



## Last Chance to Pre-Register: The ASAPS Las Vegas 2016 Aesthetic Symposium

By Glenn Jelks, MD

In just a few short days, Dr. Charles Thorne and I look forward to welcoming you to the incredibly popular ASAPS Las Vegas 2016 Aesthetic Symposium: Practical Tips and Revolutionary Concepts in Facial Surgery, Injectables and Rhinoplasty. It takes place January 14–16, 2016, at The Cosmopolitan of Las Vegas, Las Vegas, Nevada, and is an exciting program set in an intimate learning

environment, with some of the best minds in aesthetic plastic surgery as faculty. You may pre-register online until January 11, and walk up registration is available for qualified attendees. Please note, however, that our cadaver labs often sell out in advance, and we can't guarantee a spot in these special courses.

*Continued on Page 24*

## Musing on El Magnifico: A Tribute to Gustavo A. Colon, MD

By Jennifer Walden, MD



By now, most members of the plastic surgery family know we recently lost Gustavo A. Colon, MD who passed away after a long and valiant fight with Parkinson's

Disease. Gus always greeted me with a smile and a hug; I am honored to write this tribute to him for the Aesthetic Society News.

Gus was truly an iconic figure in aesthetic surgery beginning in the 1970s, and served in virtually all leadership capacities within the Society including President from 1996–1997. Dr. Colon was a true servant to the specialty, an educator, mentor and friend to generations of plastic surgeons.

Gus, aka "El Magnifico," was also a lot of fun and had a great zest for life that was infectious and affected all around him, and I

*Continued on Page 26*

## The Straight & Narrow

By Joe Gryskiewicz, MD



The Aesthetic Society is pleased to introduce a new recurring column, The Straight & Narrow, by ASAPS Judicial Council member Joe Gryskiewicz, MD (Dr. Joe). Have a question, situation or concern that you'd like addressed? Email [ethics@surgery.org](mailto:ethics@surgery.org) and Dr. Joe might include your contribution in a future issue.

### Situation #1: Refusing to treat an HIV patient.

I have a pressing question for you. I just saw a web link where court papers stated that federal prosecutors sued a Manhattan plastic surgeon for refusing to do a breast reduction on a 50-year-old man just because he had HIV. I believe it's an

interesting notion that something can be illegal (depending upon the court's ultimate ruling) yet be considered ethical (or at least not specified as unethical) by us. Notwithstanding that our Code of Ethics doesn't prohibit it, do you personally think it is ethical for the doctor to deny HIV patients? If yes, must a plastic surgeon also have a policy not to operate on others with blood-borne illnesses such as hepatitis to show that they aren't discriminating against people with that one disease? Does it matter if it is elective or not? In this case, gynecomastia correction ultimately is for cosmetic reasons. But if it was brought about by a medical condition rather than, for example, anabolic steroids, does that make a difference in the "medical necessity" and therefore change this from elective to medically necessary?

Ouch! I kind of think this plastic surgeon shot himself in the foot by how he handled

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## WE ARE AESTHETICS.



ASAPS Las Vegas  
Aesthetic Symposium  
Practical Tips and Revolutionary Concepts  
In Facial Surgery, Injectables and Rhinoplasty  
January 14–16, 2016  
The Cosmopolitan of Las Vegas  
Las Vegas, NV



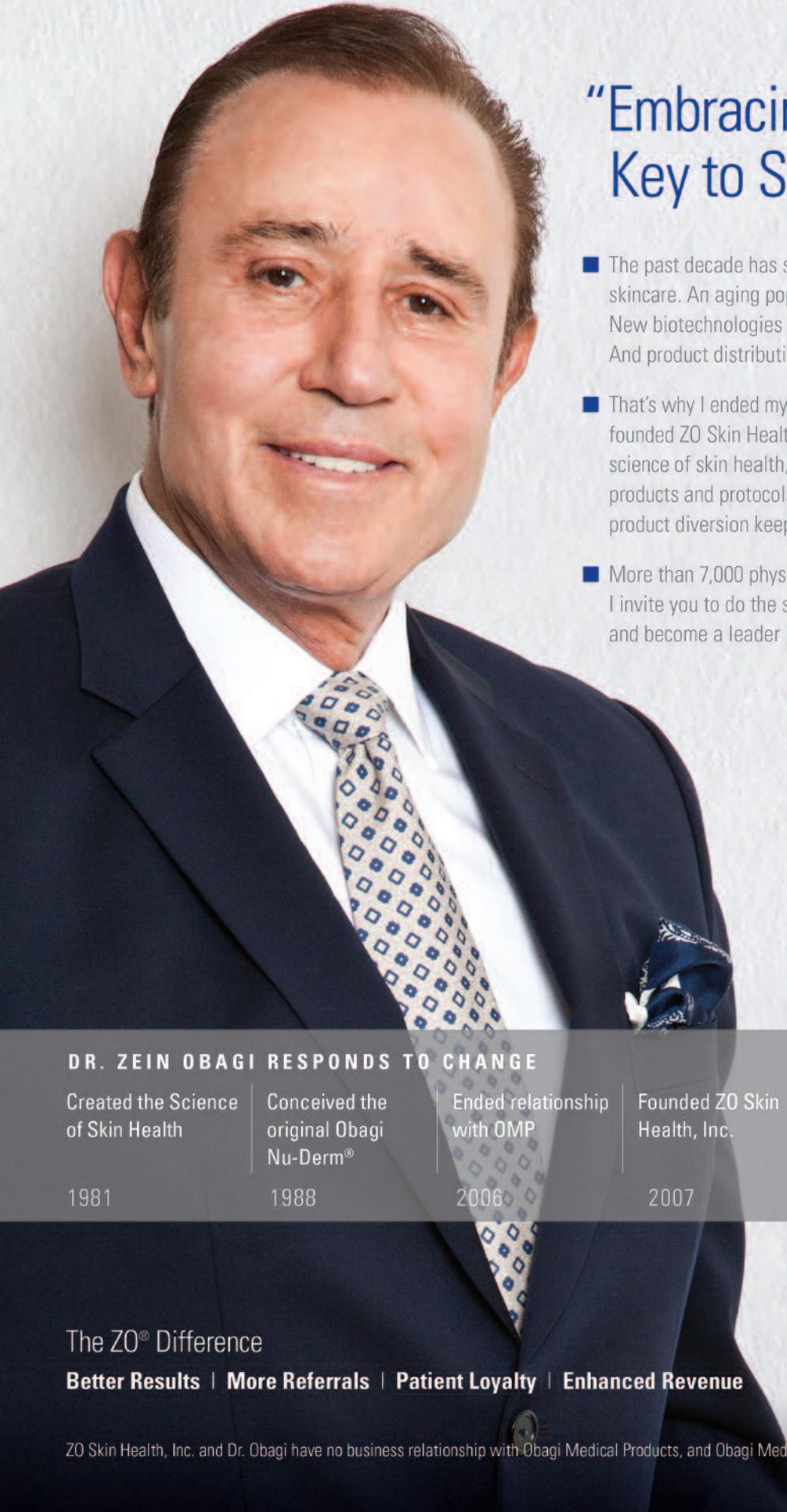
The Aesthetic Meeting 2016  
April 2–7, 2016  
Mandalay Bay Resort & Casino  
Las Vegas, NV

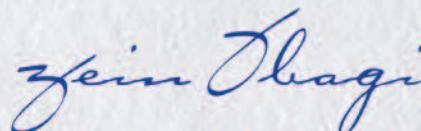


Experienced Insights in Breast and Body Contouring—  
Interaction, Involvement,  
Inspiration  
October 6–8, 2016  
The Westin Chicago River North  
Chicago, IL

Did You Know that ASAPS Assists States with Advocacy? Find Out More on Page 30.

## "Embracing Change is the Key to Skincare Success"

- 
- A professional portrait of Dr. Zein Obagi, a middle-aged man with dark hair, wearing a dark suit, white shirt, and patterned tie. He is smiling and looking slightly to the right.
- The past decade has seen unprecedented changes in professional skincare. An aging population that demands more services. New biotechnologies that provide more effective and safer results. And product distribution that left the control of the physician.
  - That's why I ended my relationship with Obagi Medical Products and founded ZO Skin Health, Inc. Under my guidance ZO® has advanced the science of skin health, developed new therapeutic, daily and preventative products and protocols for better results. And our zero-tolerance of product diversion keeps physicians in control of product distribution.
  - More than 7,000 physicians have already made the change to ZO®. I invite you to do the same and experience the ZO® Difference and become a leader in skin health.

*zein obagi*

**Dr. Zein Obagi**  
Dermatologist and  
ZO Medical Director

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1988

Ended relationship  
with OMP

2006

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Health, Inc.

2007

Developed new  
medical products  
and protocols

2012

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— BY ZEIN OBAGI MD —



## Aesthetic Society News

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

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The American Society for  
Aesthetic Plastic Surgery



The Aesthetic Surgery Education  
and Research Foundation

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Society of Plastic Surgical Skin Care Specialists:  
[www.spsscs.org](http://www.spsscs.org)



## ASAPS Calendar

### ASAPS Jointly Provided & Endorsed Symposia

**January 14 – 16, 2016**  
**ASAPS Las Vegas 2016 Aesthetic Symposium**  
 The Cosmopolitan of Las Vegas  
 Las Vegas, Nevada  
 562.799.2356  
[www.surgery.org/lasvegas2016](http://www.surgery.org/lasvegas2016)

**January 21, 2016**  
**SESPRS 9th Annual Oculoplastic Symposium**  
 Intercontinental Hotel  
 Atlanta, GA  
 435.901.2544  
[www.sesprs.org/meetings](http://www.sesprs.org/meetings)

**January 22 – 24, 2016**  
**SESPRS 32nd Annual Atlanta Breast Symposium**  
 Intercontinental Hotel  
 Atlanta, GA  
 435.901.2544  
[www.sesprs.org/meetings](http://www.sesprs.org/meetings)

**February 11 – 13, 2016**  
**50th Baker Gordon Educational Symposium**  
 Hyatt Regency Miami, Miami, FL  
 305.859.8250  
[www.bakergordonsymposium.com](http://www.bakergordonsymposium.com)

**February 13 – 17, 2016**  
**NWSPS 54th Annual Scientific Meeting**  
 Grand Hyatt Poipu  
 Kauai, HI  
 503.421.8955  
[www.nwspss.org/annual-meeting](http://www.nwspss.org/annual-meeting)

**March 2 – 3, 2016**  
**19th Annual Dallas Cosmetic Surgery Symposium**  
 Westin Galleria Dallas  
 Dallas, TX  
 972.934.9494  
[www.dallascosmeticsymposium.com](http://www.dallascosmeticsymposium.com)

**March 4 – 6, 2016**  
**33rd Annual Dallas Rhinoplasty Symposium**  
 Westin Galleria Dallas  
 Dallas, TX  
 972.934.9494  
[www.dallasrhinoplastysymposium.com](http://www.dallasrhinoplastysymposium.com)

**SKIN CARE 2016**  
**SPSSCS 22nd Annual Meeting**  
 Mandalay Bay Resort & Casino  
 Las Vegas, NV  
 562.799.2356  
[www.spsscs.org/meeting2016](http://www.spsscs.org/meeting2016)

**April 2, 2016**  
**The Rhinoplasty Society Annual Meeting 2016**  
 Mandalay Bay Resort & Casino  
 Las Vegas, NV  
 904.786.1377  
[www.rhinoplastysociety.org/meetings](http://www.rhinoplastysociety.org/meetings)



**THE AESTHETIC MEETING 2016** *Las Vegas*  
**April 2-7**

**April 2 – 7, 2016**  
**The Aesthetic Meeting 2016**  
 Mandalay Bay Resort & Casino  
 Las Vegas, NV  
 562.799.2356  
[www.surgery.org/meeting2016](http://www.surgery.org/meeting2016)

**April 14, 2016**  
**16th Annual University of Toronto Breast Surgery Symposium**  
 Omni King Edward Hotel  
 Toronto, ON, Canada  
 416.946.7641  
[www.torontoaestheticmeeting.ca](http://www.torontoaestheticmeeting.ca)

**April 15 – 16, 2016**  
**46th Annual University of Toronto Aesthetic Plastic Surgery Symposium**  
 Omni King Edward Hotel  
 Toronto, ON, Canada  
 416.946.7641  
[www.torontoaestheticmeeting.ca](http://www.torontoaestheticmeeting.ca)

**April 22 – 23, 2016**  
**5th Body Lift Course**  
 Dr. Jean-François Pascal  
 Marriott Hotel Cité Internationale  
 Lyon France  
 contact@docteur-pascal.com  
<http://meeting.docteur-pascal.com>

**October 6 – 8, 2016**  
**Experienced Insights: Breast & Body Contouring (An ASAPS Symposium)**  
 The Westin Chicago River North  
 Chicago, IL  
 562.799.2356  
[www.surgery.org/breastandbody2016](http://www.surgery.org/breastandbody2016)

**April 27 – May 2, 2017**  
**The Aesthetic Meeting 2017**  
 San Diego, CA  
 562.799.2356  
[www.surgery.org/meeting2017](http://www.surgery.org/meeting2017)

Aesthetic Society News • Winter 2016

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# EPSTEIN ABDOMINOPLASTY RETRACTOR

As the trend in today's abdominoplasties is towards less upper lateral undermining, the upper tunnel has become narrower. During the dissection of this tunnel, it is difficult to maintain countertraction with available instrumentation. The Epstein Abdominoplasty Retractor was designed to assist in the performance of the dissection of the upper abdominal tunnel. The ergonomic handle is easily held by the surgical assistant. It is available in several blade lengths so as to best fit the anatomy of the patient: whether the tunnel is long or short, there is a retractor to provide the best mechanical advantage in yielding exposure and reducing fatigue. The widened, curved working end spreads the tissues of the upper skin flap apart as the teeth gently hold them in place without slippage. The leading edge of the dissection is easily seen and maintained, facilitating effortless cautery elevation of the skin flap from the muscle fascia. The retractor is also extremely helpful in elevating the abdominal skin flap over the narrow tunnel so that the underlying muscle fascia can be plicated.

- Designed to assist in the performance of the dissection of the upper abdominal tunnel
- The wide curved working end spreads and holds the tissue of the upper skin flap apart
- Facilitates cautery elevation of the skin flap from the muscle fascia
- Extremely helpful in elevating the skin flap over the narrow tunnel for muscle fascia plication

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80x27mm blade with 60mm wide working end with teeth and ergonomic handle

**ASSI.ABR31826**

**Epstein Abdominoplasty Retractor**

110x27mm blade with 60mm wide working end with teeth and ergonomic handle

**ASSI.ABR32026**

**Epstein Abdominoplasty Retractor**

140x27mm blade with 60mm wide working end with teeth and ergonomic handle

**ASSI.ABR31926**

**Epstein Abdominoplasty Retractor**

160x27mm blade with 60mm wide working end with teeth and ergonomic handle



Designed By:  
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M.D., F.A.C.S.,  
Stony Brook, NY

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By James C. Grotting, MD

**A**s we enter this New Year, I'm incredibly grateful to our ASAPS Membership for your continued support and inspiration. Your ideas and suggestions keep our Society vital and strong, and I value your contributions to our specialty. The Society has been incredibly active over the past year, and I wanted to keep you abreast of some of our latest developments.

#### **Revised Mission and Vision Statements**

During our annual strategic planning session last summer, the board took a hard look at our current mission and vision statements to ensure they still reflected the values of our organization. Under the direction of president-elect Daniel Mills, MD, the following was approved by the Aesthetic Society Board of Directors:

**Aesthetic Society Vision Statement:** To be the leading resource for all aesthetic plastic surgery and cosmetic procedure needs.

**Aesthetic Society Mission Statement:** To advance the science, art, and safe practice of aesthetic plastic surgery & cosmetic medicine through education, research, and innovation while maintaining the highest standards of ethical conduct.

These statements will guide our decision-making process as we evaluate the Society's future activities and opportunities.

#### **Education**

In less than two weeks, we'll be gathering in Las Vegas for the ASAPS Las Vegas 2016 Aesthetic Symposium. It's encouraging to see just how quickly this educational event has grown, from its inception three years ago. Now featuring two cadaver labs for rhinoplasty and facial techniques, this dynamic and interpersonal educational experience has developed into a stellar event, and I'm proud to have played a role in its creation. I highly recommend that you experience this symposium yourself, to see what all of the buzz is about.

January also kicks off the official countdown to The Aesthetic Meeting 2016, being held this year at the Mandalay Bay Resort and Casino, April 2–7.

This year's meeting is under the direction of two sterling educators, William P. Adams, MD and Jamil Ahmad, MD. Bill and Jamil have

added some great new elements to the meeting this year, including interactive gaming (The Global Plastic Bowl Challenge, Lower Eyelid Roulette), fascinating interactive operative videos featuring João Carlos Sampaio Góes, MD on Periareolar Mastopexy with Mesh Support, Jean Francois Pascal, MD on Body Lift, and Nazim Cerkes, MD on Achieving Consistency in Rhinoplasty, and Special presentations on Evolving Concepts in Breast Implants Biofill and ALCL: Anand Deva, MD, Injectables, Anatomy and Safety: Cladio DeLorenzi, MD, and Personal Evolution in Rhinoplasty: Ronald Gruber, MD.

At the risk of listing the entire program, I'll stop here. But there's a lot more, including extensive sessions on the business of plastic surgery and the ever popular Premier Global Hot Topics. (*The full Aesthetic Meeting program can be found beginning on page 10.*)

Residents are highly encouraged to attend the informative Residents & Fellows Forum on Sunday, April 3, 8:00am–1:00pm. This forum is a great opportunity to both learn and network with your peers.

And personally, I hope all Aesthetic Meeting attendees join in the fun at the Presidential Welcome Celebration on Monday April 4, 6:30pm–9:00pm. This year, we're blasting off in the Las Vegas Time Machine, featuring an evening of spectacular food, drink and entertainment as we celebrate Las Vegas throughout the eras.

I encourage you all to think of fellow colleagues who are not yet ASAPS members, and invite them to come to The Aesthetic Meeting 2016 to discover all that The Aesthetic Society offers in terms of our unsurpassed education, access to thought leaders, and collegial community. I look forward to seeing you there.

I am very excited to announce the inaugural "Experienced Insights in Breast and Body Contouring" meeting to be held in Chicago, October 6–8, 2016 at The Westin Chicago River North Hotel. This is designed to be a smaller, more intimate symposium, allowing for an unprecedented level of interaction for the participants. Co-chaired by William Adams, MD and Jeffrey Kenkel, MD,

the faculty and program are still in development. More information will be available in the coming months.

Finally, I would like to extend a most sincere thank you to Drs. Mark Codner and Salvatore Pacella, MBA for a very successful meeting for residents, "The Business of Launching Your Practice—The ASAPS Gift of Expert Advice." Mark and Sal assembled an exceptional faculty and we had 64 grateful residents attending. All content was videotaped and will be posted on RADAR for viewing soon for Members, Candidates, and Residents. Just imagine, all of this educational content, free!

#### **Patient Safety**

The FDA is expected to provide a literature review update regarding ALCL in the near future, and we encourage additional research into this issue. As you know, industry and research leaders, including the US Food & Drug Administration (FDA), the Institute of Medicine (IOM), and others, maintain that breast implants do not impair breast health. The FDA has stated that scientific evidence continues to support that FDA-approved breast implants are safe and effective. Our research arm, the Aesthetic Surgery Education and Research Foundation (ASERF), is also funding research into this topic, including a strong correlation with BI-ALCL and bacteria.

#### **Closing Thoughts**

Entering 2016, I'm incredibly grateful to be able to practice as an aesthetic surgeon. Our profession allows each of us the opportunity to enrich people's lives, give back to our specialty and, through The Aesthetic Society, form friendships with colleagues around the world. And on that note I would like to extend my best wishes for a prosperous and peaceful New Year.

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

Experience the Global Gathering  
of Aesthetic Innovators and Experts



# THE AESTHETIC MEETING 2016

*Las Vegas*

April 2–7, 2016

Mandalay Bay Resort and Casino



THE ANNUAL MEETING OF  
The American Society for Aesthetic Plastic Surgery, Inc.  
and Aesthetic Surgery Education and Research Foundation

WE ARE  
AESTHETICS.

[www.surgery.org/meeting2016](http://www.surgery.org/meeting2016)



## Registration Opens Soon! The Aesthetic Meeting 2016

By William P. Adams, Jr., MD

I'm pleased to announce that registration for The Aesthetic Meeting 2016 opens in the coming days, and I hope you'll be joining us as the annual global gathering of innovators and aesthetic experts meets April 2–7, 2016, in dazzling Las Vegas, NV, at The Mandalay Bay Resort and Casino. Here you'll learn from the best and brightest minds in aesthetic plastic surgery, as they share the latest in technological advances and techniques. Plus, with our special Practice Management Scientific Sessions, The Business Side, ideal 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 must-attend educational event of the year. 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/meeting2016](http://www.surgery.org/meeting2016), but I wanted to draw your attention to some exciting opportunities occurring at The Aesthetic Meeting 2016.

### New at The Aesthetic Meeting

**Special Presentations.** While all programs are exceptional, I'm particularly excited about some of the special presentations occurring at The Aesthetic Meeting, including "Evolving Concepts in Breast Implant Associated ALCL and Biofilms" (Anand Deva, MD), "Injectables, Anatomy and Safety" (Claudio DeLorenzi, MD), "3D Facial Averaging" (Val Lambros, MD) and "Personal Evolution in Rhinoplasty" (Ronald Gruber, MD).

### Interactive Operative Videos.

Additionally, we have some fascinating Interactive Operative Videos as part of the Scientific Sessions, including "Periareolar Mastopexy with Mesh Support" (João Carlos Sampaio Góes, MD), "Body Lift" (Jean Francois Pascal, MD) and "Achieving Consistency in Rhinoplasty" (Nazim Cerkes, MD).

**Games and Debates.** As Chair of the ASAPS Program Committee, it is my goal that The Aesthetic Meeting be as interactive, fun,

and interesting as possible. To that end, we have several new Interactive Games and Debates this year, including "The Global Plastic Bowl Challenge," where participants from 4 regions around the world will compete to win world-wide bragging rights., "Lower Eyelid Roulette," and "Breast Augmentation Mini Debates."

### Aesthetic Meeting Highlights

**ASERF's Premier Global Hot Topics has never been hotter!** Please plan your schedule to include this dynamic General Session on Thursday, April 7. Topics include "Skin: Tightening, Resurfacing and Beyond," "Non-Surgical and Minimally Invasive Fat Reduction: What Works and What Doesn't?" and "The Latest Perspectives on Breast Implants."

**The Business Side.** Send your staff to this valuable practice management session where they will learn effective techniques to help your practice thrive. Plus, The Aesthetic Meeting has informative courses for Nurses, Physician's Assistants, Administrative Support, and Skincare Specialists!

**Meet the ASAPS Board—A Special Wine Tasting Event.** On Tuesday, April 5 at 3:30pm – 4:30pm, 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.

### Blast Off in the Las Vegas Time

**Machine!** Songs, spectacle, surprises and more are sure to be found at The Aesthetic Meeting's Presidential Welcome

Celebration as we experience Las Vegas through the decades. Join your friends and network with colleagues as your senses are indulged by food, drink, and extraordinary entertainment.

Monday April 4, 6:30pm. Mandalay Bay Convention Center.

### Explore The Aesthetic Society in The Aesthetic Marketplace

- Learn all about new gamification and beneficial features of RADAR Resource
- Demo the new ASERF Data Hub
- Get a free We Are Aesthetics photo and share your commitment to aesthetic plastic surgery!

**Relax in the ASJ Lounge!** Come celebrate with the *Aesthetic Surgery Journal*: 20 years of excellence for the #1 Journal dedicated to aesthetic plastic surgery. Located in The Aesthetic Marketplace.

**Women Aesthetic Surgeons' Symposium, Dinner, and Lounge.** Networking and educational opportunities for women surgeons abound at The Aesthetic Meeting, including the Aesthetic Women's Symposium and the Women's Aesthetic Surgeons' Dinner on Saturday and the WAS Lounge in The Aesthetic Marketplace.

### 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](http://www.surgery.org/hotels)

**ASERF Silent Auction.** The Aesthetic Meeting 2016'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](http://www.surgery.org/silentauction)

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## Plan Your Trip Accordingly!

### Saturday, April 2 – Sunday, April 3

Pre-Meeting Educational Opportunities/Super Cadaver Labs

### Monday, April 4 – Wednesday, April 6

Exhibits—The Aesthetic Marketplace is Open!

### Monday, April 4 – Thursday, April 7

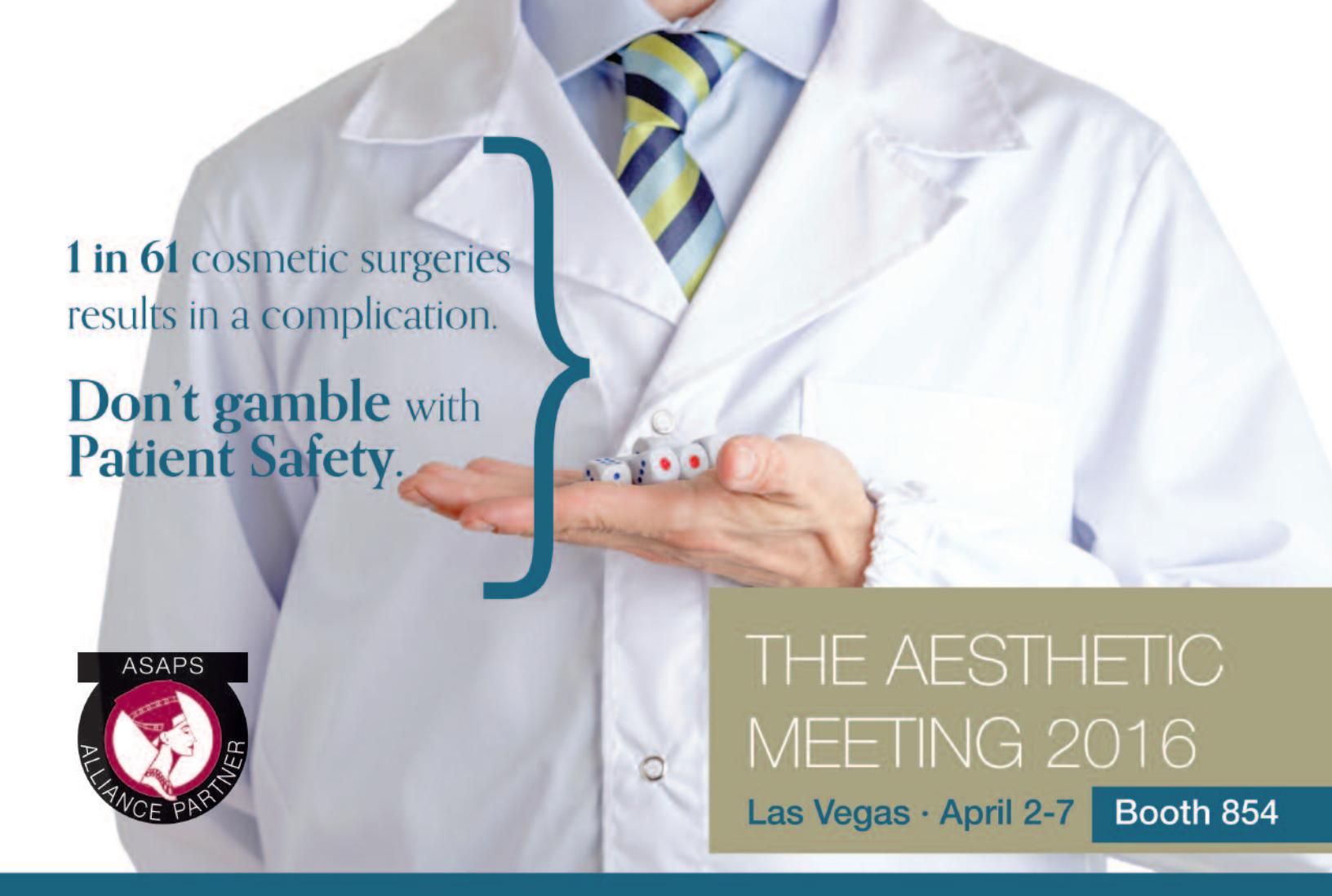
Scientific Sessions

### Tuesday, April 5 – Thursday, April 7

The Business Side (Practice Management Sessions for Staff)

### Thursday, April 7

Premier Global Hot Topics



1 in 61 cosmetic surgeries  
results in a complication.

Don't gamble with  
Patient Safety.



## THE AESTHETIC MEETING 2016

Las Vegas · April 2-7      Booth 854

# CosmetAssure®

We Cover Complications.

## Better Educated Surgeons Make For Fewer Complications

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**Since 2003**, CosmetAssure has been protecting board certified plastic surgeons and their patients against the financial burden of unexpected post-aesthetic surgery complications.

Recognizing that complications **WILL** occur is the first step toward reducing their frequency.

Visit us in Las Vegas, at **BOOTH 854** to learn more about our commitment to patient safety.

## Registration Opens Soon! The Aesthetic Meeting 2016

Continued from Page 7

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

**Research and Innovative Technology Luncheon.** You won't want to miss the latest

research developments as innovators from around the world present their latest findings. Monday April 4, 12:30pm–2:00pm.

**Credits.** At The Aesthetic Meeting 2016, you'll be able to earn up to 49.75 AMA PRA Category credits™. Attend the entire 2016 Scientific Session and earn 20.25 CME credits, of which 8 are patient safety CME. An additional 15.75 patient safety CME credits can be earned by attending select Optional courses.

Of course, these highlights are but the tip of The Aesthetic Meeting iceberg! For complete

details, please review the registration brochure, beginning on page 10, or learn more about this premier global gathering of aesthetic innovators and experts at [www.surgery.org/meeting2016](http://www.surgery.org/meeting2016). I look forward to seeing you all in Las Vegas!

*William P. Adams, Jr., M.D., is an aesthetic plastic surgeon practicing in Dallas, TX, and serves as the Chair of the ASAPS Program Committee.*

## BLAST OFF IN THE LAS VEGAS TIME MACHINE!

PRESIDENTIAL WELCOME CELEBRATION

Monday  
April 4, 2016

6:30 pm

MANDALAY BAY  
CONVENTION CENTER  
Las Vegas, Nevada

Songs. Spectacle. Surprises.

[www.surgery.org/meeting2016](http://www.surgery.org/meeting2016)

# THE AESTHETIC MEETING 2016 WEEK-AT-A-GLANCE

FRIDAY, APRIL 1, 2016

6:00pm – 10:00pm

ASAPS Board Meeting

SATURDAY, APRIL 2, 2016

6:30am – 6:00pm

Registration Open

7:00am – 9:30am

ASERF Board Meeting

7:00pm – 8:30pm

Faculty/VIP/International Reception

PRE-MEETING CADAVER WORKSHOPS\*

## ■ 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 

Chair: Mendelson

## ■ OTHER

8:00am – 12:00pm

**NEW S2A** Anatomic Considerations and Technical Refinements in Aesthetic Procedures: A Cadaveric Experience with the Experts 

Chair: Kenkel

1:00pm – 5:00pm

**NEW S2B** Anatomic Considerations and Technical Refinements in Aesthetic Procedures: A Cadaveric Experience with the Experts 

Chair: Kenkel

## ■ BREAST

7:30am – 5:30pm

**NEW S3** A World Perspective on Breast Rejuvenation: Mastopexy with and Without Implants, Fat, and Support 

Co-Chairs: Wall/Mendieta

## ■ OTHER

1:00pm – 5:00pm

**S4** Women Aesthetic Surgeons' Symposium 

Jenni Prisk, Communication Expert

6:00pm – 8:00pm

**S4D** Women Aesthetic Surgeons' Dinner 

SUNDAY, APRIL 3, 2016

6:30am – 6:30pm

Registration Open

## ■ COSMETIC MEDICINE

7:30am – 5:30pm

**S5** Cosmetic Medicine 2016 

Co-Chairs: Kulick/Lorenc

## ■ PRACTICE MANAGEMENT

8:00am – 12:00pm

**S6** Re-Designing Your Aesthetic Practice—How to Get Beyond Today 

Co-Chairs: Jewell/Singer

RESIDENTS ONLY

8:00am – 1:00pm

**S7** Residents and Fellows Forum

Co-Chairs: Mofid/Darian

## ■ RHINOPLASTY

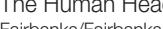
8:00am – 5:00pm

**S8** Rhinoplasty Symposium 2016 

Co-Chairs: Ghavami/Sajadian

## ■ OTHER

8:00am – 5:00pm

**S9** Medical Life Drawing & Sculpture: The Human Head 

Fairbanks/Fairbanks

## ■ PATIENT SAFETY

8:00am – 12:00pm

**S10A** AAAASF Inspector Training 

Watts/Brownstein/Newkirk/Keyes/Griffin-Rossi/Terranova

1:00pm – 5:00pm

**S10B** AAAASF Medicare Inspector Training 

Iverson/Watts/Gomez/Griffin-Rossi

## ■ OTHER

1:30pm – 4:30pm

**S11** Medical Students Interested in Plastic Surgery

For Medical Students Only

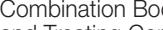
Ahmad/Whitfield

## ■ AIM BODY OPTIONS

2:00pm – 4:00pm

**NEW 1001** AIM Body 1—Abdominoplasty—The Basics and Reducing Complications 

Phillips

**NEW 1002** AIM Body 2—Combination Body Contour Procedures and Treating Common Complications 

Claytor

**NEW 1003** AIM Body 3—Advanced Body Contour Techniques—Further Finesse 

Matarasso

2:00pm – 6:30pm

4-Hour Course

## ■ FACE

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

Marten

2:00pm – 4:00pm

2-Hour Courses

## ■ FACE

**102** Effective, Efficient, Patient Friendly Facelifting using SMAS, Fat and Tumescent Technique 

Bucky

**103** Reshaping the Face and Lid-Cheek Junction 

Warren

**104** Integrating Surgical Shaping with Volumetric Enhancement—Fat and Beyond—Face, Breast and Body 

Stuzin/Rohrich/Khoury/McCabe/Mendieta

## ■ BREAST

**105** PAM—Periareolar Augmentation Mastopexy: Using the "Subcutaneous" Glandular Mastopexy to Improve Outcomes 

Gonzalez

**NEW 106** Implant Isolation Tension Management Augmentation Mastopexy 

Hubbard

## ■ BODY

**107** Liposuction 2016: New Technologies, Established Techniques, and Combined Procedures 

Stoker/Chia/Theodorou/Hoyos

**108** Cosmetic Vaginal Surgery: Labiaplasty and Beyond 

Hamori

**109** The Comprehensive Abdominoplasty: Using the High Lateral Tension, Reverse, and Fleur-de-Lys Techniques for Safer and Superior Results 

Rosenfield

## ■ EYES

**110** Eyelid and Periorbital Surgery: Unifying Aesthetics and Function 

Spinelli

## ■ MARKETING

**111** Relationship Marketing: What It Means and How to Put It in Action 

Zupko

**NEW 112** The Surgeon's Guide to Happiness, Health, and Less Stress 

Palm

## KEY

 Surgeons

 Spouses

 Registered Nurses

 Exhibitors

\* Additional Fee

 PAs and Nurse Practitioners

 Office Personnel

 AIM: Aesthetic Immersion Modules

Program Subject to Change

FOR DETAILED COURSE DESCRIPTIONS AND FEES PLEASE VISIT:  
[WWW.SURGERY.ORG/MEETING2016](http://WWW.SURGERY.ORG/MEETING2016)

# THE AESTHETIC MEETING 2016 WEEK-AT-A-GLANCE

## ■ AIM FACE OPTIONS

**4:30pm – 6:30pm**

**NEW 2001** AIM Face 1—Facelift with Fat Grafting: Customizing the Procedure for Different Facial Shapes 

TBA

 MOCPS™

**2002** AIM Face 2—Facelifting: What We Know; What We Don't Know; and How We Put It All Together 

Grotting/Thorne

**NEW 2003** AIM Face 3—Advanced Face and Neck Lifting 

TBA

**4:30pm – 6:30pm**

2-Hour Courses

## ■ FACE

**202** Facelift Rejuvenation: Short Scar Facelift, Neck Lift and Temporal Brow Lift 

Matarasso

## ■ BREAST

**NEW 203** Use of Monofilament Absorbable Mesh in Breast Surgery 

Van Natta

**NEW 204** In Office Fat Transplantation 

Aiche

## ■ BODY

**NEW 205** Keeping Your Liposuction Patients Safe: 20 Tips to Better Contouring Strategies and Safer Surgeries 

Mentz/Fortes/Hustak/Morales/Newall/Patronella

**206** Advanced SAFELipo Techniques: Dramatic and Comprehensive Body Shaping 

Wall/Wall/Wall/Lee

## ■ EYES

**207** The Pinch Blepharoplasty for Safer and Superior Results 

Rosenfield

## ■ PATIENT SAFETY

 MOCPS™

**208** Keeping Safe and Out of Trouble: A Fresh Look at the Culture of Patient Safety 

Grunwald/Eaves/Perdikis/Shenker

## ■ PRACTICE MANAGEMENT

**209** Social Media Workshop—Twitter, Facebook, RealSelf 

Seery

**NEW 210** Taking Control of Your Online Reputation 

Humes

**NEW 211** The Patient Attraction and Conversion Blueprint 

Maley

## ■ BREAST

**212** Revision of Breast Augmentation, Mastopexy and Augmentation-Mastopexy 

Shestak/Bengtson

**213** Breast Augmentation and Augmentation Mastopexy—Problem Solving and Operative Strategies 

Casas

## ■ OTHER

**517** New Advances in Hair Restoration 

Barrera/Fisher/Uebel/Vogel

**MONDAY, APRIL 4, 2016**

**6:30am – 5:30pm**

Registration Open

**9:00am – 5:00pm**

The Aesthetic Marketplace Open

**12:00pm – 1:30pm**

Lunch The Aesthetic Marketplace

## SCIENTIFIC SESSION BLUE

**7:15am – 7:30am**

President Welcome

James Grotting, MD

ASERF Welcome

Neal Reisman, MD, JD

ISAPS Welcome

Susumu Takayangi, MD

Canadian Welcome

Julie Khanna, MD

Education Commissioner Welcome and 2015 Annual Meeting Awards

Charles Thorne, MD

Program Chair's Welcome

William Adams, Jr., MD—Program Chair

**7:30am – 8:45am**

Panel: Repositioning Facial Fat—Do Different Techniques Produce Different Aesthetics?

Moderator: James Stuzin, MD

Panelists: Richard Warren, MD; Timothy Marten, MD; Alex Verpaele, MD

Discussant: Charles Thorne, MD

**9:00am – 10:00am**

Panel: Mastering Control in Breast Augmentation—Tissue Based Planning and Refined Surgical Technique

Moderator: Jack Fisher, MD

Panelists: William Adams, Jr., MD; David Hidalgo, MD; Frank Lista, MD

Discussants: Elizabeth Hall-Findlay, MD; James Namnoum, MD

**10:00am – 10:30am**

Coffee Break in The The Aesthetic Marketplace

**10:30am – 11:45am**

Panel: Prevention of Recurrent Bands—Is Subplatysmal Surgery Necessary?

Moderator: Robert Singer, MD

Panelists: Timothy Marten, MD; Bryan Mendelson, MD; Foad Nahai, MD; Louis Bucky, MD

Discussants: Joel Feldman, MD; J. William Little, MD

**11:45am – 12:30pm**

Special Presentation: Evolving Concepts in Breast Implants Biofil and ALCL

Presenter: Anand Deva, MD

Discussants: William Adams, Jr., MD; Mark

Clemens, MD

**2:00pm – 3:15pm**

Panel: Addition vs Subtraction: Morphometric Concepts in Contouring the Female Silhouette

Moderator: Belmont Eaves, III, MD

Panelists: Constantino Mendieta, MD; Osvaldo

Saldana, MD; Simeon Wall, Jr, MD

Discussants: Ashkan Ghavami, MD; Renato Saltz, MD

**3:15pm – 3:45pm**

Coffee Break in The Aesthetic Marketplace

**3:45pm – 5:00pm**

Panel: Point/Counterpoint—Lower Eyelid Roulette

Moderator: Charles Thorne, MD

Panelists: Mark Codner, MD; Steven Fagien, MD;

David Hidalgo, MD; Glenn Jelks, MD; Loren

Rosenfield, MD;

Alex Verpaele, MD

Discussants: Val Lambros, MD; Richard Warren, MD

**5:00pm – 6:30pm**

The Global Plastic Bowl Challenge!!!

Moderator: William Adams, Jr, MD

Representing North America:

Peter Lennox, MD; Louis Strock, MD

Representing South America:

Ruth Graff, MD; Luis Perin, MD

Representing Europe:

Patrick Mallucci, MD; Dirk Richter, MD

Representing Asia/Australia:

Craig Layt, MD; Susumu Takayanagi, MD

Expert Panelists: João Carlos Sampio Góes, MD; Per Heden, MD; Tim Papadopolous, MD;

Scott Spear, MD

Audience Moderators: Jamil Ahmad, MD; Mark

Jewell, MD; Jason Roostaeian, MD

## EDUCATIONAL COURSES\*

### ■ PRACTICE MANAGEMENT

**9:00am – 4:30pm**

**S12** Skills for Successful Patient Coordinators 

Zupko

## ■ OTHER

**12:30pm – 2:00pm**

**S13** Research and Innovative Technology Luncheon 

Adams/Gryskiewicz

**12:30pm – 1:30pm**

1-Hour Courses

## Boardroom Breakouts

**NEW BR1** Planning for Primary Breast Augmentation: Incision, Pocket, Implant

Lista

**NEW BR2** Starting a Practice: What I Know Now That I Wish I Knew Then

Kurkjian/Lee/Pacella/Roostaeian

# THE AESTHETIC MEETING 2016 WEEK-AT-A-GLANCE

## ■ FACE

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

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

**NEW 303** The Pinch Rhytidectomy for Safer and Superior Results

 Rosenfield

## ■ BREAST

**304** Correction and Prevention of Animation Deformities in Breast Surgery  Becker

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

**306** Solving Complex Aesthetic Breast Problems with Acellular Dermal Matrix (ADM): Techniques, Pearls, and Patient Discussions  Cohen

## ■ BODY

**307** The Minimal Incision Transaxillary Brachioplasty  Reed

**308** Labiaplasty and Female Aesthetic Genital Surgery  Alter

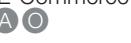
## ■ RHINOPLASTY

**309** Rhinoplasty: A Progressive Approach  Daniel/Kosins

## ■ EYES

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

## ■ PRACTICE MANAGEMENT

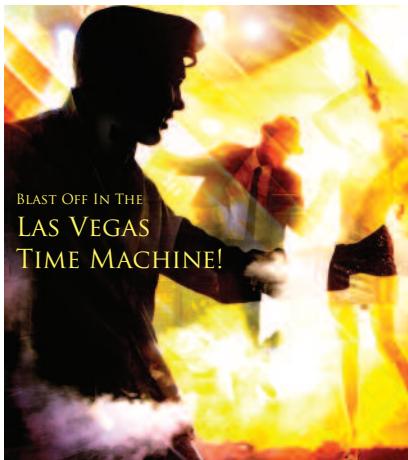
**NEW 311** Make Your Website a Lead Generation and E-Commerce Juggernaut  Kaplan

**312** The Art of Consultation Using Individual Patient Personality  Mendieta/Mendieta

**NEW 313** 10 Steps to Online Marketing Success  Houtz

## ■ OTHER

**314** Tips and Pearls for Presenting Your Ideas: Whether in a Shark Tank, Board Room, Classroom or Auditorium  Dayan



## Presidential Welcome Celebration

6:30pm – 9:00pm

## TUESDAY, APRIL 5, 2016

6:00am – 5:00pm

Registration Open

9:00am – 5:00pm

The Aesthetic Marketplace Open

12:00pm – 1:30pm

Lunch The Aesthetic Marketplace  
ASAPS/ASERF Member Business Meeting Luncheon

6:45am – 7:45am

1-Hour Courses—Boardroom Breakouts

**NEW BR3** Decision Making in Primary Breast Augmentation Strock

**NEW BR4** Challenging Cases in Revision Breast Implant Surgery Brown/Bucky

**NEW BR5** Augmentation-Mastopexy—Avoiding Complications Restifo/Kortesis

**NEW BR6** Ask the Experts: Body Contouring After Bariatric Surgery Hunstad/Eaves

## SCIENTIFIC SESSION BLUE

7:45am – 9:00am

Breast Augmentation Mini Debates

Moderator: Jamil Ahmad, MD

Participants: Nicolas Carr, MD; Ruth Graf, MD; Frank Lista, MD; Patrick Mallucci, MD; G. Patrick Maxwell, MD; Michael Scheflan, MD  
Discussants: William Adams, Jr., MD; James Grotting, MD

9:00am – 9:30am

Interactive Operative Video: Periareolar Mastopexy with Mesh Support

Presenter: João Carlos Sampaio Góes, MD  
Discussants: Michael Edwards, MD; Marissa Tenenbaum, MD

9:30am – 10:00am

Coffee Break in The Aesthetic Marketplace

10:00am – 10:45am

Papers

10:45am – 12:00pm

Panel: Small Volume vs Large Volume Fat Transfer: What's the Difference?  
Moderator: Rod Rohrich, MD

Panelists: Sydney Coleman, MD; Daniel Del Vecchio, MD; Roger Khouri, MD; Alex Verpaele, MD  
Discussants: Geoffrey Gurtner, MD; Kai-Uwe Schlaudraff, MD

## SCIENTIFIC SESSION ORANGE

7:45am – 9:00am

Panel: What Are We Trying to Achieve With Non-Surgical Volume?

Moderator: Jeffrey Kenkel, MD

Panelists: Steve Fagien, MD; Haidah Hirmand, MD; Michael Kane, MD; Z. Paul Lorenc, MD  
Discussants: Mark Magnusson, MD; Brad Calobrace, MD

9:00am – 9:30am

Special Presentation: Injectable Safety  
Presenter: TBA

9:30am – 10:00am

Coffee Break in The Aesthetic Marketplace

10:00am – 11:00am

Papers

11:00am – 12:00pm

Panel: The Role of ADM and Natural Scaffolds in Soft Tissue Support  
Moderator: Nolan Karp, MD  
Panelists: Joseph Hunstad, MD; G. Patrick Maxwell, MD; Bruce Van Natta, MD; Mark Jewell, MD  
Discussant: Mitchell Brown, MD; Louis Bucky, MD

## THE BUSINESS SIDE

Mark Mofid, MD—Chair

7:45am – 8:30am

Panel: If I Were Starting Over, This is What I'd Do First

Moderator: Mark Mofid, MD

Panelists: Felmont Eaves, III, MD; Mark Jewell, MD; Rod Rohrich, MD

8:30am – 9:30am

Panel: Legal Issues in the Digital Age  
Moderator: Bob Aicher, Esq.

Panelists: Michael Byrd, JD; Neil Reisman, MD, JD; Alex Thiersch, JD

9:30am – 10:00am

Coffee in The Aesthetic Marketplace

10:00am – 11:00am

Panel: Show Me the Money

Moderator: Mark Mofid, MD

Panelists: Z. Paul Lorenc, MD; Sheila Nazarian, MD; Grant Stevens, MD

11:00am – 12:00pm

Panel: Reputation Management

Moderator: Mark Mofid, MD

Panelists: Bob Aicher, Esq.; Marie Olesen; Tom Seery

# THE AESTHETIC MEETING 2016 WEEK-AT-A-GLANCE

## EDUCATIONAL COURSES\*

### ■ PRACTICE MANAGEMENT

9:00am – 11:00am

**S14** Patient Coordinator Alums: Overcoming Scheduling Objections  Zupko

12:00pm – 1:00pm

**S15** Financial Management for Spouses and Managers  Zupko

### ■ COSMETIC MEDICINE

12:00pm – 2:30pm

**S16A** Physician Extender (RN/NP/PA) Injector Competence Training—Part 1—Understanding the Basics of Injection Techniques with Neurotoxins and Hyaluronic Acid Dermal Fillers  Few/Hirmand

3:00pm – 5:30pm

**S16B** Physician Extender (RN/NP/PA) Injector Competence Training—Part 2—Advanced/Combination Injection Techniques with Neurotoxins and the Array of FDA-Approved Dermal Fillers  Graivier/Lorenz

2:00pm – 6:30pm

**NEW S17A** The Institute for Laser and Light Based Technology—Foundations of Laser and Light  Hoopman

### ■ AIM RHINOPLASTY OPTIONS

2:00pm – 4:00pm

**NEW 4001** AIM Rhinoplasty 1—Basic Anatomy, Analysis and Techniques in Basic Open and Closed Rhinoplasty  Ghavami

**NEW 4002** AIM Rhinoplasty 2—Mastery of Multiple Advanced Techniques and Nasal Profiles in Septorhinoplasty Including the Difficult Rhinoplasty  Sajadian

**NEW 4003** AIM Rhinoplasty 3—Advances in Secondary Rhinoplasty—Key Elements for Success  Rohrich/Ahmad

1:30pm – 4:30pm

3-Hour Courses

### ■ BODY

**401/501** Arms, Breast, Back, Buttocks and Thighs Following Major Weight Loss  Hunstad/Rubin

**402/502** Gluteal Augmentation  Abel de la Peña/Gonzalez/Mendieta/Mendez

### ■ PRACTICE MANAGEMENT

**403/503** 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  Jeffers/Avila/Basu/Lewis/Zupko

### ■ MARKETING

**404/504** What Patients Really Want  Eaves/Fiala/Olesen/Perdikis/Seery

2:00pm – 6:30pm

4-Hour Courses

### ■ BREAST

**405/505** Aesthetic Breast Reconstruction: The New Paradigm in Breast Surgery  Namnoum/Brown/Bucky/Grotting/Zienowicz

2:00pm – 4:00pm

2-Hour Courses

### ■ BREAST

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

**MOCps™**

**NEW 408** Show me the Evidence! Breast Augmentation EBM for MOC  Taylor/Sigalove

### ■ BODY

**409** Lipoabdominoplasty and Body Contouring  Saltz/Ribeiro/Matos

**410** Vaginal Plastic Surgery: The External Genitalia  Triana

**MOCps™**

**411** Maximizing Safety for Body Contouring After Massive Weight Loss  Phillips

### ■ EYES

**412** Aesthetic Eyelid and Forehead Surgery that Focuses on a Natural Result for the Patient  Sullivan/Jelks

### ■ COSMETIC MEDICINE

**NEW 413** Hot Devices in 2016  DiBernardo/Bass/Oseas

**NEW 414** Micro-Needling: Induced Collagen Formation and Delivery System for Skin and Hair Enhancement  Sasaki

### ■ PRACTICE MANAGEMENT

**415** "Making the Jump" Cultivating a Busy Cosmetic Practice  Corey/Nassiri

**416** Your Best Practice: Better Staff, Better Processes, Better Success  Ntoh

**417** The Plastic Surgeon Midas Touch—Why Everything Turns to Gold for Some, But Not for Others  Fox

### ■ AIM BREAST OPTIONS

4:30pm – 6:30pm

**NEW 5001** AIM Breast 1—Incorporating an Evidence-Based Process Approach to Breast Augmentation, Mastopexy, and Breast Reduction  Adams

**NEW 5002** AIM Breast 2—A Comprehensive Approach to the Difficult Primary Breast Patient  Lista/Ahmad

**NEW 5003** AIM Breast 3—Interactive Problem-Based Learning for Difficulties of Primary and Revisionary Aesthetic Breast Surgery  Wall/Calobrace

4:30pm – 6:30pm

2-Hour Courses

### ■ FACE

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

**508** Optimizing the Neck Lift: Platysmaplasty, Bands and Submandibular Gland without Submental Incision  Gonzalez/Fogli

**509** The Lift and Fill Facelift—Redefining a Natural Look in Facial Rejuvenation  Rohrich

**510** 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  Sasaki

### ■ BODY

**NEW 511** Abdominoplasty: Current Concepts and Techniques to Improve  Rios/Aly/Pollock

**512** Abdominoplasty  Matarasso

# THE AESTHETIC MEETING 2016 WEEK-AT-A-GLANCE

## ■ RHINOPLASTY

**513** Achieving Balance in Rhinoplasty 

Cerkes

**MOCPS™**

**514** Comprehensive Rhinoplasty



Kahn

## ■ EYES

**515** Oculoplastic Surgery for the Plastic Surgeon 

Codner/Jelks/Jelks

## ■ MARKETING

**NEW 516** Content Marketing for the Aesthetic Practice 

Peek

**WEDNESDAY, APRIL 6, 2016**

**6:30am – 5:00pm**

Registration Open

**9:00am – 5:00pm**

The Aesthetic Marketplace Open

**12:00pm – 1:30pm**

Lunch The Aesthetic Marketplace

**7:00am – 8:00am**

1-Hour Courses—Boardroom Breakouts

**NEW BR7** Large Volume Fat Transfer: Improving Efficiency and Consistency

Del Vecchio

**NEW BR8** Optimizing Results in Revision Breast Surgery

Glicksman/McGuire

**NEW BR9** Approach to Secondary Augmentation-Mastopexy

Calobraccio/Hall-Findlay

**NEW BR10** Ask the Experts: Rhinoplasty

Daniel/Gerbault

## SCIENTIFIC SESSION BLUE

**8:00am – 8:30am**

Interactive Operative Video: Lower Body Lift

Presenter: Jean Francois Pascal, MD

Discussants: Joseph Hunstad, MD; J. Peter Rubin, MD

**8:30am – 9:45am**

Panel: Gluteal Augmentation: Fat, Implants or Both?

Moderator: Grant Stevens, MD

Panelists: Daniel Del Vecchio, MD; Raul Gonzalez,

MD; Constantino Mendieta, MD; Mark Mofid, MD

Discussant: Douglas Steinbrech, MD

**9:45am – 10:15am**

Coffee Break in The Aesthetic Marketplace

**10:15am – 11:00am**

Papers

**11:00am – 12:00pm**

What's the Deal Man? Non-Surgical Technology

Moderator: William Adams, Jr., MD

Panelists: Barry DiBernardo, MD; Daniel Del Vecchio,

MD; Joe Gryskiewicz, MD; Jeffrey Kenkel, MD

**12:00pm – 12:15pm**

Special Presentation: 3D Facial Averaging

Presenter: Val Lambros, MD

Discussants: Rod Rohrich, MD; James Stuzin, MD;

Charles Thorne, MD

## SCIENTIFIC SESSION ORANGE

**8:00am – 8:30am**

Special Presentation: Personal Evolution in Rhinoplasty

Presenter: Ronald Gruber, MD

Discussants: Steven Dayan, MD; Ashkan Ghavami, MD

**8:30am – 9:45am**

Controversies in Rhinoplasty

Moderator: Jamil Ahmad, MD

Panelists: Jay Calvert, MD; Mark Constantian, MD;

Rollin Daniel, MD; Joe Gryskiewicz, MD;

Bahman Guyuron, MD; Rod Rohrich, MD

**9:45am – 10:15am**

Coffee Break in The Aesthetic Marketplace

**10:15am – 11:00am**

Papers

**11:00am – 11:30am**

Interactive Operative Video: Achieving Consistency in Ethnic Rhinoplasty

Presenter: Nazim Cerkes, MD

Discussants: Rollin Daniel, MD; Ali Sajadian, MD

**11:30am – 12:30pm**

Panel: Incorporating Labiaplasty into Your Practice: Tips for Success

Moderator: Frank Lista, MD

Panelists: Gary Alter, MD; Christine Hamori, MD;

John Hunter, MD; Lina Triana, MD

Discussant: Jamil Ahmad, MD

## THE BUSINESS SIDE

**8:00am – 9:00am**

Panel: Plastic Surgeon Burnout—Does It Happen and How Can I Avoid This?

Moderator: Kiya Movassagh, MD

Panelists: Josh Korman, MD; Herluf Lund, MD;

Chad Tattini, MD

**9:00am – 9:45am**

Panel: Which Practice Model is Best?

Moderator: Robert Singer, MD

Panelists: Felmont Eaves, III, MD; Herluf Lund,

MD; Salvatore Pacella, MD, MBA

**9:45am – 10:15am**

Coffee in The Aesthetic Marketplace

**10:15am – 11:15am**

Panel: Motivating and Compensating Staff

Moderator: Robert Singer, MD

Panelists: Mary Lind Jewell; Marie Olesen;

Karen Zupko

**11:15am – 12:30pm**

Panel: Social Media—What's Best for Me and How Do I Do It?

Moderator: Mark Mofid, MD

Panelists: Wendy Lewis; Sheila Nazarian, MD;

Jennifer Walden, MD

**12:30pm – 1:30pm**

1-Hour Courses—Boardroom Breakouts

**NEW BR11** Comprehensive

Contouring with Addition, Redistribution and Subtraction Wall

**NEW BR12** Shaped Implants—

Integrating Them Into Your Practice

Movassagh

**NEW BR13** Maximizing Aesthetics in Abdominoplasty

Pollock

## EDUCATIONAL COURSES\*

**2:00pm – 4:00pm**

### ■ COSMETIC MEDICINE

**NEW S17B** Laser Safety Officer

Training 

Hoopman

Must take S17A to Sign-up for S17B

**2:00pm – 6:30pm**

4-Hour Courses

### ■ FACE

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

Little

### ■ BODY

**602/702** Three-Dimensional Body

Contouring: The Next Generation of Liposuction, Abdominoplasty, and Muscle Augmentation with Fat Grafting



Hoyos/Mentz/DiBernardo/Theodorou

**2:00pm – 4:00pm**

2-Hour Courses

### ■ FACE

**603** How to Integrate Fat Grafting into Aesthetic Facial and Breast Surgery



Cohen

**NEW 604** Facial Fat Transfer—The Surgeon's Most Important Artistic Tool

for Multi-Dimensional Sculpting 

Wolin

**605** Anatomy of the Face and Its

Relationship to Modern Facelift Surgery



Zins/Boyd/Moon

### ■ BREAST

**606** The Surgical Nuances of Form

Stable Breast Implants 

Adams/McGuire/Glicksman/Malucci

# THE AESTHETIC MEETING 2016 WEEK-AT-A-GLANCE

## ■ BODY

**607** Plastic Surgery of the Massive Weight Loss Patient  Aly

**608** Bodylifting, Mastopexy, and Brachioplasty in the Massive Weight Loss Patient: Technical Refinements to Optimize Results  A Rubin/Centeno

**MOC-PS™**

**609** Scarpa Sparing Abdominoplasty with Concomitant Liposuction; No Drains Needed



Claytor/Gray/Baker

## ■ RHINOPLASTY

**610** Rhinoplasty: Optimizing Your Results  S Gruber/Nahai

**611** Key Concepts in Open Rhinoplasty: Getting It Right the First Time  S Rohrich/Ahmad

**NEW 612** Demystifying Rhinoplasty: The Ultrasonic Rhinoplasty Revolution  S Gerbault/Daniel/Kosins

## ■ EYES

**613** Challenging Blepharoplasty Patients  S Jelks/Jelks

## ■ COSMETIC MEDICINE

**614** Intelligent Choices in Injectables: Complications, Strategies and Combination Therapy  S Kinney/Lorenz

## ■ PRACTICE MANAGEMENT

**615** Maximizing Time and Financial Efficiency by Utilizing Technology and Patient Consultants  S Rios

**616** Reading Prospective Patients More Effectively and Improving Scheduling Results  S Zupko

**NEW 617** Medical Inventions—From Idea to Reality  S Korman

**4:30pm – 6:30pm**

2-Hour Courses

## ■ FACE

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

**MOC-PS™**

**704** Safety in Facelifting: How to Avoid Complications and How to Treat Them  S Zins/Moon

## Need MOC-PS™?

Check online at  
[www.surgery.org/meeting2016](http://www.surgery.org/meeting2016)  
for the latest updates  
on MOC-PS™ courses.

## ■ BREAST

**705** Vertical Scar Breast Reduction and Mastopexy—State of the Art  S Lista

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

**MOC-PS™**

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

## ■ BODY

**MOC-PS™**

**708** The Corset Body Lift: The Art of Waistline Shaping in the Massive Weight Loss Patient  S Moya

**709** Bodylifts: Evolutions in 2016  S Pascal

## ■ RHINOPLASTY

**NEW 710** Technical Simplicity and Proven Efficacy in Rhinoplasty  S Constantian

## ■ COSMETIC MEDICINE

**711** Combining Fillers and Neurotoxins for Pan-Facial Rejuvenation  S Kane

**712** Advances in Skin Resurfacing  S Obagi

**NEW 713** The Injector's Toolbox: Staying Safe, Accurate and Reproducible  S Surek/Lamb

## ■ MARKETING

**714** Cultivating Authority Online: Where Reputation and Rankings Intersect  S Miller

**THURSDAY, APRIL 7, 2016**

**6:30am – 12:00pm**

Registration Open

**7:30am – 12:30pm**

Tabletop Exhibits Open

**12:30pm – 2:30pm**

ASAPS New Board Meeting

## PREMIER GLOBAL HOT TOPICS\*

Session Chairs: Jamil Ahmad, MD; Simeon H.

Wall, Jr., MD

Audience Moderators: Joe Gryskiewicz, MD and Robert Singer, MD

**8:00am – 10:00am**

Topics

- Update on Soft Tissue Fillers
- Skin Resurfacing and Beyond
- What Works and What Doesn't for Non-Surgical and Minimally Invasive Fat Reduction?
- What's New in Skin Tightening?
- ASERF: From Bench to Bedside 2016

**10:00am**

Coffee Break in the Tabletop Exhibits

**10:30am – 12:30pm**

Topics

- Breast Implants: Early Experience with New Implants
- There Are So Many Implants: How Do We Decide What to Use?
- Current Perspectives on Breast Implants
- What's New in Scaffolds?
- Controversies With Scaffolds
- The Technology Era: How Can It Improve Our Practices?

**12:30pm**

Adjourn

\*Topics subject to change

## THE BUSINESS SIDE

**8:00am – 9:00am**

Panel: Internet Marketing/Search Engine Optimization—Where Are We Today and Where are We Going?

Moderator: Mark Mofid, MD

Panelists: Peter Houtz; Keith Humes; Ryan Miller; David Phillips

**9:00am – 9:45am**

Panel: Developing a Marketing Plan

Moderator: Mark Mofid, MD

Panelists: Tracy Drumm; Dana Fox; Catherine Maley; Karen Zupko

**9:45am – 10:15am**

Coffee Break in the Tabletop Exhibits

**10:15am – 11:00am**

Panel: Mystery Shopper

Moderator: Mark Mofid, MD

Panelists: Catherine Maley; Karen Zupko

**11:00am – 11:45am**

Panel: Be Your Own Publicist

Moderator: John O'Leary

Panelists: Steffanie Attenberg; Leigh Hope Fountain; Denise Mann

**11:45am – 12:30pm**

Panel: Fraud in the Plastic Surgery Practice

Moderator: Mark Mofid, MD

Panelists: Bob Aicher, Esq.; Marie Olesen; Tony Seymour

**12:30pm**

Adjourn

## The Aesthetic Meeting 2016: Meeting Essentials

### Immerse & Explore: AIM



**Check out the new criteria!** With the Aesthetic Immersion Modules (AIM), your education doesn't

stop when the course is over. Perfect for those aesthetic surgeons who want to intensify their learning experience by continuing the dialog throughout the year, this is your opportunity to learn from recognized leading experts in aesthetic education through interactive settings.

- **Select a teaching course in the appropriate level** in Face, Body, Breast, or Rhinoplasty. You can take courses in all four areas at The Aesthetic Meeting 2016.
- **Join your colleagues in online discussion groups** using a private social media platform designed just for AIM participants on RADAR.
- **AIM Certificates of Completion** will be received by those who fulfill the requirements in their field of study.
- **To apply for the appropriate courses**, check the ASAPS website, [surgery.org/AIM](http://surgery.org/AIM) for the new criteria and curriculum. To view AIM courses in the registration brochure, simply look for the AIM logo.
- **Your registration fee** covers course attendance, participation in the follow-up webinar, all online discussions, and the module completion certificate for those who qualify. For courses and more information on AIM, please visit [www.surgery.org/aim](http://www.surgery.org/aim)

### Education For Your Staff

Whether your staff is in need of the latest clinical education or tips on how to create a more efficient and effective practice, The Aesthetic Meeting 2016 has just what you're looking for!



**"The Business Side"**  
April 5–7, 2016  
Mandalay Bay Resort,  
Las Vegas, NV

[www.surgery.org/meeting2016](http://www.surgery.org/meeting2016)

Three informative Practice Management Sessions await your staff on Tuesday, Wednesday and Thursday. Covering everything from lead management, internet marketing, legal issues, to branding, reputation management, and more, these educational sessions are essential for maintaining a well-run practice.



### Society of Plastic Surgical Skin Care Specialists (SPSSCS) Annual Meeting

March 31–April 4, 2016

Post Meeting Optional

Laser Courses—

April 4, 2016

Mandalay Bay Resort,  
Las Vegas, NV

[www.spsscs.org/meeting2016](http://www.spsscs.org/meeting2016)

With expanded membership opportunities, now is the ideal time for your skin care professionals to join SPSSCS. This informative Skin Care Meeting will help ensure your patients are receiving the very best care in medical skin care..



### American Society of Plastic Surgical Nurses (ASPSN) Meeting

April 2–3, 2016

Mandalay Bay Resort, Las  
Vegas, NV

[www.aspsn.org](http://www.aspsn.org)

At the 13th Annual ASPSN Aesthetic Symposium your nurses will learn the latest innovations and research to help promote practice excellence, nursing leadership, optimal patient safety, and outcomes. Topics include: Male Facial Rejuvenation with Fillers and Toxin, Threading, Advice Media, The Weird and Wacky Case Studies of Neurotoxins and Dermal Fillers, Dermabrasion: Old School or Here to Stay and Why, and more!

### CME/Accreditation and Designation Statements

- Choose from more than 120 optional courses, including 16 exciting new topics!
- Up to 49.75 AMA PRA Category 1 Credits™
- Attend the entire 2016 Scientific Session and earn 20.25 CME credits, of which 8 are patient safety CME. An additional 15.75 patient safety CME credits can be earned by attending select Optional Courses.

This educational meeting has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the sponsorship of the American Society for Aesthetic Plastic Surgery (ASAPS) and the Aesthetic Surgery Education and

Research Foundation (ASERF). The Aesthetic Society is accredited by the ACCME to provide continuing medical education for physicians.

The American Society for Aesthetic Plastic Surgery designates this live activity for a maximum of 50.75 AMA PRA Category 1 Credits.™ Physicians should claim only credit commensurate with the extent of their participation in the activity.

### Hotel Accommodations



The Aesthetic Society has contracted with the Mandalay Bay, Delano and the Luxor hotels to provide you with the best room rates for The Aesthetic Meeting. By

booking with onPeak, our housing bureau, on the reservation website at [www.surgery.org/hotel](http://www.surgery.org/hotel), you will be ensured outstanding customer service for your sleeping room needs.

Mandalay Bay and Delano guest rooms are located within the Mandalay facility and within walking distance of the Mandalay Bay Convention Center meeting rooms. Luxor is a 15 minute walk through the Shops of Mandalay. There is also a tram that starts at Mandalay Bay and stops at the Luxor. The shuttle runs every 3 to 7 minutes. With high-profile bars, entertainment and eateries, as well as shopping, sharks and the golden sands of Mandalay Beach, the massive Mandalay Bay has all your entertainment needs under one roof. Make your reservations now!

**Please note:** onPeak is the ONLY official housing company associated with The Aesthetic Meeting 2016. While other hotel resellers may contact you offering housing for your trip, they are NOT endorsed by, nor affiliated with, our meeting. If you choose to book with a vendor other than onPeak, we strongly encourage you to verify their credentials before doing business with them. We also encourage you to independently confirm that your reservations have in fact been made and will be honored, by directly contacting your chosen hotel, airline and/or rental car company.



SOCIETY OF PLASTIC SURGICAL SKIN CARE SPECIALISTS

[WWW.SPSSCS.ORG](http://WWW.SPSSCS.ORG)

New This Year!

Nurse Injectors Cadaver Lab—Saturday, April 2

Laser Safety Officer Certification Course—Monday, April 4



# EDUCATION

## ASAPS First-Ever Symposium “The Business of Launching Your Practice” Just for Plastic Surgery Residents and Fellows: A Great Success

By Mark Codner, MD

Fellow colleagues, I'm thrilled to announce that the new symposium ASAPS designed solely and specifically for residents and fellows was an unqualified success. As Chairman of this new meeting, entitled "The Business of Launching Your Practice—The ASAPS Gift of Expert Advice," along with co-chair Sal Pacella, MD, MBA, we had the pleasure of hosting an outstanding Faculty including attorneys, marketing specialists, practice management consultants, accountants, practice managers, and physicians in Dallas, Texas, on December 11–13, 2015. There was a total of 64 residents attend, and their response was overwhelmingly positive. Registration was complimentary for this symposium, which posed the burning question for those in their final years of study: "What do I do next?"

As we all know, residency programs do an excellent job teaching students the necessary skills for positive patient outcomes, but residents rarely get access to the business and marketing expertise necessary for success. Whether they're joining an aesthetic or reconstructive practice, a hospital, academia, or striking out on their own, our goal at this symposium was for them to learn from the experts what to do—and what not to do—to



Symposium Chair Mark Codner, MD, welcomes participants.



Faculty of ASAPS' first-ever symposium exclusively for Residents celebrates its' success.

ensure they've established a solid platform on which to grow.

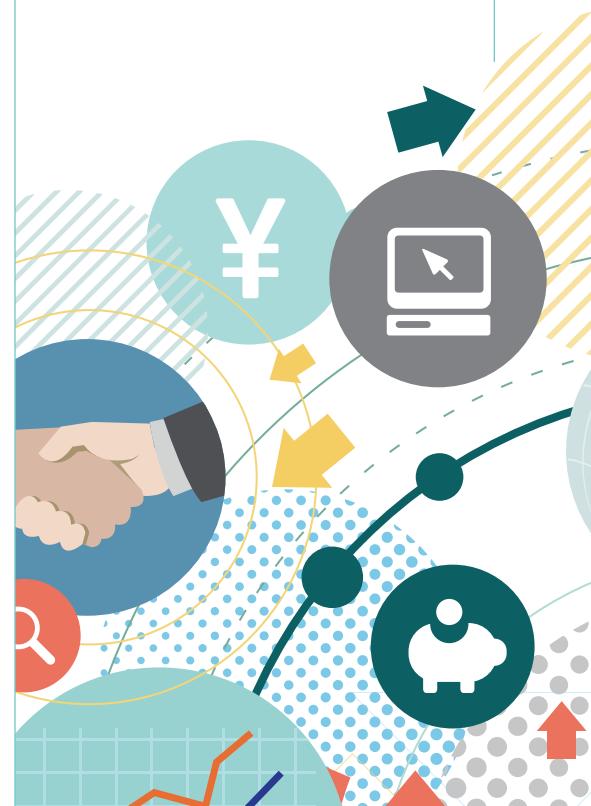
Prior to the symposium, Dr. Pacella and I surveyed our ASAPS Residents' Program participants as to what their challenges and concerns were with respect to moving on in their careers. We used their feedback to formulate a symposium which tackled those very concerns head on. To do so, we assembled a first-rate team of experts who shared with the participants tips and practical suggestions for success. I would like to thank our faculty, including Bob Aicher, Esq. (ASAPS Legal Counsel), Helen Daniell (Practice Manager), Joseph Ellis (Financial Planner), Lawrence Keller (Financial Planner), Ryan Miller (Practice Consultant), Herluf Lund, MD (Plastic Surgeon), Sheila Nazarian, MD (Plastic Surgeon), Alex Thiersch, JD (Attorney/Med Spa Expert), Gary Tuma, MD (Plastic Surgeon), and Karen Zupko (Practice Consultant).

What struck me most from our participants was their eagerness to take their next professional step in their career, their willingness to soak in our experts' advice, and their appreciativeness to The Aesthetic Society for providing this meeting, specifically addressing the needs they care about most.

We thank Merz Aesthetics for their financial support of the symposium, and Enaltus for their donation of 60 books, *The Business of Plastic Surgery: Navigating a*

Successful Career by Joshua M. Korman, MD, and Heather J. Furnas, MD. We couldn't have had such a successful symposium without their support. We also thank Debi Toombs, Sue Dykema, Marissa Simpson, Kathleen McClemy, and the staff at ASAPS who made this meeting possible.

Continued on Page 19



## Residents' Symposium

Continued From Page 18



Practice consultant Karen Zupko.

It is our hope that ASAPS can build on this business foundation and create an ongoing symposium, addressing the concerns and challenges that our residents face. By doing so, not only can we assist in providing them with a recipe for success, but we can help ensure that the future of our specialty continues to be strong so it can flourish.



### Residents' Symposium Participants Share Their Experience

**T**he faculty did an exceptional job at educating us on the essential business and managerial components necessary to start and maintain a practice, the common pitfalls to look out for when signing a contract, and the nuances of joining a group practice. It also put us in contact with highly skilled professionals, the best in their fields, who advised us on safe legal, financial, and marketing strategies. My resident colleagues and I thought this was one of the best and relevant meetings we've attended. Thank you ASAPS!

John Layliev, MD  
Resident, Department of Plastic Surgery  
Vanderbilt University Medical Center

better armed for career success and foresee key issues with their practices before they arise. I highly recommend all residents, fellows, and recent graduates in practice to attend this high yield meeting!

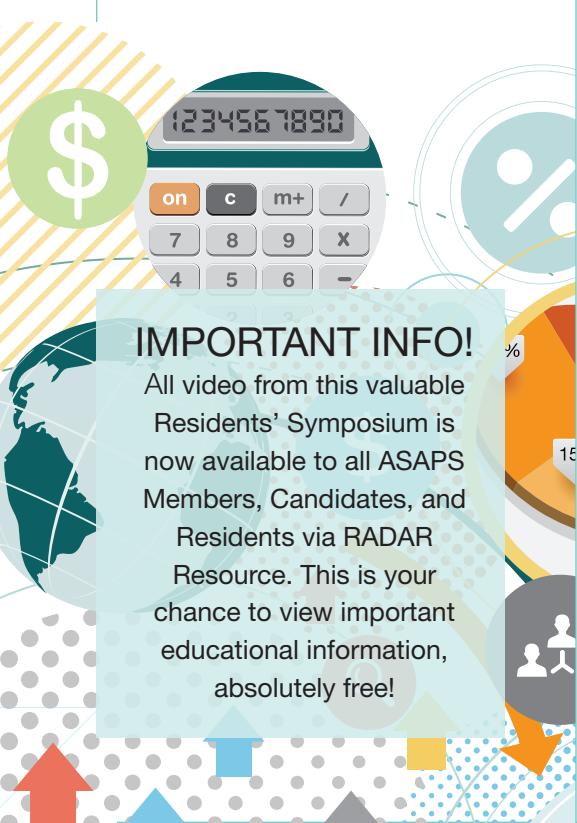
Nirav B. Patel, MD, MS, JD  
PGY-5, UC Davis Plastic Surgery  
Sacramento, CA

**T**he ASAPS Residents' Symposium "The Business of Launching Your Practice," has been an incredibly valuable resource to someone such as myself who is just beginning their career after residency and fellowship. The topics and details discussed go beyond anything you would be able to learn in training and would normally take someone years of trial and error to experience. Thank you for putting together such a great program for residents and recent graduates!!!

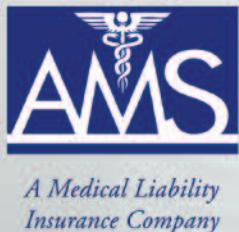
Johnson Lee, MD  
Aesthetic Fellow  
Atlanta, GA

### IMPORTANT INFO!

All video from this valuable Residents' Symposium is now available to all ASAPS Members, Candidates, and Residents via RADAR Resource. This is your chance to view important educational information, absolutely free!



**T**he ASAPS Symposium has provided a veritable treasure trove of practice management tips from surgeons, attorneys, managers, and financial advisers alike. There were numerous case examples and nuances discussed with the panelists that will help new plastic surgeons enter the marketplace much



# Experience the Difference

AMS RRG's Preferred Aesthetics™ program for plastic and aesthetic surgeons offers a unique combination of coverage features and exclusive benefits, such as specialty-specific risk management guidance tailored to each member or group on top concerns such as consents.

## Improved Consents, Reduced Litigation

With the rise in the number of aesthetic procedures performed each year there has also been an increase in patient expectations. And when a patient isn't satisfied or "happy" with the results, the potential for legal action looms. Managing expectations has never been more critical or challenging.

At AMS RRG, we know how important it is to understand what a patient wants and protect against unexpected reactions to outcomes – and advise clients to take several critical steps:

- Conduct an in-depth interview with the patient at the initial consultation to determine how realistic the patient's expectations are regarding the proposed procedure.
- Be thorough in your history taking.
- Beware of multiple procedures by multiple providers, and document them.
- Enquire if the patient has been involved in previous lawsuits.

- Develop a protocol for you and your staff for dealing with an unhappy patient.
- Fine-tune your informed consent verbally and, as you discuss the risks of procedures with patients, use detailed informed consent forms that require patient initials for the spectrum of complications. For example:

*Patient must initial each line:*

- I understand and accept that there are risks with any surgical procedure, including death or serious disability, scarring, keloid formation, or disruption of the incisional line.
- I understand and accept the most likely risks and complications include asymmetry, bleeding, discoloration, hematoma, infection, loss of skin, nerve damage, numbness, pain and swelling.
- I understand that there is no guarantee of desired results as each patient is unique, that healing is different in each individual, and that other procedures may be required in certain cases to achieve optimal results.

This type of consent allows the patient to discuss each area of concern, and will assist in any claim of lack of informed consent.



[www.amsrrg.com](http://www.amsrrg.com)

AMS RRG's expertise in effective consents is just one more way we help members mitigate the chance of litigation with proven risk management advice. Learn more about AMS RRG and our medical liability insurance coverage options specifically designed for plastic and aesthetic surgeons. Visit [www.amsrrg.com](http://www.amsrrg.com) or call 866-461-1221.

## The Straight & Narrow

Continued from Cover

the patient. There are lots of reasons to decline a patient for cosmetic surgery. "Dr. X" unfortunately chose to express the worst possible excuse imaginable to the patient. It's pure lack of thought to have an anti-HIV policy, but not have a "not-healthy-enough-for-surgery policy." The latter is protected class neutral, while the former is protected class illegal. Since "Dr. X" said it was an office policy, he may have had a mental lapse on this one for getting into an argument over the prospective patient's HIV status. Maybe "Dr. X" didn't quite understand how such a policy might work against him. The doctor maybe reached the right conclusion, but for the wrong reason. The same outcome would have happened if he had said, "You're not healthy enough for surgery, and you're also black (or any other color), male (or female), Republican (or Democratic), Catholic (or Protestant), Irish (or Indian), gay (or straight), unmarried (or married) and pregnant."

The Ethics Committee considered this issue several years ago. As I read it, our bylaws say a member can choose whether or not to care for a patient if the care is non-emergent. Many committee members at the time wanted the discretion to decide to treat or not to treat. It is also a complex legal question that was actually part of a risk management program elucidated by The Doctors' Company. If this is a cosmetic case, he is coming for aesthetic care, and patient abandonment does not apply. It would be another matter if the physician were the patient's primary care provider.

I suspect we could debate this for a long time. I don't think the etiology (i.e., iatrogenic steroid use) changes whether something is elective, although it does change (sometimes) whether a health insurance company would cover surgery or not. I think a surgeon who won't operate on a patient (who admits they have HIV) is naïve. There are a lot more creative ways to turn down a patient than to inflame them like "Dr. X" did. Why not just say, "This is too hard of a case for me to do; I don't have confidence you will have a good result; I recommend you see someone more expert than me; your risk of complications is too high for me to be comfortable..."

It isn't clear if this is a Medicare/caid

patient. I am assuming the breast reduction was totally cosmetic. It's troubling if the government is not involved as a player, then how can they weigh in on discrimination? In some states, like California, HIV is considered a disability and state law may prohibit denying services to a patient with disabilities. You can choose whom to serve, but you can't express an illegal reason for turning them out in the cold. So from a practical standpoint, "Dr. X" could have just said, "I don't feel comfortable with this procedure." This authentic, caring response would have been a much smarter and simpler approach. At the very least one might argue "Dr. X" deserves to be sanctioned for arrogance.

Thanks to the committee members who gave me input for this answer.

### **Situation #2: Photo piracy**

*I am shocked and amazed at what another ASAPS member has done to me. I am a reviewer for our Aesthetic Surgery Journal. I was asked to review a submission. During my review, I was really piqued to find in the submission three professional illustrations that I had personally published a few years before in another journal. Back then, I had commissioned a medical artist to create these three illustrations for me. I spent two thousand dollars on this project. My study containing these three professional illustrations was published. I forwarded the three illustrations to the artist, who confirmed they were indeed his creation, and that his signature and copyright were magically missing. Sure, I owned the illustrations but I was cranky-up that the author presented these as his own. Had the person simply asked me, I would have given him permission to use the illustrations. Unbelievable, don't you think? Even though I am a blinded examiner, I asked a few questions and discovered who it was. Just writing this is really bothering me. What should I do?*

First, take some deep breaths. Second, report this directly to ASJ. Rest assured if you inform ASJ of these details it is not going to re-publish your illustrations from another journal without permission or I assume even this article. Let ASJ handle the logistics. Third, you could go a step further and hire a lawyer for violation of copyright law. But, forewarned is forearmed. Copyright goes to Federal Court

and would string out for years. A federal case would be an enormous amount of time and money that would take over your life.

Now onto your main issue, ethics! Our ASAPS Code of Ethics under the category of Unethical Publishing has a provision (3.01 – 5) which forbids members from "Publishing material not your own." All I can say is, "Busted—you've got him on this one." So, you could report this to the Ethics Committee. Write up your complaint in a less colloquial, less emotional manner. Reference the Code of Ethics provision I just gave you. Send your complaint to [asaps@surgery.org](mailto:asaps@surgery.org). Make it clear this is an ethics complaint. You, as the complainant, will remain anonymous, though since these are your photos which were pirated, the accused will assume you are the accuser. Your written complaint will be reviewed by the committee chair and attorney. A committee member will be assigned to the case. Typically the chair of the ethics committee will write a letter to the offender. The offender will need to contact the designated committee member to offer an explanation. Then the entire committee will conduct a review and if it deems this to be an infraction, they will forward it to the Judicial Council. Only the Judicial Council can mete out penalties.

Here's another thought, which I believe would be preferable. Why not deliver the message to the right address? Take a few more deep ones, gather up your courage, and give him a call directly.

### **Situation #3: Ethics Accuser Privacy**

*In a court of law the accused are allowed to know who is accusing them. But our own ethics committee does not disclose the name of the accuser(s) to the accused member. Is this just?*

You make it sound pretty scary! Yes, I believe this is just. Here's why. First, sometimes the reported member actually does know his/her accuser when the facts are already in the public domain. An example would be an expert witness case where it is usually obvious and goes without saying. In this situation, the pretrial or court depositions speak for themselves. The accuser would almost always be the defending plastic surgeon in the case. The accused would be the

Continued on Page 23

**DO NOT invest ANY more money in Cosmetic Patient Marketing UNTIL you read this FREE report!**

## **5 Quick Ways to Get More Cosmetic Patients**

Hello, it's Catherine,

I want to get straight to the point because you're busy so here's what you'll discover in this report...

- The quickest way to get more appointments and procedures from **QUALIFIED** patients who want to pay top dollar for your skill and expertise
- How to increase your revenues by 33% within 90 days
- What the most successful practices focus on to beat the competition
- Automatic way to keep your staff trained, busy, and revenue-generating vs. overhead
- How to leverage your staff to set you up for **SUCCESS**, rather than sabotage
- Sure-fire ways to convert consultations so you are seen as the **BEST** choice over all others
- Best way to double your word-of-mouth referrals without lifting a finger
- Easy way to eliminate no-shows costing you a fortune



**READ THE ENTIRE REPORT NOW AT:**

**[www.CosmeticImageMarketing.com/FreeReport](http://www.CosmeticImageMarketing.com/FreeReport)**

I look forward to your feedback -

*Catherine*

Catherine Maley, MBA  
Author, Your Aesthetic Practice  
President, Cosmetic Image Marketing  
Patient-Attraction Specialist

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## The Straight & Narrow

Continued from Page 21

opposing expert witness. The accuser could have even won the case, but was sore about it anyway. I am sad to say this is a pathetic way to retaliate against the expert witness, whether or not the testimony was appropriate.

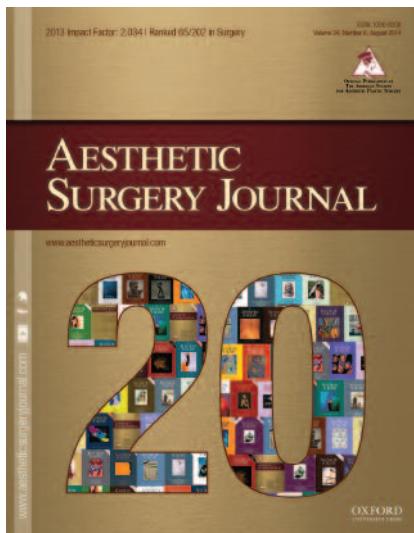
Sometimes a report is filed only because the defending surgeon lost the case. That's how you spell "sore loser!" The ethics committee has to sort out when a complaint is being used solely as a means to retaliate. Expert witness testimony is one of our most common complaints.

Second, look at it this way. There is no good reason for the accused member to know who is complaining to our committee. A complaint might be from an ASAPS member, but could also be from a patient or someone in the general public. The complainant's name is redacted. Anonymity encourages members to bring issues to the committee especially in unethical advertising. In the case of unethical advertising, the ad is the issue, and the name of the accuser is irrelevant. This is different than a court of law. If your neighbor reports you, and if you actually knew your accuser, well, you might go and hire an attorney to retaliate for "defamation." This would inhibit the ethics investigation process and probably put the kibosh on anybody ever reporting anything. Third, the ethics committee can start its own investigation of a member without receiving a formal complaint. Fourth, we do not investigate anonymous complaints.

Finally, the other side of the coin is that anonymity can promote frivolous complaints which really waste our time. I believe it's human nature to want to know our accuser. Whenever I talk to a reported member whom I am investigating, they almost always press me to divulge who reported them. That said, anonymity avoids blow-back and keeps the accused and us on task.

*Joe Gryskiewicz, MD, is an aesthetic plastic surgeon practicing in Burnsville, MN, and Clinical Professor University of Minnesota (Craniofacial-Cleft Palate Clinics). He serves on the ASAPS Judicial Council and is Chair of the Research Committee. Disclaimer: Dr. Joe's opinions aren't those of the Ethics Committee or the Judicial Council.*

## Aesthetic Surgery Journal Update



### The Aesthetic Surgery Journal turns 20!

Celebrate with The Aesthetic Society as our distinguished journal, *Aesthetic Surgery Journal*, enters its twentieth year of delivering the very best in aesthetic plastic surgery research. This seminal journal has become an industry benchmark, and we have much to celebrate!



### Check out the ASJ Lounge in Las Vegas at The Aesthetic Meeting.

At this year's annual meeting we've created a space for members called the ASJ Lounge where you can come visit with ASJ friends and colleagues, sit a spell, charge your devices, and join us in celebration of the Journal's 20th anniversary. We'll continue celebrating ASJ's achievements throughout 2016 so look for us at various conferences and please consider sharing your thoughts in writing or video clip format that we'll use to acknowledge the past twenty years that have led to our greatest achievement—#1 journal in all of aesthetic surgery. We'll see you at the ASJ Lounge!

### Have you signed up for your Aesthetic Surgery Journal eTOC and Advance Access alerts yet?

Be among the first to read the newest articles moments after they publish and receive alerts when each new issue publishes.

Click here to set your preferences:  
<http://asj.oxfordjournals.org/rss>

The editorial team of the *Aesthetic Surgery Journal* acknowledges and thanks Dr. Ronald P. Gruber for his leadership and vision as Section Editor, Rhinoplasty, from 2010–2015. He played a pivotal role in shaping and upgrading the content of this section and his service to the Journal and specialty will not be forgotten. We welcome Rollin K. Daniel (Newport Beach, CA) as the new Section Editor for Rhinoplasty.

**Members:** have you moved or changed affiliations? It's crucial to the peer review process to keep your email address and contact information up-to-date in ScholarOne Manuscripts. Please log in, click your name in the upper right corner, then click Address to update as necessary. We appreciate your assistance.

Have you been following us on YouTube? Click here for the latest videos and ASJ issue highlights: [www.youtube.com/user/ASJOnline](http://www.youtube.com/user/ASJOnline)

### Meetings & Conferences

Are you traveling to an aesthetic meeting soon? Come visit ASJ at the following meetings and ask us about free swag and the latest and greatest updates and features of RADAR Resource.

- Atlanta Oculoplastic Symposium: Atlanta January 21, 2016
- Atlanta Breast Surgery Symposium: Atlanta January 22–24, 2016
- The Rhinoplasty Society Meeting: Las Vegas April 2, 2016
- Aesthetic Meeting 2016: Las Vegas April 2–7, 2016



### Are You Using the ASJ Job Board?

Oxford University Press has created a Journals Career Network that allows job hunters and employers to quickly search listings and apply or post a new listing at reasonable rates, focused on placements in the fields of Medicine and Health. To access the ASJ Job Board, please go to <http://bit.ly/1SSwDJQ>

## Last Chance to Pre-Register: The ASAPS Las Vegas 2016 Aesthetic Symposium

Continued from Cover

### **NEW! Rhinoplasty Session**

In addition to our face program, this year will feature a rhinoplasty session. This session will be geared to a small, intimate group of doctors who will enjoy a full day of didactic education. Limited space will be available for this unique opportunity. The entire program can be found at [www.surgery.org/lasvegas2016](http://www.surgery.org/lasvegas2016).

### **Our Cadaver Labs—A Must Attend**

On Saturday, January 16, plan to attend the cadaver anatomy labs focused on techniques in rhinoplasty (morning lab) and facial aesthetics (afternoon lab). The popular facial session, which has sold out every year, and the rhinoplasty lab, which is new this year, offer attendees a great opportunity to learn from some of the best in the field. Please make plans to attend this exciting event. The ASAPS Las Vegas 2016 Aesthetic Symposium will be an exceptional educational experience.

### **Testimonials from Attendees**

"I went to the first ASAPS Las Vegas Aesthetic Symposium and knew I had to return, as it was the best meeting I attended last year. As it is highly focused on areas of the face and fat grafting, which I do a lot of, I wanted to come back for 2015, and am glad I did." Michael Kelly, MD

"The ASAPS Las Vegas Aesthetic Symposium is a wonderful opportunity. I've been to both 2014 and 2015, and the cadaver lab experience was particularly informative for me as an aesthetic plastic surgeon. I'm able to take home the skills I've learned and provide more enhanced patient care." Jerome Lamb, MD

"I signed up for the ASAPS Las Vegas Aesthetic Symposium as soon as I heard about it, as the cadaver lab really appealed to me. It's not every day you can get in and work with the face, the nerves, and all of the danger zones without having to worry about the patient. It was an excellent and rewarding experience." Susan Lovelle, MD

### **Glamorous and Exciting Venue: The Cosmopolitan of Las Vegas**

All meeting functions will be held at The Cosmopolitan of Las Vegas, a luxury resort casino and hotel, located on the Las Vegas Strip. The resort was named to the 2015 Conde Nast Travelers Gold List as one of the

"Top Hotels in the World". The hotel has a wide variety of world class, inspired restaurants.

### **Terrace Studio**

A special guest room rate of \$189 per night plus tax has been negotiated for attendees.

To make your online reservation now, go to <https://aws.passkey.com/g/51461703>.

Call center number: 702-698-7575 (local) or 855-435-0005

Reservation Code: SAMRE6

The cut off date for reservations was December 23, 2015. Reservations made after the deadline, or after the room block fills, are subject to space and rate availability. Deposit and cancellation penalties will apply. Please confirm these details when making your reservations.

### **CME**

The American Society for Aesthetic Plastic Surgery (ASAPS) designates this live activity for a maximum of 23.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

By attending both the optional Facial Cadaver Labs and the Educational Session you

may earn a maximum of 23.5 AMA PRA Category 1 Credits™ and 12 Patient Safety Credits.

By attending the Educational Session only you may earn a maximum of 19.5 AMA PRA Category 1 Credits™ and 8 Patient Safety Credits.

The American Society for Aesthetic Plastic Surgery (ASAPS) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

*Credit hours subject to change.*

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*Glenn Jelks, M.D., is an aesthetic plastic surgeon practicing in New York and has been an Aesthetic Society member since 1990.*

# **ASAPS Las Vegas 2016 Aesthetic Symposium**

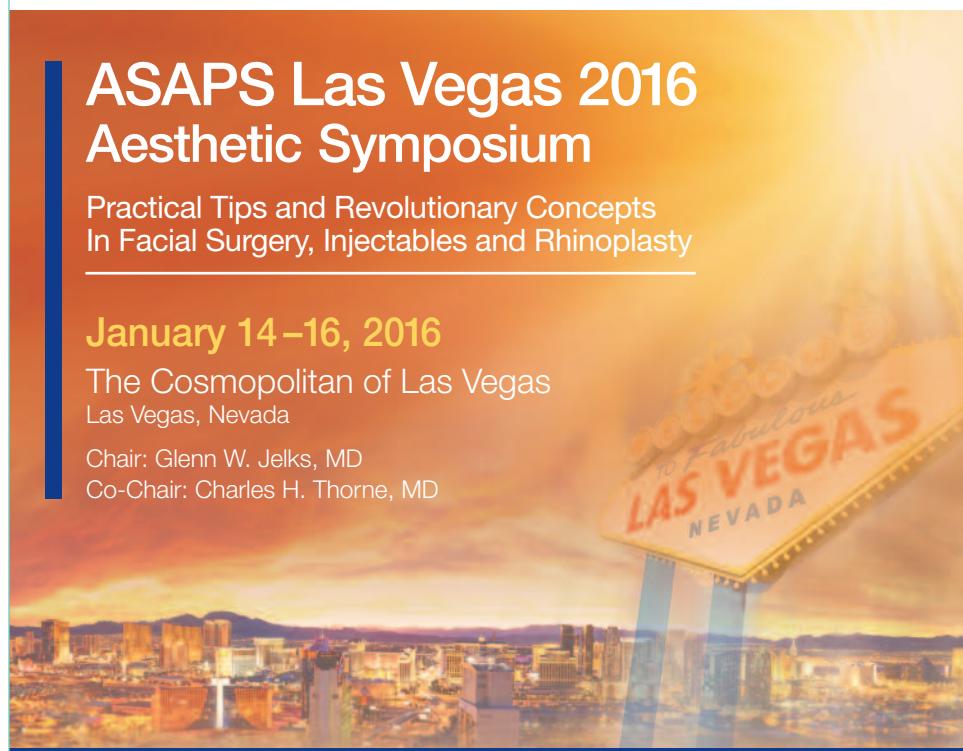
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## NEW MEETING: You Asked, ASAPS Responded!

*Experienced Insights in Breast and Body Contouring—Interaction. Involvement. Inspiration*

Due to member requests, ASAPS is proud to announce the inaugural “Experienced Insights in Breast and Body Contouring—Interaction. Involvement. Inspiration.” This small, intimate symposium, sponsored by ASAPS, will take place October 6–8, 2016 at the Westin Chicago River North, in Chicago, IL. The participants will have extensive exchanges and discussions with some of the brightest minds in aesthetic plastic surgery. Focusing on innovative techniques for breast and body contouring, participants will learn how to refine their techniques to deliver the natural-looking results that patients desire.

Save the date, and look for a full program and faculty, coming soon, at [www.surgery.org/breastandbody2016](http://www.surgery.org/breastandbody2016)



THE AMERICAN SOCIETY FOR  
AESTHETIC PLASTIC SURGERY, INC.

# Experienced Insights Breast and Body Contouring

Interaction. Involvement. Inspiration

Thursday, October 6—  
Saturday, October 8, 2016

The Westin Chicago River North  
Chicago, IL

## New Content Available on RADAR



### Aesthetic Surgery Journal

The November/December issue of the *Aesthetic Surgery Journal (ASJ)* is ready for viewing.

**To View in the RADAR Library:** *Aesthetic Surgery Journal* → 2015 → Volume 35, Number 8, November/December 2015

Highlights in this issue include the following articles with video:

- The Alar Rim Flap: A Novel Technique to Manage Malpositioned Lateral Crura—Cemal Alper Kemaloğlu, MD; and Mehmet Altıparmak, MD
- Safety of Vertical Augmentation-Mastopexy: Prospective Evaluation of Breast Perfusion Using Laser Fluorescence Imaging—Eric Swanson, MD
- Transaxillary Endoscopic Breast Augmentation With Shaped Gel Implants—Hyung-Bo Sim, MD; and Sang-Hoon Sun, MD
- Redefining Abdominal Anatomy: 10 Key Elements for Restoring Form in Abdominoplasty—Christopher K. Patronella, MD, FACS
- Power-Assisted Gluteal Augmentation: A New Technique for Sculpting, Harvesting, and Transferring Fat—Marwan H. Abboud, MD; Saad A. Dibo, MD; and Nicolas M. Abboud

**View Videos for Articles  
Simply by Selecting the  
Video Camera Icon.**

### New ASAPS Interactive Cases on RADAR!



#### Aesthetic Nasal Tip Reconstruction

By: Dr. Brian Derby, ASAPS Candidate for Membership from Sarasota, FL

In this Interactive Case, Dr. Brian Derby explores the various treatment options for an Aesthetic Nasal Tip Reconstruction and discusses his selected treatment plan.

**To View in the RADAR Library:**  
Interactive Cases → Ideas and Innovations → Clinical → Nose

### New Industry Sponsored Case on RADAR! Sponsored by xMedica

#### New Options in Surgical Tissue Support

In this case, Dr. Max Lehfeldt's patient presents for revision augmentation and peri-areolar mastopexy. He utilizes anatomically shaped implants and introduces his technique to mitigate malposition and encapsulation by the use of surgical silk scaffold in a “sock” technique.

This case can be found in the RADAR library under Interactive Cases → Breast → Augmentation Revision → Malposition. Look for the xMedica logo. 

#### Practice Management

NEW advice on “Aicher’s Legal Pad.” Due to data breaches and increasing fraud, credit cards are now incorporating computer chips to authenticate transactions. This piece examines the details of how your practice can benefit from chip card terminals.

**To View in the RADAR Library:** ASAPS → Practice Management → Legal → Aicher’s Legal Pad → Chip Card Terminals: Upgrade or Lose



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#### QUESTIONS?

Contact Alicia Potocchiak:  
[alicia@surgery.org](mailto:alicia@surgery.org) / (800)364-2147

## Musing on El Magnifico: A Tribute to Gustavo A. Colon, MD

Continued from Cover

am willing to bet he would want his many friends to remember him that way. ASN recently contacted a few of these friends looking for some good “Gus stories.” I hope you enjoy them!



ASAPS Past President  
Gustavo Colon, MD

### *From Dr. Robert Singer*

Gustavo Colon was a compilation of many people: a knowledgeable historian, a dedicated educator, an original artist, an accomplished stand-up comedian, a master of disguise, a devoted family man, a respected plastic surgery leader, and an excellent surgeon. He was also a loving generous friend who always had time for others, new acquaintances or old friends. For me, he was the brother I never had.

The world of plastic surgery will be a little more somber without him.



Carmen and Gustavo Colon, MD



Alan Gold, MD, Gil Gradinger, MD, Leo McCafferty, MD, ASAPS Executive Director Sue Dykema, Gustavo Colon, MD, and Mark Jewell, MD

### *From Dr. Mark B. Constantian*

Gus had so many unusual skills and delightful personal traits that, as my mind scans over them, I hardly know where to begin. Of course he was an educator, implant developer, encyclopedia of Civil War history, gifted storyteller, our Aesthetic Society President, and a Director of the American Board of Plastic Surgery, but I never thought of those accomplishments when I saw him. We all relate to each other first as human beings, and El Magnifico was a great personality, warm, smart, relational, and loving. Gus was also hilariously and genuinely funny, and I know that I always felt better after I saw him than I did before. So many times, he saw me and then walked right past to embrace my wife, Charlotte. He would then turn, wave me off, and say, “You can leave now. I didn’t come to see you, anyway.”

Surgeons who are not members of The Aesthetic Society wonder what makes it so special to those of us who are..We who knew and loved Gus Colón understand.

### *From Dr. Fritz Barton*

Every time I encountered him, I always left laughing. That was his way—always making people around him feel better. He loved people and they loved him. Gus was a born

comedian. All of us remember the duo of Anastasi and Colon, whose skits were the hit of ASAPS’ social gatherings. Remembering them still makes me smile.

In my forty years of working around Gus in plastic surgery, I never heard a single person say a critical word about him. It was always endearment. I dare not wonder who else among us could boast that reputation.

### *From Dr. James Baker, Jr*

Gus and I worked closely together for the Society. He followed me as President in 1996. We “grew up together” in the Society. His wonderful stories were a great source of humor throughout all our years working together.

### *From Dr. Alan Gold:*

It's so very hard to believe that "El Magnifico" is gone. In typical Gus fashion, though, he would want us to celebrate his life and not mourn his passing. We can take solace then in knowing that whenever we hear thunder from the heavens, it doesn't only mean rain...it will just be God laughing at another of his jokes.

*Dr. Jennifer Walden is an aesthetic surgeon practicing in Austin, Texas. She is Communications Commissioner for The Aesthetic Society.*

## Colleagues Remember Gus Colon, MD

### **Thomas Trey Sands, MD**

In 2000, I had the good fortune of meeting Dr Colon for the first time. This larger than life figure was always the center of attention. In 2006, I had the privilege of being accepted into his extended family as I married my wife. And in 2011, I had the distinct honor of joining him as a partner in his medical practice. Today, I stand before you not as an individual surgeon, but as a representative of the hundreds if not thousands of young surgeons that he encouraged, taught and mentored along the way. His passion for plastic surgery combined with his desire to teach and help people made him the perfect mentor for so many. As I travel and meet new people in my field, I am constantly stopped after individuals learn that I work in Dr. Colon's office. They tell me a story of how he helped them along the way and how important his relationship is to them.

His contemporaries hold him in such high regard not only because of his professionalism but also as a result of his unwavering friendship and constant ability to entertain on whom.

To this day as I care for new patients, his name inevitably will come up in conversation and then the smile...the patient will erupt with a smile from ear to ear and either comment on how good looking he was or how he took such wonderful care of their close friend or family. I can't begin to explain how amazed I am that nearly everyone I come into contact with in the city has some close connection with someone that has been cared for by Dr Colon.

To this day as I care for new patients, his name inevitably will come up in conversation and then the smile...the patient will erupt with a smile from ear to ear and either comment on how good I looking he was or how he took such wonderful care of their close friend or family.

You see...what made Dr Colon so special was not just his surgical talent but more importantly the way he treated others. Not only his patients but everyone around him. He was constantly smiling, dancing in the OR to his Latin music or telling a joke. He made people feel important and valued. He used to tell me that being a good plastic surgeon was about 10% surgery and 90% psychiatry. Fellows that trained with him before my training used to always tell me what impressed them most about him was the way he was able to talk to patients and make them feel so good. Beyond the vast pearls of plastic surgery wisdom he has passed along, this ability to relate to people and care was the greatest gift that he imparted to young surgeons throughout his time with them.

So I say on behalf of so many surgeons around the world, thank you Dr. Colon for not only making us a better surgeon but also a better person for having known you.

### **Joel Toro, MD**

President of the Puerto Rico Plastic Surgery Society

### **Roberto J. Méndez, MD**

Member of the Puerto Rico Plastic Society

Dr. Colón was a visiting professor, mentor and friend to the Puerto Rico Society of Plastic Surgery, and for many of us, he was more than a teacher, he was close family. He maintained great rapport with many of us, and a special bond, with two members of our society, Dr. Miguel Yáñez, and Dr. Rosendo Martínez who were both Plastic Surgery residents at Tulane; he frequently communicated with them. Dr. Colon was like an uncle to Dr. Rosendo Martínez.

Dr. Colón was not only truly devoted to our precious specialty by being a professor, and aesthetic surgery pioneer, but he was a fun person to be with. He had a natural personality that could light up the room as soon as he entered. He is the beacon that we should all look towards in pursuing the highest standards in our careers.

It is now our responsibility to preserve the values learned, the established high principles in plastic surgery, and to honor the path he set for those who follow. We have been blessed in having known him, laugh with him and learn from him. He made our world a better world, and for all that, we will dearly miss him.

## ASERF Data Hub Test Pilot Volunteers



We are still looking for participants to join the ASERF Data Hub test pilot, which will run this winter. The goal for the test pilot is to refine the platform experience before full ASERF roll-out scheduled for early 2016. We would greatly appreciate anyone interested in helping ASAPS and ASERF in its efforts for improving this revolutionary system through participation in the short and easy test pilot.

As a reminder, The ASERF Data Hub is web based data entry system that allows ASERF to easily and cost-effectively gather, analyze, interpret and report on compliance standards in order to improve patient care. Once armed with this de-identified member-provided data, ASERF will be able to generate compliance benchmarks, quantify society-based care delivery standards, recognize trends, pinpoint considerations, and more. This will be extremely helpful as we advocate for our members in the media and elsewhere.

The test pilot process has been streamlined by our technology and analytics partner SurgiMetrix, who have leveraged easy, customized case entry with adaptive pre-population and elimination of extraneous fields, drop down menus, search fields, online guides, and more. In addition, test pilot participation is easy and will not take up much of your time. Participants will be asked to enter 5 fictitious surgical cases over 5 weeks, with case entry averaging 5 minutes each. Along with your final feedback surveys, that's it.

We understand you are busy, but also recognize the importance of having membership involvement through new initiatives. We would greatly appreciate your interest and input. Please email us at [info@surgimetrix.com](mailto:info@surgimetrix.com) for more information or to sign up as a participant today.

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## Harvey Alan Zarem, MD (February 13, 1932–November 1, 2015)

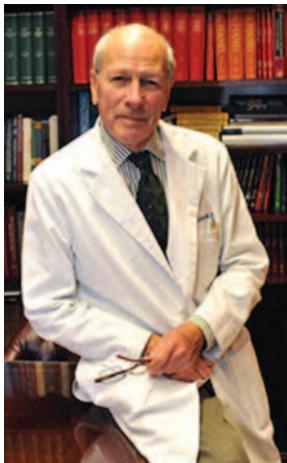
The American Society for Aesthetic Plastic Surgery joins the entire specialty in mourning the loss of Harvey Alan Zarem, MD, who passed away due to pancreatic cancer on November 1, 2015, at his home in Savannah, Georgia. Condolences can be sent through the funeral home, found here: [www.gamblefuneralservice.com/obituary/dr-harvey-alan-zarem](http://www.gamblefuneralservice.com/obituary/dr-harvey-alan-zarem)

The following is excerpted from his published obituary:

Dr. Zarem was born on February 13th, 1932 at the Telfair Hospital in Savannah to parents Harry A. Zarem and Rose Gold Zarem. He attended prep school at Phillips Academy in Andover, Massachusetts and graduated from Yale University in New Haven, Connecticut, where he was Chairman of the Junior Prom and member of the prestigious senior society Scroll and Key, before embarking on one of the most storied careers in plastic surgery. After medical school at the Columbia University College of Physicians and Surgeons in New York City, New York, Dr. Zarem was the Chief Resident in General Surgery at the Harvard Medical School in Boston, Massachusetts before completing his surgical training as a Resident in Plastic Surgery at the Johns Hopkins Hospital in Baltimore, Maryland.

Dr. Zarem then joined the faculty of the University of Chicago as Professor and Chief of Plastic and Reconstructive Surgery, a role he held for 7 years before leaving for Los Angeles, California to serve in the same role at the UCLA Medical Center and School of Medicine for 14 years. He then opened a private practice in Santa Monica, California, which he continued in Savannah when he returned to his hometown in 2011.

Widely regarded as the “Dean of Plastic Surgery,” Dr. Zarem pioneered numerous techniques commonplace in the medical field today, including liposuction and reconstructive post-cancer surgery of the breast. He also produced seminal treatises on eyelid surgery and treatments of hemangiomas (vascular malformations) in infants and children. Aside from his outstanding clinical practice, he trained over 50 leading plastic



surgeons in the United States and abroad, and his research laboratory produced valuable information on microcirculation. He gave countless university lectures, international presentations and radio interviews. His talents were sought by movie stars, Hollywood elite, and leaders from around the globe. Early appearances by Dr. Zarem on the television show Extreme Makeover helped to make the show successful.

Dr. Zarem maintained a classic view of the practice of medicine and made many efforts to protect the field of Plastic and Reconstructive Surgery and its image. He was famously interviewed on CBS's 60 Minutes where he exposed fraudulent plastic surgeons advertising in the Los Angeles area, about which local authorities were doing nothing. Later, the California legislature voted to allow dentists to practice plastic surgery and the bill was vetoed by the Governor, largely due to lobbying efforts by Dr. Zarem during his tenure as President of the California Society of Plastic Surgeons.

Dr. Zarem was an avid sailor, tennis player, photographer, ham radio operator, fly fisherman, hunter, and outdoorsman. As a lifelong educator, Dr. Zarem happily volunteered his expertise and countless hours of his free time to the Los Angeles City Fire Department's Auxiliary Communications Service, the Beverly Hills Police Department, the Beverly Glen Community Disaster Preparedness Program, and as a Major in the Georgia State Defense Force, to name a few.

Harvey is survived by his wife Beth of 34 years; six children, Hal, Melissa, and Allison by his first wife, and Kathryn, Mikey, and Robbie by Beth; six grandchildren, and his brother, Bobby. He was preceded in death by his older brother, Danny.

In lieu of flowers, remembrances may be sent to the Lewis Cancer and Research Pavilion—225 Candler Drive, Suite 204, Savannah, Georgia 31405; or the charity of one's choice.

[www.gamblefuneralservice.com/obituary/dr-harvey-alan-zarem](http://www.gamblefuneralservice.com/obituary/dr-harvey-alan-zarem)

*Here are some remembrances from friends and colleagues:*

“He was greatest of the greatest and all of plastic surgery will miss him.”  
Steven Teitelbaum, MD

“It is hard to believe in a plastic surgery world without him. Let's remember what he gave us—a stepping stone that plastic surgery grew upon.” Herluf Lund, MD

“Harvey was a great teacher, a leader in plastic surgery, and more importantly a wonderful person. His advice played a significant role in many surgeons' lives, including mine. He will be missed.”  
Robert Singer, MD

“A great friend, a wonderful man... A real loss.” Foad Nahai, MD

“He was such a positive influence on so many of us personally and professionally. I will never forget the times I spent with him from Santa Fe breast symposium to the ski slopes. The world has lost a great man.”  
James C. Grotting, MD

“I first met Harvey during my time at UCLA in 1977. He was always a gentleman and an incredibly smart, insightful and classy person with a great sense of humor—who was always a friend to me. He left his mark at UCLA, on Plastic Surgery during his long career afterward, and with all of us. We will all miss him.” Kenneth C. Shestak, MD

“Harvey was a true gentleman in every sense of the word. With a wry sense of humor, an incredible fund of knowledge, and the ability to make complicated things simple, he left an indelible mark on us all. I was fortunate to have spent a week fishing with him in Montana along with several of our group, and I can remember it as if it were yesterday.” Scott Bartlett, MD

“My first exposure to Plastic Surgery was with Harvey in 1971 when he was chief of Plastic Surgery at the University of Chicago. He was a true prince and just a plain lovely man whom we all admired. He set an example that anyone of us would be lucky to achieve.”  
Scott Spear, MD

“Harvey was a hero and role model for me throughout my plastic surgery years. I am so appreciative to have gotten to know Harvey and Beth through the Alpine and to have co-chaired our Beaver Creek Workshop. We will miss you Harvey.” Michael Sadove, MD



# SOCIETY NEWS

## Advocacy Support: ASAPS & You Can Influence Your State

By Daniel C. Mills, II MD

The ASAPS Board of Directors continually works to ensure that our members' dues are being utilized wisely and to their fullest capacity. At a 2013 Board of Directors meeting, a discussion focused on how to best financially support aesthetic advocacy activities so that our dollars will be the most impactful. As we all know, politics is local and the "bellwether" states for aesthetic plastic surgery (such as California, Florida, and New Jersey, among others) have not typically received support from any national organization to help them in their legislative battles. Then-Aesthetic Society President, Dr. Jack Fisher, appointed a workgroup to address this issue and made a recommendation to the Board, which was unanimously approved, to implement an annual state advocacy funding program.

### **The State Advocacy Program**

Using a simple process, states requesting funding will be asked to complete a simple application form that will be reviewed by the Advocacy Relations Committee. Requests are approved based on need and severity of the issue involved. Funding requests can be approved totaling up to 50% of the ASAPS total annual advocacy budget. It is anticipated that the maximum initial funding would be \$10,000 per state pending Committee approval. The balance of the advocacy budget would be held for "emergency" issues. Such

requests would be reviewed by the Advocacy Relations Committee with final approval by the Board of Directors.

### **The Details**

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

1. States must request the funds and agree to provide an update report to the Board of Directors either in written or verbal form during the ASAPS Annual Meeting and by July 1 at the close of the legislative year.

2. The October 1 deadline for funding requests conforms to the typical timing of the creation of legislative agendas with most of the legislative activity taking place in January–May.

3. If this program is successful, we recommend developing an electronic "Clearinghouse" to include a listing of key individuals in each state, including the option to share their successes, failures, documents, etc... so we build a community and infrastructure for the states to work together.

### **Recent Developments**

At a recent meeting of the ASAPS Advocacy Relations Committee, the Florida Society of Plastic Surgeons submitted a request for \$10,000 to support their efforts to ensure that

proposed changes to the Office Surgery Rule are consistent with FSPS policy, as well as to assist with other regulatory issues. Legislatively, the FSPS lobbyist is a constant presence in Tallahassee and thus far has thwarted attempts to deregulate medspas and/or allow mid-level practitioners to practice independently. Finally, the Florida Society routinely reports cases of suspected inappropriate practice to regulatory authorities for prosecution.

The Committee agreed that that the Florida Society's request was valid and the grant money would go to good use, leading to the approval to provide funding to the Florida Society of Plastic Surgeons in the amount of \$10,000.

### **The Application Process**

Those states interested in applying for funding can find an application at [www.surgery.org/professionals/about-asaps/advocacy-support](http://www.surgery.org/professionals/about-asaps/advocacy-support).

Daniel C. Mills, II, MD, is an aesthetic plastic surgeon practicing in Laguna Beach, CA. He serves as chair of the ASAPS Advocacy Relations committee and as President-Elect of The Aesthetic Society.

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## Media Notes & Quotes

**P**ast American Society for Aesthetic Plastic Surgery President Michael C. Edwards, MD, FACS, a partner at Anson, Edwards & Higgins Plastic Surgery Associates in Las Vegas, says 99% of his patients choose silicone implants, and he is aware of the MRI challenge. He informs patients prior to surgery about the MRI recommendation, and reminds them when they reach the 3-year mark to get an MRI and have a copy sent to him. However, most patients don't.

"The lion's share of patients, unfortunately, are not willing to pay the money it costs to have an MRI that looks solely at their breast implants," says Edwards, who estimates the cost of the imaging exam in his market at anywhere from \$750 to \$1,250.

### Plastic Surgery Practice (<http://bit.ly/1YDxthd>)

*Detecting Rupture in Silicone Breast Implants: Exploring High-Resolution Ultrasound's Growing Role in Plastic Surgery*  
November 25, 2015

**F**or Generation Xers, whose previous trip to the cosmetic surgeon may have been for a post-adolescence nose job or breast implants, the types of procedures they're seeking now are helping them to turn back the clock and keep up with the selfie-obsessed generation. According to statistical data released by The American Society for Aesthetic Plastic Surgery (ASAPS) in 2014, adults between the ages of 35 and 50 account for the most cosmetic surgical and nonsurgical procedures—more than 40 percent of all procedures performed. That adds up to more than 4.2 million procedures, beating out Baby Boomers and Millennials for all the nips, tucks and injections happening in the U.S. These are the most common plastic surgery procedures requested by Generation Xers today.

### New Beauty (<http://bit.ly/1OXDPtZ>)

*Why Is Generation X Having More Cosmetic Procedures Than Any Other Age Group?*  
November 17, 2015

**T**he latest statistics from the American Society for Aesthetic Plastic Surgery (ASAPS) state that below-the-belt procedures have been on the rise. Labiaplasty—a surgery that involves reshaping and trimming the excess labia minora—increased by 44 percent and the number of surgeons who are performing

labiaplasties increased by 8 percent (from 21 percent to 29 percent) in 2013.

"The reality is that women have been grooming themselves differently for about the past ten years, with many eliminating pubic hair altogether, and consequently, they are noticing what things look like in that region as a result," said Christine Hamori, MD, an ASAPS member specializing in labiaplasty, in a formal press release. "Many of my patients want to achieve a clean, smooth look as they would with their face and underarms."

### Yahoo Health (<http://yhoo.it/1PjEPD9>)

*Women Are Getting Surgery Down There to Look Better in Yoga Pants*  
November 2, 2015

**T**urns out, there are some ways you can slow down the sagging process, says Dr. James C. Grotting, M.D., president of the American Society for Aesthetic Plastic Surgery. All you have to do is be wary of these sneaky habits: You eat chips, candy, and donuts. Obviously, junk food can wreak all sorts of havoc on our butt and bellies, but, surprisingly, your breasts can suffer from that bag of chips or morning scone, too. As we get into our 30s and 40s, Grotting says our breasts slowly become more fat-based. To put it another way, when you eat that donut, it's not going to go straight to your waistline.

### Good Housekeeping (<http://bit.ly/1XeNJEH>)

*9 Things You Do Every Day That Make Your Boobs Sag*  
October 16, 2015

**B**otox injections may stave off expansion-related pain and decrease time-to-expansion for women undergoing two-stage breast reconstruction, a new pilot study suggests. "The infiltration of the pectoralis major muscle with neurotoxin in immediate, expander-based reconstruction may be beneficial in reducing pain and expediting expansions," the study authors note. The findings appear in the *Aesthetic Surgery Journal*.

### Plastic Surgery Practice Magazine (<http://bit.ly/1PtqQCa>)

*Botox Takes a Shot at Reducing Tissue-Expansion Pain in Breast Reconstruction*  
October 13, 2015



## ASAPS Board Changes

**D**ue to the resignation of Sanjay Grover, MD, from the ASAPS Board of Directors, Tracy M. Pfeifer, MD, has been voted in to fulfill that Member-at-Large position. Additionally, Jennifer Walden, MD, has assumed the position of ASAPS Communications Commissioner.

## Share Your Stories!

**A**SAPS Members, have you found a grateful patient through our Smart Beauty Guide website? Or learned a technique at The Aesthetic Meeting which changed your practice? If you've benefited in some way by the education you've received or through the tools and services The Aesthetic Society offers, share your story with us! Simply email [asaps@surgery.org](mailto:asaps@surgery.org) and we will be in contact with you soon.

## Show Your Patients You Are a Member of ASAPS



**A**lerting your patients that you're a member of one of the most distinguished medical societies focused on higher learning is easy! Simply use our complimentary logos on your website, stationery, business cards, brochures, and advertising to let prospects know that you've achieved the distinction of membership. Logos can be found here: [www.surgery.org/members/member-resources/asaps-members-logo](http://www.surgery.org/members/member-resources/asaps-members-logo)

For information on how logos can be used, please review: [www.surgery.org/members/member-resources/asaps-members-logo/logo-usage-guidelines](http://www.surgery.org/members/member-resources/asaps-members-logo/logo-usage-guidelines)

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**Indications:** *Restylane® Lyft with Lidocaine* is indicated for implantation into the deep dermis to superficial subcutis for the correction of moderate to severe facial folds and wrinkles, such as nasolabial folds, and for subcutaneous to suprperiosteal implantation for cheek augmentation and correction of age-related midface contour deficiencies in patients over the age of 21.

*Restylane Lyft with Lidocaine* should not be used by people with severe allergies, particularly to microorganisms known as gram-positive bacteria, or by people with serious allergies to drugs that have previously required in-hospital treatment. This product should not be used by people with bleeding disorders and should not be injected anywhere except just under the skin. *Restylane Lyft with Lidocaine* should not be used in people with a known allergy to lidocaine.

The most common adverse events after initial treatment include bruising, redness, swelling, pain, headache, tenderness, and itching. Use at the site of skin sores, pimples, rashes, hives, cysts, or infection should be postponed until healing is complete. In these instances, product use could delay healing or make skin problems worse.

This product should not be injected into the blood vessels as it may cause vascular occlusion, infarction, or embolic phenomena.

*Restylane Lyft with Lidocaine* is available only through a licensed practitioner. Complete Instructions for Use are available at [www.RestylaneUSA.com](http://www.RestylaneUSA.com).

**Reference:** 1. *Restylane Lyft*. Instructions for Use. Fort Worth, TX: Galderma Laboratories, L.P.; 2015.



# The Aesthetic Society's Industry Partnership Program



MERZ AESTHETICS™

**NEWBEAUTY**  
THE BEAUTY AUTHORITY

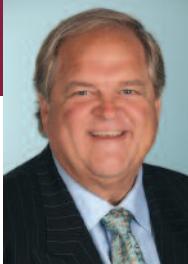
**sientra**

**ZO SKIN HEALTH INC**  
BY ZEIN OBAGI, MD

Founding Premier Partner: Sientra

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

*It's more than just business to us.*



## Join an Aesthetic Society Committee

By Daniel C. Mills, II, MD

**A**s President-Elect of ASAPS, members often ask me what more they can do to give back to the specialty. My response is always the same, “get involved with The Aesthetic Society!” ASAPS offers an array of opportunities to give back and get involved through committee volunteerism. It is in these committees that valuable contributions are made, often originating as suggestions from committee members themselves. And committee work is where those desiring to become leaders of the Society gain experience and make connections.

### Why should you join an ASAPS Committee?

- Opportunity to have input and direction for the future of The Aesthetic Society
- Build a foundation for advanced leadership skills
- Professional development and training

- Strengthen your ties with other members of The Aesthetic Society as a leader

### What ASAPS expects of you as a Committee member:

- Participate on scheduled conference calls and attend committee meetings
- Complete the tasks/projects for which you volunteer to do for your committee
- Show your support by attending the programs in which your committee is involved

### What's in it for me as a member to volunteer my time at ASAPS?

- Utilize your unique talents to advance ASAPS as the premier professional aesthetic plastic surgery society
- The professional distinction of being involved in activities that can position you as a leader in aesthetic surgery.

Committee members are selected each year. Some committee positions have a 3-year term. The final selection of appointed committee members is determined by the President with the help of each Committee Chair, always attempting to match interests, expertise and special qualifications. Information on the committee responsibilities is available in the Society's Bylaws which are online in the members-only area of [www.surgery.org](http://www.surgery.org).

For more information, please go to <http://www.surgery.org/join-an-aesthetic-society-committee>. It is through your involvement and ideas that ASAPS can ensure we keep our society and our specialty both strong and vital. Thank you!

*Daniel C. Mills, II, MD, is an aesthetic plastic surgeon practicing in Laguna Beach, CA, and serves as President-Elect of The Aesthetic Society*



## Meet the Staff!

**F**aith Cuellar has worked at The Aesthetic Society for 18 years, and is celebrating her 19th year in February. In her role as Finance Manager and HR Assistant, she manages Accounts Payables, as well as assisting the Director of Finance with various Finance and HR duties. In addition to this, you've likely seen Faith working onsite registration during the annual Aesthetic Meeting. Faith says that what she most likes about working for The Aesthetic Society is, “The staff! It's a pleasure working with an amazing team, that complement each other well in supporting our Membership and providing excellent customer service.” Outside of work, Faith enjoys spending time with her husband, Dan, and their two sons, Matthew and Alexander. In the rare event that she has free time, she enjoys a great book.

## Emails From The Aesthetic Society



**O**ne of the commonly heard suggestions from those associated with The Aesthetic

Society is that the Society reduce the number of emails. 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, 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](mailto: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 PREMIER PARTNERS



The Aesthetic Society creates integrated relationships with Industry and ASAPS members, in support of our mission to advance the science, art, and safe practice of aesthetic plastic surgery. As a partnership program benefit, Premier and Alliance partners are provided the opportunity to submit valuable information for ASAPS members including key updates, and information on products, promotions, and discounts. ASAPS is driven to provide visibility and support for our Partners.



PATIENTS ARE LOOKING AT US. AND LOOKING FOR YOU.

ALPHAEON® has just launched the first ever national consumer campaign focusing on board certified physicians. Which means more patients than ever will be looking for a physician through the ALPHAEON Find a Physician tool.

Are you ALPHAEON? Don't miss out. Become an ALPHAEON physician. join shoutmd today at [shoutmd.com](http://shoutmd.com)



FDA-Cleared Advanced Scar Supervision—bioCorneum®+ is the first and only FDA-cleared scar management product with silicone and UV protection. With over 2,000 patients in clinical studies, bioCorneum®+ is registered as a medical device recommended to help prevent abnormal scars post-surgery; and improve the appearance of existing scars. Visit [biocorneum.com](http://biocorneum.com) or call 678-684-1426.



Galderma is a leading healthcare company committed to bringing innovative, science-based skin health solutions to healthcare providers and consumers worldwide. Galderma—the manufacturer of products including Restylane®, Restylane® Silk, Restylane Lyft®, and Sculptra® Aesthetic—recently announced the launch of ASPIRE Galderma Rewards, a unique loyalty program. ASPIRE rewards individuals for consistent use of Galderma aesthetic products and helps strengthen the connections between healthcare providers and patients. For more information, please visit: [www.galdermausa.com](http://www.galdermausa.com) and [www.aspirerewards.com](http://www.aspirerewards.com).

## MERZ AESTHETICS™

Merz Brings Patient-Focused Innovation to Market with Cellfina™

Merz recently announced that the FDA has cleared the Cellfina™ System for long-term improvement in the appearance of cellulite on the buttocks and thighs with no loss of benefit for up to 2 years, the longest duration cleared by the FDA. Cellfina™ will be available to physicians in early 2016. With Cellfina™, Ultherapy® and the NEOCUTIS skincare line, Merz is building an aesthetic portfolio that allows physicians to use Merz technologies to treat a broad range of patients and concerns. For more information, visit [www.merzusa.com/aesthetics-otc](http://www.merzusa.com/aesthetics-otc). For full product and safety information, including possible mild side effects of Cellfina™, visit [www.cellfina.com/IFU](http://www.cellfina.com/IFU).

## NEWBEAUTY<sup>®</sup> THE BEAUTY AUTHORITY

NewBeautyPRO is pleased to present its new bimonthly webinar series! NewBeautyPRO works with key industry educators and innovators in the space to provide its partners with the tools they need—whether it be media training or maximizing their presence in the digital atmosphere—to further build, maintain and grow their practice. NewBeautyPRO has held webinars about optimizing your website with SEO and best practices for mobile optimization. Keep an eye out for upcoming webinars that will cover social engagement through Instagram and expert tips for managing your online reputation. Reach out to [elite@newbeautypro.com](mailto:elite@newbeautypro.com) to receive your webinar login information today!

## sientra.

Sientra, a company focused on bringing innovation to the market, offers the only full portfolio of 5th generation round & shaped silicone gel breast implants in the U.S. Sientra continues to push the industry forward, by becoming the 1st company to offer its breast implants exclusively to board certified & board eligible plastic surgeons; shaped implant approval to the U.S. market; the most cohesive round implants; & the industry's first-ever Capsular Contracture Care program, C3. Sientra's portfolio includes higher projection & higher fill-ratio HSC & HSC+ round breast implants, providing more options for plastic surgeons.

Learn more about Sientra at [sientra.com](http://sientra.com).

## ZO SKIN HEALTH INC

BY ZEIN OBAGI, MD

At ZO Skin Health, Inc., our commitment is to spend significant resources protecting our account partners and our company from fraudulent or diverted products. Our Brand Protection team partners with cyber investigators & an industry-leading legal team to find, identify and shut down diversion quickly and effectively. In addition, we allow no internet selling except on our own site, ZOSkinHealth.com, where our physician partners receive the proceeds for product sales to patients via our website. We are one of the only companies that not only fights diversion but also pledges to protect physician businesses by limiting distribution on the internet.

Experience the ZO® Difference.

# ASAPS ALLIANCE PARTNERS



AMS RRG, a medical liability insurance company that offers Preferred Aesthetics™, a coverage program specifically for plastic and aesthetic surgeons, invites you to Experience the Difference with the following discounts exclusively for ASAPS members:

- Premium discount of 5%
- Additional discount of up to 40% for qualified members with a favorable claims history
- Free or discounted tail coverage for qualified members

Preferred Aesthetics also gives members direct access to company executives for claims and risk management support.

For information on how you can take advantage of these member benefits, please contact Chris Edge, Vice President, at 866-461-1221, ext 301.



VECTRA® 3D imaging solutions offer powerful new assessment tools for face, body and breast procedures. The hand held VECTRA H1 is the ideal solution for facial procedures including rhinoplasty, chin augmentation, facial contouring and more. The VECTRA XT face and body system can now create a 360° body view by automatically stitching front and back captures into a single 3D image.

VECTRA's Sculptor software delivers compelling aesthetic simulation and patient education for surgical and non-surgical consultations. The ViewMyConsult® patient portal extends these consultations beyond the practice and offers seamless integration with ASAPS Smart Beauty Guide electronic brochures. And now, the Mirror® consultation app for iPad® displays Sculptor's 3D simulations on a convenient mobile platform.



CosmetAssure is committed to increasing patient safety by educating plastic surgeons about the risks of complications associated with elective cosmetic procedures. Understanding that complications will occur in surgery is the first step toward reducing their frequency and protecting patients. Through extensive research of our procedural database, studies have been published to inform plastic surgeons on how to minimize the risks of complications.

To further research and education for patient safety, CosmetAssure will make a donation to The American Surgery Education and Research Foundation (ASERF). ASERF, the philanthropic foundation of ASAPS, will be the beneficiary of our fundraising cocktail hour in Las Vegas at The Aesthetic Meeting In April. Invitations will be mailed mid-February containing a poker chip. For every chip brought to the event, a contribution will be made to ASERF. Look for the invitation in the mail soon.



Continuing as an Alliance Partner, Rosemont Media provides premier web marketing and design services for the aesthetic practice. They offer market exclusivity and work to ensure the success of their clients by taking a highly personalized approach to creating all-encompassing strategies, including SEO, content marketing, social media management, custom website design, reputation management, and more. When you choose Rosemont Media, you get a team of professionals dedicated to creating effective marketing strategies tailored to the unique needs of your practice.

Find Rosemont Media in Las Vegas at Booth #522.

## S SKINCEUTICALS

At SkinCeuticals our mission is to improve skin health. Dedicated to this purpose, we make one simple promise—to provide advanced skincare solutions backed by science. With our commitment to providing physicians and patients with proven corrective skincare solutions, we have introduced an innovative, professional-grade chemical peel to our portfolio. The Advanced Corrective Peel is a results-oriented synergistic combination of salicylic acid, lactic acid and phenylethyl resorcinol for texture refinement and discoloration improvement. Advanced Corrective Peel is safe and effective across all skin types and Fitzpatrick's I-V and designed for maximum customization to fit individualized skin needs. For more information, please visit: [www.skinceuticals.com](http://www.skinceuticals.com) and [www.skinceuticalspro.com](http://www.skinceuticalspro.com)



ZELTIQ Aesthetics proudly celebrates 10 years of clinical evidence and research with the acclaimed CoolSculpting system. Proven safe and efficacious with nearly 60 peer-reviewed clinical publications, the CoolSculpting system has a wide range of applicators to provide truly customized patient treatments and results. Millions of CoolSculpting treatments have been performed in over 3,000 practices worldwide. Please visit [coolsculpting.com/for-physicians](http://coolsculpting.com/for-physicians) or contact your local ZELTIQ representative for more information.

# Build Your Social Media Base and Expand Your Reach. New Tools from The Aesthetic Society.



## Easy-to-Use Tools for ASAPS Members!

Take control of your online presence with the help of the new ASAPS.org member portal. Just log in and you'll be able to:

- Manage Membership Information
- Answer Consumer Questions
- Submit Before and After Photos to the Photo Gallery
- Access the Message Center
- View Your EPP Statistics  
(for those members with EPPs)

If you have questions about these new features, please contact our webmaster, Lisa Orozco, at [lisa@surgery.org](mailto:lisa@surgery.org) or by calling 800.364.2146 or 562.799.2356.

The newsletter header reads "SEP 2014 ASAPS PRACTICE MARKETING TOOLS". It has a section titled "Social Media" with a sub-section "Share these Popular Blog Posts". Two posts are shown: "Red Flags That You're Getting Your BOTOX® From the..." and "Stop Feeling Bad About Your Neck!". Each post includes a small thumbnail image, a brief description, and "SHARE THIS STORY" buttons with social media icons for Facebook, Google+, Twitter, and LinkedIn.

## Social Media Content is Just a Click Away!

With the new ASAPS Social Media Newsletter, you have instant access to ASAPS-vetted content to share with your patients on Facebook, Twitter, Google+, and LinkedIn. Delivered by email twice monthly, directly into your inbox, simply click on the social media icons next to each entry and share:

- Videos
- Blog posts
- News
- And More!

Add your practice or marketing manager to the social media newsletter distribution list by entering their info at [asaps.org](http://asaps.org)!



# ASAPS PARTNERS

Alliance industry Partners Continue Their Support



The Aesthetic Society is pleased to continue partnering with industry in support of ASAPS' mission to advance the science, art, and safe practice of aesthetic plastic surgery among qualified plastic surgeons.

ASAPS is proud to continue with two Alliance Partners, Canfield and CosmetAssure. Both will continue to benefit from ASAPS' strategic partnership program.

IMAGING EXCELLENCE FROM  
**CANFIELD**

Canfield Scientific signed with ASAPS as an Alliance partner in 2013, and they recently signed to continue the agreement through 2016. Canfield Scientific has been delivering leading edge photographic imaging solutions to plastic surgeons for nearly 30 years. And in that time ASAPS members have become Canfield's most loyal customers, as well as their most trusted advisors. For Canfield, customer driven innovation has always been the key to success.

It was through listening to customers that Canfield formulated many of their leading edge products, such as the consultation apps for iPad and ViewMyConsult® patient portal. And of course, their exclusive Aesthetic Society Smart Beauty Guide electronic brochures. Most recently, customer input led to expanding the capabilities of VECTRA® 3D systems to capture 360° wraparound body images, a high value enhancement for breast augmentation and body contouring procedures.

The company's message to Aesthetic Society members is concisely stated by its President, Doug Canfield. *"Our relationship with ASAPS is an important element in our ongoing commitment to develop advanced clinical imaging solutions that will benefit members and their patients. And we enthusiastically look forward to another year as your Alliance Partner."*

**CosmetAssure®**  
We Cover Complications.

CosmetAssure began as an ASAPS Alliance Partner in 2013 and recently signed a new agreement taking the partnership into 2017.

*"The CosmetAssure team is very excited to continue our relationship with ASAPS as an Alliance Partner for another two years. Through working with board-certified plastic surgeons, we have developed the most comprehensive and reliable data base regarding complications from elective plastic surgery. ASAPS shares our commitment to patient safety and has greatly contributed to CosmetAssure becoming the Gold Standard in the complications insurance industry."*

Since 2003, CosmetAssure has been the Gold Standard, protecting board-certified plastic surgeons and their patients against the financial burden of post-aesthetic surgery complications. The CosmetAssure program helps preserve the doctor patient relationship through difficult times when complications delay recovery.

In March 2015, CosmetAssure transitioned to the world class broker, USI Insurance Services. USI is the 8th largest broker in the United States and 12th largest in the world with over 4,500 employees. USI is regarded as a leader in the insurance industry and has a well-established expertise and history of serving doctors. This partnership represents a milestone in the growth of the CosmetAssure program.

CosmetAssure recently announced an exciting enhancement to the gold standard in aesthetic surgery complications insurance. Effective immediately, CosmetAssure will not require an application for ASAPS members to become participating surgeons. Membership to the American Society for Aesthetic Plastic Surgery automatically qualifies members for enrollment in the program. This is consistent with their commitment to streamline processes and continuously improve customer service. To learn more go to <http://cosmetassure.com/enroll-today>

Pre-Registration ends  
January 11\*

## ASAPS Las Vegas 2016 Aesthetic Symposium

Practical Tips and Revolutionary Concepts In Facial Surgery, Injectables and Rhinoplasty



Intimate Learning Environment

•  
International Faculty

**January 14–16, 2016**

The Cosmopolitan of Las Vegas  
Las Vegas, Nevada

Chair: Glenn W. Jelks, MD  
Co-Chair: Charles H. Thorne, MD

\*While Walk-Up Registration is Available for Qualified Attendees, Please Note that Cadaver Labs Often Sell Out in Advance.



### Are You Making the Most of the ASAPS Advantage Provider Program?

The Advantage Provider Program was created to provide members with pre-negotiated special pricing on products and services, to enhance practice performance. Each ASAPS Advantage Provider is rigorously vetted, carefully selected and has agreed to uphold our strict ethical standards.

When you purchase a product from an Advantage Provider, you are also helping The Aesthetic Society offset costs, which helps keep your membership fees as low as possible.

## WE ARE AESTHETICS.

The American Society for  
Aesthetic Plastic Surgery  
Shaping the Future of Smart Beauty®  
[www.surgery.org/ems](http://www.surgery.org/ems)



**MEDELITA** has redefined the way healthcare professionals present themselves at work. Combining innovative, certified, performance fabric technology with sophisticated designs and hand-tailored workmanship, Medelita offers the most refined, comfortable and functional lab coats and physician scrubs available. Exquisite detailing and traditional sizing ensure flattering shaping and exude a level of prestige an aptitude essential for plastic surgeons.

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**MERCHANT ADVOCATE** is the country's leading merchant services consultant. With over a decade of experience and knowledge, their trusted advisors have achieved unparalleled cost savings for thousands of clients. Through proven negotiation and account optimization, Merchant Advocate can reduce the cost of processing credit cards WITHOUT having to switch your current processing relationship. Fast, simple and easy. Our average practice saves over 35%!

telephone (888) 890-8822  
<http://merchantadvocate.com/asapsmembers>

## ZALEA®

**ZALEA**'s mission is to change the way consumers explore, discover and share news and information in the world of aesthetic procedures and treatments. ZALEA has created comprehensive cosmetic procedure content from multiple credible sources delivering curated fair balanced and expert fact checked content.

Joining ZALEA allows a current news feed to be delivered directly to a member's website, with a goal of increasing traffic to the site. ZALEA exclusive participation also empowers physicians to integrate practice credentials into a new dimension of a practice brand. As an ASAPS Advantage Provider ZALEA offers members special pricing.

telephone (877) 533-5590  
(949) 288-6830  
[www.zalea.com](http://www.zalea.com)

## Focus on Philanthropy: Rebuilding America's Warriors



**A**sk many plastic surgeons for the one seminal leader in their specialty and chances are the answer will be Sir Archibald McIndoe.

McIndoe was the pioneering surgeon who treated the warriors of another generation—the Royal Air Force pilots of World War II. Pilots who were hit by enemy fire suffered horrific and traumatizing burns due to the large quantity of fuel the planes needed for their missions. It was the work done on these men that made McIndoe world famous. McIndoe's work was so revolutionary at the time that the pilots were nicknamed "Guinea Pigs" simply because no one knew if the operations would be successful. Pilots who underwent plastic surgery belonged to the Guinea Pig Club.

McIndoe did not limit his work to a medical/physical level. He realized that the injured pilots needed some form of psychological rehabilitation and he did his best to facilitate this. There was a general feeling that the public would not have been able to handle a pilot's physical appearance in normal day-to-day circumstances. Two good friends of McIndoe—Neville and Elaine Blond—assisted in developing more community help and support for the pilots so that they did not feel ostracized from the very people they had been helping to protect as fighter pilots.

What McIndoe started was revolutionary. But it wasn't the end of caring for our military. Plastic surgeons the world-over continue to offer their gratitude to those who serve their country.



Norman Leaf, MD

One of them, ASAPS Active Member Dr. Norman Leaf, works as Medical Director on behalf of a life-changing non-profit foundation called Rebuilding America's Warriors (R.A.W.).

R.A.W. is dedicated to providing free reconstructive surgery to recently wounded and disfigured active service and veteran status troops.

According to Dr. Leaf, in an interview with the entertainment newspaper Variety, "It's not just vanity—these scars are remnants that go



very deep into the psyche. I think PTSD is a real thing. Anything we can do to improve scars or deformities improves that."

As the Medical Director of the foundation, Dr. Leaf evaluates each veteran's needs by means of phone calls, photographs and histories, and arranges for the military personnel to be treated by qualified, board-certified surgeons in that service member's geographic area. If no volunteer already exists in that location, Dr. Leaf researches qualified surgeon and requests their help. Not once has he been refused.

R.A.W. fills in the gap where the Veterans Affairs Department leaves off, handling injuries that the VA will not or cannot, whether due to the issue being deemed "cosmetic" or, more likely, that the veteran's case has gotten lost in red tape.

Further, R.A.W. is completely apolitical. Whether one is a Republican or a Democrat, a conservative or a progressive or independent, it is R.A.W.'s goal to help the men and women who defend our country when they return with life-changing injuries.

### Where It Began:

Rebuilding America's Warriors is the brainchild of Maggie Lockridge, RN, a nurse well known to many Los Angeles-area plastic surgeons for the excellent aftercare she gave to patients. In 2007, after watching a news report on returning Iraq veterans, Maggie founded the Iraq Star Foundation, now doing business as Rebuilding America's Warriors.

"My 18 years in the plastic surgery arena enabled me to acknowledge the finest plastic/cosmetic surgeons in the Los Angeles area" she said. These carefully selected 30 original volunteer surgeons formed the

foundation of Iraq Star dba R.A.W., which now boasts over 370 Board Certified surgeons and dentists in all specialties and located in 49 states. All surgeon volunteers provide their services without charge and feel honored to do so. These procedures include shrapnel removal, scar revisions, burn scar treatment, full face laser for sandblast shrapnel, etc.

### Donations

Publicly solicited donations go directly toward the soldier's transportation, hotel accommodations, food, surgical costs, medical supplies, hospitalization, anesthesia, medications, and aftercare. Rebuilding America's Warriors Foundation has a mission: to not allow the wounds of war to permanently disfigure promising young lives.

### The Reward

As Dr. Leaf states, "The knowledge that I'm helping our servicemen and women kick start their lives by dealing with the scars or deformities that they sustained while serving their country is very rewarding. I was surprised to find that for many military veterans, it's difficult for them to ask for help in dealing with these issues... the code of the warrior is very much instilled within. But for those who request it, we are ready to provide whatever is needed, from small scar revisions to major craniofacial or orthopedic procedures. We also provide transportation and housing for the veteran and a family member during their treatment. In providing these services, we give these honored servicemen and women a dignified return to civilian life."

To volunteer or learn more about R.A.W.'s services, please go to [www.rebuildingamericaswarriors.com](http://www.rebuildingamericaswarriors.com)

# SKINCEUTICALS REVEAL

## ADVANCED CORRECTIVE PEEL

MEDICALLY EXCLUSIVE PEEL FOR COMPREHENSIVE TEXTURE  
REFINEMENT AND DISCOLORATION IMPROVEMENT

### VISIBLE RESULTS

Improvement in the appearance of discoloration, uneven texture, dullness, and clarity



Protocol: A dermatologist-controlled, 16-week clinical study on 37 multi-ethnic females ages 30-60 with mild to moderate facial hyperpigmentation, and mild to moderate fine lines and wrinkles. Subjects received a series of 4 peels, 4 weeks apart, on their face and neck. Subjects also used SkinCeuticals Gentle Cleanser, Daily Moisture, and Physical UV Defense SPF 30.

#### ► CUSTOMIZED

Controlled outcome through layering

#### ► COMPREHENSIVE

Targets a variety of skin concerns, including  
discoloration, uneven tone and texture,  
dullness, and enlarged pore appearance

#### ► UNIVERSAL

Safe and effective across all skin types  
and Fitzpatrick's I-V

[www.skinceuticals.com](http://www.skinceuticals.com)

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SKINCEUTICALS

## ADVANCED CORRECTIVE PEEL

CONCENTRATED BLEND OF  
14% SALICYLIC ACID, 14% LACTIC ACID,  
10% PHENYLETHYL RESORCINOL

CORRECT

FOR PROFESSIONAL USE ONLY

120 ml / 4 fl oz



## Update on ASERF

Neal R. Reisman, MD, JD, FACS

### ALCL Research

The Aesthetic Surgery Education and Research Foundation (ASERF) realizes the ongoing need to work collaboratively and fund research for ALCL, a rare form of lymphoma. As noted in the Fall 2015 issue of ASN, ASERF has provided research funding for a world renowned scientist and continues to collaborate with ASPS to learn the affects ALCL has on plastic surgery. Recently, RADAR Resource was updated with the goal of increasing understanding of this rare entity. The need for patient follow-up, what to look for as well as what early tests are indicated and the need for complete implant and Capsule removal working together with pathology.



### ASERF Career Achievement Award

Recently, the board approved the nomination of Gil Gradinger, MD as the ASERF Career Achievement Award. After his residency at UCSF, Gill served for two years in the US Air Force as plastic surgeon. After serving his country, Gil returned to the bay area and opened up a private practice which he ran for more than 35 years. In that time, Gil served as faculty to the division of plastic surgery at UCSF, was published in several journals and textbooks ranging from rhytidectomy to mastopexy and was a Founding member of The Aesthetic Society.

Gil will be joining a list of trendsetters in plastic surgery: Tom Rees, MD; Fritz Barton, MD; Louis Vasconez, MD; and Foad Nahai, MD who also have been recognized by ASERF for their accomplishments and contributions to plastic surgery.

### ASERF Membership

ASERF's desire to fund important research depends on the generosity of its membership. While ASAPS covers the administrative costs associated with running the foundation, it is the member's dues and donations that fund the research. As of December 2015, 62% of ASERF members have rejoined. It isn't too late to support aesthetic surgery research by sending in your membership dues and donations.



### ASERF Data Hub

Over the last two years ASERF has been working diligently to create the ASERF Data Hub. Currently in the last phase of beta testing, with an expected launch at The Aesthetic Meeting 2016 in Las Vegas, the ASAPS staff is speaking with vendors who may offer incentives for participating practices. While details are still being discussed, current ideas include deep discounts for ASAPS members who purchase products and or services, with additional savings in the way of cash rebates for participating in the Data Hub. The greater the participation, the better the statistics, the more your professional foundation and society can help with patient safety, education, etc. Please consider getting involved with Beta Testing or participating after the launch.

### ASERF Silent Auction



ASERF Board of Directors is excited to announce that the ASERF Auction will be taking place once again at The Aesthetic Meeting, 2016, Las Vegas. Currently, the ASERF Development Committee and the

ASAPS Exhibits Committee is seeking donations for the auction.

If you have something to donate such as: usage of your vacation home, art, sports memorabilia, the gift of mentorship/surgical advice etc. please contact Director of Development, Tom Purcell at tom@surgery.org or by calling 562-799-2356.



**THE AESTHETIC SURGERY EDUCATION AND RESEARCH FOUNDATION**

The Aesthetic Surgery Education and Research Foundation was established in 1993 as the philanthropic arm of The Aesthetic Society. ASERF continues to fund research that directly impacts your practice. Through directed research studies, as well as physician initiated studies, ASERF is helping to ensure that aesthetic plastic surgery products and techniques are safe, effective and relevant.

You can help keep plastic surgery research moving forward by:

- Donating your honoraria or royalties
- Becoming an annual donor
- Making a year-end donation
- Funding a specific area of research
- Donating gifts of stock

Consider ASERF in your estate plans by:

- Leaving a bequest in your will or trust
- Naming ASERF as a beneficiary on a life-insurance policy

To learn more about donating to ASERF and other research projects, please call 562.799.2356 or visit [www.aserf.org](http://www.aserf.org)



# FOR YOUR PRACTICE

## Keep the Insurance Profit, Protect Assets, Reduce Taxes: Own Your Own Insurance Company

David B. Mandell, JD, MBA

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**M**any ASAPS members are looking for ways to protect the practice and personal assets from potential lawsuits, while also reducing taxes. If your practice currently generates over \$3,000,000 of revenues and you would like to take advantage of opportunities to improve and protect your financial success, then this article may prove to be valuable information for you.

Small Insurance Companies (or "SMICs") are often referred to as "captives," "closely-held insurance companies," or a number of other names. Like any corporate structure, SMICs can be ideal tools if they are created for the right type of practice and the corporate formalities are maintained properly in a legitimate jurisdiction. The purpose of this article is to briefly describe appropriate uses, potential benefits, and approximate costs of SMICs. To better illustrate potential benefits, we offer a case study where the use of an SMIC significantly enhanced many areas of the client's comprehensive financial planning.

### **What is a Small Insurance Company (SMIC)?**

The SMIC we will discuss here is a properly-licensed, U.S.-based insurance company—domiciled in one of the states that have special legislation for small insurance companies. While some advisors promote insurance arrangements in small international jurisdictions to take advantage of lower creation and maintenance costs, we think it is advisable to domicile SMICs in the U.S. As a number of states' recent captive insurance statutes allow formation for reasonable costs, we find domestic options to be financially feasible like never before.

### **SMIC as a Risk Management Tool**

The SMIC must always be established with a real insurance purpose. Insurance companies have been well defined in the vast array of tax laws, revenue rulings, private letter rulings, and case law. There are requirements for an insurance company to be a facility for transferring risk and protecting assets. Practitioners who specialize in this area have found ways to manage risk to maximize long term profit while reducing unnecessary risk within the insurance statutes. How risk is



managed and how much risk can be insured in a captive will be answered based on your particular situation. The nice thing is that there is a great deal of flexibility in how the SMIC can benefit a client.

One specific way clients can use the SMIC is to supplement their existing insurance policies. The SMIC can insure deductibles, copayments, and excluded risks. Such "excess" protection gives the client the security of knowing that the company and its owners will not be wiped out by a lawsuit award in excess of traditional coverage limits. In this case, you could think of the SMIC as a tax-efficient, asset protected war chest to cover potential future losses.

Most aesthetic plastic surgeons are acutely aware of medical malpractice, but there are many other risks to surgeons as employers and business owners. The SMIC can be used to protect the surgeon and practice from employment liability, HIPAA defense and a variety of other risks that will vary based on your practice size, revenue, number of employees, and other risks. This protection can be of significant value and potentially very profitable to the SMIC if you manage risk well. In some instances, the SMIC may even allow the client to reduce existing insurance, as the SMIC policy will provide additional coverage.

Some surgeons choose to use an SMIC to provide flexibility in using customized policies not easily found in the commercial space. For example, you may desire a liability policy that would pay your legal fees (and allow full choice of attorney) but would not provide any benefit to creditors or claimants (what we call "Shallow Pockets" policies). This prevents the client from appearing as a "Deep Pocket" (a prime lawsuit target). Avoiding this appearance is a valuable asset protection strategy that is stressed in our book, *For Doctors Only: A Guide to Working Less and Building More*.

The SMIC has the flexibility to add coverage for liabilities excluded by traditional general liability policies, such as wrongful termination, harassment, or even ADA violations. Given that the awards in these areas can be over \$1 million per case, the SMIC can provide valuable protection here. To illustrate how the SMIC can be used, let's examine the case study of Justin and Harry.

### **Case Study: Justin and Harry Use SMICs**

Justin and Harry are plastic surgeons who each own successful practices and surgery centers. Justin feels like he is paying too much for his group's medical malpractice and commercial liability insurance policies. After our firm introduced Justin to an attorney and actuary who specialize in SMICs, he created

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## Own Your Own Insurance Company

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one to issue policies that cover the least significant, most common medical malpractice and commercial liability claims (under \$100,000 per occurrence). This significantly reduced his existing insurance premiums because he then had much higher deductibles for his 3rd party insurance policies.

Justin believed he could reduce his insurance premiums to commercial insurance companies, implement successful risk management programs, reduce the claims of the center, and reduce his overall payments and costs. Ultimately, he hoped that the SMIC would help him increase the profits of the center. He was right. While a significant portion of the \$1.5 million in total payments was paid out to cover claims, there was still over \$1 million in his SMIC reserves after five years.

Harry had a different approach. He established an SMIC to insure lesser risks that were not covered under commercial insurance. These policies included HIPAA litigation expense and malpractice defense policies (which is available only to pay for the company's legal fees, but not to pay claimants). After five years, Harry's SMIC paid limited claims. At this point, most of the premiums are still growing as asset-protected reserves of the SMIC to be used to pay future claims. If there are very few future claims, the SMIC may become a profitable investment for Harry and his family.

Harry was also considering bringing on younger partners in to his practice. He plans on using the SMIC as part of an exit strategy for his practice as well, with each new partner responsible for paying some of his buyout—from both the practice and the SMIC.

**SMIC: Compared to Self-Insuring—The “Rainy Day Fund.”** Because our society has become so litigious, many surgeons have been “self-insuring” against potential losses like the ones named above. These clients have simply saved funds on an after tax basis to pay any expenses that may arise if a risk comes to fruition. This is the proverbial “rainy day fund.” While a rainy day fund may prove wise, the client would be better off using an SMIC to insure against any risks. That is because the formal payment of premiums to the SMIC may be tax-deductible to the

practice. Those funds in reserve of the insurance company enjoy the highest levels of asset protection (+4/5), can be structured to grow outside the taxable estate, can be structured to layer into a practice exit strategy, and can generate very significant long term tax advantages as well. None of these benefits are found with the traditional “rainy day fund.”

**Avoiding Land Mines:** It cannot be overstated—the SMIC structure must be properly created and maintained by insurance experts. If not, all risk management, asset protection, practice and tax benefits may be lost. For these reasons, using professionals who have expertise in establishing SMICs for clients is critical—especially the attorneys, actuaries and insurance managers who need to be involved. While using such experts and a real SMIC structure may be more expensive than some of the cheaper alternatives being touted on the internet or at fly-by-night seminars, this is one area where “doing it right” is the only way to enjoy the SMICs benefits and be 100 percent compliant.

**Who Can Afford an SMIC?** Setting up an SMIC requires particular expertise, as explained above. Thus, as might be expected, the law firms most experienced in these matters charge significant fees for both the creation and maintenance of SMICs. Set-up costs are typically \$75,000-plus and annual maintenance costs can be around \$5,000 per month. While these fees are significant, they can be shared among a number of SMIC owners. The SMIC's potential risk management, tax, practice, estate planning, and asset protection benefits often combine to make it a very attractive option for very successful surgeons. There is no better way for successful practice owners to leverage their advisors than to work with them to create such a flexible and efficient planning tool as a small insurance company.

### *Conclusion: SMICs Can Be Great Tools for Certain Physicians*

Because successful ASAPS members have significant risks, are interested in better management of these risks, desire asset protection, want to build tax-favored wealth over the long term, and might enjoy learning

new ways to fund practice buy-out and estate planning opportunities, there is a good reason to spend a little time reviewing the benefits of the SMIC as an important planning tool.

**SPECIAL OFFERS:** To receive a free hardcopy of *For Doctors Only: A Guide to Working Less & Building More*, please call 877-656-4362. Visit [www.ojmbookstore.com](http://www.ojmbookstore.com) and enter promotional code ASAPS24 for a free ebook download of *For Doctors Only* or the shorter *For Doctors Only Highlights* for your Kindle or iPad.

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## MOBILE MARKETING & THE BEAUTY OF CROSS-DEVICE CONVERSION



Co-authored by Rosemont Media CEO Keith Humes and John Lewis, Senior Writer & Editor

When was the last time you looked at your smartphone or tablet? Ten minutes ago? Two hours ago? This morning when you woke up? Most likely, you checked a mobile device at some point today, and you're probably going to do so again at least once before the day is over. According to an Internet Trends Report conducted by Kleiner, Perkins, Caufield & Byers, the **average person will check their smartphone a total of 150 times throughout the day**. Whether we're using them to receive and send emails, research a topic of interest, or simply view the day's weather forecast, mobile devices have become an integral part of our lives.

**The convenience of these smartphones and tablets enables us to search for and find what we want in the exact moment we desire to do so.** As a result, the number of searches conducted via mobile devices is now greater than that of desktop computers. That said, time spent on websites per mobile visit is actually quite low.

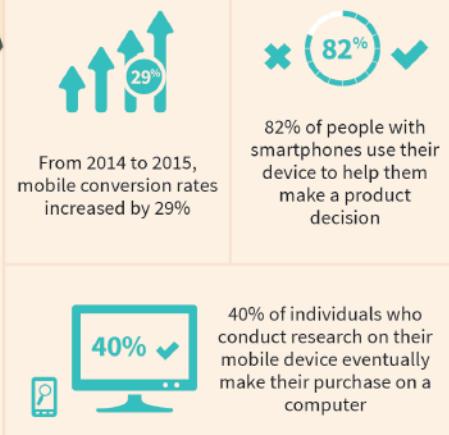
What does this tell us? As it pertains to you, it lets us know that patients are making more informed decisions about their prospective treatment(s) quicker than ever before. If they **don't** find relevant information on a mobile website right away, they move on; if they **do** find relevant information, they're likely to take action immediately, or embark upon the consumer journey. This is where cross-device conversion comes into play.



### PRO TIPS:

- **The importance of a mobile-friendly website cannot be overstated** – your mobile strategy should work to complement and support your overall online marketing plan, ultimately helping to boost cross-device conversion.
- **Strive to be in the moment throughout the entire consumer journey by anticipating what your patients may want to learn and/or do** – write and publish blog posts that provide answers to questions you hear often, or buy mobile ads that can be run based on related searches.
- **Mobile searches help people initiate and “chip away” at the research process** – remember, receiving a plastic surgery treatment is a big decision that takes time. When people use their mobile devices to conduct research, you want to be there every step of the way.

### MOBILE USAGE BY THE NUMBERS



### WHAT IS CROSS-DEVICE CONVERSION?

Cross-device conversion is when the consumer journey begins on one device and ends with a purchase/action made on a different device. For instance, if someone is interested in a facelift, they may start their consumer journey by using a mobile device to research "Facelift Benefits." When they discover your recent blog post that lists the many benefits of a facelift, they may wish to conduct more extensive research on your website since the post they read proved so informative. To do this, they might choose to visit your site on a desktop computer where they are able to easily access every bit of information you have on facelift surgery, eventually leading them to schedule a consultation at your practice.

### WHY IS CROSS-DEVICE CONVERSION IMPORTANT FOR MY PRACTICE?

As you can see in the example above, just because the individual used their desktop computer to schedule a consultation doesn't mean your practice's mobile presence didn't play a vital role in the grand scheme of their consumer journey. Without a strong mobile presence, the patient may never have come across your blog post in the initial phase of research, significantly reducing their chances of discovering your practice and ultimately scheduling a consultation. After all, most online searches are conducted on mobile devices, remember?

### TRACKING CROSS-DEVICE CONVERSIONS

The key to tracking cross-device conversions is to stop viewing your mobile and desktop conversions as separate statistics. Whether it's clicking on a mobile ad or looking at before-and-after photos on your desktop site, remember that every action a potential patient makes is a valuable part of their consumer journey, as well as your overall online campaign. Google offers a conversion tracking tool through AdWords that allows you to see what happens *after* a visitor clicks on your ads, enabling you to attribute your conversions to the correct campaign regardless of which device was used to make the final action. With the amount of cross-device traffic generated today, this data is invaluable to your Internet marketing success.

If you have any questions about mobile marketing for plastic surgeons, or if you need help monitoring and analyzing your cross-device conversions, please contact Rosemont Media, LLC at [info@rosemontmedia.com](mailto:info@rosemontmedia.com). Also, check out Rosemont Media's educational blog - the Rosemont Review - at [rosemontmedia.com](http://rosemontmedia.com) for the latest on how to gain and maintain a strong foothold in your online marketplace.



## Do You Choose Your Patients Or Do They Choose You?

By Steve Dayan, MD

**B**eauty is not only the universal language connecting all humans across all cultures, but also the universal language connecting all living species. It is the vehicle that allows a banana to message a primate that it is ripe, as well as a daffodil's way to solicit a bee for pollination. And as a primal force, it exerts itself at a very primitive and evolutionary preserved level. In humans, perceiving beauty is tucked away in the deepest corners of an archaic and evolutionary preserved portion of our brains, and it is here that we appreciate, recognize and value beauty.

Three centuries before Christ, Greek philosopher Plato equated beauty with all that is good, realizing that it is a coveted treasure. Beauty is the lubricant leading to procreation, and it very well may be the rawest of energies fueling evolution. But don't mistake beauty with attractiveness. While related they are two very distinct entities. Beautiful can be unattractive, and attractive can be ugly, look no further than 1985's sexiest man alive Mel Gibson yelling distasteful profanities, or Picasso's engaging but disturbing Guernica. To be attractive requires two parts: a form to project beauty and a being to receive it as beautiful. But in the cognitively complex human, the manner in which the beauty is projected is highly dependent on the projector feeling beautiful. Herein lies the hurdle: to feel beautiful and project beauty takes effort and work; it is not just a given.

Thinking, exercise and communication all require purposeful work and effort, but we struggle with our primitive nature to seek out the path of least resistance. While we are designed to conserve Adenosine triphosphate (ATP—a high-energy molecule found in every cell) and preferentially ration ATPs for activities dedicated to survival, it is our ability to purposefully work toward a goal that provides our most valuable rewards. And it is through creative muscle, reasoning and ingenuity that human advancement occurs.

In our post-modern world, however, modernizing advancements often take away the privilege and subsequent rewards gained by working hard for something. For example, consider:

- Stories once only read in books progressed to being heard on the radio and now to video screens, reducing our ability to imagine scenarios
- Egyptian math abacuses evolved to calculators and super computers, reducing our ability to rapidly problem solve
- While we once walked, we now have moving sidewalks, personal scooters and cars, reducing exercise for our muscles
- Poetic letter writing has progressed to abbreviated emails to texted acronyms, mutating our ability to communicate

How far is it going? I saw on a news program yesterday a bed that can make itself! While making a bed may not seem like much, I'd like to believe that my kids get a feeling of accomplishment when they do so.

And is beauty following the same path of "do it for me?" As witnessed in multiple TV, radio and print advertisements, beauty is portrayed as an effortless quick fix—only a magic pill, potion or procedure away. But if we take away the ability to conquer, achieve or taste victory, no matter how small, are we destined to have a generation of patients that are just going to assume we can deliver them beauty?

True advancement and reward requires work and effort. Today, it seems easier to quit than to expend the energy necessary to communicate, think, exercise or do. And in a "me-too" generation of "give me," "feed me," "serve me" and "entertain me," conventional wisdom seems to be defining plastic surgeons as wizards who can wave our needles and knives and—poof!—instantly transform someone. But unlike a moving sidewalk, we can't just automatically transport someone from *being* beautiful to *feeling* beautiful. The positive, healthy psyche is as much a part of being beautiful as the somatic form. And this takes work on the behalf of both patient and surgeon. Just as teachers provide information and students can choose to either whether or not to study and learn, we too can give someone a balanced nose, defined eyes or more proportionally sized chin, but not succeed in making them attractive. Projecting beauty is so much more than just the physical.

But unlike a moving sidewalk, we can't just automatically transport someone from *being* beautiful to *feeling* beautiful. The positive, healthy psyche is as much a part of being beautiful as the somatic form. And this takes work on the behalf of both patient and surgeon.

It requires an acceptance and commitment to improving the self, which necessitates effort and expending of energy.

As medicine drifts away from the paternalistic overtones of yesteryear, we must admit and recognize that our role as surgeons has evolved to become partners in the process, and not manufacturers of health and beauty. Today, we are more akin to being talented stewards who help our patients achieve attractiveness. To be fully successful in this regard, it takes equal commitment from both doctor and patient. Patients who are committed to enhancing their attractiveness are more likely achieve success as are the doctors who choose them.

In an evolving world, perhaps we should evaluate human nature within a modern context, attempting to better understand the motivations, desires and commitment of our patients. As the world adopts new conveniences, we must learn to adapt to our patients' new communication styles and expectations, hopefully leading us to select more wisely patients who are willing and active participants in their own care. By focusing our training not only on the latest techniques and products, but also by understanding and teaching what makes someone feel beautiful and why, we can be more successful as surgeons and help patients understand, own, and project their beauty. The future of our field may depend on it.

Steven Dayan, MD, is an aesthetic facial plastic surgeon practicing in Chicago, IL.

# PATIENTS ARE LOOKING AT US. AND LOOKING FOR YOU.



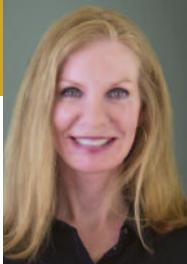
Our ALPHAEON billboard above Times Square.

ALPHAEON has just launched the first ever national consumer campaign focusing on board certified plastic surgeons. Which means more patients than ever will be looking for plastic surgeons through the ALPHAEON Find a Physician tool.

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## So You Want to be Famous?

Catherine Maley, MBA

**D**o you ever wonder how or why your colleague was on The Today Show or in Glamour Magazine? How does that happen? How does he get to be portrayed as the expert and not you?

PR has always been the greatest vehicle available to set you apart from your competitors and help convince the public that you are THE market leader in your industry.

It's a creative way to stand out from the crowd and get noticed in a credible way.

Today's savvy medical professionals are turning to their media professional counterparts for help in getting the exposure they crave. Or, they are handling it on their own.

Here are ways to make PR happen for you:

### ***“Done-for-You” PR Strategies—The Easier, More Expensive Way***

Just so you know, most of the PR you are seeing is not happening by accident. Good Morning America did not just call your competitors out of the blue. There is a very good chance they paid dearly for that type of exposure. It can run anywhere from \$5,000–\$50,000 per month to have a PR agency use their media contacts to represent you. It's often a 12-month contractual agreement with no guarantees.

To find the right PR agency for you, interview several of them. You're looking for an agency with a healthy rolodex of media contacts they have close relationships with so they can pitch story ideas to them to get things moving quickly.

Find out if their media contacts are national or local, TV or print or both, and most importantly, do they have expertise in the plastic surgery industry.

### ***“Do-it-Yourself” PR Strategies—The Free, More Labor-Intensive Way***

With today's technology, you COULD be your own PR agency for free! However, it's going to take time and effort—either yours or your staff's. It is also going to take patience and creativity, but it can really pay off.

Here are some basics to get you started:

#### ***Position Yourself as THE Expert***

The media wants to work with professionals who know their stuff, respond quickly and give value to their audience.

Prepare a media kit including your cv, photo, topics of expertise and any other PR you've gotten. Include any research, writing or speaking you've done in your field. Include samples of your writing and a DVD of you speaking so they know you handle yourself well.

#### ***Build Third-Party Credibility***

Getting endorsements from reliable third parties is a good indication to the media that you are credible and respected in your field. Be sure you add accolades you've gotten from groups you've spoken for and your most-respected mentors. Sit on boards and participate in ASAPS committees. They have a PR department that can help you get coverage.

#### ***Pitch Ideas with Hooks***

PR is really not about you. It's all about whether your story will interest the media's readers or viewers—period. Be sure to always address their audiences' interests (not yours) when pitching story lines. For example:

Offer a free book, mobile app, special report or checklist pertaining to cosmetic surgery. Not only does the media love to offer them and the viewers love receiving them, but you can collect contact information of prospective new cosmetic patients you can follow up with.

Pitch stories that are of interest to that media channel's audience which should also be the same audience YOU are interested in serving. For example, Quick Recovery Breast Aug, Facelift Without Surgery or Blephs for Baby Boomers.

Tie your aesthetic services in with a current trend, fad or news issue. You could comment on a celebrity's cosmetic surgery results or brag about your expertise through your own killer before/after photos of a procedure you have perfected.

Use your ethnicity or gender if it differentiates you and adds to the story you are pitching.

Any story of human interest or pro bono work is good. The surgeon who provides his services and time to a 3rd-world country providing cleft repair or services to help local domestic violence victims is oftentimes rewarded with free PR.

#### ***Google Likes Press Releases***

Google values press releases as credible content so use them regularly to help your search rankings.

Send out press releases to the media channels read by reporters; i.e., PR Web. Your press release is a one-page summation of a newsworthy story. Keep it short and simple—just the facts.

Start with a catchy headline that sums up the information in the release. Then use another two or three paragraphs explaining your key points. Add as much emotion as you can. Be succinct. The reporters will contact you if they need additional information. Your job here is to just get their attention so they want to learn more.

#### ***Develop a Media Contact List***

Building media relationships is essential. The media players want to work with those they trust to give them the stories they want, when they want them. You don't have to have media contacts if you have a fabulous story but it does make your life easier.

Build your media contact list by visiting the Websites of each national and local newspaper, magazine, TV station and radio station to look up the beauty and health editor, the station manager, the assignment desk manager and the producer. The more names included on your media list, the greater your chances of getting your story to. Pitch ideas often.

Now, here's the secret—follow up! It's essential that you follow up with each contact several times so they get to know your name and feel comfortable with you. Remember, you are competing with hundreds or even thousands of other press releases they received that day; not to mention all the non-cosmetic new stories happening so it's imperative you toot your own horn and push for media time.

#### ***Network!***

Talk to your patients, non-competing colleagues and local celebrities in your own town. You will find out that they have contacts in the media and may be able to

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# YOUR PRACTICE

## How Video Can Make or Break Your Online Presence

By Carolynn Grimes

The field of plastic surgery has discovered the power of video. Plastic surgeons are starting to embrace the visual medium to inform, educate and engage patients. Do an online search for any plastic surgery practice across the country and you'll find almost everyone is getting into video production and marketing... or trying to. The problem is, not all video is equal. Often missing from many online videos is a sense of strategy, production value and quality presentation.

While great video will set you apart from everyone else, bad video will cause more harm than good. A lack of quality can diminish your reputation and your ability to connect with patients. It takes only seven seconds to make a first impression. If that first impression doesn't place you in the best light, you may not get a second chance.

How do you ensure the viewer connects with you and takes the next step? First, understand that today's audience judges you by your online video presence and *not* your biography. First impressions, both in person and through video, are heavily influenced by your nonverbal cues. In fact, 55% of all communication is nonverbal. Nonverbal cues include hand gestures and facial expressions. Your tone of voice, inflection and verbal pacing equates to 38%, leaving only 7% of the communication to be the words you're saying. You want your audience to see you relaxed, confident, authoritative, friendly, conversational, approachable, and sincere. It's a big list, and if you've tried your hand at video before, you know it's not as easy as it looks.

### More Powerful than the Written Word

"It's not just the number of people who are watching videos that's important—it's the reasons why they watch," says William P. Adams, Jr., MD, President and CEO of The Plastic Surgery Channel. "Video gives you the golden opportunity to engage patients who are specifically looking for someone they can connect with." This "connection" is backed up by science and explains the reason video is more powerful than the written word.

Susan Weinschenk, Ph.D., a behavioral psychologist who specializes in how the brain works, explains that there is a part of the brain called the "fusiform facial area" that is sensitive to faces. When you provide a video

of yourself talking, it captures the attention of the viewer more so than the written word. Weinschenk explains that the fusiform is connected to the *emotional* areas of our brain. When you can see someone's face, you're not only paying more attention, but you're processing emotional information that leads to *deeper connections*.

The Plastic Surgery Channel (PSC) helps physicians harness the power of video and knows how to make a deeper connection. With the help of The PSC you can provide patients with professional video on your website, boosting your brand and improving your SEO. According to comScore, adding video can increase the chance of a front page Google result by 53 times. Of course, that's when it's done right! The PSC has worked with hundreds of physicians, discovering over the years what works and what doesn't.

### *The PSC's tips for putting your best foot forward...*

**Outline a strategy.** What do patients want to know? What do you want them to know about you? The key is to focus on one element at a time. Don't try to put too much information in one video.

**Keep it simple and keep it short.** Your audience has a short attention span. A recent study in *Advertising Age* reports you have only seconds to capture and engage an audience before they continue to scroll down or click away.

**Don't memorize a script.** Have you ever watched someone and thought they looked or sounded uncomfortable, as though they were reading? This is what happens when you memorize a script. The key is to talk from the heart and talk directly to *the patient*. At The PSC, we help physicians tailor their message, removing medical jargon and keeping the message simple.

**Use your hands.** And not just your hands, use your shoulders—even the tilt of your head is important. Any kind of movement grabs attention.

**Smile with your eyes.** A warm and *genuine* smile does wonders for coming across friendly and approachable.

**Pay attention to posture.** Poor posture conveys a lack of energy and interest. Your entire body should reflect your energy without looking stiff and robotic.

**Audio is important.** The way we use our tone of voice can relay totally different information even when the words are the same. There is a richness of information conveyed through audio and it's one of the most important parts of video.

**Talk with your natural voice.** Don't fall into announcer mode or rush through your message on auto-pilot. This is where pacing and inflection makes a difference. If you rush through your message you may sound insincere.

**The camera is your best friend.** Don't look around; keep your eye contact strong and on the camera lens. Talk to the camera like you're talking to one person or your best friend.

**Emotions are contagious.** When you're excited and compassionate, the viewer is excited and passionate. Conversely, when you're even the slightest bit deadpan... the viewers are gone.

### *Lights, Camera, Action... You're in the Spotlight!*

Now that you know what to do on-camera, it's time to put it all together and market your videos correctly. It's not just about well-produced videos, you want your videos prominently displayed and not buried on your site. Updating with current video will help you not only showcase your practice but help your Google ranking. For 2015, The Plastic Surgery Channel created a novel video optimization service called CenterStage allowing surgeons to leverage their videos through a video gallery along with specific consultations to optimize your site. As videos are produced, your website is automatically updated, keeping content fresh without having to lift a finger.

By 2017, 80% of all internet traffic will be video, making online video marketing the single most practical use for your time and energy. Today's patients are not just looking for procedures. They are researching and discovering who they "connect" with. It's more important than ever to have a website that includes videos highlighting who you are and what you're all about. These types of well executed videos will keep patients coming back to your site, time and time again.

*Carolynn Grimes is the Media Director for The Plastic Surgery Channel.*

# Why web video works.



There's just something about video...

We're physically hard-wired to respond to **movement**, the intonation and pitch of **voices**, and **body language**; all of which create

*Strong Emotional Connections.*



There's a part of the brain, the **fusiform face area**, which cues us to look at faces to **gather information** and determine someone's **credibility**.



This is why we're so intrigued by **live-action videos featuring people**.

- Susan Weinschenk, PhD



# FOR YOUR PRACTICE

## Dropped Leads, Why They Happen and What to Do About Them

Karen Zupko

**A**fter mystery shopping over 150 aesthetic plastic surgery practices through their websites and by phone, we've come up with a pattern of kerplunked leads. Whether the "lead," (AKA "prospective patient") calls or writes your office you'll be surprised how many inquiries are not answered or answered well.

Here are six recommendations on how to avoid dropped leads which are the 'termites' eating away at your promotional return on investment follow.

### No Auto Responder

Picture your potential patient, a busy working mother of two, who finally on a Saturday afternoon when the kids are out with Dad has time to look into that breast augmentation she's been thinking about.

She visits three surgeons' websites recommended by friends. All have good ratings and reviews. Her inquiry receives an immediate acknowledgement from two of the three. Something like this from their auto responder: "Thanks for your inquiry. Dr. So and So's staff will be back in the office on Monday. Please go to our website and look around. We'll contact you!" It's a plus that an acknowledgement of her inquiry came through. Given that her contact came from your website, it's odd to direct her to return, but she has those responses in her inbox. The third office is now somewhat out of mind.

Live chat is a feature that the jury is out on. Some people they feel like they are being "chased." One friend describes it as "cyber stalking" and another as "creepy." Others are glad for the opportunity to make the appointment on the spot. It may be an age related reaction.

**Recommendation:** If your site doesn't have an auto responder, call your web developer today.

An inquiry, we pointed out, is not the same thing as a consultation appointment. Prospects sometimes need to be charmed into scheduling and that takes multiple contacts and time.

After mystery shopping over 150 aesthetic plastic surgery practices through their websites and by phone, we've come up with a pattern of kerplunked leads. Whether the "lead," (AKA "prospective patient") calls or writes your office you'll be surprised how many inquiries are not answered or answered well.

### Short Staffed on Monday Morning (And, the rest of the week!)

When Monday rolls around and the office is booked solid with new patients and post-ops, plus injectables for the nurse, the front desk staff, try as they might have no time to write thoughtful responses. A recent visit to a noted plastic surgeon's office found the receptionist, pulling charts (yes, they are still on paper), answering calls as first phone, greeting new patients and checking others out. Answering web inquiries was the last thing on her list of "must do's." She saves that "for his surgery day."

As consultants to plastic surgeons we ask this question:

*"Do, they have the right person, doing the right job, with the right tools and the right training?"*

Clearly, in this case, the answer was "No" based on the first two criteria. Moving on, she had mediocre writing skills and no sales skills. Her idea of attracting the prospect into becoming a patient was to refer to the surgeon's CV. More on the content of replies in a minute.

Another prominent plastic surgeon prides himself on keeping his overhead very low. About to make a \$45,000 investment in all forms of promotion to reenergize his dormant practice, he was shocked when asked, "What will you do if you're successful?" He seemed puzzled that if the new site, spot on SEO, ads

*Continued on Page 53*



### Plastic Surgery Mystery Shopping Snapshot from July–November 2015\*

#### Website Inquiries

Web inquiries made: 151

Practices contacted: 137

Responses received (excluding auto responses): 69.5%

Responses received in less than 1 hour: 17.7%

Responses received same day: 46.1%

Responses received within 24 hours: 58.2%

Auto responses received: 23.4%

Inquires followed up with a phone call: 12.1% of the time

47.1% of responses did not answer questions about pain, scarring, or other concerns raised in the inquiries.

66.7% of responses did answer questions about fees.

## Dropped Leads

Continued from Page 52

in city publications and special events generated solid responses, that his one employee, an office manager would be overloaded answering inquiries. This on top of her usual work load. An inquiry, we pointed out, is not the same thing as a consultation appointment. Prospects sometimes need to be charmed into scheduling and that takes multiple contacts and time.

**Recommendation:** Generating leads without a solid plan for how they will be answered by email and phone is not a good investment. Every office needs accountability for lead management. Take a realistic look at responsibilities and the overall schedule before making an assignment. Some client practices have hired part time interns, who they train well, to answer web inquiries and handle calls responsively.

### *Speed and Consistency of Responses to Leads Is Important*

We sent four inquiries to some practices. Responses were sometimes received in an hour, two over the course of a day and half and one inquiry out of four never received a reply. 25% of leads were dropped completely. In an article in the Harvard Business Review entitled, "The Short Life of Online Sales Leads" the author's research "indicates that many firms are too slow to follow-up on these leads." Their audit to 2,241 companies showed that 37% responded to their lead within an hour, 16% responded with one to 24 hours and 24% more than 24 hours. 23% of the companies never responded at all.

**Recommendation:** Monitor the staff lead response time over the last month.

- How many leads came via the web?
- How many prospects picked up the phone and initiated a call with your office directly—preferring not to leave a web inquiry?
- Does anyone track?

### *Impersonal Responses Don't Cut It!*

Assuming your website has a free text box where prospective patients can write what their interests and concerns are means that your staff must read and respond accordingly. Our mystery patient inquiries included concerns about scars, recovery time or pain.

What matters to prospective patients is that they are heard—that their questions are answered. Explaining that you have an active program of scar healing which is reviewed in the consult is a plus. Saying Dr. Star is a great, not good listener is a plus. Point out that your post-op patient surveys indicate a 96% satisfaction with your pain management protocol. These things matter to patients.

Surprisingly, 47% did not answer those questions. Inquiries about fees, however, were answered 66% and often in the first paragraph which is not ideal, since the value proposition wasn't stated. Solid, accurate answers that help a patient get over a scheduling hurdle are a must not optional.

Misuse of "credentialing" the surgeon is all too common. As if a recitation of your training and board certification makes you "uniquely qualified" when there are 15 surgeons within 6 blocks of your office with identical credentials. What matters to prospective patients is that they are heard—that their questions are answered. Explaining that you have an active program of scar healing which is reviewed in the consult is a plus. Saying Dr. Star is a great, not good listener is a plus. Point out that your post-op patient surveys indicate a 96% satisfaction with your pain management protocol. These things matter to patients.

If you are the surgeon reading this article, you need to know how leads which cost somewhere in the neighborhood of \$70 to \$200 to generate are nurtured or simply handled in your practice.

### *Spelling and grammatical mistakes damage your brand.*

On a recent visit to a Florida practice, the auto responder said that "surgery" cases were booked on Monday. (That was the web developer's error.) A variety of other spelling errors and left out words were found. You are in a detail business.

**Recommendation:** Either the doctor, a literate office manager or your consultant should randomly pick a week from last month and read through staff replies to inquiries. Evaluate responses based on how long it took to reply, responsiveness to prospects comments or questions, overall content, spelling and grammar. And, then of course, check the schedule. Are those prospective patients scheduled for a consult?

### *Phone Skills Despite Decades of Pointing This Out Remain Weak*

A practice who invests thousands of dollars in websites, promotions and lead generation, requires skilled staff with the time to nurture prospects.

Nurturing a prospect is different than 'processing' them. Saying, "You'll learn everything in the consult" may mean the prospect lets the fingers doing the dialing or keying in search of someone more articulate, more charming, who sounds like she believes in the surgeon she works for. Telling a caller, "You'll find all the answers on our website" throws cold water on a warm lead.

Ask yourself:

- Are my staff trained to handle commonly asked questions?
- Do they have the time to convey what they know—or they overly tasked?
- Do my phone staff have the ability to convey enthusiasm and interest in the patient? We call this the 'gal pal' syndrome.

For the highest return on your marketing investments, ensure that the responsiveness of your team match the front end spend.

Karen Zupko is President of Karen Zupko & Associates, which advises physicians and healthcare managers about the challenges and trends impacting the practice of medicine. [www.karenzupko.com](http://www.karenzupko.com)

# FOR YOUR PRACTICE

## The 2016 Marketing Shift To Catch

By Andrey Polston

Tell me if this sounds familiar...

A doctor buys into the latest and greatest “advertising fad.” Writes a big check to “Big Marketing Company” and sits back. They’re going to get him 25 new patients a week!

The motivated doctor approves their ads. Gets a detailed update of all the incredible work Big Marketing Company is doing for him. And so he doesn’t do anything else for marketing that month.

Because this ONE big thing is going to explode his practice...right?

Can you guess what happens next in this plot?

If you guessed “when the results come in, they were...well, not exactly what was promised,” then you’re correct.

So, did this sound familiar?

Because to us, this is the broken record we’ve heard playing in our industry longer than anything else.

A sad but true reality.

If you’ve thrown more dollars at marketing—PPC, SEO, social media, web design, mailing lists, graphic design—without seeing the needle move, then you’re experiencing the marketing shift that’s happening right now.

In short, that shift is:

“People have lost all patience for generalized, mass media messages. Consumers, YOUR patients, expect and demand that your advertising be extremely relevant to them.”

And to add injury to insult, because most marketing vendors are specialists in a particular service—not specialists in growing a practice—their solution becomes to “spend more.”

This puts your marketing budget in a frustrating cosmic game of a “marketing arms race,” just like the Cold War.

Let’s take a look at how this plays out in your Google PPC campaigns, for example.

You hire “The PPC Guys, Inc.” Sign a contract. Write them a check. And they’re off to the races.

You’re told:

“Google is getting hundreds of searches a month for all the different procedures you offer. We only need to get you a small percentage of those searches to make a lot of money! Let us manage the ad spend and you just handle the new patient inquiries. Based upon search numbers, we’ll be getting at least 50 new patients a month.”



(Sounding familiar?)

Well, guess what?

You and probably most of your competitors are doing the exact same thing.

Each of you has your version of the The PPC Guys, Inc. Each of you is throwing dollars at the Google promise. All following the same game plan.

So, using common sense, let’s think this through.

Let’s assume that all The PPC Guys, Inc. are above average. So, because they’re specialists in a specific service, they’ve all got the same data, training, and strategies.

Said differently, they’re all doing the same thing for all of the competing plastic surgeons.

And after all of the practices have their PPC accounts optimized to within 5–10% variance of each other, what’s the solution that’s brought back to you?

“Bid more on clicks and you’ll win.”

Of course, the other PPC Guys, Inc tell their clients the same thing.

...and off to the marketing arms race you go.

What’s the underlying problem?

“Running all your marketing the same as your competition. Putting you dead on track for a marketing dollars war. And making it nearly impossible for patients to differentiate you from your competition. Turning you into a commodity.”

The solution, in short?

Perhaps one of the most “backwards” marketing ideas you’ve heard yet:

“Think small to go big. Focus your dollars on small pockets of your potential market at a time. So you can figure out how to cut through the clutter. And completely dominate them.”

Said differently...

“If you keep competing the same way everybody else is, you have no competitive advantage. It’s a slow, miserable marketing war of dollars and attrition. Everyone diffusing their efforts and making incremental gains or improvements at best.”

Seeing it from yet another angle:

“Focus your marketing efforts on narrow niches of your market at a time. So that you suddenly have 5x–10x the budget compared to competitors. So you can dial in what it really takes to win. And absolutely dominate that piece of your market.”

How do you wind up at “5x–10x” the budget of your competition?

Through a bit of marketing Jujitsu. Instead of fighting your competition at their strengths. You use their strengths against them.

Zig when they zag.

Here’s how that plays out:

Let’s say you and 12 other practices are all spending \$5,000 a month on marketing

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## The 2016 Marketing Shift To Catch

Continued from page 54

**"If you keep competing the same way everybody else is, you have no competitive advantage. It's a slow, miserable marketing war of dollars and attrition. Everyone diffusing their efforts and making incremental gains or improvements at best."**

within a 50–100 mile radius. Let's keep using Google PPC as an example for continuity.

You're all marketing for as many keywords as you can find. For all the procedures you offer.

"Going after as many possible patients as possible. Because you only need small percentage of the pie to win, right?"

So, the actual result is diffusion. All of you are diffusing your dollars the same way.

For easy numbers, let's say that you all are targeting the same 100 search phrases.

(Remember, all The PPC Guys, Inc. are running the same skills, plus or minus 5%).

\$5,000 divided by 100 phrases comes out to a budget of \$50 per phrase.

Now, what would happen if one of your competitors took \$4,000 of their \$5,000 war chest and decided to go after just one type of patient. One specific niche. That was a tightly-targeted group of 7 search phrases.

Let's pick a niche, so we can demonstrate an example.

Let's go with non-invasive procedures, for example's sake.

(They've got a Viora, TruSculpt, or something of the kind.)

Now, this competitor is dividing \$4,000 by 7 search phrases.

Result?

A budget of \$571.00 per phrase.

Compared to the average of \$50 per phrase budget for you and the other competitors.

That's marketing Jujitsu.

If this competitor can consistently out-muscle you and the rest of the competition by a 10X factor on non-invasive procedure patients...

who is going to own that segment of the market?

Without spending a dollar extra, this competitor has 10X'd their buying power for a chosen niche.

Letting all of you continue to bleed in a game of attrition and marginal wins, while they absolutely clobber you in their narrow segment.

But it doesn't stop there for them.

Here's what happens next...

They customize their landing pages to exactly match the language and needs of that type of patient and procedure. They figure out all the "non-procedure specific" search phrases these patients search so they could bid where no other plastic surgeons were bidding.

"Right-angles" they call them.

(Absolutely no competition there, netting cheap clicks).

They don't assume best case scenario. Instead, they spent \$1,000 of that \$4,000 at a time.

Watching their metrics closely. Testing everything. Optimizing every step of the way. Making incremental improvements every single week from the data they gather.

Assuming worst case results but knowing that they will optimize and improve consistently.

And knowing that they can out-spend you by a factor of 10X for this specific patient. Without ever spending an extra dollar!

The result of all this?

They don't just increase their buying power for that type of patient. They end up figuring out how to dramatically improve their conversion rates on everything from ads to landing pages. Because they're focusing most of their energy on dominating this one market.

This shrinks their lead acquisition and patient acquisition costs. Because they've optimized everything for converting non-invasive procedure patients.

So while all of you have the same average cost of acquisition per non-invasive procedure, this competitor could end up cutting their acquisition cost by 50%.

What does that do to their buying power now...?

And, again, this is without ever adding a single dollar to the marketing budget.

Niching your marketing and going after focused pockets of the market is no longer just a good way to get a bigger slice of that specific pie. It's now becoming necessary for just simply surviving and a little growth.

The real fun hasn't yet started though.

After completely dominating this niche in your market... enjoying the profitability that comes with that... they simply pick their next niche. And roll out the same process.

In one year, they knock 3–5 niches over. One domino after another. Using the cash-flow from the niche they're already dominating to fund the next take-over.

This is the shift that's happening in 2016 and beyond for plastic surgeons.

"Niching your marketing and going after focused pockets of the market is no longer just a good way to get a bigger slice of that specific pie. It's now becoming necessary for just simply surviving and a little growth. The few who do it really well, will dominate the lion's share of their markets".

The writing, as they say, is on the wall...

*Andrey Polston is Co-Founder of Cosmetic Funnels, LLC and co-author of "Future of Plastic Surgeon Marketing In 2016 and Beyond".*

*This industry whitepaper is available for free download at [www.CosmeticFunnels.com/ASAPS](http://www.CosmeticFunnels.com/ASAPS) and for ASAPS readers comes with bonus 3-part audio course that will give you everything from a deeper understanding of effective niche marketing to specific examples of the best niches to go after and what to offer them.*

# FOR YOUR PRACTICE

## Practice Management Solutions

The Aesthetic Society receives regular requests for companies to assist with practice management. There are many reputable companies which offer such services, and the key is finding the best solution for you and your particular practice needs. Below are some of the vendors who regularly exhibit at The Aesthetic Meeting, with long ties to the Society. We hope this is helpful in finding the best solution for you and your practice.

### CES

Corporate & Endowment Solutions, Inc. (CES) offers corporate benefit and tax-favored planning strategies to organizations and high net-worth individuals.

The Physicians Life Income Plan<sup>SM</sup>-PLIP<sup>SM</sup> was created and service marked by CES, and launched in 2007 with input from the American Medical Association.

The purpose of the Physicians Life Income Plan (PLIP) is to help plastic surgeons build net worth on a tax advantaged basis with a fully liquid plan design from day one.

How many liquid alternative assets do you own providing tax deferred growth, tax advantaged access and creditor protection? Many surgeons we deal with usually answer none to that question, but express an interest in learning how to create a bucket of those assets.

Visit our booth #441 during The Aesthetic Meeting, April 4th-6th:

**Contact:** Bob Owen  
484-367-0261  
[robert.owen@axa-advisors.com](mailto:robert.owen@axa-advisors.com)  
[www.axa-advisors.com](http://www.axa-advisors.com)

### Etna Interactive

Etna Interactive is a dynamic Web marketing firm specializing in responsive mobile site design, search engine optimization, reputation management, email marketing, and social media. Since 2002 Etna has delivered a proven return on investment for hundreds of plastic surgeons across the US and Canada.

**Contact:** Ryan Miller  
[ryan@etnainteractive.com](mailto:ryan@etnainteractive.com)  
[www.etnainteractive.com](http://www.etnainteractive.com)



### Firm Media

At Firm Media, we don't polarize the "creative" from the "business" foundation of a practice. We don't guarantee arbitrary results. We don't believe in cookie-cutter digital marketing practices. At Firm Media, we naturally bridge the creative and the business using strategic digital marketing approaches. Specializing in Web Design, SEO, Social Media Marketing, E-Mail Marketing, PPC and more!

**Contact:** Jennifer Arbayo  
888-465-5036  
[j.arbayo@firm-media.com](mailto:j.arbayo@firm-media.com)  
[www.firm-media.com](http://www.firm-media.com)

### Merchant Advocate

Merchant Advocate is an independent advocate for merchants. We help you save money on your credit card processing, WITHOUT switching your processor. With our simple 3 step process we will analyze your current account, adjust any inflated rates of hidden fees, and then we will monitor your account every month to ensure that you keep saving. As an ASAPS member benefit, we will provide a FREE ANALYSIS of your account.

**Contact:** Eric Cohen  
888-890-8822  
[eric@merchantadvocate.com](mailto:eric@merchantadvocate.com)  
[www.merchantadvocate.com/ASAPSmembers](http://www.merchantadvocate.com/ASAPSmembers)

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## Practice Management Solutions

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### NexTech

As the market leader in providing a specialty-specific, fully-integrated EMR and PM solution for Plastic Surgeons, NexTech improves efficiencies across all functional areas of a practice. Originally founded in 1997 to cater directly to the unique needs of the plastic surgery community, the company aims to boost physician productivity and overall patient care. Rooted in forward-thinking mindset and continuous innovation, NexTech seamlessly integrates with value-added modules to create a single, intuitive platform that streamlines clinical, administrative, financial and marketing workflows. To learn how NexTech's advanced offerings help specialty providers succeed in a fast-changing healthcare environment, visit [www.nextech.com](http://www.nextech.com).

**Contact:** Jenna Williams  
813-425-9260  
[j.williams@nextech.com](mailto:j.williams@nextech.com)  
[www.nextech.com](http://www.nextech.com)

### Page 1 Solutions

Page 1 Solutions offers more than just website design and SEO services. We provide a comprehensive online business development program that focuses on mobile marketing, lead generation & conversions. Our marketing programs include Mobile-Responsive Website Design, SEO, PPC, Display Advertising, Social Media Advertising & Marketing, Reviews & Rating Marketing , Custom Video Production. Our support services include Lead Intake Training, Inbound Marketing and a designated Internet Marketing Consultant to manage your marketing campaign and offer strategic website marketing recommendations and advice.

**Contact:** Lisa Weatherbie  
303-233-3886  
[lisaw@page1solutions.com](mailto:lisaw@page1solutions.com)  
[www.page1solutions.com](http://www.page1solutions.com)

### patientNOW

For over 11 years patientNOW has been providing aesthetic medical businesses a competitive edge. Whether you specialize in plastic surgery, cosmetic surgery, cosmetic dermatology or have a medical spa, we understand your business and the challenges you face in time management and revenue

generation. PatientNOW is an automated software system that can help your business go paperless and provide you with the tools necessary to promote and run an efficient and profitable business. Our automated workflow and follow-up systems will free up staff from manual tasking enabling them to provide more patient service. Your staff will thank you and your patients will say "Wow!"

**Contact:** Megan Rose  
800-436-3150  
[mrose@patienknow.com](mailto:mrose@patienknow.com)  
[www.patientnow.com](http://www.patientnow.com)

### RealPatientRatings.com

RealPatientRatings helps you leverage the extraordinary thoughts and feelings of your patients to dramatically increase conversions, accelerate the buying process, and deliver actionable intelligence to help you increase revenue, retention, and referrals.

Regional and national benchmarks deliver private data to help you see where your practice stands against colleagues and make informed decisions about patient care, staffing, marketing, and management. Reviews and star ratings are published directly on your own website, improving online engagement, time on site, organic rankings, and natural inbound links.

With over 100,000 patient surveys completed, opening up the power of data to find hidden revenue has never been easier.

**Contact:**  
800-267-1228, ext. 5  
[info@realpatientratings.com](mailto:info@realpatientratings.com)  
[www.realpatientratings.com](http://www.realpatientratings.com)

### SupraMed

SupraMed is the only fully integrated, cloud-based practice management and electronic health record system designed by plastic surgeons. Our easy-to-use, low cost, access anywhere system supports the unique workflow of a plastic surgeon. SupraMed helps grow your business, allowing you to spend more time in the OR. To learn more, please visit [www.supramed.com](http://www.supramed.com).

**Contact:** Robert Pollack  
855-478-7726  
[rpollack@supramed.com](mailto:rpollack@supramed.com)  
[www.supramed.com](http://www.supramed.com)

## So You Want to be Famous?

Continued From Page 49

help. Attend local, highly publicized events such as fundraisers and high-end community events, especially those where media may be in attendance.

### Become an Internet Celebrity

Since the prospective patient no longer sees the difference between TV and computer screens, start your own YouTube station and post short videos explaining cosmetic surgery procedures to the layperson. Answer questions on popular consumer sites so you're seen as an expert. Start a blog and write interesting posts regularly. Turn your posts into articles and post them on Websites such as [www.ezinearticles.com](http://www.ezinearticles.com). All of this "Internet screen time" turns you into a celebrity in the minds of would-be patients.

### PR is Fleeting. Make it Last.

Help your PR efforts grow legs. Repurpose the coverage you get for additional exposure and credibility. Add it to your Website, talk about it on your blog, and brag about it on your Facebook Fan Page. Display a framed piece in your reception area, send an email announcement to your current patient list and reprint it for your patient information packets.

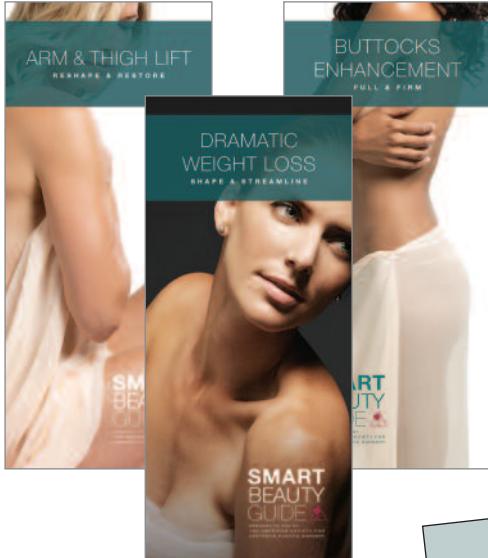
Whether you decide to "pay to play" or go it on your own, PR can certainly be worth the money and effort when it comes to differentiating you so you stand out in a crowded marketplace.

See you in the news!

Catherine Maley, MBA is author of a "Your Aesthetic Practice/What Your Patients Are Saying" and President of Cosmetic Image Marketing. She uses creative patient-attraction and staff-training strategies to get you more patients and more profits. Catherine can be reached at (877) 339-8833 or visit her website at [www.CosmeticImageMarketing.com](http://www.CosmeticImageMarketing.com).

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**WELCOME TO OUR PRACTICE**

The John Smith has been in plastic surgery practice since 2001 and is certified by the American Board of Plastic Surgery. He received his undergraduate degree from Harvard University and his medical degree from the University of Southern California. He is a member of the American Society for Aesthetic Plastic Surgery, ASAPS, and many regional and national medical societies, including the American Society of Plastic Surgeons. He is a Fellow of the American College of Surgeons.

Dr. Smith is a highly qualified aesthetic plastic surgeon with years of experience in performing the whole gamut of surgical and non-surgical procedures. His surgery is centered around achieving a plan for achieving your aesthetic goals. If you choose surgery, he will advise you with the highest quality medical care.

**JOHN A. SMITH, M.D.**  
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**GUIDE TO FACIAL REJUVENATION**

**SMART BEAUTY GUIDE**  
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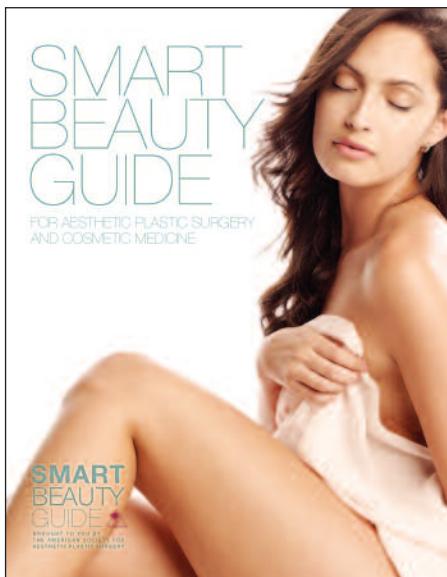
You are unique, irreplaceable—always pushing yourself to be the best you can be. You want to look and feel terrific, and the time has come to do something about it. The Guide to Facial Rejuvenation can help. Since the first face is your portal to the world, it is the first part of your life people notice. As it is the most visible area for aging, a refreshed, glowing countenance will help you feel confident and assured.

The Guide to Facial Rejuvenation, brought to you by the nation's leading plastic surgeons, is packed with information and advice on the wide range of procedures available to help you achieve a more refreshed facial appearance. This can be achieved through both non-invasive approaches and plastic surgery techniques.

To better understand the various methods available, you'll be able to ask informed questions of your doctor and become more adept at preparing for your procedure. Through a personal consultation, you and your doctor can select the most appropriate technique to help you achieve your desired results.

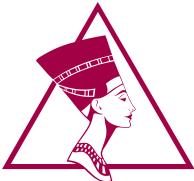
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## Legal Update: Testimonials in New York

by Bob Aicher, Esq.

**P**atient testimonials are ubiquitous, yet New York has two laws that are in direct conflict: one says testimonials are legal, the other, illegal. Since many of our members practice in New York, I researched how such a legal conflict could arise and whether it could be reconciled with the ASAPS Code of Ethics which permits ethical testimonials.

Some would argue that patient testimonials are inherently misleading since our members post only endorsements that are complimentary to their practice. Others claim that the ease with which prospective patients can find negative reviews on Yelp and RealSelf balances the carefully selected comments posted by our members. ASAPS has taken the position in its Code of Ethics section 3.01(b)(11)-(13) that testimonials are permitted unless they are undisclosed atypical experiences, astroturfing or anonymous. These restrictions are similar to the Federal Trade Commission's which require that endorsements "reflect the honest opinions, findings, beliefs, or experience of the endorser," that endorsers be bona fide users, and that any material connections with the advertiser be disclosed. [www.ftc.gov/sites/default/files/attachments/press-releases/ftc-publishes-final-guides-governing-endorsements-testimonials/091005\\_revisedendorsementguides.pdf](http://www.ftc.gov/sites/default/files/attachments/press-releases/ftc-publishes-final-guides-governing-endorsements-testimonials/091005_revisedendorsementguides.pdf)

The legality of testimonials in New York isn't as clear as with ASAPS or the FTC. In 1991, New York amended Title 8, Article 131-A Definitions of Professional Misconduct Applicable to Physicians, Physician's Assistants and Specialist's Assistants, section 6530. Subsection 27(a)(iii) identifies testimonials as "advertising or soliciting for patronage that is not in the public interest."

The New York Board of Regents, which regulates the practice of medicine, also prohibits "advertising or soliciting for patronage that is not in the public interest." However, in 2011 the Board amended section 29.1, subsection 12(iv) of its Rules to permit testimonials, provided (a) the patient has given written permission, (b) the identity of the patient isn't misleading, (c) particular results are disclaimed, (d) testimonials include no fictional situations or characters, and (e) the testimonials are genuine.

What are our members in New York to do? State law says testimonials are prohibited, but the Board of Regents says testimonials are permitted. For several reasons, I suspect the Board of Regents will trump the legislature on this issue.

First, the New York legislature prohibited testimonials in 1991, 24 years ago when the law of commercial free speech was new. Second, the FTC published its guidelines permitting endorsements in 2009, thus making testimonials legal under federal law. Third, boards of medicine are presumably better informed with the practice of medicine than legislatures, so an amendment in 2011 by the Board of Regents will better represent current guidance than a law passed 2 decades earlier. Finally, on June 20, 2013 the New York Senate passed S4527 to amend Education Law § 6530(27) making the restrictions on testimonial advertising consistent with the Rules of the Board of Regents, 8 NYCRR 29.1(b)(12). The bill has not been signed by the governor, but it demonstrates legislative recognition that it's time to catch up with the Board of Regents and bring the law of patient testimonials into the 21st century.

You may wonder, Why has this issue arisen? ASAPS is a national society composed of local members. Although we want our members to practice legally, we do not enforce local restrictions, nor straighten out conflicts between state laws and medical board regulations. With respect to patient testimonials, our New York applicants, candidates and members can say such endorsements are legal according to Rule 29.1(a)(12)(iv) of the Board of Regents, they comply with the 2011 guidelines of the Federal Trade Commission, and they conform to the ASAPS Code of Ethics. That's good enough for The Aesthetic Society.

*Bob Aicher is General Counsel to ASAPS and has represented the society for 25 years. He lives in Pasadena, California, and can be reached by phone at 707-321-6945 or by email at [aicher@sbcglobal.net](mailto:aicher@sbcglobal.net).*

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# PATIENT SAFETY CORNER

## A Pause for Safety

In this ASN issue we are fortunate to have two experts in the field of BDD contributing to our Pause for Safety offering this month. Dr. Eda Gorbis is a renowned therapist and professor at UCLA, who specializes in the care of OCD and BDD patients. Dr. Constantian, a fellow ASAPS member, has been a long time student and subsequent teacher to all of us about the confounding syndrome of BDD. Please feel free to return any of your own insights and/or questions directly to me that might be valuable to share (anonymously of course) with our colleagues in a future issue of ASN.

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### Early Detection of Body Dysmorphic Disorder (BDD) and Legal Action Prevention

By Eda Gorbis, PhD, MFCC & Joseph Lee, PsyD



**B**ody Dysmorphic Disorder (BDD), as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), is a

preoccupation with an imagined defect in appearance; and, if indeed, a slight defect is present, the individual's preoccupation with that defect is markedly excessive. The concerns are propelled by self-focused obsessions that generate significant levels of distress that disrupt the individual's ability to function. BDD is marked by excessive preoccupation so intense, it makes it extremely difficult to focus on anything other than the body part or perceived flaw, provoking requests for reassurances from others as well as checking and seeking reassurance in any available mirror or reflection.

BDD is not analogous to the common feelings of insecurity or appearance-related self-consciousness that most people have experienced at one time or another. Many people are somewhat critical of their appearance and some people will go to great lengths in an attempt to change what they consider to be flawed. Plastic surgery is increasing in popularity and more people are willing to take the risk of going under the knife. A specific aspect of appearance can be surgically altered or corrected through procedures such as rhinoplasty. Many people who have had this procedure are happy with the results and can move on with their life. However, when BDD is a factor, the nose will never be perfect or, if they are satisfied with the nose, another obsessive fixation on a different body part will take over.

A person suffering from BDD is subjected to high levels of distress that interfere with healthy functioning and his/her obsessions can be consuming. Furthermore, symptoms

often disrupt interpersonal relationships and impair social and occupational performances. This physical fixation caused by the disorder distorts self-perception making it difficult for the sufferer to objectively appraise perceptions of his/her appearance. It is not uncommon for people suffering from BDD to have a completely distorted perception of their own image. While they may be able to accurately appraise someone else's appearance, they cannot be objective about their own.

In severe cases of BDD, we often observe repeated cosmetic surgical interventions that are uncalled for, inappropriate, and unnecessary. The problem is that cosmetic surgeons, often due to difficulty understanding and diagnosing BDD, are not able to identify BDD as the problem. Estimates suggest that as many as 50% of BDD patients seek cosmetic surgery or other professional treatment to correct perceived defects in their appearance. Because plastic surgeons and general practitioners do not typically recognize BDD, these patients can undergo a succession of invasive procedures. BDD patients are typically dissatisfied with the results of cosmetic surgery and/or their preoccupations shift to another body part. Patients who are dissatisfied with their surgical procedures feel guilty and angry with themselves or with their surgeon for not making their appearance better, and in some case, for making it worse. This dissatisfaction of BDD with surgical procedures and the plastic surgeons that perform them is often displayed as anger directed towards the plastic surgeons and can range from verbal confrontations to litigation. Nevertheless, even after "unsuccessful" procedures, BDD sufferers continue to demand repeated surgical procedures in pursuit of "correcting their perceived ugliness." As might be expected, practitioners involved with cosmetic surgery are motivated to detect these problem patients

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## Body Dysmorphic Disorder

By Mark B. Constantian, MD, FACS



**D**r. Gorbis summarizes the current mental health view of body dysmorphic disorder (BDD) very well. She correctly notes that a measurable number

of patients seeking cosmetic surgery have BDD, that they are rarely satisfied with their surgical procedures and often move on to surgery on different body areas, and that they may become irrationally unhappy with their surgeons. It is now also regrettably easy to find these patients' personal accounts of how they were allegedly mistreated all over the Internet.

Plastic surgeons see a different patient population than mental health professionals. Our patients are not delusional recluses who seek counseling or psychotherapy; they are usually employed, often high-functioning individuals who want surgery. The question that always troubled me from my own experience and from reading the literature was, what causes BDD? Furthermore, unexpected, seemingly irrational patient responses to good surgical outcomes are not confined to cosmetic surgery: Why do some breast cancer patients collapse at their diagnoses, fail to heal their wounds, have numerous unexpected complications, and turn favorable-stage diseases into bad prognoses? Why are other patients with advanced disease still alive 20 years later? Why can one man undergo a partial hand amputation and return to work quickly, whereas another with the same injury develops a Complex Regional Pain Syndrome? Why are some patients happy when they really shouldn't be, whereas others seek endless, trivial revisions?

My first clue came from 20 secondary rhinoplasty patients with similar characteristics. All had undergone multiple rhinoplasties and other cosmetic operations, were perfectionistic,

demanding, and depressed; and when I looked at photographs of their unoperated noses, they were straight and symmetrical. So of course I asked, "Why did you have surgery?" I got answers like this: "Because my nose wasn't perfect enough," "Because my mother wanted me to be as beautiful as she was," "Because my mother told me, 'You were the ugliest baby I ever saw,'" and perhaps the saddest one, "I had surgery so people would love me."

This story unraveled like a ball of yarn, so I kept pulling on the free end. New data prompted the papers that Paul Lin and I published last year. The headline is that if you operate on a secondary rhinoplasty patient who is depressed, demanding, has undergone more than three cosmetic operations, and originally had a nose that the patient said was normal—which defines body dysmorphic disorder—his or her likelihood of childhood trauma (abuse or neglect) is over 90%, and there is a 90% chance that the patient will be dissatisfied and want a revision. Whether these prevalences apply to other types of plastic surgery patients we do not know, but they may.

Childhood trauma is much more common than recognized. The Adverse Childhood Experiences, or A.C.E., Study published by the Kaiser Health Plan, surveying 17,431 adults—mostly white, middle-class, middle-aged, well-educated, and financially secure—not a population that can be dismissed—found a childhood trauma prevalence of 64%. This number may seem stunning, but as you talk to your patients, you will find out that they aren't. That makes childhood abuse and neglect the most significant public health problem facing our country today, and it affects each of our practices. Furthermore, ample literature indicates that the number of abusive events that a child sustains correlates directly with the number of health problems that he or she will have as an adult.

The pathophysiology that links childhood

to plastic surgery originates in the shame produced by the different types of childhood trauma, the sense that something must be wrong with me because of the neglect or abuse that I suffered. Mental health research has shown that the most common type of shame produced by childhood trauma is not characterological shame (e.g., what kind of person I am) or behavioral shame (e.g., how I act) but body shame. That is the link to plastic surgery. Our best plastic surgery patients have "body dissatisfaction," not body shame. They have discrete problems, act like grownups, have uneventful surgeries, and go away happy.

Traumatized, body shamed patients are different. We know that surgery can't build self-esteem, but they don't. They are never satisfied, and in the worst cases, can become addicted to surgery.

The reason that we can't calm and satisfy these seemingly irrational patients is complex but related to the age at which the trauma occurs. At birth, only our brainstems are fully functional. During infancy, our midbrains, limbic systems, thalamus and amygdala come fully online, responding to emotions and learning to recognize danger—the most primitive survival instinct. It is not until age two that children's frontal lobes begin to develop, and not till first grade that they can plan and think abstractly. Childhood trauma disrupts this process, affecting brain growth, the development of the hypothalamic-pituitary axis and the autonomic nervous system and how they function, the development of the midbrain and cortex, and therefore a child's memory, thinking processes, ability to relate to and "read" others, and the abilities to trust and sense danger. Accordingly, patients traumatized early in life misread facial expressions and voice tones; they either don't recognize danger or they see danger everywhere. This disordered physiology propagates into adulthood, so when some

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## Early Detection of Body Dysmorphic Disorder (BDD) and Legal Action Prevention

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so that surgical procedures can be withheld.

As part of the initial consultation, it is important for surgeons to include six questions that will elicit information to determine whether their potential patient's perceived defect is an excessive preoccupation. The topics to include are as follows:

1. Onset of symptoms
2. Previous treatment
3. Medication regimens (previous and current)
4. Previous cosmetic procedures
5. Family history of psychiatric disorders
6. History of self-harm

Additionally, one can objectively determine the presence of BDD symptoms by administering a quick screen utilizing the psychological measure, Body Dysmorphic Disorder Modification of the Yale-Brown Obsessive-Compulsive Scale (BDD-YBOCS).

In consultation with attorneys, I have developed additional questions that plastic surgeons can incorporate into their consultations with their patients to help screen for BDD symptoms. The questions are as follows:

- Is this your first surgery?
- How many surgeries have you had all together?
- Have you had multiple surgeries on any part of your body?
- What was your level of satisfaction (scale of 1 to 10) with your surgery?
- Were your concerns resolved after the first surgery?
- Did your self image change after the first surgery? When?
- Concerning the body part you want to modify now:
- How upset are you with this body part (scale of 1 to 10)?
- How many hours a day do you check or look at that body part?

Sadly, but expectedly, plastic surgery provides no benefit to people who suffer from BDD. It is seldom, if ever perceived as good enough, and the obsession persists. BDD patients typically exhibit deficiency in insight

with the origin of their distress. They tend to over emphasize and obsess over their perceived physical flaws; however, their distress is a manifestation of an actual psychological/mental disorder. Therefore, it is important, when any concerns arise that a potential patient may exhibit symptoms of BDD, to make a referral to a mental health professional for further assessment and treatment.

*Eda Gorbis, PhD, LMFT, is the Director/Founder of the Westwood Institute for Anxiety Disorders, and an Adjunct Clinical Assistant Professor of Psychiatry & Biobehavioral Sciences at the USC Keck School of Medicine. She specializes in treatment of refractory cases of OCD and BDD.*

## Body Dysmorphic Disorder

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trigger—a subjectively imperfect surgical result, a voice, even a facial expression—invokes fear, helplessness, vulnerability, or learned self-hatred, their rational brains go offline. They may not be aware that they are re-experiencing the past—they become enraged, ashamed, or frozen. The patients feel the distress but don't know where it comes from, so they look for somebody to blame for these awful feelings: And there we are. The damage, therefore, is at the midbrain, which is why we cannot reason with these patients by talking to their cortices.

Like it or not, aesthetic surgeons will see these patients regularly. For example, three quarters of morbidly obese patients have been traumatized as children, and at least 35%

sexually abused. And after they lose weight, we operate on them.

Plastic surgeons are perhaps better positioned than most health professionals to add perspective to body dysmorphic disorder because we see these patients in the contexts of their lives: their responses to surgery, stresses, illness, and complications, not in mental health therapy.

It may be sufficient to have only a smoking or alcohol intake history in a cancer patient, but when we are going to change someone's appearance we need to know more. Without better information about our patients' self-images and motivations, exactly the problems that Dr. Gorbis describes will continue to disrupt our practices. Plastic surgeons should

be particularly sensitive to patients who have undergone more than three prior cosmetic operations, re depressed, unusually demanding of staff and surgeon time, and whose surgical motivation is to improve a body part that is already normal. The likelihood of childhood trauma in these patients is high, and their satisfaction rate is likely to be very low.

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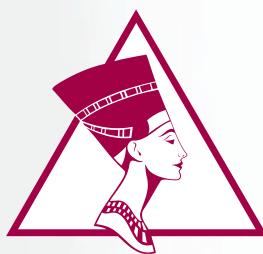
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A note from your Safety Committee

Please take a moment to read another valuable, practical and most importantly, “turn-key” Scissors on the Seam safety article. You can either clip and keep this protocol, or use the link to download and customize the word document according to your practice’s needs. I would highly encourage all ASN readers to feel free to submit their own safety ideas, directly to me, to help us all realize better, safer results.

Lorne Rosenfield, MD  
Chair, ASAPS Patient Safety Committee  
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# Recommended Preoperative Decolonization Protocol

## PATIENT INSTRUCTIONS

### ANTISEPTIC BODY WASHES

For each of the 3 Days before surgery and the morning of surgery please conduct a twice-daily BELOW THE NECK shower using Chlorhexidine solution, for a total of 6 Showers.

Please conduct a full body wash, concentrating on groin, underarms and the depths of your belly button. DO NOT use Chlorhexidine within the vagina or above the neck. You may otherwise apply usual shampoo for your hair and cleanser for your face.

Then rinse thoroughly with shower water and dry body with clean towel.

### ANTIBIOTIC OINTMENT APPLICATIONS

AFTER each of the above-described showers, please apply a pea-sized dollop of the mupirocin antibiotic ointment using a Q-tip to just inside the opening of your nose, your ear canals and into the depths of your belly button.

EXCEPT for the morning of surgery, you may then apply makeup, moisturizers and lotions after each shower

### OPERATING ROOM STAFF INSTRUCTIONS

In addition to the standard surgical site prep, for cases below the neck, a deliberate cleansing of the umbilicus is conducted by two surgical personnel, using retraction and a headlamp to insure proper exposure and prep to its depths.

The same protocol is followed for cases above the neck, with deliberate cleansing of the ear within its convolutions and at its post auricular crease as well as around the external auditory meatus.

**\*Disclaimer:** The preceding methods and products are not required. They are recommendations from the ASAPS Patient Safety Committee and do not establish a standard of care. You may download this document at [www.surgery.org/downloads/private/mrsa.docx](http://www.surgery.org/downloads/private/mrsa.docx) to tailor to your specific practice.

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