



Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

Volume 16, Number 3 Summer 2012

Aesthetic Surgery Journal Announces Impact Factor

Foad Nahai, MD



Thomson Reuters, the organization that produces the Impact Factor for medical journals, has released their 2011 statistics. I am pleased to announce that *ASJ* has been awarded its first ever Impact Factor, coming in at 1.469. This is higher than expected, and we received it earlier than expected. We were also ranked 90th out of 198 journals in the surgery category (not just aesthetic surgery), which is the 2nd quartile.

The Impact Factor of a journal is essentially the average of the number of

articles it publishes; divided by the number of times those articles are cited. It is the measure of the "weight" a journal has in its specific field. While general science journals will obviously have a greater Impact Factor because they publish material on a wide variety of topics, we were advised by our publisher that our first Impact Factor would likely be around 1.0.

This is a major milestone for any journal, especially one as young as *ASJ*. Having an Impact Factor, along with being indexed by MEDLINE and peer-reviewed

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The Aesthetic Meeting 2012

The natural beauty of Vancouver and new educational offerings make The Aesthetic Meeting 2012 an unqualified success.

By Jack Fisher, MD



Vancouver, British Columbia proved the perfect backdrop for The Aesthetic Meeting 2012, ASAPS' premier educational event. The Aesthetic Meeting had 1,170 surgeons attending, with 339 of those international. Surgeons came from 45 countries outside the US, with the highest number coming from Canada and Brazil. 103 Residents from the United States and Canada attended the meeting, with another 87 Residents from other countries.

Premier Global Hot Topics proved a top draw again and led to some wonderful discussions. Popular courses this year included The Power of Cosmetic Medicine series, the pre-meeting cadaver courses, and the Medical Life Drawing & Sculpture: The Human Body, which many attendees claimed to be one of the best of The Aesthetic Meeting courses they have attended. Other innovative sessions included Facelift: Planning and Technique, Fat Grafting During Facelift & Blepharoplasty, Cosmetic Vaginal Surgery: Labiaplasty & Beyond, and If I Were #1 in Google All My Marketing Problems Would Be

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Are YOU taking advantage of all the Society's Member benefits?

By Daniel C. Mills, II, MD



Over the past 12 months, The Aesthetic Society has launched a number of new programs and products, all a benefit of dues, to help you educationally and assist you in promoting your practice. The best tools are useless if you aren't aware or don't use them; please take a minute to read the article below and benefit every way you can from your membership dues!

The RADAR Resource

Made specifically for the iPad, the RADAR Resource is a research and learning tool that allows you populate your own "library" with preselected ASAPS content. Containing all issues of *Aesthetic Surgery Journal* from 1995-present, *Aesthetic Society News*, Procedural and Complications

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Aesthetic Society News

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The Aesthetic Surgery Education and Research Foundation

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



The American Society for
Aesthetic Plastic Surgery



The Aesthetic Surgery Education
and Research Foundation

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ASAPS Members Forum: www.surgery.org/members

ASAPS Website: www.surgery.org

ASERF Website: www.aserf.org

September 4-8, 2012

International Society of Aesthetic Plastic Surgery

Geneva, Switzerland
Contact: ISAPS
Tel: 603.643.2325
isaps@conmx.net
www.isaps.org

October 4-7, 2012

QMP 8th Aesthetic Surgery Symposium

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

November 29, 30 & December 1, 2012

The Cutting Edge Aesthetic Surgery Symposium 2012

Advanced Sculpting of the Nose
An International Interdisciplinary Rhinoplasty Symposium
Waldorf Astoria Hotel, NY, NY
Contact: Lauren Fishman
Tel: 212. 327.4681
registration@astonbakersymposium.com

January 10, 2013

6th Annual Atlanta Oculoplastic Symposium

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

January 11-13, 2013

29th Annual Atlanta Breast Surgery Symposium

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

January 24-26, 2013

Expanding Horizons Symposium

Mandalay Bay Hotel
Las Vegas, NV
Contact: ASPS
Tel: 847.228.9900
Registration@plasticsurgery.org

February 14-16, 2013

47th Baker Gordon Educational Symposium

Hyatt Regency
Miami, FL
Contact: Mary Felpeto
Tel: 305.859.8250
www.bakergordonsymposium.com

February 15-18, 2013

5th American-Brazilian Aesthetic Meeting

Park City, UT
Contact: Susan Russell
Tel: 703.234.4067
srussell@gunnerlive.com
www.americanbrazilianaestheticmeeting.com



April 10-13, 2013

Skin Care 2013

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



April 11-16, 2013

The Aesthetic Meeting 2013

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



For my first report in the pages of *ASN*, I want to thank the membership and let you know what a great honor and privilege it is to be voted in as your President. I have always felt that being a member of ASAPS was being involved with an organization representing the best and brightest aesthetic surgeons nationally and around the world. To be named as President is both humbling and challenging: I will do all in my power to represent your needs and help our specialty grow and prosper. My most sincere thanks goes out to Dr. Jeffery Kenkel, Immediate Past-President, for his leadership and vision over the past year. Jeff is a brilliant surgeon, teacher, researcher and leader and I am proud to have him as a friend, mentor, and member of our plastic surgery family.

In This Issue

This issue of *ASN* contains several excellent reports on our educational outreach efforts. We have stories highlighting the visits of International Traveling Professor Renato Saltz, MD and his whirlwind tour of Brazil (spreading the word on the value of The Aesthetic Society), a report from Dr. Bianca Ohana, the recipient of the International Fellowship award and a full listing of our current traveling professors, their areas of interest and how to contact them for your residency programs.

A Step in the Right Direction for Our Specialty

While it's undeniable that we still are recovering from a weak economy, the outlook for aesthetic surgeons is bright. Third party sources such as the website RealSelf.com are starting to use their data from consumers who are speaking out on behalf of board certified plastic surgeons

performing aesthetic procedures. From a recent RealSelf blog posting: "Our data indicates that the highest degrees of satisfaction and most reliable outcomes occur when patients are in the hands of physicians with proven and documented training in cosmetic surgery procedures," says CEO Tom Seery.

"RealSelf.com has analyzed tens of thousands of self-reported consumer reviews across hundreds of cosmetic procedures that were posted to the site. Our data shows patient satisfaction rates are 15% higher on average among those who had procedures performed by doctors that qualify for participation on RealSelf—board-certified aesthetic experts, versus doctors from other fields of medicine."

And it doesn't stop there. Sientra finally received FDA approval for their silicone breast implants in March of this year, celebrating the event with a corporate satellite symposium at The Aesthetic Meeting 2012. It was at this event that CEO Hani Zeini announced that Sientra implants would only be sold to board certified and board eligible plastic surgeons—a great move forward for patient safety, good clinical outcomes and the specialty of plastic surgery! On behalf of all aesthetic surgeons, I thank him for this ground breaking position.

Finally, I would be remiss not to gratefully acknowledge the policies of CosmetAssure and its founder James Grotting, MD our Education Commissioner and Treasurer. The company's products are now available to plastic surgeons in 48 states and the District of Columbia, a major achievement for them. And, in keeping with its dedication to patient safety, the product is only available to board certified plastic surgeons who are members of ASAPS or the American Society for Aesthetic

Plastic Surgery. CosmetAssure is owned by Aesthetic Surgeons' Financial Group (ASFG).

Advances in Our Society and Increased Member Benefits:

Aesthetic Surgery Journal

If, like me, you remember the *Aesthetic Surgery Journal* when it was little more than a newsletter the accomplishments the *Journal* has made over the past several years is astounding. Not only is *ASJ* indexed by PubMed, a major focus of our RADAR Resource and achieving excellent readership scores, but it now has accomplished a significant milestone for anyone who publishes.

Thompson Reuters, the organization that provides medical journals with their Impact Factor, has recognized *ASJ* with its first ever score coming in at 1.469. This measurement essentially represents the number of times an *ASJ* article has been cited in another medical publication. *ASJ* ranked 90th out of 198 journals in the entire surgery category (not just aesthetic surgery); a great achievement for Editor in Chief, Foad Nahai, MD and the entire *Journal* staff.

What's on your RADAR?

If it includes a free iPad app that holds pre-selected clinical and other content from The Aesthetic Society, then you are familiar with our newest educational offering: the RADAR Resource. RADAR puts an entire medical library on your iPad, with the ability to search, annotate and create folders of your own content on your own subjects of interest. If you have an iPad 2 or newer, I urge you to go to the iTunes store and download the

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The Aesthetic Meeting

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Solved. The Business Side of Aesthetic Plastic Surgery was also well attended, with many interesting presentations on how to more effectively market our services. Our annual “Residents and Fellows Forum” and “Cocktails and Complications” were both very successful, and continue to grow each year.

Launching the RADAR Resource

One new Society product which had everyone talking was the new RADAR Resource, powered by the AnzuMedical app. Launched during The Aesthetic Meeting, on its first day of release, the app was the number eighth most downloaded app on iTunes worldwide! This revolutionary new tool, for iPad 2 or newer, allows Aesthetic Society Members, Candidates, and Residents & Fellows to draw from past and current issues *Aesthetic Surgery Journal*, as well as Society videos resources, to compile their very own, customizable medical libraries, with the ability to annotate content with notes and video. The buzz around RADAR drew a great number to the Aesthetic Society booth, and more enhancements and content for RADAR make this one tool every aesthetic surgeon can find useful.

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



Meeting attendees learn more about the RADAR Reader from Anzu Medical.

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

Utilizing several tools, The Aesthetic Society endeavored to help meeting attendees do everything from planning their schedules to participating in scientific discussions. Announcements, events, course options and meeting schedules were updated immediately on Facebook and Twitter. Participants could ask questions at the scientific sessions via text messaging. Attendees were encouraged to post pictures, course locations, information

and their thoughts about the available courses, events and exhibits, on their favorite social media sites. Exhibitors were given the option of submitting meeting specials, which were then tweeted live throughout the meeting, helping to drive traffic to their booths.

New Tools for Members

In addition to the RADAR Resource, The Aesthetic Society also launched new Practice Marketing Toolkits exclusively for members of the Society. These three white papers offer tips for increasing social media efforts, search engine optimization, and media relations. The toolkits are also available on the Society's website for those unable to make The Aesthetic Meeting, at: www.surgery.org/members/member-resources/practice-marketing-tool-kits

Members also received complimentary DVDs of some of the most popular videos from our Project Beauty website, which can be repurposed as content for your waiting room, website, or shared via social media.

Disco Fever

While our educational efforts are always the draw during The Aesthetic Meeting, I can safely say that this year's Presidential Dinner Dance will go down in history as one of the most memorable. With the theme of 1970's evident in décor, music, and costume, Dr. Jeffrey Kenkel

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Rapt attention at a Scientific Session.



The Aesthetic Meeting

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passed the reins of the Society over to Dr. Leo McCafferty, who'll have a difficult job on his hands trying to top this fun social event next year!

By the Numbers

Attendees could earn up to 47.75 AMA PRA Category 1 credits towards state licensure requirements. Those attending the entire 2012 Scientific Session could earn 8 patient safety CME credits, with up to 10.5 patient safety CME credits available for select optional courses. (CME can still be earned through Education on Demand online)

As I step aside from the Education Commissioners role I leave it in excellent hands. My friends and colleagues, James C. Grotting, MD now assumes the role of Commissioner and Al Aly, MD is now Vice Commissioner. They are already at work, preparing the program for next year's meeting in exciting New York, NY. Join us on April 11-16, 2013, as the surgeons meet the city! The combination of venue and education will make The Aesthetic Meeting 2013 one you won't want to miss. It is going to be sensational, and I hope to see you there.

Jack Fisher, MD is an aesthetic surgeon practicing in Nashville, TN is the former Chair of the Aesthetic Society's Education Commission and is President-elect for the Society.

The Aesthetic Meeting 2012: A Resident's Perspective

By Bahair Ghazi, MD

Editor's note: Dr. Ghazi, a resident at the Emory University School of Medicine, was a recipient of one of 10 ASERF travel grants funded through the Allergan Foundation.

The Aesthetic Society is to be commended for many things but from this residents perspective they have done something that all of our societies should be doing: actively recruiting young trainees through incentive and integration. It is through these programs that loyalty and respect is fostered towards the Society, and with age, a goal for membership and eventual logistical involvement. The training years are formative and never having the means as a young (not so well off) resident with a family...ASAPS is my "meeting experience" and the bar by which other experiences are to be judged.

It is crucial that training programs work in collaboration with ASPS and ASAPS to continue to place an emphasis on meeting attendance and make scholarships available for assistance. The wonderful feeling of camaraderie is priceless and the appreciation for "what is being done" in the world is even more worthwhile.

As one of this years recipients of the Travel Scholarship 2012, I had the exciting opportunity to attend the Vancouver meeting after receiving a grant that paid my room and board for six days. The meetings program is free of charge for all residents.

Attending this year's Meeting as a chief resident contributed to my perspective and perspective is everything! Signing up for engaging seminars was easy and with some planning one can appreciate the scope of aesthetic surgery that is being practiced today. I felt that this was one of the biggest values of my trip. One quickly appreciates the overall sense of approval for new approaches or devices that comes from sitting in an audience of your peers. An aura of interest or caution heard in whispers of "sounds safe" or "hmmm, not me, not yet." The other impact factor that



struck me about my experience this year was the people: the staff, the exhibitors and the other plastic surgeons in attendance. These relationships and interpersonal interactions taught me a tremendous amount, from navigating the meeting successfully to informative presentations on new technologies and devices.

The opportunity to meet so many surgeons from different backgrounds and practices was such a positive inspiring experience. Each person that learned I was a chief resident about to graduate offered such enlightening, applicable "real world" advice. The variety of philosophy really was striking and in each conversation you can almost glean where "they are coming from," from surgeons working mostly in hospitals explaining the critical nuances of systems to practioners that work only from their offices, emphasizing delivery of excellent care and high quality service. I tried to keep my mind open as I listened because...well, I don't know if I will be in their shoes sometime in the near future.

ASAPS is my "meeting experience" and the bar by which other experiences are to be judged.

The Society is to be thanked for its consideration to resident education as it made available the opportunity to monitor sessions free of charge as well as informing us of how to attend paid sessions for free (if there is room 30 minutes before a session begins, you can get a ticket).

All in all, I attended five supplemental sessions as well as the majority of the general session. I filled a couple of notebooks and had a wonderful time at the social events as well as exploring beautiful Vancouver—a run through Stanley Park is a must do!

I learned a great many things about a great many things, but the feeling you

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The Aesthetic Society Honors our Industry Partners for their Generous Support of The Society



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(Founding Partner)



Mr. Hani Zeini
President & CEO
Sientra
(Founding Partner)



Mr. David Endicott
Corporate Vice President
& President
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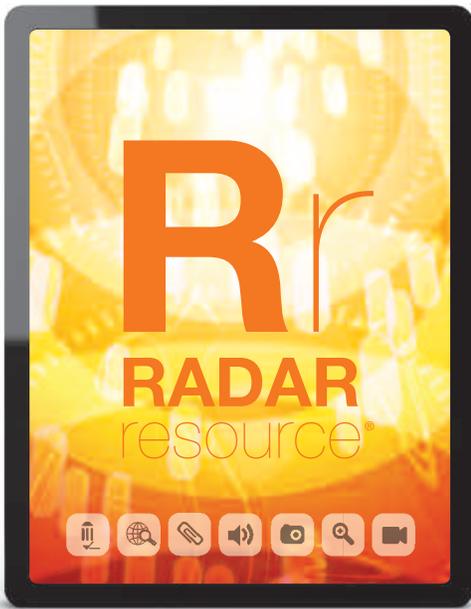
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all of this
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HIGHER EDUCATION MEETS HIGH TECH



Look for AnzuMedical

American Society for Aesthetic Plastic Surgery
11262 Monarch St., Garden Grove, CA 92841-1441
(800) 364-2147 & (562) 799-2356
surgery.org/radar



LEGAL IMPLICATIONS

Breast Implant Emergency:

What to do if you don't have the correct implant size in the surgical suite

By Neal R. Reisman, MD, JD

Systems, checklists and time outs, although highly recommended or required tools for improving outcomes and safety, are still lax in many aesthetic surgery practices. To prove this point, an informal, hypothetical question was recently posted in one of our patient safety quizzes.

The question stated: "You have a patient on the table, under anesthesia, for a breast augmentation. When you ask the attending nurse to bring you the 350 cc implants the patient requested, you don't have them. Do you:

- Keep her asleep while RNs try to locate 350 cc implants? If so, what is the maximum time you would allow for the implants to arrive?
Up to:
45 Minutes
1 Hour
2 Hours
3 Hours
More than 3 Hours
- Use the 300 ccs that are available?
- Use the 400 ccs that are available?
- Close her up and explain what happened?
- This could not happen in my practice.

Sadly, there are many such stories discussed about patient items that are unfortunately not available. Too often a specific implant size is discussed and agreed upon. I have always had an issue with settling on just one size, either determined by 3D imaging, charts, or fittings. What if that specific size in the OR isn't best? If a different size is used, some patients feel betrayed and any problems will be attributed to that choice.

In this specific case, the patient should NOT have been given anesthesia until the surgeon knew that the requested implants were available. According to the AAAASF Standards and Checklist for accreditation of ambulatory surgery

facilities: "A policy for a 'surgical pause' or a 'time out' protocol is a necessary component for ambulatory surgical facilities." A problem is the "Time Out" is indicated after the patient is draped and usually asleep, which is too late. Implant availability should be checked before the patient is brought into the OR.

Conduct a final verification by at least two (2) members of the surgical team confirming the correct patient, surgery, site marking(s) and, as applicable, implants and special equipment or requirements.

As a 'fail-safe' measure, the surgical procedure is not started until any and all questions or concerns are resolved.¹

Clearly, most of the answers in this hypothetical situation violated the Quad A recommendation. If the requested implant is not available, rescheduling and waiting until they are is better than longer than necessary anesthesia, additional costs, etc.

This case demonstrates the need for dimensional planning and securing an appropriate *range* of implant sizes. It also clearly reveals the need to have a checklist; to shift from how one currently practices to a systems-based approach.

In a team-based system, where everyone in the operating room is a valued member encouraged to speak up, you will allow your employees to help you run your practice in a standardized, professional manner. Not only does this promote better communication but also better outcomes and a safe patient experience. The data is clear.

Now, back to our hypothetical question. The answer choice "45 minutes to an hour to delay the surgery" has problems. What do you tell the patient about the extra time you took? If not operating within your facility, what do you tell her about the additional cost? What if an anesthetic complication arose during this waiting period? The unnecessary additional anesthetic could have a significant downside. How would you handle that?

The American College of Surgeons review of 460 claims against general surgeons found that violations of professionalism significantly contributed to 78% of claims. Professionalism is the behavioral practices, those elements of care that require diligence, commitment, and time, (not related to surgical skill or knowledge).

While it is inconvenient for the patient to reschedule surgery after taking time off and arranging post-op assistance, it is worse to have the patient asleep for a significant amount of time with added cost and risk. Likewise, to choose "implants on-hand" in spite of being different than what the patient is expecting is fraught with problems. Any post op complications or inherent risks of this procedure will be blamed on your failure to do what was agreed in advance.

While there is not a really good answer, the most appropriate answer is to wake her up. Another acceptable choice is to delay for a minimal amount of time if possible to retrieve the appropriate implant choice if they are available in your office, or in another area of the facility, or the rep can retrieve them quickly. How long a delay is the issue, and may depend on the health and other factors of the patient.

This case presents options that are symptomatic of having surgical skill but not the best culture or systems. The literature suggests that culture and systems issues account for 78% of all surgical events. The easiest avoidance is to create a system that checks in advance and does not permit a patient into the OR without planned implants being on hand.

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OPERATING ROOM CHECKLIST

Patient Name _____ Date _____ Pt Arr time: _____ Pt Pre-Mark time: _____ Call MD time: _____
 Procedure _____ Anesthesia: Local Sedation LMA ETT

FROM THE DAY OF CONSULTATION UNTIL THE DAY BEFORE SURGERY

- Previous records requested
 ___obtained ___reviewed
- Medical "issues" to be cleared B4 surgery:

- Findings w/review previous sed/anesth records

- Alcohol use: How much/often? _____
- Chronic pain meds: Which and how often? _____
- Tobacco use: When and How many packs/day? _____
- Drug and chemical abuse: When and Which?

- Previous anesth problems in past surg?

- Previous anesth problem in family member? _____
- Needle Anxiety? _____
 Over Sedation? _____ Under Sedation? _____
- Anxiety meds? _____ Sleeping meds? _____
- Asthma meds? _____ Diabetic meds? _____
- Diet meds? _____ GE Reflux meds? _____
- Low/High B.P. meds? _____
- ASA/Plavix meds? _____ MAO inh meds? _____
- Psychiatric medications? _____
- Antibiotic allergy? _____ Rash only? _____
 or Anaphylaxis _____
- Alternative antibiotics? _____
- Iodine/shellfish allergy? _____
 Epinephrine sensitivity? _____
- Latex allergy? Gloves only _____
 or Anaphylaxis: _____
- Malignant Hyperthermia assess sheet completed
- DVT Risk sheet completed : 1 2 3
 Hx of DVT _____ Hx of P.E. _____
- Anesth Assess: Local: _____ Sed: _____ G/A: _____
- Surg Loc Asses: Office: _____ Pen: _____ Mills: _____
- Hx of Glaucoma/Cataracts/Dry Eye/
 Lasik Surgery? _____
- Hx of sleep apnea? _____ Uses CPAP mask? _____
- Hx of prior abd surgery/lipo? _____
- Hx of back pain/surgery _____

- Confirm photos taken/in file: _____
- Confirm pt arrival time: _____
- Confirm Rx received: _____
- Confirm H & P / Labs / Med Clearance: _____
- Confirm Staffing: RN: _____ Anesth _____
- ABD: Garment Size ___ Binder Size ___ Foley ___
- LIPO: Tumesc. Liters ___ Garment Size ___ Foley ___
- Breast: Impl Sizes _____
- CHIN/NECK: Garment Size: _____

DAY OF SURGERY BEFORE ENTERING THE OPERATING ROOM

- Camera in Room 3, card in place, batteries replaced
- NPO status confirmed
- Pre op BP ___ Pulse ___ WT ___ HT ___
- Med Allergy noted: ___ Explain: _____
- H & P (including Routine Meds) and Anesthesia
 Pre Op form reviewed
- Screening tests reviewed (EKG, labs) and
 Pregnancy test PRN
- Consent details reviewed
- Post op appts sheet completed (Dr. R/Silvia/Ruthy)
- Noted: Past anesthesia problems: _____
- Noted: Smoker ___ HTN ___ ETOH ___
- Confirm Prn Garment ___ Implants _____
- Confirm Fluids/Equipment/Injectables available
- PO meds given: Valium, Emend, Pepcid, Antibiotics
- Pre-surgical Team Conf. (review surgical plan)
- Patient voided and removed all jewelry
- "Coast Clear" confirmed B4 patient transfer
 from holding area

IN THE OPERATING ROOM BEFORE THE INCISION IS MADE

- IV antibiotic given 1 hour pre-incision
 TIME GIVEN: _____
- Consent form posted and photos displayed
- Bovie setup
- Monitors: EKG ___ B/P ___ O2 ___ CO2 ___
- Compression boots ___ Bair Hugger _____
- Pillow under knees
- Place Foley with face and abdomen
- AUGMENTATION: Nipples marked before prep
- ABDOMINOPLASTY: Pubis shaved, foley
 placed, deep clean umbo
- FACELIFT: Deep clean of Ear Canals/
 Postauricular creases
- BLEPHAROPLASTY: Eye drops given
- RHINOPLASTY: Local anesthesia placed before prep

- Surgeon reminded of notable Hx (smoker, dry
 eye, Lasix surgery)
- Surgical Pause: name/procedures/site/allergies

DURING THE OPERATION

- Call patient's family start of surgery and q 1.5 hours
- Check patient's arm and leg position after every
 bed position adjustment
- Path specimen obtained and correctly labeled

BEFORE THE WOUND IS CLOSED

- Needle and Sponge counts confirmed
- Marcaine injected prn breast/abdomen
- Consent checked for completion of all procedures

AFTER THE WOUND IS CLOSED

- Final IV meds given prn—(eg, Zofran, Decadron)
- Earplugs and/or eye shields removed
- Post-Surgical Team Conf. (Review post-op issues)

AFTER THE SURGERY

- D/C instructions and appointment given to
 patient and family
- PO fluids given
- Ice to operative sites applied prn
- Patient and family visited by surgeon before D/C
- Narcotics drawer locked and key put away
- Turn off monitoring equipment and oxygen
 and back door locked

AT DISCHARGE

- Patient bag/medications given (including
 narcotics from fridge)
- Post op appointment Date: _____ Time: _____
- Discharge Info:
 Anticipated Pick-up Time: _____
 Transport Contact Info:
 Name _____
 Relationship to Pt. _____
 Contact #'s: Cell: _____
 Home: _____ Office: _____

MORNING AFTER SURGERY

- Office staff member to "phone check" patient
- Confirm application of ice to operative site
- Confirm understands medicine regimen
- Confirm re-start of anti-hypertensive medications
- Confirm date of first postop visit
- Confirm all questions answered & needs addressed

Editor's note: Dr. Ohana received the Aesthetic Society's International Fellowship Award for the 2011-2012 academic year.

I am a board certified plastic surgeon from Rio de Janeiro, Brazil and the 2011-2012 ASAPS International Fellow. After I finished my residency in plastic surgery at the National Cancer Institute, Rio de Janeiro, I became a board certified plastic surgeon by the Brazilian Society of Plastic Surgery.

I realized that I needed more experience in aesthetic plastic surgery, especially facial plastic surgery, (rhinoplasties and facelifts). I am very proud of my basic training in reconstructive plastic surgery, and I can see after all the years since medical school, studying and learning is an ongoing necessity and pleasure. Medicine and plastic surgery are in a continuous evolution, and the smart ones are able to follow that evolution and have the ability to change.

That is when I decided to apply for the ASAPS International Fellowship and I was proud and grateful to have been chosen for it. During the fellowship, I improved my skills in nose and facial plastic surgery and experienced all kinds of aesthetic procedures done in the "American way."

Over the course of five months, I observed outstanding surgeons from the USA; four of those months were spent with Dr. Renato Saltz in Utah. He became one of my mentors with his abilities and mixture of Brazilian and American techniques. I learned how to treat aesthetic patients, learned the preoperative and post operative routines, patient-safety, marketing and business strategies. I also learned a lot from his qualified team.

Dr. Saltz performs an amazing number of facelifts with endoscopic brow lift which is one of my main focuses, as well as breast and body contouring procedures. With Dr. Saltz I also engaged in research; we are currently writing a chapter for a plastic surgery book and two scientific articles.

During my stay in Salt Lake City, I had the opportunity to spend time with Dr. Buphendra Patel at the Division of Oculoplastic Surgery at University of Utah. I observed very interesting cases and



Dr. Ohana and members of the International Fellowship program, Drs. Herluf Lund, Seth Thaller, Joe Gryskiewicz, Clyde Ishii and A. Michael Sadove.

techniques to correct and repair ptosis, defects around eyes, blepharoplasties and cantoplasties.

After completing my time with Dr. Saltz, I spent one month travelling around the United States observing more plastic surgeons. Starting in New York City, I visited Dr. Sherrell Aston and Dr. Daniel Baker, both well known for their facelift surgeries. With them, I could verify that everything I read in books and saw in meetings was true. They were also very friendly and receptive, with a lot of patience in explaining their techniques. They were always open to share their experiences and teach me details about the procedures.

Continuing in New York, I visited a wonderful couple Drs. Elizabeth and Glen Jelks; with simplicity and thoughtfulness they welcomed me into their home and practice, and I learned a lot. They see an amazing number of patients especially in oculoplastic surgery. I observed ptosis correction procedures, repair complications in blepharoplasty and fat graft applied in oculoplastic procedures.

Before leaving for my next American city, I visited Dr. Sydney Coleman's office. I am a believer and researcher in fat grafting, so I couldn't leave the city without talking to one of the masters in this area. To my surprise, he let me see his new book, showed me some cases, and explained to me step-by-step how he does the face

examination, how he does the plane for fat grafting and his technique... just amazing!

Although this fellowship is focused on aesthetic surgery, I have expertise in breast reconstruction; therefore I went to Washington DC, to visit Dr. Scott Spear at Georgetown University. I saw breast augmentation with fat graft, expanders, the application of acellular dermal matrix with breast implants, etc.

In Miami, Dr. James Stuzin, with his deep experience in face analysis and techniques, shared his knowledge with me step-by-step. I could see a full facelift done by him, how he treats the neck and also the extended SMAS flap.

To "complete" the tour, I went to California and visited two excellent rhinoplasty surgeons, Drs. Rollin Daniel and Jay Calvert, both with enormous ability, precision, knowledge and respect in nasal surgery. I saw very interesting open rhinoplasty cases, with grafts from septum and ribs for secondary rhinoplasty.

The last surgeon that I visited was Dr. W. Grant Stevens and his lovely staff at Marina Plastic Surgery Associates. He is a wonderful person. There I learned the surgical details about his Mommy Makeover surgery (abdominoplasty and breast surgery combined), marketing and business.

Continued on Page 11

During those five months I also attended the American-Brazilian Aesthetic meeting, The ASAPS and Annual Rhinoplasty Meeting in Boston, and the IPRAS Meeting in Vancouver, presenting papers at two of them.

Since I came to my first American meeting in 2008, I was fascinated with the competence, professionalism and diversity of techniques and good outcomes of American plastic surgeons.

In conclusion, I learned a lot during this fellowship. I saw more than 150 surgical cases, valuable knowledge that is unique and mine! Since I returned to Brazil, in September 2011, I apply everything I learned in the US on a daily basis. I am now a strong advocate for patient safety and use compression garments, check lists in the OR and informed consent documents for all my surgeries and patients.

I also do cosmetic medicine procedures. They improve my surgical results making the patients more satisfied. I am

doing botulinum toxin, fillers, peels and lasers. In fact, the cosmetic medicine patients account for half of my practice today. During surgery, I now have a great armamentarium of techniques to apply accordingly with each patient I have, including endoscopic brow lift surgery, fat grafting techniques and open rhinoplasty.

About my scientific experience: I have presented several papers on rhinoplasty, fat grafting and Brazilian mommy makeover. I gave two presentations in plastic surgery meetings, helped organize a couple of meetings, published a chapter in a plastic surgery book and I am part of a committee that organizes a well-known course for residents that we have in Brazil. There I can share my experience with residents and encourage them to always want more.

I would like to highlight that during my residency in Brazil, I came to the US many times to visit American Plastic Surgeons like Dr. Luis Vasconez, Dr. James Grotting, Dr. Rod Rohrich, Dr. Fritz Barton, Dr. C. Spencer Cochran, Dr.

Jeffrey Kenkel, Dr. Foad Nahai, Dr. Roderick Hester and Dr. Mark Codner. I have a strong respect for all, and also learned a lot about plastic surgery with each one of them.

Again a special thanks to Dr. Saltz for his patience with me, Dr. Paulo Leal, my chief at National Cancer Institute for his support and help; Dr. Jeffrey Kenkel, the President of ASAPS for keeping the program; and the entire ASAPS International Fellowship Committee.

Thank you Sientra for supporting the program. Thank you to my dear Susan Robinson for her assistance and all the plastic surgeons that I visited for receiving me and taking the time to teach me. Thanks to Dr. Nazim Cerkes who awakened in me my interest in rhinoplasty, and taught me a lot.

Finally thanks to my family for supporting me unconditionally, God and everyone who helped me during my plastic surgery journey.

Photo Piracy

We've all seen these FBI warnings on movie rentals and likely decided piracy doesn't concern us. Of course, when you discover your patient's photos on a colleague's website, you realize neither medical degrees nor codes of ethics guarantee protection. So how do you know if your photos have been stolen? The technique is called "reverse image search."

How to Find Your Photos

1. Download Google Chrome
www.google.com/chrome/eula.html
2. Download and save to your Desktop the images you want to search.
3. Open Google Chrome, go to www.google.com, click on Images, click on the little camera in the search bar and follow the instructions. Google Chrome not only locates your photos everywhere on the net, but it also presents "visually similar images."



As a test, I searched Dr. Robert Singer's photo. Google found it in 13 locations. Google also thought Dr. Singer resembles actors Ben Affleck, Kenneth

Branagh and Jason Lewis ("...jawbones that could slice a diamond, a cleft-chin that puts Kirk Douglas' famous face to shame, and piercing blue eyes that make the Mediterranean Sea look muddy by comparison...") Google isn't perfect, obviously, but you may wish to be prepared to call your colleagues (or your agent) when you see the search results.

Digitally Watermark Your Photos

Deriving its name from watermarks on paper and currency designed to discourage counterfeiters, a digital watermark overlays text upon the digital image, similar to embossed paper. Free software abounds, such as the Kigo Image Converter www.kigosoft.com or TSR Watermark Image www.watermark-image.com, not to mention Photoshop. By placing a watermark on all of your images, you may not prevent piracy, but at least you will receive credit.

The Most Important Element of Your Financial Plan: Why Flexibility is Crucial to Meeting Long Term Goals—Part I

By David B. Mandell, JD, MBA and Jason M. O'Dell, MS, CWM

Because so much of life doesn't work out exactly how one plans, it would seem obvious that flexibility should be fundamental to a wealth plan. This is especially so in the financial arena, since many factors that may make the difference between hitting your financial goals or not are beyond your control.

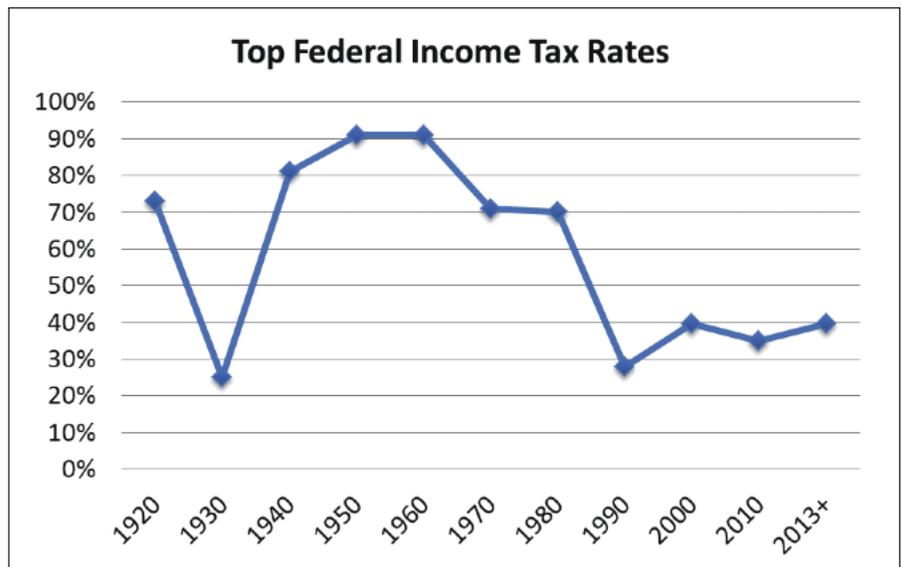
In this 2-part article, we will examine the important factors for which your wealth plan must provide flexibility. Let's examine the first two here:

1. Changes in Income/Cash Flow

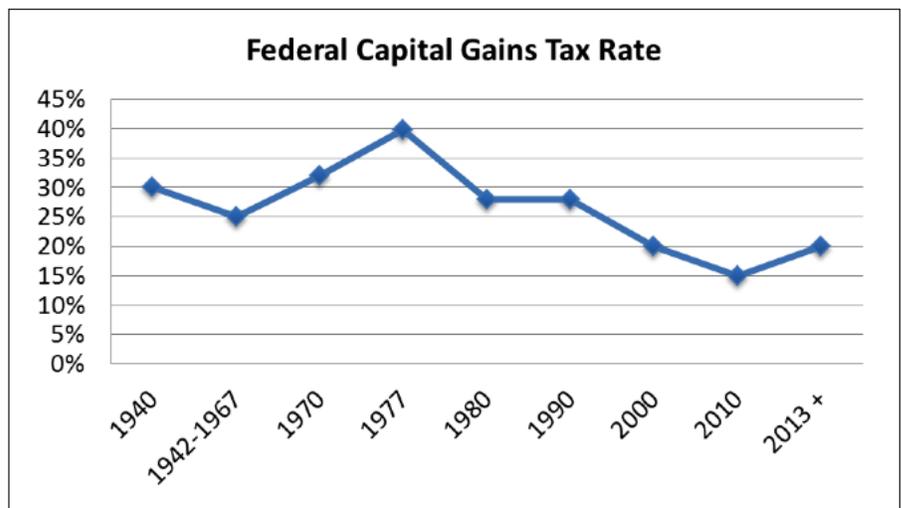
This is likely the most "top of mind" for physicians. With the federal government cutting reimbursements, private insurers following, and inflation still causing overhead costs to rise, this is not surprising. Add to this the increasing numbers of doctors who are becoming employed—where the income will be dictated by a hospital or health system—and this clearly becomes the most important factor where flexibility is required. The plain facts are that most doctors cannot accurately predict their income in future years right now, so flexibility has to be part of the plan.

How do you incorporate income/cash flow flexibility into a wealth plan? Two important factors are to live below your means and make saving each month, quarter and year a priority now. These two elements can combine to position you well to weather any temporary or even long-term hits to income/cash flow.

Another important tactic here is to implement savings vehicles that allow for uneven funding/investments. As an example, in the qualified retirement plan (QRP) arena, this might mean using defined contribution plans that allow flexibility in contributions each year—as opposed to a defined benefit plan which can require a certain level of funding or cause underfunding penalties. Even more relevant



*Source: Citizens for Tax Justice **Scheduled.



would be to utilize "hybrid" or fringe benefit plans that may allow much higher contributions than defined contribution plans when income is high but can actually be skipped entirely in years where income wanes.

Another example here would be in the asset class of permanent life insurance—one that has the benefit of tax-deferred growth and top asset protection in many states. Here, funding flexibility would

favor a "universal life" type policy—where, as above, funding is flexible year-to-year—over a "whole life" type policy, where funding must occur each year.

2. Changes in Tax Rates

Right behind the #1 factor of cash flow/income, the #2 planning element that one should build flexibility around is taxes. As of the beginning of 2012, we are at the

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Financial Plan

Continued from Page 12

3rd lowest federal income tax regime (measure by the highest bracket) since the income tax was implemented nearly 100 years ago and the very lowest capital gains tax rates since the 1940s when that tax was enacted. See charts, which show the top marginal federal income tax rate and federal capital gains tax rate in effect for each decade on the “0 year” (i.e., 1920, 1930, 1940, 1950, etc.). These charts do not show state income or capital gains rates.

Examining these charts, it seems quite apparent that we could see tax rates rise. If they even return to mean rates of the 20th century, we will experience a sharp increase in tax rates. Thus, it makes sense to build in flexibility for this possibility.

In our firm, we approach this through a process of “tax diversification.” While most firms focus only on asset class diversification in the context of investing, we believe it is crucial to layer on top of this focus a concentration to diversify a client’s wealth to tax rate exposure.

As an example, we might look at a client’s QRP assets as those that are subject to future income tax increases—since, to get access to QRP funds; you have to pay ordinary income taxes. Further, most personally-owned assets are subject to future capital gains tax increases—from securities to real estate to closely held business interests to commodities or artwork. As capital gains tax rates increase, the value of these assets decline—at least in terms of how they might assist you in retirement.

Applying a “diversification” approach, we find that most physicians are inadequately invested in asset classes or structures that are immune to future income or capital gains tax increases. Whether these options are in the form of cash value life insurance, tax-free municipal bonds, ROTH IRAs or others, they should be part of every doctor’s wealth plan. Bottom line: you need to have flexibility against the possibility that tax rates increase, especially if those increases are significant.

Conclusion

Because risk and uncertainty are so prevalent over the long term, flexibility is a crucial element of a conservative, yet creative, wealth plan. In this article, we looked at 2 key elements around which any plan should build flexibility—changes in income and in tax rates. In part II of the article, we will examine 3 additional elements—changes in the “market,” in liability, and in health.

David Mandell, JD, MBA, is an attorney, author of five books for doctors, and principal of the financial consulting firm OJM Group. Jason M. O'Dell, MS, CWM is also an author of multiple books for physicians and a principal of OJM Group. They can be reached at 877-656-4362.

Disclosure:

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For additional information about OJM, including fees and services, send for our disclosure brochure as set forth on Form ADV using the contact information herein. Please read the disclosure statement carefully before you invest or send money.

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Aesthetic Society Inks new distribution agreement with Everyday Health

The American Society for Aesthetic Plastic Surgery is very pleased to announce a new content distribution agreement with Everyday Health, a family of over 25 consumer websites, spanning the health spectrum. Brands within Everyday Health include About Plastic Surgery, CarePages, Drugstore.com, JillianMichaels.com, MayoClinic.com, Medical News Today, Revolution Health, and Suzanne Somers' Sexy Forever, among many others. Through their network of sites, the brands reach tens of millions of consumers each month.

This agreement will involve content exchange and cross-promotion between the two groups, with possible collaborations including an “Ask a Surgeon” feature and advertising opportunities for The Aesthetic Society within Everyday Health’s network of websites.

Everyday Health provides consumers, healthcare professionals, and brands with content and advertising-based services across a broad portfolio. The Aesthetic Society looks forward to working with Everyday Health to educate consumers about plastic surgery and the importance of choosing board certified plastic surgeons for such procedures. Initial stages of the agreement will include promotion of Project Beauty, with other elements, such as the “Ask a Surgeon” feature to be phased into Everyday Health in the coming months.



The Aesthetic Society and the Media

By W. Grant Stevens, MD, Chair of ASAPS Media Relations Committee

As many of you are aware, the Aesthetic Society's Media Relations Committee working together with the Society's Communications Staff has encouraged extensive media coverage about our specialty through broadcast, print and online publications. In the first half of 2012, The Society, ASAPS members, *ASJ* and ASAPS' statistics were featured nationally and internationally thousands of times. The Committee and the ASAPS Communications Office confirmed media placements reaching an audience of over 325 million consumers.

As Chairman of the Media Relations Committee, I am proud to highlight the accomplishments of the Society and its spokespersons that have been sourced multiple times in several of the nations

most circulated publications such as: ABC News, Associated Press, Allure Magazine, Bazaar Magazine, Bloomberg News, CBS News, Chicago Tribune, Cosmopolitan Magazine, Forbes, Fox Business, Huffington Post, Los Angeles Times, Newsweek Magazine, New York Magazine, Philadelphia Inquirer, The Miami Herald, The New York Times, The Wall Street Journal, USA Today, Vancouver Sun, W Magazine and Washington Post.

The Aesthetic Society held their Annual Meeting in Vancouver in May. A variety of broadcast, radio, magazine, and internet reporters covered the Meeting. Erin Ellis of The Vancouver Sun attended and wrote a series of articles that covered a variety of plastic surgery topics including facial surgery, doing your "homework"

before undergoing surgery, and how long the results of surgical procedures last.

In other news, The Aesthetic Society continues to maintain its place as the number one plastic surgery social media influencer according to Klout analytics. Klout a social media analytics company based in San Francisco. ASAPS had the highest Klout Score among plastic surgery social media influencers. ASAPS now has about 6,500 followers on Twitter and 5,000 "Likes" on Facebook.

In the second half of 2012, the Media Relations Committee is determined to reach more consumers through all news outlets and social media, and continue to promote patient safety and the importance of a board-certified plastic surgeon who is a member of ASAPS.

Media Notes & Quotes

Baby boomers put their necks on the line
Philadelphia Inquirer
July 10, 2012

It used to be that cosmetic surgeons would not treat the neck alone. Men and women who coveted a tight neck and enviable profile had to endure a full face-lift... Today, a growing number of surgeons are using that procedure (corset platysmaplasty) or a variation of it to address the neck only. "No matter what patients say they want, it is the surgeon's responsibility, after evaluating him or her, to provide education about whether we can marry our skills to their wishes," says Leo R. McCafferty, president of **The American Society for Aesthetic Plastic Surgery**. If we can't, the best advice we can give is not to have surgery."

CNN
July 19, 2012

Substandard but not a health risk is the conclusion made by the controversial breast implant manufacturer PIP.

CNN Washington: Dr. Grant Stevens is the Chair of **The American Society for Aesthetic Plastic Surgery's** Media Relations Committee and he joins us live from Los Angeles. What do you make of these findings? Ok they are not toxic, but there are risks associated with having them rupture inside of your body?

Dr. Stevens: I am concerned because the public needs to know that these are defective implants and must be removed.

Top 10 most popular cosmetic procedures in U.S.—a slideshow
CBS News
May 2012

How popular is cosmetic surgery in the U.S.? According to **The American Society for Aesthetic Plastic Surgery**, there were over 9 million surgical and nonsurgical cosmetic procedures performed in the nation in 2011. That number rose 1 percent from 2010—and over 197 percent since 1997.



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

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

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



MERZ AESTHETICS™

sientra®

SIMPLICITY IS BEAUTY



Make life more beautiful™



Founding Partners: Medicis and Sientra



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

UPDATE ON: *The Aesthetic Society's Traveling Professors Program*

RICHARD J. WARREN, MD



The ASAPS Traveling Professor Program is designed to support aesthetic surgery education by providing guest lecturers to plastic surgery residency programs. Traveling Professors share their expertise and experience with plastic surgery residents and aesthetic surgery fellows in an effort to help prepare them for the competitive subspecialty of cosmetic surgery. The Professors are provided with an extensive slide presentation to assist in this very important task.

The following members are serving as Traveling Professors. These outstanding aesthetic surgeons are making themselves available to lecture on the topics listed below:



Laurie A. Casas, MD
Glenview, IL
Term: 7/2012 – 6/2014

- Primary Breast augmentation and augmentation Mastopexy-preoperative and intraoperative strategies

to maximize patient satisfaction and long term results

- Superior Pedicle augmentation Mastopexy without and implant
- Which scar which Pedicle in breast reduction surgery
- Revision breast augmentation: managing the inframmary fold
- Difficult breast augmentations: preoperative planning, intraoperative technique and postoperative management
- Managing Breast asymmetry-patient centric decisions-preoperative planning-intraoperative decisions and postoperative care
- Cosmetic Medicine: how to successfully integrate it into your plastic surgery practice

- Longitudinal care of the plastic surgery patient with full scope of nonsurgical and surgical aesthetic plastic surgery
- Successfully integrating a satellite medspa into your aesthetic plastic surgery practice
- Long term results of using Sculptra for panfacial volume restoration



Claudio L. DeLorenzi, MD
Kitchener, Ontario
Term: 7/2011 – 6/2013

- Hyaluronic Acid filler complications
- Endoscopic Browlift
- Aesthetic Breast Augmentation

- Digital Photography for Surgeons



Dennis C. Hammond, MD
Grand Rapids, MI
Term: 7/2012 – 6/2014

- Aesthetic Breast Surgery
- Revisionary Aesthetic Breast Surgery

- Planning and Techniques in Breast Augmentation
- Use of Cohesive Anatomic Implants in Breast Augmentation
- Augmentation Mastopexy
- Latissimus Flap Breast Reconstruction
- TRAM Flap Breast Reconstruction
- Skin Sparing Mastectomy Incision Pattern In Breast Reconstruction
- Use of Acellular Dermal Matrix in Breast Reconstruction
- SPAIR Breast Reduction
- Managing Personal Time vs. Practice



Jeffrey M. Kenkel, MD
Dallas, TX
Term: 7/2012 – 6/2014

- Academic Plastic Surgery: All the Good and the Bad

- Injectables 2012: Evidenced Based Update

- Technical Details to Optimize Facial Rejuvenation with Injectables
- Lasers, light, radiofrequency, and focused ultrasound in facial rejuvenation
- Histological assessment of current fractionated and ablative lasers
- Nonsurgical considerations and investments as you begin your practice
- Pragmatic Assessment of Nonsurgical Options for Body Contouring
- Surgical Tools Available For Liposuction: Which One is the Best For Me?
- Evolving Technology in Body Contouring
- Advances in Excisional Contouring
- Non MWL and MWL
- Excisional Extremity Contouring: Pearls and Pitfalls



Michael I. Kulick, MD
San Francisco, CA
Term: 7/2012 – 6/2014

- Perioral aging—How to improve the appearance of the perioral area without using injectable fillers?
- The role of Light and

Energy based Devices in a Plastic Surgeon's Office

- Optimizing Photorejuvenation for patients of all skin color types
- Revision Rhinoplasty
- Can cellulite really be treated and what is the best way to optimize treatment?
- Non-ablative skin tightening of the face—how to make it more fact than fiction

- How do we perform a “natural” facelift that lasts?
- Blending a cosmetic and reconstructive practice—from the first day out of your residency through an economic recession



Renato Saltz, MD
Park City, UT
Term: 7/2011 – 6/2013

- The Business of Plastic Surgery
- Aesthetic Surgery & Cosmetic Medicine—Strategies for Success
- How to effectively combine an aesthetic clinic with a medical spa—10 year experience
- Cosmetic Medicine will keep your plastic surgery practice alive—The 7-47 effect!
- Dos & Don'ts in the Medical Spa Business
- Effective Plastic Surgery Consultations
- Minimally Invasive Facial Rejuvenation Surgery
- Endoscopic Facial Rejuvenation—The Gold Standard
- Endoscopic Brow Lift—18 year experience
- Endoscopic Midface Lift—14 year experience
- Autologous options for Volumetric Midface Rejuvenation (Fat, SMAS and Malar Pad)
- Face and Neck Rejuvenation
- The Aesthetic Facial Package—Combining surgical and non-surgical procedures to achieve safer & better results
- Endoscopic Surgery—An integral component of modern racial rejuvenation
- Tissue Glues, Lymphatic Drainage & Skin Care—Making your face lift looking better sooner
- Breast Surgery
- Customizing your breast augmentation—Science in the operating room
- Modern Mastopexy—Long term results
- Body contouring & breast surgery—Is it safe to combine procedures?
- Body Contouring Surgery
- Modern & Safe Abdominoplasty
- The Ideal Umbilicus

- Combining Body Contouring Procedures—Is it safe?
- Video Presentations
- Endoscopic Brow Lift
- Endoscopic Mid-Face Lift
- Avoiding the “Duck Lip”—Anatomical Lip Augmentation
- Mastopexy with Vertical Scars
- Augmentation Mastopexy
- Body Contouring—Abdominoplasty + SAL back & flanks



Joseph M. Serletti, MD
Philadelphia, PA
Term: 7/2011 – 6/2013

- Free Autogenous Breast Reconstruction
- Form Stable Gel Implants in Primary and Revision Breast Reconstruction
- Mastopexy in Aesthetic and Reconstructive Breast Surgery
- Management of Congenital Breast Deformities
- Correcting Posttraumatic Orbital Deformities



W. Grant Stevens, MD
Marina del Rey, CA
Term: 7/2011 – 6/2013

- Staying Ahead of The Competition
- Mastopexy Augmentation
- Causes and Correction of Implant Malposition
- Combined Breast and Abdominal Surgery—The Mommy Makeover
- Form Stable Silicone Breast Implants
- Non Surgical Facial Rejuvenation
- Non Surgical Body Contouring
- Treatment of The Aging Hand
- OutPatient Breast Reductions
- OutPatient Abdominoplasty
- Cosmetic Medicine
- Revision Mastopexy Augmentation
- Clinical Challenges of Breast Implants and Breast Augmentation
- Inverted Nipple Repair
- Internet Marketing
- Secondary Mastopexy Augmentation



Louis L. Strock, MD
Fort Worth, TX
Term: 7/2012 – 6/2014

- Transaxillary Endoscopic Breast Augmentation
- Capsular Contracture: Current Concepts of Etiology, Management and Prevention
- Management of the Implant Capsule in Revision Breast Augmentation
- Acellular Dermal Matrix in Immediate Tissue Expander and Implant Breast Reconstruction
- Management of the Ptotic Breast: A Systematic Approach
- A Practical Approach to Implant Selection in Primary and Revision Breast Augmentation



Simeon H. Wall, Jr., MD
Shreveport, LA
Term: 7/2011 – 6/2013

- The Mommy Makeover: Combining Multiple Procedures Safely in an Outpatient Setting
- Whittling the Waist: Full Abdominoplasty with Circumferential SAFELipo and sub-Scarpal Fat Resection
- Dramatic and Comprehensive Body Contouring utilizing SAFELipo Techniques
- The Revision Liposuction Patient: Preventing and Correcting Contour Deformities with SAFELipo, Fat Shifting, and Fat Transfer
- Difficult and Revisionary Aesthetic Breast Surgery
- Single-stage, Short-scar Mastopexy/Augmentation

To request an ASAPS Traveling Professor, please complete the Traveling Professor Request Form and submit to: Susan Robinson at the Central Office:

American Society for
Aesthetic Plastic Surgery
11262 Monarch Street
Garden Grove, CA 92841-1441
Phone: (562) 799 – 2356
Fax: (562) 799 – 1098
E-mail: susan@surgery.org



Santa Casa Hospital Residency Program, Dr. Pedro Ely, Chair—Porto Alegre, RS



Albert Einstein Hospital and Brazilian Cancer Institute, Dr. Sampaio Goés, fellows and residents—São Paulo, SP

I am very honored to have been chosen as the second ASAPS International Visiting Professor by our Immediate Past-President Jeffrey Kenkel, MD. Jeff, always a gentleman, allowed me to select Brazil, my native country, as my choice for this year's program.

Although the program was initially created during my tenure as your President (2009-2010), since its inception the Visiting Professor Program has been supported by the Society's Board of Directors, with full financial support from Sientra.

Our goal in creating the program is to bring the US focus on education and leadership within aesthetic surgery to the rest of the world. The International Visiting Professor Program is intended to focus on Residency Programs.

What follows is a detailed description of the five days I spent with residents, fellows, faculty, and members of the Brazilian Society of Plastic Surgery. During these five unforgettable days I visited four major cities in three different States, and nine top Residency Programs, all in Brazil. I gave presentations, lectures, and participated in educational activities attended by over 1000 plastic surgeons and residents. Overall, this was a very emotional, productive, and unforgettable trip during which I had the privilege of representing ASAPS.

Day 1—Porto Alegre

The journey began on Saturday, April 7th when I left my home in Salt Lake City and arrived the next day in Porto Alegre, State of Rio Grande do Sul, the Southernmost State in Brazil. I actually attended and graduated from Medical School there in 1980.

The week started early on Monday when I spent most of the day visiting with residents, fellows, and faculty at the Universidade Federal de Ciências da Saúde de Porto Alegre (UFCSA), Irmandade de Santa Casa de Porto Alegre. This is one of the largest training programs in South Brazil, which was established by a dear friend and mentor of mine, the late Dr. Roberto Chem, a renowned pioneer in

microvascular surgery in Brazil. The program is now under the leadership of Dr. Pedro Bins Ely who has expanded it in unprecedented ways. The residents circulate among more than nine specialized teaching hospitals all located in the same campus in Porto Alegre's beautiful downtown. One of the program's main attractions is Santa Casa's Skin & Stem Cell Bank, which is completely supported by public/government donations. This bank supplies skin to most of Brazil and other South American countries.

On Monday evening I lectured to members and residents of the Plastic Surgery Society—Regional Society of Rio Grande do Sul following the kind invitation of President Dr. Paulo Becker Amaral.



Plastic Surgery Society Regional Rio de Janeiro, Dr. Paulo Leal, President—Rio de Janeiro, RJ





Hospital Casa de Portugal Residency Program, Dr. Ricardo Ribeiro, Chair—Rio de Janeiro, RJ

Day 2—São Paulo

Early Tuesday I took a short, two hour flight to São Paulo, the largest city in Brazil. I was welcomed at the airport by my dear friends and colleagues João Carlos Sampaio Goés, MD and Luis Perin, MD both ASAPS International Members. We spent the morning visiting the Albert Einstein Hospital, the Hospital Prof. João Sampaio Goés (named after his late father) and the Brazilian Institute for Cancer Control. Dr. Goés, fellows and faculty attended my ASAPS presentations, which was followed by a facility tour.

During the same afternoon, I gave several lectures to Residents & Fellows of

Santa Casa São Paulo Medical School under the leadership of Dr. Luis Perin. A beautiful gothic building serving as one of the oldest hospitals in Brazil.

On Tuesday evening I lectured to over 200 members, residents and fellows at the São Paulo Regional Brazilian Plastic Surgery Society by invitation of President Dr. Jose Gama. My work finished in São Paulo—next stop, Rio de Janeiro.

Day 3—Rio

Wednesday started at Hospital Casa de Portugal (Portugal House) with a tour and presentations to Dr. Ricardo Cavalcanti Ribeiro's Residency Program.

In the afternoon I was honored to visit Prof. Ivo Pitanguy's legendary clinic. The beautiful building has served as one of the premier training programs to Brazilians and colleagues from all over the world. After several presentations by myself and his residents, the professor took me on a private tour through the clinic/hospitals' very impressive facilities.

On Wednesday night I gave lectures to residents and fellows at the Regional Rio de Janeiro Brazilian Society of Plastic Surgery by invitation of President Dr. Paulo Roberto Leal. We had a full ballroom with over 250 residents from the State of Rio de Janeiro attending the event. Most of the senior members of the "Carioca Society" (Farid Hakme, Claudio de Castro, Ronaldo Pontes, Sergio Carreira and many others) also honored me with their presence. The long day culminated in the best way possible—at a typical Brazilian churrascaria (barbecue restaurant).

Day 4—Santos

On Thursday I flew back to São Paulo and after a two hour ride arrived at the City of Santos—one of the largest commercial harbors on the Brazilian coast. I spent the rest of the day visiting my dear friends Ewaldo Bolivar Souza Pinto and Osvaldo Saldanha's Residency Program. Residents, fellows and faculty joined me in a non-stop five hour marathon of lectures, case presentations and discussion on all aspects of aesthetic surgery.

Day 5—Back to São Paulo

Early Friday morning I drove with Osvaldo Saldanha back to São Paulo and finished my Brazilian Tour at one of the largest Plastic Surgery Training Programs in South America—The University of São Paulo Residency Program under Chairman Dr. Marcos Castro Ferreira. The visit with over 40 residents and fellows ended early afternoon. After that they took us to the airport and I was back in Salt Lake City by the weekend.

I would like to sincerely thank Dr. Kenkel, the Board of Directors, and the entire ASAPS staff for selecting me for this program and organizing such a successful trip.

Renato Saltz, MD is an aesthetic surgeon practicing in Salt Lake City, UT and a Past-President of The Society.



Pitanguy Residency Program, Dr. Pitanguy, Chair—Rio de Janeiro, RJ



Ewaldo Souza Pinto Residency Program, Dr. Osvaldo Saldanha, Chair—Santos, SP

Legal Implications

Continued from Page 8

Checklists work because they force you to standardize your work methodology.

The American College of Surgeons review of 460 claims against general surgeons found that violations of professionalism significantly contributed to 78% of claims. Professionalism is the behavioral practices, those elements of care that require diligence, commitment, and time, (not related to surgical skill or knowledge).

There are theoretical risks of not performing what was discussed in advance with every patient. Dissatisfaction will directly relate to the perception of not having the discussed size implant. If you ever find yourself in such a predicament, it is always best to disclose.

In those cases where a different size IS a better choice—if everything is not perfect from the patient's standpoint—the change in size from what you said to what you used could potentially become the dissatisfied patient's focus. In general, you are much better off discussing a RANGE of sizes and telling the patient that it will not be known with certainty except during surgery. But if you did not discuss a range of sizes, it may be appropri-

ate to say post-op that once the pocket was developed, to get her the size she wanted, you had to use other implants to get her the best result.

There are some guidelines that would be helpful if something like this happens.

1. The first is to take care of the patient to the best of your ability
2. Try not to blame anyone, or for that matter, assume full blame yourself
3. It is wise, however, to honestly discuss the problem with the patient and family when possible

At present, there are 29 states that have passed the so-called "I'm sorry" law, where doctors can apologize or express sympathy for medical mistakes without having to worry about the expressions being used against them in court. Saying, "I'm sorry" in many states is no longer viewed as an admission of guilt in a medical malpractice lawsuit.

Furthermore, empathy is always an acceptable emotion to convey. "I am sorry that this happened" does not indicate you did anything wrong. Patients rarely sue doctors with whom they have good relationships. If you are perceived as honest

and if you treat the patient in a caring way, even if you ARE to blame for a complication, lawsuits rarely result!

The paradox is that only one in eight injured patients sue while eight of ten suits filed are without merit. The fact that most injured patients don't sue is likely due to professionalism. This stands in contrast to unprofessionalism, which leads to anger, mistrust and litigation: a complete breakdown of the patient-physician relationship.

There are many things that can go awry with surgery. It is wise to talk with your staff openly and honestly about what to do as you anticipate such issues. Explore the "What If?" scenarios as a team and develop some guidelines for all to rely on when things go wrong and issues occur. And when something does go wrong, share it in the protected portal, wimed.org/asaps so that we can learn from each other's mistakes.

Neal R. Reisman, MD, JD is an aesthetic surgeon practicing in Houston. He is Chief of Plastic Surgery at St. Luke's Hospital and an attorney, having acquired his law degree from the South Texas College of Law and is admitted to the State Bar of Texas.

Are you interested in presenting at THE AESTHETIC MEETING 2013: New York?

The Aesthetic Society is currently looking for new and exciting Teaching Courses to be presented at The Aesthetic Meeting 2013.

If you have a suggestion for a teaching course on a topic that has not been widely covered in the past, or if you have an idea for a new format in which to present a course, we want to know!

Please email Tiffany Brearley at tiffany@surgery.org with any questions or to receive a Teaching Course Proposal form.

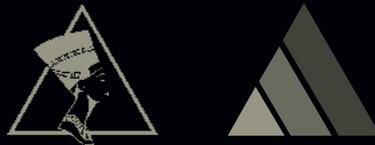
Aesthetic Surgery Journal

Continued from Cover

allows us to take our place with other plastic surgery journals throughout the world. We hope that it will make *ASJ* even more attractive to potential authors and subscribers, so we can continue to enhance and perfect the scientific content we offer to our readers. My most sincere thanks to the authors, reviewers and staff that made this possible.

Foad Nahai, MD is an aesthetic surgeon practicing in Atlanta, is Editor in Chief of the Aesthetic Surgery Journal and is a Past-President of the Society.

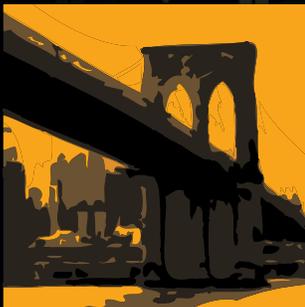
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Registration Begins December 2012



Yelp: (n.) a short, sharp bark or cry

	Posted Reviews	Posted average ☆☆☆☆☆	Filtered Reviews	Filtered average ☆☆☆☆☆
Dr. Ca	9	3.33	22	4.95
Dr. Cal	5	3.4	27	5.0
Dr. Cali	3	5.0	2	1.0
Dr. Calif	5	2.2	14	5.0

If you've been Yelped, chances are you've received a lot of 5 star ratings, but the public doesn't know that. Why? The problem is Yelp's filter which buries a lot of your patients' reviews.

In a 2010 California class action lawsuit brought by Cats and Dogs Animal Hospital Inc., Yelp was accused of extortion, i.e. buy advertising from us and we'll suppress your negative reviews. The lawsuit was dismissed in 2011 but Yelp changed two of its policies: advertisers can no longer post their favorite review in first position, and the determined user can now find suppressed reviews.

What Yelp didn't change was their filter which continues to generate controversy over suppressing positive reviews.¹ Yelp can also be gamed by "review swapping rings," i.e. groups giving each other five-star ratings.² So how does Yelp's filter work?



In this video³ (scan QR code), Yelp says lots of reviews aren't trustworthy, so they filter them out. Since Yelp calls its "Super Trust-o-Matic Filter 3008" "remarkable," I thought it would be interesting to see how the filter works when applied to 24 current and former members of the ASAPS Board of Directors.

Interestingly, only seven have been Yelped. Of these, only four contain filtered reviews, and those four are all from California. Why our Board members from other states are not being Yelped is another topic.

In any event, the sheer number of filtered positive reviews suggests that Yelp's algorithm is designed to pique controversy through negativity. As noted in the chart, 62 out of 65 filtered reviews are 5 star.

Where are the missing good reviews? One must scroll down the page of posted reviews and click on "(27 filtered)." That light text is exactly how Yelp does it. A dialogue box appears requiring you to type in two distorted words. You now have access to the filtered results, but only 10 at a time, requiring additional clicks on "page 2" and so forth. Considering these extra steps and the level of searching ease expected by the public, it is likely these filtered reviews will remain unseen.

Perhaps now that Yelp is a publicly traded company it will be more responsive and transparent. In the meantime, here are three things you can do.

1. When patients express concern over something they have read, teach them how to find all of your posted reviews, including the hidden ones. That way they can decide for themselves which reviews are reliable and which are not.
2. If you aren't sure who is posting negative reviews, click on the individual's name or photo and all their posts will appear. One member did just that, successfully identifying the Yelper as a non-patient. When it also turned out she was a self-promoting astroturfer, Yelp banned her.
3. Add the following language to your consent forms. If your patient balks, ask her how she would feel if she couldn't respond to a customer's negative blog. This solution will not work in every case, since my general policy is "Don't Feed The Animals", but it may encourage good behavior by your patient before they blog.

"I understand I have the right to blog, rate or otherwise publish comments about my procedure and/or my doctor. In the

event I publish negative comments, I hereby waive any medical privacy rights I may have at that time for the limited purpose of giving my doctor permission to respond in the same forum in a factually-accurate and non-defamatory manner."

1. www.cbc.ca/news/canada/british-columbia/story/2012/06/08/bc-yelpreviews.html
2. <http://articles.latimes.com/2012/jul/04/business/la-fi-yelp-reviews-20120704>
3. www.youtube.com/watch?v=Dqi-jjbEKcs

Been Yelped?

Tom Seery of RealSelf.com informed us that physicians who are rated on the RealSelf site are free to use the ratings on their own websites, sometimes with a surprising benefit. Tom provided us with an example of a plastic surgeon who used RealSelf ratings to overtake Yelp in her local market; a tactic any member can try who is facing unfavorable and unwarranted Yelp reviews.

Tom also discussed the subject of negative postings and we are glad to report that RealSelf has a review system where a physician can ask that a negative posting can be taken down. I was also surprised to learn that a patient is free to take down any comment they write (positive or negative) about a physician by simply deleting the posting from their personal account—apparently when they do this the entire "thread" of discussion attached to the initial posting is also deleted.

Brad O'Connell, MD, Westport, CT



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enaltus™ Upgrades from Alliance Partner to Premier Industry Partner



As a company, enaltus™ has hit the ground running after emerging from an acquisition and rebranding late last year and jumping into the Aesthetic Society's Corporate Support Program as an Alliance Industry Partner. This small, privately-held Georgia-based company manufactures well-known brands like Kelo-cote®, bioCorneum®+ and Belli® Skincare. While they are familiar products, in the sea of aesthetic companies and brands, a small company can feel overwhelmed and disconnected from the aesthetic community.

This is where The Aesthetic Society partnership has come in to bridge that gap and offer their support to valuable companies like our Alliance Industry and Premier Industry Partners. Our mission is to connect companies who share the same fundamental vision and aesthetic goals with our membership and work towards achieving them together.

Chief operating officer of enaltus™, Zubin Meshginpoosh, saw the benefits right away during the Aesthetic Meeting 2012 in Vancouver, BC, Canada. As an Alliance Partner, enaltus™ was displayed as a supporter on various signage throughout the meeting, invited to special networking events and was given the opportunity to speak with ASAPS leadership directly.

Along with the general benefits of the partnership, Zubin was impressed by how much effort the Society and its staff put into making sure the exhibits and companies supporting the meeting were successful and had enough exposure. The positive experiences from the meeting convinced enaltus™ to increase their sponsorship with ASAPS and therefore, the Aesthetic Society members. According to Zubin, they are the future of the company and this is where they want to be. He took out the time to answer a few questions for *ASN*.

ASN:

How long have you been working with The Aesthetic Society?

Zubin:

We signed up at the end of last year to be an Alliance Partner with ASAPS. Prior to that, we have been attending the meetings and supporting the Society since I have been with enaltus™ for the past 4 years.

ASN:

What made you decide to partner with ASAPS at the Alliance Industry Partner level and what specific benefits did you see?

Zubin:

After meeting with Tom Purcell and Sue Dykema, it became apparent that this was truly a partnership with the Society, and they were willing to work with us, as much as we wanted to within the parameters set forth. I was surprised to hear that many of the other Alliance and Premier Partners don't really utilize all of the benefits available. For us at enaltus™, we have a very small budget, so it was a decision I really talked through with Tom, but felt like this was the best allocation of resources. We have always prided ourselves in trying to partner with our physicians, and strive to have meaningful and value added relationships with our physicians. To continue down this path, this seemed like a perfect fit.

ASN:

So, what specifically at the Vancouver meeting led you to rethink your sponsorship level?

Zubin:

At the ASAPS meeting in Vancouver, having the ability to meet with and be heard by the various committee members throughout the meeting was wonderful. It allowed us to have meaningful discussions with key members of the Society so we as a company can understand better what we can do to help support and reach the members. Just from the Exhibitor Breakfast with Dr. Grant Stevens alone, the show of concern from the top board members, committee members and staff was overwhelming. As a thank you gesture and arena for exhibitors to voice their

opinions it felt like we were appreciated and valued as partners with ASAPS.

ASN:

As a Premier Industry Partner, what does enaltus™ hope to accomplish and provide?

Zubin:

By becoming a Premier Industry Partner, we hope to take the partnership to the next level, so to speak. With the ability to work with the Society to get messages out to the members on a regular basis, to help extend our presence really, is the aim of our partnership. Again, we aren't just hoping to 'promote' to the members, but really engage with them in a meaningful way, and hope they see enaltus™ as looking to help support the Society and the members in a way that brings value to them, their practices and their patients. For us, this investment represents truly 1/3 of our marketing budget for the year, so this really is a true partnership we are looking for, and hope to be viewed as a great partner with the Society and members.

Save 10% with enaltus™ as an Aesthetic Society Member!

As a special promotion to ASAPS members, watch the youtube video and send feedback to Zubin from enaltus™ to receive a 10% discount on your next order. If you're a new customer—receive 20% off. (Must order by August 31, 2012)



1. Watch the youtube video for their new Biocorneum App
2. Email Zubin: zmeshginpoosh@enaltus.com with your feedback/comments.



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



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

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

Like any competition, this one has its rules:

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

So let's see what you've got!

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

Thank you!



Member Benefits

Continued from Cover

Toolkits, Selected Aesthetic Meeting Videos, ASAPS Membership Roster, Practice Management and Hot Topics Webinars and Past President Interviews.

What Can You Do with RADAR Resource?

- Annotate publications and videos
- Highlight text
- Add notes to audio, video, high resolution images, web links and highlighted text with tags and audio, video, image and URL attachments
- Create your personal resource library customized binders for referencing notes
- Search
- All publication downloads, binders and notes are automatically backed up to the cloud

How do you get the app?

- Go to the Apple App Store
- Search: AnzuMedical
- Install the FREE AnzuMedical App (for iPad 2 or newer)
- Open the AnzuMedical App
- From the Home Page, tap “Register” in the bottom right corner
- Register with your ASAPS username and password (contact the central office if you do not know your username and password)
- Once registered, tap on the Home screen
- Tap “Medical,” “Plastic Surgery,” then “Open Domain Library”
- Log in with your ASAPS username and password you registered with and enter the RADAR Resource Home Page
- **This is a one-time registration and login, once you follow these steps it will make RADAR your default library every time you enter the app**

Why you should get the app:

This new and free tool will change forever the way you access ASAPS literature and search for topics relevant to your practice. While there are other readers out there, I don't know of any that allow you to annotate (including video) make your own folders by topic area and house all of the information on the “cloud” eliminating long downloads and eating up your mobile devices memory. I urge you to try it today.

Member Marketing Tool Kits

Practice marketing is an ongoing exercise for most aesthetic practices and the Society is responding to your request for useful and relevant tools. The first of these benefits of dues projects are three marketing Tool Kits. Available by DVD or download, The Society has produced these monographs written by some of the best in the industry: *Social Media* by Tom Seery from RealSelf.com, *SEO* by Ryan Miller from Etna Interactive and *Working with the Media* by our own Director of Public Relations, Adeena Babbitt. All three are packed with information you can utilize in your practice today.

Why you should get them:

These tool kits are filled with current information from industry experts in their fields, written specifically for aesthetic surgeons.



The Aesthetic Practice Builder

You know you should be involved in Facebook, producing a monthly patient newsletter and blogging but you probably didn't realize how these powerful practice builders can assume a life of their own with a constant need for fresh content. No worries, just take advantage of our new product the Aesthetic Practice Builder (like all of the products mentioned in this article, it is a benefit of dues).

Every month, the Society will send you an email with video, content for blogging, and newsletters and content for both Twitter and Facebook and instructions on how to use them. All content is segmented by topic; all content is archived so you can use what is most germane to your practice needs. The Aesthetic Practice Builder is the ultimate online practice marketing resource exclusively tailored for ASAPS Members to reach out to patients online, promote your practice and connect to countless resources on the ASAPS and Project Beauty website. Link back to surgery.org for procedural information,

your answers to Ask-A-Surgeon questions or your Enhanced Practice Profile (EPP) website on surgery.org to get more benefit from your membership.

Simple as that, ASAPS has given you free content that connects you to your patients and future prospects.

Why should I use this?

This product provides current, vetted information from ASAPS that centers on topics of interest to consumers and potential patients.

Consumer outreach via www.surgery.org

Did you know that the Society's website, www.surgery.org, is now getting on the average of 100,000 unique visitors a month? This is a tremendous uptick for us due in no small part to our new photo gallery. Members can now submit their before and after photos to surgery.org and gain full attribution, links to your Enhanced Profile Page and links to your personal website.

Think about it. This is a free and painless way to increase your SEO just by submitting photos. Our photo gallery URL is now showing on page one of Google. It's a small step there to surgery.org and ultimately, to your Enhanced Practice Profile (EPP) webpage. As a member, an EPP highlights all your activity on surgery.org, personal website and contact information, while ramping up SEO on a local level. The one-time setup fee and \$350 maintenance fee/yr for this product is a bargain for the value and exposure it provides. Here's how to submit:

Simply copy and paste this link to your browser: <http://www.surgery.org/members/photo-gallery/add>

You will be given simple step by step instructions for submitting your photos—the more you submit the bigger the advantage to you.

These are just a few of our new products and services. If you have any questions or comments send me an email at drdanmills@surgery.org

Daniel C. Mills, II, MD is an aesthetic surgeon practicing in Laguna Beach, CA. He is Chair of the Society's Communication Commission and serves as our Secretary.

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The Business of Corporate Medicine

We've all seen it before: "the next big thing" pops up in the media, a flurry of patients call or make appointments for it and it just as quickly fades into the sunset. However, when some of these procedures don't go away and seriously compromise patient safety and outcomes, its time for us to get involved.

Under the direction of our President-Elect, Jack Fisher, MD we have created a group to look at these issues and suggest the best course of action. Look for further details in future issues of ASN.

New Memorandum of Understanding with the French Society

I am pleased to announce that we have entered into an Memorandum of Understanding with the French Society of

Aesthetic Plastic Surgeons, based on mutually advantageous activities such as recruiting new members from France (right now, less than 10 French surgeons are ASAPS members, cross promotion of our Annual Meetings, and learning first hand of new aesthetic product and procedural developments happening in Europe. Please join me in welcoming them.

These are exciting and critical times for aesthetic plastic surgery and there is so much more going on in our Society. I encourage you, if not involved already to please get involved. Thank you for your membership, commitment to our specialty and your help as we continue to strive to make The Aesthetic Society as valuable as possible to each member and our specialty.

Leo M. McCafferty, MD is an aesthetic surgeon practicing in Pittsburgh, PA and is President of the Society.

get as a resident looking to the future is contemplative and exhilarating. My advice for newly minted and upcoming graduates: plan on attending an ASAPS meeting. It's a fun, invigorating way to attain your CME credits while learning the scope and boundaries of where modern day aesthetic surgery is being taken. It is usually in a beautiful place and well-attended. The opportunity to network may be worth the trip alone, or at least the two hours it may take to fill out an application for next years travel scholarship!

Thanks again ASAPS, for the support and assistance in getting me to Vancouver. I look forward to the 2013 meeting!

Bahair Ghazi, MD is a senior resident in Atlanta, GA.

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80x16mm wide blade,
with teeth
with fiber optic & suction

ASSI•ABR 27326
150x16mm wide blade
with fiber optic & suction

ASSI•ABR 25926
180x25mm wide blade
with fiber optic & suction

ASSI•ABR 35826
180x16mm wide blade
molded handle,
with fiber optic

ASSI•ABR 38326
180x25mm wide blade,
without endoscopic
scope sheath

ASSI•ABR 25326
180x25mm wide blade
with 4mm endoscopic
scope sheath,
single stop-cock

ASSI•ABR 13726
180x25mm wide blade
with 5mm endoscopic
scope sheath,
single stop-cock

ASSI•ABR 142326
180x25mm wide blade
with 10mm endoscopic
scope sheath,
single stop-cock

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with suction

ASSI•ABR 34826
180x25mm wide blade,
with 120° & 130° angles,
with suction

ASSI•ABR 35026
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Member Survey Gleans Surprising Results



THE AESTHETIC SURGERY EDUCATION
AND RESEARCH FOUNDATION

Understanding the clinical needs of ASAPS members is crucial in developing a strategy that ensures the success of the Aesthetic Surgery Education and Research Foundation's (ASERF) mission. To get a better understanding, a general awareness survey was sent to the membership to find out where we stand in terms of our messaging and research initiatives.

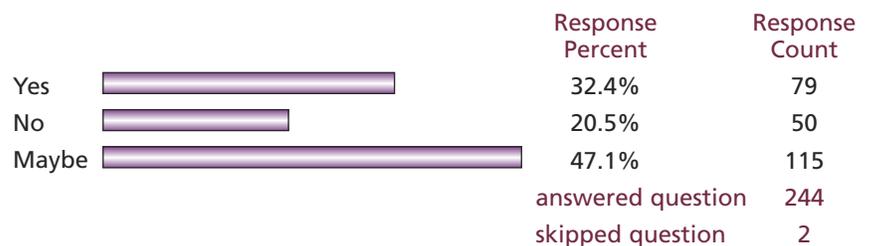
246 members completed the 'ASERF Top of Mind' survey and revealed a number of areas that need special attention and increased member support. While 70% of those polled knew what the acronym "ASERF" stood for, over 60% were unsure of what work is done through the educational grants and funds from the donations.

To take the mystery out of the Foundation, ASERF funds directed clinical research that impacts your aesthetic practice every day. The research grants, papers and awards funded are selected by the Clinical Needs Task Force and must be on topics of immediate significance to the field of aesthetic plastic surgery.

Our survey group specified the top research topics that would be most helpful to their practice are: fat transfer, stem cell, breast surgery, DVT prophylaxis and patient safety. ASERF has funded or supported research on all of these subjects and together with ASAPS has made them the forefront of our educational program during the Annual Meeting.

Though, as plastic surgeons and medical professional, you know research is not inexpensive. The survey showed that only 20% of ASAPS members are ASERF members and another 20% of those polled used to be members, but are no more. The economy has taken a hit and we have all

If ASERF was planning to study an area that would positively impact your clinical practice, would you donate above and beyond the annual \$200 membership dues?



felt the impact, but the future of our specialty relies on our support. We are only as strong as the members and supporters of ASERF allow us to be.

This survey has opened our eyes. 75% of those surveyed do not believe that ASERF has impacted their practice, but 80% of participants would donate or become an ASERF member if they saw that the research positively affected their practice. By expanding our communications and scope, we hope to convince you that our goals are in line with your goals.

In the next few months, we hope to work together with our committees and board members to strengthen our message. We have many exciting updates and research opportunities that will make ASERF more visible and relevant to your practice.

You can apply for research grants in the exact areas that you feel need development. Much of our research is physician initiated and has led to innovative studies and papers that have

paved the way for safer and more advanced practices. To make a grant request please go to our website at www.ASERF.org

If like me, you've always wondered how to leave a lasting impression and give back to a specialty that has provided you and your family with so much, you can give a major donation. This is a painless process where you can make a provision in your will, trust or life insurance that will provide ASERF with funding for decades to come.

To learn more about ASERF, please feel free to give me a shout out directly or reach out to our Director of Development, Tom Purcell at tom@surgery.org or 562-799-2356. Please join our plastic surgery education mission and include us in your annual donations.

Joseph M. Gryskiewicz, MD is an aesthetic surgeon with a private practice in Burnsville, MN and President of ASERF.

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Changing Places... Again

Google's Local Search Has Changed and So Has Your Online Reputation!

First it was Google Maps, then came Google Local and next Google Places. Google's local search results have changed repeatedly over the last 18 months, and on May 30, Google changed its local results... again. Now, in response to a search, such as "San Diego Plastic Surgeons," the Google Places pages have been replaced with a new entity: Google+ Local pages. These results appear prominently on the Local tab in Google+ and, in many cases, at the top of the search results pages. They also include a Zagat-like 30-point rating in the foreground of the listing. This is no coincidence. Google acquired Zagat last year, and now all ratings on Google are tied to the Zagat 0-30 scale—even ratings for plastic surgeons and other non-restaurant businesses.

Google, in its quest to unseat Facebook as the social center of the online universe and to replace Yelp and TripAdvisor as the primary local rating systems for restaurants and entertainment venues, is forcing users to join Google+ to obtain detailed information about local businesses and post reviews. This change may have a significant impact on the way consumers search for and find local plastic surgeons. But more importantly, it will impact online reputation management for your practice.

Posting Reviews Has Changed

Prior to May 30, posting a review on Google required only that the reviewer have a Google account. For your practice, this meant that any patient who had a Gmail account could directly post a Google review with no additional effort. These reviews were anonymous.

Now, in order to post a Google review, your patients must have a Google+ account. Since many of them already have a Facebook account, their motivation to set up another social networking account,

such as Google+, is limited at best. Google is taking steps to encourage consumers to join Google+. They hope that reviewers' desire to see their own names on the Google+ Local pages—and gain access to more robust business information—will drive them to set up their own Google+ accounts and forsake Facebook. The search giant has also de-emphasized the listings of other review sites such as Yelp and TripAdvisor, which now appear well down the Google search results page, below the Google+ listings. Moreover, Google appears to be hoping that businesses such as yours, who rely on positive reviews, will encourage their patients (clients) to join Google+. But data shows that very few consumers want to have both a Facebook account and a Google+ account, so trying to get your patients to move to Google+ may be a waste of time.

The Stars Have Disappeared

When Google made the switch from the 0-5 star graphic ratings in Google Places to the Zagat-inspired 0-30 numerical scale in Google+ Local, some local businesses noticed large decreases in their online traffic from Google. The reason? In the past, many consumers determined which business to click on by the number of stars. Now that those stars are gone, consumers no longer have that quick and easy metric to use. As a result, some plastic surgery practices that labored intensively to obtain five-star ratings have experienced a drop in online traffic. This change in consumer behavior is most likely temporary, as consumers learn the new "Zagat-style" 30-point system.

A Glimmer of Hope

Perhaps one shining light in this chaotic landscape is that Google reviewers can no longer be anonymous. Google wants

Google+ users to be able to see reviews of other Google+ users from their Circles. (Circles are how you group individuals in your Google+ account.) In order for Google to accomplish this, the reviewers' names must be divulged so that Google can tie them together. Now the name of the reviewer, as it appears in the Google+ account, is shown next to the review.

From a plastic surgeon's viewpoint, this update may be a game-changer. Unreasonable patients and disgruntled former employees can no longer be anonymous unless they go to great lengths to keep their identities hidden when they post negative reviews. Further, this type of identity subterfuge will probably be detected and purged by Google, as Google's review process will likely mimic Yelp's model. Yelp devalues or removes reviews written by people who seldom write other reviews or sign into Yelp. Patients will no longer be able to anonymously disparage your reputation while you are constrained by HIPAA and other rules. Of course, obtaining positive reviews may become more difficult because some patients are less likely to post positive reviews if required to divulge their identities. More encouragement and effort by your staff may be needed.

The upshot of all of this seems to be that obtaining positive reviews on Google will most likely be more difficult. However, negative reviews will also be less likely to occur because the reviewers' names are identified with their comments. This is a great time to be proactive—devise a plan to obtain positive Google+ reviews and you may just make some headway toward creating a stellar online reputation.

David Evans, PhD, MBA is an internet medical marketing strategist and CEO of Ceatus Media Group LLC.

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