filler mid to deep dermis using a fanning and cross hatching technique. Avoid treating lateral to the marionette lines as this will only add bulk. Inject neurotoxin to the DAO muscles to lessen the mouth downturn.

4. Soften the mental crease with HA filler injected in the mid to deep dermis. Mental crease typically requires 0.4 ml of filler with a severe mental crease needing 0.8ml. Add neurotoxin to the mentalis muscle to decrease the orange peel puckering.

5. Improve chin projection if needed, by adding a structural support filler. Injection point is the midline just inferior to the jawline. Inject toward the lower lip then fanning to follow around the curve of the chin.

As with all injectables, know your facial anatomy. Avoid the danger zones. Adhere to rigorous aseptic technique. Less is more—avoid overfilling the patient. You can always bring them back for further assessment and additional filler. If you are filling multiple areas consider dividing the treatment into two appointments. This allows you to evaluate your previous work and touch up where needed.
The AESTHETIC MEETING 2022

April 20–24
Exhibits: April 22–24
San Diego Convention Center
San Diego, CA

meetings.theaestheticsociety.org
6. Last but not least, restore or accentuate the lips using a soft, pliable HA filler. Assess for asymmetry and correct where needed. Restore definition to the vermillion border. Add volume to the body of the lip staying in the more superficial dermis. Do not overfill the lateral portion of the lip keeping injections more central. Linear thread filler into the philtral columns if needed. Remember the golden ratio of 1.0 to 1.618. The beautiful lip is enhanced with a slightly exaggerated lower lip. Gently compress the lip to smooth the filler from medial to lateral. Consider treating the orbicularis oris muscle with 1–2 units of neurotoxin each side of the upper lip to help flip the upper lip and soften the pucker.

As with all injectables, know your facial anatomy. Avoid the danger zones. Adhere to rigorous aseptic technique. Less is more—avoid overfilling the patient. You can always bring them back for further assessment and additional filler. If you are filling multiple areas consider dividing the treatment into two appointments. This allows you to evaluate your previous work and touch up where needed. And most important consult with your patient before, during and after treatment to make sure you are addressing their needs and budget. A happy patient is one that will come back to you again and again.

Stephanie Holden BSN, RN, CANS—Dallas, TX, is a registered nurse manager working at Resurrect Skin M.D. for Dr. A. Jay Burns. She currently focuses practice on performing neurotoxin and filler injections for Dr. Burns’ patients. A registered nurse for 38 years, she has spent the last 29 years in the field of Cosmetic and Plastic Surgery.

AESTHETIC CARE TEAM AFFILIATE PROGRAM

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Now your entire staff can be a part of The Aesthetic Society. Beauty. Artistry. Education. Expertise.

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In Memory of Lawrence B. Robbins, MD

The plastic surgery community was bereaved to learn of the passing of Lawrence B. Robbins, MD, on June 30, 2021. "Larry," as he was known to friends and colleagues was 83 at the time of his death.

Dr. Robbins was born in White Plains, NY in 1938, then moved with his family to Surfside, Florida in his grade school years. He attended Miami Beach High School, where he lettered in football and was elected to the school’s Hall of Fame in 2005. He then attended Emory University in Atlanta, Georgia where he achieved a varsity letter in track for three years. Dr. Robbins matriculated medical school at the University of Miami. He then went on to complete General Surgery and Plastic and Reconstructive Surgery residencies at the Albert Einstein College of Medicine, Bronx, New York. Following training, he returned to Miami to start his practice.

Dr. Robbins was a consistent contributor in the Miami community. "Larry" was known by his high school classmates as an “all around good guy.” In 1984 he was awarded the first Harold S. Strasser Good Samaritan Award by the Florida Medical Association for his actions in the care of people injured in the Concord Cafeteria. He was also recognized by the Dade County Board of Commissioners with the Distinguished Achievement Award for his contributions to bettering the city and its citizens. In 2006 he was elected to the Iron Arrow Society, the highest alumnus recognition of the University of Miami. His community awards are too numerous to list.

Professionally, Dr. Robbins served as Clinical Associate Professor in the Division of Plastic and Reconstructive Surgery at the University of Miami Medical School where he was elected to the Hall of Fame in 2018. He was a member of the Florida Society of Plastic Surgeons, The Aesthetic Society, the Aesthetic Surgery Education and Research Foundation, the American Society of Plastic Surgeons, the Plastic Surgery Educational Foundation, the American Association of Plastic Surgeons, and the International Society of Plastic Surgeons.

While contributing to a wide array of Plastic Surgical organizations, Dr. Robbins’ major interest was in furthering the quality and training of aesthetic surgery within the field of Plastic Surgery. He instituted one of the first post-graduate fellowships in Aesthetic Surgery. Using his own funds, he provided salary and housing to his fellows, and then repeated the fellowship for twenty-five years. He served for many years in leadership roles in The Aesthetic Society and rose to serve as President in 1997–1998.

To his friends and colleagues in the Plastic Surgery community, "Larry" was known for his enthusiasm and intense commitment to the quality of the specialty. He was not restrained by political correctness. If he believed in a program to improve the specialty, it was “full steam ahead.” Whether you agreed with his ideas or not, no one questioned Larry’s selfless motives and dedication to Aesthetic Surgery. He would have identified with Steve Job’s famous quote, “If you want to make everyone happy, don’t be a leader, sell ice cream.”

Rest in peace, Larry Robbins.

Leading the Way in Aesthetic Plastic Surgery

For the first time the Aesthetic Plastic Surgery National Databank Statistics were derived from ANN!

Access the 2020 Statistics at: Surgery.org/Stats
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– 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
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Like everyone who attended The Society’s leadership retreat in August, I was moved by Victory Eze’s presentation. Over the past few years, we’ve possibly heard more about racial inequality than in the last decade, and while statistics can be compelling, it’s an entirely different matter to hear first-hand accounts of experiences they describe.

Eze is an African American woman and a medical student pursuing plastic surgery, which was her childhood dream. However, that dream was nearly derailed more than once by a devastating combination: a lack of role models and a chorus of naysayers. One factor that pushed her to pursue her dream, putting her back on track, was seeing Dr. Camille Cash, another African American woman, speak on TV about her calling as a plastic surgeon.

Inspired by Eze’s story, I reached out to Dr. Cash to hear her thoughts about the racial inequity and limited access to exposure in the plastic surgery specialty. Below is an excerpt of our conversation.

**Ben:** As a young African American girl, did you face race-based obstacles that made excelling more difficult?

**Dr. Cash:** Yes, I certainly did, but in a much different way than Victory. When I was young, I faced more than my share of microaggressions: peers who seemed bothered by my excellence, adults who underestimated me and weren’t as encouraging of me as some of my white peers. In that respect, my youth was similar to Victory’s. But I was also privileged in certain ways. While neither of us saw many role models in the media, my family members were my role models. My mother’s father and his oldest brother were both physicians in the Jim Crow South and were sons of freed slaves. In that same vein, my mother was a nurse, but after raising three children, she decided to earn her law degree while I was in middle school. So while I didn’t see role models on TV my family instilled in me the belief and confidence that I could achieve whatever I set my mind to. Their example and support showed me that I was good enough.’

**Ben:** In listening to Victory’s story, it sounds like many African American children don’t have that privilege.

**Dr. Cash:** Oh absolutely. I believe that many people don’t have that privilege, but especially in minority communities where we are underrepresented in medicine. African Americans make up 13% of the US population but only 4% of doctors are African American and 2% are African American women. Role models are important, not everyone has them. Many people regardless of race, gender, sexuality, or socioeconomic status don’t always have the same resources or understanding of education, or the ability to navigate those systems. Something my grandfather and his brother stressed was that it’s my responsibility to help others that don’t have the same level of support that I did. I feel a great obligation to do so.

**Ben:** What was your experience like in medical school? Did you know early on that you wanted to go into aesthetic plastic surgery?

**Dr. Cash:** I went from Howard University undergrad, a historically black university where most everyone was a minority in the greater society, to Baylor College of Medicine, where that wasn’t the case at all. There were four other African Americans in my class, but only two of us graduated in four years. Because of my family, I grew up thinking black doctors were the norm, but quickly realized that no, we’re tremendously underrepresented. Even with the resources that I had, becoming a plastic surgeon was an incredibly challenging endeavor and I had to work hard everyday.

After medical school, I ended up at St. Joseph, a small community-based hospital studying general surgery. Shortly thereafter I found myself on a plastic surgery rotation and was completely mesmerized by the excitement of all the field had to offer. In a community hospital, I completely focused on surgery, patient care, and outcomes, without the distractions of the push to publish or academic politics. That was my eye-opening moment where I realized that specifically was what I wanted to do and where I wanted to do it.

**Ben:** I was intrigued to hear Victory talk about the limited exposure to plastic surgery at HBCUs. Can you talk a bit about that?

**Dr. Cash:** The four HBCUs medical schools produce 50% of the country’s black doctors but unfortunately none of them have a plastic surgery residency program. That’s one big barrier stopping students like Victory from pursuing the specialty. They don’t have the same exposure to plastic surgery and have to be resourceful in finding outside opportunities to explore the field.

**Ben:** This sounds like a really tricky situation. Obviously, the solution isn’t having white doctors teaching at HBCUs, so how can

Continued on Page 25
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plastic surgeons help create a more equitable and inclusive aesthetic specialty?

Dr. Cash: Well, I don’t like that when these discussions come up, the first assumption is that we’re at the risk of sacrificing our standards for the sake of diversity. There are plenty of highly qualified minority individuals who just need the opportunity and exposure. Acknowledging the gap in representation is a great first step. Actively working to include students from other ethnic backgrounds is a second. Interested members can get involved in the new ASERF program where Howard and Meharry students are able to exchange with other academic programs where they have an opportunity for externships and research. I’ve talked to several students who have had plastic surgery research experience but lacked clinical exposure or who have had clinical experience but not research.

Ben: While you have the ear of our members, is there anything you’d like to close with?

Dr. Cash: When acting as a member of The Aesthetic Society, my goal is to help keep both the Society and the specialty strong. The reality is that the current crop of medical students and residents is more diverse than the current membership of our Society. If we’re not working to include these folks, if they’re not joining our specialty or Society, they may go to other specialties or other societies. Just like all of our members, I want the Society to continue to lead in aesthetic surgery and I think this is an excellent opportunity to engage this younger generation.

Ben: I think that’s a really great point. Thank you so much for your time today Dr. Cash!

Dr. Cash: You’re welcome and thank you.

If you are interested in getting involved and possibly serving as a mentor and/or hosting a medical student interested in plastic surgery to visit your practice, please contact us at hello@theaestheticsociety.org and use the subject line “I want to get involved.” We will follow up with you once we have more concrete plans and opportunities to share.

Ben Rubinstein is the member marketing manager for The Aesthetic Society and lives in Detroit, MI.

Camille Cash, MD, is an aesthetic plastic surgeon practicing in Houston, TX.
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 by Susan & 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 issues.

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.

Now Available Nationwide!

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

For Additional Information on the Fund, Please Contact Ivan Rodriguez at: 562.799.2356 or ivan@theaestheticsociety.org
AERF continues to evolve thanks to the efforts of our Board, Committees, and staff to accomplish the goals of its strategic plan. I am happy to report that we have added three new members to our President’s Circle of donors this summer. My wife Christy and I are honored to be among this group, along with our Aesthetic Society President, Dr. Bill Adams, and valued member, Dr. Daniel Hatef.

I would ask that you consider a donation to AESRF this year, as the Foundation is funded through member donations. Our research projects have been focused on how to improve our procedures and improve safety and are of tremendous value to each of us in our practices. In addition to the President’s Circle, there are many levels of giving that allow for divided payments or subscription options that provide flexibility. Please reach out to our Director of Development, Tom Purcell at tom@aserf.org. See page 29 of this issue for more information regarding how you too can get involved.

AESRF AND ASJ
Collaboration with Aesthetic Surgery Journal has always been important for AESRF, and we continue to work with their incredibly talented team to find new ways to promote the groundbreaking work of both the Journal and the Foundation. I am proud to serve as guest editor of a new thematic issue and was honored to write the Introduction for: “Exploring AESRF-Funded Publications: Research, Data, and Updates on Evolving Procedures in Aesthetic Surgery.” View the collection at: academic.oup.com/asj/pages/aserf-funded-publications-virtual-issue. This is a great way to learn more about AESRF funded research and how that research is of value to each of us as AESRF members.

I am also happy to report that added recognition has been given to two AESRF-funded research studies recently published in ASJ. “Understanding Breast Implant Illness” by Drs. William Adams Jr. and Jill Newby, was awarded an APEX Award for publication excellence, and “Report on Mortality from Gluteal Fat Grafting: Recommendations from the AESRF Task Force” by Drs. Mark Mofid, Steven Teitelbaum, Daniel Suisa, Arturo Ramirez-Montanana, Denis Astaria, Constantino Mendieta, and Robert Singer has recorded the highest altmetric score to date for any article published in ASJ. The altmetric score is a weighted count of the attention that a scholarly article receives online. Congratulations to all of the authors!


Louis L. Strock, MD is an aesthetic plastic surgeon practicing in Fort Worth, TX, and serves as President of AESRF.

RESEARCH PROJECTS RECENTLY APPROVED FOR AESRF FUNDING

“Current Trends in Aesthetic Surgery Fellowship Training”
Jacob N. Grow, MD and Andrew Kochuba, MD ($2,000.00)

“Differences in Surgical Practices for Transgender Mastectomy”
Ali R. Abtahi, DO, MSc ($2,300.00)

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

Correction: In the Summer 2021 edition, it was stated that Aesthetic One registers implants with the manufacturer and the FDA. That statement was intended to read “registers implants with the manufacturer and provides patients with a digital implant record including an operation summary.”
Let Your Patient Focus on Recovery

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 to patients diagnosed with ALCL.

Patient Fund Criteria

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

For Aesthetic Society, ASPS, ASERF and PSF member surgeons who have patients diagnosed with ALCL, visit: surgery.org/BIA-ALCL, for all criteria and to download an application.

For Additional Information on the Fund, Please Contact Ivan Rodriguez at: 562.799.2356 or ivan@theaestheticsociety.org

Thanks to Generous Contributions From:
The ASERF Board of Directors is pleased to announce that William P. Adams Jr., MD of Dallas, Texas and Louis Strock, MD of Fort Worth, Texas are the latest ASERF members to be recognized as President’s Circle donors. Each has given $50,000 to ensure ASERF is able to continue its mission of aesthetic surgery research and have done so through various donation vehicles.

WILLIAM P. ADAMS JR., MD GAVE A GIFT OF EQUITIES

William P. Adams Jr. MD served as ASERF President 2013–14, and has long been an advocate of science and evidence-based research. As such, he understands the need for supporting the profession.

“There have been several ASERF-funded studies that have directly affected my practice. One led by our team at UT Southwestern that helped shape practices for antimicrobial breast pocket irrigation; the DVT study by Dr. Geoffrey Keyes; the BIA-ALCL studies by Dr. Marshall Kadin; and more recently the breast implant illness studies by Drs. Jill Newby, Pat McGuire and Caroline Glicksman,” said Adams. “These have been landmark studies that have not only shaped the way I practice clinical surgery but for many of our peers across the globe.

“As a past president of The Foundation, I have always felt that making a significant donation was not just something that I wanted to do for continued support of ASERF, but the right thing to do as well. Donating to ASERF is a way for me to give back to my profession. It was simple and easy.

“Supporting The Foundation, and by extension The Society, is extremely important. As with every life experience there’s always give-and-take. ASERF’s research has improved my life, and as such, it is time that I give back to ensure it continues its mission. Personally, I feel donating to our specialty is one of the most rewarding things that I can do as a plastic surgeon.

“As president of The Society, it is great that both Louis Strock and I could do these simultaneous presidential donations as leaders of The Society and Foundation.”

DR. AND MRS. LOUIS STROCK PROVIDED A CASH DONATION

Louis Strock, MD, the current ASERF President, understands part of his role is to help ensure both the longevity of The Foundation and that its programs are properly funded now and into the future. He noted that making a major gift was an easy decision, especially with the creation of the newly launched major gifts program: ASERF President’s Pledge for Research.

“For the last five years, I have worked on the ASERF Board and have first-hand knowledge of what ASERF has accomplished and what its plans are for the future. I just do not feel that simply paying annual dues matches my commitment to the organization. I felt it was time to make a more meaningful donation to ASERF.

“ASERF’s commitment to fund directed research and physician-initiated studies requires significant funding. As an example, through the years, ASERF has funded multiple studies that relate to breast implant safety providing more than $250,000 in the last few years alone. As a surgeon whose practice focus centers largely on both first-time and revisional breast implant surgery, I recognize ASERF plays a critical role in helping to ensure that implant procedures are safe and effective.

“With the recent launch of the SETA data analysis platform, ASERF will set the standard in aesthetic surgery research. I would like to encourage all Aesthetic Society members to consider giving back to our profession with a donation to ASERF. With the new major donation program, ASERF has expanded the giving opportunities to make impactful giving both easy and affordable, with flexibility ranging from lump sum payments to subscription payment plans to fit the needs of each donor.

“I really appreciate the recent President’s Circle donation of Aesthetic Society President, Bill Adams. It did not take much convincing for Bill to donate, given that he has previously served as ASERF President in addition to his current role as Aesthetic Society President. We felt that simultaneous donations would help us both to lead by example as we work to encourage donations from our membership to ASERF.”

To learn more about ASERF, the President’s Circle or to make a donation, contact Director of Development Tom Purcell, CAE, at tom@aserf.org.

ASERF Launches New Major Giving Program: The ASERF President’s Pledge for Research

Nearly 30 years ago the Aesthetic Surgery Education and Research Foundation (ASERF) was formed to provide The Aesthetic Society members an opportunity to make tax-deductible donations to support aesthetic surgery research. Since its inception, ASERF has provided more than $3,000,000 in research grants ranging in size from a couple thousand dollars to a couple hundred thousand dollars.

In the last ten years, ASERF has provided funding for several ground-breaking research studies that have impacted Aesthetic Society members’ clinical practices and increased patient safety, including gluteal fat augmentation, deep vein thrombosis and more recently breast implant illness.

With annual dues set at $200, membership reserved for The Aesthetic Society Members and with just 50% participation in ASERF, the Foundation is updating its major giving program to ensure funding research continues well into the future by launching The ASERF President’s Pledge for Research.

The fundraising campaign has two specific goals, increase awareness of ASERF’s successes and encourage all Aesthetic Society and ASERF members to make meaningful donations. By increasing ASERF’s visibility and important role it serves, the organization is better situated to increase funding for more ground-breaking research.

In the coming months, ASERF will announce the newest “pledges” and the associated benefits they will receive. If you’d like to learn more about ASERF, the campaign or donate, contact ASERF Director of Development, Tom Purcell, CAE, at tom@aserf.org.
WHY SUBMIT TO ASJ?

Check Out Our Increased Impact Factor Score

Congratulations to Aesthetic Surgery Journal—the #1 journal in aesthetic surgery, on its brand new Impact Factor! Experience broad reach, dissemination, and discoverability of your article in ASJ and ASJ Open Forum. Leverage our video and social media experts to promote your research and publications globally and increase readership and citations.

Submit Today at:
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New Score
4.283
Ranked 37/212 in Surgery
NEW IMPACT FACTOR—ASJ ON THE RISE

Under the leadership of Dr. Foad Nahai, Dr. Jeffrey Kenkel, and the entire journal team, the journals continue to grow and succeed. We received a new Impact Factor of 4.283, ranking ASJ 37 of 212 among all Surgery journals. It is an honor to work with our authors, reviewers, and society members to continue to innovate and educate. Thank you for helping us achieve an Impact Factor score that truly reflects the high quality, value, and relevance of the articles published.

EXPLORING ASERF-FUNDED PUBLICATIONS: RESEARCH, DATA, AND UPDATES ON EVOLVING PROCEDURES IN AESTHETIC SURGERY

Special thanks are due ASERF President, Dr. Louis Strock, for serving as guest editor of our new thematic issue and for writing the introduction that ties these ASERF-funded articles together with perspective. Please read it here: https://bit.ly/3z1rwT8

ASJ GEMS

If you missed a recent ASJ GEMS webinar, use these links to watch them at your leisure on RADAR Resource:

- Dr. Pat Pazmino and Dr. Louis Rios on the current safety profile of BBL, gluteal augmentation: https://bit.ly/2XEK0eq
- Dr. Grant Stevens on drainless tummy tucks and progressive tension sutures: https://bit.ly/3f2kZD
- Dr. Bruce Van Natta on absorbable mesh in aesthetic breast surgery: https://bit.ly/3k4mleV
- Dr. Pat McGuire on breast implant illness: http://bit.ly/3ETMczY
- Dr. Amaka Nwubah and Dr. Roy Kim on social media during a pandemic: http://bit.ly/3lUlUow

ASJ OPEN FORUM, VOLUME 3

Check out the latest issue, packed with must-read content ranging from the satisfaction of medical tattooing, to oxygen-enriched olive oil to improve healing in aug-pexy, capsular contracture following the COVID-19 vaccine, and one article fully translated into Chinese for our Asian colleagues: https://bit.ly/3y6EgXu We welcome your next submission to the premier open access journal in aesthetics here: https://bit.ly/3J1Dt5u

ASJ and ASJ Open Forum

The September issue of ASJ is live here: https://bit.ly/3D9Z8AT

ASJ JOURNAL CLUB

Join us every month for the ASJ Journal Club. If you’ve missed an webinar, watch them here: http://bit.ly/3o5eIZf

A BABY BOY IS BORN

We are so proud to announce the birth of Abby’s son John (Jack) Michael Pugh on August 12, 2021. Abby was kind enough to snap this photo half a day after Jack’s arrival in time to share with our members. Congratulations to the entire family!

EDUCATION AND MORE IN SUN VALLEY

The Aesthetic Society staff, plus one, took a moment for a photo op after an intense pickle ball tournament. Pictured are Jackie Nunn, Phaedra Cress and her son Drew McGuinness (top right), and Kathleen McClemmy.

What started as a whimsical photo several years ago has turned into a tradition for this trio and without fail, a photo is snapped whenever they’re together. (L-R) Mrs. Cyndie Lund, Mrs. Niloo Movassaghi, Phaedra Cress.
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 July 1.

WHEN WILL THE MEMBERSHIP VOTE ON MY APPLICATION?
Applicants who submit materials for the July 1 deadline are eligible for election at the end of the year. Applications submitted by the January 5 deadline are eligible for election in the Spring.

Apply for Active Membership
Application Deadlines are January 5 and July 1

WHAT WILL FULFILL THE MEETING ATTENDANCE REQUIREMENT?
The following meetings are exclusively organized by The Aesthetic Society and qualify, whether attended in-person or via online live-stream. Meetings must have been attended within four years prior to application.

• 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 membership@surgery.org or at 562.799.2356.

NEW: ONLINE APPLICATION
Complete your application from start to finish 100% online
www.surgery.org/apply

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: 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 membership@surgery.org and you’ll get an answer to your question!
Injectable + Proven

The Future of Cellulite Treatment Is QWO

Rewrite the story of how you treat cellulite in your practice with QWO, the first and only FDA-approved injectable for moderate to severe cellulite in the buttocks of adult women.

Adding QWO to your practice may have a positive impact by bringing value and new patients, while delivering a treatment that appropriate patients have been looking for.¹²

Nonsurgical treatment with visible results, 28 days after third treatment (21 days apart).¹⁶

Thought to address three factors associated with cellulite.¹⁶ The exact mechanism for the treatment of moderate to severe cellulite is unknown.

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1,800 patients participated in the overall clinical trial program for QWO.⁸
Most comprehensively studied treatment for cellulite.⁸

INDICATION
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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 (cont)
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 with an incidence >10% were at the injection site: bruising, pain, nodule and pruritus.

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

Visit QWO-HCP.com to learn more!


Qwo® and Endo Aesthetics® are registered trademarks of Endo International plc or one of its affiliates. © 2021 Endo Aesthetics LLC. All rights reserved. Malvern, PA 19355 EA-QW-05500/May 2021 www.qwo.com
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 ≥ 1% of subjects who received QWO and at a frequency greater than placebo in Trials 1 and 2 through Day 71. Generally, adverse reactions had a duration of less than 21 days.

Adverse Reactions Occurring in ≥ 1% of Subjects in Trials 1 and 2

<table>
<thead>
<tr>
<th>Adverse Reactions at Injection Site</th>
<th>QWO N=424</th>
<th>Placebo N=419</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bruising</td>
<td>84%</td>
<td>21%</td>
</tr>
<tr>
<td>Pain</td>
<td>48%</td>
<td>10%</td>
</tr>
<tr>
<td>Nodule</td>
<td>33%</td>
<td>1%</td>
</tr>
<tr>
<td>Pruritus</td>
<td>15%</td>
<td>1%</td>
</tr>
<tr>
<td>Erythema</td>
<td>9%</td>
<td>5%</td>
</tr>
<tr>
<td>Discoloration</td>
<td>8%</td>
<td>1%</td>
</tr>
<tr>
<td>Swelling</td>
<td>8%</td>
<td>1%</td>
</tr>
<tr>
<td>Warmth</td>
<td>3%</td>
<td>0%</td>
</tr>
</tbody>
</table>

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 2, 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. An antibody titer 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 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 × 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 growth 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
Advising the patient to read the FDA-approved patient labeling (Patient Information).

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

Injection Site Bruising
Advising patients that injection site bruising may occur with administration of QWO [see Warnings and Precautions].

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.

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

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

What Is BBL Surgery? Rise of Brazilian Butt Lifts Raises Concerns
Excerpt: A 2020 study on the BBL death rate also indicated improvement, with the Aesthetic Surgery Education and Research Foundation estimating a rate of around 1 in 14,952 instead, if it is performed by a board-certified surgeon.

“We’ve been working to educate surgeons in hopes of improving the BBL mortality rate,” said Dr. Luis Rios Jr., a board-certified plastic surgeon in Edinburg, Texas, and president of ASERF, to realself.com. “We felt it was our responsibility to follow up and see if we’d made an impact—and, it turns out, we have.”

“The BBL has been going through the same unfortunate learning curve [as abdominoplasties],” said Dr. Constantino Mendieta to RealSelf, “but it’s starting to get a lot safer.”

NEWBEAUTY

Breast Implant Illness: What Have We Learned So Far?
Excerpt: “Breast Implant Illness is not related to textured implants,” explains St. Louis, MO plastic surgeon Patricia McGuire, MD. “BII is not related to any specific type of implant, it occurs with saline, gel, smooth or textured. In an ongoing study where I am principal investigator, the majority of our BII patients have smooth saline implants.” Learning More About BII: Dr. McGuire is one of the principal investigators in an Aesthetic Surgery Education and Research Foundation sponsored a study looking further into BII.

“This is a prospective, blinded study where we are looking at capsules and peripheral blood on women with self-described BII as well as two control groups—women with implants who do not have systemic symptoms they attribute to their implants, and women who have never had an implanted medical device. We would like to see if there are any objective differences in the analysis of these specimens between the BII patients and control groups.”

In the study, surgeons are examining all the theorized possibilities that can be triggering symptoms. “We are looking at next generation DNA sequencing for bacterial and fungal DNA on the capsules, as well as testing capsules for the presence of heavy metals,” says Dr. McGuire. “We are looking at cytokines, antibodies to bacterial toxins, inflammatory markers, thyroid function, and Vitamin D levels in all three cohorts.”

MODERN AESTHETICS

Name That Brand: Differentiate Your Practice Post Pandemic
Excerpt: Which comes first, marketing or branding? It is a natural mistake to confuse marketing with branding, yet there is a distinct difference between these two essential methods of self-promotion. The main goal of marketing is to make your business look so great to people that it piques their interest and you can convert them to paying customers. This usually means spending a fair amount of time to determine what your market really wants. The next step is to consider the best ways to connect your services and products with what your target audience is looking for.

“Once you have gone through this exercise you will be equipped to spread the word about how your services and products are in sync with what your target audience really wants and needs.”

M. Bradley Calobrace, MD, FACS, Founder of CaloAesthetics Plastic Surgery Center in Louisville, KY, was ahead of the curve when he branded his practice. As he explains, “Branding has been an extremely important aspect of our success at CaloSpa. The brand has represented excellence in not only the treatments we offer, but also the excellence in service provided to each client. Our brand is built on a patient-centric attitude and belief that our customers deserve the best, and that we are best at delivering it to them. Our branding of CaloSpa was initially built off Dr. Calobrace. However, now it has truly become a greater brand with name recognition and is the place to go for top-notch, first-class care.”

He continues, “Your brand creates connectivity and loyalty with customers. The brand delivers an emotional and loyal bond with each of them. It breathes its own life, and that translates to customer loyalty, growth, and profits for your organization.”

Meet the Staff: Debi Toombs

Debi Toombs started with The Aesthetic Society in November of 1989. In these 32 years she has worked closely with 13 program chairs to develop aesthetic education. She has seen the evolution of the annual meeting change, growing from six panels in five days with lots of scientific papers to up to 15 panels in three days and multiple educational offerings happening concurrently. “Back then social events were so much more a part of why people came to our meeting. It was a big deal to get all dressed up for the annual Dinner/Dance. Oh, and the fighting over where to sit and with whom! Today, it’s much more relaxed and while people still want to see each other, it’s way more casual and spontaneous.”

In her spare time, Debi loves hanging out with her husband, children and grandchildren—family time is so important to her. She enjoys painting, reading, swimming and traveling.

Debi notes that she loves watching her program chair “kids” grow up to be Aesthetic Society presidents, as almost all of them have. “It’s been a big part of my life. I love seeing the Society grow, love the staff and having the privilege of directing some of the best people I know. I feel so blessed to have the opportunity to work in this specialty.”

She is a wealth of Aesthetic Society historical memories and plenty of funny ones too. She’ll probably write a book, although she might wait for it to be published until after she’s gone. Be forewarned—YOU may be in it!

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 hello@theaestheticsociety.org and we will contact you soon.
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**

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**

Endo Aesthetics is embarking on a mission devoted to pushing the boundaries of aesthetic artistry. Driven by world-class research and development, Endo Aesthetics is advancing solutions to address unmet needs beginning with the first FDA-approved injectable treatment for cellulite in the buttocks. Headquartered in Malvern, PA, Endo Aesthetics is an Endo International plc business. Learn more at www.endoaesthetics.com.

**Real Strength Starts from Within™.**

We are thrilled to announce that Galatea Surgical is now part of the BD family, following more than 10 years of collaboration. Our collection of GalaFLEX™ surgical scaffolds, constructed from the biologically derived P4HB™ polymer, provides BD with an innovative platform to transform soft tissue repair, reconstruction, and regeneration in plastic and reconstructive surgery procedures.

All GalaFLEX scaffolds are indicated to support, repair, and reinforce soft tissue in plastic and reconstructive surgery.

Because no two patients are alike, the collection of GalaFLEX scaffolds now includes a lightweight, low-profile P4HB scaffold, adding more options to complement your technique and your patients. GalaFLEX LITE™ is designed to enhance anatomical compliance while providing predictable, restorative strength.

Visit www.GalateaSurgical.com for more information on Galatea scaffolds as well as indications for use, safety considerations and reference documents.

**Galderma**

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 ground-breaking 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 and your patients. Mentor customers receive exclusive benefits from strategic partner companies, including Galderma who provides participating ASPIRE Galderma Rewards members with additional opportunities to create value when performing breast augmentation surgery with Mentor Breast Implants. For more information, please reach out to your Mentor Sales Representative.

At Merz Aesthetics, we are family-owned since 1908 and treat customers, patients and employees like family. It drives our unique connection with healthcare professionals, and it’s what makes their success our success. For us it’s personal—listening, advising, supporting and celebrating them as we pursue a shared vision to help the world look better, feel better and live better.

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, LipoGrafter 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 offers leading transformative treatments and technologies focused on progressing the art of plastic surgery and making a difference in patients’ lives. With unrivaled safety, state-of-the-art science and exceptional service, paired with unparalleled partnerships with plastic surgeons, the Sientra portfolio of proprietary innovations radically advances how plastic surgeons think, work and care for their patients. The company’s core breast products segment includes its state-of-the-art Sientra breast implants and its ground-breaking dual-port breast tissue expander, AlloX2®. In addition, the Sientra portfolio also includes BioCorneum® the #1 performing, preferred and recommended scar gel of plastic surgeons (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.

New Products to Check Out!
Special Offers for Aesthetic Society Members
3M is one global team deploying differentiated technologies into effective solutions that deliver improved health care outcomes with better economics. 3M is proud to showcase 3M™ Prevena™ Therapy, which is the FIRST and ONLY medical device shown to aid in reducing the incidence of seroma, and in high risk patients, aids in reducing the incidence of superficial surgical site infections in Class I and Class II wounds. For limitations and safety information regarding Prevena Therapy, please refer to 3M.com.

10% discount—CODE: KCASAPS for Prevena Therapy through Medicalmonks.com

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 more about Juven, our therapeutic nutritional powder for wound and surgical incision healing. Visit Juven.com to learn how Juven can help your patients. Juven.com provides product information, clinical research, delicious recipes and more. Learn more about Juven and Abbott Nutrition today.

Applied Medico-Legal Solutions Risk Retention Group (AMS RRG) continues to make risk management a high priority with the announcement that Adaptrack (adaptrack.com) has partnered with AMS Management Group (amsmanagementgroup.com) and its insurance offerings through AMS RRG (amsrrg.com). Powered by Adaptrack’s plug-n-play innovative Insurtech capabilities, the agreement enables customized, pro-clinician risk management solutions, which will be immediately available to over 3,000 AMS RRG members. The members will receive Adaptrack’s differentiated risk management solutions while attaining a premium discount off of their medical liability coverage. Adaptrack helps clinicians avoid costly risks through AI-powered personalized nudges. To learn more about how AMS RRG and Adaptrack can assist you and your practice, please contact, Chris Edge at cedge@amsrrg.com.

CosmetAssure exclusively provides board-certified plastic surgeons with a financial safety net for patients having elective aesthetic surgery. Every surgery carries the risk of a complication, including aesthetic surgery. Our program works to remove the stress and uncertainty by covering out-of-pocket medical expenses related to post-surgical complications. As the Gold-Standard in complications insurance, we remain committed to patient safety and steadfast in our focus to deliver a superior product to the plastic surgery industry. Exclusive program features include automatic enrollment for Aesthetic Society Members, Capsular Contracture coverage for 18 months, and convenient online claims reporting.

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

The MyEllevate® innovation is a minimally invasive facial rejuvenation solution that offers natural and long-lasting results. It can be used as a standalone procedure or combined with energy-based skin tightening technologies. The MyEllevate® technique utilizes the ICLED® Suturod, the first and only patented light-guided technology for facial cosmetic procedures, to accurately place sutures without incisions. It takes approximately one hour to perform with a one-time use disposable system. The MyEllevate® solution offers fast recovery and restores a youthful appearance with long-lasting results. For more information, please visit www.MyEllevate.com.
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, while minimizing surgically induced tissue trauma. By eliminating the serrations found on all standard scalpels, Planatome® Polished Scalpels provide patients and surgeons with improved post-operative healing, reduced scarring, and less nerve damage. Planatome® Technology offers a cutting-edge tool for the hands of exceptional surgeons. For more information, please contact us at https://planatome.com/contact.

Revance 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.

Senté developed the first and only skincare line that includes patented Heparan Sulfate Analog (HSA). This breakthrough technology targets the underlying causes of chronic inflammation and helps improve the appearance of redness, wrinkles and discoloration. In addition to daily use, Dermal Repair Cream and Dermal Repair Ultra-Nourish are both proven safe and effective after non-ablative laser and microneedling treatments.

Online skincare sales help to build patient loyalty for your practice while also enhancing the visibility of your practice to new and existing patients. We created our Affiliate Program to support product sales, enabling you to sell Senté to your patients to keep them engaged between visits, while your practice earns commission on every sale.

Register now to take advantage of the exclusive members offer.

Email affiliate@sentelabs.com to register today!

Providing the #1 All-in-One Mobile EHR/Practice Management platform for aesthetic businesses, Symplast delivers 21st century service and solutions that clinics and med spas have been waiting for! Symplast’s suite of tools includes conversion dashboards, HIPAA-compliant messaging (text, images, and photos), revenue cycle management, virtual appointments, lead management and follow up, digital intake, appointment reminders, e-prescription and more!

From check-in to charting, scheduling to marketing, Symplast’s platform enables you to run your business from anywhere in the world, on any device, at any time! With expert data migration, unlimited support, and no hidden fees, Symplast is the right choice for your practice!
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 aesthetic medicine among qualified plastic surgeons.

“The Aesthetic Society’s ongoing partnership with industry is vital to the advancement of aesthetic plastic surgery. The Aesthetic Society especially acknowledges industry’s support during the very trying time of COVID. Ultimately, industry support helps The Aesthetic Society unleash the power of science and education to advance outcomes and safety for our patients.” — Dr. Tracy Pfeifer, Industry Support Chair.

We’d like to thank and acknowledge Premier Partner Endo Aesthetics and Founding Premier Partner Sientra for their ongoing support. In addition, we’d like to thank and acknowledge Alliance partner Revance as they continue their industry partner agreement.

The Aesthetic Society values our industry partners and thanks each and every one for their meaningful contributions.

PREMIER INDUSTRY PARTNERS

Endo

Aesthetic Society Premier Partner, Endo, on the Launch of Qwo® (collagenase clostridium histolyticum-aaes).

In July 2020, Endo received FDA approval for QWO, the first and only injectable treatment for moderate to severe cellulite in the buttocks of adult women. This FDA approval and the subsequent launch of QWO has allowed Endo to create a new category within the aesthetics space, and the brand is confident that a large opportunity exists for the treatment.

To help ensure QWO’s success, Endo is rolling out the injectable in a strategic way and putting aesthetic healthcare practitioners at the forefront of their approach. “We have always been dedicated to partnering with aesthetic physicians in a meaningful way, and we are continuing to prioritize them throughout QWO’s launch and beyond,” said Rob Catlin, Senior Vice President and General Manager at Endo Aesthetics, an Endo International plc business. “We are onboarding accounts in a deliberate, hands-on fashion that allows us to focus on elements critical to patient and business success.”

Endo’s efforts center on product education, including patient selection. Over the years, the brand has built a strong foundation in R&D by generating and disseminating meaningful data to help aesthetic clinicians gain a deeper understanding of how to treat cellulite. “As the launch of QWO continues, we will remain committed to providing clinicians with robust, real world data so that they have the information necessary to treat appropriate patients with QWO,” said Jill Edgecombe, Executive Director, Aesthetics Medical Affairs at Endo Aesthetics. “We’ll also continue our efforts to identify and research any knowledge gaps that exist with QWO.” In addition, Endo is offering healthcare practitioners various tools, such as the clinical education center, QWO-HCP.com, and assets to help promote the availability of QWO within their practice, to the media and on their social platforms.

“Cellulite is something that has always been a concern for many of my patients, so they have been really excited to learn about QWO. Being able to point to ongoing studies of the treatment and assets that show real before and after images has helped me to provide a full picture for patients,” said Jennifer Walden, MD, board-certified plastic surgeon with practices in New York and Texas.

In clinical trials, the most commonly reported adverse reactions in patients treated with QWO with an incidence of ≥ 10% were at the injection site: bruising, pain, nodule and pruritus. Please see the QWO advertisement on pages 33–34 in this publication for Important Safety Information.

“We are thrilled with the response we have seen from aesthetic healthcare practitioners, media and consumers thus far. As the launch progresses, we look forward to building on our success and expanding to additional practices in the coming months,” adds Rob Catlin. In the meantime, physicians and consumers can learn more by visiting www.QWO.com.

References:
1. Qwo® package insert. Malvern, PA: Endo Aesthetics LLC.

Sientra

Founding Premier Partner

Sientra is a global medical aesthetics company headquartered in Santa Barbara, California. The company offers leading transformative treatments and technologies focused on progressing the art of plastic surgery and making a difference in patients’ lives. With unrivaled safety, state-of-the-art science and exceptional service, Sientra’s portfolio of proprietary innovations radically advances how plastic surgeons care for their patients. Sientra has developed a broad portfolio of products with technologically differentiated characteristics, supported by independent laboratory testing and strong clinical trial outcomes. The company’s core breast products segment includes its state-of-the-art Sientra breast implants, featuring two high-strength cohesive gels, 5 projection levels and over 250 round implant options and over 90 shaped implant options. The company trusts in the safety and performance of their breast implants and offers the most comprehensive warranty program in the industry, with the longest length of coverage, most financial assistance, and the least amount of warranty restrictions.

In addition, the Sientra portfolio also features its ground-breaking dual-port breast tissue expander, AlloX2® and includes BIOCORNEUM®, the #1 performing, preferred and recommended scar gel of plastic surgeons*

Learn more about Sientra and the Sientra portfolio at www.Sientra.com

* Data on file
Revance is a biotechnology company focused on innovative aesthetic and therapeutic offerings, including its next-generation 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.

Revance has successfully completed a Phase 3 program for DaxibotulinumtoxinA for Injection in glabellar (frown) lines and is pursuing U.S. regulatory approval. Revance is also evaluating DaxibotulinumtoxinA for Injection in the full upper face, including glabellar lines, forehead lines and crow’s feet, as well as in two therapeutic indications—cervical dystonia and adult upper limb spasticity. To accompany DaxibotulinumtoxinA for Injection, Revance owns a unique portfolio of premium products and services for U.S. aesthetics practices, including the exclusive U.S. distribution rights to the RHA® Collection of dermal fillers, the first and only range of FDA-approved hyaluronic acid (HA) fillers for correction of dynamic facial wrinkles and folds, and a financial services platform, which includes integrated smart payment, subscription and loyalty digital services. Revance has also partnered with Viatris (formerly Mylan N.V.) to develop a biosimilar to BOTOX® which would compete in the existing short-acting neuromodulator marketplace. Revance is dedicated to making a difference by transforming patient experiences. For more information or to join our team visit us at www.revance.com.

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Aesthetic Society members, we invite you to submit a photo of your original art to hello@theaestheticsociety.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.

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**Frequently Asked Questions**

**Why should I use Aesthetic One?**

The goal of Aesthetic One is to streamline the breast implant registration process with the manufacturers and empower patients with the information they need. The app also serves as a HIPAA-compliant communication tool between patients and their physicians with a built-in chat feature.

**Can my staff use Aesthetic One to help register breast implants?**

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**Can Aesthetic One be used for all my patients?**

Aesthetic One can be used to streamline registration for all breast implant patients. The digital intake forms, HIPAA-compliant chat, and photo-sharing features can be used with any patient that you have invited to download the paired Aesthetic One app.

**How will my patients’ breast implants be registered?**

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Hiring in 2021?—What to Expect and How to Navigate
By Karen Zupko

The cover of Barron’s said it best. “Help is NOT on the Way!” Forbes and Wall Street Journal have featured similar articles. In fact, a national survey of 563 organizations conducted by human resource experts found that recruiting and hiring sits at the top of the list of challenges for 2021. Even above workplace health and safety. Plastic surgery practices are no exception. If you intend to fill a vacancy or create a new position, prepare yourself. In 40 years of practice management consulting, this job market is like no other we have faced at KZA. Our recent experience in recruiting for five plastic surgery practices in three time zones—plus a few for orthopaedics has been a real eye opener. Let’s look at the candidates.

THE GHOST
You post an ad. A promising resume ensues. You eagerly make contact, and they agree to a Zoom call at six that evening. Six o’clock has come and gone and you have been staring at your reflection for 15 minutes. A text, a call. No answer. Surely there was a misunderstanding. Next day, Groundhog Day. Same thing. You have been “ghosted”—a phenomenon not exclusively reserved for online dating. The relationship is over before it has started. What’s going on? Aside from a growing pandemic of irresponsibility, we conclude the Internet makes it easy to saturate the market with resumes for jobs people are neither qualified for nor interested in.

THE MISSING LINK
We always request a cover letter accompany a resume. Why? Because we want to see why the candidate feels they are uniquely qualified for the position. Remarkably, a majority of resumes will arrive sans the letter. Typically, we ignore these since they demonstrate an inability to follow instructions. However, if the resume is beyond compelling, we may call and ask for the letter. Maybe we call three times. Real life story... After the third call we receive an email: “You asked for a cover letter. I don’t know what that is. If you tell me, I’ll be happy to write one.” No initiative. No curiosity. And a broken Google. Maya Angelou comes to mind. “When someone shows you who they are, believe them.”

THE SPELLING BEE DROP OUT
Some candidates have apparently figured out how to disable Microsoft’s spell check feature. To that point, when I shared a resume with “medical” spelled “medial” (3 times), “experience” spelled “experence” and the candidate’s own alma mater misspelled, I had to show the surgeon why we were not sending more recruits. Shockingly, he not only didn’t catch the typos, but he also told me he “thought she looked pretty good.” We were able to convince him that attention to detail was paramount in any correspondence coming from a plastic surgery practice. Bottom line: Spelling is not a fine art. It is a discipline that reflects your brand.

THOSE WITH A CREATIVE AUTOBIOGRAPHY
True story: Difficult to forget the practice administrator of a 9 MD Orthopaedic practice who lied about earning her MBA. When confronted, she defensively and defiantly announced, “Well, I meant to do it!”
Education is important. Degrees verified. Places lived. Criminal record pulled. Make certain everything on their resume represents who they are, where they worked and the position they held. When you are shorthanded, it is tempting to skip this step—don’t. Take this aphorism to heart: “Act in Haste, Repent at Leisure.” A colossal waste of time and money is waiting for you if you don’t heed this advice and must eventually terminate an employee who is an imposter.

Some candidates have apparently figured out how to disable Microsoft’s spell check feature. To that point, when I shared a resume with “medical” spelled “medial” (3 times), “experience” spelled “experence” and the candidate’s own alma mater misspelled, I had to show the surgeon why we were not sending more recruits.

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Hiring in 2021?—What to Expect and How to Navigate

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Background checks are mandatory. State this on the application. No one working in a medical practice—let alone a plastic surgery practice where there are sensitive photos of patients—should be there without having a thorough background check.

SUCCESSFUL PLACEMENTS

Don’t despair. Contrary to what we might generously label a “skills gap,” we have had success. A surgeon who keeps an open mind and is willing to train, can find some terrific candidates seeking a career change. Some examples include a woman with 17 years of retail experience as a regional sales manager for fashion brands. At her age and stage of life, she wanted something more. Her skill set includes understanding women as customers, balancing the cash drawer nightly and taking inventory accurately. In her tenure at Victoria’s Secret, she told me, “I had 25 employees under 30 and 50,000 panties to keep track of!” Her perspective and humor made her appealing. She had no “plastic surgery princess” syndrome. Another successful Patient Care Coordinator sold and designed some high-end jewelry. Again, she had sales and customer service training. She was not allergic to following a process or using the computer as directed. One more example: A flight attendant who decided to retire from the not-so-friendly-skies of late was the “total package” for the practice looking for timeliness, grace under pressure and anticipating patient needs.

There are some solid candidates who might seem unlikely but become the perfect fit if you widen your lens.

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Learn More & Enroll At: surgery.org/AestheticCareTeam

RETENTION STRATEGIES?

Perhaps a topic for a future issue. When you are fortunate enough to assemble an enviable staff, focus on retaining that talent. Regularly scheduled reviews, rewards and continuing education will keep the team motivated and high performing. Although they are not shareholders, they are stakeholders and investing in them pays huge dividends for the practice.

Karen Zupko, is a frequent contributor to ASN and speaker at The Aesthetic Society meetings. Her decades of plastic surgery experience makes her a valued advisor to plastic surgeons and their staff.

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In 2021, media no longer pertains just to print, broadcast and digital categories. So many print outlets have gone digital only, or have shrunk so much that they read more like pamphlets than a newspaper or magazine you can’t wait to sink your teeth into. This evolving trend has facilitated new opportunities for plastic surgeons to gain more eyes on their content and greater coverage for their brands.

In the world of digital marketing, media can be broken down into 4 basic categories; paid, earned, shared, or owned. Once upon a time it was easy to spot the ‘paid’ coverage as it was clearly market as ‘advertorial’ or ‘ad.’ Fast forward to now and even the trained eye can’t always be sure. In essence, ‘paid media’ typically refers to some variation of traditional advertising. Earned media is the gold standard because it can only be earned organically and cannot be bought or owned.

There are also hybrid models that offer both earned and paid media opportunities. If you’ve ever spotted logos from Outbrain, Taboola, or AdRoll online, these are big agencies that specialize in what is called ‘native content,’ another term for sponsored content or what was formerly referred to as ‘advertorial.’ This form of advertising is used to mimic the type and format of the platform where it appears and may include video, text or editorial.

The obvious benefit of paid placements is that you have more control over the timing of if or when it will appear, you are more likely to have final say over the format and content, and are not left at the mercy of an overworked freelancer or editor to get coverage. Press releases may be considered ‘paid media’ by some, but they are really news alerts whether they are paid as in PRNewswire, cheap or free. Press releases tend to be way overused in our industry for SEO purposes, and should be reserved for when you have real news to share that journalists will be interested in.

So, the real question is whether paid media has as much value as traditional earned coverage. In today’s fragmented online universe, where content comes at us from all directions 24/7, I am not sure the average consumer is really savvy to these distinctions.

KNOW YOUR OUTLETS

Every media outlet has a style and brand that speaks to what their audience wants to see. Multiple outlets often cover the same news, trend, or story, but from different angles and with a distinctive point of view. Therefore, your pitches need to match the goals, style, and angle of each publication to gain attention. In other words, while it may be practical to send the same exact pitch to every media contact in your database, that may not be the most efficient way to get coverage. So, if you’re serious about becoming a media darling, do a deep dive into the best outlets and writers to get your brand in front of. Read what writers are posting or saying to get a sense of how they feel about plastic surgery in general, and what you do specifically. Note that local news outlets want local stories, which means they often like to include a local patient who is willing to be interviewed to go on air. Having patients who are willing to speak to media by using their real name and photos is a big plus whenever possible. Decide this before sending pitches so you can be prepared for what writers may ask for rather than having to scramble and lose the opportunity.

REACHING OUT

Reaching out to media can be a challenge for any busy plastic surgeon. Phone is a hard no unless you know them personally and then texts are often preferred. Email is fine but may not elicit a speedy response or any at all. Busy editors may never read your emails or your texts, and may simply hit the delete key. If you do make a connection with a writer with whom you want to keep in touch, ask what their preferred means of communication is, whether phone, text, email, DMs, tweets, or skywriting (kidding). By all means, offer to give them your preferred means of communication with a member of your staff as a backup.

Journalists work under super tight deadlines, often cramming multiple pieces at once, so if they do reach out to you in any way, render it
Have you completed a study or developed a new idea you would like to present at The Aesthetic Meeting 2022?

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The New Media: How to Get Coverage for Your Practice
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a priority to respond in a timely manner. Make it easy for them to find you and return calls as soon as possible. If you are working with a PR pro, that goes for them too. Don’t leave your PR hanging by not responding so they miss a deadline or lose an opportunity when they don’t hear back from you. If you make yourself hard to reach, you most likely won’t be contacted again by that journalist or media outlet.

EXPRESS YOUR INTEREST

Reinforce your interest in working with media on all of your marketing and social channels. For example, post coverage you have had on your website, blog, Instagram, etc. Keep a few high-resolution current headshots, and photos in plain clothes, a labcoat and OR attire at the ready. Have a few versions of your bio to offer up when needed, such as long, short and mini. Press kits are so pre-Covid, if they can’t find what they need to know about you online, start there.

Some good ways to identify media who may be covering aesthetic surgery and medicine are by scrolling through Twitter and Instagram. Engage with them directly on the channels where they are spending the most time. Get to know what they cover and what their interests are by following their channels. Read what they are writing and comment on it, especially if a feature or a segment at any time. This is often not the fault of the writer or producer you worked with. There is no such thing any more as a slow news day and the news cycle often dictates what gets out there or not.

Don’t get mad; get moving if you want to see your name in lights too. Clearly, hiring a PR pro is the best route to take if you tend to grimace when you see other doctors or surgeons doing aesthetic surgery. That does not bode well with media, many of whom are in their 20s–30s and may have minimal experience in medicine, health or science.

GIVE MEDIA A SHOUT OUT

Always thank writers personally when they do cover you. Acknowledge them on social by tagging their channels in your post. Share their stories so they get more eyes on their work too. This is very helpful to them, which makes it even more helpful to you in terms of building that relationship.

Lastly, don’t take it personally if you don’t get a response or coverage. Even if you are interviewed and if you get fact-checked which used to be the sure sign you were going to be included, you may be arbitrarily cut from a feature or segment at any time. This is often not the fault of the writer or producer you worked with. There is no such thing any more as a slow news day and the news cycle often dictates what gets out there or not.

Wendy Lewis is Founder/President of Wendy Lewis & Co Ltd, Global Aesthetics Consultancy, a boutique marketing communications group in New York City. She is a frequent presenter at leading conferences internationally, a prolific writer for many publications and websites, serves on the Editorial Board of PRIME Anti-Ageing Journal, and the author of over a dozen books. Her next book is the Second Edition of Aesthetic Clinic Marketing in the Digital Age Post COVID (CRC Press).

To learn more about how to get coverage, Wendy Lewis is sharing tips and insights through Contented Aesthetics as a weekly video series, available at wlewis.com. Beware of not overhyping or bragging to media, and try never to bash colleagues or non-plastic surgeons doing aesthetic surgery. That does not bode well with media, many of whom are in their 20s–30s and may have minimal experience in medicine, health or science.
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Google Ads is the most popular platform for pay-per-click advertising. It displays your ad on Google’s search results page and their partner sites when people search for services like yours in your target location. You only pay when people click on or interact with your ad, and you can set caps for how much you are willing to pay.

Creating an ad campaign takes time and money, and tracking conversions can help you identify which ads are most beneficial for helping reach your business goals. Understanding which ads and keywords drive the most valuable customer activity and highest return on investment (ROI) allows you to make informed decisions to fine-tune your ad strategies and optimize their performance.

**WHAT ARE CONVERSIONS?**

Conversions in Google Ads refer to when a user interacts with your ad and then takes an action that meets a defined goal, such as filling out a contact form, calling your practice, or signing up for a newsletter. These conversions are actions you’ve defined as beneficial for your business and they generally involve things that help grow your practice and exposure to potential patients.

**HOW DOES CONVERSION TRACKING WORK?**

Conversion tracking is a free tool in Google Ads that allows you to measure the number and types of conversions you’ve received from your ad.

There are various tracking processes to help you understand what users do after interacting. Conversions can also be tracked based on the device used (mobile or desktop).

You Can Track the Following Sources of Conversion Actions

- **Website:** such as filling out a contact form, making a purchase, or visiting a pertinent page on your site
- **Phone calls:** whether directly from the ad, to a number on your website, or from a click-to-call button on your site by a mobile user
- **Email:** such as filling out a newsletter sign-up form
- **Ad conversions:** any action that meets a defined goal, such as filling out a contact form and then scheduling a procedure after the consultation
- **Local:** interactions with an ad that’s specific to your physical practice location
- **App:** installations and in-app interactions

**These Conversions Can be Organized by Category**

- **Import:** a patient action that started online but finishes offline, such as filling out your consultation form and then scheduling a procedure after the consultation
- **Purchase/sale:** a conversion that meets a defined goal, such as filling out a contact form and then scheduling a procedure after the consultation
- **App:** installations and in-app interactions
- **Local:** interactions with an ad that’s specific to your physical practice location
- **Other:** interactions that don’t fall into the above categories

Choosing a category for each conversion type allows you to see similar conversions grouped together in your report.

**Assign a Value to Each Conversion for Measuring ROI**

Assigning a monetary value to each conversion allows you to measure the return on investment (ROI) you’re getting from your ad. You can track the value of each conversion by entering the amount each conversion is worth to your practice.

**Total conversion value:** the sum of your specified values for each conversion

**Conversion value per cost:** your total conversion value divided by the total cost of your ad interactions

**Conversion value per click:** your total conversion value divided by the number of clicks on your ad

**Value per conversion:** your total conversion value divided by the number of conversions

**Cost per conversion:** your total cost of ad interactions divided by the number of conversions

**USING YOUR CONVERSION TRACKING DATA TO CREATE MORE EFFECTIVE GOOGLE ADS**

Analyzing the data on this report allows you to precisely measure your return on investment and understand how well your ads are performing. Taking what works well and tweaking what doesn’t can help you optimize your future ads for increased performance to grow your practice and clientele.

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.
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For the past several years, there has been significant consolidation in many medical specialties, with practices being merged into larger groups, often with private equity firms investing in these acquisitions. Perhaps you know a colleague who has completed such a deal? Plastic surgery is not immune to this trend and many Aesthetic Society members are wondering if they should be part of it, while others are being actively recruited by financial firms.

In this short article, we will examine four success factors that any aesthetic plastic surgeon should implement if they are considering a sale or merger.

1. PREPARE YOUR PRACTICE FINANCIALLY.

Preparing the practice financially not only means having the books and records organized and in order but can be more broadly defined as maximizing the value of the practice to a potential acquirer. This objective can be achieved by creating processes and procedures for everything in the practice that is not clinical—from an initial patient intake and checkout to post-appointment follow up and marketing.

As an example of this hyper focus on processes, one consultant uses the example of a 35-point checklist for cleaning the bathroom that a successful practice has put in place. Apply that focus to every internal process and patient interaction, and the “systematizing” of a practice becomes clear.

Not only do such systems add value to an acquirer (as they know that this practice is regimented and can thrive through systems rather than by any one person running the show), they also add significant value to the practice even if you ultimately decide not to sell. By implementing procedures throughout the practice, it will run more efficiently on a day-to-day basis, be able to thrive even through employee turnover, and will likely be more profitable—even if a sale never occurs.

Preparing the practice financially also includes maximizing EBITDA, which is “earnings before interest expense, income taxes, depreciation and amortization expense.” Nonrecurring expenses, owner-related expenses and excess owner compensation are often added back in the equation. This calculation allows the potential buyer to determine what the practice’s profit would be if the buyer owned the practice and had to pay reasonable compensation to physician employees to run it. Once again, getting a good handle on your practice’s EBITDA today and looking for ways to improve it may prove very valuable, whether one sells the practice or not.

2. DETERMINE THE RIGHT TYPE OF TRANSACTION.

When it comes to mergers and acquisitions, one size does not fit all. One practice owner might be looking to sell 100% and consider the transaction to be a type of “exit” from their current practice. Another may be exploring the sale of a majority ownership or minority stake, while others may consider a combination of equity (ownership) and debt. The choice depends on whether the owners plan to relinquish control of the practice, want to add a financial partner to help them grow but stay in control, or hope to achieve some other objective.

Larger practices, especially those with great systems and EBITDA, as previously described, may consider becoming a platform practice—one that brings on an investment partner and acquires a host of smaller practices in a geographic region.

For smaller practices, the most realistic option is to be acquired/merged into a larger practice. Many of these deals are extremely lucrative, so this scenario should not be seen as a negative.

3. FIND THE RIGHT ADVISOR TEAM.

This may be the most important factor because the right advisor team will provide the expertise to make sure the other factors are in place; they will help to properly prepare the practice, maximize EBITDA and secure the right type of transaction.

Who is on the advisor team? The team should start with the personal financial advisor(s) for the partners who can advise the doctors on the ramifications of a transaction on their personal finances and life goals. If a potential deal doesn’t fit with the surgeon’s personal life and financial goals, why even consider it? The team will always include a certified public accountant (CPA), often from the practice’s CPA firm, and will sometimes involve a special transaction CPA with experience in these types of deals.

A mergers and acquisitions attorney, ideally with experience in medical practice transactions, is essential. He or she will be the person ultimately responsible for representing

Continued on Page 57
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Interested in Selling Your Practice?
Continued from Page 55

the practice to make sure that the agreements reflect the best possible deal for the practice and its owners.

Finally, the team ideally includes an investment banker who represents the practice. Unfortunately, many surgeons do not consider this type of advisor. This is often a mistake, as an investment banker, especially those with experience in practice sales, can often add many multiples of their fee in value to the deal.

One investment banker with experience in aesthetic practice sales makes clear that their knowledge of the industry (what deals have transpired at what values) and competitive process (bringing in other potential buyers to create bidding activity) typically puts the practice in a much better position than if the banker had never been involved. In fact, many bankers work primarily on a “success fee,” which ensures that they do well only if the practice does well.

4. PREPARE MENTALLY FOR THE “WHY” BEHIND THE DEAL.

When a transaction occurs, things may change dramatically, including practice operations, physician compensation, and employee management. So that everyone feels positive on the other side of the transaction, each participant should understand his or her personal goals and motivations from the outset.

For example, if you will remain in the practice post-sale, which is quite common, you should understand your motivation going into the transaction, and think through what your practice and life will look like years after. This will force you to consider the following questions: Why are you doing the deal? Is it because you want to give up administrative headaches and let somebody run the business part of the practice? If so, will you be comfortable taking direction from others and not being in control? If the motivation is more financial, will you be okay with lower income after the deal is complete?

CONCLUSION

As mergers and acquisitions continue in the specialty, many aesthetic surgeons will eventually consider becoming part of the trend. This article lays out a few success factors to implement if a merger or sale becomes a real possibility for you and your practice.

SPECIAL OFFERS: The authors have recently completed Wealth Planning for the Modern Physician. To receive free print copies or ebook downloads of this book or Wealth Management Made Simple, text ASAPS to 844-418-1212, 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 Jason O’Dell, MS, CWM, is the managing partner and a financial consultant. They can be reached at 877-656-4362 or mandell@ojmgroup.com.

Disclosure:

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ROSEMONT REVIEW
Presented by Rosemont Media
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Most of us know that the Americans with Disabilities Act (ADA) prevents discrimination against individuals with disabilities, but what you may not know is that the requirements set forth in the ADA extend to websites. The United States Department of Justice (DOJ) and the court system are upholding interpretations of the law which consider websites to be “places of public accommodation” that must comply with the ADA. For our clients at Rosemont Media who operate in the elective healthcare industry, these legal trends mean that providing optional website accessibility (defined as “full and equal use”) not only benefits website visitors with disabilities, it also protects practices from potential lawsuits.

Healthcare practices nationwide are often shocked to receive lawsuits or demand letters from lawyers that allege their websites have accessibility issues. These offenses may represent a wide range of technical inconveniences or outright obstacles to access, such as absences of video closed captioning, alt text, or keyboard-only accessibility, for example. In order to prevent litigation and the loss of valuable time and resources, practices are encouraged to conform to Website Content Accessibility Guidelines (WCAG) 2.1 AA technical standards and provide an Accessibility Statement on their website. The Website Content Accessibility Guidelines are published by the World Wide Web Consortium (W3C) and WCAG 2.1 AA includes 50 success criteria for website owners to follow. Unfortunately, these criteria can be very technical and are often difficult for the average reader to understand. Thankfully, Rosemont Media has developed a comprehensive range of accessibility services to help clients ensure ongoing WCAG compliance.

**Why Website Accessibility Is Important**

By Keith C. Humes, CEO Rosemont Media

*HOW CAN ROSEMONT MEDIA HELP PRACTICES AVOID WEBSITE ADA & ACCESSIBILITY LAWSUITS?*

Within the Rosemont Media offering of Website Accessibility Compliance Services, we offer accessibility audits, updates, and management packages that adhere to current legal standards and help protect our clients from litigation. For clients who are interested in new websites our custom website packages include functions and features that align with WCAG 2.1 AA standards and practices can opt for ongoing website accessibility management to keep pace with new developments. For our clients who already have websites and want to evaluate for current compliance and update as needed, we offer accessibility audits and updates, as well as additional accessibility element packages to cover video and image accessibility concerns.

While the Rosemont Team will work diligently to maintain the accessibility functions of your website, it is also important to keep in mind that there are some grey areas in the law that are subject to various interpretations. Ongoing audits of our clients’ websites and updates to our accessibility services aim to evolve with the changing landscape of accessibility to keep our clients protected from both predatory and legitimate legal actions.

**ASK US ABOUT WEBSITE ACCESSIBILITY**

Whether you have recently been contacted by a lawyer or just have questions regarding website accessibility, our team of experts at Rosemont Media can help you navigate a path to success with corrective and preventative Website Accessibility Compliance Services. Contact Rosemont Media to speak with a knowledgeable representative today!

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

**Healthcare practices nationwide are often shocked to receive lawsuits or demand letters from lawyers that allege their websites have accessibility issues. These offenses may represent a wide range of technical inconveniences or outright obstacles to access, such as absences of video closed captioning, alt text, or keyboard-only accessibility, for example.**
To grow a sellable asset that is attractive to buy or just enjoy increased revenues without killing yourself, it takes a predictable and reliable revenue stream. But, advertising budgets keep increasing while the quality of leads keep decreasing. So, what do you do?

The fastest, easiest and cheapest way to grow is to 10X the value of your current patients so they become your sales ambassadors. You set up a system, so surgical patients stay for non-surgical services, and non-surgical patients become surgical patients.

Sounds easy enough, but you can no longer “hope” this happens organically. It’s too competitive and noisy. You “make it happen” using a strategic system (no pushy sales tactics necessary).

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or Scan this QR code to Watch it Immediately on Your Cell Phone

Catherine Maley, MBA
Author, Your Aesthetic Practice
Cosmetic Patient Attraction AND Conversion Specialist

(877) 339-8833
This article is for you if:
• You are the majority revenue-generator in your practice
• You put more value on YOU as a surgeon vs. growing profit centers run by others
• You work IN your practice more than ON your practice
• You want to grow a cosmetic practice that someone else wants to buy when you’re ready to exit

The objective is to set up your cosmetic surgical practice as a business so it’s more profitable, more enjoyable to go to every day, and it frees up your valuable time, so you have more of it to spend doing what you like to do with the people you most enjoy being with.

But, you have a challenge that keeps you from winning in the long run.
As a surgeon, you were programmed to think in a certain fixed way.
You had to think that way to become a great surgeon.
However, that thinking is the opposite of how a businessperson thinks.
In a cosmetic practice, you, the surgeon, are the technician of the surgery, so you focus on that because you’re good at it and that’s what you know.
However, does that make for a sellable asset when you’re ready to exit?
Probably not, so you either have to work until you’re ready to close the doors and get nothing back for your efforts, or you can set your practice up to make a profitable exit and enjoy your retirement.

If a profitable retirement sounds good to you, think like a businessperson by using these strategies:

MINDSET SHIFT
Shift your thinking from a surgeon to a businessperson and “Operate your practice like it’s for sale.”
In other words, regularly ask yourself, “If I wanted to sell my practice tomorrow, what would I need to improve to get the most value for it?” Or, “If I wanted to buy an existing practice, what would I be looking for and be willing to invest in?”

THE VALUE OF YOUR PRACTICE
Many components make up the value of your practice such as:
• Profits
• Good Will
• People
• Processes
• Tools such as your CRM
• Patient list
• P&L statements
• Vendor agreements
• Fixed Assets & inventory
All of that is important but when I interview surgeons on my Beauty and the Biz Podcast and we talk about them buying another surgeon’s practice, the #1 value component they are looking for is a ready-made income stream.

WHAT BUYERS WANT
Buyers are looking for a practice’s ability to generate cash with a degree of predictability and certainty.
That’s why it’s difficult to value the surgical side of your practice.
If you have been practicing with a “one and done” mindset, you’re not developing much of a bond with your patients because it’s such a short-term relationship.
And, to keep your surgical side busy, you have to market and advertise to attract new surgical patients and that increases your overhead costs so other surgeons have to look at not just your revenues but also your overhead.

They know there’s no certainty that those surgical patients will come back for more surgery or come back soon enough or often enough. Or, if they do return years later, will they be ok with a different surgeon they don’t know? It’s hard to say so that affects the value of your practice.
However, if you can show a prospective buyer:
• Predictable revenues they can count on month after month that don’t include YOU
• And how you increase the lifetime value of your current cosmetic patients

• And how you generate more referrals and reviews organically
• And how you differentiate your practice from all the others,
  That’s interesting AND valuable.
Because now you have a predictable, systematic cosmetic revenue stream profit center that works without you and could easily be handed off to another surgeon.
You do that by building up the non-surgical aspect of your practice.

BENEFITS OF A NON-SURGICAL PROFIT CENTER
You can still enjoy the surgical side of your practice as you build a non-surgical profit center. Hire excellent team members such as a nurse-injector, laser techs and/or aestheticians who understand customer service and how to treat their patients with friendliness, kindness and respect.
These extenders act as the glue to keep cosmetic patients coming back for both non-surgical as well as surgical procedures. Because a cosmetic patient who cares about her appearance today cares about that for a lifetime so why not be her “one-stop shop?”

It’s the retention of your cosmetic patients that builds the value of your practice using resources you already have. These loyal patients tend to buy more, return more often and refer more of their friends.
This increases their lifetime value and decreases your advertising budget. Now you have a healthy stand-alone profit center that generates revenues without you and that makes for a great sellable asset others want to buy.

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.

You can still enjoy the surgical side of your practice as you build a non-surgical profit center.
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 hello@theaestheticsociety.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.
In any business, knowing your “Why” is so important. According to Simon Sinek in his famous Ted Talk, your “Why” is the purpose, cause or belief that drives every one of us. My “Why” is to provide truths about the aesthetics industry and use my real-world experience to educate and provide solutions for as many plastic surgery practices as possible.

That’s why I want to share some facts, top concerns, requests for help, and traits of the most successful plastic surgery practices I’ve uncovered over the many years of working with aesthetic practices across the country.

**TOP FOUR AREAS OF CONCERNS**

**Did you know?**
- 60% of practices cannot calculate their total expenses
- 30% cannot estimate their revenue.
- 21% can’t determine their revenue sources.
- 50% can’t calculate expenses as part of their total revenue.

There is a significant gap and lack of business acumen in the industry when it comes to understanding finances. There are all kinds of clinical training courses out there; however, there is no MBA program on the business side of aesthetic medicine. That’s why I’m so committed to my “Why” and providing the tools and solutions you need to increase efficiency and profitability based on the top four biggest areas of concern.

1. **Understanding Financial Data.** So many practices have practice management software and have no idea of what reports to run; which KPIs to measure; how to analyze data to make informed decisions; how to budget and forecast; how to determine profit per treatment and revenue per hour so they can focus on which services yield the highest profit, and how to structure their P&L with percentages, so they can see what is working and what is not.

2. **Sales Training.** Practices need people in the door, but that is a moot point unless your team is highly trained in how to convert phone and web leads; has the knowledge and ability to discuss the procedures you offer and the features and benefits over, perhaps, surgery vs. non-surgical; or articulate what your Unique Value Proposition is in 30 seconds—both as a company and as a provider. Selling is about the transfer of emotions, which is about communication methods, and tactics to listen, ask the right questions, qualify, overcome objections, and develop a long-term plan—one that they agree and commit to. Then, it’s about the follow up process, and the ability to nurture your patients using different communication methods.

3. **Compliance.** The laws are changing so rapidly, and every state has different regulations for compensating so you have to carefully structure your compensation.

4. **Marketing.** In order to make sure your marketing dollars are well spent, you must have a strategy in place. You have to know which verticals make the most sense for your practice. Marketing spend on average should be 10% of your total revenue. If you have a new practice, it can go as high as 20%. This is where knowing your profit per treatment (surgery) and your revenue per hour come into play, so you can allocate your marketing budget on the procedures that yield the highest return on investment.

**TOP SIX THINGS SUCCESSFUL PRACTICES DO**

1. **Have a Plan.** I don’t mean a goal like I want to grow 20% this year. I mean a detailed plan with a forecast, budget and clarity on the most profitable procedures. Then, they follow that plan like it is a bible and make adjustments if necessary.

2. **Understand their Unique Value Proposition (UVP).** Can every member of your team communicate your UVP and why people should come to you vs. the practice down the street? If not, that’s an area of opportunity you should work on right now.

3. **Offer the Right Mix of Procedures.** The most successful practices offer the right procedures their market is demanding and that yield a high return on investment.

4. **Invest in Training.** Invest in sales and finance training for your team to set them up for success. Create a positive team culture that focuses on catering to client needs. The ROI will be worth it, I promise.

5. **Understand, Track, and Measure Data.** I know that sounds scary because most of us don’t know what to do. I promise taking the time to learn these skills will give you the ultimate freedom and set you up for exponential growth.

6. **Maximize Consultations and Focus on Patient Retention.** The top practices prioritize the consultation as time to educate, listen, overcome objections, and ultimately convert the prospect to a client. They focus on educating patients to achieve the best possible outcome, which increases the lifetime value of the patient.

My team and I are always here to support and serve you. We invite you to learn more about APX, our business intelligence growth and training platform which provides the tools, training, financial calculators and resources you need to bridge these gaps, increase profitability and efficiency, and slay in the aesthetic space. To learn more or book a demo, visit apxplatform.com.
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For more information, please contact
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Sunshine Act: Who’s Using Open Payments?

By Bob Aicher, Esq.

Answer:

NOT WHO YOU’RE THINKING, AND CERTAINLY NOT PATIENTS.

Open Payments, better known as the Sunshine Act, was part of the 2010 Affordable Care Act. First data collection was in 2013, first reporting in 2016, and 2020 data is now available. Initially only physicians and teaching hospitals were covered, but as of January 1st manufacturers must report payments made to PAs, NPs, CRNAs, clinical nurse specialists, and certified nurse-midwives. So, who’s using Open Payments?

Not patients, apparently. “Open Payments is a national transparency program” designed “to provide the public with a more transparent healthcare system.” Underlying its creation was the unstated hope that Sunshine would desiccate industry influence over prescribing decisions. But what if the US Centers for Medicare & Medicaid Services (CMS) built a great website with lots of industry payments data, yet patients didn’t care?

That seems to be precisely the case.

According to BMJ Open, and based on two surveys in 2014 and 2016, 13% of the respondents stated they knew of Open Payments, but only 3% had gone online to check up on their doctor.

A more recent 2018 article in JAMA Ophthalmology, based on 407 patients, reported that only 77% were aware of Open Payments, and only 3% had attempted to go to the website. This was in contrast to 53.5% claiming they wanted to know if their doctors receive industry payments, and 41.9% claiming to disapprove of industry payments.

It would thus appear that patients can’t be bothered. But even if patients aren’t using it to uncover industry relationships with their doctors, regulators and attorneys are. In 2016 it was shown that “the mining of CMS Open Payments data can prove tremendously useful (to regulators) in supporting allegations that payments to physicians are kickbacks to induce the writing of prescriptions.”

Although CMS has been slow to prosecute, they recently reported their first two enforcement actions: in 2020 (Medtronic, $111 million) and 2021 (Medicrea Intl/Medicrea USA, $1 million), partly for underreporting to Open Payments.

It was also predicted in 2014 that plaintiffs attorneys could mine the website for industry payments, undisclosed to patients, so as to bolster negligence claims. This was the case in a 2016 case against a plastic surgeon, settled in 2018 for policy limits, which lawsuit included allegations of significant industry payments to the surgeon, which were not disclosed to the patient. In addition to pushing the California Medical Board to discipline the surgeon, the same plaintiff is now lobbying for Assembly Bill 1278 that would require all California physicians to notify patients of their Sunshine Act reports.

In addition to regulators and plaintiff attorneys, journalists have used Open Payments to identify and publicly scrutinize physicians, especially those who fail to report any financial conflicts of interest in their publications. This is a significant problem, one that has come to the attention of the editors of our own Aesthetic Surgery Journal on more than one occasion when authors fail to fully disclose their family and financial relationships with the manufacturers of the products being studied.

So, has the promise of the Sunshine Act been fulfilled? If the expectation was that patients would investigate their doctors, and that doctors would thereby be encouraged to avoid conflict of interest claims by rejecting further payments from industry, then no. Industry payments to physicians dropped 16% in 2020, but “That may reflect the decrease in travel, conferences, and other in-person events because of the COVID-19 pandemic.”

If the expectation was to non-judgmentally increase the transparency of payments from industry to physicians, then yes, the Sunshine Act has served its purpose. CMA has left it to others to judge, and judge they have: Open Payments data seems to be used primarily as ammunition by regulators, attorneys and journalists pressing claims of undisclosed conflicts of interest or kickbacks.

To avoid becoming prey, simply tell your patients when you have received anything of value from the manufacturer of the drug, device or biologic you are using in your procedure. It’s not a big deal. Patients aren’t particularly interested, and with your explanations won’t be particularly alarmed, but by telling them now, you can avoid regulators, attorneys and journalists later claiming concealment. Here is some language you can add to your consents just above the signature line.

SURGEON CONFLICTS OF INTEREST DISCLOSURE

☐ I have the following family, business or financial relationships with the manufacturer(s) of any drugs, devices or biologics I will be using in your procedure:

☐ I have none.

Surgeon Signature

Print Name & Date

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://openpaymentsdata.cms.gov/about
2 https://bmjopen.bmj.com/content/9/2/e024020.abstract
9 https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=2020220A01278
11 www.statnews.com/2019/05/07/open-payments-more-signal-less-noise
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For information please contact Ronan Solutions at: 602.884.8330 or email info@ronansolutions.com
I have been asked to help out with a concerning situation about another plastic surgeon. He is a super-nice guy (about 10 years my senior) and we have had a good relationship since I moved to the area 15 years ago. He goes to the ASPS and Aesthetic Society meetings regularly. Unfortunately, he has a reputation for poor results and I have seen some issues that were hard to fix. I personally have seen enough to not recommend him, to be blunt. Nonetheless, we all have our complications and I try to help him out and feel bad for the guy.

Recently I was contacted by the ASC director who has a question about his wound closure/dehiscence on an obese abdominoplasty with plication. The note says it was closed with 2-0 PDS (not sure if that is SFS) and then 3-0 PDS (subcuticular?), and I told him I have no comment on that because I was not there to see the situation and it might have been appropriate. Problem is the CST and circulator and possibly anesthesia (if the director’s story is true) thought it looked awful and SQ was still quite visible when he was director’s story is true) thought it looked awful. I don’t want to be involved at all, but after 15 years I’m wondering if I should. I’ve always respected your thoughts and pithy way of dissecting complicated scenarios. Any advice you would have for me would be great!!! Thanks so much.

Best regards.

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.

Have an ethics question for Dr. Joe? Email ethics@theaestheticsociety.org
CULTURE OF SAFETY

Putting Patient Safety First Benefits Everyone

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 which ultimately impact your bottom line.
Upper body contouring procedures continue to be in high demand, particularly among massive weight loss patients. However, while patients tend to focus on the potential aesthetic improvements, it is the surgeon’s responsibility to be aware of the potential complications and how to avoid them. Brachioplasty, in particular, is known to have the potential for adverse outcomes. However, having a thorough understanding of upper extremity anatomy and educating the patients about their surgical options can dramatically improve patient safety and patient satisfaction.

From the first preoperative visit, many potential surgical complications can be avoided. Patients should be screened for any significant comorbid condition which might place them at increased risk for any elective surgical procedure. With the assistance of primary care physicians, diabetes, malnutrition, and other modifiable risk factors can be optimized prior to surgery. Contraindications specific to brachioplasty should also be identified. Absolute contraindications include upper extremity lymphedema, collagen vascular disorders, or unrealistic patient expectations. Additionally, patients should be weight stable for approximately six months, have no personal or family history of keloids or hypertrophic scarring, and be at least four to six weeks off all nicotine products. If there is any concern for ongoing use of nicotine products, in-office urine cotinine testing can be employed.

During the initial consultation, patients should be briefed on the risks, benefits, and alternatives to brachioplasty surgery. It is well accepted that a brachioplasty scar is one of the most problematic in all of aesthetic surgery. As such, incision placement continues to be a topic of active debate. Surgeons who advocate for medial incision placement in the brachial groove argue that this technique results in a scar which is easier for patients to hide in most clothing (Figure 1). However, others believe that incisions in this area tend to widen and prefer to hide the scar on a more posterior aspect of the arm (Figure 2). The addition of barbed PDS sutures may further prevent scar widening. Furthermore, in the postoperative setting, onabotulinumtoxin injections, silicone sheeting, and profractional laser treatments have also been shown minimize the appearance of scars. Both the medial and posterior approach incisions can then be modified to include a proximal T- or L-shaped extension if needed to address both horizontal and vertical soft tissue laxity. When possible, mini brachioplasties with limited incisions placed in only the axilla, obviously result in the least obvious scar (Figure 3). However, addressing the potential for axillary webbing is essential in these cases. A z-plasty or other transposition flap should always be considered to prevent any potential for contracture and restricted range of arm abduction. Regardless of preferred technique, the surgeon should thoroughly discuss the location of the resultant scar with the patient and provide photos, drawings, or even sample markings on the patient so that they are fully informed of the expected outcomes.

Furthermore, in the postoperative setting, onabotulinumtoxin injections, silicone sheeting, and profractional laser treatments have also been shown minimize the appearance of scars.
Patient Safety in Brachioplasty
Continued from Page 69

Once in the operating room, as with all surgical procedures, strict attention to surgical site sterility should be enforced and appropriate perioperative antibiotics should be provided. Additionally, the risk of thrombotic events should be minimized by using mechanical and chemical DVT prophylaxis, as appropriate based on the Caprini scale. Once the operation has begun, it is essential that the surgeon be aware of the anatomic planes of the upper extremity and the location of neurovascular structures. Though the most common complications associated with brachioplasty include hematoma, wound dehiscence, and infection, there is a real potential for serious neurovascular injury if the surgeon is not vigilant.

Should adjunctive procedures such as liposuction or radiofrequency skin tightening be performed prior to sharp resection, it is important to avoid placing any access points posterior to the medial epicondyle where the ulnar nerve passes. In cases where an upper extremity pinch test shows greater than 1.5cm of subcutaneous adipose tissue without significant skin excess, liposuction alone could be considered. Additionally, the use of tranexamic acid (TXA) in the liposuction tumescent fluid can reduce the incidence of postoperative ecchymosis, inflammation, pain, and erythema. A 0.1% solution of TXA can be formulated by mixing 10ml of TXA with 990ml of tumescent solution (lidocaine and epinephrine in lactated Ringer’s or saline solution). Note that the maximum total dose of TXA is 60ml, thus for a 0.1% solution, no more than 6,000ml of tumescent should be used. Additionally, patients should be monitored for hypothermia when using large volumes of tumescent. Warming of fluids is important for temperature regulation and can even prevent dysregulation of the coagulation cascade.

Next, during the surgical dissection, soft tissue flaps should always be elevated in a plane superficial to the deep investing fascia. In our experience, upper extremity liposuction can help delineate naturally occurring tissue planes and facilitate tissue dissection. In the proximal arm, all major neurovascular structures are deep to the deep investing fascia. However, as they travel distally towards the forearm, the basilic vein and branches of the medial antebrachial cutaneous nerve become superficial to the deep fascia approximately 14cm proximal to the medial epicondyle and are at risk for iatrogenic injury. Therefore, care must be taken to identify and preserve these structures. Finally, when preparing to resect the excess soft tissue and close, sequential rather than en bloc resection and closure is usually recommended. Not only does this prevent over resection, but it can also help prevent tight closures due to edema. Finally, the postoperative use of an Enhanced Recovery After Surgery (ERAS) protocol can assist with limiting narcotic use and facilitating a more rapid return to normal activities of daily living.

Even when these suggestions are followed, there is always a potential for suboptimal outcomes in brachioplasty. However, it is every surgeon’s goal to provide each patient with the best possible experience and surgical result. Through shared decision making with the patient in the preoperative setting and a systematic approach to the procedure in the operating room, many potential challenges of upper body contouring can be avoided, resulting in a safe and reliable brachioplasty operation.

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

References:
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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.mentornwflc.com. It is important that you read and understand the brochure when considering MENTOR® MemoryGel® Breast Implants.

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