



Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

Volume 16, Number 2 Spring 2012

Introducing RADAR Resource

New iPad Application gives members a virtual library and researcher in the palm of your hand

By William P. Adams, Jr., MD



It is my pleasure to introduce a device that we feel will revolutionize the way you access, research and segment clinical information.

Called the **Readily Available Digital Aesthetic Resource (RADAR)** this new member benefit is designed to put the best

in aesthetic surgery education on your RADAR. Included in the first version of the application are:

- Full text from *Aesthetic Surgery Journal* going back to 1995
- Pre selected master videos, procedure toolkits with selected videos and articles, complications toolkits—for latest up to date on prevention and management
- Aesthetic Society documents, including *Aesthetic Society News*

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Update On: The Aesthetic Surgery Journal

By Renato Saltz, MD

The growth and development of *ASJ* continues to impress all of us on the Publications Committee. The “Gold Journal” serves as a vital resource for all ASAPS members. The following is a brief summary of the publication’s achievements and goals as of March, 2012.

Aesthetic Surgery Journal Circulation Increases

Subscriptions for *ASJ* are up 35 percent overall, a result of 10 percent increase in membership, a 7 percent increase in traditional institutional

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Celebrating 15 Years of Trustworthy Plastic Surgery Statistics

and reports that the overall number of cosmetic procedures has increased 197 percent since the tracking of the statistics first began. Almost 9.2 million cosmetic surgical and nonsurgical procedures were performed in the United States in 2011. The most frequently performed surgical procedure was lipoplasty (liposuction) and the most popular nonsurgical procedure was injections of Botulinum Toxin Type A (including Botox and Dysport).

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The Aesthetic Society reports almost 9.2 Million Cosmetic Procedures performed in 2011

The Society recently released our 15th annual multi-specialty procedural statistics. The Aesthetic Society has collected plastic surgery procedural statistics since 1997,

FDA Approves New Silicone Gel-filled Breast Implant

The US Food and Drug Administration (FDA) recently approved a silicone gel-filled breast implant manufactured by Sientra Inc, for breast augmentation in women over the age of 22 or breast reconstruction in women of any age.

Santa Barbara, CA-based Sientra joins Allergan and Mentor as the only companies to produce FDA-approved breast implants in the US and is under the same guidelines to conduct long-term studies on safety and efficacy, as well as rare disease outcomes.

To gain approval, Sientra conducted three years of clinical trials on 1,788 women and the

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Aesthetic Society News

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The Aesthetic Surgery Education and Research Foundation

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Send address changes and membership inquiries to Membership Department, American Society for Aesthetic Plastic Surgery, 11262 Monarch Street, Garden Grove, CA 92841. Email asaps@surgery.org



The American Society for
Aesthetic Plastic Surgery



The Aesthetic Surgery Education
and Research Foundation

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ASAPS Members Forum: www.surgery.org/members

ASAPS Website: www.surgery.org

ASERF Website: www.aserf.org

June 10-12, 2012

Plastic Surgery/Anti Aging Medicine:

The Next Generation
New York Waldorf Astoria Hotel
Contact: Francine Leinhardt
Tel: 877.673.3273
fleinhardt@earthlink.net

August 22-25, 2012

27th Annual Breast Surgery & Body Contouring Symposium

Eldorado Hotel & Spa, Santa Fe, NM
Contact: ASPS
Tel: 800.766.4955
registration@plasticsurgery.org

October 4-7, 2012

QMP 8th Aesthetic Surgery Symposium

Swissôtel Chicago, IL
Contact: Andrew Berger
Tel: 314.878.7808
aberger@qmp.com

November 29, 30 & December 1, 2012

The Cutting Edge Aesthetic Surgery Symposium 2012 Advanced Sculpting of the Nose An International Interdisciplinary Rhinoplasty Symposium

Waldorf Astoria Hotel, NY, NY
Contact: Lauren Fishman
Tel: 212.327.4681
registration@astonbakersymposium.com

January 10, 2013

6th Annual Atlanta Oculoplastic Symposium

Intercontinental Hotel, Atlanta, GA
Contact: Southeastern Society of
Plastic and Reconstructive
Surgeons
Tel: 703.234.4067
info@sesprs.org

January 11-13, 2013

29th Annual Atlanta Breast Surgery Symposium

Intercontinental Hotel, Atlanta, GA
Contact: Southeastern Society of
Plastic and Reconstructive
Surgeons
Tel: 703.234.4067
info@sesprs.org

April 10-13, 2013

Skin Care 2013

New York, NY
Contact: SPSSCS
Tel: 562.799.0466
info@spsscs.org
www.spsscs.org

April 11-16, 2013

The Aesthetic Meeting 2013

New York, NY
Contact: ASAPS
Tel: 562.799.2356
asaps@surgery.org
www.surgery.org



It has been an honor and a great privilege to serve as President of the Aesthetic Society for the past year. I want to thank all ASAPS members for putting their trust in me and helping to move the Society to the next level in four vital areas: advocacy, technology, marketing, and education. None of this would have been possible without an involved and intellectually curious membership, dedicated Committee members, a visionary Board of Directors and an ace Executive Committee. One of the things I love about ASAPS is that it isn't about any individual President or member of leadership: it's about you and keeping the Society relevant to your needs and interests.

Advocacy

As many of you know, a portion of your dues is provided to the ASPS for advocacy efforts on behalf of the specialty (a report on recent activities can be found in this issue of *ASM*). However, there are times when we need to stand shoulder to shoulder as plastic surgeons. One of these occurred on August 30-31, 2011 when the FDA held sessions of General and Plastic Surgery Devices Panel of the Medical Devices Advisory Committee Meeting to discuss the follow-up studies for silicone implants. Representing ASAPS at the hearings were William P. Adams, Jr., MD, Laurie Casas, MD, Gloria Duda, MD, Dennis Hammond, MD, V. Leroy Young, MD and me. Working in concert with our ASPS colleagues, we were able to present a united front to the panel, neutralize the testimony of fringe advocacy groups who presented and spoke off topic, and solidify the relationship with FDA for all of us.

One of the ASPS representatives put it best when he said: "The (Panel) Chair expressed regret that the opponents of implants spent so much time bashing the

FDA. The panel seemed impressed and commented on the organization of our group, our message and our efforts to generate data and address the issues previously raised. It was a privilege to be able to take part in such a well-organized and well-executed effort."

Technology

I think many would agree with me that technology, especially the burgeoning world of wireless technologies is changing both our culture and the way we do business. Medical education and how we access it is changing along with everything else. Who would have thought ten years ago that an ASAPS member could access *ASJ* issues back to 1995, pre-selected Aesthetic Meeting videos, Optional Course handouts, procedural and complication Toolkits and the Membership Roster right on your iPad?

Introducing the Radar Resource a new member benefit from ASAPS that not only houses this information but allows you to build your own folders, annotate, search and highlight—video as well as text. If you have an iPad 2 or higher, visit the iTunes store and download the free app from Anzu Medical. The things you can do with this new tool are truly astonishing.

Marketing

If there's one message that has come through loud and clear this year, it's that you all are looking to ASAPS to help you in the cut throat competitive environment for patients. To address these needs, we formed the Marketing Task Force led by our colleague Sanjay Grover, MD. Sanjay and his team have been working hard to give you the things you need. Launching at The Aesthetic Meeting in Vancouver will be tool kits on vital areas of Search Engine Optimization, Working with the Media, Social Media and a monthly Aesthetic

Practice Builder which will give you content you can use immediately for newsletters, Twitter and Facebook. The Task Force has also done extensive research and testing on producing a new consumer brand for the Society. Look for this to launch in late 2012.

The Electronic Communications Committee under the direction of Gary Brownstein, MD has also implemented the excellent "Ask a Surgeon" feature, and has developed mechanisms for the "Find a Surgeon" feature to appear in local searches. We can also now tell you how many impressions your ASAPS listing has received and how many click-throughs have gone to your practice. All a benefit of dues.

Education

ASAPS was founded as an educational organization and we remain true to our roots today. The Society's educational efforts however, have changed with the times and, along with our Annual Meeting, we will continue to provide advisories on critical issues such as the PIP implant scandal, conduct webinars on practice management and controversial clinical issues such as stem cells and use of fat grafting and will continue to raise the bar via Evidenced Based Medicine and providing the latest information on emerging trends and technologies. Education is our "jewel in the crown" and I urge you all to take advantage of it.

Finally, on a personal note, I want to let you know that the past year has been one of the most rewarding and challenging of my professional career. I know the Society is in excellent hands with my friend and colleague Leo McCafferty, MD and I know you will all give him the encouragement and support I have enjoyed as your President.

Radar Resource

Continued from Cover

- Member Toolkits covering practice management areas such as working with the media, Search Engine Optimization and Social Media
- ASAPS Membership Roster
- Practice Management and Best of Hot Topics Webinars
- Past President Interviews
- Baker Gordon Videos (for purchase)

All in one place. But it's not just about content. The amazing thing about the RADAR Resource is what you can do with this information. For example:

- Build your own binders by topic area, clinical complication or any other way that will make it easy for you to reference information.
- Highlight and annotate—not just text but video annotation as well
- Tap and hold any object to display available options
- Flip pages
- Pinch to zoom in/out
- Add notes with Tags and Attachments

One of the principals of Anzu Medical is ASAPS member Barry Fernando, MD. He has an insider's knowledge of how aesthetic surgeons like to access and utilize information and has, with his team, created the platform that will allow all of us enhanced functionality never before seen on a reader.

- Search by keyword, topic or author not only print but video as well.
- You can search: Text, Tags, Notes, Links, Image, Audio

In other words, we are providing all members with information and a virtual librarian to collect it any way that you see fit. And you'll never lose it. The RADAR Resource, powered by the Anzu Medical app, utilizes Cloud Technology, meaning that all of your download history, binders

and notes are automatically backed up to the "cloud"—no crashing servers.

One of the principals of Anzu Medical is ASAPS member Barry Fernando, MD. He has an insider's knowledge of how aesthetic surgeons like to access and utilize information and has, with his team, created the platform that will allow all of us enhanced functionality never before seen on a reader. I urge you to give the new product a try—here's what you have to do: Have an iPad 2.0 or newer. Go to the Apple store and download the free Anzu Medical app. Start collecting your information. We call the product the Readily Available Digital Aesthetic Resource. You'll call it RADAR love!

William P. Adams, Jr., MD is an aesthetic surgeon practicing in Dallas, TX. He is a member of the Aesthetic Society Board of Directors and incoming President-elect of ASERF.

FDA Approves

Continued from Cover

complications and outcomes were in line with previous studies performed on breast implants. They announced that they will offer a full range of their Silimed-brand silicone breast implants of various shapes, sizes, surfaces and profiles.

Founder and CEO, Hani Zeini believes that, "The rigorous FDA regulatory approval process, coupled with Silimed's 33-year successful worldwide manufacturing record, provides assurance of safety, quality and reliability to surgeons and patients in the US when choosing from Sientra's portfolio of silicone breast implants."

Following this approval, they will continue to follow the 1,788 women who participated in the trial for 7 additional years, conduct a 10-year study of 4,782

women who receive the Sientra silicone gel-filled implants, as well as a five case-control study evaluating the implants connection to five rare diseases: rare connective tissue disease, neurological disease, brain cancer, cervical/vulvar cancer and lymphoma.

Recent ASAPS statistics stated that two-thirds of women opting for breast augmentation with implants chose silicone filled over saline implants. President, Jeffrey M. Kenkel, MD believes, "this indicates that women and plastic surgeons are feeling more comfortable with the safety of these devices."

The deputy director for science in the FDA's Center for Devices and Radiological Health William Maisel, M.D., M.P.H

agrees and states, "Data on these and other approved silicone gel-filled breast implants continue to demonstrate a reasonable assurance of safety and effectiveness."

In the last notice from the FDA on silicone gel-filled implants, they advised women that implants were not lifetime devices and to stay in touch with their plastic surgeon, pay attention to any changes and get MRI screenings when appropriate.

Consequently, with the addition of the Sientra implants, women have even more choices when it comes to silicone gel-filled implants and the FDA will be able to provide more data proving their safety and efficacy.

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For iPad 2 or newer only
www.surgery.org/radar





Editor's note:

The Marketing Task Force was commissioned by President Jeffrey Kenkel, MD to address critical member needs in consumer marketing and positioning.

My colleagues on the Marketing Task Force: Gary Brownstein, MD, Alan Gold, MD, Kent Hasen, MD, Herluf G. Lund, MD, Brian Reagan, MD, Renato Saltz, MD, Robert Singer, MD, W. Grant Stevens, MD, Robert Whitfield, MD, Dan Mills, MD, and I are ready to roll out phase one of our work to assist you in your practice marketing and provide you with important tools for inclusion in your practice positioning armamentarium.

To summarize, we have been working on several items, which will prove useful for marketing your practice including helpful tools that you can easily implement in your practice today.

The first item is the development of a series of monographs covering the important areas of Search Engine Optimization, Social Media and Working with the Press. We are very fortunate to have three of the best minds in these areas; Tom Seery, Ryan Miller and our own Adeena Babbitt write these guides for us. All contain practical information that is easy to understand and implement and provide a broad strategic look at the three practice-building subjects. The monographs will be available for all members at The Aesthetic Meeting in Vancouver. Members not attending the meeting will be able to download these items from the ASAPS website.

The second item is the development of a 'consumer face' for the Aesthetic Society and the implementation of a full marketing campaign that can work for you in your local markets. In order to

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APRIL 2, 2012

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ORIGINAL CONTENT FROM ASAPS
> Populate your newsletter or blog site with fresh, new content exclusively on the Member site

accomplish this endeavor, we have been working for over nine months with branding experts, "C" level designers and strategists as well as market research professionals to ensure that our 'brand' will resonate with consumers and bring more referrals to your doors.

We will be presenting our recommendations to the Society's Board of Directors within the next six weeks for their comments and approval. I will report back on their decision in the next issue of ASN.

The third item is two-pronged. The first component is to develop ready-made social media tools that can be delivered to your practice on a monthly basis. The second component is to develop a distribution network for our new consumer messaging to avoid the prohibitive costs of bought advertising space.

This leads us to the Aesthetic Practice Builder, a one-stop shop of video, Facebook and Twitter information that you can immediately download and use on any social media outlet. All you have to do is

go to the 'member's only' section of surgery.org, register and we will immediately begin delivery of the content. Naturally, this is a member benefit—free of charge to all ASAPS members.

We have been working with our friends in both online and print media to ensure that the optimal targeted audiences see our messages. Although several plans are in place today, I will be providing a full report on our media partners in the next issue of ASN.

I would like to thank Dr. Kenkel, the Executive Committee, and the ASAPS Board for entrusting our group with this important and timely project. I am hopeful that you will begin to see the results of our efforts in your own practices very soon.

Sanjay Grover, MD is an aesthetic surgeon practicing in Newport Beach CA. He is Vice-Commissioner of the Communications Commission and heads the Marketing Task Force.

ASAPS ENDORSED MEMBER SERVICES

ASAPS Is Excited To Bring To You The Endorsed Member Services Program (EMS)

This program has been created to assist members with purchasing decisions by negotiating special pricing in areas that will enhance practice performance through products and services. Each EMS provider is rigorously vetted and carefully selected to be first-in-class, financially stable, and has agreed to uphold our strict ethical standards.

Additionally, when you purchase a product or service from an EMS provider, you support your Society. A small percentage of the sale goes to the Society as a royalty. These royalties will help offset the Society's costs which help keep YOUR fees down.

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Medical Justice: Readers Respond

Editors note: No article in recent memory has caused such controversy among readers as the recent piece regarding Medical Justice and the Center for Democracy and Technology (CDT).

To The Editor:

I am shocked to see the article on medical justice written by a non-member (non-journalist) in such a biased and frankly misleading fashion. This news release is 4 months old and NO ACTION has been taken by the FTC or any Attorney General. If the writer were an actual journalist he would have sought out both sides of the story and reported on the story. In fact this is a Center for Democracy and Technology writer reporting on their own version of reality. We need to publish a rebuttal or allow Medical Justice to do the same. The truth is that this approach was abandoned some time ago and no action has ever been taken against Medical Justice.

W. Grant Stevens, M.D., F.A.C.S.
Cosmetic and Reconstructive Plastic Surgery
4644 Lincoln Boulevard Suite 552
Marina del Rey, CA 90292
P: 310.827.2653
F: 310.823.1984

To the Editor:

I just opened up my *Aesthetic Society News* only to see Mr. Justin Brookman's report on online ratings and its complaint against Medical Justice.

Like most lawyers, Mr. Brookman argues one side, as opposed to presenting several viewpoints and even better, stating what the best public policy would be on a vital topic especially to plastic surgeons.

That is, how can the public get fair and balanced evaluations of physicians that are truthful and accurate? My colleagues and I would be more than pleased to enter that arena if we knew the race was fair.

But the internet "system" is again rigged against doctors and for that matter against all professionals who are bound by confidentiality rules, including lawyers, who are equally as disturbed about these ratings sites as are we. Why? A patient or client, in total anonymity may say anything he wants to the entire world public, while the professional, bound by ethics rules and HIPAA, must duty bound remain silent.

Mr. Brookman has it backwards. It is we who are deprived of our First Amendment rights, not the reverse. Shouldn't the First Amendment trump HIPAA? What Mr. Brookman doesn't clarify in his piece and what is taught to every first year law student is that not all speech is protected. You can say whatever you wish but you may pay a price. A verbal threat of violence against the President may land you many years in jail, just as an example. He suggests we have easy remedies available to us, and that the public would be much worse off than, "if review sites become polluted by shill endorsements and deprived of honest criticism." I say show me the honest criticism, and prove it's truthful because the vast majority of what I read is spurious and dishonest at face value. The patient/client should take responsibility for their words, and the website owners should be liable for publishing items that are clearly defamatory no differently than a newspaper would be if they published a clearly defamatory piece even if it was a paid advertisement. However, no one is willing to take on any responsibility at all in the entire process. Current Federal law gives immunity to web sites that "merely pass through" user comments. Patients/clients say whatever they so please at the

moment with impunity. Web site owners embroil all comers in Jerry Springer fashion in order to gain advertising dollars. There ought not to be different rules for digital media than for print. Ethical standards of speech and conduct are media independent. So should the legal ones.

The only way to get accurate assessments is to have responsible third party review, confirm and edit comments and elect not to publish those that are in error or without merit. It is no wonder that the only counter measure against the false statements for many is to game or "Astroturf" the system. We aren't talking about restaurant reviews here. We are discussing professional reputations. When choosing a surgeon any negative commentary could be horribly damaging. Mr. Brookman's so called remedies under the law are difficult to obtain. Patients/clients publish comments anonymously so if there are limited facts presented it may be impossible to identify the defamer. Web sites may be hosted or owned outside of state most of the time; how would you get legal papers served?

Personally I have been victimized once by a patient who was quite literally mentally ill. She came to me since I took care of her husband's skin cancer several years earlier. She wanted facelift surgery and she appeared to be a satisfactory candidate and medically fit. In the preoperative area, on the day of surgery, I began writing my history and physical when the nurse advised me that I didn't need to write one since the patient had recently been admitted to the hospital. "Why, I asked?" "For an involuntary admission for a suicide attempt," the nurse replied happily. "How nice," I replied in shock. The case was cancelled of course, but the patient was irate. "I thought it would make me feel better," she eagerly insisted. I advised her to come back to the office after getting a psychiatric clearance

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Readers Respond

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because she never followed-up with the shrink in the first place so it turns out and of course never disclosed this crucial medical history during consultation.

What psychiatrist did she see? The Internet...logically, where she posted a diatribe of utter falsehoods which also failed to include her suicide attempt. It took me a bit of work, but I tracked down the web site owner in Kentucky, who of course invoked the First Amendment even after being told the story in full. He even said that once posted, the comment couldn't be removed. Ultimately the threat of having to defend a lawsuit in Florida for both the patient (they had moved out of state) and the website owner convinced the former to pull the defamatory commentary off the site. But as we all know, everything on the internet always stays there in one way or another.

Why should I have had to spend all that time and money having to undo what should never have been permitted in the first place? Are we the only parties held accountable to the public online? What then do I say to the public? We plastic surgeons can handle criticism, but tell us to our faces; don't hide. Complain to peer review organizations or the Board of Medicine where consumer complaints can be vetted first and where the patient is protected from retribution. Give the system a chance to work first and allow tempers to settle before saying things you cannot take back. Taste your words before you click the submit button.

To Mr. Brookman and the FTC I say give us professionals a level playing field that is fair to all, because as it stands Mr. Brookman's so-called free internet is clearly another's media of distortion and extortion.

Sincerely,

Andrew M. Riss, M.D.
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Suite H201
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Medical Justice Responds: A Decade of Advocating for Doctors

by Jeffrey Segal, M.D., J.D.

"The rumours of my death have been greatly exaggerated." Mark Twain, 1897

Days ago, *Aesthetic Society News*¹ published a press release written in November, 2011 by a D.C. think-tank, the Center for Democracy and Technology (CDT). Reading it gave the impression that Medical Justice was under investigation by assorted government entities, such as the Federal Trade Commission (FTC) and state attorney generals.

Let me be as clear as possible. Medical Justice is not under investigation by any government entity. Period. This past year, Medical Justice had its best year ever—supported by many aesthetic surgeons. 2012 has started off the same—with strong growth throughout our organization. Importantly, months after CDT invited the FTC to render judgment on whether our solutions for protecting doctors' hard-earned reputations were unfair to consumers (we call them patients), we have not heard a peep. Regardless, we would welcome the attention for two reasons. First, any discussion of how to increase public patient comment about the quality of medical care benefits all of us. Second, our Medical Justice programs are honest, ethical, and legal.

Who is CDT? They have an agenda based on principle. They are enthusiastic fans of online sites rating doctors. While we believe that online reviews have a place in healthcare, no doctor would seriously deny those sites hold challenges. Posts can be written by people posing as patients—such as disgruntled employees, ex-spouses, or competitors. Physicians are precluded from substantively responding because of HIPAA and state privacy laws. And, practicing good medicine is not always popular. Telling a patient that his Vicodin will not be refilled Friday at 6 PM will not earn you glowing marks.

CDT has a track record asking the FTC to investigate businesses they don't approve. However, CDT's track record is not very good. Fewer than 50% of CDT's complaints evolved into any public FTC action. Medical school was a long time ago, but I recall that "under 50%" was an "F."

Where do we stand today? As the Internet has changed, our opinions and methodology have evolved. Medical Justice publicly highlighted the challenges in balancing the legitimate rights of patients with the reasonable concerns of doctors. By spearheading this effort, a number of doctor review sites made their sites significantly more useful to doctors and patients. We are proud to serve as a lightning rod for change.

Last summer, Medical Justice launched a better solution to manage one's reputation—eMerit. eMerit's three pronged approach is "Monitor, Respond, Promote." One core component of the program is an iPad for patient reviews. This element provides greater transparency (patients are verified patients), enabling the means to get a statistical number of verified reviews—providing the doctor with immediate patient feedback; and the public with a more representative picture of the practice. eMerit has been well received by both doctors and patients.

The Internet will continue to change. The ways doctors and patients interact with the Internet will change. What will not change? Medical Justice, as a vibrant, growing company. We will continue our mission of advocating for our doctor members.

Jeffrey Segal, M.D., J.D., is CEO of Medical Justice Services, Inc., a national organization for doctors based in Greensboro, N.C.

1. *Aesthetic Society News*, Winter 2012, page 12.

Editors note:

A portion of your membership dues are spent on advocacy activities conducted on behalf of the Aesthetic Society. This brief update was provided by the Government Affairs staff of the ASPS.

Medical Liability Reform

The ASPS has long supported comprehensive medical liability reform. As outlined by the Congressional Budget Office, medical liability reform would reduce total health care spending by about 0.5 percent (about \$11 billion in 2009) and help achieve health system savings of up to \$57 billion over the next decade by reducing incentives for defensive medicine and protecting physicians from unaffordable liability premiums.

Phil Gingrey, MD (R-GA), an obstetrician-gynecologist, introduced H.R. 5, the “Help Efficient, Accessible, Low-cost, Timely Healthcare (HEALTH) Act of 2011” on January 24th. Also introducing the bill with Dr. Gingrey was Lamar Smith (R-TX), the House Judiciary Committee Chairman, and Democrat David Scott of Georgia. Senators Blunt (R-O) and Kirk (R-IL) introduced companion legislation in the Senate (S. 1099).

The HEALTH Act sets conditions for lawsuits arising from health care liability claims regarding health care goods or services or any medical product affecting interstate commerce, including:

- Setting a statute of limitations of three years after the date of manifestation of injury or one year after the claimant discovers the injury (with certain exceptions)
- Limiting noneconomic damages to \$250,000 and making each party liable only for the amount of damages directly proportional to such party’s percentage of responsibility
- Allowing the court to restrict the payment of attorney contingency fees, including limiting the fees to a decreasing percentage based on the increasing value of the amount awarded

- Allowing introduction of collateral source benefits and the amount paid to secure such benefits as evidence
- Authorizing the award of punitive damages only where: (1) it is proven by clear and convincing evidence that a person acted with malicious intent to injure the claimant or deliberately failed to avoid unnecessary injury the claimant was substantially certain to suffer; and (2) compensatory damages are awarded. Limits punitive damages to the greater of two times the amount of economic damages or \$250,000
- Denying punitive damages in the case of products approved, cleared, or licensed by the Food and Drug Administration (FDA), or otherwise considered in compliance with FDA standards
- Providing for periodic payments of future damages

ASPS Activities

ASPS recently signed on to a letter supporting H.R. 3586, the Good Samaritan Health Professionals Act, which would protect medical professionals from lawsuits who provide care in disaster areas.

Breast Reconstruction Legislation Work Group

ASPS has draft legislative language to require that HHS establish an educational awareness campaign to prepare information for women regarding their reconstructive options, as well as inform them of the current law coverage for reconstruction. The legislation is not expected to require new federal spending since HHS has an existing education program budget.

ASPS Activities

ASPS is meeting with potential sponsors to discuss introduction of the legislation. In the Senate, ASPS reached out to Senators Kirk (R-IL) and Mikulski (D-MD). Unfortunately, Senator Kirk suffered a stroke and the staff has been unable to commit to the bill introduction at this time, but has let us know they are very interested in the bill. In fact, they informed ASPS that they were looking for a women’s health bill before the stroke occurred. ASPS continues to move forward

meeting with potential sponsors in the House of Representatives. The GAC had identified Reps. Myrick (R-NC) and Capps (D-CA) as priority Members for outreach. After meeting with both offices, Rep. Myrick announced she will not seek re-election. Therefore, ASPS recently met with Rep. McMorris Rodgers (R-WA) and will meet with Rep. Blackburn (R-TN) to request that one of them introduce the bill. Both Members sit on the Energy and Commerce Committee, which would have jurisdiction over the bill.

State Legislative And Regulatory Update

Cosmetic Taxes

On January 17 **New Jersey** Gov. Chris Christie signed legislation (S 1988/A 3646) calling for the elimination of the state’s 6 percent tax on cosmetic surgery procedures enacted in 2004. The legislation requires the tax to drop to 4 percent from July 1, 2012 to July 1, 2013, then to 2 percent from July 1, 2013 to July 1, 2014, and then completely disappear after July 1, 2014. The passage represents a victory seven years in the making for the New Jersey Society of Plastic Surgeons, as well as for the ASPS and its members.

Rhode Island legislation (H. 7410/S. 2362) that would impose a surcharge directly on physicians and other providers who provide non-reimbursable/elective medical care was introduced in February. The bill also places a surcharge directly on insurers for covered procedures, but then shifts the charge directly to the provider for those procedures not covered by insurance. It appears not to apply to physicians’ offices, but does apply to physician ambulatory surgery centers. ASPS is working with the Rhode Island Medical Society and industry partners to develop a strategy to defeat the measure.

Damaging cosmetic tax legislation in **Washington** (HB 1847/SB 5816, HB 2022) which was introduced last year has been carried over for consideration in 2012. ASPS and the Stop Medical Taxes Coalition will continue to actively oppose these proposals.

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Update on Advocacy

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Truth in Advertising

Several states are considering legislation (**Maryland** HB 957/SB 395, **Missouri** HB 1622/SB 750, **New York** SB 3852, and **Utah** HB 126) which require physicians who use the term “board certified” to do so only after meeting very specific criteria and by stating the full name of the approved specialty medical certifying board. **Utah** HB 126 passed the House February 13 and was subsequently referred to the Senate Health and Human Services Committee where it awaits consideration. ASPS has been working with the relevant state medical associations to incorporate our model language and advance these measures this year.

Somewhat less prescriptive “board certification” legislation in **Arizona** (HB 2054) is also being considered. ASPS is working with the Arizona Medical Association to seek inclusion of our model in the bill.

Meanwhile **Florida**, **Nebraska**, **Vermont**, and **Washington** have introduced health care provider truth in advertising measures (FL HB 1267, FL SB 1014, NE LB 1032, VT HB 494, and WA HB 2514/SB 6394) which provide a variety of more general protections to ensure patients understand the qualifications of their treating health care providers. The proposals are currently awaiting committee consideration. Similar **New York** legislation (AB 8410) from the previous session has been carried over and re-referred to the Assembly Higher Education Committee.

Office-based Surgery

Florida legislation (HB 477/SB 544) that would require physician offices performing liposuction procedures in which more than 1,000cc of supernatant fat is removed to register with the department has carried over for consideration in the new legislative session. The proposals would also require that the department inspect unaccredited offices performing such procedures. The Senate version is set for a hearing in the Budget Committee on February 21. ASPS has drafted comments and continues to support the efforts of the Florida Society of Plastic Surgeons to pass this legislation.



In December, the **Georgia** Composite Medical Board adopted office-based anesthesia and surgery guidelines. The guidelines apply to physicians who perform office-based surgery employing moderate sedation/analgesia or higher and will also apply to those employing “tumescent anesthesia.” The guidelines encourage accreditation as one method of demonstrating the standard of facility preparedness and staff competency established by the Board. ASPS registered its support of the Board’s efforts to promote competency and ensure patient safety in the office setting and offered alternative language to strengthen the proposed guidelines via comments to the Board in a November 3 letter. The guidelines went into effect immediately and are available on the Board’s website.

As the 2011 session came to a close, **New Jersey** Governor Chris Christie pocket vetoed legislation (S 2780/A 4099) which would have required one-room office based surgical (OBS) practices to be licensed by the Department of Health and Senior Services (DHSS) as an ambulatory care facility. Efforts to pass similar legislation (S 1210/A 1836) are already underway in the new session. The Assembly version includes a provision which would exempt OBS facilities with one operating room from the state’s facility assessment. Those practices which are accredited would also be exempt from the physical plant and functional requirements. The Senate version

does not provide for such exemptions. ASPS will continue to partner with the New Jersey Society of Plastic Surgeons (NJSPS) to favorably influence the debate.

New Jersey legislation (A 3754) to provide for a tax credit against the ambulatory care facility (ACF) assessment liability for the value of unreimbursed care provided to hospital charity care patients died in the Assembly when session adjourned in January. New proposals (A 1307, A 1327, S 295, S 296) to offset the facility assessment for ACFs have been introduced in both chambers and received committee referrals.

The NJSPS continues its efforts to pass legislation in **New Jersey** (A. 1824) to limit the types of surgical procedures that can be performed in an unaccredited office setting. The renewed proposal places a facility accreditation requirement on settings in which certain plastic surgery procedures are performed including liposuction involving more than 750cc of aspirate, breast implant procedures, and aesthetic truncan contouring involving the excision of skin.

New York legislation (SB 396/AB 7185, SB 4597/AB 7431) to address facility fee reimbursement for procedures performed in an OBS setting has been carried over and is currently awaiting committee consideration. ASPS supports legislation that would require insurers to provide payment to accredited OBS facilities.

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Update on Advocacy

Continued from Page 11

In December, the Administrative Affairs Committee of the **Oregon** Medical Board embarked upon preliminary discussions regarding options for regulating liposuction procedures in the office-based setting. ASPS has provided resources to assist the Board and will continue to monitor the development of any proposed rules or guidelines and weigh in when appropriate.

Legislation in **Rhode Island** (S 2207) was introduced to repeal the Outpatient Health Care Facility Surcharge Act which imposes a surcharge at a rate of 2% on the net patient services revenue received each month by every outpatient health care facility including physician ambulatory surgery centers.

On January 11, the Ad Hoc Committee of the **Virginia** Board of Medicine reconvened to consider the development of office-based surgery guidelines or regulations. Several stakeholders were present to weigh in and after much debate the Committee agreed to recommend that the Board prepare a guidance document to address office-based surgical procedures to be used during the development of formal regulations.

Breast Reconstruction Patient Education

Legislation was carried over in **Washington** (WA SB 5262/HB 1101) that would mandate that patients be informed of their reconstructive surgery options following mastectomy surgery, lymph node dissection, or lumpectomy procedures, including the availability of coverage for reconstructive surgery. ASPS will continue to support such proposals, as several recent studies have demonstrated that the majority of breast cancer patients are not informed that these options are available to them.

Insurance coverage

In January several states including **California**, **Massachusetts**, **New Jersey**, **New York** and **Wisconsin** carried over or introduced legislation (CA SB 255, MA SB 467, NJ A 1579/S 719, NY AB 7193/SB 3801, WI SB 206) which would bring state law into accordance with the

federal Women's Health and Cancer Rights Act or strengthen existing mandates which require insurance providers to cover reconstruction after breast cancer surgery. The **California** measure (SB 255) has passed the Senate and is currently awaiting consideration in the Assembly while the other proposals have yet to be acted upon.

Legislative proposals in **Florida** (HB 7091, SB 324), **Massachusetts** (HB 2065, HB 3928), **New York** (AB 2622/SB 139, AB 2806), and **Oregon** (HB 4128) that address insurance coverage for treatment of craniofacial disorders were carried over or introduced during the first weeks of 2012. ASPS will continue to track and support legislation that ensures children's craniofacial disorders are covered under state law. The **Massachusetts** proposal was favorably reported out of the Joint Committee on Health Care Financing in late January while the remaining bills have yet to be considered.

FL HB 7091 was referred to the Health and Human Services Committee on February 6. The bill deletes or repeals several current state health care coverage mandates including provisions that currently require that group, blanket, and franchise health insurance and health maintenance contract provide coverage for the treatment of cleft lip and palate for a covered child under the age of 18. Existing law in Florida also requires coverage for congenital defects and birth abnormalities and for surgical procedures of the bones and joints of the jaw and facial region under these policies or contracts.

Cosmetic Procedures

Arizona legislators are considering a bill (HB 2762) which would amend the definition of "unprofessional conduct" under the Medical Board. If enacted, a physician who fails to inform a patient who is considering breast augmentation that implants can interfere with the detection of and delay a cancer diagnosis would be subject to medical board action.

Medical Spas

California legislation (AB 1548) which would stiffen penalties for unlawful, corporate-owned chain med-spa operators

who are practicing medicine without proper licensure or ownership structure was introduced in January. The ASPS has submitted comments in support of the legislation, which would improve patient safety by making it tougher for these corporate entities to practice medicine illegally in **California**.

New York legislation (AB 5078) that would require a patient to receive a physical examination from a physician prior to cosmetic surgery procedures has carried over and awaits consideration in the Health Committee.

In late January, legislation in **South Dakota** (SD 173) was introduced which would have allowed medical-aesthetic technicians to perform cosmetic and aesthetic procedures that constitute the practice of medicine including the injection of Botox, Collagen and Restalyne and the use of lasers so long as they contracted with either a registered nurse or licensed physician to provide consultation and emergency care if necessary. The measure was quickly defeated by organized medicine when the bill was gutted in Committee.

The **Tennessee** legislature is considering legislation (SB 2275/HB 2558) which seeks to define and provide requirements for the delegation and supervision of cosmetic and aesthetic procedures. The proposals would also implement a corporate practice of medicine prohibition which would curtail non-physician owned entities from engaging in the practice of medicine. The bills are currently awaiting committee consideration. ASPS is working closely with the Tennessee Medical Association to ensure that plastic surgery's perspective is considered in any discussions or amendments.

In January, the **Utah** Medical Association (UMA) introduced legislation (SB 40) which provides requirements for supervising the performance of cosmetic medical laser procedures in the state. ASPS is working with UMA to favorably influence the proposal as it moves forward.



Attention Residents and Fellows: *Enter the Aesthetic Surgery Journal Paper Competition And Win a Free iPad!*



There's no doubt that as plastic surgery residents and fellows you represent the future of our specialty and possess insights that might be missed by your colleagues in practice. **Now's your chance to shine.** *ASJ* is conducting two competitions, one for best clinical paper, one for best research paper.

Your submission should be received no later than August 31, 2012. The submissions will go through the same rigorous peer review as any *ASJ* paper; the winners will be published in a future 2012 edition with a special designation—and will receive an iPad ready to be loaded with our latest product—the RADAR Resource, standing for Readily Available Digital Aesthetic Resource. This service, produced by ASAPS gives you a medical reference tool you can annotate, segment by file, and tag videos and other media—preselected by some of the brightest minds in Aesthetic Surgery!

Like any competition, this one has its rules:

1. Competition is open to all residents and fellows, US and International
2. Submissions will be due August 31, 2012
3. There will be two categories: Best Clinical Paper and Best Research Paper
4. Each winner will receive an iPad
5. Each winner's paper will be published in 2012 in *ASJ* and will have special designation

So let's see what you've got!

Please contact Managing Editor Melissa Berbusse at Melissa@surgery.org with any questions or comments.

Thank you!



Corporate Support: What It Means to Our Specialty and ASAPS' Partners

By Steven Teitelbaum, MD

In these challenging economic times, The Aesthetic Society's Corporate Sponsorship Program has never been more important and integral to the future of our specialty and membership. We are proud to announce a growing program with new partners and an increased focus on member benefits.

Partnership with ASAPS is not just a banner at The Aesthetic Meeting or an advertisement in a publication; it's a year-long financial commitment by select companies who not only want to see the Society succeed in its mission, but also encourages the success of every one of its members. Their support ensures that the Society can provide the same high level of products and services that our membership has come to expect without inflated and increasing costs.

Our ongoing efforts to build our Corporate Support Program have been a success in spite of the current economic climate and limited budgets. These companies are invested in the future of The Aesthetic Society and their commitment to the specialty deserves our respect and appreciation. We provide our partners year-round exposure to our members, discounted rates and exclusive invitations to Society events and marketing promotions.

Exclusivity ensures quality. That is why the number of Premier Industry Partners is limited to eight and Alliance Members to eleven—this guarantees their best exposure and our ability to highlight their efforts. We want them to succeed and symbiotically move the specialty and organization forward together.

As members of ASAPS, there are many ways to show your appreciation of their loyalty and support for the Society and your specialty. If you haven't yet, thank your local representative for their service. Better yet, stop by their booth at The Aesthetic Meeting in Vancouver or a local meeting and show your support in person.

Dr. Steven Teitelbaum is an aesthetic surgeon practicing in Santa Monica, CA and the Chair of the Industry Support Committee.

New Premier Industry Partners 2012

Our premier year-round industry program is designed to generate maximum exposure and interaction for participating companies. Along with the new companies listed below, we also appreciate the ongoing commitment and loyalty of our original Premier Partners, Medicis Aesthetics and Sientra both of whom agreed to participate in a program with no history, but believed that the program was a welcome change to the standard sponsorship menu. We would also like to thank Dermik for their two-year partnership with the Society and their belief in our goals for our members and the specialty. These three companies have led the way for others to do the same.

Mentor

The Aesthetic Society would like to welcome a longtime ally in the field of aesthetic plastic surgery, Mentor Worldwide LLC, to the Premier Industry Sponsorship Program. Their dedication to developing safe, effective products for the global aesthetic medicine market and accompanying research and education has made them a leader in their field and now a firm supporter of the Society's programs and membership.

Allergan

Another company that has worked with the Society for years, Allergan pledged their support earlier this year and will continue to raise the level of innovative aesthetic products, programs and engaging educational opportunities. This year, their charitable branch, The Allergan Foundation will provide funding for ten residents to attend the Annual Meeting in Vancouver for free.

Merz Aesthetics

Merz Aesthetics, Inc has joined our Premier Partner program as an industry leader and has supported the specialty of Aesthetic Plastic Surgery for many years. The makers of Radiesse and Asclera have been longtime exhibitors at the Annual Meeting and we look forward to working with them to better serve our members and extend their support.

Alliance Partner Program

Our second level year-round industry partner program is designed to generate exposure and interaction for participating companies. Mybody, headed by David Watson, was the first company to enter into this level of partnership and we are excited to see what new products they will unveil at The Aesthetic Meeting 2012.

Rosemont Media

The Aesthetic Society would like to welcome Rosemont Media, a San Diego-based, boutique internet advertising agency focused on the elective healthcare industry. They offer a full range of products, ranging from website design and management to SEO and online marketing strategies. As a company with a strong reputation for building relationships and giving proactive and impartial consultations and analysis, we look forward to seeing their work firsthand.

Enaltus

We welcome Alliance Partner, Enaltus as a specialized skin care product company new to the Aesthetic Meeting and to corporate sponsorship. The company's core products, Kelo-cote, Belli Skincare and bioCorneum focus on scar reduction and physician-formulated treatments that are safe for mothers and children. They are eager to develop a longstanding relationship with ASAPS and offer their support.

INNOVATION
KNOWLEDGE

At the intersection of Innovation Avenue and Knowledge Road relationships are built through the ASAPs Partnership program.

The Premier Industry Partnership Program matches your professional goals and the strength of the ASAPs organization, with the innovation of our industry partners. Together, we are advancing the science, art, and safe practice of aesthetic plastic surgery among qualified plastic surgeons.

Be the first to step out and introduce yourself to our partners.



MERZ AESTHETICS™



Founding Partners: Medicis and Sientra



ASAPS Partners—It is more than just business to us.

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UPCOMING LECTURES

ASAPS 2012

Vancouver, BC, May 3-8

Growing Your Practice - Thriving in the Great Recession

Tuesday, May 8, 10:00 am - 12 Noon

Panelist: Keith Humes, CEO Rosemont Media

Social Media - Do I Have to? The Ins and Outs

ASPS 2012

New Orleans, LA, Oct. 26-30

Internet Marketing: Getting the Most Out of Your Website

Saturday, October 27, 5:00 pm - 7:00 pm

Speaker: Keith Humes, CEO Rosemont Media



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Project Beauty, the Society's video website for consumers, is now entering its third year. As Chair of the Project Beauty Task Force, I would like to share some of our accomplishments and let you know how Project Beauty can help in your own patient outreach efforts.

Just the Facts: Content

Project Beauty now has more than 100 videos covering a range of aesthetic and medical skin care procedures from Mommy Makeovers to Facelifts and older patients. We also have news items that cover specific areas of patient safety, such as medical tourism, the dangers of unqualified practitioners, and "do it yourself" procedures. There is also extensive information on topics such as How to Choose a Plastic Surgeon, Are Quick Fix Brand Surgeries Worth it? The Importance of Board Certification and what it means for a product to have FDA approval.

Blogs

Project Beauty has bloggers who contribute written content on a weekly basis. The following is just a sample of the topics that have recently been covered:

- Hogwash: Dispelling Skin Care Myths
- Captious with cosmetics: What Really Delivers?
- Sleep and your peepers: A Lack of Under eye Luster:
- Tossing DIY out the door: Let's Look At Lasers:
- A Rainbow Of Fruit Flavors: Ethnicity And Your Skin
- Facial virgin undergoes socialite facial
- Eradicate Eruptions: A Handy Flow Chart!
- Fight Forehead Furrow
- All cosmetic lines created by doctors are not created equal

Distribution and Reach

Reaching the right audience with our messaging is a vital component of the Project Beauty workflow. Standard web optimization (aside from the work that could be done by ASAPS staff) was prohibitively expensive for the product. Fortunately, we have been able, working in conjunction with the Marketing Task Force, to secure distribution agreements with some of the largest or most targeted websites available. They include:

- EmpowHER.com a women's health and wellness site attracting 1.5M visitors per month
- RealSelf.com, a site well known to many ASAPS members and targeted to the audience that many aesthetic surgeons want to reach. RealSelf is running Project Beauty video on a monthly basis.
- We have several other agreements that are in development which will potentially increase our reach by significant multiples. These should be finalized as this issue of *ASN* goes to press.

How to Use Project Beauty in Your Practice

Project Beauty is a tool that is underutilized by many member practices. The way I use the product is through social media. Project Beauty has a Facebook profile of 1,455 "Likes" and 1,011 followers on Twitter. On YouTube,

Project Beauty has 3,472 channel views and 19,833 video views. I have found that using the content for my own social media efforts has increased my reach in this important space. I also have the Touch MD product in my practice, a great way to use Project Beauty video. Past President and Task Force member Renato Saltz, MD uses the video as a waiting room and exam room tool interspersed with his own practice messaging.

You can do the same.

All ASAPS members attending The Aesthetic Meeting in Vancouver will receive a DVD of recent Project Beauty content for their office use. Members not joining us in Vancouver will be able to download video from the members-only site at www.surgery.org. The Marketing Task Force will also be unveiling a new Aesthetic Practice Builder product in Vancouver that includes Project Beauty video, making social media presence and newsletters as easy as clicking a button.

I urge you to give it a try. The product exists for our members and to further our public education goals—promoting board-certified plastic surgeons and safe, effective patient experiences.

Daniel C. Mills, II, MD is an aesthetic surgeon practicing in Laguna Beach, CA. He is Chair of the Communications Commission and Chair of the Project Beauty Task Force.



Tour Of Beauty: Global Cosmetic Beauty Trends and Shifting Market Dynamics

By Wendy Lewis

In previous decades, I have listened to numerous lectures on the ideals of beauty; citing the emphasis on symmetry and proportions and often delineating what was considered beautiful during various periods in history and among each diverse ethnic group. But in 2012, theories that paint consumers with a very broad brush may no longer be valid. In fact, I would argue that we have seen a vast globalization of beauty trends and desires. For example, where you live now may be more influential in determining your aesthetic goals than who your parents are or where you grew up. Similarly, identifying one's Fitzpatrick skin type or eye color does not necessarily identify an individual as belonging to a specific culture or ethnicity anymore. These generalizations are an antiquated way of thinking; modern thinking encourages us to embrace diversity. With the rise of the Internet, the world has become smaller and we have access to the same information and influences of pop culture, no matter where you call home.

Shifting Market Dynamics

Although consumer interest has always been strong, consumer spending on aesthetic procedures is finally showing an uptick. However, there is no question that consumers are more motivated to seek out less invasive, non-surgical or parasurgical procedures in an effort to defer facial surgery to a later date, or avoid it. This mega trend is global, and can be documented from Santa Monica to St. Moritz. Surgery is not a thing of the past, however, but it is vital to offer a full spectrum of services to meet each patient's needs. Patients just do not come in to have their crow's feet injected anymore; they want a combination of customizable treatments that may include neurotoxins, dermal fillers, skin rejuvenation, and body shaping, in addition to more invasive procedures when and if they are ready.

Analysts look at our industry by dividing it into segments that tend to be sorted out in descending order of importance. Therefore, when investors look at the aesthetics market around the world, they rank Injectable Products (neurotoxins, dermal fillers) as the largest segment, followed by Energy Based Devices, Breast Implants and Cosmeceuticals (topical anti-aging therapies).

According to Laurent Brones, Business Development Manager, Symatase, in Paris, France, speaking at the IMCAS 2012 Tribune "In 2011, the world aesthetic market was valued between €3.2-3.8B or \$4.8 – 5.0B, with an expected growth of +11.2% for 2012, demonstrating the sector's dynamic state. The North American market represents 45% of the global market." However, this dominant position may be shifting to the South and West, as emerging markets are gaining new ground. For example, ISAPS ranked China third in the world in the number of cosmetic procedures performed in 2010, after the U.S. and Brazil. American elitism has taken a few hits in recent years; we can no longer afford to delude ourselves that we are the first or the best or the biggest in the aesthetic world either.

In the categories of injectables and devices, the EU ranks second behind the USA, followed by Asia and Latin America. However, the energy based device segment in Asia is predicted by Brones to surpass the European market by 2016. In terms of breast implants, Latin America ranks second, followed by the EU and Asia, whereas in the cosmeceutical space, the US market is followed by Asia, Latin America and EU ranks last, mainly because in most European countries, physicians are not permitted to dispense products with the kind of latitude we enjoy in the US.

The European debt crisis is expected to impact the European market in 2012,

with a growth estimate of +5% over 2011, according to Brones. Beyond 2012–2016 and depending on how the European financial crisis evolves, he predicts the average growth in the EU to rise by +7%. ISAPS' 2010 data reveals that in Europe, the leading surgical procedure was breast augmentation (Italy, France, Germany, Spain and Russia were the leaders). This was before the PIP implant crisis that came to a head in 2011 that will surely have an impact on women in Europe who were considering an augmentation. The most popular non-invasive procedure in 2010 was hyaluronic acid based dermal fillers (Italy, France, Germany, Spain and Turkey), which as we know, are in plentiful supply at all price points throughout Europe.

Growth Markets

Asia is widely considered to be the next frontier for medical aesthetics, most notably with the steady increase in physicians getting trained and clinics sprouting coupled with consumer demand in China and India. In fact, the GDP of China, or total market value of goods and services produced in the country, is predicted to equal the U.S. by 2016.

The ISAPS 2010 survey surgical procedures ranking in popularity in Asia to be Liposuction, Rhinoplasty, Blepharoplasty, Breast Implants and Abdominoplasty, with China leading the way in the top four segments. Among non-invasive procedures, China swept all four top segments; Neurotoxins, Hyaluronic Acid Fillers, Lipofilling (Fat), Laser Hair Removal and IPL. The other countries to watch in the region are South Korea, Japan, Taiwan, Thailand, as well as Australia.

Although the injectable market is considered to be a more mature market with a lot of small players and a handful of global giants, Asia has its share of privately

Continued on Page 19

owned companies flooding the market with cheap products that are starting to show up in the EU, with or without a CE Mark. Permanent fillers are more accepted and widely used in Asia than in many Western European countries. Consumer demand in Asia is increasing for devices and machines that tighten, contour and rejuvenate skin, especially those that are popular in the West. Interestingly, there has been a shift among Asian patients away from the desire to westernize their appearance toward enhancing their looks without changing their heritage quite as radically.

There is no question that autologous fat transfer and platelet rich plasma have had a major resurgence at aesthetic conferences worldwide and regenerative medicine is an important segment of the market.

While the EU struggles to get its house in order, consumer demand in Russia for all things anti-aging is driving double-digit growth in that vast market. Russian patients are a highly coveted clientele among plastic surgeons in London, Paris, Cannes, as well as New York and L.A. They tend to be demanding and well informed, especially about new procedures, and are less interested in subtlety and more inclined to sign on for surgery and ongoing maintenance. Cosmetic clinics are now big business in Russia and its neighboring republics such as Uzbekistan and Azerbaijan. If you are looking to have something lasered in Armenia, you will have no trouble finding a clinic.

Another growth market is the Middle East and North Africa where medical tourism is on the rise in countries like Dubai, Lebanon, Iran and Morocco. Laser clinics are sprouting up even in the most traditional locations in response to the growing acceptance of cosmetic enhancement among Arab women, although the very wealthy patients still go to Europe for surgery for privacy reasons.

Liquid Facelifts

Around the world, the concept of volumizing has caught on, with many markets having their own variation on this theme. “Water Facelift” was a term I heard recently at a European conference, loosely translated from the American phrase, “Liquid Facelift.” Fillers containing lidocaine for pain management have become the new gold standard in the EU and now in the US market.

A global slowdown in innovation has created a void in the filler market that has paved the way for practitioners to step up their game in terms of experimenting with advanced techniques, unique combinations and layering of products, and new instrumentation that has caught on. Emphasis is on pain-free injections using soft or bendable needles, tubes, blunt-tip cannulas, injector pens and novel systems that are touted to cause less trauma and bruising and are revolutionizing the way fillers are being injected. Diluting or otherwise manipulating injectable agents to essentially change the product in a unique way is commonplace among experienced injectors today. For example, in the U.S., there is a distinct lack of fine line fillers that are FDA cleared, so to fill that void, practitioners may use smaller needles to achieve better outcomes. From “microbotox” to “bro-tox,” the uses and consumer segments for neurotoxins and dermal fillers shows no signs of slowing down.

Another growth category of cosmetic beauty treatments marketed heavily in Europe and Latin America is biorejuvenation or mesolifting. These micro needle treatments are administered by using handheld guns, machines and by hand injection and offer consumers another option between creams and full on wrinkle fillers for restoring skin with a cocktail of vitamins, amino acids and hyaluronic acid.

There is no question that autologous fat transfer and platelet rich plasma have had a major resurgence at aesthetic conferences worldwide and regenerative medicine is an important segment of the market. This sea change has stimulated a growth industry around fat harvesting tools, centrifuges and fat transfer systems. A growing segment of

consumers embrace the idea of a more natural approach to anti-aging treatments using their own tissues, which is perceived as safer, gentler, and less risky in some circles.

Targeted Technology For New Indications

“In Europe and Asia, ‘hyaluronic acid’ is to fillers as ‘radio frequency’ is to devices. We are seeing more low cost generic brands flooding the market and diluting the quality, both of products, outcomes and the experience, available to consumers.”

Variations of radio frequency energy are popping up at all price points like hyaluronic acid gel fillers in Europe. New players are entering the aesthetics market, which indicates a turning point in industry growth. Facial treatments continue to lead the way, but as practitioners get comfortable with new technologies, novel indications for off face areas are being offered off-label.

There was a time when Europe looked to America for what was going to be the next big thing, but that is not entirely true anymore. In many cases, the lag time between when a device is launched in one market to when it may be sold in other markets has been significantly shortened. Many systems tend to be launched almost simultaneously. Of course, this is not the case with neurotoxins and dermal fillers where the regulatory path in the U.S. is far more complex and expensive than anywhere else in the world.

Introductions in the medical device category include more targeted devices and multi-tasking, multi-wavelength platforms, as funding for capital equipment remains a challenge for many practitioners. Some of the newest segments attracting interest include devices for treating hyperhidrosis, cryoneuromodulation for wrinkles, vaginal tightening, and toenail fungus that allow physicians to reach new segments of

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Plastic Surgery Statistics

Continued from Cover

“For fifteen years these statistics have been a large part of the Aesthetic Society’s public education mission” said Jeffrey M. Kenkel, MD, President of the American Society for Aesthetic Plastic Surgery. “Since 1997, the interest in and demand for cosmetic plastic surgery has risen exponentially and our comprehensive statistics continue to show that.”

Cosmetic surgical procedures increased almost 1 percent, with over 1.6 million procedures in 2011. Surgical procedures accounted for 18% of the total numbers of procedure performed representing 63% of total expenditures. The top five surgical procedures were:

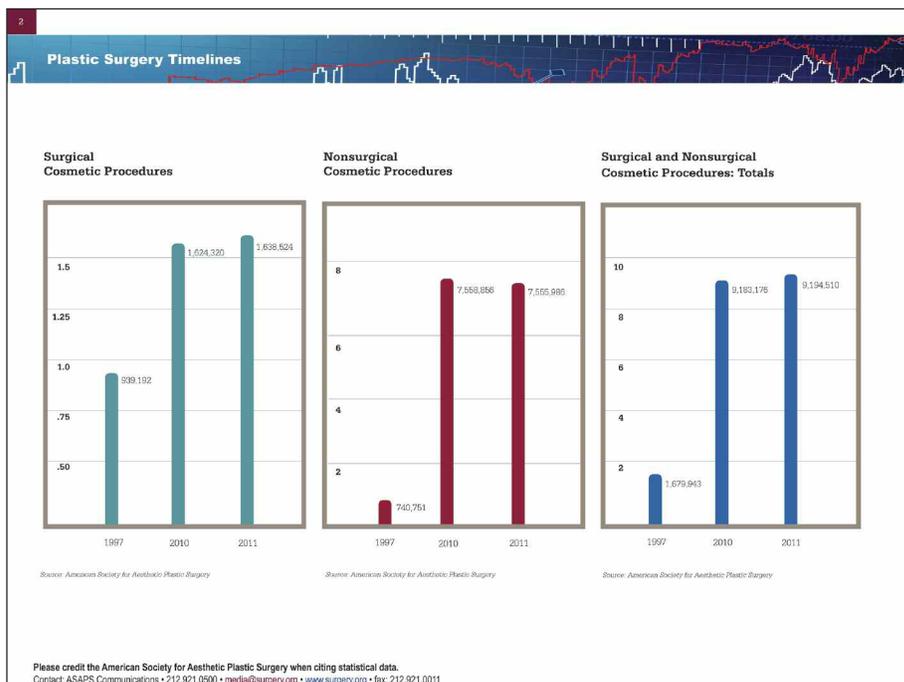
- Liposuction (325,332)
- Breast augmentation (316,848)
- Abdominoplasty (149,410)
- Eyelid surgery (147,540)
- Breast Lift (127,054)

Cosmetic minimally-invasive procedures decreased almost 2 percent, with over 7.5 million procedures in 2011. Nonsurgical procedures accounted for 82% of the total number of procedures performed representing 37% of total expenditures. The top five minimally-invasive procedures were:

- Botulinum Toxin Type A (2,619,739 procedures)
- Hyaluronic acid (1,206,186 procedures);
- Laser Hair Removal (919,802 procedures)
- Microdermabrasion (499,427 procedures)
- IPL Laser Treatment (439,161 procedures)

For the first time ever this survey asked the doctors for the total number of non-surgical procedures being performed in their practices by BOTH physicians and their physician assistants and nurse injectors. Below is the TOTAL number of procedures performed in the practices surveyed:

- Botulinum Toxin Type A: 4,030,318
- Hyaluronic Acid: 1,662,480
- Laser Hair Removal: 1,452,880
- Microdermabrasion: 794,357
- IPL Laser Treatment: 726,125



“The growth in cosmetic surgical procedures may be a product of our aging baby boomers who are now ready to have plastic surgery,” said Dr. Kenkel. “Minimally-invasive procedures such as Botox and soft tissue fillers work to a point. However, as you age and gravity takes over, surgical procedures that lift the skin are necessary in order to show significant improvement.”

Women had almost 8.4 million cosmetic procedures, 91% of the total. The number of cosmetic procedures for women increased over 208% from 1997. The top five surgical procedures for women were: breast augmentation, liposuction, tummy tuck, eyelid surgery, and breast lift.

Men had almost 800,000 cosmetic procedures, 9% of the total. The number of cosmetic procedures for men increased over 121% from 1997. The top five surgical procedures for men were: liposuction, rhinoplasty, eyelid surgery, breast reduction to treat enlarged male breast, and facelift.

Americans spent nearly \$10 billion on cosmetic procedures in 2011. Of that total \$6.2 billion was spent on surgical

procedures; \$1.7 billion was spent on injectable procedures; \$1.6 billion was spent on skin rejuvenation procedures; and over \$360 million was spent on other nonsurgical procedures, including laser hair removal and laser treatment of leg veins.

About the ASAPS Cosmetic Surgery National Data Bank

ASAPS, working with an independent research firm, compiled the 15-year national data for procedures performed 1997-2011. A paper-based questionnaire was mailed to 22,700 Board-Certified physicians (8,900 Dermatologists, 8,100 Otolaryngologists, and 5,700 Plastic Surgeons). A second request was mailed to 4,000 Dermatologists and 4,000 Otolaryngologists. An online version of the questionnaire was also available. A total of 1,107 physicians returned questionnaires, of which 92 were retired or otherwise inactive during 2011. Of the 1,015 active respondents, the sample consisted of 420 Plastic Surgeons, 384 Dermatologists, and 211 Otolaryngologists.

subscriptions, a growing total of 1219 consortia sites, and 4200 sites in developing countries. In other words, the total circulation number has gone from 6,760 in 2010 to 9,138 in 2011.

Advertising Sales also Increase

In calendar year 2011, advertising sales revenue increased by almost 35% over 2010. There is a strong group of advertisers who were consistently present in every issue. Looking forward, most of these companies are starting to consider the digital options available with the journal. Bringing in revenue through other channels such as online advertising (emailed table of contents sponsorships and banner advertising will be a major strategic initiative for 2012).

Readers' Perceptions

In the fall of 2011, *ASJ* conducted an online readership survey to ascertain what the opinions and perceptions of our readers are. The survey should be considered a "snapshot in time" of the opinions of *Aesthetic Surgery Journal (ASJ)* readers. Such opinions are always evolving. This survey is one of several being conducted over the coming months to gauge *ASJ* readers' perceptions and preferences. Some of the highlights include:

Quality

The survey results suggest that overall satisfaction with *ASJ* is high, with 95.1% of respondents rating their satisfaction with the Journal either a "4" or "5" on a five-point scale, with "5" being "extremely satisfied" (43.6%). Furthermore, an impressive 79% of respondents indicated *Aesthetic Surgery Journal* would be their first choice among professional journals for submission of an article on an aesthetic surgery topic. For a relatively "young" journal, that level of endorsement is truly extraordinary.

Evaluation of *ASJ* Content

A significant portion of our survey dealt with readers' perceptions and preferences regarding content. It is noteworthy that nearly three-quarters (74.7%) of survey respondents said that, compared to three years ago, the current content of *ASJ* is either "significantly more useful" or "somewhat more useful" currently. Only 4.8% of respondents said that they felt the content was less useful than previously, and the remainder noticed no difference or had no opinion. Over the past three years, we have made a concerted effort to evaluate articles more critically in terms of their level of evidence (LOE), address potential scientific bias through author revisions and expansive author disclosures, and improve the accuracy of clinical photographs. Respondents to our survey indicated that all of these are important areas upon which to continue focusing our efforts.

Clinical Series Reports and Featured Operative Technique articles were rated "extremely useful" more often than any other type of content, by a wide margin. When the highest rating of "extremely useful" ("5" on a scale of "1" to "5") is combined with the next highest rating ("4"), the following were reader content preferences: clinical technique articles, 95.1%; Featured Operative Technique articles, 93.1%; Special Topics, 82.4%; and Commentaries, 67.7%. A strong majority of respondents (62%) indicated they would like more Preliminary Reports on new procedures and technologies, even those without substantial clinical evaluation, and the same percentage of respondents expressed interest in content dealing with practice/surgical facility management issues. A full report of the survey can be found in the May, 2012 Editorial section of *ASJ*.

ASJ Resident Paper Competition

ASJ Holds Paper Competition for Residents and Fellows. The Prize? An iPad ready to be loaded with the Radar Reader!

ASJ is conducting two competitions, one for best clinical paper, and one for best research paper, open only to plastic surgery residents and fellows. Submission should be received no later than August 31, 2012. They will go through the same rigorous peer review as any *ASJ* paper; the winners will be published in a future 2012 edition with a special designation—and will receive an iPad ready to be loaded with our latest product—the RADAR Reader, standing for Readily Available Digital Aesthetic Resource. This service, produced by ASAPS gives you a medical reference tool you can annotate, segment by file, and tag videos and other media—preselected by some of the brightest minds in Aesthetic Surgery! Please contact Managing Editor Melissa Berbusse at Melissa@surgery.org with any questions or comments.

Finally, on a Personal Note

Since becoming involved with The Aesthetic Society, it has been fascinating and extremely gratifying to watch the evolution of our Journal. Founded by my colleague and Past President Bob Bernard, MD, I have seen *ASJ* evolve from a newsletter to a peer-reviewed, indexed and respected journal with submissions from across the globe. As it has grown, the journal has stayed true to its roots of providing useful and forward-thinking information to the specialty of aesthetic surgery. As a member, I am extremely proud of its evolution. I as reader, I find something in *ASJ* applicable to my practice in every issue.

Renato Saltz, MD, practices in Salt Lake City, UT. He is Chair of the Publications Committee and a Past President of ASAPS.

10 Quick Ways to Improve Your Practice's SEO

By Keith C. Humes

One of the greatest SEO failures I see on sites today is over-optimization. In the past, we've had to push for the importance of search engine optimization, but the tables have turned and over-optimizing can often do more harm than good. After more than 14 years in the search marketing industry, I am confident that a simple, strategic approach to SEO is best.

Below I break down four components of SEO and offer 10 quick ways to assess and improve the performance of your site's SEO. First, let me say that overall user experience is far and away the most important element of any successful website. If you aren't writing for the user, your SEO campaign is fighting an uphill battle.

Page Titles

The page title is one of the most important elements of SEO because it tells the search engines about the content of the

page. You can see the page title at the top of the browser as you navigate through a website.

To create the most effective page titles, you'll need to condense the content on the page into a simple, easy-to-understand format that highlights the appropriate keywords and quickly informs the user. The top three factors are outlined below.

1) Character Length: keep it to 70 characters including spaces. Google doesn't recognize anything beyond that.

2) Duplicate Page Titles: avoid duplicate titles. This confuses the search engines as they try to deliver the most appropriate page to satisfy the user's search query.

3) Keyword Stuffing: use only the keywords that apply to the specific page. Be direct and keep it simple.

EX: Adding breast augmentation to every page title, whether the page is about

rhinoplasty or another unrelated procedure will confuse the search engines and the end user.

Meta Descriptions, aka Snippets

The meta description is the information delivered by search engines and shown on the search results page under the page title and URL. The three rules above apply here as well. Using duplicates or stuffing unrelated keywords into the description will only confuse the user and search engines.

4) Character Length: keep it to 160 characters including spaces.

5) Call to Action: motivate the user to click with a call to action, like "Learn more." Including appropriate keywords is important, but remember the ultimate goal is getting the click.

Continued on Page 23

Good Rhinoplasty Example

Page Title



[Rhinoplasty Nose Surgery San Diego CA](#)

Snippet



Considering Nasal Surgery? Dr. Keith Humes located in beautiful San Diego is an experienced board certified plastic surgeon. Call today for a consultation.

www.plasticsurgeon.com/rhinoplasty-san-diego/ - Cached - Similar

Bad Rhinoplasty Example

Page Title



[Rhinoplasty Breast Augmentation Liposuction Nose Surgery La Jolla ...](#)

Snippet



We offer breast augmentation liposuction rhinoplasty face lifts and more in our La Jolla office near San Diego and Orange County in the state of ...

www.plasticsurgeon.com/rhinoplasty-san-diego/ - Cached - Similar

Improve Your SEO

Continued from Page 22

Content

Good content drives the user experience and fuels the search engines as they crawl your site. Writing content with the human user in mind is extremely important because if they don't find the pages compelling enough to stick around, your site's bounce rate (number of visitors that exit after viewing one page) increases and diminishes the potential for turning visitors into patients.

6) Fresh Content: News and trends are constantly evolving online. Create new content consistently to tell the search engines your site is current and providing the most relevant data.

7) Low Quality or Clumsy Content: over-optimized or poorly written content greatly impacts the user experience.

8) Amount of Content: Educate the user. The amount of content also plays an important role. Be sure to include what's necessary and nothing more.

9) Inter-linking: help your site's visitors navigate through the site. Inter-linking provides the user with further related information on other pages in the site. But, don't overdo it.

Local SEO

Optimizing for your location can be a tricky endeavor as you likely receive patients from a range of surrounding cities. However, moderation is important. Make sure you are well-optimized for your location, and then employ other SEO strategies to reach those patients outside of the immediate area.

10) Targeted Local SEO: Focus the locations in your titles, descriptions, and content on 1-2 locations, 2-3 maximum.

Example to AVOID: Dr. Jones is a Maryland plastic surgeon located in Annapolis, which is also near Bethesda, Baltimore, and around the corner from Washington D.C.

BONUS: User Experience is King

The 10 tips for SEO success above are designed to get the user into your site so they can get to know your practice. Once they enter the site, the overall quality of the user experience becomes extremely important. Tracking user experience with tools like Google Analytics and Webmaster Tools is essential. A significant decrease in traffic or increase in bounce rate could be a sign of some larger problem.

The question you always want to ask: is my website converting new patients?

Keith C. Humes is CEO of Rosemont Media.

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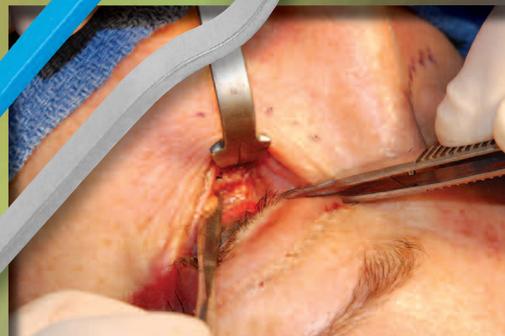


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ASERF Selects Ten Residents for Travel Scholarships

Scholarships made possible by The Allergan Foundation

As the Annual Meeting in Vancouver, BC approaches, we look forward to gathering with our colleagues and sharing or learning about new research and studies in the field of aesthetic medicine. As a resident, having an opportunity to attend an ASAPS meeting, directly meet with and learn from the top surgeons in their field of expertise, sets them apart from their peers and gives them exposure to all the new hot topics.

Now for the first time, The Allergan Foundation has provided a grant to the ASERF Travel Scholarship Program, which will sponsor 10 residents to attend The Aesthetic Meeting 2012. Each resident will receive \$2000 to spend towards travel, hotel and a per diem to be spent during their time at the meeting. Since The Aesthetic Meeting is always free to residents, they will not have to pay for any courses or sessions while they are there.

To qualify for this scholarship, the residents must be in good standing in their approved plastic surgery programs, a letter of recommendation is required from their program director and they must attend the entire educational session during the meeting. The award scholarship will be given to them directly following the meeting to ensure attendance and compliance with all of these rules.

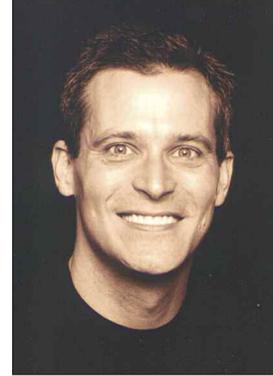
It is the hope of ASERF to give deserving residents the opportunity to see the bigger landscape of plastic surgery and to have the educational tools required to advance in this field.

Help me welcome and celebrate the ten lucky residents who will be attending The Aesthetic Meeting 2012 through this grant. Congratulate them if you see them in Vancouver and stop by the Allergan booth to thank them as well.



THE AESTHETIC SURGERY EDUCATION AND RESEARCH FOUNDATION

Matthew Blanton	Duke University
Urmen Desai	University of Miami
Johnny Franco	Miami Plastic Surgery
Bahair Ghazi	Emory University
Sylvia Gray	University of Texas—Galveston
Navanjun Grewal	Vanderbilt University
James Harper	Emory University
Trang Nguyen	University of Chicago
Winnie Tong	University of North Carolina—Chapel Hill
Roberto Tutino	University of Toronto



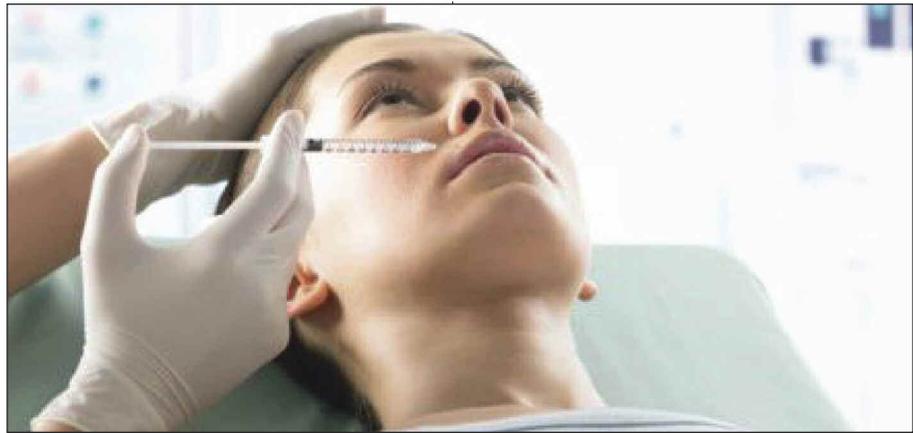
Filler Additives and Adulteration Practices

There have been recent publications and podium presentations regarding ways to alter the concentration of active ingredients (HA, poly-L lactic, and calcium hydroxyl apatite). Additionally, commercially-available connectors are sold that permit the mixing of contents between two Luer-lock syringes.

While the possibilities of altering the composition of commercially-available fillers is endless, there are important points regarding how this is done and what are the requisite considerations to support this practice.

If you decide to change the composition of FDA-approved filler, add another drug (e.g. lidocaine) or mix different fillers together, this is considered from the legal perspective as drug adulteration. This is clearly an off-label use of drugs and devices. You as the injector must document your decision to do such, based on the particular needs of your patient. Physicians are not allowed to advertise off-label usage of drugs/devices.

While podium presentations and a few peer-reviewed scientific articles written on this practice exist, it becomes hard to define a better effect from doing this, due to a lack of scientific data. Dilution and adulteration changes the performance characteristics of fillers, alters the rheology of gels, and adds the problem of microbial contamination/biofilm. Additionally, the adverse event profile could be influenced if adulteration leads to greater risk of injectable-related complications or need for additional treatment. Patient satisfaction could potentially be influenced if the adulterated injectable did not perform as well as a normal injectable. If adverse events are reported to the FDA, it is incumbent on the injector to divulge the



presence of drug alteration/adulteration practices, as this may have a relationship to the reported adverse event.

If you elect to alter injectables, be certain to conduct a thorough informed consent discussion with your patient and have it in writing that you are engaging in an off-label practice that could potentially produce adverse events, such as lower performance of the injectable, patient dissatisfaction, infection, migration, skin necrosis, and need for additional treatment.

While there may be nothing wrong by going off-label to change the composition of fillers to meet a patient's specific needs, it is important that careful attention be paid to the fact that there is insufficient data that may show a benefit and the potential for liability.

The good news for injectors is that FDA-approved injectables as they are currently formulated have an excellent safety profile and versatility both as labeled and in off-label usage, without the need to alter their composition.

If you need assistance with safety issues regarding injectables, you can download the Safety with Injectables Workbook from the member's only side of our website www.surgery.org.

Mark Jewell, MD is an aesthetic surgeon practicing in Eugene Oregon. He is a Past President of the Aesthetic Society.

John Gross, MD is an aesthetic surgeon practicing in Pasadena, CA. He is Chair of the Physicians Coalition for Injectable Safety.



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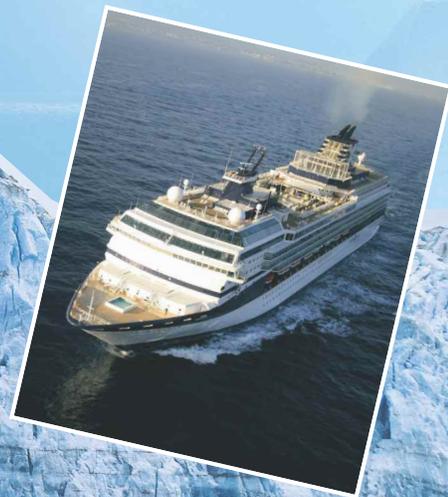
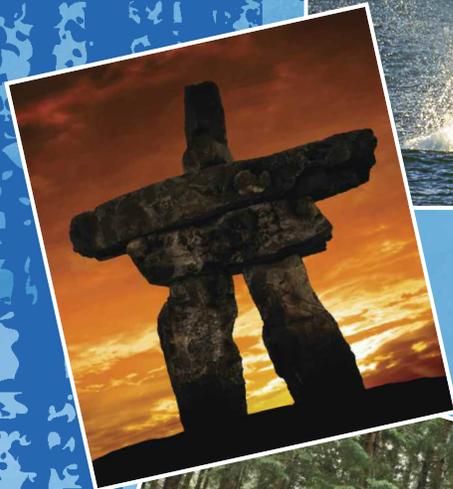
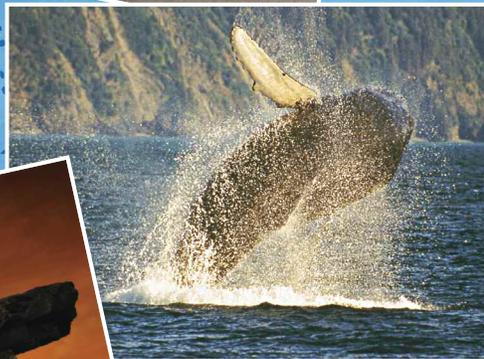
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consumers. Robotics is making its way into medical aesthetics; a unique computer-assisted system was introduced in 2011 for efficient hair follicle harvesting during hair transplantation. Transepidermal drug delivery technologies to facilitate topical treatments in less invasive ways should be on your radar as one of the key developments coming in the near future.

High Demand for Body Shaping

Body shaping procedures are cited as a huge growth segment in the aesthetics market with widespread appeal to consumers of all ages and both genders.

Breast augmentation segment is a mature market when compared to dermal fillers. In Brazil, breast enlargement has become increasingly more popular than buttock augmentation, which marks a reversal of the beauty ideals of previous decades. Buttock augmentation with fat has become more commercialized globally and is not just performed in Brazil anymore. The recent FDA clearance in March 2012 of the third FDA-approved silicone gel-filled breast implants is expected to revive growth in the segment. In addition to breast implants and fat, the other emerging segment for breast enhancement is the use of acellular dermal matrix or ADM, used mainly in breast reconstruction.

Non-surgical and gentler, less invasive devices will continue to expand the market for reshaping the body with new wavelengths. The body shaping category is becoming more diversified, with more options for fat reduction, cellulite, treatment of skin laxity and vein removal at varying levels from non-invasive to minimally-invasive, and combined with lipoplasty, excisional surgery such as abdominalplasty and body lifts when needed. In 2011, the BMI requirements for bariatric surgery were lowered to patients with a BMI of 30 who also have an obesity related health condition, which demonstrates a trend towards earlier and more aggressive intervention for obesity that will surely stimulate continued growth in the body contouring segment.

An injectable drug currently under clinical investigation for the reduction of

submental fat is poised to be a game changer in the body contouring segment.

Cosmeceuticals and Skin Treatments

Facial skincare represents the largest segment of the personal care market and even in turbulent economic times, it remains a category that continues to grow and evolve. In the realm of anti-aging skin care and cosmeceuticals, technology is the driver. Although the professional skincare market has its share of strong competition from the proliferation of direct response brands on television and online, it seems to be holding its own with many new launches in 2012. Some of the hottest areas for anti-aging are DNA repair enzymes, growth factors, and skin-protecting peptides through protein oxidation repair and rejuvenation.

The skin lightening and brightening segment is being driven by an increased awareness among women and men of skin tone, particularly in India, China and throughout Asia. The uses for skin lightening products are expanding into niche areas, including the underarms and genitals. Hydroquinone alternatives such as of peptides and enzymes for skin brightening and lightening are also attracting a lot of attention in the marketplace.

Among key beauty trends, lash enhancements and growth products continue to take center stage. Individually applied lash extensions fashioned from human hair and mink have become a necessary luxury, especially among younger women.

Peel solutions and pads have made a comeback as a no frills alternative and adjunct to lasers and light based devices, fueled by the shifts in consumer spending and innovation. The new generation of microdermabrasion systems includes dermal infusion systems that enable the technician to customize a treatment for each client by using an abrasive tip to remove the top micro-layers of the skin and infusing active ingredients deep into the skin. Dermal rollers or microneedling systems and pens, mainly used outside of the U.S. until a few years ago, are picking up steam in cosmetic beauty circles from

salons to medical clinics for skin rejuvenation and scars. These systems bridge two categories; they may be used in-office or in the operating room by a physician for deeper, more invasive procedures, or superficially for at home use. Carboxy Therapy popularized in Brazil, which uses carbon dioxide gas to stimulate circulation and reduce wrinkles and stretch marks, is another trendy non-surgical treatment popping up in clinics and spas.

From The Clinic to the Home

Home care devices continue to show strong growth and increased consumer acceptance. Fueled by the convenience, greater ease of use, portability and advanced efficacy, more affordable devices that can reverse sun damage, remove hair, reduce discoloration, and blemishes are now available at premium retailers, online as well as shopping clubs. There is a new category of light based systems emerging that bridge the gap between purely home care devices to hybrid models that are prescribed by doctors for therapeutic skin conditions, such as acne, actinic keratosis, eczema, seborrheic dermatitis, psoriasis, and hair growth. These systems do not take the physician out of the equation; rather treatment is initiated in the doctor's office and the patient self treats at home. Skin cancer prevention is on the horizon as mole-mapping systems for early melanoma detection are gaining wide acceptance within the dermatologic community.

Facing the Future of Cosmetic Beauty

Fortunately for our industry, the market for anti-aging treatments will continue to grow through 2012 and beyond, so none of us will be out of a job. With the renewed confidence seen among investors, more industry consolidations are anticipated, and advanced technologies continue to arise in the pipeline. The future of medical aesthetics is very exciting.

Wendy Lewis is President of Wendy Lewis & Co Ltd, Global Aesthetics Consultancy, the author of 11 books on beauty and skincare, and Founder/Editor in Chief of www.beautyinthebag.com. She can be reached at [wl@wlbeauty.com](mailto:w@wlbeauty.com).

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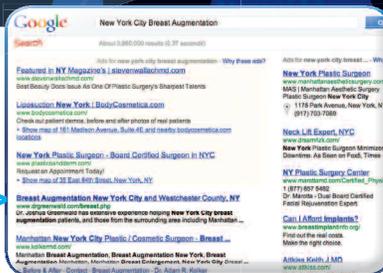
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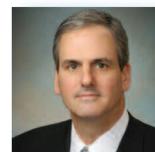


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Monday, May 7th
2 pm-5 pm (Room 224)

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How to Increase Your Visibility and Generate More Patients

Saturday, May 5th
12:45 pm (Viewing Area)

Sunday, May 6th
12:15 pm (Viewing Area)