Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

Volume 20, Number 2 • Spring 2016

THE AESTHETIC MEETING 2016 SPECIAL ISSUE

SOM

The Global Gathering of Innovators & Aesthetic Experts is Finally Here! Dive into this Special Issue of *ASN* and Discover:

> Essential Aesthetic Education Page 8

ASAPS and ASERF Nominating Slates Page 40

For Your Practice Page 62

And More!

APPLY TODAY

July 1, 2016 is the next ASAPS Active Member Application Deadline.

Learn more at www.surgery.org/ active-membership

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ZO Skin Health, Inc. and Dr. Obagi have no business relationship with Obagi Medical Products, and Obagi Medical products does not sell or endorse using ZO products.



The American Society for Aesthetic Plastic Surgery The Aesthetic Surgery Education and Research Foundation

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The Aesthetic Surgery Education and Research Foundation

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ASAPS Members Forum: www.surgery.org/members

ASAPS: www.surgery.org ASERF: www.aserf.org

ASAPS Consumer Education: www.smartbeautyguide.com

Society of Plastic Surgical Skin Care Specialists: www.spsscs.org



ASAPS Calendar ASAPS Jointly Provided & Endorsed Symposia

March 16 – 19, 2016

AAFPRS Facial Rejuvenation: Master the Techniques Beverly Wilshire Hotel Beverly Hills, CA 703.299.9291 www.aafprs.org



March 31 – April 4, 2016

SPSSCS 22nd Annual Meeting Mandalay Bay Resort & Casino Las Vegas, NV

562.799.0466 www.spsscs.org/meeting2016

April 2, 2016 The Rhinoplasty Society Annual Meeting 2016

Mandalay Bay Resort & Casino Las Vegas, NV 904.786.1377 www.rhinoplastysociety.org/meetings

THE AESTHETIC MEETING 2016

April 2 – 7, 2016 The Aesthetic Meeting 2016 Mandalay Bay Resort & Casino Las Vegas, NV 562.799.2356 www.surgery.org/meeting2016

April 14, 2016 16th Annual University of Toronto Breast Surgery Symposium

Omni King Edward Hotel Toronto, ON, Canada 416.946.7641 www.torontoaestheticmeeting.ca

April 15 – 16, 2016 46th Annual University of Toronto Aesthetic Plastic Surgery Symposium

Omni King Edward Hotel Toronto, ON, Canada 416.946.7641 www.torontoaestheticmeeting.ca

April 22 – 23, 2016 5th Body Lift Course

Dr. Jean-François Pascal Marriott Hotel Cité Internationale Lyon France contact@docteur-pascal.com http://meeting.docteur-pascal.com

May 27 – 30, 2016

66th CSPS Annual Meeting Fairmont Miramar Santa Monica, CA 510.243.1662 www.californiaplasticsurgeons.org



October 6 – 8, 2016

Experienced Insights: Breast & Body Contouring (An ASAPS Symposium) The Westin Chicago River North Chicago, IL 562.799.2356 www.surgery.org/breastandbody2016





April 27 – May 2, 2017 The Aesthetic Meeting 2017 50th Anniversary San Diego, CA 562.799.2356 www.surgery.org/meeting2017

April 25 – 28, 2017

SPSSCS 23rd Annual Meeting San Diego Bayfront San Diego, CA 562.799.0466 www.spsscs.org/meeting2017

July 21 – August 1, 2017

The Aesthetic Cruise England, Scotland, Norway surgery.org/cruise2017

DO NOT invest ANY more money in Cosmetic Patient Marketing UNTIL you read this FREE White Paper!

Set Up Your Own Reliable and Predictable Marketing Plan

Hello,

I appreciate you taking time out of your busy schedule. That tells me you are open to practice growth.

My NEW White Paper is well worth the read IF...

- You're tired of figuring out what to do to bring in more patients and revenue;
- Sick of the revenue roller coaster and worried about covering your overhead;
- If you are frustrated with so much to do and not enough time to do it; and
- You want a better plan that gives you more time, more money and more certainty.

In only 10 minutes, you will discover how to:

- Generate more consistent revenues you can count on month after month
- Increase the lifetime value of your current cosmetic patients
- Encourage them to return more often and spend more at each visit
- Generate more word-of-mouth referrals organically
- Make it a system you can measure and count on for consistent revenues

Image knowing you're bringing in revenues because your promotions are on auto-pilot. That gives you the mental freedom from constantly worrying about your practice's financial stability, doesn't it?

You will eliminate the "scramble mode" during your down months that create worry and angst. You get the unfair advantage over your competitors because the most successful plastic surgeons do the things that unsuccessful plastic surgeons won't do.

READ THE ENTIRE WHITE PAPER NOW AT: www.CosmeticImageMarketing.com/WhitePaper

This white paper gives you the "playbook" to succeed ALL year long -

Catherine

Catherine Maley, MBA

Author, Your Aesthetic Practice President, Cosmetic Image Marketing Patient-Attraction Specialist

(877) 339-8833













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COSMETIC IMAGE MARKETING

Dermatology Times



How to Set Up Your Own Reliable and Predictable Cosmetic Patient Marketing Plan

PRESIDENT'S REPORT

By James C. Grotting, MD

Ver wish that you could have heard Frank, Dean, Sammy and the rest of the Rat Pack in their heyday, knocking 'em dead in Las Vegas? Maybe you missed Elvis whipping up an audience with his pure talent. Or perhaps the mega acts from the 1980s are your thing... If so, welcome to Las Vegas and "aesthetic education ASAPS-style." While we can't bring these folks back to you, at the Presidential Welcome Celebration at the Aesthetic Meeting 2016, we will give it a darn good try. Don't miss it!

The Aesthetic Society has a well-deserved reputation for producing aesthetic education that is among the best and most innovative available anywhere. Many of us joined ASAPS just for the education, not recognizing its other benefits until we became Active Members. Training in aesthetics was limited and ASAPS was always the premier place to get it. Today, young aesthetic surgeons continue to lack training in even basic business principles necessary to do things like negotiate a contract, start a practice, or even adequately be reimbursed for one's services.

From the reception of our inaugural "The Business of Launching Your Practice" meeting, exclusively for residents and fellows (and compliments of ASAPS), young plastic surgeons are still hungry for this information. The meeting, co-chaired by Mark Codner, MD and Sal Pacella, MD, received some of the best evaluations I've ever seen. The Aesthetic Society is once more filling a gap, and investing in the future of our organization and specialty.

All of the materials from the symposium are now available on RADAR Resource to all ASAPS Members, Candidates, and residents. Regardless of your years of practice, you're sure to find something of value from this Symposium. RADAR is available **free of charge** to all ASAPS members, Candidates and plastic surgery residents and fellows.

Speaking of RADAR, our portable, customized reference library and aesthetic surgery community, a host of new features have been added and will be showcased at the ASAPS booth in Las Vegas. Among them are:

- Access RADAR from your smartphone, tablet, and on the web
- Use advanced search capabilities that support the use of filters and sub filters.

- Interact with the Case-Based Learning System which will illustrate options, rationale for approaches, and best practices
- Engage in a private social network of colleagues through the RADAR discussion forum.

I encourage you to stop by the ASAPS booth (Booth #834) at The Aesthetic Meeting 2016 at the Mandalay Bay in Las Vegas to see a live demo of these exciting new features.

In other education news, we have now held our third consecutive "ASAPS Las Vegas Aesthetic Symposium: Practical Tips and Revolutionary Concepts in Facial Surgery, Injectables and Rhinoplasty" in Las Vegas, in January. Under the superior leadership of Chair Glenn Jelks, MD and Charles Thorne, MD, we were able to offer attendees both an intimate learning environment and an international faculty. Did I mention the cadaver Lab? This has been a very popular feature of the Symposium where attendees can try the techniques discussed during the didactic portion of the symposium. Finally, make sure to be on the lookout for a new breast and body meeting, Experienced Insights in Breast and Body Contouring, taking place at the Westin Chicago River North, October 6-8, 2016.

Wondering how to track all this CME now that you have it? Log onto ASAPS.org and track all your CME from the last five years through My CME Record, complimentary to ASAPS members.

This issue of *ASN* marks my last President's Report and during the Business Meeting in Las Vegas I will be passing the gavel to my friend and very capable colleague, Dan Mills, MD. I would be remiss if I didn't sincerely thank you all for entrusting me with the presidency of The Aesthetic Society. It is very humbling indeed to now be counted among ASAPS past presidents and icons—too many leaders to list them all here but all responsible for making ASAPS what it is today. I am grateful for your support and look forward to seeing The Aesthetic Society continue to move our specialty forward in the years to come.

James C. Grotting, MD, is an aesthetic plastic surgeon practicing in Birmingham, AL, and serves as President of The Aesthetic Society.

Save The Dates!

The Aesthetic Society is proud to bring you education that is both cutting-edge and practical, with essential tips which can lead to improved patient care and satisfaction. Our educational offerings are among the world's best, and we hope you'll make plans to attend one of our upcoming symposia.

Experienced Insights in Breast & Body Contouring An ASAPS Symposium Chicago, IL October 6–8, 2016

ASAPS Las Vegas 2017 Facial Symposium January 2017

The Aesthetic Meeting 2017 50 Years of Aesthetics! San Diego Convention Center San Diego, CA April 27–May 2, 2017

The Aesthetic Cruise 2017 July 21–August 1, 2017

ASAPS Active Member Application Deadline Apply by July 1, 2016 Learn more at www.surgery.org/

active-membership

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1. Data on file. Stratpharma AG

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Laser resurfacing¹ – treatment with Stratacel following fractional laser resurfacing



During treatment

Day 7



1. Data on file. Stratpharma AG 2. Sandhofer M, Schauer P. Skinmed 2012; 10(6):1–7



Essential Aesthetic Education: The Aesthetic Meeting 2016 By William P. Adams, Jr., MD



t is hard for me to believe that The Aesthetic Meeting 2016 opens in just a few short days, as my co-chair Jamil Ahmad and I have been working with the ASAPS Program Committee for months, hoping to create the most dynamic Aesthetic Meeting yet. I hope you'll be joining us as the annual global gathering of innovators and aesthetic experts meets April 2–7, 2016, in dazzling Las Vegas, NV, at The Mandalay Bay Resort and Casino. Here you'll learn from the best and brightest minds in aesthetic plastic surgery, as they share the latest in technological advances and techniques. Plus, with our special Practice Management Scientific Sessions, The Business Side, ideal for practice staff, you'll return home with an array of ideas which can help your practice evolve and grow.

If you are an aesthetic plastic surgeon passionate about connecting with brilliant minds, learning ground-breaking new advances, and building a successful practice, The Aesthetic Meeting is the leading mustattend educational event of the year. With live demonstrations and courses taught by the finest surgeons and professionals in the specialty, The Aesthetic Meeting has become the gold standard in aesthetic education. Full meeting information can be found at www.surgery.org/meeting2016, but I wanted to draw your attention to some exciting opportunities occurring at The Aesthetic Meeting 2016.

New at The Aesthetic Meeting

Special Presentations. While all programs are exceptional, I'm particularly excited about some of the special presentations occurring at The Aesthetic Meeting, including "Evolving Concepts in Breast Implant Associated ALCL and Biofilms " (Anand Deva, MD), "Injectables, Anatomy and Safety" (Claudio DeLorenzi, MD), "3D Facial Averaging" (Val Lambros, MD) and "Personal Evolution in Rhinoplasty" (Ronald Gruber, MD).

Interactive Operative Videos. Additionally, we have some fascinating Interactive Operative Videos as part of the Scientific Sessions, including "Periareolar Mastopexy with Mesh Support" (João Carlos Sampaio Góes, MD), "Body Lift" (Jean Francois Pascal, MD) and "Achieving Consistency in Rhinoplasty" (Nazim Cerkes, MD).

Games and Debates. As Chair of the ASAPS Program Committee, it is my goal that The Aesthetic Meeting be as interactive, fun, and educational as possible. To that end, we have several new Interactive Games and Debates this year, including "The Global Plastic Bowl Challenge," where participants from 4 regions around the world will compete to win world-wide bragging rights, "Lower Eyelid Roulette," and "Breast Augmentation Mini Debates."

Aesthetic Meeting Highlights

ASERF's Premier Global Hot Topics has never been hotter! Please plan your schedule to include this dynamic Scientific Session on Thursday, April 7. Topics include "Skin: Tightening, Resurfacing and Beyond," "Non-Surgical and Minimally Invasive Fat Reduction: What Works and What Doesn'??" and "The Latest Perspectives on Breast Implants."

A World Perspective on Breast Rejuvenation. Drs. Constantino Mendieta and Simeon Wall, Jr., have assembled a stellar group of educators for this special educational course on Saturday, April 2.

Practice Management Scientific Sessions. Send your staff to the valuable practice management session, The Business Side, where they will learn effective techniques to help your practice thrive. Plus, The Aesthetic Meeting has informative courses for Nurses, Physician's Assistants, Administrative Support, and Skincare Specialists!

Meet the ASAPS Board—A Special Wine Tasting Event. On Tuesday, April 5 at 3:30pm – 4:30pm, meet ASAPS leadership during a special wine tasting event in The Aesthetic Marketplace.



Continued on Page 9

Essential Aesthetic Education: The Aesthetic Meeting 2016

Continued from Page 8

Blast Off in the Las Vegas Time

Machine! Songs, spectacle, surprises and more are sure to be found at The Aesthetic Meeting's Presidential Welcome Celebration as we experience Las Vegas through the decades. Join your friends and network with colleagues as your senses are indulged by food, drink, and extraordinary entertainment. Monday April 4, 6:45pm. Mandalay Bay Convention Center.



Explore The Aesthetic Society in The Aesthetic Marketplace

- Learn all about new beneficial features of RADAR Resource
- Demo the new ASERF Data Hub
- Get a free We Are Aesthetics photo and share your commitment to aesthetic plastic surgery!

Relax in the ASJ Lounge! Come celebrate with the *Aesthetic Surgery Journal*: 20 years of excellence for the #1 Journal dedicated to aesthetic plastic surgery. Located in The Aesthetic Marketplace.

Women Aesthetic Surgeons' Symposium, Dinner, and Lounge. Networking and educational opportunities for women surgeons abound at The Aesthetic Meeting, including the Aesthetic Women's Symposium and the Women's Aesthetic Surgeons' Dinner on Saturday, April 2 and the WAS Lounge in The Aesthetic Marketplace.

The Aesthetic Meeting Essentials

Hotels. Early bookers always get the best deals. Don't get left behind! For the best rates at the most popular hotels, we encourage you to book your rooms today through the ASAPS room block. www.surgery.org/hotels



Auction. The Aesthetic Meeting 2016's auction includes the ability to bid electronically, so that even those who cannot attend the meeting can take advantage of some

ASERF Silent

terrific offers and help the specialty in the process. Details can be found at www.surgery.org/silentauction

The Aesthetic Marketplace. In the Aesthetic Marketplace, make sure to visit not only the ASERF Silent Auction and our wonderful exhibitors, but also to attend the short presentations at the Practice Changers Theaters, which take place during selected



coffee breaks and lunches. These are great opportunities to learn about new elements techniques, products and opportunities which can help your practice run even better.

Research and Innovative Technology Luncheon. You won't want to miss the latest research developments as innovators from around the world present their latest findings. Monday, April 4, 12:30pm-2:00pm.

Credits. At The Aesthetic Meeting 2016, you'll be able to earn up to 49.75 *AMA PRA Category credits*[™]. Attend the entire 2016 Scientific Session and earn 20.25 CME credits, of which 8 are patient safety CME. An additional 15.75 patient safety CME credits can be earned by attending select Optional courses.

Of course, these highlights are but the tip of The Aesthetic Meeting iceberg! For complete details, please review the registration brochure, beginning on page 12, or learn more about this premier global gathering of aesthetic innovators and experts at www.surgery.org/meeting2016. I look forward to seeing you all in Las Vegas!

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

Plan Your Trip Accordingly!

Saturday, April 2 A World Perspective on Breast Rejuvenation

Saturday, April 2 – Sunday, April 3 Pre-Meeting Educational Opportunities/Super Cadaver Labs

Monday, April 4 – Wednesday, April 6 Exhibits—The Aesthetic Marketplace is Open!

Monday, April 4 – Thursday, April 7 Scientific Sessions

Tuesday, April 5 – Thursday, April 7 The Business Side (Practice Management Sessions for Staff)

Thursday, April 7 Premier Global Hot Topics

Watch. Learn. Advance. The Aesthetic Meeting 2016 Education on Demand

At The Aesthetic Meeting, attendees enjoy the most advanced aesthetic educational experience possible, returning home armed with enhanced knowledge and improved skills. Learn from the masters through The Aesthetic Meeting's Education on Demand, where you can view exceptional video content when you want, wherever you want. Put yourself one step ahead of the rest by ensuring that you too are informed and prepared to take your practice to the next level.







Join Me at the Presidential Welcome Celebration!

By James C. Grotting, MD

Serving as the president of The Aesthetic Society for the past year has proven to be a memorable and rewarding experience on many levels, primarily because of my many interactions with our valued ASAPS Members. Your support and suggestions have helped

move our Society and specialty forward, and I look forward to seeing you all at the Presidential Welcome Celebration as we toast our accomplishments. We'll be blasting off in the Las Vegas Time Machine, experiencing this dynamic city through the decades with a wonderful array of musical acts. I hope to see you on Monday April 4, 2016 at 6:45 pm in the Mandalay Bay Convention Center as we celebrate with food, drinks, and a whole lot of surprises. This is one event you won't want to miss, and I look forward to seeing you there.

Songs. Spectacle. Surprises.

BLAST OFF IN THE LAS VEGAS TIME MACHINE!

PRESIDENTIAL WELCOME CELEBRATION

Monday April 4, 2016

6:45pm MANDALAY BAY CONVENTION CENTER Las Vegas, Nevada

www.surgery.org/meeting2016

FRIDAY, APRIL 1, 2016

6:00pm – 10:00pm ASAPS Board Meeting

SATURDAY, APRIL 2, 2016

6:30am – 6:00pm Registration Open 7:00am – 9:30am ASERF Board Meeting 7:00pm – 8:30pm Faculty/VIP/International Reception

PRE-MEETING CADAVER WORKSHOPS*

FACE

7:30am - 4:00pm

S1 Staying Out of Trouble in Facial Rejuvenation: Locating the Facial Nerve Using Facial Spaces and Ligaments Anatomy—A Cadaver Workshop S Chair: Mendelson

OTHER

8:00am - 12:00pm

NEW S2A Anatomic Considerations and Technical Refinements in Aesthetic Procedures: A Cadaveric Experience with the Experts S Chair: Kenkel

1:00pm – 5:00pm

NEW S2B Anatomic Considerations and Technical Refinements in Aesthetic Procedures: A Cadaveric Experience with the Experts S Chair: Kenkel

BREAST

7:30am – 5:30pm NEW S3 A World Perspective on Breast Rejuvenation: Mastopexy with and Without Implants, Fat, and Support S C N O C Co-Chairs: Wall/Mendieta

OTHER

1:00pm – 5:00pm S4 Women Aesthetic Surgeons' Symposium S Jenni Prisk, Communication Expert

6:00pm – 8:00pm S4D Women Aesthetic Surgeons' Dinner

SUNDAY, APRIL 3, 2016

6:30am – 6:30pm Registration Open

■ COSMETIC MEDICINE

7:30am – 5:30pm S5 Cosmetic Medicine 2016 S C A C E Co-Chairs: Kulick/Lorenc

PRACTICE MANAGEMENT

8:00am – 12:00pm S6 Re-Designing Your Aesthetic Practice—How to Get Beyond Today S C A C E Co-Chairs: Jewell/Singer

RESIDENTS ONLY 8:00am – 1:00pm 87 Residents and Fellows Forum Co-Chairs: Mofid/Darian

RHINOPLASTY

8:00am – 5:00pm S8 Rhinoplasty Symposium 2016 S C N A O E Co-Chairs: Ghavami/Sajjadian

OTHER

8:00am – 5:00pm **S9** Medical Life Drawing & Sculpture: The Human Head S Fairbanks/Fairbanks

PATIENT SAFETY

8:00am – 12:00pm S10A AAAASF Inspector Training S C N O E Watts/Brownstein/Newkirk/Griffin-Rossi/ Terranova

1:00pm – 5:00pm S10B AAAASF Medicare Inspector Training S C A C E Iverson/Watts/Gomez/Griffin-Rossi

OTHER

1:30pm – 4:30pm S11 Medical Students Interested in Plastic Surgery For Medical Students Only Ahmad/Whitfield

AIM BODY OPTIONS

2:00pm – 4:00pm

NEW 1001 AIM Body 1— Abdominoplasty—The Basics and Reducing Complications S Phillips

NEW 1002 AIM Body 2— Combination Body Contour Procedures and Treating Common Complications S Claytor

NEW 1003 AIM Body 3—Advanced Body Contour Techniques—Further Finesse S Matarasso

2:00pm – 6:30pm 4-Hour Course

FACE

101/201 Facelift: Planning and Technique S Marten 2:00pm – 4:00pm 2-Hour Courses

FACE

102 Effective, Efficient, Patient Friendly Facelifting using SMAS, Fat and Tumescent Technique SNAO Bucky

103 Reshaping the Face and Lid-Cheek Junction SNAE

104 Integrating Surgical Shaping with Volumetric Enhancement—Fat and Beyond—Face, Breast and Body S Stuzin/Rohrich/Khouri/Maxwell/Mendieta

BREAST

105 PAM—Periareolar Augmentation Mastopexy: Using the "Subcutaneous" Glandular Mastopexy to Improve Outcomes S Gonzalez

NEW 106 Implant Isolation Tension Management Augmentation Mastopexy SNA Hubbard

BODY

107 Liposuction 2016: New Technologies, Established Techniques, and Combined Procedures S N A Stoker/Chia/Theodorou/Hoyos

108 Cosmetic Vaginal Surgery: Labiaplasty and Beyond S Hamori

109 The Comprehensive Abdominoplasty: Using the High Lateral Tension, Reverse, and Fleur-de-Lys Techniques for Safer and Superior Results **S (C) (A) (C) (E)** Rosenfield

EYES

110 Eyelid and Periocular Surgery: Unifying Aesthetics and Function S G N A O E Spinelli

MARKETING

Zupki

NEW 112 The Surgeon's Guide to Happiness, Health, and Less Stress S C O Palm



Program Subject to Change

FOR DETAILED COURSE DESCRIPTIONS AND FEES PLEASE VISIT: WWW.SURGERY.ORG/MEETING2016 • PROGRAM SUBJECT TO CHANGE

AIM FACE OPTIONS

4:30pm – 6:30pm

NEW 2001 AIM Face 1—Facelift with Fat Grafting: Customizing the Procedure for Different Facial Shapes S Zins

₩ОС-₽Б™

2002 AIM Face 2—Facelifting: What We Know; What We Don't Know; and How We Put It All Together S Thorne

NEW 2003 AIM Face 3—Advanced Face and Neck Lifting S Grotting/Warren

4:30pm – 6:30pm 2-Hour Courses

FACE

202 Facelift Rejuvenation: Short Scar Facelift, Neck Lift and Temporal Brow Lift

BREAST

NEW 203 Use of Monofilament Absorbable Mesh in Breast Surgery S G N A O E Van Natta

S N Aiche

BODY

NEW 205 Keeping Your Liposuction Safe: 20 Tips to Better Contouring Strategies and Safer Surgeries S G N A O E Mentz/Fortes/Hustak/Morales/Newall/Patronella

206 Advanced SAFELipo Techniques: Dramatic and Comprehensive Body Shaping S C N A O Wall/Wall/Lee

EYES

207 The Pinch Blepharoplasty for Safer and Superior Results S G N A O E Rosenfield

PATIENT SAFETY

MOC-PS™

208 Keeping Safe and Out of Trouble: A Fresh Look at the Culture of Patient Safety **S (C) (C)**

PRACTICE MANAGEMENT

209 Social Media Workshop—Twitter, Facebook, RealSelf S G N A O Seery

NEW 210 Taking Control of Your Online Reputation S C A O Humes

NEW 211 The Patient Attraction and Conversion Blueprint **SGNAOE** Maley

BREAST

212 Revision of Breast Augmentation, Mastopexy and Augmentation-Mastopexy S G N A O E Shestak/Bengtson

213 Breast Augmentation and Augmentation Mastopexy—Problem Solving and Operative Strategies Casas/Layt

OTHER

517 New Advances in Hair Restoration S C N A O Barrera/Fisher/Uebel/Vogel

MONDAY, APRIL 4, 2016

6:30am – 5:30pm Registration Open

9:00am – 5:00pm The Aesthetic Marketplace Open

12:30pm – 2:00pm Lunch in The Aesthetic Marketplace

SCIENTIFIC SESSION BLUE

7:15am – 7:30am President Welcome James Grotting, MD

ASERF Welcome Neal Reisman, MD, JD

ISAPS Welcome Susumu Takavangi, MD

Education Commissioner Welcome and 2015 Annual Meeting Awards Charles Thorne, MD

Program Chair's Welcome William Adams, Jr., MD—Program Chair

7:30am – 8:45am Panel: Repositioning Facial Fat—Do Different Techniques Produce Different Aesthetics? Moderator: James Stuzin, MD Panelists: Richard Warren, MD; Timothy Marten, MD; Alex Verpaele, MD Discussant: Charles Thorne, MD

9:00am - 10:00am

Panel: Mastering Control in Breast Augmentation—Tissue Based Planning and Refined Surgical Technique Moderator: Jack Fisher, MD Panelists: William Adams, Jr., MD; David Hidalgo, MD; Frank Lista, MD Discussants: Elizabeth Hall-Findlay, MD; James Namnoum, MD

10:00am – 10:30am Coffee Break in the The Aesthetic Marketplace

10:30am – 11:45am Panel: Optimizing Neck Coutour— Is Subplatysmal Surgery Necessary? Moderator: Robert Singer, MD Panelists: Timothy Marten, MD; Bryan Mendelson, MD; Foad Nahai, MD; Louis Bucky, MD Discussants: Joel Feldman, MD; J. William Little, MD **11:45am – 12:30pm** Special Presentation: Evolving Concepts in Breast Implants Biofilm and ALCL Presenter: Anand Deva, MD Discussants: William Adams, Jr., MD; Mark Clemens, MD; Kadin Marshall, MD

2:00pm - 3:15pm

Panel: Addition vs Subtraction: Morphometric Concepts in Contouring the Female Silhouette Moderator: Felmont Eaves, III, MD Panelists: Constantino Mendieta, MD; Osvaldo Saldanha, MD; Simeon Wall, Jr, MD Discussants: Ashkan Ghavami, MD; Renato Saltz, MD

3:15pm – 3:45pm Coffee Break in The Aesthetic Marketplace

3:45pm – 5:00pm Panel: Point/Counterpoint—Lower Eyelid

Roulette Moderator: Charles Thorne, MD Panelists: Mark Codner, MD; Bahman Guyuron, MD; David Hidalgo, MD; Glenn Jelks, MD; Lorne Rosenfield, MD; Alex Verpaele, MD Discussants: Val Lambros, MD; Richard Warren, MD

5:10pm – 6:40pm

The Global Plastic Bowl Challenge!!! Moderator: William Adams, Jr, MD Representing North America: Peter Lennox, MD; Louis Strock, MD Representing South America: Ruth Graf, MD; Luis Perin, MD Representing Europe: Patrick Mallucci, MD; Dirk Richter, MD Representing Asia/Australia: Craig Layt, MD; Susumu Takayanagi, MD Expert Panelists: João Carlos Sampio Góes, MD; Per Heden, MD; Tim Papadopolous, MD; Scott Spear, MD Audience Moderators: Jamil Ahmad, MD; Mark Jewell, MD; Jason Roostaeian, MD

Educational Courses *

PRACTICE MANAGEMENT

9:00am – 4:30pm S12 Skills for Successful Patient Coordinators (© (N) (A) (O) Zupko

OTHER

12:30pm – 2:00pm S13 Research and Innovative Technology Luncheon S A Adams/Gryskiewicz

12:30pm – 1:30pm 1-Hour Courses

Boardroom Breakouts

NEW BR1 Planning for Primary Breast Augmentation: Incision, Pocket, Implant Lista

NEW BR2 Starting a Practice: What I Know Now That I Wish I Knew Then Kurkjian/Lee/Pacella/Roostaeian

FACE

301 Full Facial Fat MicroAugmentation Under Local Anesthesia—Office Based Procedure **S N A O** Ptak

302 Fat Grafting During Facelift and Blepharoplasty: Principles and Art SLittle

NEW 303 The Pinch Rhytidectomy for Safer and Superior Results S C N A O C Rosenfield

BREAST

304 Correction and Prevention of Animation Deformities in Breast Surgery SCNAO Becker

305 Technical Refinements of the Vertical Mammaplasty: A Modified LeJour Approach S A Wallach

BODY

307 The Minimal Incision Transaxillary Brachioplasty S Reed

308 Labiaplasty and Female Aesthetic Genital Surgery S

RHINOPLASTY

309 Rhinoplasty: A Progressive Approach S Daniel/Kosins

EYES

310 Injection Techniques for Tear Trough and Peri-Orbital Area: Minimize Complications and Optimize Results (S) Hirmand

PRACTICE MANAGEMENT

NEW 311 Make Your Website a Lead Generation and E-Commerce Juggernaut S G N A O Kaplan

312 The Art of Consultation Using Individual Patient Personality **S G N A O E** Mendieta/Mendieta

NEW 313 10 Steps to Online Marketing Success S G N A O Houtz

OTHER

314 Tips and Pearls for Presenting Your Ideas: Whether in a Shark Tank, Board Room, Classroom or Auditorium S C N A O E Dayan



Presidential Welcome Celebration 6:45pm – 9:00pm

TUESDAY, APRIL 5, 2016

6:00am – 5:00pm Registration Open 9:00am – 5:00pm The Aesthetic Marketplace Open

12:00pm – 1:30pm Lunch The Aesthetic Marketplace ASAPS/ASERF Member Business Meeting Luncheon

6:45am – 7:45am

1-Hour Courses—Boardroom Breakouts

NEW BR3 Decision Making in Primary Breast Augmentation Strock

NEW BR4 Challenging Cases in Revision Breast Implant Surgery Brown/Bucky

NEW BR5 Augmentation-Mastopexy—Avoiding Complications Restifo/Kortesis

NEW BR6 Ask the Experts: Body Contouring After Bariatric Surgery Hunstad/Eaves

SCIENTIFIC SESSION BLUE

7:45am – 9:00am Breast Augmentation Mini Debates Moderator: Jamil Ahmad, MD Participants: Nicolas Carr, MD; Ruth Graf, MD; Frank Lista, MD; Patrick Mallucci, MD; G. Patrick Maxwell, MD; Michael Scheflan, MD Discussants: William Adams, Jr., MD; James Grotting, MD

9:00am – 9:30am Interactive Operative Video: Periareolar Mastopexy with Mesh Support Presenter: João Carlos Sampaio Góes, MD Discussants: Michael Edwards, MD;

Marissa Tenenbaum, MD

9:30am – 10:00am Coffee Break in The Aesthetic Marketplace

10:00am – 10:45am Papers

10:45am – 12:00pm Panel: Small Volume vs Large Volume Fat Transfer: What's the Difference? Moderator: Rod Rohrich, MD Panelists: Sydney Coleman, MD; Daniel Del Vecchio, MD; Roger Khouri, MD; Alex Verpaele, MD Discussants: Geoffrey Gurtner, MD; Kai-Uwe Schlaudraff, MD

SCIENTIFIC SESSION ORANGE

7:45am – 9:00am

Panel: What Are We Trying to Achieve With Non-Surgical Volume? Moderator: Jeffrey Kenkel, MD Panelists: Steve Fagien, MD; Haidah Hirmand, MD; Michael Kane, MD; Z. Paul Lorenc, MD Discussants: Mark Magnusson, MD; Brad Calobrace, MD

9:00am – 9:30am Special Presentation: Injectable Safety Presenter: TBA

9:30am – 10:00am Coffee Break in The Aesthetic Marketplace

10:00am – 11:00am Papers

11:00am – 12:00pm Panel: The Role of ADM and Natural Scaffolds in Soft Tissue Support Moderator: Nolan Karp, MD Panelists: Joseph Hunstad, MD; G. Patrick Maxwell, MD; Bruce Van Natta, MD; Mark Jewell, MD Discussant: Mitchell Brown, MD; Louis Bucky, MD

THE BUSINESS SIDE Mark Mofid, MD—Chair

7:45am – 8:30am Panel: If I Were Starting Over, This is What I'd Do First Moderator: Mark Mofid, MD Panelists: Felmont Eaves, III, MD; Mark Jewell, MD; Bod Bobrich, MD

8:30am – 9:30am Panel: Legal Issues in the Digital Age Moderator: Bob Aicher, Esq. Panelists: Michael Byrd, JD; Neil Reisman, MD, JD; Alex Thiersch, JD

9:30am – 10:00am Coffee in The Aesthetic Marketplace

10:00am – 11:00am Panel: Show Me the Money Moderator: Mark Mofid, MD Panelists: Z. Paul Lorenc, MD; Sheila Nazarian, MD; Grant Stevens, MD

11:00am – 12:00pm Panel: Reputation Management Moderator: Mark Mofid, MD Panelists: Bob Aicher, Esq.; Marie Olesen; Tom Seery

FOR DETAILED COURSE DESCRIPTIONS AND FEES PLEASE VISIT: WWW.SURGERY.ORG/MEETING2016 • PROGRAM SUBJECT TO CHANGE

EDUCATIONAL COURSES*

PRACTICE MANAGEMENT

9:00am - 11:00am S14 Patient Coordinator Alums: Overcoming Scheduling Objections G NAO Zupko

12:00pm - 1:00pm S15 Financial Management for Spouses and Managers GO 7upko

■ COSMETIC MEDICINE

12:00pm - 2:30pm

S16A Physician Extender (RN/NP/PA) Injector Competence Training—Part 1-Understanding the Basics of Injection Techniques with Neurotoxins and Hyaluronic Acid Dermal Fillers NA Few

3:00pm – 5:30pm

S16B Physician Extender (RN/NP/PA) Injector Competence Training-Part 2-Advanced/Combination Injection Techniques with Neurotoxins and the Array of FDA-Approved Dermal Fillers NA

Graivier/Lorenc

2:00pm - 6:30pm

NEW S17A The Institute for Laser and Light Based Technology-Foundations of Laser and Light SGNAO Hoopman

AIM RHINOPLASTY OPTIONS

2:00pm - 4:00pm

NEW 4001 AIM Rhinoplasty 1-Basic Anatomy, Analysis and Techniques in Basic Open and Closed Rhinoplasty Ghavami

NEW 4002 AIM Rhinoplasty 2-Mastery of Multiple Advanced Techniques and Nasal Profiles in Septorhinoplasty Including the Difficult Rhinoplasty S Sajjadian

NEW 4003 AIM Rhinoplasty 3-Advances in Secondary Rhinoplasty-Key Elements for Success (S) Rohrich/Ahmad

1:30pm - 4:30pm **3-Hour Courses**

BODY

401/501 Arms, Breast, Back, Buttocks and Thighs Following Major Weight Loss SGNAOE Hunstad/Rubin

402/502 Gluteal Augmentation SNA Abel de la Peña/Gonzalez/Mendieta/Mendez

PRACTICE MANAGEMENT

403/503 Managing the #1 Headache of Practice—Staffing Issues: Best Practices in Hiring and Firing; Motivating and Compensating; and Team Building in the Context of Specialty Specific Benchmarks

SGNAO

Jeffers/Avila/Basu/Lewis/Zupko

MARKETING

404/504 What Patients Really Want SGNAO Eaves/Fiala/Olesen/Perdikis/Seery

2:00pm - 6:30pm 4-Hour Courses

BREAST

405/505 Aesthetic Breast Reconstruction: The New Paradigm in Breast Surgery **SGNAO** Namnoum/Brown/Bucky/Grotting/Zienowicz

2:00pm - 4:00pm 2-Hour Courses

BREAST

407 Transaxillary Endoscopic Breast Augmentation: Processes and Refinements to Improve Patient Outcomes SE Strock/Core

MOC-PS™

NEW 408 Show me the Evidence! Breast Augmentation EBM for MOC S Taylor/Sigalove

BODY

409 Lipoabdominoplasty and Body Contouring SA Saltz/Ribeiro/Matos

410 Vaginal Plastic Surgery: The External Genitalia S Triana

#IOC-DS™ 411 Maximizing Safety for Body Contouring After Massive Weight Loss S Phillips

EYES

412 Aesthetic Eyelid and Forehead Surgery that Focuses on a Natural Result for the Patient **SGNAOE** Sullivan/Jelks

COSMETIC MEDICINE

NEW 413 Hot Devices in 2016 SGNAOE

DiBernardo/Bass/Oseas

NEW 414 Micro-Needling: Induced Collagen Formation and Delivery System for Skin and Hair Enhancement SGNAOE Sasaki

NEW 713 The Injector's Toolbox: Staying Safe, Accurate and Reproducible SN Surek/Lamb

PRACTICE MANAGEMENT

415 "Making the Jump" Cultivating a Busy Cosmetic Practice SGO Corev/Nassiri

416 Your Best Practice: Better Staff, Better Processes, Better Success SGNAO Ntoh

417 The Plastic Surgeon Midas Touch-Why Everything Turns to Gold for Some, But Not for Others SGO Fox

AIM BREAST OPTIONS

4:30pm - 6:30pm

NEW 5001 AIM Breast 1-Incorporating an Evidence-Based Process Approach to Breast Augmentation, Mastopexy, and Breast Reduction S Adams

NEW 5002 AIM Breast 2—A Comprensive Approach to the Difficult Primary Breast Patient S Lista/Ahmad

NEW 5003 AIM Breast 3—Interactive Problem-Based Learning for Difficulties of Primary and Revisionary Aesthetic Breast Surgery S Wall/Calobrace

4:30pm - 6:30pm 2-Hour Courses

■ FACE

507 Advanced Techniques for Rejuvenation of the Neck and Lower Face S Sullivan/Marten

508 Optimizing the Neck Lift: Platysmaplasty, Bands and Submandibular Gland without Submental Incision SA Gonzalez/Fogli

509 The Lift and Fill Facelift—Redefining a Natural Look in Facial Rejuvenation SGNAOE Rohrich

510 The Safety and Efficacy of Adipose-Derived Stromal Vascular Fraction Cells and Platelet-Rich Plasma in Fat Grafting: **Clinical Implications for Regenerative** Aesthetic Face Lift Surgery SGNAOE Sasaki

BODY

NEW 511 Abdominoplasty: Current Concepts and Techniques to Improve (S) Rios/Aly/Pollock

512 Abdominoplasty SA Matarasso



RHINOPLASTY

513 Achieving Balance in Rhinoplasty S Cerkes

MOC-DS™ 514 Comprehensive Rhinoplasty S N A O B Kahn

EYES

515 Oculoplastic Surgery for the Plastic Surgeon S C N A Codner/Jelks/Jelks

MARKETING

NEW 516 Content Marketing for the Aesthetic Practice SGNAOE Peek

WEDNESDAY, APRIL 6, 2016

6:30am – 5:00pm Registration Open 9:00am – 5:00pm The Aesthetic Marketplace Open 12:00pm – 1:30pm

Lunch The Aesthetic Marketplace

7:00am – 8:00am 1-Hour Courses—Boardroom Breakouts

NEW BR7 Large Volume Fat Transfer: Improving Efficiency and Consistency Del Vecchio

NEW BR8 Optimizing Results in Revision Breast Surgery Glicksman/McGuire

NEW BR9 Approach to Secondary Augmentation-Mastopexy Calobrace/Hall-Findlay

NEW BR10 Ask the Experts: Rhinoplasty Daniel/Gerbault

SCIENTIFIC SESSION BLUE

8:00am – 8:30am Interactive Operative Video: Lower Body Lift Presenter: Jean Francois Pascal, MD Discussants: Joseph Hunstad, MD; J. Peter Rubin, MD

8:30am – 9:45am Panel: Gluteal Augmentation: Fat, Implants or Both? Moderator: Grant Stevens, MD Panelists: Daniel Del Vecchio, MD; Raul Gonzalez, MD; Constantino Mendieta, MD; Mark Mofid, MD Discussant: Douglas Steinbrech, MD

9:45am – 10:15am Coffee Break in The Aesthetic Marketplace

10:15am – 11:00am Papers 11:10am – 12:10pm What's the Deal Man? Non-Surgical Technology Moderator: William Adams, Jr., MD Panelists: Barry DiBernardo, MD; Daniel Del Vecchio, MD; Joe Gryskiewicz, MD; Jeffrey Kenkel, MD

12:10pm – 12:30pm Special Presentation: 3D Facial Averaging Presenter: Val Lambros, MD Discussants: Rod Rohrich, MD; James Stuzin, MD; Charles Thorne, MD

SCIENTIFIC SESSION ORANGE

8:00am – 8:30am Special Presentation: Personal Evolution in Rhinoplasty Presenter: Ronald Gruber, MD

Discussants: Jay Calvert, MD; Ashkan Ghavami, MD

8:30am – 9:45am Controversies in Rhinoplasty Moderator: Jamil Ahmad, MD Panelists: Jay Calvert, MD; Mark Constantian, MD; Rollin Daniel, MD; Joe Gryskiewicz, MD; Bahman Guyuron, MD; Rod Rohrich, MD

9:45am – 10:15am Coffee Break in The Aesthetic Marketplace

10:15am – 11:00am Papers

11:00am – 11:30am Interactive Operative Video: Achieving Consistency in Ethnic Rhinoplasty Presenter: Nazim Cerkes, MD Discussants: Rollin Daniel, MD; Ali Sajjadian, MD

11:30am – 12:30pm Panel: Incorporating Labiaplasty into Your Practice: Tips for Success Moderator: Frank Lista, MD Panelists: Gary Alter, MD; Christine Hamori, MD; John Hunter, MD; Lina Triana, MD Discussant: Jamil Ahmad, MD

THE BUSINESS SIDE

8:00am – 9:00am Panel: Plastic Surgeon Burnout—Does It Happen and How Can I Avoid This? Moderator: Kiya Movassaghi, MD Panelists: Josh Korman, MD; Herluf Lund, MD; Chad Tattini, MD

9:00am – 9:45am Panel: Which Practice Model is Best? Moderator: Robert Singer, MD Panelists: Felmont Eaves, III, MD; Herluf Lund, MD; Salvatore Pacella, MD, MBA

9:45am – 10:15am Coffee in The Aesthetic Marketplace

10:15am – 11:15am Panel: Motivating and Compensating Staff Moderator: Robert Singer, MD Panelists: Mary Lind Jewell; Marie Olesen; Karen Zupko

11:15am – 12:30pm Panel: Social Media—What's Best for Me and How Do I Do It? Moderator: Mark Mofid, MD Panelists: Wendy Lewis; Sheila Nazarian, MD; Jennifer Walden, MD **12:30pm – 1:30pm** 1-Hour Courses—Boardroom Breakouts

NEW BR11 Comprehensive Contouring with Addition, Redistribution and Subtraction

NEW BR12 Shaped Implants— Integrating Them Into Your Practice Movassaghi

NEW BR13 Maximizing Aesthetics in Abdominoplasty Pollock

EDUCATIONAL COURSES*

2:00pm – 4:00pm

COSMETIC MEDICINE

NEW S17B Laser Safety Officer Training S C N A O Hoopman Must take S17A to Sign-up for S17B

2:00pm – 6:30pm 4-Hour Courses

FACE

601/701 Sculptural Rejuvenation of the Face, Eyes, and Mouth S G N A E Little

BODY

602/702 Three-Dimensional Body Contouring: The Next Generation of Liposuction, Abdominoplasty, and Muscle Augmentation with Fat Grafting S C C C E Hoyos/Mentz/DiBernardo/Theodorou

2:00pm – 4:00pm 2-Hour Courses

FACE

603 How to Integrate Fat Grafting into Aesthetic Facial and Breast Surgery S N A B Cohen

NEW 604 Facial Fat Transfer—The Surgeon's Most Important Artistic Tool for Multi-Dimensional Sculpting S Wolin

605 Anatomy of the Face and Its Relationship to Modern Facelift Surgery S Zins/Boyd/Moon

BREAST

606 The Surgical Nuances of Form Stable Breast Implants (S) Adams/McGuire/Glicksman/Malucci

FOR DETAILED COURSE DESCRIPTIONS AND FEES PLEASE VISIT: WWW.SURGERY.ORG/MEETING2016 • PROGRAM SUBJECT TO CHANGE

BODY

607 Plastic Surgery of the Massive Weight Loss Patient **SGNAOE** Alv

608 Bodylifting, Mastopexy, and Brachioplasty in the Massive Weight Loss Patient: Technical Refinements to Optimize Results SA Rubin/Centeno

MOC-PS™

609 Scarpa Sparing Abdominoplasty with Concomitant Liposuction; No Drains Needed SNAO Claytor/Gray/Baker

RHINOPLASTY

610 Rhinoplasty: Optimizing Your Results S

Gruber/Nahai

611 Key Concepts in Open Rhinoplasty: Getting It Right the First Time S Rohrich/Ahmad

NEW 612 Demystifying Rhinoplasty: The Ultrasonic Rhinoplasty Revolution S Gerbault/Daniel/Kosins

EYES

613 Challenging Blepharoplasty Patients (S

Jelks/Jelks

COSMETIC MEDICINE

614 Intelligent Choices in Injectables: Complications, Strategies and Combination Therapy SNA Kinnev/Lorenc

PRACTICE MANAGEMENT

615 Maximizing Time and Financial Efficiency by Utilizing Technology and Patient Consultants S G N A O E Rios

616 Reading Prospective Patients More Effectively and Improving Scheduling Results SGNAO Zunko

NEW 617 Medical Inventions—From Idea to Reality **SGNAOE** Korman

4:30pm - 6:30pm 2-Hour Courses

■ FACE

703 Simultaneous Facelift and Fat Injections S Marten

MOC-DS™

704 Safety in Facelifting: How to Avoid Complications and How to Treat Them SNAOE Zins/Moon

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BREAST

705 Vertical Scar Breast Reduction and Mastopexy—State of the Art Lista

706 Large Volume Fat Grafting: Indications, Techniques and Results (S) Del Vecchio/Khoobehi

MOC-DS™

707 Comprehensive Breast Surgery-Augmentation, Mastopexy and Reduction S Kahn

BODY

MOC-DS™

708 The Corset Body Lift: The Art of Waistline Shaping in the Massive Weight Loss Patient SGNAOE Moya

709 Bodylifts: Evolutions in 2016 SGNAOE Pascal

RHINOPLASTY

NEW 710 Technical Simplicity and Proven Efficacy in Rhinoplasty SNA Constantian

COSMETIC MEDICINE

712 Advances in Skin Resurfacing SGNAOE Obagi

MARKETING

714 Cultivating Authority Online: Where Reputation and Rankings Intersect SGO Miller

THURSDAY, APRIL 7, 2016

6:30am - 12:00pm **Registration Open** 7:30am - 12:30pm Tabletop Exhibits Open 12:30pm - 2:30pm ASAPS New Board Meeting

Have You **Registered?**

Courses are filling up fast for The Aesthetic Meeting 2016, with some already sold out. Register today at surgery.org/ meeting2016

THE BUSINESS SIDE

8:00am - 9:00am Panel: Internet Marketing/Search Engine Optimization-Where Are We Today and Where are We Going? Moderator: Mark Mofid. MD Panelists: Peter Houtz; Keith Humes; Ryan Miller; David Phillips

9:00am - 9:45am Panel: Developing a Marketing Plan Moderator: Mark Mofid, MD Panelists: Dana Fox; Catherine Maley; Karen Zupko

9:45am - 10:15am Coffee Break in the Tabletop Exhibits

10:15am - 11:00am Panel: Mystery Shopper Moderator: Mark Mofid, MD Panelists: Catherine Maley; Karen Zupko

11:00am - 11:45am Panel: Is Traditional PR Obsolete? Moderator: John O'Leary Panelists: Steffanie Attenberg; Leigh Hope Fountain; Denise Mann

11:45am - 12:30pm Panel: Fraud in the Plastic Surgery Practice Moderator: Mark Mofid, MD Panelists: Bob Aicher, Esq.; Marie Olesen; Tony Seymour

12:30pm Adjourn



THE AESTHETIC MEETING 2016 PRACTICE CHANGERS

Practice Changers Theater is located in Booth #1333 in The Aesthetic Marketplace

MONDAY. APRIL 4

Moderators: Steven Levine, MD & Jason Roostaien, MD

MORNING BREAK

10:00am - 10:30am

Station One

10:05am Lead Generation: It's a Numbers Game Jonathan Kaplan, MD 10:15am Experience the Power of RADAR—Your Technical Resource: Learn How to Search for Operative Video and More Tracy Pfeifer, MD

Station Two

10:05am Avoiding Vascular Complications with Soft Tissue Fillers Sammy Sinno, MD

10:15am Don't Get Taken Every Time Robert Aicher, Esg.

LUNCH BREAK

12:30pm - 2:00pm

Station One

12:35pm Hiring The Right SEO Firm (Revisited) Kevin Charles

12:55pm The Role of 360 Degree Dynamic Video Imaging of the Face: A Four Year Experience Gregory Mueller, MD

1:15pm RADAR for Residents: Learn How RADAR Can Enhance Your Residency Sammy Sinno, MD

1:35pm RADAR Tips, Tools and Tricks: Everything You Need to Know Barry Fernando, MD

Station Two

12:35pm What is Inbound Marketing and How Do I Attract More Patients Through Marketing Automation? Bill Fukui

12:55pm Implant Bra Sizing: Are Patients Getting Accurate Information?

Kevin Small, MD

1:15pm Physician Compensation for Aesthetic Surgery in a Multispecialty Group Model Salvatore Pacella, MD

1:35pm A New Pair of Glasses—A New Business Model for Aesthetic Plastic Surgery-We Provide Outcomes, We Don't Sell Surgeries Larry Schlesinger, MD

AFTERNOON BREAK

3:15pm - 3:45pm

Station One

3:20pm Google Ranks Websites, Not Surgeons David Evans 3:30pm What Keeps Your Colleagues Awake at Night Robert Aicher, Esq.

Station Two

3:20pm A Compelling Case for Social Media Ryan Miller 3:30pm 5 Things Your Lawyer Should Tell You About Social Media and Patient Referrals Alex Thiersch, JD

TUESDAY, APRIL 5

Moderators: Sheila Nazarian, MD & Jacob Unger, MD

MORNING BREAK

9:30am - 10:00am

Station One

9:35am How to Increase Patient Education Through 3D Imaging Virtual Reality Buth Graf MD

9:45am Website Warfare—Your Constant Battle with Google and Your Competition David Phillips

Station Two

9:35am Experience the Power of RADAR—Your Technical Resource: Discover New Search Capabilities and How They Can Work for You Tracy Pfeifer, MD 9:45am

RADAR for Residents: Learn How RADAR Can Enhance Your Residency Sammy Sinno, MD

WEDNESDAY. APRIL 6

Moderators: Kevin Small, MD & Christopher Surek, DO

MORNING BREAK

9:45am - 10:15am

Station One

9:50am Search Engine Optimization Kevin Charles

10:05am How Much Does a Plastic Surgeon's Gender Matter in Patient Choice? Heather Furnas. MD

Station Two

9:50am A Bird's Eve View From the Inside: Building a Multi-Million Dollar Practice Jennifer Deal 10:05am RADAR Tips, Tools and Tricks: Everything You Need to Know Barry Fernando, MD

LUNCH BREAK

12:30pm - 2:00pm

Station One

12:40pm 5 Key Tips to Increase Your Presence on Twitter Heather Furnas, MD

12:55pm **Online Leads Expire!** Karen Zupko

1:10pm Reputation: Managing Your Online Listings Peter Houtz

1:25pm How to Use Social Media to Grow Your Practice Jennifer Walden, MD

1:40pm Online Reviews-The Good, the Bad and the Horrible David Phillips

Station Two

12:40pm Mobile Marketing and Cross Device Conversion Keith Humes 12:55pm

10 Things You Should Do to Get Sued Robert Aicher, Esq

1:10pm SEO Checkup for 2016 and Beyond Timour Haider

1:25pm Trust Me. I'm a Doctor

Eva Sheie 1:40pm

HIPPA—Do's and Don'ts in the Aesthetic Practice JuliAnn Gelder



A World Perspective on **Breast Rejuvenation***

SATURDAY APRIL 2

A World Perspective on Breast Rejuvenation: Mastopexy with and without Implants, Fat and Support

7:30am - 5:30pm Co-Chairs: Constantino Mendieta. MD and Simeon H. Wall, Jr., MD

Level: Intermediate Organization: Didactic

7:30am Welcome and Introduction Consantino Mendieta, MD & Simeon H. Wall, Jr., MD 7:35am

A New Anatomically-Based Breast Evaluation for **Optimal Selection of Technique** Constantino Mendieta, MD

8:00am Pearls in Enhancing Augmentation Holly Wall, MD

8:25am Artful Augmentation Mastopexy Scott Spiro, MD

9:00am Structural Aesthetic Breast Reconstruction

Constantino Stan, MD 9:50am

Periareolar Mastopexy Utilizing Mesh Support João Carlos Sampaio Góes, MD

10:25am No Vertical Scar—Weight Transfer—Mastopexy and Reduction Gary Horndeski, MD

11:00am Lift, Fill and Hold: Creating and Maintaining Upper Pole Fullnes in Mastopexy Augmentation Simeon H. Wall, Jr., MD

1:00pm Defining the Role of Fat in Breast Rejuvenation Daniel Del Vecchio, MD

1:35pm Addition Subraction Mastopexy James Grotting, MD

2:10pm Efficiency and Consistency in One Stage Mastopexy Augmentation Ary Krau, MD

2:45pm Mastopexy With or Without Implant: When and How Jose Tariki, MD

3:35pm Long Lasting Results in Subfascial Mastopexy Augmentation Buth Graf MD

4:10pm A Logical and Sequentail Approach to Achieving Beautiful, Predictable, and Stable Outcomes in Mastopexy Augmentation Brad Calobrace, MD

4:45pm Discussion

*Additional Fee Required

HOT TOPICS IS HOT, HOT, HOT!

Premier Global Hot Topics 7:00am Breakfast in the Tabletop Exhibits 7:00am - 12:30pm

Tabletop Exhibits Open

7:30am - 7:35am Welcome

Jamil Ahmad, MD and Simeon H. Wall, Jr., MD Audience Moderators: Joe Gryskiewicz. MD and Robert Singer, MD

7:35am - 8:00am Quick Hits: What's Happening in Fillers and Neuromodulators Moderator: Simeon Wall, Jr, MD

Presenters: Jamil Ahmad, MD; Paul Lorenc, MD 8:00am - 8:18am

Hot Tech: Skin Resurfacing, Lasers and Tattoos-What Works? What Doesn't? Can You Be Profitable with These Techniques? Moderator: Simeon Wall, Jr. MD Presenters: Daniel Del Vecchio, MD; Barry

DiBernardo, MD; Henry Mentz, MD 8:18am - 8:30pm

A Triple Take on the Double Chin-What's Hot, What's Best and What's Not Worth It Moderators: Jamil Ahmad, MD & Simeon Wall, Jr, MD Presenters: Barry DiBernardo, MD: Joseph Hunstad, MD; Grant Stevens, MD

8:30am - 8:54am Device Wars: Fat Reduction/Skin Tightening/ Cellulite

Moderator: Simeon Wall, Jr. MD Presenters: Grant Stevens, MD; Jennifer Walden, MD; Gordon Sasaki, MD; Daniel Mills, MD

8:54am - 9:12am Controversies in Female Genital Rejuvenation Moderator: Jamil Ahmad, MD Discussants: Heather Furnas, MD; Kristi Hustak,

MD; Neil Reisman, MD, JD; Jennifer Walden, MD 9:12am - 9:30am

ASERF Bench to Bedside 2016: Stem Cells-Where Are We At?

Moderator: Jamil Ahmad, MD & Simeon Wall, Jr, MD Presenter: Kai Schlaudraff, MD Discussants: Daniel Del Vecchio, MD; Peter Rubin, MD

9:30am - 10:00am Coffee in the Table Top Exhibits

10:00am - 10:25am Headline News: Live From Las Vegas Moderators: Jamil Ahmad, MD & Simeon Wall, Jr, MD Discussants: William P. Adams, Jr., MD; Daniel Del Vecchio, MD; Elizabeth Hall-Findlay, MD; Mark Magnusson, MD; Grant Stevens, MD

-DUCATION

10:25am - 10:58am The Latest in Breast Implants, Scaffolds, and Support

Moderators: Jamil Ahmad, MD & Simeon Wall, Jr, MD Presenters: Larry Nichter, MD; Kai-Uwe Schlaudraff, MD Discussants: William Adams, Jr, MD; Frank Lista, MD; Mark Magnusson, MD; Patrick Mallucci, MD; Neil Reisman, MD, JD; Michael Scheflan, MD

10:58am - 11:16am The Latest in Biologic Scaffolds: New Shapes, New Applications, Old Problems Moderator: Simeon Wall, Jr, MD Presenters: Daniel Mills, MD; Bruce Van Natta, MD Discussants: Joseph Hunstad, MD; Mark Jewell, MD; Michael Scheflan, MD

11:16am - 11:36am Technology in Plastic Surgery: New Apps that have the Potential to Change Your Practice Moderator: Jamil Ahmad, MD & Simeon Wall, Jr. MD Presenters: Thomas Bell, MD; Nolan Karp, MD; Ryan Miller; John Semple, MD; Gary Breslow, MD

11:36am – 12:01pm BI-ALCL: Differing Opinions on What This Means for Our Patients Moderator: Jamil Ahmad, MD Presenter: Mark Clemens, MD Discussants: William Adams, Jr, MD; Mark Magnusson, MD; Bruce Van Natta, MD

12:01pm - 12:20pm Practice Changer: FDA Guidelines for Minimal Manipulation of Fat Moderator: Simeon Wall, Jr, MD Discussants: Daniel Del Vecchio, MD; Neil Reisman, MD, JD; Peter Rubin, MD

12:20pm - 12:30pm **Closing Remarks** Jamil Ahmad, MD and Simeon H. Wall, Jr., MD

Program Subject to Change

NEW Boardroom Breakouts*

Make sure to sign up for a Boardroom Breakout session before they sell out! Boardroom Breakouts will be held in a boardroom style classroom, maxing out at 15 attendees and will be a case-based presentation that will focus on analysis, planning, and execution of procedures. This will be an invaluable opportunity to have a much more intimate learning environment and interactive experience with top rated faculty. To view all the Boardroom Breakout options go to http://bit.ly/24bTiYV.

*Additional Fee Required





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Peter Jain, MD

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Products

Simple Ordering

> Peer Reviews

"I can read my colleagues' ratings and reviews of products and make purchases for my practice all in one place."



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The Aesthetic Meeting 2016: Meeting Essentials

Immerse & Explore: AIM



Check out the new criteria! With the Aesthetic Immersion Modules (AIM).

your education doesn't stop when the course is over. Perfect for those aesthetic surgeons who want to intensify their learning experience by continuing the dialog throughout the year, this is your opportunity to learn from recognized leading experts in aesthetic education through interactive settings.

- Select a teaching course in the appropriate level in Face, Body, Breast, or Rhinoplasty. You can take courses in all four areas at The Aesthetic Meeting 2016.
- Join your colleagues in online discussion groups using a private social media platform designed just for AIM participants on RADAR.
- AIM Certificates of Completion will be received by those who fulfill the requirements in their field of study.
- To apply for the appropriate courses, check the ASAPS website, surgery.org/AIM for the new criteria and curriculum. To view AIM courses in the registration brochure, simply look for the AIM logo.
- Your registration fee covers course attendance, participation in the follow-up webinar, all online discussions, and the module completion certificate for those who qualify. For courses and more information on AIM, please visit www.surgery.org/aim

Education For Your Staff

Whether your staff is in need of the latest clinical education or tips on how to create a more efficient and effective practice, The Aesthetic Meeting 2016 has just what you're looking for!



"The Business Side" April 5–7, 2016 Mandalay Bay Resort, Las Vegas, NV

www.surgery.org/meeting2016

Three informative Practice Management Sessions await your staff on Tuesday, Wednesday and Thursday. Covering everything from lead management, internet marketing, legal issues, to branding, reputation management, and more, these educational sessions are essential for maintaining a well-run practice.



Society of Plastic Surgical Skin Care Specialists (SPSSCS) Annual Meeting

March 31–April 4, 2016 Post Meeting Optional Laser Courses— April 4, 2016 Mandalay Bay Resort, Las Vegas, NV www.spsscs.org/meeting2016

With expanded membership opportunities, now is the ideal time for your skin care professionals to join SPSSCS. This informative Skin Care Meeting will help ensure your patients are receiving the very best care in medical skin care.



American Society of Plastic Surgical Nurses (ASPSN) Meeting April 2–3, 2016 Mandalay Bay Resort, Las Vegas, NV www.aspsn.org

At the 13th Annual ASPSN Aesthetic Symposium your nurses will learn the latest innovations and research to help promote practice excellence, nursing leadership, optimal patient safety, and outcomes. Topics include: Male Facial Rejuvenation with Fillers and Toxin, Threading, Advice Media, The Weird and Wacky Case Studies of Neurotoxins and Dermal Fillers, Dermabrasion: Old School or Here to Stay and Why, and more!

CME/Accreditation and Designation Statements

- Choose from more than 120 optional courses, including 16 exciting new topics!
- Up to 49.75 AMA PRA Category 1
 Credits[™]
- Attend the entire 2016 Scientific Session and earn 20.25 CME credits, of which 8 are patient safety CME. An additional 15.75 patient safety CME credits can be earned by attending select Optional Courses.

This educational meeting has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the sponsorship of the American Society for Aesthetic Plastic Surgery (ASAPS) and the Aesthetic Surgery Education and Research Foundation (ASERF). The Aesthetic Society is accredited by the ACCME to provide continuing medical education for physicians.

The American Society for Aesthetic Plastic Surgery designates this live activity for a maximum of 50.75 *AMA PRA Category 1 Credits.*TM Physicians should claim only credit commensurate with the extent of their participation in the activity.

Hotel Accomodations



The Aesthetic Society has contracted with the Mandalay Bay, Delano and the Luxor hotels to provide you with the best room rates for The Aesthetic Meeting, By

booking with onPeak, our housing bureau, on the reservation website at www.surgery.org/hotel, you will be ensured outstanding customer service for your sleeping room needs.

Mandalay Bay and Delano guest rooms are located within the Mandalay facility and within walking distance of the Mandalay Bay Convention Center meeting rooms. Luxor is a 15 minute walk through the Shops of Mandalay. There is also a tram that starts at Mandalay Bay and stops at the Luxor. The shuttle runs every 3 to 7 minutes. With highprofile bars, entertainment and eateries, as well as shopping, sharks and the golden sands of Mandalay Beach, the massive Mandalay Bay has all your entertainment needs under one roof. Make your reservations now!

Please note: onPeak is the ONLY official housing company associated with The Aesthetic Meeting 2016. While other hotel resellers may contact you offering housing for your trip, they are NOT endorsed by, nor affiliated with, our meeting. If you choose to book with a vendor other than onPeak, we strongly encourage you to verify their credentials before doing business with them. We also encourage you to independently confirm that your reservations have in fact been made and will be honored, by directly contacting your chosen hotel, airline and/or rental car company.



Explore The Aesthetic Marketplace

By Jamil Ahmad, MD

L ike many of you, I find my time exploring the exhibit hall at The Aesthetic Meeting to be just as fulfilling as its educational offerings. By meeting one-on-one with vendors, I learn the latest on devices and services which help me deliver optimal patient care leading to patient satisfaction. By listening to the short and impactful presentations in the Practice Changers Theater, I learn easy-to-adapt tips on how to improve my practice. And by bidding on items in the ASERF Silent Auction, I gain the chance to return home with essential products and services, at a fraction of the regular cost.

Thanks to the efforts of the ASAPS Industry Exhibits Committee, this year's Aesthetic Marketplace offers countless opportunities to learn from the experts what the latest product offerings are in the industry-and what is coming around the bend. Please join us in The Aesthetic Marketplace, open April 4-6, 2016, from 9:00am-5:00pm during The Aesthetic Meeting at The Mandalay Bay Resort and Casino in Las Vegas, NV. (Please note that no children under the age of 18 will be allowed in The Aesthetic Marketplace.) Here are just a few of the exciting offerings you'll discover.



ASERF Silent Auction

Bid to win at the ASERF Silent Auction items in Booth #803, where you'll find an array of products and services, waiting to be yours, at a fraction of their cost. For example, Zeltiq

has generously donated two CoolSculpting machines-wouldn't you love to win those? The ASERF Silent Auction officially closes at 2:00 PM ON WEDNESDAY, APRIL 6. Check out the products and get ready to bid! http://handbid.com/login.

Learn About The Aesthetic Societyand Get a Free Photo!



We Are Aesthetics photo booth. located in ASAPS Booth #834. You'll receive a free photo, meant for sharing on

social media, demonstrating your commitment to improved patient safety and satisfaction.

Membership in the American Society for Aesthetic Plastic Surgery has never been easier. Visit Booth #834 to meet ASAPS Membership Manager, Marissa Simpson, who can answer your membership questions and guide you through the application process. www.surgery.org/membership

Did vou know The Aesthetic Society's research library and discussion forum, RADAR Resource, is now available on all platforms? Explore RADAR in Booth #834 and learn how you can research using the Aesthetic Surgery Journal, Aesthetic Society News, member resources, videos and more. Discover essential features, such as the ability to earn CME, sharing options, the Industry Resource Center, and RADAR for Residents. ww.surgery.org/radar

Set sail aboard The Aesthetic Cruise 2017 and explore England, Scotland, and Norway while learning from some of the brightest minds in aesthetic plastic surgery. Cruise coordinator Bob Newman will be in Booth #834 with all the details.

Enjoy Special Savings on ASAPS Products

At Booth #834, you can also enjoy 20% off all Aesthetic Society products, including brochures, DVDs, manuals, and the ASAPS Member Enhanced Practice Profile (EPP) personal web pages. Discover our exclusive members-only Procedure Brochure line, as well as practice marketing brochures for members and non-members alike-stop by for samples!

Meet the ASAPS Board—A Special Wine Tasting Event.

Tuesday, April 5 at 3:30pm – 4:30pm, it is your chance to meet ASAPS leadership during a special wine tasting event. The event will take place in Booth #834, providing you the opportunity to ask questions and provide feedback on your experience as an ASAPS member or Aesthetic Meeting attendee.



The Aesthetic Surgery Journal Turns ŽŎ! Ioin the

celebration of the

Gold Journal's 20th Anniversary in the ASJ

Lounge, Booth #147, where you can connect with Aesthetic Surgery Journal's team of editors, publishers, and contributors. An international, indexed, peer-reviewed journal published 10 times per year with an Impact Factor of 1.841, ranked 82 of 198 in Surgery, ASJ is essential for keeping up-to-date on the latest clinical aesthetic techniques and research. ASJ is the #1 Journal in all of aesthetic surgery, so come join the ASJ team as we celebrate their 20th anniversary.



Practice Changers Theater

You'll be amazed at what vou can learn during these short 15 minute presentations,

held during coffee breaks in Booth #1333. A full schedule of presentations can be found on page 18.

Book Your Hotel Room for The Aesthetic Meeting 2017 in San Diego

Visit the Advanced Sales Booth #1519 to book your hotel room for The Aesthetic Meeting 2017. We'll be celebrating the Society's 50th Anniversary in San Diego, CA, April 27–May 2. This is one anniversary you won't want to miss!

Please Thank Our Exhibitors!

As always, we thank our wonderful vendors, without whose support The Aesthetic Society couldn't continue to offer our annual educational event. The Aesthetic Meeting. Please visit them in The Aesthetic Marketplace and thank them for their support.

See you in The Aesthetic Marketplace, open Monday April 4-Wednesday April 6, 9:00am-5:00pm, in the Shoreline Exhibit Hall of the Mandalay Bay Resort and Casino.

Jamil Ahmad, MD, is an aesthetic plastic surgeon practicing in Toronto, Canada, and serves as the Chair of the ASAPS Industry Exhibits Committee.



Explore The Aesthetic Marketplace! Discover New Products & Services, and Thank Our Valued Vendors for Participating

Company NameBooth I	Number
A to Z Surgical (Scissor Depot)	
AAAASF	
AART	
Accuview Imaging	
Acelity: KCI, LifeCell & Systagenix	
Advance Sales	
Advice Media	
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Image Exhibition	141
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AiRS Alliance in Reconstructive	
Surgery Foundation	1306
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Andrew Technologies	347
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ASERF Member and Faculty Lounge	
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CareCredit	
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CES, Inc.	
ClearPoint Medical Inc	
Clinical Resolution Lab, Inc.	
Cohera Medical, Inc	
Contemporary Design Inc	
CosmedicList	
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Elevate your Surgical Experience

Strong, long-lasting repair
Completely resorbable and naturally eliminated
Monofilament construction to lower potential risk of infection
Cost effective alternative to other surgical scaffolds

GalaFLEX offers a unique combination of properties ideal for soft tissue reinforcement in plastic and reconstructive surgery. GalaFLEX is made from monofilament fibers of P4HB (poly-4-hydroxybutyrate), a resorbable material that is produced by microorganisms. GalaFLEX gradually and predictably degrades over time into a naturally occurring metabolite.

BIOLOGICALLY DERIVED • MONOFILAMENT RESORBABLE • SUPERIOR STRENGTH

GalaFLEX is indicated for use as a resorbable scaffold for soft tissue support and to repair, elevate and reinforce deficiencies where weakness or voids exist that require the addition of material to obtain the desired surgical outcome. This includes reinforcement of soft tissue in plastic and reconstructive surgery, and general soft tissue reconstruction. GalaFLEX is also indicated for the repair of fascial defects that require the addition of a reinforcing or bridging material to obtain the desired surgical result.

Warning: Device manufacture involves exposure to tetracycline hydrochloride and kanamycin sulfate. The safety and product use for patients with hypersensitivities to these antibiotics is unknown. Placement of the scaffold in direct contact with bowel or viscera is not recommended. If an infection develops, treat the infection aggressively. An unresolved infection may require removal of the scaffold. Before using GalaFLEX, read the Instructions for Use which accompanies the product for full product safety information.

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Explore The Aesthetic Marketplace!

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*Exhibitors and their locations subject to change.

Raising the Stakes in Skin Care

WELCOME

March 31– April 4 Mandalay Bay Hotel Las Vegas, NV

2016

22nd Annual Meeting

SKL

Society of Plastic Surgical Skin Care Specialists

WWW.SPSSCS.ORG

New This Year! Nurse Injectors Cadaver Lab—Saturday, April 2 Laser Safety Officer Certification Course—Monday, April 4

(A)

High Level Skin Care Education from Sources You Trust

Do you have a nurse or aesthetician in your practice? Could your existing staff benefit from unbiased plastic surgical skin care



education? They will definitely benefit by attending the many educational presentations at the Society of Plastic Surgical Skin Care Specialists (SPSSCS) Annual Meeting, Skin Care 2016: Raising the Stakes in Skin Care, March 31–April 4, 2016 at Mandalay Bay Hotel in Las Vegas, NV, just prior to The Aesthetic Meeting.

Many of our members have a wide range of educational needs; clinical expertise, business knowledge and marketing are just a few, so this year's program is designed to meet these needs. We have an exciting lineup of faculty and educational topics.

Do you have staff members that do not qualify for membership in the SPSSCS, but you would like for them to attend Skin Care 2016? No problem! Non-members are welcome to register for the meeting and take advantage of the many educational and networking opportunities:

Skin Care 2016 Faculty Includes:

Al Aly, MD Goesel Anson, MD Daniel Clary, LE, COE Barry DiBernardo, MD Leslie Fletcher. RN. MEP-C Miles Graivier, MD Jennifer Harrington, MD Thomas Hitchcock, PhD Franck Joly, Lac, MTOM Kathy Jones, BSN, RN, CPSN John Kulesza M. K. Maloney, RN, CANS Tiffany McCormack, MD Laura McDermott, BIS, LE, MA Kyle Mills Candace Noonan, LE, COE Marc Sanchez, Esq. Pamela Springer, LAE, LI Cindy Steele Patrick Sullivan, MD Michelle Cox Turley Kristy Van Beek, BSc Chiza Westcarr, BSc Cheryl Whitman Steve Yoelin, MD

Skin Care 2016 Topics Include

- Approach to Skin Care Ingredients
- Cannula Use
- Chemical Peels for the Neck and Chest
- Dermal Fillers: The Advantages of Introducing Trauma when Injecting
- Fat Reduction: Cryolipolysis
- Fat Reduction: Radio Frequency
- How to Start and Grow Your Practice
- Inflammaging: Inflammation and Accelerated Skin Aging
- Laser Body Contouring
- Marketing Cosmeceuticals from Branded to Private Label Products
- Marketing Tools to Elevate Communication and Interactions
- Mechanical Resurfacing with Topical Application Indicated for Melasma/Pigment
- Melanogenesis
- Melasma Mystery
- Micro Focused Ultrasound
- Microneedling in the Medical Aesthetic Practice
- Microneedling Devices and FDA Regulation
- Neck Rejuvenation—Kybella
- Photoaging: Understanding and Treating
- Secrets of the Stratum Corneum
- Skin of Color: Reduce Risk—Enhance Results
- The Aging Male Face

Roundtable Discussion Topics

- Automated Microneedling 101
- Treatment Modalities to Keep Patients Interested
- Post Laser Regimens to Aid in Patient Healing
- Hormones and the Skin
- How to Correct Scars and Vitilago
- Fighting Direct-to-Consumer Sales
- Anxiety, Diet and Acne
- · Compensation and Discounts

All Skin Care 2016 attendees are also invited to attend an all-day educational bonus organized by ASAPS: Cosmetic Medicine 2016—The Power of Cosmetic Medicine: Skin Care to Fillers. Enhance the quality of your practice by giving your staff the tools they need to better serve your patients. Registration information is now available-please visit our website at www.spsscs.org/meeting2016

"Each year, I send one or more skin care specialists to the SPSSCS Annual Meeting and have always been amazed at the amount of knowledge and enthusiasm that is brought back. The staff and my practice has benefited greatly, not only from the physician and industry expert speakers but also through the networking and sharing of information with other skin care specialists in the industry." -Craig W. Colville, MD-

Optional Post-Meeting Courses Monday, April 4

Laser Safety Officer Training and Certification Courses John Hoopman, CMLSO You must be registered for the SPSSCS meeting

to sign up for these optional courses. 8:00am – 12:30pm Course 1—Foundations

(pre-requisite to Course 2)

Fee: \$795 for Surgeons, PAs and NPs \$595 for RNs, Aestheticians and Staff

This educational program is designed for the health care provider utilizing medical laser technology in the care of his/her patient. The Foundations of Laser & Light program provides comprehensive base knowledge in laser physics and laser safety to physicians, nurses and other healthcare providers who utilize medical laser systems in the care of their patients. This program is structured to comply with the Training Programs/ Certification and Credentialing recommended by ANSI Z136.3, 2011 "American National Standard for the Safe Use of Lasers in Health Care" Section 5.2.2 and 5.2.3. The goals of the Foundations program are to provide information regarding:

- Various types of medical lasers
- Laser physics and clinical applications related to surgical and aesthetic use of lasers
- Laser safety issues and the health care provider
- Regulatory and non-regulatory agencies and how they relate to the practice setting (hospital, surgery center, office based surgery, mobile services) and health care provider

1:00pm - 3:00pm

Course 2—Laser Safety Officer Training Fee: \$445

This educational program provides the useful tool to establish and maintain a laser safety program in your facility and/or practice. It is geared toward helping offices with regulatory compliance and establishing a documented safe environment. The Laser Safety Officer (LSO) is the one person in each facility or organization, who is responsible for the laser safety program. This individual has the training and experience to administer a laser safety program. The LSO is authorized by the health care facility (HCF) administration and is responsible for monitoring and overseeing the control of laser hazards. *CEs available—provided by XMedica





A re you registered to attend the upcoming Aesthetic Meeting in Las Vegas this April? If so, be sure to make the most of your time during the week and discover RADAR. Visit The Aesthetic Society at Booth #834 and learn how this Aesthetic Society Benefit will work you.

RADAR Demonstrations in The Aesthetic Marketplace

- Monday, April 4, 9:00am 5:00pm
- Tuesday, April 5, 9:00am 5:00pm
- Wednesday, April 6, 9:00am 5:00pm

Grab your iPad, laptop, or smartphone and come check out the capabilities of the RADAR 2.0! With new content, discussion abilities, interactive cases and much more!

RADAR Practice Changers Presentations:

Monday, April 4

• 10:15am—Experience the Power of RADAR—Your Technical Resource: Learn How to Search for Operative Video and More (Tracy Pfeifer, MD)

Discover RADAR Resource at The Aesthetic Meeting 2016!

- 1:15pm—RADAR for Residents: Learn How RADAR Can Enhance Your Residency (Sammy Sinno, MD)
- 1:35pm—RADAR Tips, Tools and Tricks: Everything You Need to Know (Barry Fernando, MD)

Tuesday, April 5

- 9:35am—Experience the Power of RADAR—Your Technical Resource: Discover New Search Capabilities and How They Can Work for You (Tracy Pfeifer, MD)
- 9:45am—RADAR for Residents: Learn How RADAR Can Enhance Your Residency (Sammy Sinno, MD)

Wednesday, April 6

• 9:50am—RADAR Tips, Tools and Tricks: Everything You Need to Know (Barry Fernando, MD)

RADAR in the Tabletop Exhibits:

Thursday, April 7

 7:30am – 12:30pm—Stop by and experience what RADAR has to offer by viewing a demo, asking questions, or simply getting logged on.



The Allergan Foundation Grant Pays Way for 25 Residents and Fellows

As a resident or fellow, having an opportunity to attend The Aesthetic 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.

For the fourth time, The Allergan Foundation has provided a grant to the ASERF Travel Scholarship Program. This year, in the amount of \$50,000 which sponsors 25 residents and fellows to attend The Aesthetic Meeting 2016 in Las Vegas, Nevada. Each recipient will receive \$2,000 to spend towards travel, hotel and a per diem to be spent during their time at the meeting. Registration for The Aesthetic Meeting is always free to residents & fellows in approved plastic surgery programs.

To qualify for this scholarship, the residents and fellows must be in good standing in an approved plastic surgery program, submit a letter of recommendation from their program director, submit a summary of why they deserve the scholarship and they must agree to attend the entire educational session during the meeting.

The Residents & Fellows Committee received an outstanding 57 applications this year! That is the highest number of applications submitted yet! This was an excellent pool of candidates and selecting 25 was not easy. Congratulations to the recipients:

Paul Afrooz, MD Daniel Butz, MD Cisco Sanchez Navarro, MD Charlie Chen, MD Emily Clarke-Pearson, MD Justin Cohen, MD Joshua Cox, MD

Gehaan D'Souza, MD Michelle Eagan, MD Nathan Eberle, MD Marc Everett. MD Michael Hakimi, MD Ahmed Hashem, MD Rohit Jaiswal, MD Matthew Jenkins, MD Owen Johnson III, MD Benjamin Khoda, MD Karen Leong, MD Marco Maricevich, MD Raja Mohan, MD Paul Phillips, MD Andrew Silver, MD Sammy Sinno, MD Chris Surek, DO Meredith Vandegrift, MD



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ASAPS Las Vegas 2016 Aesthetic Symposium: A Big Success

By Charles Thome, MD

he recent "ASAPS Las Vegas 2016 Aesthetic Symposium: Practical Tips and Revolutionary Concepts in Facial Surgery, Injectables and Rhinoplasty," was an unqualified success.

Chair Glenn Jelks, MD, and I had a wonderful time creating the program for this intimate learning experience, and are extremely proud of our outstanding faculty, which included some of the best minds in aesthetic plastic surgery. The symposium attracted 171 surgeons and 44 exhibitors.

Glenn and I had terrific help organizing the program and cadaver lab from Dr. Oren

Tepper. Drs. Chris Surek and Sammy Sinno were extremely helpful in organizing the cadaver lab. The collaboration between older and younger plastic surgeons was featured at this meeting and is a theme we will expand upon next year.

In addition to our face program, we had, for the first time, a rhinoplasty session, which was truly "cutting edge" and extremely well received. Dr. Rollin Daniel organized the program which ran parallel to the Face session and featured an international faculty. A rhinoplasty revolution is clearly underway with numerous new techniques and concepts. My deepest thanks to Glenn for his leadership in putting this symposium together. I look forward to ASAPS Las Vegas 2017 Facial Symposium, which we are actively planning. Look for more details coming soon at surgery.org/lasvegas2017.

Charles Thorne, MD, is Chairman of the Department of Plastic Surgery at Lenox Hill Hospital and Manhattan Eye, Ear and Throat Hospital and serves as Education Commissioner for The Aesthetic Society.





Thank You to the ASAPS Las Vegas 2016 Aesthetic Symposium Faculty!

Javier Beut, MD Louis Bucky, MD Baris Cakir, MD Jay Calvert, MD Steve Cohen, MD Rollin Daniel, MD Steve Dayan, MD Dino Elyassnia, MD James Grotting, MD Bahman Guyuron, MD Glenn Jelks, MD Mark Jewell, MD Joan Fontdevila, MD Aaron Kosins, MD Val Lambros, MD Steven Levine, MD Timothy Marten, MD Peter Palhazi, MD Mario Pelle-Ceravolo, MD Robert Singer, MD Oren Tepper, MD Charles Thorne, MD Patrick Tonnard, MD Richard Warren, MD

Continued on Page 31

ASAPS Las Vegas 2016 Aesthetic Symposium: A Big Success

Continued From Page 30











Coming in January 2017!

- Intimate Learning Environment
- Exceptional Education

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



www.surgery.org/lasvegas2017

NEW MEETING: You Asked, ASAPS Responded!

Experienced Insights in Breast and Body Contouring-Interaction. Involvement. Inspiration

Due to member requests, ASAPS is proud to announce the inaugural "Experienced Insights in Breast and Body Contouring— Interaction. Involvement. Inspiration." This small, intimate symposium, sponsored by ASAPS, will take place October 6–8, 2016 at

the Westin Chicago River North, in Chicago, IL. The participants will have extensive exchanges and discussions with some of the brightest minds in aesthetic plastic surgery. Focusing on innovative techniques for breast and body contouring, participants will learn how to refine their techniques to deliver the natural-looking results that patients desire.

Save the date, and look for a full program and faculty, coming soon, at www.surgery.org/breastandbody2016



Experienced Insights Breast and Body Contouring

Interaction. Involvement. Inspiration

Thursday, October 6– Saturday, October 8, 2016

The Westin Chicago River North Chicago, IL



www.surgery.org/breastandbody2016



The Business of Launching Your Practice The ASAPS Gift of Expert Advice



Residents' Symposium



September 9–11, 2016 Grand Hyatt at DFW—Dallas, TX

www.surgery.org/residents2016



American Society for Aesthetic Plastic Surgery 11262 Monarch Street, Garden Grove, CA 92841-1441 • 800.364.2147 • 562.799.2356

Residents, Save the Date! The Business of Launching Your Practice

ith an overwhelming positive response to ASAPS' 2015 Residents' Symposium, reserve your spot now for "The Business of Launching Your Practice: The Gift of ASAPS Advice," coming September 9-11, 2016 at the Grand Hyatt Dallas in Dallas/Fort Worth, TX. Complimentary to residents, this informative symposium offers key advice from both surgeons and experts on how to run an effective and profitable practice, whether you're solo, in a group, or in a hospital setting. Faculty includes a first-rate team of experts, including attorneys, financial planners, practice administrators, marketing professionals, and established plastic surgeons, who will share with you their tips and practical suggestions for success.

Positive Reaction to the 2015 Residents' Symposium

Attendees had wonderful responses to the curriculum and faculty. In follow-up evaluations, 89% of attendees reported that the symposium had greatly exceeded their expectations. In fact, all symposium faculty rated higher than 90% in terms of attendee satisfaction.

Individual attendees wrote that their favorite elements were:

- Top 10 Financial Planning Mistakes
- Beware of Mentors Bearing Gifts
- How to Protect Your Practice and YourselfHiring the Right Staff to Enhance Your
- Practice
- Contract Negotiations

• Personal Experiences of Fellow Surgeons in Starting Their Practices

• Marketing Your Practice Many noted they appreciated the roundtable discussions and open communication with faculty, as one-on-one time with the faculty was plentiful. This faculty included professionals for whom one would pay a substantial sum for the same advice, but at the symposium, this was completely complimentary.

Testimonials from Participants

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

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

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

"Best conference I have ever been to." "I will be coming back every year for the rest of my 4 years left in residency!"

2016 Residents' Symposium

As one attendee noted, this was the "single most valuable 3 day experience in residency." With responses such as that, we hope you'll plan to attend "The Business of Launching Your Practice: The Gift of ASAPS Advice 2016." Look for registration information and program, coming soon at surgery.org/residents2016.



Faculty of ASAPS' first-ever symposium exclusively for Residents and recent graduates celebrates its' success. Back: Bob Aicher, Esq.; Ryan Miller; Larry Keller; Alex Thiersch, JD; Mark Codner, MD; Sal Pacella, MD; Gary Tuma, MD; Herluf Lund, MD; Joseph Ellis. Front: Sheila Nazarian, MD; Helen Daniel, and Karen Zupko.



The End of Your Residency is in Sight, or Just Behind You.

By Bob Aicher, Esq.

How Do You Launch a Practice Successfully, and What Resources are Available?

A SAPS has the answers, and the Residents' Symposium, to be held September 9–11, 2016 at DFW, is free.*

You'll hear from professionals about setting up your practice, joining a group or flying solo, embracing HIPAA and ICD-10 billing, setting up a med spa, hiring the right staff, firing the wrong staff, spotting employee theft, reading financial statements, marketing your practice, holding on to your money, and the often misunderstood yet critically important topic, selecting the right insurance. There will be group presentations, roundtable discussions and plenty of time for one-on-one Q&A, and yes, we'll mention why joining ASAPS is a great practice enhancer.

Don't take our word for it; our 2015 residents said we hit it out of the park.

MDs, JDs, financial planners, and practice consultants. ASAPS offers it all: from professionals who are committed to paying it forward to you, our plastic surgery residents and fellows.

Look for registration to open this summer. More details will be posted at surgery.org/ residents2016. We'll see you there!

*Registration is free, and meals are included. You pay for transportation and lodging, but everything happens at the Grand Hyatt DFW in Terminal D, so it's fast, convenient, and really cost effective.

Bob Aicher, Esq., serves as ASAPS legal counsel and was a faculty member for 2015's Residents' Symposium.





Give patients a subtle, natural-looking lift with *Restylane** *Lyft*—one filler that treats both their midface and facial wrinkles and folds.¹ With lasting results and trusted *Restylane* safety,¹ it's just the kind of lift they're looking for. **Learn more at www.RestylaneLyft.com**

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Reference: 1. Restylane Lyft. Instructions for Use. Fort Worth, TX: Galderma Laboratories, L.P.; 2015.

Actual *Restylane Lyft* patient. Individual results may vary.

Important Safety Information

Indications: Restylane[®] Lyft with Lidocaine is indicated for implantation into the deep dermis to superficial subcutis for the correction of moderate to severe facial folds and wrinkles, such as nasolabial folds, and for subcutaneous to supraperiosteal implantation for cheek augmentation and correction of age-related midface contour deficiencies in patients over the age of 21.

Restylane Lyft with Lidocaine should not be used by people with severe allergies, particularly to microorganisms known as gram-positive bacteria, or by people with serious allergies to drugs that have previously required in-hospital treatment. This product should not be used by people with bleeding disorders and should not be injected anywhere except just under the skin. *Restylane Lyft with Lidocaine* should not be used in people with a known allergy to lidocaine.

The most common adverse events after initial treatment include bruising, redness, swelling, pain, headache, tenderness, and itching. Use at the site of skin sores, pimples, rashes, hives, cysts, or infection should be postponed until healing is complete. In these instances, product use could delay healing or make skin problems worse. This product should not be injected into the blood vessels as it may cause vascular occlusion, infarction, or embolic phenomena.

Restylane Lyft with Lidocaine is available only through a licensed practitioner. Complete Instructions for Use are available at www.RestylaneLyft.com.



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SUNDAY, APRIL 3 6:30 PM - 8:30 PM MANDALAY BAY, BALLROOM BANYON CD **DINNER SERVED**

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Faculty:

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Z. Paul Lorenc, MD, FACS

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THE AESTHETIC CRUISE 2017 50 YEARS OF AESTHETICS

July 21–August 1

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North Sea Cruise England, Scotland, Norway

> Chair: W. Grant Stevens, MD Co-Chair: Melinda J. Haws, MD

www.surgery.org/cruise2017

EDUCATION

Set Sail for Adventure and Education! The Aesthetic Cruise 2017

Join colleagues for a learning experience like no other on The Aesthetic Cruise 2017, as we celebrate The Aesthetic Society's 50 Years of Aesthetics by visiting Scotland and Norway, July 21-August 1, 2017 on Oceania's Marina. With a luxurious ship, intriguing ports-of-call, and world-class educational offerings, The Aesthetic Cruise 2017 will be an unforgettable and enlightening adventure. Chair, Dr. W. Grant Stevens and co-chair, Dr. Melinda J. Haws, are putting together an exciting program with exceptional faculty, and the intimate cruise setting offers participants the opportunity to exchange ideas, network and learn from some of The Aesthetic Society's brightest minds. Reservations are being taken now for cabins, so book today! For more information, please go to www.surgery.org/cruise2017.

Amazing Ports!

Southampton, England (Departure Port) Newhaven (Edinburgh), Scotland Kirkwall, Scotland Bergen, Norway Flaam, Norway Geiranger, Norway Alesund, Norway Stavanger, Norway

Book Your Cabin While at The Aesthetic Meeting!

Bob Newman, cruise coordinator, will be in The Aesthetic Society's Booth #834, answering questions and taking reservations. Drop by Monday, April 4– Wednesday, April 6, 9:00am–5:00pm to book your cabin.

The Finest Cruise Experience on Oceania's Marina:

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Testimonials:

"My family and I have been on several of The Aesthetic Cruises and I love them." Al Aly, MD, ASAPS Active Member since 2003.

"I had the pleasure of meeting and learning from Karen Zupko on The Aesthetic Cruise to Alaska in 2013, and had more terrific interactions on The Aesthetic Cruise 2015, from Barcelona to Lisbon." Frederick G. Weniger, MD, ASAPS Active Member since 2011.

"The Aesthetic Cruise offers stellar education in a unique and intimate learning environment. My family and I look forward to these chances to be together with colleagues and explore the world at the same time."

Jeffrey M. Kenkel, MD, ASAPS Active Member since 2001.

"While enjoying The Aesthetic Cruise 2013, I participated in courses focused on practical changes I could apply to my business management and marketing which would ensure my practice thrive. I'm pleased to report that in just the first six months of implementing these ideas, my practice revenue increased substantially—over 35%! As you can imagine, I look forward to what I might learn on my next Aesthetic Cruise!"

Mark A. Codner, MD, ASAPS Active Member since 2001



Members to Vote on Slate of Candidates



Active members of the American Society for Aesthetic Plastic Surgery (ASAPS) will hear reports on Society

business and elect new officers for 2016-2017 during the ASAPS/ASERF Annual Business Luncheon. All Active Members are invited to attend on Tuesday, April 5th at 12 noon at The Aesthetic Meeting 2016 in Las Vegas.



President (Automatic from President-Elect) Daniel C. Mills, II, MD Laguna Beach, CA Private Practice

Current Board Position: President-Elect ASAPS Committee Work:

Executive Committee,

Advocacy Relations Committee (Chair), Aesthetic Training Committee, Finance & Investment Committee, Industry Policy Committee, Conflict of Interest Committee, Women Aesthetic Surgeons' Committee, ASJ Editorial Board, ASJ Technology Editor, ASERF Board of Directors, ASERF Attractiveness Study Task Force, ASERF Fund Development Committee, ASERF Website Committee National Affiliations: ASAPS, ASERF, ACS Training: Wright State University, General Surgery; Medical College of Ohio, Plastic Surgery

ABPS certification: 1990



President-Elect Clyde H. Ishii, MD

Honolulu. HI Private Practice Current Board Position: Vice President ASAPS Committee Work:

Executive Committee, Finance & Investment Committee, Industry

Policy Committee, ASERF Board of Directors National Affiliations: ASAPS, ASERF, ASPS, ACS. ASLMS Training: Jefferson Medical College, University of Virginia, General Surgery; Emory University, Plastic Surgery; NYU, Hand Surgerv **ABPS Certification:** 1987



Vice President W. Grant Stevens, MD

Marina Del Rey, CA Private Practice; Clinical Professor of Surgery, USC Keck School of Medicine, Division of Plastic Surgery; Director Aesthetic Surgery

Division and the Aesthetic Surgery Fellowship Current Board Position: Treasurer **ASAPS Committee Work:** Executive Committee, Finance & Investment Committee, Industry Support Committee (Chair), Industry Exhibits Committee, Conflict of Interest Committee, Industry Policy Committee, External Marketing Committee, Aesthetic Training Committee, ASJ Editorial Board National Affiliations: ASAPS, ASERF, ACS, ISAPS

Training: Harbor/UCLA Medical Center, General Surgery; Washington University School of Medicine, Hand Surgery; Washington University School of Medicine, Plastic Surgery **ABPS Certification:** 1989



Treasurer Charles H. Thorne, MD

New York, NY Private Practice; Chairman, Department of Plastic Surgery at Lenox Hill Hospital and Manhattan Eye, Ear and Throat Hospital

Current Board Position: Secretary ASAPS Committee Work: Executive Committee. Education Commissioner. Finance & Investment Committee, Industry Policy Committee, Aesthetic Training Committee, Continuing Medical Education Committee, MOC Task Force National Affiliations: ASAPS, ASERF, ASPS, ACS, PSEF, AAPS Training: Yale College, UCLA School of Medicine, Massachusetts General Hospital Surgery Residency, Plastic Surgery; NYU, Craniofacial Surgery;

ABPS Certification: 1991

Secretary Herluf G. Lund, MD St. Louis, MO Private Practice Current Board Position: Member at Large ASAPS Committee Work: Administrative Commissioner,

Finance & Investment Committee (Chair), Industry Exhibits Committee, Industry Policy Committee, External Marketing Committee, International Fellowship Program, Publications Committee, Program Committee, Membership Commissioner (former), Product Development and Market Research Committee (former Chair), New Member Committee (former Chair), Marketing Task Force (Vice Chair) National Affiliations: ASAPS, ASERF, ASPS, ACS, AMA

Training: Washington School of Medicine; University of Texas at Houston, General Surgery; Washington School of Medicine, Plastic Surgery Residency **ABPS Certification:** 1994 Members at Large

MEMBERS AT LARGE (3-year terms)

Jamil Ahmad, MD



Surgery Clinic

Current Board Position: Parliamentarian ASAPS/ASERF Committee Work: Program Committee (Vice Chair), Industry Exhibits (Chair), Industry Policy, Industry Support, Innovative Procedures Committee (Co-Chair), Scientific Research Committee, RADAR Champions, Candidate Committee, Medical Student Committee (Chair) National Affiliations: ASAPS, ASERF, ASPS, CSAPS, CSPS, ISAPS, The Rhinoplasty Society Training: Medical School, Royal College of Surgeons in Ireland; Integrated Plastic Surgery, University of Texas Southwestern Medical Center; Fellowship, University of Toronto Royal College of Physicians and Surgeons: 2010



San Diego, CA

(Far West)



Nolan Karp, MD

(Completing term vacated by Dr. Lund—until 2018) New York, NY Faculty Group Practice NYU School of Medicine ASAPS/ASERF Committee Work: Scientific Research

Committee, Aesthetic Training Committee, Continuing Medical Education Committee, RADAR Resource Editorial Board National Affiliations: ASAPS, ASERF, ASPS, ASSH, PSRC, ACS, ASBD, AAPS Training: Northwestern University School of Medicine, New York University School of Medicine, Institute of Reconstructive Plastic Surgery at New York University School of Medicine

ABPS Certification: 1994



Kiya Movassaghi, MD, DMD

Private Practice; Clinical Assistant Professor of Plastic Surgery, Oregon Health & Science University's School of Medicine **Current Board Position:**

Member-at-Large

ASAPS/ASERF Committee Work: Data Hub Task Force, Finance and Investment Committee, Aesthetic Training Committee, Program Committee, Symposium Committee (Chair), Membership Commissioner, Resident Symposium Committee (Chair—former) National Affiliations: ASAPS, ASERF, ASPS, OSPS

Training: Harvard Medical School, Harvard Dental School, General Surgery: Beth Israel Deaconess Medical Center at Harvard Medical School, Massachusetts General Hospital; Harvard Combined Plastic Surgery Program ABPS Certification: 2003



Jennifer L. Walden, MD

Austin, TX Private Practice Current Board Position: Member-at-Large ASAPS/ASERF Committee Work: Finance & Investment

Committee, Communications Commissioner, Breast Implant Associated ALCL Task Force, Media Relations Committee, Traveling Professor Program, Leadership Development Committee, Women Aesthetic Surgeons' Committee, Candidate Liaison Committee (Chair—former)

National Affiliations: ASAPS, ASPS, ISAPS, AAAASF, FACS, AWS

Training: University of Texas, Medical Branch; Manhattan Eye, Ear and Throat Hospital

ABPS Certification: 2005

TRUSTEE

(3-year term)



MD Vancouver, BC Canada

Richard J. Warren.

APPLICATION REVIEW COMMITTEE (3-year terms)



Constantino G. Mendieta, MD

Miami, FL (Florida)

Salvatore J. Pacella, MD, MBA

San Diego, CA (Southern California)

Kathleen A. Waldorf, MD Portland, OR (Northwest)

ETHICS COMMITTEE (3-year terms



Grady B. Core, MD Birmingham, AL (Southeast)

M. Mark Mofid, MD



Lorne K. Rosenfield, MD (3-year term)

(3-year term) Burlingame, CA (West)

JUDICIAL COUNCIL

Those continuing in positions: MEMBERS-AT-LARGE

William P. Adams, Jr., MD (until 2017—2nd term) Dallas, TX

Melinda J. Haws, MD (until 2018) Nashville, TN

Joseph P. Hunstad, MD (until 2017— completing term vacated by Dr. Warren) Huntersville, NC

Tracy Pfeifer, MD (until 2018—completing term vacated by Dr. Grover) New York, NY

Simeon H. Wall Jr., MD (until 2017) Shreveport, LA

IMMEDIATE PAST PRESIDENT

Aesthetic Society News • Spring 2016 41

James C. Grotting, MD Birmingham, AL

FOUNDATION NEWS

ASERF Members To Vote On Slate Of Candidates

Active members of the Aesthetic Surgery Education and Research Foundation (ASERF) will hear reports on Foundation business and elect new officers for 2016–2017 during the ASERF Annual Board Meeting Luncheon. All Active Members are invited to attend on Tuesday, April 5th at 12 noon at The Aesthetic Meeting 2016 in Las Vegas



President (Automatic from President-Elect) **Steven Teitelbaum, MD**

Santa Monica, CA Private Practice, Assistant Clinical Professor of Plastic Surgery, David Geffen School of Medicine at UCLA

Current ASERF Board Position: President-Elect

ASAPS/ASERF Committee work: Judicial Council, Conflict of Interest Committee, Product Development & Market Research, Breast Implant Associated ALCL Task Force, Application Review Committee, Symposium Committee, Publications Committee, Reputation Management Task Force, ASERF Executive Committee, Innovative Procedures Committee, Website Committee

National Affiliations: ASAPS, ASERF, ASPS, ACS, ISAPS

Training: Harvard/Beth Israel Hospital, Boston, MA, General Surgery; University of Southern California, Plastic Surgery ABPS certification: 1997



President-Elect Barry E. DiBernardo, MD

Montclair, NJ Private Practice **Current ASERF Board Position:** Vice President **ASAPS/ASERF Committee**

work: Application Review Committee, ASERF Executive Committee, Innovative Procedures Committee, Light and Energy Based Device Committee, ASJ Reviewer

National Affiliations: ASAPS, ASERF, ASPS, ASLMS, ISHRS, ISAPS

Training: Cornell University Medical College; Albert Einstein College of Medicine, Plastic Surgery

ABPS Certification: 1993

The Conflict of Interest (COI) Committee met on January 5th to review Dr. Barry DiBernardo's disclosures. Although Dr. DiBernardo revealed present and future research, development and compensated teaching relationships with 35 companies, none have business relationships with ASERF and, consequently, none will be discussed by the ASERF Board of Directors. Dr. DiBernardo's relationships with those companies thus creates no conflict of interest for him as President-Elect and President of ASERF. The COI Committee noted that Dr. DiBernardo would be a voting member of the ASAPS Board of Directors for his 1-year term as President of ASERF. If any of the companies with whom he has a relationship comes before the ASAPS Board for discussion, Dr. DiBernardo agreed that he would reveal the relationship and recuse himself from discussions and voting.



Vice President **Julio Garcia, MD** Las Vegas, NV Private Practice

Current ASERF Board Position: Secretary ASAPS/ASERF Committee work: Ethics Committee,

International Fellowship Program, Program Committee, ASERF Executive Committee **National Affiliations:** ASAPS, ASERF, ASPS, ISAPS, ACS

Training: Northwestern University; University Illinois College of Medicine; University of Illinois Medical Center, Plastic and Reconstructive Surgery ABPS Certification: 1991



Treasurer Luis M. Rios, Jr., MD

(2 year term) Edinburg, TX Private Practice; Clinical Professor: University of Texas San Antonio Dept. of Surgery **Current ASERF Board**

Position: Director ASAPS/ASERF Committee work:

Continuing Medical Education Committee, Patient Safety Committee, Bylaws Committee, Data Hub Task Force, Fund Development Committee (Chair)

National Affiliations: ASAPS, ASERF, ASPS, AAAASF

Training: Harvard; Southwestern Medical School; UC Davis, General Surgery; Baylor

College of Medicine, Hand Surgery; Tulane University, Plastic Surgery ABPS Certification: 1999



Secretary Robert Whitfield, MD, FACS

(Completing term vacated by Dr. Garcia—until 2017) Austin, TX Private Practice Current ASERF Board

Position: Director

ASAPS/ASERF Committee work: External Marketing Committee, leadership Development Committee, Medical Student Committee, Data Hub Task Force, Innovative Procedures Committee, Website Committee National Affiliations: ASAPS, ASERF, ASPS,

ACS, AMA **Training:** University of Nevada; University of Nevada School of Medicine; Indiana University, General Surgery; Indiana University, Plastic Surgery; University of Nevada School of Medicine, Microsurgery Fellowship

ABPS Certification: 2006

Directors Michael A. Bogdan, MD, MBA

(Completing term vacated by Dr. Rios—until 2017) Southlake, TX Private Practice

ASAPS Committee work: Communication Vice Commissioner, Electronic Communications Committee, Leadership Development Committee National Affiliations: ASAPS, ASERF, ABPS, ISAPS, ASPS, ACS, AMA, TRS Training: University of Maryland, Stanford University School of Medicine, Stanford University, NY School of Medicine ABPS Certification: 2006

FOUNDATION NEWS



Spencer Brown, PhD

(Lay Director—1 year term) Camden, NJ Director of Research, Department of Surgery, Cooper University Hospital **Current ASERF Board**

Position: Director

ASERF Committee work: Fund Development Committee, Scientific Research Committee National Affiliations: ASERF, IFATS Training: University of Pennsylvania, Baylor College of Medicine



Mark W. Clemens, MD, FACS

(2 year term) Houston, TX Private Practice, Assistant Professor, Department of Plastic Surgery, University of Texas MD Anderson Cancer Center

National Affiliations: ASAPS, ASERF, ABPS, ACS, ASCO, ASPS, ASRM, ISAPS, PSRC, WSRM

Training: Penn State College of Medicine, Georgetown University, Cornell University **ABPS Certification:** 2012



Michael T. Longaker, MD, MBA

(2 year term) Stanford, CA Professor, Stanford University School of Medicine; Vice Chair, Department of Surgery

Current ASERF Board Position: Director **National Affiliations:** ASAPS, ASERF, ACS, ASPS, ASCI, AAP, IOM

Training: Harvard Medical School, UC San Francisco Medical Center, NYU School of Medicine, UCLA School of Medicine, Columbia University

ABPS Certification: 1998

Q

La Jolla, CA ASAPS/ASERF Committee work: Aesthetic Training Committee, Program Committee, Candidate Committee (Vice Chair), Leadership Development

M. Mark Mofid, MD

Committee, New Member Mentoring Committee, Residents & Fellows Committee (Chair) National Affiliations: ASAPS, ASERF, AAFPRS, ASPS, ACS, Canadian Society for Aesthetic Plastic Surgery—Honorary Member, The Rhinoplasty Society **Training:** The Johns Hopkins University School of Medicine **ABPS Certification:** 2006

Louis L. Strock, MD



(Completing term vacated by Dr. Whitfield – until 2017) Fort Worth, TX Private Practice ASAPS Committee work: Traveling Professor Program National Affiliations: ASAPS,

ASERF, ASPS

Training: Amherst College, University of Texas Medical Branch at Galveston ABPS Certification: 1997



Trustee **Joe Gryskiewicz, MD** (2 year term) Burnsville, MN



Update on ASERF

Neal R. Reisman, MD, JD, FACS

A s the year winds down, I want to take a minute and share with you some of the highlights and accomplishments:

In the last year, ASERF has committed to more than \$175,000 in aesthetic surgery research. Topics range from clonal evolution of T-Cells associated with ALCL to educational teaching models for breast augmentation. The Scientific Research committee continues to find and fund the most important topics that will make the greatest difference in our field

However, research can only be funded if there is money in the coffers. Fortunately, ASERF has a committed and interested membership, which makes this possible. This year our membership numbers reached 815 members. If you haven't already become a member, consider it. Four years ago, ASERF began in earnest to build a repository for surgical statistics. Referred to as the ASERF Data Hub, the repository will be open for members to enroll in Las Vegas at The Aesthetic Meeting. To date ASERF has invested nearly \$600,000 on the Data Hub, and the ASERF board would like to thank and acknowledge many of our exhibitors in the Aesthetic Marketplace. Due to their generosity, every penny that has been raised toward the Data Hub was made possible because they have donated products, services and equipment that has been sold in the Annual ASERF Silent Auction.

The board and I encourage you to consider bidding on the items at the 2016 Silent Auction so that we may continue to fund the repository with donations as opposed to utilizing member dues.

I would be remiss if I didn't take this opportunity to acknowledge the work and dedication of this year's ASERF Career Achievement Award recipient, Dr. Gil Gradinger. Gil was nominated by his peers for his dedication and service to our profession. Gil was a talented surgeon, author and mentor, and is a founding member of ASAPS. Gil will be acknowledged for his work during The ASAPS/ASERF Business meeting during The Aesthetic Meeting in Las Vegas. Please join me in congratulating and thanking him for his pioneering spirit.

Finally, I would like to thank the ASERF staff members, and you my friends and colleagues. Through the years I have been privileged to know many of you, work with some of you, and mentored by a few you. You have provided me solid advice, honest feedback and lent an ear. It has been an honor to serve as the President of ASERF.

Neal R. Reisman, MD, JD, FACS is an aesthetic plastic surgeon practicing in Houston, TX, and serves as the President of ASERF.

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Welcome New Members

he Aesthetic Society extends a warm welcome to our new members, noted below. We look forward to interacting with you as we build a stronger specialty with an emphasis on patient safety.

Matthew Baker, MD Denver, CO

Michael Baumholtz, MD San Antonio, TX

Eric Bensimon, MD Montreal, QC, Canada

Gaurav Bharti, MD Johnson City, TN

Mark Clemens II, MD Houston, TX

Lawrence Chang, MD Newark, DE

Niki Christopoulos, MD Chicago, IL

Lynn Damitz, MD Chapel Hill, NC

Daniel Del Vecchio, MD Boston, MA

Jordan Deschamps-Braly, MD San Francisco, CA

Brian Dickinson, MD Newport Beach, CA

Melissa Doft, MD New York, NY

Trent Douglas, MD San Diego, CA

Warren A. Ellsworth, IV, MD Houston, TX

Zachary Farris, MD Bronx, NY

Jimmy Firouz, MD Beverly Hills, CA

Joubin Gabbay, MD Beverly Hills, CA

Tiffany Grunwald, MD Santa Monica, CA

Dax Guenther, MD Hingham, MA Kathy Huang, MD Bethesda, MD

Bradley Hubbard, MD Dallas, TX

Franziska Huettner, MD Springfield, IL

Nicholas Husni, MD Independence, OH

Payam Jarrah-Nejad, MD Beverly Hills, CA

Lisa Jewell, MD Torrance, CA

Andrew Jimerson, II, MD Johns Creek, GA

Jonathan Kaplan, MD San Francisco, CA

Steven Katz, MD Huntington, NY

Jon Kurkjian, MD Ft. Worth, TX

Paul Leahy, MD Leawood, KS

Michael R. Lee, MD Shreveport, LA

Todd Lefkowitz, MD Wicola, SC

Marc Liang, MD Pittsburgh, PA

Tom Liu, MD Los Gatos, CA

Sandra McGill, MD Westmount, QC, Canada

Deirdre M. Marshall, MD Miami, FL

Michael Newman, MD Torrance, CA

Patrick O'Neill, MD Charleston, SC

Troy Pittman, MD Washington, DC

Gregory Ratliff, MD Tulsa, OK Hakim Said, MD Seattle, WA

Michael Salvino, MD Hinsdale, IL

Douglas Senderoff, MD New York, NY

Christine Stiles, MD Frisco, TX

Neil Tanna, MD Lake Success, NY

Hanif Ukani, MD Port Moody, BC, Canada

Derek Steinbacher, MD New Haven, CT

Daniel Westawski, MD Bryn Mawr, PA

David Whiteman, MD Duluth, GA

Thomas Zewert, MD Monterey, CA

International Active

Hamed Bateni, M.D Tehran, Iran

Harald Beck, MD Vienna, Austria

Dean Cunha Gomes, MD Manama, Bahrain

Alfredo Hoyos, MD Bogota, Colombia

Jamal Jomah, MD Dubai, United Arab Emirates

Monisha Kapoor, MD New Delhi, India

George Li, MD Hong Kong, China

Andre Mattos, MD Sao Paulo, Brazil

Priti Shukla, MD Hyderabad, India

Look for a list of our newest members in the summer issue of Aesthetic Society News.

new, bright and brilliant Ingenious retinol innovation



Note: Daily care regimen included Creamy Cleanser, Hydrating Serum, Intensive Brightening Treatment: 0.5% pure retinol night, ReBalance and Hydrator Plus Broad Spectrum SPF 30. One Ultra Peel[®] I treatment was applied.

Trusted by skin health professionals around the world for 25 years. To partner with us, visit **pcaskin.com/professionals**.



trust the experts

Are You Using This Essential Member Benefit? My CME Record

ne of the top requests from ASAPS Members has been that The Society create its own CME tracking system. We're happy to report that now ASAPS has, and we welcome you to explore "My CME Record," exclusively for ASAPS Members. This valuable ASAPS online tool is ready to maintain all your CME records for you.

The Ease Of The New "My CME Record"

The ASAPS My CME Record notification options inform you when a cycle's requirements have been satisfied, or when your cycle is nearing its end and there are credits that you need to acquire, or when your record has had CME credits added—all without having to log in to the site and verify that the credits are there.

How Does It Work?

Step One: Navigate to asaps.org Step Two: Log-in. The log in name is always "first name"." Please note that if you use an initial as your first name, that "initial"-"last name" will be your log in. Use "Forgot your password" to generate a new password.

Step Three: Select the top right-hand site choice, "MY CME Record," which allows you to see all credits on file with ASAPS from January 2012 to this date.

You may add your other CME activities as well as create specific cycles for your credentialing and licensure CME requirements. To create specific cycles, simply select "Add Custom Cycle," enter the cycle dates, give it a name, enter the credits required, and let My CME Record do the rest. If there is a missing meeting on your My CME Record, it is easy to add it. Click "Submit CME Activity" at the bottom left-hand side of the page. Follow the simple steps and your record will be updated.

Other Meetings & Calendar Function

Aside from ASPS meetings, all other national, regional and state aesthetic surgery meetings will have their attendee credits added to your record automatically. If you need to know of upcoming aesthetic meetings, there is a calendar complete with meeting dates, locations and typical amount of CME provided—just find the link on the "Plastic Surgery Meeting page," embedded in the first paragraph on the home page.

Your Feedback

As ASAPS continually strives to improve its member services, please let us know your thoughts on this new tool, designed to make it easier on you and your staff to track and know where you stand with your CMEs. If you have additional comments or suggestions on this new tool, please contact Darlene Oliver at darlene@surgery.org.



Meet the Staff!

ergan Edwards, Manager of Member Marketing, has worked for The Aesthetic Society for more than five years. In his role, he oversees publication of the Aesthetic Society *News*, directs all marketing efforts promoting The Aesthetic Meeting, as well as supervising the overall "look" of The Aesthetic Meeting, including signage and ASAPS booth design. Working from his home in Colorado, in his free time you'll find Kergan, his husband and their two sons exploring the many outdoor adventures their state offers. Kergan would like to thank Sue Dykema, Executive Director of ASAPS, and John O'Leary, Director of Marketing and Public Education, for their ongoing support.

Emails From The Aesthetic Society



ne of the commonly heard suggestions from those associated with The Aesthetic

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

Email is our most cost-efficient way of communicating with a large number of people, and we'd rather not spend membership dues on unnecessary printing. Unfortunately, our current email system doesn't allow people to select what type of email they receive; it is either all or nothing. If a person "unsubscribes" from an Aesthetic Society email, whether intentionally or not, that unsubscribes him or her from all communications from The Aesthetic Society.

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

We value your support of The Aesthetic Society, and we hope you'll read those emails which appeal to you and simply delete those messages you don't wish to read. Thank you!

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the NEWBEAUTY sempowering women to make better beauty decisions



GFK MRI NEWBEAUTY READER STUDY 2014

Aesthetic Surgery Journal Update



Aesthetic Surgery Journal Celebrates 20th Anniversary

lease join us in celebration of 20 years of excellence in publishing for *ASJ*. We've created a video that honors our past and acknowledges the source of our success: authors, editors, reviewers, board members, international affiliates, and ASAPS members. We invite you to watch, share, tweet, and celebrate with us:

https://youtu.be/Iv6nWlxdWuk



Check out the ASJ Lounge in Las Vegas at The Aesthetic Meeting

At this year's annual meeting we've created a space for members called the *ASJ* Lounge where you can come visit with *ASJ* friends and colleagues, sit a spell, charge your devices, and join us in celebration of the Journal's 20th Anniversary. We'll continue celebrating *ASJ*'s achievements throughout 2016 so look for us at various conferences and please consider sharing your thoughts in writing or video clip format that we'll use to acknowledge the past 20 years that have led to our greatest achievement—#1 Journal in all of aesthetic surgery. We'll see you at the *ASJ* Lounge!

With Special Thanks to Our Affiliates

We'd like to thank our 20 affiliate partners for their support. In the spirit of creating and maintaining a global community, we encourage readers and ASAPS members to engage with our affiliate partners and their members at conferences and via social media. We're honored by the spirit of camaraderie that exists among our affiliate partners and the international breadth and scope they bring to the content we publish in *ASJ*. We welcome new partnerships and would appreciate hearing from you with suggestions based on your contacts and recommendations: phaedra@surgery.org





What's the Latest from RADAR Resource?

Click here to log in and check out the newest features available in just a few clicks: http://goo.gl/xgQb7L. As you know, RADAR is now available on your laptop and smart phones, in addition to your iPad and other tablets. Thanks to the extraordinary efforts of AnzuMedical, ASAPS members have access to the latest technological enhancements such as advanced search, keyword-tagged content, video integration, and more, that makes finding exactly what you need easier than ever. radarresource.org

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Are You Using the ASJ Job Board?

Oxford University Press has created a Journals Career Network that allows job hunters and employers to quickly search listings and apply or post a new listing at reasonable rates, focused on placements in the fields of Medicine and Health. To access the *ASJ* Job Board, please go to: http://bit.ly/1SSwDJQ

Have you signed up for your Aesthetic Surgery Journal eTOC and Advance Access alerts yet?

Be among the first to read the newest articles moments after they publish and receive alerts when each new issue publishes. Click here to set your preferences: http://asj.oxfordjournals.org/rss

Complimentary Sample Issue of ASJ

Would you like to forward a sample issue of the *Aesthetic Surgery Journal* to a friend or colleague who doesn't subscribe? We invite you to share this link and encourage them to browse our high-quality content: http://asj.oxfordjournals.org/sample

Enjoy 20% Savings on Aesthetic Society Products!

With an array of beautiful brochures and essential products, The Aesthetic Society strives to help your practice efficient and thriving. Order now and save 20% on all ASAPS products, only through April 15, 2016.





Customizable brochures for Board-Certified Surgeons.

Visit Booth #834 for Samples or to Order!

Enhanced Practice Profiles help ASAPS Members expand their online footprint.*



*20% savings applies to new Enhanced Practice Profile purchases, not renewals.

Only from The Aesthetic Society



Simply call The Aesthetic Society at 800.364.2147 or 562.799.2356.



ASSI Levine Breast Retractor & Implant Protector

Features:

• Designed to facilitate closure of the tissues over a prosthesis.

 This Retractor simplifies exposure and eliminates accidental implant damage when suturing acellular matrix in tissue expander or immediate breast reconstruction.

> Prevents accidental damage to saline filled implants.

> > The Levine Breast Retractor & Implant Protector is useful in all breast prosthetic procedures including augmentations, as well as reconstructions.



ASSI.AB21426 Levine Breast Retractor & Implant Protector Double Ended









Designed by: Richard Levine, MD San Antonio, Texas



ACCURATE SURGICAL & SCIENTIFIC INSTRUMENTS® For diamond perfect performance® accurate surgical & scientific instruments corporation 300 Shames Drive, Westbury, NY 11590

The Aesthetic Society is a Finalist for PR News' 2016 Nonprofit PR Awards

A SAPS' "We Are Aesthetics" campaign is a finalist in the PR News' 2016 Nonprofit PR Awards in the category of Marketing. The other finalists are the Taco Bell Foundation and Edelman for their work with the American Lung Association.

The PR Awards Luncheon will be held on March 15 in Washington DC, during which the winner will be named. The Aesthetic Society is honored to be a finalist, especially with two other organizations with well known brands and who have significantly larger budgets. Our congratulations to all involved in the creation of the campaign. We Are Aesthetics!

Congratulations to the 1st Norwegian American Aesthetic Meeting!

A SAPS offers its congratulations to the inaugural Norwegian American Aesthetic Meeting, held October 23, 2015 in Oslo, Norway. The meeting was a big success, with all running smoothly, and participants reported much appreciation and satisfaction with the meeting itself. A total of 146 colleagues from more than 17 countries attended.

The Norwegian Society thanks all who contributed to the success of the meeting, including the faculty and participants. They are eagerly applying lessons learned toward the creation of the next meeting and appreciate any insight you choose to share. The 2nd Norwegian American Aesthetic Meeting will take place in October 2017, with more details available soon.

Share Your Stories!

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



Membership FAQs

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

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

How do I begin the membership process?

To begin the membership process, please complete the Active Member Checklist at www.surgery.org/checklist and submit to the Membership Manager at Marissa@surgery.org or by fax to 562.799.1098 attention Marissa.

Who may sponsor me for membership?

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

What are the deadlines for submitting a membership application?

The two deadlines are January 5 and July 1.

When will my application be voted on?

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

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

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

SOCIETY NEWS

Apply for Active Membership for the July 1, 2016 deadline!

Visit the ASAPS Booth and start the process today!

What will fulfill the meeting attendance requirement?

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

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

What are the fees and when should they be paid?

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

- Membership dues for Active Members are \$1,198
- Membership dues for International Active Members are \$940

How many sponsors will I need to have ultimately?

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

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





We Cover Complications.

Better Educated Surgeons Make For Fewer Complications

DID YOU KNOW that both **Age** and **BMI** are shown to be contributing factors to increased complications in Facelift patients? To learn more go to www.cosmetassure.com/newsroom.

Recognizing that complications WILL occur is the first step toward reducing their frequency.

Visit us in Las Vegas, at **BOOTH 854** to learn more about our commitment to patient safety.



Build Your Social Media Base and Expand Your Reach. New Tools from The Aesthetic Society.



Easy-to-Use Tools for ASAPS Members!

Take control of your online presence with the help of the new ASAPS.org member portal. Just log in and you'll be able to:

- Manage Membership Information
- Answer Consumer Questions
- Submit Before and After Photos to the Photo Gallery
- Access the Message Center
- View Your EPP Statistics (for those members with EPPs)

If you have questions about these new features, please contact our webmaster, Lisa Orozco, at lisa@surgery.org or by calling 800.364.2146 or 562.799.2356.



Social Media Content is Just a Click Away!

With the new ASAPS Social Media Newsletter, you have instant access to ASAPS-vetted content to share with your patients on Facebook, Twitter, Google+, and LinkedIn. Delivered by email twice monthly, directly into your inbox, simply click on the social media icons next to each entry and share:

- Videos
- Blog posts
- News
- And More!

Add your practice or marketing manager to the social media newsletter distribution list by entering their info at asaps.org!



Exclusively for Members of The Aesthetic Society.

ASAPS PREMIER PARTNERS



The Aesthetic Society creates integrated relationships with Industry and ASAPS members, in support of our mission to advance the science, art, and safe practice of aesthetic plastic surgery. As a partnership program benefit, Premier and Alliance partners are provided the opportunity to submit valuable information for ASAPS members including key updates, and information on products, promotions, and discounts. ASAPS is driven to provide visibility and support for our Partners.



Boost Your Buying Power!

Visit the ShoutStore,[™] the one-stop shop for lifestyle healthcare products and services. Access hundreds of products on a single platform, along with credible ratings and reviews. And get rewarded for all of your purchases and product feedback. Join today. You'll like what's in store.

ShoutMD is FREE to join. Download the app by texting "SHOUT" to 74121 or visit www.shoutmd.com.



FDA-Cleared Advanced Scar Supervision bioCorneum®+ is the FDA-cleared scar management product with over 2,000 patients in clinical studies. bioCorneum®+ contains our patented blend of silicone and UV protection and is registered as a medical device; recommended to help prevent abnormal scars post-surgery, and improve the appearance of existing scars. Visit biocorneum.com or call 678-684-1426.

👶 GALDERMA

Galderma is a leading healthcare company committed to bringing innovative, sciencebased skin health solutions to healthcare providers and consumers worldwide. Galderma—the manufacturer of products including Restylane[®] Restylane[®] Silk, Restylane Lyft,[®] and Sculptra[®] Aesthetic—recently announced the launch of ASPIRE Galderma Rewards, a unique loyalty program. ASPIRE rewards individuals for consistent use of Galderma aesthetic products and helps strengthen the connections between healthcare providers and patients. For more information, please visit: www.galdermausa.com and www.aspirerewards.com.

MERZ AESTHETICS™

Merz Brings Patient-Focused Innovation to Market with Cellfina ${}^{\rm TM}$

Merz Aesthetics is a division of Merz North America, a specialty healthcare company that is dedicated to delivering a better total experience in aesthetics, dermatology and neurosciences. In the aesthetics space, Merz provides a full portfolio of treatment options, including Device, Injectables and Skincare, that enables physicians to treat a broader range of patients and concerns with Merz technologies. To learn more about Merz Aesthetics and their full U.S. product portfolio, please visit www.merzusa.com/aesthetics-otc.

NEWBEAUTY AUTHORITY

NewBeautyPRO is pleased to present its new bimonthly webinar series!

NewBeautyPRO works with key industry educators and innovators in the space to provide its partners with the tools they need whether it be media training or maximizing their presence in the digital atmosphere—to further build, maintain and grow their practice. NewBeautyPRO has held webinars about optimizing your website with SEO and best practices for mobile optimization. Keep an eye out for upcoming webinars that will cover social engagement through Instagram and expert tips for managing your online reputation. Visit us at booth #635 and reach out to elite@newbeautypro.com to receive your webinar login information!

sientra.

Sientra, a leader in the plastic surgery industry and known for bringing innovation to the market, was the 1st company to offer its breast implants exclusively to board-certified and board-eligible plastic surgeons. Sientra offers the industry's first-ever Capsular Contracture Care program, C3, is the first company to receive FDA approval for shaped implants in the U.S. market, and offers the most cohesive round implants. Learn more about Sientra at sientra.com.

ZO SKIN HEALTH INC

ZO® Skin Health is excited to introduce our new Phases of Aging Programs at this year's Aesthetic Meeting in Las Vegas. The ZO® Phases of Aging Programs have shown proven solutions for every phase of aging. Visit Exhibit #614 to learn more and for you chance to win a ZO® Phase ll: Anti-aging program.

To further your education, Dr. Zein Obagi will be instructing a course on "712 Advances in Skin Resurfacing." The course is worth two CME credits. It will take place on April 6th, 2016 at 4:30 – 6:30 in Las Vegas. (*Advanced registration with ASAPS is required)

"You don't have to be a dermatologist to improve the skin." —Dr. Zein Obagi

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

ASAPS ALLIANCE PARTNERS





AMS RRG, a medical liability insurance company that offers Preferred Aesthetics[™], a coverage program specifically for plastic and aesthetic surgeons, invites you to Experience the Difference with the following discounts exclusively for ASAPS members:

- Premium discount of 7.5%
- Additional discount of up to 40% for qualified members with a favorable claims history
- Free or discounted tail coverage for qualified members

Preferred Aesthetics also gives members direct access to company executives for claims and risk management support.

For information on how you can take advantage of these member benefits, please contact Chris Edge, Vice President, at 866-461-1221, ext 301.

IMAGING EXCELLENCE FROM

VECTRA® 3D imaging solutions offer powerful new assessment tools for face, body and breast procedures. The hand held VECTRA H1 is the ideal solution for facial procedures including rhinoplasty, chin augmentation, facial contouring and more. The VECTRA XT face and body system can now create a 360° body view by automatically stitching front and back captures into a single 3D image.

VECTRA's Sculptor software delivers compelling aesthetic simulation and patient education for surgical and non-surgical consultations. The ViewMyConsult® patient portal extends these consultations beyond the practice and offers seamless integration with ASAPS Smart Beauty Guide electronic brochures. And now, the Mirror® consultation app for iPad® displays Sculptor's 3D simulations on a convenient mobile platform. CosmetAssure[®] We Cover Complications.

ASAPS Alliance Partners, CosmetAssure and Rosemont Media, LLC, are excited to announce that we are co-hosting a cocktail reception for surgeons attending The Aesthetic Meeting in Las Vegas.

- The event will be Tuesday, April 5 from 6:30–7:30pm at Border Grill.
- For every surgeon who attends, both companies will make a donation to the American Surgery Education and Research Foundation (ASERF) to further research and education for patient safety.
- Look for your invitation in the mail or stop by our booths (CosmetAssure #854; Rosemont Media #522) for event details.



Continuing as a Founding Alliance Partner, Rosemont Media provides premier web marketing and design services for the aesthetic practice. We offer market exclusivity and take a highly personalized approach to creating all-encompassing strategies, including SEO, content marketing, social media management, custom website design, reputation management, and more. To inquire about market availability, call 800-491-8623, or visit www.rosemontmedia.com/asaps.

ASAPS Alliance Partners CosmetAssure and Rosemont Media, LLC, are excited to announce we are co-hosting a cocktail reception for surgeons attending The Aesthetic Meeting in Las Vegas: Tuesday, April 5, from 6:30-7:30pm at Border Grill. For every surgeon who attends, both companies will make a donation to the American Surgery Education and Research Foundation (ASERF) to further research and education for patient safety. Look for your invitation in the mail or stop by our booths in Las Vegas (CosmetAssure #854; Rosemont Media #522) for event details.

ZELTIQ Aesthetics proudly celebrates 10 years of clinical evidence and research with the acclaimed CoolSculpting system. Proven safe and efficacious with nearly 60 peer reviewed clinical publications, the CoolSculpting system has a wide range of applicators to provide truly customized patient treatments and results. Millions of CoolSculpting treatments have been performed in over 3,000 practices worldwide. Please visit CoolSculpting.com/for-physicians or contact your local ZELTIQ representative for more information.



Zwivel is transforming the way cosmetic patients search for and connect with cosmetic doctors. Through Zwivel's easy-to-use, online platform, cosmetic patients can search for and select from multiple cosmetic doctors and start their cosmetic consultation with the selected doctors online from their computer or smartphone, getting opinions and cosmetic procedure recommendations with estimated fees, before committing to a full, in-office consultation. The entire process is completely private and secure, HIPAA-compliant, and one-to-one between each patient and each doctor. Zwivel is free for cosmetic patients via zwivel.com or the free Zwivel app for iPhone and Android. For more information, visit Zwivel.com.

The Aesthetic Society's Industry Partnership Program















sientra.

ZO SKIN HEALTH INC

— ву ZEIN OBAGI, мр. —

Founding Premier Partner: Sientra





Founding Alliance Partner: Rosemont Media

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

ASAPS PARTNERS

Partners Continue Their Support

he Aesthetic Society is pleased to continue partnering with industry in support of ASAPS' mission to advance the science, art, and safe practice of aesthetic plastic surgery among qualified plastic surgeons.

ASAPS is proud to continue with Premier partner, Merz, and with an Alliance partner, Zeltiq. Both will continue to benefit from ASAPS' strategic partnership program.

ASAPS Premier Partner

MERZ AESTHETICS™

Merz Aesthetics signed with ASAPS as a Premier partner in 2012, and continues the partnership into 2017 providing Merz with targeted visibility and a strategic marketing reach. Merz Aesthetics offers a well-balanced portfolio that includes the dermal fillers Radiesse[®] and Belotero Balance[®]

"Merz Aesthetics is continuing to expand our portfolio of products in an effort to deliver a better total experience in aesthetics," said Jim Hartman, Vice President and Head of U.S. Aesthetics/OTC for Merz North America. "With the approval of Radiesse® for hands, we are proud to be able to provide patients and physicians with the first and only dermal filler approved by the FDA for use in the hands. This new indication for Radiesse® is a result of our focus on meeting unmet needs in the U.S. aesthetics market, and we are excited to provide our physician customers with this new option to better fulfill the aesthetic desires of their patients."

Radiesse® was approved by the FDA in June 2015 for hand augmentation to correct volume loss in the dorsum of the hands. With innovations that include Cellfina.[™] Ultherapy,® and the NEOCUTIS skincare line, Merz Aesthetics is building a portfolio that allows physicians to use Merz technologies to treat a broad range of patients and concerns.

For more information about Merz Aesthetics, visit www.merzusa.com/aestheticsotc. For full product and safety information, including possible side effects of Radiesse®, visit www.radiesse.com. **ASAPS Alliance Partner**



The Aesthetic Society continues its Alliance partnership with ZELTIQ into 2017!

CoolSculpting® by ZELTIQ is transforming the aesthetic industry with the world's only proven non-invasive procedure using Cryolipolysis to eliminate fat in specific areas of a patient's body without harming surrounding tissue or organs. Developed by world-renowned scientists, CoolSculpting is FDA-cleared and has clinically proven efficacy with undeniable results

Now, ZELTIQ is extending an all new opportunity for practices as they introduce the CoolAdvantage[™] applicator. It's a 3-in-1 applicator, requiring only 35 minutes to treat. It's designed for enhanced comfort with better patient outcomes.

ZELTIQ Aesthetics proudly celebrates 10 years of clinical evidence and research with the acclaimed CoolSculpting system. Proven safe and efficacious with nearly 60 peer reviewed clinical publications, the CoolSculpting system has a wide range of applicators to provide truly customized patient treatments and results. Millions of CoolSculpting treatments have been performed in over 3,000 practices. worldwide.

ZELTIQ provides ongoing support for CoolSculpting providers through comprehensive training in the CoolSculpting procedure and patient messaging, Treatment to Transformation techniques, and patient consultations and fee quoting. With experience in staff training, aesthetic medical marketing and patient relations, they offer support in developing customized marketing strategies that work for each practice, including establishing CoolSculpting business goals, enhancing practices with promotional materials and greater online presence, and segmenting patient databases with targeted digital communications for potential CoolSculpting patients.

Please visit CoolSculpting.com/ for-physicians or contact your local ZELTIQ representative for more information.

Expert Legal Advice.



Absolutely Free.

Who Else Can Offer That?

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

To contact Bob Aicher, Esq., please email aicher@sbcglobal.net or call via phone at 707.321.6945.

This service is not intended to replace legal counsel.



For More Information

Toll-Free 800.364.2147 or 562.799.2356 www.surgery.org



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

The Advantage Provider Program was created to provide members with pre-negotiated special pricing on products and services, to enhance practice performance. Each ASAPS Advantage Provider is rigorously vetted, carefully selected and has agreed to uphold our strict ethical standards.

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



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The American Society for Aesthetic Plastic Surgery Shaping the Future of Smart Beauty[®] www.surgery.org/ems



Advocacy: ASAPS Offers Support at a Grassroots Level

By Daniel C. Mills, II, MD

he ASAPS Advocacy Committee was contacted by the leadership of the Louisiana Society of Plastic Surgeons (LSPS), who reported that the American Board of Cosmetic Surgeons (ABCS) is apparently trying to gain board certification equivalency in plastic or cosmetic surgeries. It was agreed that ASAPS will support LSPS' opposition based on what are considered to be significant patient safety related concerns.

The ASAPS Board of Directors continually works to ensure that our members' dues are being utilized wisely and to their fullest capacity this is another example of the work leadership is doing to fulfill that pledge to our members.

The State Advocacy Program—How Can You Participate?

Using a simple process, states requesting funding will be asked to complete a simple application form that will be reviewed by the Advocacy Relations Committee. Requests are approved based on need and severity of the issue involved. Funding requests can be approved totaling up to 50% of the total annual advocacy budget. It is anticipated that the maximum initial funding would be \$10,000 per state pending Committee approval. The balance of the advocacy budget would be held for "emergency" issues. Such requests would be reviewed by the Advocacy Relations Committee with final approval by the Board of Directors.

The Details

Our vision is to have ASAPS build longterm relationships with existing state societies and not duplicate any current advocacy activities already in existence.

 States must request the funds and agree to provide an update report to the Board of Directors either in written or verbal form during the ASAPS Annual Meeting and by July 1 at the close of the legislative year. 2. The October 1 deadline for funding requests conforms to the typical timing of the creation of legislative agendas with most of the legislative activity taking place in January–May.

The Application Process

Those states interested in applying for funding can find an application at www.surgery.org/professionals/aboutasaps/advocacy-support

Daniel C. Mills, II, MD, is an aesthetic plastic surgeon practicing in Laguna Beach, CA. He serves as chair of the ASAPS Advocacy Relations Committee and as President-Elect of The Aesthetic Society.

Media Notes & Quotes

With the popularity of leggings outside of the gym, women are doing everything, even surgery to avoid possible camel toe sightings. According to the American Society for Aesthetic Surgery (ASAPS), labiaplasty procedures have increased by 44 percent in 2014 alone. Michael Edwards, MD, past president of the American Society for Aesthetic Plastic Surgery was quoted as saying,

"More women are pursuing these procedures as a means to achieve a standard of beauty they deem appropriate for themselves, however I believe more women are also pursuing procedures like labiaplasty to correct labia-related issues that are interfering with their ability to perform sexually, to perform daily tasks such as exercise, or are merely causing discomfort."

Huffington Post (http://huff.to/1OaPF14) Do These Leggings Make My Labia Look Big? January 5, 2016 A s current body ideals favor fitness and self-acceptance over gravity-defying, big boobs, women who do seek breast augmentations are opting for smaller, more natural-looking implants. "Surgeons are seeing a definite shift in the look many women are asking for, away from the very round, prominent 'stripper boob' toward something more in keeping with their natural shape," Dr. Daniel Mills, president-elect of ASAPS.

According to the latest statistical report from the American Society for Aesthetic Plastic Surgery (ASAPS), over 280,000 women opted to have their breasts augmented in 2014—not including the 130,000 plus women who opted to lift their breasts without adding size.

Attn (http://bit.ly/1ZgnnB5) The Quiet Change in Breast Implants That You Didn't Notice January 7, 2016 he latest American Society for Aesthetic Plastic Surgery statistics show surgical cosmetic procedures fell slightly from 2013 to 2014, but aesthetic physicians we talked with are bullish on cosmetic surgery's popularity through 2016.

Cosmetic surgery is evolving, they explain. Trending in 2016 is a combination approach —even a multidisciplinary approach—to surgery, using more than just one procedure to achieve desired patient results.

More than blending disciplines, today's patients are benefiting from a blending of technologies, according to Boca Raton plastic surgeon and ASAPS member, Jason Pozner, MD

> Cosmetic Surgery Times (http://bit.ly/1SOJpLA) The 2016 Cosmetic Surgery Comeback January 12, 2016



YOUR PRACTICE

Improving Outcomes in Plastic Surgery

By Steven Dayan, MD

A ttend any aesthetic medical conference and the lecture halls addressing the newest technique for tightening a neckline or lifting a jowl will be filled to capacity. As students of science, as well as artisans of anatomy, we are drawn to believe that our healing influences are primarily delivered through our fingertips. Yet if our measures of success are recalibrated to achieving patient satisfaction, rather than just the mathematics of perfection, then the secret to a robust practice and happy patients may have as much to do with the psychic allure as the technique du jour.

It is not uncommon for a patient seeking out cosmetic surgery to have experienced pubescent taunting and emotional scarring, secondary to physical form falling outside a standard deviation. Cosmetic seekers may desire beauty as a means toward professional advancement, a romantic interest or an improved social status. Regardless of their motivation, our patients may be particularly vulnerable to critical judgments. And the likelihood of them achieving their goal is more related to the self-esteem gained than the physical form obtained. As any practicing aesthetic physician can report a seemingly great outcome, meeting all objective measures of physical perfection may fall short of a patient's expectations, whereas a less than perfect result may be met with utter adoration. Additionally, at times doing nothing at all (akin to placebo) can be effective at improving self-esteem. Our success both as individuals, as well as a specialty, is determined by the satisfaction of our patients-regardless of the means to achieve it.

The question is, what factors and to what extent does each of us determine our patients' post-treatment happiness? How much of our success and the patient's satisfaction is based on the physical outcome achieved, and how much of it is based on other seemingly less direct causes, such as the post treatment judgments by peers, family or even the physician's communication style, mood and attitude? Clearly all of these impact their mindset, attitude and self-esteem, and ultimately calculate into their satisfaction.

Perhaps we shouldn't limit our attention to only one of the contributing factors. Shouldn't

we study all the influencers on a patient's mind and mood, as well take a critical look at ourselves and how much our communication and practice styles, as well as our personalities, influence our patients' satisfaction rates and perceived outcomes?

Two well-studied pathologies highly dependent on patient psyche and perceptions are pain management and major mood disorder. Both conditions are associated with a plethora of published research evaluating the influence of placebo and physician personality on outcomes. If we are honest with ourselves, we would have to acknowledge that patients' psychological dispositions are critically important to perceived outcomes in aesthetics as well. Yet, in aesthetic medicine, while there is a dusting of attention to the psychology of the patient, there is little to no study on physician's personality, communication style or the placebo effect. When 13% of those who get saline injections¹ believe they have improvement in their glabellar wrinkles, or 28% of those who don't get injected with filler believe their lips are fuller,² or 38% of those injected with saline believe their submental fat has been reduced, maybe the placebo effect deserves more than a curious footnote.³ There are plenty of examples of the power of placebo in general medicine.4,5,6

Before we can honestly study placebo, we have to be willing to admit its proof detracts from the brilliance of our direct intervention and elevates the patients mind as a contributing curative. This is not a new revelation, in fact for the majority of medicine's existence and prior to the last century, placebo may have been our best tool in the armamentarium. Alternative medicine which attracts 38% of Americans⁷ may achieve its benefits because of the placebo effect, and the more time and "hands on" the alternative medical provider's intervention, the greater the placebo's potency.8 Many doctors, if pressed, will admit to using placebo on occasion, but in today's litigious, regulatory, political and ethical environment of full transparency, the placebo treatment has less place in our tool box. By the virtue of being completely honest we negate the effect. And perhaps being too literal or callous in our communication may lead to

Cosmetic seekers may desire beauty as a means toward professional advancement, a romantic interest or an improved social status. Regardless of their motivation, our patients may be particularly vulnerable to critical judgments.

a bad outcome by virtue of the Nocebo. The nocebo effect, the evil twin of the placebo, was first described in 1960.9 It is when a symptom or illness results from expectation or fear of a bad effect occurring.8 In fact, the verbal and non-verbal communications of the doctors and other staff do contain numerous unintentional negative suggestions that may trigger a nocebo response.10 Perhaps physicians contribute to a nocebo effect when we sterilely stress all the possible negative outcomes or complications that can occur without putting them into context. If we are ethically or legally bound to disclose all the risk, including the very remote risk for death or significant morbidity, but place it in context by saying, "As a healthy person you have more risk in your car ride on the way to the surgi-center then you do from anesthesia," we then offer the message in a manner that allows the patient to understand the relative risk. Many aesthetic physicians recognize the impact of a nocebo effect from outside our practices when an easily influenced patient is predestined toward a perceived unsuccessful outcome by an insulting or disapproving mother, husband, friend or an in- law who is quick to criticize the patient post procedure. Attempting to mitigate or quash these offenders' influence on our patient's psyche would be prudent.

Unlike most other fields of medicine, it was not until the very recent that placebo and nocebo effect could be studied in cosmetic medicine. Prior to the introduction of botulinum toxin, cosmetic physical interventions were so clearly recognized that a randomized controlled

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trial was not possible. The introduction of botulinum toxin as a temporary injectable agent of change has, however, opened up our field to level one evidence clinical trials. In the broad landscape of medical fields, aesthetics is still very academically immature. Nonetheless, if placebo and nocebo truly have been proven in medicine, then why not recognize and further study it? Perhaps even harness, repackage and use their power in a contemporary acceptable manner to our patient's benefit?

If we are to truly study the effects of placebo/nocebo, as well as the indirect psychosomatic and psychosocial interactions impact on our patient's perceived outcomes, then all aspects of the treatment need to be taken into consideration. This would include, but not be limited to, the type and expense of the procedure, as well as the specialty/personality of the provider, and the associated pain.

A manageable modicum of discomfort seems important to the patient believing something beneficial was done, whereas too much pain can lead to the patient being less satisfied.11 Price and who provides the procedure likely impacts the perceived outcomes as well. When it comes to nonablative skin tightening devices, it seems patients expect a more expensive treatment to be more effective. Additionally, patient expectations may vary based on the provider. They may be satisfied with a less dramatic of a result if a nurse or a laser technician delivers the treatment at a lower price, versus if they are treated by a surgeon who charges a higher price. Many researchers also know that non ablative skin tightening devices curiously seem to achieve higher satisfaction rates in dermatologist offices. Do dermatologist workplace satisfaction rates, which differ from a plastic surgeon, have an impact on patient satisfaction rates? A 2015 Medscape survey of over 19,500 physicians from 26 specialties found dermatologists as the physicians with the highest career satisfaction rate.12 A systemic review evaluating studies of workplace happiness revealed that doctors with better workplace happiness are more likely to be better communicators, offer a contagious optimism, and achieve better

outcomes in their patients.13 If doctors have better moods, this may manifest in a more positive and upbeat attitude that leads to optimum results perceived by patients.^{8, 14} If a positive doctor and work place environment can lead to better outcomes, can the converse also be true? Can a negative stressed out doctor with a chaotic office lead to bad outcomes? An interesting study revealed that lay observers can correlate a surgeon's malpractice history to his or her communication style within 40 seconds of listening to the surgeons speak to their patients.15 Additionally the average doctor interrupts their patient within 18 seconds of taking a history.¹⁶ A dominating tone of voice and speaking style is more likely to lead to adversarial relationship and perhaps negatively perceived outcomes.

A comprehensive review of randomized controlled trials evaluating physician communication styles and outcomes led the authors to conclude, "Patient health outcomes can be improved with good physician-patient communication. The studies reviewed suggest that effective communication exerts a positive influence not only on the emotional health of the patient but also on symptom resolution, functional and physiologic status and pain control."17 While the studies evaluating health outcomes and physician interaction are mostly centered in primary care settings, can the same conclusion hold true in aesthetics? As much as we want to believe our hard earned degrees and aesthetic skill set lead to better perceived outcomes, one of the few studies to evaluate patient satisfaction and physician interaction in plastic surgery occurred at the University of Michigan. Chung showed that patient satisfaction was more determined by doctor patient communication and clinic efficiency than physician's skill level.¹⁸ The manner in which the physician engages and listens to the patient as well as duration of the visit all likely impact perceived outcomes.

Cosmetic seeking patients are likely highly suggestable patients¹⁹ and are easily vulnerable to influence from family and peers. The more support, time and optimism a provider affords to the patient, the more likely they are to achieve the intended effect from the treatment intervention.⁸ We spend so much time stressing technique in aesthetic medicine, and while there is no doubt being a talented technician and a well-educated scientist is critical to delivering a good outcome, our success in aesthetic medicine necessitates an ability to also understand all the controls that make a patient happy. And this includes not only studying the mind and personalities of our patients, but perhaps also critically evaluating our own. Are we open to that?

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FOR YOUR PRACTICE

10 Non-Financial Reasons Patients Don't Schedule

Karen Zupko

here is a common perception among aesthetic surgeons that the primary reason a patient doesn't schedule surgery is because of the fee. You aren't "cheap" enough. You won't discount or haggle. Someone across town charges less so they probably scheduled with him/her.

It's simpler to assume that it's all about the money than it is to face the reality that many factors contribute to a patient's decision to say "no." Some of them are under your control, some of them are not. But the answer is rarely as cut and dried as the fee. In fact, a vast number of reasons have nothing to do with money at all.

For more than a dozen years, I've asked attendees of The Aesthetic Meeting workshop I conduct for advanced patient care coordinators: *What are the non-financial reasons that patients don't schedule?*" Hundreds of patient care coordinators from practices all across the U.S., Europe, and Australia have participated in this exercise. Attendees are broken into discussion groups that work together to develop a list of reasons and report them to the entire room.

Interestingly, the reasons they list are strikingly similar and consistent, regardless of region, practice type, or size. I believe that this is because these non-financial reasons are human reactions. Many are real fears and concerns that cause a potential patient to pause. It's up to the surgeon and staff to understand how to address them.

Here are ten of these reasons, synthesized from the workshops, and with some suggested solutions.

1. Lack of connection with the surgeon.

This happens when the surgeon rushes through the consult, gives too many options by "thinking out loud," doesn't listen, uses too many technical terms, or doesn't demonstrate an understanding of the patient's needs. You may very well have the best hands in town, but the patient can't assess that. What he or she really wants is to feel connected and understood.

Here are a few things that can improve this. First, your body language. Sit side-by-side or lower than the patient and offer an appropriately reassuring touch on the arm or shoulder. Both go a long way toward making



the surgeon seem "human." Second, build rapport by asking a few personal questions about the patient. The patient care coordinator can provide clues from her conversations with the patient. Or you can take a look at the "Occupation" line on the registration form—or "Interests" if you ask about those. This is a strategy called FORD (because you ask about Family, Occupation, Recreation, and Dreams), and it's a terrific communication builder. The Fall 2014 issue of *Aesthetic Society News* covers it in detail. Third, *listening more and talking less* is an ideal way to convey empathy and make the patient feel understood.

2. Didn't connect with the patient care coordinator.

A common mistake many patient care coordinators make is to lead with the fee quote, firing prices and a dizzying number of policies at the patient before he or she has a chance to ask an opening question. Another is making the quote conversation a "tell" by doing all the talking and concluding the pitch with, "do you have any questions?" When patient care coordinators "process" patients like this, they fail to engage them.

Rapport building is an essential part of the patient care coordinator's job. Her role is to become the patient's "BFF," the non-clinical confidant to whom she can ask questions that might be too embarrassing to ask the surgeon. An effective patient care coordinator becomes a bridge between the surgeon and the patient's support team. She can be the one who will listen when a patient says she has no encouragement from her adult children or spouse. She helps patients find solutions to childcare during early post-op.

To successfully achieve this, the patient care coordinator must be able to facilitate conversation. Train her to ask open-ended rather than closed questions. Open-ended questions invite conversation, and begin with words such as how, what, and tell me about. "Do you have any questions?" can be answered yes or no, thus ending the dialogue. But questions such as "tell me what you enjoyed about your conversation with Dr. Kind," or "how do you feel after hearing what Dr. Kind recommended for you?" will both get the patient talking and in doing so, elicit all kinds of feedback, fears, and objections. Once on the table, the patient care coordinator has something to connect with. And once a rapport is established, it's much easier for the patient care coordinator to schedule a follow up call with patients who aren't ready to schedule.

3. No family support.

Patients need a support team. Not only to help them post-op, but to make them feel comfortable about their decision to have surgery. When there is not family support and when there is familial negativity—it can be a real challenge for them to make a decision.

This one requires a delicate and nuanced conversation by the patient care coordinator, not the surgeon. If the patient has thrown out some verbal clues that her husband is not totally on board, questions such as *Who can you count on to help you make important decisions? I'm curious about who will help you after surgery?* are important to understanding whether or not the patient has an alternative circle capable of support. In the end, this one may be a difficult objection to overcome—no matter how well your team has built the relationship with the patient.

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4. Fear of scars.

This one consistently ranks as number four, based on input from workshop participants. It's a big concern for patients and is often dismissed by physicians who believe that explaining where they'll hide the incision line should be enough to calm the patient. We think this one is a particularly stealthy objection that many surgeons don't realize is impacting their patient acceptance rate. Maybe the patient has seen a bad scar on the Internet. Or perhaps on a friend. These images stick with them. If you gloss over their fear about scars, it makes patients feel you don't care about them.

After interviewing a number of surgeons and staff for a recent white paper on this topic, here are a few things we know work. Most important is that you take patient fears and concerns about scars seriously. Don't be dismissive even if the concern seems melodramatic. A little empathy and education will go a long way toward strengthening patient confidence.

Show patients photos of the healing process, setting the expectation that yes, the incision will look rough the first few days after surgery, but here's how much better it will look only one month later. Assure patients that it can take up to a year to fully heal. Most lay people don't know that. And use the term incision line instead of scar. The perception being that incision lines can be cared for and heal. Scars are the result of something bad.

5. Your plan didn't align with patient expectations.

After finishing a client mystery-shopping project, one of our firm's consultants said this about a surgeon who was visited: "I was only interested in a rhinoplasty. When he told me I needed a chin implant, I thought to myselfthere's nothing wrong with my chin!"

When you recommend different (or additional) procedures than what the patient came in for, it can be quite a shock. She came for a breast augmentation, and you said she needs a lift or an augmentation and a lift. Your advice was right, but you have to be tactful in the way you propose it so that the prospective patient believes it.



A post-visit summary from the surgeon can be persuasive, to continue educating the patient about what you've recommended. A personal follow up call or email from the patient care coordinator can help too. And, offer a complimentary second consultation with the doctor for the patients who "need to think about it" to allow for additional questions and relationship building with the surgeon and staff.

6. Fear of anesthesia.

The so-called Joan Rivers Effect has made this one even more important lately. Patients who fear anesthesia are those who fear being out of control and require reassurance that they will be safe. This isn't a reason that can be resolved by citing statistics about the low complication rate of anesthesia.

Get the patient to put their concern in context. Did she personally have a bad experience with previous anesthesia? Did a family member? Aging parents may have had issues that a 50-something won't experience. Or maybe it was a television or movie star case.

Having or offering a conversation with the anesthesiologist well before surgery can put people's minds at east. And if you work with the same anesthesiologist for all cases, that's a plus that patients should know about as well.

7. Worried about the result.

What if I don't like it? What if I look too different? What happens if they turn out too big-or too small? Then what? These are just a few of the questions going through head of a patient who is worried about whether the result will be to their liking.

These people need *reassurance* that they are making the right choice for achieving their desired results. This reassurance can come from the personal stories of patients who had the same procedure, and by explaining the options available if the patient is not fully satisfied. Encourage the unsure to speak with previous patients or staff who have had the same procedure. Develop and maintain a list of patients who agree to speak with people considering the same surgeries they had. And make sure these patients understand their options if the outcome isn't what they'd hoped, being clear about what is appropriately a "revision" and what is not.

8. Afraid of being judged.

Female patients who have spent most of their adult lives caring for others and raising children may feel self-conscious spending money on themselves. I remember the woman who said, "I could spend this money to remodel my bathroom." The patient care

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coordinator immediately said, "I am pretty sure you'll be happier if you invest in yourself. You live with that result 24/7." Smart response.

The patient care coordinator can point out that being 50 or 60 today is *not* what it was for our mothers. And for patients who've spent their lives "doing" for others, an effective approach can be, "now it's your turn." Assure patients they'll have a natural result and look "well rested" not "over done." Especially when the procedure is combined with a new hairstyle, and a loss of a few pounds.

9. Fear of making a decision.

Patients with this fear can become overwhelmed and decision-paralyzed. "There are so many options," they think to themselves. "What if I choose the wrong one?" Or perhaps they fear missing their usual, manic exercise routine. Or some party or event or a work function that's scheduled during recovery.

The surgeon can be the first line of defense on this one by refraining from presenting too many options. Again from our mystery shopping experience, we have been in consultations where surgeons seem almost wishy-washy when it comes to being decisive about what is in the patient's best interest. So, corralling the options into several instead of many is the first step. The patient care coordinator can then take the reigns with questions such as Which of the surgeries you talked with Dr. Kind about appeal to you most? and if the patient is considering multiple areas can reassure with statement such as, You know, we can also discuss staging all of these so all your needs are met over time, which is often easier on the budget.

10. A myriad of scheduling issues.

An overbooked appointment schedule is a problem. It makes patients mad. Some even leave without being seen. And when you can't find a surgery date that accommodates a patient's schedule or important event, it's frustrating to the patient, who may decided not to schedule at all. There is no one, easy answer to schedule issues. But there are a few things we know work.

Before the consultation is booked, the patient should *always* be asked if they have a special event or date in mind for surgery. Why

frustrate yourself or the patient? If their expectations are unrealistic, the patient should be called before they ever darken the doorway. A good patient coordinator will look at this information prior to the patient's appointment and already be thinking about scheduling options.

Absolutely make sure staff update patients in the reception area when the schedule is running behind. There is no excuse for not doing this, and it's a way to prospectively diffuse anger. Equip staff with a few points to use about why the surgeon is "worth waiting for."

Complimentary consults with a non-MD provider can easy the schedule crunch and get people on the schedule within 1–2 weeks. And group consultations for breast augmentations are a good idea, if they are thoughtfully implemented.

I hope you will use this list to foster meaningful discussion with staff. Make this a topic of discussion in meetings. We'd love to hear how you and your staff address these. Pick up the phone or send us an email. You'll find all of our contact channels at karenzupko.com.

Karen Zupko, President of Karen Zupko & Associates, Inc., is an internationally sought-after speaker, author, and practice management consultant. For more than 30 years, she has been advising and educating plastic surgeons on management and marketing issues, including personnel, billing, technology, coding, and practice expansion.

Ms. Zupko will teach a two-hour, advanced version of Overcoming Scheduling Objections at 9AM on April 5 at the 2016 Aesthetic Meeting. The highly interactive program focuses on identifying and addressing the non-financial reasons patients don't schedule surgery. Alums of KZA and ASAPS Patient Coordinator workshops—and anyone looking to learn concepts beyond the basics—are encouraged to attend.

Ms. Zupko and her team are featured regularly at workshops and events held by the American Society of Aesthetic Plastic Surgeons and the Plastic Surgery Administrators Association.

See Karen Zupko in Person at The Aesthetic Meeting 2016*

Sunday, April 3, 2016

2:00pm – 4:00pm 111 Relationship Marketing: What It Means and How to Put It in Action

Monday, April 4, 2016

9:00am – 4:30pm S12 Skills for Successful Patient Coordinators

Tuesday, April 5, 2016

9:00am – 11:00am S14 Patient Coordinator Alums: Overcoming Scheduling Objections

12:00pm – 1:00pm S15 Financial Management for Spouses and Managers

1:30pm - 4:30pm

403/503 Managing the #1 Headache of Practice—Staffing Issues

Wednesday, April 6, 2016

THE BUSINESS SIDE

10:15am – 11:15am Panel: Motivating and Compensating Staff Moderator: Robert Singer, MD Panelists: Mary Lind Jewell, Marie Olesen, Karen Zupko

2:00pm - 4:00pm

616 Reading Prospective Patients More Effectively and Improving Scheduling Results

Thursday, April 7, 2016

THE BUSINESS SIDE

8:45am – 9:45am Panel: Developing a Marketing Plan Moderator: Mark Mofid, MD Panelists: Dana Fox, Catherine Maley, Karen Zupko

10:15am – 11:15am Panel: Mystery Shopper Moderator: Mark Mofid, MD Panelists: Catherine Maley, Karen Zupko

*Additional Fees May Apply • Program Subject to Change



How to Host Your Own Local Event

Adam Rubinstein, MD

L ocal events are a great way to create awareness of your practice within your local community. In my practice it never fails to generate good will, brand recognition, and, of course, new business. Most practices are familiar with in office events such as open houses or in-office seminars. And we've all attended or seen advertised larger events like home shows, car shows and the like. A couple years ago I had the idea to create a larger local event for the public. An "AesthetiCon" if you will. The idea was to get the best of the best local doctors, vendors and resources all together for the public to visit in one place. I envisioned an exhibit hall, seminars, lectures, demonstration, all geared towards educating the public with honesty and integrity. Plastic surgeons alongside dermatologists, cosmetic dentists, all properly trained and credentialed. Vendors we are all familiar with like Allergan, Sientra, Mentor, as well as skin care companies, scar treatments, mineral makeup and the like all collected together to educate the public. And all of free for the public to attend. The Cosmetic Surgery and Wellness Expo was born.

Organizing a local event on this scale takes some effort and planning, but it's easier than you might think. The first task was to secure a location. I practice in Miami so the natural choice was the Miami Beach Convention Center. The cost of using the space was very reasonable and I was able to negotiate some added perks including extra space and supplies. You should expect to have separate expenses for the space, the vendor that sets up booth spaces, any audio-visual help you might need, electricity for the event, and any food you want to provide. Even with these separate costs, the convention center venue was more affordable than any of the nice local hotels. The convention center also had a more streamlined process for organizing everything we needed.

For our event I chose to provide booths with tables, chairs and electricity. Everything, and I mean EVERYTHING, is an option and a separate charge. This event was not my first rodeo so I had a lot of equipment that could be used for the Expo. With a few additional purchases I was able to provide all the AV equipment needed for the event without having to rent equipment and pay a vendor. We also did all the graphic design in-house and were able to quickly create a simple logo and any necessary collateral. So with the space, booths and equipment arranged the next task was to find doctors and other providers to participate.

While it's better for business to be allinclusive and allow anyone that can write a check to participate, our Expo had a message to send. I wanted to be sure that all the participants were the "real deal." All doctors had to be board certified and practicing within the scope of their training. There couldn't be any dentists hawking breast augmentation, or cosmeceutical companies hyping the latest cure for aging. I wanted to create an environment where the public could peruse the booths with confidence that everyone there was a "good choice." Every provider was vetted, every merchant researched to be sure that snake oil would not be sold. And that happened before anyone was invited to participate. Those invitations were issued directly person to person. I made phone calls to colleagues and industry. My assistant made calls to local doctors, providers and companies to invite them to participate. It was important that the invited doctors and companies understood the theme of the event-patient safety through proper training, honesty and integrity. We had a terrific response. Participants understood the goal of the event and were excited to join in. A small fee was charged for the booth spaces. Those fees were all that was necessary to pay all the expenses for the Expo. Despite limiting who could attend based upon credentials we were able to fill three dozen booths. In addition to the booths we offered scheduled slots for lectures and demonstrations. The Expo had a separate lecture hall and a demonstration corner attached to the exhibit hall. Throughout the two-day event over a dozen lectures and demonstrations were scheduled. Now that we had a full program we needed to generate awareness and attendance.

With so many things to do in most cities you'll have to publicize the event and build awareness and excitement so people will attend. The axiom, "If you build it, they will come" simply won't apply. The good news is by taking the high road with our vetting of participants we were able to get some free publicity as a public safety event. I contacted local news and variety shows asking them to help us out by covering the event. Two local news shows and one morning variety show picked up the story and really helped get the word out. We were able to get some local cable exposure donated including an interview on a "What's going on around town" kind of show as well as short commercials run for a week or two before the event. But even with all the free exposure we still needed to market the event. Nearly every dollar left in the budget after costs for the event went to marketing. We ran radio spots, put ads in local newspapers, and had a billboard. I cannot emphasize enough how important marketing is to create buzz and attendance for the event. You can organize an incredible event, but if nobody knows about it you'll have poor attendance. With all of the combined marketing efforts for the event we had nearly 2000 people in attendance over the two day Expo.

In the end, with a little bit of work the first Cosmetic Surgery and Wellness Expo was a success. We had great feedback from the providers in booths and the attendees alike. And as one of those providers in a booth my practice realized about 40-50 fold return on investment for the cost of having a booth. The people in attendance we educated, entertained and informed by practitioners who were all properly trained, certified and practicing within their area of expertise. And the cherry on top was the promotion in the news and local media that seeking properly board certified doctors was important. Since that event ASAPS has adopted a new policy that allows local events to be endorsed by the Society lending even greater gravitas for the public. Carry the flag in your city and plan an Expo of your own. It's more than worth it for your business, your branding and your patient education and safety.

Adam J. Rubinstein, MD, is an aesthetic plastic surgeon practicing in Miami, FL, and serves as chair of ASAPS External Marketing Committee.



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Deposition Preparation

THE LAWSUIT

Post operatively, a 43 y/o female experiences a major allergic reaction while at the surgery center, likely secondary to medication given in the recovery room. On her medical records, her allergies are documented and, unfortunately, the medication given in recovery is listed as one of her medication allergies. The patient has several days of recovery and due to the severe rash; she claims that she no longer has the desired cosmetic result. The patient's family filed a lawsuit against the surgery center and the surgeon. The surgeon does not believe that he has any real liability regarding his care.

The Deposition

On the day the deposition was scheduled, the physician admitted to his attorney that he had only reviewed the records in part and he had not read the pre op or post op nurses notes, nor had he reviewed any medical records in the case. The physician arrived straight from the operating room, dressed in scrubs, looked exhausted, and was anything but neat in appearance. Since the deposition was going to be videotaped, and the client was clearly not prepared to proceed, defense counsel's only option was to cancel the deposition.

AMS RRG Preparation and Recommendations

To avoid a scenario like the one described above, an integral part of AMS RRG's defense strategy is thorough preparation to ensure the physician puts his/her best foot forward during the deposition. Since a pivotal point is how well the client – the physician – "comes across" during the deposition process and, subsequently, in the presence of the jury at the courthouse, there is no excuse for any defense counsel to slight or compromise the preparation of a physician for his/her testimony. It is well established that juries, more often than not, decide for whom they will cast their vote based on the physician's personality, competency and professionalism.

The following are *key elements* for a successful deposition:

- The physician and defense counsel should meet within thirty days of defense counsel being retained by the carrier to discuss what will occur throughout the case. Defense counsel should explain that there may be periods of time when defense counsel needs several meetings and/or discussions with the physician.
- On the day of the deposition, the physician must give the appearance of being truly interested in providing testimony. An "I can't be bothered with this" attitude will be readily apparent to the plaintiffs, the other parties present and, more significantly, to a jury, if the case reaches that level. Therefore, eye contact is essential. The physician should maintain eye contact with the attorney who is cross examining him/her except, obviously, when the physician refers to the chart and/or other medical records to refresh his/her recollection.
- Defense counsel may want to proceed with a dress rehearsal and videotape it to illustrate how the physician will come across and areas for improvement.

- The bottom line in giving a deposition is to tell the truth. The physician should never hesitate to ask plaintiff's counsel to repeat a question or to answer "I do not know" to a question the physician truly cannot answer. The physician may disagree with insinuations, inferences and implications of opposing counsel and also disagree with an assertion and/or an accusation by opposing counsel. A deposition can become heated and hostile; however, the physician must always maintain his "cool," listen to the questions and answer accordingly.
- The physician must review the medical records PRIOR to the deposition. The physician, more often than not, is the best expert in what occurred and why. If the physician does not believe that he/she is ready for the deposition and needs further counseling, the physician should notify defense counsel.

Providing deposition testimony in a professional way and evidencing sound reasoning for the clinical decisions/judgments made will provide the best opportunity for the physician to be accepted as a credible witness.

AMS RRG is always available to provide assistance and support to its insured practitioners. Dr. Moon can assist physicians with any clinical and professional questions in the case. Susan Martin and her legal team in Texas can assist with any questions regarding testimony, claims, or other risk issues. Dr. Moon can be reached at (954) 463-5207 and Susan at (866) 520-6896.







3 Roads to Riches

Catherine Maley, MBA

f you're like other plastic surgeons that practice in a competitive environment, you're most likely uncomfortable with what you're spending to promote your cosmetic practice. Because there are limitless ways for you to go about it, it makes your head spin.

Focus is essential because you will run out of time, money, and patience without it. But WHAT to focus on is the secret to success.

New Mindset is Needed

As Albert Einstein said, "We cannot solve our problems with the same thinking we used when we created them." So, if you're questioning your current plan and unclear about what needs to happen for you to do better this year than last, here is some harsh reality to help...

There are all sorts of *internal gaps in your cosmetic practice keeping you from the revenues* you expect.

Sometimes it's something simple but mostly, it's more than that. There are, often times, several gaps in your practice that need to be identified and rectified so your revenues have a chance to grow.

And, although, each practice is different because it's YOUR personality and values that goes into it, the fundamentals are always the same. This is where you win or lose.

Of course, cosmetic patient marketing is a huge part of growing your cosmetic practice; however, it is not the only skill you need to *build a GREAT practice your competitors envy.*

To make this your best year ever, you need marketing AND you need 3 more areas to focus on to see truly amazing results. Here they are:

The People

You've got to have A-Players representing you—period. Your staff spends way more time with your cosmetic patients than you do. How they promote you and your aesthetic services using professional patient relationship skills is crucial to your bottom line as well as your reputation.

You will never be able to grow a multi-milliondollar cosmetic practice without the right team supporting you. I realize most surgeons would rather not have to manage a bunch of people because it can be difficult and here's my response... YES, it can be difficult to "rally the troops" but that's why you get paid the big bucks (otherwise, you would be an employee in a hospital or huge corporate practice, right?)

So, do yourself a favor and read some leadership books written by the best: Lee Iacocca and Jack Welch are a great start. For example, here's what they say about employees:

"When it comes to employees in any business, there are 20% leading, 70% following and 10% contributing nothing. At least get rid of the 10% and train the 70% to contribute more."

Patient Retention

Your growth will be stunted if you don't invest in and focus on patient retention. Think about the aging cosmetic patient who cares about how they look in their 20s, 30s, 40s, 50s, 60s, 70s and more.

Your leverage is in spending to attract them and then keeping them coming back for decades.

The Processes

Lastly, you need systems and processes to be successful. This may not sound sexy but it is when things are humming along nicely and costly mistakes are avoided.

A big reason you have trouble managing staff is a lack of systems. It is nearly impossible for someone to be a good team player for you when all the information on how they should do their job is locked in your head.

So Where Do You Start?

First, keep your current marketing going... for now. Just don't add anything new until you have a better handle on your internal situation.

Second, plug up the holes in your leaky buckets; i.e., patient attraction, conversion and retention.

Third, devise day-to-day systems to take the pressure off of you and your staff who are currently "winging it." Here's a hint: You have protocols for the OR so have similar protocols for every other step in the patient experience with you.

See Catherine Maley in Person at The Aesthetic Meeting 2016*

Sunday, April 3, 2016

4:30pm-6:30pm 211 The Patient Attraction and Conversion Blueprint

Thursday, April 7, 2016

THE BUSINESS SIDE

9:00am – 9:45am Panel: Developing a Marketing Plan Moderator: Mark Mofid, MD Panelists: Dana Fox, Catherine Maley and Karen Zupko

10:15am – 11:00am Panel: Mystery Shopper Moderator: Mark Mofid, MD Panelists: Catherine Maley and Karen Zupko

*Additional Fees May Apply • Program Subject to Change

Fourth, develop a strategy for hiring Aplayers and train them to represent you professionally.

Last but not least, add new *proven* marketing strategies now that you have the rest in place. Proven means you can track the results back to the strategy so you know you are getting a return on your investment.

Want more clarity?

Join me at The Aesthetic Meeting 2016 where I'll be conducting a 2-hour course called, "The Patient Attraction and Conversion Blueprint" where I will show you step-by-step how to set up an automatic system to attract more cosmetic patients, convert them to a YES and ensure they return and refer. This will include how to track and measure your return on investment so you see "at a glance" what's working and what's not.

Catherine Maley, MBA is Author of "Your Aesthetic Practice/What Your Patients Are Saying" and President of Cosmetic Image Marketing. She uses creative patient-attraction and staff-training strategies to get you more patients and more profits. Catherine can be reached at (877) 339-8833 or visit her website at www.CosmeticImageMarketing.com.



R YOUR PRACTICE

Compensation for Aesthetic Surgeons in a Group Model: Oil & Vinegar Salvatore J. Pacella, MD, MBA, FACS

Editor's note:

Dr. Pacella was the Co-Chair of the recent ASAPS Symposium "The Business of Launching Your Practice." This article is a must read for any aesthetic surgeon considering a salaried position at an HMO or hospital

ne of my favorite experiences is having dinner in an old-school Italian restaurant. As a child, heading for a rare dinner out, the entire family would be served salad out of one very large bowl...much like at grandma's house.

A few nights ago, I took my own family out to dinner at a local pasta joint. I was expecting to see that big bowl of salad, but instead... each salad was individually ordered and customized for each member of the family. It occurred to me that I was watching the evolution of the health care payment systems right in front of my eyes.

As we look to the future in healthcare, the traditional fee-for-service model is very much like that individual salad. Each provider orders their "course." Payment (i.e. an individual salad) is delivered based on the order. In an Accountable Care Organization, we are seeing a shift toward "family-style." In this model, the hospital is delivered a lump sum that must be individually distributed among each provider based on the work that they perform. It is up to the head of the table (i.e. the health system) not the waiter (i.e. the insurer) to determine how much salad everyone receives.

In this restaurant (and on this plate), aesthetic surgery is the oil to the vinegar. In other words, they may not mix very well. To explain this concept, we must first understand in general how physician compensation is distributed for most multispecialty groups within a healthcare system:

As you may know, each distinct procedure that a surgeon or provider performs is assigned a current procedural terminology (CPT) code. Every time that we perform a case (such as breast reduction), it can be described by this numeric code (i.e. in this example CPT 19318). A national committee composed of representatives from the AMA, insurers, hospitals and physicians (i.e. the



Figure 1: The Breakdown of RVU. In academics, a majority of physician remuneration may often be salary based, with possible incentive tiers for clinical production. In private practice, compensation is most obviously based on gross revenue minus appropriated expense. In the multispecialty group model, physician compensation for most plastic surgical procedures are compensated to the individual physician based on the Resource Value Unit (RVU) model. The average relative weights of these are: physician work (42-50%), practice expense (38-46%), malpractice expense (2-10%) based individually on each code.¹ The practice expense is calculated by actuarial data which determines direct expenses related to supplies, non-physician labor expense, prorated cost of equipment used, as well as indirect expenses. Malpractice expense is calculated in a similar fashion based on standard rates.

RUC) assign each CPT code a specific relative value, which is recorded standardly in relative value units (RVUs).

This relative value assigns a certain "professional worth" to a case or physician encounter. For example, a simple office value may have a relatively low worth (perhaps 1 RVU), whereas a major procedure (e.g. a free flap) is assigned a proportionately higher value. In my previous example of breast reduction, the total RVU value is set standardly at 29.3. In cases where there are bilateral procedures, the RVU is often multiplied by 150% (i.e. 43.9 for a bilateral reduction).

Each CPT code, through several geographic and governmental conversion factors, is calculated to determine a monetary amount for physician reimbursement. This value is

based upon the physician effort in performing each procedure and in theory represents a value of physician education, time, mental effort, technical skill, stress and judgment. Each insurer, including CMS, bases their payment of this RVU value.

As if this isn't confusing enough, the total RVU value is actually based on three separate factors: physician work, practice expense, and malpractice expense. (Fig 1) The physician work RVU value represents the crux of physician effort with every patient encounter. This value essentially assigns worth to every procedure or surgery that can be performed. Work RVU's are essentially the "calorie count" of that salad you were about to eat.

If a surgeon is in private practice and bills the insurer for a CPT code, the payment



FOR YOUR PRACTICE

received is based on the TOTAL RVU value. Because that physician is a sole provider, they bear the cost of malpractice and practice expenses as debits. In a multispecialty group, this is not often the case. The health system, hospital, multispecialty group or clinic bears the overhead expense. The payment is made to the larger entity, yet some determination of productivity for the individual physician work must be calculated.

In this scenario, it is not surprising that many group practices and multispecialty groups utilize the physician work RVU as a methodology for physician salary or payment based on effort or productivity. For example, the physician work RVU component of a bilateral breast reduction is 22.8. Based on the group or employer reimbursement model, the surgeon would be paid some dollar multiple of 22.8. (e.g. if the contracted rate for reimbursement is \$60 per work RVU, then the physician is paid \$1,368).

A Recipe for Disaster

"Yesterday, I performed a 6 hour facelift and was paid absolutely nothing for it." —Dr. Disappointed, who recently joined a multispecialty group as their first plastic surgeon

In general, the wRVU system works reasonably well (i.e. based on the dollars per wRVU) to compensate plastic surgeons for reconstructive procedures, but there exists a dangerous and exploitive disconnect with regard to cash-pay, aesthetic procedures. This disconnect is two-fold: many CPT codes are under-representative of value based on pre-paid collections. In addition, there some CPT codes which are not represented by any numeric value whatsoever. Let's run through several examples:

Nutritionally Deficient: Work RVU Under-Valued Codes

Standard CPT codes do not describe the difference between aesthetic and reconstructive procedures. There are several examples which illustrate this concept:

Mastopexy is described by CPT 19318. From a technical and economic standpoint, a mastopexy performed for symmetry on a breast cancer patient can be very different than one performed for cosmetic enhancement. Rhinoplasty is described by

Table 1: Common Dual Aesthetic & Reconstructive Codes and Values²

Procedure	CPT code	wRVU value
Fat Transfer, Tissue Graft	20926	4.9
Chemical Peel	15792	2.9
Gynecomastia Excision	19300	4.7
Mastopexy	19316	8.8
Breast Reduction	19318	12.6
Breast Augmentation	19325	7.3
Browlift	67900	5.6

CPT 30410. A reconstructive rhinoplasty on a cleft palate patient obviously carries different functional considerations than an aesthetic case for tip refinement and hump reduction. In these scenarios, if coded correctly, both cases will be billed under the same CPT code. There is no technical description for the aesthetic considerations. This presents a significant issue for the plastic surgeon who performs aesthetic, pre-pay services within the confines of a system in which reimbursement is determined by the CPT-wRVU relationship.

Let's drill down deeper into another specific code example: 15823 for Upper Blepharoplasty.

This code represents a unilateral wRVU value of 6.8. If this code is performed bilaterally, common coding practices discount the opposite side by 50%. Therefore, the code is given a bilateral wRVU value of 10.2.

The surgeon performs a functional upper blepharoplasty on a patient for visual field obstruction. A skin, muscle resection is performed with the sole intention of removing obstructing tissue for visual fields. This may take 45 minutes with minimal post-operative care.

The total Medicare reimbursement (based on the Total RVU calculation) is \$1,446. The physician is only compensated by the wRVU component. Assuming that provider receives compensation at \$60 per wRVU, their compensation is \$612. This percentage aligns within range of the intended distribution of wRVU to Total RVU:

=42%

Physician wRVU Compensation (\$60 per wRVU x 10.2 wRVUs) = \$612

Total RVU Reimbursement to Health System (via CPT) = \$1446

Now imagine this same scenario in which an aesthetic upper blepharoplasty is performed. The initial consultation fee may often be waived or incorporated into the surgical fee. Significant workup is performed to discuss orbital fat resection, fat repositioning and/or possible fat transfer. The patient may pay a significantly higher surgeons fee of \$3700. This payment is made up front, in today's dollars, which has no risk of denial or devaluation of a payment that may be in accounts receivable The procedure is often more complex, possible lasting 90 minutes. Post-operative care is much more involved, requiring several visits and any potential revision is included at no charge.

Although this is significantly extra physician work, this case is compensated at the same rate:

Physician wRVU Compensation (\$60 per wRVU x 10.2 wRVUs) = \$612

=17%

Total Prepaid Cash Collection to Health System = \$3700

Herein lies the disconnect. Physicians who perform aesthetic surgeries (recorded with standard CPT codes) within the confines of a wRVU model, in which the prepayment is significantly higher that insurance-based procedures, receive a significantly reduced compensation compared to the total reimbursement. There are many CPT codes which fall into this category. A list of common codes and their wRVU values are illustrated in Table 1.

Junk-Food: Zero Value Work RVU codes According to the AMA coding assignment, several codes have no wRVU value assigned to

Continued on Page 72

FOR YOUR PRACTICE

Oil & Vinegar

Continued from Page 71

them whatsoever. Several examples include Facial Rhytidectomy (CPT 15824-15829) and Suction-assisted lipectomy (CPT 15876-15879).

Within the standard wRVU compensation formula, these codes will receive zero compensation and/or credit for reimbursement. In addition, surgeons who may be within a compensation model in which bonus structure may be based on productivity, will often receive no allocation of these cases toward their incentive programs.

While this seems counter-intuitive, I anecdotally have been consulted by several surgeons who have found themselves in this predicament. This is unfortunately a common situation described to me by surgeons who may be fresh out of training who may have signed on to a newly formed multispecialty group or a group which has never hired an aesthetic plastic surgeon before. Unfortunately, once the surgeon has signed their employment contract, they hold very little bargaining power for negotiating changes in their compensation model. Attempts to lever negotiation in favor of fair-market compensation are often seen by the opposite negotiating party as "greedy" or "excessive".

A Balanced Diet: Strategies for Fair-Market Compensation

Fortunately, there a several potential compromises that may be employed in an effort to level the playing field for fair-market compensation for aesthetic surgeries performed within the context of the wRVU system. Unfortunately, these are often at the discretion of administration or limited by EMR coding software.

The easiest strategy is to prevent this situation prior to signing the physician contract. Negotiation for a straight percentage of aesthetic fees that may be based on the existing wRVU to Total RVU ratio (i.e. 42–50%) or reasonable health system overhead (50–60%) are often the most equitable for both negotiating parties. This percentage should be specifically negotiated for CPT codes or unlisted codes which bear zero wRVU values. In today's billing or EMR software, such patient encounters can also be designated by a "COS" (i.e. aesthetic) or "PDNI" (i.e. Patient designates no insurance billed) modifier.



Plastic surgeons can often be successful in arguing that existing CPT codes do not adequately describe the technical components of aesthetic procedures. For example, the Rhinoplasty CPT code 30410 does not specifically mention the use of columellar struts, spreader grafts, tip suturing or weir excisions that may be performed in a cosmetic case (and subsequently add significant time and work). In these scenarios, existing peerreviewed descriptions of complex procedures can justify the use and creation of "999" or psuedocodes (which are assigned zero wRVU values) and therefore have the potential to be compensated on a predetermined collection percentage.

Some medical groups or health systems may seek to incorporate a "retrograde" fit for aesthetic services. Psuedocodes may be created, but those codes are assigned an wRVU value which is calculated backward from the average collection and predetermined compensation per wRVU. For example, an aesthetic blepharoplasty value may be calculated according to the following:

Standard Cosmetic Fee Schedule for Bilateral Upper Blepharoplasty = \$3700

Blepharoplasty Psuedocode wRVU = 62

Precontracted Compensation per wRVU = \$60

I would certainly caution the utility of this strategy. This methodology will not account for price fluctuation in aesthetic surgeries or future changes in compensation per wRVU that may be rebalanced based on contract changes.

Finally, many medical groups employ subspecialty providers which may provide zero wRVU services. Subspecialists such as dermatologists or orthopedists may provide new, innovative or study-experimental services that must be compensated fairly back to the physician provider. An alignment of interests with these subspecialty partners is critical for negotiation.

Conclusions

Plastic Surgeons may find inherent value and comfort initiating their practices within the confines of a multispecialty group. Nonetheless, these compensation models often suffer from loopholes and/or disconnects with fair-market compensation for aesthetic surgery. An understanding of these disconnects as well as leveraged strategy for determining a mechanism of physician work is critical for physician compensation. We may not be able to change the waiter's delivery of the "family-style" salad, but it's important that we understand a strategy for getting a fair share of the "greens".

- Reinhardt, Uwe (December 6, 2010). "How Medicare Pays Physicians.". The New York Times. Retrieved February 2, 2016
- Physician wRVU codes, Fee schedules and Conversion Factors referenced from Plastics/Dermatology Coding Companion 2016. Optum360 LLC Publishers

See Salvatore J. Pacella, MD, MBA, FACS in Person at The Aesthetic Meeting 2016*

Monday, April 4, 2016

12:30pm – 1:30pm BR2 Starting a Practice: What I Know Now That I Wish I Knew Then
VYING FOR YOUR ONLINE REPUTATION





It's no secret that your online reputation is vital to the success of your aesthetic surgery practice. The issue is, you're not alone in sculpting this reputation into an accurate representation of who you are and what you have to offer. In fact, you're not even alone in wanting to generate online traffic for your own name. Sites like Healthgrades and RateMDs are monetizing traffic under doctors' names, sometimes generating enough traction that their listings appear higher in search results than physicians' own websites. But that's not all. Your website is also competing with social media services, Google My Business, and even medical organization sites such as ASAPS and ASPS. In short, everyone is vying for attention under your name.

So what can you do to take charge of your online reputation? The following tips can be an excellent place to start.



Co-authored by Rosemont Media CEO Keith Humes and John Lewis, Senior Writer & Editor

PROPERLY OPTIMIZE FOR YOUR NAME

When patients search for your name on the Internet, you want your website to be the first result they find. This helps to establish your legitimacy while providing convenient access to the most expansive information about your credentials, experience, and available treatments. To make this goal a reality, you must properly optimize for your name (or your practice's name; whichever you choose to market), making sure to include different variations of how either can be written. Another helpful tactic is to build a separate, smaller website devoted to providing information solely about you. If possible, buy your actual name as the domain of the site in order to further enhance optimization while excluding other practitioners who may have the same name from taking advantage of your strategy.



Business citations are defined as non-linked mentions of your name or your practice's name on external webpages. These can include listings in certain medical directories, local business association pages, medical society/board indexes, patient reviews, and various other portals. The key to maximizing optimization efforts is to ensure all citations you have control over remain as consistent as possible. For example, if you've chosen to focus marketing efforts on the name of your practice, you want to make sure you use your practice's name across all controllable channels. By remaining consistent, you help to build a stronger reputation in the eyes of Google and patients alike.

WANT TO LEARN MORE?

UPCOMING COURSES AT THE AESTHETIC MEETING:

TAKING CONTROL OF YOUR ONLINE REPUTATION

Sunday, April 3 (4:30pm – 6:30pm) Presenter: Keith Humes, CEO Rosemont Media Prior Registration Required with ASAPS

MOBILE MARKETING AND CROSS DEVICE CONVERSION

Wednesday, April 6 (1:25pm – 1:40pm) Presenter: Keith Humes, CEO Rosemont Media Check Your Program Book for Time

INTERNET MARKETING/SEARCH ENGINE OPTIMIZATION - WHERE ARE WE TODAY AND WHERE ARE WE GOING?

Thursday, April 7 (8:00am – 9:00am) Panelist: Keith Humes, CEO Rosemont Media Prior Registration Required with ASAPS

CHOOSE SOCIAL MEDIA SERVICES WISELY

When it comes to social media for the aesthetic practice, quality is far more important than quantity - you don't want to have so many social profiles that you create more competition for yourself. The key is to identify and utilize social platforms that grant you full control, as well as those that are powered by user-generated content. In fact, one can argue that user-generated content is now king, as Google has grown quite partial to sites that are heavily reliant on consumer engagement. Currently, some of the most beneficial social media services for plastic surgeons include Facebook, Instagram, Yelp, and RealSelf, the latter of which is a social community specifically geared towards the cosmetic surgical industry, enabling you to interact with real patients considering plastic surgery. By remaining active on these social media sites, you show visitors that you're actively engaged, which ultimately contributes to your online reputation in a positive way.



As a key player in your online reputation, your social profiles should be valuable tools for patients who may not yet know you or your practice. Consequently, simply creating a particular social media account doesn't cut it; you need to make sure each of your profiles is robust enough to effectively depict what your practice is like, what it offers, and what differentiates it from others. Take Facebook, for instance. A strong Facebook profile should - at the very least - include a profile picture and cover image, a description of the practice (complete with office location(s), hours of operation, etc.), regular postings and engagement with visitors, and a basic call to action. These types of elements show you care about being open in your self-portrayal, you are in touch with your patients, and you seek to be a trusted resource, all of which can boost your reputation.

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www.surgery.org/meeting2017

Are you Ready for Your Media Interview?

By Carolynn Grimes

"It is always a risk to speak to the press: they are likely to report what you say." *Hubert Humphrey—38th Vice President of the United States*

How to Get YOUR Message Heard

ost all of you can relate to the excitement that arises when the media is coming to interview you on topic. For instance, "*More teenagers are getting plastic surgery than ever before!*" That always gets the media attention: breasts and teenage girls—perfect.

Not that you ever really perform plastic surgery on teenagers per se. But here's your opportunity to educate the public on what's really going on and get your name 'out there'. So how do you take advantage of the media attention, but not come across as an irresponsible doctor performing unnecessary plastic surgery on young women? In other words, how do you educate the media and get your message heard?

Is Media Attention Worth the Effort?

I've been on both sides. First as an anchor and reporter, and now, as media director for The Plastic Surgery Channel. I know the frustrations reporters face on a daily basis. Constant deadlines and dealing with producers who want the sensationalized version of the story. I've also witnessed the hard core female news reporter coming to interview a doctor on a potentially controversial topic. All the while knowing the real story is it's all about patient selection. Surgery at 18 or 19 years old isn't such a bad thing in certain situations.

The time comes, it's the big day and you're going to be on the local ABC affiliate, the number one station in the market. Everyone thinks it's going to be great until the reporter starts the interview with, "Why isn't it okay to be flat chested? Shouldn't we teach young women to be happy in the body they were born with and not judge on physical appearance?" Cringe...

You, being a physician, rationalize. "Tll just inform the reporter that many young women are not only flat chested, many have breast deformities that can hinder their social life and make them feel very self-conscious, lowering their self-esteem." Good plan except when the story airs that evening, they don't use that soundbite. Instead, they use the one where you said, in part, "After breast augmentation, women feel so much better about themselves and can get on with their life." Making it seem, without bigger breasts they were doomed to a life of misery and misfortune. The audience never hears the full story.

The Art of the Interview

Okay, you know what I'm talking about. Let's turn it around by learning a quick technique called *blocking and bridging*. Here's how it works... Blocking and bridging is when you take negative questions—block the negativity—then bridge, or transition to your messaging. Here are a few examples to MEMORIZE:

Blocking phrases...Bridging Phrases

Not really...What you need to know is... That's not correct...The real issue is... The question is irrelevant...The facts show... That's not accurate...Let's start from the top...

There's no fool-proof way to get the media to see things your way, especially in the short amount of time you have with them. What you can do is know your stuff—which you do. And next, know a few techniques like blocking and bridging that makes you a better interviewee.

This is a true story by the way and the patient was not exactly thrilled when she saw the story later that evening. The reporter had suggested she go swimsuit shopping for 'b-roll.' So along with being cute and young, she was now spending her day shopping for skimpy swimsuits. You get the picture; the reporter didn't have to say anything. The story somehow gave the impression the patient had no life until she was a certain cup size.

Take Control of Your Message

This is exactly why *The Plastic Surgery Channel* came into being. Doctors getting together and getting *their message* heard without relying on traditional media. They're



taking back control of their words and getting the true message out the way they want it said and broadcast. Let's face it, no one wants their words misconstrued or taken out of context. We want to be in control of our words and our messaging!

Don't get me wrong, I'm not against the media. They get a bad rap just like the field of plastic surgery often does. Most reporters don't have an agenda. They are normal people doing their jobs and looking for good stories the public will be interested in hearing more about. [Headline] "Students are buying more than books these days as they head back to school... they're buying breast implants!" Gasp!

You're never going to fully educate most reporters in a 15-30 minute interview. The very definition of news is what's different, weird, unusual or happening now. Remember, every news story needs an 'angle', something that makes the audience care. If you get a chance to interview with the media, that's great. It can be worth a lot of free advertising. Even in relatively small markets, just 30 seconds on the news can be worth more than a thousand or two of free advertising dollars. However, if that 30 seconds doesn't put you in the best light it may not be worth the trouble. Agree to do the *right story*... just like you pick the right patient for the best results. Also be sure you can take back some control of your words by not allowing them to hijack the interview. Learn and practice these few tips on blocking and bridging. You'll be glad you did.

Carolynn Grimes is the Media Director of The Plastic Surgery Channel.



Pain Relief for Next April 15th Four Tax-Saving Ideas You Can Do Now David B. Mandell, JD, MBA and Carole C. Foos, CPA

As an aesthetic plastic surgeon, do you realize that, after the tax increases of recent years—between income, capital gains, Medicare, self-employment and other taxes you likely spend between 45 to 55 percent of your working hours laboring for the IRS and your state? That is a lot of time with patients for someone else's benefit. Given this, shouldn't your advisors be giving you creative ways to legally reduce your tax liabilities? *How many tax-reducing ideas does your CPA regularly provide you*? If you are like most physicians, you get very few tax planning ideas from your advisors.

Given these sobering facts, the purpose of this article is to show you four ways to potentially save and possibly motivate you to investigate these planning concepts early in the year when you can best take advantage of them. Let's examine them now:

1. Use the Right Practice Entity/Payment Structure/Benefit Plans

These areas are where the vast majority of tax mistakes are made by aesthetic surgeons today, and where many of you reading this could benefit by *tens of thousands of dollars* annually with the right analysis and implementations. Issues here include:

Using the legal entity with maximum tax/benefits leverage—whether that is an S corporation, C corporation, LLC taxed as S, C, partnership or disregarded entity

Using a multi-entity structure to take advantage of two types of entities and their tax/benefit advantages

Managing the payment of salary, bonus, distribution, partnership flow-through to take advantage of maximum retirement benefits and minimize income, social security and selfemployment taxes

Considering benefit plans beyond the typical profit-sharing/401(k) with which most medical practices start and end their benefit planning

2. Don't Lose 17–44 percent of Your Returns to Taxes; Explore Investment Managers Who Manage with Taxes in Mind

It is quite well known that most investors in mutual funds have no control of the tax hit they take on their funds. What you might not know is how harsh this hit can be. According



to mutual fund tracker Lipper, "Over the past 20 years, the average investor in a taxable stock mutual fund gave up the equivalent of 17 to 44 percent of their returns to taxes." 17–44 percent! Obviously, over 20 to 30 plus years of retirement savings, losing one sixth to about half of your returns to taxes can be devastating to a retirement plan. Nonetheless, too many physician investors settle for this awful taxation.

While a 17–44 percent tax bite is awful, these numbers will likely be worse now as compared to the prior time period, as federal capital gains and dividend rates now reach 20 percent for some taxpayers (where they were 15 percent before) and the Affordable Care Act tax added another 3.8 percent for high income taxpayers as well. Of course, state taxes are an addition to these federal taxes. Such tax increases will only exacerbate the issue.

How to avoid this problem? Consider working with an investment firm that designs a tax-efficient portfolio for you and communicates with you each year to minimize the tax drag on that portfolio. In a mutual fund, you have only *one-way* communication—the fund tells you what your return is and what the tax cost is. Working with an investment management firm, you get *two-way* communication, as the firm works with you to maximize the leverage of different tax environments, offset tax losses and gains, and other tax minimization techniques.

3. Gain Tax-Deferral, Asset Protection through Cash Value Life Insurance

Above, you learned about the 17–44 percent tax hit most investors take on their investments in stock mutual funds. Similar funds within a cash value life insurance policy will generate NO income taxes—because the growth of policy cash balances is not taxable. Also, nearly every state protects the cash values from creditors, although there is tremendous variation among the states on how much is shielded.

4. Consider Charitable Giving

There are many ways you can make tax beneficial charitable gifts while benefiting your family as well. The most common tool for achieving this "win-win" is the Charitable Remainder Trust (CRT). A CRT is an irrevocable trust that makes annual or more frequent payments to you (or to you and a family member), typically, until you die. What remains in the trust then passes to a qualified charity of your choice.

Conclusion

This article gives you a few tax-saving ideas. For larger practices with \$3–5 million or more of revenue, there are additional techniques that could offer significantly greater deductions. These are outside the scope of this article, but are mentioned in the articles on our website and are topics of our free e-newsletter. If you want to save taxes, the



Pain Relief for Next April 15th

Continued from Page 76

most important thing you can do is start looking for members of your advisory team who can help you address these issues in advance. Otherwise, you will be in this same position this April 15th...and next April 15th and the one after that.

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David B. Mandell, JD, MBA, is an attorney and author of five national books for doctors, including For Doctors Only: A Guide to Working Less & Building More, as well a number of state books. He is a principal of the financial consulting firm OJM Group www.ojmgroup.com, where Carole C. Foos, CPA is a principal and lead tax consultant. They can be reached at 877-656-4362 or mandell@ojmgroup.com.

Disclosure:

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Improving Outcomes in Plastic Surgery

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OUR PRACT

Medical Device Selection Strategies for an Aesthetic Practice

Wendy Lewis

ery practice struggles with what treatments to introduce to patients. With so many devices on the market, it can be a minefield to figure out what technologies offer the best fits for your practice.

There is definitely a learning curve to choosing which technologies are mandatory for aesthetic plastic surgeons, and how to evaluate each new kid on the block.

In addition to the obvious issues of safety and efficacy, investigate the reliability and consistency of the technology. A proven track record of delivering good results, and high marks from patients in terms of level of discomfort and costs go far to make your investment profitable. Investing in devices that provide visible results that last will also help to avoid patient complaints that in today's world, often lead to negative reviews.

Think about whether the device you are considering can be used to treat a new category of patients, rather than just offering a new variation on an existing category of patients already being treated for the same condition. Investigate devices that are versatile, have new components, and to do something different that you don't already offer to differentiate your practice from all the competitors others in your area.

The workhouses in a plastic surgery practice may vary widely, depending on the way the treatments are positioned and who is being treated. Younger patients (age 21-39 approx.) today are most concerned with active acne, acne scars, melasma, pores, and hair removal. Patients 40 and up are interested in maintenance and reversing the signs of aging in terms of fine lines, wrinkles, scarring, laxity, photo damage, veins and vessels. Body contouring tends to skew across the board, including both genders, as well as tattoo removal, which is experiencing a major growth spurt.

Here are some tips for deciphering the 'must-haves' from the 'nice-to-haves' in this over-crowded market.

Energy Based Devices

For starters, ask yourself these simple questions:

- What is missing from your current offering—unmet needs?
- What treatments are patients asking forpatient demand?
- What treatments are necessary to add to remain competitive in the marketcompetitive analysis?
- What existing technology needs an upgrade—service offering review?
- What do we have that we don't use that could be sold or traded in for something better-technology analysis?
- Who can do the treatments in your practice-staff time?

Must Have

Photorejuvenation

An IPL or BBL is a great technology to start with because it offers solutions for multiple common conditions that all patients who walk in your door have, such as reds, browns, sun damage, and unwanted hair. A versatile IPL is a great investment because it does a lot for a little, and is an affordable treatment to bundle with injectables and skin care services, as well as for maintenance in between ablative resurfacing. Look for a system that has good cooling connected to the handpiece for optimum safety and patient comfort.

Laser hair removal may not be profitable for most plastic surgery practices, thanks to Groupon and other deal sites like it, as well as inexpensive light based devices flooding the market. If your practice has a high volume of patients under the age of 40, it might be a worthwhile addition. Laser hair removal can also be used as a loss leader to get patients in the door. However, if you are in a very competitive market where hair removal is offered at every spa and salon in your zip code, it may not be practical to tie up an exam room.

Vascular Laser

For a plastic surgeon, another useful addition is a vascular device to treat vessels, scarring, angiomas, and post procedure bruising. Many dermatologists consider a vascular system to be a workhorse, and the same is true for plastic surgeons. Redness has

See Wendy Lewis at The Aesthetic Meeting!*

Wednesday, April 6, 2016

THE BUSINESS SIDE

11:15am - 12:30pm Panel: Social Media-What's Best for Me and How Do I Do It? Moderator: Mark Mofid, MD Panelists: Wendy Lewis, Sheila Nazarian, MD, and Jennifer Walden, MD

come to be recognized by consumers as a sign of skin conditions, such as rosacea, as well as sun damage and skin aging, and can be particularly helpful to speed healing of surgical scars, such as breast lifts, breast reductions, tummy tucks, and facelifts.

Resurfacing

Depending on your patient population, a resurfacing device is an important add-on. Consider who your patients are by skin type and tone, age group, and tolerance for downtime. If your patients are older and with skin types I-III primarily, an ablative device-CO2 or erbium-may be the best choice. If your patients are more ethnically diverse, younger, working professionals, an ablative fractional or non-ablative system may be a better option. If your practice swings both ways, look for a system that offers multiple wavelengths to treat the widest range of skin types and conditions. Surgeons tend to lean towards ablative fractional systems over nonablative, but you need to decide what will work best in your practice and who will be doing the treatment.

Skin Tightening

Most plastic surgeons I know do not put that much stock into the results they can get with skin tightening systems, however, these can be a profitable and popular adjunct to surgical procedures. Not every patient wants surgery; in fact, fewer patients have the time,



Medical Device Selection Strategies for an Aesthetic Practice

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budget, and tolerance for invasive procedures as ASAPS annual statistics confirm. Skin tightening for the face, neck, torso and extremities can fit nicely into a plastic surgery practice as an alternative to surgery, as well as maintenance after surgery. Another consideration is the recent FDA clearance of deoxycholic acid for submental fullness lends itself well as a combination treatment when followed by skin tightening technology. It is also expected that this treatment will have expanded applications for body areas in the near future where skin tightening will be a natural fit.

Body Shaping

Non-invasive fat reduction and body contouring is a growing category in medical aesthetics. There are certain advantages of systems that do not always require direct physician involvement. Another consideration is that some of the most popular body systems tend to be massive and take up an entire room, especially if you practice in big cities like New York or Boston. If your plan is to build up a body shaping clinic, more than one non-invasive system is needed. For example, some technologies feature handpieces that can be used for smaller areas, such as submental, upper arms, axillary folds, knees and cankles, and cellulite. If you are treating a large group of men, you may be choose a system that can be used for gynecomastia, belly and flanks and works quickly in a few sessions to suit that patient population.

Nice to Have

When considering a non-essential piece of capital equipment, these are some of the questions you should be asking:

- Does the device offer a good business model—consumables, ROI?
- Can it be combined with other treatments currently offered—combination therapy?
- Are you willing to invest in marketing to attract a new target audience—microsite marketing, PR?
- Will the vendor offer support to drive patients into your practice asking for the technology—consumer marketing and PR?
- Who can do the treatments in your practice—non-MDs?

Microneedling

Microneedling is picking up steam as a buzzword among consumers and the media. We have seen an explosion of guns, pens, handheld systems, as well as radiofrequency energy-based systems in the market that are based on the concept of collagen stimulation. Microneedling casts a wide net, and can be applied to multiple conditions from wrinkles to acne to cellulite and skin tightening. Depending on the device and your state regulations, handheld devices may be used by non-physicians.

Fat Grafting & PRP Systems

There are many ways to prepare fat for grafting and PRP for injections, and every plastic surgeon has his or her own twist on standard techniques. If you are serious about promoting these popular treatments, investing in one of the top ranked systems may offer improvements in the process, greater consistency of results achieved, as well as marketing value to your practice. Many plastic surgeons now combine fat grafting and/or PRP injections with every facelift they perform.

Tattoo Removal

Tattoo removal is gaining momentum, as more people are getting tattoos and more people want them removed or improved. If you are currently treating tattoos with a Qswitched system, you may want to look at one of the new picosecond lasers for the additional speed and marketing value. But if you are not currently seeing patients asking for tattoo removal, it may not be a good use of your budget when you consider the marketing dollars needed to attract a new segment of patients.

Hair Restoration

Hair restoration methods have vastly improved over the past decade or so, and it is on the rise in popularity among men as well as women. It is a category that attracts a wide range of practitioners, from dermatologists to general surgeons, and plastic surgeons as well. There is definitely a place for hair restoration in an aesthetic surgery practice, but this too shall require an investment in online marketing including a microsite. Staff training and a dedicated treatment room and waiting room may also be prerequisites.

Choosing A Vendor

When choosing a vendor, look at their track record, sales and marketing support, consistency of results, and cost factors. Topnotch service is a big plus, and staff training is critical. Ask colleagues you respect for their best recommendations. Inquire with the local sales rep or manager if a loaner is available for you to try out on loyal VIP patients. Consider what options and upgrades may be available or are coming in the near future, and what the costs are.

Reliability is another critical factor to consider. Find out how often the system tends to break down, and how long it can take for repairs. Ask the rep if a replacement will be delivered in the event of a malfunction. It is also important to get a bulletproof warranty from the company to cover you for at least two or three years.

Look at every capital equipment purchase as a longterm investment. It is important to work with companies that have staying power and a dedicated sales, marketing, and clinical education team. Whenever possible, there are certain advantages of dealing with the manufacturer directly, but in many markets, devices are sold through distributors and/or independent reps. The relationship with the company you are buying or leasing from can make all the difference.

Marketing programs, PR activities, and consumer brand recognition may also factor into your bottom line. Ask about how many other customers they have in your immediate area. If every other practice in your community already has the system you are looking at, the area may be over-served. Being the first practice in your area to offer a new device can offer some marketing value, but that is typically short-lived.

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LEGAL UPDATE

National Practitioner Data Bank—Who Reports Patient Settlements?

by Bob Aicher, Esq.

S tudies have shown that aesthetic procedure satisfaction rates reach 90%, with one study finding that 97% of patients would recommend their surgery to others. www.aserf.org/attachments/122_PIIS1090 820X05001123.pdf. So what about the dissatisfied 3%? At best they want compassion, but often they want revisions, often for free. At worst they file lawsuits or resort to Yelp, both to vent and to further their ultimate goal of extracting a settlement.

Settlements are not inherently bad. Although they grind at our souls and feel like a miscarriage of justice, settlements, like criminal plea bargains, represent a compromise designed to swiftly purchase peace. Unfortunately, settling with your patient often does not end the matter. Many organizations want to know your malpractice history so as to make licensing, credentialing, privileging, or employment decisions, hence the existence of the National Practitioner Data Bank. At least the NPDB isn't open to the general public.

When our members settle with their patients, one of the questions they may ask themselves is, Do I have to report this to the NPDB? This is not rocket science, so for those of you who want the shortest answer possible, it is this: Doctors do not report their own settlements. Organizations which pay settlements on behalf of doctors do report.

That said, short answers are not necessarily complete, so for those of you who are trying to keep things as quiet as possible, and want to know how to settle with your patient without having to report to the NPDB, here are a few nuances to the rule.

First, the rule. To be reportable to the NPDB, settlements must involve (1) a written complaint or claim demanding payment, (2) based on a practitioner's provision of or failure to provide health care services, and (3) a monetary exchange (4) by an eligible organization on behalf of the practitioner. www.npdb.hrsa.gov/resources/glossary.jsp. If any of these elements is missing, the payment doesn't have to be reported, so let's look at the rule for exceptions which you can find on the NPDB website.

Settlements Following Oral Complaints or Yelp: Not Reportable. The NPDB doesn't define what constitutes a written complaint or demand, but does state that the NPDB, and not any other entity, makes that decision. They do say a written complaint includes lawsuits and pre-litigation written communications. Since lawsuits can now be filed electronically, an e-mail demand from your patient likely would qualify as a written complaint or demand. On the other hand, face-to-face complaints and nasty voicemails won't count. Even veiled demands for refunds on Yelp won't count since posted comments aren't addressed to you. So if you don't want to report, settle with your patient before s/he puts it in writing.

Non-Healthcare Settlements: Not Reportable. The NPDB only wants to hear about settlements involving healthcare. So settling with a patient you harmed or abandoned would be reportable, but settling with a patient who fell on your sidewalk would not.

Debt Forgiveness and Future Freebies: Not Reportable. To be reportable, there has to be a monetary payment. Cash payments count, as do refunds of money already paid to you. Offering free future services might cost you something, but they aren't reportable because no money is changing hands. Similarly, if your patient hasn't pre-paid in full, you can forgive the patient's bill without having to report it.

Chargebacks: Not Reportable. An interesting twist not addressed by the NPDB is the reportability of a credit card chargeback. The patient may regard her monthly statement as a bill, which she hasn't paid yet, so a chargeback looks like debt forgiveness to her, which would not be reportable. On the other hand, the doctor has already been paid by Visa, so a chargeback looks like he's giving the patient a refund, which would be reportable. Fortunately, Visa does not meet the definition of an entity eligible to report to the NPDB, such as a hospital, medical malpractice insurer, professional society or state licensing board. So if your patient initiates a chargeback and you lose, it isn't reportable to the NPDB as a settlement.

Catch Bob Aicher Live at The Aesthetic Meeting 2016!

Monday, April 4, 2016

PRACTICE CHANGERS 10:15am and 3:30pm Booth 1333

Tuesday, April 5, 2016

THE BUSINESS SIDE 8:30am – 9:30am Panel—Legal Issues in the Digital Age Moderator: Bob Aicher, Esq. Panelists: Michael Byrd, JD, Neil Reisman, MD, JD, and Alex Thiersch, JD

11:00am – 12:00pm Panel—Reputation Management Moderator: Mark Mofid, MD Panelists: Bob Aicher, Esq, Marie Olesen, and Tom Seery

Wednesday, April 6, 2016

PRACTICE CHANGERS 12:55pm

Thursday, April 7, 2016

THE BUSINESS SIDE 11:45am – 12:30pm Panel—Fraud in the Plastic Surgery Practice

Moderator: Mark Mofid, MD Panelists: Bob Aicher, Esq., Marie Olesen, and Tony Seymour

Program Subject to Change

Settlements Paid From Personal Funds: Not Reportable. Many of you operate as PCs (professional corporations) or LLCs (limited liability companies). This means that any money you pay your patient with a business check is not coming from your personal funds, but from an organization making the payment on your behalf, which that organization must report. So if you don't want

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GAL UPDA



5 Tips From Your Aesthetic Attorney

By Alex R. Thiersch, JD, Founder, American Med Spa Association (AmSpa)

As a plastic surgeon, the investment you've made in your career has been immeasurable. Considering the money, time, blood, sweat and tears you've put into becoming a surgeon, your license is, by far, your most valuable asset. It makes sense, therefore, that all physicians should do everything in their power to protect that investment. However, when it comes to operating legally and compliantly, many physicians and surgeons don't pay nearly enough attention to the laws and regulations that govern their practices. Due to a variety of reasons-up-front cost, lack of understanding, a feeling of invincibility -many physicians pay little attention to protecting the one asset they cannot do without: their license.

As an attorney representing aesthetic physicians, I continually wonder why plastic surgeons aren't more informed about the laws that not only grant them the right to practice, but that also, if violated, can take that right away. As you read on, ask yourself if you are truly protecting your investment by operating as legally as possible, or if, like many of my clients, you are waiting for problems to arise and only dealing with them when you have to.

Here are 5 pieces of advice I give to all my clients:

1. Know the Law

I am continually surprised at how uninformed aesthetic physicians are about the laws that govern them. This is not a critique of doctors personally; instead, it is an observation of the state of the medical industry in general. There are literally hundreds of laws and regulations that physicians are required to follow, such as state-based laws, medical-board regulation, and federal compliance regulations; so many, in fact, that an entire legal industry has developed around interpreting them.

And despite the byzantine environment in which aesthetic physicians exist, there has been very little attempt by medical schools or medical boards to train physicians on what the laws allow them to do-and don't allow them to do. I speak to plastic surgeon and aesthetic dermatologist groups throughout the United States and one thing I always ask is: "Have you ever read or been taught your

Due to a variety of reasons up-front cost, lack of understanding, a feeling of invincibility ----many physicians pay little attention to protecting the one asset they cannot do without: their license.

state's medical practice act." (Every state has a medical practice act that lays out, in detail, the rules that doctors must follow.) To my continued amazement, fully 95% of every group of physicians I ask has never even attempted to read their state's medical practice act. And I have yet to learn of any state that mandates its doctors learn the law as part of their boards.

This is a glaring deficiency and is, in fact, the reason I formed my company, AmSpaMD.com (AmSpaMD provides online legal guidance for aesthetic physicians). Unfortunately, most of the time, laws are written in difficult-tounderstand "legalese," and states do absolutely nothing to disseminate this information to its constituents. However, ignorance of the law is never an excuse, and, in my 15 years of practice, I have yet to convince a medical board that a doctor should be forgiven for a mistake because he or she didn't know the law.

The bottom line is that a greater attempt should be made to educate aesthetic physicians. In the meantime, however, it is up to the physicians themselves to learn the law. Read your practice act. Search online. Build a relationship with a healthcare attorney. Do whatever you can to become educated on the laws that govern your practice, because I promise the medical board expects you to do so.

2. Be Mindful of Laws Dealing with Modern Marketing

Aesthetic medicine is different from other areas of medicine. Attend any conference, and you'll quickly realize that more and more time is devoted to marketing, social media, and patient acquisition. Whether you like it or not, because aesthetic treatments are voluntary, all

aesthetic physicians must engage in some sort of marketing effort to bring in patients. In this industry, patients must be convinced to come to you and must be sold on your practice.

But be careful. What works in traditional retail outlets and other industries is often illegal in medicine. Even though aesthetic physicians are offering and selling voluntary treatments, it is still the practice of medicine. And that means that medical boards hold aesthetic physicians to the same standard as every other doctor.

What does this mean? It means you must be honest and truthful with advertising. It means you must guard patient confidentiality zealously. It means you must not pay for referrals or, in most states, pay your staff commissions.

I teach entire courses on the laws surrounding physician marketing, but many aesthetic physicians are unaware these laws even exist. And with a premium being placed on practice management sessions at conferences, many marketing experts during these sessions are increasingly encouraging physicians to engage in practices that violate the law. Be mindful of consultants in this area and check with a qualified healthcare attorney before implementing any tips learned from marketing consultants to ensure they are legal in your state.

3. Think Carefully Before Becoming a "Medical Director" for a Medical Spa

Love it or hate it, the medical spa industry is here to stay. Some projections have the medical spa industry reaching \$6 billion by the end of this year. Because of this enormous potential, it is understandable that this industry is attracting entrepreneurs from many different sectors. Doctors from non-core disciplines are flooding the market, and interest is now being shown from hedge funds, private equity, and foreign money. The surface of this industry's potential has only been scratched.

Many of these participants need physicians to allow them to operate, often offering lucrative monthly payouts for little or no involvement in the day-to-day operations of a medical spa. Plastic surgeons are the most sought-after for this role. However, be warned: In my time

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LEGAL UPDATE

Legal Update: National Practitioner Data Bank— Who Reports Patient Settlements?

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to report the settlement, make sure the check or money order is drawn from a personal, non-business account. www.npdb.hrsa.gov/ resources/aboutGuidebooks.jsp.

Tax Comment. A settlement payment made from personal accounts may be difficult for your tax professional to characterize as a necessary business expense arising in the ordinary course of your practice. Before you cut a check, consult your CPA.

So instead of looking for exceptions to the rule, what kinds of patient settlements would the NPDB consider reportable?

Settlements Paid By Your Malpractice Carrier. The Doctors' Company (TDC), for example, reports payments they make on your behalf in response to a demand letter. This is your garden variety malpractice settlement, it's reportable from the first dollar paid, and making the settlement "confidential" is irrelevant: it's still reportable.

Settlements Paid By Your Professional Corporation. If you show TDC your demand letter, get their advice and a copy of their recommended release, then settle with your patient out of your business funds, the settlement is reportable by your PC or LLC.

Personal Settlements Reimbursed By Your Malpractice Carrier. If you show TDC your demand letter, get their advice and a copy of their recommended release, settle with your patient out of personal funds, then get TDC to reimburse you for what you paid the patient, TDC has to report the settlement.

Do you want to know what the NPDB has on you? https://www.npdb.hrsa.gov/ext/ selfquery/SQHome.jsp permits you to self-query. If there's nothing, it costs nothing. If there's something, it costs \$5/report.

Bob Aicher is General Counsel to ASAPS and has represented the society for 25 years. He lives in Pasadena, California, and can be reached by phone at 707-321-6945 or by email at aicher@sbcglobal.net.

5 Tips From Your Aesthetic Attorney

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representing this industry, I have found that no fewer than 50% of medical spas are operating incorrectly in some form or fashion. Whether it be improper corporate structure (most states require that only doctors own medical spas), lack of adequate supervision, or blatantly illegal marketing techniques, many medical spas operate outside of the law without even knowing it.

And here's the kicker: Guess who gets in trouble when the medical board investigates a medical spa for fee-splitting, violating anti-kickback laws, or violating the corporate practice of medicine? It's not the medical spa owners-they don't have licenses that can be sanctioned. It's the physician. As a physician, it is assumed that you know what is going on in your practice, even if you're only serving as a medical director (especially if you're serving as a medical director). Plastic surgeons have had their licenses suspended for being associated with illegal medical spas. It can happen, so be wary of entrepreneurs offering the moon. There are correct ways to do this, so call an attorney.

4. Invest in Your Legal Future

Benjamin Franklin once said, "An ounce of prevention is worth a pound of cure." This couldn't be truer in this industry. I have literally made it my life's work to encourage physicians to use lawyers more efficiently. This means setting up proper protocols and infrastructure before you open your practice, not after you learn of a problem. Employment contracts, standard operating procedures, operating agreements, and consent forms do you little good after the fact. I spend approximately 75% of my time as a practicing attorney cleaning up messes that could have been prevented with just a little bit of planning. I understand that lawyers are expensive and that money is often tight at the beginning; however, I promise that whatever you spend now will pale in comparison to what you'll need to spend to fix the situation once a problem arises. If you're not budgeting \$10,000-\$15,000 in legal fees annually, you're not spending enough. Trust me, it's worth it.

5. Get to Know a Good Healthcare Attorney

This is really the whole point of this article. You need a healthcare attorney—a general counsel or a "consigliore" for your business. And please don't use a real estate attorney or general corporate attorney, and *please* do not rely solely on online forms. I cringe every time a client tells me that they had their employees sign non-competition agreements downloaded from Google, or that their neighborhood attorney set up their corporate structure. I spend as much time fixing those situations as I do building a practice from the ground up.

As mentioned at the beginning of this article, healthcare law is complicated. There are multiple practice acts and multiple jurisdictions to know. Just as you, a trained surgeon, would not recommend that a patient receive Botox from a family practice physician, do not rely on general practice attorneys to set up your aesthetic practice. There are nuances and exceptions that general lawyers would never know or fully understand.

Don't Gamble With Your Career

As a successful surgeon, you have worked hard and invested so much in order to build your reputation and your practice from the ground up. Although it's tempting to wait until you're actually in trouble, the fact of the matter is it is never too early to enlist a qualified healthcare attorney onto your team. Don't put all of your hard work on the line. Make sure to give the proper attention to *all* aspects of your practice and your potential medical business relationships, including regulation and legal compliance. Without doing so, you are putting your career—all you have built and invested in—at risk.

Alex R. Thiersch is the founder and director of the American Med Spa Association (AmSpa) and AmSpaMD, which were created for the express purpose of providing comprehensive, relevant and timely legal and business resources for medical spas and medical aesthetic physicians throughout the United States. For more information about becoming a member or to learn about AmSpa's upcoming events, log on to www.americanmedspa.org. Alex can be contacted at alex@americanmedspa.org.



The Straight & Narrow

By Joe Gryskiewicz, MD

A Picture Paints a Thousand Issues

Q: A camera was stolen from my office, and it contained photographs of approximately 30 patients. Am I responsible to notify those patients that their photo security has been compromised?

A: Are you starting to lose a little sleep yet? Pull yourself together and pour yourself another drink. Better yet, make it a double. Yes, you are responsible! So check your photo log to see if there are face shots on there or any photos that are identifiable from tattoos, jewelry, birthmarks, etc. See if you have geo-tagging because, to make matters worse, the photos could be traced to your office location. Yes, I would call the 30 patients because if you are proactive they may be less punitive. Time is of the essence. However, your question is not only a matter of ethics but relates directly to your HIPAA and state legal obligations. In general, the Ethics Committee does not inquire as to whether a member has HIPPA compliant consents from patients whose identity he or she discloses in promotional materials, including videos. That said, here is an algorithm.

First, go to the federal and state HIPPA web sites immediately and self-report. Second, call your malpractice carrier. Third, seek local privacy counsel to understand the extent of your HIPAA and state law privacy obligations. You may also have to notify your state authorities. There are certain steps you must take to determine if notifying these patients is required under the law. I am not in a position to provide you legal advice so sorry I can't offer more substantive help on this one.

Once I had a window cleaner who stole one of our office cameras (luckily minus the SIM card) and two photo albums of breast augmentation patients. None of the patients were identifiable. He must have been so excited about the breast photos, he left his long window cleaning brush right in front of my desk! So with deductive reasoning, that was an easy one to figure out. (We snagged him.)



I had another similar, costly incident. Patient A (breast augmentation) received her own photos in the mail. But patient A also received patient B's photos (tummy tuck) which were accidently stuck to the back of hers. Worse yet, the sticky note with patient B's name on it was also included. Patient B had a very unique name...kind of like mine! Rather than simply discarding or returning Patient B's photos to us, patient A directly contacted patient B on Facebook and then notified us that she had done so. (I think she was angling for money). I asked her to return Patient B's photos to us immediately, which she did. I then called Patient B and explained how our office had made a mistake. I apologized, but the damage was done. Patient B was a wreck over this, and we received the dreaded letter from patient B who demanded money. All in all it made the most sense to meet her demand. Patient A lived over 300 miles away from Patient B, and considering she returned Patient B's photos, and signed an affidavit that she had not retained Patient B's photos or identity, I probably should have fought her request for money. But Patient B also threatened to take legal action in her letter. I didn't feel like calling her bluff or negotiating. So I compensated her. I acted in good faith and an honest mistake was made by someone in my office. In my opinion, patient A was obligated to contact the office upon receipt and either return or destroy the photos at the direction of our office. In actuality, a "crime" would have been committed if these pictures were displayed, as patient A had no relationship with patient B, nor did patient A have a signed model release from patient B.

Our office has made changes. I learned five things, each standing for a number in the settlement amount: (1) Don't mail patient photos. We now have a patient portal where they can access their own photos with a password. Patients are more than welcome to stop by our office in person to receive printed photos if they choose. (2) If you settle something like this directly with the patient, then it doesn't count against you either with

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The Straight & Narrow

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your malpractice carrier or the national data bank. (3) Self-reporting in the federal HIPPA site is a nightmare, and I wonder if anyone ever read what we reported. (4) Our own Bob Aicher at ASAPS is always available for advice by phone. I consulted him on this case and he helped me through it. (5) Check your security. We use Eye-FI and remove our SIM cards from the cameras at the end of clinic and lock everything up at the end of the day. You would never leave a purse or a laptop bag in a car, so why leave your camera out at night? [I realize you might have locked your cabinet and that your cabinet was actually broken into. I suppose you could get a safe!]

One last point, make certain your staff receives proper HIPPA training annually. Audit your HIPPA controls. Be aware that state laws may vary regarding patient rights and obligations as well as you own obligations. To my knowledge, the federal government has not taken steps against a private office that has gone to their web site and self-reported. So cross your "Ts" and dot your "Ts", and I will keep my fingers crossed for you.

Q: Shouldn't the attitude of the Ethics Committee be that the accused is innocent until proven liable for the charges? Thank you.

A: Yes, this is absolutely our position! Here is how our ethics process works. First, a written complaint will be reviewed by the Ethics Committee chair and the society attorney. If an investigation is deemed to be required, a committee member will be assigned to the case by the chair. Typically the chair will write a certified letter to the accused. The accused is requested to contact the designated committee member within 15 days to offer an explanation. The assigned member of the Ethics Committee gathers information and often contacts both the complainant and the accused member. Then the entire committee will conduct a review of all the gathered information. The committee then presents the findings and makes a decision about whether or not to refer it to the Judicial Council. If referred to the Judicial

Council, the member may appear before the Judicial Council to plead his/her case with or without his/her attorney.

Let me draw a comparison to further explain. The assigned ethics committee member plays a role similar to the police conducting an investigation. The Ethics Committee is similar to a Grand Jury deciding if the case should go to trial. The Judicial Council plays the role of a judge meting out penalties. Along these same lines, the Judicial Council indeed presumes the accused member is innocent until proven guilty. In fact I have seen the Judicial Council genuinely give the benefit of the doubt to the accused member. Any negative decision by the Judicial Council can be appealed. An appeal is heard by the Trustees, who act like an appellate court. There are many steps in the process. I hope this puts your mind at ease.

Q: Dr. Joe, Disparaging remarks by one of our fellow ASAPS' members directly resulted in a medical malpractice lawsuit against me. Is it possible to get the ethics committee to review the chart work (names redacted) for possible disciplinary action? Please don't publish my name or initials on this note. I would like to know how the investigative process works. Thank you.

A: What a painful experience! So the answer is "no" to your request for a chart review, but "yes" to investigating if your reputation was indeed trashed by another member. You are making some assumptions, which would need to be examined. We do know that a disparaging remark by another treating physician is the most common reason a lawsuit is initiated. It seems to me you are assuming disparaging remarks prompted this lawsuit. I assume these pejorative comments were made to a patient about your quality of care. I am assuming you have been served a summons and complaint for a malpractice suit. I feel badly for you, but our Ethics Committee does not judge quality of care. This would be more of an issue for another arena, such as your state board of medical practice or a malpractice venue.

Therefore, in this context we would steer clear of an outright chart review right off the bat. Besides, your colleague may not have even made pejorative remarks to the patient, and even if he or she did, they may not be in the chart. So I'm sorry I can't help you on this request, but you do have a case which might require an investigation.

Here's how our Code of Ethics speaks to this transgression:

2. ETHICAL RESPONSIBILITIES TO OTHER ASAPS MEMBERS

2.01 Respect (*a*) *A* member must treat fellow members with respect and should represent accurately and fairly their qualifications, views and obligations. Professional comments and criticism must be accurate and appropriate. (*b*) *A* member must avoid unwarranted negative criticism of other members in COMMUNICATIONS WITH PATIENTS [emphasis mine], the public, and the media or with other professionals."

You need facts, not hearsay, and this may be impossible without a sworn affidavit from the patient. Once you have the facts, you might want to report him or her to our Ethics Committee and quote the above bylaw. As the situation progresses, the actual remarks and the patient's clinic record may be under scrutiny. I have mentioned in a prior Q&A how the process works.* So, be patient, and see how this plays out.

*Dr. Joe's prior column detailing how the ASAPS Ethics Committee process works can be found in the winter issue of *ASN* at http://bit.ly/1JGDar1

Joe Gryskiewicz, MD, is an aesthetic plastic surgeon practicing in Burnsville, MN, and Clinical Professor University of Minnesota (Craniofacial-Cleft Palate Clinics). He serves on the ASAPS Judicial Council and is Chair of the Research Committee. Disclaimer: Dr. Joe's opinions aren't those of the Ethics Committee or the Judicial Council.



Microneedling: Unlocking The Potential For Organic Skin Rejuvenation By R. Brannon Claytor, MD

A n aging population concerned with the texture and appearance of their skin is turning to the plastic surgery community for a minimally-invasive solution. Skin rejuvenation is undergoing revolutionary changes with the advent of microneedling. Photodamage and the aging process damage the layers of the skin. Wrinkles develop for reasons such as loss of structural extracellular matrix components, (collagen and elastin) as well as dehydration from loss of hyaluronic acid (HA) and overall thinning of epidermal and dermal layers.

Rejuvenation of the skin by replenishing glycosaminoglycan (GAGs) and the remodeling of collagen and elastin are the rationale behind microneedling therapy. The microneedling procedure, also known as collagen induction therapy (CIT) and percutaneous collagen induction (PCI), is a micro-invasive technique which utilizes small needles made of stainless steel. These needles are in the range of 0.25 mm in diameter and can vary from 0.1 mm to 3 mm in length. Different needles depths can reach targeted anatomic layers of the skin depending on which area of the body is being treated. Depending on the body location, the epidermis can range anywhere from 0.05 mm to 1.5 mm. The dermis can range from 0.5 mm to 3 mm. Different areas of the face in the same individual can have varied thickness. Additionally, skin thickness can vary depending on age, race, gender, lifestyle (i.e.,



smoker, sunbather). In the facial skin the needle depths of 0.25 mm can penetrate anywhere from the granular or mid spinosum layers of the epidermis to the papillary dermis. Longer needle lengths of up to 3 mm can reach down as far as the subcutaneous layers. Therefore, the varying needle depths can reach desired layers of the skin to deliver targeted micro-trauma to the cells which need rejuvenation.

This allows the practitioner to customize the treatment. During the procedure, each puncture creates a micro-channel in the respective layer and the tissue initiates an inflammatory response at the site of injury. The healing process activates the cells at each respective level of the skin treated. The increased production of keratinocytes and cell turnover can improve smoothness of the skin and overall epidermal thickness. The melanocytes of the deep epidermal layer may be stimulated to improve skin color. The activation of fibroblasts at the level of the dermis results in increased glycosaminoglycans, collagen and elastin which promotes improved tissue hydration, thickness and tightness of the treated areas.

Immediately following the microneedling treatment, inflammation attracts immune cells, such as neutrophils and macrophages, to the site of injury. The next stage is tissue proliferation during which new capillaries are formed and fibroblasts in the wound begin to produce new extracellular matrix substances such as collagen, proelastin and HA.

Additionally, there is epidermal cell migration from the wound edges. In the tissue remodeling stage contraction of the wound leads to skin tightening and increased tissue integrity. Contraindications for microneedling would be a history of keloid scars, scleroderma, collagen vascular disease, active bacterial or fungal infection.

Treatment regiments will differ depending on the indication being addressed. A 4-week interval between treatments with a cycle of 3 treatments is optimal when treating fine wrinkles. However, acne scarring, may require upwards of 6 treatments. Intervals of microdermabrasion may be spaced in between treatments to achieve a more robust result,

See R. Brannon Claytor, MD at The Aesthetic Meeting!*

Sunday, April 3, 2016

2:00pm – 4:00pm 1002 AIM Body 2—Combination Body Contour Procedures and Treating Common Complications

Wednesday, April 6, 2016

2:00pm – 4:00pm 609 Scarpa Sparing Abdominoplasty with Concomitant Liposuction; No Drains Needed

*Additional Fee Applies • Program Subject to Change

but caution should be exercised about causing scarring or hyperpigmentation. Maintenance treatments are optimally repeated at 6 months to 1 year intervals.

By promoting the normal process of wound healing and stimulating the proliferation and migration of fibroblasts, collagen production is increased.

Whether the provider uses an automated microneedling pen with oscillating needles or a roller is dependent on the provider's experience and training. The main objective is to create thousands of micro-channel sites per square centimeter. End point for treatment is a clinical determination but hyperemia or punctate bleeding are some of the many indicators used to determine efficacy of the treatment. Check with your trainer for clinical signs to look for.

More treatment may be needed at areas which have deeper wrinkles or more severe scarring. Microneedling can be used to rebuild epidermal health and provide a natural and organic approach to skin rejuvenation.

R. Brannon Claytor, MD, is an aesthetic plastic surgeon practicing in Bryn Mawr, PA, and serves as chair of ASAPS Product Development Market Research committee.



Methicillin Resistant Staphylococcus Aureus Infections: A Plastic Surgeon's Approach to the Occult Sites

Lorne King Rosenfield, MD, Private Practice, Burlingame, California

Introduction

ethicillin-resistant staphylococci, as health-care related pathogens, were first described in the United Kingdom in 1961. Reports have estimated that approximately 2.3 million people in the United States are colonized with MRSA, and that invasive MRSA infections account for more than 94,000 infections per year with an incidence of 32 per 100,000 persons, accounting for up to 19.000 deaths and over \$1 billion dollars in additional cost.

Colonization is considered an important step in the pathogenesis of *Staphylococcus* aureus infections. It is estimated that 20% of the general population is persistently colonized with Staphylococcus aureus, most frequently in the nares, although other body sites may be colonized as well. Another 30% are intermittently colonized. The prevalence of CA-MRSA colonization in the general population is 1–3% and may account for up to 5% of hospitalized patients with MRSA infections. Colonization with CA-MRSA is a significant risk factor for developing a clinical soft tissue infection. Some have reported up to a 10 fold increased risk of soft tissue infection in those colonized with CA-MRSA compared to those colonized with methicillin sensitive Staphylococcus Aureus (MSSA) alone.

Plastic Surgery Practice

Similarly, MRSA infections in plastic surgery can have equally devastating effects, particularly in otherwise healthy individuals who ultimately require inpatient

In fact, in 2007, we witnessed two significant post facelift MRSA surgical site infections, which prompted the creation of a strict MRSA protocol in collaboration with the treating infectious diseases specialist for all subsequent surgery candidates.

hospitalization and further surgical procedures from an initial outpatient cosmetic surgery procedure. However, at this time there is limited level I and level II evidence regarding screening, prevention, and treatment of MRSA infections in cosmetic or plastic surgery patients.

In fact, in 2007, we witnessed two significant post facelift MRSA surgical site infections, which prompted the creation of a strict MRSA protocol in collaboration with the treating infectious diseases specialist for all subsequent surgery candidates. In addition to standard infection control practices of hand hygiene, surgical technique, and early identification and treatment of infections we have adopted the following straightforward decolonization protocol for all patients undergoing a significant facial or body contouring surgical procedures. This protocol was built upon previously described guidelines that have been shown to be effective in reducing post-op MRSA infections in cardiac and orthopedic procedures.

After the protocol's introduction, and nearly 1000 subsequent cosmetic surgery cases, there have be no further incidences of post-op MRSA infections. There have been no adverse reactions from the decolonization protocol and we have been able to achieve 100% compliance. We believe that the lack of MRSA surgical site infections is attributed to the use of the above decolonization and surgical preparation protocol.

Conclusion

In general, as MRSA rates have increased in the community, we believe that cosmetic surgeons and plastic surgeons should implement active MRSA surveillance and actively prescribe proven methods of preventing post-op MRSA infections. In addition to basic hand washing and standard infection control precautions, we suggest routine use of chlorhexidine showers and topical mupirocin as an effective tool for MRSA decolonization and preventing post-op MRSA infections. While the pathogenesis of surgical site infections is multifactorial, the variables under the surgeon's control must be held to strict standards. Our recommended protocol is unique in that we believe it is

important to include the ear canal and the umbilicus in the decolonization protocol, whereas previous articles have only focused on the nares. This is a particularly low cost protocol, which we have found to be safe, useful, effective, and easily accepted by our patients. We believe that with the use of this regimen, the plastic surgeon can more comprehensively mitigate the risks of surgical site infections and improve surgical outcomes.

PATIENT SAFETY

Lorne Rosenfield, MD, is an aesthetic plastic surgeon practicing in Burlingame, CA, and serves as chair of the ASAPS Patient Safety Committee.

Catch Lorne Rosenfield, MD at The Aesthetic Meetina!*

Sunday, April 3, 2016

2:00pm - 4:00pm 109 The Comprehensive Abdominoplasty: Using the High Lateral Tension, Reverse, and Fleur-de-Lys Techniques for Safer and Superior Results

4:30pm - 6:30pm 207 The Pinch Blepharoplasty for Safer and Superior Results

Monday, April 4, 2016

2:00pm - 4:00pm 303 The Pinch Rhytidectomy for Safer and Superior Results

SESSION BLUE

3:45pm - 5:00pm Panel: Point/Counterpoint-Lower Eyelid Roulette

Moderator: Charles Thorne, MD

Panelists: Mark Codner. MD: David Hidalgo, MD; Glenn Jelks, MD; Lorne Rosenfield, MD; Alex Verpaele, MD; Richard Warren, MD Discussants: Val Lambros. MD

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A note from your Safety Committee

Please take a moment to read another valuable, practical and most importantly, "turn-key" Scissors on the Seam safety article. You can either clip and keep this protocol, or use the link to download and customize the word document according to your practice's needs. I would highly encourage all *ASN* readers to feel free to submit their own safety ideas, directly to me, to help us all realize better, safer results.

Lorne Rosenfield, MD Chair, ASAPS Patient Safety Committee Drr@DrRosenfield.com



THE AMERICAN SOCIETY FOR AESTHETIC PLASTIC SURGERY, INC.

Brought to You by the ASAPS Patient Safety Committee

Recommended Preoperative Decolonization Protocol

PATIENT INSTRUCTIONS

ANTISEPTIC BODY WASHES

For each of the 3 Days before surgery and the morning of surgery please conduct a twice-daily BELOW THE NECK shower using Chlorhexidine solution, for a total of 6 Showers.

Please conduct a full body wash, concentrating on groin, underarms and the depths of your belly button. DO NOT use Chlorhexidine within the vagina or above the neck. You may otherwise apply usual shampoo for your hair and cleanser for your face.

Then rinse thoroughly with shower water and dry body with clean towel.

ANTIBIOTIC OINTMENT APPLICATIONS

AFTER each of the above-described showers, please apply a pea-sized dollop of the mupirocin antibiotic ointment using a Q-tip to just inside the opening of your nose, your ear canals and into the depths of your belly button.

EXCEPT for the morning of surgery, you may then apply makeup, moisturizers and lotions after each shower

OPERATING ROOM STAFF INSTRUCTIONS

In addition to the standard surgical site prep, for cases below the neck, a deliberate cleansing of the umbilicus is conducted by two surgical personnel, using retraction and a headlamp to insure proper exposure and prep to its depths.

The same protocol is followed for cases above the neck, with deliberate cleansing of the ear within its convolutions and at its post auricular crease as well as around the external auditory meatus.

*Disclaimer: The preceding methods and products are not required. They are recommendations from the ASAPS Patient Safety Committee and do not establish a standard of care. You may download this document at www.surgery.org/downloads/private/mrsa.docx to tailor to your specific practice.

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