



Aesthetic Society News

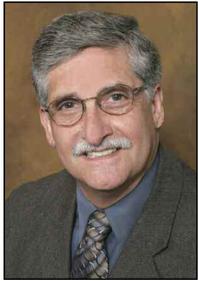
Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

Volume 15, Number 3 Summer 2011

The Aesthetic Meeting 2011

New educational offerings, increased international attendance and a great venue contribute to make this year's meeting a success.

By Jack Fisher, MD



This year, The Aesthetic Meeting, ASAPS' premier educational event, was held in Boston, MA, and the historic city was the perfect backdrop for a dynamic meeting affirming the science

of aesthetic surgery. The Aesthetic Meeting had 1,635 Surgeons attending, with 395 of

those International. Surgeons came from 52 countries outside the US, with the highest number coming from Brazil. Also exciting was that we had 224 Residents attend the meeting, with 120 of those International.

While the most attended sessions were Global Hot Topics, The Research and Innovative Technology Luncheon and the pre-meeting cadaver course, other highlights this year included Cosmetic Medicine 2011, which featured live patient demonstrations of

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Breaking News:

FDA to Hold Panel Hearings on Post Marketing Issues Related to Silicone Implants

The Aesthetic Society has recently learned that FDA will be holding panel hearings on silicone implants' post approval studies on August 30 and 31, 2011. From their website, www.fda.gov:

On August 30 and 31, 2011, the committee will discuss and make recommendations on post marketing issues related to silicone gel-filled breast implants. This meeting is regarding the discussion of different innovative methodological

approaches to the conduct of post market studies regarding silicone gel breast implants. Additionally, the panel will discuss key long-term safety issues associated with silicone gel breast implants in the real-world setting.

FDA intends to make background material available to the public no later than 2 business days before the meeting. If FDA is unable to post the background material on its Web site prior to the

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Aesthetic Fellowship Grant Awarded by Ethicon Endo-Surgery

Repeating their generosity and commitment to medical education, Ethicon Endo-Surgery has once more stepped up to the plate, awarding the Aesthetic Society a \$65,000 grant to sponsor an Aesthetic Fellowship. We gratefully acknowledge this contribution and invite all Aesthetic Society members who can meet the following criteria for acceptance to apply:

Core Curriculum & Criteria:

1) Fellowship Design

- The fellowship will be 12 months in length.
- The fellowship will be sponsored and under the direction of a board-certified plastic surgeon who is also an Active Member of The American Society for Aesthetic Plastic Surgery.
- The fellowship should have an affiliation with a plastic surgery academic training program. If there is no local program affiliated, the fellowship should have arrangements for the fellow to participate in academic enrichment, lectures, grand rounds, and research.
- The fellow is required to design and execute at least one clinical study or research project with the ultimate goal of submission to a national meeting and our peer-reviewed journal, Aesthetic Surgery Journal. Publication in the form of case reports, book chapters or editorials is highly encouraged.

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Aesthetic Society News

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

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



The American Society for
Aesthetic Plastic Surgery



The Aesthetic Surgery Education
and Research Foundation

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ASAPS Members Forum: www.surgery.org/members

ASAPS Website: www.surgery.org

ASERF Website: www.aserf.org

August 24-27, 2011

Breast Surgery and Body Contouring Symposium

Santa Fe, NM
Contact: ASPS
Tel: 847-228-9900

September 16-17, 2011

38th Annual Meeting of the Canadian Society for Aesthetic Plastic Surgery

Calgary, Alberta, Canada
Contact: CSAPS

September 23-27, 2011

Plastic Surgery 2011

Contact: ASPS
Tel: 847-228-9900
Email: registration@plasticsurgery.org

October 20-23, 2011

QMP 7th Aesthetic Surgery Symposium

Contact: Andrew Berger
Tel: 314-878-7808
Email: abberger@qmp.com
www.qmp.com/meeting2011/aesthetic/

October 21-22, 2011

Melbourne Advanced Facial Anatomy Course

Parkville, Victoria, Australia
Contact: Suzane Ali
Tel: +61 2 9437 0495
Email: sali@plasticsurgery.org.au

November 17-20, 2011

The Australasian Society of Aesthetic and Plastic Surgery—Non Surgical Symposium

Sydney NSW Australia
Contact: Suzane Ali
Tel: +61 2 9437 0495
Email: sali@plasticsurgery.org.au

December 1-3, 2011

The Cutting Edge Aesthetic Surgery Symposium 2011 Advanced Body Sculpting Head-to-Foot: Needle, Laser, Cannula, Knife

New York, NY
Contact: Lauren Fishman,
Program Coordinator
Tel: 212-355-5702
Email: registration@astonbakersymposium.com
www.aestheticsurgeryny.com

February 9-12, 2012

46th Annual Baker Gordon Symposium on Cosmetic Surgery

Miami, FL
Contact: Mary Felpeto
Tel: 305-859-8250
www.bakergordonsymposium.com

May 1-5, 2012

Skin Care 2012

Vancouver, BC
Contact: SPSSCS at 562-799-0466
Email: info@spsscs.org

May 3-8, 2012

The Aesthetic Meeting 2012

Vancouver, BC
Contact: ASAPS at 562-799-2356
Email: asaps@surgery.org

September 4-8, 2012

International Society of Aesthetic Plastic Surgery

Geneva, Switzerland
Contact: ISAPS
Tel: 603-643-2325
Email: isaps@conmx.net
www.isaps.org/



Groupon: Friend or Foe?

Three years ago, Groupon didn't exist. On Thursday, June 2nd, Groupon filed for its first initial public offering, a stock sale expected to net the owners in excess of \$750 million dollars. What's the attraction, and can Groupon's program help grow your practice?

Groupon (www.groupon.com) sells coupons for a variety of discounted services, typically restaurant meals and beauty treatments. The first question you may ask is whether physicians offering Groupon coupons would violate state laws or the Code of Ethics. Although Groupon claims to have no opinion on such matters, and instead places upon the merchant the responsibility for insuring legal compliance, almost certainly the answer is that the program is entirely legal for three reasons.

First, coupons can only be purchased for non-medically necessary services, so federal healthcare laws will have no application.

Second, state laws prohibiting fee splitting, rebates and kickbacks also will have no application because no money flows from the customer to the doctor. Instead, customers buy 50% off coupons from Groupon which then pays the doctor ½ of that amount. Doctors perform their services for 25% of their usual fee and customers receive 50% off, so the cost of medical care is not increased by this arrangement, but instead is drastically reduced. Doctors are also not paying for referrals under this arrangement, since they aren't paying Groupon; instead, doctors are simply agreeing with Groupon to discount their fees by 75%, an extremely pro-consumer arrangement.

Third, this arrangement not only doesn't qualify as fee splitting or a rebate, kickback or referral fee under the Code of Ethics, as discussed above, but Groupon coupons aren't prizes won in raffles. Groupon also offers a full refund to patients who are dissatisfied or turned away, preserving the obligation of our members to select only appropriate patients.

First, the program will not work if your per-procedure out-of-pocket costs typically exceed 25% of your usual and customary fee.

Even though Groupon is legal, it has four pitfalls.

First, the program will not work if your per-procedure out-of-pocket costs typically exceed 25% of your usual and customary fee. You will not be able to offset your losses by doing more procedures. However, laser or skin care treatments where additional patients produce only minimal out-of-pocket costs will fit the Groupon service model well.

Second, offering tomorrow for half-price procedures for which yesterday you charged full-price may irritate your patient base and tarnish your reputation. Apple learned that lesson last June when they abruptly dropped the price for their iPhone 3's, requiring a quick \$100 rebate to all their early (and loyal) full-price purchasers.

Third, Groupon appeals to bargain hunters who may be difficult to convert and retain as satisfied patients who now appreciate your education, training and experience. On the other hand, we have members who have used Groupon successfully to attract new patients, so it can be done.

Fourth, Groupon does not necessarily confirm the credentials of practitioners featured on their coupons. May 27th ISAPS circulated a blast e-mail from our colleagues at the British Association of Aesthetic Plastic Surgeons. The e-mail condemned Groupon for featuring a non-ISAPS member who nevertheless claimed membership on the coupon. BAAPS was able to convince Groupon to pull the offer for breast augmentations or rhinoplasties for £1999 discounted from £5000, but not until 23 coupons had already been purchased.

Weigh these options; Groupon may work for your practice. If nothing else, don't be surprised if Groupon shows up in your stock portfolio.

Bob Aicher is General Counsel for the Aesthetic Society



Checking the Checklist



Icebreaker "Aurora Australis" in the Antarctic ice

*In March 2010, the Australian supply ship Aurora Australis was supposed to refuel a sub-Antarctic research station on Macquarie Island. When the icebreaker arrived at its destination, the crew realized that they were not able to pump fuel from ship to shore because they had forgotten the special hose! What could have avoided a return trip of 2000 miles to pick up the hose at Hobart, Australia, the loss of a week, and costs of some \$500,000. The answer is: **A simple checklist!***

Sometimes, examples from fields other than surgery make things more understandable for us. In aviation and spaceflight, checklists are present at every stage of a flight and part of the "culture." Even a single pilot in a small aircraft would not think of preparing a routine landing without running the "pre-landing checklist."

In surgery, realizing the use of checklists for patient safety has taken many years, and it is only after the publication of a study by the Safe Surgery Saves Lives Study Group in the NEJM in 2009 that they have become popular in hospitals throughout the world. Checklists have also shown to be highly cost-effective.

The World Health Organization (WHO) has published a "Surgical Safety Checklist" that covers the entire peri-operative phase

with a number of standardized items to be checked for every patient. Quite remarkably, this WHO checklist mentions as the bottom line: "This checklist is not intended to be comprehensive. *Additions and modifications to fit local practice are encouraged.*"

This is a very important point. For a checklist will only be used correctly if the entire team can see its benefit for the specific activity. If a checklist is run through mechanically just because the hospital administration requires this to be done, it will not only be useless but will lead to a false feeling of security. On the other hand, a good implementation of a well adapted surgical checklist can be an important step in promoting a culture of safety and improving human factors.

The WHO checklist is made for operations under general anesthesia in a hospital setting. Plastic and aesthetic surgery only partly fit into this frame. On the contrary, a number of conditions make our specialty different:

- mostly highly elective surgery
- mostly outpatient surgery
- often under local anesthesia
- often in surgery centers owned by surgeons

All these reasons call for adaptations of the WHO checklist that will make it

more suitable for plastic and aesthetic surgery. At the 2011 ASAPS meeting in Boston, Dr. Jaime Anger and his team from Brazil presented an e-poster for a specific plastic surgery checklist. This is a very good example of a local adaptation that works well in this setup. Its particularity is to cover not only the perioperative phase, but the entire process of decision.

The ASAPS Patient Safety Committee has recommendations for modifications to the WHO Safe Surgery checklist. Some specific items have been modified and/or added to make it more suitable for our specialty. The goal of this WHO/ASAPS checklist is to encourage aesthetic surgeons to use well-adapted checklists not only in the hospitals but for all of their surgical activity, especially also for operations in the office or ambulatory surgery center.

There is no doubt, this will have a positive effect on our surgery teams, improve the safety of our highly elective procedures, and of course improve the public image of our specialty.

References:

All references as well as a number of downloadable documents can be found on the following webpage:

<http://www.oppikofer.com/page23/page23.html>

A QR reader on your smartphone allows you to access the reference page directly.

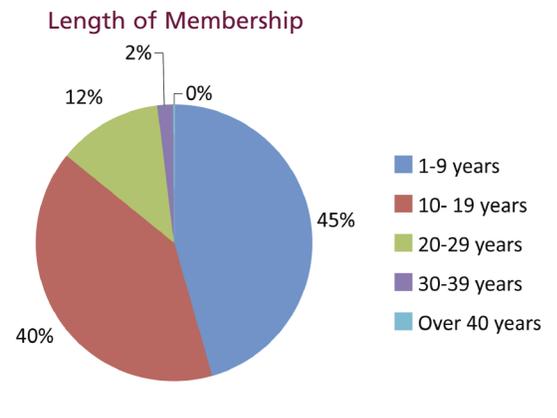
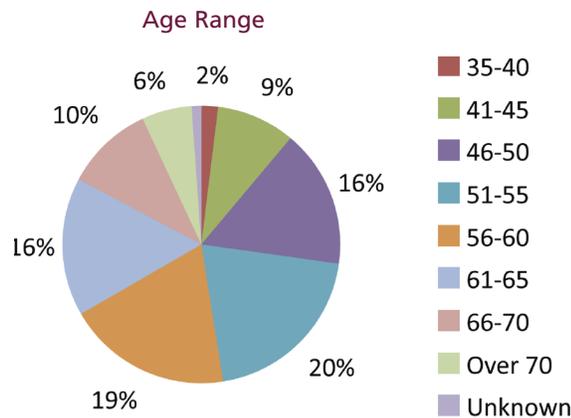
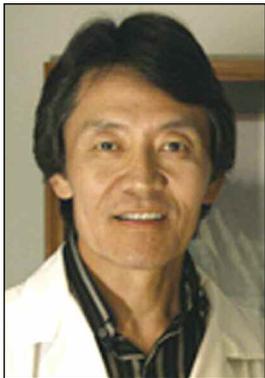


The last Space Shuttle mission, STS-135: Pilot Doug Hurley with checklist just before take-off.

Claude Oppikofer, MD is an aesthetic surgeon practicing in Montreux, Switzerland. He is chair of the Aesthetic Society's Patient Safety Committee.

You Talk, We Listen: Membership Survey

By Clyde Ishii, MD



(Compiled from ASAPS Membership Data)

Unlike some Societies, ASAPS is a Member-driven organization, and it is imperative that our Members give feedback on any thoughts or concerns, which in turn helps set the direction of the Society. We recently distributed a Member Survey, and I'm pleased to convey some initial responses, based on 202 participants from our 1600 Members. However, if you haven't yet contributed, please do. We want to hear from you, as every Member matters.

Member Snapshot

ASAPS has a wide range of Members, fairly evenly split in terms of their years in the Society. The largest group (over 25%) has been in the Society for 10-15 years. Approximately 21% have been Members for 5-10 years, and another 21% for 15-20 years. And both our newer Members (1-5 years) and longer term (20 or more years) each account for 15% of our total Membership.

Happily, over 80% of respondents reported being satisfied or very satisfied with their Membership in ASAPS, and we are working to increase that number substantially. Through this survey, we are developing new tools and services to provide even stronger Member Benefits.

Almost 70% of respondents were solo practitioners, with almost 20% in a group practice. 8% of members practiced in a

group or solo in a Medi Spa setting, with small percentages being hospital-based or in a multi-specialty group. And, of those responding to the survey, 92% were male and 8% female.

Income

Almost all Members of the Society are making over \$100,000 annually, with almost 55% making \$100,000-\$500,000. Roughly 43% of Members make \$500,000 or more annually. Less than 3% of those responding reported earnings of \$100,000 or less.

Value of Membership

We asked our Members to define what they saw as some of the most important aspects of Membership, and the number one result was ASAPS media relations efforts to promote board certification and qualifications of membership. Other key benefits were the Aesthetic Surgery Journal, the Aesthetic Society News, and our Find-A-Surgeon referral tool. Members also felt strongly that membership in ASAPS resulted in increased prestige among both patients and peers.

Cooperation with CORE Aesthetic Groups

In the past, ASAPS Members have indicated that they supported cooperative efforts with CORE groups such as Facial

Plastic Surgeons, Oculoplastic Surgeons and Dermatologic Surgeons, and once again, this proved to be true. Most of the members polled feel that collaboration with Core groups is appropriate especially in the areas of patient safety and clinical research.

Majorities also wanted to see ASAPS continue to provide funding to ASPs for advocacy efforts, rather than creating its own ASAPS advocacy division. Most Members also wanted to keep the current ASAPS policy and restrict attendance at The Aesthetic Meeting to only ABPS plastic surgeons.

Educational Tools

Overwhelmingly, Members support the annual Aesthetic Meeting, but also ASAPS clearly needs to develop new tools for educating Members, including free Webinars, paid Webinars offering CME, and live Webcasting of educational programs and scientific sessions.

While these initial findings are important, we still want to hear from you. We value your Membership at ASAPS, and need your input to best serve your ever-changing needs. Thank you.

Clyde H. Ishii, MD, practices in Honolulu, Hawaii, and serves as ASAPS Membership Commissioner.



A conversation with Past-President, Norman M. Cole, MD on the National Endowment for Plastic Surgery

As Chairman of the PSF/Endowment Council of Advisors, Dr. Cole is wearing the Endowment pin and Maliniac Circle pin on his lapel proudly.

While the push for educational and medical advancement in the field of plastic surgery has always been a personal priority amongst board-certified plastic surgeons, having an independent, continuous means to fund evidence-based research has only been a reality within the last 20 years. [The formation of the National Endowment for Plastic Surgery (NEPS) began when the specialty was at a crisis and Past-President of the Aesthetic Society and ASPS, Norman M. Cole, MD was at the forefront of fighting for the future of plastic surgery.] Many have contributed to the founding of the Endowment, but Dr. Cole made it a personal mission to build a strong foundation and appeal to the membership. There are now over 1200 surgeons donating to the Endowment and over 90 of them are donating \$50,000 or more.

Now currently serving as Chairman of the PSF/Endowment Council of Advisors, Dr. Cole is still actively involved and shares his passion and knowledge for the Endowment and the field of plastic surgery with ASN.

ASN

Dr. Cole, thank you for agreeing to talk to us about the Endowment. Can you give us some background information on how it all began?

Dr. Cole

What was once called the Plastic Surgery Educational Foundation and is now simply called the Plastic Surgery Foundation (PSF) provided a conduit for our research dollars and the educational

aspects of the practice of plastic surgery. The Endowment was a fund created within the PSF in 1994 in response to the FDA Breast Implant Hearings of 1992.

During that time, we realized that we had no funds set aside to support our own independent research in reaction to an immediate event of that magnitude. We were depending on the manufacturers to do the research, and they dropped the ball. We realized that we could never be in that place again. In a way, even though it was a very stressful time, the hearings along with the Safe Medical Device Act (1990) taught us that we couldn't take these things for granted and we had to demand vigilant testing and have clinical trials for every new product or procedure.

ASN

What was your role in the development of the Endowment?

Dr. Cole

I was president of ASPS during the Breast Implant hearings in 1992 and while many talked about the need for an endowment before then and even attempted to create one, the membership didn't see the imperative need until it was upon us. My role was to get support and organize the development, but the success of the Endowment is directly due to the members. They embraced the concept and contributed to it to levels that I would have never dreamed. I am happy to have helped get this off the ground and proud of what it has become today.

ASN

How does the Endowment work?

Dr. Cole

The Endowment is created from contributions from plastic surgeons, but only the interest that is accrued can go to underwrite research. If the PSF is a checking account, then the Endowment is like a permanent CD or trust, and you live off of that for the rest of your life. If I put in \$1000 today, I can be sure that will be there for as long as the Endowment exists. Only in the event of a complete disaster and the membership votes on it, could the actual funds be used. Otherwise, it's a permanent fund that regularly generates income, and that income then funds research on immediate issues facing the practice of plastic surgery. We're investing in the future of the specialty and focusing on the efficacy and safety of plastic surgery procedures.

ASN

What kind of grants are provided by the NEPS?

Dr. Cole

The funds are used on a regular basis, by underwriting research that is clinically applicable to the plastic surgery practice. The grant proposals are rigorously reviewed by the Foundation which has an NIH review process, which is fairly new, and all of the funded grants are listed on the website. There hasn't been one issue that we've been focusing on, like the breast implant crisis, but if one did come out all the funds would go towards researching that topic. I'm glad there hasn't been a crisis that has called for that type of focus!

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"The main reason you give to the Endowment is because you recognize how successful and important plastic surgery has been and you want to give back and repay a small part of what it has provided us." —Dr. Cole

ASN

Donating to PSF or ASERF is a valuable contribution in itself; what sets the Endowment apart?

Dr. Cole

This is a very common question. The Endowment, PSF and ASERF all serve slightly different purposes. The plastic surgery practice needed both bench research as well as clinical research to develop the specialty of plastic surgery. When we needed that type of scientific research we created the PSF and NEPS. When specifically dealing with aesthetic cases in the practice, ASERF was developed to provide that value to our members.

It's a personal preference, but the Endowment definitely has a different appeal to certain members as compared to the Foundations. It's more of a legacy, leaving something that will always be there and go untouched.

At the Plastic Surgery meeting, there is a huge display listing the names of all of the endowment contributors and this goes from the basic contributor who donates \$1000 through the different levels up to \$100,000. There is also an exclusive private donor reception at the meeting, as well as a lounge in the exhibit area that provides lunch, seating and refreshments for all Maliniac Fellows. Every year we hope to increase the profile and recognition and this year in Denver, we want to significantly showcase the reception and highlight those who contribute the most.

ASN

Thank you for bringing up the Maliniac Circle—a very prestigious distinction for any plastic surgeon. How did this get started?

Dr. Cole

Maliniac Fellows have donated \$50,000 in cash or securities or have provided \$100,000 or more through life insurance, bequest or trust. The idea was started by Bill Little (J. William Little, MD), a member in Washington DC, who was president of PSF shortly after the Endowment began. We went around and personally raised funds for the Endowment, but he thought that we should increase the amount of money we were asking for and create a special status for those who contributed at this level.

Bill chose to name it after Jacques Maliniac who was one of the founders, as well as the first President of the American Society of Plastic and Reconstructive Surgery and the first President of the Plastic Surgery Educational Foundation. Then, Bill recruited about 20-30 people to be inducted into the first Maliniac class and presented them with a plaque, special lapel pin and certificate at the Opening Ceremonies of the Annual Meeting. This tradition continued through the years and we hope to revive that level of recognition starting with this next meeting in Denver.

ASN

Who are the members that become part of the Maliniac Circle and what does it mean to them?

Dr. Cole

There are about 90 Maliniac Fellows today. The main reason you give to the Endowment is because you recognize how successful and important plastic surgery has been and you want to give back and repay a small part of what it has provided us. It's an altruistic feeling—also most of the first members of the Maliniac circle gave those high amounts as a bequest or trust.

As a young surgeon, you could pay off your donation in a relatively short time by funding a life insurance policy. Some

people have given more than the required amount - large amounts just because they believe in preserving the specialty. One such member, Dr. Luis Rios, Jr. made a bequest on behalf of his late father, who was a plastic surgeon who worked in border towns in South Texas and then made a donation for himself. He was so appreciative of all the gifts that plastic surgery gave his family and the idea that he could in turn, pay it forward. That was one of the most generous and thoughtful donations to the Endowment.

ASN

That is a truly inspiring story. There seems to be many reasons or motivations behind becoming a Maliniac Fellow.

Dr. Cole

Oh yes, sometimes it's just the fact that a person achieves a certain sense of personal satisfaction and enjoys being identified with others who share the same values. Some young surgeons who just finished their residency have become Maliniac fellows because they want to make a difference early in their careers and hope their interest will be noticed by other young plastic surgeons looking to do the same. Or maybe someone will go up to them and ask them to be on a committee or become more involved. Some well-known established surgeons are expected to be a Fellow and they live up to those expectations by donating. There are many motives for their generosity, but luckily, the benefactor is always the Endowment and the preservation of the specialty.

ASN

Thank you once again for speaking to ASN.

For more information about donating to the PSF/NEPS, call 847-228-9900. Please also see ASERF Update on page 22 to learn more about aesthetic surgery donation opportunities and grant information. Also available at www.aserf.org.



Proud to be Peerless

By Daniel C. Mills, II, MD, and Sanjay Grover, MD

When you joined The Aesthetic Society, you likely understood that it is a selective and highly qualified group of aesthetic surgeons—the best in the field. What you might not have known is that while there are many organizations from which to choose, ASAPS is the only Society completely dedicated to the exclusive needs of the Aesthetic Plastic Surgeon.

Membership in ASAPS is more important than ever. Research has shown that most consumers do not know what Board Certification is, and with never-ending news reports about fake boards and desperate consumers undergoing risky procedures, ASAPS continues to champion the facts, at both the local and national level.

Here are just a few of the ways ASAPS is working on your behalf:

Education

- Our educational program is free from ancillary programs or conflicting interests, and The Aesthetic Meeting has long been the “gold standard” in aesthetic education.
- Members benefit not only by receiving the finest in education, but also discounted early bird registration, resulting in substantial savings of over 20%.
- Free informative webinars are offered on a variety of timely subjects.
- The Aesthetic Surgery Journal, indexed and peer-reviewed, is essential for keeping up-to-date, and is a benefit of membership.
- The “Aesthetic Society News,” our quarterly print and digital publication, brings you the latest information on both hot topics and the Society, and it too is a benefit of membership.

Media & Statistics

- Our annual statistics are regularly quoted in the national press, and all members are given the opportunity to use them for their own practice promotion.

- Up-to-the-minute advisories are provided to all ASAPS members on important issues appearing in the media.
- Advice and tips on media interaction are available to all members, free of charge.

Products & Services for Growing Your Practice

- Three potential referral sources (Find-a-Surgeon, Enhanced Practice Profile (EPP) Web Pages, and Ask-a-Surgeon.
- Enhanced Practice Profiles (EPP) with Video, exclusively for members, are a fully-optimized service for impactful search results. EPPs consistently get first page rankings on Google, in many cases are listed above and/or along with your practice website, and get over 40,000 hits per month, giving you a competitive advantage. While EPPs are offered for a fee to ASAPS Members, the cost is substantially less than other similar marketing products.
- Ask-a-Surgeon is a free and ‘live’ Q & A Community, exclusively for members to answer plastic surgery questions from the public, and includes a free link to your EPP and has built-in social media features to increase your online visibility and generate new patient leads.
- Facebook, Twitter and YouTube—Be a part of a growing social plastic surgery community that connects members, the media, medical professionals, and the public.
- Optimize and enhance your website with free video content via Projectbeauty.com.
- Position your practice as a center of excellence by using the Aesthetic Society logo on your practice materials and by featuring it prominently within your office.

- New manual: Policies and Procedures for the Aesthetic Surgery Practice—created specifically for the aesthetic practice.
- The complementary Safety with Injectables Workbook contains informed consents and documents, including information on the latest injectable products.
- Practices of Office and Patient Safety (POPS), an online training program for office staff in all aspects of office safety, providing self-quizzes and a certificate of completion, is also a benefit of membership.

Newest Service for ASAPS members:

Long time Society legal counsel Bob Aicher, Esq. is now available to answer limited legal questions about your practice or any other business related issue free of charge. This service is not intended to replace your current counsel but to provide quick answers to issues that may arise. Bob is available immediately for your questions. He can be reached at Aicher@sbc-global.net.

ASAPS has consistently upheld its commitment to high standards of excellence, and membership in the Society is an exclusive privilege and distinct honor. While we’re primarily known for our nationally recognized education program, we hope you’ll delve deeper into all of the benefits membership in the Society provides. In short, no other Society compares to ASAPS, which gives you both the knowledge and tools needed to stay one step ahead of the rest. We’re proud to be peerless.

Daniel C. Mills, II, MD, practices in Laguna Beach, CA, and serves as the Chair of the ASAPS Communications Commission, while Sanjay Grover, MD, who practices in Newport Beach, CA, serves as the Vice-Chair.

Fellowship

Need Funding for an Aesthetic Fellowship?

The American Society for Aesthetic Plastic Surgery is proud to announce the availability of a \$65,000 grant* to support a 12 month Aesthetic Fellowship, to begin July 2012.



**Application Deadline:
Monday,
October 3,
2011**

CRITERIA INCLUDE:

- Applicant must be an ASAPS Active Member based in the USA or Canada
- Fellowship must be 12 months in length and scheduled to start in July 2012
- Must be a **new** Fellowship or the addition of a Fellow to an already existing program
- Must agree to follow the ASAPS Aesthetic Fellowship Curriculum
- Fellowship must include a research component

**Download complete details including Eligibility Criteria,
Application, and the Aesthetic Curriculum**

www.surgery.org/members

**Made possible by a grant from Ethicon Endo-Surgery*



THE AMERICAN SOCIETY
FOR AESTHETIC PLASTIC SURGERY

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EDUCATION • COLLABORATION • RESEARCH



An Introduction to the Society of Plastic Surgical Skin Care Specialists

Bea Hunter Erdman



The Society of Plastic Surgical Skin Care Specialists is a professional, education-based organization comprised of aestheticians and nurses who perform skin care services in the office of a board certified plastic surgeon. This organization recently held its 17th annual meeting this past May in Boston, preceding the ASAPS meeting. This article is intended to give you a brief history and introduction to the SPSSCS.

In 1994, as the concept of providing clinical skin care in a plastic surgical practice was in its evolution. A group of physicians led by Dr. Fritz Barton recognized the need for an organization to provide education and standardize training of skin care specialists working in association with board certified plastic surgeons. An organizational meeting of nine plastic surgeons took place on September 23, 1994. The members included the following physicians: Dr. Fritz Barton (Chairman),

Dr. Sherrell Aston, Dr. Stanley Klatsky, Dr. Steve Hoefflin, Dr. James Slavin, Dr. Garnett Murphy, Dr. Gustavo Colon, Dr. Jack Friedland, and Dr. Charles Verhyden.

It was determined that Drs. Barton, Colon, Murphy, Slavin, Hoefflin, and Friedland would develop a two day teaching course in plastic surgical skin care provided by paramedical personnel. Drs. Klatsky, Aston and Verhyden would help with organizational by-laws. It was also determined that the meeting would run simultaneously, but separate from, the March 1995 ASAPS meeting.

An organizational meeting chaired by Dr. Barton was held in Dallas, Texas, on November 5, 1994.

The first order of business was to determine the purpose and goals of the SPSSCS, as well as the criteria for membership. Proposed by-laws, prepared in draft by Dr. Klatsky, were reviewed and a Board of Directors was established.

The First Board of Directors of the SPSSCS elected was: Bea Hunter Erdman, President; Kim Kelly, President-Elect; Anna Dee Rinehart, Vice President; Barbara Maywood, S.T., Secretary; Celeste La Chapelle, R.N., Treasurer. Other members included; Julie Friedland, Kim Gann, Rosalie Klatsky, Jeanette Lee, Michelle Mollo, Jean Steele, R.N., Kathy Wright, R.N.. Drs. Fritz Barton and Stanley Klatsky served as Advisors.

It was determined that the Society's inaugural meeting would be held in conjunction with the ASAPS meeting scheduled in San Francisco in March 1995. Format for the two day seminar was laid out by topics, demonstrations and discussions. Members of the Board and associated physicians were chosen to present the various topics and suggestions were made regarding time and content of each topic.

In 1994, as the concept of providing clinical skin care in a plastic surgical practice was in its evolution. A group of physicians led by Dr. Fritz Barton recognized the need for an organization to provide education and standardize training of skin care specialists working in association with board certified plastic surgeons.

Letters were sent out to ASAPS members, informing them of this new educational Society. With only four months to organize and plan, the Inaugural Meeting of The Society of Plastic Surgical Skin Care Specialists was set for March 17 and 18, 1995. Despite relatively short notice,

Continued on Page 11

attendance for the meeting was approximately 125 nurses, aestheticians and medical personnel. The meeting was well received and much interest was generated in the Society.

The Society is the first professional skin care organization associated with a medical specialty. It has gained a reputation as the premier organization for unbiased, scientific education that holds true to its Mission.

The Mission of the SPSSCS is as follows:

“The Society of Plastic Surgical Skin Care Specialists is a voluntary, non-profit organization dedicated to the promotion of education, enhancement of clinical skills and the delivery of safe, quality skin care provided to patients within the office of a Plastic Surgeon certified by the American Board of Plastic Surgery or the Royal College of Physicians and Surgeons of Canada.”

Over the last 17 years, The Society of Plastic Surgical Skin Care Specialists has continued to grow through the commitment, passion and dedication of its members, associated physicians and supporters. The

The Society is the first professional skin care organization associated with a medical specialty. It has gained a reputation as the premier organization for unbiased, scientific education that holds true to its Mission.

scientific courses have something for every skin care specialist, ranging from novice to veteran. It is also a valuable resource for physicians who are considering, or have a desire to grow and enhance,

a plastic surgical skin care practice. ASAPS members who have been affiliated with the SPSSCS can testify of the value to which the Society has contributed to the professional and personal growth of their personnel and practice.

What was once a vision driven by a purpose, the Society has become an organization that continues to serve not only its members, but enhances the experience of the patients, who are the true recipients of professional, quality care.

Bea Hunter Erdman served as the Inaugural President of The Society of Plastic Surgical Skin Care Specialists and served in that position from November 1994 to April 1996. She has served as Advisor, Nominating Chair, Scientific Program Chair, multiple committees and as Speaker and continues to be an active member of the Society.

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—Renato Saltz, MD

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Financial Focus for Young Physicians: “First, Build Your Foundation”

R. Paul Wilson, CRPC®
Michael Lewellen, CFP®

As advisors to young physicians across the country, we are often asked the question: “What is the most important thing I should be doing financially in the first years of practice?” Our answer is simple: “You need to build a solid foundation”—yet, the application of this concept (foundation) is different for each physician. However, as with patients, we often see very common symptoms and can make some generalizations about what is involved in creating a “financial foundation” for many young doctors. We will do that here in this article.

Foundation-building for any young physician will depend on where he/she is in their personal life (single, married, kids, etc.). Also, it can and needs to begin before the physician even leaves training because, like most things, establishing the right habits is a key to building a financial foundation. Most young physicians will see a significant increase in their incomes when they begin their practice. Up to this point, they have typically been living paycheck to paycheck, and a jump in income by five-fold or more can be a bit euphoric. With a “spend now and plan later” attitude, many young physicians will indulge a bit and make large purchases. Often taken too far, they find themselves once again living paycheck to paycheck. The attitude then becomes: “once I make partner in a few years, I’ll address my financial plan...”

Young Physicians’ Greatest Asset: Future Value of Income

The most important factor in the building of a foundation is to protect what the young physician has already built—before tackling the endeavor of building wealth. For many young doctors with little

savings and often large student loan debts, their question is often “what have I built? I am in severe debt!” The answer is that they have actually built a significant asset that needs protecting—the value of their future income.

Given the significant investment made to become a practicing physician, it should not be surprising that the value of their future income is also significant. For example, let’s say an orthopedic surgeon is offered a starting salary of \$300,000, including benefits. Assuming this physician plans on practicing for 30 years (and 3.5% inflation), the present value of this annual income is: \$5,517,613, even if that physician never makes more than \$300,000 per year, including inflation. Most people would think an asset this valuable is worth protecting.

What is needed to protect this asset? That depends on who they are protecting it for—for just themselves or for others dependent on them. For both types of doctors, they need to protect their ability to earn this income in the future. That is why disability income insurance is so critical—and is tool #1 for young doctors to implement.

Protecting Future Income for the Physician & Dependents

Disability income insurance conceptually is straightforward; if one becomes disabled it will pay the disabled doctor. For young physicians (and doctors typically into their 50s) this protection is critical because they have not accumulated the savings to support themselves and their families in case they cannot work as a doctor.

When looking at purchasing individual disability income insurance, physicians need to determine what their true need is, not how much they can get. If monthly expenses are \$3,000/month, but an

insurance salesman says you can get \$5,000/month, you are over insuring yourself. While having more coverage than what’s needed is not always wrong, controlling expenses in order to build the proper foundation is more important.

Physicians will also want to make sure they’re purchasing adequate coverage. The definition of disability should be occupation specific, thus a physician cannot be forced to go back to work in another field. Residual or partial disability rider is another important part of the contract, in case the physician suffers a partial disability they can still work part-time in their occupation. Typically there has to be an income loss of 20% or greater. Also, in the event of a long-term disability, having a cost of living rider as an inflationary protector is important.

Young doctors should also be aware of what is available through their employer. More often than not, a hospital will provide group disability income insurance at no or minimum cost to the physician. The issue with group insurance is that it is covering the masses. This can lead to coverage that is not occupation specific, has short benefit periods, does not have a partial or inflation protection rider, and can be cancelled at any time. While that is not the case with all hospitals, generally group insurance is not adequate for a young physician.

Often, there are discounts in place that are connected to the hospital that allow a young physician to purchase individual disability income insurance at a discount, or with unisex rates. The unisex rate option is the most ideal and has the greatest impact on female physicians.

Protecting Future Income for Dependents

For young doctors with financial dependents—typically, children or spouses, but sometimes other family members—

Continued on Page 13

they need to focus on protecting their future income value not only against disability, but also against death. This is why life insurance is tool #2 which we typically recommend.

Much like disability income insurance, you need to first determine what your need is from a death benefit perspective to make sure you are being cost efficient. The way to determine your need is to decide what expenses would need to be covered. For example: mortgage, education funding for children, car loans & other debts, income support for spouse.

Young physicians in a position of purchasing life insurance should probably consider term insurance as their best option. Term insurance is inexpensive and provides a death benefit for period of time (10, 20, 30 years). This does not mean term insurance is the only or best type of insurance, it is generally best for a young physician who has a specific need. Permanent life insurance can be a very tax efficient saving vehicle that provides tax-free growth and tax-free distributions, if structured properly, and can provide great asset protection depending on the state of residence. For these reasons, permanent (cash value) insurance is often selected even by young physicians as a wealth accumulation and protection vehicle.

Conclusion

At the outset of their medical career, physicians in training are told “first, do no harm.” As advisors to young physicians nationwide who are at the outset of their financial career, we give a similar advice—“first, build your foundation.” This article explains two key first steps in that process.

R. Paul Wilson, CRPC® is Regional Manager of Private Client Services for the OJM Group (www.ojmgroupp.com) where Michael Lewellen, CFP® serves as Director of Financial Planning. They can be reached at (877) 656-4362.



15th Anniversary of ASJ

This year marks the 15th Anniversary of Aesthetic Surgery Journal (ASJ). “The 15-year anniversary of ASJ is a time to reflect on just how far we have come as a journal and a specialty,” said Editor-in-Chief Foad Nahai, MD, of Atlanta, GA. “When the Journal started out, there were many who wondered if there would be enough new material to keep it going. Today, we have a high rate of manuscript rejection, simply because there are so many outstanding studies and clinical techniques submitted to ASJ from surgeons around the world.”

The Journal was launched in 1996 by an Editorial Board led by Founding Editor-in-Chief, Robert W. Bernard, MD, and his tradition of leadership and innovation was continued by Stanley A. Klatsky, MD, who was Editor-in-Chief from 1997 to 2009. During Dr. Klatsky’s tenure, ASJ received the important distinction of being indexed through the National Library of Medicine (MEDLINE/PubMed), which provided a wider research-based audience.

QR Codes, Facebook, YouTube and more

ASJ has undergone many changes in its 15 years as a peer-reviewed journal, including many “digital” upgrades. By now, you are probably all familiar with the redesigned website, but you may not know that we are constantly adding new elements to enhance your online experience with ASJ.

The July issue featured QR codes alongside each article with an accompanying video, enabling you to access the video straight from your smart phone. To scan a QR code, you must download a free code reader application to your phone—but we promise, it’s worth it! When you scan these

codes, they take you directly to the video online through ASJ’s YouTube page.

Shortly, the ASJ homepage will feature a “Video” tab that will allow you to see a list of all technique videos from previously-published articles; the website will also be optimized for viewing on iPhones in the near future. In addition, ASJ now has a Facebook page that highlights abstracts from upcoming issues.

QR codes from July 2011 issue of ASJ



Axillary shaving for hyperhidrosis video

Abdominoplasty with thorough concurrent circumferential liposuction video



Celebrating Patient Safety at 10 Years

This year is also the 10th anniversary of the first patient safety-specific instructional course at the ASAPs annual meeting. The August issue of ASJ celebrates this important milestone with a banner on the cover, as well as a two-part Editorials series from Drs. Mark L. Jewell and Renato Saltz (“Patient Safety at 10 Years”) and Dr. Felmont Eaves (“An Integrated Model of Patient Safety and Quality of Care”).

On a related note, the August issue of ASJ also contains the ASAPs/ASPS Joint Position Statement on stem cell research, accompanied by a Commentary from Dr. Felmont F. Eaves, III, Immediate Past President of the Society, on the importance of data-driven and evidence-based research to support the use of new technologies.

If you have any questions about accessing ASJ’s QR codes, please contact the Editorial Office: journal@surgery.org

July 2011 Government Affairs Committee Update

By Lori Shoaf, Director, Federal Government Affairs, ASPS

Editors Note: The following is an abbreviated update from the ASPS Government Affairs Committee. All Aesthetic Society members contribute to ASPS Advocacy efforts through your dues. This will be an on-going feature in ASN

Children's Access to Reconstructive Evaluation and Surgery (CARES) Act (H.R. 1955/S. 1045)

The CARES Act was re-introduced in May in the House of Representatives by Representatives Patrick Tiberi (R-OH) and Carolyn McCarthy (D-NY), and in the Senate by Senators Mary Landrieu (D-LA) and Thad Cochran (R-MS). This bi-partisan legislation requires insurance companies to provide timely coverage for the treatment of a minor child's congenital or developmental deformity or disorder due to trauma, infection, tumor, or disease.

ASPS Activities

ASPS has endorsed the bill and is currently lobbying for cosponsors and coordinating a coalition letter in support of the legislation.

Accountable Care Organization (ACO) Rules

HHS released a long awaited proposed rule regarding accountable care organizations in the new health reform law. The proposed rule was severely criticized by most health care stakeholders—including those who have been part of earlier demonstration projects testing these methods of payment. It is unclear how HHS plans to proceed at this time, but it is clear that significant changes will be made to the proposal.



ASPS Activities

ASPS commented on the rule individually and as part of the Alliance for Specialty Medicine.

Ambulatory Surgery Legislation

ASPS has been involved in discussion for months with the ASC Association that represents mostly large chains of ASCs regarding legislation they recently introduced. While the bill includes provisions that are good for ASCs, especially equitable payment and head-to-head comparisons on out-of-pocket costs with Hospital Outpatient Departments, the AMA and other surgical groups are not endorsing the legislation. We oppose a provision in the bill that amends an underlying law permitting the Secretary to reduce ASC payment by 2% for those that do not submit data. We fundamentally oppose the stick approach to data collection. Although this law does not alter the current law penalty, it adds to a provision

that we have opposed and attempted to eliminate from current law.

Collective Bargaining

Representatives Jon Conyers (D-MI) and Ron Paul (R-TX) introduced a bill in May to exempt health care professionals from Federal antitrust laws when they are engaged in negotiations with a health plan regarding the terms of any contract under which the professionals provide health care items or services. The bill does not confer any new right to participate in any collective cessation of service to patients not already permitted by existing law and does not apply to negotiations between health care professionals and federal health plans (e.g., Medicare, Medicaid, SCHIP, etc).

ASPS Activities

ASPS worked with the Alliance of Specialty Medicine to endorse this legislation.

Breast Reconstruction Legislation Work Group

ASPS Activities

The GAC workgroup tasked with drafting potential breast cancer reconstruction legislation has completed work on the first draft of the bill. That draft seeks to balance the desire to move forward on this opportunity with concerns raised during the drafting of the bill.

ASPS is meeting with ASBS leadership to see if there is a desire to partner on this "white hat" patient education legislation on July 6th. There will be a verbal update at the meeting July 16th GAC meeting.

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GAC Update

Continued from Page 14

FDA Update

On June 22, the FDA released an updated Silicone Breast Implant (SBI) White Paper along with some other resources for the public/patients (see www.FDA.gov/breastimplants). They also conducted a media briefing and stakeholder's conference call to answer questions and provide additional information. This white paper is an update on the state of the science on matters relating to SBIs.

Similar to the white paper and safety signal on ALCL that was released by the FDA in January of this year, ASPS was asked to review and comment on the document in advance of its release under a confidential disclosure agreement. The paper is largely consistent with ground that has been covered previously on breast implants, but also includes data from the manufacturer studies.

Meanwhile, ASPS is continuing to work with the FDA to develop an ALCL registry.

State Activities Update

Scope of Practice: Dentistry

On April 13, ASPS registered opposition to **Alabama** Senate Bill 214, which would have expanded the scope of practice of dentistry to allow dentists to write prescriptions for Botox and other dermal fillers. The bill died upon adjournment on June 9.

On April 26, **Arizona** Governor Jan Brewer signed AZ HB 2530, which would redefine dentistry in the state to include surgical treatments for any disease, pain, deformity, deficiency, injury or physical condition of the human tooth or teeth, alveolar process, gums, lips, cheek, jaws, oral cavity and associated tissues. In 2002, Arizona passed scope expanding dentistry language which enabled oral surgeons to lawfully perform cosmetic surgery. While the legislation does not substantively change the state's already expansive statute regarding dentistry, ASPS registered its opposition to non-physician oral surgeons



engaging in the practice of medicine in a February 16 letter to the House Health and Human Services Committee.

The **Louisiana** State Board of Dentistry ruled on May 20 that the scope of practice of dentistry includes the use of Botox and dermal fillers. ASPS worked with the Louisiana Society of Plastic Surgeons and other medical specialties to formally oppose the rule.

New York legislation (SB 3059) which would expand the scope of practice of dentistry passed the Senate in June and awaited consideration in the Assembly upon recess on June 24. The bill will be carried over for consideration in the 2012 session. ASPS continues to work with the Medical Society of the State of New York, the New York State Society of Plastic Surgeons and other coalition partners to defeat the bill, which has passed the Senate each of the past three legislative sessions in New York.

Scope of Practice: Optometry

On February 24, **Kentucky** Governor Steve Beshear signed legislation (KY SB 110) that enables non-physician optometrists to perform scalpel and laser procedures, including complex procedures that fall squarely within the practice of

medicine, such as blepharoplasty and skin cancer excisions. ASPS registered its opposition to SB 110 via comments to the Kentucky House Speaker in a February 15 letter. ASPS joined the American Medical Association, the American Academy of Ophthalmology, the American College of Surgeons, and the American Academy of Dermatology Association in opposition efforts.

On March 2, ASPS registered opposition to **Nebraska** Legislative Bill 316 in a letter to the Unicameral Committee on Health and Human Services. LB 316 would enable non-physician optometrists to perform a vast array of surgical procedures, including scalpel and laser procedures such as blepharoplasty and skin cancer excisions. The bill had not been acted on as of the session's recess on May 26.

Optometry scope of practice legislation was also introduced in **Florida** (SB 356) and **New York** (AB 363), **South Carolina** (SB 503), and **Utah** (SB 128) during the 2011 legislative session. ASPS continues to support the American Academy of Ophthalmology and the respective state medical societies to ensure that optometry does not encroach on the practice of medicine.

Continued on Page 16

Truth in Advertising

Connecticut legislation (HB 5045) which requires health care providers to display photographic identification badges during work hours was signed by Governor Dannel Malloy on June 3.

The **Louisiana** Society of Plastic Surgeons has championed legislation (SB 152) which would require physicians who use the term “board certified” to do so only after meeting very specific criteria and by stating the full name of the approved specialty medical certifying board. The enrolled bill is currently awaiting Governor Jindal’s signature. Similar “Name Your Board” legislation in **Minnesota** (SB 707) and **Nevada** (SB 367) died with the adjournment of the states’ respective legislative sessions. ASPS actively supported the advancement of the proposals.

Office-based Surgery

Office-based surgery legislation (SB 100) in **California** passed the Senate on June 1. The bill, which originally would have required all physician-owned surgical facilities to be licensed by the Department of Public Health (DPH), was favorably amended in April. The California Society of Plastic Surgeons has been working with the bill’s author to ensure physicians’ offices would not be negatively impacted by the bill.

On March 21, **Iowa** Senate File 480 was favorably amended to remove a provision that would have imposed a certificate of need requirement for physician owned office-based surgery suites. ASPS partnered with the Iowa Society of Plastic Surgeons along with the Iowa Medical Society to activate a grassroots communication campaign in opposition to the CON requirement.

Legislators in **New Jersey** are considering proposals (S. 2780/A. 4099) which would require a one-room office based surgical (OBS) practices to be licensed by the Department of Health and Senior Services (DHSS) as an ambulatory care facility. The Assembly bill includes a provision which would exempt existing OBS facilities with one operating room from the state’s facility assessment and physical plant requirements. The ASPS is working with the New Jersey Society of

Plastic Surgeons (NJSPS) to favorably influence the debate. The NJSPS is also championing legislation (AB 3491/SB 2577) which would limit the types of surgical procedures that can be performed in an unaccredited office setting. The legislation places a facility accreditation requirement on settings in which certain plastic surgery procedures are performed.

The **New York** Assembly adjourned in June without acting on a number of bills (SB 396/AB 7185, SB 4597/AB 743) that address facility fee reimbursement for procedures performed in an OBS setting. ASPS supports legislation that would require insurers to provide payment to accredited OBS facilities.

On January 25, the **Pennsylvania** House introduced HB 225, which would require a certificate of need for facilities in which \$1 million or greater construction or improvements are planned. HB 225 currently awaits consideration in the House Health Committee.

On April 5, the **Tennessee** House Committee on Health and Human Resources deferred action on HB 977 which would have extended facility licensure requirements to physician offices in which cosmetic medical procedures are performed. ASPS is working with the Tennessee Medical Association and other stakeholders in medicine to develop legislative language which appropriately addresses the legislature’s concerns regarding patient safety in medical spas without imposing burdening requirements on physicians.

In February, the **Virginia** Board of Medicine opted not to move forward with the development of a guidance document for the performance of office-based surgery, as had been recommended by the Board’s Ad Hoc Committee on Outpatient Surgery. The Virginia Society of Plastic Surgeons was instrumental in encouraging the state to consider the development of guidance to protect patients from the threat of inadequately trained providers who offer cosmetic and other surgical services in outpatient settings. ASPS submitted comments in support of the Ad-Hoc Committee’s recommendations in early February. Next steps in the effort to improve OBS regulations are to be determined.

Breast Reconstruction Patient Education

Legislation was introduced in **Ohio**, **New Mexico**, **Texas**, and **Washington** in January (OH, SB 182, NM SB 283, TX HB 669 and WA SB 5262, respectively) that would mandate that patients be informed of their reconstructive surgery options following mastectomy surgery, lymph node dissection, or lumpectomy procedures, including the availability of coverage for reconstructive surgery. The New Mexico bill was enacted in May, and the other measures died in their respective committees of referral.

Cosmetic Taxes

Connecticut Governor Dannel Malloy on May 4 signed the state’s budget, which includes a provision that would implement a tax on cosmetic medical procedures. ASPS and the Stop Medical Taxes Coalition are working with the Connecticut Society of Plastic and Reconstructive Surgeons and the Connecticut State Medical Society to have the tax provision eliminated via regulatory interpretation before the law’s July 1, 2011 effective date.

Damaging cosmetic tax legislation has also been introduced in **Minnesota** (SB 671/HB 567), **Nevada** (AB 569), **Texas** (HB 3367) and **Washington**. The Minnesota and Nevada bills died at the end of the session. The Washington legislature adjourned for the year without acting on proposals to tax cosmetic medical procedures. However, the bills will be carried over for consideration in 2012. ASPS and the Stop Medical Taxes Coalition will continue to actively oppose these measures.

Informed Consent

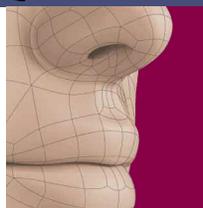
Missouri legislation (HB 388) which would change the state’s informed consent communication requirements for patients who are seeking breast implantation was approved and delivered to Governor Nixon’s office for his signature on May 26. The Missouri Association of Plastic and Reconstructive Surgeons (MAPRS) views HB 388 as a top priority this year, because

Continued on Page 18

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GAC Update

Continued from Page 16

Missouri plastic surgeons are currently required to provide and print at their own expense a 264-page informed consent document to every potential implant patient.

Medispas

Florida legislation (SB 1580) which included non-physician owned medical spas in the definition of “clinic” for the purposes of state licensure died in committee on May 7. Also in Florida, legislation (HB 4103) that would have removed requirements for physician supervision of nurse practitioners and physician assistants at medical offices other than the physician's primary office died in committee May 7. ASPS opposed HB 4103 because the legislation would have negated an important medical spa supervision law that was enacted in 2006 under the leadership of the Florida Society of Plastic Surgeons.

Indiana legislation (SB 138) that would require a patient to receive a physical examination from a physician prior to cosmetic surgery procedures died upon adjournment April 29. Similar **New York** legislation (AB 5078) was held without action in committee upon adjournment of the 2011 legislative session.

The **Massachusetts** Senate is considering legislation (SB 1140) that would implement new restrictions on the Commonwealth's medical spas. ASPS and the Massachusetts Medical Society are opposing elements of the bill that would inappropriately restrict physicians' ability to practice while also enabling non-physician providers to operate medi-spas without adequate physician oversight.

Legislation (AB 3838) which would require the **New Jersey** Board of Medical Examiners to promulgate rules restricting the cosmetic use of Botox on persons 18 years of age or younger passed out of the Assembly Health Committee on May 19.

The **Utah** Medical Association (UMA) in January introduced legislation (SB 54) which provides requirements for supervising the performance of cosmetic medical procedures in the state. SB 54 would also change the definition of medicine and authorize an administrative rule to define cosmetic medical procedures. The bill was later withdrawn from consid-

eration. UMA is convening a work group to rewrite the bill in a manner that is satisfactory to the various affected specialties.

Supervision

A **Colorado** Judge has upheld a decision that allows nurse anesthetists to administer anesthesia without physician supervision. A Denver district Judge ruled that former-Governor Bill Ritter's decision to opt out of the federal Medicare rule that requires physician supervision of nurse anesthetists while administering anesthesia is consistent with state law. The Colorado Medical Society along with the Colorado Society of Anesthesiologists filed suit to overturn the decision, claiming that the administration of anesthesia by a CRNA without physician supervision was outside the nursing scope of practice. Fifteen states have opted out of the federal rule, most frequently citing the need to increase access to care in rural areas.

Physician Competence

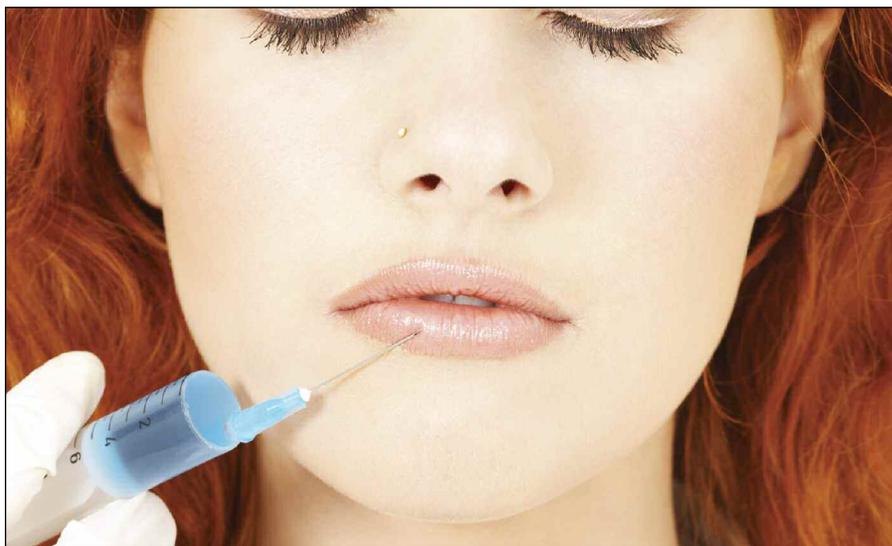
On March 29, the **North Carolina** Medical Board adopted a new position statement on physician scope of practice. The position statement discourages physicians from practicing outside areas in which they were trained and notes that physicians intending to expand their practice to an area outside of their graduate medical education should ensure that they have acquired the appropriate level of education and training.

Breaking News

Continued from Cover

meeting, the background material will be made publicly available at the location of the advisory committee meeting, and the background material will be posted on FDA's Web site after the meeting. Background material is available at <http://www.fda.gov/AdvisoryCommittees/Calendar/default.htm>. Scroll down to the appropriate advisory committee link.

The Aesthetic Society, working closely with ASPS, will be represented at these hearings and will keep our members informed via blast email of any developments.



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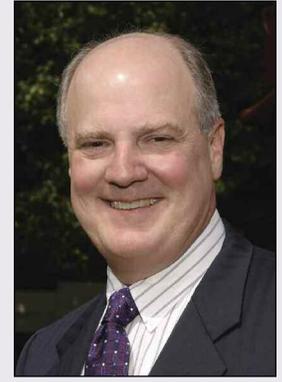
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By Jeffrey M. Kenkel, MD

Q & A with Dr. Gary Culbertson



Dr. Gary Culbertson

As President of The Aesthetic Society, it gives me great pleasure to introduce Gary R. Culbertson, MD, who practices aesthetic plastic surgery in South Carolina. Gary is one of our top responders on our Ask-A-Surgeon patient Q & A feature, on which all ASAPS Members can give their feedback on patient queries and concerns.

Gary, how did you first become involved with ASAPS?

I was fortunate to be selected into the ASPS Pathways to Leadership Class in 2009. Sue Dykema, the new Executive Director of ASAPS, was in our workgroup. I guess I made an impression because she was instrumental in getting me assigned to the ASAPS Electronic Communication Committee.

What first intrigued you about the Ask-A-Surgeon feature on Surgery.org?

It is a fantastic idea. The future of communication is the internet. ASAPS has a great web site and is on the cutting edge of the technology revolution in healthcare. How better to promote ABPS Aesthetic Surgeons than putting us up front and center for the public to communicate with daily? Ask-A-Surgeon is much better than Real Self. I found Real Self burdensome and very time-consuming to participate in with my schedule.

Are there strategies you use on how best to approach the patient's questions on Ask-A-Surgeon?

I try to be very honest and open with the people asking questions, just like I do in my own practice. For a moment try and put yourself in the patient's place. Then it becomes easy to answer their questions and concerns.

Do you have suggestions for other doctors on how best to respond to the questions? "Do's and don'ts" of what is most effective?

Yes, you must be careful. May I suggest you follow the Electronic Communication guidelines from the AMA and the Aesthetic Society's Electronic Web/Marketing Guidelines. They are very helpful to avoid some of the legal issues or pitfalls when communicating via the internet. Next, keep in mind that your response will be read by the entire world. I suggest that you be accurate but also straight forward, thoughtful, upright and fair. Your intentions will be more than evident to any reader, lay or professional.

Gary, you make a strong point in many of your posts to not only stress the importance of board certification, but of the patient seeking out ASAPS Members specifically. Why is ASAPS so important to you?

Ever since I was in training in general surgery, the surgeons who were members of the ASAPS were my heroes. They were independent, confident and very competent practitioners of the Art of Surgery. These mentors stressed the future importance of board certification,

becoming a member of ASPS and if you were lucky The Aesthetic Society. This is still the case today. Members of ASAPS are the best trained, most qualified and experienced surgeons in the field of Aesthetic or Cosmetic surgery. It is important that we communicate that message to the world.

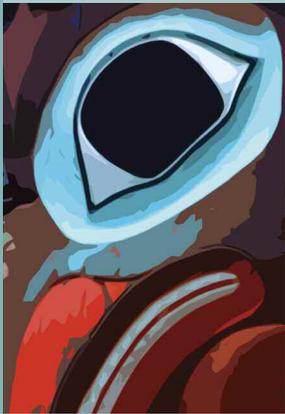
ASAPS is important to me because they have always provided excellent educational opportunities for my career in plastic surgery. I live in a small town. To be successful I am required to perform aesthetic surgical procedures that produce very consistent results. I do not have an extra 100,000 people sitting outside my door. ASAPS has provided me with the balance to have very favorable results in Aesthetic Surgery. Through what other organization can you go to a surgical meeting and get a class or see a panel from someone who has done over a thousand Face Lifts, Rhinoplasty's or Abdominoplasty's? And, the Aesthetic Society's Anatomy-Based Education Area on the web site is an asset that I enjoy.

Thanks, Gary, for your time and thoughtfulness!

*Communications guidelines for ASAPS can be found on our website at:
www.surgery.org/members*

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THE AESTHETIC SURGERY EDUCATION
AND RESEARCH FOUNDATION

Dr. and Mrs. Joseph M. Gryskiewicz Join the President's Circle

As new cosmetic surgery procedures rapidly develop, so does the need for research strategically positioned to enhance the practice, expand surgical options and keep patients safe. Many have recognized this need and have donated to the Aesthetic Surgery Education and Research Foundation (ASERF) from anywhere between \$1000 to over \$100,000 as a planned gift.

President-Elect of ASERF, Dr. Joseph M. Gryskiewicz and his wife Corky from Burnsville, MN, join a distinctive group of contributors who have realized the long-term need for aesthetic research funding. Dr. Gryskiewicz explains, "Corky and I contribute to plastic surgery research because we understand the need for funding to pave the way for new discoveries and to enhance patient safety."

Paving the Way for Research

Their generous gift of \$50,000 places them in the President's Circle, which includes donors who have given gifts of \$50,000 up front or \$100,000 or more from a life insurance policy, will or trust. Most who have given in this category believe that they have received so much through their specialty that they want to secure the future and make sure their donation makes an impact.

"I am curious by nature and have served on the Research Grant Committee and co-moderated the Hot Topics program for years, so I am acutely aware and optimistic of the unlimited potential that



Dr. and Mrs. Joseph M. Gryskiewicz

"Corky and I contribute to plastic surgery research because we understand the need for funding to pave the way for new discoveries and to enhance patient safety."

lies in front of us," says Dr. Gryskiewicz. He adds, "But the specialty needs us to help fund the research that will keep plastic surgery ahead of the curve. In our minds, it is a no-brainer to contribute to ASERF."

How to Contribute?

It is ASERF's goal to select the best grant applications and fund research projects that will specifically improve and support the subspecialty of aesthetic plastic surgery. Those who contribute can give a one-time gift, an annual donation, through a specific project, mentor or a life insurance policy or trust. Members who are revising their wills and estates can easily bequest a predetermined amount to ASERF or begin an annual donation schedule.

Donate Today

Regardless of how you donate, ASERF needs your support to continue sustaining groundbreaking research and grants that benefit patients, physicians and the entire field of plastic surgery. Please see www.aserf.org for up to date information on research projects and grants or email Tom@surgery.org for additional information on how to contribute.

Continued on Page 23

Second Congenital and Acquired Breast Deformity Grant Recipient



Preoperative and 9-month postoperative photo of Dr. Ellen Janetzke's patient, Carla Babcock.

Last year, ASERF, through a generous donation from the Mentor Corporation, created the Congenital and Acquired Breast Deformity Grant Program. Shortly thereafter, there was a call for grant applications to help patients who have congenital and acquired breast deformities receive financial assistance for their surgeries. In Winter 2011 ASN, we profiled our first recipient of this generous grant, Ms. Haley Carr, whose ASAPS surgeon, Dr. Anne Taylor submitted as an applicant.

Overcoming Obstacles

Our second recipient, Carla Babcock (Carly), who had her surgery in the fall of last year, has struggled with agoraphobia and body image issues for much of her life. After losing 155 pounds of excess weight, which undoubtedly benefited her overall health, there was a negative impact on her breasts that were left sagging and asymmetrical. ASAPS surgeon, Ellen A. Janetzke, MD (AKA Dr. Ellen to her patients) from Birmingham, MI believed that this surgery would give Carly the confidence to overcome her fears and begin the healing process.

"Sometimes the belief about plastic surgery is that it's solely an effort to look good for oneself as well as others. This surgery was more of a reclaiming of my womanhood and the grace of self-acceptance that no one can see."

A Plan of Action

According to Dr. Ellen, the surgery for Carly proceeded uneventfully. She had bilateral full scar mastopexies, using an upper abdominal flap on her left breast to create more volume. She also required liposuction in the axillary area for contouring. Postoperatively she had some difficulty healing along her inframammary fold. Neither patient nor doctor was surprised by this as Carly was a notoriously "bad healer." After local wound care and a round of antibiotics, she healed. Her breast shape and symmetry were not compromised by this, and despite the extra pain she encountered, she remained extremely happy with the overall result.

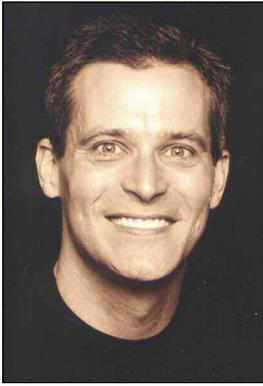
A New Beginning

Carly's letters of gratitude to her doctor, to Mentor and to the Board express the depth of her gratitude. Carly writes, "Sometimes the belief about plastic surgery is that it's solely an effort to look good for oneself as well as others. This surgery was more of a reclaiming of my womanhood and the grace of self-acceptance that no one can see."

Dr. Ellen hasn't seen Carly as often as she would like, but does keep updated. "Carly is thrilled with her new shape and finally returned to her volunteer position serving a local Narcotics Anonymous meeting. She has told me many times how grateful she is and how much more complete she feels as a woman" she explains.

ASAPS Members Do Apply

ASERF has been able to step in and provide ASAPS surgeons with the means necessary to help patients in financial need. The deformities these women suffer from range from congenital defects causing abnormal or malformed breasts to those who developed problems after childbearing or dramatic weight loss. Please visit www.aserf.org or call 562-799-2356 and ask for Tom Purcell.



A New Tool to Help You Focus on Doing What You Love

By John E. Gross, MD

We all know the importance of having clear documentation in our practices. However, when it comes to the business side, many of us have not had an opportunity to produce a comprehensive policies and procedures manual but rather have cobbled together documents from other sources or hired consultants to help us.

With the above in mind, I'm pleased to announce an essential new tool, created by doctors, for doctors, specifically for the aesthetic practice.

Policies and Procedures Manual for the Aesthetic Plastic Surgery Practice is a comprehensive and fully-customizable CD, featuring segmented chapters covering everything from personnel policies to risk

management, and from new hire issues to effective infection control. This CD utilizes customizable Microsoft Word documents which can be personalized and tailored to your specific practice and needs.

With such vital practice information as office policies, governance, collection issues, medical records, and job descriptions, this new manual has everything you need to keep your practice running smoothly.

I would like to thank the entire team who worked tirelessly on this product. It was developed by ASAPS colleagues Michael C. Edwards, MD, Michael A. Bogdan, MD, Herluf G. Lund, MD, Manish H. Shah, MD, and Timothy S. Wilson, MD, with review by Mark L. Jewell, MD, and

Mary Lind Jewell. Our thanks to you all.

I think this terrific tool would be an asset to any office, and I look forward to your feedback. If you have further ideas on products or services which would be beneficial to your practice, please do not hesitate to send me your suggestions. ASAPS is focused on adding value to your membership, and our new **Policies and Procedures Manual for the Aesthetic Plastic Surgery Practice** CD is one such way we hope to keep you focused on doing what you do best.

Dr. John E. Gross practices in Pasadena, CA, and serves as the Chair of the ASAPS Product Development and Market Research Committee.

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For Members Only: ASAPS Industry Complaints & Concerns Process

By Leo R. McCafferty, MD

Too often as doctors, when interacting with Industry, we run into ethical situations which might make us uncomfortable or appear to be difficult to handle. Perhaps we become aware of an issue with patient safety, or see false/misleading advertising we find troubling. How many times have you seen a product or device advertised with inaccurate or misleading claims? It's hard enough for us to cut through the marketing hype but it can be nearly impossible for our patients, many of whom want to try the latest "best thing." We have all faced these frustrating situations—now we have a chance to do something about it.

While some physicians might be intimidated to act, wanting to maintain

good relations with Industry, The Aesthetic Society's Industry Policy Committee has launched an Industry Complaint & Concern Process to help address such concerns in an expedient and confidential manner. By filling out a quick and easy form, <http://www.surgery.org/members/submit-industry-complaint>, your concern will go directly to me as Chair of the Committee. Your input will be discussed with leadership and with the company making the claim. This way, you can be assured that the issue is addressed and stay informed of any action taken.

Whether you become aware of False Science Claims, Pharma/AdvaMed violations,

or other issues you find troubling, ASAPS is here to help. Just follow the link above and our Committee will get right to work, addressing your concern.

We all benefit by improving our interactions with industry, and we look forward to addressing any concerns or situations you may encounter. We hope you utilize this service and appreciate any input or ideas you may have on ways to further enhance your membership in the Society.

Leo R. McCafferty, MD is an aesthetic surgeon practicing in Pittsburg, PA. He currently serves as the Vice President of the Society and as the Chair of the ASAPS Industry Policy Committee.

Aesthetic Fellowship Grant

Continued from Cover

- e. Eligibility for the fellowship is only after completion of a plastic surgery training program. International graduates will be considered if they have satisfied the pre-requisite US medical examinations for fellowship training.
- II) Responsibility of the Fellowship Director**
- a. The committee recognizes that many responsibilities of a fellow will include an obligation of service to the fellowship, the director associates, and patients; however this should not be the primary goal. The primary goal of the fellowship is to provide advanced clinical education in cosmetic surgery. Therefore, the emphasis should be placed on teaching and direction. In order to provide a standard, all fellowship directors must agree to this.
- b. Malpractice insurance must be provided to the fellow.
- c. Some form of financial support (be it housing stipend, salary or housing assistance) should be provided.

- d. The fellowship director must agree to provide periodic and repeated opportunities (weekly or monthly) for lectures, discussion of clinical cases or formalized education. The structure of these meetings should be pre-designed in a curriculum prepared by the fellowship director.
- e. Each fellowship should have its own documented curriculum or handbook which lists the expected responsibilities of the fellow and the goals for fellow's education and service commitment.
- f. An important aspect of education in aesthetic surgery not only lies in learning how to perform the operation, but understanding the importance of preoperative and postoperative management of aesthetic patients. Therefore, the fellowship must document that the fellow has exposure to patient care in the office or clinic setting and that this time is dedicated for this goal.
- g. The fellowship should provide a graduated clinical responsibility for the fellow(s). This should provide

- opportunities for autonomous operating and patient management with appropriate staff supervision, depending upon the technical skills and level of training of the fellow. An example of such an opportunity would be an "Aesthetic Clinic" managed and directed by the fellow.
- h. The fellowship director must have an avenue for the fellow to document a standardized case list of cases participated in during training. At the conclusion of the fellowship, this case list should be coordinated by name and category and signed by the fellowship director as proof of competency in aesthetic surgery training.
- i. The fellowship director should provide the fellow with a diploma or certificate at the conclusion of the fellowship indicating proof that the fellowship was completed in good standing and that all requirements were met.

For more information on this exciting opportunity, please contact Marissa Simpson at Marissa@surgery.org

The Aesthetic Meeting

Continued from Page Cover



treatments, including a new section where panelists were challenged, being shown a photograph of a complication and asked their opinion on what caused it, as well as how they would treat it, after which the true situation was announced. Our annual Residents and Fellows Forum and “Cocktails and Complications” were both very successful, and continue to grow each year. Other innovative sessions included Facelift: Planning and Technique, Gluteal Augmentation, Oculoplastic Surgery for the Plastic Surgeon, Lipoabdominoplasty—Safer Abdominoplasty, and Vertical Scar Breast Reduction & Mastopexy—State of the Art. A full complement of sessions devoted to the building and marketing aesthetic practices attracted more than 700 attendees and provided vital and practical information you could bring to your practice immediately.

Education on Demand

Webcasting of The Aesthetic Meeting was conducted with the Scientific Sessions being streamed live online in real time. You can now watch various edited sessions either through Education on Demand online, or through purchase of the Meeting DVDs. Some of the classes also offer the opportunity to earn CME credits.

Bringing the Meeting to Life through Social Media

ASAPS utilized several tools to help meeting attendees do everything from plan their schedules, to participate in scientific discussions, and to even submit questions in “real time.” During the meeting, information was distributed via Facebook, Twitter and LinkedIn. Announcements, events, course options and meeting schedules were updated hourly on Facebook and Twitter. Participants could ask questions at the scientific sessions via text messaging. Further, attendees were able to post pictures, course locations, information and their thoughts about the available courses, events and exhibits, on their favorite Social Media sites, with the daily winner of the iPad contest announced via both Facebook and Twitter.

Welcoming Special New Members

Surprise recognition was given at the ASAPS Business Meeting, as Dr. Eaves welcomed the Society’s newest members, Bob and Linda Stanton, who received Associate Member status, given their combined contributions to the Society on the occasion of their retirements. They leave a strong legacy and their efforts and leadership have made a lasting impression on the Society and its Members.

By the Numbers

Attendees could earn up to 47 AMA PRA Category 1 credits towards state licensure requirements. Those attending the entire 2011 Scientific Session could earn 19 credits, with an additional 28 credits available for special seminars and optional courses. (CME can still be earned through Education on Demand online or through purchase of the Meeting DVDs.)

James C. Grotting and I are already at work, preparing the program for next year’s meeting in beautiful Vancouver, British Columbia, May 3-8, 2012. It is going to be a sensational meeting, and I hope to see you there.

Jack Fisher, MD is an aesthetic surgeon practicing in Nashville, TN. and is Chair of the Aesthetic Society’s Education Commission.



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Innovation Avenue and
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relationships are built
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Premier Industry
Partnership program.

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

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



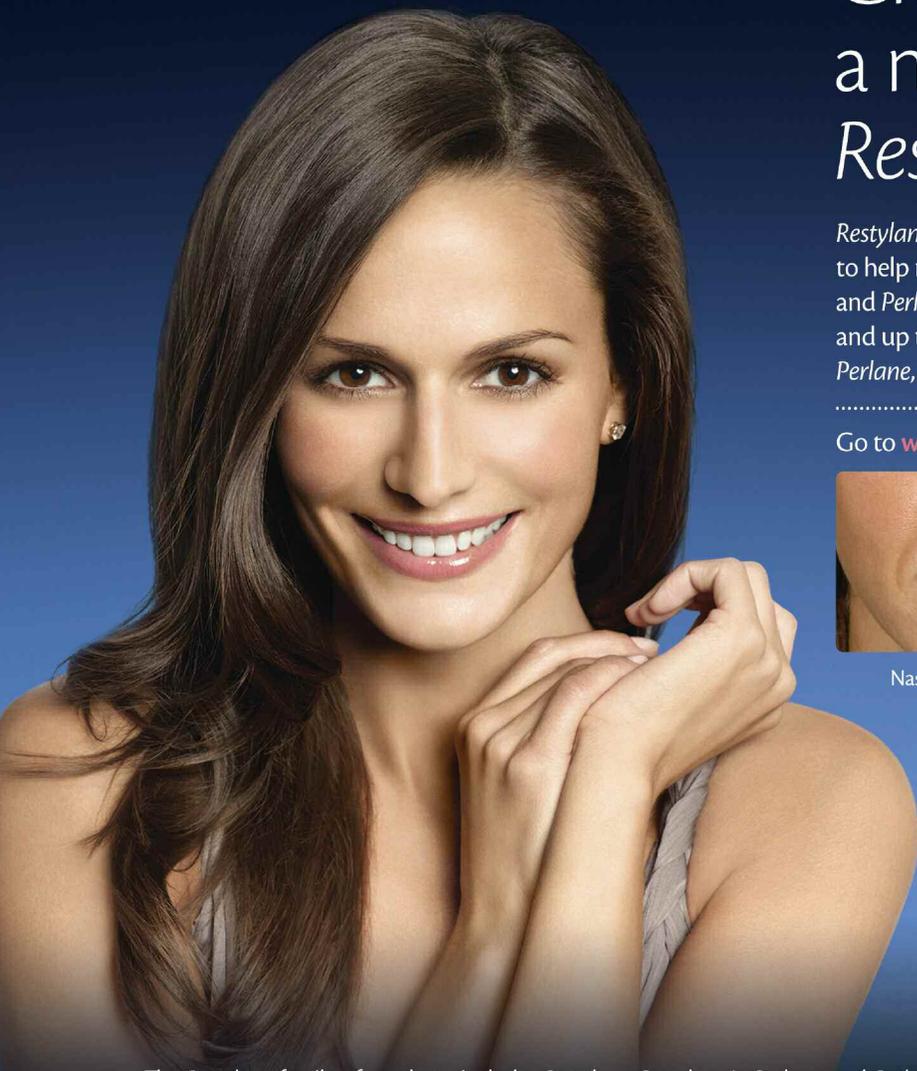

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Products in the Restylane family contain trace amounts of gram-positive bacterial protein and are contraindicated for patients with allergies to such material or in patients with severe allergies that have required in-hospital treatment. Patients with bleeding disorders should not use products in the Restylane family. These products should not be injected anywhere except the skin or just under the skin. Restylane-L and Perlane-L should not be used by patients with hypersensitivity to local anesthetics of the amide type, such as lidocaine.

Use of products in the Restylane family at the site of skin sores, pimples, rashes, hives, cysts, or infection should be postponed until healing is complete. The most commonly observed side effects are swelling, redness, pain, bruising, and tenderness at the injection site, which typically resolve in seven days. Do not implant the products into blood vessels.

Serious but rare side effects include delayed onset infections, recurrence of herpetic eruptions, and superficial necrosis at the site of injection. Use with caution in patients recently treated with anticoagulant or platelet inhibitors to avoid bleeding and bruising. Safety has not been established for use during pregnancy, when breastfeeding, or in patients under 18 years.

Patients should be limited to 6.0 mL per treatment. The safety or effectiveness of products in the Restylane family for the treatment of anatomic regions other than nasolabial folds have not been established in controlled clinical studies.

The Restylane family of products is available only through a licensed practitioner. Complete product and safety information is available at www.RestylaneUSA.com.