



The Aesthetic Meeting 2013

By James C. Grotting, MD



New York City Provides Dynamic Backdrop for One of the Most Successful Aesthetic Meetings Ever

New York, the city that never sleeps, met its match when 2,154 of the world's finest aesthetic plastic surgeons gathered at the Javits Convention Center for The Aesthetic Meeting 2013. The New York meeting had our second highest attendance



ever, bested only by our last meeting in New York in 2007. Of the 2,154 surgeons attending, 591 of those were international, representing 60 countries outside the US, with the highest number coming from Brazil, Colombia, France, Mexico, and Turkey. A total of 156 residents from the United States and Canada attended the meeting, with another 189 residents from other countries.

This wonderful attendance of surgeons from all around the world provided an

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Introducing the ASAPS Las Vegas 2014 Aesthetic Symposium

By James C. Grotting, MD

On behalf of co-chair Dr. Jeffrey Kenkel and myself, I'm pleased to announce that the *ASAPS Las Vegas 2014 Aesthetic Symposium: Fat, Fillers, and Facts in Facial Rejuvenation* will take place on January 23-25, 2014, at The Bellagio Hotel. Formerly co-sponsored by ASPS and known as Expanding Horizons, this symposium is now solely sponsored by the Aesthetic Society.

The top international experts in facial rejuvenation and fat grafting have been invited to share their experience and knowledge. We are envisioning this exchange of ideas as a type of consensus conference on this exciting, growing, and changing area of aesthetic surgery.

We have many wonderful courses being offered, including a Thursday morning anatomy lab focused on techniques in fat and a Saturday offering to skin care professionals and doctors, *The Business of Skin Care*, developed by the Society of Plastic Surgical Skin Care Specialists (SPSSCS). You'll also be able to earn up to 21.5 AMA PRA Category 1 Credits™, including 5 Patient Safety CME, by attending the ASAPS Las Vegas 2014 Aesthetic Symposium.

I look forward to sharing more details as we get closer to the date. Hotel rooms can be booked now at The Bellagio Hotel, and meeting updates can be found at www.surgery.org/lasvegas2014. Hope to see you there!

James C. Grotting, MD is an aesthetic plastic surgeon practicing in Birmingham, Alabama, and is the Aesthetic Society's Vice-President and Chair of the Education Commission.

Fat Grafting for Breast Augmentation What Women Should Know:

Editor's Note: Aesthetic Society member Peter J. Rubin, MD recently updated our consumer message regarding fat grafting to the breast. The new message is posted on our website www.surgery.org and is detailed below.

The idea of taking your own fat and repositioning it to augment your breasts has captured the attention of both consumers and the media. Research on the safety and efficacy of this procedure is continuing to further evaluate benefits and risks.

ASAPS believes you should consider the following before consultation with a board-certified plastic surgeon about fat grafts for breast enhancement.

What is fat grafting?

Fat grafting, also known as fat transfer or lipoinjection, is a process in which fat cells are removed from one part of the

body and injected into another. It has a long history of use in the facial region to achieve a more youthful appearance which may be permanent.

How long has fat grafting been used for breast augmentation?

Augmenting the breast with the body's own fat first became popular in the 1980s. ASAPS initially cautioned its members using the technique because of potential side effects such as oil cysts, calcification, and scarring within the breast tissue which may make mammograms difficult to interpret.

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Pigmentation Systems



INNOVATIVE Pigmentation Treatments by Zein Obagi, MD

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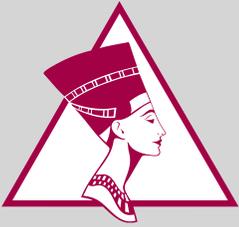
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BY ZEIN OBAGI, MD



Aesthetic Society News

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

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



The American Society for
Aesthetic Plastic Surgery



The Aesthetic Surgery Education
and Research Foundation

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ASAPS Members Forum: www.surgery.org/members

ASAPS Website: www.surgery.org

ASERF Website: www.aserf.org

ASAPS Calendar Joint Sponsored/Endorsed Events

November 7–10, 2013

QMP's 9th Aesthetic Surgery Symposium

Renaissance Chicago Hotel
Chicago, IL
314.878.7808
www.qmp.com/meeting2013/aesthetic

December 5–7, 2013

The Cutting Edge 2013 Aesthetic Surgery Symposium Debating the Choices in Facial Rejuvenation

The Waldorf Astoria Hotel
New York, NY
212.249.6000
www.nypsf.org



January 23–25, 2014

ASAPS Las Vegas 2014 Aesthetic Symposium—Fat, Fillers, and Facts in Facial Rejuvenation

The Bellagio Hotel
Las Vegas, NV
562.799.2356
www.surgery.org/lasvegas2014

January 30, 2014

7th Annual Oculoplastic Symposium

InterContinental Hotel
Atlanta, GA
435.901.2544
www.sesprs.org/education/index.cfm

January 31–February 2, 2014

30th Annual Breast Surgery Symposium

InterContinental Hotel
Atlanta, GA
435.901.2544
www.sesprs.org/education/index.cfm

February 13–15, 2014

48th Annual Baker Gordon Educational Symposium

Hyatt Regency Miami
Miami, FL
305.859.8250
www.bakergordonsymposium.com

February 23–27, 2014

6th American-Brazilian Aesthetic Meeting

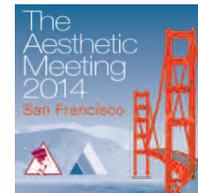
Jueree Hotel
Florianopolis, Brazil
435.729.9459
www.americanbrazilianaestheticmeeting.com



April 24–26, 2014

Society of Plastic Surgical Skin Care Specialists

The Palace Hotel
San Francisco, CA
562.799.0466
www.spsscs.org/meeting2014



April 24–29, 2014

The Aesthetic Meeting 2014

Moscone Center and Marriott Marquis Hotel
San Francisco, CA
562.799.2356
www.surgery.org/meeting2014

ASAPS Las Vegas 2014 Aesthetic Symposium

FAT, FILLERS, AND FACTS
IN FACIAL REJUVENATION

January 23–25, 2014

The Bellagio Hotel
Las Vegas, Nevada



- **Anatomy and Technique of Fat Grafting:** Thursday Morning Cadaver Lab
- The latest clinical and technical information on fat and fillers in facial rejuvenation presented by **leaders in plastic surgery education**
- **The Business of Skin Care:** In addition to Saturday's physicians' program, all skin care professionals can enjoy a full-day simultaneous session developed by the Society of Plastic Surgical Skin Care Specialists (SPSSCS)
- Earn up to 21.5 *AMA PRA Category 1 Credits™* including **5** Patient Safety CME



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www.surgery.org/lasvegas2014



Jack Fisher, MD

A Great Time to be an ASAPS Member

Being named President of the Aesthetic Society is an honor both humbling and exciting. Because of market changes and a sharp focus on providing value to members, ASAPS is poised, perhaps like never before, to own the aesthetic surgery space, a role we have earned by sticking to our core values: providing exemplary education and services to our members and providing the public with accurate and helpful information on procedures, enabling all to have one source for unbiased and clinically relevant information.

ASAPS members are not like other plastic surgeons. Most of us own our own businesses, with the great rewards and risks that go with them. All of us are dedicated to aesthetic surgery and prove it by continually seeking to improve our practices, learn as scientists and evolve the art of aesthetic surgery. And from what I can see from my email and talking to many of you in my travels, you are optimistic for the future and starting to utilize all the Society has available for you.

The Aesthetic Society is proud to offer numerous benefits as part of your dues and it would take pages for me to describe them all. I will spare you that. But take a look at the list below and make sure that you are taking

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The American Society for Aesthetic Plastic Surgery is launching an exciting new meeting in Las Vegas, January 23-25, 2014. The inaugural meeting is entitled Las Vegas 2014 Aesthetic Symposium: Fat, Fillers, and Facts in Facial Rejuvenation and will be held at The Bellagio Hotel in Las Vegas.

full advantage of some of the programs and services available only through ASAPS:

- The RADAR Resource, a personal medical library on your iPad; www.surgery.org/radar
- The *Aesthetic Surgery Journal*, ranked first choice for publication of aesthetic papers
- The Aesthetic Practice Builder, a monthly resource of original content for newsletters, and social media to raise awareness of your practice
- Free legal advice, courtesy of Bob Aicher, Esq.
- Free web consultation services via Kevin Charles, our Director of Web Strategy and Development
- And Smart Beauty Guide, our new branding program designed for consumer relevance and to have an immediate impact on your practice. Smart Beauty Guide is a first of its kind program for the Society. Consisting of consumer outreach via web, digital advertising, print advertising and extensive localization, the program is designed to promote your unique qualifications in your community and provide an interactive experience for consumers that will keep them coming back for more. The new brand also includes a new procedural brochure line covering the most popular topics in aesthetic surgery, advertising templates you can use in your local market, banner and other digital ads available as a benefit of dues, video, and much more. Look for the launch of our new website this September.

On the Education Front:

This year's Aesthetic Meeting was the second most successful in the history of our organiza-

tion, where more than 2100 plastic surgeons from 60 countries experienced the most anticipated educational event in our specialty. My friend and colleague Jim Grotting, MD is also the Chair of our Education Commission: please see his report in this issue of ASN for a full briefing of The Aesthetic Meeting 2013.

ASAPS Las Vegas 2014 Aesthetic Symposium *FAT, FILLERS, AND FACTS IN FACIAL REJUVENATION*

The American Society for Aesthetic Plastic Surgery is launching an exciting new meeting in Las Vegas, January 23-25, 2014. The inaugural meeting is entitled Las Vegas 2014 Aesthetic Symposium: Fat, Fillers, and Facts in Facial Rejuvenation and will be held at The Bellagio Hotel in Las Vegas. With the separation of ASAPS from ASPS, the old Expanding Horizons meeting has now run its course. In its place, ASAPS is launching this new meeting which is intended to reinvigorate a foundation which has been built over the past 20 years. The meeting will explore all aspects of modern facial rejuvenation particularly as it has evolved to include autologous fat volumization. We are excited about its potential!

Advocacy Update:

Over the past several years, ASAPS has contributed to the advocacy efforts of the ASPS, since we are an educational organization without the infrastructure to conduct these efforts ourselves.

This year, your Board of Directors decided to do things a little differently. Instead of contributing a lump sum to national efforts, we are supporting state societies, particularly in the bellwether states. Representatives of any state plastic surgery society facing scope of practice, taxation or other serious issues can contact us and apply for funding to help your efforts. For more details, please contact Pamela at the ASAPS Central office.

And Finally:

Our yearly strategic planning meeting under the direction of our Society president-elect Mike Edwards, MD, will be held in San Diego. Look for a full report on our suggestions for the Society in the next issue of ASN.



Pitfalls of Electronic Consultations

Michael J. Sacopolos, JD and Karen Zupko

A Midwestern aesthetic surgeon is seeing a surge in popularity due to the success of a SEO (search engine optimization) campaign. Faced with out-of-town prospective patients asking for electronic consultations before they fly to his practice, he is trying e-consults. The patients hope to work out preliminary issues, such as candidacy for a procedure and costs, before meeting the surgeon in person, which is understandable. The surgeon sees e-consults as a time-saving concept. The patient will arrive, have an in-person consult, sign the consent, and be ready for surgery the next day. "Patients love it. Remote consultations are super efficient for both the patient and my practice," states our Midwestern surgeon. With no set policies on how to deal with e-consults yet, he is debating everything from a free, five-minute consultation to providing a quote based on information sent by patients electronically. Unfortunately, there are many potential problems with e-consults.

For starters, surgeons should only provide medical consultation advice to patients who reside in states where the surgeon is licensed. While Skype and e-mail know no bounds, State Boards of Medicine do. Secondly, professional liability carrier's coverage for e-consults will likely vary. For example, an additional premium may be required to cover a practice's electronic activities.

Every e-consult is a Real Patient

A person is either a patient or not. There is no third option, or legal status for e-patients.

Chart every e-consult as if the patient appeared in person at the office whether or not you charge. The person who receives the e-consult needs to have a medical chart created and that chart must be kept for the time prescribed by state law. There needs to be a traceable record of the e-consult. Document any medical opinion and services that were ordered or performed electronically in the medical record, whether on paper or in an electronic medical record. (When requested by the patient or by the referring physician, a written report must be provided to the appropriate sources.) Reports can be faxed, mailed, or e-mailed using secure methods, but remember, all electronic communication must become a part of the patient's file. If the reports are given verbally or via Skype, document the interaction. Remember, every privilege, obligation, and duty that is owed to a traditional patient is owed to one who receives an e-consult opinion from five or 5,000 miles away.

Note: Federal law, requires encryption, of all electronic communication with patients. This goes for general e-mails too. With an attorney's help, it is possible to create a waiver or to cover the encryption requirement.

Communications within patient portals are typically encrypted. It also ensures complete documentation.

Considerations for e-consults

Free E-Consultations. Some physicians attach no legal significance to free e-consults. Let's be clear: whether a patient is charged, or not, for an e-consult makes no difference legally. Waiving professional fees does not waive professional obligations. Remember, free e-consults likely encourage some patients to use a plastic surgeon to verify their local surgeon's plan. Instead of attracting new patients, the free e-consult ends up only validating other surgeon's recommendations. This is one reason we discourage our clients from offering free e-consults.

Finances. Terms and policies that apply to financial deposits need to comply with state and professional obligations. If upon examination, a patient is discovered to not be a surgical candidate, refunding the full surgical deposit is recommended lest the practice receive negative word-of-mouth blasts. Issues related to deposits and refunds generate many claims and headaches. Remote services as a prelude to surgery can be problematic. Think through policies and acknowledgements to avoid common problems.

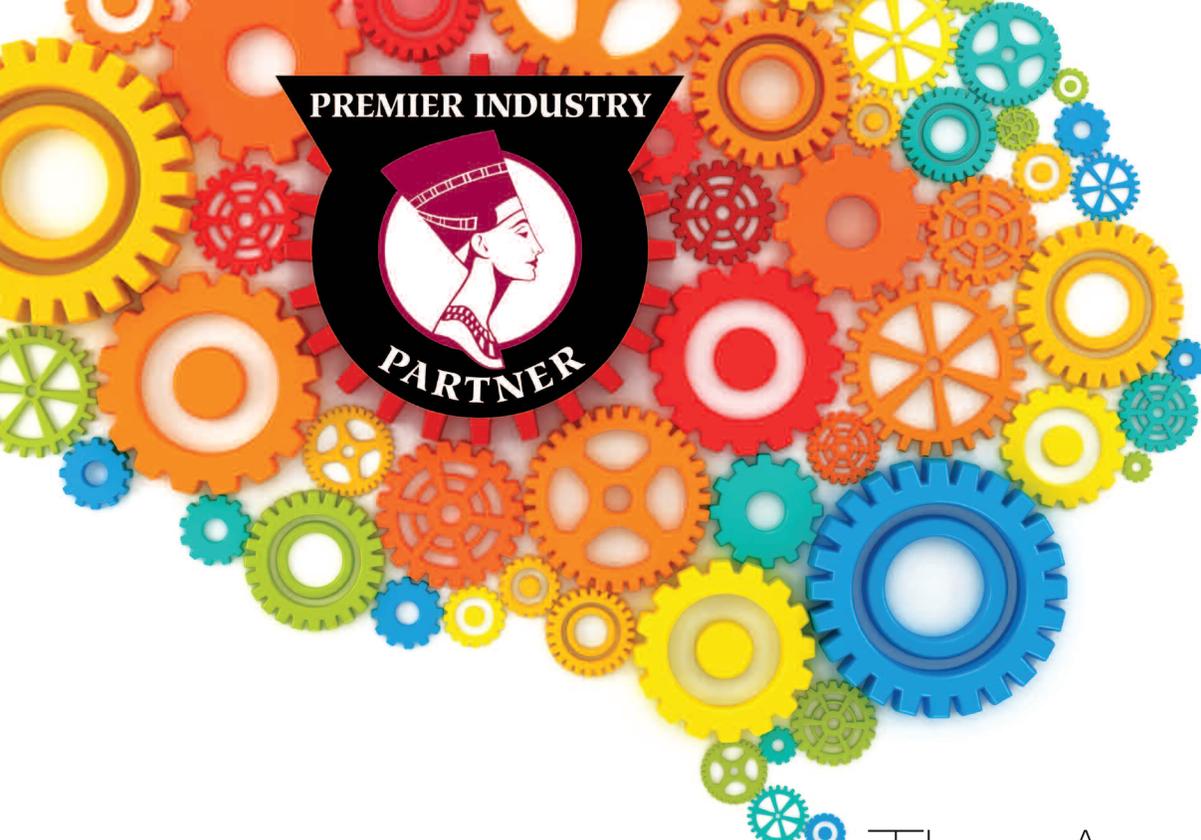
Assessing Patient Submitted Photos. Image quality of photographs sent by a patient to his or her surgeon is an essential component in assuring optimal assessment. Use of digital cameras for image capture is better than cell phone camera results. Provide patients with proper instruction and poses to obtain the best images.

- Describe the images you require to make an assessment. Diagrams help.
- The macro mode should be used when appropriate to acquire close-up images.
- White balance should also be set to obtain accurate colors in the image.
- Adjust the flash to avoid washout of colors.
- Watermarking techniques are an option to ensure that if images are modified or manipulated without permission, the changes are detectable.

Photographs are a must in the plastic surgery e-consult process; just make sure they

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The Aesthetic Society's Premier Industry Partnership Program

Working together to advance the science, art, and safe practice of aesthetic plastic surgery among qualified plastic surgeons.

It's more than just business to us.



Founding Partners: Sientra and Medicis

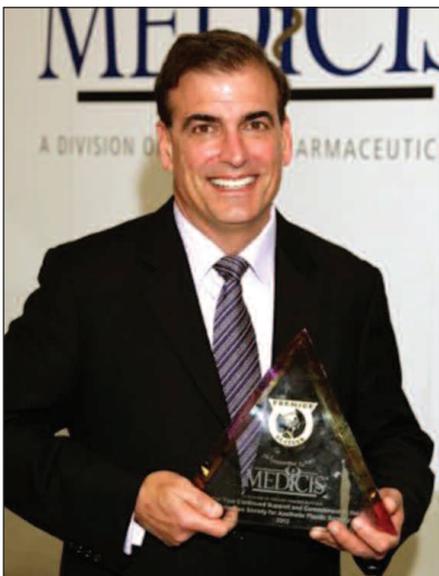
Premier Industry Partners Recognized



David Endicott
Formerly Corporate Vice-President
and President



Zubin Meshginpoosh
COO



Vince Ippolito
Senior Vice-President,
General Manager, Aesthetics



Paula Scallan
Formerly Senior Manager,
Trade Show and Events



NEWBEAUTY
THE BEAUTY AUTHORITY

Steffanie Attenberg (second from left),
Vice President, Group Publisher
and Team



sientra.

Hani Zeini
Founder, President and CEO



 *Strathspcy Crown*

Robert Grant
Chairman



ZO SKIN HEALTH INC

BY ZEIN OBAGI, MD

Frank Grannis
Vice President of Sales

Aesthetic Society's Board of Directors Approves Advocacy Funding at the State Level

By Michael C. Edwards, MD

On an ongoing basis, the ASAPS Board of Directors works to ensure that our members' dues are being utilized wisely and to their fullest capacity. At a recent Board of Directors meeting, there was a discussion about how to financially support aesthetic advocacy activities in a way in which our dollars will be most impactful. All politics is local and the "bellwether" states for aesthetic plastic surgery (such as California, Florida, and New Jersey, among others) typically do not receive support from any national organization to help them in their legislative battles. Aesthetic Society President Dr. Jack Fisher appointed a workgroup to address this issue and make a recommendation to the Board.

While future grants will be given following the process noted above, an initial grant was approved by the Board of Directors and given to the California Society of Plastic Surgeons for an immediate need, as they are currently opposing the expansion of the scope of practice for optometrists. Proposed legislation would give optometrists the ability to prescribe medications, provide local anesthesia, and would eventually lead to allowing them to perform blepharoplasty without surgical training.

A recommendation was made and unanimously approved by the Board of Directors to implement an annual state advocacy funding program.

Using a simple process, states requesting funding will be asked to complete an application that will be reviewed by the Advocacy Relations Committee. Requests are approved based on need and severity of the issue



ASAPS President Dr. Jack Fisher (right) presents a grant for \$10,000 to Dr. Tom Mitts, CSPS president.

involved. Funding requests can be approved totaling up to 50% of the total annual advocacy budget. It is anticipated that the maximum initial funding would be \$10,000 per state pending Committee approval. The balance of the advocacy budget would be held for "emergency" issues. Such requests would be reviewed by the Advocacy Relations Committee with final approval by the Board of Directors.

The Details

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

- States must request the funds and agree to provide an update report to the Board of Directors, either in written or verbal form, during the ASAPS Annual Meeting and by July 1 at the close of the legislative year.
- The October 1 deadline for funding requests conforms to the typical timing of the creation of legislative agendas since most of the legislative activity takes place in January – May.
- If this program is successful, we recommend developing an electronic "Clearinghouse" listing of key individuals in each state, including the option to share their successes, failures, documents, etc., so we build a community and infrastructure for the states to work together.

Initial Donation

While future grants will be given following the process noted above, an initial grant was approved by the Board of Directors and given to the California Society of Plastic Surgeons for an immediate need, as they are currently opposing the expansion of the scope of practice for optometrists. Proposed legislation would give optometrists the ability to prescribe medications, provide local anesthesia, and would eventually lead to allowing them to perform blepharoplasty without surgical training. Supporters of this legislation state that with the implementation of the Affordable Care Act, additional doctors will be needed to provide care for the influx of patients. Clearly, optometrists performing blepharoplasty without surgical training would have a negative impact on our specialty, not to mention patient safety.

We hope that our contribution enables CSPS to appropriately combat this legislation, and that our future grants to other states likewise enable us to protect our scope of practice and other issues as they arise. Those states interested in applying for funding can find an application at www.surgery.org/professionals/about/advocacy-support-application

Michael C. Edwards, MD, is an aesthetic plastic surgeon whose practice is in Las Vegas, Nevada. He serves as President-Elect on the Aesthetic Society Board of Directors.

Q & A With Steven Ringler, MD

Practicing in Grand Rapids, Michigan, Aesthetic Society member Steven L. Ringler, MD, devotes time, energy, and resources to help others through his practice. He initiated a “Thank You Veterans” program, during which he offers complimentary plastic surgery procedures to veterans, and has performed surgeries through Operation Smile as well. He graciously took time to share more about his philanthropic efforts with the *Aesthetic Society News*.

How did you first come up with the idea for the “Thank You Veterans” program?

This is a program we set up at our practice five years ago. It was close to Veterans Day and we wanted to create a way to give back to those who have sacrificed so much on behalf of our country. We figured offering complimentary plastic surgery to veterans who were injured in active duty was a small way we could pay back the soldiers for their service, and it seemed a natural extension of our work with Operation Smile, which is primarily overseas.

After starting the Thank You Veterans program, we have since seen our national organization and other medical groups around the country form their own programs to help treat wounded veterans, which was rewarding to see.

What have some of the reactions been from vets?

The response from veterans and the community has been very positive. We have extended this program to perform volunteer skin care and non-surgical services to mothers and spouses of service people who are gone over Mother’s Day.

Why is philanthropy important to you?

I gain a great deal of personal satisfaction from helping others. I feel like I have had many advantages in life, being born and raised in the United States and receiving a great education here. I have also been blessed with good health and with healthy children, but I understand that everyone has not had the same good fortune. There are always times in life when we can use a little help from others and performing surgery is something I am able to do, and I am happy to make that contribution.



How have your patients responded to your efforts?

My cosmetic patients appreciate the fact that I take time to help others. I have many small gifts in my office from my Operation Smile trips, and my patients frequently ask about my work with children in particular. I think they like to know something about the character of their doctor. My patients frequently ask me about upcoming trips and it is not unusual for people to ask how they can help, either financially or as volunteers. I find that many people share the same desire to help others, but just don’t know how they can help.

Tell us a bit more about your involvement with Operation Smile.

I have worked as a volunteer with Operation Smile for about 16 years now, going to different countries around the world to perform plastic surgery on children with cleft lips and palates. Dr. Bill Magee and his wife, Kathy, started Operation Smile 30 years ago. After volunteering for missions for a couple of years, my wife Andrea and I started the Michigan Chapter of Operation Smile in Grand Rapids. We have a great community in Grand Rapids and were able to raise some much-needed funds to help the program. We no longer have an active fundraising chapter, but I continue to go on medical missions on a regular basis.

What have been the challenges in doing such complimentary procedures?

Mainly the challenges are logistic, such as finding the time to do the work. My patients have always been understanding and supportive when I have had to adjust my schedule for volunteer work.

In doing plastic surgery overseas there can be travel issues, health issues, and communication problems, but these are really all fairly minor. With volunteer organizations, funding is always an issue because there are more people who need help than there are funds available to get the help to them.

Additionally, starting up a new program, such as “Thank You Veterans” takes some amount of organization and marketing to get the word out to those you are trying to serve.

What have been the rewards of philanthropy?

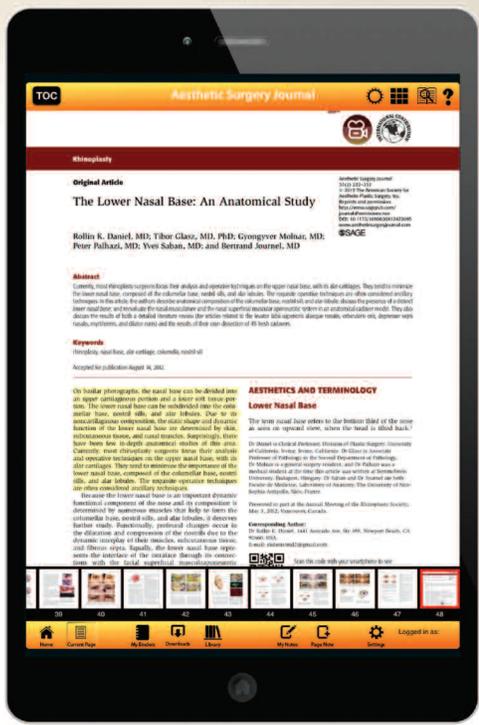
The rewards of doing volunteer work are tremendous. In my work with Operation Smile, I have traveled to many different countries to do surgery and have gotten to know many people from around the world on a very personal level.

It is a real act of trust to have a mother or father hand his or her child over to you for surgery when they don’t know you personally, and perhaps don’t speak the same language. To be able to hand that child back to the parents after surgery with a corrected lip or palate is rewarding beyond words. There have been many times when people simply do not believe that you do not want compensation for your work and that this is a gift you can share with them.

There are many problems in the world that cannot be easily fixed, but I believe that when we each take personal responsibility to contribute what we can to help others, we make the world a better place, and as a result are greatly enriching our own lives in the process. I take great pride that I have been able to donate my time over the years as a volunteer surgeon, and my patients often tell me how proud they are to say I am their doctor.



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Available on the
App Store

Look for AnzuMedical





By William P. Adams, Jr., MD

What's New?

An exciting update to the AnzuMedical app is coming soon to the Apple App Store on your iPad. We will be sending an email to let you know when it is available. This update includes features which will make RADAR Resource an even more interactive tool for aesthetic plastic surgeons. Feature updates will include:

- **Push Notifications:** After updating the app, be sure to tap “Yes” when prompted if you would like to receive alerts when new educational content has been added or discussions are occurring in the library. Notifications can be manually turned on or off at any time in your “Settings”.
- **Updated RADAR Resource Discussions:** Stay connected with your aesthetic plastic surgery colleagues! While reading an article in *Aesthetic Surgery Journal* or watching a video from The Aesthetic Meeting, you have the ability to share your thoughts or questions with other users. Browse ongoing or initiate your own discussion threads over any part of the RADAR library (a page, a highlight, an image, a link, a video) and save threads in your personal binders to review later. With this update, you will now be able to add multimedia attachments to your discussions and follow specific RADAR users or discussion threads.
- **Support:** Tap the question mark icon on any page and view instructions and instructional videos for the multiple features available to you on RADAR.

Fresh educational content is added to your RADAR Resource library on a consistent basis. Here is a list of the latest additions to various bookshelves and FREE for our Members, Candidates, and Residents:

- **Aesthetic Surgery Journal:** July issue and supplement
- **Annual Meeting:** Scientific e-poster exhibits from The Aesthetic Meeting 2013
- **ASAPS Shaped Implant Educational Program:** Course offered exclusively on RADAR Resource devoted to educating

aesthetic plastic surgeons on safe implementation of shaped/form stable breast implants. Four videos are currently available for viewing, instructed by myself and Patricia McGuire, MD.

- **Masters' Videos:** Labiaplasty procedure instructional video by Dr. Christine Hamori added to the “Body” folder.
- **Plastic Surgeon Resources:** Updated ASAPS' membership rosters with new members added (members only).
- **Patient Safety:** Access Wimed, our federally-protected critical incidence reporting system, via a link in the “Adverse Events—Private” folder.
- **ASAPS History:** Added to the “Past President Interview Videos” folder, an interview from August 2010 with ASAPS Past President, Tom Rees, MD and his late wife, Nan Rees, discussing their volunteer work with the African Medical and Research Foundation (AMREF).

Make the Most of RADAR!

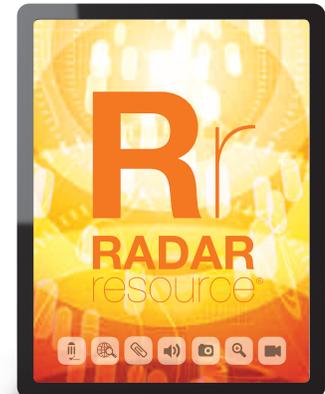
Exciting new features were added to the app in April of 2013. Be sure that you are taking full advantage of all you can do and interact with on RADAR:

- **My Library:** Now not only can you view and annotate the educational content provided by ASAPS, you are also able to upload your own personal PDF documents onto RADAR. Upload documents directly from your computer and view, search, annotate, and organize these as you would any other content. Create your own personal library to carry with you on the go!
- **Industry Resource Center and Sponsored Educational Videos:** Industry offerings delivered instantly to the palm of your hand! Search and browse industry products, promotions, technology, and the latest “how to” videos in these separate libraries within RADAR. Organize and annotate the materials digitally without any clutter.

Don't Forget!

- **CME Search:** Reaching a deadline to obtain *Category 1 CME credits*TM? Earn up to 20 annually with a paid subscription to CME Search. No need to leave your practice for these credits, they are earned simply by searching the RADAR Resource library in the comfort of your home, office, or anywhere you use your iPad. All 20 credits earned are also offered as Patient Safety Credits!

William P. Adams, Jr, MD is an aesthetic surgeon in Dallas, TX and President of the Aesthetic Surgery Education and Research Foundation.



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THE AESTHETIC CRUISE 2013

Complications in Aesthetic Surgery

July 7–14, 2013



Dennis Hammond, MD—Chair
James Grotting, MD—Vice Chair



Back Row: David Heutel, Jim Grotting, Rick Warren, Allison Wood, Dennis Hammond, Jack Fisher, Clare Fisher, Mark Constantian, Charlotte Constantian, Linda Newman, Bob Newman, Coleen Richardson; Middle: Betty Warren, Kristen Fisher; Kneeling: Benjamin Fisher, Glenn Fisher, Ann Grotting, Sue Dykema, Debi Toombs, Dennis Richardson

The Aesthetic Cruise 2013 was one to remember, offering the most education on any cruise to date, 24 hours, courtesy of chair Dennis Hammond, MD, and co-chair James Grotting, MD. Sessions were well-attended, with the program featuring 15–20 minute talks delivered in a panel format covering a wide variety of topics.

One cruise highlight occurred at Hubbard Glacier, as an incredibly close up view of the glacier was delivered by the ship's captain, followed by an afternoon featuring four

consecutive one-hour Practice Management presentations. Consultant Karen Zupko also led a class for those spouses and/or partners who work in a plastic surgeon's office, which offered a unique opportunity to engage in a round table discussion on practice management issues.

As wonderful as the education was, it was matched by the exquisite ports of call. Icy Strait Point, Juneau and Ketchikan offered the opportunity to explore via boat, plane,

helicopter and even dog sled. Many just chose to explore the towns and exercise their shopping skills! Nights offered a different type of fun, from enjoying the terrifically talented performers on the cruise, to meeting with colleagues for cocktails and conversation, and some even stayed up dancing all night!

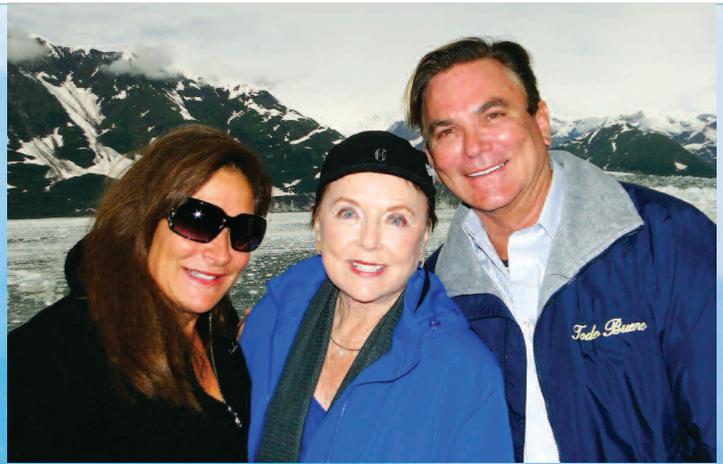
In all, attendees had a wonderful time experiencing such a unique educational event. The evaluations were overwhelmingly positive, with several noting how much they enjoyed learning and being able to engage with others in the smaller environment. As one person wrote, "I was extremely pleased with the entire cruise experience. The meeting especially was top-notch. The speakers were well prepared, had very good presentations, and were extremely informative and helpful. The atmosphere of the meeting was perfect, very casual, and all speakers were extremely approachable and very willing to discuss questions. I would recommend to all levels of plastic surgeons and will eagerly attend the next meeting."

The Aesthetic Society is in the process of planning another Aesthetic Cruise for the summer of 2015. Look for information on our website—coming soon!





Jeff Kenkel, MD, Val Lambros, MD, and Debi Toombs



Laurie Casas, MD, Donna Stevens, and Grant Stevens, MD



Cocktails and complications



Dan Mills, MD, Jack Fisher, MD, and Joe Gyskiewicz, MD



Mark Codner, MD, and his wife Jane



Karen Zupko's session with surgeon spouses





By William P. Adams, Jr., MD

ASERF had a terrific year under the past leadership of Joe M. Gryskiewicz, MD, and I look forward to continuing the great work he and his team have done during my tenure as ASERF president. The first annual ASERF silent auction at The Aesthetic Meeting 2013 in New York was an amazing success, raising more than \$350,000 to support the creation of a data collection hub. My thanks to Dr. W. Grant Stevens for all of his efforts on ASERF's behalf, as well as all of the vendors and bidders who helped contribute to make this such a success. (For more information on the silent auction, please see page 17.)

Hot Topics

At the Meeting, Dr. Gryskiewicz and I were pleased to chair Hot Topics again, which proved to meet up to its name with some thought-provoking discussion. The section on Fillers/Neurotoxins/Alternatives included "Xeomin—Role of Complexing Proteins" (Z. Paul Lorenc, MD), "Split-Face Study of Abobotulinumtoxin A with 3 vs 1 Injection Points to Lateral Canthal Region" (Hema Sundaram, MD), and "Myoscience" (Benjamin Ascher, MD). Following, our panel on "Social Media, Internet Piracy, Cybersmearing—How to Stay Out of Trouble," included surgeons such as Neil Reisman, MD, Brian M. Kinney, MD, and Simeon Wall, MD.

Other important presentations were "Pain Management—Trial Exparel in Abdominoplasty" (Steve Fincal, MD) and the Annual Premier Global Hot Topics Resident Presentation "Exparel Study" (Oscar Masters, MD).

Patient Safety sessions included "ATP Detector to Check Cleanliness of Exam Rooms and Operating Rooms" (Steven Teitelbaum, MD), "Xarelto" (Joe Gryskiewicz, MD), and "Office-Based Ultrasound for Breast Implant Surveillance" (William P. Adams, Jr., MD).

Premier Global Hot Topics Special Presentations were themed "Invasion of the Minilifts, Coming to a Clinic Near You!" Presentations included "ASAPS Strikes Back and What It Means for You!" (Brian Reagan, MD, Robert Singer, MD) and "Distinguishing Gimmickry, Hype, and Progress: Lessons from 15 Years of Hot Topics" (Steven Teitelbaum, MD).

The first annual ASERF silent auction at The Aesthetic Meeting 2013 in New York was an amazing success, raising more than \$350,000 to support the creation of a data collection hub. My thanks to W. Grant Stevens for all of his efforts on ASERF's behalf, as well as all of the vendors and bidders who helped contribute to make this such a success.

Presentations on "Biologic Textiles—A New Era" included "Seri-Scaffold" (Mark Jewell, MD) and "Galatea Mesh in Mastopexy" (William P. Adams, Jr., MD). "Fat—How to Get Rid of It/ How to Use It" included such presentations as "Fat Transfer Update and a Multicenter Trial" (Terry Myckatin, MD), "Cool Sculpting" (W. Grant Stevens, MD), "VASER Shape/VASER Smooth" (Peter Fodor, MD), "BRAVA® and fat grafting (versus fat grafting without BRAVA)" (Michele Shermak, MD), and "Cellulite Management" (Michele Shermak, MD). We also experienced a dynamic Premier Global Hot Topics "Mobile" Panel, "C'Mon Man! New Technology in Plastic Surgery" (Jason Pozner, MD, Barry DiBernardo, MD and Z. Paul Lorenc, MD).

Our section entitled "Skin Tight?" included presentations such as "Radiofrequency Use for Facial Rejuvenation Versus Thermage" (Brian Kinney, MD), "Exoderm—The Safest and Fastest Deep Peel" (Clara Santos, MD), "Carboxy Therapy for Stretch Marks" (Clara Santos, MD), and "New Concepts in Labial Augmentation" (Christine Hamori, MD).

White Hot Topic Quick Hits included "Three Years of Experience with Surgimend (Bovine Derived ADM) in Reconstructive and Aesthetic Breast Surgery" (Michael Scheflan, MD), "New Anti-Microbials" (David Jansen, MD), "Silver-Sulfadiazine-Coated Antimicrobial Drain" (Mark Jewell, MD), "New Open Source Models for Publishing" (Richard Baxter, MD), and "Summary of the Regenerative Medicine Summit" (Richard D'Amico, MD).

Research Luncheon

This year's Research Luncheon was wonderful, with many fascinating presentations, such as "Fat Grafting for Breast Augmentation" (Scott Spear, MD), "ASERF Congenital Breast Grant Program—Early Experience and Case Presentation" (Ann Taylor, MD), "High Resolution Ultrasound for Detection of Silicone Breast Implant Rupture" (Bradley Bengtson, MD), "Efficacy of Topical Botulinum Toxin for Multiple Indications Including Proof of Concept Study for Chronic Migraine" (Michael Kane, MD), "An Adipocyte-Derived Stem Cell Protocol and Case Report" (Peter Fodor, MD), and "Patient Education—Are We Getting the Message?" (Mark Granick, MD).

Awards

I'm pleased to share with you three important awards which were given during The Aesthetic Meeting 2013. First, our congratulations go to Bradley P. Bengtson, MD, and Felmont F. Eaves, III, MD, for their award for Best Journal Article (Domestic). "High-Resolution Ultrasound in the Detection of Silicone Gel Breast Implant Shell Failure

Continued on Page 22



THE AESTHETIC SURGERY EDUCATION AND RESEARCH FOUNDATION

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Inaugural Silent Auction Raises Over \$350,000

By W. Grant Stevens, MD



Dr. Joe Gryskiewicz enthusiastically promotes the ASERF Silent Auction.

Who would've believed this first ever Aesthetic Surgery Education & Research Foundation (ASERF) silent auction would be such a resounding success? As fellow surgeons gathered in the Javits Convention Center at the Aesthetic Meeting 2013 in New York, lots of fun was had trying to out-bid each other, culminating in raising over \$350,000 to fund the creation of a plastic surgery data hub.

This event was a win-win for all involved, as it offered bidders the chance to receive great deals on products and services, while also bringing attendees into the Aesthetic Marketplace to visit our exhibitors. The final day of bidding drew a great deal of attention as bidders anxiously awaited their chance to get the final bid. Over 45 companies generously donated products, services, and items to support ASERF.

The Aesthetic Society would like to offer special thanks to all the companies and bidders who participated, and I would like to offer my personal note of thanks as well. Our specialty stepped up to make this event a big success, and I can't wait to get started putting together our next ASERF silent auction in San Francisco. I look forward to seeing you there!

W. Grant Stevens, MD is an aesthetic plastic surgeon practicing in Marina Del Rey, California, and serves on the board of directors for the Aesthetic Society.



ASAPS and ASERF thank the following companies for their generous donations, which helped raise over \$350,000 for the creation of an aesthetic plastic surgery data collection hub.



The Aesthetic Meeting 2013

excellent lineup of presenters for our Worldwide Ideas and Innovations sessions, Saturday afternoon and Tuesday morning.

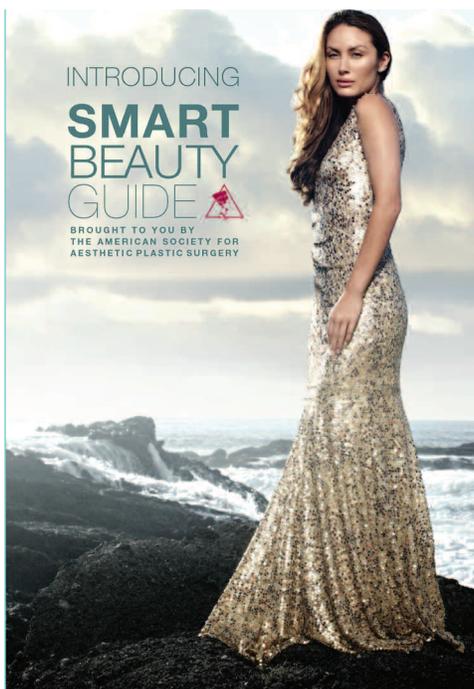
Global Hot Topics proved a top draw again and led to some wonderful discussions. Popular courses this year included The Power of Cosmetic Medicine series, the pre-meeting cadaver courses, and Medical Life Drawing & Sculpture: The Human Body, which many attendees claimed to be one of the best Aesthetic Meeting courses they have attended. Other innovative sessions included Facelift Rejuvenation: Short Scar Facelift, Neck Lift and Temporal Brow Lift; Injection Techniques for Tear Trough and Peri-Orbital Area: Minimize Complications and Optimize Results; Labiaplasty and Female Aesthetic Genital Surgery; and Achieving Balance in Rhinoplasty. 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 “Re-Designing Your Aesthetic Practice—How to Get Beyond Today” were both very successful, and continue to grow each year.

Revealing the New Consumer Education and Marketing Campaign

A highlight of the Aesthetic Meeting was the reveal of the Aesthetic Society's new Smart Beauty Guide consumer education and marketing campaign. This campaign has been crafted using consumer focus groups, branding strategists, and input from aesthetic plastic surgeons, and is designed to drive patients into ASAPS members' practices. Members were treated to a video presentation on the new brand during the Scientific Session and were able to purchase the new Smart Beauty Guide materials at the Aesthetic Society booth. Demand for the new Smart Beauty Guide brochures and consultation folders was incredibly high, and pre-orders for the new line of ten procedural brochures were phenomenal, leading to the best sales the Society has had at the booth in some time.

ASERF Silent Auction a Success

Thanks to our generous vendors and bidding surgeons, our auction to raise data collection funds for ASERF proved very successful, with over \$350,000 raised.



The auction took place in the Aesthetic Marketplace, which helped drive attendance to our vendors' booths. (For more on the ASERF Silent Auction, please see Page 17)

Lots of Activity in the Aesthetic Marketplace

The Aesthetic Meeting 2013 attracted 233 vendors who exhibited in our Aesthetic Marketplace, which is the best turnout of vendors in several years. At the annual exhibitor breakfast, participants were very positive about their experience at the Meeting, reporting large sales and brisk traffic. All noted their eagerness to attend the next Aesthetic Meeting in San Francisco as well.

In addition to the silent auction, other activities occurred in the Aesthetic Marketplace which helped draw participants, such as the Practice Changers theaters. These stages featured short presentations during coffee breaks and were very well attended, with attendees noting their desire for even more of these stages at future meetings.

Education on Demand

Scientific Sessions were filmed, as well as numerous Teaching Courses, with viewing available through Education on Demand. You

can now purchase subscriptions to watch various edited sessions at www.surgery.org/educationondemand. CME credits are offered for an additional fee.

Bringing The Aesthetic Meeting to Life through Social Media

Utilizing several tools, the Aesthetic Society strived to help meeting attendees do everything from planning their schedules and attending social events to participating in scientific discussions. Announcements, events, course options, and meeting schedules were updated hourly on Facebook and Twitter. Participants could ask questions at the scientific sessions via text messaging. Attendees were encouraged to post pictures, course locations, information, and their thoughts about the courses, events and exhibits on their favorite social media sites. Exhibitors were given the option to submit meeting specials and offers, which were then tweeted live throughout the meeting, helping to drive traffic to their booth and the exhibit hall. All attendees, exhibitors, and staff used ASAPS Twitter hashtag (#ASAPS13) as a way to categorize meeting tweets and also to expand the viewing audience.

By the Numbers

Attendees could earn up to 51.50 AMA PRA Category 1 credits™ towards state licensure and hospital credentialing requirements. Those attending the entire 2013 Scientific Session could earn 8 Patient Safety CME credits, with up to 29 CME credits available for special seminars and optional courses.

Al Aly and I are already at work preparing the program for next year's meeting in the wonderful city of San Francisco, California. Please join us on April 24-29, 2014, as we build the bridge between art and science. The combination of venue and education will make The Aesthetic Meeting 2014 one you won't want to miss. It is going to be sensational, and I hope to see you there.

James C. Grotting, MD is an aesthetic plastic surgeon practicing in Birmingham, Alabama, and is the Aesthetic Society's Vice-President and Chair of the Education Commission.

The Aesthetic Meeting 2013: The Awards

Tiffany Award

Onelio Garcia, Jr., MD

Best Scientific Presentation at The Aesthetic Meeting 2012 in Vancouver, B.C.

“The Effects of Non-Invasive External Ultrasound on Tissue Temperature and Adipocyte Morphology.”

Simon Fredricks Award

Bahman Guyuron, MD

Best Panelist at The Aesthetic Meeting 2012 in Vancouver, B.C.

Panel—“Cartilage Grafts in Rhinoplasty—When and Where?”

Sherrell J. Aston Award

Alison M. Shore, MD

Best Presentation by a Resident or Candidate at The Aesthetic Meeting 2012 in Vancouver, B.C.

Paper—“Suction-Versus Laser-Assisted Lipectomy: A Prospective, Randomized, Blinded Clinical Trial”

Raymond Vilain Award

Janek Januszkiewicz, MD

Best Presentation by an International Doctor at The Aesthetic Meeting 2012 in Vancouver, B.C.

Panelist—“Management of Primary and Secondary Problems of Inframammary Fold—You Make the Choice”

Best Journal Article—International

Ivo Pitanguy, MD

Bárbara H.B. Machado, MD

Paper—“Facial Rejuvenation Surgery: a Retrospective Study of 8788 Cases”
Aesthetic Surgery Journal, February 2012

Best Journal Article—Domestic

Bradley P. Bengtson, MD,

Felmont F. Eaves, III, MD

“High-Resolution Ultrasound in the Detection of Silicone Gel Breast Implant Shell Failure Background: In Vitro Studies, and Early Clinical Results”

Aesthetic Surgery Journal, February 2012



Dr. Alan H. Gold, and his wife Cindi being presented the award by Leo R. McCafferty, MD

The 2013 In Chul Song Award for Philanthropic Service

Raj Lalla, MD

Presented to a plastic surgeon whose plastic surgery efforts to the people of India best exemplifies Humanitarian Services while honoring the legacy of Dr. Sharadkumar Dicksheet. Presented at The Aesthetic Meeting 2013 in New York, NY.

The 2013 Community Service Award

Dr. Jack E. Demos

Presented for his exemplary work engaging the plastic surgery community through Surgicorps Intl., providing care to the less fortunate around the world.

Best Panel Moderator at The Aesthetic Meeting 2012 in Vancouver, B.C.

Jack Fisher, MD

Panel—“Management of Primary and Secondary Problems of Inframammary Fold—You Make the Choice”



Dr. Gustavo A. Colon, celebrating with his family

ASAPS Leadership Award

Alan H. Gold, MD

Distinguished Service Award

Gustavo A. Colon, MD

Special Award

Robert Singer, MD

Special Merit Award

Sue M. Dykema, CAE

Jerome R. Klingbeil Award

Clifford P. Clark, MD

Felmont F. Eaves, III, MD

Jeffrey M. Kenkel, MD

Rod J. Rohrich, MD

Renato Saltz, MD

Robert Singer, MD

Traveling Professors 2011–2013:

Claudio DeLorenzi, MD

Renato Saltz, MD

Joseph Serletti, MD

W. Grant Stevens, MD

Simeon Wall, Jr., MD

International Traveling Professor

Aly Aly, MD

The Robert Singer Hot Topics Award

Steven Teitelbaum, MD



Not Strictly Legal

By Bob Aicher, Esq.

Scores of you have called or taken me aside at our annual meeting to get my take on issues in your practices. The topics have been far-reaching: terminations, refunds, cancellation fees, difficult patients, fee splitting, photo piracy, impairment, imported drugs, social coupons, and patient blogging, to name a few. Yet as different as these topics may appear, I am finding that the advice I offer is sometimes more political than legal. The legal arrows in many an attorney's quiver are all too familiar and expensive: stop talking, write threatening letters, and file a lawsuit.

Solutions to problems don't have to be limited to law. Sometimes my undergraduate degree in psychology and my experience of chairing a district hospital board are as useful as my law degree.

Last spring in New York, a member asked me about a situation I'd describe as more political than strictly legal. He had founded a surgery center, and as such ventures often evolve, eventually he had many partners. One partner was a non-voting local hospital to which our member was a generous contributor. He was now scaling back his practice. Since his percentage of the profits continued unchanged, the other partners voted to alter the compensation formula and to force him to sell his shares at a price advantageous to themselves. The legal solution, letters threatening a lawsuit over bylaws violations, was obvious. The member asked for my thoughts.

I asked if he wanted to leave, and he said yes, it was time, but not at a fire-sale price. I asked him about the hospital; even though they were non-voting, they held a sizeable ownership interest. He revealed he had recently made a seven figure pledge to their foundation.

My advice to him was to follow a strategy. First, make a buy-out counter offer to the surgery center that is 20% higher than what you would accept in settlement. Next, go to the hospital's director of development, both of you sit down with the hospital CEO and explain that the surgery center's low-ball buy-out offer will impair your ability to fulfill

When you can step back—and I encourage you to do so—you may not only hear that your own hunches are valid, but you may also discover that you have surrounded yourself with family and staff whose insight is worth considering. “That’s what my wife said,” and “That’s what my nurse said” are responses I sometimes hear.

your pledge. Ask the CEO to use his non-voting clout to leverage the settlement. The surgery center buys out the member, but at a fair price, and the hospital gets the member's pledge. Everybody's happy, and nobody has to endure a couple of years of litigation for an uncertain result.

The member thought my plan was inspired. I may have been influenced by watching every season of *The West Wing*, but my advice seemed to me to be an obvious political strategy. I also don't know the end of the story. What I do know is that all of you take your practices very personally, thereby preventing

you from making a reflective, detached search for solutions that are not strictly legal. When you can step back—and I encourage you to do so—you may not only hear that your own hunches are valid, but you may also discover that you have surrounded yourself with family and staff whose insight is worth considering. “That’s what my wife said,” and “That’s what my nurse said” are responses I sometimes hear.

Another doctor, this one dealing with a troublesome patient, was worried he'd be sued, even though the surgery outcome was not only successful but in fact what the patient had requested. When the doctor asked me whether he should avoid further contact with the patient or photograph her results 8 weeks postop, I advised him to not only take the photographs but also to ask her permission to post the photos on his website, thus informing her indirectly that he stands by his work. Again, a political strategy is sometimes as important as strictly legal advice.

In the last year and a half, over 100 of you have button-holed or called me. My services are a member benefit, free of charge to all ASAPS members. I welcome your calls.

Bob Aicher is General Counsel to ASAPS and has represented the society for 24 years. He lives in Pasadena, California, and can be reached by phone at 707-321-6945 or by email at aicher@sbcglobal.net.

Solutions

Problems

Responsive Web Design—The Latest Technology for Your Practice

By Keith Humes

ASAPS physicians are among the best in the industry and are leaders in the progress and development of new aesthetic surgery techniques. For doctors to maintain a state-of-the-art practice, they require a balanced mix of excellent surgical skills, qualified staff, advanced equipment, and effective marketing tools. When it comes to advertising, the success of a practice's strategy is heavily dependent on the Internet. However, simply having a website is not enough these days. Website accessibility for mobile devices has become a huge factor as Internet usage on smartphones and tablets is expected to surpass the PC in the near future.

Mobile Design: Understanding Your Options

Most of us realize that we need to adapt our web presence for smaller screens. The question often boils down to which approach to take. Cost can be a determining factor, but before you make the jump, carefully consider your long-term goals. Current implementation options include:

Responsive Web Design

Pro: Google's recommended format

Con: More development time and typically higher costs

Separate Mobile URL (m.domain.com)

Pro: Typically lower cost and less development time

Con: Domain redirection can be error-prone and weaken the user's experience

Mobile Website

Pro: Existing website may be converted without undergoing a complete redesign

Con: All elements of desktop site may not be carried over

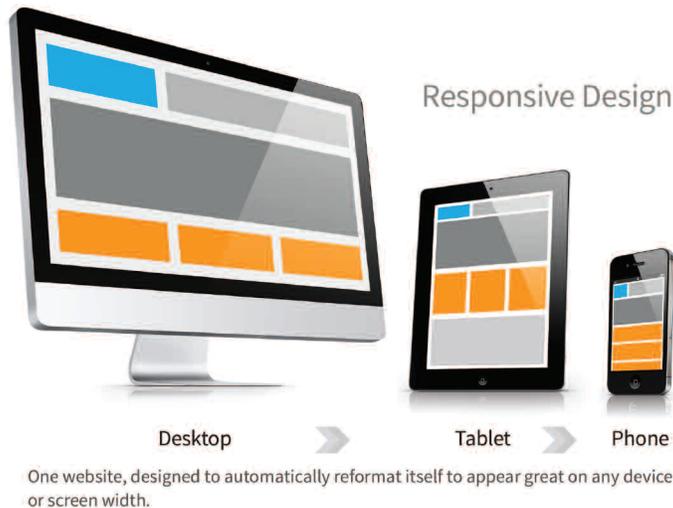
Mobile App

Pro: Can be used to offer features that are not available on the practice website

Con: Does not help visitors who want full access to the website

Google's Gold Standard: Responsive Design

Although each of the above approaches has the ability to serve a mobile website need, responsive web design is **Google's**



recommended configuration for smartphone-optimized websites, according to current information posted in Google's Web Developer forum. In other words, sites following the rules and recommendations of Google by adopting responsive design can have a greater chance of performing well in Google's search results, while simultaneously giving site visitors the best experience, ultimately leading to higher conversion.

The Benefits of Responsive Design

Improved Search Engine Optimization

When it comes to search rankings, Google explains the advantages of responsive web design. Namely, using a single URL for a page on your website can help Google's algorithms to better index your content. From the Google Developer website, "Using a single URL for a piece of content makes it easier for your users to interact with, share, and link to your content, and a single URL for the content helps Google's algorithms assign the indexing properties for the content."

With approaches utilizing separate versions, Google may take longer to search through content on two sites. Having one set of content that can be crawled only once makes the search process easier, ultimately saving time and avoiding URL-related SEO mistakes that can occur with other approaches.

Improved User Experience

Responsive design makes browsing on multiple devices easier. This is because a responsive site will automatically resize and

change layout depending on the screen size of the device from which it is accessed. There is no pinching and panning or slow, pixelated loading screens on smartphones or tablets. Responsive sites are made to fit each screen size so no content is left off the screen. Additionally, by having one URL, your content will be easier for readers to share.

Ease of Maintenance

Since a responsive website is designed to be viewed on multiple devices, updates to the site only need to be made once. Not worrying about making updates

to multiple websites can save time, money, and frustration.

Put Your Site to the Test

Pull up your website on a smartphone, a tablet, desktop, and laptop and ask the following questions to assess your need for a responsive site:

- How long does it take for your site to load each device?
- Does each site cover all of the topics and information you wish to convey to current and prospective patients?
- Do you have to zoom and swipe around to read the site?
- Can you contact the practice with one-touch calling, and do you have easy access to maps and directions?
- Do you have elements such as flash video that do not work?

The Best Solution: Responsive Design

Due to improved SEO, a better user experience, and easier maintenance, responsive web design has emerged as a strong leader among multi-device solutions. As screen sizes continue to multiply, having automatic resizing for each screen can create the best user experience for visitors, and the Google-friendly format can provide you with a leg-up in the search engine optimization game. Physicians who choose responsive design for their websites will lead the way in the latest marketing technology for their practice.

Keith Humes is the CEO of Rosemont Media, which is an Alliance Partner of the Aesthetic Society.

Continued From Page 16
Update on ASERF

Background: In Vitro Studies, and Early Clinical Results” appeared in the *Aesthetic Surgery Journal* in February 2012, with research funded by ASERF.

Second, at the Hot Topics Session we announced the Robert Singer Best of Hot Topics Presentation. Robert Singer joined the Aesthetic Society in 1982 and has been actively serving the specialty ever since. He has participated in committees and chaired committees, been elected to board positions, and helped with strategic planning, many times on the Nominating Committee. He has logged over 100 hours of teaching at the Aesthetic Meeting. This year Dr. Singer was presented the Jerome Klingbeil Award for his work in education. In 1994/1995 he was President, the same year that the Hot Topics Program was started. He has been instrumental in this course's development and maturity.

The award was given to Steven Teitelbaum, MD for his presentation: “Distinguishing Gimmickry, Hype, and Progress: Lessons from 15 Years of Hot Topics.”

Lastly, it is my distinct honor to note that Fritz Barton, MD, was selected by ASERF to receive a Career Achievement Award honoring

Lastly, it is my distinct honor to note that Fritz Barton, MD, was selected by ASERF to receive a Career Achievement Award honoring his career in totality, including his efforts in education and research and his dedication to the specialty. He has worked tirelessly perfecting various surgical techniques, writing books, and contributing thousands of hours to The Aesthetic Society. His devotion to education, from residents to peers, has been an inspiration and model for the Society and plastic surgery.



Fritz E. Barton, Jr., MD with his wife, Barbara, by his side accepting the ASERF Career Achievement Award from Leo R. McCafferty, MD.

his career in totality, including his efforts in education and research and his dedication to the specialty. He has worked tirelessly perfecting various surgical techniques, writing books, and contributing thousands of hours to The Aesthetic Society. His devotion to education, from residents to peers, has been an inspiration and model for the Society and plastic surgery. He has selflessly worked to bring the specialty of aesthetic plastic surgery to its rightful respected position by sacrificing professionally and personally—doing whatever was necessary, not always popular. Always a mentor to leadership, his clear thinking and strategizing has, for many years, been sought and followed. Please join me in honoring Dr. Barton in this wonderful accomplishment.

Grant Funding News

One important new development with ASERF is the introduction of periodic open access articles in the *Aesthetic Surgery Journal*. Due to continued collaboration with the journal's publisher, Sage, up to three ASERF-funded research articles per issue will be made available to non-subscribers. This will help extend the reach of the important research our specialty is conducting, and I hope this increased exposure will also lead to new readers for ASJ as well.

**A SOCIETY GROWS
GREAT WHEN OLD
MEN PLANT TREES
WHOSE SHADE THEY
KNOW THEY SHALL
NEVER SIT IN.
GREEK PROVERB**

As always, please know that ASERF continues to accept research applications on a quarterly basis. Take advantage of these opportunities to further enhance our specialty through these grants.

William P. Adams, Jr., MD, is an aesthetic plastic surgeon practicing in Dallas, Texas, and serves as president of ASERF.

ASAPS and ISAPS: Forging a Closer Partnership

By Jack Fisher, MD

You likely know that the Aesthetic Society's Communications Office in New York, New York plays a fundamental role in supporting the Society's mission of public education. The ASAPS Media Relations staff has long established relationships with top news media, which helps garner media coverage for the Society and its members. Now, ISAPS will be tapping into this top tier resource on a global scale to help their members create better ties to international media.

Through an agreement between the two societies, the ASAPS Communications Office will help increase visibility of ISAPS by issuing press releases on global news-worthy aesthetic topics and enhancing ISAPS's current social media efforts. Together, these will help gain visibility for the ISAPS Biennial Congress, increase SEO for ISAPS.org by offering unique posts on global news, and help increase member attendance at ISAPS-sponsored meetings.

Immediate steps include developing an ISAPS Spokespersons List and developing a plan for handling all incoming media queries, designating an appropriate spokesperson by region, specialty, and leadership role. The ASAPS Communications Office will also alert ISAPS leadership of news articles related to ISAPS, enabling ISAPS to respond expeditiously to hot news items.

The ASAPS Communications Office will also assist in creating a more robust presence in social media by creating and maintaining Linked-In and Twitter accounts and populating the existing ISAPS Facebook page with content. Once the groundwork has been laid for these social media outlets, there will be

regular posts including upcoming conference information and pertinent news.

ASAPS leadership envisions this as just the first step in establishing closer ties to ISAPS, and we believe that the cross-pollination between our members and theirs will benefit us all, as individuals, as societies, and as a specialty. Please join me in welcoming this partnership with ISAPS!

Jack Fisher, MD, is an aesthetic plastic surgeon practicing in Nashville, Tennessee, and serves as President of the Aesthetic Society.

Learn from the Finest Minds in Aesthetic Plastic Surgery

Finished with an international residency? Apply to The Aesthetic Society's International Fellowship Program by January 6th, 2014. Two winners will receive the opportunity to visit and observe experts in the specialty, including reimbursement for food, housing, and transportation of up to \$7500 for one year. Apply at www.surgery.org/international-fellowship-program today!



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Media Notes & Quotes

“You won’t find a bigger proponent of stem-cell technology than me,” said Dr. Peter Rubin, a director of the Adipose Stem Cell Center at the University of Pittsburgh. “But I’m also a fan of something called evidence-based medicine. If doctors are making claims of better outcomes, we need hard data that supports that.” And in May 2011, the task force (a collaboration between the American Society for Plastic Surgeons and the American Society for Aesthetic Plastic Surgery) issued a position statement on the topic. After going through thousands of peer-reviewed articles published in medical journals on the use of stem cells in aesthetic procedures, they found only about a dozen that provided any “real clinical data on aesthetic use,” Dr. Rubin said. “Very little of this research has been done in randomized controlled settings.”

The Debate Over Stem-Cell Face Lifts

The New York Times

April 3, 2013

Plastic surgeons and dermatologists are seeing more and more people who want their tattoos removed, often because they worry that the tattoos could cause problems with employment. According to the American Society for Aesthetic Plastic Surgery (ASAPS), the number of people undergoing laser tattoo removal increased 43% from 2011 to 2012.

Suffering from Tattoo Regret

CNN

April 8, 2013

“Arm lifts” have become one of the fastest-growing varieties of plastic surgery, a new study shows. About 200,000 Americans a year undergo some kind of weight-loss procedure, such as gastric bypass, says Jack Fisher, president of the American Society for Aesthetic Plastic Surgery, from Nashville. “Once skin is stretched out, it becomes like a broken rubber band,” Fisher says. “Even when you lose weight, the skin doesn’t go back to its normal shape.” The number of cosmetic surgeries increased by 3% last year, to nearly 1.7 million, according to the American Society

for Aesthetic Plastic Surgery. When non-surgical options such as Botox injections are included, Americans had more than 10 million cosmetic procedures last year.

Arm Lifts Grow in Popularity

USA Today

April 29, 2013

The annual meeting of the American Society for Aesthetic Plastic Surgery is a series of lectures by the most respected doctors from around the world. They swap tips and pick up new techniques, hone and argue about old ones – and check out the competition. In the 45 years since the first ASAPS meeting, a second and far more colourful side to the conference has evolved: the medical trade show. Inside a space the size of an aircraft hangar at the Javits Center in Manhattan, more than 400 exhibitors jostle for attention.

Nip-tuck’s extreme new face unveiled: Sunday Health editor heads to America to discover the latest bizarre procedures

The Daily Mail

May 4, 2013

Continued From Page 6

Pitfalls of Electronic Consultations

are of high quality. Remember the Time Magazine cover photograph of O. J. Simpson in which the lighting was altered? By changing background and brightness, the photograph triggered a different reaction from many who viewed it. Be careful when basing a medical opinion, even in part, on photographs taken by others.

A Final Caveat

Recording Telephone Consultations.

Some physicians are tempted to document e-consults by recording the conversation with their patient. This should only be done with the patient’s knowledge and permission. It is illegal in many states for one party in a conversation to secretly record it. Next, remember that the recording is protected health information and is treated the same as a traditional patient chart. The recording needs

to be safeguarded pursuant to HIPAA. Finally, if possible, append the recording in the form of an electronic file to the patient’s electronic medical record.

Logging Off. “Remote consults are a way for me to grow my practice quickly and make a lot of people happy,” claims the surgeon. We don’t know if he is correct; we do know he needs to be very careful. Policies and boundaries need to be set. Patient expectations need to be managed. Every effort needs to be made to minimize legal exposure that results from e-consults.

Avoid overestimating the great business potential of e-consults. Proceed with extreme caution and care if you choose to offer e-consults.

Michael J. Sacopolos is the CEO of Medical Risk Institute (MRI). Medical Risk Institute is a firm formed exclusively to provide proactive counsel to the healthcare community to help providers understand where liability risks originate and reduce or remove these risks. He also serves as Legal Analyst for Plastic Surgery Practice and is National Counsel for Medical Justice Services, Inc. He may be reached at msacopolos@medriskinstitute.com.

Karen Zupko is a consultant to plastic surgeons.

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Fat Grafting for Breast Augmentation

Radiologic literature indicates that new generations of mammography equipment are more sophisticated than their predecessors and better able to distinguish cancer cells from benign ones. This is particularly true of digital mammography, especially when examining dense breast tissue. In addition, recently published studies suggest that radiologists are able to distinguish between the changes seen after surgical procedures to the breast and changes that are suspicious for cancer. It is important to note, however, that any surgical procedure to the breast will result in changes on mammography, and some findings may require further investigation to determine if they are related to breast cancer.

The methods for harvest and injection have also been refined over time. There are many successful techniques for fat removal and reinjection being used by board-certified plastic surgeons. While techniques may vary among surgeons, one common theme is that in most cases not all of the fat that is injected will remain over time. There is debate over exactly how much of the transferred fat remains long term.

What are the risks?

Fat cells removed from one body site and injected into another do not always survive. Fat injected into the breast may be absorbed by the body, may become liquid, and form a cyst, calcify, or produce scarring. As with any surgical procedure, it is possible for fat grafting to produce changes in the breast that may be deemed suspicious on examination by a physician or on mammography, and may lead to further testing to determine if the findings are related to breast cancer.

What are some of the other issues involved with fat grafting for augmentation?

The process may require multiple sessions to increase breast size, and there may be a limit to the breast size obtained. You will need to have an adequate supply of excess fat for the procedure, and it can take up to six months or more for your result to take final shape after the procedure.

Are there other current applications for this procedure in breast surgery?

Yes. Fat grafting is being used for enhancing the appearance after different types of breast reconstruction. The procedure can also soften the appearance of existing implants and hide visible rippling, particularly in very thin women. More recently, fat grafting has been used at the same time as placement of implants for cosmetic breast augmentation to enhance breast shape.

What does ASAPS recommend?

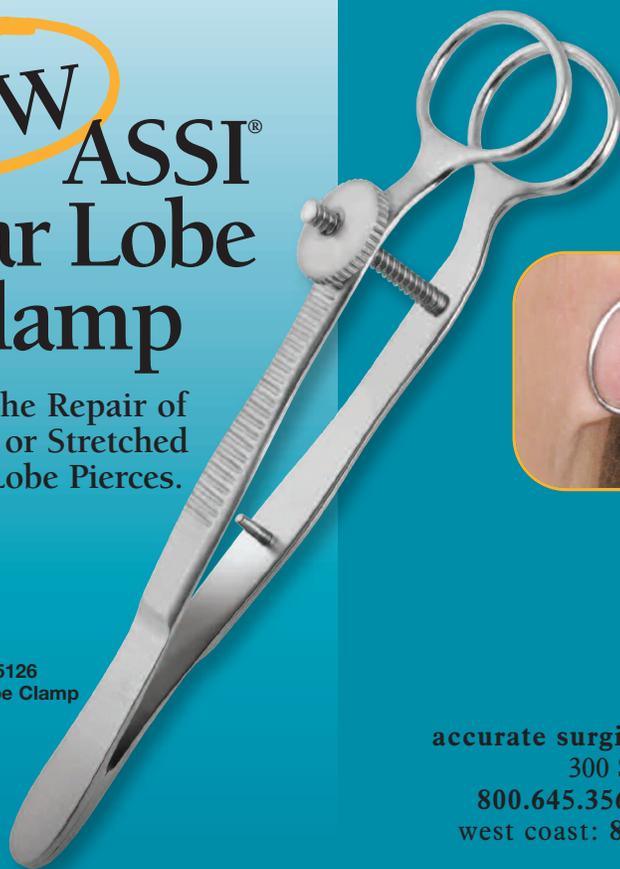
The American Society for Aesthetic Plastic Surgery recognizes the growing interest in fat grafting for breast enhancement, and we are continuing to monitor clinical evidence which documents the safety and efficacy of this procedure. Fat grafting to the breast is showing promising results and may become a popular breast augmentation procedure. We recommend that patients meet with their board certified plastic surgeon and discuss the most recent research and options.

J. Peter Rubin, MD, serves as chair of the ASAPS/ASPS Joint Task Force on Stem Cell/Fat Grafting.

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Membership

Welcome to The Aesthetic Society

The Aesthetic Society would like to welcome and congratulate those who were recently elected into membership at The Aesthetic Meeting 2013 in New York, New York. We are both honored and privileged to have such a gifted and diverse community of members that have helped make this organization what it is today!

Congratulations once again to the following individuals on their recent accomplishment:

Active

John A. Ayala, MD
San Antonio, TX

Brian M. Braithwaite, MD
Chicago, IL

Robert Centeno, MD
Fairfax, VA

Michael N. Desvigne, MD
Peoria, AZ

Jeffrey H. Donaldson, MD
Columbus, OH

Scott Engel, MD
Sarasota, FL

Shahin Fazilat, MD
Mountain View, CA

Ashkan Ghavami, MD
Beverly Hills, CA

Ashley E. Gordon, MD
Austin, TX

Geoffrey C. Gurtner, MD
Stanford, CA

Ayman R. Hakki, MD
Waldorf, MD

Robert Kang, MD
Pittsburgh, PA

John Y.S. Kim, MD
Chicago, IL

Nana N. Mizuguchi, MD
Louisville, KY

Larry H. Pollack, MD
San Diego, CA

Patrick J. Proffer, MD
Amarillo, TX

Landon S. Pryor, MD
Rockford, IL

Benjamin J. Rodriguez, MD
Las Vegas, NV

Moises Salama, MD
Aventura, FL

Mary C. Snyder, MD
Rapid City, SD

Bryan V. Sonntag, MD
South Jordan, UT

Timothy A. Treece, MD
Columbus, OH

Paul Vitenas, Jr. MD
Houston, TX

G. Jackie Yee, MD
Miami, FL

International Active

João Carlos Sampaio Góes, MD
São Paulo, Brazil

Craig W. Layt, MD
Benowa, Queensland, Australia

Juan Diego Mejia, MD
Medellin, Colombia

Guilherme M. Monteiro, MD
Sao Luis, Maranhao, Brazil

Do you know an individual who would make a great addition to our organization? If so, send your recommendation via email to alicia@surgery.org and help your Society continue to grow! For additional information/questions, please contact our Membership Manager, Alicia A. Potochniak at alicia@surgery.org / 562.799.2356 or visit www.surgery.org/professionals/membership/application. The upcoming application deadline is January 5th, 2014.

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Highlights From the ASJ Editor's Desk

By Foad Nahai, MD



As all of you know, *Aesthetic Surgery Journal* has grown and changed a great deal over the past five years. As we've added new features, more digital content, and more bench research, we've also tried to maintain a focus on clinically-applicable material that will help you to enhance your practice on a daily basis. Our goal is to make it the "gold standard" resource in the industry for anyone interested in aesthetic practice—that's why the cover is gold, and that's why we call it *The Gold Journal!*

Of the eight issues we print each year, many of the back-to-back ones fall in the summer, since we print four of them in May, July, August, and September. I think you will find that the July and August issues are full of interesting and helpful articles that advance both the science and the practice of aesthetic medicine and surgery, and we've tried to feature some unique content. Below are some highlights.

ASAPS Statistics Printed for the First Time

Because we are the official journal of ASAPS and we are, at heart, a member-driven publication, we are always looking for ways to more clearly tie what's going on in your society to what's being printed in your journal. The annual ASAPS Databank Statistics are a massive undertaking and a wonderful benefit to members and the media. For the first time, we are printing the statistics (in their entirety) as a special supplement to our July 2013 issue. Also inside the July issue is an Editorial from Dr. Jeff Kenkel, past President and current Associate Editor of *The Gold Journal*, discussing why he believes these statistics are an important and relevant resource for aesthetic clinicians ("A Lot to Learn from ASAPS Statistics," <http://aes.sagepub.com/content/33/5.toc>). I encourage you to read the Editorial and keep the supplement for reference all year.

ASERF Papers Highlighted

I'm also very pleased to announce a more direct partnership between ASERF and ASJ. ASERF grant recipients have always submitted their work to ASJ for publication, and we've been pleased to print accepted articles with an ASERF logo, to let you know about the research that is funded through the donations of ASAPS members.

Now, part of the grant money for ASERF articles being printed in ASJ will go toward

granting open access (OA) for the public, which means you can now share ASERF-funded articles with your colleagues and staff, even if they don't yet subscribe to ASJ (although I certainly encourage them to do so).

With the July issue, we will have printed five exciting ASERF articles in 2013 that are now open to the public:

March 2013

A Survey of Patient Comprehension of Readily Accessible Online Educational Material Regarding Plastic Surgery Procedures—Ian C. Hoppe, MD; Naveen K. Ahuja, MD; Michael J. Ingargiola, BS; and Mark S. Granick, MD

Metabolic and Structural Effects of Phosphatidylcholine and Deoxycholate Injections on Subcutaneous Fat: A Randomized, Controlled Trial—Dominic N. Reeds, MD; B. Selma Mohammed, MD, PhD; Samuel Klein, MD; Craig Brian Boswell, MD, FACS; and V. Leroy Young, MD, FACS; (with accompanying commentaries by Diane Duncan and Spencer Brown)

July 2013

Topical Lidocaine Enhanced by Laser Pretreatment: A Safe and Effective Method of Analgesia for Facial Rejuvenation—Georgette Oni, MBChB, MRCS; Yvonne Rasko, MD; Jeffrey Kenkel, MD

Comparative Analysis of Adipose Derived Mesenchymal Stem Cells Isolated From Abdominal and Breast Tissue—Summer E. Hanson, MD, PhD; Jaehyup Kim, MD, PhD; Peiman Hematti, MD

Award-Winning Resident Papers Published

I am also pleased to share that we are printing the second and final paper that was awarded the Best Resident Paper by our Editorial Board in 2012. This competition, in which we select one Best Research Paper and one Best Clinical Paper, runs from April to August of each year. Last year, we selected: *Tuberous Breast Correction by Fat Grafting* (corresponding resident author: Christophe Ho Quoc, MD, of Lyon, France) as the Best Clinical Paper, and *Comparative Analysis of Adipose Derived Mesenchymal Stem Cells Isolated From Abdominal and Breast Tissue* (corresponding resident author: Summer E. Hanson, MD, PhD) as the Best Research Paper.

Dr. Ho Quoc's paper was printed in our May 2013 issue, and Dr. Hanson's paper will be printed in July 2013. It is worth noting that Dr. Hanson's paper was also one of those

funded by ASERF, so her award-winning research will be available to the public.

I encourage you to pass this information along to residents and fellows studying in your program. This year's competition is nearing its end, but there is still time for them to submit a paper for a chance to win an iPad.

Both Patient Safety and Patient Perceptions/Preferences Remain a Focus

Again, providing you with practical material is one of my primary goals. As we strive to increase the level of evidence-based medicine in aesthetic surgery by publishing more safety-focused research, I don't want to lose sight of the journal's role as a forum for discussions about patient preference, patient perceptions of cosmetic surgery, and trends in the industry. Articles such as *Breast Reduction Scars: A Prospective Survey of Patient Preferences* (White et al) and *Patients' Perceptions of Cosmetic Surgery at a Time of Globalization, Medical Consumerism, and Mass Media Culture: A French Experience* (Lazar and Deneuve, with a commentary by Dr. Reza Nassab)—both of which will be printed in the forthcoming August 2013 issue—fit that bill, and I hope you find them both interesting and helpful.

For more practical clinical material, don't forget to read the exciting Featured Operative Techniques (FOT) section, as well as the Letters to the Editor (LTE). We have two wonderful FOT articles printing this summer: *Subdermal Placement of Sutures in Double Eyelid Surgery* by Jesusito S. Zubiri, MD, FACS and *Concurrent Elevation of the Upper Lateral Cartilage Perichondrium and Nasal Bone Periosteum for Management of Dorsum: "The Perichondro-Periosteal Flap"* by Nazim Cerkes, MD of Istanbul, Turkey. Both have excellent videos available on our website. Our LTE section has also been particularly robust this year! I believe that debate is the cornerstone of innovation, and I encourage you to send letters responding to articles you've read in the pages of ASJ.

Lastly, may I remind you to visit www.aestheticsurgeryjournal.com to find each of the articles I've mentioned, to read all of my Editor's Announcements, and to view all of the operative videos for every issue of *The Gold Journal!*

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