The AESTHETIC MEETING 2022

Artwork by Ryan Uhrich
Introducing GalaFLEX LITE™
See Strength in a New LITE

We are excited to introduce GalaFLEX LITE, a lightweight, low-profile P4HB scaffold, designed for anatomical compliance, to provide predictable, restorative strength.

Flex Your Options
GalaFLEX LITE expands your selection of P4HB scaffolds, providing more options to better suit your clinical needs and techniques in plastic and reconstructive surgery.

• Developed from P4HB™, a naturally bioabsorbable polymer
• Results in tissue that is 2X stronger than native tissue1,2,3
• Designed for anatomical compliance

Real Strength Starts From Within™

Indications for Use GalaFLEX LITE scaffold is intended to reinforce soft tissue where weakness exists in patients undergoing plastic and reconstructive surgery, or for use in procedures involving soft tissue repair, such as the repair of fascial defects that require the addition of a reinforcing or bridging material to obtain the desired surgical result.

Important Safety Considerations Possible complications include recurrence of the soft tissue defect, infection, seroma, pain, scaffold migration, wound dehiscence, adhesions, hematoma, inflammation and extrusion. The safety and product use of Galatea scaffold for patients with hypersensitivities to the antibiotics kanamycin sulfate and tetracycline hydrochloride is unknown. Galatea scaffolds have not been studied for use in breast reconstructive surgeries. The safety and effectiveness of Galatea scaffold in neural tissue and in cardiovascular tissue has not been established. The safety and effectiveness of Galatea scaffold in pediatric use has not been established.

For complete safety information, consult the GalaFLEX LITE Instructions for Use, which can be found at www.galateasurgical.com/ifu.

1. Preclinical data on file at Tepha Inc. Results may not correlate to clinical performance in humans.
3. Data on File at Tepha.

Galatea Surgical, Inc. is now part of Becton Dickinson & Company. Galatea Surgical © 2022. 500197 Rev B
Aesthetic Society News
Quarterly Newsletter of The Aesthetic Society

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Send address changes and membership inquiries to:
Membership Department
The Aesthetic Society
11262 Monarch Street, Garden Grove, CA 92841
Email: hello@theaestheticsociety.org

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MEETINGS CALENDAR

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

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

Non-Surgical Symposium
Organized by the Australasian Society of Aesthetic Plastic Surgeons
June 2–5, 2022
Gold Coast, Queensland, Australia
aestheticplasticsurgeons.org.au/events

Anatomical Dissection and Cosmetic Procedures Workshop
Organized by the Australasian Society of Aesthetic Plastic Surgeons
June 6, 2022
MERF Brisbane, Queensland, Australia
aestheticplasticsurgeons.org.au/events

Melbourne Advanced Facial Anatomy Course (MAFAC)
Organized by the Australasian Society of Aesthetic Plastic Surgeons
13–14 October 2022
RACS Melbourne, Australia
https://aestheticplasticsurgeons.org.au/events

ASAPS Annual Conference
Organized by the Australasian Society of Aesthetic Plastic Surgeons
14–16 October 2022
Hotel Chadstone Melbourne, Australia
https://aestheticplasticsurgeons.org.au/events

Buildings Bridges
May 19–21, 2022
XXII. Spring Academy
VDAEPC
Association of German Aesthetic Plastic Surgeons
III. GBAM
German Brazilian Aesthetic Meeting
Berlin
www.vdaepc2022.de

2022 Indie Aesthetic Surgery Summit
August 28–29, 2022
https://indieaestheticsurgerysummit.com
As my year comes to a close I want to quickly highlight some of the themes in my quarterly presidential messages including:

- It's NOT about the Destination, but rather the Journey; What is important is to Enjoy the Ride!
- Life Balance—it’s something only you can make for yourself
- Our “WHY” is WE EDUCATE and Mentorship the Golden Pathway of the Surgeon

These are great things to reflect upon frequently as they are keys to a fulfilling life and career. Another epiphany that became evident to me recently as I attended one of our Aesthetic Society “Vitamins” the Face and Rhinoplasty Symposium in Las Vegas (January 2022) as well as the 56th Baker Gordon Symposium in Miami (February 2022) was that there is nothing like a Live Meeting.

Surgeons have sorely missed the magic of the Live Meeting with the past couple years of virtual meetings and symposia most of us have longed to get back to doing Live Meetings. Now let me be clear, our education team has found some real nuggets in some of the virtual offerings that were developed through the pandemic and we will continue to offer these in their own forms; however, Live Meetings are KING and offer so much more. The unique interactions between educators/attendees/Industry is something that just cannot occur in a virtual setting.

Luckily there is a cure to this malady and it’s right around the corner: The Aesthetic Meeting 2022 in San Diego. Held at one of my absolute favorite locations for a meeting, the 2022 annual meeting will be a can’t miss event.

HIGHLIGHTS INCLUDE:

- Date: April 21–24—The meeting start has been moved one day earlier so it does not bleed into the next week.
  - Pre-symposia and Cadaver labs including the ever-popular Hot Topics will be on Thursday April 21
  - Main Meeting will begins Friday April 22 and ends Sunday April 24
  - Friday night—Dress like your Favorite 80s or 90s Rocker at New and Improved Battle of the Bands Welcome Reception

- The Greatness of Aesthetic Society Education—multiple sessions and options—your registration fee is all-inclusive including any teaching courses that you wish to attend
- Bring your staff to experience Our New Aesthetic Care Team program—customized to provide staff education at the meeting and throughout the year
- Plenty of cleansing ales and social time with your friends

JOIN US IN SAN DIEGO!
It LIVE and it’s FULL THROTTLE—Keep that Way! See you soon!

William P. Adams Jr., MD, is an aesthetic plastic surgeon practicing in Dallas, TX, and is the current president of The Aesthetic Society.
The AESTHETIC MEETING 2022

REGISTER TODAY!
Click or scan to learn more.

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

meetings.theaestheticsociety.org
As Program Chair, it gives me great pleasure to invite you to The Aesthetic Meeting 2022 in sunny San Diego, California!

Many of you have already registered for the meeting, and for that, we thank you. For those who have not, there’s still time! Many travel restrictions have been lifted and we are excited to reconnect with our US and International colleagues.

Of course, these highlights are but the tip of The Aesthetic Meeting iceberg! Visit meetings.theaestheticsociety.org for complete information. I look forward to seeing you all in San Diego, or virtually, as we celebrate the return of The Aesthetic Meeting!

EXPLORE THE AESTHETIC MEETING

The Aesthetic Arena

This stage located in The Aesthetic Marketplace will be filled with educational content from sunrise to sunset. Grab a cup of coffee and listen to the Opening Keynote Lectures—short 30-minute presentations from the experts—to kick off your morning. 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, and Margaritaville on Friday (rapid-fire case studies, yes, with actual margaritas)!

Expanded Education Opportunities

Looking for a deep dive into the latest in cutting-edge procedures? Make sure to come to San Diego early to register for a full day of optional education offerings on Thursday, April 21. These sessions are designed both for surgeons and their staff. Highlights include:

• Four Options for Cadaver Labs
  ▶ Nurse Cadaver Lab
    Co-Chairs: Dino Elyassnia, MD; Jason Roostaeian, MD and David Sieber, MD
  ▶ Composite Facelifts Simplified
    Chair: Bryan Mendelson, MD
  ▶ Endoscopic and Minimally Invasive Techniques for Face
    Chair: Grady B. Core, MD
  ▶ Modern Techniques in Rhinoplasty
    Chair: Joe Gryskiewicz, MD

• Masterclass: Facelift—Planning and Technique
  Chair: Timothy Marten, MD

• Residents and Fellows Forum
  Chair: Kye Higdon, MD
  Vice Chair: Al Cohn, MD

• Medical Life Drawing and Sculpture: The Human Figure
  Co-Chairs: Grant R. Fairbanks, MD, and Grant A. Fairbanks, MD

• The Ritz-Carlton Leadership Center
  Presents: Brand Differentiating Service

• Premier Global Hot Topics
  Moderators: Jamil Ahmad, MD; Tiffany McCormack, MD and Simeon Wall, Jr., MD

• The Aesthetic Society/ISAPS Gluteal Symposium
  Co-Chairs: Ashkan Ghavami, MD and Douglas S. Steinbrech, MD

• Rhinoplasty Symposium 2022
  Co-Chairs: Jamil Ahmad, MD and Jay Calvert, MD

ALL-INCLUSIVE EDUCATION

This year, Main Sessions, Sunrise Sessions and all Intensive Courses are included with your one registration fee! Attend any of the 55 Intensive Courses offered over Friday, Saturday, and Sunday 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. Even these six Mini Symposia are included for true in-depth training in a short amount of time!

• Skincare:
  Co-Chairs Troy Pittman, MD and Susan Wells, RN. You and your office staff will not want to miss this deep-dive focus on what makes skincare work for you, your patients and your practice. Friday, April 22, 9:30am–12:30pm.

Continued on Page 8

Enhance Your Practice With Updated Products!

We’ve worked hard to reimagine our products to align with our beautiful new brand. Expertise is everything; put it on display with these stylish and functional products.

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

View all our updated products at theaestheticsociety.org/shop
THE AESTHETIC MEETING

The Aesthetic Meeting 2022—Together Again in San Diego!

Continued from Page 7

• ISAPS—International Symposium: Chair Ozan Sozer, MD. Attend this symposium to learn what our International colleagues have to share about many topics of the specialty. April 22, 2:00pm–4:00pm.

• Facial Rejuvenation: Chairs Christopher Surek, DO and Oren Tepper, MD will deliver an overview of key facial rejuvenation techniques that you can put into practice to deliver improved patient results and satisfaction. Saturday, April 23, 9:30am–12:00pm.

• Aesthetic Breast Reconstruction: Chairs Allen Gabriel, MD and Steven Sigalove, MD have delivered a program full of exciting point/counterpoint debates on some of the hottest topics in breast reconstruction, including Dual Plane vs Prepectoral Breast, Options in Soft Tissue Support in Reconstruction, and more! Saturday, April 23, 2:30pm–5:00pm.

• Body Contouring: Chairs David Sieber, MD and Humberto Morelli, MD have organized a stellar faculty for these growing procedures. Stay ahead of your peers by attending this informative mini symposium. Sunday, April 24, 9:30am–12:00pm.

• Aesthetic Breast Surgery: Chairs Kristi Hustak, MD and Jacob Unger, 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! Sunday, April 24, 2:30pm–5:00pm.

OPPORTUNITIES FOR AESTHETIC CARE TEAM AFFILIATES

With three full days (Friday–Sunday) of The Aesthetic Care Team Session included with your registration, this meeting is ideal for you and your office staff and will ensure your team returns home with an array of ideas which can help your practice evolve and grow. To supplement, plan on arriving early to attend one of Thursday’s Expanded Education Opportunities (additional fee). Options include Cosmetic Medicine, Skills for Successful Patient Coordinators with Karen Zupko, and practice management courses.

WOMEN AESTHETIC SURGEONS’ SYMPOSIUM

This special symposium will be held onsite on Wednesday, April 20, 12:30pm–5:00pm at UC San Diego Adventure Course. The program will utilize various ground based activities and a team development course to have fun, create community, offer opportunities for personal development as well as support your group dynamic skills. Attendees must pre-register.

Sponsored by: Allergan Aesthetics, Brijjit Medical Inc., CareCredit, MyEllevate by Cynosure and Revelle Aesthetics.

AESTHETIC MEETING APP

The Aesthetic Meeting 2022 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.

ASERF SILENT AUCTION

Bid to win 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 2022, 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.


PRESIDENTIAL WELCOME CELEBRATION

Join us for a full-throttle Battle of the Bands featuring The Bone Tones and Help the Doctor. Friday, April 22, 6:30pm–9:00pm at the Convention Center, Hall E. Voting for your favorite band will benefit ASERF. Rock your favorite band look and don’t forget your meeting badge for “full access.”

HYBRID EXPERIENCE

Unable to join us in person? We invite you to attend from the comfort of your home. Like many of our recent educational offerings, The Aesthetic Meeting 2022 is a hybrid event. Participate from home in selected events and experience the live program. Pitch your questions to our expert panelists and faculty in real time as you share insights with aesthetic plastic surgeons from around the globe.

One benefit of the hybrid meeting is that selected 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! Continued on Page 9
CME CREDIT DESIGNATION STATEMENT

In-Person Attendance: 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 34 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 9 are Patient Safety CME. An additional 11.5 credits are designated for optional education. Earn up to 34 CME credits by participating in a CME designated activity in every time slot.

Virtual Attendance: 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 internet live course for a maximum of 31 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 19.5 credits, of which 6 are Patient Safety CME. An additional 11.5 credits are designated for optional education. Earn up to 31 CME credits by participating in a CME designated activity in every time slot.

Nolan S. Karp, MD is an aesthetic plastic surgeon practicing in New York, NY and serves as the Chair of The Aesthetic Society Program Committee.

Industry Sympoisa and Lunch & Learn Industry Forums

While in San Diego plan to attend evening Corporate Satellite Symposia and daytime Industry Forums! Please see each company’s registration information below and look for additional details in upcoming email blasts and on The Aesthetic Meeting App.

THURSDAY, APRIL 21

Industry Symposium

ENDO AESTHETICS, LLC

Butt First, Uncover the Results
Experts Share Their Real Experiences
6:30pm—Cocktails and Appetizers
7:00pm—Program
Location—Check the registration link for further details as they become available.

Featured Panel of Speakers:
• Rod J. Rohrich, MD, FACS
• Kristin A. Boehm, MD, FACS
• Johnny Franco, MD, FACS
• David Weir, MSN, APRN, NP-C

Register here: www.qwo-hcp.com/endo-symposium/

FRIDAY, APRIL 22

Lunch & Learn Industry Forum

MTF BIOLOGICS

Renuva Live Injector Training—a new adipose matrix for volume correction
12:30 – 1:30pm
San Diego Convention Center, Level 2, Room 22

This training will include a didactic presentation followed by facial and body application assessment and planning on a live model.

The session will be conducted by Nima Naghshineh, MD, FACS, who practices in Beverly Hills, CA

Please RSVP to Education@mtf.org

SATURDAY, APRIL 23

Industry Symposium

SIENTRA

Crafting the Art of Plastic Surgery
6:30pm
House of Blues

See Sientra innovation and partnership while enjoying the art of craft cocktails, SoCal-inspired culinary experiences, and live music.

To Register: https://sientra.com/artofplasticsurgery

Subject to Change

Visit Senté® in San Diego 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 #2138 and has their badge scanned, with the goal of raising up to $5,000!

To help ASERF receive this donation, please stop by Booth #2138 in The Aesthetic Marketplace, Friday, April 22 – Sunday, April 24.

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

Thank you Senté®!
Your Direct Connection to The Aesthetic Meeting

Download The Aesthetic Society App!

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

Look for The Aesthetic Society app in your app store. Have questions? Stop by the information booth at The Aesthetic Meeting or email hello@theaestheticsociety.org.
DISCOVER AESTHETIC ONE

Over 10,000 breast implants have been registered with the Aesthetic One app. Has your practice joined the revolution? It’s the only way to register breast implants with manufacturers and share information with patients in under three minutes. Developed by The Aesthetic Society and ASERF, with support from Allergan Aesthetics, Aesthetic One is the fastest-growing implant registration platform. Want to learn more? Visit The Aesthetic Society booth for a demo!

EXPLORE ANN

The Aesthetic Neural Network (ANN) is here to amplify the power of your eligible EMR/Practice Management system by delivering easy-to-read dashboards that are just a click away. You and your team will have access to your practice’s Key Performance Indicators (KPIs) as well as comparative data from your peers within the ANN community. Stop by to learn how ANN can empower your practice.

AESTHETIC SURGERY JOURNAL AND AESTHETIC SURGERY JOURNAL OPEN FORUM

Celebrate ASJ and ASJ Open Forum 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 newly launched ASJ and ASJ Open Forum Podcast Series.

BID TO WIN

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 auction inside The Aesthetic Society booth #2017 to bid onsite, Friday, April 22 – Sunday, April 24.

Bidding can also be done via the Handbid app from the Apple App Store or Google Play Store or online at: https://handbid.app.link/ASERF2022 beginning Friday, April 1. Auction closes at 2:00 pm Pacific on Sunday, April 24, 2022.

SAVE ON OUR BEAUTIFUL AND EFFECTIVE PRODUCTS

We’ve worked hard to reimagine our products to align with our beautiful new branding. Expertise is everything; put it on display with these stylish and functional products. 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!

UPDATE YOUR HEADSHOT

With our recently-launched docuseries, “Beyond the Before & After” driving traffic to your Public Profile on our new website, now is the perfect time to freshen up your headshot! Photos will be made available for personal use as well.

“BEYOND THE BEFORE & AFTER” VIEWING LOUNGE

Speaking of our new docuseries, have you seen it yet? Visit our viewing lounge, supported by Allergan Aesthetics, an Abbvie company, just outside the Aesthetic Marketplace main entrance, under the escalators, for a (semi) private screening! Experience these uplifting stories of aesthetic plastic surgery patients, many of them just like yours. Free gourmet popcorn is included!

MEMBERSHIP

We’d love to talk with you about the many benefits of your Aesthetic Society Membership. Bring a colleague who isn’t a member yet and we can share with them too. If you do not yet qualify for membership, learn about our Candidate for Membership or Resident Programs. We also have a new Aesthetic Care Team Affiliate Program for your staff!

Visit Us in The Aesthetic Marketplace Booth #2017
The ASERF Career Achievement Award is presented to individuals who have made a significant impact on the field of aesthetic plastic surgery. Its honorees have spent their entire careers promoting and improving the specialty through education, communication, administration, and research while having held leadership roles with ASERF and/or The Aesthetic Society.

To make a donation in honor of Dr. Aston’s illustrious career, please donate online at: ASERF.org/AwardDONATE

A Lifetime of Achievements. A Legacy to Last Generations.

**DR. SHERRELL J. ASTON**

2022 ASERF CAREER ACHIEVEMENT AWARD HONOREE*

Join ASERF as we honor world-renowned surgeon, mentor, and educator Dr. Sherrell J. Aston for his distinguished legacy.

**Saturday, April 23, 2022**
12:00 PM to 2:00 PM
San Diego Convention Center
The Aesthetic Society / ASERF Member Business Meeting

PAY TRIBUTE TO OUR HONOREE BY SUPPORTING ASERF

The ASERF Career Achievement Award is presented to individuals who have made a significant impact on the field of aesthetic plastic surgery. Its honorees have spent their entire careers promoting and improving the specialty through education, communication, administration, and research while having held leadership roles with ASERF and/or The Aesthetic Society.

*Due to the pandemic Dr. Aston’s award was moved from 2020 to 2022.*
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. See page 14 for ways to bid.

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

Allergan Aesthetics, an AbbVie Company ..........Booth: 1709
Three Pairs of Natrelle INSPIRA Gel Breast Implants
Starting Bid: $2,835

CoolSculpting® Treatment Cards (24 Cycles)
Starting Bid: $3,500

Two Units of REVOLVE Advance Adipose System (Two Separate Donations)
Starting Bid: $394

Alpha Aesthetics.................Booth: 2251
Pair of Gluteal Implants
Starting Bid: $581

Apyx Medical .......................Booth: 1538
Two Boxes of Renuvion Handpieces and Advanced Training
Starting Bid: $5,250

BiLumix................................Booth: 2444
Gen 2 BiLumix Headlamp Package
Starting Bid: $475

Cynosure, LLC.......................Booth: 1937
MyEllevate® ICLED® Light-guided Surgical Suture System, Starter Package
Starting Bid: $8,500

DefenAge .............................Booth: 3102
DefenAge PRO Exclusive skincare line
Starting Bid: $275

Trent D. Douglas, MD
BOSE QuietComfort Earbuds
Starting Bid: $150

Sue M. Dykema, CAE
“Sail Away” 10”x21” Acrylic Painting by Sue M. Dykema, CAE
Starting Bid: $100

Johnny Franco, MD, FACS
Medical Media Marketing
Starting Bid: $500

Galatea Surgical...............Booth: 2325
GallaForm3D or GalaShape 3D Scaffold Any Size
Starting Bid: $500

HealFast, Inc........................Booth: 1801
Three Pack of HealFast Complete Surgery & Injury Recovery
Starting Bid: $126

Implantech ........................Booth: 2209
Three Silicone Facial Implants
Starting Bid: $446

Influxt Marketing .................Booth: 2140
Apple Series 7
Starting Bid: $280

iNPLANT Funnel.................Booth: 1938
Inplant Funnels (6 in each box) (Six separate donations)
Starting Bid: $205

Leonisa.........................Booth: 1839
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: $60

LightStim
LightStim for Wrinkles
Starting Bid: $88

Liposales............................Booth: 1430
3000cc Type3 Fat Grafting Canister Package
Starting Bid: $385

Marina Medical....................Booth: 1829
Rhinoplasty Video Set (Online)
Starting Bid: $490

Merz Aesthetics ..................Booth: 2319
Neocuts Products
Starting Bid: $630

MicroAire Surgical Instruments.........Booth: 1722
Endotine Drill and Instrument Kit
Starting Bid: $900

PAL Lipoplasty Device
Starting Bid: $9,500

Skinbetter.......................Booth: 1313
Award-winning Skincare Products
Starting Bid: $265

Sientra................................Booth: 2309
Sientra Breast Implants & BIOCORNEUM
Starting Bid: $4,000

Surgical Innovation Associates (SIA) ............Booth: 2401
DuraSorb® Monofilament Mesh (Two Separate Donations)
Starting Bid: $1,314

The Aesthetic Society.......Booth: 2017
Unique Graffiti Artist Painting on Canvas
Starting Bid: $1,050

Tulip Medical Products .....Booth: 2419
Single Use SoftTouch Miller MicroFat + TNF Kit
Starting Bid: $162

Ultimate Contour.........Booth: 1345
Ultimate Contour Device
Starting Bid: $35,000

Xelpov Surgical..................Booth: 1329
Fat Re-Injection Gun
Starting Bid: $263

Blepharoplasty Set Basic
Starting Bid: $254

TRAIN WITH AN EXPERT
Starting Bid: $1,200
William P. Adams, Jr., MD
Caroline A. Glicksman, MD, MSJ
Patricia A. McGuire, MD
Kiya Movassaghi, MD, DMD
Lorne K. Rosenfield, MD
Renato Saltz, MD
Douglas S. Steinbrech, MD, FACS
Louis L. Strock, MD
The Plastic Surgery Clinic
Bruce W. Van Natta, MD

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

RealSelf..............................Booth: 1418
Professionally Produced Video Advertising
Starting Bid: $1,575

Revision Skincare .............Booth: 2531
Revox Line Relaxer + The Revision Ritual
Starting Bid: $193

Senté ..............................Booth: 2138
Sente Skin Regimen
Starting Bid: $350

Sientra..........................Booth: 2309
Sientra Breast Implants & BIOCORNEUM
Starting Bid: $4,000

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Donor List as of March 9, 2022. For the most updated list, download the Handbid app or visit Booth #2017.
Thank you to the following donors for their generous contributions!

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THE AESTHETIC MEETING

Explore The Aesthetic Marketplace—Exhibit Booth Map

Scan the QR code for exhibitor information

Floor Plan as of March 9, 2022

Company Name ..................................................Booth Number

● 3M+KCI ..............................................................2132
4th Dimension EMR ...........................................2543
● A to Z Surgical & Tiemann Surgical ..................2443
● Abbott Laboratories .........................................2430
Add Accurate Manufacturing, Inc ......................1753
AcelRx Pharmaceuticals, Inc ............................1951
Aerolase ..............................................................2550
Aesthetic Brand Marketing, Inc ........................1638
Aesthetic Management Partners, Inc .................1316
Alastin Skincare ...................................................1522

✿ Allergan Aesthetics, an AbbVie Company ........1709, 2425
Ally Lending .......................................................1331
Alpha Aesthetics .................................................2251
ALPHAEO Credit ...............................................2011
Alpine Pharmaceuticals .....................................1901
Alumier MD ........................................................3114
American Association for Accreditation of Ambulatory Surgery Facilities (AAASF) ......2542
American Society of Plastic Surgeons (ASPS) ..........1827
Anthony Products/Gio Pelle ................................2000

● Applied Medico-Legal Solutions, RRG, Inc. ..........2009
Apyx Medical .....................................................1538
ASPS—Plastic Surgery Connect ..........................1825
ASSI—Accurate Surgical ...................................2033
Augustine Surgical Inc ......................................1802
Baja Med Supplies ............................................1442
BENEV Company, Inc. .......................................1445
Biilumix ..............................................................2444
Bimini Health Tech ............................................1741
Bidermex ............................................................1939
Black & Black Surgical, Inc ..............................1922
BRAVE Coalition Foundation ............................2400
Brijit Medical Inc .................................................1624
BTL Industries, Inc ............................................2339
Candace Crowe Design .....................................1743
Candela ..............................................................2039
Canfield Scientific, Inc ......................................2431
● CareCredit .......................................................2331
CAREstream America, Inc ...............................1750
Cartessa Aesthetics .............................................1434
Cherry Technologies, Inc ..................................1800
Cicalux Inc ........................................................1320
Clarius Mobile Health .......................................1433
ClearPoint Medical Inc .....................................2450

Continued on Page 17
Explore The Aesthetic Marketplace

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Booth Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>EltaMD</td>
<td>2553</td>
</tr>
<tr>
<td>Elsevier Inc.</td>
<td>1626</td>
</tr>
<tr>
<td>ELEVAI Skincare</td>
<td>2633</td>
</tr>
<tr>
<td>Dp Derm LLC</td>
<td>1622</td>
</tr>
<tr>
<td>Crown Aesthetics</td>
<td>1832</td>
</tr>
<tr>
<td>CosmetAssure</td>
<td>2211</td>
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<td>cryoProbe</td>
<td>2255</td>
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<td>Cutera</td>
<td>2238</td>
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<tr>
<td>DefenAge</td>
<td>3102</td>
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<td>Designs for Vision, Inc.</td>
<td>2139</td>
</tr>
<tr>
<td>DoctorLogic</td>
<td>1531</td>
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<tr>
<td>Dominion Aesthetic Technologies, Inc.</td>
<td>3118</td>
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<tr>
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<td>2108</td>
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<td>Engage Aesthetics</td>
<td>134</td>
</tr>
<tr>
<td>Establishment Labs S.A.</td>
<td>2451</td>
</tr>
<tr>
<td>Etna Interactive</td>
<td>1523</td>
</tr>
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<td>Evolus</td>
<td>1322</td>
</tr>
<tr>
<td>Faga Medical</td>
<td>1636</td>
</tr>
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<td>Firm media</td>
<td>1718</td>
</tr>
<tr>
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<td>1850</td>
</tr>
<tr>
<td>Galatea Surgical</td>
<td>2325</td>
</tr>
<tr>
<td>Galderma Laboratories, L.P.</td>
<td>2133</td>
</tr>
<tr>
<td>GrowthMed, Inc.</td>
<td>1526</td>
</tr>
<tr>
<td>Guard Medical Inc.</td>
<td>1425</td>
</tr>
<tr>
<td>Hayden Medical Instruments</td>
<td>1651</td>
</tr>
<tr>
<td>HealFast, Inc.</td>
<td>1801</td>
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<td>IC Surgical</td>
<td>1652</td>
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<td>1739</td>
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<td>Image Skincare</td>
<td>2051</td>
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<tr>
<td>Implantech Associates, Inc.</td>
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<td>Incredible Marketing</td>
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<td>2140</td>
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<td>2515</td>
</tr>
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<td>INPLANT Funnel</td>
<td>1938</td>
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<tr>
<td>InstaUnicorn LLC</td>
<td>1643</td>
</tr>
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<td>International Society of Aesthetic Plastic Surgery</td>
<td>1831</td>
</tr>
<tr>
<td>International Society of Plastic and Aesthetic Nurses (SPAN)</td>
<td>2732</td>
</tr>
<tr>
<td>Interni USA/Athena Trading Inc.</td>
<td>1311</td>
</tr>
<tr>
<td>Invotec International, Inc.</td>
<td>1740</td>
</tr>
<tr>
<td>IRRISEPT</td>
<td>2736</td>
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<tr>
<td>Kimera Labs, Inc.</td>
<td>1736</td>
</tr>
<tr>
<td>Leonisa</td>
<td>1839</td>
</tr>
<tr>
<td>Lipocube Biotechnology</td>
<td>1427</td>
</tr>
<tr>
<td>Liposales</td>
<td>1430</td>
</tr>
<tr>
<td>Lumenis</td>
<td>1517</td>
</tr>
<tr>
<td>Lutronic Inc.</td>
<td>1539</td>
</tr>
<tr>
<td>Marena</td>
<td>1742</td>
</tr>
<tr>
<td>Marina Medical Instruments, Inc.</td>
<td>1829</td>
</tr>
<tr>
<td>Medi Loupes</td>
<td>2302</td>
</tr>
<tr>
<td>Medical Z</td>
<td>2337</td>
</tr>
<tr>
<td>Medshark Digital</td>
<td>2050</td>
</tr>
<tr>
<td>Mentor Worldwide, LLC</td>
<td>1608</td>
</tr>
<tr>
<td>Merz Aesthetics</td>
<td>2319</td>
</tr>
<tr>
<td>Micrins</td>
<td>2022</td>
</tr>
<tr>
<td>MicroAire Surgical Instruments</td>
<td>1722</td>
</tr>
<tr>
<td>Midmark Corporation</td>
<td>1532</td>
</tr>
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<td>Mission Plastics</td>
<td>3106</td>
</tr>
<tr>
<td>Modern Aesthetics</td>
<td>2432</td>
</tr>
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<td>Modernizing Medicine, Inc.</td>
<td>1438</td>
</tr>
<tr>
<td>Moeller Medical GmbH.</td>
<td>1851</td>
</tr>
<tr>
<td>MRKTMade</td>
<td>1738</td>
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<td>MTF Biologics</td>
<td>1930</td>
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<tr>
<td>MyLevite</td>
<td>1937</td>
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<tr>
<td>MyMedLeads</td>
<td>2631</td>
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<td>Nadia International, Inc.</td>
<td>1933</td>
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<tr>
<td>Neon Canvas</td>
<td>1400</td>
</tr>
<tr>
<td>NewBeauty/SANDOW</td>
<td>2351</td>
</tr>
<tr>
<td>Newmedicancy Technology, Inc.</td>
<td>2243</td>
</tr>
<tr>
<td>Nextech</td>
<td>2525</td>
</tr>
<tr>
<td>NKPP Medical Marketing, Inc.</td>
<td>2436</td>
</tr>
<tr>
<td>Nutrafol</td>
<td>2156</td>
</tr>
<tr>
<td>Obagi Medical</td>
<td>2153</td>
</tr>
<tr>
<td>Oleeva by Bio Med Sciences, Inc.</td>
<td>1343</td>
</tr>
<tr>
<td>onPeak</td>
<td>316</td>
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<tr>
<td>oVioTechnologies, Inc.</td>
<td>2350</td>
</tr>
<tr>
<td>PatientFI, LLC</td>
<td>2042</td>
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<td>Payment Technologies Group</td>
<td>2150</td>
</tr>
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<td>PCA SKIN</td>
<td>2037</td>
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<tr>
<td>Pintler Medical</td>
<td>1424</td>
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<tr>
<td>Plastic and Reconstructive Surgery</td>
<td>1823</td>
</tr>
<tr>
<td>Plastic Surgery Studios</td>
<td>1733</td>
</tr>
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<td>PMT Corporation</td>
<td>1836</td>
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<td>2737</td>
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<td>ProMedical IT</td>
<td>2652</td>
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<td>Quality Medical Publishing, Inc.</td>
<td>1927</td>
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<td>2733</td>
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<td>ReaSelf</td>
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<td>Red Spot Interactive</td>
<td>1317</td>
</tr>
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<td>Revance Aesthetics</td>
<td>2308</td>
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<td>1437</td>
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<td>Revision Skincare</td>
<td>2531</td>
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<td>Rhosse Medical</td>
<td>2301</td>
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<td>Ronin Surgical Corp.</td>
<td>1301</td>
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<td>Rosemont Media, LLC</td>
<td>1923</td>
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<td>1631</td>
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<td>Senté, Inc.</td>
<td>2138</td>
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<td>SEOversite</td>
<td>1902</td>
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<td>Sientra, Inc.</td>
<td>2309</td>
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<td>skinbetter science</td>
<td>1313</td>
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<td>SkinCeuticals</td>
<td>1751</td>
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<tr>
<td>Skinuva</td>
<td>1931</td>
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<td>Societe Francaise des Chirurgiens Esthetiques Plasticiens</td>
<td>2730</td>
</tr>
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<td>Sofwave</td>
<td>1537</td>
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<td>Solta Medical, a division of Bausch Health US, LLC</td>
<td>1714</td>
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<td>Stille Surgical, Inc.</td>
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<td>Sunvea Medical</td>
<td>1617</td>
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<td>Surgical Innovation Associates, Inc. (SIA)</td>
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<td>Symplast</td>
<td>2026</td>
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<tr>
<td>Terason</td>
<td>2445</td>
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<td>1541</td>
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<td>2017</td>
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<td>The HydraFacial® Company</td>
<td>1309</td>
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<td>Thieme Medical Publishers</td>
<td>1339</td>
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<tr>
<td>TouchMD</td>
<td>1700</td>
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<tr>
<td>Tulip Medical Products</td>
<td>2419</td>
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<td>Tuttnauer USA</td>
<td>2344</td>
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<tr>
<td>U.S. Under Skin</td>
<td>1950</td>
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<td>Ultimate Contour</td>
<td>1345</td>
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<td>Utah Medical Products, Inc.</td>
<td>2637</td>
</tr>
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<td>Venus Concept</td>
<td>2539</td>
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<td>Vivant Skin Care</td>
<td>1443</td>
</tr>
<tr>
<td>Wasserman Medic</td>
<td>1426</td>
</tr>
<tr>
<td>Weave</td>
<td>1431, 2141</td>
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<tr>
<td>WebMD &amp; JustBreastImplants</td>
<td>1615</td>
</tr>
<tr>
<td>Wells Johnson</td>
<td>1623</td>
</tr>
<tr>
<td>Women Aesthetic Surgeons’ (WAS) Lounge</td>
<td>2623</td>
</tr>
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<td>1329</td>
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<td>Yellow Telescope</td>
<td>1900</td>
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<tr>
<td>Yes Doctor Corporation</td>
<td>1326</td>
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<td>Young Pharmaceuticals</td>
<td>1630</td>
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<td>Zero Gravity Skin</td>
<td>1321</td>
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<tr>
<td>ZO Skin Health</td>
<td>1640</td>
</tr>
</tbody>
</table>

Exhibitor List as of March 9, 2022. For the most updated list of exhibitors and booth numbers, please download the meeting app.
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February 1969
February 1970
May 1971
May 1972
March 1973
March 1974
May 1975
April 1976
March 1977
May 1978
May 1979
May 1980
April 1981
April 1982
April 1983
March 1984
April 1985
April 1986
March 1987
March 1988
April 1989
April 1990
April 1991
May 1992
April 1993
April 1994
March 1995
April 1996
May 1997
May 1998
May 1999
May 2000
May 2001
April 2002
May 2003
April 2004
April 2005
April 2006
April 2007
May 2008
May 2009
April 2010
May 2011
May 2012
April 2013
April 2014
May 2015
April 2016
April 2017
April 2018
May 2019
April 2020
April 2021
April 2022

New Orleans, LA
Miami, FL
Atlanta, GA
Boston, MA
Caribbean Cruise
Newport Beach, CA
New Orleans, LA
Vancouver, B.C.
Atlanta, GA
Los Angeles, CA
San Francisco, CA
Colorado Springs, CO
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Las Vegas, NV
Los Angeles, CA
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New Orleans, LA
Los Angeles, CA
San Francisco, CA
Orlando, FL
Chicago, IL
New York, NY
Los Angeles, CA
Boston, MA
Dallas, TX
San Francisco, CA
Orlando, FL
New York, NY
Los Angeles, CA
Dallas, TX
Orlando, FL
New York, NY
Las Vegas, NV
Boston, MA
Vancouver, B.C. Canada
New Orleans, LA
Orlando, FL
New York, NY
San Diego, CA
Las Vegas, NV
Washington, D.C.
Boston, MA
Vancouver, B.C. Canada
New York, NY
San Francisco, CA
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Douglas S. Steinbrech, MD—Vice Commissioner

Aesthetic Training Committee
Kiya Movassaghi, MD, DMD—Chair

Continuing Medical Education Committee
Steven G. Wallach, MD—Chair

International Fellowship Program
Julio L. Garcia, MD—Chair

Patient Safety Committee
James Fernau, MD—Chair

Program Committee
Nolan S. Karp, MD—Chair

RADAR Resource Editorial Committee
Gabriele C. Miotti, MD—Chair

Symposium Committee
Clark F. Schierle, MD—Chair

Teaching Course Subcommittee
Michael R. Lee, MD—Chair

Traveling Professor Program
Steven G. Wallach, MD—Services Coordinator
M. Bradley Calobrace, MD
Michael C. Edwards, MD
Heather J. Furnas, MD
Caroline A. Glicksman, MD, MSJ
John E. Hoopman, CMLSO
Leo R. McCafferty, MD
Patricia A. McGuire, MD
Renato Saltz, MD
Steven R. Sigalove, MD
Chris Surok, DO
Holly Wall, MD

MEMBERSHIP COMMISSION
Trent D. Douglas, MD—Commissioner
Onelio Garcia, MD—Vice Commissioner

Application Review Committee
Michael C. Edwards, MD—Chair

International Committee
Peter B. Scott, MD, MD—Chair

Leadership Development Committee
Clyde H. Ishii, MD—Chair

Nominating Committee
Laurie A. Casas, MD—Chair

Women Aesthetic Surgeons Committee
Anureet Bajaj, MD—Chair

Young Aesthetic Plastic Surgeons Committee (YAPS)
Mark Albert, MD—Chair

Resident & Fellows Forum Workgroup
K. Kye Higdon, MD—Chair

ADVISORY

Representative to the AMA CPT/RUC Committees
Paul R. Weiss, MD

AMA Young Physician Section Delegate
Matthew J. Nykiel, MD

Representative to the AMA Women Physicians Congress
Michele A. Manahan, MD

Continued on Page 20

Aesthetic Society News • Spring 2022
Governor on the American College of Surgeons
Herluf G. Lund, Jr., MD

Representative to the ACS Advisory Council for Plastic & Maxillofacial Surgery
Brian K. Brzowski, MD

Representatives to the ABPS Cosmetic/Breast Advisory Council
Nolan S. Karp, MD
Daniel C. Mills, II, MD

Liaison to the FDA
William P. Adams Jr., MD

Legal Counsel
Robert H. Aicher, Esq.

Executive Director
Sue M. Dykema, CAE

Executive Director Emeritus
Robert Stanton

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.

ASERF BOARD OF DIRECTORS
Louis L. Strock, MD—President
Bruce W. Van Natta, MD—President-Elect
Onelio Garcia, MD—Treasurer
Caroline A. Glicksman, MD, MSJ—Secretary
William P. Adams Jr., MD—The Aesthetic Society President
Jennifer L. Walden, MD—The Aesthetic Society President-Elect
Melinda J. Haws, MD—The Aesthetic Society Vice President

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Gabriele C. Miotto, MD
Ivona Percec, MD
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David A. Sieber, MD

Trustees
Al Aly, MD
Barry E. DiBernardo, MD
Luis M. Rios Jr., MD
Robert Whitfield, MD

COMMITTEES & CHAIRS
BIA-ALCL Patient Assistance & Mollenkopf Breast Reconstructions Funds - Grant Review Committee
Luis M. Rios Jr., MD—Chair

Bylaws Committee
Michael C. Edwards, MD—Chair

Career Achievement Award (ad hoc)
Douglas S. Steinbrech, MD

Finance & Investment Task Force
Onelio Garcia, MD—Chair
Bruce W. Van Natta, MD—Co-Chair

Fund Development Committee
Onelio Garcia, MD—Chair

Innovative Procedures Committee
Jamil Ahmad, MD—Chair
Simeon H. Wall Jr., MD—Co-Chair

Nominating Committee
Laurie A. Casas, MD—Chair

Scientific Research Committee
Caroline A. Glicksman, MD, MSJ—Co-Chair
David A. Sieber, MD—Co-Chair

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
V. Leroy Young, MD 2011–2012
Joe M. Gryskiewicz, MD 2012–2013
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
Louis L. Strock, MD 2021–2022

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.
Daniel A. Del Vecchio, MD; New York, NY 2018
Vasilios S. Lambros, MD; New Orleans, LA 2019
Caroline A. Glicksman, MD, MSJ and Patricia A. McGuire, MD 2021
Miami Beach, FL

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.
Tim Papadopoulos, MD; New York, NY 2018
Holly Casey Wall, MD; New Orleans, LA 2019
Steven Teitelbaum, MD; Miami Beach, FL 2021

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.
Rod J. Rohrich, MD; New York, NY 2018
Nolan S. Karp, MD; New Orleans, LA 2019
G. Jackie Yee, MD; Miami Beach, FL 2021

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).
Arthur Swift, MD; New York, NY 2018
Simeon H. Wall Jr., MD; New Orleans, LA 2019
Dino Elyassnia, MD Miami Beach, FL 2021

Volunteer Recognition and Awards

Continued from Page 19

Continued on Page 21
Awards

Continued from Page 19

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.
Francisco G. Bravo, MD; New York, NY 2018
Yoav Barnea, MD; New Orleans, LA 2019
Luis Humberto Urbe Morelli, MD; Miami Beach, FL 2021

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.
Barry E. DiBernardo, MD; New York, NY 2018
James Fernau, MD; New Orleans, LA 2019
Francisco “Paco” Canales, MD Miami Beach, FL 2021

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.)
Ali A. Qureshi, MD; New York, NY 2018
Christopher C. Surek, DO; New Orleans, LA 2019
Justin L. Perez, MD; Miami Beach, FL 2021

BEST JOURNAL ARTICLE
This award is for the best aesthetic surgery article published in Aesthetic Surgery Journal.
2019 Domestic: Update on Avoiding and Treating Blindness From Fillers: A Recent Review of the World Literature, Katie Beleznay, MD, FRCP; Jean D.A. Carruthers, MD, FRCS, FRC (OPHTH); Shannon Humphrey, MD, FRCP; Alastair Carruthers, MD, FRCP, and Derek Jones, 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. Gonzalez-Gutiérrez, MD, and César Felipe Ploneda-Valencia, MD

2020 Domestic: Int 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

2021 Domestic: A Practical Guide to Managing Patients With Systemic Symptoms and Breast Implants, Patricia A. McGuire, MD; Daniel J. Clauw, MD; Jason Hammer, MD; Melinda J. Haws, MD; William P. Adams, Jr., MD
2021 International: Aspiration Before Tissue Filler—An Exercise in Futility and Unsafe Practice, Greg J. Goodman, MBBS, FACD, GradDipClinEpi, MD; Mark R. Magnusson, MBBS, FRACS, Peter Callan, MBBS, FRACS, MBA; Stefania Roberts, MA, MBBS, FRACP; Sarah Hart, MBChB, NZSCM, Frank Lin, MBBS, FRACS; Eqram Rahman, MBBS, MS, PhD; Cara B. McDonald, MBBS, FACD; Steven Liew, MBBS, FRACS; Cath Porter, MBBS, Niamb Corduff, FRACS, Michael Clague, BA

BEST AESTHETIC SURGERY JOURNAL RESEARCH PAPER
This award is for the best aesthetic surgery research paper published in The Aesthetic Surgery Journal.
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
2021: Safety Considerations of Fat Grafting in Buttock Augmentation, Rebecca C. O’Neill, MD; Summer E. Hanson, MD, PhD, FACS; Edward Reece, MD, MBA, FACS, Sebastian Winocour, MD, MSc, FACS

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; 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
2021: Breast Implant Illness: An Expert-Panel Discussion on Current Research, Jeffrey M. Kenkel, MD, FACS, Caroline A. Glicksman, MD, MSJ; Patricia A. McGuire, MD; Luis M. Rios Jr., MD; William P. Adams Jr., MD

BEST AESTHETIC SURGERY JOURNAL OPEN FORUM INTERNATIONAL PAPER
This award is for the best International paper published in the Aesthetic Surgery Journal Open Forum.
2021: The Usefulness of Magnetic Resonance Angiography to Analyze the Variable Arterial Facial Anatomy in an Effort to Reduce Filler-Associated Blindness: Anatomical Study and Visualization Through an Augmented Reality Application, Marc Mespreuve, MD, PhD; Karl Waked, MD; Barbara Collard, MD; Joris De Ranter, MD; Francis Vanneste, MD; Benoit Hendrickx, MD, PhD

BEST AESTHETIC SURGERY JOURNAL OPEN FORUM RESEARCH PAPER
This award is for the best paper published in the Aesthetic Surgery Journal Open Forum.
2021: The Combined Effect of Intravenous and Topical Tranexamic Acid in Liposuction: A Randomized Double-Blinded Controlled Trial, Nicolas M. Abboud, MD, Ayush K. Kapila, MBBS, MD, MRCS; Sofie Abboud, Elie Yaacoub, MD; Marwan H. Abboud, MD
Awards

Continued from Page 21

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. Grotting, MD 2018
- Laurie A. Casas, MD 2019
- Leo R. McCafferty, MD 2021

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.

- Mary L. Jewel, RPT 2019
- Geoffrey R. Keyes, MD 2020
- Joe M. Gryskiewicz, MD 2020
- Z. Paul Lorenc, MD 2020
- Barry E. DiBernardo, MD 2022

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.

- Leo R. McCafferty, MD 2017
- James C. Grotting, MD 2020
- Michael C. Edwards, MD 2021

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.

- Robert Singer, MD 2018
- Daniel C. Mills, MD 2019
- Richard J. Warren, MD 2019
- Kevin Charles 2021

SPECIAL AWARD
William P. Adams Jr., MD 2019
Melinda J. Haws, MD 2019
Tracy M. Pfeifer, MD 2020
Jamil Ahmad, MD 2021
Michael A. Bogdan, MD, MBA 2021
James Fernau, MD 2021
Nolan S. Karp, MD 2021
Kevin Charles 2021

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
- Steven R. Sigalove, MD; Miami Beach, FL 2021

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
Volunteer Services to the Children of Ecuador

- Tolbert Wilkinson, MD 2009
- Gang Tattoo Removal Program of Texas
- Jack E. Demos, MD 2013
- Founder, Surgicorps, International
- Joe M. Gryskiewicz, MD 2015

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 2019
- New Orleans, LA
- Nneamaka Nwubah, MD 2019
- New Orleans, LA
- Justin Bellamy, MD; Miami Beach, FL 2021
- Shirley Shue, MD; Miami Beach, FL 2021

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 2004
- Vancouver, B.C. Canada

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.

- Osvaldo Saldanha, MD; Boston, MA 2011
- Alfredo E. Hoyos, MD; New York, NY 2018
- Daniel A. Del Vecchio, MD 2019
- New Orleans, LA
- Douglas S. Steinbrech, MD; Miami Beach, FL 2021

Continued on Page 23
Awards
Continued from Page 22

2020 Education Awards

THE AESTHETIC MEETING 20/20 @HOME

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

Best Body Presentation
Michele A. Shermak, MD
Addressing the Extremities After Massive Weight Loss: Thighplasty

Best Face Presentation
Michael R. Lee, MD
Platysmaplasty: Medial, Lateral or Both?

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

Best Teaching Course
William P. Adams Jr., MD, Carolyn A. Glicksman, MD, MSJ, and Patricia A. McGuire, MD
Integrating High Resolution Ultrasound into Your Practice

THE AESTHETIC SERIES VIRTUAL SYMPOSIA

Best Presentation from Experienced Insights in Breast and Body
Simeon H. Wall Jr., MD
Optimizing Abdominoplasty

Best Presentation from Premier Global Hot Topics
Barry E. DiBernardo, MD and Jason Pozner, MD
Hot New Tech and Innovations: What’s Here and What’s on the Horizon

Best Presentation from Nuances and Techniques 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 M. Kosins, MD
Approaches to Dorsal Preservation

ANN delivers on the technological promise to help answer your questions by providing user-friendly dashboards with the most advanced data analytics for your aesthetic practice. Leveraging your data has never been easier.

ANN is a complimentary and exclusive benefit available only to Active Members of The Aesthetic Society in the US.

Get instant access to your data
Access procedural data, practice productivity, patients’ spending patterns, and more—all in one place and faster than ever.

Insights you can act on
Discover ways how to optimize your practice’s productivity and target marketing efforts.

Know your trends
Easily track the efforts and trends of your practice with newly refreshed dashboards and visuals.

Track your progress
See how your practice is performing now, and how it compares to previous years.
THE AESTHETIC CRUISE 2022

July 9–21, 2022

Chair: Joseph Hunstad, MD
Vice Chair: Tim Papadopoulos, MD

This activity has been approved for AMA PRA Category 1 credit™

OCEANIA CRUISES

Marina

• Portsmouth, UK
• Skagen, Denmark
• Kiel, Germany
• Karlskrona, Sweden
• Helsinki, Finland
• Tallinn, Estonia
• Riga, Latvia
• Copenhagen, Denmark

meetings.theaestheticsociety.org/cruise
Three Full Days of Education for Your Team at The Aesthetic Meeting 2022

The Aesthetic Meeting has long been known as the pinnacle of education for aesthetic plastic surgeons. But a great aesthetic practice requires more than an exceptional surgeon; it takes an entire team that goes beyond. That’s why the meeting is now the go-to destination for a surgeon’s entire staff. Included with registration are three full days of aesthetic care team education, provided by the foremost experts in the practice management arena.

FRIDAY, APRIL 22
9:30am – 11:00am
Transitioning Your Practice—Mergers and Acquisitions
Karen Zupko

11:00am – 12:30pm
Transitioning Your Practice—“I’ve Walked Down this Road”
Karen Zupko

2:00pm – 3:30pm
Transitioning Your Practice—How to Find Your Match
Amy Anderson

3:30pm – 4:00pm
End of Career Transition
Enrique Fernandez, MD

SATURDAY, APRIL 23
9:30am – 10:30am
Opening a Medi-Spa in Your Practice—Making the Plan
Daniel Gould, MD and Alex Thiersch

10:30am – 11:15am
Maintaining a Med-Spa in Your Practice—Making it Work for You
Bradley Calobrace, MD

11:15am – 12:00pm
Teamwork! Spa/Skincare/Physician
Suzanne Rogers-Hauck, RN

An Afternoon of ISPAN Programing
Geri Obi, MSN, ARNP, RN, CPSN, ISPAN – F
Kathy Morti, RN BSN, CANS, CPSN, ISPAN – F

2:00pm – 3:00pm
“Is this Device Safe?”—Are You Using Safe and Effective Products That Have Been Registered or Cleared by the FDA?

3:00pm – 4:00pm
Hot Topic—“Microstamping and Micro-Injections”—A Review of Techniques and Devices Available

4:00pm – 4:30pm
Break

4:30pm – 5:30pm
“The Certified Aesthetic Nurse Specialist Exam” Why You Should Become CANS Certified, What You Need to Know, and What Resources are Available to Help You

SUNDAY, APRIL 24
9:30am – 10:00am
Promoting the Specialty—Media Alternatives
Troy Pitman, MD

10:00am – 10:30am
Social Media—What Makes It Special
Daniel Gould, MD and Erica Crawford

10:30am – 11:00am
Employment Models and Compensation First
Brad Attado, Esq.

11:00am – 11:45am
Navigating the Job Market
Matthew Vukovich

11:45am – 12:30pm
Sales—The Life Blood of Every Successful Business
Terri Ross

2:30pm – 3:00pm
Making ANN and Aesthetic One Work for You—Data is King
Kyndra Lee

3:00pm – 4:00pm
Building Your Dream Team—Onboarding and Developing Employees for Success
Amy Anderson and Tommi Winter

4:00pm – 5:00pm
Culture and Leadership: How to Prevent Employee Turnover
Terri Ross

Program subject to change

AESTHETIC CARE TEAM AFFILIATE PROGRAM

It’s time.

Now your entire staff can be a part of The Aesthetic Society.
To truly deliver on those pillars, your entire care team should embody them too.

Benefits of Enrolling Your Staff:

- Discounted registration fees for meetings and symposia, whether face to face or online, with education tailored to your staff’s needs
- Subscriptions to RADAR Resource and Aesthetic Society News, filled with content tailored for your Aesthetic Care Team
- Access to professional development and dedicated networking opportunities
- Your practice is enrolled, so membership is transferable between staff
- A terrific employee retention tool

Welcome your team to The Aesthetic Society family.
Learn More & Enroll At: theaestheticsociety.org/aestheticcareteam
The Aesthetic Society 2022–2023
Members To Vote on Slate of Candidates

Active members of The Aesthetic Society will hear reports on Society business and elect new officers for 2022–2023 during The Aesthetic Society/ASERF Annual Business Luncheon. All Active Members are invited to attend on Saturday, April 23, 2022 at 12 noon during The Aesthetic Meeting 2022 in San Diego, CA.

PRESIDENT
(automatic from President-Elect)
Jennifer L. Walden, MD, FACS
Austin, TX
Private Practice, Clinical Assistant Professor, UT Southwestern Medical Center
Current Board Position: President-Elect
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
National Affiliations: The Aesthetic Society, ASERF, ASPS, ISAPS, AAPS, AAAASF, and AWS
ABPS Certification: 2005

VICE PRESIDENT
(1 year term)
Kiya Movassaghi, MD, DMD, FACS
Treasurer
Current Aesthetic Society/ASERF Committee Work:
The Aesthetic Society Executive Committee, Finance & Investment Committee (Chair), Industry Policy Committee, Industry Support Committee (Vice Chair), Aesthetic Training Committee (Chair), Publications Committee, Application Review Committee (Vice Chair), and Inclusion & Diversity Committee
National Affiliations: The Aesthetic Society, ASERF, ASPS, NWSPS and OPS
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

PRESIDENT-ELECT
(1 year term)
Melinda J. Haws, MD
Nashville, TN
Private Practice
Current Board Position: Vice President
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, and Inclusion & Diversity 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)
Tracy M. Pfeifer, MD
New York, NY
Private Practice
Current Board Position: Secretary
Current Aesthetic Society/ASERF Committee Work: The Aesthetic Society Executive Committee, Industry Relations Committee (Chair), Finance & Investment Committee, Website Committee, Limitless Leaders Steering Committee
National Affiliations: The Aesthetic Society, ASERF, ACS, AAPS, ASPS, and 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

SECRETARY
(1 year term)
Jamil Ahmad, MD
Toronto, Ontario, Canada
Private Practice; Assistant Professor, Department of Surgery, University of Toronto
Current Board Position: Member-at-Large
The Aesthetic Society/ASERF Committee Work: The Aesthetic Society Board of Directors, Education Commissioner; Industry Policy Committee, Continuing Medical Education Committee, Finance & Investment Committee, Inclusion & Diversity Committee, ASERF Innovative Procedures Committee (Co-Chair), ASJ Editorial Board, ASJ Social Media Ambassador, ASJ Open Forum Editorial Board
National Affiliations: The Aesthetic Society, ASERF, CSAPS, CSPS, ISAPS, and The Rhinoplasty Society
Training: Medical School, Royal College of Surgeons in Ireland; Integrated Plastic Surgery, University of Texas Southwestern Medical Center; Breast Reconstruction Fellowship, University of Toronto
Royal College of Physicians and Surgeons: 2010

MEMBERS-AT-LARGE
(3-year terms)

M. Bradley Calobrace, MD
Louisville, KY
Private Practice, Gratis Clinical Faculty, University of Louisville, Gratis Clinical Faculty, University of Kentucky
Current Aesthetic Society/ASERF Committee Work: Aesthetic Training Committee, Inclusion & Diversity Committee, Informed Consent Task Force, Traveling Professor Program, BIA-ALCL Task Force (Chair), ASJ Editorial Board, Aesthetic Fellowship Program (Director)
National Affiliations: The Aesthetic Society, ASPS, ACS, ISAPS, Alpha Omega Alpha Honor Society, SSRS
Training: Indiana University Medical School; USC

Continued on Page 27
SOCIETY NEWS

MEMBERS-AT-LARGE
(3-year terms)
Continued from Page 26

Trent D. Douglas, MD
Greenbrae, CA
Private Practice
Current Board Position: Member-at-Large
Current Aesthetic Society Committee Work: The Aesthetic Society Board of Directors, Membership Commissioner, Membership Task Force, Finance & Investment Committee, Continuing Medical Education Committee, Industry Exhibits Committee, Program Committee
National Affiliations: The Aesthetic Society, ASPS, and CSPS
Training: Emory University School of Medicine, Plastic Surgery 2003-06; Naval Medical Center San Diego, General Surgery 1999-2003
ABPS Certification: 2007, 2017

Lorne K. Rosenfield, MD
Burlingame, CA
Private Practice, Professor
UCSF, Stanford and Duke University
Current Board Positions: Member-at-Large
Aesthetic Society/ASERF Committee Work: The Aesthetic Society Board of Directors, Industry Support Committee, Patient Safety Committee, Symposium Committee, ASJ Editorial Board, ASERF Research Committee
National Affiliations: The Aesthetic Society, ASPS, AAPA, ISAPS, AAAASF, and ABPS
Training: University of Manitoba, Canada, St. Mary’s Hospital, San Francisco, Baylor College of Medicine, Texas, Anderson Hospital, Texas
ABPS Certifications: 1987

TRUSTEE
(3-year term)
Mark L. Jewel, MD
Eugene, OR

APPLICATION REVIEW COMMITTEE
(3-year terms)

Allen Gabriel, MD
Vancouver, WA
(Northwest)

Salvatore J. Pacella, MD
San Diego, CA
(So. California)

Effie P. Politis, MD
Tampa, FL
(Florida)

ETHICS COMMITTEE
(3-year terms)

Al B. Cohn, MD
Vestavia Hills, AL
(Southeast)

Tiffany McCormack, MD
Reno, NV
(Far West)

Those continuing in positions:

MEMBERS-AT-LARGE

R. Brannon Claytor, MD
(until 2024)
Bryn Mawr, PA

Grady B. Core, MD
(until 2024)
Birmingham, AL

Luis M. Rios Jr, MD
(until 2023)
Edinburg, TX

Douglas S. Steinbrech, MD, FACS
(until 2023)
New York, NY

Marissa J. Tenenbaum, MD
(until 2024)
St. Louis, MO

Steven G. Wallach, MD, FACS
(until 2023)
New York, NY

JUDICIAL COUNCIL
(3-year term)

Francisco “Paco” L. Canales, MD
Santa Rosa, CA
(Far West)
Active members of the Aesthetic Surgery Education and Research Foundation (ASERF) will hear reports on Foundation business and elect new officers for 2022–2023 during the ASERF Annual Business Meeting Luncheon. All Active Members are invited to attend on Saturday, April 23, 2022 at 12 noon during The Aesthetic Meeting 2022 in San Diego, CA.

**PRESIDENT** (automatic from President-Elect)

Bruce W. Van Natta, MD
Indianapolis, IN
Private Practice, Clinical Associate Professor of Plastic Surgery, Indiana University School of Medicine

Current ASERF Board Position: President-Elect

Current Aesthetic Society/ASERF Committee Work: ASERF Executive Committee, ASERF Finance & Investment Task Force (Co-Chair), and BIA-ALCL Committee

National Affiliations: The Aesthetic Society, ASERF, ABPS, and ACS

Training: Indiana University School of Medicine, Indiana University Hospital

ABPS Certification: 1991

**SECRETARY** (1 year term)

Gabriele C. Miotto, MD
Atlanta, GA
Private Practice, Adjunct Assistant Professor of Plastic and Reconstructive Surgery, Emory University

Current ASERF Board Position: Director

Current Aesthetic Society/ASERF Committee Work: ASERF Board of Directors, RADAR Resource Editorial Committee (Editor), ASJ Editorial Board

National Affiliations: The Aesthetic Society, ASERF, ISAPS

Training: Federal University of Rio Grande do Sul, Emory University School of Medicine, Atlanta, GA; University of Illinois at Urbana, Champaign, IL

Brazilian Medical Board: 2001

Completing term vacated by Dr. Glicksman

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**VICE PRESIDENT** (1 year term)

Onelio Garcia Jr., MD
Miami, FL
Private Practice; Vol. A. Professor, Division of Plastic Surgery, University of Miami, Miller School of Medicine

Current ASERF Board Position: Treasurer

Current Aesthetic Society/ASERF Committee Work: ASERF Executive Committee, ASERF Finance & Investment Task Force (Co-Chair), Application Review Committee, and Gluteal Fat Grafting Task Force

National Affiliations: The Aesthetic Society, ASERF, ASPS, ISAPS, SESPRS, and FSPS

Training: University Hospital, Jacksonville, University of Florida

ABPS Certification: 1986

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**PRESIDENT-ELECT** (1 year term)

Caroline A. Glicksman, MD, MSJ
Sea Girt, NJ
Private Practice; Assistant Clinical Professor of Surgery, Hackensack Meridian School of Medicine

Current ASERF Board Position: Secretary

Current Aesthetic Society/ASERF Committee Work: ASERF Executive Committee, Traveling Professor Program, ASJ Editorial Board, ASJ Open Forum Editorial Board, ASERF Finance & Investment Task Force, Informed Consent Task Force (Co-Chair), ASERF Scientific Research Committee (Co-Chair), Aesthetic One App Task Force, RADAR Resource Editorial Committee, and ASERF Membership Committee (Chair)

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

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**DIRECTOR** (1 year term)

Rafael A. Couto, MD
San Juan, PR
Private Practice

Current Aesthetic Society/ASERF Committee Work: Program Committee, Inclusion & Diversity Committee, Young Aesthetic Plastic Surgeons Committee

National Affiliations: The Aesthetic Society (Candidate), ASERF, ASPS (Candidate), PRSPS, Alpha Omega Alpha Medical Honor Society

Training: Cleveland Clinic Foundation, Aesthetic Society endorsed Aesthetic Surgery Fellowship, University of Texas Southwestern Medical Center

ABPS Certification: 2021

Completing term vacated by Dr. Pat McGuire

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**TREASURER** (2 year term)

Patricia A. McGuire, MD
St. Louis, MO
Private Practice

Current ASERF Board Position: Director

Current Aesthetic Society/ASERF Committee Work: ASERF Board of Directors, Ethics Committee, Bill Task Force, Informed Consent Task Force, Traveling Professor Program, and ASERF Scientific Research Committee

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

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

ABPS Certification: 1993

Continued on Page 29
Thank You ASERF President’s Circle Members!

Join your colleagues and support aesthetic surgery research and education.
Scan the code above to donate to ASERF today!

Who will be next?
Moving fat from one part of the body to another is a procedure that has been around since the late 1800s, and because fat transfers have been a reliable source of volume for faces, butts and breasts, their popularity continues to grow. "It can fill in scars and dimples, and plump hollow cheeks and hands," says plastic surgeon Alan Durkin, MD. "Instead of creating collagen, it induces natural rejuvenation or hand rejuvenation, "especially in older patients when the fat has atrophied, leaving a skinny, veiny tendons," says Dr. Simon. Fat transfer to the hands results in reduced skin laxity and barely visible superficial veins.

"Breast augmentation can be performed with natural fat transfer for a subtle increase in volume," says Houston plastic surgeon Kriti Mohan, MD. "It can also contour the outer hip, produce an hourglass shape in the hip, and result in a hip dip," explains Dr. Mohan. Although a popular surgery, Mark Jewell, MD says it’s also one that carries certain risks, including a high mortality rate in the cases of breast cancer patients who want to replace the loss of breast tissue. A Brazilian Butt Lift is a fat transfer to the butt. "It adds more fullness and you can also contour the outer hip, produce an hourglass shape in the hip, and result in a hip dip," explains Dr. Mohan. Although a popular surgery, Mark Jewell, MD says it’s also one that carries certain risks, including a high mortality rate in the cases of breast cancer patients who want to replace the loss of breast tissue.

In certain places we cannot be said for our bodies. While we may not want extra body fat around our waistlines, to reshape the breasts and butt, a little bit of fat can go a long way. This is where autologous fat transfers come in. Here, we explore how long this fat can last and how long the benefits will continue.
A Conversation on BII and Its Breaking Research

Melinda J. Haws, MD
Interviewer

Patricia A. McGuire, MD
Interviewee

Caroline A. Glicksman, MD, MSJ
Interviewee

MH: Thank you so much, Pat and Caroline, for joining me today! I’d love to talk to you about the ‘big paper,’ the one that you two spearheaded and I was lucky enough just to contribute patients to. Let’s start from the beginning. What’s the background? Why did you decide now is the time we needed a breast implant illness paper, in particular a prospective data paper?

PM: I started seeing increasing numbers of patients around 2016, right when BIA-ALCL was recognized by the WHO as the fourth form of anaplastic large cell lymphoma. They weren’t just concerned about ALCL, they were also concerned about a variety of symptoms they had developed since they had implants placed. Increasingly they had specific requests placed. Increasingly they had specific requests they had developed since they had implants also concerned about a variety of symptoms weren’t just concerned about ALCL, they were was recognized by the WHO as the fourth of patients around 2016, right when BIA-ALCL of the study, we included a detailed psychosocial investigation. Many of the reported symptoms included anxiety, depression, cognitive impairment, sleep disturbances—that have not been fully studied prospectively. We also needed to collect enough specimens to be statistically significant. We knew this was required to answer questions the FDA, patients, and surgeons. Our first question was whether the type of capsulectomy performed at the time of implant removal made a difference in symptom improvement.

PM: Yes, I want to emphasize that point. The next step was to design a study that would be prospective, blinded and include two cohorts of patients with breast implants, one that self-reported systemic symptoms that they attributed to their implants and a second cohort that had implants and systemic symptoms that they did not attribute to their implants as well as a control group that never had any implanted medical device. The study design included run in two parts. We wanted to look at biospecimens which included the capsules for the presence of bacteria, pathology, and to identify any heavy metals. We also took blood from all three cohorts on the day of surgery. For the second part of the study, we included a detailed psychosocial investigation. Many of the reported symptoms included anxiety, depression, cognitive impairment, sleep disturbances—that have not been fully studied prospectively. We also needed to collect enough specimens to be statistically significant. We knew this was required to answer questions the FDA, patients, and surgeons. Our first question was whether the type of capsulectomy performed at the time of implant removal made a difference in symptom improvement.

PM: The other question I received was whether there were enough patients to achieve statistical significance. Before we started, we knew these biospecimen analyses were going to be expensive: we did peripheral blood for CBC, thyroid function, vitamin D levels, we looked at 12 different cytokines, CRP, heavy metals testing, routine pathology, next-generation DNA sequencing... it was going to be expensive! So we needed

MH: That concern worried me too. I was worried about increasing distrust of plastic surgeons, especially when I started to hear about some surgeons taking advantage of patients, having them spend incredible amounts of money, and saying that only select surgeons could perform capsulectomies correctly.

CG: We really needed to collect specimens on all the patients as the capsule tissue was necessary for pathology, heavy metals testing, and testing of microbes. We needed enough specimens to be able to obtain statistically significant data, so we did not have a group of patients with no capsulectomy.

PM: More than just a tiny biopsy was required in order to do the heavy metals testing. The lab required approximately 10 grams of tissue to perform the metals analysis. Some of the capsules were very thin, so even the partial capsulectomy resulted in more than just a small piece of tissue removed, and was why all patients were at least a partial capsulectomy.

MH: You have presented this data in a lot of different formats to a lot of plastic surgeons. What are the biggest questions or comments that are you’re getting?

CG: The Aesthetic Society’s and ASERF’s presidents just came out with a joint position statement, an alert, reiterating the findings of this study which is that the type of capsulectomy makes no difference in symptom improvement. I’ve received a great deal of feedback from plastic surgeons, both in the United States and around the world, who had been waiting for data to address these issues with some surgeons in their communities who may be taking advantage of these women. What I’m hearing so far is an appreciation for this data so they can inform patients that they may not need such aggressive procedures to feel better. Now, we don’t yet completely understand why some patients get better, but they do not appear to need so much surgery that they’re left with unnecessary serious complications.

MH: Why wasn’t there a group where there was no capsule taken at all? I have heard it asked ‘well why is it just partial capsulectomy or total capsulectomy?’

Continued on Page 32
to know the minimum number that we could analyze and reach statistical significance.

Prior to beginning the study we talked to an experienced biostatistician who told us with 50 subjects in each cohort we could achieve statistical significance. According to our statistician, this does reach statistical significance, even with multivariate analysis, the p-value could have been raised and we still would have reached statistical significance.

**MH:** Let’s talk about the funding, too, because unlike nearly every other big study done on breast implants, this had no industry funding. How did you get funding?

**CG:** This is an issue primarily for aesthetic plastic surgeons, largely in private practice. We need to make sure that our patients trust us. Our first thought when designing the study and creating the budget was to approach ASERF. When we submitted the grant application, the Scientific Research Committee came back asking us to include further analysis and offered even more funds which was really exciting. This was the largest grant ASERF ever awarded! We were so happy to complete this study, especially during a COVID year, thanks especially to all of our collaborating surgeons around the country. And remember, many laboratories had shut down to divert research to COVID. It’s very hard for private practice plastic surgeons to collect this level of data but we have the full support of the aesthetic community.

**PM:** We went back for additional funding to do an analysis that was beyond reproach. We used the statistician who’s been used on FDA studies, who knew what they were looking for, and that was not cheap to do. But it wasn’t just about the funding, it was about the support, encouragement, and ideas that pushed us across the finish line.

**MH:** So the study is out, we’ve seen the big bombshell that, number one, the patients do feel better after implant removal, and number two, it doesn’t matter what kind of capsulectomy, total or partial, is done. Give us an idea of what we can look forward to as this research progresses.

**PM:** The second paper will be on the heavy metals analysis of the capsule, which is one I believe everyone is looking forward to, and we’re in the process of writing. For example, we found heavy metals in the capsules, but we also found metals in breast tissue of women who never had any implanted medical device. So it will analyze the differences and potential sources and consequences of metals in tissue.

**CG:** Yes, I think it will be very interesting. We tracked everything from diets, to smoking, to tattoos, to cities for sources of drinking water. You have to remember that when we have a metals discussion we don’t live in a bubble, we have environmental toxins that we are exposed to over time, which is why we also took normal breast tissue from women who were never exposed to any medical device to compare whether or not heavy metals are present in the breast and how they got there.

The third paper will look at the capsule histology, the patient’s cytokines, and all of the peripheral blood work that was taken in the three cohorts. Specimens were also sent to Johns Hopkins for enterotoxin analysis looking to see if there is any evidence of possible superantigens. We tried to conduct a study that would address all past and recent theories related to the potential systemic effects of breast implants.

**MH:** I’ve heard about how multidisciplinary the analysis is in the upcoming papers. Could you talk a bit about who was included?

**PM:** Yes it is! We included Dr. Wixtrom, a PhD toxicologist, who’s as experienced as anybody with medical devices and potential toxicity. Dr. Marshall Kadin is the pathologist who described cutaneous ALCL. He’s done a lot of work with breast implant-associated ALCL. He had theories on what he thought might be going on with these patients. He was the one who got us involved with Dr. Robert Hamilton who is a PhD immunologist at Johns Hopkins, which is where we sent the enterotoxin studies. Dr. James Sung, who’s a pathologist at Brown University, didn’t know a lot about breast implant illness, but now he’s completely fascinated by it and is excited to have been included. Also included was Jill Newby in New South Wales, who’s a clinical psychologist for our patient-reported outcome data from the PROMIS surveys. We’re not psychologists and we really needed someone with a PhD in psychology to interpret the data.

**MH:** That’s such good information, and a lot to digest! But I’m sure you have more on the horizon. Future studies: where do you see yourselves going from here?

**PM:** Of course there’s more! The next thing we’d like to study is removing implants without any capsulectomy to see if we have the same symptom improvement.

**CG:** There is also a new study being designed on the Aesthetic Society’s SETA platform which will be able to collect prospective breast implant data and Patient Reported Outcome Measures. We have the funding and are just putting the pieces in place. This study will collect data over a couple of years, looking at possible symptoms before and after surgery.

**PM:** One thing that also requires more study is the fact that we found significantly more anxiety and depression in our BII cohorts than our control groups, and it poses a chicken or egg question.

**MH:** How about the angle of saline implants? At least in the patients that I enrolled, there was a higher percentage of saline implants which, I believe, make up less than ten percent of total implants placed nationally. Yet saline implants seemed to be disproportionately represented in BII cases.

**PM:** 60% of our BII patients had saline implants and 90% were smooth, but what we have seen around the world is that the most common implant involved is the most common implant used in any geographical location. It’s important we saw predominantly saline implant patients and this shows it was not a dose response to silicone, which would have been higher in silicone gel implants. Also, the length of time the implants were in place was statistically the same between the BII and non-BII implant cohorts.
A Conversation on BII

Continued from Page 32

**MH:** Were there any interesting findings in demographic data? I think I’ve heard you talk about smoking between BII and non-BII, or body surface area of tattoos, or any other specific things?

**PM:** Yes, the BII patients had statistically lower educational levels, were more likely to smoke tobacco or smoke marijuana, they were more likely to take non-steroidal anti-inflammatory agents, anti-anxiety and anti-depression medications.

**CG:** The patients in the BII cohort were seven times more likely to be on a gluten-free diet, which is predominantly rice-based with potentially considerable arsenic content. They also took more nutritional supplements. Some of these confounders may be in part due to the fact that we conducted our study during the COVID pandemic while patients were taking more supplements, like zinc for instance. Patients in the BII cohort also had a statistically higher number of tattoos. We looked at the colors of the tattoos because some have cadmium, chromium, zinc, arsenic, lead, and mercury in tattoos. Also, the non-BII cohort had a lower BMI than the other two cohorts.

**MH:** Anything I’ve missed? I think we’ve covered a lot of fascinating ground.

**PM:** The bottom line is that these women have real symptoms, they are not hypochondriacs, and their symptoms get better when their implants are removed. We don’t know why yet, but that’s why we’re continuing with this research.

“Impact of Capsulectomy Type on Post-Explantation Systemic Symptom Improvement: Findings From the ASERF Systemic Symptoms in Women-Biospecimen Analysis Study: Part 1” can be found in the December 2021 Aesthetic Surgery Journal.

Caroline A. Glicksman, MD, MSJ is an aesthetic plastic surgeon practicing in Sea Girt, NJ.

Melinda J. Haws, MD is an aesthetic plastic surgeon practicing in Nashville, TN.

Patricia A. McGuire, MD is an aesthetic plastic surgeon practicing in St. Louis, MO.

**Capsulectomy can be performed for a variety of reasons after implant-based breast surgery. The heightened public attention around Breast Implant Illness (BII) has raised awareness of and increased the rates of capsulectomy in the US. Yet the literature around the safety of capsulectomies is quite limited. My fellow authors and I utilized the CosmetAssure database, a robust and powerful prospective dataset tool, to analyze the safety of the capsulectomy procedure among board-certified and board-eligible plastic surgeons from all types of plastic surgery practices and across all regions of the US over a 2½ year period, which included 76,128 patients in all. Our study defined major complications as those that required hospital admission, takeback to the OR, or ER visits within 45 days of the incident surgery.

We found capsulectomy, as compared to all other procedures, to have a higher rate of major complications. In fact, 2.8% of patients in this dataset undergoing capsulectomy had at least one major complication. Compared to patients who underwent only implant replacement without capsulectomy, the patients who had capsulectomy had a higher rate of any major complication (2.8% vs 1.9%, P<0.05), as well as nearly double the risk of a hematoma (1.6% vs 0.9%, P<0.05). A majority of the hematomas occurred on postoperative day 1 and 0 (46.9% vs 38.1%).

Complications within the capsulectomy group were found to be in descending order: hematoma, infection, suspected or confirmed VTE, and pulmonary dysfunction. ASA Classes III and IV predicted risk for any type of complication. Body Mass Indices (BMI) over 30, as well as procedures performed in Office-Based Surgical Suites, as compared to Ambulatory Surgery Centers and Hospitals, had a higher risk for major infectious complications.

In order to make an assessment of the possible influence of social media on capsulectomy rates, our study chose to compare capsulectomies performed before and after January 6, 2019—a date from Google and Twitter trend analyses performed by Adidharma et al. These authors found a spike in Google searches and trends for breast implant illness during the week of January 6, 2019, coinciding with a YouTube influencer’s public interview sharing her experience with breast implant illness. Similarly, within the CosmetAssure database, capsulectomy rates significantly rose and nearly doubled from an average of 2.7/day to 5.2/day from that January 6, 2019 date. A similar peak in Google trends for BII was observed the week of February 3, 2019 following an FDA letter raising awareness of BIA-ALCL. Unfortunately, some of the public appear to associate the two entities of BII and BIA-ALCL.

We are grateful to share our data on the safety of capsulectomy. When performed by board-certified/board-eligible plastic surgeons, the absolute rate of complications is relatively low. But severe complications can and do occur. Our data demonstrates the relative risk of complications is higher than other cosmetic procedures. As capsulectomies continue to increase, the overall incidence of complications can be expected to also increase, underscoring the importance of understanding and sharing the risks of capsulectomy so that patients can make a truly informed decision for treatment.


Kent K. Higdon, MD, FACS is an aesthetic plastic surgeon practicing in Nashville, TN.
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Aesthetic Society News

Bylaws Modernization—Thank you for Responding
Jeffrey M. Kenkel, MD—Chair, Bylaws Committee

Active Members, thank you for voting on the Bylaws updates, which were approved! Modernization of Bylaws paves the way for a bright future for our Society.

We received a few questions about the changes, which warrant a response:

Q: Why remove the meeting attendance requirement when we now have a live-streaming virtual option?
A: Hybrid meetings are expensive, and it has not been determined that the Society will extend the option indefinitely. Unlike years ago, we recognize that aesthetic surgery education is available from a variety of sources today, so we are committed to ensuring our educational offerings are the gold standard. That quality will drive the desire to attend as CME is required for state licensure.

Q: Why should the Society require me to register breast implant devices with the manufacturer?
A: Much like the Society’s requirement that all members operate in an accredited facility, this aligns with our mission of patient safety. Members will be asked to annually attest on their dues statement when their payment is provided. No additional work is required on the part of members as device registration with the manufacturer should already be part of the practice workflow. The Society is not requiring that members participate in a registry.

To view the full version of the Bylaws, visit our new website, theaestheticsociety.org, and click on “About The Aesthetic Society” at the bottom of the home page.

Members, We Need Your Help!

Why? The Aesthetic Society needs to regain our seat (voice) at the AMA House of Delegates, so we have input into the decisions that impact us and our patients.

How do we regain our seat?
At least 20% of our membership must also be members of the AMA. We are currently 70 members short of meeting the criteria to regain our seat.

How does this affect me?
When politicians debate legislation impacting the practice of medicine, they seek input from a trusted source—typically the AMA. Since we no longer have representation at the AMA House of Delegates, we no longer have a voice. If we aren’t present to advocate for our patients or specialty when legislation is being debated, we lose, and our patients lose.

This is important! How can I help?
Sign up NOW so that The Aesthetic Society will regain our seat—and voice! Dues start at just $60.
The Aesthetic Surgery Education and Research Foundation (ASERF) is pleased to announce that the Mollenkopf Aesthetic Breast Reconstruction Fund, which aids breast cancer patients in completing their aesthetic breast reconstruction journey, is available to patients nationwide.

Made possible through generous restricted donations by Susan & Steve Mollenkopf and matched by the Qualcomm Foundation.

Now Available Nationwide!

The Mollenkopf Aesthetic Breast Reconstruction Fund, which aids breast cancer patients in completing their aesthetic breast reconstruction journey, is available to patients nationwide.

Grants of up to $5,000

Assist underinsured or uninsured patients in completing a quality aesthetic breast reconstruction following breast cancer.

Ideal Candidates

Women who have had breast reconstruction with unacceptable results and who are deferring surgery due to financial issues.

Use of Funds

Ideally, doctors would donate their surgical skills and the grant money would help cover the patient’s operating room fees, anesthesia, deductibles and other related expenses.

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

For Additional Information on the Fund, Please Contact Ivan Rodriguez at: 562.799.2356 or ivan@theaestheticsociety.org
As my term as President of ASERF comes to an end, I am thankful for my fellow Board members and our members and donors who have all been pivotal in helping us achieve new goals for The Foundation. I would like to highlight several achievements of ASERF over the past year...

The first is the introduction of SETA (Survey, Execution, Transformation, and Analysis), the Foundation’s electronic data capture system, first proposed by my predecessor Luis Rios. This technology is in development for the first study to utilize its unique capabilities, a prospective study on Breast Implant Illness. SETA will allow ASERF to develop and maintain multiple clinical studies and expand its research efforts, including offering CRO services to industry. For ASERF member surgeons, clinical researchers, and industry partners, this technology will be a game changer for aesthetic research. And, many thanks to Mentor for their generous funding in support of SETA!

Another remarkable event for ASERF this year is the ongoing work of Drs. Caroline Glicksman and Patricia McGuire on their ASERF-funded study, “Systemic Symptoms: Biospecimen Analysis Study,” with the first of four planned papers published in Aesthetic Surgery Journal, and in January, an alert from Aesthetic Society President, Dr. Bill Adams, and me, that was emailed to membership regarding the impactful results of this study. Most notably, this research has shown that, in self-reported symptomatic BII patients, symptom relief is based on device removal with no relationship to the type or degree of capsulectomy that was performed. This has confirmed that there is no benefit to what some call an “en bloc” capsulectomy. I encourage you to read the entire article in ASJ titled “Part 1: Impact of Capsulectomy Type on Post-Explantation Systemic Symptom Improvement: Findings From the ASERF Systemic Symptoms in Women-Biospecimen Analysis Study”. As the title suggests, this article is just the first of more articles to come resulting from this landmark study.

I am also happy to report that Camille Cash, MD has recently accepted the appointment to serve as Chair of the ASERF Externship Program Task Force. Dr. Cash and her colleagues will build an innovative project that is expected to meet the needs of students who do not otherwise have access to plastic surgery training at their respective colleges. The program is experiential in nature and will provide exposure and access to plastic surgeons in both private practice and the university settings. Externships are expected to enhance both ASERF and The Aesthetic Surgery Education and Research Foundation.

COMING SOON

In 2022, ASERF Will Introduce SETA, A New Electronic Data Capture (EDC) System

- Empowers ASERF member surgeons, clinical researchers, and industry partners to extract prospective and retrospective data from The Aesthetic Society’s technology platforms, ANN and Aesthetic One.
- Captures data points directly from research participants.
- Offers a fully configurable design portal meeting the exact needs of the study, trial, clinician, or end user.
- Enables ASERF to develop and maintain multiple clinical studies and expand its research efforts, including offering CRO services to industry.
- Profits from the CRO offerings will be used to support ASERF’s mission: identify and pursue those issues relevant to advancing the safety and effectiveness of aesthetic medicine through independent, unbiased, directed research, and groundbreaking education.

Interested in learning more? Email contact@aserf.org for more information.
Update on ASERF
Continued from Page 37

Society membership pipelines by exposing medical students to research opportunities, offering free registration to the Annual Meeting, and the chance to find mentors in our members. ASERF has committed $10,000 to launch the program and is discussing the concept with several industry representatives who have shown interest.

Dr. Bill Adams and I have met with the FDA on multiple occasions to discuss the expanded use of Aesthetic One to register breast implants. We continue to advocate for this technology as a seamless way for surgeons to register their placed implants with manufacturers and provide patients with a digital implant record and operation summary. It is important for the FDA to recognize Aesthetic One and the efforts of both The Aesthetic Society and ASERF to develop and refine this tool for both surgeons and patients to have immediate access to breast implant registration information and a checklist procedure note, all in a digital form to improve access for future needs.

I have had the good fortune of having a great group of colleagues who have served on the Board of Directors this year and appreciate their hard work and enthusiasm as we have all worked to build upon the work of my predecessors who have served as ASERF President. I appreciate the close working relationship and collaboration of my longtime friend and Aesthetic Society President Bill Adams, helping make this year both enjoyable and productive, with a very close alignment of ASERF with The Aesthetic Society. I also very much appreciate our staff, most notably Courtney Muehlebach, Tom Purcell, and Sue Dykema for their hard work and dedication to ASERF.

I am also happy to report that everyone has worked together to help ASERF to evolve, with the ongoing development of new benefits for our members and new projects that serve its Mission. The Foundation has awarded just under $28,000 in funding for grants this past year. The Foundation will also continue to support member surgeons, residents, and fellows interested in aesthetic surgery research by providing research grant funding, our most active program.

I would like to thank all of you for the honor of serving as ASERF President over this past year. ASERF will be in great hands under the leadership of my longtime friend and colleague, ASERF’s next President, Bruce Van Natta.

Louis L. Strock, MD is an aesthetic plastic surgeon practicing in Fort Worth, Texas, and serves as President of ASERF.
Louis L. Strock, MD, ASERF President, is pleased to announce Caroline A. Glicksman, MD, MSJ of New Jersey and Patricia A. McGuire, MD of Missouri are the latest members to be recognized for their individual $50,000 gifts to become the newest members of ASERF’s President’s Circle.

These donations demonstrate their commitment to ASERF’s mission “to identify and pursue those issues relevant to advancing the safety and effectiveness of aesthetic medicine through independent, unbiased, directed research and groundbreaking education.”

Caroline Glicksman, MD, MSJ

Caroline Glicksman, MD, MSJ currently serves on the ASERF Board as Secretary and chairs the Scientific Research Committee. Participating on numerous committees throughout the last two decades, she has advocated for increased oversight of grant funds. As Chair of the Scientific Research Committee, she helped introduce policies and procedures that fast-track the grant application process and the awarding of research funds. Grants are conferred quarterly producing a quick turnaround for investigators and higher quality research all for the purpose of improving aesthetic surgery research outcomes.

“I belong to and am active in many professional, philanthropic, and charitable organizations; however, as someone who has been immersed in both laboratory and clinical research for over 30 years, ASERF has become a passion project. I volunteer alongside peers and colleagues whom I like and admire. Our goal is to affect positive change that supports my chosen profession.”

“I enjoy being a part of the ASERF community and especially my role as Chair of the Scientific Research Committee. Both experienced researchers and young aspiring plastic surgeons are wanting to make a difference through novel research. Knowing that I am a part of the grant review process and helping them reach their goals is rewarding. With four kid’s college tuitions behind me, and their post-graduate education almost complete, I felt it was a good time to support The Aesthetic Society and ASERF. By donating to ASERF I can support The Foundation, invest in my profession, and ensure ASERF continues to fund novel physician-initiated research through their grant process.”

Patricia McGuire, MD

Patricia McGuire, MD has been actively involved with both The Aesthetic Society and ASERF serving as a member of the Ethics Committee, an ASJ editorial Board Member, a Traveling Professor, Informed Consent Task Force member and most recently Vice Chair of the BII Task Force and an ASERF Board member. Her decision to donate was based on ASERF’s fiscally sound financial practices and her firsthand account of having had a grant funded by the organization.

“Like my colleagues, I am asked to make donations all the time. From local charities to my medical school to my current hospital affiliations. However, at this point in my life and career, I opted to make a significant donation to ASERF.”

“Strong scientific data is needed to support or refute current practices, improve patient safety and quality of care for our aesthetic patients. As a volunteer Board Member, and recent grant recipient I can attest to ASERF’s rigorous standards. ASERF funds research that affects our practices, bringing actual science into the aesthetic surgery realm. The Scientific Research Committee carefully reviews each grant application funding only the best and ensures funds are used responsibly, research is appropriately performed as well as documented.”

“Dr. Glicksman and I recently published a Breast Implant Illness paper which was funded through an ASERF research grant. The first-ever prospective blinded study with control groups studying women with systemic symptoms they attribute to breast implants. This paper, unlike other papers on the subject was prospective, with control groups and has long term follow up, which set this study apart. So far, the response has been amazing the world over. This is what I mean when I say ASERF is bringing Science into the aesthetic surgery realm.”

ASERF is a 501(c)(3) charitable organization and donations are tax-deductible. Cash, equities, intellectual property as well as real property can be donated in any amount. ASERF can also be listed as a beneficiary in your trust and/or last will and testament. To inquire about ASERF’s President’s Circle or other donor levels contact Director of Development Tom Purcell, CAE at tom@aserf.org.
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Beyond the Before & After Launches to your Potential Patients
By Laura Leatherberry

The Aesthetic Society recently launched Beyond the Before & After, a four-part film series that documents the transformative journey and life after plastic surgery. This docuseries aims to tell unique patient stories from real people who have undergone aesthetic plastic surgery. Whether for breast reconstruction, surgery post weight-loss or a total transformation, people seek plastic surgery to make positive changes in their lives and empower confidence in themselves.

The debut series seeks to provoke a new understanding of how aesthetic plastic surgery positively impacts people’s lives, beyond the superficial. In this series, The Aesthetic Society gives patients the platform to tell their untold stories of how plastic surgery helped transform their lives, not just physically but emotionally as well—with the goal of helping others feel more empowered in their own lives.

BE PART OF THE STORY

We are promoting the series to consumers via a partnership with NewBeauty and support from Allergan Aesthetics, an AbbVie Company, and will be driving potential patients to your profile.

Your prospective patient could be a film away and you don’t want to miss the opportunity! Be prepared and update your public profile on our newly launched website, TheAestheticSociety.org.

Laura Leatherberry is a branding consultant who has worked with The Aesthetic Society for three years, rebranding the organization. Her latest contributions include creating the “Beyond” creative campaign, writing content for the new website, and producing the “Beyond The Before & After” docuseries.

Supported by
Allergan Aesthetics
an AbbVie company

Click or scan the code below to view the series.
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.*

79% of cardholders surveyed said they consider having a CareCredit account very important under the current circumstances.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 cosmetic care they want or need that insurance doesn’t cover. This includes everything from:
- Plastic surgery including prescriptions
- Non-invasive procedures
- 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 6.6x higher average ticket than spending on a typical general purpose 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 into 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 to help educate patients on 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.

77% 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 dermatologic 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 the aesthetic care they want or need.

*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.
3Provider Satisfaction Study, June 2021, conducted for CareCredit by Chadwick Martin Bailey.

Join the CareCredit network today.
Visit carecredit.com/asn or call 855-860-9001.

Already enrolled?
Visit carecredit.com/providercenter to access exclusive tools and resources.
ASJ Open Forum is the premier open access journal in aesthetic surgery. Fund your publications with our open access initiatives.

GLOBAL ASSISTANCE PROGRAM
Authors from developing countries qualify for open access fee waivers or discounts.

READ & PUBLISH
Academic publishing is evolving and now authors can publish in open access journals without cost, if their institutions participate.
Find out if your institution participates: http://bit.ly/ASJOFReadandPublish

INDEXED IN PUBMED CENTRAL AND DOAJ

asjopenforum.com @ASJrnl @asj_openforum
The editors, leadership, and editorial staff of both journals met in Las Vegas to review past accomplishments and plan for the years ahead. The group discussed innovations and strategy that will help grow our family of journals. We also formally announced that Dr. Jeffrey M. Kenkel will succeed Dr. Foad Nahai as Editor in Chief of *Aesthetic Surgery Journal* in January 2024 when his term is completed. Congratulations, Dr. Kenkel!

Now that the Journal has implemented a continuous publication model, you can read Volume 4 throughout 2022 as new articles publish. Through the developing countries initiative, authors in developing nations can take advantage of discounted publication fees which in some cases may be free. Right now, we are offering a 50% discount on the publication fees for brand new submissions to *ASJ Open Forum* (does not include submissions cascaded from *ASJ*). Submit to *ASJ Open Forum* in the next 30 days to take advantage of a 50% discount. Simply mention the code FIFTYOFF in your cover letter and it will be applied prior to publication.

ASJ’s Editor in Chief Dr. Foad Nahai presented at the Atlanta Breast Symposium in February on chemosis avoidance and management.

A WARM WELCOME
Team ASJ welcomes a new Assistant Managing Editor, Anastasia Cyzewski.

**ASJ GEMS**

If you missed a recent *ASJ GEMS* webinar, use these links to watch them at your leisure on RADAR Resource at the links below. You can register for all *ASJ* webinars by writing to: anastasia@theaestheticsociety.org. If you’re interested in participating as a guest lecturer, write to: phaedra@theaestheticsociety.org.

* • An expert panel of Latino rhinoplasty surgeons led by Dr. Hector Duran discussed Rhinoplasty in Latinos by Latino American Surgeons: https://bit.ly/3rzY4SU
* • Dr. Louis Strock lectured on Transaxillary Breast Augmentation: How to Maintain Technical Control from a Remote Incision: https://bit.ly/3Jg9zon
* • Dr. Amaka Nwubah and Dr. Roy Kim discussed Post-Pandemic Social Media in Plastic Surgery: What We Can’t Live Without: https://bit.ly/3HCaFut

**ASJ JOURNAL CLUB**

If you missed a recent *ASJ Journal Club* webinar, use this link to watch them at your leisure on RADAR Resource here: www.anzumedical.com/Login/home/login/radar#/dashboard/radar.

Stay tuned for details about the next *ASJ Journal Club* on Tuesday, April 12. You can register for all *ASJ* webinars by writing to: anastasia@theaestheticsociety.org. If you’re interested in participating as an author lecturer or guest discussant, write to: phaedra@theaestheticsociety.org.

**ASJ OPEN FORUM PODCASTERS**

We are excited to introduce our new team of podcasters who will conduct interviews promoting articles published in the Journal. We welcome four new hosts, Dr. Mark Albert, Dr. Deniz Sarhaddi, Dr. Ryan Austin, and Dr. Maryam Zamani. Look for new episodes regularly here: https://bit.ly/3CaueYQ.
A Comprehensive Solution to Define & Enhance the Jawline

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For more information, please visit cynosure.com/myellevate

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Like all medical procedures, not all patients are suitable for the treatment. A qualified practitioner is solely responsible for evaluating each subject’s suitability to undergo treatment and for informing those being treated about any risks involved with the treatment, pre-and postoperative care, and any other relevant information. Individual results may vary and are not guaranteed. Models are for illustrative purposes only and are not real patients. DTC_5314
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.

HOW LONG WILL IT TAKE FOR MY APPLICATION TO BE REVIEWED?
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.

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

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.

Membership Myth-Busters

Myth: One must attend an Aesthetic Society meeting to become a member.

Fact: This used to be the case. However, in order to streamline the application process, this requirement was recently removed!

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.

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.

NEW: ONLINE APPLICATION
Complete your application from start to finish 100% online theaestheticsociety.org/membership
Breast Reduction Compression Device from ASSI®

The proven compression device that facilitates breast reduction surgery.

How to use:
1. Wrap the Breast Reduction Compression Device around the base of the breast and put the band into a loop.
2. Tighten the breast by contracting the band.
3. Release the Breast Reduction Compression Device by pulling back the small plastic tab at the head.

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**SOCIETY NEWS**

4th Norwegian-American Aesthetic Surgery Hybrid Meeting and ISAPS Symposium

By Amin Kalaaji, MD, PhD, Meeting Chair

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**Dear friends and colleagues,**

The 4th Norwegian-American Aesthetic Surgery meeting and ISAPS symposium (NAAM4) on October 29, 2021, was phenomenally successful: more than 170 attendees participated from 25 countries and 5 continents! Happily, this turnout was more than expected in these complicated times.

After the success of the 1st, 2nd, and 3rd Norwegian-American Aesthetic Surgery meetings in Oslo, in 2015, 2017, and 2019, the Norwegian Society for Aesthetic Plastic Surgery (NSAPS) and The Aesthetic Society were pleased to invite you to the 4th Norwegian-American Aesthetic Surgery Meeting. This time, we combined NAAM4 with the 1st Norway ISAPS Symposium (International Society of Aesthetic Plastic Surgery; or ISAPS).

Because of the COVID-19 pandemic, we held this joint meeting in hybrid format.

We are astonished that we were able to adapt and ultimately succeed in delivering a genuine hybrid meeting with worldwide participation. We should never forsake education and should adjust to the here and now, this time, when traveling was hindered. We should not let that deter us for any reason.

One thing is for sure, this hybrid form will be a new standard for our meetings as much as possible. As something new for this meeting, we shared a link in separate correspondence after the meeting to highlight the exhibitors’ activity, as some exhibitors participated virtually.

We are proud to announce that we assembled 13 distinguished colleagues for the faculty:

- William P. Adams Jr., USA; Timothy Marten, USA; Nazim Cerkes, Turkey; Elisabeth Hall-Findlay, Canada; Francisco Gomez Bravo, Spain; Mark Jewell, USA; Ruth Graf, Brazil; Kent K. Higdon, USA; Amin Kalaaji, Norway; Kjersti Aussen, Norway; Gudjon Gunnarsson, Norway; Mary Jewell, USA; and Bjørn Tvete, Norway

Many lectures and courses were presented at this educational meeting, starting Friday at 08:30 CEST and finishing the same day in the late afternoon. As in the past, we divided the program into seven sessions:

- Rhinoplasty
- Breast 1, including the latest on breast implant illness
- Patient Safety and Practice Management
- Breast 2, including the latest on ALCL and updates on recent innovations
- Regenerative Surgery and Fat Grafting in Body Contouring, including BBL
- Face: Face Lift, Neck Lift, Fat Grafting, and Ancillary Procedures
- Intimate Surgery

The preliminary program was published online at www.naam.no. There, you can scroll down to view the program.

Rather than simply presenting a limited number of topics, we covered as many aspects of aesthetic surgery as possible within these seven sessions. This time, using a compact continuous format, we had various topics and numerous lectures on the faculty’s related topics. We believe, as does the faculty, this enhanced critical thought stimulated discussion, allowing our colleagues to reflect on the discussions and discover new ways of thinking.

The in-person fees were low, and the virtual fees were reduced further for all members of the IASPS, the NSAPS, and The Aesthetic Society, as well as for select other societies.

Even in the hybrid format, for those who preferred to travel to Oslo, the beautiful capital of Norway, with its fjords and natural surroundings, the weather was partially sunny and chilly, about 16º C (60º F).

I thank all of you—faculty, moderators, exhibitors, and delegates—for your support and participation.

Remember to pencil in the date for the 5th Norwegian American Aesthetic Surgery and ISAPS Meeting (NAAM5) October 27, 2023. Follow the updates at www.naam.no.

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**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 hello@theaestheticsociety.org, and ask to be re-subscribed to our communications list. We value your support of The Aesthetic Society. Thank you!
These companies GO BEYOND with us…

The Aesthetic Society’s
Industry Partnership Program

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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.
Media Notes and Quotes

ALLURE
Inside the Rise of Misleading Plastic Surgery Before-and-After Photos
Excerpt: Less common is Kate’s poor outcome. A 2018 retrospective published in Plastic and Reconstructive Surgery looked at over 26,000 outpatient plastic surgeries between 1995 and 2017, and found that complications occurred in less than 1 percent of cases. The most common issue? Hematomas, which are essentially very bad bruises. There still isn’t great data on minimally invasive treatments as a whole, which include injectables and lasers, but a 2013 review published in the “Aesthetic Surgery Journal” estimated that the incidence of severe complications after soft-tissue filler injections is .0001 percent, for example.

INSTYLE
Everything You Need to Know About “Baby” Brazilian Butt Lifts, the New Plastic Surgery Trend Taking Over Behinds Everywhere
Excerpt: According to The Aesthetic Society’s president, Dr. William P. Adams, the Brazilian butt lift procedure, otherwise known as BBLs, has seen a whopping uptick of 90.3% from 2015 to 2019, likely due to social media and celebrities (secretly) getting the surgery done. While the cosmetic procedure—which involves using liposuction to harvest fat from other areas of the body to be transferred to the buttocks, hips, or thighs—may seem to be appealing to many, not everyone is a candidate, especially those with low BMI. The fat, after all, has to come from somewhere.

NEWBEAUTY
Here’s What Top Plastic Surgeons Want You to Know About the New FDA Breast Implants Guidance
Excerpt: While La Jolla, CA plastic surgeon Robert Singer, MD explains that professional surgical societies such as The Aesthetic Society, Aesthetic Surgery Education and Research Foundation and the American Society of Plastic Surgeons gave testimony at prior FDA hearings that led up to this draft guidance document, it didn’t deliver any significant new information “except modification of recommendation of ongoing screening of patients with gel implants and the role and frequency of ultrasound and MRIs.”

"All of these societies represent fully trained, ethical plastic surgeons who are concerned about the safety and welfare of our patients," Dr. Singer stresses. "And they have all advocated fully informed consent—which includes not only the benefits, but potential problems of the surgical procedures as well."

Update Your Aesthetic Society Logo!
The logo and guidelines for its use can be found at theaestheticsociety.org/logo

Meet the Staff:
Joceline Barron

I have been working at the Aesthetic Society as the Digital Marketing Specialist for a year now, and I have been so grateful to be a part of a fantastic team. In that time I have been managing our social media platforms like Instagram, Facebook, LinkedIn, and Twitter. If you have seen our socials, gotten a comment, or a like on your posts, you have seen my work!

Working in social media had always caught my eye, but I never thought it would be my career. I attended California State University, Northridge, becoming the first in my family to attend college and obtain a degree. I have a Bachelor’s Degree in Journalism, because I love to write, and a minor in Central American Studies, as a way to learn more about my ancestors, so social media was not something I had intended to do. I had internships writing scripts for news anchors and writing articles for the local newspaper, so I had my mindset on being a journalist through most of my years in college. However, my mind changed when I landed an internship doing social media and realized how fun it could be.

Once out of college, I worked in social media for different industries like entertainment, e-commerce, lifestyle, and high-end home decor. Designing, using, and learning about all the platforms has been a learning experience, making it a never dull journey. In my free time in previous years, I did some tutoring at my local high school in partnership with UCLA.

I am a Los Angeles native, and I love that I grew up in a city diverse in people and scenery. And being a Latina here, it is never a dull moment with my family and friends, and of course, I could never forget the fantastic foods I have grown up with, like tamales and flan.

In my spare time, other than spending it with family and friends, I love to play video games, read books, learn about astronomy, and write poetry. I also have a massive love of coffee and love to try new ways to make it or venture out to a new coffee shop!
The Aesthetic Society’s partnership program provides industry with strategic benefits and opportunities to collaborate with Aesthetic Society members in support of our mission.

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

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!

Allergan Aesthetics
an AbbVie company

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

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

Endo Aesthetics

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

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

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

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

Galderma

Galderma, the world’s largest independent global dermatology company, was created in 1981 and is now present in about 100 countries with an extensive product portfolio of prescription medicines, aesthetics solutions and consumer care products. The company partners with health care practitioners around the world to meet the skin health needs of people throughout their lifetime. Galderma is a leader in research and development of scientifically-defined and medically-proven solutions for the skin. For more information, please visit www.galderma.com/us.
Mentor is committed to supporting you, your practice and your patients. Mentor customers receive exclusive benefits from strategic partner companies, including Galderma who provides participating ASPIRE Galderma Rewards members with additional opportunities to create value when performing breast augmentation surgery with Mentor Breast Implants. For more information, please reach out to your Mentor Sales Representative.

**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.

**New Products to Check Out!**

Special Offers for Aesthetic Society Members

**NEWBEAUTY**

**New Premier Partner**

NewBeauty is the authority on beauty and the trusted resource for the most affluent and influential beauty consumer. The only magazine dedicated 100% to beauty with more than 5x the beauty editorial of any other magazine, NewBeauty dives deep to provide valuable information, founded in research and vetted by experts, empowering women to make better beauty decisions.

With almost 20 years as the leaders in the aesthetics industry, NewBeauty provides board-certified plastic surgeons with the ability to reach their ideal, treatment-seeking patients through a proven 360-degree marketing platform of print, digital, social media and press opportunities. Visit newbeauty.com.

**sientra.**

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

**Thank you Industry Partners!**

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

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

A special thank you to Founding Premier Partner, Sientra.
3M is one global team deploying differentiated technologies into effective solutions that deliver improved health care outcomes with better economics. 3M is proud to showcase 3M™ Prevena™ Therapy, which is the FIRST medical device shown to aid in reducing the incidence of seroma, and in high risk patients, aids in reducing the incidence of superficial surgical site infections in Class I and Class II wounds. For limitations and safety information regarding Prevena Therapy, please refer to 3M.com.

We are pleased to offer you a complimentary e-book: Spear’s Surgery of the Breast Principles and Art. https://engage.3m.com/ Spears_Breast_Surgery

CareCredit is a health, wellness and beauty credit card dedicated to helping millions of patients get the care they want and need by offering promotional financing options. Now accepted at more than 250,000 locations nationwide, the CareCredit credit card allows cardholders to make convenient monthly payments for aesthetic procedures that help them achieve the look they want. Once approved, patients can use their card 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/asaps or call 855-860-9001.

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

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

The MyEllevate® innovation is a minimally invasive facial rejuvenation solution that offers natural and long-lasting results. It can be used as a standalone procedure or combined with energy-based skin tightening technologies. The MyEllevate® technique utilizes the ICLED® Suturod®, the first and only patented light-guided technology for facial cosmetic procedures, to accurately place sutures without incisions. It takes approximately one hour to perform with a one-time use disposable system. The MyEllevate® solution offers fast recovery and restores a youthful appearance with long-lasting results. For more information, please visit www.MyEllevate.com.
INDUSTRY PARTNERS

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 Opul TM Relational Commerce Platform.

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

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

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

Skinuva®

New Alliance Partner

Skinuva® is a physician-developed and clinically tested line of formulations that was developed to provide physicians the most advanced products for scars (Skinuva Scar) and hyperpigmentation (Skinuva Brite) for their patients. Skinuva is evolving skincare’s gold standards by introducing solutions-driven and science-backed formulations. Skinuva products are currently sold in physician’s offices across the US and globally, and are recommended as their #1 scar product and skin brightening product. Skinuva Scar’s and Skinuva Brite’s patented formulations use highly selective synthetic Growth Factor technology and are backed by several published clinical studies, providing our doctors and patients safe and effective products.

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 Society?

Contact Jackie Nunn at jackie@theaestheticsociety.org for more information about partnership opportunities.

New Products to Check Out! Special Offers for Aesthetic Society Members
WITH RADAR YOU CAN

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

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

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

We’d like to thank and acknowledge our newest industry partners, Premier Partner NewBeauty and Alliance partner Skinuva for their support.

The Aesthetic Society values our industry partners and we thank all our partners for their meaningful contributions.

NEW PREMIER PARTNER

NewBeauty Continues to Remain at the Forefront of Relevant Industry Topics

Since its inception, NewBeauty has been the only magazine committed to educating millions of readers on making the best beauty decisions with in-depth, trusted information that is vetted by a panel of top experts in their respective fields. Throughout its 17-year history, the media brand’s primary goal has been to deliver the most trusted, scientifically accurate information and research on health, wellness, beauty, and cosmetic enhancement treatments and procedures.

In the past year, their editors, Brain Trust members, and top doctor partners made up of the “Core Four” specialists and experts, have helped create engaging and informative content on the latest trends, important surgical safety findings, and the importance of choosing a board-certified specialist with the proper qualifications.

Leading the way as The Beauty Authority, NewBeauty recently partnered with its esteemed network of board-certified plastic surgeons—using data obtained from the Aesthetic Neural Network and The Aesthetic Society—to help pinpoint projected trends for the upcoming year.

“Due to our incredible relationships with individual plastic surgeons and the most prestigious societies in the country, NewBeauty is the most credible consumer resource for all things when it comes to aesthetic enhancement,” says chief brand and content officer, Steffanie Attenberg. “It only makes sense that we would most accurately predict the trends before they happen.”

NewBeauty’s commitment to reader education extends to the relationships it has with trusted top doctor partners. As the aesthetic field continues to grow and expand, it’s more important than ever to have a trusted voice that remains steadfast in delivering the right information to make informed and educated decisions.

NEW ALLIANCE PARTNER

SKINUVA®

Introducing The Aesthetic Society’s Newest Alliance Partner, Skinuva

The Skinuva line of solutions-driven products was founded by Dr. Christopher Zoumalan, an Oculoplastic Surgeon. Inspired by his passion for science and medicine, he has dedicated the past several years to researching wound-healing, hyperpigmentation, and other top aesthetic issues to develop the most advanced skin care products for his patients and physician colleagues.

“Since the introduction of silicone cream in the late 1990s, there have been limited advancements in topical scar creams. Clinical studies evaluating such formulations were also lacking, while the cost of purchasing scar creams to provide to my patients continued to rise. As a physician-scientist, I wanted to develop the most advanced scar cream using science-backed ingredients, and clinically tested to the highest standards.” —Christopher Zoumalan MD, Founder & CEO

Skinuva® Scar was developed out of a desire to find a scar treatment clinically superior to ordinary silicone-based products. Backed by 5 published clinical studies and clinically proven to be more effective than regular silicone cream, Skinuva Scar contains not only silicone but also ingredients like synthetic Growth Factors, Centella Asiatica, Hyaluronic Acid, Vitamin C, and Aloe Vera.

“We are thrilled to share our clinical findings on Skinuva Scar with the Aesthetic Society community’s members and their patients. Our goal is to provide better patient outcomes through advanced solutions-driven products backed by science. We can’t wait to get Skinuva Scar into the hands of more patients around the country.” —Josh Carter, COO

The Skinuva brand grew in 2020 with the launch of our second product, Skinuva® Brite. Brite is a non-hydroquinone (HQ) formulation for hyperpigmentation that uses synthetic growth factors and other medically backed ingredients such as Tranexamic Acid. Not only is it safe for long-term, daily use but Skinuva Brite was also clinically studied and proven more effective than HQ4% in treating hyperpigmentation in a recently published clinical study.

Our Skinuva team is adding to our innovation pipeline with new products launching throughout 2022. Stay tuned to skinuva.com and our social media outlets to keep up to date on the latest Skinuva news.

For more information on Skinuva products, visit www.skinuva.com.

Thank you Industry Partners!
Contemplating Fee Increases? Read This First!
By Karen Zupko

Just because Chanel increased the price of their small classic flap bag three times in 2021 doesn’t mean you should.

According to a recent article in the Wall Street Journal, the bag went from $5,200 in 2019 to $8,200 in November of 2021 (a 57.7% increase). It is said that luxury companies have been taking big advantage of “surging demand.”

We are in an inflationary environment unlike anything the US consumer has experienced since the 1980s. In such environments, wages and other costs increase. Companies across the board, from luxury retailers such as Chanel to consumer package goods companies must deal with cost increases to maintain margins. Some, like Chanel, pass cost increases along to customers. Others hold nominal pricing stable and use other means (such as reducing portion size) to offset increased costs.

Many sellers take advantage of the wage-price spiral to increase prices until what economists call the price elasticity of demand reduces volume. Once they reach the limit of their pricing power, they roll back prices or at least leave them unchanged from higher levels.

What should you do?

In part, it depends on your patient base and how they view your services. Another economic concept comes into play: Veblen goods. Named after American economist Thorstein Veblen, these are goods for which demand paradoxically increases as the price increases. Veblen goods are status symbols wherein scarcity and unobtainability confer status on the select few. The Chanel brand is a perfect example—their customers are willing to spend their precious dollars on their purse rather than tucking them safely away in their purse.

Are your services Veblen goods? Can you raise prices by 60% without adding value? Arguably not, but some less dramatic fee increases are indicated.

However, like money, price talks. Fees communicate the quality the buyer expects. Customers expect high-priced goods and services to provide exceptional value.

Price is a common proxy for quality. Therefore, from a marketing perspective, commanding a premium price can translate into the commanding heights of perceived quality. In addition, pricing commensurate with your high-quality services is prerequisite to delivery. Value pricing enables you to hire the staff and invest in the many goods and services it takes to provide safe, effective care. Savvy customers know this and are willing to pay the price for quality care.

The fee influences what patients expect, perceive, and—most importantly—experience. They’re not just buying a more youthful face or larger breasts—they are buying an experience. So, if your practice hasn’t been asking patients to rate their total experience, I would urge you to do so before raising fees.

In a conversation with one client, I asked “After you raise your surgery fees by 15% what are you going to do to elevate the patient’s experience?” Silence. No thought had been given to how service, scheduling, or results might be improved. Staff training was not on the agenda. No amenity—such as complimentary lymphatic drainage pre and post op for facial rejuvenation patients—had been contemplated.

Let’s look at a few other areas where a tune up might be useful in your practice.

• Free consults should stop. When surgeons are booked out for months, why would you
Contemplating Fee Increases? Read This First!
Continued from Page 64

offer a free consult? In fact, some practices have discovered that by increasing consultation fees, they have achieved a better patient acceptance rate for surgical procedures (aka conversion rate). The more serious patients weren’t put off by the $175 fee. Scheduling fewer “shoppers,” frees surgeons to spend more quality time with “buyers.”

This is also an area where you can add value. For example, one surgeon added an ultrasound exam to his breast practice consult to gain insight into the anticipated scope of the procedure. Not only does this enable better fee estimates, but it also helps impart a sense of urgency in certain situations that improves patient acceptance.

• Coach your staff on how to handle fee changes. Remember, many of them hired amidst the pandemic may lack experience dealing with fee increases.

• Incremental price increases are far easier to implement than jarring, double digit hikes. Remember, many referred patients come into a consult with an expectation of a certain price level they have heard from a friend.

• Consider bundling certain aspects of your services—a global fee leaves the patient with one easy decision rather than opening multiple negotiations on each separate line item.

The bottom line? As in most important business decisions, there is no one size fits all solution, any more than there is a generic surgical treatment plan for all patients. Your practice is unique. So, before you raise prices, do your homework, and lay the groundwork. Get input from your team. Gather intel about your competitive landscape. What are your peers doing? Gauge the state of your local economy. Is your patient base prospering? That may dampen their price sensitivity. Conversely, hard times create hard bargainers.

Given the stakes for your practice, it may make sense to make your decision with the benefit of experienced, expert, objective counsel with insight into similar practices nationwide.

Whatever you decide, it’s usually best to test the waters. Start with incremental adjustments to a limited number of service fees. Depending on the receptiveness of your patient base and the impact on patient volume, failure to schedule, and cancellations, proceed accordingly. A data-driven approach will ensure that you maximize revenue, patient lifetime value, and referrals—not just price.

Karen Zupko, President of Karen Zupko and Associates, is an internationally recognized thought leader and speaker who advises physicians and healthcare managers about the challenges and trends impacting the practice of medicine.

She can be reached at 312.642.5616, or information@karenzupko.com.


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

For information please contact Ronan Solutions at: 602.884.8330 or email info@ronansolutions.com
As technology advances, so do people’s expectations and desires. Now, men and women want customized experiences in everything they do, including their digital searches. And, as digital marketing is the cornerstone of most aesthetic practices’ marketing strategies, adapting with the times is essential to staying relevant in such a competitive industry.

Gone are the days when customers would spend hours actively searching you out. Today, people visit many different online platforms (including various social media platforms). They rely on these channels to help them make informed decisions on purchases, such as aesthetic and plastic surgery treatments.

There are a lot of touchpoints in the marketing funnel, and depending on one strategy (such as your website) isn’t enough anymore. Because of this, you need to take advantage of multiple channels to reach your preferred target audience. This may include digital outreach, social media campaigns, Google Ads, and video marketing to deliver a consistent and identifiable brand voice.

**UNDERSTANDING OMNICHANNEL DIGITAL MARKETING STRATEGIES**

Omnichannel marketing strategies create a cohesive, consistent, and integrated brand experience across multiple channels. This all-encompassing, personally curated marketing strategy helps identify potential consumers and guides them through the sales funnel, making it easier and more likely for them to make a conversion.

The goal of omnichannel marketing is to enhance the user experience by creating a seamless transition between all of their various channels and platforms (web, social, email, etc.).

**MULTI-CHANNEL VS. OMNICHANNEL: HOW ARE THEY DIFFERENT?**

For years, many companies have incorporated multi-channel digital marketing tactics, and while the multi-channel approach has some similarities to the new omnichannel model, it also presents limitations.

A multi-channel marketing approach advertises on two or more channels—such as a website and social media (Instagram, Facebook, Twitter, TikTok, etc.). While a company/practice is using various channels to reach a broader audience, these platforms (and the information provided on them) are not related. Instead, each channel functions as its own entity, not communicating with other platforms.

Omnichannel marketing takes this up a notch by connecting and sharing all the information collected between various channels. This allows for a more cohesive approach that listens and reacts to consumers’ interests and goals.

For instance, with an omnichannel marketing strategy, if someone interacts with a social media post regarding breast augmentation, they will then see a social media ad about breast augmentation. If they click on that ad, they will then be directed to your website’s breast augmentation page. With this type of campaign, that first engagement puts an entire personalized marketing strategy into motion.

With omnichannel marketing, everything is linked, and information is automatically shared between platforms. Here, customers create what is essentially an online profile of their interests without knowing that they are doing so. This allows for a more targeted advertising approach and enables a better user experience.

**HOW IS OMNICHannel MARKETING BOOSTING A BETTER USER EXPERIENCE?**

Consumers are bombarded with advertisements constantly (on their email, phone, social media, etc.). It’s easy for consumers to become overwhelmed with all of these messages, particularly when they do not apply to them (or their interests) specifically.

Omnichannel strategies offer a consumer-centric approach. It allows the consumer to guide what types of ads and information they want to see, tailored to their interests.

Because this approach builds on previous interactions, it helps consumers to better navigate through the sales funnel. This makes the entire process simpler for the consumer, and studies show that the easier it is for a person to find the information they need, the more likely they will be to convert.

**CONSISTENCY IS KEY**

Omnichannel practices are all about creating a seamless, cohesive brand strategy across your channels. This starts with creating a consistent and easily identifiable voice, tone, and look that is carried throughout all platforms. You need to ensure that your consumers know exactly who you are and have this messaging presented continuously.

**KNOW YOUR AUDIENCE**

A large part of a successful omnichannel approach is knowing who your target audience is. While you may only have one specific target audience, you may more likely have several (based on age, gender, or your geographical locations).

As plastic surgeons, you can likely relate to this. You know firsthand that the target age demographic for facelift or brow lift surgery may be vastly different from the audience looking at certain non-surgical medspa services. Omnichannel strategies allow you to target these specific niches of your target audience with curated ads and messages. This customization helps put the consumer first—and that is exactly where the consumer wants to be.

**REAP MORE FROM YOUR DIGITAL MARKETING WITH AN OMNICHANNEL APPROACH**

Technology is becoming increasingly integrated into our daily lives. Because of this, the advancements in technology cannot be forgotten about in your marketing approach.

Peter Houtz is the Vice President of Sales for Plastic Surgery Studios, a full-service online digital marketing agency serving the aesthetics industry since 1998. Peter is a frequent presenter at The Aesthetic Meeting and can be reached by phone at 909.758.8320 or by email at peter.houtz@plasticsurgerystudios.com.

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**Meet Peter Houtz at The Aesthetic Meeting 2022**

**APRIL 22, 2022**

**Course 208 Ten Steps to Online Marketing Success**

4:30pm – 6:30pm
Results Delivered, Relationships Built

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THE AESTHETIC MEETING 2022  FIND US AT BOOTH #1923
You’ve invested significant capital into digital marketing services and it seems to be paying off—that’s the eighth prospective patient to call and schedule a consultation this month. But how are these people finding you? Are your social media and Google Ads campaigns initiating contact or are organic search results driving all eventual phone calls? And once a visitor reaches your site, did they place their call without navigating elsewhere or did they end their browsing session and return at a later time or date before dialing your number?

In the past, we’ve discussed how UTM parameters (URL tracking codes) can be used to help answer some of these questions by tracking information about click-throughs to your website. Today, we’re revealing how to take things a bit further with an innovative call tracking feature called Dynamic Number Insertion.

WHAT IS DYNAMIC NUMBER INSERTION?

Dynamic Number Insertion, or DNI, is a component of call tracking that displays a unique phone number to people visiting your website based on the source from which they originally came (e.g. Facebook, Google Ads, Google organic search, etc.).

So, for example, let’s say you’re running a Google Ads campaign targeting the term “Plastic Surgeon Philadelphia.” Once a patient clicks through to your site, the DNI feature of your call tracking service will assign a distinctive phone number—different from your practice’s main number—to the ad for “Plastic Surgeon Philadelphia” when it appears in someone’s search results.

Now let’s say a prospective patient types this targeted keyword phrase into their Google search bar and sees your ad at the top of the results page. Should they click on your listing, they will be directed to the landing page of your website linked to the ad, but instead of seeing your practice’s main telephone number, the unique number generated by DNI will appear on their screen (in the same location(s) your number normally appears).

WHAT’S SO GREAT ABOUT A UNIQUE PHONE NUMBER?

The beauty of DNI is that once someone visits your website via a search result, Facebook post, Google Ads, etc., the distinctive phone number assigned to the source they initially clicked on will remain the same for that individual throughout their consumer journey. When a patient first accesses your site from one device and then ultimately uses a different device to take action (e.g., make a purchase, schedule a consultation, or contact the practice with a question), it is called cross-device conversion.

It can be tricky to keep track of these types of patients, but DNI can be a helpful tool when it comes to monitoring cross-device conversions. In the event a patient who found you online eventually calls your practice, you’ll know the exact source that originally led them to you—regardless of whether they call immediately upon reaching your website, navigate away from and back to your site numerous times, use a different device to take action, or go dark for several days before finally calling. What’s more, you’ll be able to see how many times they visited your website before placing a call, view which specific pages they accessed while browsing, and actually listen to a recording of the conversation they had with whomever answered your phone.

“Phone calls are the best leads coming into the practice, and 99% of the time, they considerably outpace email leads. If you’re tracking the origin of the phone call leads, it gives you a much better understanding of your total marketing efforts and how to allocate your precious marketing budget.”

—Keith Humes, Rosemont Media CEO

HOW IS TRACKING A PATIENT’S CONSUMER JOURNEY BENEFICIAL TO ME?

In short, the ability to pinpoint the origin of a patient’s journey—beginning with a click and ending with a call to your practice—enables you to identify the channels that bring you the most conversions, as well as evaluate the overall success of various endeavors making up your online marketing strategy. (For instance, if you are interested in measuring social media marketing ROI, you can view the number of calls made by people who initially clicked through to your website from your Facebook page to better quantify the efficacy of your social efforts.)

Ultimately, with the information made available by DNI, you can better fine-tune your online marketing strategy to more aggressively target what’s currently working—as well as improve what’s not—to put your practice in the best position for success.

HAVE MORE QUESTIONS? NEED HELP?

At Rosemont Media, our consultants are always happy to assist in any way they can. If you would like more information on Dynamic Number Insertion—or anything Internet marketing-related—please don’t hesitate to visit www.rosemontmedia.com to learn more, or reach out to us today at 800.491.8623.

Keith Humes is Founder/CEO of Rosemont Media, LLC, a San Diego-based digital marketing agency. As the founding Aesthetic Society Alliance Partner, the firm has helped numerous members successfully navigate the rapidly evolving digital marketing landscape with innovative and effective SEO strategies, social media optimization, and customized website development.
meet wendy lewis at
the aesthetic meeting
2022

April 23, 2022
Course 309 Insider Tips from Socially Savvy Plastic Surgeons
2:00pm – 4:00pm

Will the Metaverse Hype Change the Way You Practice?

Is TikTok Conquering Cosmetic Surgery?

What’s the Secret Sauce for Getting More Followers Organically on Insta?

These and other trending topics will be discussed in San Diego with a panel of your peers, moderated by yours truly.

“Social media has created a disruption in how plastic surgeons interact with their patients and potential clients. You cannot have your head in the sand when it comes to these online interactions. It is critical that your business reflects who you are and your mission. In today’s world that is done through social media channels,” says La Jolla based Steven R. Cohen.

Karen Horton in San Francisco agrees. “If you’re not on social media, patients are not finding you. They are finding your colleagues however, who may not be Board Certified Plastic Surgeons! You need to ‘play the game’ to stay relevant. Not everyone will attempt or master the latest social media platforms, but find one that you feel comfortable posting on daily, sharing what makes YOU unique.”

According to Ashley Gordon in Austin, TX, “Like it or not, social media is how many potential patients are finding their plastic surgeons. Using the platform to educate patients about what you do and what makes you unique can be very helpful in connecting with your ‘ideal’ patient. And you don’t need a ton of followers for it to have an impact on your practice. I personally think this is an activity that shouldn’t be outsourced. You must be in control of the content and you’ll get much more engagement when your account has an authentic voice.”

Some plastic surgeons get stuck because they aren’t sure what kind of content they should post. In that case, play it safe and write on what you are most passionate about. “Talk about interesting topics in plastic surgery. Educate and explain why your followers need to know what you are talking about. Be respectful of your patients, and, of course, pretend the Ethics Committee of The Aesthetic Society is following your account,” says Dr. Gordon.

Patients and potential patients want to connect in a more convenient way, says Dr. Pittman in Washington DC. “Studies have shown that people don’t even want to read texts anymore. Social media helps to engage potential patients in a way that fits into their daily routine. Everything from before and after photos to “I wonder what my surgeon is having for dinner,” are ways to engage patients and keep your practice at the top of their mind,” he adds.

Social media success also means different things to every surgeon and every practice. Avoid feeling the pressure to be everywhere and try whatever you see others doing. Rather, choose the platforms and formats that fall into your personal comfort zone and ace those first. First, consider who your target audience is. For example, if you want to do more face and necklifts, your desired patients probably don’t live on TikTok right now. They are more likely to be on Facebook and Instagram primarily. Dr. Pittman relates, “My 70 year old mother is calling me and asking if I saw the latest plastic surgery reel on Facebook. Everyone is a content consumer now.”

Drs. Horton and Gordon are not on TikTok (yet) and neither am I, although I talk and write about it frequently. I see many dermatologists, nurses and aestheticians promoting skincare and non-invasive treatments and seem to be enjoying the lighter, more fun-loving quality to the channel. More than any popular channel today, TikTok users demand authenticity, which can be tricky for busy plastic surgeons.

Continued on Page 71
The Social Side of Aesthetic Surgery: Staying on Brand

Continued from Page 70

Who spend hours in the OR. Don’t even try to recycle Instagram Reels snippets to TikTok. TikTok has a tone of its own and your content needs to follow suit.

The ability to connect with the surgeon and the practice on a deeper level has a lot of prospective patients flocking to social channels, particularly Instagram which has long been the place to be for aesthetic treatments. Dr. Horton shares that her most popular posts are personal: “Images of me with my twin daughters, training with my office team for Symplast software, my excitement for my new office operating room were recently top posts. I don’t mind sharing images of what I do outside of surgery, and patients appreciate getting to know me as a real person even before their consultation.”

It is important to maintain consistency between what you post online and what you deliver in your practice. For example, if you promote your brand as offering optimal luxury and 5-star service, and you fall short in real life, your followers may call you out on it. Dr. Pittman adds, “The challenge for all of us is creating a strong brand with a powerful ‘why’ and then sharing it across multiple platforms. Once you nail your brand story, it will be easier to apply those principles to any medium. First find your voice and then promote it.”

“Potential patients are very interested in the ‘journey’ aspect of procedures. They love to see the before picture, the actual treatment or surgery being performed, and then progression photos from early post-op to final result,” Dr. Gordon says. The best ways to treat patient photos will be a hot topic of discussion as well. We are fortunate in the US to be able to post images of before and after results, whereas some countries restrict physicians, which puts them at a supreme disadvantage. Patients today want to see examples of your results before scheduling a consult.

We have all learned by making mistakes along the way, especially as a newbie trying to find your way through the social media maze. If you’re taking a leap into a new platform or trying out a different form of content, you may need some pro advice to guide you. If you do make a blunder, you can delete the content or image, but chances are that some of your followers will have already seen it.

Dr. Horton adds, “Don’t post when you’re tired, annoyed or not feeling your best. Think about what your biggest skeptic would think about your posts. Remember that even deleted posts can be screeneshotted or recovered, and that “the internet is written in ink.”

Join us at the Aesthetic Meeting on Saturday, April 23, 2–4 pm PST for Course #309, Insider Tips from 6 Socially Savvy Plastic Surgeons, featuring Drs. Steve Cohen, Ashley Gordon, Karen Horton, Troy Pittman, Alfredo Hoyos, Jay Calvert and me. Hope to see you there!

Wendy Lewis is the Founder & President of Wendy Lewis & Co Ltd, Global Aesthetics Consultancy since 1997, a marketing communications boutique in New York. An award-winning writer, she serves on the Editorial Board of Prime International Anti-Ageing Journal, and contributes to Practical Dermatology, Modern Aesthetics, and many other publications.


If you promote your brand as offering optimal luxury and 5-star service, and you fall short in real life, your followers may call you out on it. Dr. Pittman adds, “The challenge for all of us is creating a strong brand with a powerful ‘why’ and then sharing it across multiple platforms.
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WHY RETENTION SHOULD BE YOUR #1 FOCUS TO GROW YOUR COSMETIC REVENUES

Dear Plastic Surgeon,

Every time you lose a cosmetic patient, it hurts. It hurts your bottom line, your growth and your profits.

But keeping patients year after year, purchase after purchase… well, that means more money in your pocket, more time on your calendar and more growth for your practice.

Recent research has shown that loyalty programs are one of the most powerful ways to build lifetime value from your patients and I want to help you with that!

To start, download my new FREE Retention Guide to understand why retention should be your #1 focus to grow your cosmetic revenues.

Then, let me share how the KiSS Loyalty Club boosts your brand recognition and profit margins exponentially!

Download your free copy today - Catherine Maley, MBA

Catherine Maley, MBA
Cosmetic Patient Attraction AND Conversion Specialist
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Featured in:
The New York Times
abcNEWS
Newsweek
TREND: CONTENT MARKETING

The secret is to distribute that content on numerous different social media platforms prospective patients frequent.

TREND: PRIVACY RULES INCREASE ADVERTISING COSTS BY 30–80%

Privacy issues are killing your plans for attracting new patients to your practice.

So much is happening behind the scenes with Apple, Google and FB trying to dominate consumer data capture, so they are no longer sharing data with each other or advertisers like before.

This is going to make it difficult for you to attract new PREFERRED patients when you can no longer target specifically to certain audiences. And that means ad results will become incomplete and inaccurate because you now have only 10% of the data that used to be 100% available.

So that will force you to increase your advertising budget substantially and HOPE the broader, less targeted audience is interested in cosmetic rejuvenation.

TREND: SOCIAL MEDIA PLATFORMS ARE STRANGLING YOUR AUDIENCE

Social Media has become the most influential virtual space available today to help you grow your practice.

However, you are only renting those followers from the social media platforms, so they are, in essence, your landlord.

That means they can raise the rent, kick you out and close down your account at a push of a button, so you lose your data you’ve spent years collecting.

They also decide who sees your organic content. These platforms continually strange your list to force you to “pay to play” by buying more advertising.

The latest stats show only 5.2% of your followers actually see your organic content so you have this false sense of security thinking you’re reaching your followers when, in fact, it’s drying up right before your eyes. Yikes!

TREND: ACQUIRE YOUR OWN DATA!

Take back your power by owning your audience data! You can no longer trust that audiences you have built on social media platforms will be or stay available to you in the future.

You want to build up your own list of anyone who is or could be interested in cosmetic rejuvenation.

So, use landing pages to capture your followers’ name, email and cell phone so you can stay in touch with these would-be patients no matter what happens.

TREND: USER GENERATED CONTENT (UGC)

This is currently the holy grail of social media marketing.

Your greatest asset is enthusiastic patients willing to rave about you online and share your content with their own followers as well as yours.

This not only provides credible social proof for your services, but it is also a great way to boost your SEO.

For example, asking questions, conducting surveys, and running contests are great ways to go back and forth with your audience.

TREND: INFLUENCER MARKETING

It’s human nature for prospective patients to do what they see others do, especially experts, friends, celebrities, and influencers.

There are plenty of influencer marketing platforms (just Google it). However, be very clear what they will do for you to market your practice and what they expect back in return.

And be sure they and their followers match your brand and values.

Your next best influencers are your own patients with a strong social media following. Encourage them to do a Q&A session with you and you both can post it on your multiple platforms.

TREND: PERSONALITY MARKETING IS HOT

You can no longer hide behind a surgical mask and only be the surgeon. That’s a great start but you also need to be seen as a human...
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– Daniel C. Mills, M.D., F.A.C.S. Past President of the American Society for Aesthetic Plastic Surgery

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Consider the question: What tax rates will be in place during your retirement, which may last ten to thirty years or more? Obviously, you do not know, even if you are already retired, and neither do we. Because nobody knows what the tax rates, rules on deductions, and other tax-related laws will be in the future, it is essential for holistic wealth management to include a long-term tax diversification strategy.

**TAX DIVERSIFICATION DEFINED**

Tax diversification means building up wealth in three “buckets,” assets subject to ordinary income tax rates upon distribution, assets subject to capital gains rates, and assets not subject to any tax upon distribution. While many physicians have heard of assets class diversification in the context of investing, we believe it is fundamental to direct additional attention to diversifying your wealth according to tax rate exposure.

The visual above may help you to see the value of having differently taxed “buckets” to draw on when you reach retirement. As the retirement/wealth distribution phase may last for many years, or even multiple decades, being diversified across three tax buckets puts you in a position of strength and gives you options for withdrawing income depending on the tax rates then in effect.

In the diagram above, we assume a marginal top tax bracket since many physicians will be in the top two or three tax brackets in retirement and the current rate of 37% is not close to an all-time high. We also assume a 6.6% state income tax, although many states, such as California and New York, have rates far exceeding this.

The appropriate “bucket” to maximize after-tax income. If, at the beginning of a physician’s retirement, income tax rates are high and capital gains taxes are relatively low, then it may be best to draw from Bucket #2 (orange). If the opposite is true, Bucket #1 (green) may be targeted for “overweight” distributions. Bucket #3 (blue) provides the highest level of flexibility, as it can be accessed in any tax environment. An ideal retirement plan calls or physicians to have a significant percentage of their wealth in each bucket; yet in our experience, most physicians have too little wealth in Bucket #3.

**CASE STUDY: AESTHETIC PLASTIC SURGEON ANNE AND GASTROENTEROLOGIST GARY**

Let’s look at the examples of aesthetic plastic surgeon Anne and gastroenterologist Gary. Anne, Gary and their spouses are all 45 years old and plan on retiring at age 65. At this point, both couples have a joint life expectancy of age 91, meaning that, according to the actuaries, at least one spouse in each couple should live until age 91. With a planned retirement age of 65, these couples will need to rely on their assets and other sources of income (for example, social security) to provide them with income for 26 years.

While numerous financial, investment and planning factors are essential for Anne and Gary, let’s concentrate on just the tax planning issue here. Both couples will begin drawing down assets in 20 years and stop doing so 46 years from now. During that period of time, tax rates may be very different than they are today and may change several times.

Let’s assume that Anne and Gary have the same overall net worth, but their asset mix is very different. Anne has her net worth in all three buckets—some in a qualified retirement plan (QRP), some in after-tax brokerage accounts and real estate, and some in a Roth IRA and a permanent life insurance policy. Gary has nearly all his net worth in his home and 401(k) QRP. They both qualify for social security.

Anne is much better positioned than Gary to maximize her post-tax retirement income. Most of Gary’s retirement income will come from his QRP and social security, both of which are subject to ordinary federal and state income tax. If income tax rates are high, Gary has little flexibility to take income from other sources unless he is willing to sell his home, which he may be reluctant to do. (Also, he can't sell only part of his home, like Anne can do with her brokerage accounts, and it may be difficult for him to get favorable loans against his home equity in retirement when he will have no income.)

Anne, on the other hand, is well positioned if income tax rates are high. She can draw down her brokerage account if capital gains taxes have remained lower than income taxes. Moreover, she can take income from her Roth IRA or access life insurance cash values, both completely tax free.

In this diagram, we assume a marginal top tax bracket since many physicians will be in the top two or three tax brackets in retirement and the current rate of 37% is not close to an all-time high. We also assume a 6.6% state income tax, although many states, such as California and New York, have rates far exceeding this.

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**Meet David Mandell at The Aesthetic Meeting 2022**

**APRIL 22, 2022**

**Course 108 Tax Reduction for Aesthetic Practices: Best Ideas in 2022**

2:00pm – 4:00pm
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Regardless of the planning tools a physician employs to save for retirement, one of the fundamental pillars of any retirement plan should be flexibility to withstand changes in tax rates, income, market performance, and personal health.

Anne is much better positioned to alter her income plan if tax rates change during her retirement, while Gary does not have this flexibility. It is not difficult to understand that, despite their equal net worth, Anne may net out significantly more after-tax retirement income than Gary. Because of tax diversification in her long-term planning, Anne is in a more secure position in her retirement.

**LONG TERM PLANNING REQUIRES FLEXIBILITY**

Regardless of the planning tools a physician employs to save for retirement, one of the fundamental pillars of any retirement plan should be flexibility to withstand changes in tax rates, income, market performance, and personal health. Here, we focused only on flexibility with regard to taxes and the importance of tax diversification. While always an important concept, tax diversification is especially relevant today, as many aesthetic plastic surgeons are seeking ways to minimize the negative impact of potential tax increases in 2022 and beyond.

**SPECIAL OFFERS:** To receive free print copies or ebook downloads of Wealth Planning for the Modern Physician or Wealth Management Made Simple, text ASAPS to 844.418.1212, or visit www.ojmbookstore.com and enter promotional code ASAPS at checkout.

Note: Look for David Mandell’s Course “Tax Reduction for the Aesthetic Practice: Best Ideas for 2022” at The Aesthetic Meeting in San Diego on Friday, April 22 at 2:00 PM.

David Mandell, JD, MBA, is an attorney and author of more than a dozen books for doctors, including “Wealth Planning for the Modern Physician.” He is a partner in the wealth management firm OJM Group (www.ojmgroup.com), where Carole Foos, CPA is also a partner and tax consultant. They can be reached at 877.656.4362 or mandell@ojmgroup.com.

**Disclosure:**

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**Marketing Trends Affecting You**

Continued from Page 75

Being and a great boss, a devoted family man, a fitness buff, dog lover, philanthropist, weekend pastry chef, or anything else your patients would be interested in knowing about you.

This helps them build an emotional bond with you, so they choose you over the competition.

**TREND: THERE ARE NO MORE SILVER BULLETS, ONLY MARGINAL GAINS.**

Insane competition and advanced digital marketing tactics make it harder to stand out, so marketing is now about “marginal gains” from many different marketing channels.

It’s also about improving your marketing results by making incremental improvements in your processes that add up to big wins overall.

So, rather than focus on new leads only, you also improve your lead response time, your phone conversions to appointments, your consult conversions and patient retention.

Improving these key metrics and adapting to these marketing trends is how you win in this changing world.

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

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

Visit Catherine for Free resources at www.CatherineMaley.com or Instagram @catherinemaleymba.
The Aesthetic Society is pleased to announce a NEW service for members, candidates, and residents: Ask The Expert!

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

**HOW IT WORKS:**

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

**DISCLAIMER:** Information we provide to you, a plastic surgeon member of The Aesthetic Society, through our “Ask The Expert!” service, is made possible by an educational grant from Allergan. Our brief, generic and informal communications with you do not create a treatment relationship with your patient. Since our communications lack PHI, patient contact, chart review, patient-specific advice, care plan participation, charting of assessments, plans, recommendations and orders, and billing, they are not a substitute for you or your patient seeking a formal medical consultation with a qualified surgeon.
I have taught my sales training course to thousands of plastic surgery practices across the country both onsite and virtually. Time and time again, one of the biggest areas of missed opportunity for revenue is failure to develop long-term treatment plans for clients.

Surgeons typically have the mindset that the consultation should focus on the surgery itself. Oftentimes, they do not focus on the pre-op and post-op and have someone else discuss this with the patient—instead of taking a few moments to develop a comprehensive treatment plan.

As a patient, I come to you, the surgeon, to be educated on everything you think I need to achieve the best outcome versus breaking the continuity of care and having someone else tell me.

Treatment plans help build long-term retention and increase the lifetime value of the client. They provide clients with solutions, options, and possibilities to yield the best results.

What I hear a lot from surgeons is they don’t want to appear pushy, salesy or feel uncomfortable about the “upsell,” so they focus only on the problem the client specifically comes in for. Most often, it is our own bias getting in the way. I’ve heard excuses such as, “Patients won’t spend the extra money.” Or “They are not going to buy it; It is not what they came here for. Or, “They can’t afford that.” Or “I just pass them to my aesthetician or nurse, and they’ll do it.”

That is not up to you to judge or decide. Your only obligation is to inform the client of all their options and possibilities for best outcomes. It is up to THEM to decide. If we don’t see and believe in the value of what we recommend, how will they?

I want to encourage you to shift your mindset away from “Upselling” to “Upping Results.” Here’s why:

• Short-term and symptom-focused treatments may work but won’t build long-term patient retention.
• Combining different modalities over multiple visits provides the patient with a better outcome and strengthens the relationship and trust with the provider (or in the case of plastic surgery, pre-op preparations and post-op care).
• You’ll gain opportunities to cross promote by using combination treatments, which will yield more revenue (revenue for skincare is typically at 100% markup).

When patients have their skincare built into their treatment plan, they will:

• Use the best products for their skin that you know will yield the best possible outcomes.
• Be more likely to practice home care compliance.
• Experience increased convenience as they can purchase them at the same time as they book their treatment appointments.
• Be delighted by experiencing something new (How many of you have patients who come to you as an expert and ask, “What’s new?”), so pairing your new products with procedures is a solid strategy.

Did you know the amount spent on skincare is 3x more compared to services or procedures? Every procedure should have a product and additional procedures to augment. With this revenue strategy, retail volume should be 20% of your total revenue.

Example: Full Facelift ($20,000) + Laser Resurfacing pre-op ($1,500) + Retinol and Antioxidant ($200) + post-op Vascular laser ($75) + HydraFacial ($250) = $22,025

More than 10% Increase in revenue

When a surgeon builds skincare and or other treatment modalities into their treatment plan (pre-op and post-op care), they will experience these benefits:

• Volume. Comprehensive treatment packages increase sales
• Margins. Comprehensive treatment packages can lower the cost of goods sold and increase your profit margins
• Exposure. Comprehensive treatment packages offer new opportunities and exposure to additional services and treatments

HOW MUCH REVENUE ARE YOU LEAVING ON THE TABLE?

According to a recent survey by the New York Post, the average female consumer spends $313 per month on products for her face and men spend $244. The survey states that 82% of men now are using skincare. If every 20 patients spent that on your products you recommend versus buying over-the-counter products, that would be an extra $6260 per month of revenue generated by women and $4880 for men.

Let’s take a little deeper dive into patient expectations versus reality.

• 86% of patients expect physicians to recommend a pre-treatment skincare regimen yet only 14% of patients were recommended at home care.
• 91% of patients expect physicians to recommend a post-care skincare regimen, yet only 30% of patients were prescribed post-care products.

So, you can see the clear gaps in the industry and how comprehensive treatment plans can increase your revenue opportunities and create better results for your patients.

WHAT SHOULD BE INCLUDED IN THE TREATMENT PLAN?

When developing your treatment plan, it is best to keep it simple and clear in terms of the procedures/services and products you recommend. Include a short description about what each procedure does, the cost, the downtime, products you recommend, a step-by-step plan on their regimen to follow as well as any personalized notes. I recommend having your treatment plan template branded to match the branding of your practice.
EXPERT LEGAL ADVICE

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

For more information, please contact
Bob Aicher: 707-321-6945 · aicher@sbcglobal.net
Aesthetic Society News  •  Spring 2022

No Surprises Act

By Bob Aicher, Esq.

Why It’s The Law. "The No Surprises Act provides Federal protections against surprise billing and limits out-of-network cost sharing under many of the circumstances in which surprise bills arise most frequently. Surprise billing occurs when an individual receives an unexpected medical bill from a health care provider or facility after receiving medical services from a provider or facility that, usually unknown to the participant, beneficiary, or enrollee, is a nonparticipating provider or facility with respect to the individual’s coverage" (page 55981). Since the No Surprises Act impacts four separate federal departments, the best single source for the actual regulations is the Federal Register.¹

Aesthetics Aren’t The Problem. Aesthetic procedures were not the impetus for the No Surprises Act. The Act states that 39% of emergency department visits resulted in an out-of-network bill, often from non-contracted, private equity-owned anesthesiology, emergency medicine, family practice, and dermatology physician groups (page 54046). Pathology, radiology, behavioral health/psychiatry, and cardiovascular specialties, plus air ambulances, were additionally identified as significant out-of-network billers.

Why Does the NSA Include Aesthetics? They shouldn’t have been, because our members use written contracts where all third-party costs are typically included. A written contract takes precedence over an estimate, but CMS wanted even the uninsured/self-pay patient to be able to “shop for the care that is best for them and increase competition in the health care market.”²

Fighting the NSA. If you’re feeling defiant, arguments on your side are that the words, “aesthetic” and “cosmetic” do not appear in the Act. Instead, there are 36 references to “medically necessary” services; the Act cites a February 18, 2021, article in Plastic and Reconstructive Surgery which used CPT codes for calculating the number of monthly patients (estimated at 4,297,850) receiving “nonemergency elective procedures,” and Good Faith Estimates request diagnosis codes using CPT, HCPCS, DRG, NDC or ICD code sets, none of which exist for purely aesthetic procedures.

In The Meantime, You’re Still Stuck. The Act was worded broadly, so, until clarifying language has been enacted, the Act will apply to all your patients, whether in-network, out-of-network, or aesthetic. Some commentators have suggested the Act doesn’t apply to aesthetic procedures performed in the office, because one’s office doesn’t meet the definition of “facility” in the Act, i.e., it is neither a hospital nor a licensed ASC. I believe offices weren’t discussed because offices don’t generate independent surprise billings, but physicians do, so performing services in your office won’t save you from the Act.

THREE WAYS YOUR PRACTICE IS AFFECTED.

First, with respect to in-network insurance work, you will be required to send your prices to the carriers, which the carriers will then provide to the patient, typically in their advanced explanation of benefits. Enforcement of this portion of the Act is being deferred, however, until the Departments have established standards for the data transfer between providers and facilities as well as the necessary infrastructure to do so. That means your in-network insured patients are not entitled to Good Faith Estimates from you, because they will receive your pricing as part of their yearly Explanation of Benefits.

Second, your out-of-network patients will be entitled to Good Faith Estimates, and your prices will be presumptively reduced to the median price paid for in-network patients. However, non-emergency patients can consent in writing to pay more, provided they are mentally competent, medically stable, you disclose your precise cost, and the patients have a provider option besides you.

Third, uninsured patients (those who don’t have insurance for the procedure) or self-pay patients (those who have coverage but are choosing to not make a claim) will be entitled to Good Faith Estimates. This would include your aesthetic patients as well as anyone else who simply wants to pay cash.

Required Notices. You will need to post 2 notices on your wall and your website: Your Rights and Protections Against Surprise Medical Bills³ and You have the right to receive a “Good Faith Estimate” explaining how much your health care will cost.⁴ CMS also provides an online-fillable Good Faith Estimate template.⁵

Good Faith Estimate Form. Any template provided by your EMR provider will likely not satisfy CMS. The required details are set forth verbatim from the Act (pages 56018–56019). Note that providers are required to obtain from co-providers the same information about their expected charges, so that the patient may know all charges they can expect to receive. The template also requires extensive explanations of patient rights, as well as disclaimers, including that there may be additional charges not included in the GFE, that it is only an estimate, that patients have the right to initiate a federal Individual Dispute Resolution arbitration, and that the GFE is not binding and patients may receive services wherever they wish. Best to use the form provided by CMS so you can prove you provided the mandated language.

How quickly must GFEs be provided? A Good Faith Estimate for all costs and services by you and any co-providers must be provided within 3 days for unscheduled procedures (patients who are price shopping); within 1 day for procedures scheduled at least 3 days out; and within 3 days for procedures scheduled at least 10 days out.

A Good Faith Estimate for all costs and services by you and any co-providers must be provided within 3 days for unscheduled procedures (patients who are price shopping); within 1 day for procedures scheduled at least 3 days out; and within 3 days for procedures scheduled at least 10 days out.

Continued on Page 85
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OXFORD UNIVERSITY PRESS
Shifting “Upselling”  
Continued from Page 81

Hopefully all of you are using some form of a Cosmetic Interest Questionnaire (CIQ) that can help spark discussion around other areas of interest to them. Here is a sample script for those who may be uncomfortable or unsure how to bring a treatment plan up during a consultation.

Hi Pam. My name is Dr. Smith. Thank you so much for coming in today. Our consultation will be around 30–45 minutes where my goal is to get to know you, focus on understanding your needs, and discuss all the viable surgical and non-surgical options, along with the best skin care regime that will help you achieve the best results.

Based on my assessment, to get you the outcome you are looking for, I am going to recommend the following:

• Facelift
• Pre-op Hydrafacial to clean your skin and pores to prep for surgery
• Laser skin resurfacing to help with overall pigmentation and texture
• Retinol and Antioxidants
• Post-op recovery kit
• Vbeam

To recap, treatment plans increase the lifetime value of your clients, help clients to achieve better results, increase revenue, and improve patient retention.

If this is an area you need help with, I invite you to schedule a discovery call with our team so we can learn more about you, and show you how APX Platform can help increase operational and employee efficiency as well as profitability for your aesthetics practice, visit apxplatform.com/demo

Terri Ross, an official partner and trainer for AmSpa, offers distinct programs to help you launch or grow your medical aesthetic or plastic surgery practice. She and her team bring a combined 30 years of experience achieving over 600% growth with clients in the most competitive markets in the world, in addition to launching over 40 new medical practices across the country.

No Surprises Act  
Continued from Page 83

your price, such as the absence of medical records, lab work, or required clearances from other specialties, and if the patient circles back and requests yet another Good Faith Estimate, be certain to note all medical changes and any different patient requests since the last visit. The Good Faith Estimate includes a disclaimer that it is not a contract, but there will be patients who will insist it creates enforceable expectations, so make sure your Good Faith Estimate reads exactly as your defense counsel would hope. Ideally, your final contract price should be lower than or equal to the Good Faith Estimate. If it isn’t, make sure your contract identifies the services which match the Good Faith Estimate, then include another section for “Additional services not included in the Good Faith Estimate.”

IDR Process. The Federal independent dispute resolution (IDR) process has two aspects: insurer/provider arbitrations to set rates, and provider/patient arbitrations to settle billing disputes where the patient bill is at least $400 higher than the Good Faith Estimate. Parties will initially be expected to attempt a voluntary resolution, and if not, then they will submit their settlement offers to a certified IDR entity, through a yet-to-be-developed CMS portal.

Emergency services furnished by non-participating providers or facilities, and non-emergency services furnished by non-participating providers at certain participating facilities, must be priced based upon the All-Payer Model Agreement under Social Security, or if none, then based on state law, and if none, then the qualifying payment amount (QPA), which is the median contracted rate paid to in-network providers and facilities. IDR arbitrators are prohibited from considering “usual and customary rates” or public payer rates, such as Medicare or Medicaid. The winner will be whoever’s settlement offer is closest to the formula above (called “baseball-style” arbitration). The lawsuits below believe the QPA will always be the median contracted rate paid by health plans for in-network medically necessary services (page 56011).

The IDR process is not well-suited for resolving aesthetic service complaints. Even where patients have received a Good Faith Estimate, they will have signed a contract, and non-existent CPT codes cannot form the basis for arbitrating the price of an aesthetic procedure.

Legal Challenges. So far, there have been six federal lawsuits, all challenging the IDR process. For example, On December 8, 2021, the AMA and AHA, along with two health plans and two MDs filed suit in the Federal District of Columbia, combined with a second case by the AAMS filed in the same court, challenging the IDR process for relying exclusively upon the QPA. Plaintiffs quote the drafting legislators, which stated arbitrators could consider all relevant price factors, not simply the QPA. Both parties filed motions for summary judgment in January. All cases are expected to proceed rapidly.

Next Steps. Although 5 lawsuits are challenging the IDR process, only 1 lawsuit is challenging the very constitutionality of the entire NSA. The IDR process may be tweaked, but Good Faith Estimates are likely here to stay, so post your notices, figure out a system to streamline handing out Good Faith Estimates, and prepare for price transparency advertising from your colleagues.

Bob Aicher is General Counsel to The Aesthetic Society and has represented The Society for 28 years. He can be reached by phone at 707.321.6945 or by email at aicher@sbcglobal.net.

1. www.govinfo.gov/content/pkg/FR-2021-10-07/pdf/2021-21441.pdf
2. www.govinfo.gov/content/pkg/FR-2021-10-07/pdf/2021-21441.pdf, page 55983
5. CMS-10791 (ZIP)
BIA-ALCL Patient Assistance Fund

Let Your Patient Focus on Recovery

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

Patient Fund Criteria

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

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

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

Thanks to Generous Contributions From:
The Straight & Narrow

By Joe Gryskiewicz, MD

Question

Dear Dr. Joe,

First of all, Happy New Year! I have a question regarding an ethical issue that I am involved with and would like your opinion.

I was asked by a local hospital credentialing committee to review the application for plastic surgery privileges by a provider not certified by the American Board of Plastic Surgery. The provider is certified by the American Board of Otolaryngology but is requesting to have privileges to do breast surgery, body contouring, body contouring including brachioplasty, and abdominoplasty. The applicant completed a transgender surgery fellowship in which he claims he performed these operations as a basis for his credentialing. The provider claims that he competed a “fellowship” with the local plastic surgeon and is certified by the American Board of Cosmetic Surgery, American Board of Facial Plastic and Reconstructive Surgery, and the American Board of Otolaryngology. His request is supported by a local board-certified plastic surgeon with whom he is in practice in our local community and with whom he claims to have completed a “cosmetic breast and body surgery fellowship.” The local plastic surgeon supports his application stating that he observed the applicant competently performing the requested procedures in his office and that this should serve as validation for his credentialing. The provider claims that he competed a “fellowship” with the local plastic surgeon and is certified by the American Board of Cosmetic Surgery, American Board of Facial Plastic and Reconstructive Surgery, and the American Board of Otolaryngology. His request is supported by a local board-certified plastic surgeon with whom he is in practice in our local community and with whom he claims to have completed a “cosmetic breast and body surgery fellowship.” The local plastic surgeon supports his application stating that he observed the applicant competently performing the requested procedures in his office and that this should serve as validation for his credentials.

Is the advocacy by a board-certified plastic surgeon for a non-plastic surgery certified surgeon a violation of the ethics of the American Board of Plastic Surgery or American Society of Plastic Surgery? I appreciate your opinion on this and would also look forward to talking over the phone regarding this.

Answer

Personally, I would stay out of it (take a “pass”) or I would simply vote no. You could also truthfully say that you feel uncomfortable making a decision because you don’t have the observational data to make a valid judgment.

Your situation has been plaguing The Society for 25 years. At one of our annual meetings decades ago, when we were criticizing the ABPS for merely observing the incursion of non-ABPS providers into the plastic surgery space, Simon Fredericks complained, with theatrical understatement, “I feel like I’m drowning, and I don’t even know how I got into the water.”

ABPS credentialing and endorsed aesthetic fellowships may well be regarded as the gold standard of plastic surgical education, but our own members recognize, even if reluctantly, that surgical expertise exists within other specialties. On occasion, we even invite them to participate in scientific panels and to provide teaching courses. To your immediate question, not only is it ethical for plastic surgeons to promote non-plastic surgeons, but we would be remiss as a Society if we excluded from consideration non-ABPS educators when they offer superior training.

We also have seen harm befall patients at the hands of our members, even death, requiring us to admit that ABPS certification is not a guarantee of surgical success. Rather than focus upon a hospital privileges applicant’s credentials, or perceived lack thereof, the goal should be to preserve patient safety.

An applicant’s education and training are critical considerations to this inquiry, but so too are his/her experience and results, when confirmed by trusted sources, and claims history. Other members of your credentialing committee may feel augmentations are out of scope for an ABFPRS diplomate, yet every MD’s certificate says “Physician and Surgeon,” so it is all the legal practice of medicine.

To avoid a claim of “certification bias,” your committee will have to look behind the framed certificates and diplomas to determine what skills and personal values the surgeon actually brings to your hospital, and whether s/he, to a reasonable certainty, will “do no harm.” If every aspect of your evaluation is driven by patient safety, your ultimate decision will be unassailable, thereby protecting you and your hospital from claims of professional prejudice or competitive protectionism.

Margaret Mitchell’s 1936 Gone with the Wind was rejected by 40 publishers before it became a Pulitzer Prize winning novel in 1937. I suggest you present simultaneously an impartial and scrutinizing, yet appreciative demeanor, just in case you have a non-ABPS patient safety winner on your hands.

I hope this helps.

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.

Your situation has been plaguing The Society for 25 years. At one of our annual meetings decades ago, when we were criticizing the ABPS for merely observing the incursion of non-ABPS providers into the plastic surgery space, Simon Fredericks complained, with theatrical understatement, “I feel like I’m drowning, and I don’t even know how I got into the water.”
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.
One of the things I learned in my early experience with lower blepharoplasty was that lid malposition was a dreaded complication that was easily noticed and very hard to fix. I have since termed the lower lid the "minefield" of the face since the degree of problems it causes for the patient, both functional, social, and work related, cannot be underestimated. A full treatise on lower lid surgery, patient selection, and complications are beyond the scope of this article so we will try to summarize current risks and highlight aspects of techniques which may help surgeons stay in the safe zone. Complications of lower eyelid blepharoplasty other than lid malposition, which ranges from mild scleral show to severe ectropion, include injury to the lid margin, canthal laxity, webbing, corneal abrasion, dry eyes, chemosis, hematoma, infection, as well as injury to the inferior oblique or the globe itself. All of these are less common than lid malposition issues.

While current literature in plastic surgery mostly attributes central lamellar cicatrix as the root cause of lower lid malposition, this has been questioned and others suggest that the primary cause is due to scarring affecting multiple lamellar layers. Our experience corroborates this since only the middle lamella (septum) is breached in our preferred method, and we have not had scleral show since adopting it in 2007 (Plast Reconstr Surg. 2013 Oct;132(4):843-844). In addition to cicatrix, excessive skin removal, as well as resection of supportive orbicularis muscle, can be contributing factors. While older concepts involved subtractive techniques, assuming the problem was excess skin and/or fat, we now know the issue to be varying degrees of contour irregularities, skin quality issues, volume deficiencies, laxity, and anatomic variations all of which considered together determine patient selection and procedure selection.

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Fat pad resection, while still commonly performed, has been challenged by concepts that tend to preserve and recontour or even add fat, thus blending the lid cheek junction. While fat grafting seems attractive and some early results encouraging, and we have used it in certain cases where vascularized fat has been removed prior, transposing viable vascularized fat into areas of needed volume would seem more reliable rather than introducing a graft where the eventual take and volume may be variable. Fat grafting has been shown to have the risk of vascular occlusion, the same as injectable filler, and there is always the possibility of fat necrosis and nodules in a very unforgiving area. Necrotic fat can also cause a desmoplastic reaction affecting adjacent untraumatized tissues and worsen surrounding cicatrix.

Current transconjunctival techniques, although most commonly subtractive in regards to fat, have also been combined with fat transposition techniques. Both subperiosteal and supra periosteal fat repositioning have been described for recontouring methods via the transconjunctival approach, and both seem to give good results. The transconjunctival approach can also be somewhat restrictive for fat transposition methods due to the overlying lid margin since it prevents the wider field of view offered by the more open anterior approach.

Key points for those surgeons who prefer the transconjunctival approach are that they need to use corneal shields, insulated Desmarre retractors, use accurate incision placement between the fornix and the tarsus, minimize retractor division, avoid the internal oblique, and not over resect fat. Meticulous technique, with complete hemostasis is critical.

Key points for the skin muscle flap approach with a subciliary incision are, keeping the skin incision high under the lashes so as to be inconspicuous, leaving a 3mm strip of muscle on the tarsus before transecting orbicularis, and not resecting too much skin or muscle, as well as good hemostasis and avoiding inferior oblique injury. The decision regarding fat removal versus translocation is based on the individual situation.

The concept of muscle lifting for lower lid support and recontouring for the anterior approach was introduced in 1972 by Hinderer and gained popularity along with cantholysis.
Lower Lid Blepharoplasty: The Minefield of the Face
Continued from Page 89

The entire skin muscle flap is then lifted vertically and slightly lateral with this pedicle and it is sutured to the lateral temporal fascia just posterior to the orbital rim and secured with 6-0 pds suture through the lateral upper lid incision before it is closed (Fig 2). This approach allows for complete recontouring of the lid with filling of the nasojugal folds, minimal or no skin resection, and also avoids the long subciliary scar and provides excellent support (Fig 3).

In summary, proper patient selection, meticulous technique with atraumatic dissection, familiarity with the anatomy, regardless of preferred method, will protect most patients from the dreaded minefield of facial aesthetic surgery.

Grady B. Core, MD, is a board-certified plastic surgeon practicing in Birmingham, AL, and the Director of the Grandview Aesthetic Surgery endorsed Aesthetic Fellowship.

James Fernau, MD, FACS, is an aesthetic plastic surgeon practicing in Pittsburgh, PA, and is Chair of the Safety Committee of The Aesthetic Society.

Scan or click the QR code above for video examples provided by Dr. James Fernau.
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