



Join Us this Month for the “ASAPS Las Vegas 2015 Aesthetic Symposium: State of the Art in Facial Rejuvenation”

By Richard J. Warren, MD

Co-chair Dr. Glenn Jelks and I are extremely excited about the forthcoming *ASAPS Las Vegas 2015 Aesthetic Symposium: State of the Art in Facial Rejuvenation*, occurring January 29–31, 2015, at The Bellagio Hotel. This educational event brings together the world’s foremost aesthetic faculty with an in-depth exploration of aging concepts, anatomy, aesthetic evaluation, surgical options, fat grafting, fillers, and complications. In addition to the Aesthetic Symposium, plan to attend the **optional facial cadaver lab** on Thursday morning, January 29. Special pricing and working with this outstanding

faculty make this an opportunity you won’t want to miss. A one-day “Skin Care Session” will be offered concurrent with the general session on Friday, January 30, organized by the Society of Plastic Surgical Skin Care Specialists (SPSSCS).

Joining me, as Symposium Chair, and Glenn Jelks, MD, as Symposium Co-Chair/ Cadaver Lab Chair, we’ve invited the top international experts in facial rejuvenation and fat grafting, including:

- Javier Beut, MD
- Nuri Celik, MD

Continued on Page 9

Make a Difference: Contribute Your Stats

For the past 17 years, our Society has come to be relied upon as the go-to resource for aesthetic plastic surgery statistics thanks to your participation in our annual survey on cosmetic procedures performed.

This December, we mailed to you our annual survey to fill in the number of cosmetic procedures you performed from January 1 to December 31, 2014. The survey is also accessible online at www.ASAPSstatistics.com. You have the option to save the survey as you are filling it out instead of completing it in one session. For your convenience, we have shortened the survey by eliminating questions that are no longer relevant to aesthetic plastic surgery. The information you provide us will be completely anonymous.

Your participation in this survey is crucial in providing data on **trends** in the aesthetic industry as well as **insights into the health of our economy**; all of which are sought after by top-tier media outlets, as well as industry and financial investment advisors. This is not only an opportunity to reinforce the Aesthetic Society’s credibility but also a platform for you to engage with the media, comment on the data while educating the public about the aesthetic industry and increase exposure for

Continued on Page 37

Six Steps to Reduce Taxes on Investments

By Carole C. Foos, CPA and Andrew Taylor, CFP®

Individuals in the highest income tax brackets may discover unpleasant surprises this year when they learn of their investment tax liability. In 2013 domestic equities provided investors with returns they have not witnessed since the late 1990s. This successful year for U.S. stocks was accompanied by the implementation of The American Taxpayer Relief Act of 2012 that caused an increase in the top marginal tax rate to 39.6%, an increase in long term capital gains and dividend tax rates to 20% for those same taxpayers, and a 3.8% surtax on net investment income (commonly referred to as the Medicare Tax). The confluence of these two events may mean higher taxes for you.

Proper tax planning becomes more critical as we move into an era of higher taxes. Five years of a rising stock market equates to many traditional investment vehicles holding large amounts of unrealized gains that can become realized gains if you are not careful. In this article, we will provide you with six suggestions that could save you thousands of dollars in investment taxes over the next several years.

Account Registration Matters: If you are reading this article you likely have a reasonable amount of investment experience and have become familiar with the benefits of security diversification in your portfolio. However, a

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Meet Us in Montréal!



The Aesthetic Meeting 2015

May 14–19, Palais des Congrès



Skin Care 2015

May 12–15, The Westin and Palais des Congrès

WE ARE AESTHETICS.

Membership FAQ

When is the Next ASAPS Active Member Application Deadline?

July 1, 2015. For more information, please visit www.surgery.org/active-membership

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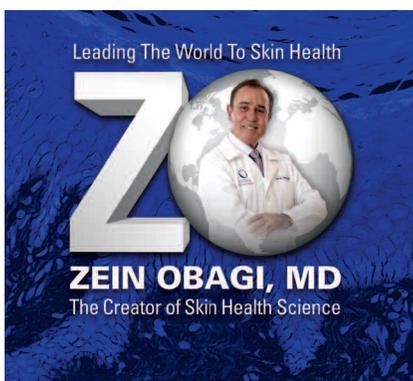
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— BY ZEIN OBAGI, MD —

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Aesthetic Society News

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

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



The American Society for
Aesthetic Plastic Surgery



The Aesthetic Surgery Education
and Research Foundation

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ASAPS Members Forum: www.surgery.org/members

ASAPS: www.surgery.org

ASERF: www.aserf.org

ASAPS Consumer Education:
www.smartbeautyguide.com

Society of Plastic Surgical Skin Care Specialists:
www.spsscs.org



ASAPS Calendar ASAPS Jointly Provided & Endorsed Symposia

January 22, 2015

8th Annual Oculoplastic Symposium

Intercontinental Hotel
Atlanta, GA
Tel: 435.901.2544
www.sesprs.org

January 23–25, 2015

31st Annual Atlanta Breast Surgery Symposium

Intercontinental Hotel
Atlanta, GA
Tel: 435.901.2544
www.sesprs.org

January 29–31, 2015

ASAPS Las Vegas 2015 Aesthetic Symposium—State of the Art in Facial Rejuvenation

The Bellagio Hotel
Las Vegas, NV
Tel: 562.799.2356
www.surgery.org/lasvegas2015

February 12–14, 2015

49th Baker Gordon Educational Symposium

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

February 14–18, 2015

NWSPS 53rd Annual Scientific Meeting

Sheraton Kona, Big Island, Hawaii
Tel: 503.421.8955
www.nwsps.org

February 15–18, 2015

American-Brazilian Aesthetic Meeting

Park City Marriott, Park City, Utah
Tel: 435.901.2544
www.americanbrazilianaestheticmeeting.com

March 4–5, 2015

18th Annual Dallas Cosmetic Surgery Symposium

Westin Galleria
Dallas, TX
Tel: 214.648.2154
<http://dallascosmeticsymposium.com>

March 6–8, 2015

32nd Annual Dallas Rhinoplasty Symposium

Westin Galleria
Dallas, TX
Tel: 214.648.2154
<http://dallasrhinoplastysymposium.com>

April 23, 2015

15th Annual University of Toronto Breast Surgery Symposium

Toronto Marriott Bloor Yorkville Hotel
Toronto, ON, Canada
Tel: 416.946.7641
www.torontoaestheticmeeting.ca

April 24–25, 2015

45th Annual University of Toronto Aesthetic Plastic Surgery Symposium

Toronto Marriott Bloor Yorkville Hotel
Toronto, ON, Canada
Tel: 416.946.7641
www.torontoaestheticmeeting.ca



May 12–14, 2015

Society of Plastic Surgical Skin Care Specialists Skincare 2015

The Westin Hotel
Montréal, QC, Canada
Tel: 562.799.0466
www.spsscs.org/meeting2015

THE AESTHETIC MEETING 2015

Montréal
Québec, Canada

May 14–19



May 14–19, 2015

The Aesthetic Meeting 2015

The Palais des Congrès de Montréal
Montréal, QC, Canada
Tel: 562.799.2356
www.surgery.org/meeting2015

May 14, 2015

The Rhinoplasty Society Annual Meeting 2015

The Palais des Congrès de Montréal
Montréal, QC, Canada
Tel: 904.786.1377
www.rhinoplastysociety.org/meetings



August 9–17, 2015

The Aesthetic Cruise 2015—Controversies & Challenges in Aesthetic Surgery

Barcelona Spain to Lisbon Portugal
Tel: 562.799.2356
www.surgery.org/cruise2015

September 30–October 3, 2015

AAFPS Annual Fall Meeting

Sheraton Hotel
Dallas, TX
Tel: 703.299.9291
www.surgery.org/aafprs

April 2–7, 2016

The Aesthetic Meeting 2016

Mandalay Bay Resort & Casino
Las Vegas, NV
Tel: 562.799.2356
www.surgery.org



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Michael C. Edwards, MD

On behalf of The Aesthetic Society Board of Directors and Executive Committee, I would like to wish all of you a happy and prosperous New Year!

While many interesting things are happening here at the Society, I would like to draw your attention to just three of them: RADAR for Residents, the results of a recent member survey on reputation management and a closer alliance with “Cores,” and how our social media newsletter (free of charge to members) helped a blog go viral, which further helps position both Members and the Society as the go-to source for aesthetic surgery information.

RADAR for Residents

As most of us consider that aesthetic education for residents is lacking at best, ASAPS is taking steps to be at the forefront of aesthetic education for residents, which fully aligns with our mission to provide the latest and best educational experience to plastic surgeons. Reaching residents, however, can be a challenge. Enter RADAR Resource, which is not only expanding its availability to all platforms in the spring (making it accessible to all Members), but is also developing a special module within RADAR specifically to meet the special needs of plastic surgery residents. New enhancements upcoming for all users include a faster search function and the availability of case reports built around “what would you do?” scenarios, plus discussions exclusively by and for residents. Look for the introduction of the revamped RADAR Resource and its RADAR for Residents component at The Aesthetic Meeting, May 14–19, 2015 in Montréal, Québec, Canada.

ASAPS Member Survey Results

When your ASAPS leadership is grappling with an issue or needs a reality check, there is one resource we rely on more than any other: you—the Society member. Recently, we asked for your opinions on two timely issues, as we wanted to know how the Society could help you through the confusion of competing online review sites, as well as to your feelings on closer associations with “core” aesthetic specialties.

An ongoing reality for most practicing aesthetic surgeons is the popularity and apparent capriciousness of many online review sites. According to your ASAPS colleagues, 63 percent of you participate in online review sites; the most popular of these is RealSelf with 85 percent of respondents participating.

About half of all respondents answered “yes” to the question, “Have you ever been the subject of a bad review (for example, one that involved a legitimate complaint from a patient)?” According to the survey results, however, regardless of whether the review was described as “bad,” “fraudulent” or “slandorous,” members reported not having much luck in correcting the issue, with either patients or websites. To help you address these concerns, the Reputation Management Committee (ad hoc) will be implementing a number of tools to assist you, which we look forward to unveiling in the coming months.

The second survey question addressed a subject which all of us in the specialty take an active interest in: asking your interest in forming closer alliances with “core” aesthetic specialties (facial, oculoplastic and dermatologic plastic surgeons). While we appreciate and value our colleagues, most of you prefer to see our current Associate Membership category stay as it is stated within our Bylaws.

One query asked whether cores should be invited to apply for ASAPS Associate membership. Specifically, “The candidate must make a formal declaration to only perform procedures within their scope of practice, must submit 75 aesthetic procedures performed in an 18 month period or demonstrate significant research in the field of plastic surgery or aesthetic medicine, must be sponsored by two active ASAPS members, cannot use the ASAPS logo or any ASAPS promotional materials, cannot be a voting member of the Society and must be a demonstrated ‘thought leader’ in their specialty with significant experience in teaching or research.” The majority of Members, almost 57 percent, responded no. As one Member commented, “We should spend our time trying to demonstrate our superiority in training, etc., the practice of

cosmetic surgery is being muddled and grossly over-saturated.”

My most sincere thanks to all who participated in this project. A complete summary of the survey results will be provided in the Spring Issue of ASN.

The Power of the New ASAPS Social Media Newsletter

If you are like me, social media is still a somewhat mysterious force: many of us engage in it but its usefulness still remains to be seen, at the practice level anyway.

That’s why I’m happy to report on an interesting journey one of our own Smart Beauty Guide (SBG) blog posts has taken—going “viral” to the benefit of members and the Society website as well. On Friday, November 21 our social media newsletter went to members with a blog written by me titled “Plastic Surgeon vs. Cosmetic Surgeon: What’s the difference?” This appeared on SBG in July, and was posted to our social media outlets in the fall.

Three days after being sent to members the post went viral resulting in approximately 2800 direct hits to the website. This may look like a small gain but illustrates well what can happen with a topic that resonates with the public and an engaged membership using the tools available to them.

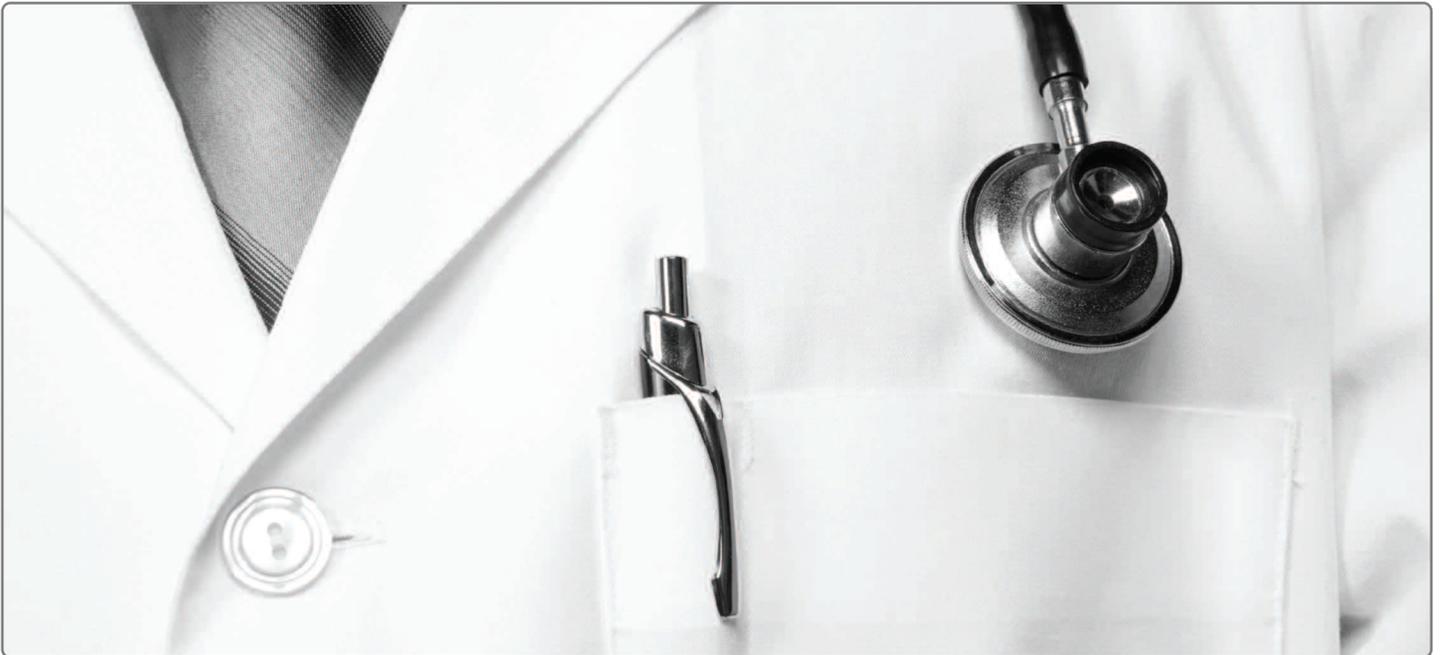
Not only can you put the twice-monthly ASAPS Social Media Newsletter to work for your practice by simply sharing the contents on your social media networks, but ASAPS Active Members can contribute blog posts to Smart Beauty Guide as well. Just watch your own post go viral! Members interested in blogging can contact Leigh Hope Fountain (leigh@surgery.org) for more information.

As we enter this New Year, thank you for being an Aesthetic Society Member. It’s exciting and very gratifying to be the president of such an engaged and enthusiastic group of colleagues. I am humbled by the opportunity and am open to your comments and suggestions.

Michael C. Edwards, MD is an aesthetic plastic surgeon practicing in Las Vegas, NV, and serves as President of The Aesthetic Society.



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Dear Editor:

A short while ago our local newspaper announced the winners of their annual Toast of the City awards. These are given to various local businesses and individuals as voted upon by the readers and the public as the best in their category. These categories included “Best Bakery,” “Best Hair Salon,” etc. Also included were some professionals, including physicians. Along with the groups such as “Best Pediatrician” was a category “Best Cosmetic Surgeon.”

Several ABPS certified plastic surgeons were among those nominated by the readership. The winner of the category “Best Cosmetic Surgeon” was however not an ASAPS nor an ASAPS member. In fact the winner was not even a surgeon but rather a dermatologist. It is our knee-jerk reaction to say that a dermatologist shouldn't have been in “our” category. However, it was the readership of the paper and the public who nominated and voted in this category.

We, as plastic surgeons, have long and often talked about others encroaching on “our” domain of cosmetic surgery and we have expressed concern over “non-core” physicians performing these procedures. The reality is that the public is defining the territory of cosmetic surgery and that domain is no longer ours. We are losing the marketing war and thus also the public perception of who a cosmetic surgeon really is.

I often hear conversations at our society meetings about our superior training and qualifications and how that is substantiated by our ABPS certification and the quality of our work. As ABPS certified surgeons and members of ASAPS we are in a select group of uniquely trained individuals. However, as time goes on the value and uniqueness of that ABPS certification will diminish as the public becomes less discriminatory about the domain of cosmetic surgery—unless we take action to influence the changing public perception.

In my opinion, we need to take major steps to market to the public, to educate them about the value of ABPS certification and its importance. We need to impress upon the public how our societies continually educate us in the most modern techniques, the latest safety measures and how to achieve the best outcomes. Our society, our board certification, and our ASAPS logo need to become (to the public) the undisputed gold standard of cosmetic surgery. We need to be to surgery what Mercedes and Rolls Royce are to automobiles.

The process of educating the public and thus shaping public perception should be carried out at every level and at every opportunity. Our national organizations should engage in major public awareness campaigns that dwarf the efforts of the franchise cosmetic surgery chains. Our regional and local societies similarly need to promote us to the public. At an individual level we too must make serious efforts. We need to educate our patients, their families and friends about ABPS certification, about ASAPS. We cannot simply hang our credentials on the wall and assume that people will “get it.” We must actively market the value of these credentials in every internal and external marketing effort we make. Not just list them. Even in the public internet forums where questions about cosmetic surgery are asked, we must promote in every answer the importance and value of ABPS/ASAPS.

The competition is not going away. We need to be the major force in cosmetic surgery and the resource that the public turns to and thinks of first. But that won't happen by itself—we must make it happen.

Sincerely,
Alexander G. Nein, MS, MD, FACS

EDITOR'S RESPONSE:

Thank you for your thoughtful letter, Dr. Nein. We share your concern, which is why we have been working over the last several years on our new consumer brand, Smart Beauty Guide. Although we are currently not in a position to delve into a national marketing campaign due to financial constraints, we are putting much effort into promoting our brand to consumers and other plastic surgeons through social media, blogs and public relations. We have also developed co-op marketing materials utilizing the Smart Beauty Guide imagery which all active members can use individually or along with colleagues in your local market. The Communications Commission is spearheading several initiatives to help fight these issues, including:

Aggressive media relations efforts

Media relations have changed dramatically almost overnight—bloggers have become just as important as local and national media. Our Communications Office has developed a multi-pronged approach to reach not only traditional media outlets but bloggers, websites and message boards, too, as we continually promote what it means to be an ASAPS member and advise the public to the dangers of seeing unqualified providers.

Use of Social Media

The Society utilizes extensive social media channels to promote safety and the importance of seeing an ASAPS member. We both solicit and use the services of professional bloggers to spread our messages throughout the digital world. We also have a new ASAPS Social Media Newsletter tool that is sent to all members twice-monthly that offers blog posts, news items and video that can immediately be used in your social media efforts. I urge you to read the Presidents Report in this issue to see how a blog titled: “Plastic Surgeon vs. Cosmetic Surgeon: What's the difference?” went viral. This is a great example how the Society and members can work together for patient safety and to keep the posers from the door.

We welcome any other suggestions you or any member may have. Please send your suggestions to John O'Leary, director of marketing and public education, at john@surgery.org, and he can bring your suggestions to the right Committee within the Communications Commission

*Sanjay Grover, MD
Editor-in-Chief, ASN
Communications Commissioner*

To the Editor,

I wanted you to know how much I value the articles in *Aesthetic Society News*, particularly those on how to better run my practice. Your recent article by Karen Zupko on the FORD method was very helpful, as it reinforces patient approaches we have already implemented in our practice. Our practice utilizes the book *Hug Your Customer*, which has not only become required reading for the staff, but we reference it weekly in our staff meetings. I think other practices could benefit from both the FORD method and this book, as both have resonated with us and seem to be having a positive impact on our patients.

I had the pleasure of meeting and learning from Ms. Zupko on The Aesthetic Cruise to Alaska in 2013, and greatly anticipate more terrific interaction on The Aesthetic Cruise 2015, from Barcelona to Lisbon.

Frederick G. Weniger, MD, MBA, FAC

Do you have suggestions for the Society? Thoughts on the aesthetic specialty? Send your letters to the Editor of the *Aesthetic Society News* at asaps@surgery.org.

A Commitment to Continuing Education is Only Part of My Story.

I attended the first ASAPS Las Vegas Aesthetic Symposium and found it particularly informative, given its focus on facial aesthetics. The deeper understanding I gained on facial rejuvenation has helped me provide my patients with enhanced care, and the one-on-one interaction with colleagues was invaluable.

Stewart P. Wang, MD, FACS.
ASAPS Member since 2006.

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www.surgery.org/lasvegas2015



THE AMERICAN SOCIETY FOR
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ASAPS Las Vegas 2015 Aesthetic Symposium

Continued from Cover

- Mario Pelle-Ceravolo, MD
- Steven Cohen, MD
- Sydney Coleman, MD
- Barry DiBernardo, MD
- Michael Edwards, MD
- James Grotting, MD
- Geoffrey Gurtner, MD
- Bahman Guyuron, MD
- Jeffrey Kenkel, MD
- Jerome Lamb, MD
- Z. Paul Lorenc, MD
- Timothy Marten, MD
- Robert Singer, MD
- Christopher Surek, DO
- Oren Tepper, MD
- Charles Thorne, MD
- Patrick Tonnard, MD

Skin Care Session

Chair Elena Reyes, C-RMA, RST, CIDESCO, and Co-Chair Karen Menard, RN, have assembled a wonderful faculty for this special session, open to skin care specialists, including:

- Sandra Adams
- Goesel Anson, MD
- Alicia Barrera
- Therese Clark
- Barry DiBernardo, MD
- Peter Houtz
- James Hoyt, MD
- Keith Humes
- Jeffrey Kenkel, MD
- Z. Paul Lorenc, MD
- Timothy Marten, MD
- Ryan Miller
- Kyle Mills

With an esteemed faculty such as this, the ASAPS Las Vegas 2015 Aesthetic Symposium promises to be an exceptional educational experience.

Book Your Hotel Now

Held at the beautiful Bellagio Hotel, rooms are available only until the room block has been filled and cannot be guaranteed.

The Bellagio Hotel Registration:

www.surgery.org/BellagioHotel

Dining

With so many wonderful restaurants from which to choose, dining in Las Vegas can often be a difficult decision. For some new,

mouth-watering options, check out Zagat's list of the 10 hottest new restaurants at www.zagat.com/b/10-hottest-new-restaurants-in-las-vegas

Credits

The American Society for Aesthetic Plastic Surgery, Inc. is accredited by the ACCME to provide continuing medical education for physicians.

The American Society for Aesthetic Plastic Surgery Inc. designates this live activity for a maximum of 22.75 AMA PRA Category 1 Credits™. Up to 12 Patient Safety CME Credits are also available. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For more information, or to register online, visit www.surgery.org/lasvegas2015

Onsite registration hours:

- Thursday, January 29 • 7am to 6pm
- Friday, January 30 • 6am to 6pm
- Saturday, January 31 • 6:30am to 3pm

Richard J. Warren, MD, is an aesthetic plastic surgeon practicing in Vancouver, B.C., Canada. He sits on the Aesthetic Society's Board of Directors and serves as Education Commissioner.

Watching the Big Game

Stay after the ASAPS 2015 Aesthetic Symposium to enjoy Super Bowl viewing on Sunday, February 1. All of the following hotels offer monitors in their Sports Book:

- Aria
- Bellagio
- Caesars Palace
- Hard Rock Hotel
- LVH—Las Vegas Hotel & Casino
- Lagasse's Stadium at the Palazzo
- Mandalay Bay
- MGM Grand
- Planet Hollywood
- Wynn

ASAPS Las Vegas 2015 Aesthetic Symposium

STATE OF THE ART IN FACIAL REJUVENATION

January 29–31, 2015

The Bellagio Hotel
Las Vegas, Nevada

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The American
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Facial Plastic and
Reconstructive
Surgery

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www.surgery.org/lasvegas2015

THE AESTHETIC MEETING 2015

Shaping
the Future:
Innovation
in Aesthetic
Surgery

Palais des
Congrès
de Montréal
Montréal,
Québec, Canada

May 14–19, 2015



www.surgery.org/meeting2015

The Annual Meeting of The American Society for
Aesthetic Plastic Surgery, Inc. and Aesthetic Surgery
Education and Research Foundation



The Aesthetic Meeting 2015: Shaping the Future—Innovation in Aesthetic Surgery

By Richard J. Warren, MD

Please plan to attend this year's premier global gathering of aesthetic plastic surgeons as we journey to The Aesthetic Meeting 2015 in beautiful Montréal, Québec, Canada. Our program on May 14-19 at the Palais des Congrès is packed with aesthetic experts and innovators from around the world, sharing the latest in technological advances and techniques. Plus, with our special Practice Management Scientific Sessions, perfect for practice staff, you'll return home with an array of ideas which can help your practice evolve and grow.

If you are an aesthetic plastic surgeon passionate about connecting with brilliant minds, learning ground-breaking new advances, and building a successful practice, The Aesthetic Meeting is the leading, globally-recognized educational event of the year. Singularly dedicated to inspiring and enhancing the aesthetic profession, The Aesthetic Meeting provides opportunities for year-long learning through its unique Aesthetic Immersion Modules (AIM), the details of which can be found on page 13.

With live demonstrations and courses taught by the finest surgeons and professionals in the specialty, The Aesthetic Meeting has become the gold standard in aesthetic education. Full meeting information can be found at www.surgery.org/meeting2015, but I wanted to draw your attention to some exciting opportunities occurring at The Aesthetic Meeting 2015.

New at The Aesthetic Meeting

While all programs are exceptional, here are some highlights of this year's meeting:

- **Premier Global Hot Topics is now included in the Scientific Sessions!** Don't miss the audience favorite, Premier Global Hot Topics, as it joins the stellar lineup of the Scientific Sessions, included as part of your Aesthetic Meeting registration. Full of dynamic and thought-provoking content, this year will be more lively than ever. Make plans to attend both parts, as it will be split into two sections, on Saturday, May 16 and Tuesday, May 19. Plan your travel accordingly!
- **Tailoring Facelift Approaches to Individual Patients.** Groundbreaking

surgeon Daniel C. Baker, presents his 75 minute interactive video exclusively at The Aesthetic Meeting 2015! Educating fellow surgeons for over 25 years, this is your chance to learn from him in person at the Scientific Session Orange, Saturday, May 16 at 2pm. His special presentation will include such topics as: Short Scar vs. Classical, Closed vs. Open Neck, Plication vs. SMASectomy, Volume Addition vs. Volume Reduction, Chin Implant, Buccal Fat Excision, and Simultaneous Full Face Skin Resurfacing. This must-see event, available only at The Aesthetic Meeting, will not be recorded. Just one more reason to come to Montréal!

- **The Science of Fat Grafting.** As Director of Program in Regenerative Medicine and Co-Director of the Institute for Stem Cell Biology and Regenerative Medicine the Stanford University School of Medicine, researcher and plastic surgeon Michael Longaker brings a wealth of expertise to The Aesthetic Meeting. Tap into his knowledge and learn more about the science of fat grafting.
- **The Anatomy of Facial Aging.** An internationally respected figure in aesthetic plastic surgery, Bryan C. Mendelson's original research has resulted in facial techniques that obtain results that are not only natural looking, but are also inherently lasting. His many years of research into facial anatomy, which is ongoing, provides the scientific foundation for the techniques developed, which he'll share in this special presentation.
- **How to Get Patients in the Door: Exposing the Motivations Behind Beauty.** With over 30,000 patients and four books to his credit, including the well-known "Fillers, Neurotoxins and Beyond," facial plastic surgeon Steve H. Dayan is well-versed on the choices patients make. Through his presentation, learn how you too can step into the mind of your prospect and turn that person into a patient.
- **The Business Side of Aesthetics Sessions.** Develop a more efficient and successful practice by encouraging your

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The Magic of Montréal: Presidential Welcome Cirque Spectacular

By Michael C. Edwards, MD

As ASAPS President, it gives me great pleasure to announce an exciting change for The Aesthetic Meeting 2015. To make the most of our host city, Montréal, we're combining the traditional Welcome Reception and President's Dinner Dance into one spectacular event, The Magic of Montréal. As Montréal is the home of Cirque du Soleil, with rich circus history evident throughout the city, this exciting element will be front and center during The Magic of Montréal: Presidential Welcome Cirque Spectacular, The Aesthetic Meeting's grand entertainment event. On Saturday May 16, at 7pm, I hope you'll join me and your colleagues for heavy appetizers, drinks, and jaw-dropping entertainment at the city's historic train station, Windsor Station. While within walking distance of the Palais des Congrès, shuttle service will be available from designated hotels.

I look forward to seeing you in Montréal for The Aesthetic Meeting 2015, and while you're there, I hope you'll enjoy the Magic of Montréal and the splendor of the circus.

Michael C. Edwards, MD, is an aesthetic plastic surgeon in Las Vegas, NV, and serves as President of ASAPS.

BOOK YOUR HOTEL NOW!

For those attending The Aesthetic Meeting 2015, Montréal is a cosmopolitan and eclectic city with a European feel. You're in for a treat as unique shopping and quality dining are focal points for any visit.

Excellent hotel rates are available through Travel Planners, ASAPS' housing company, and their efficient staff is available at any time to answer any questions you may have regarding any hotel within our block. Most of the city's choice hotels are within walking distance of the Palais des congrès, Montréal's convention center. Two other hotels—The Fairmont Queen Elizabeth and the Marriott hotels—are a 10–15 minute walk, and shuttles will be provided from those hotels only. Book your hotel room now at www.surgery.org/hotels

As always, The Aesthetic Society appreciates you booking “within the block,” which helps keep costs as low as possible.



Make Sure to Stay through Tuesday!

With Tuesday featuring Part II of Premier Global Hot Topics, as well as the dynamic Practice Management Scientific Sessions (The Business Side), make sure you plan your travel accordingly in order to attend these special events!

The Aesthetic Meeting 2015

Continued from Page 11

staff to attend the special Business Side of Aesthetics Sessions on Sunday, May 17–Tuesday, May 19. Topics include:

- Lead Management
- Internet Marketing
- Legal Issues
- Branding
- Leveraging ASAPS
- Price Transparency
- Social Media
- EHR/EMR
- Retirement Strategy
- Business Solutions
- Reputation Management
- **Meet the ASAPS Board Wine Tasting.** On Sunday May 17, meet ASAPS leadership during a special wine tasting event in The Aesthetic Marketplace. It's your chance to ask questions and provide feedback on your experience as an ASAPS member or Aesthetic Meeting attendee. 3:30–4:30 pm.
- **ASJ Live!** Located in The Aesthetic Marketplace, top contributors to the Journal will appear in the ASJ theater, allowing you to deep-dive with them into their research!
- **ASAPS Tech Playground.** Venture to the ASAPS booth in The Aesthetic Marketplace and demo the new RADAR 2.0 (soon to be available across all platforms) and the ASERF Data Hub.

The Aesthetic Meeting Essentials

Hotels. Early bookers always get the best deals. Don't get left behind! For the best rates at the most popular hotels, we encourage you to book your rooms today through the ASAPS room block. www.surgery.org/hotels

ASERF Silent Auction. The Aesthetic Meeting 2015's auction includes the ability to bid electronically, so that even those who cannot attend the meeting can take advantage of some terrific offers and help the specialty in the process. Details can be found at www.surgery.org/silentauction

The Aesthetic Marketplace. In the Aesthetic Marketplace, make sure to visit not only ASERF Silent Auction and our wonderful exhibitors, but also to attend the short presentations at the Practice Changers Theaters, which take place during coffee breaks. These are great opportunities to learn about new elements which can help your practice run even better.

Innovators Luncheon—The Most Interesting Luncheon in the World.

You won't want to miss the latest research developments as innovators from around the world present their latest findings. Saturday, May 16, 12:30pm–2:00pm.

Canadian Entry. Please make sure your passport and entrance requirements are satisfied by visiting www.surgery.org/visa

Credits. At The Aesthetic Meeting 2015, you'll be able to earn up to 50.75 AMA PRA Category credits™. Attend the entire 2015 Scientific Session and earn 21.75 CME credits, of which 8 are patient safety CME. An additional 16.25 patient safety CME credits can be earned by attending select Optional courses.

We look forward to seeing you at The Aesthetic Meeting 2015 as we meet Montréal, Québec, Canada. Our program on May 14–19 at the Palais des Congrès. Learn more about this premier global gathering of aesthetic innovators and experts at www.surgery.org/meeting2015. Together, by furthering our education and inspiring each other, we can take our specialty to new heights.

Richard J. Warren, MD, is an aesthetic plastic surgeon practicing in Vancouver, B.C., Canada. He sits on the Aesthetic Society's Board of Directors and serves as Education Commissioner.



Donate to the ASERF Silent Auction!

Auction: May 14–19, 2015
Palais des Congrès de

Montréal—In conjunction with The Aesthetic Meeting 2015

Please help make the ASERF Silent Auction a continued success! Would you like to donate to the ASERF Silent Auction? Please visit www.surgery.org/downloads/microsite/meeting2015/aserf.php

Know a company that would like to participate? Have a great idea for the auction? Let us know! Email Pamela Diecidue at Pamela@surgery.org

AIMing for Aesthetic Expertise

James C. Grotting, MD



The primary reason that the American Society for Aesthetic Plastic Surgery exists at all is to offer the highest quality of aesthetic education anywhere in the world. We are constantly looking for ways to improve access to information, transmit it in ways that improve understanding, and create environments for plastic surgeons to tailor their education according to their individual needs.

Fourteen months ago, Simeon Wall, MD, brought to us a concept of enhanced learning that would lead to special expertise in particular areas of aesthetic surgery. Our first meeting to introduce the concept was with Jack Fisher, MD, Sue Dykema, and me in Santa Fe in August, 2013. The AIM (Aesthetic Immersion Modules) concept was born and with the help of Simeon, Rick Warren, MD, Al Aly, MD, Joe Gyskiewicz, MD, Debi Toombs, and Tiffany Brearley, we rolled it out in San Francisco at the ASAPS annual meeting in April, 2014.

What is AIM?

At The Aesthetic Meeting, most of us get broad exposure to the latest trends and techniques in the range of procedures that we perform. Additional in-depth learning is obtained in the educational courses which range between one and four hours. However,

Think of it like participating in a “travel club” of like-minded individuals who want to learn from each other, teach each other and have access to the best minds in their area of interest.

what about the surgeon who really wants to focus on one area and become a true expert in his chosen area of interest? What can we do to develop a program of learning that goes beyond the information available at the annual meeting? That is exactly the purpose of AIM. Think of it like participating in a “travel club” of like-minded individuals who want to learn from each other, teach each other and have access to the best minds in their area of interest.

AIM Essentials

The AIM program is designed to help surgeons progress through a variety of educational modules over a three to five year period in facelift, rhinoplasty, breast, or body contouring surgery. These modules consist of three courses and a yearly webinar. Surgeons are also encouraged to participate in the “social media” platform that has been developed for AIM participants to allow these small groups to interact with each other, upload and present cases, have access to their module instructors, and even get help with difficult decision-making. This is a social media community that is private and exclusive to the members and instructors of your module. This site will allow the participant to have online discussions, create polls, and create a study group atmosphere to continue his learning experience year-round. This interaction will all occur in a protected environment without access by the wider population of members. It is designed to be very wide open discussions with the opportunity to learn together in a fun environment without even having to leave home!

AIM Requirements

The requirements to complete the AIM program are three courses and at least two webinars within five years. Since it is only possible to take one of the courses per year at the annual meeting, the shortest period of time to complete the requirements will be three years. Quite frankly, the response to the rollout of the program in San Francisco was overwhelmingly positive! We had over 300 surgeons sign up for the program in its very first year! We are just starting the October webinars for each of the aesthetic modules. Surgeons have submitted their list of priorities in terms of topics of discussion and module



AIM

Your Pathway to Higher Learning

leaders are designing the webinars to address the areas of greatest interest. Course presenters will conduct PowerPoint presentations addressing these areas of interest to be followed by fifteen minutes of concentrated interaction with the participants. It is anticipated that the discussion will be at a high level addressing nuances and advanced concepts in the module.

We think the AIM program has great potential to benefit those surgeons who wish to achieve a level of expertise in a particular aesthetic area at a level never before offered. At the end of the program, the participating surgeon will be able to truly say that he has a focused area of expertise within aesthetic surgery. Each will receive a certificate of completion to be displayed in the office—a seal that your society has signed off on you as an expert in your chosen area. Further, we are exploring the possibility of offering a more advanced learning program in an area of aesthetic surgery such to enhance the American Board of Plastic Surgery Maintenance of Certification requirement. We shall see!

In the meantime, consider participating in the AIM program in Montréal in 2015. AIM courses are \$200 each when you pre-register or \$250 onsite. Registration covers course attendance, participation in the follow up webinar, all online discussions, and the module completion certificate for those who qualify. If you have additional questions, please contact Tiffany Brearley at tiffany@surgery.org.

James C. Grotting, MD, is an aesthetic plastic surgeon practicing in Birmingham, AL. He serves as President Elect of The Aesthetic Society.

For Detailed Course Descriptions and Fees Visit: www.surgery.org/meeting2015

THURSDAY, MAY 14, 2015

6:30am – 6:00pm

Registration Open
Palais des Congrès de Montréal

9:00am – 5:00pm

ASAPS/ASERF Board of Directors
Meetings
Palais des Congrès de Montréal

6:30pm – 8:00pm

VIP International and Faculty Reception
The Hotel InterContinental

PRE-MEETING EDUCATION*

■ FACE

7:30am – 4:00pm

S1 Staying Out of Trouble in Facial Rejuvenation: Locating the Facial Nerve Using Facial Spaces and Ligaments Anatomy—A Cadaver Workshop **S**
Mendelson

7:30am – 1:00pm

S2 Endoscopic Technique in Forehead and Mid-Face—A Cadaver Workshop **S**
Saltz/Core/Movassaghi/Warren

■ OTHER

1:00pm – 5:00pm

S3 Women Aesthetic Surgeons' Symposium **S**
June Thompson, PhD

6:00pm – 8:00pm

S3D Women Aesthetic Surgeons' Dinner **S**

■ FACE

2:00pm – 6:00pm

S4 Facial Rejuvenation by MACs Lift—A Cadaver Workshop **S**
Jewell/Jelks/Movassaghi/Verpaele/Hunstad/Richter/Fickas

■ RHINOPLASTY

2:00pm – 6:00pm

S5 Open and Closed Rhinoplasty: The Complete Basic Steps of Rhinoplasty—A Cadaver Workshop **S**
Gryskiewicz/Berkowitz/Gilman/Sherick/Warner/Oneal/Beil/Friedman/Izenberg

FRIDAY, MAY 15, 2015

6:30am – 6:30pm

Registration Open
Palais des Congrès de Montréal

EDUCATIONAL COURSES*

■ PRACTICE MANAGEMENT

8:00am – 12:00pm

S6 Re-Designing Your Aesthetic Practice—How to Get Beyond Today **S G N A O E**
Jewell/Singer

RESIDENTS ONLY

8:00am – 1:00pm

S7 Residents and Fellows Forum
Mofid/Darian

■ RHINOPLASTY

8:00am – 5:00pm

S8 Rhinoplasty Symposium 2015 **S G N A O E**
Ghavami/Sajjadian

■ COSMETIC MEDICINE

7:30am – 5:00pm

S9 Cosmetic Medicine 2015—Harnessing the Power of Cosmetic Medicine in Your Practice **S G N A O E**
FREE TO RESIDENTS
Kulick/Lorenc

■ OTHER

8:00am – 5:00pm

S10 Medical Life Drawing & Sculpture: The Human Figure **S**
Fairbanks/Fairbanks

■ PATIENT SAFETY

7:00am – 11:00am

S11A AAAASF Inspector Training **S G N A O E**
Watts/Brownstein/Newkirk/Keyes/Griffin-Rossi/Terranova

12:00pm – 4:00pm

S11B AAAASF Medicare Inspector Training **S G N A O E**
Iverson/Watts/Gomez/Griffin-Rossi

■ OTHER

6:30pm – 7:30pm

S12 Cocktails and Complications **S**
Warren

■ AIM BODY OPTIONS

2:00pm – 4:00pm

AIMCPS™
1001 Maximizing Safety for Body Contouring After Massive Weight Loss **S**
Phillips

1002 Abdominoplasty **S**
Matarasso

AIMCPS™
1003 Scarpa Sparing Abdominoplasty with Concomitant Liposuction: No Drains Needed **S**
Claytor/Gray/Baker

2:00pm – 6:30pm

4-Hour Courses

■ FACE

101/201 Facelift: Planning and Technique **S**
Martens

■ PATIENT SAFETY

102/202 Safer Sedation/Analgesia for Office-Based Surgery **S G N A O E**
Nunnally/Glick/Hernandez

2:00pm – 4:00pm

2-Hour Courses

■ FACE

103 1—Mid-Facelifting Through Lower Blepharoplasty Incision
2—Short Scar Face Lift **S G N A O E**
Massiha

104 Effective, Efficient, Patient Friendly Facelifting using SMAS, Fat and Tumescence Technique **S N A O E**
Bucky

105 Reshaping the Face and Lid-Cheek Junction **S G N A O E**
Warren

■ BREAST

106 Form Stable Gel Implants—20 Years of Experience in Brazil **S**
Graf/Perin

NEW 107 PAM—Periareolar Augmentation Mastopexy: Using the “Subcutaneous” Glandular Mastopexy to Improve Outcomes **S N A O E**
Gonzalez

■ BODY

108 Cosmetic Vaginal Surgery: Labiaplasty and Beyond **S E**
Hamori

■ EYES

109 Eyelid and Periocular Surgery: Unifying Aesthetics and Function **S G N A O E**
Spinelli

■ MARKETING

110 Relationship Marketing: What It Means and How to Put It in Action **S G N A O E**
Zupko

■ AIM FACE OPTIONS

4:30pm – 6:30pm

2001 Integrating Surgical Shaping with Volumetric Enhancement—Fat and Beyond—Face, Breast and Body **S**
Stuzin/Rohrich/Coleman/Khoury/Maxwell/Mendieta

AIMCPS™
2002 Anatomy of the Face and Its Relationship to Modern Facelift Surgery **S**
Zins/Boyd/Moon

AIMCPS™
2003 Facelifting: What We Know; What We Don't Know; and How We Put It All Together **S**
Grotting/Thorne

KEY

- S** Surgeons
- G** Spouses
- N** Registered Nurses
- *** Additional Fee
- A** PAs and Nurse Practitioners
- O** Office Personnel
- E** Exhibitors
- AIM**: Aesthetic Immersion Modules

4:30pm – 6:30pm
2-Hour Courses

■ FACE

203 Facelift Rejuvenation: Short Scar Facelift, Neck Lift and Temporal Brow Lift **S G N A O E**
Matarasso

■ BREAST

204 Comprehensive Breast Surgery—Augmentation, Mastopexy and Reduction **S**
Kahn

■ BODY

NEW **205** Classic Abdominoplasty **S G N A O E**
Swanson

206 Advanced SAFELipo Techniques: Dramatic and Comprehensive Body Shaping **S**
Wall/Wall/Wall

■ RHINOPLASTY

207 Achieving Balance in Rhinoplasty **S**
Cerkes

■ MARKETING

208 Social Media Workshop—Twitter, Facebook, RealSelf **S G N A O**
Seery/Ezekwugo

■ OTHER

NEW **209** Tips and Pearls for Presenting Your Ideas: Whether in a Shark Tank, Boardroom, Classroom or Auditorium **S G N A O E**
Dayan

S210 ASJ Workshop: Manuscript Preparation, Submission, Revision and Acceptance **S N A**
Eaves/Nahai/Cross/Alexander

SATURDAY, MAY 16, 2015

6:15am – 5:30pm

Registration Open
Palais des Congrès de Montréal

9:00am – 5:00pm

Aesthetic Marketplace Open

SCIENTIFIC SESSION ORANGE

7:00am

Presidential Welcome
Michael Edwards, MD

ASERF Welcome
Al Aly, MD

Canadian Welcome
Nicholas Carr, MD

ISAPS Welcome
Susumu Takayanagi, MD

Program Chair Welcome and 2014 Annual Meeting Awards
Richard Warren, MD

7:15am

Panel: Techniques in Facelift and Fat Grafting—Do the Compartments Really Matter?
Moderator: Richard Warren, MD
Panelists: Timothy Marten, MD; Rod Rohrich, MD; James Stuzin, MD

8:15am

Special Presentation: The Science of Fat Grafting
Michael Longaker, MD

8:45am

Dueling Videos: The Ying and Yang of the SMAS—To SMAS or Not to SMAS
Moderator: Sherrell Aston, MD
Panelists: Fritz Barton Jr., MD; Alex Verpaele, MD

9:30am

Special Presentation: The Anatomy of Facial Aging
Presenter: Bryan Mendelson, MD

10:00am

Coffee Break in the Aesthetic Marketplace

10:30am

Paper Presentations

10:45am

Interactive Panel: Solutions to Your Challenges in Breast Surgery
Moderator: Jack Fisher, MD
Panelists: Mitchell Brown, MD; Louis Bucky, MD; Dennis Hammond, MD; Grant Stevens, MD

12:00pm

Special Presentation: How to Get Patients in the Door: Exposing the Motivations Behind Beauty
Steven H. Dayan, MD

12:30pm

Lunch in the Aesthetic Marketplace

SATURDAY AFTERNOON SCIENTIFIC SESSION ORANGE

2:00pm

Special Presentation—Interactive Videos Tailoring Facelift Approaches to Individual Patients
Moderator: Charles Thorne, MD
Presenter: Daniel Baker, MD

3:15pm

Paper Presentations

4:00pm

Coffee Break in the Aesthetic Marketplace

4:30pm

Panel: Tailoring Filler Choice to Anatomical Location—A “Hot Seat” Presentation
Moderator: Steve Cohen, MD
Panelists: Goesel Anson, MD; Z. Paul Lorenc, MD; Jackie Yee, MD
Discussants: Julius Few, MD; Michael Kane, MD

5:30pm

Panel: Augmentation Mastopexy—Do the Canadians Have the Answer? 5 Cases/5 Years Out (Video Defense)
Moderator: Steven Teitelbaum, MD
Panelists: Nicholas Carr, MD; Elizabeth Hall-Findlay, MD; Frank Lista, MD; Brian Peterson, MD

SATURDAY AFTERNOON SCIENTIFIC SESSION BLUE

PREMIER GLOBAL HOT TOPICS

2:00pm

Welcome
Session Chairs: William Adams, Jr., MD; Jamil Ahmad, MD; Joe Gyskiewicz, MD; Simeon Wall, Jr., MD

2:07pm

Panel: In the Hot Seat—Fat Injection Exclusive—Practical Pearls for Safe Clinical Practice
Moderator: William Adams, Jr., MD
Panelists: Louis Bucky, MD; Daniel Del Vecchio, MD; Roger Khouri, MD; Ali Mojallal, MD

2:34pm

Hot Topics Tuesday Preview 1
Joe Gyskiewicz, MD

2:37pm

Panel: New “Stuff”—Where Does It Fit In?
Moderator: Joe Gyskiewicz, MD
Panelists: Michael Kane, MD—New HAs (Vobella, Volift, Teosyal, etc.)
Kevin Smith, MD—Voluma Update
John Gross, MD—Evosyal—Upcoming Toxin: Trial Data
David Moatazedi—Industry Perspective
Bradley Calobrace, MD—Teoxane Skin Care Line
Jim Headley—Industry Perspective

4:00pm

Coffee Break in the Aesthetic Marketplace and Continue the Conversation—Practice Changers Theater
Moderator: Simeon Wall, Jr., MD

4:30pm

Hot Topics Tuesday Preview 2
William Adams, Jr., MD

4:35pm

Panel: What’s the Deal, Man?
Moderator: William Adams, Jr., MD
Panelists: Barry DiBernardo, MD; Daniel Del Vecchio, MD; Patrick Mallucci, MD; Jason Pozner, MD; Steven Teitelbaum, MD

5:21pm

ALCL Update—What the Science Tells Us
Anand Deva, MD—New Perspectives on Etiology of Implant-Associated ALCL
Marshal Kadin, MD—Biomarkers to Identify Risk Factors for ALCL

6:00pm

Panel: In the Hot Seat!
Moderator: Jamil Ahmad, MD
Panelists: Jason Pozner, MD—Thermi
Robert Whitfield, MD—Coolsculpting

6:25pm

Hot Topics Tuesday Preview 3
Simeon Wall, Jr., MD

EDUCATIONAL COURSES*

■ PRACTICE MANAGEMENT

9:00am – 4:30pm

S13 Skills for Successful Patient Coordinators **G N A O**
Zupko

■ OTHER

12:30pm-2:00pm

S14 Innovators Luncheon—The Most Interesting Luncheon in the World **S A**
Adams/Gryskiewicz

12:30pm-3:00pm

S15 Medical Students Interested in Plastic Surgery
For Medical Students Only—FREE
Ahmad/Whitfield

12:30pm – 1:30pm

1-Hour Courses

■ FACE

301 Full Facial Fat MicroAugmentation Under Local Anesthesia—Office-Based Procedure **S**
Ptak

302 Fat Grafting During Facelift and Blepharoplasty: Principles and Art **S**
Little

■ BREAST

303 Technical Refinements of the Vertical Mammoplasty: A Modified LeJour Approach **S A**
Wallach

304 Solving Complex Aesthetic Breast Problems with Acellular Dermal Matrix (ADM): Techniques, Pearls, and Patient Discussions
S G N A O E

Cohen

■ BODY

305 The Minimal Incision Transaxillary Brachioplasty **S**
Reed

306 Labiaplasty and Female Aesthetic Genital Surgery **S**
Alter

■ RHINOPLASTY

307 Rhinoplasty: Diced Cartilage and Fascia Grafts **S G N A O E**
Patel

■ EYES

308 Injection Techniques for Tear Trough and Peri-Orbital Area: Minimize Complications and Optimize Results **S**
Hirmand

■ COSMETIC MEDICINE

309 Serious Complications of Facial Fillers: Diagnosis, Prevention and Treatment **S A**
DeLorenzi

■ PRACTICE MANAGEMENT

310 The Art of Consultation Using Individual Patient Personality
S G N A O E
Mendieta/Mendieta

311 Make Your Website More Effective

S G N A O
Houtz

NEW 312 The Plastic Surgeon Midas Touch—Why Everything Turns to Gold for Some, But Not for Others **S G O**
Fox



Presidential Welcome
Cirque Spectacular

Saturday, May 16
7pm–10pm

Windsor Station

SUNDAY, MAY 17, 2015

6:30am – 5:00pm

Registration Open
Palais des Congrès de Montréal

9:00am – 5:00pm

Aesthetic Marketplace Open

SCIENTIFIC SESSION ORANGE

7:00am

Panel: Upper Lid Brow Junction: What Do You Need to Fix?
Moderator: Sherrell Aston, MD
Panelists: Fritz Barton, Jr., MD; Nuri Celik, MD; Patrick Sullivan, MD; Richard Warren, MD

8:00am

Panel: Contour Restoration of the Inferior Orbital Rim—Fat Transposition vs Fat Injection (Technique Video)
Moderator: Foad Nahai, MD
Panelists: Mark Codner, MD; Haideh Hirmand, MD; Alex Verpaele, MD

9:00am

Paper Presentations

9:30am

Coffee Break in the Aesthetic Marketplace

10:00am

Papers Presentations

10:45am

Panel: Is There Such a Thing as a Non-Surgical Facelift? Injectables, Toxins, Energy-Based and Tissue Tightening
Moderator: Laurie Casas, MD
Panelists: Barry DiBernardo, MD; Gary Monheit, MD; Jason Pozner, MD; Arthur Swift, MD

12:00pm

Lunch in the Aesthetic Marketplace or ASAPS/ASERF Annual Business Meeting

SCIENTIFIC SESSION BLUE

7:00am

Panel: Focusing on Technique—Large Volume Fat Grafting to the Breast and Buttocks—State of the Art
Moderator: Robert Singer, MD
Panelists: Daniel Del Vecchio, MD; Ashkan Ghavami, MD; Constantino Mendieta, MD

8:15am

International Expert—Vertical Lateral Body Lift
Jean Francois Pascal, MD

8:30am

Panel: Vaginal Rejuvenation
Moderator: Melinda Haws, MD
Panelists: Gary Alter, MD; Christine Hamori, MD; Lina Triana, MD

9:15am

International Expert—Science in Aesthetic Regenerative Surgery of the Breast
Claudio Calabrese, MD

9:30am

Coffee Break in the Aesthetic Marketplace

10:00am

Papers Presentations

10:45am

Panel: Peri-Oral Rytids: Dermabrasion, Laser, Nanofat and Croton Oil
Moderator: Julius Few, MD
Panelists: Daniel Baker, MD; Jay Burns, MD; Alex Verpaele, MD; James Zins, MD

12:00pm

Lunch in the Aesthetic Marketplace or ASAPS/ASERF Annual Business Meeting

THE BUSINESS SIDE

7:00am

Panel: Internet Marketing in 2015
Moderator: Grant Stevens, MD
Panelists: David Evans; Peter Houtz; Keith Humes; Ryan Miller; David Phillips

8:00am

Panel: Leverage ASAPS to the Max
Moderator: Sanjay Grover, MD
Panelists: Herluf Lund, MD; Renato Saltz, MD; Grant Stevens, MD

8:30am

Panel: Lead Management—From Email Inquiry to the Waiting Room
Moderator: Mark Mofid, MD
Panelists: Alex Lopez, David Phillips, Enrique Rangel, Jason Tuschman, Karen Zupko

9:30am

Coffee Break in the Aesthetic Marketplace

10:00am

Panel: Social Media in 2015
Moderator: Jennifer Walden, MD
Panelists: Keith Humes; Wendy Lewis; James Polakof; Tom Seery

11:00am

Panel: Fraud in Your Aesthetic Practice—How to Protect Yourself
Moderator: Sanjay Grover, MD
Panelists: Robert Aicher, Marie Olesen, Tony Seymour, Jonathan Smith

EDUCATIONAL COURSES*

■ PRACTICE MANAGEMENT

12:00pm – 1:00pm

S16 Financial Management for Spouses and Managers **G O**
Zupko

■ COSMETIC MEDICINE

12:00pm – 2:30pm

S17A Physician Extender (RN/NP/PA) Injector Competence Training—Part 1—Understanding the Basics of Injection Techniques with Neurotoxins and Hyaluronic Acid Dermal Fillers **N A**
Few/Hirmand

3:00pm – 5:30pm

S17B Physician Extender (RN/NP/PA) Injector Competence Training—Part 2—Advanced/Combination Injection Techniques with Neurotoxins and the Array of FDA-Approved Dermal Fillers **N A**
Graivier/Lorenc

■ AIM RHINOPLASTY OPTIONS

2:00pm – 4:00pm

NEW 4001 Rhinoplasty: A Progressive Approach **S**
Daniel

AOC-PS™

NEW 4002 Comprehensive Rhinoplasty **S**
Kahn

4003 Rhinoplasty: Optimizing Your Results **S**
Gruber

1:30pm – 4:30pm

3-Hour Courses

■ BREAST

401/501 Revisions of Breast Augmentation, Mastopexy and Augmentation-Mastopexy **S G N A O E**
Shestak/Bengtson

■ BODY

402/502 Liposuction 2015: New Technologies, Established Techniques, and Combined Procedures **S N A**
Stoker/Chia/Theodorow/Hoyos

403/503 Arms, Breast, Back, Buttocks and Thighs Following Major Weight Loss **S G N A O E**
Hunstad/Rubin

404/504 Gluteal Augmentation **S N A**
Abel de la Peña/Gonzalez/Mendieta

■ PRACTICE MANAGEMENT

405/505 Managing the #1 Headache of Practice—Staffing Issues: Best Practices in Hiring and Firing; Motivating and Compensating; and Team Building in the Context of Specialty Specific Benchmarks **S G N A O**
Jeffers/Avila/Basu/Lewis/Zupko

■ MARKETING

406/506 What Patients Really Want **S G N A O**
Eaves/Fiala/Olesen/Perdikis/Seery

2:00pm – 6:30pm

4-Hour Courses

■ BREAST

407/507 Aesthetic Breast Reconstruction: The New Paradigm in Breast Surgery **S G N A O**
Namnour/Brown/Bucky/Grotting/Zienowicz

AOC-PS™

408/508 Optimizing Outcomes in Breast Augmentation **S G N A O E**
Adams/Teitelbaum

■ COSMETIC MEDICINE

NEW 409/509 Fillers—Exactly Where and How to Inject Them to Get Optimal Results and Avoid Problems **S**
Lalonde/Swift

2:00pm – 4:00pm

2-Hour Courses

■ FACE

410 The Lift and Fill Facelift—Redefining a Natural Look in Facial Rejuvenation **S G N A O E**
Rohrich

NEW 411 The Safety and Efficacy of Adipose-Derived Stromal Vascular Fraction Cells and Platelet-Rich Plasma in Fat Grafting: Clinical Implications for Regenerative Aesthetic Face Lift Surgery **S G N A O E**
Sasaki

■ BREAST

412 Incorporating Shaped Textured Gel Implants (Round and Anatomic) in Breast Augmentation and Reconstruction **S**
Movassaghi

413 Transaxillary Endoscopic Breast Augmentation: Processes and Refinements to Improve Patient Outcomes **S E**
Strock/Core

■ BODY

414 Lipoabdominoplasty and Body Contouring **S A**
Saltz/Ribeiro/Matos

415 Vaginal Plastic Surgery: The External Genitalia **S**
Triana

■ EYES

416 Aesthetic Eyelid and Forehead Surgery that Focuses on a Natural Result for the Patient **S G N A O E**
Sullivan/Jelks

■ COSMETIC MEDICINE

417 Lasers and Devices in Plastic Surgery Practice **S G N A O E**
Pozner/Bass/DiBernardo

■ PRACTICE MANAGEMENT

418 “Making the Jump”—Cultivating a Busy Cosmetic Practice **S G O**
Corey/Nassiri

419 Your Best Practice: Better Staff, Better Processes, Better Success **S G**
N A O
Ntoh

■ OTHER

NEW 420 The Myths and Realities of Device Purchasing and Marketing for Your Practice: Pitfalls, Negotiating and Opportunities **S G N A O E**
DiBernardo/Fisher/Oseas/Kasbo

4:00pm – 4:30 pm

Coffee Break in the Aesthetic Marketplace

■ AIM BREAST OPTIONS

4:30pm – 6:30pm

AOC-PS™

NEW 5001 Common Difficulties in Primary and Revisionary Aesthetic Breast Surgery **S**
Calobrace/Wall

5002 Breast Augmentation and Augmentation Mastopexy—Problem Solving and Operative Strategies **S**
Casas/Stevens

5003 Large Volume Fat Grafting: Indications, Techniques and Results **S**
Del Vecchio/Khoobehi

4:30pm – 6:30pm

2-Hour Courses

■ FACE

510 Advanced Techniques for Rejuvenation of the Neck and Lower Face **S**
Sullivan/Marten

NEW 511 Optimizing the Neck Lift: Platysmaplasty, Bands and Submandibular Gland without Submental Incision **S A**
Gonzalez/Fogli

■ BODY

512 Lipoabdominoplasty—Safer Abdominoplasty **S G N A O E**
Saldanha/De Castro

■ RHINOPLASTY

513 Key Concepts in Open Rhinoplasty: Getting It Right the First Time **S G N A O E**
Rohrich/Ahmad

■ EYES

514 Oculoplastic Surgery for the Plastic Surgeon **(S G N A O E)**
Codner/Jelks/Jelks

■ PATIENT SAFETY

AOC-PS™

515 Keeping Safe and Out of Trouble: A Fresh Look at the Culture of Patient Safety **(S G N A O E)**

Grunwald/Eaves/Oppikofer/Perdikis

516 Preventing Surgical Site Infection in Aesthetic Plastic Surgery **(S N A O E)**
Young/Camins/Reynolds/Rios

■ OTHER

517 Stem Cells 101: Knowing the Fundamentals for A New Frontier

(S G N A O E)

Rubin/Brown

518 New Advances in Hair Restoration

(S G N A O E)

Barrera/Fisher/Uebel/Vogel

MONDAY, MAY 18, 2015

6:30am – 5:00pm

Registration Open

Palais des Congrès de Montréal

9:00am – 5:00pm

Aesthetic Marketplace Open

SCIENTIFIC SESSION ORANGE

7:00am

Panel: Maintaining Support to the Breast Implant

Moderator: Nolan Karp, MD
Panelists: Bradley Bengtson, MD; Bradley Calobrace, MD; João Carlos Sampaio Góes, MD; Per Heden, MD

8:00am

Panel: Which Implant—Which Plane? Defend Your Choice

Moderator: James Grotting, MD
Panelists: William Adams, Jr., MD; Eric Auclair, MD; Neal Handel, MD; Luis Perin, MD
Discussants: Michael Edwards, MD; Patrick Maxwell, MD; Grant Stevens, MD

9:15am

International Expert—Treatment of Breast Implant Complications

Ruth Graf, MD

9:30am

Coffee Break in the Aesthetic Marketplace

10:00am

Paper Presentations

11:15am

International Expert—Hair Restoration with the Follicular Units and Growth Factors
Carlos Uebel, MD

11:30am

Panel: New Member Panel—My Most Challenging Cases in the Past 5 Years

Moderator: Chad Tattini, MD
Panelists: Jamil Ahmad, MD; Douglas Steinbrech, MD; Marissa Tenebaum, MD

12:30pm

Lunch in the Aesthetic Marketplace

SCIENTIFIC SESSION BLUE

7:00am

Panel: Is Non-Surgical Fat Reduction Replacing Liposuction? Does the Result Justify the Transition?

Moderator: Felmont Eaves, III, MD
Panelists: Barry DiBernardo, MD; Mark Jewell, MD; Jeffrey Kenkel, MD; Renato Saltz, MD

8:00am

Interactive Panel: Abdominoplasty—Restoring Abdominal Contour—You Defend Your Choice
Moderator: Simeon Wall, Jr., MD
Panelists: Eric Bensimon, MD; Joseph Hunstad, MD; Fabio Nahas, MD; Dirk Richter, MD

9:15am

International Expert: Abdominoplasty
Osvaldo Saldanha, MD

9:30am

Coffee Break in the Aesthetic Marketplace

10:00am

Paper Presentations

10:45am

Special Presentation—The Aging Nose
Presenter: Val Lambros, MD

11:00am

Interactive Video: Rhinoplasty
Moderator: Bahman Guyuron, MD
Presenter: Rollin Daniel, MD

11:30am

Panel: The Common Challenges in Primary Rhinoplasty

Moderator: Rod Rohrich, MD
Panelists: Nazim Cerkas, MD; Oliver Gerbault, MD; Ashkan Ghavami, MD; Bahman Guyuron, MD

12:30pm

Lunch in the Aesthetic Marketplace

THE BUSINESS SIDE

7:00am

Panel: Practice Management Pearls

Moderator: Jamil Ahmad, MD
Panelists: Dana Fox, Mary Lind Jewell, Catherine Maley, Karen Zupko

8:15am

Panel: Legal Issues We Face in the Digital Age

Moderator: Mark Mofid, MD
Panelists: Robert Aicher, JD; Neal Reisman, MD, JD; Jeff Segal, JD

8:50am

Panel: Medical Inventions

Moderator: Sanjay Grover, MD
Panelists: Kouros Azar, MD; Josh Korman, MD; Jeff Thompson

9:30am

Coffee Break in the Aesthetic Marketplace

10:00am

Price Transparency
Jonathan Kaplan, MD

10:15am

Panel: EHR/EMR—Reasons to Take the Plunge

Moderator: Michael Bogdan, MD
Panelists: Kevin Charles; Geoffrey Keyes, MD; Daniel Mills, II, MD; Robin Ntoh, Jerry Jacobson, Alex Lopez, Rick Trefzger

11:15am

Panel: Marketing in 2015—Where Should You Spend Your Money?

Moderator: Sanjay Grover, MD
Panelists: Candace Crowe; Barry DiBernardo, MD; Jim Hartman; Catherine Maley; Grant Stevens, MD

EDUCATIONAL COURSES*

2:00pm – 6:30pm

4-Hour Courses

■ FACE

601/701 Sculptural Rejuvenation of the Face, Eyes, and Mouth

(S G N A O E)

Little

■ BODY

602/702 Three-Dimensional Body Contouring: The Next Generation of Liposuction, Abdominoplasty, and Muscle Augmentation with Fat Grafting

(S G N A O E)

Hoyos/Mentz/DiBernardo/Pozner/Theodorou

2:00pm – 4:00pm

2-Hour Courses

■ FACE

603 Foreheadplasty: Anatomy and Limited Incision Technique **(S G N A)**

(O E)

Knize

NEW 604 Cheek Implants—Three Dimensional Midface Rejuvenation **(S)**

Levine

■ BREAST

605 Management of Breast Ptosis

(S G N A O E)

Hammond

606 Peri-Areolar Mammoplasty **(S A)**

Benelli/Benelli

607 Mastering Anatomically Shaped Highly Cohesive Breast Implants **(S G)**

(N A O E)

Teitelbaum

■ BODY

608 Plastic Surgery of the Massive Weight Loss Patient **(S G N A O E)**

Aly/Cram

609 Bodylifting, Mastopexy, and Brachioplasty in the Massive Weight Loss Patient: Technical Refinements to Optimize Results **(S A)**

Rubin/Centeno

■ EYES

610 Challenging Blepharoplasty Patients **(S)**

Jelks/Jelks

■ COSMETIC MEDICINE

611 Intelligent Choices in Injectables: Complications, Strategies and Combination Therapy **(S N A)**

Kinney/Lorenc

612 Advances in Skin Resurfacing

(S G N A O E)

Obagi

■ PRACTICE MANAGEMENT

613 Maximizing Time and Financial Efficiency by Utilizing Technology and Patient Consultants **(S G N A O E)**
Rios

614 Reading Prospective Patients More Effectively and Improving Scheduling Results **(S G N A O)**
Zupko

■ PATIENT SAFETY

615 Be Safe and Efficient—Know the Impact of the Human Factor **(S G N A O)**
Oppikofer

■ MARKETING

616 Maximizing Your Online Marketing ROI **(S G N A O)**
Evans/Butler

NEW 617 Your Online Exit Strategy: Online Strategies to Fund Your Retirement **(S G O)**
Miller

■ OTHER

618 How to Integrate Fat Grafting into Aesthetic Facial and Breast Surgery **(S N A E)**
Cohen

4:00pm – 4:30 pm

Coffee Break in the Aesthetic Marketplace

EDUCATIONAL COURSES*

4:30pm – 6:30pm

2-Hour Courses

■ FACE

703 Simultaneous Facelift and Fat Injections **(S)**
Marten

AOC-PS™

704 Safety in Facelifting: How to Avoid Complications and How to Treat Them **(S N A E)**
Zins/Moon

■ BREAST

705 Techniques and Applications of Fat Grafting to the Breast **(S G N A O E)**
Khouri

706 Vertical Scar Breast Reduction and Mastopexy—State of the Art **(S G N A O E)**
Lista

707 The Surgical Nuances of Form Stable Breast Implants **(S)**
Adams/Teitelbaum/McGuire/Glicksman

■ BODY

AOC-PS™

NEW 708 The Corset Body Lift: The Art of Waistline Shaping in the Massive Weight Loss Patient **(S G N A O E)**
Moya

■ COSMETIC MEDICINE

709 Combining Fillers and Neurotoxins for Pan-Facial Rejuvenation **(S G N A O E)**
Kane

■ PRACTICE MANAGEMENT

710 From Hot Topics to a Hot Practice—How Innovation can Drive a Thriving Practice **(S G N A O E)**
Gryskiewicz/Gutowski/Kinney

NEW 711 Is it Me or My Staff that Determines Profitability? **(S G O)**
Fox

S712 Patient Coordinator Alums: Overcoming Scheduling Objections **(G N A O)**
Zupko

■ MARKETING

NEW 713 Cultivating Authority Online: Where Reputation and Rankings Intersect **(S G O)**
Miller

714 How to Market to the New Digital Generation: Reinvent or Get Left Behind **(S G N A O)**
Crowe/Crowe

TUESDAY, MAY 19, 2015

6:30am – 12:00pm

Registration Open

Palais des Congrès de Montréal

6:30am

Tabletop Exhibits—Coffee and Breakfast
Session Chairman: Sanjay Grover, MD

THE BUSINESS SIDE

7:25am

Opening Remarks and Welcome

7:30am

Panel: Branding Your Aesthetic Practice
Moderator: Grant Stevens, MD
Panelists: Candace Crowe; Sanjay Grover, MD; Max Suzenaar

8:30am

Personal Financial Planning/Risk Management in a Practice
Larry Keller

9:00am

Business Solutions for Your MedSpa: Who Can Operate Your Devices and Do Treatments?
Moderator: Robert Aicher
Presenters: Renato Saltz, MD; Alex Thiersch

9:30am

Coffee Break in the Tabletop Exhibits

10:00am

Panel: PR—Considering a Publicist?
Moderator: Sanjay Grover, MD
Panelists: Steffanie Attenberg; Leigh Hope Fountain; Brent Moelleken, MD; Douglas Steinbrech, MD; Anthony Youn, MD

11:00am

Panel—Reputation Management
Moderator: Neal Reisman, MD, JD
Panelists: Robert Aicher; Josh Korman, MD; Marie Olesen; Ryan Miller; Jeff Segal

SCIENTIFIC SESSION BLUE

PREMIER GLOBAL HOT TOPICS

7:30am

Session Chairs: William Adams, Jr., MD; Jamil Ahmad, MD; Joe Gryskiewicz, MD; Simeon Wall, Jr., MD

7:37am

Panel: Show Me Your Moves
Moderator: Jamil Ahmad, MD
Panelists: Christine Hamori, MD—Designer Vagina
Frank Lista, MD—PA Masto/Vertical Lift

7:58am

Feature Panel: TED Talks—The Future of Plastic Surgery
Moderator: William Adams, Jr., MD
Presenters: Hani Zeini—TBA
Robert Grant—Lifestyle Healthcare: "Freedom vs Fear" vs Freedom"

White Hot Quick Hits: New Concepts

8:49am

Clearista—Alternative for Keratin-Based Skin Lesions
Mark Jewell, MD

8:59am

TBA

9:09am

Lightweight Breast Implants
Michael Schefflan, MD

9:19am

Technology Advances in Answering Services
Simeon Wall, Jr. MD

9:40am

Coffee Break in the Tabletop Exhibits

10:10am

Coolsculpting vs Vanquish
Grant Stevens, MD (Coolsculpting)
TBA (Vanquish)

10:24am

Galaflex vs Seri-Scaffold
Bruce Van Natta, MD (Galaflex)
Mark Jewell, MD (Seri-Scaffold)

10:38am

Shaped Implants are Obsolete Now with a Round Breast Implant and Fat Grafting
Daniel Del Vecchio, MD; Steven Teitelbaum, MD

10:52am

Nurse Injector vs MD Injector

11:13am

Less Invasive Facial Rejuvenation—What Works, What Won't and What You Should Do?
Moderator: Joe Gryskiewicz, MD
Panelists: Jason Pozner, MD (Thermi RF)
TBA—Ulthera
Brian Reagan, MD (Trinity Lift)

12:00pm

Panel: Microneedling
Moderator: William Adams, Jr., MD
Panelists: Daniel Del Vecchio, MD; Joe Gryskiewicz, MD

12:30pm

Adjourn

The Aesthetic Cruise is Only Part of ASAPS' Story.

My family and I have enjoyed
The Aesthetic Cruise immensely.
Not only do we get to visit exciting
destinations, but the intimate
educational experience encourages
interaction with colleagues and
friendships which last a lifetime.



Al Aly, MD, FACS
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A Preview of the ASAPS Cruise, 2015

James C. Grotting, MD



Ann and I have never thought of ourselves as being “Cruise people.” Over the years, some of our fondest and most fun adventures have been unplanned back road trips. The thought of a preplanned week or even a day for a vacation had always seemed vaguely claustrophobic to us! But in October, we were privileged to be guests aboard the newly refurbished Regent Seven Seas Mariner, the venue for the ASAPS Aesthetic Cruise 2015 symposium, August 9–17. The opportunity to explore by cruise ship the western Mediterranean Sea from Barcelona to Lisbon, a region where we had never been, was just too good to pass up.

Our accommodations were not only comfortable, they were luxurious. Each cabin had fresh flowers, French Champagne, and a huge box of chocolates along with a fully stocked drink refrigerator all included in the package. For veteran cruisers, this ship is at the very top of luxury liners.

The 700 passenger 48,000 ton Mariner is easy to navigate and efficiently planned. It is newly refurbished in 2014 with an excellent array of fine dining, exercise facilities, pool areas, and casino and night clubs. It boasts 445 crew members to satisfy your every need. The shopping is quite good as well. There is no set seating time in any of the three open-seating, no-reservation restaurants and the food is delicious! Quite often the chefs would incorporate local cuisine from the areas we had visited that day into the menu. The two reservation-only restaurants, Signature (French cuisine) and Prime Seven (an American Chop House) were outstanding. Make reservations on line early because seating is limited. Wine selections are excellent and **all beverages are included**, except the premium

wines and most expensive Champagne. Evening entertainment varied from night to night. Some evenings a well-produced Broadway singing-and-dancing show alternated with a different theme such as an outstanding Cirque Du Soleil show and a hilarious British comedian. All were well worth the time invested. Cocktails are available at your theater seating, and the auditorium is plush and comfortable. I suspect this is where our plastic surgery sessions will be held.

The shore excursions were interesting and well planned. **Many of the tours are included in the cruise package.** There are a number of choices at each port and we would encourage you to be adventurous. In Barcelona, just walk up and down the Rambla (the main street) and there are wonderful things to see and do everywhere. If you have time, the architecture of Gaudi should be on your bucket list.

In Valencia, we took a short excursion to Sagunto which was a nice walk but we probably won't do it again. Next time we will opt to spend a bit more time in the Plaza Del Mercado in Valencia which is close to the port and equally interesting. We did not visit Almeria, but from there we would highly recommend hopping off from there to visit the incredible Alhambra, the most beautiful restored Moorish castle in Spain. The history of the site is riveting and one really gets a feel for the intersection of cultures that has occurred in that region over the millennia. If you get a chance, read Washington Irving's recount of history there in *Tales of the Alhambra*. He was almost solely responsible



for the preservation of the site. It will give you much more information than your tour guide possibly can.

Gibraltar is a phenomenal place to visit as it has been a key strategic fortress for various



armies and cultures since the earliest settlements in the Mediterranean. We took the Panoramic Gibraltar and Tapas tour which was informative, but it is easy to get around Gibraltar on your own.

In fact, the place is so small that the main airport runway is divided in half by the main



street into Spain so that when planes are landing, traffic must be stopped until the aircraft is safely onto the taxiway before the road is reopened. The main square is wonderful for cafes, shopping, and of course, English pubs.

We are really looking forward to our visit to Morocco in August as it was not included in our itinerary last October. We did visit Cadiz and decided to take a day of light relaxation, however, next time we will make the effort to visit Seville even though it is a couple of hours away by bus. We have heard nothing but wonderful reviews of this beautiful historic Spanish City. The tapas are supposedly

Continued on Page 23



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A Preview of the ASAPS Cruise, 2015

Continued from Page 21

legendary. In August, however, we are anticipating the hottest part of the summer, so plan accordingly!



The cruise ends in Lisbon and if you have never visited this unique city, plan to spend at least a day or two there. We loved seeing the Saõ Jorge castle and the panoramic views from there are breath-taking. For a dose of local culture, do try to hear some Fado music which is so typically Portuguese.

Oh yeah, one more thing! Our educational program is going to be terrific! We will be focusing on Controversies and Challenges in Aesthetic Surgery and the faculty is really excited to interact with everyone. If you have never been on the cruise before, you will find



it a really unique way to have a wonderful vacation with family and friends, yet get a chance to discuss aesthetic plastic surgery in informal settings with world experts in our specialty. Ann and I can't wait for next August and excited to be "Cruise people" once again. We're even bringing our two sons with us this time. Please join us!

The Aesthetic Cruise 2015: Register and Book Your Cabin Today!

With a stellar educational faculty and exciting ports of call, **The Aesthetic Cruise 2015: Controversies and Challenges in Aesthetic Surgery** promises to be one extraordinary journey! On this voyage you'll have the opportunity to interact with experts in aesthetic surgery in an intimate learning environment, all while visiting exciting destinations. Departing from Barcelona, Spain, the luxurious Regent Seven Seas Mariner will visit such destinations in Spain as Ibiza, Valencia, and Almeria, then journey to Gibraltar and Tangier. The ship will then return to see Cadiz, Spain, before arriving at its final port, Lisbon, Portugal.

Aesthetic Faculty

In addition to James C. Grotting, MD, who serves as Chair for the Cruise, and Vice Chair Richard Warren, MD, faculty includes Al Aly, MD, Laurie Casas, MD, Nazim Cerkes, MD, Mark Codner, MD, Jack Fisher, MD, Bahman Guyuron, MD, Ashkan Gvahami, MD, Melinda Haws, MD, Joseph Hunstad, MD, Craig Layt, MD, Ryan Miller, Daniel C. Mills,

MD, Tim Popadopoulos, MD, W. Grant Stevens, MD, and Karen Zupko.

Exotic Ports of Call

Barcelona, Spain. Barcelona feels a bit surreal—appropriate, since Salvador Dali spent time here and Spanish Catalan architect Antoni Gaudí designed several of the city's buildings. Stepping into Gaudí's Church of the Sacred Family is a bit like falling through the looking glass—a journey that you can continue with a visit to Park Güell. Sip sangria at a sidewalk café in Las Ramblas while watching flamboyant street performers, then create your own moveable feast by floating from tapas bar to tapas bar.

Ibiza, Spain. While some joke that "Ibiza" in Old Spanish means "party 'til you drop," this is definitely one of Europe's favorite nightlife playgrounds. Ibiza boasts more than 100 miles of coastline with some 50 beaches, plus plenty of restaurants, bars, and water sports—and clubs, of course. Fit in a little culture and visit Ibiza's UNESCO-designated old town.

Valencia, Spain. You'll find plenty of

orange trees here, but the fruit known as the "Valencia orange" was actually developed in California. Travelers interested in local food should focus on paella instead. While the city contains many monuments, Valencia's modern crown jewel is the City of Arts and Sciences, a futuristic complex of museums, cinemas, theaters, and more.

Almeria, Spain. Founded by the caliph of Cordoba, this Andalusian city on Spain's southeast coast is a reminder of the region's Muslim history. The Alcazaba, a massive fort, dominates the city and affords amazing views. Also worth experiencing are the cathedral and the Almeria Museum. East of the city is the rugged, desolate Cabo de Gata-Nijar coast, a protected area. To the west is the resort area of Roquetas de Mar, featuring vast beaches.

Gibraltar. Rising up as an indomitable peak at the gateway between Spain and the African coast, Gibraltar is a unique destination with a life that goes beyond its surface. The monolithic Rock of Gibraltar entices tourists

Continued on Page 25

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Join the All-New ASAPS Candidate for Membership Program!

We are pleased to announce that ASAPS has developed a **new Candidate for Membership Program** with a wide array of exclusive benefits and services, including as-needed **complimentary consultation** with the Society's legal counsel, Bob Aicher, Esq. Check out the new benefits below, as they are unique to The Aesthetic Society and geared to help you hone your craft and improve your practice.

If you were previously enrolled in our original Candidate Program, those benefits expired as of December 31, 2014. Apply for the NEW program today and reinstate your benefits—plus more!

NEW Candidate for Membership Program Benefits:

- **NEW**—Print and online subscription to the *Aesthetic Surgery Journal (ASJ)*
- **NEW**—Free legal advice from ASAPS legal counsel
- **NEW**—Promote yourself as an ASAPS “Candidate for Membership”
- Access to ASJ via RADAR Resource www.surgery.org/radar—Soon to be launched in HTML5 for access from any device
- Subscription to the *Aesthetic Society News*
- Discounts offering significant savings on Aesthetic Society products, for which Candidates for Membership are eligible
- Complimentary webinars
- **INCREASED SAVINGS**—Significant discount on Guest Surgeon registration for The Aesthetic Society's annual aesthetic meeting and symposia



- Opportunity to serve on The Aesthetic Society's committees and influence change within the specialty

NEW Candidate for Membership Program Requirements:

- Complete the application found at : www.surgery.org/professionals/candidate-for-membership
- Provide documentation from The American Board of Plastic Surgery (ABPS) or The Royal College of Physicians and Surgeons of Canada (RCPSC) stating Board admissibility (US and Canada only)
- International applicants—Provide verification of membership in a national member society as recognized by the International Confederation for Plastic, Reconstructive and Aesthetic Surgery (IPRAS), or International Society of Aesthetic Plastic Surgery (ISAPS)

- Attendance at The Aesthetic Meeting OR a meeting exclusively organized and managed by The Aesthetic Society within 4 years prior to application date
- Provide verification of accreditation for any surgical facilities that are used (US and Canada only)
- Provide a letter of recommendation from your plastic surgery residency program director (does not need to be ASAPS Member) OR an ASAPS Active or Life Member
- Agree to abide by the Society's Bylaws, Conflict of Interest Policy, and Code of Ethics

Already board certified in plastic surgery? We encourage all eligible candidates to apply for Active Membership. For more information, Please visit www.surgery.org/professionals/membership.

As a reminder, attendance at The Aesthetic Meeting or a meeting exclusively organized and managed by The Aesthetic Society within 4 years prior to the application date is required for the new Candidate for Membership Program and Active Membership.

Questions about the Candidate for Membership Program? Contact Marissa Simpson, Candidate Program Manager via email at Marissa@surgery.org or by calling (562) 799-2356 ext. 120

The Aesthetic Society Honored

The American Society for Aesthetic Plastic Surgery has been awarded the 2014 Distinguished Service Award by the American Society of Plastic Surgical Nurses (ASPSN). The Distinguished Service Award honors an organization or individual for continued involvement and service to ASPSN. As Marcia Spear, president of ASPSN, notes, “(Our) Society is grateful for the support of ASAPS over the last several years with the opportunity to achieve our mission of education through the Aesthetic Symposium each spring. This has become a wonderful addition to our

annual educational programming and is one in which we hope to continue to grow.”

It was also noted that ASPSN valued the support ASAPS offers for their Certified Aesthetic Nurse Specialist Exam (CANS), provided to the Plastic Surgical Nurses Certification Board. Executive Director of ASAPS, Sue M. Dykema (pictured at right), expressed her gratitude to ASPSN. “We are so appreciative of our relationship with ASPSN and look forward to many more years of collaboration.”



ASJ Publisher Update: Oxford to send Electronic Table of Contents



Aesthetic Surgery Journal (ASJ) is transitioning publishers to Oxford University Press and the process is nearly complete. Oxford will begin publishing ASJ effective with the January 2015 issue. Additionally, they will begin sending ASJ

subscribers the electronic Table of Contents (eTOC), which have previously been sent from The Aesthetic Society (ASAPS.) In order to continue receiving email table of contents alerts when new issues of the journal publish, you will need to register for alerts through the OUP platform.

To register, please follow the instructions below:

1. Create a new Oxford Journals My Account (or sign in if you already have one) at <http://access.oxfordjournals.org/oup/login/local.do>
2. Visit the View Alerting Preferences page
3. Click on Add/Edit/Delete eTOCs
4. Click on Medicine
5. Check the boxes for the desired alerts for *Aesthetic Surgery Journal*

We thank you for your continued readership and please stay tuned for exciting news about new updates and features coming in 2015!



Aesthetic Surgery Journal Launches Brand New Website

As part of the publisher transition we've reinvented and redesigned the ASJ website to be as functional and easy-to-use as possible. Please continue to visit us here: www.aestheticsurgeryjournal.com. We're continually innovating so stay tuned for lots of videos and other new features in 2015. And don't forget to sign up for e-alerts (please see column at left for instructions).

Dr. Grant Stevens Honored with Just Like My Child Foundation's Humanitarian Award



Grant Stevens, MD, FACS, a board certified plastic surgeon and founder of Marina Plastic Surgery in Marina del Rey, CA, is the 2014 recipient of the Just Like My Child Foundation's Humanitarian Award. The Foundation's mission is to empower vulnerable adolescent girls by enabling them to create healthy, self-sustaining families who prosper without further aid.

"It's my honor and privilege to receive such an important award," said Dr. Stevens. "The Foundation's work has already empowered more than 200,000 girls in 76 communities in Uganda, East Africa, and 1,500 additional children in two communities in Senegal, West Africa."

The award was presented to Dr. Stevens by Just Like My Child Founder Vivian Glyck and her husband Mike Koenigs, who said in part, "When Vivian petitioned Dr. Stevens to help support a small clinic he said yes and has written a check every month for the past seven years. Dr. Stevens has helped build this small clinic into a nationally recognized, flourishing teaching hospital in Uganda with a fully operational surgical center, five doctors, three ambulances and investments from major organizations such as the Clinton Foundation and Catholic Relief Services."

Koenigs added that Dr. Stevens has helped save more than 5,000 mothers in childbirth so that no more orphans are born at the hospital and provided AIDS and malaria protection and treatment to thousands of parents and

children. "Dr. Stevens has ignited the dreams of dozens of health care workers on the ground who are now pursuing advanced education and whose dreams to serve others are coming true," Koenigs said.

For more information on the foundation or to donate, visit www.justlikemychild.com.

About Dr. Stevens

Dr. Stevens is the founder and medical director of Marina Plastic Surgery in Marina del Rey, California. He is also the Chairman of the USC-Marina Aesthetic Surgery Fellowship and the Director of the USC Division of Aesthetic Surgery. He is a Clinical Professor of Surgery at the USC Keck School of Medicine, Division of Plastic Surgery. He is a board certified Diplomate of the American Board of Plastic Surgery, a Fellow of the American College of Surgeons and the International College of Surgeons. Dr. Stevens is also on the Board of Directors of the American Society of Aesthetic Plastic Surgery where he serves as secretary and also serves on the board of the International Society of Aesthetic Plastic Surgeons where he is third vice president.

The Aesthetic Society's Industry Partnership Program

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Bob Aicher, Esq. has served as General Counsel for ASAPS since 1998. As you may know, he provides free consultations to our Members and Candidates for Membership in the areas of practice management, insurance, malpractice, scope of practice, ethics, and defamation. For RADAR, Bob regularly provides his thoughts on various problems shared with him on the bookshelf "Aicher's Legal Pad."* Visit the "Blog" folder, which is updated monthly, and gain valuable knowledge from The Society's attorney. *Identifiers have been removed to preserve confidentiality.

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The International Visiting Professorship—2014

James C. Grotting, MD

I have had the privilege of serving as the 2014 ASAPS International Visiting Professor and have very recently completed a visit to the University Campus Bio-Medico of Rome. For those of you who are unfamiliar with this ASAPS program, the idea is to develop relationships with aesthetic plastic surgery teaching programs worldwide and to let them know about the activities of our society as well as nurture lifelong friendships with the young plastic surgeons and residents of the country in particular. This program is underwritten by a very generous grant from Sientra that covers the travel expenses of the Professor.

This particular visit came about as a result of a friendship that I developed last February at the North American Alpine Workshop meeting with Professor Paolo Persichetti, M.D., Ph.D., FEBOPRAS, the Chairman and Chief of Plastic Surgery at the University Campus Bio-Medico of Rome. It resulted in an invitation to visit his program in Rome October 1–3, 2014. Dr. Persichetti has a broad plastic surgery practice with special interest in aesthetic surgery which developed thirty years ago while training with Professor Ivo Pitanguy in Brazil. Coincidentally, I was doing some of my training there in 1984 about a year before he arrived.

The plastic surgery department at the University Campus Bio-Medico participated several years ago in a fascinating and important clinical case in which electrodes were implanted in an amputee's upper extremity stump to control a robotic arm and hand simply by "thinking" about the motion that he wished to make. The experiment only lasted one month but successfully created a working interface between the human brain and a mechanical limb. The work is on going at the present time.

There are five attending plastic surgeons in addition to Dr. Persichetti as well as eleven residents including the two chief residents. The program in Plastic, Reconstructive, and Aesthetic Surgery is five years with a graded

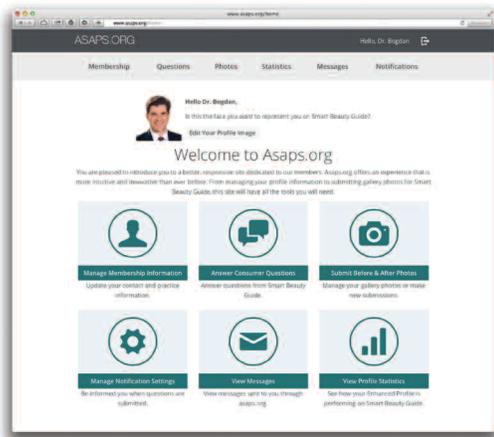


exposure to increasingly complex procedures of all types. Most of the attendees do some aesthetic surgery and unlike many hospitals in Italy, it is able to be done in their beautiful new hospital. The residents are allowed to spend six to eight months of their training in another institution and many elect to use this time to travel abroad to visit programs that focus on particular areas of interest. The residents are in the operating room three to four days a week participating in about twenty major cases a week, and each has responsibility for a minor OR weekly where approximately 80 excisions and small flaps, etc., are performed.

Like many areas of the world, positions after completion of training are limited and many have low pay so some finishing residents seek positions elsewhere in Europe. The diploma and degrees that they receive following completion of their training allows them to practice throughout the EU without taking additional examinations.

I was honored to give several presentations on facial rejuvenation, aesthetic surgery complications data, and patient safety. We had an excellent session with good discussion and questions with plastic surgeons and residents from the other four plastic surgery programs in Rome in attendance. The residents contributed to a lively discussion and I feel like the visit was well worthwhile to connect ASAPS to plastic surgery in Rome. Several of the residents may come to Montréal and I am trying to facilitate observerships around the USA for them.

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BY ZEIN OBAGI, MD

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ZO is offering a Spring Value Package, Eye Love ZO®, including Ossential® Lash Enhancing Serum and Olluminate® Eye Repair Crème, a \$200 value MSRP for \$140. Available February – March, visit www.zoskinhealth.com

Dr. Zein Obagi will be speaking in Boston, MA, February 7 at the ZO Skin Health Seminar, he will be covering the science of how to restore skin health and increase cellular activity and function, go to zoskinhealth.com/events to register.

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Visit Canfield's exhibit to learn about their latest imaging solutions at the ASAPS Aesthetic Symposium in Las Vegas, January 29–31.

Join Canfield at the Southeastern Society of Plastic & Reconstructive Surgeons in Atlanta, January 22–25, 2015.



Rosemont Media is celebrating the company's 7-year anniversary! Learn about Rosemont Media's new product launch, RM Social, at www.rosemontmedia.com/medical/promote/social-media-marketing.

Reach out to Rosemont Media at ASAPS' 2015 Aesthetic Symposium, January 29–31, at the Bellagio Hotel in Las Vegas; CEO Keith Humes will be speaking at the event. CEO Keith Humes will also be speaking at the Dallas Rhinoplasty Symposium—The 32nd Annual Meeting, March 6–8 in Dallas, Texas.

Learn about Rosemont Media's services including, Responsive Website Design, Ethical Search Engine Marketing & Social Media Management, at rosemontmedia.com

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Zeltiq will attend ASAPS Aesthetic Symposium in Las Vegas, January 29–31

Zeltiq will also attend the Baker Gordon Educational Symposium in Miami, February 12–14 and ABAM in Park City, Utah, February 15–18.



CosmetAssure will attend the Southeastern Society of Plastic & Reconstructive Surgeons' (SESPRS) 31st Annual Atlanta Breast Surgery Symposium, January 22–25, at the Intercontinental Hotel in Atlanta, booth #G-13.

Look for CosmetAssure at ASAPS' Aesthetic Symposium, January 29-31, at the Bellagio Hotel in Las Vegas.

Information will be available in early 2015 on CosmetAssure's new PLUS Program, to learn more about the enhanced program, featuring additional benefits reach out directly to CosmetAssure.



Update on ASERF

By Al Aly, MD

THE AESTHETIC SURGERY EDUCATION AND RESEARCH FOUNDATION

Currently, preparations for The Aesthetic Meeting are well underway, and many exciting additions have been made. Most notably ASERF's Hot Topics has been split into two sessions and has been integrated into the full scientific session. The first session will be held Saturday, May 16 and the second Tuesday, May 19. Plan your travel accordingly!

Recently, the Scientific Research Committee reviewed 5 new grant applications and has moved forward with funding the following: "Identification of Biomarkers in Breast Implant Associated Anaplastic Lymphoma" from Marshall E. Kadin, MD. Additionally, several past ASERF funded grants have sent manuscripts to the *Aesthetic Surgery Journal* for review and potential publication.

The Data Hub is entering the beta-testing

phase. Initially, 10 sites will be tested to assist with the data entry and testing with a second phase roll-out which is expected to grow to 100 test sites. The Data Hub is expected to soft launch in Montréal. If you have an interest in assisting with beta testing, please contact Tom Purcell at tom@surgery.org or 562-799-2356.

As you know, ASERF has turned to industry and ASAPS members to assist with the funding of the program through the creation of the ASERF Silent Auction within the Aesthetic Marketplace. If you can assist with the Silent Auction by donating an item please contact Pam Diecidue at pam@surgery.org.

Merchant Advocate, an ASAPS Endorsed Member Service Provider (EMS), has agreed to provide 2% of gross sales generated by ASAPS

members to ASERF to help fund aesthetic surgery research. If you think you are paying too much for your merchant services contact Merchant Advocate for a free analysis to learn how they can save you and your business money each month. To learn more, please visit: www.merchantadvocate.com/asapsmembers.

As we enter this new year, I'm personally gratified to see so many generous donors who have given to ASERF over the past year. Your financial support helps us fund research from which we all benefit, enabling us to provide the very best in patient care and outcomes. Thank you!

Al Aly, MD, is an aesthetic plastic surgeon practicing in Abu Dhabi, UAE, and serves as the President of ASERF.

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Joseph A. Mele, III, MD
Bryan C. Mendelson, MD
Constantino G. Mendieta, MD
Jorge L. Menezes, MD
Hugh Mercer, MD
Leonard B. Miller, MD
Paul B. Mills, MD
George G. Min, MD
J. Gerald Minniti, MD
John J. Minoli, MD
Robert J. Mirabile, MD
Joseph M. Mlakar, MD
Brent Moelleken, MD
M. Mark Mofid, MD
Clayton L. Molver, MD
Dennis T. Monteiro, MD
John R. Moore, MD
Isidoros Moraitis, MD
Christopher J. Morea, MD
Daniel C. Morello, MD
David S. Motoki, MD
Kiya Movassaghi, MD
Alexander Moya, MD
J. Bart Muldowney, MD
Eid B. Mustafa, MD, P.A.
Farzad R. Nahai, MD
Vincent A. Naman, MD
James D. Namnoum, MD
Herbert J. Nassour, MD
C. U. "Kesh" Nawada, MD
Jeffrey M. Nelson, MD
G. Hunt Neurohr, MD
Martin I. Newman, MD
Trung Nguyen, MD
Navinderdeep S. Nijher, MD
Nicholas R. Nikolov, MD
Wilson Novaes Matos, Jr., MD
Donald R. Nunn, MD
John J. O'Brien, Jr., MD
T. Gerald O'Daniel, MD
Eric Okamoto, MD
Roger J. Oldham, MD
Michael Olding, MD
Alfonso Oliva, MD
Andrew P. Ordon, MD
Martin A. O'Toole, MD
Kitti K. Outlaw, MD
Timo Pakkanen, MD, PhD
Huai C. Pan, MD
John G. Papailla, MD
Frederick K. Park, MD
Michael G. Parker, MD
Paul M. Parker, MD
Shaun D. Parson, MD
Marshall Partington, MD
Behzad Parva, MD
Jagruiti Patel, MD
Robert S. Patterson, MD
Simona V. Paulter, MD
B. Pat Pazmino, MD
Samuel N. Pearl, MD
John C. Pedersen, MD
Mario Pelle-Ceravolo, MD

Christopher J. Pellegrino, MD
Ivona Percec, MD
Jaime Perez, MD
Victor M. Perez, MD
Luis F. Perin, MD
Joseph M. Perlman, MD
Wayne R. Perron, MD
Vincent J. Perrotta, MD
Robert J. Perry, MD
James L. Pertsch, MD
Mark H. Peters, MD
Marcus L. Peterson, MD
Stacy L. Peterson, MD
Tracy Pfeifer, MD
Michael T. Philbin, M.D
Linda G. Phillips, MD
Luis A. Picard-Ami, Jr., MD
Mark A. Pinsky, MD
Otto J. Placik, MD
James M. Platis, MD
Larry H. Pollock, MD
Todd Pollock, MD
Charles G. Polsen, MD
Roy Powell, Jr., MD
Mary A. Powers, MD
Patrick Pownell, MD
David Frederic Pratt, MD
G. Wesley Price, MD
Sandy J. Pritchard, MD
Patrick J. Proffer, MD
Randy D. Proffitt, MD
Landon S. Pryor, MD
Jeffrey J. Ptak, MD
Richard F. Radocha, MD
David Rankin, MD
Elsa M. Raskin, MD
Todd Rau, MD
Gregory E. Rauscher, MD
Jeffrey M. Rawlings, MD
Henry A. Redmon, MD
Brian K. Reedy, MD
Neal R. Reisman, MD
Donald R. Revis, Jr., MD
Paul H. Rhee, MD
E. J. Ricciardelli, MD
Dirk F. Richter, MD
Steven L. Ringler, MD
Chadwell Robbins, MD
Karen R. Roche, MD
James H. Rogers, MD
James Romanelli, MD
James J. Romano, MD
Matthew L. Romans, MD
Mauro C. Romita, MD
Stephen J. Ronan, MD
Ralph M. Rosato, MD
Elliott H. Rose, MD
Allen D. Rosen, MD
Rick Rosen, MD
Lorne Rosenfield, MD
Jay H. Ross, MD
Paul Rottler, MD
Leonard A. Roudner, MD
Michel Rouif, MD
Norman M. Rowe, MD
J. Peter Rubin, MD
Adam J. Rubinstein, MD
C. Cayce Rumsey, III, MD
A. Michael Sadove, MD
Ali Sajjadian, MD
Moises Salama, MD
Jhonny A. Salomon, MD
Renato Saltz, MD
Marc J. Salzman, MD
Julene Samuels, MD
Aysel K. Sanderson, MD

Ana B. Santamaria Robredo, MD
Larry A. Sargent, MD
Gordon H. Sasaki, MD
Kamal Sawan, MD
John C. Schantz, MD
Benjamin Schlechter, MD
James D. Schlenker, MD
S. Larry Schlesinger, MD
Robert P. Schmid, MD
Robert H. Schnarrs, MD
Petra R. Schneider-Redden, MD
Kenton Schoonover, MD
Ronald H. Schuster, MD
Robert J. Schutz, MD
Mark H. Schwartz, MD
Richard G. Schwartz, MD
Fernando G. Serra, MD
R. Bruce Shack, MD
Manish H. Shah, MD
Lawrence W. Shaw, MD
Robert Shenker, MD
Daniel Sherick, MD
Kris B. Shewmake, MD
Yukio Shirakabe, MD
Kimberly Short, MD
Samir F. Shureih, MD
John Silverton, MD
Robert Singer, MD
Margaret Skiles, MD
Richard A. Skolnik, MD
Sumner A. Slavin, MD
Richard M. Sleeper, MD
Brian H. Slynwka, MD
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Mary C. Snyder, MD
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Mark Vincent Sofonio, MD
Hooman Soltanian, MD
Hong Shick Song, MD
Bryan V. Sonntag, MD
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John G. Sparrow, MD
Scott L. Spear, MD
Alfred C. Speirs, MD
Sam Speron, MD
Robert J. Spies, MD
Henry M. Spinelli, MD
Scott A. Spiro, MD
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Douglas S. Steinbrech, MD
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Lawrence A. Sterkin, MD
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John P. Stratis, MD
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Louis L. Strock, MD
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James M. Stuzin, MD
Laura Sudarsky, MD
Patrick K. Sullivan, MD
Steven Svehlak, MD
Eric Swanson, MD
Susumu Takayanagi, MD
Gary E. Talbert, MD
Chad D. Tattini, MD
Morad Tavallali, MD
Michael Albert Teague, MD
Kevin Tehrani, MD
Steven Teitelbaum, MD
Howard N. Tepper, MD
Richard H. Tholen, MD

Benson E. L. Timmons, IV, MD
Patrick Tonnard, MD
Timothy A. Treece, MD
Gilbert E. Tresley, MD
Jon Paul Trevisani, MD
Suzanne A. Trot, MD
Gregory A. Turowski, MD
Stanley M. Valnick, MD
Peter W. Van Hoy, MD
Bruce W. Van Natta, MD
Todd M. Van Ye, MD
William J. Vasileff, MD
Susan D. Vasko, MD
Victoria L. Vastine, MD
Ted R. Vaughn, MD
Michele Verga, MD
Paul Vitenas, Jr., MD
James W. Wade, MD
Douglas S. Wagner, MD
Jennifer L. Walden, MD
Kathleen A. Waldorf, MD
Thomas R. Walek, MD
Holly Casey Wall, MD
Simeon H. Wall, Jr., MD
Steven G. Wallach, MD
Stewart P. Wang, MD
Steven H. Warnock, MD
Richard J. Warren, MD
Ronald M. Warren, MD
Richard J. Wassermann, MD
Michael Jun Watanabe, MD
Paul A. Watterson, MD
Adam Weinfeld, MD
Larry Weinstein, MD
Barry Martin Weintraub, MD
Paul R. Weiss, MD
Arno W. Weiss, Jr., MD
J. Jason Wendel, MD
Frederick Weniger, MD
G. Marc Wetherington, MD
Deborah J. White, MD
Steven J. White, MD
Steven H. Wiener, MD
Thomas C. Wiener, MD
Irvin M. Wiesman, MD
Mark D. Wigod, MD
Robert C. Wilke, MD
John V. Williams, MD
Richard B. Williams, MD
Gary F. Wingate, MD
Gregory Wittpenn, MD
Michael H. Wojtanowski, MD
Andrew M. Wolin, MD
Curtis S. F. Wong, MD
Natan Yaker, MD
Wayne I. Yamahata, MD
Michael J. Yaremchuk, MD
Michael D. Yates, MD
G. Jackie Yee, MD
Anthony Youn, MD
Leonard T. Yu, MD
Sergio M. Zamora, MD
George P. Zavitsanos, MD
Otto E. Ziegler, MD
Richard J. Zienowicz, MD
Terry Zimmerman, MD
James E. Zins, MD
Robert Zubowski, MD
Michelle J. Zweifler, MD

Longtime ASAPS Member John Quincy Owsley, MD, Passes



On November 3, 2014, Dr. John Quincy Owsley died after a long illness. Noted for his skill in facial techniques, as well as his efforts to correct the facial and

speech defects of cleft lip and palate children, Dr. Owsley was a longtime ASAPS Member, joining the Society in 1971.

A Professor Emeritus at the University of California San Francisco, Dr. Owsley was also the author of hundreds of scientific journal articles, as well as an authoritative textbook expanding on the intricacies of facial anatomy and the effective methods of achieving surgical correction.

Owsley's early work focused on cleft lip and palate children, and in collaboration with UCSF speech therapists, he developed widely adopted advancements in surgical procedures. His efforts to address both a child's speech and the psychological pain of a facial deformity,

resulted in his recognition as the President of the American Cleft Palate Association.

In the late seventies, plastic surgery was no longer considered the exclusive provenance of the rich and famous, as baby boomers strove to remain competitive and maintain a youthful appearance to match their energy and intellectual engagement. Dr. Owsley embraced this social phenomenon and redirected his expertise to the area of aesthetic surgery.

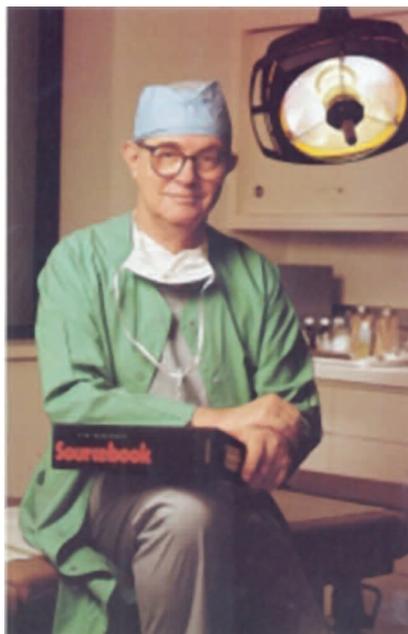
However, he was dissatisfied with the standard surgical techniques of the day which often produced an artificial appearance. Determined to find a better approach, Dr. Owsley devoted hours to research and clinical work with the goal of developing a more natural-looking and longer-lasting outcome. His efforts produced innovative surgical techniques, such as the SMAS-PLASTYSMA procedure, which remains to this day the standard of practice for plastic surgeons.

Dr. Owsley was equally renowned for restoring youthful vitality to the faces of the famous and not so famous, and he saw the potential for symmetry and harmony in each of his patients. He often said: "I don't create beauty, but merely reveal it." His results earned him world-wide recognition, and his

mission was to share his knowledge and technique with colleagues. His annual UCSF Aesthetic Surgery Symposium drew surgeons from around the world. And his operating room was always open to surgeons wishing to observe his procedures first hand. What they observed is best described by one of Dr. Owsley's surgical assistants: "He was elegant in the performance of each procedure. His hands moved with precision and certainty. To watch him operate was like watching a ballet. His surgical team knew their role, and synchronized their actions. Never looking at the clock, he would proceed with meticulous attention to each detail. Whatever surgical procedure he was undertaking would not be complete until he was satisfied that it was as perfect as could be achieved."

He will be profoundly missed by his devoted wife, Sharon, his loving daughter Sara Owsley Dooley, a son Jake Owsley, his close brother-in-law and sister-in-law, Joseph and Diane Anton, an adored niece, nephew and nine grandchildren. In lieu of flowers the family requests donations to the UCSF Department of Plastic Surgery or Grace Cathedral.

Adapted from the San Francisco Chronicle.



The Aesthetic Society Mourns the Passing of Mark Gorney, MD, FACS

The Aesthetic Society mourns the passing of Mark Gorney, MD, FACS, clinical professor emeritus of plastic surgery at Stanford University, who was a founding member of The Doctors Company. Dr. Gorney served as the company's medical director for 18 years, before becoming its governor emeritus and senior consultant in plastic surgery. He passed away in early November, 2014, surrounded by family and friends, at the age of 89 years old. Richard Anderson, MD, notes, "Mark was a beautiful man in the most exalted sense of the term. He made the world a better place with his gifted hands, his generous heart, and

his personal grace. He was a world-renowned expert in his chosen specialty of plastic and reconstructive surgery, where he not only practiced and taught the highest principles of his art and science, he was instrumental in creating them. He was a sensitive and caring friend and colleague. Though self-deprecating to the extreme, he was a magnificent storyteller, in a number of languages, and in even more accents. It is no exaggeration to say his passing will be mourned around the world."

Emails From The Aesthetic Society

One of the commonly heard suggestions from those associated with the Aesthetic Society is that the Society reduce the number of emails we send. As we understand the many demands on your time, The Aesthetic Society makes every effort to ensure that the emails we send are relevant to you, with important Society information, educational opportunities, and member offerings. While we occasionally send out emails on behalf of our industry partners, please keep in mind that our partnerships with them enable us to keep membership dues as low as possible.

Please be assured that we never loan or sell our email lists.

Email is our most cost-efficient way of communicating with a large number of people, and we'd rather not spend membership dues on unnecessary printing.

Unfortunately, our current email system doesn't allow people to select what type of email they receive; it is either all or nothing. If a person "unsubscribes" from an Aesthetic Society email, whether intentionally or not, that unsubscribes him or her from all communications from The Aesthetic Society.

If you have not received email from The Aesthetic Society in some time, it is likely that you may have mistakenly unsubscribed from email communications. If this was in error, from The Aesthetic Society, please call our office at 1.800.364.2147 or 1.562.799.2356 and ask to be re-subscribed to our communications list. Alternately, you can send an email alerting us to re-subscribe you to asaps@surgery.org.

We value your support of The Aesthetic Society, and we hope you'll read those emails which appeal to you and simply delete those messages you don't wish to read. Thank you!

ASAPS Members: Share Your Accomplishments!

Did you know that there is an easy way to share your career accomplishments with your fellow ASAPS members?

Simply send your news and photos on major practice events, philanthropic efforts, and other milestones to Membership Manager Alicia Potochiniak at alicia@surgery.org for consideration in our quarterly *Aesthetic Society News*!



The Live Box

ASAPS is proud to announce a new Endorsed Member Service provider, The Live Box, a luxury branding and video marketing company that creates customizable Video Marketing Systems for aesthetic practices.

The Live Box incorporated in 2009, and offers several branding and marketing opportunities aimed at taking aesthetic practices to the next level in the luxury market. They specialize in providing video production and web services delivered through Apple technology.

"We have decided to become a part of the ASAPS Endorsed Member Services program because we consider ASAPS and its members to be the best of the best in aesthetics," says David Yepiz of The Live Box.

Their services include, The Live Box Producer, a web based system that delivers video to reception areas, exam rooms, websites and social media accounts. They offer The Live Box Magazine, a luxury lifestyle magazine allowing for social sharing within client networks. Additional services include, The Live Box Cross Promotional Program, a video marketing program that shares video content with Live Box users at other business locations. And, The Mobile Connect Program, which includes a message on a video loop prompting viewers to text to participate in a promotion.

ASAPS Members receive a 10% discount (off list and service price) for the Live Box Video Marketing System, with a monthly fee. Included in the system, Members will have access to the complete library of ASAPS produced videos to be installed. Members also receive a 10%, off list price, for The Live Box On Location Video Productions.

For member discounts, and to learn more about The Live Box video services go to www.thelivebox.com



IMAGING EXCELLENCE FROM
CANFIELD

Canfield Imaging Systems has now signed on for a second year as an Alliance Partner with ASAPS. The Partnership provides Canfield with benefits and visibility including a direct reach to ASAPS Members, advertising credits, and discounts tied to the Aesthetic Meeting.

Canfield Imaging Systems is the leading worldwide developer and provider of imaging software and photographic systems for the medical and skin care industries. Canfield products are utilized in medical and aesthetic practices, hospitals, skin care and wellness centers, spas and medical spas. Product lines include VECTRA® 3D systems, industry-standard Mirror® imaging software, VISIA® Complexion Analysis, Reveal® facial imagers, VEOS® dermatoscopes and customized photographic studio solutions.

"Our partnership with the Aesthetic Society brings us closer to our customers" states company President, Doug Canfield. "This allows us to better focus our innovation in the development of imaging solutions that both help advance their practices and raise the standard of care in aesthetic plastic surgery."

For more information on Canfield and its products call 800-815-4330 or go to CanfieldSci.com

Make a Difference: Contribute Your Stats

Continued from Cover

your respective practices, surgery.org and smartbeautyguide.com.

For a chance to win a free two hour course at The Aesthetic Meeting 2015 in Montréal, Canada, please submit a completed survey no later than January 16, 2015. Ten winners will be randomly selected and contacted via email.

If you have any questions, please contact the communications staff, Leigh Hope Fountain at Leigh@surgery.org or Gloria Gasaatura at Gloria@surgery.org or via phone at 562 799 2356.

Media Notes & Quotes

Over 11 million surgical and non-surgical cosmetic procedures were performed last year in the U.S. alone. And, according to the American Society for Aesthetic Plastic Surgery (ASAPS), the trend will continue to rise as it has since the 2008 recession, when people began “investing in themselves once again.” *The Normalization of Cosmetic Surgery*
Huffington Post
October 29, 2014

As U.S. demand for augmentation gluteoplasty continues to grow, plastic surgeons are exploring novel techniques for meeting that demand.

“Large-volume dermis fat graft obtained from an abdominoplasty procedure has proven to be a good alternative for buttock-enhancement surgery, with minimal to no loss of volume over the long term,” Dr. Shureih tells *Cosmetic Surgery Times*.
Abdominal Dermal-Fat Grafts for Buttock Augmentation
Cosmetic Surgery Times
November 11, 2014

According to Birmingham, AL plastic surgeon James C. Grotting, President-Elect of the American Society for Aesthetic Plastic Surgery (ASAPS), “Among the trends in breast reconstruction over the past several years, we have seen that autologous reconstruction fell quite a bit, from over half of women getting flaps, to now about a quarter of women. This can be attributed to the fact that women in general prefer to have less surgery.”
Advancements in Breast Reconstruction
Prime Journal
October 7, 2014

The shock that greeted a 45-year-old Oscar winner’s makeover indicated that our society has grave concerns about chasing a youthful look—likely through cosmetic surgery. The data suggests otherwise. Americans had more than 11 million cosmetic procedures in 2013, according to stats from the American Society for Aesthetic Plastic Surgery—12 percent more than in 2012, and six times more than in 1997.
In Defense of Renee Zellweger: 22 Thoughts About a Startling New Face
The Washington Post
October 21, 2014

According to the American Society for Aesthetic Plastic Surgery, more than 11 million surgical and nonsurgical cosmetic procedures were undertaken in 2013 alone. *Make Me Beautiful: The Psychology of Our Love Affair with Plastic Surgery*
Huffington Post
October 10, 2014

Cosmetic procedures such as Botox, facial fillers and laser skin treatments are very safe, and have a very low rate of minor side effects, a new study suggests. These cosmetic procedures can cause minor side effects such as bruising, lumpiness or skin discoloration, but these occur in less than 1 percent of cases.

However, the study included only dermatologists who routinely perform these procedures, so it’s possible that negative outcomes could be more frequent in the hands of less-experienced providers, said Dr. Michael C. Edwards, the president of the American Society for Aesthetic Plastic Surgery.
Botox and Fillers Are Very Safe, Study Suggests
Live Science
November 5, 2014

Aesthetic Society’s Financial Report—Our Future is Bright!

By Clyde H. Ishii, MD

As Treasurer, it is my pleasure to report on the fiscal health of our organization. In spite of some rough economic years, our Society remains healthy and strong. Your Board of Directors, in conjunction with staff, has a culture of strong financial oversight and expense control.

We are excited to report that for Fiscal Year 2014, just over \$1.2 million was added to reserves bringing our net assets to \$8.9 million (includes the value of our Central

Office building). The increase in revenue was attributed to a very successful ASAPS Las Vegas 2015 Aesthetic Symposium held in January as well as an exceptional Annual Meeting in San Francisco. Additionally, we launched several new products, such as the members-only Smart Beauty Guide Patient Education Brochure line, a proven tool to educate patients about a variety of procedures.

Of course our cornerstone is education. We are continuing to be innovative in our

educational programs and delivery systems to meet the changing needs of our members and desire for dynamic, informative, and expanded educational experiences by providing the tools you need to improve outcomes and patient care. The coming year will bring even more improvements all with a focus on serving our member’s needs.

If you have any questions about the fiscal health of the Society, I encourage you to contact me directly via email at cishii@ishiiplasticsurgery.com or Sue Dykema, our Executive Director at 800-364-2147 or sue@surgery.org.

WE ARE AESTHETICS.

Clyde H. Ishii, MD is an aesthetic surgeon practicing in Honolulu, HI. He is Treasurer of The Aesthetic Society.

	Fiscal Year 2012	Fiscal Year 2013	Fiscal Year 2014
Total Revenue	\$7,755,235	\$9,441,503	\$10,200,527
Total Expenses	\$7,082,595	\$8,839,973	\$ 8,927,296
Net Change in Assets	\$672,640	\$601,530	\$1,215,422

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As ASAPS Active Members, you have now received the complimentary new ASAPS Social Media Newsletter via email, giving you an extremely efficient and effective way to share news, blogs, video and contests with your patients. Simply share the videos, blog posts, news and content by clicking on the social media icons. For more information, please visit www.surgery.org/members/member-resources/social-media-newsletter. To add your practice manager to the email list, please go to asaps.org and enter their contact information.

Are You Blogging for Smart Beauty Guide?

SMART BEAUTY GUIDE

BROUGHT TO YOU BY
THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY

You may not yet be aware, but we welcome our Members to take advantage of a complimentary member benefit to increase awareness of you and your practice via Smart Beauty Guide, our consumer-facing website that now has more than 60,000 unique visitors per month. All you need to do is blog about a topic of your choosing to help educate consumers about various aesthetic procedures. We promote all of our blogs through our social media channels as well, so there is a great opportunity to increase exposure and drive traffic to your practice. Please note, we do have blogging guidelines for anyone who wishes to participate. For more information, please click [here](#), or contact Leigh Hope Fountain via email or by calling the Society at 562.799.2356.



Membership FAQs

Do I have to be a member of ASPS to be a member of The Aesthetic Society?

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

How do I begin the membership process?

You must contact an Active or Life Member of The Aesthetic Society and request that they submit a recommendation on your behalf via email to alicia@surgery.org, initiating the membership process for you, the applicant.

Who may sponsor me for membership?

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

What are the deadlines for submitting a membership application?

The two deadlines are January 5 and July 1.

When will my application be voted on?

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

Do I need to be a member of a professional organization in order to obtain CME?

No. Earning CME credits is not associated with any Society membership.

What will fulfill the meeting attendance requirement?

The following meetings are exclusively organized by The Aesthetic Society, and qualify:

- The Aesthetic Meeting (*ASAPS Annual Meeting*)
- The ASAPS Las Vegas Symposium
- The Biennial Aesthetic Cruise
- ASAPS Breast and Body Summer Symposium
- ASAPS Breast and Body Fall Symposium.

What are the fees and when should they be paid?

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

- Membership dues for Active Members are \$1098
- Membership dues for International Active Members are \$840

How many sponsors will I need to have ultimately?

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

For additional information/questions, please contact our Membership Manager, Alicia A. Potochniak via email alicia@surgery.org or at 562.799.2356

Meet the Staff!



Grants Manager, Kathie Muehlebach, has worked at The Aesthetic Society for seven years. While you may have met her at The Aesthetic Meeting, her primary

responsibilities include applying for educational grants to support our annual meeting and various symposia, as well as processing of research grants received by

ASERF. Kathie notes, "I love interacting with industry and managing the relationships that ASAPS has with them. We have a true comradery that is fun and beneficial at the same time. I also love the close relationships we have with our members." In her spare time, Kathie enjoys spending time with her large Italian family, attending Chargers football games, working out, reading, seeing the world, and being surrounded by all her honorary nieces and nephews who keep her young at heart. The next time you see Kathie, make sure to introduce yourself!



Does Your Aesthetic Team Have the Education They Need?

The Society of Plastic Surgical Skin Care Specialists is now accepting new memberships from licensed skin care specialists practicing in the offices of board certified Plastic, Facial Plastic, Oculoplastic or Dermatologic Surgeons. Learn more at www.spsscs.org.



Society of Plastic Surgical
Skin Care Specialists

www.spsscs.org

Does Your Aesthetic Team Have Access to Unbiased Learning Opportunities?

Looking for high level skin care education from sources you trust? Look no further. The Society of Plastic Surgical Skin Care Specialists (SPSSCS) Annual Meeting, *Skin Care 2015: Exploring Science and Technology in Plastic Surgical Skin Care*, will take place May 12–15, 2015 in Montréal, Québec, Canada, just prior to The Aesthetic Meeting.

Many of our members have a wide range of educational needs; clinical expertise, business knowledge and marketing are just a few, so this year's program is designed to meet these needs. We have an exciting lineup of faculty and educational topics (*please see details at right*).

All Skin Care 2015 attendees are also invited to attend an all-day educational bonus organized by ASAPS: *Cosmetic Medicine 2015—Harnessing the Power of Cosmetic Medicine in Your Practice*. Enhance the quality of your practice by giving your staff the tools they need to better serve your patients. Registration information will be available soon, please visit our website at www.spsscs.org/meeting2015.

“Each year, I send one or more skin care specialists to the SPSSCS Annual Meeting and have always been amazed at the amount of knowledge and enthusiasm that is brought back. The staff and my practice has benefited greatly, not only from the physician and industry expert speakers but also through the networking and sharing of information with other skin care specialists in the industry.”

—Craig W. Colville, MD—



The Society of Plastic Surgical Skin Care Specialists (SPSSCS) was founded in 1994 by a group of renowned plastic surgeons who recognized the need to provide an educational forum for the emerging specialty of plastic surgical skin care. The SPSSCS was created from this vision and now serves as the professional organization to promote and educate plastic surgical skin care professionals worldwide. For more information visit www.spsscs.org.

Our 2015 Faculty Includes:

Bob Aicher, Esq
Al Aly, MD
Bardia Amirlak, MD
Goesel Anson, MD
Alicia Barrera
Gail Belott, RN
Denise Byrnes
Therese Clark

Claudio DeLorenzi, MD
Donna Erb
Julius Few, MD
Joe Gryskiewicz, MD
Thomas Hitchcock, MD
Stephanie Holden, RN
John Hoopman, CMLSO
Kathy Jones, BSN, RN, CPSN

Kian Karmini, MD
Becky Kuehn
John Kulesza, PhD
Maria Mekas, RN, BSN
Karen Menard, RN
Ryan Miller
John Renucci, MD
Jean-Francois Tremblay, MD

Our 2015 Topics Include:

Camouflage makeup
Challenges in men's skin care
Chemistry of skin lightening
Dermaplaning
Hot topics
Injectables
Lasers

Microneedling
Oncology skin care
Photodamage treatment
Pregnancy and hormonal issues
Product ingredients
Rosacea
Sunscreens

Tissue regeneration
Treating patients with significant weight loss
Legal liability issues
Marketing and events
OSHA updates
Social media.

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IN PLASTIC SURGICAL SKIN CARE**

**SKIN
CARE
2015**

21st Annual Meeting
May 12–15
Le Westin
Montréal Hotel

Montréal, Québec
Canada

SOCIETY OF PLASTIC SURGICAL SKIN CARE SPECIALISTS

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2014 GOOGLE RANKING FACTORS IN REVIEW

BY ROSEMONT MEDIA

Twenty-fourteen was a big year for new website ranking factors. From penalizations for bad links to boosts in SEO for secure web pages, the effects of Google's continuous cleanup had - and will continue to have - a profound impact on sites all across the globe. As the year draws to a close, we wanted to take the opportunity to not only reflect on some of the latest changes made to Google's search algorithm, but also to provide a roadmap for Internet marketing success that can help improve your website's search engine rankings in 2015 and beyond.

WEBSITE SECURITY

As part of an effort to enhance the overall safety of the Internet, Google created an SEO incentive for securing websites: those that make the switch from HTTP (Hypertext Transfer Protocol) to HTTPS (Hypertext Transfer Protocol Secure) will benefit from a slight bump in search engine ranking.



If you're not familiar, the HTTP acronym can be seen prefacing a website's domain name in the address bar of your Internet browser (i.e. Google Chrome, Firefox, Internet Explorer, etc.). HTTPS is a secured version of HTTP that helps ensure valuable information on websites is safeguarded via encryption. This includes phone numbers, email addresses, and other personal data visitors may submit through your website.

Currently, the boost in search engine ranking provided by transitioning to HTTPS is relatively small in comparison to other aspects of Internet marketing; however, making the switch to HTTPS is now widely considered a "best practice" strategy, and Google has revealed it will likely increase the influence website security has within its search algorithm over time.

NEW PENGUIN ROLLOUT

Google originally launched Penguin - a major update to its search algorithm - back in 2012. Designed to penalize websites that use manipulative link strategies, Penguin has received a number of modifications since its release, the latest of which came this year. As the newest update continues to roll out, sites that have avoided unethical link-building strategies are being rewarded, and sites that have kept using and/or failed to remove spammy links are incurring Google Penalties and even Manual Spam Action.



To continue evading Penguin's wrath, websites need to employ the newest strategy for search engine optimization: link removal. Low-quality links - such as those that are not relevant to the topic, obtained from link farms or random blogs/forums, deceptive or unethical, unnaturally and/or excessively stuffed into content, etc. - should be removed from your site's link profile as they will eventually harm your rankings (if they haven't already). Doing so will also help ensure you are following "best practices".



MOBILE-FRIENDLY LABELS

With Internet browsing via mobile devices continuing to skyrocket, Google has revised how search results appear for websites that are mobile-friendly. As you can see above, a "Mobile-friendly" label is now clearly visible in search engine results for sites that are compatible with smartphones, tablets, and other non-traditional devices.

To qualify for this distinction, your site must have a mobile or responsive website design that resizes content to fit the user's screen, utilizes easy-to-read text with no need for zooming, avoids using Flash and other software not compatible with mobile devices, and employs proper spacing to enable viewers to easily select correct links. If you don't already know whether or not your website meets this criteria, plug your URL into the helpful tool found here: <https://www.google.com/webmasters/tools/mobile-friendly/>.



SITE SPEED

If lack of mobile compatibility doesn't cause viewers to spurn your website for another, slow site speed surely will. According to Google, "Faster sites create happy users and we've seen in our internal studies that when a site responds slowly, visitors spend less time there." Not only do users benefit from a faster site, the search engine giant also notes that site speed could in fact help improve your rankings. For some insight into how fast your site responds to web requests, this beneficial resource will give you an individualized breakdown of what you need to fix, what you should consider improving, and where you are excelling in the speed department: <https://developers.google.com/speed/pagespeed/insights/>.

STAY AHEAD OF THE GAME

To stay abreast of the latest trends and updates within the Internet marketing industry, we invite you to refer to our informative news blog, the Rosemont Review. Additionally, feel free to check out our page on the top ranking factors for the aesthetic practice.

Both resources can be found at www.rosemontmedia.com/blog/ and www.rosemontmedia.com/ranking/, respectively.

If you have any questions, please don't hesitate to contact Rosemont Media, LLC at info@rosemontmedia.com.



Six Steps to Reduce Taxes on Investments

Continued from Cover

common mistake investors make is failure to implement a *tax diversification strategy*. Brokerage accounts, Roth IRAs, and qualified plans are subject to various forms of taxation. It is important to utilize the tax advantages of these tools to ensure they work for you in the most productive manner possible. A properly integrated approach is critical during your accumulation phase. Further, it is just as important when you enter the distribution period of your investment life cycle. Master Limited Partnerships offer a potentially advantageous income stream for a brokerage account, while it is generally preferable for qualified accounts to own high yield bonds and corporate debt, as they are taxed at ordinary income rates. There are countless additional examples we could discuss, but the lesson is it is important to review the pieces of your plan with an advisor who will consider both tax diversification and security diversification as they relate to your specific circumstances.

Consider Owning Municipal Bonds in Taxable Accounts: Most municipal bonds are exempt from federal taxation. Certain issues may also be exempt from state and local taxes. If you are in the highest federal tax bracket, you may be paying tax on investment income at a rate of 43.4%. Under these circumstances, a municipal bond yielding 3% will provide a superior after tax return in comparison to a corporate bond yielding 5% in an individual or joint registration, a pass through LLC, or in many trust accounts. Therefore, it is important in many circumstances, to make certain your long-term plan utilizes the advantages of owning certain municipal bonds in taxable accounts.

Be Cognizant of Holding Periods: Long term capital gains rates are much more favorable than short term rates. Holding a security for a period of 12 months presents an opportunity to save nearly 20% on the taxation of your appreciated position. For example, an initial investment of \$50,000 which grows to \$100,000, represents a \$50,000 unrealized gain. If an investor in the highest tax bracket simply delays liquidation of the position (assuming the security price does not change) the tax savings in this scenario would be \$9,800. Although an awareness of the holding period of a security would appear to be a basic principal of investing, many mutual funds and managed accounts are not designed for tax sensitivity. High income investors should be aware that the average client of most advisors is not in the highest federal tax bracket. Therefore, it is generally advantageous to seek the advice of a financial professional with experience executing an appropriate exit strategy that is aware of holding periods.

Offset Gains by Realizing Loss: One benefit of diversifying across asset classes is that, if the portfolio is structured properly, the securities typically will not move in tandem. This divergence of returns among asset classes creates a tax planning opportunity. Domestic equities experienced tremendous appreciation in 2013. However, emerging market stocks, commodities, and multiple fixed income investments finished the year in the red. Astute advisors were presented with the opportunity to save clients thousands of dollars in taxes by performing strategic tax swaps prior to yearend. It is important to understand the rules relating to wash sales

when executing such tactics. The laws are confusing, and if a mistake is made your loss could be disallowed. Make certain your advisor is well versed in utilizing tax offsets.

Think Twice about Gifting Cash: This is not to discourage your charitable intentions. Quite the opposite is true. However, a successful investor can occasionally find themselves in a precarious position. You may have allocated 5% of your portfolio to a growth stock with significant upside. Several years have passed, the security has experienced explosive growth, and it now represents 15% of your investable assets. Suddenly your portfolio has a concentrated position with significant gains, and the level of risk is no longer consistent with your long term objectives. The sound practice of rebalancing your portfolio then becomes very costly, because liquidation of the stock could create a taxable event that may negatively impact your net return.

By planning ahead of time, you may be able to gift a portion of the appreciated security to a charitable organization able to accept this type of donation. The value of your gift can be replaced with the cash you originally intended to donate to the charitable organization and, in this scenario; your cash will create a new cost basis. The charity has the ability to liquidate the stock without paying tax, and you have removed a future tax liability from your portfolio. Implementing the aforementioned gifting strategy offers the potential to save thousands of dollars in taxes over the life of your portfolio.

Understand your Mutual Fund's Tax Cost Ratio: The technical detail behind a mutual fund's tax cost ratio is beyond the scope of this article. Our intent today is to simply bring this topic to your attention. Tax cost ratio represents the percentage of an investor's assets that are lost to taxes. Mutual funds avoid double taxation, provided they pay at least 90% of net investment income and realized capital gains to shareholders at the end of the calendar year. But, all mutual funds are not created equally, and proper research will allow you to identify funds that are tax efficient.

A well-managed mutual fund will add diversification to a portfolio while creating

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Six Steps to Reduce Taxes on Investments

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the opportunity to outperform asset classes with inefficient markets. You do need to be aware of funds with excessive turnover. An understanding of when a fund pays its capital gains distributions is a critical component of successful investing. A poorly timed fund purchase can result in acquiring another investor's tax liability. It is not unusual for an investor to experience a negative return in a calendar year, yet find themselves on the receiving end of a capital gains distribution. Understanding the tax cost ratios of the funds that make up portions of your investment plan will enable you to take advantage of the many benefits of owning mutual funds.

The above steps are by no means the only tax strategies an experienced advisor can execute on behalf of their clients. This article highlights several strategies you should discuss with your advisor to determine if implementation is appropriate for your unique portfolio and overall financial situation. Successful investing requires discipline that extends beyond proper security selection. While gross returns are important

and should not be ignored, the percentage return you see on your statements does not tell the full story.

In today's tax environment, successful investors must choose an advisor who will help them look beyond portfolio earnings and focus on strategic after-tax asset growth.

Carole Foos, CPA is an accountant and co-author of "For Doctors Only: A Guide to Working Less & Building More," as well a number of state books. She is also tax consultant at OJM Group www.ojmgroup.com. Andrew Taylor, CFP® is an investment advisor at OJM Group. They can be reached at 877-656-4362 or carole@ojmgroup.com.

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What's Rhinoplasty Got to Do with Breast Reconstruction?

By Tamarin Lindenberg

Repeated attention has been given to the divide between reconstructive and aesthetic medicine, as if a gap separates healthy patients from those who have been traumatized by disease. As a woman who has stood on the less fortunate side, as well as a researcher who has cleared the divide, I can attest that integration helps make true healing possible.

In designing and leading a national quality of life study, I interviewed women across the U.S. in an exploration of the importance of self-perceived beauty to the healing process. Unequivocally, women advocated for the impact body confidence has on sexuality, and how its existence enables women to move forward after cancer. Over and over again women spoke of the far reaching impact of disease and, more sadly, of the glass wall which seemed to trap them on the wrong side, while physicians viewed their desire for physical wholeness to be almost frivolous after such a life threatening event. Rather than acknowledging self-perceived beauty's rightful place as a foundational component of establishing a healthy self-image, it has been largely relegated to the confines of an "added benefit."

Little thought is given to the post cancer woman beyond breast reconstruction, and, as a thrilled patient of a prophylactic mastectomy with implant reconstruction, let me make clear that an optimal visual outcome in breast reconstruction is an imperative first step. However, such a gift does not diminish the need for a whole patient perspective. It takes the input and artistry of a team to overcome the wearing effect of life saving drugs, hormonal changes resulting from surgically induced menopause and estrogen suppressants, and the systemic impact all have on the appearance of the cancer warrior.

Traces of treatment are also reminders of the impact of disease, and, as such, are vital to many women to remove. The process of reinvention, to my mind, is a healthy one, and actually defeats the oft referenced demon of "who I used to be." Encouraging women to engage in the process of crafting a vision of their "new" physical image also engages them in acknowledging a future beyond disease. Every aesthetic practice has the opportunity to play a valuable role in this definition of goals,

and the ability of a patient to reach them.

There are basic fundamental changes that happen to many women after cancer which aesthetic medicine is designed to manage. Primary examples are surgical scarring, textural changes in skin, fat atrophy, fat redistribution, vaginal changes, volume loss in both the face and hips, and the ever present "sneakers with a suit" effect that occurs when an amazing outcome in breast reconstruction is the crowning element on a woman whose face and figure may not have fared as well. This is the classic opportunity to engage a woman in the life changing experience of "the rest of the journey."

While aesthetic practices are likely to have a large number of post cancer women in their current patient base, the real gift lies in knowing how to engage those women in defining a new vision for themselves, and offering them the opportunity to explore physical restoration beyond fillers or botox. It begins with a conversation. Experience tells us that patients often schedule time for the procedures they are most familiar with, or which were most recently advertised, rather than the ones that may best suit their goals. Often, in the post cancer woman, it is a combination of procedures that actually allows the patient to reach the restored image they so want to create. By having the frank and exploratory conversation that navigates the overall imprint cancer left on the patient, physicians are able to create a literal road map back to wholeness. Engaging the patient in defining an overall vision for her physical goals allows the practitioner to establish an evolving relationship which, by its design, will meet the objectives of the patient in a meaningful way. After all, if labiaplasty is what will give her back her confidence with her mate, does botox to the brows really get us there?

CALIEB (www.calieb.com), a program for the post cancer woman of which I am the chairman, focuses on the impact that cancer and life-saving treatments have on appearance. We have embraced this approach to wholeness, offering multi-specialty solutions to meet the vision of restoration as defined by the patient. As one example of this whole body approach, Dr. Ken Hughes addresses issues surrounding the redistribution of fat frequently following

surgically-induced menopause. He notes that an eye on overall balance and symmetry often leads one to lower body work to fully complement beautifully reconstructed breasts.

Other members of the CALIEB team agree, noting that patients find the erasure of the evidence of surgery to be a significant "page turner" in their journey towards wholeness, and physicians find the freedom to aggressively pursue body and facial contouring when scarring can be dealt with as a minimal issue. For example, as Dr. Alice Pien of AMA Skincare, points out, "our work with a wide spectrum of lasers and other integrative modalities has allowed us to witness the positive impact of erasing scars, or what patients sometimes call 'the lines of anguish' often caused by the trauma of cancer. When you do that, it's like a new chapter for the patient."

Deb Ditto, N.P., remarks that patients often experience facial volume loss after chemo, and are greatly disappointed that just "getting their hair back" doesn't really offer the return of their 'best self', so hoped for during the long battle with cancer.

Rhinoplasty is another unexpected addition to the arsenal in battling the ravages of fat atrophy, as well as structural changes occurring in the face after volume loss, which often requires a new approach to managing ideal dimensions. Patients frequently have volume changes that can be addressed with fillers, and various surgical lifts, and the final touch of reshaping the nose to match the newly restored face can dial back the clock ten years. Dr. Hughes notes, "Aesthetic medicine has a primary role in delivering complete restoration to a woman's fight to regain her sense of self after cancer."

As Dr. Asher Milgrom, also of AMA Skincare, concludes, "Watching a woman who has been through so much look in the mirror, love how her body looks, and smile with joy at the face in her reflection is a miracle. To be a party to the intimacy of that miraculous transformation is the secret privilege of being healers."

So what does rhinoplasty have to do with breast reconstruction? Sometimes, everything.

Tamarin Lindenberg is a healthcare executive, entrepreneur, author and speaker on the subject of women's health. <http://calieb.com/tamarin-lindenberg>



Financial Reports & Data Aesthetic Surgeons Need to See

By Cheryl Toth, MBA

We frequently find that aesthetic surgeons make expensive business decisions based on hunches or staff suggestions instead of data. And when we ask which reports the surgeon reviews each month, we are often told, “the P&L,” if anything. This is often followed by:

1. “I keep asking my manager for reports but I still don’t receive them.”
2. “The staff said the computer can’t run that report/provide that information.”
3. “I was told our report data isn’t accurate.”
4. “I’m not sure which reports I’m supposed to look at every month.”

Here’s what we have to say about all this:

1. If you constantly ask for reports that are rarely or never delivered, you have a serious managerial performance problem. An effective manager understands the importance of generating monthly reports. He or she can capably do so, as well as interpret them and their application to the practice. If your manager won’t generate the reports because he or she is “too busy,” “forgot,” or doesn’t know how—well, these answers indicate a need for training or performance improvement or a refresher on job responsibilities and priorities. Or, the practice may need a new manager.
2. Blaming the computer system indicates a lack business acumen and professionalism. Or simply that your team has limited problem-solving skills. None of these things are good.
3. If you can’t trust the data in your system, you need to have a serious discussion with the vendor to figure out why.
4. This is an honest answer! If you are not sure which reports to review, read on, and use this article to make changes in your office.

Start with a Data Dashboard

As the business owner and the highest revenue generator in the practice, the surgeon should not be expected to analyze report details. That is what you pay a manager for. He or she should summarize data points and indicators for faster review and decision-making by the surgeon.

A simple way to do this is to create a Data Dashboard into which the manager enters critical data points—also called “metrics”—

each month. Metrics are to business management what vital signs are to clinical management. If all metrics are within a normal or expected range, the practice is healthy. If one or more is out of range, it’s time to take a deeper look and figure out why.

Put key financial metrics from your accountant and your practice management system reports onto one page, such as the example below. And if your practice collects fees for anesthesiologists or an ASC, make sure these dollar amounts are not included in Total Revenue, nor factored into Operating Overhead. Unless you employ an anesthesiologist or own the ASC, these amounts are collections, *not revenue*. They are a net zero expense for purposes of patient convenience. So always subtract them from revenue. (see chart below)

Many surgeons are surprised when we suggest that they review the number of days they take off each month. But tracking surgeon days off helps easily explain revenue ups and downs. Panicky statements such as “Why was revenue down so much the last few months? We’d better up our Ad Words budget right now!” become moot if data indicate that

the surgeon scheduled five, four-day weekends during the same period.

Request a Monthly Report Packet

Ask for the following to be printed and delivered to your desk no later than the 10th of the month, for the previous month’s data. Standardizing the report list and delivery deadline makes generating and reviewing these reports a monthly habit.

Monthly Financial Report/Why Review It?

Profit & Loss

This is the highest-level financial report in a practice and is essentially

(P&L) Statement

Your “Financial H&P.” It provides a bird’s eye view of the overall financial health of the practice, including all revenue and expenses shown in dollars and percentages, and against previous periods and current budget.

Cost Center Details

Cost center accounting is an industry-standard method for analyzing revenue, expenses, and allocated operating overhead for a business unit such as skin care, spa, laser,

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Data Dashboard for Dr. Wonderful				
	Current Month		Year to Date	
	This Yr	Last Yr	This Yr	Last Yr
Total Revenue (Less: refunds and pre-payments, and money collected for/paid to the ASC and anesthesiology)				
Aesthetic Revenue				
As a % of Total Revenue	%	%	%	%
Insurance Revenue				
As a % of Total Revenue	%	%	%	%
Total Operating Expenses (Less: physician compensation)				
Net Income (Revenue – Expenses)				
Operating Overhead Percent (Total Expenses/Total Operating Revenue)	%	%	%	%
Injectible Revenue				
Laser Revenue				
Net Product Revenue				
Marketing & Advertising Ratio (Total Marketing & Advertising Costs/Net Collected Revenue)	%	%	%	%
Number of MD Days Off				

Financial Reports

Continued from Page 48

or the surgery suite. Review the P&L statement for each cost center to understand the financial picture of each. Looking at this accurately is essential for making strategic decisions, and keeps the surgeon from believing staff statements such as “*Oh yes, skin care (or laser, or fillers) is profitable—the schedule is full.*”

Revenue By Procedure

This report is essential for thinking strategically about revenue growth. Review this report to understand where the highest and lowest percentage of revenue comes from, as well as trends and dips. For instance: If laser procedures are trending down, is that an overall market trend or is there a new competitor, or is it due to a specific issue in your practice? If it is a practice issue, what might be causing it and how will you adjust? Is there an opportunity to cull past laser patients and make a special offer? Or is it time to remove laser services all together and focus on another revenue priority?

Adjustments & Discounts

This report provides the granular detail of all the charges that were adjusted off of standard fees. These include multiple procedure and other discounts, complimentary consultations, product promotions, adjustments for bad debt, and small balances. Review this report with great interest and ask the manager to explain large dollar amounts.

Product Inventory

You make a significant investment in the products you carry. By asking for the report every month, staff will realize you are paying attention—reducing the opportunity for products to “go missing.” Ask the accountant to put a standard inventory counting and value management process in place. Most practice management systems have an inventory module that makes this easy.

Credit Balances

Credit balances are a financial liability and as such, you need to know how much you owe, and to whom, on a monthly basis. Then research, verify, and refund credits every month. Ideally, this report total should be as close to zero as possible.

No Shows

You might not consider the No Show report a financial report, but we do. No shows are pickpockets—the more of them there are, the less revenue you make. Reviewing the no show rate every month is the first step toward designing a plan for reducing it.

Ask For Data in Pictures

Some data requires the context of time to have relevance and make sense. Important when reviewing current revenue, for example, is its comparison to revenue from historical periods and projected budgets. If all you review is the revenue line on the profit and loss statement each month, you’re looking at the data in a silo, which doesn’t drive good decisions. What you want to know about revenue are things such as:

- How does revenue this month compare to the same month last year?
- What are our poorest revenue and best revenue periods?
- Are we on track to meet projections for the year?

Graphs enable easier and deeper analysis of data such as revenue by procedure, laser and skin care patient volumes, no shows, and product sales. (Figure 1 illustrates a graph displaying No Shows.) Smart managers use Excel or the analytics feature in their practice management system to create graphs, making it easier to spot trends. Talk with your manager or system vendor. And if your manager does not know how to make Excel graphs, pay for training. It’s time and money well spent.

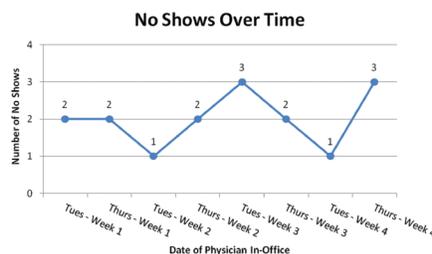


Figure 1. Reviewing data graphically makes trends much easier to spot.

Keep an Eye on ROI

“ROI” stands for *Return on Investment*. It’s reported as a dollar amount or percent that indicates the amount of money or percentage return you made in revenue, against the

amount you spent. As an example: 80% ROI is a poor outcome; 164% ROI is a great outcome.

Ask your manager to prepare an ROI statement for all campaigns, programs, and significant expenditures, such as a new laser. Don’t accept anecdotal comment such as “*Our medspa event was really successful—we booked 10 new consults!*” or “*A lot of patients tell us they saw our ad in Urban Lifestyle Magazine.*” These are hunches, not facts, and using them as data points for your next big program or capital expense is a bad idea. The only rational way to evaluate the success of your business initiatives is to take a look at objective data and base future decisions on what you find.

Ask your manager to prepare ROI statements for things such as:

- **Each Advertising/Marketing Campaign**—Your ability to track ROI for campaigns is dependent on the front desk asking and entering each patient’s referral source—and your referral source categories being highly detailed in the computer. If there is no option for “Symphony Ad” or “Spring Skin Promo Email” for them to select in the computer, you won’t be able to track the ROI.
- **Search Engine Optimization (SEO)**—Most vendors and agencies will calculate this for you. Call yours to inquire.
- **Events**—Insist on an ROI report for every event. Once an Excel spreadsheet has been set up, all the manager has to do is plug in the event costs and associated revenue. If your manager doesn’t know how to calculate ROI, ask the accountant to provide skill building and training.

Few aesthetic surgeons relish the thought of spending hours analyzing data each month. But with a bit of planning and the development of a Data Dashboard, your manager can deliver the right metrics and reports for making sound business decisions based on rational data and good judgment.

Cheryl Toth, MBA is a Leadership & Implementation Coach with KarenZupko & Associates. She is passionate about leveraging technology to work smarter, improving the patient experience, and coaching practice leaders to thrive in the midst of chaos and change. Cheryl brings 20+ years of consulting, management, training, and product management to her projects.

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Predicting Patient Satisfaction—It's Easier Than You Think

By Stephen B. Baker MD, DDS, FACS

Are you searching for an evidence-based approach to management of facial surgery patients? If so, I invite you to check out the new FACE-Q (FQ). While both clinician-reported and patient-reported outcomes are valuable, plastic surgeons long sought a high quality, reliable method to measure patient satisfaction. Happily, now with the FACE-Q, we do.

What is the FACE-Q?

The FQ consists of numerous scales which measure outcomes important to patients undergoing aesthetic facial procedures. This measurement tool permits plastic surgeons to accurately measure patient perception and satisfaction that had previously been considered subjective and, thus, difficult to quantify. The FACE-Q has procedure-specific modules that evaluate *Satisfaction with Facial Appearance*, *Satisfaction with [facial feature]*, *Social Function*, and *Psychological Well-Being* for operations such as blepharoplasty, facelift, chin surgery, rhinoplasty and jaw surgery. Designed for anonymous patient self-completion, it has been scientifically developed, extensively tested, and validated. Its development and validation were funded by a grant from the Plastic Surgery Foundation.

My Story

In the beginning years of my practice, I would see patients who complained of a seemingly trivial facial irregularity, and I might try, to no avail, to dissuade them from paying for something that I did not think was a significant issue for them. Surprisingly, many of these patients would return thrilled and say how I had changed their lives for the better. Conversely, I may have had a tough case on which I thought I had hit a home run, only to discover the patient was less satisfied with the result than I.

As plastic surgeons, we know that we cannot impose our values or judgments on a patient as a measurement of success. It is their judgment, value, and perspective that matter, and the goal in aesthetic plastic surgery is to have happy patients. The question becomes, "How does a surgeon quantify and assess a patient's degree of happiness?"

In 2010, I wondered if there was a tool to help me reliably predict factors that correlate

with patient satisfaction in rhinoplasty and other facial procedures. By having a sense of the factors that predicted patient satisfaction, I could better counsel my patients preoperatively about the chances of meeting their expectations. I was familiar with the BREAST-Q from my partners' use of it in their practices, and I was also acquainted with Andrea Pusic, MD, the developer of these patient perspective tools. I learned she was about to launch the beta test phase for the FACE-Q and my practice was able to be included.

I used the FQ pre- and postoperatively for all my aesthetic facial surgery cases. MAPI Research Trust, a non-profit organization facilitating access to information in the field of Patient-Centered Outcomes, provided the forms at no charge. My staff copied and distributed them to my patients. For example, the patients would rate their satisfaction with their facial appearance pre- and postop. The difference in their self-reported ratings represents a quantified measurement of improvement in appearance.

Patients ranked their assessments using a 0–4 scale. The FQ score was calculated using the Q-score program, which converts raw scores of 0–4 to scores of 0–100. Higher scores denote greater satisfaction or better health-related QOL. I used the scales for *Satisfaction with Facial Appearance*, *Satisfaction with Nose*, *Social Function*, and *Psychological Well-Being*.

FACE-Q: Measuring Postoperative Outcomes from the Patient Perspective

In a pilot study using the FACE-Q in a rhinoplasty population, 56 rhinoplasty patients completed the scales. Participants ranged in age from 16–61 years of age, with a mean of 30.7 years and a standard deviation of 11.6 years. The post-operative follow-up period ranged from one to 216 months, with a mean of 8.2 months and a standard deviation of 30.7 months. Twelve patients (25.5%) were male and thirty-five patients (74.5%) were female; fifteen patients (26%) were partnered/married; forty patients (68%) were White Non-Hispanic.

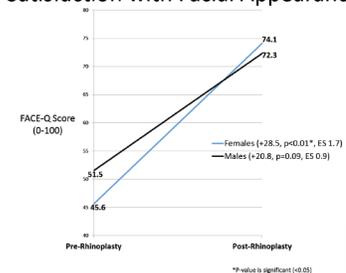
Postoperative FACE-Q scores were significantly higher in symmetry ($p < 0.004$), in photos ($p < 0.001$), and appearance overall ($p < 0.001$), in both the Satisfaction with Facial Appearance Overall and the Satisfaction with

Nose scales. Reported postoperative psychological well-being was found to be significantly improved following Rhinoplasty, especially in patient self-acceptance ($p < 0.018$) and improved levels of self-consciousness ($p < 0.024$).

For individual-level findings, when preoperative and postoperative assessments were compared, an individual patient's assessment of their profile and appearance in photographs were found to be significantly improved ($p < 0.040$, $p < 0.020$).

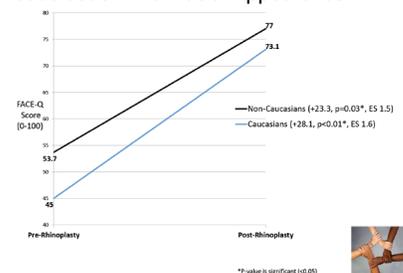
Analyzing the results in terms of demographics, we found female patients demonstrated statistically significant improvements in Satisfaction with Facial Appearance and Quality of Life while males' improvements also trended toward improvement but not quite to a level of statistical significance. With more male numbers, it is felt that statistical significance will be achieved.

Satisfaction with Facial Appearance



Caucasians were more likely to demonstrate a statistically significant improvement in Satisfaction with Nose compared to Non-Caucasians.

Satisfaction with Facial Appearance



Patients younger than 35 years old were more likely to experience enhanced satisfaction with facial appearance and quality

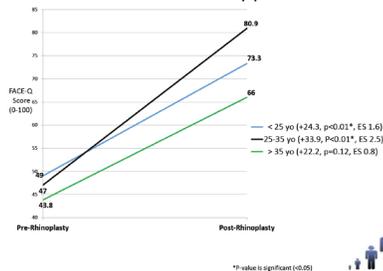
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Predicting Patient Satisfaction

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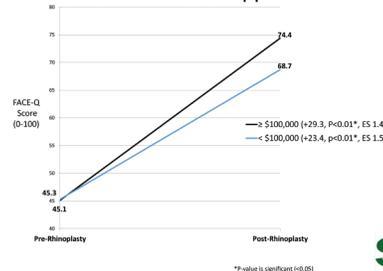
of life compared to patients older than 35 years old.

Satisfaction with Facial Appearance



Patients with income \geq \$100,000 were more likely to experience significant increases in Satisfaction with Facial Appearance and quality of life than patients with incomes < \$100,000.

Satisfaction with Facial Appearance



It is important to note that every group showed improvement; however some groups showed more than others.

Conclusions

In an objective study using a validated patient-reported outcome instrument, we were able to quantify differences in clinically meaningful change that Rhinoplasty patients gain in perception of appearance and quality of life based on demographic variables, and to demonstrate that these variables are potential predictors of differences in satisfaction.

Read my article, “Measuring Outcomes that Matter to Rhinoplasty Patients Using the FACE-Q Appraisal Scales,” in an upcoming issue of the Plastic and Reconstructive Surgery journal.

In my view, each of us would love being able to predict which of our patients will be happy with an outcome and which won't. Once there are sufficient entries into these aesthetic registries, we will be able to look for differences between those who are happy as compared to those who are unhappy. By going back to pre-op photos and using demographics, patient selection on the front end will get easier and the surgeon will be able to better counsel patients on the ability to deliver on their goals based on preoperative information and screening tools. If everyone is happy, these tools could be used to help us determine how to get them even happier. For me, personally, this study revealed that the improvement I achieved in the worm's eye view of the nostrils was not as good from the patient perspective as frontal or profile views of the nose, so this is an area for me to redouble my efforts. By using the FQ, I find myself improving as a surgeon.

As a clinician, the FQ may also be used solely postoperatively for outcomes data to compare with published studies and/or alert you if your patients' assessments are inconsistent with yours. You no longer have to wonder how satisfied your facial surgery patients really are.

In the aggregate, by providing the patient perspective, over time, these registries will discern if there are real differences in outcomes of competing techniques such as open vs. closed Rhinoplasty, chin implant vs. osseous genioplasty, autologous vs. non-autologous soft tissue filler, and alloplastic vs. autologous dorsal augmentation of the nose.

How to get the FACE-Q

Click on the link on surgery.org/members
Click “Get the FACE-Q”
Select “I am interested in learning more”

The FACE-Q is made available by MAPI Research Trust, Lyon, France, E-mail:

PROinformation@mapi-trust.org; Web site: www.mapi-trust.org.

There's even more good news: the Breast-Q serves the same purpose for breast surgery patients. I hope this gives you something to think about if you ever want to get a perfectly objective measurement on how your face patients feel about your work. And it's FREE!

Dr. Baker is professor and program director at the Department of Plastic Surgery, Medstar Georgetown Hospital, and specializes in aesthetic and reconstructive surgery of the face.

FDA Issues Draft Guidance Document for Comment: Same Surgical Procedure Exception Under 21 CFR 1271.15(b)

Most practicing plastic surgeons don't pay much attention to the voluminous statements and documents issued by FDA unless one specifically relates to their practice. For anyone working in the area of fat transfer, the document titled “Draft Guidance for Industry: Same Surgical Procedure Exception under 21 CFR 1271.15(b): Questions and Answers Regarding the Scope of the Exception” is important.

Although not a final edict, the document states, in part, that “surgical removal and subsequent implantation of the autologous HCT/P may be considered same surgical procedure even though the removal and future implantation may be a number of days apart. During this time, the HCT/P may be rinsed or cleansed and temporarily stored after being labeled pending implantation, and

still be considered same surgical procedure, provided no other processing steps, and no other manufacturing steps beyond being labeled and stored are performed.

To read the entire document, click here: www.fda.gov/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Guidances/Tissue/ucm419911.htm#_Toc399757383



Checklists: Reloaded

by Claude Oppikofer, MD

Have we been doing everything wrong?

For several years, we have been teaching our “lessons from aviation” in order to promote better safety in our operation rooms, insisting especially on the use of the surgical checklist. And now this! A few months ago, a study published in the *New England Journal of Medicine* seems to suggest that checklists are of no use in surgery. At least, this is how the article has been reported, particularly by those who now triumphantly see a scientific proof that checklists are just a hassle and a waste of time.

However, it seems that these people have not carefully read the paper and also the editorial by Lucian Leape that goes along with it. Therefore, it is worth a closer look.

The study looks at deaths and complications before and after introduction of a surgical checklist in Ontario and found no “significant reductions in operative mortality or complications.” The periods observed were 3-months intervals, one ending 3 months before the introduction of a surgical checklist, and one starting 3 months after the introduction of the checklist. **You cannot expect a quick fix from a checklist!** It will take much longer than three months before the checklist and the cultural change that comes with it will show in hospital statistics, as highly relevant studies show.

The results of the Ontario study are based on 101 hospitals. Only nine of them used customized checklists. All others implemented a standard checklist. Moreover, they reported a checklist compliance of close to 100%, which is surprisingly high and suggests that the checklists were mainly introduced to meet regulations. A mandated checklist designed without active participation of the professionals who use it will rarely ever have a positive effect. **In order to have buy-in from surgical teams, checklists must be designed and customized by them according to their needs.** If not, they will be useless or even have a negative effect by giving a misleading sense of safety.

Finally, **checklists will not work without training on how to use them and teamwork training.** Neither of these seem to have been

applied in the Ontario study. The authors do consider teamwork training to be essential, yet this was not taken into consideration in the study, where checklists were implemented without such training. This does not consider the human element, the fact that humans make mistakes. Only programs which do address these aspects and not only introduce a standard checklist can and will be successful. Or, as Leape says, “The key is recognizing that changing practice is not a technical problem that can be solved by ticking off boxes on a checklist but a social problem of human behavior and interaction.”

For all these reasons, it can be said that the Ontario study is by far no evidence against the usefulness of checklists. On the contrary, it clearly identifies the risks of failure if checklists are not customized by the teams who use them and if they are introduced without extensive team training and cultural changes. Checklists have proven to be highly

effective if used appropriately, and it is our responsibility as surgeons to make the necessary changes. Success will depend on our leadership and be essential for the benefit of our patients.

Claude Oppikofer, M.D., is an aesthetic plastic surgeon practicing in Montreux, Switzerland, and serves as chair of the ASAPS Patient Safety Committee.

Urbach et al., Introduction of Surgical Safety Checklists in Ontario, Canada. *N Engl J Med.* 2014 Mar 13;370(11):1029-38

Lucian L. Leape, The Checklist Conundrum, *N Engl J Med.* 2014 Mar 13;370(11):1063-4

Harden, S. Six things every plastic surgeon needs to know about teamwork training and checklists, *Aesthet Surg J.* 2013 Mar;33(3):443-8

Oppikofer C. Are the New Changes in Our Operating Rooms Really Making Us Safer and Better Surgeons?. *Plast Reconstr Surg.* 2014 Apr;133(4)

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Legal Update: Two Things You Should Know

by Bob Aicher, Esq.

Kick the Tires. Several Times.

Several members in 2014 had unhappy, yet avoidable, experiences with devices.

If we were chauffeurs, none of us would spend \$100–\$200,000 for a limousine without riding in it, driving it, talking to other chauffeurs about this limo and others, investigating this limo's frequency of repairs and resale value, reading all the warranties and disclaimers, and calculating how many fares it will take to break even on such a large purchase. The last person we would believe is the salesman.

When it comes to spending the same amount of money on devices, however, several of our members last year decided to believe the salesman first, buy the machine, then begin their investigation of whether buying this device was a good idea. Those members won't make that mistake again, but I'm hoping the rest of you can learn vicariously.

First off, take your time. Unlike many consumer purchases that protect buyers with a "cooling off" period, such as cars and houses, as soon as you sign the device contract, the machine is yours, even if it's still in the sealed box. So don't give in to the pressure to buy. It's ok to walk away, even if it means, in your situation, graciously escorting the rep to the exit with the assurance that you will think about it.

Secondly, before you sign, kick the tires. Does this device perform for your colleagues as the manufacturer rep promised? After buying the machine first, two of our members discovered during the manufacturer-provided training that as much care was required to avoid burns as to achieve measurable results. Why would you buy before having a demo? Talk to other device users. If they are out of your practice area, they will be less likely to view you as a competitor and thus more likely to speak with you frankly and honestly.

Third, what about resale value? Several of our members have discovered that two manufacturers will not honor the resale of their devices unless the new buyer is recertified. The minimum price for recertification is \$20,000 with an additional \$10,000 if your buyer wants the latest upgrade. That means your buyer will pay you

\$20-30,000 less than what your machine is worth, often resulting in your losing the sale because it makes more sense for your buyer to purchase a new machine. *The amount of this recertification fee is not in your paperwork at all.* Only by asking around will you discover this unhappy news. If you think those recertification fees are too steep, the time to negotiate them is before you sign the contract, not after when you're unhappy with the device's performance and want to unload it.

Fourth, ask for all the paperwork, including attachments. Either read or have your lawyer read all of it before you sign. It's time and money well spent to know what warranties are being disclaimed and venue for any lawsuits will be on the other side of the country. These kinds of clauses aren't illegal. They are, however, skewed to favor the manufacturer.

Finally, just because a contract is pre-printed doesn't mean you can't insist on revisions and additional clauses, such as a return policy. Contracts are just words which can be negotiated and changed. In that regard, be warned that buried in the fine print is a clause which says the written contract is the full expression of the parties. That means, unless it's in the contract, all of the rep's oral promises, assurances and guarantees never happened. The rep has a duty of loyalty to the manufacturer, not to you, so get all those promises in writing. Fyi, in case of inconsistencies in contracts, pre-printed terms are trumped by typewritten terms, and handwriting trumps everything, so don't hesitate to use their contract as a scratch pad. Just get their initials to make everything binding.

So if you're in the market for an expensive device, learn from your colleagues' surprises and mistakes. Kick the tires. Several times. Your peers who learned the hard way would be pleased that their experiences benefitted someone. If that someone is you, let me know.

Silicone Implants in <22 year olds

Several members have asked whether it is legal or not for a 20-year old patient to receive silicone implants for aesthetic breast augmentation. Answer: Legal.

FDA states that silicone implants "are indicated for females for: Breast augmentation

for women at least 22 years old... and Breast Reconstruction."¹ Any drug or device with an FDA label may be used off-label unless specifically prohibited. Since FDA has labeled silicone implants for females 22 years and older, you may implant them in females <22 years of age, and all males, as a legal off-label use. Manufacturers will not honor their warranties for off-label use, however, so be certain your patient knows and gives informed consent.

Since an implant in an <22 reconstructive patient doesn't behave any differently than in an <22 aesthetic patient, why do manufacturers not honor their warranties for the <22 aesthetic patients? It reduces their legal risk, simply put. Implant manufacturers and our surgeons are all in the business of reducing risk. This is the manufacturers' way of saving some money, thanks to FDA's <22 distinction, even if it only applies to 1 or 2% of the patient population.

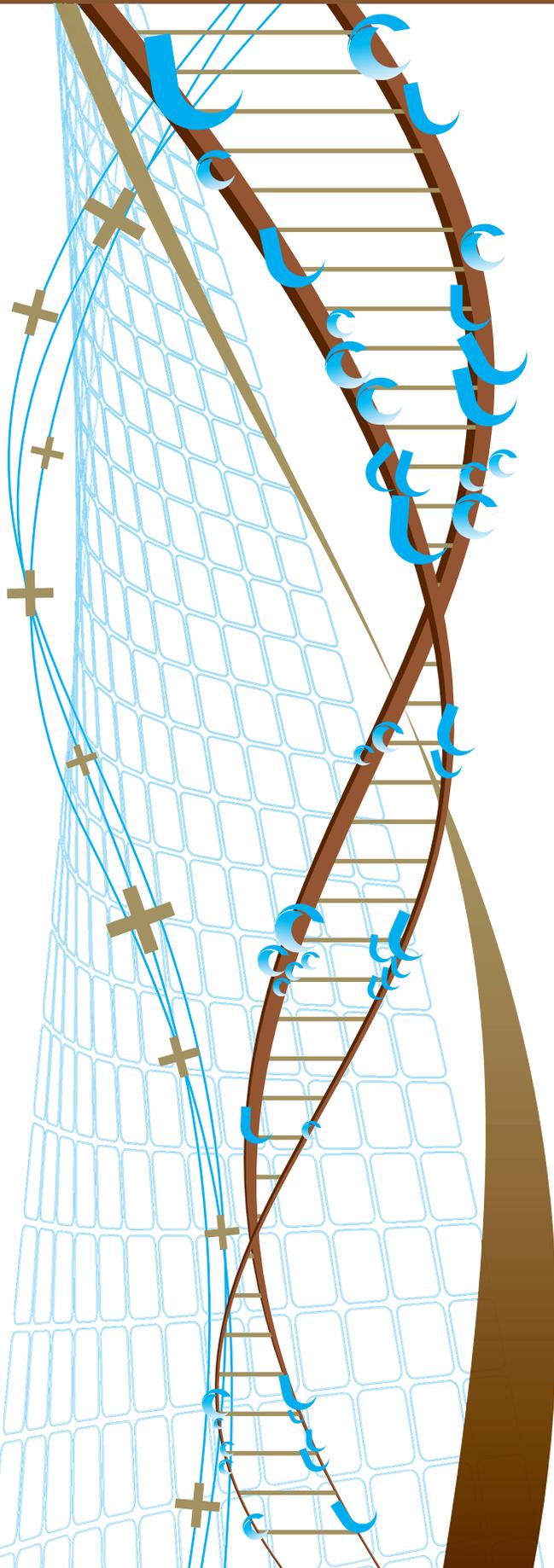
If your patient asks whether silicone implants are safe for women <22, the answer is yes. FDA has approved silicone implants for women of all ages for breast reconstruction, so they are obviously safe for aesthetic implantation as well. Is there a rational, medical reason for this distinction? Probably not. More likely it was motivated by social policy.

<22 reconstruction patients have a medical need for implants so as to assist their physical and psychological recovery. <22 aesthetic patients cannot claim medical necessity, no matter how strong their psychological desire. FDA is thus attempting to effect social change: by not giving its labeled blessing to under 22 years of age aesthetic breast augmentation patients, FDA is likely hoping such patients will wait to assure they are making a mature choice. Since age is no guarantee of maturity, document in your file your aesthetic patients' presence and demeanor, as well as any influence being exerted by friends and family members.

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.

1. www.fda.gov/downloads/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/BreastImplants/UCM245623.pdf

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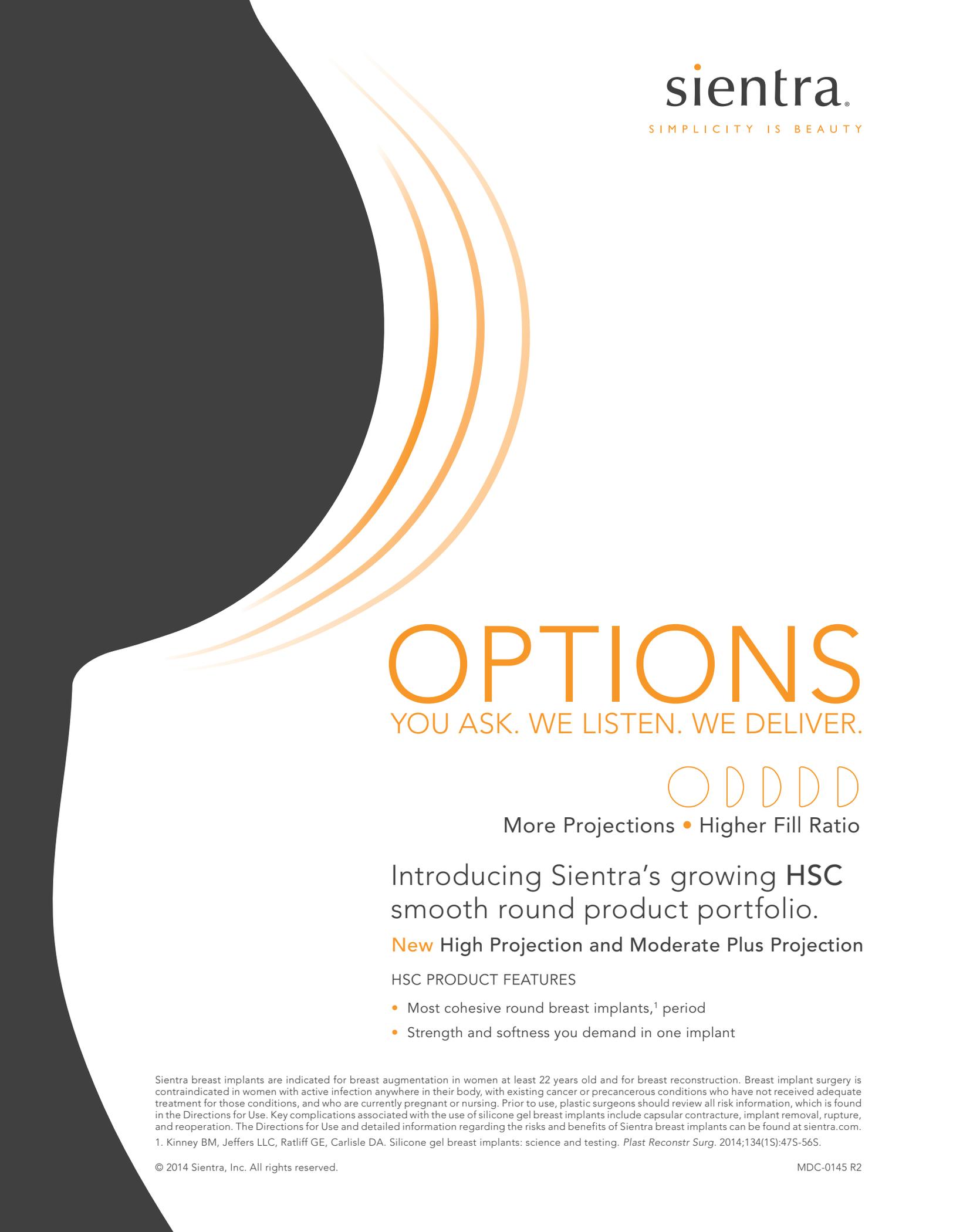
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Sientra breast implants are indicated for breast augmentation in women at least 22 years old and for breast reconstruction. Breast implant surgery is contraindicated in women with active infection anywhere in their body, with existing cancer or precancerous conditions who have not received adequate treatment for those conditions, and who are currently pregnant or nursing. Prior to use, plastic surgeons should review all risk information, which is found in the Directions for Use. Key complications associated with the use of silicone gel breast implants include capsular contracture, implant removal, rupture, and reoperation. The Directions for Use and detailed information regarding the risks and benefits of Sientra breast implants can be found at sientra.com.

1. Kinney BM, Jeffers LLC, Ratliff GE, Carlisle DA. Silicone gel breast implants: science and testing. *Plast Reconstr Surg.* 2014;134(1S):47S-56S.