

Spring 2021
volume 25, number 2

beauty • artistry • expertise • education

AESTHETIC SOCIETY NEWS

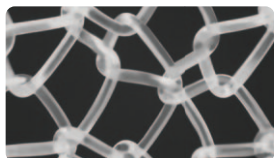
THE
AESTHETIC
MEETING
2021



Art by: **Richard Baxter, MD**

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

1. Meilang Xue and Christopher J. Jackson. "Extracellular Matrix Reorganization During Wound Healing and Its Impact on Abnormal Scarring" *Advances in Wound Care*. March 2015.
2. Preclinical data on file; results may not correlate to clinical performance in humans.
3. Deeken, Corey R., and Brent D. Matthews. "Characterization of the mechanical strength, resorption properties, and histologic characteristics of a fully absorbable material (poly-4-hydroxybutyrate—PHASIX mesh) in a porcine model of hernia repair." *ISRN Surgery*. 2013.



Aesthetic Society News

Quarterly Newsletter of The Aesthetic Society

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

The Aesthetic Society: www.surgery.org

ASERF: www.aserf.org

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

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The Aesthetic Meeting 2021
In-Person or Virtual
April 29–May 3, 2021
Miami Beach Convention Center
Miami Beach, FL
www.surgery.org/meeting2021



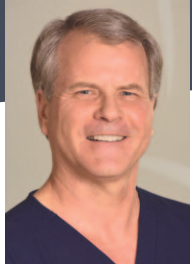
The Aesthetic Cruise 2022
July 9–21, 2022
The Baltic
www.surgery.org/cruise2022



The Rhinoplasty Society Virtual Annual Meeting 2021
May 8, 2021
www.rhinoplastysociety.org/meetings2021



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



The Aesthetic Society: What Are We?

By Herluf G. Lund Jr., MD

This is a question I have been hearing more and more lately. What is The Aesthetic Society? Is it an educational society or is it a technology society? The answer is, "Yes and Yes." This sounds confusing, but it is the correct answer.

The responsibilities of The Aesthetic Society have changed dramatically since its formation. As it was conceived, The American Society for Aesthetic Plastic Surgery (ASAPS), would be the first medical society to educate and promote aesthetic surgery. It was a dark time for cosmetic surgery in 1967 when The Society was conceived in Harry's Bar in Venice, Italy. The majority of board-certified plastic surgeons had little or no tolerance for anything cosmetic. Aesthetic surgery education was, for the most part, banned from the podium at recognized plastic surgery meetings. Aesthetic surgical education mostly occurred in private offices under a cloak of silence. Even then, many plastic surgeons who did perform aesthetic surgery would not share their knowledge for fear of being "outed" as a "cosmetic surgeon." The plan for creating a society for making aesthetic surgery an accepted and recognized component of plastic surgery was drafted on a napkin and toasted with a round of Bellinis. And so, The American Society for Aesthetic Plastic Surgery was born.

For the first 50-plus years of its existence, The Aesthetic Society functioned mostly as a society devoted to providing the absolute best educational tools and opportunities for board-certified plastic surgeons interested in performing aesthetic surgery. The Annual Meeting was the highlight and the primary mission of this effort. As time passed, additional dedicated symposia were added to fill the need for a few very focused and specialized educational opportunities. But the mission, the focus, was education for board-

Aesthetic surgical education mostly occurred in private offices under a cloak of silence. Even then, many plastic surgeons who did perform aesthetic surgery would not share their knowledge for fear of being "outed" as a "cosmetic surgeon." The plan for creating a society for making aesthetic surgery an accepted and recognized component of plastic surgery was drafted on a napkin and toasted with a round of Bellinis.

certified plastic surgeons interested in aesthetic surgery.

In 1992, with the FDA's silicone-gel filled breast implant moratorium, it became clear The Society needed to be something more than just an educational organization. The FDA actions challenged us to provide the research and data needed to prove the safety of silicone-gel filled breast implants. No longer would the research of the manufactures alone be acceptable. Long-term research and independent evidence of silicone-gel filled breast implant safety was needed and the best sources for this research were the professional societies dedicated to breast implant surgery. The Aesthetic Society was no longer a pure educational organization, it was an education and research society. In 1993, the Aesthetic Surgery Education and Research Foundation (ASERF) was created as a 501 (c)(3) charitable arm of The Aesthetic Society. As early as 1993, the paradigm was changing.

Almost 25 years later, breast implant safety was once again the focus of the FDA public advisory committee meeting. In March 2019, The Aesthetic Society and its representatives provided critical testimony and shared independent research findings surrounding breast implants. Still, FDA concluded updates to breast implant labeling were necessary—a clear sign that if plastic surgeons wanted to

continue to perform breast implant surgery, then we would need:

- Long-term follow up studies on the rate of breast implant ruptures and the consequences of these ruptures.
- Improved studies and ability to detect silicone gel-filled breast implant rupture.
- Increased breast implant device registrations with the manufacturers.
- Long-term follow-up on complication rates of all breast implants, not just silicone gel-filled devices.
- Investigational studies, both prospective and retrospective, on potential systemic symptoms related to breast implants.
- A means for patients to quickly and easily access their implant records, operative, and medical histories; all transferable between place to place and doctor to doctor.
- A mechanism for patients to provide feedback about their experiences and perceptions.

The Aesthetic Society recognized, as the only professional society of board-certified aesthetic plastic surgeons, that we are in the optimal position to perform these tasks. However, in order to do so, we needed to evolve and develop the necessary tools building on the technology we already possess.

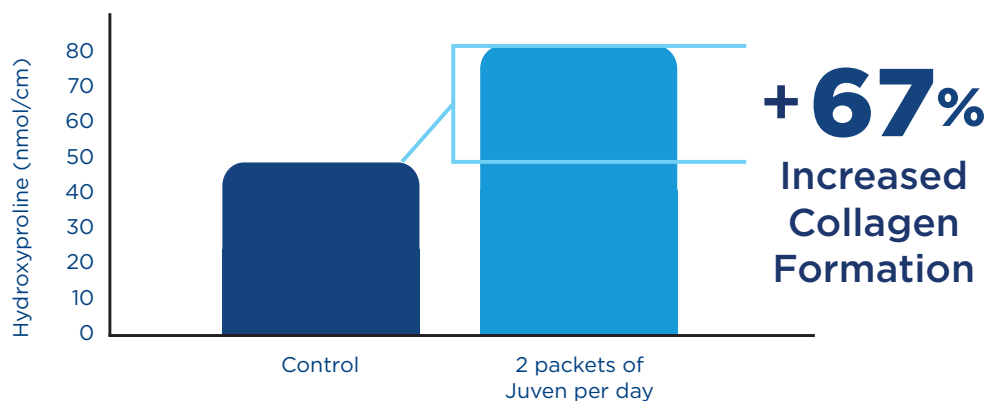
The Aesthetic Neural Network (ANN), was developed by The Society to gather anonymized data from participating plastic surgeons and medical spas. With ANN, for the first time, the Society had real, verifiable data on practice patterns, surgical numbers, and procedural trends, far more accurate than the previously used self reported information. With the data from ANN, participating members had a business intelligence tool to help them

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Continued on Page 7

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

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

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President's Report

Continued from Page 5

understand trends and patterns of their practices, and benchmark their practice compared to others on regional and national levels. But on a much larger scale, ANN's database, gathered from hundreds of practices, would allow The Aesthetic Society in cooperation with its research partner, ASERF, the ability to review retrospective data from over six million procedures. The ability to mine information from this large data pool allowed us to answer many of the questions the FDA posed to the societies, the manufacturers, and plastic surgeons in March 2019.

But to really meet, and even better yet exceed, the goals put forth by the FDA and others, the ability to perform real time data gathering and long-term prospective studies was required. This is where The Aesthetic Society created the vision for the Aesthetic One app. A single application on a mobile platform to easily register breast implants in real time from the operating room with just a few clicks. Aesthetic One eliminates the need to bring the implant information back to the office, fill out the paperwork by hand, and fax the information to the breast implant manufacturers. At the same time, details of the operative procedure are obtained to create a database for prospective studies. Easy to use, HIPAA-compliant pre-operative intake forms, provide a detailed medical history for long-term comparison and monitoring of patient health issues. A transportable medical record is stored on the patient side of the app giving the patients instant access to their implant data, a simple and easy to understand version of their surgical procedure, and the ability to remain in contact with their plastic surgeons and their staff both short-term and long-term. Again, all on a completely HIPAA-compliant platform. And that is just the beginning of the possibilities and potential of Aesthetic One.

The data gathered from both ANN and Aesthetic One, will help identify best trends and practices for the members of The

With ANN, for the first time, the Society had real, verifiable data on practice patterns, surgical numbers, and procedural trends, far more accurate than the previously used self reported information. With the data from ANN, participating members had a business intelligence tool to help them understand trends and patterns of their practices, and benchmark their practice compared to others on regional and national levels.

Aesthetic Society. Accurate, real time data from both will be the basis for the research and education our members must have to remain competitive in the aesthetic marketplace.

But breast implants are just the beginning. As aesthetic surgeons, we will be required to prove the safety of almost everything we do from devices to the materials we use. From neurotoxins to soft tissue fillers to fat grafting, all plastic surgeons will need to demonstrate the safety and effectiveness of the procedures and treatments we perform. Again, no longer will the pre-market approval studies of the manufacturers be accepted as sufficient. We have to demonstrate to the FDA, and the public we serve, our willingness to be engaged in proving the safety of what we do not just before the surgery is performed but afterwards. Not short-term but long-term.

Even if the FDA does not formally require such standards, our patients living in the world of social media with its wide-open access to almost anything at any time will be making such demands. To remain competitive and ahead of those who want to do what we do, we have to not only claim to have the upper hand on safety and efficacy, but we also have to be able to prove it.

The Aesthetic Society is no longer just a society solely dedicated to providing education in aesthetic surgery to its members. The Aesthetic Society has morphed into being

a caretaker of the specialty we practice and love. We will be the patient advocates and support patient rights for safe and effective aesthetic surgery and non-surgical care. We, and our research foundation, will perform the short-and long-term studies to support the best practices and treatments. We will be the voice for aesthetic surgery and aesthetic medicine with the FDA and other regulatory bodies and agencies. And yes, we will continue to provide the best of education in all things aesthetic.

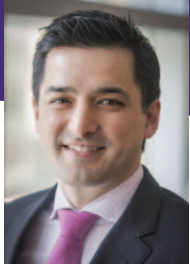
To fulfill this new and broader mission, The Aesthetic Society must have the technology to succeed. Just as our individual members must have the most advanced practice tools to successfully manage their businesses, the same applies to The Aesthetic Society. This is why we developed and support ANN and Aesthetic One. This is why we will continue to explore and develop needed new technologies as we support our members, our patients, and our specialty.

As the principles of evolution have taught us, to survive you must be able to adapt. The Aesthetic Society and the Aesthetic Surgery Education and Research Foundation have and will continue to evolve and adapt. We are in it for the long-haul. We are survivors!

See you in Miami Beach, April 2021!

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

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THE AESTHETIC MEETING

The Aesthetic Meeting 2021—New Hybrid Experience

By Jamil Ahmad, MD

As Program Chair, it gives me great pleasure to say, “We did it!” We have made it through an extremely challenging year. The Aesthetic Meeting 2021 is nearly upon us! While we would love for you to join us live in Miami Beach, you can stay home and still attend The Aesthetic Meeting. This year, we’ve gone hybrid.

We understand that right now, traveling to a meeting might not feel right for everyone. That doesn’t mean you have to miss out! We spent the last year offering high-quality, online interactive meetings, and we’ve learned so much about how to make them compelling and engaging. Whether you join us in Miami Beach in person or attend virtually from the comfort of your home, you will experience unparalleled aesthetic education.

One benefit of the hybrid meeting is that the education streamed virtually will also be recorded. All attendees, whether in-person or virtual, will be able to access those recordings, free of charge, after the meeting. Now you can earn CME for Annual Meeting education that you weren’t able to view live!

Your safety in Miami Beach is our top priority. Within The Aesthetic Marketplace, sessions, meetings, and receptions, we will be diligent in enforcing COVID-19 precautions. Our responsibility to safeguard the health of attendees, exhibitors, Society and convention center staff is one we take very seriously.

In order to limit the risk of COVID-19 exposure to in-person attendees in Miami Beach, the following protocols will be observed:

- Wellness and temperature check upon entering the building for all attendees, staff, and vendors
- Masks must always be worn except while eating or drinking
- Reduced capacity seating to allow for physical distancing
- Hand sanitizer stations throughout the meeting and exhibit space
- Contact tracing procedures
- Audiovisual safety measures for use of microphones and equipment

Full meeting information can be found at surgery.org/meeting2021, but I would like to draw your attention to some of the exciting opportunities occurring at The Aesthetic Meeting 2021.

EXPLORE THE AESTHETIC MEETING

All Inclusive Courses

New this year, all Intensive Courses are included with your one registration fee! Attend any of the 36 Intensive Courses offered over Saturday, Sunday and Monday at no extra charge. With deep dives into the hottest topics from gender confirmation surgery to BBL and even practice management, there is something for every practice and every staff member.

Aesthetic Arena

This new stage located in The Aesthetic Marketplace will be filled with educational content from sunrise to sunset. Get your caffeine fix with Espresso Eyeopeners—short 30 minute presentations from the experts to start your day. While you are visiting the exhibitors in The Aesthetic Marketplace throughout the day, make sure to stop by the Arena to catch the Scientific Paper Presentations, Industry Presentations, the new version of the popular Global Plastic Bowl—The Patriot Edition and much more!

Mini Symposia

Learn the most in a short amount of time with our Mini-Symposia.

- **Aesthetic Breast Reconstruction:** Chairs Nolan Karp, MD and Patricia McGuire, MD note that the session includes a PrePectoral Breast Reconstruction Panel, Data-Driven/Long Range Results, Tips on How to Make Nipple-Sparing Mastectomy Results Beautiful, and more! Sunday, May 2, 9:30am–12:30pm.
- **Facial Rejuvenation:** Chairs Jason Roostaeian, MD and Christopher Surek, DO will deliver an overview of key facial rejuvenation techniques that you can put into practice to deliver improved patient results and satisfaction. Sunday, May 2, 2:30pm–6:30pm.
- **Male Surgery:** Chairs Douglas Steinbrech, MD and Eduardo Gonzalez, MD have organized a stellar faculty for these growing procedures. Stay ahead of your peers by attending this informative symposium. Monday, May 3, 9:30am–12:30pm.
- **Aesthetic Breast Surgery:** Chairs Kristi Hustak, MD and David Sieber, MD will bring you the latest in implant selection, including the use of ADM and how to manage the over dissected pocket, while allowing

plenty of time for questions surrounding their most challenging cases. You won’t want to miss it! Monday, May 3, 2:30pm–5:00pm.

Looking for a deep dive into the latest in gluteal procedures? Make sure to come to Miami Beach early to register for the Gluteal Symposium on Friday, April 29. This session, chaired by Drs. Humberto Morelli and David Sieber, will deliver over 4 hours of content on the latest updates in High Definition Liposuction, Gluteal Augmentation and more.

Premier Global Hot Topics

Whether you are attending in Miami Beach or joining us virtually, you can still register for Premier Global Hot Topics! Join moderators Jamil Ahmad, MD; Tiffany McCormack, MD; and Simeon Wall Jr., MD on Friday, April 30 from 1:30pm–6:30pm EST to see the latest in hot new tech innovations, what devices you need in the operating room, and the latest advances and trends on the horizon.

Opportunities for Aesthetic Care Team Affiliates

With three full days of The Aesthetic Care Team Session included with your registration, this Meeting is ideal for your office staff and will ensure your team returns home with an array of ideas which can help your practice evolve and grow.

Plan on arriving early to attend one of the Optional Education Courses (extra registration fee required). Options include Cosmetic Medicine, Skills for Successful Patient Coordinators with Karen Zupko, coding courses and a special offering from The Ritz-Carlton Leadership Center: Brand Differentiating Service—Delivering an Elevated Experience.

ASERF Silent Auction

Bid to win on an exciting array of products, services and educational experiences, with all proceeds going to ASERF (The Aesthetic Surgery Education and Research Foundation). Held during The Aesthetic Meeting 2021, the auction includes the opportunity to bid electronically, so that even those who cannot be on-site can take advantage of some terrific offers and help our specialty in the process. Details can be found at www.surgery.org/silentauction.

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The Aesthetic Meeting 2021—New Hybrid Experience

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Presidential Welcome Celebration

Joining us in Miami Beach? We're excited to share some time with familiar faces. Relax on the Loews Miami Beach Americana Lawn with food, friends, and fun. Meeting badges will be required and COVID-19 safety precautions will be observed. Saturday, May 1, 7:00–8:30pm.

THE AESTHETIC MEETING ESSENTIALS

Hotels

Book your room through The Aesthetic Society room block at www.surgery.org/hotels. Booking within the block helps The Aesthetic Society keep the lowest possible room rates for attendees. Preferred rates are available until April 12th or until the block sells out.

CME Credit Designation Statement

The Aesthetic Society (American Society for Aesthetic Plastic Surgery) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Aesthetic Society designates this live activity (in-person attendance) for a maximum of 33.5 *AMA PRA Category 1 Credits*.™ Physicians should claim only credit commensurate with the extent of their participation in the activity.

The Aesthetic Society designates this internet live activity (virtual attendance) for a maximum of 31.5 *AMA PRA Category 1 Credits*.™ Physicians should claim only credit commensurate with the extent of their participation in the activity.

Aesthetic Meeting App

The Aesthetic Meeting 2021 will be utilizing a meeting app on which you'll find all of the information you'll need for a successful meeting. You'll receive an email when the app is available.

Of course, these highlights are but the tip of The Aesthetic Meeting iceberg! For complete information visit www.surgery.org/meeting2021. I look forward to seeing you all in Miami Beach, or virtually, as we celebrate the return of The Aesthetic Meeting!

Jamil Ahmad, MD, is an aesthetic plastic surgeon practicing in Toronto, Canada, and serves as the Chair of The Aesthetic Society Program Committee.

Presidential WELCOME RECEPTION

Fun. Food. Friends.

Saturday, May 1st, 7:00–8:30pm

Loews Miami Beach Americana Lawn

Access Americana Lawn via 2nd floor, Lowes Hotel

Attendance is Limited (Name Badge and Mask are Required for Entry)

COVID-19 Safety Precautions Will Be Followed





The Aesthetic Meeting has gone hybrid!

Join us in beautiful Miami Beach or livestream from your home.

Your comfort and safety are our priority.

April 29–May 3, 2021

Exhibits: May 1–3, 2021

Miami Beach Convention Center

Miami Beach, FL



The Aesthetic Society®



The Aesthetic Surgery Education
and Research Foundation

In Person—earn up to 33.5 CME
Livestream—earn up to 31.5 CME

surgery.org/meeting2021



Shaded sessions will be livestreamed.
All others available in-person only.

ALL TIMES EASTERN DAYLIGHT TIME

THURSDAY, APRIL 29

10:00am–6:00pm
Registration Open (Loews Miami Beach)

Board Meetings

8:15am–11:30am
The Aesthetic Society's Board Meeting

12:30pm–2:30pm
ASERF Board Meeting

Optional Education with Additional Fees

1:00pm–5:00pm
S1 Women Aesthetic Surgeons' Symposium
SURGEONS ONLY
Skills to Influence Communication, Confidence and Clarity
Joslyn Vaught

5:00pm–6:30pm
Women Aesthetic Surgeons' Reception

Both the Women Aesthetic Surgeons' Symposium and Reception will be held at Loews Miami Beach Hotel—South Beach

FRIDAY, APRIL 30

6:30am–6:30pm
Registration Open

Optional Education with Additional Fees

7:00am–1:00pm
S2 Cosmetic Medicine
Co-Chairs: Ashley Gordon, MD and Z. Paul Lorenc, MD

8:00am–12:00pm
S3 Temperament Theory: Using Science to Improve the Art of Business and Team Relationships
Joslyn Vaught

8:00am–12:30pm
S4 Gluteal Symposium
Co-Chairs: Humberto Morelli, MD and David Sieber, MD

8:00am–1:00pm
S5 Rhinoplasty Symposium
Co-Chairs: Sam Most, MD and Adam Weinfeld, MD

8:00am–2:00pm
S6 Skills for Successful Patient Coordinators
NO EXHIBITORS
Karen Zupko

1:00pm–6:00pm
S7 Masterclass: Facelift—Planning and Technique
Timothy Marten, MD

1:30pm–6:30pm
S8 Premier Global Hot Topics
Co-Chairs: Jamil Ahmad, MD; Tiffany McCormack, MD; and Simeon Wall Jr., MD

2:00pm–4:00pm
S9A Physician Extender (RN/NP/PA) Injector Competence Training.
Part 1: Understanding the Basics of Injection Techniques with Neurotoxins and Hyaluronic Acid Dermal Fillers
RN PA/NP Only
Miles Graivier, MD and Z. Paul Lorenc, MD

4:30pm–6:30pm
S9B Physician Extender (RN/NP/PA) Injector Competence Training.
Part 2: Advanced/Combination Injection Techniques with Neurotoxins and the Array of FDA-Approved Dermal Fillers
RN PA/NP Only
Miles Graivier, MD and Z. Paul Lorenc, MD

2:00pm–4:00pm
NEW S10A Correct Coding for Flaps, Grafts, Lacerations and Wound Care
Kim Pollock

4:30pm–6:30pm
NEW S10B Focus on Breast Reconstruction Coding
Kim Pollock

3:30pm–6:30pm
S11 The Ritz Carlton Leadership Center presents: Brand Differentiating Service—Delivering an Elevated Experience
Ritz Carlton Speaker

4:30pm–6:30pm
S12 Patient Coordinator Alums: Overcoming Scheduling Objections
NO EXHIBITORS
Karen Zupko

SATURDAY, MAY 1

6:30am–5:30pm
Registration Open

8:00am–6:30pm
The Aesthetic Marketplace Open

Sunrise Sessions

7:20am–8:20am
Sunrise Session #1
Breast: Is There Still a Role for Textured Breast Implants?

Sunrise Session #2
Body: Does Etching Really Work Long-Term?

Education in The Aesthetic Arena (Marketplace) (no CME)

8:30am–8:45am
Welcome and Annual Meeting Awards

The Aesthetic Society Welcome
Herluf Lund, MD

ASERF Welcome
Luis Rios, MD

THE AESTHETIC MEETING

Annual Meeting Awards
William P. Adams Jr., MD

8:45am–9:15am
Espresso Eye Opener
How Hosting the Baker Gordon Symposium has Guided My 40 Year
Facelifting Journey

9:15am–12:30pm
Scientific Paper Presentations

12:45pm–2:00pm
ASERF's Spotlight on Research

2:15pm–3:30pm
Scientific Paper Presentations

3:45pm–4:45pm
COVID-19: Managing the Challenge of Crisis in Our Practice

4:45pm–6:15pm
Global Plastic Bowl: The Patriot Edition –
Fellowship Directors and Aesthetic Fellows

Main Session

9:30am–11:00am
Rapid Fire Video Solutions to Revision Breast Augmentation

11:00am–12:30pm
Defining, Tightening and Filling in Body Contouring

12:30pm–2:00pm
Lunch and/or Education in The Aesthetic Marketplace

2:00pm–3:00pm
The Spectrum of Perfecting the Jawline: Minimally to Maximally Invasive

3:00pm–4:00pm
Is Prepectoral Breast Reconstruction the New Standard?

Aesthetic Care Team Session—Practice Management

9:30am–11:00pm
Managing Up and Down and Inside Out

11:00am–12:30pm
Managing Conflict in Your Practice: Case Based Discussions

Aesthetic Care Team Session—Clinical Education/Skincare

2:00pm–4:00 pm
Leonardo da Vinci: Facial Thirds—Ideal Aesthetic Harmony

2:00pm–4:00pm
Intensive Courses (see website for course details)

4:30pm–6:30pm
Intensive Courses (see website for course details)

SUNDAY, MAY 2

6:30am–5:00pm
Registration Open

8:00am–4:30pm
The Aesthetic Marketplace Open

Sunrise Sessions

7:30am–8:30am

Sunrise Session #3
Bill: Science and Clinical Management

Sunrise Session #4
Face: Do SMAS Flaps Really Matter?

Education in The Aesthetic Arena (Marketplace) (no CME)

8:45am–9:15am
Espresso Eyeopener
Innovative Applications for Injectables

9:15am–12:00pm
Scientific Paper Presentations

12:00pm–2:00pm
Industry Presentations

2:00pm–4:00pm
Scientific Paper Presentations

Mini Symposia

9:30am–12:00pm (made possible by an educational grant by Sientra)

Mini Symposium #1: Aesthetic Breast Reconstruction
Co-Chairs: Nolan Karp, MD and Patricia McGuire, MD

2:00pm–5:00pm
Mini Symposium #2: Facial Rejuvenation
Co-Chairs: Jason Roostaeian, MD and Christopher Surek, DO

Main Session

9:30am–10:30am
The Latest Greatest Rhinoplasty Debate: To Preserve or Not To Preserve

10:30am–11:15am
Managing Long-Term Problems After Injectable Fillers

11:15am–12:00pm
Evidence-Based Regenerative Injectables

12:00pm–2:00pm
The Aesthetic Society/ASERF Annual Business Meetings or Lunch in
The Aesthetic Arena (Marketplace)

2:00pm–3:30pm
Nuances in Breast Augmentation-Mastopexy

4:00pm–5:00pm
Female Genital Rejuvenation: A Comprehensive Approach

5:00pm–5:30pm
Special Presentation: Evolution in My Approach to Labiaplasty

Aesthetic Care Team Session — Practice Management

9:30am–10:45am
The Plastic Surgery Medispa

10:45am–12:00pm
Understanding Personalities and Communication in 2021

Aesthetic Care Team Session — Clinical Education/Skincare

2:00pm–2:30pm

How to Start a Skin Care Line

2:30pm–3:15pm

The Aesthetic Benefit of Microneedling with and without Platelet-Rich Plasma: Preliminary Results of the First IRB Study

3:45pm–4:15pm

So You Want to Be a Rock Star!

4:15pm–5:00pm

Skin of Color: Treating with Confidence

5:00pm–5:30pm

Facials 2.0

2:00pm–4:00pm

Intensive Courses

*see website for course details

4:30pm–6:30pm

Intensive Courses

*see website for courses details

MONDAY, MAY 3

6:30am–3:30pm

Registration Open

8:00am–2:30pm

The Aesthetic Marketplace Open

Sunrise Sessions

7:30am–8:30am

Sunrise Session #5

Face: Do I Really Need to Open the Neck?

Sunrise Session #6

Breast: What Do I Need to Know About BIA-ALCL?

Education in The Aesthetic Arena (Marketplace) (no CME)

8:45am–9:15am

Espresso Eyeopener

The Miami Buttock Experience

9:15am–12:30pm

Scientific Paper Presentations

12:30pm–2:00pm

Industry Presentations

2:30pm

The Aesthetic Marketplace Closes

Main Session

9:30am–10:45am

Risk vs Reward in Lower Blepharoplasty

10:45am–11:45am

Brow and Upper Lid Reshaping: To Lift, To Fill or Both?

11:45am–12:30pm

Photo and Video in the Era of Social Media

12:30pm–2:30pm

Lunch and/or Education in The Aesthetic Marketplace

2:30pm–3:45pm

Composite Augmentation: The Marriage of Implants and Fat

3:45pm–5:00pm

A Dozen Tips to Improve Abdominoplasty

Mini Symposia

9:30am–12:00pm

Mini Symposium #3: Male Aesthetic Surgery

Chair: Douglas Steinbrech, MD

2:30pm–5:00pm

Mini Symposium #4: Complex Revisionary Aesthetic Breast Surgery

Co-Chairs: David Sieber, MD and Kristi Hustak, MD

Aesthetic Care Team Session — Practice Management

9:30am–10:15am

Performance Measurement Strategies: How Well Am I Really Doing?

10:15am–11:00am

Is the Plastic Surgery Website Dead?

11:00am–11:45am

Marketing in 2021: Where Should I Invest My Money?

11:45am–12:30pm

The Comprehensive Consult: Transitioning Care within Your Practice

10:30am–12:30pm

Intensive Courses

*see website for course details

2:30pm–4:30pm

Intensive Courses

*see website for course details

Aesthetic Care Team Session — Clinical Education/Skincare

2:30pm–3:00pm

Social Media: What Patients Want to Know and How to Increase Engagement

3:00pm–4:00pm

Let's Get Blunt About it and Make you a Sharper Injector!

4:00pm–5:00pm

Managing the COVID-19 Crisis in our Practice: What Works and What Doesn't

THE AESTHETIC MEETING

YOUR MEETING. YOUR CHOICE.

This year we're letting you choose how to experience The Aesthetic Meeting 2021. Join us in Miami Beach to experience our unparalleled aesthetic education in person or attend from the comfort of your home.

Whether you're one of the 600 registrants* to experience The Aesthetic Meeting 2021 in person or one of the many learning remotely, you're guaranteed the pinnacle of aesthetic education.

The Aesthetic Society COVID-19 Safety Protocols

The Aesthetic Society's top priority is the health and safety of attendees, vendors, and staff. The following wellness protocols will be observed:

- Wellness and temperature check upon entering the building for all attendees, staff, and vendors
- Masks must always be worn except when eating or drinking
- Physical distancing room sets
- Hand sanitizer stations throughout the meeting and exhibit space
- Contact tracing procedures
- Audio Visual safety measures for use of microphones and equipment

***To maintain a safe environment, paid in-person attendance will be limited to 600 registrants. As the COVID-19 situation evolves, The Society will evaluate and adjust the in-person limitation with safety as our top priority. Updates on these restrictions will be provided closer to the actual meeting dates.**

Hotels

Stay on site with these three great hotel choices: Loews Miami Beach Hotel • Royal Palm South Beach—Marriott Tribute Portfolio Collection • Nautilus by Arlo. All located on Collins Avenue.

Book your hotel early to ensure your first choice of accommodations. Reservations will be accepted until April 12, 2021 or until sold out. After that time, hotel prevailing room rates will apply. Visit surgery.org/hotels.

Discover ASERF at The Aesthetic Meeting

ASERF Silent Auction

Be sure to stop by the ASERF area inside The Aesthetic Society Booth #2013, download the Handbid app, or visit handbid.app.link/ASERF2021 and place a bid. You can find unique items and support research in your specialty!

Online Bidding:

Monday, April 12—Monday, May 3, 2021

Onsite Bidding:

Saturday, May 1—Monday, May 3, 2021.

Auction officially closes at 2:00PM EDT on Monday, May 3, 2021 both online and onsite.

ASERF Spotlight on Research

View presentations on the progress and results of ASERF-funded research from 12:45 PM—2:00PM EDT, Saturday, May 1 in the Aesthetic Arena.

Post Meeting On-Demand Content

Select panels and courses will be available to watch on-demand one month after the meeting through our online streaming platform, Digitell. Access to on-demand content is complimentary with your Aesthetic Meeting registration.



CME Designation Statement

The American Society for Aesthetic Plastic Surgery (The Aesthetic Society) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The American Society for Aesthetic Plastic Surgery designates this live activity for a maximum of 33.5 AMA PRA Category 1 Credits™. Physicians should claim only credit commensurate with the extent of their participation in the activity.

The all-inclusive education is designated for 22.5 credits, of which 8 are Patient Safety CME. An additional 11 credits are designated for optional education. Earn up to 33.5 CME credits by participating in a CME designated activity in every time slot.

The American Society for Aesthetic Plastic Surgery designates this internet live activity for a maximum of 30.5 AMA PRA Category 1 Credits™. Physicians should claim only credit commensurate with the extent of their participation in the activity.

The all-inclusive education is designated for 21 credits, of which 7 are Patient Safety CME.

An additional 9.5 credits are designated for optional education. Earn up to 30.5 CME credits by participating in a CME designated activity in every time slot.

SENTÉ® Badge Scan Donation

SENTÉ® will make a \$100 donation to ASERF for each practicing physician who stops by their booth and has their badge scanned, with the goal of raising up to \$5,000. To help ASERF receive this donation, please stop by booth #1823 in The Aesthetic Marketplace, Saturday, May 1—Monday, May 3. Thank you SENTÉ®!

Thank You ASERF Members!

Visit the ASERF area in the The Aesthetic Society booth and receive a thank you gift for your continued support of ASERF. Not yet a member, stop by to learn more.



ALL INCLUSIVE SESSIONS

MAY 1 Saturday **MAY 2** Sunday **MAY 3** Monday

7:20–8:20am	Sunrise Sessions	7:30–8:30am	Sunrise Sessions	7:30–8:30am	Sunrise Sessions
8:45–9:15am	Espresso Eye Opener	8:45–9:15am	Espresso Eye Opener	8:45–9:15am	Espresso Eye Opener
9:15am–12:30pm	Scientific Paper Presentations	9:15am–12:00pm	Scientific Paper Presentations	9:15am–12:30pm	Scientific Paper Presentations
9:30am–12:30pm	Aesthetic Care Team–Practice Management	9:30am–12:00pm	Aesthetic Care Team–Practice Management	9:30am–12:00pm	Aesthetic Care Team–Practice Management
9:30am–4:00pm	Main Session		Mini Symposium		Mini Symposium
12:30–2:00pm	Lunch in the Marketplace	9:30am–5:30pm	Main Session	9:30am–5:00pm	Main Session
12:45–2:00pm	ASERF's Spotlight on Research		Business Meeting Luncheon	10:30am–12:30pm	Intensive Courses
2:00–4:00pm	Intensive Courses	12:00–2:00pm	Lunch in the Marketplace	12:00–2:00pm	Lunch in the Marketplace
2:00–5:30pm	Aesthetic Care Team–Clinical Education		Industry Presentations	12:30–2:00pm	Industry Presentations
2:15–3:30pm	Scientific Paper Presentations	2:00–4:00pm	Intensive Courses	2:00–5:30pm	Aesthetic Care Team–Clinical Education
3:45–4:45pm	COVID-19 Presentation	2:00–4:00pm	Scientific Paper Presentations	2:30–4:30pm	Intensive Courses
4:30–6:30pm	Intensive Courses	2:00–5:00pm	Mini Symposium	2:30–5:00pm	Mini Symposium
7:00–8:30pm	Welcome Reception	2:00–5:30pm	Aesthetic Care Team–Clinical Education		
		4:30–6:30pm	Intensive Courses		

ALL TIMES EASTERN DAYLIGHT TIME

Experience The Aesthetic Meeting in a whole new way.

Download The Aesthetic Meeting App!



Browse and select your sessions.
Navigate around the conference.
Explore and contact exhibitors.
Receive important updates.

Look for The Aesthetic Meeting app in your app store. Have any questions? Stop by the information booth at The Aesthetic Meeting or email TheAestheticSociety@Surgery.org.



Corporate Satellite Symposia and Industry Forum

Not Sponsored or Endorsed by The Aesthetic Society or ASERF

While in Miami Beach plan to attend a complimentary evening Corporate Satellite Symposium and a daytime Industry Forum!

Please see each company's registration information below and look for additional details in upcoming email blasts and on The Aesthetic Meeting App.

FRIDAY, APRIL 30

Corporate Satellite Symposium

ALLERGAN AESTHETICS

The Power of Digital Marketing in the Aesthetics Space

Join us as we share the power of digital in the aesthetic space. The goal of this program is to provide a high level look at multi-channel digital marketing strategies to help grow your medical aesthetic practice.

Jordan Mason, Director of Digital Consulting, Allergan Aesthetics

7:00pm–8:00pm

To register: If you are interested in attending this program, please contact our Allergan Meeting Coordinator, Brenda Chmiel, at PRMMeetings8@allergan.com for more information.

Corporate Satellite Symposium

GALDERMA

Driving the Future of Aesthetics, sponsored by Galderma

Join Galderma for a Taste of Miami as we celebrate a return to meetings and discuss the latest innovations in our Aesthetic portfolio.

6:30pm–8:00pm

Register at:
<https://galderma.cventevents.com/d/d7q5dr>

SATURDAY, MAY 1

Industry Forum

COOLSCULPTING ELITE

Experience Elite: Eliminate Fat with the Most Advanced CoolSculpting System Yet

12:30pm–1:30pm

Miami Beach Convention Center

To register:
www.medforcereg.com/SALG109401

Subject to Change

Highlights of The Aesthetic Society Booth—Visit Us in Booth 2013 in The Aesthetic Marketplace!

DISCOVER AESTHETIC ONE



The Aesthetic One app is the only way to register breast implants with manufacturers and share information with patients in under 3 minutes. Developed by The Aesthetic Society and ASERF with support from Allergan Aesthetics, it's currently the fastest growing implant registration platform. Want to learn more? Visit The Aesthetic Society booth for a demo!

SAVE ON REBRANDED PRODUCTS



We've been hard at work reimagining our products to align with our beautiful new brand. Stop by our booth to browse certificates, plaques, and folders. We're happy to extend a 20% discount on all products when you place an order in the booth or call us at 562-799-2356 and mention your Aesthetic Meeting discount. But hurry—discounts apply only through June 15!

MEMBERSHIP

We'd love to talk with you about the many benefits of becoming an Active or International Active member of The Society. If you do not yet qualify, learn about our Candidate for Membership or Resident Programs, and our new Aesthetic Care Team Affiliate Program for your staff!

UPDATE YOUR HEADSHOT



Free Photos! Who couldn't stand to freshen up their professional headshot? Get your photo taken in The Aesthetic Society's

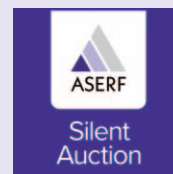
Headshot Booth. With your new headshot, you'll be prepared to promote yourself on our soon-to-be revamped Practice Profiles with the launch of the new Aesthetic Society Website. Your new photo will be emailed to you as well. Find us in Booth 3201.

AESTHETIC SURGERY JOURNAL AND AESTHETIC SURGERY JOURNAL OPEN FORUM



Celebrate the 25 years of ASJ by visiting its editorial team in our booth! They would love to chat with you about article and video ideas. Come grab the latest volume and learn all about the ASJ Open Forum (our open access journal).

BID TO WIN



Bid to Win! Take advantage of amazing savings and help the specialty at the same time by bidding in the ASERF Silent Auction. There are wonderful offers and products available. Visit the Handbid counter across from the ASERF desk within The Aesthetic Society's booth for more details, or bid online at <https://handbid.app.link/ASERF2021>.

THE AESTHETIC MEETING



Silent Auction

**SATURDAY, MAY 1 –
MONDAY, MAY 3**

The ASERF Silent Auction is a terrific way to support the Foundation in raising funds for research, while getting a chance to win and save big on a wide array of products and services.

Visit the ASERF Silent Auction counter within The Aesthetic Society's booth in The Aesthetic Marketplace to bid.

Bidding can also be done via the Handbid app from the Apple App store or Google Play Store or at: <https://handbid.app.link/ASERF2021> beginning Monday, April 12. Auction ends at 2:00pm Eastern on Monday, May 3.

THANK YOU TO THE FOLLOWING COMPANIES AND SURGEONS FOR THEIR GENEROUS DONATIONS

Allergan Aesthetics, an AbbVie Company, Booth: 2027
CoolSculpting® Treatment Cards (24 Cycles)
Starting Bid: \$3,500

Three Pairs of Natrelle INSPIRA Gel Breast Implants
Starting Bid: \$2,835

Twenty-five Bottles of SkinMedica® HA5® Rejuvenating Hydrator 1 Oz. (Not For Resale)
Starting Bid: \$1,050

See Bidder Terms and Conditions on the app or in Booth 2013

Alpine Pharmaceuticals
Case of SinEcch, 64 Homeopathic Arnica Surgical Recovery Packs
Starting Bid: \$671
SinEcch-i, 36 Homeopathic Arnica, 1 Day Dose Pack Speeds Recovery Fillers
Starting Bid: \$163

ASSI—Accurate Surgical
Epstein Abdominoplasty Retractor
Starting Bid: \$231

Donor List as of March 12, 2021. For the most updated list, download the app or visit Booth 2013.

BiLumix, Booth: 3004
Shadowless BiLumix Headlamp Package
Starting Bid: \$473

Bimini Health Tech, Booth: 1623
Puregraft Direct Harvest & 5 Pack of 850/
Pure Puregraft Bags
Starting Bid: \$1,485

DefenAge New Skin
DefenAge's Best Products
Starting Bid: \$352

DermaConcepts/Environ Skin Care Booth: 2849
Environ Body Kit
Starting Bid: \$47

Evolus, Booth: 3038
8 Vials of JEUVEAU®
(prabotulinumtoxinA-xvfs) for Injection
Starting Bid: \$1,750

Jack Fisher, MD
Complete O Gauge Model Railroad Train Set
Starting Bid: \$600

Galatea Surgical, Booth: 1413
GalaForm3D or GalaShape 3D Scaffold
Any Size
Starting Bid: \$500

HealFast, Inc.
Three Pack of HealFast Complete Surgery & Injury Recovery
Starting Bid: \$126

Implantech Associates, Inc. Booth: 2605
Three Silicone Facial Implants
Starting Bid: \$446

inplant LLC
Three Boxes of Inplant Funnels
Starting Bid: \$617

iScream Social Media, Booth: 2827
Two Months of Weekly Tik Tok Creation
Starting Bid: \$349

Leonisa
Classic Bottom Post-Surgical Firm Body Shaper—Diagonal hook-and-Eye
Starting Bid: \$30
Six Units of Post Surgical Bras
Starting Bid: \$95
Two Men's Firm Compression Post-Surgical Shaper Vest
Starting Bid: \$50

Lightstim
LightStim for Wrinkles
Starting Bid: \$87

Marina Medical Instruments, Booth: 2819
Preservation Rhinoplasty Saws: #200-503
Convex Saw and #200-504 Concave Radix Saw
Starting Bid: \$175

MicroAire Surgical Instruments Booth: 1221
Endotine Drill and Instrument Kit
Starting Bid: \$800
PAL Lipoplasty Device
Starting Bid: \$9,000

MyEllevate, Booth: 2627
Two Year Supply of MyEllevate
Starting Bid: \$25,000

Foad Nahai, MD
Problems in Periorbital Surgery: A Repair Manual
Starting Bid: \$225

NewMedical Technology, Inc. Booth: 1648
Silagen Mommy Makeover Recovery Kit
Starting Bid: \$151

Oculo-Plastik, Inc.
Black Durette® II Plastic Externals for Light Therapy PDT and LEDs
Starting Bid: \$28

Revision Skincare, Booth: 1626
The Revision Ritual Trial Regimen
Starting Bid: \$140

Rod J. Rohrich, MD
Textbook: Dallas Rhinoplasty, Nasal Surgery by the Masters
Starting Bid: \$166

Sciton, Booth: 3003
RadRover 5 Electric Fat Bike
Starting Bid: \$610

SENTÉ, Booth: 1823
SENTÉ Skin Care Regimen
Starting Bid: \$250

skinbetter science
Skincare Basket: Award-winning Skincare Products
Starting Bid: \$264

Continued on Page 19

ASERF Silent Auction

Continued from Page 18

Sofwave, Booth: 1835

Sofwave Device
Starting Bid: \$70,000

Symplast, Booth: 2034

Three Free Months of Symplast's
Lead Management Software
Starting Bid: \$263

Tulip Medical Products

True NanoFat 5 Patient Set
Starting Bid: \$152

WebMD & JustBreastImplants Booth: 1827

One Enhanced Profile on WebMD & Vitals
Starting Bid: \$1,855

Wendy Lewis & Co. Ltd.

Aesthetic Clinic Marketing in the Digital Age
(CRC Press 2018)
Starting Bid: \$18

Xelpov Surgical, Booth: 1434

Xelpov's Fat Transfer Gun
Starting Bid: \$263

YellowTelescope, Booth: 2829

Two Months of YellowTelescope
Mystery Caller
Starting Bid: \$244

TRAIN WITH AN EXPERT

Starting Bid: \$1,000

William P. Adams Jr., MD

Caroline Glicksman, MD, MSJ

Kiya Movassaghi, MD

Lorne Rosenfield, MD

Renato Saltz, MD

Douglas Steinbrech, MD

Bruce W. Van Natta, MD

The Plastic Surgery Clinic

DESTINATION

Glicksman, Caroline, MD, MSJ

Beach Home in Captiva Island, FL
Starting Bid: \$3,500

THE AESTHETIC SOCIETY STAFF DONATIONS

Sue Dykema, CAE and Debi Toombs

Abstract Acrylic Paintings by The Aesthetic
Society Staff
Set of Two 12x16
Starting Bid: \$100
Set of Four 4x4
Starting Bid \$100

Kathleen McClemmy, CMP

Meeting and Event Consultation (Eight Hours)
Starting Bid: \$140



The Aesthetic Society
Education and
Research Foundation

SENTÉ®

Visit SENTÉ®
in Miami Beach
and Raise Funds
for Aesthetic Plastic
Surgery Research

SENTÉ® will make a \$100
donation to ASERF for each
practicing physician who
stops by their Booth #1823
and has their badge
scanned, with the goal of
raising up to \$5,000!

To help ASERF receive this
donation, please stop by
booth #1823 in The
Aesthetic Marketplace,
**Saturday, May 1 –
Monday, May 3.**

Your contribution will make a
valuable impact on aesthetic
surgery research.

Thank you SENTÉ®!



Silent Auction

Please download the
Handbid app or visit
Booth 2013 for full
descriptions, restrictions,
and limitations.

BID TO WIN! USING YOUR SMARTPHONE

1. Download the free Handbid App from the Apple AppStore or Google Play Store (Android Market).
2. Tap Get Started, tap register now and create your Handbid account.
3. Select the ASERF Auction 2021 from the list and start bidding!

BID TO WIN! USING THE WEBSITE

1. Go to <https://handbid.app.link/ASERF2021> and select the bright pink REGISTER button in the Event Details Box
2. Create Your Bidder Account by entering your user information and select Continue to login.
3. Select to BID in this auction and start bidding!

DON'T HAVE A SMARTPHONE?

Visit the ASERF Silent Auction Counter inside of The Aesthetic Society Booth 2013!

THE AESTHETIC MEETING

Thank you to the following donors for their generous contributions!



**Allergan
Aesthetics**
an AbbVie company

Alpine Pharmaceuticals

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For diamond perfect performance™

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SHADOWLESS HEADLAMP

BIMINI
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new skin

DermaConcepts™
NEW PROCESSES

evolus™



Jack Fisher, MD

GALATEA®
SURGICAL

HealFast®
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INPLANT



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MARINAMEDICAL
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**MY
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Foad Nahai, MD

Newmedical
TECHNOLOGY

OCULOPLASTIK

**REVISION
SKINCARE®**



Rod J. Rohrich, MD

SCITON®
BECAUSE RESULTS MATTER

Continues on Page 21

THE AESTHETIC MEETING

Thank you to the following donors for their generous contributions!

Continued from Page 20



TRAIN WITH AN EXPERT



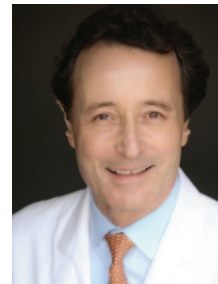
William P. Adams Jr., MD



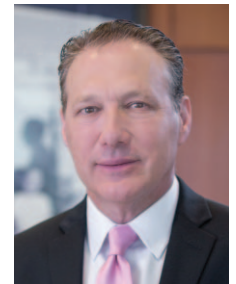
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Kiya Movassaghi, MD



Lorne Rosenfield, MD



Renato Saltz, MD



Douglas Steinbrech, MD



Bruce W. Van Natta, MD



The Plastic Surgery Clinic

DESTINATION



Caroline Glicksman, MD, MSJ
Beach Home on Captiva Island

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Sue Dykema, CAE and Debi Toombs
Abstract Acrylic Paintings

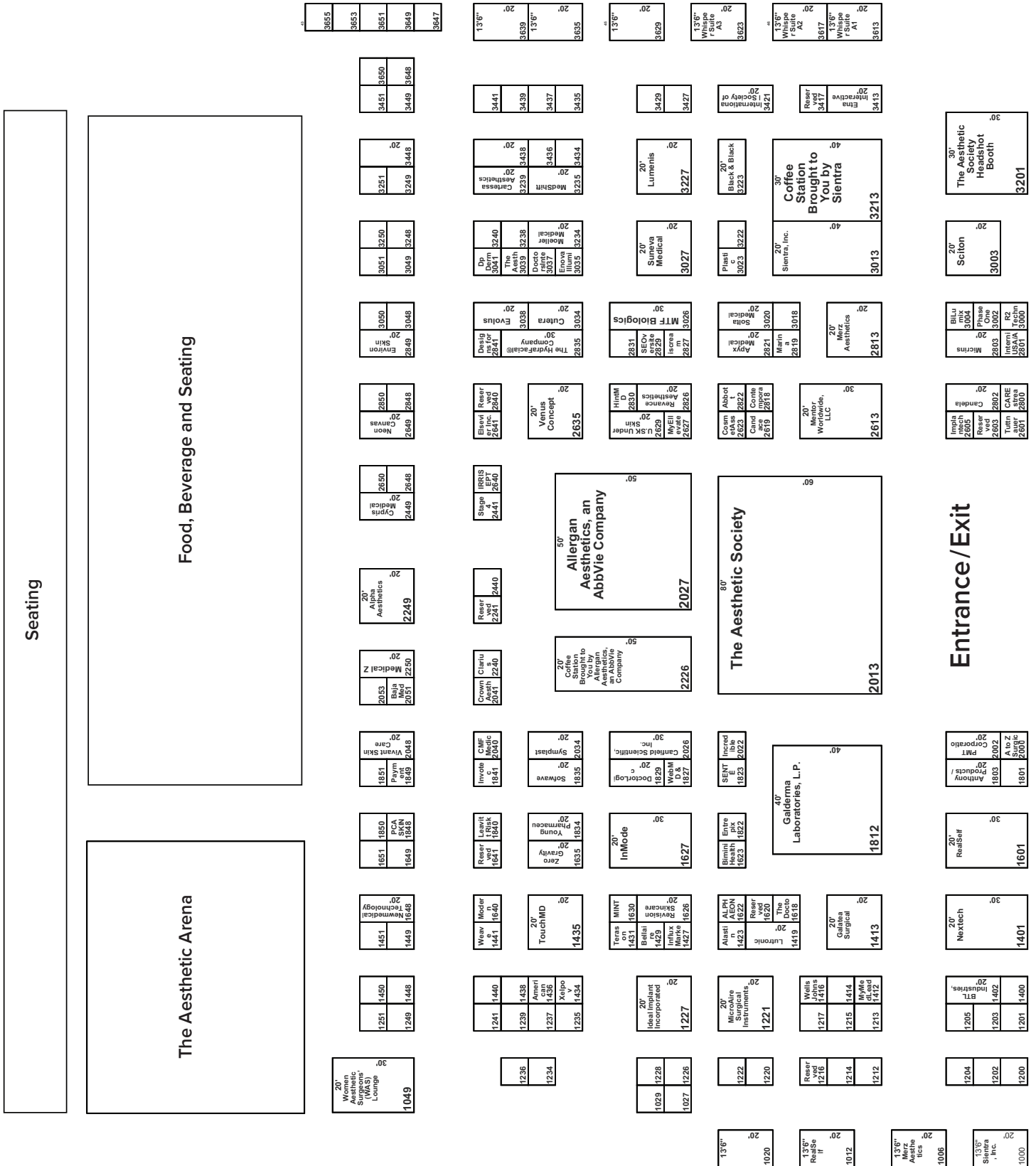


Kathleen McClemmy, CMP
Meeting and Event Consultation

Donors as of March 12, 2021. For the most updated list, download the app or visit Booth 2013.

Explore The Aesthetic Marketplace—Exhibit Booth Map

Explore The Aesthetic Marketplace—Exhibit Booth Map



Explore The Aesthetic Marketplace

Company NameBooth Number

A to Z Surgical & Tiemann Surgical.....	2000
Abbott Laboratories	2822
Aesthetics Biomedical.....	2603
Alastin Skincare.....	1423
Allergan Aesthetics, an AbbVie Company	2027
Alpha Aesthetics	2249
ALPHAEON Credit.....	1622
American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF).....	1436
Anthony Products / Gio Pelle	1803
Apyx Medical	2821
Baja Med Supplies.....	2051
Bellaire Industry	1429
BiLumix	3004
Bimini Health Tech	1623
Black & Black Surgical, Inc.	3223
BTL Industries, Inc.....	1402
Candace Crowe Design.....	2619
Candela.....	2802
Canfield Scientific, Inc.	2026
CAREstream America, Inc.	2800
Cartessa	3239
Clarius Mobile Health	2240
CMF Medicon Surgical Inc.....	2040
Contemporary Design Inc.	2818
CosmetAssure.....	2623
Crown Aesthetics.....	2041
Cutera	3034
Cypris Medical.....	2449
Designs for Vision, Inc.	2841
DoctorLogic.....	1829
DoctorsInternet.com.....	3037
Dp Derm LLC	3041
Elsevier Inc.	2641
Endo Aesthetics	1620
Enova Illumination	3035
Entrepix Medical.....	1822
Environ Skin Care/Dermaconcepts.....	2849

Etna Interactive.....	3413
Evolus.....	3038
Galatea Surgical.....	1413
Galderma Laboratories, L.P.	1812
HansBiomed USA, Inc.	1630
HintMD	2830
Ideal Implant Incorporated	1227
Implantech Associates, Inc.	2605
Incredible Marketing	2022
Influx Marketing	1427
InMode	1627
International Society of Aesthetic Plastic Surgery.....	3421
Interni USA/Athena Trading Inc.	2801
Invotec International, Inc.	1841
IRRISEPT	2640
iScream SocialMedia.....	2827
Leavitt Risk Partners.....	1840
Lumenis	3227
Lutronic Inc.	1419
Marina Medical Instruments, Inc.	2819
Medical Z.....	2250
Mediloupes.....	2241
MedShift	3235
Mentor Worldwide, LLC	2613
Merz Aesthetics	2813
Micrins.....	2803
MicroAire Surgical Instruments.....	1221
Modern Aesthetics.....	1640
Moeller Medical GmbH.....	3234
MTF Biologics.....	3026
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Exhibitor List as of March 12, 2021.
For the most updated list of exhibitors and
booth numbers, please download the
meeting app.

The Aesthetic Society Founding Members

*John E. Alexander, MD
 *Thomas J. Baker, MD
 *Morrison D. Beers, MD
 *Salvador Castanares, MD
 *R. Allen Chandler, MD
 *Merrill D. Chesler, MD
 *Eugene H. Courtiss, MD
 *John F. Crosby Jr., MD
 *Albert Davne, MD
 *James F. Dowd, MD
 *Simon Fredricks, MD
 Gilbert P. Gradinger, MD
 *Michael M. Gurdin, MD
 *James B. Kahl, MD
 *Bernard L. Kaye, MD
 Donald R. Klein, MD
 *John R. Lewis Jr., MD
 *Duncan M. McKee, MD
 *John B. Patterson, MD
 *Leonard R. Rubin, MD
 *Walter M. Ryan, MD
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 Marvin M. Shuster, MD
 *Richard E. Straith, MD
 *Kirkland W. Todd Jr., MD
 *Charles P. Vallis, MD
 *Richard C. Webster, MD
 *Sidney K. Wynn, MD

*deceased

The Aesthetic Society Past Presidents & Annual Meetings

Organizational Meeting	October 1968	New Orleans, LA
*John R. Lewis Jr., MD	February 1969	Miami, FL
*John R. Lewis Jr., MD	February 1970	Atlanta, GA
*John R. Lewis Jr., MD	May 1971	Boston, MA
*Salvador Castanares, MD	May 1972	Caribbean Cruise
*John E. Alexander, MD	March 1973	Newport Beach, CA
*Simon Fredricks, MD	March 1974	New Orleans, LA
*Richard B. Stark, MD	May 1975	Vancouver, B.C.
*Michael M. Gurdin, MD	April 1976	Atlanta, GA
*Charles E. Horton, MD	March 1977	Los Angeles, CA
*Eugene H. Courtiss, MD	May 1978	San Francisco, CA
Gilbert P. Gradinger, MD	May 1979	Colorado Springs, CO
*Thomas D. Rees, MD	May 1980	Orlando, FL
*Bernard L. Kaye, MD	April 1981	Houston, TX
*Thomas J. Baker, MD	April 1982	Las Vegas, NV
Donald R. Klein, MD	April 1983	Los Angeles, CA
*Rex A. Peterson, MD	March 1984	Washington D.C.
George C. Peck, MD	April 1985	Boston, MA
*Frederick M. Grazer, MD	April 1986	New Orleans, LA
*Stanley A. Klatsky, MD	March 1987	Los Angeles, CA
Norman M. Cole, MD	March 1988	San Francisco, CA
*Gaspar W. Anastasi, MD	April 1989	Orlando, FL
Peter McKinney, MD	April 1990	Chicago, IL
Jack A. Friedland, MD	April 1991	New York, NY
*Edward S. Truppman, MD	May 1992	Los Angeles, CA
*William P. Graham, III, MD	April 1993	Boston, MA
Sherrell J. Aston, MD	April 1994	Dallas, TX
Robert Singer, MD	March 1995	San Francisco, CA
*James L. Baker Jr., MD	April 1996	Orlando, FL
*Gustavo A. Colon, MD	May 1997	New York, NY
Lawrence B. Robbins, MD	May 1998	Los Angeles, CA
John G. Penn, MD	May 1999	Dallas, TX
Fritz E. Barton Jr., MD	May 2000	Orlando, FL
Daniel C. Morello, MD	May 2001	New York, NY
Malcolm D. Paul, MD	April 2002	Las Vegas, NV
Franklin L. DiSpaltro, MD	May 2003	Boston, MA
Robert W. Bernard, MD	April 2004	Vancouver, B.C. Canada
Peter B. Fodor, MD	April 2005	New Orleans, LA
Mark L. Jewell, MD	April 2006	Orlando, FL
James M. Stuzin, MD	April 2007	New York, NY
Foad Nahai, MD	May 2008	San Diego, CA
Alan H. Gold, MD	May 2009	Las Vegas, NV
Renato Saltz, MD	April 2010	Washington, D.C.
Felmont F. Eaves, III, MD	May 2011	Boston, MA
Jeffrey M. Kenkel, MD	May 2012	Vancouver, B.C. Canada
Leo R. McCafferty, MD	April 2013	New York, NY
Jack Fisher, MD	April 2014	San Francisco, CA
Michael C. Edwards, MD	May 2015	Montréal, Québec, Canada
James C. Grotting, MD	April 2016	Las Vegas, NV
Daniel C. Mills, II, MD	April 2017	San Diego, CA
Clyde H. Ishii, MD	April 2018	New York, NY
W. Grant Stevens, MD	May 2019	New Orleans, LA
Charles H. Thorne, MD	April 2020	The Aesthetic Meeting @Home
Herluf G. Lund Jr., MD	April 2021	Miami Beach, FL

Thank You to Our Many Volunteers—The Lifeblood of Our Society!

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Paul R. Weiss, MD

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Volunteer Recognition and Awards

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Michele A. Manahan, MD

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Aesthetic Surgery Education and Research Foundation—ASERF

The Aesthetic Surgery Education and Research Foundation was established in 1993 as the philanthropic arm of The Aesthetic Society.

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ASERF PAST PRESIDENTS

Simon Fredricks, MD 1993–1997

Norman M. Cole, MD 1997–2001

Robert Singer, MD 2001–2004

Jeffrey Lang, MD 2004–2006

Alan H. Gold, MD 2006–2008

Bahman Guyuron, MD 2008–2009

Laurie A. Casas, MD 2009–2010

Geoffrey R. Keyes, MD 2010–2011

Leroy Young, MD 2011–2012

Joe M. Gyskiewicz, MD 2012–2013

William P. Adams Jr., MD 2013–2014

Al Aly, MD 2014–2015

Neal R. Reisman, MD, JD 2015–2016

Steven Teitelbaum, MD 2016–2017

Barry E. DiBernardo, MD 2017–2018

Julio L. Garcia, MD 2018–2019

Robert Whitfield, MD 2019–2020

Luis M. Rios Jr., MD 2020–2021

Awards

In most cases, winners from the last 3 years are listed. For a complete list of previous award winners, please visit www.aserf.org

TIFFANY AWARD—BEST SCIENTIFIC PRESENTATION

A Tiffany crystal prism on an onyx base is presented to the individual who provides the Best Scientific Presentation during the annual meeting of the Society. The trophy is presented during the subsequent annual meeting.

Steven R. Cohen, MD 2017

San Diego, CA

Daniel A. Del Vecchio, MD;

New York, NY 2018

Vasilios S. Lambros, MD;

New Orleans, LA 2019

SIMON FREDRICKS AWARD FOR BEST PANELIST

The Simon Fredricks Award is presented to the individual who is judged the Best Panelist at the annual meeting of the Society.

Daniel C. Baker, MD 2017

San Diego, CA

Tim Papadopoulos, MD;

New York, NY 2018

Holly Casey Wall, MD;

New Orleans, LA 2019

PETER B. FODOR AWARD FOR BEST PANEL MODERATOR

The Peter B. Fodor Award is presented to the individual who is judged the Best Panel Moderator at The Aesthetic Society/ASERF Annual Meeting. This etched crystal is made possible through a restricted fund established in 2001 by Barbara and Peter B. Fodor, MD.

James M. Stuzin, MD; San Diego, CA 2017

Rod J. Rohrich, MD; New York, NY 2018

Nolan S. Karp, MD; New Orleans, LA 2019

WALTER SCOTT BROWN AWARD FOR BEST VIDEO

The Walter Scott Brown Award is presented to the individual(s) presenting the Best Video at the annual meeting. This award is made possible by a fund established by Walter Scott Brown, MD (1906–1985).

Daniel C. Baker, MD;

Montréal, Québec, Canada 2015

Arthur Swift, MD; New York, NY 2018

Simeon Wall Jr., MD; New Orleans, LA 2019

RAYMOND VILAIN AWARD FOR OUTSTANDING SCIENTIFIC PRESENTATION

The Raymond Vilain Award is presented to an International Active member or an international surgeon for an outstanding scientific presentation at an Aesthetic Society/ASERF meeting. This award is given in the name of Raymond Vilain, MD, a Corresponding Member of the Society from 1973–1989.

Alfredo E. Hoyos, MD; San Diego, CA 2017

Francisco G. Bravo, MD; New York, NY 2018

Yoav Barnea, MD; New Orleans, LA 2019

ROBERT SINGER AWARD FOR BEST HOT TOPICS PRESENTATION

The Robert Singer Award is presented to the individual who is judged the Best Hot Topics presenter at The Aesthetic Society/ASERF Annual Meeting.

Henry A. Mentz, MD; San Diego, CA 2017

Barry E. DiBernardo, MD; New York, NY 2018

James Fernau, MD; New Orleans, LA 2019

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Awards

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SHERRELL J. ASTON AWARD FOR BEST PRESENTATION BY A RESIDENT, FELLOW OR CANDIDATE

The Sherrell J. Aston Award was created by Dr. Sharadkumar Dicksheet's "named fund" contribution to The Aesthetic Surgery Education & Research Foundation for the best presentation by a resident, Fellow, or member of the Aesthetic Society Candidate Program. (Beginning in 1995 the criteria was limited to entries from Aesthetic Society annual meetings.)

Paul N. Afrooz, MD; San Diego, CA	2017
Ali A. Qureshi, MD; New York, NY	2018
Christopher C. Surek, DO; New Orleans, LA	2019

SCOTT SPEAR AWARD

The Scott Spear Award honors the Best Breast Presentation at The Aesthetic Meeting.

M. Bradley Calobrace, MD; New York, NY	2018
Roy de Vita, MD; New Orleans, LA	2019

BEST JOURNAL ARTICLE

This award is for the best aesthetic surgery article published in the *Aesthetic Surgery Journal*

2018 Domestic: *Long-Term Safety of Textured and Smooth Breast Implants*

M. Bradley Calobrace, MD; Michael R. Schwartz, MD; Kamakshi R. Zeidler, MD; Troy A. Pittman, MD; Robert Cohen, MD; and W. Grant Stevens, MD

2018 International: *Effects of Thermal Protection in Patients Undergoing Body Contouring Procedures: A Controlled Clinical Trial*

Jorge Enrique Bayter-Marin, MD; Lázaro Cárdenas-Camarena, MD; Héctor Durán, MD; Arnaldo Valedon, MD; Jorge Rubio, MD; and Alvaro Andres Macias, MD

2019 International: *Safe Gluteal Fat Graft Avoiding a Vascular or Nervous Injury: An Anatomical Study in Cadavers*

Filiberto Alejandro Alvarez-Alvarez, MD; Hiram O. González-Gutiérrez, MD; and César Felipe Ploneda-Valencia, MD

2019 Domestic: *Update on Avoiding and Treating Blindness From Fillers: A Recent Review of the World Literature*

Katie Belezny, MD, FRCPC; Jean D.A. Carruthers, MD, FRCSC, FRC (OPHTH); Shannon Humphrey, MD, FRCPC; Alastair Carruthers, MD, FRCPC; and Derek Jones, MD

2020 Domestic: *Decision Making in Preservation Rhinoplasty: A 100 Case Series With One-Year Follow Up*

Aaron M. Kosins, MD; Rollin K. Daniel, MD

2020 International: *A Consensus on Minimizing the Risk of Hyaluronic Acid Embolic Visual Loss and Suggestions for Immediate Bedside Management*

Greg J Goodman, FACD, Mark R Magnusson, MBBS, FRACS, Peter Callan, MBBS, FRACS, MBA, Stefania Roberts, MA, MBBS, FRACP, Sarah Hart, MBChB, NZSCM, Cara B McDonald, MBBS, FACD, Michael Clague, BSc, Alice Rudd, MBBS, FACD, Philip S Bekhor, MBBS, FACD, Steven Liew, MBBS, FRACS

BEST AESTHETIC SURGERY JOURNAL RESEARCH PAPER

This award is for the best aesthetic surgery research paper published in *Aesthetic Surgery Journal*

2018 *Adipose-Derived Stem Cells in Aesthetic Surgery: A Mixed Methods Evaluation of the Current Clinical Trial, Intellectual Property, and Regulatory Landscape*

Zeeshan Arshad; Celine-Lea Halioua-Haubold; Mackenna Roberts; Fulvio Urso-Baiarda, MD, FRCS; Oliver A. Branford, MD, PhD, FRCS; David A. Brindley, MEng, DPhil; Benjamin M. Davies, MD, DPhil; and David Pettitt, BSc, MD

2019 *Venous Thromboembolism in Aesthetic Surgery: Risk Optimization in the Preoperative, Intraoperative, and Postoperative Settings*

Christopher J. Pannucci, MD

2020 *Histological Evaluation of the Skin After Fat Grafting: A Blinded, Randomized, Controlled Clinical Study*

Juan PBR Maricevich, MD, Marcel FMB Lima, MD, Ana Carolina Maricevich, MD, Marco ABR Maricevich, MD, Larissa FJ Silva, MD

BEST AESTHETIC SURGERY JOURNAL OPEN FORUM PAPER

This award is for the best paper published in the Aesthetic Surgery Journal Open Forum.

2019 *Management of Asymptomatic Patients With Textured Surface Breast Implants*

Patricia A. McGuire, MD; Anand K. Deva, BSc (Med), MBBS, MS, FRACS (Plast); Caroline A. Glicksman, MD, MSJ; William P. Adams Jr, MD; and Melinda J. Haws, MD

2020 *Tranexamic Acid in Aesthetic Facial Plastic Surgery: A Systematic Review of Evidence, Applications, and Outcomes*

Garrett D Locketz, MD, Kirkland N Lozada, MD, Jason D Bloom, MD, FACS

DISTINGUISHED SERVICE AWARD

This award is presented to members of the Society whose dedication, service, and/or contributions to the development, wellbeing, and success of the Society have been demonstrated over many years and have exemplified action above and beyond the expected or ordinary. The award is a Tiffany crystal trapezoid.

James M. Stuzin, MD	2015
James M. Grotting, MD	2018
Laurie A. Casas, MD	2019

JEROME R. KLINGBEIL AWARD FOR TEACHING EXCELLENCE

The Jerome R. Klingbeil Award for teaching excellence was established in 1988 to recognize the efforts and the achievements of outstanding Teaching Course instructors and as a memorial to Jerome R. Klingbeil, MD, CAE, (1918–1988). This award was named in honor of Dr. Klingbeil's faithful and dedicated service to the Society. Dr. Klingbeil served this organization and its membership in numerous capacities, including 1973 Local Arrangements Chairman, Chairman of the Convention Planning and Coordination Committee (1974–1984) and as its first Executive Director (1981–1985). In keeping with the high degree of emphasis Jerry placed upon quality education and professional development, this award is conferred upon Teaching Course instructors who have donated their time and expertise to furnish significant and long-term contributions to the Society and the specialty.

Grady B. Core, MD	2018
Joseph P. Hunstad, MD	2018
Constantino G. Mendieta, MD	2018
Kiya Movassaghi, MD, DMD	2018
Mary L. Jewel, RPT	2019
Geoffrey R. Keyes, MD	2020
Joe M. Gyskiewicz, MD	2020
Z. Paul Lorenc, MD	2020

ASERF CAREER ACHIEVEMENT AWARD

This award honors an esteemed plastic surgeon recognizing their significant contributions and distinguished career, dedication and commitment to aesthetic surgery training and patient safety. This award is funded by donations in his/her name from the surgeons that know him/her best and thankfully recognize his/her powerful influence on our careers and lives.

Thomas Baker, MD, & Simon Fredricks, MD, San Diego, CA	2017
Scott Spear, MD, New York, NY (posthumous)	2018
Robert Singer, MD, New Orleans, LA	2019

Continued on Page 29



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The Aesthetic Meeting 2021 - Miami Beach, Florida
April 29 - May 3, 2021 or visit

www.MyEllevate.com

Awards

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LEADERSHIP AWARD

This award is presented to an Aesthetic Society member who shows exemplary leadership, service, creativity, and dedication to the subspecialty of Aesthetic Surgery, advancing the organization in the pursuit of its stated mission. The Award is presented at the discretion of the Board of Directors to recognize a superior contribution.

Jack Fisher, MD	2016
Leo McCafferty, MD	2017
James C. Grotting, MD	2020

SPECIAL MERIT

The Award of Special Merit commemorates the paramount contributions to the success and wellbeing of the Society which, in the judgment of the Society, was above and beyond the expected and ordinary. The recipient need not be a member of the Society. This award was originally in the form of a document suitable for framing. In 1987, an engraved silver bowl was adopted as this award.

Barry Fernando, MD	2016
Robert Singer, MD	2018
Daniel C. Mills, MD	2019
Richard J. Warren, MD	2019

SPECIAL AWARD

Robert Aicher, Esq.,	2015
Bruce F. Connell, MD & J. William Little, MD	2018
William P. Adams Jr., MD & Melinda J. Haws, MD	2019
Tracy Pfeifer, MD	2020

IN CHUL SONG AWARD FOR PHILANTHROPIC SERVICE

This award is made possible by a generous contribution to The Aesthetic Surgery Education and Research Foundation by Sharadkumar Dicksheet, MD. This award is bestowed upon a plastic surgeon whose philanthropic plastic surgery efforts best exemplifies humanitarian service.

Julio L. Garcia, MD	2011
Larry Weinstein, MD	2012
Raj N. Lalla, MD	2013

COMMUNITY SERVICE AWARD

Tolbert Wilkinson, MD	2009
Gang Tattoo Removal Program of Texas	
Jack E. Demos, MD	2013
Founder, Surgicorps, Int.	
Joe M. Gyskiewicz, MD	2015
Volunteer Services to the Children of Ecuador	

GASPAR W. ANASTASI AWARD

The Gaspar W. Anastasi Award is presented to the highest rated resident and/or fellow scientific papers at the Residents & Fellows Forum during the annual meeting of the Society. The award consists of a check for \$250 and the opportunity to present the paper to the full Scientific Session of the annual meeting.

Jennifer Baker, MD, New York, NY	2018
Kevin Shultz, MD, New York, NY	2018
Christodoulos Kaoutzanis, MD	
New Orleans, LA	2019
Nneamaka Nwubah, MD	
New Orleans, LA	2019

ASERF RESEARCH AWARD

The ASERF (Aesthetic Surgery Education & Research Foundation) Research Award is conferred in those extraordinary circumstances when the results of research projects have a profound and monumental effect upon the specialty of Aesthetic Plastic Surgery and the quality of service provided to our patients.

V. Leroy Young, MD	
Vancouver, B.C. Canada	2004

TED LOCKWOOD AWARD FOR EXCELLENCE IN BODY CONTOURING

This award was created to recognize Dr. Ted Lockwood's visionary contributions to aesthetic body contouring. The recipient of this award is a plastic surgeon who demonstrates a dedication to research, clinical excellence, patient safety, and peer education in all aspects of body contouring as demonstrated by publication in scientific journals, clinical presentations, and by ongoing innovation in body contouring techniques.

Oswaldo Saldanha, MD, Boston, MA	2011
Alfredo E. Hoyos, MD, New York, NY	2018
Daniel A. Del Vecchio, MD	
New Orleans, LA	2019

Special Award Section

Acknowledging those who contributed to our ongoing educational efforts during the COVID-19 pandemic, we recognize these outstanding presentations from our virtual meetings:

BEST PRESENTATIONS FROM THE AESTHETIC MEETING@HOME 20/20

@ Home—Best Breast Presentation

Steven Sigalove, MD
Coordination with My Breast Surgeon to make Pre-pectoral Breast Reconstruction a Reality

@ Home—Best Body Presentation

Michelle Shermak, MD
Thighplasty

@ Home—Best Face Presentation

Michael Lee, MD
Platysmaplasty: Medial, Lateral or Both?

@ Home—Best Buttock Presentation

Douglas Steinbrech, MD
Donor Site Considerations: Why I Use What I Use and How I Use It: 5mm Basket High-Definition Liposuction

@ Home—Best Teaching Course

William P. Adams, Jr, MD &
Caroline Glicksman, MD, MSJ
Integrating High Resolution Ultrasound into Your Practice

BEST PRESENTATIONS FROM THE AESTHETIC SERIES VIRTUAL SYMPOSIA

Best Presentation from Experienced Insights in Breast and Body

Simeon Wall, Jr, MD
Optimizing Abdominoplasty—2020—
Insight Presentation

Best Presentation from Premier Hot Topics

Barry DiBernardo, MD & Jason Pozner, MD
Hot New Tech and Innovations: What's Here and What's on the Horizon

Best of Nuances in Injectables

David Funt, MD
Current Protocols in Filler Complications

Best Presentation from Practical and Effective Approaches to Facial Rejuvenation

Dino Elyassnia, MD
Subplatysmal Surgery: What Lies Beneath?

Best Presentation from Practical and Effective Approaches to Nasal Surgery

Aaron Kosins, MD
Approaches to Dorsal Preservation

Managing finances in the digital world.

Now more than ever, practices and patients are shifting to digital standards to streamline safe and efficient healthcare. Digital solutions can offer both patient satisfaction and increased continuity of care for practices committed to their patients. In many instances, digital options have now become expected, and financing is one example.

Patients want a payment solution that works wherever they are. The CareCredit health, wellness and beauty credit card can streamline the financial process for both practices and patients searching for a seamless digital payment solution. At practices that accept the CareCredit credit card, patients have an easy way to learn about CareCredit, apply and pay for their care over time.*

76% of cardholders surveyed said they consider having a CareCredit account very important under the current circumstance.¹

It's not only a solution patients love, it's:

Reliable

Patients can count on CareCredit to offer a convenient way to pay for the care they want that insurance doesn't cover. This includes everything from plastic surgery to minimally invasive procedures, such as body shaping, IPL, injectables and fillers, to skincare products and more.

Flexible

Though enthusiastic about pursuing a treatment, sticker shock may prevent patients from pursuing your complete recommendation. CareCredit makes paying for aesthetic aspirations more attainable with convenient monthly payments that may fit more comfortably into a patient's budget. Patients can take advantage of promotional financing on purchases of \$200 or more.

Contactless

With CareCredit, patients can independently access their complete financing experience anytime, anywhere from their smart device. This means a more empowering experience for patients and greater efficiency for practice staff. Contactless payment options allow your staff to spend less time and energy on payment so they can focus on what matters: patient care.

CareCredit cardholders have a **6.5x** higher average ticket than spending on a typical credit card.²

CareCredit offers digital ways to help your patients and practice.

- **Online Payment Calculator** allows you to share estimated monthly payments and disclosures with patients. Understanding how a procedure will fit their budget can help patients feel more confident moving forward with the treatment you recommend.
- **Digital marketing tools & resources** such as patient-conversation scripts and ready-to-use templates help your practice and staff easily and efficiently engage with patients digitally.
- **Social media support** offers ready-to-use posts, tweets and videos educating patients on the flexible ways to pay for care.
- **Custom link contactless payment & application solution**** lets patients learn about financing, apply from their own device and pay your practice using their CareCredit credit card. This patient independence simultaneously opens up time for staff.
- **Get paid quickly & easily.** With CareCredit, you get paid in 2 business days.

85% overall provider satisfaction from the Provider Satisfaction Report.³



CareCredit provides many digital tools and resources that greatly benefit both patients and practices. By making access to care more convenient through digital tools, like those provided by CareCredit, patients are able to become more engaged in their treatment plans. This can have long-term benefits for patients and your practice as a whole. Learn more about how to give patients an easy, digital way to learn, apply and pay for cosmetic procedures they want or need.



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exclusive tools, including custom link,
at **carecredit.com/providercenter**



*Subject to credit approval. Minimum monthly payments required. See carecredit.com for details.

**The pay option will only appear on your custom link if you have selected to accept online payments.

¹CareCredit, Healthcare Behaviors During the Coronavirus Pandemic, June 2020.

²CareCredit 2019 Analytics and The Nilson Report – February 2020 ed., 50 Largest U.S. Visa & Mastercard Credit Card Issuers data table.

³CareCredit Cosmetic Provider Satisfaction, 2018.

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Achieving Success and Avoiding Complications with Injectable Fillers

By Sammy Sinno, MD

The last decade has been an exciting time for aesthetic medicine. As we have refined surgical techniques and developed new technologies, the growth of injectables has allowed practitioners to have a truly comprehensive approach in the treatment of facial aging. With the growth of the injectable industry came a plethora of different products and an expanding list of innovative applications. As always, striving to achieve success and safety with our patients is paramount.

As I reflect on my experience with injectable treatments, I try to hone in on reproducible methods to consistently achieve excellent results. Of course, avoiding smaller complications like prolonged bruising and swelling makes patients happier, but along with this should be a constant reminder that having strategies in place to avoid the most devastating complication with injectable fillers, vascular compromise, is absolutely necessary.

Vascular compromise can occur whenever a needle or cannula tip injects product that causes one of three major catastrophic events: skin necrosis, stroke, or vision loss. Reports of these catastrophic events are reported in the literature, and we must all understand how to avoid them. Risk factors include injection near a named vessel, high

pressure injections, large injection volumes, and the use of small needles.

The best strategies to stay safe during injections include:

1. withdrawing, when feasible, prior to injection
2. avoiding deep injection near a named/large vessel
3. low pressure injection
4. avoiding excessive injection in one area
5. pre-injection with epinephrine

A deep understanding of anatomy is critical when injecting in the face. It is recommended that any injector becomes a student of anatomy before embarking on these procedures.

If vascular compromise were to occur, the initial complaint from the patient may include pain. If concerned the injector should always look for signs of skin blanching. If un-recognized, vascular compromise of the skin progressed to blistering over the course of days and necrosis over the course of weeks. It is important to recognize these clinical features and recommended that office staff be educated on the importance of taking patient phone calls following injectable procedures very seriously.

If vascular compromise is confirmed or highly likely, it is critical for the office to

have a "crash cart available." This includes hyaluronidase which should be injected liberally into the area, as well as aspirin and nitropaste. If vascular compromise leads to a suspicion of stroke or vision loss, standard stroke protocol and an ophthalmology consult should be carried out, respectively. Vascular complications are a real event with soft tissue fillers, and every practitioner should have a protocol if an adverse event were to occur.

To achieve high levels of success with filler injection, I try to avoid danger zones and stay in safe tissue planes. These include periosteal injections in the tear troughs, midline and deep injections in the nose, and avoiding the superior third of the nasolabial fold superficially. Post-procedure it is important to encourage icing and observe patients for several minutes to ensure no vascular compromise. A set of post-injection instructions should be given.

In summary, fillers are wonderful tools in the armamentarium of any practitioners providing aesthetic medicine. It should be our goal to provide consistently excellent but safe results. By following simple safety strategies, mastering anatomy, and keeping our artistic eye, we can continue to provide patients with high quality treatment results.

Sammy Sinno, MD is an aesthetic plastic surgeon practicing in Chicago, IL.






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The Aesthetic Society 2021–2022 Members To Vote on Slate of Candidates



Active members of The Aesthetic Society will hear reports on Society business and elect new officers for 2021–2022 during The Aesthetic Society/ASERF Annual Business Luncheon. All Active Members are invited to attend on **Sunday, May 2nd at 12 noon** during The Aesthetic Meeting 2021 in Miami Beach, FL.



PRESIDENT

(automatic from President-Elect)

William P. Adams, Jr., MD

Dallas, TX
Private Practice and Associate Professor and

Program Director of Aesthetic Fellowship, UT Southwestern Department of Plastic Surgery, Dallas, Texas; Past President of ASERF

Current Board Position: President-Elect

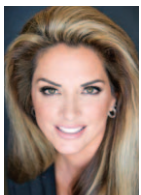
Current Aesthetic Society/ASERF Committee

Work: The Aesthetic Society Executive Committee, Education Commissioner, Conflict of Interest Committee, Finance & Investment Committee, Industry Policy Committee, Breast Implant Illness Task Force, BIA-ALCL Task Force, BIA-ALCL Assistance Fund/Grant Review Committee, Aesthetic Training Committee, Continuing Medical Education Committee, RADAR Resource Editorial Committee, *Aesthetic Surgery Journal* Editorial Board, *ASJ Open Forum* Editorial Board, Informed Consent Task Force, Women Aesthetic Surgeons Committee Representative to the FDA, ASERF Scientific Research Committee, and ASERF Board of Directors.

National Affiliations: The Aesthetic Society, ASERF, ASPS, and TSPS

Training: Princeton University, Vanderbilt School of Medicine, University of Texas Southwestern Medical Center, Integrated General and Plastic Surgery

ABPS Certification: 1999



PRESIDENT-ELECT

(1 year term)

Jennifer L. Walden, MD, FACS

Austin, TX
Private Practice, Clinical Assistant Professor, UT

Southwestern Medical Center

Current Board Position: Vice President

Current Aesthetic Society /ASERF Committee

Work: The Aesthetic Society Executive Committee, Conflict of Interest Committee, Finance & Investment Committee, Industry Policy Committee, Industry Support Committee

(Chair), ANN Committee (Vice Chair), Aesthetic Training Committee, Patient App Task Force, Traveling Professor Program, and Aesthetic Surgery Journal Editorial Board Social Media Ambassador

National Affiliations: The Aesthetic Society, ASERF, ASPS, ISAPS, AAAASF, and AWS

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

ABPS Certification: 2005



VICE PRESIDENT

(1 year term)

Melinda J. Haws, MD

Nashville, TN
Private Practice

Current Board Position: Treasurer

Current Aesthetic Society/ASERF Committee

Work: The Aesthetic Society Executive Committee, Conflict of Interest Committee, Communications Commissioner, Finance & Investment Committee, BIA-ALCL Task Force, Breast Implant Illness Task Force (Chair), Informed Consent Task Force, Continuing Medical Education Committee, International Fellowship Program, Program Committee, Teaching Course Subcommittee (Chair), and IDEA Committee.

National Affiliations: The Aesthetic Society, ASERF, ASPS, AAPS and ACS

Training: Southern Illinois University, General Surgery; Southern Illinois University, Plastic Surgery; Nashville Plastic Surgery, Aesthetic Fellowship

ABPS Certification: 1999



TREASURER

(1 year term)

Kiya Movassaghi, MD, DMD, FACS

Private Practice; Clinical Assistant Professor of Plastic Surgery, Oregon Health &

Science University

Current Board Position: Secretary

Current Aesthetic Society /ASERF Committee

Work: The Aesthetic Society Executive Committee, Finance & Investment Committee (Chair), Industry Policy Committee, Industry Support Committee (Vice Chair), COVID-19 Safety Task Force, Aesthetic Training Committee (Chair), Publications Committee, Application Review Committee (Vice Chair), and IDEA Committee.

National Affiliations: The Aesthetic Society, ASERF, ASPS, NWSPS and OSPS

Training: Harvard Medical School, Harvard Dental School, General Surgery: Beth Israel Deaconess Medical Center and Massachusetts General Hospital at Harvard Medical School: Harvard Combined Plastic Surgery Program

ABPS Certification: 2003



SECRETARY

(1 year term)

Tracy Pfeifer, MD

New York, NY
Private Practice
Current Board Position: Member at Large

Current Aesthetic Society/ASERF Committee

Work: Website Committee and Symposium Committee (Chair)

National Affiliations: The Aesthetic Society, ASERF, ACS, AAPS, ASPS, ISAPS

Training: New York Hospital-Cornell Medical Center, Institute of Reconstructive Plastic Surgery-NYU Medical Center, Plastic Surgery of the Breast, Atlanta Plastic Surgery

ABPS Certification: 2001

MEMBERS-AT-LARGE

(3-year terms)



R. Brannon Claytor, MD

Bryn Mawr, PA
Private Practice

Current Aesthetic Society/ASERF Committee
Work: COVID-19 Safety Task Force, Website Committee

(Chair), Website Task Force, Continuing Medical Education Committee, and Application Review Committee.

National Affiliations: The Aesthetic Society, ASERF, ABPS, ISAPS, ASPS, ACS, FACS

Training: Jefferson Medical College, University of Massachusetts Medical School, Washington University School of Medicine, St. Louis.

ABPS Certification: 2006, 2016

Continued on Page 35

MEMBERS-AT-LARGE

(3-year terms)

Continued from Page 34



Grady Core, MD

Birmingham, AL
Private Practice

Current Aesthetic Society/ASERF Committee

Work: Aesthetic Training Committee, Teaching Course

Subcommittee, Product Development and Market Research Committee (Vice Chair), Patient Safety Committee (Vice Chair), and Continuous Certification Task Force (Vice Chair)

National Affiliations: The Aesthetic Society, ASERF, ASPS, ABS, ABPS, ACS, AAPS, ISAPS

Training: Flushing Hospital Affiliate of Einstein University, Mayo Clinic, University of Alabama at Birmingham

ABPS Certification: 1994



Marissa J. Tenenbaum, MD

St. Louis, MO

Associate Professor and Program Director Plastic & Reconstructive Surgery, Washington University School of Medicine, St. Louis; West

County Plastic Surgeons

Current Aesthetic Society/ASERF Committee

Work: Administrative Vice Commissioner, Finance & Investment Committee, Program Committee, Women Aesthetic Surgeons Committee, ASJ Editorial Board, ASJ Open Forum Editorial Board, and ASERF Innovative Procedures Committee

National Affiliations: ASAPS, ASERF, ASPS, ACAPS, AAPS

Training: Washington University School of Medicine, USC

ABPS Certification: 2010



TRUSTEE

(3-year term)

Michael Edwards, MD

Las Vegas, NV

APPLICATION REVIEW COMMITTEE

(3-year terms)



Brian Peterson, MD

British Columbia, Canada
(Canada)



Hisham Seify, MD

Newport Beach, CA
(Far West)



B. Aviva Preminger, MD

New York, NY
(Northeast)



Anuja K. Antony, MD

Chicago, IL
(Midwest)

ETHICS COMMITTEE

(3-year terms)



Lee Daniel, MD

Eugene, OR
(Northwest)



Gary Tuma, MD

Pennington, NY
(Northeast)

JUDICIAL COUNCIL

(3-year terms)



Steven Teitelbaum, MD

Santa Monica, CA
(West)



Sarvarm TerKonda, MD

Jacksonville, FL
(East)

Those continuing in positions: MEMBERS-AT-LARGE



Jamil Ahmad, MD

(until 2022)

Mississauga, ON, Canada



Michael Bogdan, MD, MBA

(until 2023)

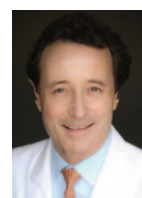
Southlake, TX



Trent Douglas, MD

(until 2022)

Greenbrae, CA



Lorne K. Rosenfield, MD

(until 2022)

Burlingame, CA



Douglas Steinbrech, MD, FACS

(until 2023)

New York, NY



Steven G. Wallach, MD, FACS

(until 2023)

New York, NY

ASERF 2021–2022

Members To Vote on Slate of Candidates



The Aesthetic Surgery
Education and
Research Foundation

Active members of the Aesthetic Surgery Education and Research Foundation (ASERF) will hear reports on Foundation business and elect new officers for 2021–2022 during the ASERF Annual Business Meeting Luncheon. All Active Members are invited to attend on **Sunday, May 2nd at 12 noon** during The Aesthetic Meeting 2021 in Miami Beach, FL.



PRESIDENT

(automatic from
President-Elect)

Louis L. Strock, MD

Fort Worth, TX
Private Practice, Clinical
Assistant Professor, UT
Southwestern Medical Center

Current ASERF Board Position:
President-Elect

Current Aesthetic Society/ASERF Committee Work: ASERF Executive Committee, Mollenkopf Breast Reconstruction Fund Grant Review Committee, Scientific Research Committee, Traveling Professor Program (2011–2018).

National Affiliations: The Aesthetic Society, ASERF, and ASPS

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

ABPS Certification: 1997, 2006, 2016



PRESIDENT-ELECT

(1 year term)

Michael A. Bogdan, MD, FACS, MBA

Southlake, TX
Private Practice, Clinical
Assistant Professor, UT
Southwestern Medical Center

Current ASERF Board Position: Vice President

Current Aesthetic Society/ASERF Committee Work: ASERF Executive Committee, Mollenkopf Breast Reconstruction Fund Grant Review Committee, The Aesthetic Society Board of Directors, Administrative Commissioner, Website Task Force (Chair), Finance & Investment Committee (Vice Chair), Industry Policy Committee, Rebranding Task Force, and ANN Task Force (Co-Chair)

National Affiliations: The Aesthetic Society, ASERF, ABPS, ISAPS, ASPS, TSPS, ACS, AMA, and TRS

Training: University of Maryland, Stanford University School of Medicine, Stanford University, Manhattan Eye, Ear and Throat Hospital, McCombs School of Business, University of Texas at Austin

ABPS Certification: 2006, 2016



VICE PRESIDENT

(1 year term)

Mark Clemens, MD

Houston, TX
Academic Practice, Associate
Vice President, University
of Texas MD Anderson
Cancer Center

Current ASERF Board Position: Secretary
Current Aesthetic Society /ASERF Committee Work: ASERF Executive Committee, ASJ

Editorial Board, ASJ Open Forum Editorial Board, Program Committee, Innovative Ideas Task Force, Research Network Committee, and BIA-ALCL Task Force

National Affiliations: The Aesthetic Society, ASERF, ABPS, ACS, ASCO, ASPS, ASRM, ISAPS, PSRC, WSRM

Training: MD Anderson Cancer Center Fellowship, Penn State College of Medicine, Georgetown University Residency, Cornell University

ABPS Certification: 2012



SECRETARY

(2 year term)

Caroline Glicksman, MD, MSJ

Sea Girt, NJ
Private Practice; Assistant
Clinical Professor of Surgery,

Hakensack Meridian School of Medicine at Seton Hall

Current ASERF Board Position: Director

Current Aesthetic Society /ASERF Committee Work: Informed Consent Task Force, ASERF

Scientific Research Committee (Co-Chair), RADAR Resource Editorial Committee, Traveling Professor Program, ASJ Editorial Board, and ASJ Open Forum Editorial Board

National Affiliations: The Aesthetic Society, ASERF, ASPS, ISAPS, AAAASF

Training: Mount Sinai Hospital: NY General Surgery; Plastic Surgery: New York Hospital, Cornell Medical Center, Memorial Sloan Kettering Cancer Center, Aesthetic Fellowship Massachusetts General Hospital and Newton Wellesley Hospital

ABPS Certification: 1994

DIRECTORS

(2 year terms)



Nolan Karp, MD

New York, NY
Vice Chair of Clinical
Operations, Hansjörg Wyss
Department of Plastic
Surgery, Professor of Plastic
Surgery, NYU School of
Medicine, Chief of the Plastic
Surgery Service, Tisch Hospital

Current Aesthetic Society/ASERF Committee Work: Aesthetic Society Member-at-Large,

ANN Committee (Co-Chair), Patient App Task Force (Chair), BIA-ALCL Task Force, Publications Committee, Program Committee, IDEA Committee, Scientific Research Committee, and Representative to ABPS

National Affiliations: The Aesthetic Society, ASERF, ASPS, 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



Patricia McGuire, MD

St. Louis, MO
Private Practice

Current Aesthetic Society/ASERF Committee Work: Ethics Committee, BII

Task Force, Informed Consent Task Force,

Traveling Professor Program, and Scientific Research Committee.

National Affiliations: The Aesthetic Society, ASERF, AMWA, ASPS, and AWS

Training: University of Missouri, Kansas City; Washington University; St. Louis University

ABPS Certification: 1993

Continued on Page 37

DIRECTORS

(2 year terms)

Continued from Page 36



David Sieber, MD

San Francisco, CA
Private Practice

**Current Aesthetic Society/
ASERF Committee Work:**
Product Development and
Member Research Committee,
Program Committee,

RADAR Resource Editorial Committee, YAPS
Committee, *ASJ* Editorial Board, *ASJ Open
Forum* Editorial Board, and ASERF Scientific
Research Committee (Co-Chair).

National Affiliations: The Aesthetic Society,
ASERF

Training: Loyola University Medical Center,
University of Minnesota, University

of Texas Southwestern

ABPS Certification: 2018

TRUSTEE

(2 year term)

Al Aly, MD

Dallas, TX



Those Continuing Their Terms:



TREASURER

Bruce W. Van Natta, MD

(until 2022)

Indianapolis, IN

DIRECTORS



Onelio Garcia, MD

(until 2022)

Miami, FL



**Terence M.
Myckatyn, MD**

(until 2022)

Creve Coeur, MO



Ivona Percec, MD

(until 2022)

Philadelphia, PA



Lee Q. Pu, MD

(until 2022)

Sacramento, CA

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To learn more about making a planned gift or cash donation, please contact Ivan Rodriguez, ivan@surgery.org or 562.799.2356

Thank You ASERF President's Circle Members!

Mark T. Boschert, MD
M. Bradley Calobrace, MD
Sepehr Egrari, MD
Dr. and Mrs. Julio Garcia
Dr. and Mrs. Joe Gryskiewicz
Dr. and Mrs. Jeffrey Kenkel
Luis López Tallaj, MD
Dr. and Mrs. Daniel C. Mills II
Susan and Steve Mollenkopf
Dr. and Mrs. James Payne
Qualcomm
Dr. and Mrs. Luis Rios Jr.
Dr. and Mrs. Robert Singer

Who will be next?

PATIENTS IN NEED?



The Aesthetic Surgery
Education and
Research Foundation

Mollenkopf Aesthetic Breast Reconstruction Fund Now Available Nationwide!

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

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

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

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

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

PATIENTS IN NEED?



The Aesthetic Society®



The Aesthetic Surgery Education
and Research Foundation



AMERICAN SOCIETY OF
PLASTIC SURGEONS



THE PLASTIC SURGERY
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Patient Fund Criteria:

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

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

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For additional information on the Fund, please contact Ivan Rodriguez at
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Update on ASERF

By Luis Rios Jr., MD



The Aesthetic Surgery
Education and
Research Foundation

I have probably spent more time contemplating the contents of this article than I have for anything else I have written this year. It is hard to express in simple words the tribulation and adversity that we have all experienced this year. I awoke from my sleep with the most obvious theme for this newsletter—the hope and rebirth that Spring symbolizes. The “dark winter” has passed and a sunny and vibrant Aesthetic Meeting 2021 is on the near horizon in Miami Beach, Florida. The meeting will be the first opportunity for many of us to meet face to face in two years. The excitement is palpable, and I expect an overwhelming feeling of jubilation and unbridled revelry.

As many of us have had to reinvent our routines and practices throughout this turbulent year, ASERF has continued along this theme by implementing an exciting strategic plan that was mapped out over a year ago. The main goal of the planning session was to transform the research foundation from a passive to a more active foundation, which could address the research needs of our members and industry. As Spring arrives, ASERF has emerged prepared to meet the future challenges that face our members, specifically financial solvency, and breast implant health.

This year we have created a Finance & Investment Task Force, led by the venerable Dr. Bruce Van Natta, that will monitor our financial wellbeing with assets close to 4 million dollars and growing. We are also developing a Data and Technology Task Force that will manage our technological assets, so that we can leverage them to provide proactive research for our members and industry. With the need to transform and manage our assets, our Board was excited to welcome back Tom Purcell as ASERF Director, Development. I can attest that he is already providing dividends by helping us develop strategies that will become more apparent as time goes by.

ASERF has committed itself to developing an innovative digital platform that will have the

capability to host studies by our members and industry. This platform is unique in the aesthetic space and will allow us to diversify our mission statement in providing pertinent research in aesthetic medicine. The platform will combine the power of the 6 million procedures currently housed on the Aesthetic Neural Network (ANN) and the prospective data we are collecting on the Aesthetic One (AO) App. ASERF is proud to have invested in an electronic digital capture (EDC) system on AO. This function makes our app superior and will be the cornerstone for future prospective studies. Although not fully apparent now, these transformative efforts by ASERF will have profound benefits for our members in the future. Data and research will be the cornerstones to address issues in aesthetic medicine, such as breast implant health, and to help diversify and strengthen our Society and Foundation.

My goal this year was to begin implementing a strategic plan that would make ASERF more pertinent to our members. With upcoming challenges in aesthetic medicine, currently breast implant health, it is my feeling that ASERF will intimately impact each member in the near future. My board and I have invested our efforts in developing a plan that will allow ASERF to quickly and proactively respond to any future issues that may impact our specialty and members. I am proud to leave ASERF in exceptional hands. Our current President-Elect, Louis Strock, is a scholar and a gentleman and has provided me a solid sounding board throughout this challenging year. I also want to thank my illustrious Board. It was a pleasure working with each one of you this year. I would not trade this board for any other board (sorry, Aesthetic Society). Finally, I want to thank Sue, Courtney, Herluf, Bob, JP, Robert, Dan, Mike, Jennifer, Bill, and Caroline for putting up with my manic tendencies. It was a challenging but fruitful year, and the best is yet to come! Viva ASERF!

I would be remiss not to mention the following ASERF-sponsored venues at The Aesthetic Meeting 2021.

ENGAGE WITH ASERF AT THE AESTHETIC MEETING 2021

ASERF Silent Auction—Bid to Win!

I have always been passionate about the success of our Silent Auction as each year the funds raised make a significant contribution to the amount of research we are able to fund. On behalf of the Board, I sincerely thank each of the companies and surgeons who have donated to the auction. Your support makes a difference to our members and their patients, and we cannot thank you enough. (A full list of donors can be found in this issue of *ASN* on pages 18–19.) Online bidding at <https://handbid.app.link/ASERF2021> begins on Monday, April 12 and concludes on Monday, May 3 at 2:00pm EDT. Bidding can be done online, via the Handbid app, or by visiting ASERF in The Aesthetic Society booth #2013.

ASERF Premier Global Hot Topics (#S8)

Join moderators Jamil Ahmad, MD; Tiffany McCormack, MD; and Simeon Wall Jr., MD to see the latest in hot new tech innovations, which devices you need in the operating room, and the latest advances and trends on the horizon. Occurring April 30, from 1:30pm–6:30pm, registration for an additional fee is available to both in-person and virtual attendees!

ASERF Spotlight on Research

Formerly called the Research and Innovative Technology Luncheon, the ASERF Spotlight on Research will be held live in The Aesthetic Arena from 12:45pm–2:00pm EDT, Saturday, May 1. View presentations on the progress and results of ASERF-funded research over the past two years lead by our Scientific Research Committee Co-Chairs, Dr. Caroline Glicksman and Dr. David Sieber. All in-person meeting attendees are welcome for no additional fee!

Thank You Members & Donors!

Visit ASERF staff in The Aesthetic Society Booth 2013 and receive a thank you gift for your contributions to The Foundation. Be sure to ask about research grant opportunities, patient assistance funds available, and active participation in ASERF research via the Aesthetic One app and ANN.

This year we have created a Finance & Investment Task Force, led by the venerable Dr. Bruce Van Natta, that will monitor our financial wellbeing with assets close to 4 million dollars and growing. We are also developing a Data and Technology Task Force that will manage our technological assets, so that we can leverage them to provide proactive research for our members and industry.

Continued on Page 42

Mollenkopf Aesthetic Breast Reconstruction Fund— Five Years of Changing Lives

Five years ago, The Mollenkopf Aesthetic Breast Reconstruction Fund began as a way to help uninsured and underinsured breast cancer patients in the San Diego, California area with the resources to overcome financial obstacles and complete their breast reconstruction journey.

Over time, the Fund expanded its reach and has provided the same, life-changing support to eligible patients nationwide.

Last August, Donna Sylvester of Palm Harbor, Florida, and a patient of Aesthetic Society and ASERF member Dr. Robert Rehnke of St. Petersburg, Florida, received a Mollenkopf grant which she credits for saving her from a lifetime of physical and emotional pain.

In 2002, shortly after her mother died from breast cancer, Donna tested positive for the BCRA1 gene mutation that has shown to significantly increase the chances of developing breast cancer. Two years ago, while living in Illinois, she had an elective bilateral mastectomy, but experienced side effects and other debilitating symptoms caused by her surgeon's use of tissue expanders.

"I was in constant pain and hopeless to find any viable reconstruction options to cope with my body dysphoria," said Donna. "My mastectomy and reconstruction had become quite traumatic."

Donna moved to Florida in late 2019 and found a surgeon who partially deflated her expanders. That procedure not only elevated her pain but left her unhappy with the aesthetic results as well. Her fortunes changed when a fellow reconstruction patient recommended Dr. Rehnke, who outlined a plan to alleviate her pain and applied for a Mollenkopf Fund grant on her behalf.

Dr. Rehnke removed Donna's tissue expanders and the capsules that surrounded them, while also repairing her muscles. A pre-pectoral reconstruction was then performed with an absorbable mesh implant



Donna Sylvester (left), a recent beneficiary of the Fund, with her surgeon, Society and ASERF member Dr. Robert Rehnke of St. Petersburg, Florida.

and fat grafting. This procedure produced the physical and aesthetic results Donna had been hoping for.

"I feel more like myself, more feminine and more like a natural woman," proclaimed Donna, who added that "I definitely feel more comfortable and not in constant pain as before."

To date, the generosity of Susan and Steve Mollenkopf, with matching support from Qualcomm, has made possible the availability of more than 60 grants—of up to \$5,000 each—to eligible patients of ASERF and Aesthetic Society members. The grant application, which includes guidelines and requirements, can be found on the ASERF website at www.aserf.org/Mollenkopf.

Dr. Rehnke, who has had three patients benefit from the Fund, is thankful for the opportunity to make a final breast reconstruction a reality for those with limited financial resources. "We are extremely grateful to the Mollenkops for making this surgery possible for Donna and making this second chance attainable for others."

To date, the generosity of Susan and Steve Mollenkopf, with matching support from Qualcomm, has made possible the availability of more than 60 grants—of up to \$5,000 each—to eligible patients of ASERF and Aesthetic Society members. The grant application, which includes guidelines and requirements, can be found on the ASERF website at www.aserf.org/Mollenkopf.

Update on ASERF

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SENTÉ® BADGE SCAN DONATION

SENTÉ® will make a \$100 donation to ASERF for each practicing physician who stops by their booth and has their badge scanned, with the goal of raising up to \$5,000. To help ASERF receive this donation, please stop by Booth #1823 in The Aesthetic Marketplace, Saturday, May 1–Monday, May 3. Thank you SENTÉ®!

RESEARCH

Research Projects Recently Approved for ASERF Funding:

"Anti-inflammatory Effects of Crushed Cartilage and Adipose Tissue"

Derek M. Steinbacher, MD (\$20,000)

For more information: aserf.org/newsroom/blog

ASERF-Funded research recently published in Aesthetic Surgery Journal:

"Vibration Exposure Safety Guidelines for Surgeons Using Power-Assisted Liposuction (PAL)"

Wu C, Laswell S, Mentz JA, Morales R
Aesthetic Surgery Journal, sjaa373

"Understanding Breast Implant Illness"

Newby JM, Tang S, Faasse K, Sharrock MJ, Adams Jr WP
Aesthetic Surgery Journal, sjaa329

"Do Genital Cosmetic Procedures Improve Women's Self-Esteem? A Systematic Review and Meta-Analysis"

Sharp G, Maynard P, Hudaib AR, Hamori CA, Oates J, Kulkarni J, Sarwer DB
Aesthetic Surgery Journal, Volume 40, Issue 10, October 2020, Pages 1143–1151

For more information: aserf.org/published/blog

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

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THANK YOU SIENTRA!

Sientra, Inc. graciously made a \$10,000 donation to ASERF in support of the in-process BIA-ALCL research, "Pilot Study to Identify a Genetic Predisposition to BIA-ALCL," by Principle Investigator, Dr. Terence Myckatyn. Research on this topic is incredibly vital to the specialty, and we sincerely thank Sientra for their dedication to our patients and our research efforts!



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Read Up, School Up, With ASJ and ASJ Open Forum

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

ASJ JOURNAL CLUB: WHAT'S NEW, WHO'S NEW



Mark Albert, MD, FACS
YAPS Moderator



Deniz Sarhaddi, MD
Discussion Curator



Ryan Austin, MD
NGE Moderator



Maryam Zamani, MD
Discussion Curator

We welcomed YAPS Committee Chair Dr. Mark Albert to the team, and he's been doing an excellent job moderating the Journal Clubs along with Dr. Deniz Sarhaddi who prepares and runs the polls and curates the Q&A session. Every other month, Dr. Ryan Austin, Lead NGE, continues to make his mark on the program, attracting leading plastic surgeons to the Zoom calls. Dr. Maryam Zamani does a superb job with the polls and Q&A curation. We are so appreciative of all their efforts and are delighted to see the strong number of attendees each month.

Finally, if you couldn't make it to the ASJ Journal Club, they're recorded and available on the ASJ website and Radar Resource.

Last month we featured an article by author Dr. Michael Lee, discussant Dr. James Stuzin, moderator Dr. Ryan Austin and Discussion Curator Dr. Maryam Zamani. It was another excellent discussion!

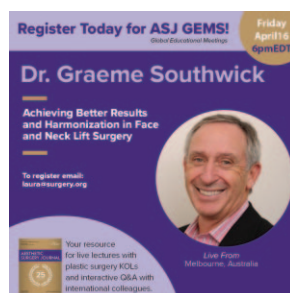
ASJ GEMS CALENDAR OF EVENTS



March 19, 2021 9amPT/11amCT/12pmET
ASJ GEMS with Dr. Kiya Movassaghi on:

Optimizing Breast Outcomes in Revision Surgery

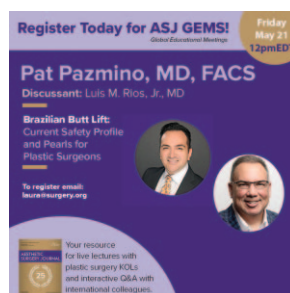
Register in advance for this meeting, exclusively sponsored by Allergan Aesthetics. Register here: <https://bit.ly/3aqzMSU>



April 16, 2021 3pmPT/5pmCT/9amPT/12pmET
ASJ GEMS With Dr. Graeme Southwick on:

Achieving Better Results and Harmonization in Face and Neck Lift Surgery

Register in advance for this meeting:
<https://bit.ly/2Nbhg89>



May 21, 2021 9amPT/11amCT/12pmET
ASJ GEMS with Dr. Pat Pazmino with Discussant Dr. Luis Rios on:

Brazilian Butt Lift: Current Safety Profile and Pearls for Plastic Surgeons

Register in advance for this meeting:
<https://bit.ly/3aroCOg>

ASJ OPEN FORUM, VOLUME 3, ISSUE 1

We invite you to read the latest issue of *ASJ Open Forum* including a special article "Remembering Thomas J. Baker, MD" by Dr. James Stuzin including video tributes from past presidents of The Aesthetic Society and leaders in our field. Read and watch here: <https://bit.ly/3qslISK>



Thomas J. Baker, MD, Founding Member of The Aesthetic Society.

Also in this issue of *ASJ Open Forum*, Editor in Chief Dr. Jeffrey Kenkel pays homage to Dr. Stanley Klatsky, Editor Emeritus of the *Aesthetic Surgery Journal*, with a special video tribute article. Read and watch here: <https://bit.ly/2LV0vgM>



Stanley Klatsky, MD, Editor Emeritus, *Aesthetic Surgery Journal*.



Join us for the ASJ Journal Club on Tuesday, April 6

Continued on Page 49

Read Up, School Up, with ASJ and ASJ Open Forum

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Second Thoughts on First Thoughts

continues with a newly published article. Join Section Editor Dr. Lorne Rosenfield as he journeys through time and through extensive discussions, helps us “summit the slopes of our own learning curves.” This article features Dr. Al Aly, on the evolution of his body contouring processes and his modern-day thoughts (dubbed “second thoughts”) compared with his initial thoughts from years gone by. We are grateful to Allergan (Irvine, CA, USA) who has generously sponsored this article, and several to follow, in support of improving education in plastic surgery and helping us connect the dots to improve understanding and clinical knowledge. Read it here and be sure to watch the accompanying video: <https://bit.ly/2NfiSof>



Lorne Rosenfield, MD, ASJ Open Forum Section Editor, Second Thoughts on First Thoughts.

ASJ Open Forum is your source for innovative video content. Finally, among the 15 articles already published in this issue, we invite you to watch three “Video Review Articles” from the Oculoplastic, Facial, and Rhinoplasty Sections— an innovative article type for busy surgeons that you won’t want to miss, including:

Repair of Lower Eyelid Cicatricial Entropion With Midface Lift, Spacer Graft, and Drill-Hole Canthoplasty by Mohammed S Alghoul, MD, FACS; Jonathan T Bricker, MD. <https://bit.ly/3s0TL0s>

Orthognathic Surgery to Improve Facial Profile: Assessment, 3-Dimensional Planning, and Technique by Kitae E Park, BA; Seija Maniskas, MS; Omar Allam, BS; Navid Pourtaheri, MD, PhD; Derek M Steinbacher, MD, DMD, FACS. <https://bit.ly/2NuTcwW>

Aesthetic Rhinoplasty: Technique, 3-Dimensional Simulation, and Outcome Assessment by Kitae E Park, BA; Navid Pourtaheri, MD, PhD; Seija Maniskas, MS; Omar Allam, BS; Derek M Steinbacher, MD, DMD, FACS. <https://bit.ly/3pp9rc8>

CELEBRATING BLACK HISTORY MONTH IN 2021

We are indebted to Cosmetic Medicine Section Editor Dr. Julius Few who shared his thoughts in a beautiful Introduction to this thematic issue celebrating our talented and prolific black authors. We are also grateful to Dr. Dzifa Kpodzo for helping ensure an all-inclusive list of authors for inclusion alongside her excellent articles that showcase immense talent our society members and journal readers can benefit from in perpetuity. Please read it here and follow these authors on social media: <https://bit.ly/2OKQTX6>

NEW ASJ THEMATIC ISSUE BY THESE TALENTED #PLASTICSURGERY LEADERS

Celebrating Black History Month in 2021

One of my greatest honors was Dr. Foad Nahai's invitation to serve as the Cosmetic Medicine Section Editor for Aesthetic Surgery Journal (ASJ). He and Jeff Binkiel have a visionary perspective on the world of aesthetics and the entire ASJ/ASJ Open Forum team is constantly pushing boundaries to be at the forefront of surgical and non-surgical cosmetic medicine. I was invited to serve as guest editor for a special collection of ASJ articles authored by African/African American authors, an invitation that I add to a list of great honors. As I am getting ready to celebrate Martin Luther King weekend with my two teenage sons, I am struck by the dichotomy of progress made in the world of aesthetics, the growing numbers of diverse patients we see, and the ongoing need for even contributions. I remember a time when device studies for the FDA lacked any diversity and new technology largely excluded any real consideration for skin of color. I am proud to have been one of the early adopters for inclusion of skin of color for any technology considered for FDA approval—a vital need indeed.

@JULIUSFEWMD
 @DZIFAKPODZO
 @WRIGHTJONESMD
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READ TODAY, LINK IN COMMENTS

FOLLOW

(Top, left to right): Dzifa Kpodzo, MD, Julius Few, MD, Nneamaka Nwubah, MD (Bottom, Left to right): Steven Bailey, MD, Ifeoma Ejikme, MD, Wright Jones, MD

FOR OUR SPANISH-SPEAKING COLLEAGUES

You may have noticed last year that we translated one abstract per issue into Simplified Chinese. This year, we’re translating one abstract per issue into Latin Spanish. We hope you’ll read, share, and help us connect even more regularly with our fluent friends. Have a suggestion for next year’s language? Drop us a line here: journal@surgery.org.

WHAT’S IN AN EMAIL SIGNATURE?

If you’re looking for an easy way to promote your recently published work in ASJ or ASJ Open Forum and increase its visibility and potential citations, consider adding a link to your email signature. Here’s an example Dr. Charlie Thorne could use in his signature (*no pressure, Dr. Thorne!*) and another Dr. Hillary Jenny might use in her signature. This also helps promote journal content, and we thank you for that!

Read my latest publication: **Estimated National and Regional Impact of COVID-19 on Elective Case Volume in Aesthetic Plastic Surgery**: <https://bit.ly/3tZjjNf>

Read my latest publication: **Data-Driven Insights on the Effects of COVID-19 on Aesthetics: Part 1 (Passive Analysis)**: <https://bit.ly/37iM51G>

BACK ON THE ROAD, FINALLY!

Dr. Nahai was able to travel to the ABAM annual meeting in Park City, Utah in February. So many of us can’t wait to meet up again in “real time” and in the meantime, here are a few photos from that meeting during which Dr. Nahai said, “It felt great to lecture to real people in a real room looking eye-to-eye versus on Zoom. I didn’t realize how much I’ve missed it until now.”



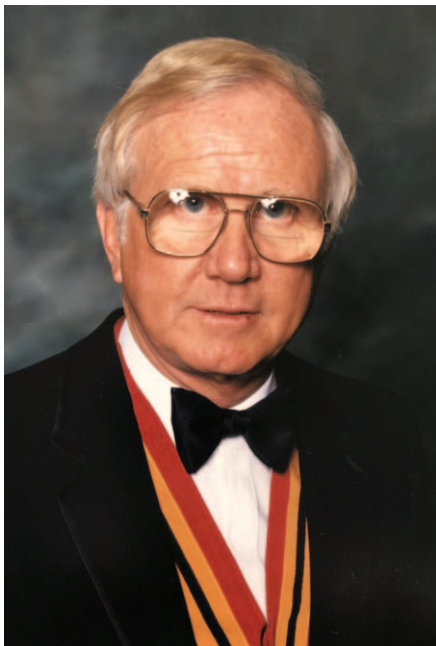
Dr. Nahai lecturing at the American-Brazilian Aesthetic Meeting, February 2021 in Park City, UT and arriving (masked) to register.

ASJ IN MIAMI BEACH

Coming to Miami Beach for the annual meeting? Swing by the ASJ and ASJ Open Forum Booth (inside The Aesthetic Society Booth) and visit with our team; we’re excited to see you in person once again!

Remembering Dr. Thomas J. Baker

**AESTHETIC SOCIETY FOUNDING
MEMBER AND PAST PRESIDENT**



Dr. Baker was born in Clay Kentucky, went to medical school at the University of Indiana, general surgery training at the University of Miami, and plastic surgery training at the University of Texas Galveston. After a brief time spent teaching at the University of Missouri, he entered private practice in Miami, Florida in 1959.

Resulting from both interest as well as patient demand, Dr. Baker developed a passion for aesthetic surgery and specifically chemical peeling and methods to resurface sun-damaged skin. After doing extensive research, he published the first article on phenol chemical peeling in PRS in 1962 and is recognized as the father of modern chemical peeling. He also developed a strong interest in surgical rejuvenation of the aging face and authored numerous articles on innovations in facelifting techniques.

A teacher and educator at heart, Dr. Baker recognized the paucity of educational resources available for aesthetic surgery education in the 1960s. For this reason, Dr. Baker, along with his partner Dr. Howard Gordon, founded the Baker Gordon Symposium in 1967, the first live surgery symposium focused on cosmetic procedures.

Over the ensuing 55 years, Dr. Baker invited the world's foremost aesthetic surgeons to Miami and taught thousands of plastic surgeons techniques to deliver quality outcomes for their patients.

A strong proponent of the importance of aesthetic surgery as a sub-specialty of academic plastic surgery, Dr. Baker became a Founding Member and later President of the American Society for Aesthetic Plastic Surgery in 1981-1982. As a tribute to his leadership, the first ASAPS meeting was held in 1968 in Hollywood Florida immediately following the second Baker Gordon Symposium. Following this initial meeting, Dr. Baker attended every ASAPS meeting for the next 50 years.

Despite being in private practice, Dr. Baker enjoyed strong academic recognition, authoring over 100 articles and numerous textbooks on aesthetic surgery procedures. He served as Vice Chairman of the American Board of Plastic Surgery and Clinical Professor of Plastic Surgery at the University of Miami.

Dr. Baker traveled the world and had many interests outside of medicine. One of his great loves was snow skiing, especially in Zermatt, Switzerland, where he could ski around the base of the Matterhorn into Italy. He spent many enjoyable hours as a ham radio operator with the call sign WA4JTS (Jolly Talkative Surgeon). His many accomplishments also included earning a pilot's license with certification in both instrument and multi-engine aircraft. He loved music and, as a gifted pianist, was often found at his piano playing Duke Ellington's "Satin Doll" or any number of Erroll Garner tunes.

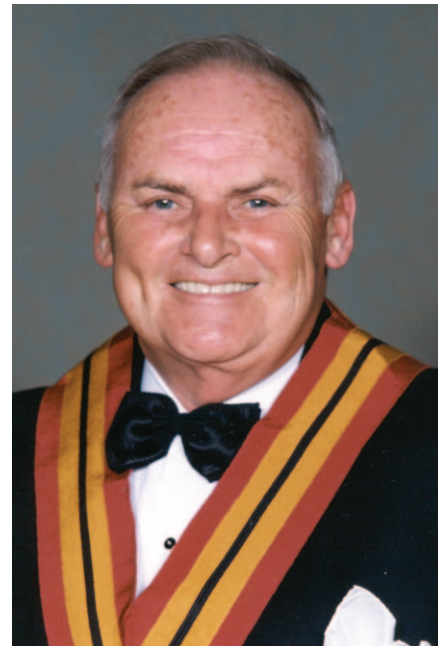
A soft-spoken and humble man, Dr. Baker touched so many while bringing academic credibility to aesthetic surgery coupled with a zest for life outside the OR. He is survived by four children and numerous grandchildren.

View a compilation of recorded tributes:
<http://bit.ly/TBakerRemembrance>

View a historical interview with Dr. Thomas Baker: <http://bit.ly/TBakerInterview>

Remembering Dr. James L. Baker

AESTHETIC SOCIETY PAST PRESIDENT



Dr. Jim Baker was Past-President of The Aesthetic Society, Professor of Surgery, College of Medicine, University of Central Florida, Orlando, and a Clinical Professor of Plastic Surgery, University of South Florida. His contributions to the specialty were vast. He was a pioneer in aesthetic surgery research, discovering the cell that causes capsular contracture around breast implants. Dr. Baker developed the non-surgical treatment Closed Capsulotomy and created the Baker Classification of Capsular Contracture following breast augmentation. He led his life under the philosophy that contributions to the field must be made to benefit all surgeons.

"[It's] very easy to make something complicated, it's difficult to make something simple. For everything I contributed to the world of plastic surgery, I tried to keep it simple," Baker said.

Dr. Baker graduated from the University of Amsterdam, Netherlands School of Medicine, and completed his internship and general surgery residency at Monmouth Medical Center in New Jersey. He completed his plastic surgery residency at Orlando Regional Medical Center in Florida where he made his home and practiced for over 40 years.

Dr. Baker became the 26th President of The Aesthetic Society in 1995 and served in many

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Remembering Dr. James L. Baker

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capacities for The Society throughout the years. During his presidency he convened a task force on Ultrasound Liposuction (that evolved into the Innovative Procedures Committee), they worked directly with the FDA to gain approval, and once approved, Dr. Baker became the National Coordinator for the teaching courses—training plastic surgeons throughout the United States on this new technology and technique. Also under his presidency, The Aesthetic Society created its first-ever website, launched the Candidate for Membership program, and the first iteration of international membership in the International Corresponding Participants Program.

His passion for art was evident at an early age, and he dreamed of becoming an animator out of admiration to Walt Disney, but also a doctor when his grandmother donned him in a doctor's outfit at age five.

"Plastic surgery combined art and medicine, two aspects I really love," he said.

This interest in art and medicine fostered his desire to push aesthetic surgery education forward and guide residents to great heights. He was blessed to have committed mentors in Drs. Jack Penn, Tom Baker, John Williams, and championed their spirit to always help young plastic surgeons. Dr. Baker was a stalwart of the Traveling Professor program and a constant at The Aesthetic Meeting. In 2000, he was awarded the Simon Fredricks Award for Best Panelist at The Aesthetic Meeting. He also served as a Guest Examiner for the American Board of Plastic Surgery.

Beyond the operating room, Dr. Baker was committed to service, traveling to Eswatini (formerly Swaziland) to work in hospitals. He was an avid golfer, world traveler, and doting grandfather who found great delight in watching his grandchildren compete in sports.

Dr. Baker is survived by his wife, Wiesje, their children Dana and Cindy, and grandchildren, Jack and Molly.

View a historical interview with Dr. James Baker:
<http://bit.ly/JBakerInterview>



The New Normal

Christina Diaz



Wearing masks, using sanitizer throughout the day and taking our temperature upon entry seems just normal now.

This is a normal day at work. Kinda. I get up, get ready, commute. Sometimes the sign on the front door of the office stops me in my tracks, making me search through my bag for the one thing that makes me feel safe these days. "NO MASK, NO ENTRY," the sign firmly reminds me.

Once inside, I sanitize my hands and take my temperature. I log it alongside everyone before me. At our two story Garden Grove, CA office, there are about six names on the list for each day.

Walking past my regular desk at reception never feels normal, but I'm grateful that I can sit in a much less trafficked area. I've sat in five different places over the past year to ensure proper distancing. No matter where I sit, even if it's at home, I still do my best to assist any member as if it's just a normal day.

Today, I bring my bag and laptop up the stairs to sit at a colleague's desk. I try not to think about how long it's been since she sat here and how quickly 2020 whizzed by, only to be hit by a familiar sense of ongoing uncertainty. I have to shrug off these thoughts that haunt my mind as I have a normal day of work ahead of me.

I roll up the window shade to allow sunlight to shine in. That's one of my favorite things about California. I enjoy the comforting familiarity of the warmth and glow onto my... I can't say my desk, really. Sitting here is temporary. Like how our situation is "temporary," instead of becoming the "new normal." I won't lie to myself by saying that I don't enjoy the quiet of a nearly empty office, but what I miss is sitting near my team, and I miss how alive the office felt. I miss seeing smiling faces every morning as I greet them from my actual desk; I always enjoyed the "How Are You's"

and taking a brief minute or two to catch up. Now, I see only about six colleagues a day when I used to be accompanied by about twenty-five. Although I miss them, I take comfort in the reminder that if they're working from home, they're safer. That's all we can ask for right now, to be safe and actually feel safe in such an uncertain time. I appreciate the safety that I feel when I'm in the office. Wearing masks, using sanitizer throughout the day and taking our temperature upon entry seems just normal now.

My focus goes back to what I'm supposed to be doing—getting to work; The Aesthetic Meeting registration is open! For my team, this is one of the busiest times of the year. Before the meeting has even started, all of us are already planning and working hard on the next one. For me, the signage is what probably excites me the most—seeing the color schemes and logo larger than life throughout the convention hall. Each year has such a unique energy. I'm always in awe when I see the elaborate exhibit hall in various stages between building and breaking down. Seeing my colleagues' diligence in action is such a beautiful reward; it's typically the highlight of my year... but not this last year.

Someday things will go back to normal. Someday all this unease over even the most mundane things will wane. When that day comes, I'm going to appreciate so many things that I previously took for granted. The phone rings and I answer the same way I have for the past six years, "Aesthetic Society, this is Christina. How can I help you?" On such a "normal" day where few things are the way they were a year ago, at least one thing remains the same.

The Aesthetic Society's Industry Partnership Program



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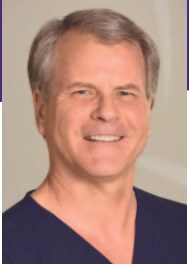

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Working together to advance the science, art, and safe practice of aesthetic plastic surgery and cosmetic medicine through education, research, and innovation while maintaining the highest standards of ethical conduct among qualified plastic surgeons.

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



We Must Regain our Seat at the AMA's Table or Our Voice will be Lost

By Dr. Herluf Lund Jr., MD, The Aesthetic Society President

As the world's most advanced aesthetic plastic surgeons, our focus lies on our practice and our patients. Which is completely natural. But, as is so often the case, the path we should take doesn't always feel natural. We have to remind ourselves that our practices and patients don't exist within a bubble. They all fall within the larger realm of medicine, which is, for all its blessings and pitfalls, regulated and political. It's imperative that we have a seat at the table where those important decisions are being made.

In the United States, the largest body for helping formulate medical policy is the American Medical Association; the AMA. It goes without saying that some, in our specialty, have... shall we say mixed feelings about the AMA. An argument can be made that the AMA does not always represent our

specialty's interests over others. But that's not a coincidence, or bad luck. As so often happens in policy development, you have to be at the table as the policy is being created in order for your voice to be heard.

In order for The Aesthetic Society to retain its voice within the AMA, at least 20% of our membership must also be AMA members. For years, we accomplished that feat, maintaining our standing within the organization. Over time, as the need felt less compelling, the obligations seemed unrewarding, that number slipped. This past year, for the first time in years, we were 38 members short of maintaining representation in the AMA's House of Delegates.

You might ask, how does membership within the AMA affect my practice, patients, or the specialty? The answer is subtle and easy to

miss. When politicians debate legislation, they usually seek input from a trusted source. Most often in legislation concerning the practice of medicine, that source is the AMA, not us. If we aren't present to advocate for our patients or our specialty when legislation is being debated, who will? The reality is that the specialty with the most delegates often gets the most votes, and we are our own best advocates.

I urge you to think of your practice and your patients, but in an unconventional way. We, and we alone, are their caretakers, their safekeepers. **It is imperative that we regain our lost voice within the AMA. Please, rejoin the American Medical Association for the good of our specialty. The personal financial costs are small but the benefits to our practices and our patients can be huge. We gave up our seat at that table. It's time we reclaim it.**

Media Notes and Quotes

ABC NEWS

Doctors encourage COVID vaccination despite reports of cosmetic facial filler swelling

Excerpt: *Doctors have observed facial filler swelling after other immunizations such as the flu or shingles vaccine and even after having an actual viral illness, Lund pointed out.*

"The immune system is in a hyperactive state, so basically it sees anything that's a foreign body in you, including maybe the dermal filler, and causes the reaction," he said. "And it seems once the vaccine takes hold or the illness is resolved, [the swelling] goes away." Lund explained that the FDA and vaccine manufacturers are monitoring the reactions and "they are all reporting back to their appropriate committees." Overall, "the most important thing in my mind is that I don't want anybody out there who has dermal fillers or is thinking about dermal fillers not to get their vaccination for COVID-19," he said. "The risk of one far outweighs the risk of the other."

MEDESTHETICS

The Aesthetic Society Shares 2021 Plastic Surgery Predictions

Excerpt: *"2021 promises to be a unique year for our specialty given the COVID-19 crisis," says Herluf Lund, MD, president of The Aesthetic Society. "Because so many people are working from home, they are able to have a surgical procedure, continue to work, and recover privately. This represents an opportunity many patients have never experienced previously. As we continue to spend more and more time on video calls, rejuvenation and enhancements to the face, eyes, and neck will likely be leading procedures this year. Our members are dedicated to safety and will continue to educate patients and physicians on safety protocols as we continue aesthetic surgery in 2021."*

NEW BEAUTY

It's Official: The Necklift Is Having a Moment

Excerpt: *Necklift techniques have been continuously evolving over the past decades. Both the quality and the longevity of results has greatly improved over the last decade, as a new multimodality approach to face and neck cosmetic surgery, as well as utilization of the technological innovations, have resulted in the more effective and naturally appearing rejuvenation," he says, nothing that, at his practice, the surgery—which ranked as the 12th most-performed aesthetic procedure last year, according to the most recent Aesthetic Society statistics—is primarily requested by men.*

Share Your Stories!

Aesthetic Society Members, have

you found a grateful patient

through our Smart Beauty

Guide website?

Or, have you learned a technique

at The Aesthetic Meeting

which changed your practice?

If you've benefited

in some way by the education

you've received or through

the tools and services The

Aesthetic Society offers,

share your story with us! Simply

email asaps@surgery.org

and we will contact you soon.



Aesthetic Neural Network

The Gold Standard in Data Analytics

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



Requires no extra data entry from you or your staff.



Offers coded practice data and real-time reporting.



Integrates seamlessly with most EMR/PM platforms.



Features comparative aggregate data from practices on the ANN Network.

Market Your Services Using the Power of Data

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

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

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

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

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

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

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

Michael C. Edwards, MD, FACS

Past President of The Aesthetic Society

“Of all The Aesthetic Society’s initiatives I have seen, ANN is probably the most impactful for individual member surgeons. The ability to minutely analyze their own practice and benchmark it against regional competitors is unprecedented, and allows them to optimize any aspect of interest.”

Michael A. Bogdan, MD, MBA, FACS

Aesthetic Society Member

Is My System Compatible With ANN?

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

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



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SOLUTIONS

Learn more about ANN at:
ann.surgery.org



The Aesthetic Society®

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Allergan Aesthetics

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At Allergan Aesthetics, an AbbVie company, we develop, manufacture, and market a portfolio of leading aesthetics brands and products. Our aesthetics portfolio includes facial injectables, body contouring, plastics, skin care, and more. With our own research and development function focused on driving innovation in aesthetics, we're committed to providing the most comprehensive science-based product offering available. For more information, visit www.AllerganAesthetics.com.



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



GALATEA
SURGICAL

At Galatea Surgical, we believe Real Strength Starts from Within.™ Our collection of GalaFLEX™ surgical scaffolds affords you a bioabsorbable option to regenerate, strengthen and stabilize your patient's own tissue. Constructed from the biologically derived P4HB™, all GalaFLEX scaffolds are indicated to support, repair, elevate and reinforce soft tissue in plastic and reconstructive surgery.

Because no two patient's soft tissue is alike, we are excited to expand the collection of GalaFLEX scaffolds, adding more options to compliment your technique and your patient. GalaFLEX LITE™, a lightweight, low-profile P4HB scaffold, is designed to enhance anatomical compliance while providing predictable, restorative strength.

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



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

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



Mentor is committed to supporting you and your practice during the various stages of COVID-19 recovery. Mentor customers receive exclusive benefits and discounts from strategic partner companies. Andor Health and Illusio, Inc. provide technology offerings focused on ACCELERATING the patient funnel and CLOSING through dynamic consultation solutions along the continuum of care, both virtual and in-person. In addition, we have partnered with Galderma to provide participating ASPIRE Galderma Rewards members with additional opportunities to create value when performing breast augmentation surgery. For more information, please reach out to your Mentor Sales Representative.

MERZ AESTHETICS™

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

We are a leading, global aesthetics company, and our award-winning portfolio of injectables, devices and skincare products helps health care professionals fuel confidence through aesthetic medicine.



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

sientra.



Sientra is a global medical aesthetics company, offering a suite of products designed to make a difference in patients' lives by enhancing their body image, growing their self-esteem, and restoring their confidence. Sientra has a broad portfolio of products including innovative breast implants, Allox2® and Dernaspan™ breast tissue expanders, BIOCORNEUM® scar treatment and miraDry, the only non-surgical FDA-cleared device for the permanent reduction of underarm sweat. For more information about the Sientra portfolio visit www.Sientra.com.

*data on file

Thank you Industry Partners!

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

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

A special thank you to
Founding Premier Partner
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The Aesthetic Society®

Alliance Partners



Applied Medico-Legal Solutions Risk Retention Group, Inc. (AMS RRG) continues to be your partner in medical liability coverage. We are committed to dedicating our resources to our insureds on a one-on-one basis to ensure your practice's needs continue to be met, to address any risk management questions you may have, and to guide you through any claims that may arise. As always, we here at AMS RRG appreciate your business and our partnership in this ever-changing landscape.



CareCredit is a health, wellness and beauty credit card dedicated to helping millions of patients get the care they want for over 30 years. Now accepted at more than 240,000 providers nationwide, the CareCredit credit card allows patients to make convenient monthly payments for cosmetic surgery, minimally invasive treatments, skin care products and more by offering promotional financing options. Once approved, patients can use their card again and again for additional procedures and services you provide.* CareCredit also gives reconstructive patients a way to pay for deductibles, co-pays and other fees not covered by insurance. Learn more about CareCredit by visiting carecredit.com/asn or call 855-860-9001.

*Subject to credit approval. Minimum monthly payments required.

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



As the COVID-19 pandemic continues, CosmetAssure, recognizes a heightened awareness around healthcare. We understand that you may have feelings of uncertainty about managing costs for your practice during this time. However, you can be certain of our commitment to patient safety and providing you and your patients with the gold-standard in complications insurance. Let CosmetAssure, a proud Alliance Partner of The Aesthetic Society, reduce the stress that can arise from medical expenses related to treating a post-surgery complication.

Contact us today at (855) 874-1230 or info@cosmetassure.com for questions about coverage or how to become a Participating Surgeon.

Wishing you safety and wellness always.

New Alliance Partner



MyEllevate is the ultimate synergy with energy. Featured in Elle magazine as the buzziest new procedure of the year, this minimally invasive procedure offers long lasting results. MyEllevate uses the only patented light guided suture delivery technology in the world. For more information, please visit www.MyEllevate.com

MyEllevate is a Proud Alliance Partner of The Aesthetic Society and a Proud Sponsor of the Women's Aesthetic Surgeons' Symposium taking place during The Aesthetic Meeting 2021 in Miami Beach, Florida.



3M+KCI Bringing together cultures of integrity, customer service, and curiosity to improve lives worldwide and advance the future of wound care. One global team deploying differentiated technologies into effective solutions that deliver improved health care outcomes with better economics. 3M+KCI is proud to showcase 3M™ Prevena Therapy™, which is the FIRST and ONLY medical device shown to aid in reducing the incidence of seroma, and in high risk patients, aids in reducing the incidence of superficial surgical site infections in Class I and Class II wounds. For limitations and safety information regarding Prevena Therapy, please refer to mykci.com.

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

New Alliance Partner



Abbott



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



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



REVANCE ♦ AESTHETICS



Revance is a biotechnology company focused on aesthetic and therapeutic offerings, notably its next-generation investigational neuromodulator product, DaxibotulinumtoxinA for Injection. DaxibotulinumtoxinA for Injection combines a proprietary stabilizing peptide excipient with a highly purified botulinum toxin that does not contain human or animal-based components and is manufactured exclusively in the U.S. Beyond DaxibotulinumtoxinA for Injection, Revance has a portfolio of products and services for aesthetics practices designed to transform the physician and patient experience. These prestige offerings feature the RHA® Collection of dermal fillers for the correction of dynamic facial wrinkles and folds and the HintMD fintech platform.



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

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

Register now to take advantage of the exclusive members offer.

Email affiliate@sentelabs.com to register today!



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

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

Is Your Company
Ready to Fully
Engage with
The Aesthetic
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Contact

Jackie Nunn at

jackie@surgery.org

for more information

about partnership

opportunities.



New Products to Check Out!

Special Offers for
Aesthetic Society Members



The Aesthetic Society®

ASJ is your resource.

We have your back during this tough time.

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

GLOBAL EDUCATIONAL MEETINGS

JOURNAL CLUBS

SOCIETY WEBINARS

THEMATIC ISSUE

VIRTUAL GRAND ROUNDS

Explore Today: academic.oup.com/asj

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



Industry Partners Continue Their Support!

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

We'd like to thank and acknowledge Premier Partner MTF Biologics and Alliance Partner Symplast for their ongoing support as they each continue with Alliance Industry Partnerships.

"Our Industry Partners are invested in the future of The Aesthetic Society and are committed to supporting our mission and advancing the specialty, together."

—Dr. Jennifer Walden, Industry Support Chair

And a special thank you to all our Industry Partners who provide ongoing support for The Aesthetic Society and our members throughout the year. We are extremely appreciative of this support.

Thank you
Industry Partners!

The Aesthetic Society

thanks all of our

industry partners for

their ongoing support

and collaboration.

PREMIER INDUSTRY PARTNER



Plastic & Reconstructive Surgery

MTF Biologics is a global nonprofit organization that saves and heals lives by honoring donated gifts, serving patients and advancing science. We offer a comprehensive portfolio of aesthetic medicine solutions for providers and patients worldwide including FlexHD Acellular Dermal Matrix, Renuva Allograft Adipose Matrix, LipoGraft Fat Transfer System, Profile Costal Cartilage and Meso BioMatrix Acellular Peritoneum Matrix. These represent innovative surgical and nonsurgical solutions for soft tissue support, rhinoplasty, and volume restoration treatments for patients seeking a healthy and youthful lifestyle.

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

We are proud to highlight our LipoGraft: an all in one system for autologous fat grafting. It is the only surgical solution designed to facilitate not only the harvesting, but also the re-injection of fat. The device is designed to be a start-to-finish closed system, minimizing the risk of contamination and fat cell damage. Dr. Dennis Hammond, proud Aesthetic Society member, uses the device regularly and states "The LipoGraft is an easy self-contained system that safely delivers fat in an effective and efficient fashion."

ALLIANCE INDUSTRY PARTNER



Symplast, is a Mobile Electronic Health Records & Patient Management Solution, delivers the 21st century solution that aesthetics and med spas have been waiting for. Symplast is an all-in- one, HIPAA compliant, cross-platform, true cloud-based system for managing your entire practice. Symplast allows providers to access their practice from anywhere, at any time, on any device with the click of a button.

Symplast is the tool your practice has been waiting for, offering solutions that enable review of your data and stay connected with patients. One complete platform that manages your entire business from check-in to charting, scheduling to marketing, billing to online patient booking, scheduling and practice flow room manager, gift cards, loyalty and memberships, and so much more.

Symplast's intuitive all-in-one platform allows you to run your business the way you have always dreamed of! Today, you can give your patients peace of mind with curbside check-in along with secure and efficient two-way communication through telehealth visits to sharing messages, images and videos.

What Symplast users are saying:

"The thing that makes Symplast different from every other software on this list is their vision, passion and commitment to leveraging disruptive technology in a user-friendly experience. Symplast isn't afraid to challenge conventional thinking. The fact that their Founder is a fellow plastic surgeon also resonates and has created a real grassroots movement for our colleagues to take control back from the IT entrepreneurs who have saddled us with cumbersome solutions."

—Dr. Joseph Russo, Joseph A. Russo MD
Plastic Surgery in Boston, MA

Special Savings for The Aesthetic Society:

Sign up for Symplast today and get one month free when you mention this ad.
www.symplast.com

Questions about Management of Patients with Difficult Breast Implant Problems?

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



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

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

HOW IT WORKS:

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

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

*Made possible by an
educational grant from
Allergan Aesthetics*

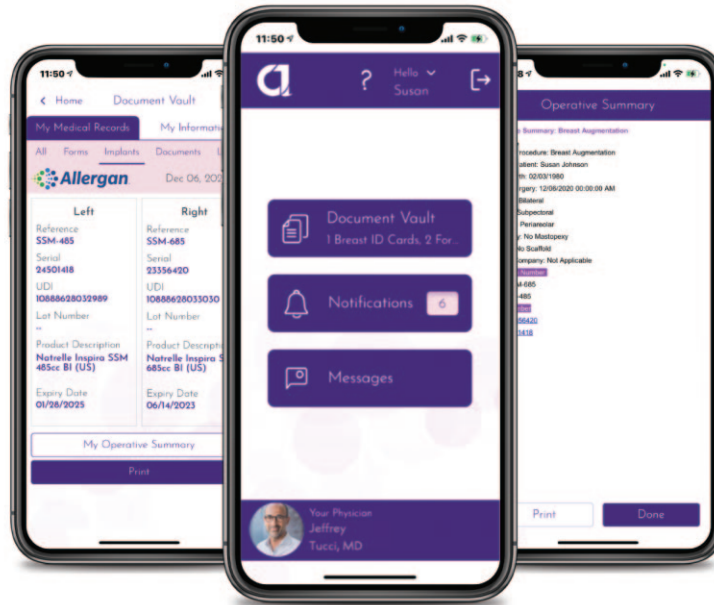
Are you registering implants the old way? Or the smart way?

Aesthetic One brings the simplicity and efficiency of your mobile device into the OR. This all-in-one HIPAA-compliant platform ensures that all breast-implants are properly registered with the manufacturer. It also provides your patients with permanent, on-demand access to information about their breast implants through the paired patient app. Aesthetic Society members in the United States are the first plastic surgeons in the world to have access and can begin taking advantage of this revolutionary app.

Since its launch in late November, physicians and their staff have been sharing some great feedback. The scanning feature is proving to be a real time-saver for practices and provides a great value-add for breast surgery patients. As of February, over 1000 breast implants have been registered using Aesthetic One. A recent survey of those using Aesthetic One demonstrated that 87% of the early users would recommend Aesthetic One to their fellow plastic surgeons.

Discover Aesthetic One at surgery.org/aestheticone or sign up at aestheticone.com/register. Account activation generally takes 1–2 business days.

“It literally takes me 2 minutes to complete this after each case. So easy. The specialty needs this data as the FDA wants a registry—so just do it!”
—Evan Sorokin, MD



Following their procedure, the patient's Aesthetic One app will seamlessly update with their digital implant ID card after it's uploaded by the physician via their app, giving the patient secure and permanent access to their implant details.

FREQUENTLY ASKED QUESTIONS

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

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

invited to download the paired Aesthetic One app.

How will my patients' breast implants be registered? Each patient's breast implant details will be registered with the manufacturer after you have scanned the implants, provided the Operative Summary details, reviewed the generated registration form, and tapped the register now icon.

Can my staff use Aesthetic One to help register breast implants? Yes. Once your account has been activated you can add staff to the app via the “Office Accounts” icon on the home screen. You have the ability to give/remove access to staff at any time.



Sign up for Aesthetic One at aestheticone.com/register.

Account activation generally takes 1–2 business days.



Your artwork here!

Submit Your Artwork for ASN's Next Cover!

Aesthetic Society members,

we invite you to submit a photo of

your **original art** to theaestheticsociety@surgery.org. One of our

four brand pillars is artistry, so we want to **showcase** your work.

After all, many of our members are artists, not only on, but off the operating table.

In years past, we adorned the cover of *Aesthetic Surgery Journal* with

member-submitted artwork. Now is a perfect time to return to that tradition, but for the cover of this publication, ***Aesthetic Society News***.

So please, show us what you've got; we would love to feature

your creations. Final selections will be made by

the **Publications Committee**.



Have You Mistakenly Unsubscribed from Aesthetic Society Emails?

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

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

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



Membership Myth-Busters

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

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

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

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

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

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

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

Membership FAQs

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

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

HOW MANY SPONSORS WILL I NEED?

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

WHO MAY SPONSOR ME FOR MEMBERSHIP?

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

WHAT ARE THE DEADLINES FOR SUBMITTING A MEMBERSHIP APPLICATION?

The two deadlines are January 5 and July 1.

WHEN WILL THE MEMBERSHIP VOTE ON MY APPLICATION?

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

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

WHAT WILL FULFILL THE MEETING ATTENDANCE REQUIREMENT?

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

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

WHAT ARE THE FEES AND WHEN SHOULD THEY BE PAID?

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

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

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

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

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



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

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How to Be Prepared for Google's Next Update

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

Google continually evolves as the way we use the internet changes, and they make updates to improve the user experience. To keep your website ranking high on Google's search engine results page (SERP) and gain organic traffic, it is crucial to always be aware of and adapt to these updates.

GOOGLE'S NEW PAGE EXPERIENCE SIGNAL

Google's newest update, called the Page Experience update, is coming in May 2021. This will be a new ranking factor that emphasizes a website's Core Web Vitals to evaluate the overall page experience. Each of the Core Web Vitals has been determined by Google to represent a specific aspect of the user experience. These, along with existing metrics like mobile-friendliness, safety, and security, will be ranking factors.

WHAT ARE GOOGLE'S CORE WEB VITALS?

Google established Web Vitals to help site owners understand the quality of their website's user experience. The Core Web Vitals are metrics that Google deems to be most essential to the user experience. These will evolve over time as needed.

In May 2021, Google's Core Web Vitals will focus on a website's loading, interactivity, and visual stability.

Loading: Largest Contentful Paint (LCP)

The largest contentful paint is the time it takes for the page's largest content to load fully. Ideally, your largest content should load in under 2.5 seconds.

Everyone wants to access a web page quickly. Google understands this and will use this metric in their new ranking signal to prioritize pages with quick-loading elements.

Interactivity: First Input Delay (FID)

First input delay refers to the time it takes for a website to become interactive, meaning how long it takes aspects of your website to load when users interact with them. For example, if there is a video on your page, FID



If your interactive content takes too long to load, your user may get bored and switch to another site. Google prioritizes web pages with quick interaction to achieve a better user experience.

is the time it takes the video to begin playing after the user presses the play button. You should aim for this to take fewer than 100 milliseconds.

If your interactive content takes too long to load, your user may get bored and switch to another site. Google prioritizes web pages with quick interaction to achieve a better user experience.

Visual Stability: Cumulative Layout Shift (CLS)

Cumulative layout shift is the amount of unexpected layout shift of page content. This shift can cause text, photos, and advertisements to shift out of place, making it difficult for the user to click an intended button or causing them to lose their place as they're reading. For a good user experience, a website should have a CLS score under 0.1.

Google wants its users to have a positive experience, and significant or unexpected shifts in layout can detract from this.

THE IMPORTANCE OF A GOOD USER EXPERIENCE ON YOUR WEBSITE

While Google's Core Web Vitals may change in the coming years, these metrics will remain important to the experience a potential patient has when they come to your website.

Optimizing your site for these and other essential metrics can increase your online visibility and help reach more potential patients to grow your practice.

Keeping up with Google's constant updates can be frustrating and challenging while running a practice. We make it our business to understand these metrics, and we work to improve them and enhance the overall user experience on our clients' websites.

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

Meet Peter Houtz at The Aesthetic Meeting 2021

Intensive Courses

Saturday, May 1

4:30pm–6:30pm

10 Steps to Online Marketing Success

Aesthetic Care Team Session

Monday, May 3

10:15am–11:00am

Is the Plastic Surgery Website Dead?

Google established Web Vitals to help site owners understand the quality of their website's user experience. The Core Web Vitals are metrics that Google deems to be most essential to the user experience. These will evolve over time as needed.

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Revenue Per Hour: A Critical Number to Know to Increase Profitability

By Terri Ross

Ok, pop quiz time:

1. What is your revenue per hour?
2. What is your revenue per hour per room?
3. What is your revenue per hour per provider?

If you are like most practices we work with, you can't answer this off the top of your head or even by looking at your financials, and that is totally understandable as most of us did not go to business school or learn how to measure these types of key performance indicators.

Industry benchmarking data shows a surgical practice should generate more than \$3000 an hour. If you are not quite there, the question becomes how can you increase your revenue per hour? Is your compensation plan aligned with what you and your team are generating? Are you offering the right procedures? What percent of the time are you performing these procedures?

If your revenue per hour is not in alignment, it usually means a few things: 1) Prices are too low; 2) The provider is taking too long in the room per treatment/surgery; or 3) You may not be offering the right procedures.

As part of our comprehensive financial foundations course that is included as just one of five components in our APX by Terri Ross platform, we have developed 7 proprietary, financial optimization calculators that really simplify this for you and will spit out the most important information to help you make the best, most informed decisions.

WHAT NUMBERS DO YOU NEED?

In order to determine your revenue per hour, you need to look at your service category mix over a period of time—3 months, 6 months or 12 months. Then, you need to know:

- What you are charging per procedure?
- What is the cost of labor per procedure?
- What is the cost of goods that is associated with that procedure?
- How long does it take the provider to perform that procedure?

WHY DOES REVENUE PER HOUR MATTER?

Knowing this number is critical to making informed decisions on the types of procedures you provide and your price per procedure. Once you determine your revenue per hour, you can then decide which procedures



If you look at your service mix in addition to revenue per hour, you can see how much time you are spending on doing procedures that are not yielding as high of a return on investment.

you want to bump or reduce, and which ones you want to focus on and do more of instead. This information gives you the opportunity to course correct and fix the things that are out of alignment.

Knowing your revenue per hour gives you a very clear picture of many things. It gives insight into your pricing. It will answer whether or not you are aligned with your market or whether you are charging too little. Or perhaps your prices are too high. It will allow you to get a handle on your marketing spend and where you focus your dollars to get the highest CAC "customer acquisition cost" and ROI. If you are not generating an average of \$3000 per hour, it gives you the opportunity to find out why. Then, you can strategize to elevate productivity per hour. If you look at your service mix in addition to revenue per hour, you can see how much time you are spending on doing procedures that are not yielding as high of a return on investment.

From a financial perspective, the only way you can arrive at your gross profit is by knowing your revenue less the cost of goods and labor (which is the contribution margin of your services to your practice for other expenses such as rent etc.) If your gross profit is not 50% or greater, you may just be breaking even or worse.

At the end of the day, we all want to provide great results in a safe manner and have a profitable business. So, knowing what percentage of your annual revenue is being generated from each category of procedures is fundamental. It gives you a snapshot of your

full financial picture so you can make changes immediately that will have an impact on your business.

MAINTAINING UP-TO-DATE FINANCIAL RECORDS IS VITAL

Financial statements are living documents. You have to be disciplined, and you have to maintain them. Make updating them a part of your monthly standard operating procedures. All this work does you no good if you do not keep your records up to date and maintain them. Once you get in the habit, you will be more confident in where you are, what is working and what isn't, and where you can make tweaks and changes to be more profitable.

To see a demo of the newly launched APX by Terri Ross solutions platform, which contains five key components, including Abacus, featuring 7 proprietary financial calculators and Gauge (Industry benchmarking data) provided via Ronan Solutions and how this platform will give you real solutions and real results please visit: www.apxplatform.com.

Meet Terri Ross at The Aesthetic Meeting 2021

Intensive Course

Saturday, May 1

2:00pm–4:00pm

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How the Pandemic Changed the Way We Market to Consumers

By Wendy Lewis

2020 changed the world at an overwhelming pace, and nothing could have prepared us to pivot so quickly and so radically.

Online sales grew exponentially. Most people consumed far more media than ever before. New technologies emerged to improve our communication skills. Everything digital took center stage as we lived on our devices to connect and socialize. With social distancing, human connections became increasingly important, especially for customer service. Clubhouse became the new connector for networking. Smarter technology allowed brands to adapt quickly and anticipate changing needs before they fell in their laps.

Every consumer-facing brand has been scrambling to adjust their business model and marketing strategies along the way to keep up with sudden ups and downs and react quickly. Consumers have made it clear that they are looking for businesses to respond in real time to their ever-changing needs and demands. The world of aesthetic plastic surgery and non-surgical treatments is no exception. Thus, it has become more challenging to determine the best ways to resonate with patients in the most meaningful way.

The more important consideration is how permanent these changes will be. In my view, they will be long-lasting, at least into 2022 or until the COVID-19 crisis is under control with widespread vaccine availability and uptick. There is no doubt that consumers are not just going back to baseline pre-COVID-19.

The emphasis on running an efficient business, limiting wait times, sanitizing rooms between patients will carry on. Virtual consults, follow ups and events have become standard operating procedure. Consumers also seem to appreciate a commitment to implementing new methods inside and outside of a practice to keep them safe. This has restored some of the trust that may have been lost in the early period of lockdowns.

For 2021, one of the keys to success is to stay engaged with the topics that matter most to your audience, and to join those conversations in a valuable way. According to recent research from Deloitte, 63% of consumers surveyed agreed that they will continue to use digital technologies more than they did before the pandemic.¹



Consumers are craving a human connection as the COVID-19 effect carries on. They actually want to hear from your practice; not once or twice per year, but frequently. Whether this is via email blasts, text messaging, SEO driven blogs, content on Instagram, Facebook, videos, WhatsApp, Zoom, webinars, or picking up your iPhone and dialing them.

Three important things to consider to keep patients in your practice this year include:

1. Respond to their current needs in real time in the right channels
2. Stay flexible and ready to pivot as the market and consumer needs change
3. New, new, new; introduce new and better services and offerings to stay current and exceed their expectations

Consumers are craving a human connection as the COVID-19 effect carries on. This is why it is so important to stay visible and relevant to your patients and be available. They actually want to hear from your practice; not once or twice per year, but frequently. Whether this is via email blasts, text messaging, SEO driven blogs, content on Instagram and the key features (Stories, IG Live, Reels, etc), Facebook, videos, WhatsApp, Zoom, webinars, or the old-fashioned way of picking up your iPhone and dialing them. Staying top of mind will go far to ensure that they remember you when they are open to having something done.

Try to listen carefully to what they are saying and respond accordingly. Data and social listening are critical success factors in a digital marketing plan. You want to know what your customers are saying about you at all times and on all platforms. If you stick your

head in the sand, you will be losing the opportunity to react swiftly and turn it around. You also need to know how your marketing is doing on a month to month basis so you can measure what is performing well vs. not at all, and where to invest your budget moving forward.

With a clear view of your target audience, your practice will be able to turn the focus internally, develop a multi-channel marketing strategy designed to enhance the customer journey, and meet or rather exceed their changing expectations. In summary, aim to blow them away every chance you get!

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

1. https://www2.deloitte.com/content/dam/insights/us/articles/6963_global-marketing-trends/DI_2021-Global-Marketing-Trends_US.pdf



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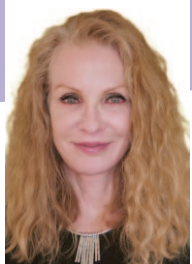
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Content Creation Marketing

By Catherine Maley, MBA

WHAT IS CONTENT CREATION MARKETING?

It's one of the plastic surgery marketing strategies that's working now. You create and distribute valuable, relevant and consistent content that attracts the right audience who is interested in cosmetic rejuvenation with the intent to drive them to you for your services.

Actually, it's the opposite of mainstream advertising. Instead of "pitching" your services to the masses and telling them what you offer and how wonderful you are, you instead focus on addressing prospective cosmetic patients' needs.

Why is Content Creation Important to Plastic Surgeons?

In a world of relentless information coming at the consumer, they can only hear what they are interested in at that moment. They seek out that information and come to you, instead of your competitors, when you have the answers they need.

ADVANTAGES OF CONTENT CREATION MARKETING

There are many reasons to create good content such as:

- **Brand Awareness:** Gets you found by the right audience who could want your services
- **Builds Trust:** Makes you the expert patients trust
- **Audience Engagement:** Encourages interaction with prospective cosmetic patients
- **Lead Generation:** Identifies those who most likely want your services
- **Builds Loyalty:** Develop fans of future cosmetic patients and retain your current patients who continue to be interested in your services
- **Increases Profitability:** Compels your audience to take action and choose you for their surgery
- **Decreases Advertising Costs:** Content marketing is minimal cost or free, or at least cheaper than standard advertising

EXAMPLES OF GOOD CONTENT CREATION

The beauty (pun intended) is that plastic surgeons have built-in content just by being a plastic surgeon.

Think about it... You have limitless patient content:

- Prospective patients visiting you for consultations
- Pre-surgical patients excited and nervous about their upcoming surgery
- Surgical patients recuperating
- Post-op surgical patients returning for their follow-up appointments
- Ecstatic patients fully recovered and loving their results

Each patient has a different story at each phase of their journey. That's a lot of content!

But there's so much more... You also have limitless practice content:

- FAQs for each procedure
- Introduce new treatments and procedures
- Interesting things happening in your practice (renovating, etc.)
- Staff stories, birthdays, anniversaries
- Personal stories: your family, hobbies, etc.

In order to keep the content flowing, I suggest your next hire be adept at video editing and social media, so they are capturing the "Day in the Life of a Plastic Surgeon."

CONTENT CREATION MARKETING MACHINE AND DISTRIBUTION

The secret to content marketing is to create great content that can be repurposed for many platforms, since prospective cosmetic patients are scattered all over the Internet. They use a variety of platforms to get their information so how do you be everywhere?

First, determine which platforms will give you the best audience reach. Then develop a systematic plan to regularly upload content to those platforms.

For example, have your staff take photos and videotape you conducting a live patient consultation since you are most comfortable in this scenario.

Of course, get permission from the prospective patient. And, be yourself and do and say what you normally do and say. The point is for other would-be patients to see you in action being the expert and explaining surgical procedures.

Now you repurpose that video into for a variety of platforms. For example:

Video: upload to YouTube, Vimeo, IGTV, Facebook Watch

Transcribe: for articles, blog posts, press releases, realself Q&A

Photos: upload to facebook, Instagram, pinterest, snapchat

Record: start a podcast and upload to top podcast platforms

Do you see how just one effort on your part, becomes at least 13 pieces of content spread out throughout the Internet?

But be forewarned. This is not a one-time event.

This is ongoing, consistent, interesting content that is regularly posted.

Yes, it takes time and effort but if you want a steady stream of new cosmetic patients, content marketing is a proven way to get them.

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

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

Get her complete guide, "Plastic Surgery Marketing: What's Working Now" at www.CatherineMaley.com.

Meet Catherine Maley at The Aesthetic Meeting 2021

Aesthetic Care Team Session

Monday, May 3

11:00am–11:45am

Marketing in 2021: Where Should I Invest My Money?

In order to keep the content flowing, I suggest your next hire be adept at video editing and social media, so they are capturing the "Day in the Life of a Plastic Surgeon."



PRACTICE SOLUTIONS

Three Ways to Protect Your Assets from Liability

David B. Mandell, JD, MBA

With many aesthetic practices changing the way they do business in the COVID-19 environment and some having to lay off employees, the concern about potential litigation, while always present, has become more top-of-mind for many aesthetic plastic surgeons. Here, I will discuss three tactics to deal with litigation risks.

1. RISK MANAGEMENT

The first strategy to protect against malpractice liability is to reduce risk and practice the best possible medicine and business procedures.

From a medical perspective, the physician should not only remain current on CME, but should also maintain an awareness of “soft” issues, like how to best communicate with patients, especially when dealing with difficult patients or bad outcomes. This area also includes proper handling of protected health information (PHI) and managing risks of communication technology, from blogs and websites to texting and email.

From a business perspective, risk management often means developing comprehensive employee manuals, retaining review documentation, and seeking timely advice from the practice attorney, even before there is a problem.

2. MEDICAL MALPRACTICE AND OTHER INSURANCE

Perhaps the most obvious way to protect against medical malpractice claims is to purchase medical malpractice insurance. The coverage will typically cover both defense costs and any judgments that might be rendered against the defendant physician—within policy limits, of course. Be sure to understand the coverage limits, key exclusions and type of policy—claims-made or occurrence-based. A brief primer:



The first strategy to protect against malpractice liability is to reduce risk and practice the best possible medicine and business procedures.

Claims-Made vs. Occurrence-Based

A claims-made insurance policy provides coverage only for incidents that occurred and were reported while you are insured with that carrier. Thus, both the incident and the filing of the claim must happen while the policy is in effect. On the other hand, occurrence-based coverage provides lifetime coverage for incidents that occurred while the policy was in effect, regardless of when the claim is filed. Thus, if you had an occurrence-type policy in effect for the calendar year 2017, and a patient files a claim in 2021 for an incident that happened during 2017, the policy covers you for that claim, even if you no longer have insurance with that carrier.

Claims-made policies are typically cheaper than occurrence-based policies for the first

several years of coverage because the potential for claims builds slowly as policy years accumulate. In comparing costs of malpractice insurance policies, be sure to ask how much the premium will increase after the first year.

Other Coverages

While medical malpractice is the most obvious coverage for aesthetic plastic surgeons, there are a few other key policies every practice should investigate. These include general liability (for slip-and-falls and other broad coverages), cyber liability (for potential PHI breaches) and employee coverages (for potential claims from disgruntled employees). Working with a knowledgeable experienced insurance agent is essential for all types of policies.

3. ASSET PROTECTION

Mistakes will happen and bad outcomes can occur, even when all best practices have been followed. Bad outcomes can lead to potential liability even if the physician believes he or she did nothing wrong. Further, malpractice awards can exceed even significant malpractice insurance limits. For these reasons, many aesthetic plastic surgeons choose to buttress their practice risk

While medical malpractice is the most obvious coverage for aesthetic plastic surgeons, there are a few other key policies every practice should investigate. These include general liability (for slip-and-falls and other broad coverages), cyber liability (for potential PHI breaches) and employee coverages (for potential claims from disgruntled employees). Working with a knowledgeable experienced insurance agent is essential for all types of policies.

Continued on Page 75

Three Ways to Protect Your Assets from Liability

Continued from Page 74

management and malpractice insurance with asset protection planning.

The goal of asset protection planning is to position a physician's assets in a way that makes it difficult, and in certain cases nearly impossible, for a potential lawsuit plaintiff to gain access to them.

If the goal for most aesthetic plastic surgeons is to feel more secure and sleep better at night knowing that they will not lose what they have worked hard to build, then asset protection planning is an important part of the solution.

Practice Asset Protection

While the first priority of most physicians is to protect their personal assets, practice protection should not be overlooked. The most important practice assets are cash flow and income.

The good news is that the tools that protect your cash flow also typically help you save on income taxes and build retirement wealth. These include qualified retirement plans, such as defined benefit plans, 401(k)s and combination plans, non-qualified plans and captive insurance arrangements.

Other important practice assets include real estate, if any, and valuable equipment. You can separate these assets from the main practice and use a limited liability company or companies (LLCs) to lease them back to the main practice entity.

Personal Asset Protection

Personal asset protection encompasses shielding the physician's home, retirement accounts, other investment accounts, second home or rental real estate, and valuable personal property.

We typically recommend leveraging your state's exempt assets as a priority, because (1) they enjoy the highest level of protection and (2) they involve no legal fees, state fees, accounting fees or gifting programs. In other words, you can own the exempt asset outright in your name, have access to its value and still have it 100% protected from lawsuits against you.

Each state law specifies assets that are absolutely exempt from creditor claims. These may include qualified retirement plans and IRAs, cash within life insurance policies, annuities, and primary homes. Make sure you seek an expert in this field to determine the exemptions in your state.

The good news is that the tools that protect your cash flow also typically help you save on income taxes and build retirement wealth. These include qualified retirement plans, such as defined benefit plans, 401(k)s and combination plans, non-qualified plans and captive insurance arrangements.

Beyond exempt assets, basic asset protection tools such as family limited partnerships (FLPs) and LLCs, along with certain types of trusts, can be used. FLPs and LLCs can provide good asset protection against future lawsuits, allow you (the client) to maintain control, and provide estate and income tax benefits in certain situations. For these reasons, we often call FLPs and LLCs the "building blocks" of a basic asset protection plan. Irrevocable trusts can also play an important role in asset protection planning.

Obviously, for all these legal tools, their asset protection benefits are dependent upon proper drafting of the documentation, proper maintenance and respect for formalities, and proper ownership arrangements. If these are in place, the physician will have solid asset protection for a relatively low cost.

CONCLUSION

The practice of plastic surgery has inherent lawsuit risks. Risk management, insurance and asset protection planning combine to help aesthetic plastic surgeons reduce their risk of liability and protect them in case liability does occur.

SPECIAL OFFERS: The author has recently completed *Wealth Planning for the Modern Physician*, his first book for physicians in five years. To receive free print copies or ebook downloads of this book or *Wealth Management Made Simple*, text ASAPs to 844-418-1212, or visit www.ojmbookstore.com and enter promotional code ASAPs at checkout.

David Mandell, JD, MBA, is an attorney and author of more than a dozen books for doctors, including "Wealth Planning for the Modern Physician." He is a partner in the wealth management firm OJM Group (www.ojmgroup.com)

Disclosure:

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Do You Have Control Over Your Digital Assets?

By Keith C. Humes, CEO Rosemont Media

Just as you diligently protect and manage your own home and your office, it is important that you are taking excellent care of your web presence, as well. In addition to your website, there are several other Internet assets that relate to the services you provide, and it is critical for today's plastic surgeons to manage their entire online portfolios in a way that increases the potential for security and accurate reflection on the worldwide web. Your digital imprint is something in which you've likely invested heavily, making it necessary to ensure you have some protections around it so your investment is working as effectively as possible.

WHAT ARE YOUR DIGITAL ASSETS?

Digital assets, also referred to as "Internet assets," are basically anything related to you or your practice that is recorded in an electronic format on the Internet. For plastic surgery practices, this includes the website, the office's Facebook and other social media accounts, email and cloud computing accounts, and accounts for retail and online payments—among many others. Internet assets can also include electronic devices (computers/tablets/smartphones). These digital assets go hand-in-hand with your Internet portfolio, which includes a collection of services that virtually reflect your practice, such as:

- Website
- Domain name
- Images
- Google Analytics account
- Search Console account
- Google My Business portfolio
- Online directories (e.g. Yext)
- Video services (e.g. YouTube/vimeo)

Digital assets relating to your business are inherently valuable on a number of levels, and they need to be well-controlled, secured, and accessible only to those you trust.

Digital assets, also referred to as "Internet assets," are basically anything related to you or your practice that is recorded in an electronic format on the Internet. For plastic surgery practices, this includes the website, the office's Facebook and other social media accounts, email and cloud computing accounts, and accounts for retail and online payments—among many others.



ARE YOU MANAGING YOUR INTERNET ASSETS PROPERLY—ARE THEY PORTABLE?

As the head of your practice, your entire Internet portfolio should be in your name, in a portable state, and set up with extreme care. Having your Internet portfolio in a "portable" state essentially means that your digital assets are easily accessible, and easily transferable if the need arises. With that in mind, security is particularly important when it comes to portability. While it's often necessary, even recommended, that another person or party be able to access many of your Internet assets, it is crucial that they are trustworthy and that there are certain safeguards in place.

Taking these steps requires planning and precision, but they are necessary to keep your Internet assets inventoried and protected. They can also help produce a more seamless transition if you ever need to migrate your digital assets to a different management platform (for example: in the event of switching to a different online marketing company). Additionally, it's important to know what's going on with your Internet assets to ensure your practice is being accurately reflected.

For instance: an online directory may have outdated information about your practice location, or it may contain a biography that doesn't feature services you've recently added to your practice or credentials you might have acquired in the years since it was written.

HAVE QUESTIONS? NEED HELP?

As we mentioned above, it's good to think of your Internet portfolio as an investment, because that's really what it is. Investments have value, and it's vital to take the right steps to protect them, secure them, and allow them to grow!

If you have any questions about digital asset management and control, or if you would like to speak with an experienced industry professional to discover how you can improve your current online strategy, please contact Rosemont Media, LLC at www.rosemontmedia.com/asaps. Also, check out Rosemont Media's educational blog—the Rosemont Review—at rosemontmedia.com for the latest on how to position yourself for success in the world of SEO.

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



PRACTICE SOLUTIONS

Leasing 101 for 2021

By Karen Zupko

The environment in which you practice is part of your brand. It is “home” for the patients you treat and depending upon amenities and location, it can become a strong point of differentiation. Real estate decisions represent a significant opportunity to either secure a “good deal” or cost you dearly. Unfortunately, many physicians “don’t know what they don’t know” and stand to lose substantial amounts of money.

Here are some excerpts from an interview conducted by Karen Zupko with Clint Herrema of KLAS Healthcare Realty. We think you’ll profit by some powerful guidance if you are considering leasing, buying or renewing real estate for your practice.

Karen: You have said, “Lease renewals are the number one transaction in real estate that leave the most value on the table in favor of landlord.” Can you explain?

Clint: There is a wide spectrum of sophistication levels among landlords. To a landlord, the value of the lease is whatever the tenant is willing to pay. If you are the landlord, it is all about maximizing profits. At a lease renewal, a landlord will ask the listing agent or property manager to go through a checklist such as, “Does the tenant have anyone representing them?” “Do they know their market options?” “What are their long-term plans?” etc. The more the landlord knows, the firmer their posture in a renewal negotiation. If the answer is “no,” to having representation for their decision making, then guess who has the leverage? It only shows the landlord, that the tenant has no true interest in considering alternate options, consequently leaving money on the table. Regarding Lease Renewals for your current lease, once a landlord understands their client is educated (has representation), they tend to treat the tenant with respect and do their best to compete to keep them.



Lease renewals are the number one transaction in real estate that leave the most value on the table in favor of landlord.

Karen: True or False: Doctors can save commission fees by negotiating on their own behalf.

Clint: FALSE. The biggest misconception we encounter is about who is paying fees. Whether you are a buyer or a prospective tenant there should be no fees. Landlords have listing brokers and agents. Landlords pay the fees. If you, as the “buyer” have no representation, the landlord’s agent will get a fee for both sides of the deal. Do you want the landlord’s agent representing you? It doesn’t cost you—the buyer/tenant—any more to have representation of your own, yet some physicians still don’t understand that. KLAS’ partnership of healthcare specialty brokers

across the country can assure independent physicians with the same type of representation and advocacy as hospital systems or any Fortune 500 Company would be afforded.

Karen: Tell us the 3 biggest mistakes practices make whether buying or leasing space.

Clint: There are major risks to a DIY approach.

- **Calling on a prospective property by yourself.** This is one of the most common and costly mistakes. The minute you make a call, the negotiation has begun. The person on the other end immediately begins assessing you...Are you credit worthy? How much do you know about the market? Do you know your options? They quickly put together a profile on how much to give on price and concessions. When a doctor goes direct, I can almost guarantee they will lose money.
- **Using a financial advisor as your agent.** Financial advisors know the numbers, but they do not necessarily know real estate. The interpretation a CPA delivers may

Whether you are a buyer or a prospective tenant there should be no fees. Landlords have listing brokers and agents. Landlords pay the fees. If you, as the “buyer” have no representation, the landlord’s agent will get a fee for both sides of the deal. Do you want the landlord’s agent representing you?

Continued on Page 79

Leasing 101 for 2021

Continued from Page 78

cause a bad decision. I had a doctor working with his CPA to purchase a building in which he was leasing. The CPA pulled tax assessment records and went to the owner and told him his building was worth "x."

- **Allowing your attorney to negotiate the price.** We all need a professional support circle around us. Just recognize when you are asking someone to step out of their "lane." When an attorney negotiates a lease rate or purchase price it can be considered malpractice. Legal advisors deal with the legal component, the real estate agents deal with the economic side of negotiation and market expertise. You need both involved.

Karen: We have focused primarily on physicians who lease or want to purchase. What about physicians who own their own real estate?

Clint: It is paramount that physicians who own real estate should understand the term and value of what is known as a Sale Leaseback strategy. Real Estate ownership builds equity over time. Generally, the purpose of this equity is to one day use it. Sale Leasebacks can be a profitable strategy to structure your own lease and sell the real estate to an investor 3rd party. This often results in above appraisal values back to the physician. Owners liquidate their equity for a variety of reasons. Sale leasebacks are a strategic option. Reviewing your real estate value is always a good idea.

Karen Zupko is president of KarenZupko & Associates, Inc. The firm has been advising and educating aesthetic plastic surgeons and their staff for 35 years.

Clint Herrema is the Principal Broker with KLAS Healthcare Realty, LLC. His knowledge and experience regarding strategies and options available specific to the healthcare industry make him a powerful advocate for physicians and their real estate needs.

Meet Karen Zupko at The Aesthetic Meeting 2021

Optional Education with Additional Fees

Friday, April 30

8:00am–2:00pm

Skills for Successful Patient Coordinators

Friday, April 30

4:30pm–6:30pm

Patient Coordinator Alums: Overcoming Scheduling Objections

Intensive Courses

Saturday, May 1

2:00pm–4:00pm

Successful Principles for Non-Surgical Services: Fast Track Your ROI

Sunday, May 2

2:00pm–4:00pm

Relationship Marketing: What It Means and How to Put It in Action

Sunday, May 2

4:30pm–6:30pm

Staff: Your Biggest Expense or Your Biggest Asset?

Aesthetic Care Team Session

Monday, May 3

9:30am–11:00am

Managing Up and Down and Inside Out

11:00am–12:30pm

Managing Conflict in Your Practice: Case-Based Discussions

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For information please contact Ronan Solutions at:
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Guidelines for Re-Opening Your Practice During COVID-19

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

As of January 21, 2021, the CDC reported 27,993,504 COVID-19 cases located in the United States. This number represents almost 50% of the total number of reported positive COVID-19 exposures—worldwide. Nowhere has the pandemic's impact been greater than among healthcare workers.

As all are aware, the distribution of the COVID-19 vaccine is in full swing around the United States, and around the world. However, because the method of distribution has been left to each state, which in turn, has been left largely to individual county authorities, there is no consistency in the populations which have been vaccinated. Thus, health care providers must remain vigilant in protecting themselves, their office staff, and their patients from continued exposure and infection.

The specific phase of a continuing shut-down or reopening in a city and state, and the phase of vaccine distribution where a practice is located, will ultimately determine the extent to which a physician's office can fully reopen and schedule in-person patient visits. The AMA has developed a chart for detailing state-specific restrictions regarding telemedicine, as well as the resumption of elective and non-emergent procedures. (<https://bit.ly/2RbDLbm>) (<https://bit.ly/2DIR7J1>)

With the chronic threat of continued exposures, gradual re-openings, recurrent spikes, and inconsistent vaccination distribution, medical offices must adhere to basic guidelines in order to ensure that physicians, staff and patients are protected as much as possible from in-office COVID-19 exposure.

The AMA has developed a basic set of guidelines in 2020, which physicians should implement prior to and during the re-opening of their practices:

- 1. Comply with Governmental Guidance—**because every state, and cities within each state, are all at different phases of re-opening, the particular state's and city's guideline for reopening should be consulted and reviewed in detail. Both the CDC and CMS have also published guidelines for health care providers; however, a physician should first consult and evaluate his/her community's most recent guidelines for reopening. These continue to be modified, and may even be different for cities within the same state.

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

- 3. Anticipate and plan for COVID-19 office exposures—**There should be a plan in place prior to re-opening for how the practice will implement contact tracing, and sanitation methods, should a patient, or office employee test positive for COVID-19. Consult the CDC guidelines for employees who are in contact with a patient later diagnosed with COVID-19. A positive COVID-19 exposure in the office will also require a system for notifying patients. The CDC also has guidelines in effect for reopening, if the practice had to close due to an exposure, and for planning for an employee's return to work.

- 4. Ensure Workplace Safety for Physicians and Staff—**Communicate personal health requirements clearly to all staff regarding not presenting to the office if they are exhibiting symptoms of COVID-19, or, are concerned about a suspected positive exposure. Minimize physical contact among staff in the office, as much as possible. Consider rearranging open work spaces in order to minimize the distance between individuals.

- 5. Ensure Safety Measures for Patients—**If possible, utilize a modified schedule to avoid a high volume of patients being exposed to one another, and to staff. Some alternatives include: identifying a separate entrance for "sick" patients, from an entrance for patients who are not acutely ill; asking patients to call a designated phone number before entering the office to minimize the number of patients in the waiting area; and, strictly limiting the number of companions a patient can bring to an appointment. The expectation that ALL visitors to the office should wear a

cloth face covering should be made clear before the patient arrives to the office.

Visitors should be screened in the same manner as the patients upon entry to the office, and social distancing should be maintained in the office.

- 6. Screen patients before in-person office visits—**before the patient presents to the office, an effort should be made to verify that the patient does not have symptoms of COVID-19. Have the staff member prepared with a script to follow. The AMA has developed a template for office personnel, which is attached.

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

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

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

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

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



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



2021 Practice Queries

By Bob Aicher, Esq.

With the new year, member queries are going strong. Here are some of the questions I have received in the first 6 weeks of 2021.

TURF

When a non-plastic wants hospital privileges, don't make it a turf war. Focus the committee on patient safety, and any deficiencies in the applicant's education, training, and surgical experience will take center stage.

VIDEOS

A surgical video can make for compelling social media marketing, unless something goes wrong. That same video will then not only become a nightmare witness against you, but the patient's attorney can argue you were more interested in producing a movie to promote your practice than in being an undistracted surgeon producing the best result for your patient.

BRIBES

It's Christmas, or Valentine's Day, and you want to thank your colleagues who send you referrals. We get it, but the government and your medical board calls those reminder gifts bribes. Instead, send a greeting card with lots of glitter that gets everywhere when they open the envelope. They'll remember you.

CHARGEBACKS

When your hair transplant patient initiates a chargeback, HIPAA allows you to share medical records in order to get paid. As long as you don't promise your patient that their hair will attract drooling admirers, you'll be fine.

ZOOM LAWSUITS

If your patient files against you in Small Claims Court, she still has to produce a plastic surgeon expert to testify against you, which seems unlikely. And the coronavirus has a silver lining: your hearing will be a scheduled Zoom call, so you won't have to waste a day in court waiting your turn.

FIRING PATIENTS

If your patient trashes you on Google, don't hesitate to fire them. As long as they're fully recovered, there's no such thing as patient abandonment, because you aren't their primary care provider. Once they've given you a 1-star review, your attempt to appease them will be interpreted as evidence of your consciousness of guilt for having done them wrong. Don't even think about it.

PHOTOS

When a consult later demands you destroy all her photos, don't do it. They are part of her medical record, even if you didn't treat her. If you destroy those photos, you are breaking the law and violating your medical board regulations, which require you to keep medical records for several years before destruction.

VACCINATIONS

You can't yet force your employees to get COVID-19 vaccinations, because all vaccines currently are designated emergency use authorization only. Once COVID-19 vaccines are FDA approved, you can mandate them, subject to ADA and religious belief exemptions.

COMPETITION

Non-compete clauses (2 years, 20 miles, for instance) in employment contracts are common, but becoming illegal in many states. Negotiate what you can, and if you're not afraid of confrontation, sign the agreement, work hard, and save your money for a legal fight later that you may well win.

ADA WEBSITES

If you receive a nastygram claiming your website isn't ADA accessible, remember that there aren't yet any federal standards. Unfortunately, courts have said accessibility is required without defining what that means, giving prospective plaintiffs wiggle room. Your website designer can explain what needs to happen to avoid ADA claims, such as screen-reader compatibility and captioned videos.

CONSULT CHARGES.

Consult no shows cost you time and money, and are aggravating. It's permitted to charge a non-refundable consultation fee, provided you have a written policy to show the bank when your rude no show initiates a chargeback.

OFF-LABEL IMPLANTS

Silicone implants in <22-year-old females, or males of any age, aren't illegal, just not indicated. They are a legal, off-label use permitted by FDA. Obtain specific informed consent from your patient, make sure the warranty is still valid, and reveal up front if you're on the manufacturer's advisory panel.

The patient won't care, but if something goes wrong, and you didn't explain it, it will be called an unrevealed conflict of interest, thereby forcing your carrier into a settlement.

ARBITRATION

Compared to legal proceedings in court, arbitration is faster, less expensive, and more private, but lacks meaningful appellate review. Carriers ask whether you include arbitration clauses in your consents, but you may prefer the might of a malpractice carrier defending you in court, even if it takes years to resolve the case.

ALCOHOL

If your former patient texts a bizarre late-night message, then calls to threaten you with her husband and/or her lawyer, all the while slurring her words, but nothing comes of it in the full light of day, simply note the interactions in her medical record, and be the rare moth that has learned to observe flames from a distance.

DATING

If you want to romance your patient, make sure a written transfer-of-care agreement is signed by you, the patient, and the surgeon accepting the transfer, before there's any hand-holding. You might also ask yourself whether your medical license should double as a dating app. You can't believe I got a call about this?

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

DID YOU KNOW?

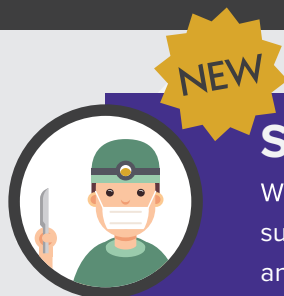
Aesthetic Society members are eligible to receive complimentary, one-on-one legal advice from The Aesthetic Society's legal counsel, Bob Aicher. Email TheAestheticSociety@surgery.org for more information.

Performance KPI Reports

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

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

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



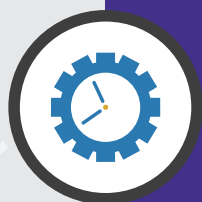
Surgical Procedures this Year

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



Non-Surgical Procedures this Year

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



Performance R3M (Rolling 3 Months)

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

Growth Matrix

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



Long-Term Growth

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



The Straight & Narrow

By Joe Gryskiewicz, MD

Question

I had the pleasure of reading your most recent article. Information is always helpful and I appreciate the time you spend writing these articles.

My question or interest is regarding the Biocell recall. Sending letters to patients is a challenging one in private practice. I think Allergan's response by sending a letter is important and even the media presentation, though sometimes misguided, has been helpful. In my own practice I was part of a breast implant study about 10–15 years ago when silicone was re-introduced. Some of those patients had textured implants in the 110 series. Others were textured saline, some for reconstruction and others for enhancement. I have contacted the Allergan company. Since it's gone through several hands, they had no recollection of the study itself. After thorough investigation on our part, we found three patients that apparently did not receive a letter and that we are going to attempt to try to contact.

Fortuitously, I have a friend and have taken care of his wife for breast cancer. She had the Style 410s in place as her reconstruction option. My friend had heard of the issue with the silicone implants on a social media outlet. He contacted me and asked what type of implants his wife had. I said that they were Style 410s. She did not receive a letter from the Allergan company informing her of the type of Implants that we used for her reconstruction.

Obviously, this places us in a conundrum being in practice for twenty-three years now and having thousands of patients who have had implants. This is obviously going to be challenging to go back and try to weed through who has received a letter and who hasn't, even if I have addresses and attempt to send letters. And to use an old high jump term, since I once did that; "How high do you go?" Any thoughts that you have would be helpful.

Answer

Thank you for your inquiry. Kudos to you for being so conscientious and patient centric. I understand the difficulty in tracking these particular patients. Does your practice use a system that would allow you to run a list of patients who have had this type of implant? For example, Nextech (our system) tracks what types of implants were placed in each individual patient. We utilized this tool to find which patients we needed to contact.

Personally, I both called and sent letters to all my patients who had textured implants. We also posted on our social media accounts regarding the voluntary recall. The letter was informational and advised each patient to contact the office with further questions. If we were unable to contact the patients, we documented the attempts. Allergan did not track saline implants for years, so there are many that would not receive these letters. I chose to reach out personally to these patients as well.

Doctors have been sued for failure to promptly notify patients of test results which delayed treatment. The underlying principle is that withholding important medical information which leads to patient harm is beneath the standard of care.

Yet when does an individual patient cease being owed a duty of care by her plastic surgeon? The duty of care might stop if the patient selects a new doctor, but possibly only if that new doctor is also a plastic surgeon. Primary Care providers likely won't be current with breast implant updates. As for how much effort to make, the surgeon should be able to say, when asked under oath, "I took all reasonable steps."

Now, to your question: "How high do you go?" regarding reaching out to patients who have textured implants. Our members should make every effort to notify patients who may have received textured implants, because if something goes wrong, what will save them

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

from a lawsuit will be precisely how much effort they made to notify their patients of this newly appreciated form of cancer. Your efforts would play very well in that scenario.

Rather than figure out who received a letter from Allergan and who did not, you could take the safest course by creating an Excel spreadsheet and sending a letter to all patients for whom you have an address. Yes, it will take some time and cost some postage, but there's nothing wrong with patients receiving such important correspondence from more than one source, and if the letter comes back as undeliverable, then you can mark that on the spreadsheet and hang on to the returned envelope so you can prove you made the attempt.

In my opinion, as long as you have made the effort to reach each of your patients in whom you placed textured implants, then you have done your part. I remember the high jump from high school, and it was pretty obvious who wanted to clear that bar, and who thought the effort was pointless. You ask, "How high do you go?" When it comes to patient safety, I hope all our members would answer, "The sky's the limit."

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



SAFETY MATTERS

Patient Safety in Breast Reduction: Perspectives on the Inferior Pedicle and Vertical Pedicle Techniques

James Fernau, MD, FACS—Chair, The Aesthetic Society's Patient Safety Committee

Tom Fiala, MD, MBA, FACS, FRCS—Member, The Aesthetic Society's Patient Safety Committee



DR. FIALA-INFERIOR PEDICLE

Despite the increasing popularity of short-scar techniques for breast reduction, the Wise-pattern reduction using an inferior pedicle remains popular in surveys among US plastic surgeons.¹⁻³ It offers advantages of predictability of results, versatility of application and control.

Disadvantages include an increased scar burden, "bottoming out" or lengthening of the N-IMF distance with time, and wound healing issues, particularly at the T-junction point.¹⁻³

My personal technique begins with patient selection. Previous studies show that smoking, steroid use and high BMI are all linked to higher complication rates with this procedure.¹⁻³ Therefore, I do not offer this operation to active smokers (or those who frequently use e-cigarettes, vapes or marijuana). Smokers must be fully smoke-free for 2 months. Steroid use is another contraindication. Our AAAASF facility is limited to ASA categories I and II, therefore patients with BMI >40 are not treated here. I strongly encourage pre-op weight loss for patients with a BMI >30.

Standard pre-op labs and EKG are obtained on patients over 40 years of age. I do obtain pre-operative mammogram for women over 40, assuming no additional risk factors for breast cancer, although this is controversial.^{2,3} (The US Preventive Services Task Force has recommended age 50 as their cutoff.)

Other preparatory tips include: pre-operative showers with antibacterial soap, chlorhexidine wipes to breast & axilla in pre-op holding area. Those with a MRSA exposure history receive undergo a pre-op decolonization protocol.⁴ Multimodality anesthesia is used: celecoxib (Celebrex), gabapentin, and acetaminophen are given orally in the pre-op area.⁵ Use of a comprehensive pre-op process checklist, as published by Rosenfield, is recommended.⁴

Marking is done in the pre-op holding area with a nurse chaperone. The patient midline, IMF and breast midline are marked as usual. The new NAC location is estimated slightly above the Pitanguy point, but is not committed to until the T-closure has been completed in the OR, and the patient checked in a near vertical sitting position. The inferior pedicle with is drawn with a wide base: 9–10 cm. I typically use a 42 mm NAC diameter. N-IMF

limb length varies slightly with the desired size of the post-operative breast. For a medium "C" cup, it is set at 8–9 cm., which is slightly longer than traditionally taught, to reduce tension. For women who desire a fuller C or small D size, this distance is lengthened, but does not exceed 10–11 cm. A small IMF triangle is also added, to reduce tension at the T-incision. A gentle S-shape is used for the lateral flap design, to help avoid post-operative boxiness. I always check the limb lengths of the medial and lateral flaps, to make sure that the length of the flap is equal to, or slightly longer than, the corresponding distance along the IMF, and adjust marks as necessary.

Patients receive a single dose of IV Cefazolin, within 60 minutes of incision.¹² (Vancomycin is used for penicillin allergy, or for those with suspected MRSA colonization.) All patients are placed on a water-filled warming blanket, for temperature maintenance. Sequential compression devices are used on all patients.² (Patients with a Caprini score >5 are considered for continued postoperative DVT prophylaxis¹). The anesthesiologist routinely uses Propofol for induction, and one of several inhaled agents for general anesthesia. Nitrous oxide is avoided. Ondansetron and dexamethasone (Decadron) are typically administered intravenously to reduce the risk of PONV. Patients with a history of motion sickness or prior PONV receive oral aprepitant, prior to surgery. To reduce intra-operative bleeding, a single 10mg/kg dose of tranexamic acid (TXA) is given about 30 minutes prior to incision.

I like to perform ultrasound-guided PECS I and II blocks following induction. It seems to help with patient comfort at wake-up and reduces the initial needs for post-op pain medications.⁵

In surgery, while external skin incisions are made with a standard 15 blade, I use electrocautery for all parenchyma dissection. My preference is the Utah Medical "Epitome" electrosurgery tip, which cuts cleanly through dense breast tissue, while providing excellent hemostasis. All incisions are injected with an epinephrine-containing solution prior to initial incision.²

Following scissor de-epithelialization of the pedicle, the lateral and medial borders of the

pedicle are created with a tapered edge. Care is taken to avoid undercutting the pedicle, especially on the lateral aspect. Medial and lateral triangles are resected. Less is taken medially to preserve desirable fullness. The resection specimens are preserved on the back table, to compare to the opposite side. Flap elevation is performed, with thicker flaps in order to maximize flap perfusion. Dissection is performed slightly below the level of the breast capsule inferiorly, and deepens as it goes superiorly, to help preserve some desirable superior pole fullness. The T-incision is temporarily tacked together and the other side resection completed. Thereafter, the patient is sat up, and assessed for symmetry of shape. Any further zones requiring adjustment are dealt with at this time. Resected tissue is sent for pathology examination.³

Closure is performed. I prefer 4-0 PDS for my deep dermal closure, placed about 1 cm apart. A Laschal pattern suture cutter helps the assistant avoid palpable suture tails. No drains are used.¹⁻³ The NAC positions are drawn, and checked carefully for symmetry. The skin disk is removed, and NAC inset with 8 deep dermal sutures. A subcuticular suture is placed. Recently, I have been using the bidirectional 4-0 Monoderm barbed suture for the IMF, starting a few centimeters medial to the T incision, and a second one for the periareolar and vertical closure.

The T-incision is covered with a mesh tape/cyanoacrylate dressing for 2 weeks, which is flexible, waterproof and antimicrobial.

Post-op pain meds include: celecoxib (Celebrex), gabapentin, and if needed, oxycodone/acetaminophen (Percocet). Tapentadol (Nucynta) is substituted for those with opioid sensitivities or a PONV history. Early postoperative ambulation is encouraged.

Standard post-operative scar care includes use of silicone gels during the day and silicone sheets at night over the incisions for the first 3 months. Patients with a history of hypertrophic scarring or those with a higher level of aesthetic concern are treated with the Embrace scar therapy system.^{6,7} Intralesional 5-fluorouracil combined with triamcinolone is used to minimize hypertrophic scars, if they are noted in the postoperative course.

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CULTURE OF SAFETY

Putting Patient Safety First Benefits Everyone

The Aesthetic Society's Patient Safety Committee would like to remind you that an increased focus on patient safety leads to enhanced surgical performance and efficiency which ultimately impact your bottom line.



Patient Safety in Breast Reduction

Continued from Page 86

DR. FERNAU-VERTICAL PEDICLE

Dr. Fiala has provided an excellent comprehensive safety profile for inferior pedicle breast reduction. My technique differs in the following ways. The decontamination protocol includes chlorhexidine showers and application of mupirocin ointment to the ear canals, nostrils, nipple areola complex, and the umbilicus four times a day.⁸ The chlorhexidine showers and mupirocin ointment application are started five days before surgery. I use the enhanced recovery after surgery (ERAS) protocol.⁹ My use of general anesthesia differs slightly. I do not use inhalation agents. The anesthesia team uses Propofol, dexmedetomidine, midazolam and a small amount of fentanyl on induction. I have modified the Rosenfield checklist to my practice. A vertical pedicle is used with a lollipop incision. A mosque dome skin marking pattern is used. Blocking triangles are incorporated (see Figure 1).

I use a superior or medial pedicle allowing for inferior wedge resection of the redundant ptotic breast tissue. Suturing the medial and lateral pillars results in coning of the breast. To accommodate for the increased projection the new position of the superior border of the nipple-areola complex is marked at the inframammary crease. Transposition of the nipple-areola complex on a superior or medial dermal glandular pedicle, depends on its position with respect to the mosque dome skin marking pattern. If any part of the new areola lies superior to a line joining the blocking triangles, a superior dermal glandular pedicle is used; if all of the areola lies inferior to this line, a medial dermal glandular pedicle is used. This is an important patient safety feature of this technique. It allows for either the superior or medial pedicle to be inset without undo tension and or compression. The breast parenchymal medial and lateral pillars are closed with 0-Polyglactin (Vicryl-Sutures). Gathering of the skin of the vertical wound is accomplished using boxed stitches with 3-0 polydioxanone (PDS) suture. I infiltrate the lateral breast tissue located underneath the arm with a superwet solution of local anesthetic incorporating a 0.1% solution of tranexamic acid.^{10–12} I typically infiltrate 250–500 mL into the lateral breast according to the size of the area of fullness. SAFE liposuction is performed with the power assisted device using a 4 mm triport helix

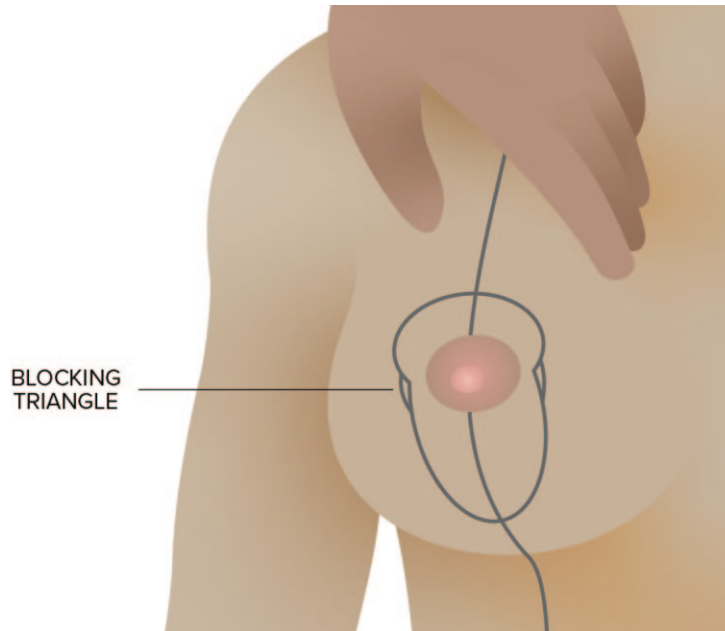


Figure 1
A vertical pedicle is used with a lollipop incision. A mosque dome skin marking pattern is used. Blocking triangles are incorporated.

canula. No liposuction is performed medially. The breast parenchyma is infiltrated with 100–250 mL of this same solution. By using tranexamic acid, I avoid drains, bruising, hematomas, seromas, inflammation, and pain. For additional pain control, I use liposomal bupivacaine (Exparel) by placing 20 cc in 100 cc of saline and infiltrating the second through sixth intercostal spaces. I use 60 cc on each side. Instead of using the bovie cautery, I use the plasma knife and have avoided seromas in well over 500 patients. In the postoperative period, I have the patients use topical silicone (Biocorneum) starting at postop week three. The scar must be completely healed before using the topical silicone. In the post-operative period, the pro-fractional laser is used on the scars when the redness diminishes and turns to a soft pink appearance. This is usually 6–8 weeks post operatively. I space the laser treatments at 4–6 week intervals and typically perform a minimum of 6 treatments for optimal scar reduction.

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