



ASAPS Mourns the Loss of Two Founding Members

As we head into The Aesthetic Society's 50th Anniversary year, we honor the lives of two founding members who are recently deceased, Albert Davne, MD and Kirkland Todd, MD. Ahead of their time, these men had the foresight to understand the value and potential of aesthetic plastic surgery training and gathered with colleagues in forming what would become the American Society for Aesthetic Plastic Surgery. Their contributions to the specialty will not be forgotten.

Albert Davne (1921–2016)

ASAPS Founding Member Dr. Albert Davne died August 30, 2016, surrounded by his family. Dr. Davne was born in Newark, New Jersey in 1921. He earned his bachelor's degree at West Virginia University and a graduate degree in dentistry from the University of Buffalo. Upon graduation he was commissioned a lieutenant, Dental Corps, US Navy and served during World War II on the USS Tarawa. After the war he returned to the University of Buffalo to earn a medical degree, interning at Kings Country Hospital in Brooklyn, New York.

Simon Fredricks, MD, remembers Al Davne fondly. "As one can tell from his Founding member status, Al Davne was an early believer in the mission of the ASAPS and an enthusiastic participant in its meetings. I never saw Al without a smile and look of contentment at being with his colleagues. He appeared to me to be a man very pleased with his life and very happy to be a member of our Society. I for one liked him very much and am sad that he is gone. He preceded me as a Plastic Surgery Resident at Baylor College of

Medicine in Houston, which gave us a special relationship."

Dr. Davne had a private practice in Trenton, New Jersey at Mercer County Hospital for 35 years, where he also served as Chief of Surgery for several years. He believed patients should be well informed and wrote his own set of informational booklets long before this practice was adopted by the professional societies. The Aesthetic Society values Dr. Davne's contributions to our organization. (A full obituary can be found at <http://bit.ly/2ekMtUo/>)

Kirkland Wiley Todd (1921–2016)

Kirkland Wiley Todd, MD, died September 27, 2016, peacefully surrounded with family, at his home in Nashville, TN. As R. Bruce Shack, MD, remembers, "I had the opportunity to get to know Dr. Kirkland Todd quite well over the course of my career. When I was a resident in plastic surgery in the late 1970's, Dr. Todd was one of the principle attending surgeons on our private rotation at Baptist Hospital and was an integral part of my education as well as all the other Vanderbilt plastic surgery residents of that era."

"Dr. Todd was a large man with large appetites," relates Dr. Shack. "He loved his life, his family, and his profession. He was an extremely gregarious and outgoing individual whose enthusiasm was infectious. Despite his busy clinical schedule he always took time to teach both in the operating room and in the surgeon's lounge. He was always encouraging the residents to take advantage of all opportunities that might come their way

Continued on Page 40



ASAPS Leadership Training

APPLICATION DEADLINE:

January 31, 2017

ASAPS Member ONLY Benefit!

Applications are now being accepted for the complimentary 2017 ASAPS Leadership Training Program, which is designed to provide ASAPS Active Members with leadership skills applicable both personally and professionally. Participants are taught conflict resolution techniques, team building and consensus tactics, and meeting management, as well as other important leadership skills.

The Leadership Training Program is also an opportunity to recognize the potential of outstanding individuals for inclusion into the Society's leadership. Selected participants will meet for the training over two weekends in 2017, June 2–3, and September 8–10, in Dallas, TX. For more information and the application form for this beneficial and complimentary program, please go to <http://bit.ly/2j8nLnD>.

WE ARE AESTHETICS.



The Aesthetic Meeting 2017
50 Years of Aesthetics!

April 27–May 2, 2017
San Diego Convention Center
San Diego, CA



The Aesthetic Cruise 2017

July 21–August 1, 2017
England, Scotland, Norway

APPLY NOW! July 1, 2017 is the next ASAPS Active Member Application Deadline. Learn more at: www.surgery.org/active-membership

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Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

Editor-in-Chief
Jennifer Walden, MD



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ASAPS Members Forum: www.surgery.org/members

ASAPS: www.surgery.org

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ASAPS Consumer Education: www.smartbeautyguide.com

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

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Experience the Global Gathering of Aesthetic Innovators and Experts as We Celebrate the 50th Anniversary of The Aesthetic Society



The Aesthetic Meeting 2017

April 27–May 2, 2017

EXHIBITS OPEN APRIL 29–MAY 1, 2017

San Diego Convention Center
San Diego, CA



WE ARE
AESTHETICS.

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

www.surgery.org/meeting2017

Presidential Welcome Celebration

Celebrating
50 Years of the
Art of Aesthetics

Saturday
April 29, 2017

6:45pm

Business/cocktail attire.
No one under 18 admitted.

ASAPS Jointly Provided & Endorsed Symposia

January 19, 2017

10th Annual Atlanta Oculoplastic Symposium

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

January 20 – 22, 2017

33rd Annual Atlanta Breast Surgery Symposium

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

February 9 – 11, 2017

51st Annual Baker Gordon Educational Symposium

Hyatt Regency Downtown Miami, Fl.
305.859.8250
www.bakergordonsymposium.com

February 18 – 22, 2017

NW 55th Annual Scientific Meeting

Big Sky Resort, Big Sky, MT
503.421.8955
<http://nwsps.org/annual-meeting/>

February 24 – 27, 2017

9th American-Brazilian Aesthetic Meeting

Park City Marriott, Park City, UT
435.901.2544
www.americanbrazilianaestheticmeeting.com

March 23, 2017

20th Annual Dallas Cosmetic Surgery Symposium

Westin Galleria, Dallas, TX
214.648.3138
www.dallascosmeticsymposium.com

March 24 – 26, 2017

34th Annual Dallas Rhinoplasty Symposium

Westin Galleria, Dallas, TX
214.648.3138
www.dallasrhinoplastysymposium.com

March 30, 2017

17th Annual University of Toronto Breast Surgery Symposium

Omni King Edward Hotel
Toronto, Ontario, CANADA
416.946.7641
www.torontoaestheticmeeting.ca

March 31 – April 1, 2017

47th Annual University of Toronto Aesthetic Surgery Symposium

Omni King Edward Hotel
Toronto, Ontario, CANADA
416.946.7641
www.torontoaestheticmeeting.ca

April 7 – 8, 2017

7th Body Lift Course

Dr. Jean-François Pascal
Marriott Hotel Cité Internationale
Lyon, France
contact@docteur-pascal.com
<http://meeting.docteur-pascal.com>



April 25 – 28, 2017

SPSSCS 23rd Annual Meeting

Hilton San Diego Bayfront, San Diego, CA
562.799.2356
www.spsscs.org/meeting2017

April 27, 2017

The Rhinoplasty Society Annual Meeting 2017

Hilton San Diego Bayfront, San Diego, CA
904.786.1377
www.rhinoplastysociety.org



April 27 – May 2, 2017

The Aesthetic Meeting 2017 50 Years of Aesthetics

San Diego Convention Center, San Diego, CA
562.799.2356
www.surgery.org/meeting2017

May 26 – 29, 2017

67th CSPS Annual Meeting

San Francisco Marriott Marquis Hotel
San Francisco, CA
cspsoffice@att.net
www.californiaplasticsurgeons.org

June 30 – July 1, 2017

8th Body Lift Course

Dr. Jean-François Pascal
Hotel President Wilson, Geneva
Geneva, Switzerland
contact@docteur-pascal.com
<http://meeting.docteur-pascal.com>



July 21 – August 1, 2017

The Aesthetic Cruise 2017 North Sea Cruise

Southampton, England
562.799.2356
www.surgery.org/cruise2017

October 18 – 22, 2017

Experienced Insights: Breast & Body Contouring (An ASAPS Symposium)

Intercontinental Hotel, San Francisco, CA
562.799.2356
www.surgery.org

November 30 – December 2, 2017

The Cutting Edge 2017 Aesthetic Surgery Symposium

Sheraton New York Times Square Hotel
New York, NY
212.327.4681
www.nypsf.org



New Year, New Opportunities for ASAPS Members

By Daniel C. Mills II, MD

From all of us on the Board of Directors, please accept our heartfelt best wishes for a happy and prosperous New Year.

2017 will be an important one for both aesthetic surgery and The Aesthetic Society. We will not only be celebrating our milestone 50th Anniversary as an organization, but will be offering new patient safety information, new products, and new consumer and surgeon education to help you maintain your clinical edge and market advantages. These efforts include:

Patient Safety

The Aesthetic Society recently collaborated with ASPS, Allergan, Mentor and Sientra on the third quarter 2016 release of an informational tear sheet advising plastic surgeons on what to look for if ALCL is suspected. We are in the process of finalizing new materials with these groups, along with ISAPS. Our goal is to ensure that all surgeons worldwide have access to the most up-to-date information possible. Look for it, coming in the next several weeks.

The Society also recently distributed an advisory released by the FDA warning practices about the dangers and repercussions of using illegally obtained injectables and have recently revised our Safety with Injectables Toolkit, which you can read about on page 31 of this issue of *Aesthetic Society News (ASN)*.

Further, I hope you diligently read the "Safety Matters" column in each issue of *ASN*, as our ASAPS Patient Safety Committee works hard to bring you and your practice helpful tips and protocol to ensure your patients' safety.

How many of us have spent thousands of dollars leasing or buying energy and light-based devices, only to be disappointed by their efficacy and/or ROI?

The Surgeon as Consumer Rating System

How many of us have spent thousands of dollars leasing or buying energy and light-based devices, only to be disappointed by

their efficacy and/or ROI? Many devices are approved through the 510K pre-market notification process. This process, however, is not bound by the same stringent clinical research necessary for FDA to actually approve a drug or device, and may result in a surgeon purchasing something without fully knowing of its efficacy. Further, much of the information we receive on new devices is based on anecdotal information or presold promises to consumers. Many of you have asked me how the Society can help you through the maze of claims and consumer demands for the "latest and greatest" device.

To help sort through this clutter, the Society has assembled a group of members to form the Surgeon as Consumer Task Force. Their hard work has resulted in a new member benefit, The Surgeon as Consumer Rating System or SAC, and will be launched at this year's Aesthetic Meeting 2017.

According to Michael Bogdan, MD, Chair of the Electronic Communications Committee and a member of the Task Force: "The purpose of the device rating system is to create a private (ASAPS members-only) forum where members can share their experiences with 510K devices which they have utilized. SAC is designed with the architecture of modern review systems (Google/Amazon), and includes best-practices evaluation standards as developed by the ASAPS Light-and Energy-Based Therapies Subcommittee." Please contact Kevin Charles, our Director of Web Strategy and Development, if you would like to participate in the testing of the new service. He can be reached at kevin@surgery.org.

New Educational Collaboration with ASPS

You've asked us for closer collaboration with ASPS and I am happy to report that we will be collaborating on a Cosmetic Medicine Meeting in 2018. Details are still being finalized, with W. Grant Stevens, MD and Alan Matarasso, MD co-chairing the symposium. We look forward to seeing the fruits from this collaborative educational experience with the leadership of ASPS.

The social media-based program is scheduled to launch in January, and we look forward to monitoring its results as we drive new patients to our members' doors.

Introducing ASAPS Amy

The Aesthetic Society has instituted many social media and web-based programs to drive home our messages of patient safety, reasonable expectations and the importance of seeing an ASAPS member. Our messages are complicated: research has shown that most consumers understand that their doctor should be board certified but not that there are different boards. Many don't realize that surgical procedures are serious and the decision to have one should be based on quality as opposed to cost. And the internet is bursting with inaccurate or deceptive information.

Our Communications team has been hard at work to address these issues. The result? An animated character named Amy who will go through several video journeys, sometimes with friends and family, as she looks for the best option for improving her appearance. The social media-based program is scheduled to launch in January, and we look forward to monitoring its results as we drive new patients to our members' doors. You can read more information in this issue of *ASN* on page 39.

As always, thank you for trusting me with the stewardship of The Aesthetic Society. It is a great honor and pleasure to serve as your President. If you ever have suggestions for ways in which we can enhance your member experience, please do not hesitate to let me know. Happy New Year!

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

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Experience the Global Gathering
of Aesthetic Innovators and Experts
as We Celebrate the 50th Anniversary
of The Aesthetic Society



YEARS OF
AESTHETICS

The Aesthetic Meeting 2017

April 27–May 2, 2017

EXHIBITS OPEN APRIL 29–MAY 1, 2017

San Diego Convention Center
San Diego, CA

Register before
February 16, 2017
and save!

WE ARE
AESTHETICS.



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

www.surgery.org/meeting2017

Presidential Welcome Celebration

Celebrating
50 Years of the
Art of Aesthetics

Saturday, April 29, 2017

6:45pm

Sails Pavilion
San Diego Convention Center

Business/Cocktail Attire
No one under 18 admitted.

WE ARE
AESTHETICS.





The Aesthetic Meeting 2017: Registration Open Now!

By William P. Adams, Jr., MD

I'm pleased to announce that registration has now opened for The Aesthetic Meeting 2017, and I hope you'll join us as we celebrate The Aesthetic Society's 50th Anniversary on April 27–May 2, 2017, in beautiful San Diego, CA. The Aesthetic Meeting is the annual global gathering of innovators and aesthetic experts, where 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 Session, 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/meeting2017, but I wanted to draw your attention to some exciting opportunities occurring at The Aesthetic Meeting 2017.

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 50th Anniversary Keynote Address by Drs. Robert Singer and Walter Peters, the return of the popular Global Plastic Bowl Challenge (lets see if Europe can defend their title!), an update on his 3D Facial Analysis by Val Lambros, MD; an Anaplastic Large Cell Lymphoma (ALCL) Update, and a fascinating presentation on Transgender Facial Surgery from Paul Cederna, MD, with discussant, Foad Nahai, MD.

Interactive Operative Videos

- Variations in Abdominoplasty—Moderator: Robert Singer, MD, Panelists: Todd Pollock, MD; Simeon Wall, Jr., MD; Dirk Richter,

MD; Jeffrey Kenkel, MD, Fabio Nahas, MD; Audience Moderator: Elizabeth Lee, MD; Chad Tattini, MD, Discussants: Felmont Eaves, MD & Michael Lee, MD

- Surgical and Non-Surgical Female Genital Rejuvenation—Presenter: Christine Hamori, MD; Discussants: John Hunter, MD; Heather Furnas, MD

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! Details at www.surgery.org/forstaff



Practice Changers Theater

Your world could change in an instant by what you learn in these quick, 15-minute presentations. Held in The Aesthetic Marketplace, Booth #546, these lively and informative talks cover an array of practical steps that you can take immediately which could further strengthen your practice.



ASERF Silent Auction

Bid to win on an exciting array of products, services and educational experiences, with all proceeds going to The Aesthetic Surgery Education and Research

Foundation (ASERF). Held during The Aesthetic Meeting 2017, the auction includes the opportunity to bid electronically, so that even those who cannot be on-site can take

advantage of some terrific offers and help our specialty in the process. Details can be found at www.surgery.org/silentauction

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

CME Credit Designation Statement

The American Society for Aesthetic Plastic Surgery designates this live activity for a maximum of 20.75 AMA PRA Category 1 Credits™. Physicians should claim only credit commensurate with the extent of their participation in the activity.

The Scientific Sessions are designated for 20.75 credits. An additional 28 credits are designated for special seminars and optional courses. Earn up to 48.75 CME credits by attending a course in every time frame offered and the entire Scientific Sessions. CME credits are subject to change.

New: Aesthetic Meeting App

The Aesthetic Meeting 2017 will be utilizing a new meeting app, on which you'll find all of the information you'll need for a successful meeting. **As there is no Program Book this year**, download the app. You'll receive an email when the app is available. Additionally, much of the information usually found in the Program Book will appear in the Spring issue of the *Aesthetic Society News*, copies of which will be onsite.

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/meeting2017. I look forward to seeing you all in San Diego as we celebrate 50 Years of Aesthetics!

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.

THE AESTHETIC MEETING 2017

THURSDAY, APRIL 27, 2017

- 6:30am–6:00pm** Registration Open
- 8:45am–12:00pm** ASAPS Board Meeting
- 12:00pm–12:45pm** ASAPS/ASERF Board of Directors Lunch
- 1:00pm–4:00pm** ASERF Board Meeting
- 7:00pm–8:30pm** Faculty/VIP/International Reception

CADAVER WORKSHOPS*

FACE

7:30am–4:00pm

S1 Composite Facelifts Simplified through Modern Understanding of Deep Plane (spaces and ligaments) Anatomy—A Cadaver Workshop **S**
Chair: Mendelson

7:30am–1:00pm

S2 Rejuvenation of the Upper Face with Minimally Invasive and Endoscopic Techniques—A Cadaver Workshop **S**
Core/Albert/Movassaghi/Saltz/Shifren/Warren

BODY

12:30pm–6:00pm

NEW S3 ASAPS/ISAPS Gluteal Symposium
S G A N O E
Co-Chairs: Mendieta/Montanana

CADAVER WORKSHOP*

FACE

2:00pm–6:00pm

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

OTHER

1:00pm–5:00pm

S5 Women Aesthetic Surgeons' Symposium **S**
Co-Chairs: Haws/Furnas
Speaker: Dike Drummond, MD

FRIDAY, APRIL 28, 2017

6:30am–6:30pm Registration Open

EDUCATIONAL COURSES*

COSMETIC MEDICINE

7:30am–5:30pm

S6 Cosmetic Medicine 2017
S G A N O E
Co-Chairs: Lorenc/Sieber

PRACTICE MANAGEMENT

8:00am–12:00pm

S7 Re-Designing Your Aesthetic Practice—How to Get Beyond Today **S G A N O E**
Co-Chairs: Jewell/Singer

RESIDENTS ONLY

8:00am–1:00pm

S8 Residents and Fellows Forum [RF]
Co-Chairs: Mofid/Kahn

RHINOPLASTY

8:00am–12:00pm

S9 Rhinoplasty Symposium 2017
S G A N O E
Co-Chairs: Berkowitz/Keyes

OTHER

8:00am–5:00pm

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

12:00pm–6:30pm

S11 Premier Global Hot Topics
S G A N O E
Co-Chairs: Ahmad/Wall

3:00pm–6:00pm

Endorsed Fellows Forum (Invitation Only)
Chair: Kenkel

CADAVER WORKSHOP*

RHINOPLASTY

1:00pm–5:00pm

S12 Open and Closed Rhinoplasty: The Complete Basic Steps of Rhinoplasty—A Cadaver Workshop **S**
Gryskiewicz/Beil/Berkowitz/Friedman/Ghavami/Gilman/Izenberg/Oneal/Sajjadian/Sherick/Warner

2:00pm–6:30pm

4-Hour Courses

FACE

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

PRACTICE MANAGEMENT

102/202 The Art of Consultation Using Individual Patient Personality
S G A N O E
Mendieta/Mendieta

2:00pm–4:00pm

2-Hour Courses

FACE

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

104 Effective, Efficient, Patient Friendly Facelifting using SMAS, Fat and Tumescent Technique
S A N O

Bucky

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

BREAST

BR-106 Planning for Primary Breast Augmentation: Incision, Pocket, Implant **S**
Lista

BR-107 Shaped Implants—Integrating Them Into Your Practice **S**
Movassaghi

BODY

108 Abdominoplasty—A Comprehension Guide to Abdomen Contouring Techniques **S**
Matarasso

109 Cosmetic Vaginal Surgery: Labiaplasty and Beyond **S**
Hamori

EYES

110 Challenging Blepharoplasty Patients **S**
Jelks/Jelks

MARKETING

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

NEW 112 Social Media for Plastic Surgeons by a Plastic Surgeon **S G A N O E**
Nazarian

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

4:30pm–6:30pm
2-Hour Courses

FACE

MOC-PS™

203 Customizing the Facelift Procedure for the Individual Patient **S**
Thorne

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

NEW 205 Wide Awake Cosmetic Surgery and Minimal Pain Filler Injection **S G A N**
Lalonde/McKee

BREAST

206 Use of Monofilament Absorbable Mesh in Breast Surgery **S G A N O E**
Van Natta

BR-207 Approach to Secondary Augmentation-Mastopexy **S**
Calobrace/Hall-Findlay

BR-208 Optimizing Results in Revision Breast Surgery **S**
Glicksman/McGuire

BODY

209 Keeping Your Liposuction Patients Safe: 20 Tips to Better Contouring Strategies and Safer Surgeries **S G A N O E**
Mentz/Fortes/Hustak/Morales/Newall/Patronella

MOC-PS™

210 Maximizing Safety for Body Contouring After Massive Weight Loss **S**
Phillips

211 Aesthetic Vaginal Plastic Surgery **S**
Triana

PATIENT SAFETY

MOC-PS™

212 Keeping Safe and Out of Trouble: A Fresh Look at the Culture of Patient Safety **S G A N O**
Grunwald/Eaves/Oppikofer/Perdikis/Shenker

PRACTICE MANAGEMENT

213 The Patient Attraction and Conversion Blueprint **S G A N O E**
Maley

NEW 214 Successful Principles for Non-Surgical Services: Fast Track Your ROI **S G A N O E**
Zupko/Olesen

MARKETING

NEW 215 A Basic and Beginner Introduction to Social Media **S G A N O E**
Nykiel

NEED MOC-PS™ ?

Check online at www.surgery.org/meeting2017 for the latest updates on MOC-PS™ courses.

JOIN IN THE CONVERSATION!

Share your Aesthetic Meeting experience and dialogue with others on RADAR Resource. Visit www.radarresource.org for more information.

SATURDAY, APRIL 29, 2017

6:30am–5:30pm Registration Open
9:00am–5:00pm The Aesthetic Marketplace Open
6:45pm–9:00pm Presidential Welcome Celebration

SCIENTIFIC SESSION BLUE

7:00am–7:30am Welcome 2016 Annual Meeting Awards 2017 Partners Recognition

7:30am–9:00am

Panel: 50 Years of Facelifting—The Evolution of My Technique Through a Better Understanding of Aesthetic Goals

Moderator: James Stuzin, MD

Panelists: Sherrell Aston, MD; Daniel Baker, MD; Timothy Marten, MD

Audience Moderators:

William Adams, Jr., MD; Jamil Ahmad, MD

Discussants: Val Lambros, MD; Richard Warren, MD

9:00am–9:30am

Keynote Address: 50 Years of Aesthetic Excellence

Moderator: Jamil Ahmad, MD

Presenter: Robert Singer, MD

Discussants: Foad Nahai, MD; James Stuzin, MD

9:30am–10:45am

Panel: Predictability in Augmentation Mastopexy: Staging, Implant Selection, Fat Grafting

Moderator: William Adams, Jr., MD

Panelists: Louis Bucky, MD; David Hidalgo, MD; Frank Lista, MD

Audience Moderators:

Jeffrey Kenkel, MD; Jason Roostaeian, MD

Discussants: Brad Calobrace, MD; Craig Layt, MD

SATURDAY, APRIL 29, 2017, cont'd

10:45am–11:15am Coffee Break in The Aesthetic Marketplace

11:15am–12:30pm

Panel: New Approaches to Prevent Recurrent Platysmal Bands

Moderator: Charles Thorne, MD

Panelists: Dino Elyassnia, MD; Mario Pelle-Ceravolo, MD

Audience Moderators:

Sammy Sinno, MD;

James Stuzin, MD

Discussants: Daniel Baker, MD; Bryan Mendelson, MD

12:30pm–2:00pm Lunch in The Aesthetic Marketplace or Optional Courses

2:00pm–3:15pm

Panel: 50 Years of Body Contouring—Evolution of My Technique Through a Better Understanding of Aesthetic Goals

Moderator: Rod Rohrich, MD

Panelists: Daniel Del Vecchio, MD; Alfredo Hoyos, MD; Constantino Mendieta, MD; Arturo Ramirez-Montanana, MD

Audience Moderators:

Nolan Karp, MD;

W. Grant Stevens, MD

Discussants: Jeffrey Kenkel, MD; Mark Mofid, MD

3:15pm–3:45pm Coffee Break in The Aesthetic Marketplace

3:45pm–5:00pm

Panel: Periorbital Rejuvenation—Point/Counterpoint

Moderator: Sherrell Aston, MD

Panelists: Bahman Guyuron, MD; Haideh Hirmand, MD;

Glenn Jelks, MD;

J. William Little, MD

Patrick Sullivan, MD;

Richard Warren, MD

Audience Moderators:

Christopher Surek, DO;

Oren Tepper, MD

Discussants: Julius Few, MD;

Lorne Rosenfield, MD

5:00pm–5:15pm

Special Presentation: Update—3D Facial Analysis

Presenter: Val Lambros, MD

5:15pm–6:30pm

ASAPS Global Plastic Bowl Challenge!!!

Moderator: William Adams, Jr., MD

Representing North America:

Elizabeth Hall-Findlay, MD;

Melinda Haws, MD

Representing South America:

Raul Gonzalez, MD;

Fabio Nahas, MD

Representing Europe:

Patrick Malluci, MD;

Dirk Richter, MD

Representing Asia/Australia:

Tim Papadopoulos, MD;

Fu-Chan Wei, MD

Expert Panelists:

Gregory DeVita, MD;

Clyde Ishii, MD;

Craig Layt, MD;

Lina Triana, MD

EDUCATIONAL COURSES*

▼ PRACTICE MANAGEMENT

9:00am–4:30pm

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

▼ OTHER

12:30pm–2:00pm

S14 Research and Innovative Technology Luncheon **S A**
Adams/Gryskiewicz

12:30pm–3:00pm

S15 Medical Students Interested in Plastic Surgery (For Medical Students Only)
Ahmad/Whitfield

12:30pm–1:30pm

1-Hour Courses

▼ FACE

301 Full Facial Fat MicroAugmentation Under Local Anesthesia—Office Based Procedure **S A N O**
Ptak

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

▼ BREAST

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

▼ BODY

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

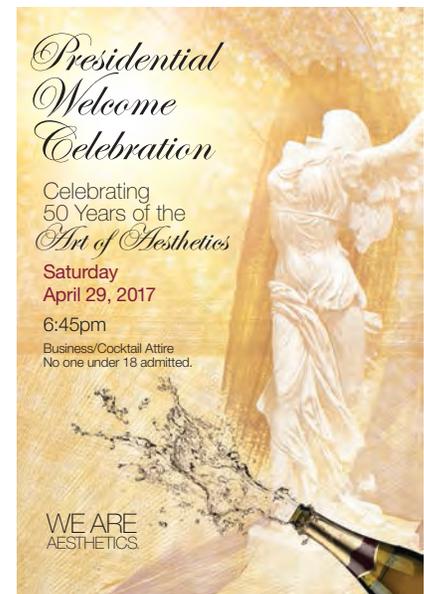
305 Labiaplasty and Female Aesthetic Genital Surgery **S**
Alter

BR-306 Ask the Experts: Body Contouring After Bariatric Surgery **S A**
Eaves/Hunstad

▼ MARKETING

307 10 Steps to Online Marketing Success **S G A N O**
Houtz

308 Make Your Website a Lead Generation and E-Commerce Juggernaut **S G A N O E**
Kaplan



LOOKING FOR DISCOUNTS?

Make sure to register prior to February 16 for Early Bird Savings!

SUNDAY, APRIL 30, 2017

6:30am–5:00pm Registration Open
9:00am–5:00pm The Aesthetic Marketplace Open
12:00pm–1:30pm Lunch in The Aesthetic Marketplace
 ASAPS/ASERF Member Business Meeting Luncheon
6:45pm–8:00pm Women Aesthetic Surgeons' Reception

SCIENTIFIC SESSION BLUE

7:45am–9:00am

Panel: Avoiding Vascular Complications with Injectables

Moderator: Jeffrey Kenkel, MD

Panelists: Mark Ashton, MD; Steven Fagien, MD; Arthur Swift, MD

Audience Moderators:

Tracy Pfeifer, MD; Charles Thorne, MD

Discussants: Mark Magnusson, MD; James Stuzin, MD

9:00am–9:30am

Special Presentation: 50 Years of Breast Implants—Lessons Learned

Moderators:

William Adams, Jr., MD; Jamil Ahmad, MD

Presenter: Walter Peters, MD

9:30am–10:00am Coffee Break in The Aesthetic Marketplace

10:00am–10:45am Papers

10:45am–12:00pm

Panel: Insights into Filler Controversies

Moderator: Barry DiBernardo, MD

Panelists: Steven Fagien, MD; Rebecca Fitzgerald, MD; Val Lambros, MD; Z. Paul Lorenc, MD; Mark Magnusson, MD; Arthur Swift, MD

Audience Moderators:

Fadi Constantine, MD; Salvatore Pacella, MD, MBA

Discussants: Julie Khanna, MD; Jason Pozner, MD

SCIENTIFIC SESSION ORANGE

7:45am–8:45am

Special Presentation: ALCL

Moderators: William Adams, Jr., MD; Jamil Ahmad, MD

Panelists: Mark Clemens, MD; Anand Deva, MD; Marshall Kadin, MD

Audience Moderator:

Robert Cohen, MD

8:45am–9:30am Papers

9:30am–10:00am Coffee Break in The Aesthetic Marketplace

10:00am–11:30am

Panel: Prevention and Management of Complications in Breast Augmentation

Moderator: Jack Fisher, MD

Panelists: William Adams, Jr., MD; Mitchell Brown, MD; James Grotting, MD; G. Patrick Maxwell, MD

Audience Moderators:

David Sieber, MD; Gary Tuma, MD

Discussants: Louis Strock, MD; Steven Teitelbaum, MD

11:30am–12:00pm Papers

DOWNLOAD THE APP!

In lieu of a Program Book, this year's Aesthetic Meeting will feature an app with all of the information you need to make your experience a success. Look for download instructions coming soon, via email, to all registered attendees.

THE BUSINESS SIDE

Practice Management and Culture

7:45am–7:50am

Moderator Introduction
Steven Dayan, MD and W. Grant Stevens, MD

7:50am–8:20am

The Cosmetic Consultation, It's Like Dating All Over Again
Steven Dayan, MD

8:20am–8:50am

Help! I've Been Yelped!
Steven Dayan, MD

8:50am–9:15am

The Future Requires Turning it Around: The Makings of a More Attractive Physician
Steven Dayan, MD and W. Grant Stevens, MD

9:15am–9:30am Discussion

9:30am–10:00am Coffee Break in The Aesthetic Marketplace

10:00am–10:30am

Evaluating the Economics of New Technology in Your Practice
Barry DiBernardo, MD

10:30am–11:00am

Trials and Tribulations of Building an Office OR Lessons Learned
Mike Decherd

11:00am–11:15am Discussion

11:15am–11:30am

Web Tools for Growing Your Reputation
W. Grant Stevens, MD

11:30am–12:00pm

Additional Sources of Revenue for Practice
Steven Dayan, MD and W. Grant Stevens, MD

SUNDAY, APRIL 30, 2017, cont'd

EDUCATIONAL COURSES*

▼ PRACTICE MANAGEMENT

9:00am–11:00am

S16 Patient Coordinator Alums: Overcoming Scheduling Objections
G A N O
Zupko

12:00pm–1:00pm

S17 Financial Management for Spouses and Managers **G O**
Zupko

▼ COSMETIC MEDICINE

12:00pm–2:30pm

S18A Physician Extender (RN/NP/PA) Injector Competence Training—Part 1—Understanding the Basics of Injection Techniques with Neurotoxins and Hyaluronic Acid Dermal Fillers **A N**
Few

3:00pm–5:30pm

S18B Physician Extender (RN/NP/PA) Injector Competence Training—Part 2—Advanced/Combination Injection Techniques with Neurotoxins and the Array of FDA-Approved Dermal Fillers **A N**
Graivier/Lorenc

2:00pm–6:30pm

S19A The Institute for Laser and Light Based Technology—Foundations of Light and Laser
S A N O
Hoopman

2:00pm–6:30pm

4-Hour Courses

▼ BREAST

401/501 Aesthetic Breast Reconstruction: The New Paradigm in Breast Surgery
S G A N O
Namnoum/Brown/Bucky/Grotting/Zienowicz

▼ BODY

NEW BR-402/502 Facial Rejuvenation and Body Contouring: How to Balance 100% Aesthetics with 100% Safety **S**
Rosenfield

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

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

▼ PRACTICE MANAGEMENT

405/505 What Patients Really Want
S G A N O
Eaves/Fiala/Olesen/Perdikis/Seery

2:00pm–4:00pm
2-Hour Courses

▼ FACE

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

▼ BREAST

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

BR-408 Augmentation Mastopexy—Avoiding Complications **S**
Kortesis/Restifo

▼ BODY

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

410 Liposuction 2017: New Technologies, Established Techniques, and Combined Procedures **S A N**
Stoker/Chia/Theodorou/Hoyos

▼ RHINOPLASTY

411 Advances in Secondary Rhinoplasty—Key Elements for Success **S**
Ahmad/Rohrich

412 Technical Simplicity and Proven Efficacy in Rhinoplasty
S A N
Constantian

▼ EYES

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

414 Oculoplastic Surgery for the Plastic Surgeon
S G A N
Codner/Jelks/Jelks

NEW 415 Advanced Upper Lid Aesthetic Surgery **S**
Mendelson

▼ COSMETIC MEDICINE

416 The Injector's Toolbox: Staying Safe, Accurate and Reproducible
G N
Surek/Lamb

417 Hot Devices in 2017
S G A N O E
DiBernardo/Bass/Oseas

▼ PRACTICE MANAGEMENT

NEW 418 Developing Systems in Aesthetic Practice to be Successful in the 21st Century
S G A N O
Rios/Steinbrech

419 Managing and Developing Your Most Valuable Practice Asset—Your Employees: A Problem Based Approach to Identify Best Practices
S G A N O
Jeffers/Avila/Basu/Lewis/Zupko

NEW 420 How to Plan and Execute Your Transition from a Career in Plastic Surgery
S G A N O E
Fernandez

4:30pm–6:30pm

2-Hour Courses

▼ FACE

NEW 506 Neck Lift: Planning and Technique **S**
Marten

507 Optimizing the Neck Lift: Platysmaplasty, Bands and Submandibular Gland without Submental Incision
S A N
Gonzalez

▼ BREAST

AOC-PS™

508 Optimizing Outcomes in Breast Augmentation and Augmentation-Mastopexy
S G A N O E
Adams

▼ BODY

AOCAS™

509 Abdominoplasty: Current Concepts and Techniques to Improve Outcomes **S**
Rios/Aly/Pollock

NEW 510 Beyond Abdominoplasty—Circumferential SAFELipo, Full Abdominoplasty, and Targeted Fat Grafting of the Buttocks

S G A N O E

Wall/Wall/Wall/Lee

▼ RHINOPLASTY

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

BR-512 Principles of Structural Rhinoplasty **S**
Cerkes

▼ EYES

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

▼ COSMETIC MEDICINE

514 Micro-Needling: Induced Collagen Formation and Delivery System for Skin and Hair Enhancement **S G A N O E**
Sasaki

▼ MARKETING

515 Content Dynasty: A Step by Step Guide to Building Your Online Empire **S G A N O E**
Peek

516 Taking Control of Your Online Reputation
S G A N O
Humes

▼ OTHER

517 New Advances in Hair Restoration **S G A N O**
Barrera/Fisher/Uebel/Vogel

MONDAY, MAY 1, 2017

6:30am–5:00pm Registration Open

9:00am–5:00pm The Aesthetic Marketplace Open

12:30pm–2:00pm Lunch in The Aesthetic Marketplace

SCIENTIFIC SESSION BLUE

7:30am–8:00am Papers

8:00am–9:15am

Panel: Male Body Contouring: Men Are From Venus; Women Are From Mars

Moderator: Mary Gingrass, MD

Panelists: Mordcai Blau, MD; Douglas Steinbrech, MD; W. Grant Stevens, MD; Simeon Wall, Jr., MD

Audience Moderators:

Julio Garcia, MD; Roberta Gartside, MD

Discussants: Joseph Hunstad, MD; Mark Jewell, MD

9:15am–9:45am Coffee Break in The Aesthetic Marketplace

9:45am–11:15am

Panel: Video Variations in Abdominoplasty

Moderator: Robert Singer, MD

Panelists: Jeffrey Kenkel, MD; Fabio Nahas, MD; Todd Pollock, MD; Dirk Richter, MD; Simeon Wall, Jr., MD

Audience Moderators:

Elizabeth Lee, MD; Chad Tattini, MD

Discussant: Felmont Eaves, III, MD

11:15am–12:30pm

Panel: 50 Years of Rhinoplasty: Evolution of My Technique Through a Better Understanding of Aesthetic Goals

Moderator: Jamil Ahmad, MD

Panelists: Nazim Cerkes, MD; Mark Constantian, MD; Bahman Guyuron, MD; Rod Rohrich, MD

Discussant: Ali Sajjadian, MD

SCIENTIFIC SESSION ORANGE

7:30am–8:45am

Panel: Controversies in Fat Grafting to the Face

Moderator: Steven Teitelbaum, MD

Panelists: Steven Cohen, MD; Sydney Coleman, MD; Val Lambros, MD; Rod Rohrich, MD

Audience Moderators:

Jon Kurkjian, MD; Jake Unger, MD

Discussants: J. William Little, MD; Steven Wallach, MD

8:45am–9:15am Papers

9:15am–9:45am Coffee Break in The Aesthetic Marketplace

9:45am–10:30am

Video Presentation: Surgical and Non-Surgical Female Genital Rejuvenation

Presenter: Christine Hamori, MD

Discussants: Heather Furnas, MD; John Hunter, MD

10:30am–12:00pm

Panel: Proactively Managing Complications Before They Manage You

Moderator: Nolan Karp, MD

Panelists: Jamil Ahmad, MD; Geoffrey Keyes, MD; Frank Lista, MD; Peter Rubin, MD

Audience Moderators:

Geo Tabbal, MD; Jennifer Walden, MD

Discussants: Camille Cash, MD; James Namnoum, MD

12:00pm–12:30pm

Special Presentation: Transgender Facial Surgery

Presenter: Loren Schechter, MD

Discussant: Jordan Deschamps-Braly, MD

MONDAY, MAY 1, 2017, cont'd

THE BUSINESS SIDE

Physician Wellness / Personnel Management

8:00am–8:05am

Moderator Introduction
Mark Mofid, MD and Kiya Movassaghi, MD

8:05am–8:35am

Physician Wellness
Kiya Movassaghi, MD

8:35am–9:05am

Physician Happiness Study
Mark Mofid, MD

9:05am–9:15am

Discussion

9:15am–9:45am

Coffee Break in
The Aesthetic
Marketplace

9:45am–10:15am

Many Misdemeanors of Hiring
and Firing
Jon Hoffenberg

10:15am–10:45am

Hot Legal Trends in the Business
of Aesthetics
Brad Adatto; Michael Byrd;
Alex Thiersch

10:45am–11:15am

Lead Management and Patient
Acquisition Best Practices within
the Aesthetic Office—From Lead
through Surgery
Jason Tuschman

11:15am–12:00pm

Consult Closure
Nina Mendieta

12:00pm–12:30pm

Interactive Session: What Would
You Do?
Mark Mofid, MD and Kiya
Movassaghi, MD

EDUCATIONAL COURSES*

▶ COSMETIC MEDICINE

2:00pm–4:00pm

S19B Laser Safety Officer Training
S A N O
Hoopman

2:00pm–6:30pm

4-Hour Courses

▶ FACE

601/701 Sculptural Rejuvenation
of the Face, Eyes, and Mouth
S G A N E
Little

602/702 The Safety and Efficacy of
Adipose-Derived Stromal Vascular
Fraction Cells and Platelet-Rich
Plasma in Fat Grafting: Clinical
Implications for Aesthetic Facial
Volume / Skin Rejuvenation and
Hair Stimulation Surgery

S G A N O E
Sasaki

▶ BODY

603/703 Three-Dimensional Body
Contouring: The Next Generation
of Liposuction, Abdominoplasty,
and Muscle Augmentation with Fat
Grafting **S G A N O E**
Hoyos/Mentz/DiBernardo/Theodorou

2:00pm–4:00pm

2-Hour Courses

▶ FACE

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

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

▶ BREAST

AOCPS™

606 Interactive Problem Based
Learning for Difficulties in Primary
and Revisionary Aesthetic Breast
Surgery **S**
Wall/Calobrace

BR-607 Vertical Scar Breast
Reduction and Mastopexy—State
of the Art **S G A N O E**
Lista

▶ BODY

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

AOCPS™

BR-609 Scarpa Sparing
Abdominoplasty with Concomitant
Liposuction; No Drains Needed
S A N O
Claytor/Gray/Baker

▶ RHINOPLASTY

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

▶ COSMETIC MEDICINE

611 Intelligent Choices in
Injectables: Complications,
Strategies and Combination
Therapy **S A N**
Kinney/Lorenc

▶ PRACTICE MANAGEMENT

612 Maximizing Time and Financial
Efficiency by Utilizing Technology
and Patient Consultants
S G A N O
Rios

613 Reading Prospective
Patients More Effectively and
Improving Scheduling Results
S G A N O
Zupko

▶ MARKETING

NEW **614** How to Navigate the
Murky Waters of the “New” Media
S G A N O E
Mendieta/Youn/Fountain/Lewis/
Mann

▶ PATIENT SAFETY

NEW **615** Managing and
Mitigating Aesthetic Risks **S**
Moon/Boyd/Martin

4:30pm–6:30pm

2-Hour Courses

▶ FACE

AOCPS™

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

▶ BREAST

BR-705 Decision Making in
Primary Breast Augmentation
S A
Strock

BR-706 Challenging Cases in
Revision Breast Implant Surgery
S A
Brown/Bucky

NEW **707** All Seasons Vertical
Augmentation/Mastopexy
S G A N O E
Swanson

708 A Comprehensive Approach to the Difficult Primary Breast Patient **S**
Lista/Ahmad

▼ BODY

709 Maximizing Aesthetics in Abdominoplasty **S**
Pollock

NEW **710** Expansion Vibration Lipofilling (EVL) – Concepts and Applications of a New Paradigm in Large Volume Fat Transplantation **S G A N O E**

Wall/Del Vecchio

▼ RHINOPLASTY

711 Basic Anatomy, Analysis and Techniques in Basic Open and Closed Rhinoplasty **S**
Ghavami/Gryskiewicz

712 Mastery of Multiple Advanced Techniques and Nasal Profiles in SeptoRhinoplasty Including the Difficult Rhinoplasty **S**
Sajjadian

▼ COSMETIC MEDICINE

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

714 Advances in Skin Resurfacing **S G A N O E**
Obagi

▼ PATIENT SAFETY

NEW **715** Cutting Edge Topics in Patient Safety with the Masters **S**
Rios/Young/Adams/Reisman/
DeLorenzi/Davison/Mofid

▼ PRACTICE MANAGEMENT

716 Balancing for Success: Staffing and Practice Processes **S G A N O**
Ntoh

▼ MARKETING

717 Cultivating Authority Online: Where Reputation and Rankings Intersect **S G O**
Miller

TUESDAY, MAY 2, 2017

6:30am–12:00pm Registration Open

7:30am–8:00pm Breakfast with Tabletop Exhibits

7:30am–12:30pm Tabletop Exhibits Open

12:30pm–2:30pm ASAPS New Board Meeting

THE BEST OF ASAPS SYMPOSIA

8:00am–9:00am

The Best of Experienced Insights—Breast and Body Contouring

Chair: William Adams, Jr., MD

9:00am–10:00am

The Best of Las Vegas 2017 Facial & Rhinoplasty Symposium

Chair: Charles Thorne, MD

Vice Chair: Louis Bucky, MD

Rhinoplasty Chair:

Jay Calvert, MD

10:00am–10:30am Coffee Break in the Table Top Exhibits

10:30am–11:30am

Best of Hot Topics—10 Year Review

Chairs: William Adams, Jr., MD and Joe Gryskiewicz, MD

11:30am–12:30pm

Best of Hot Topics 2017

Chairs: Jamil Ahmad, MD and

Simeon Wall, Jr., MD

THE BUSINESS SIDE

The Power of Social Media

8:00am–8:05am

Moderator Introduction

Heather Furnas, MD and Jennifer Walden, MD

8:05am–8:35am

Keeping Track of Your Website with Data from Google
Arsen Rabinovich

8:35am–9:05am

Google is a Librarian—Understanding How Google Rankings Work
Ed Syring

9:05am–9:20am

The Art of the Press Release
Leigh Hope Fountain

9:20am–9:30am Discussion

9:30am–10:00am Coffee Break in the Tabletop Exhibits

10:00am–10:30am

Top 10 Social Media Tips for 2017
Lisa Marie Wark, MBA

10:30am–11:00am

Social Media—Is It Worth the Time for A Practice?

Moderators: Heather Furnas, MD and Jennifer Walden, MD

- How should a plastic surgeon measure Return on Investment?
- How should one choose which app(s) to use?
- How much time is acceptable for the doctor?
- Should you delegate?
- How do you hire/train those who delegate?
- Do you recommend the surgeon and/or the staff write a blog? If so, how long should it be and how often should one post? How do you follow ROI for the blog?
- What apps are most important and useful for the plastic surgeon?
- Why might one plastic surgeon have success with social media, while another flops?

11:00am–11:30am

The Legal Risks Surrounding Social Media Marketing
Brad Adatto; Michael Byrd; Alex Thiersch

11:30am–12:30pm

Interactive Session—What Would You Do?

Heather Furnas, MD and Jennifer Walden, MD

Join Drs. Furnas and Walden for an opportunity to challenge your reaction and decision process in dealing with social media.

AESTHETIC MEETING REGISTRATION FORM

For your convenience, plastic surgeons may register online at www.surgery.org/meeting2017. All others must submit this form with documentation as requested.

1 REGISTRANT INFORMATION

• By providing your fax and/or email address, you are hereby authorizing ASAPS/ASERF to contact you via these methods.

Male Female Your 10-digit NPI# _____ (required by CMS for Sunshine Act Compliance)

First Name _____ Middle Initial _____ Last Name _____ ID# _____

Address _____ City/State/Zip _____ Country _____

Telephone (_____) _____ Fax (_____) _____ Office Contact _____

Email Address _____ Badge Nickname _____

Registered Spouse/Guest Name _____ Badge Nickname _____

Please check here if you are disabled and require special services to fully participate.

2 SURGEON REGISTRATION FEES

	Postmark Dates:		Amount Paid
	Early Bird by Feb. 16, 2017	Pre-Reg. Feb. 17 to Apr. 12, 2017*	

<input type="checkbox"/> ASAPS Member (Active/International)	\$745	\$915	\$ _____
<input type="checkbox"/> ASAPS Life Member (Registration only. No Social Events)	\$250	\$250	\$ _____
<input type="checkbox"/> ASAPS Candidate/International Candidate for Membership	\$895	\$1040	\$ _____
<input type="checkbox"/> Affiliate Program (Australasian Society)	\$1325	\$1450	\$ _____
<input type="checkbox"/> Guest Surgeon	\$1425	\$1550	\$ _____
<input type="checkbox"/> Resident/Fellow	\$0	\$0	\$ _____
<p>Written verification of ABPS certification or of membership in an international society is required.</p> <p><i>Residents and Fellows must provide written verification of participation in an approved plastic surgery residency or fellowship program with expected graduation date, attested to by the Chief of Service. International residents must provide written verification of participation in an approved plastic surgery residency or fellowship program, attested to by the Chief of Service and written verification from the national plastic surgery society that their Chief of Service is a member of that national society. The letter must be written and signed by the Chief of Service and must include a phone number, fax number and email address. Registration will not be processed until all information is verified with the chief and national society in which the chief is a member.</i></p>			
<input type="checkbox"/> Active US Military Duty (50% off applicable registration fee)	50% off above	50% off above	\$ _____
TOTAL SURGEON REGISTRATION FEES			\$ _____

3 ALLIED HEALTH PERSONNEL REGISTRATION FEES

<input type="checkbox"/> Plastic Surgical Nurse*	\$745	\$915	\$ _____
<input type="checkbox"/> Physician Assistant/Nurse Practitioner*	\$745	\$915	\$ _____
<p>*A letter from your board-certified plastic surgeon employer indicating that you are currently employed as a nurse or physician assistant in his/her office and a copy of your RN or PA license are required.</p>			
<input type="checkbox"/> Medical Student	\$0	\$0	\$ _____
<p>A certified letter from the Dean of Admissions is required.</p>			
TOTAL ALLIED HEALTH PERSONNEL REGISTRATION FEES			\$ _____

4 SPOUSE/ACCOMPANYING GUEST FEES**

<input type="checkbox"/> ASAPS Member Spouse/Guest	\$350	\$410	\$ _____
<input type="checkbox"/> Life Member Spouse/Guest (includes social events)	\$350	\$410	\$ _____
<input type="checkbox"/> Candidate/International Candidate Spouse/Guest	\$350	\$410	\$ _____
<input type="checkbox"/> Guest Surgeon Spouse/Guest	\$350	\$410	\$ _____
<input type="checkbox"/> Resident/Fellow Spouse/Guest	\$350	\$410	\$ _____
<input type="checkbox"/> Optional Education/Aesthetic Marketplace Only	\$75	\$100	\$ _____
<p>A letter from the employing board-certified plastic surgeon is required. Social events and teaching courses must be purchased separately.</p>			
<input type="checkbox"/> Aesthetic Marketplace Only	\$45	\$55	\$ _____
<p>A letter from the employing board-certified plastic surgeon is required.</p>			
TOTAL SPOUSE/GUEST REGISTRATION FEES			\$ _____

** No credits for General Session provided; to obtain credits one must register under your profession in categories 2 (Surgeon Registration Fees) or 3 (Allied Health Professional Registration Fees). If spouse/guest registers for courses, please complete a separate registration form.

✉ RETURN BY MAIL TO: **The Aesthetic Society, 11262 Monarch Street, Garden Grove, CA 92841 USA**
 ☎ OR FAX TO: **562.799.1098** OUR EMAIL ADDRESS IS: **asaps@surgery.org**

Registration must be postmarked no later than April 12, 2017 to qualify for discounted fees. Please return both pages of the registration form.

For your convenience, plastic surgeons may register online at www.surgery.org/meeting2017. All others must submit this form with documentation as requested.

5 OTHER FEES

<input type="checkbox"/> Celebrating 50 Years - Reception Ticket	\$135 ea	\$160 ea	\$ _____
<input type="checkbox"/> Practice Management Sessions	\$200	\$250	\$ _____
<p>A letter from the employing board certified plastic surgeon is required.</p>			
<input type="checkbox"/> S5* Women Plastic Surgeons' Symposium	\$100	\$100	\$ _____
<p>*Meeting Registration not required for attending S5 — please fax in completed registration form if attending Symposium only.</p>			
TOTAL OTHER FEES			\$ _____
SECTIONS 2 – 5 FEES SUBTOTAL			\$ _____ (carry over to Page 2)

By registering for The Aesthetic Meeting 2017, I agree to fully disclose all relevant commercial/financial relationships with entities prior to asking a question from the floor of the Scientific Session and optional course(s).

Signature Required _____

NPI National Provider Identifier—With the introduction of Sunshine Act, pharmaceutical and device companies are now asking for an NPI number of those who stop by their booths. New regulations require companies to publicly share anything of value they give to health care providers, including an item as simple as a cup of coffee. The provision of your NPI number through a badge scan helps them be compliant and demonstrates the value they bring to the meeting by helping us control the registration fees you pay to attend. Don't know your number? Go to <https://npiregistry.cms.hhs.gov/NPESRegistry/NPIRegistryHome.do> to access it.

Liability Waiver—Please read and check box. I agree and acknowledge that I am undertaking participation in the ASAPS/ASERF Annual Meeting events and activities as my own free and intentional act and I am fully aware that possible physical injury might occur to me as a result of my participation in these events. I give this acknowledgement freely and knowingly and that I am, as a result, able to participate in ASAPS/ASERF Annual Meeting events and I do hereby assume responsibility for my own well-being. I also agree not to allow any other individual to participate in my place.

Required By checking this box, I certify that I have read and understood the Liability Waiver above.

Photographs—Please read and check box. I agree and acknowledge that ASAPS/ASERF plan to take photographs at The Aesthetic Meeting 2017 and reproduce them in ASAPS/ASERF educational, news or promotional material, whether in print, electronic or other media, including the ASAPS/ASERF website. By participating in The Aesthetic Meeting 2017, I grant ASAPS/ASERF the right to use my name, photograph and biography for such purposes without compensation to me.

To preserve medical privacy, photography during scientific sessions and teaching courses is strictly prohibited. Additionally, all meeting attendees, guests and media are expected and required to maintain any revealed patient details in the strictest of confidence.

Required By checking this box, I certify that I have read and understood the Photograph information above.

AESTHETIC MEETING REGISTRATION FORM

Receive \$50 Discount—Pre-Register for Special Courses in Advance!

6 COURSES WITH SPECIAL DISCOUNTED PRE-REGISTRATION FEES

Limited Space Available	Days and times	Pre-Reg	On-Site	
<input type="checkbox"/> S1 Composite Facelifts Simplified—Cadaver Workshop	(Thurs) 7:30am–4:00pm	\$2500	\$2550	\$ _____
<input type="checkbox"/> S2 Rejuvenation of the Upper Face—Cadaver Workshop	(Thurs) 7:30am–1:00pm	\$1800	\$1850	\$ _____
<input type="checkbox"/> S3 ASAPS/ISAPS Gluteal Symposium	(Thurs) 12:30pm–6:00pm	\$300	\$350	\$ _____
<input type="checkbox"/> S4 Facial Rejuvenation by MACs Lift—Cadaver Workshop	(Thurs) 2:00pm–6:00pm	\$1800	\$1850	\$ _____
<input type="checkbox"/> S6 Cosmetic Medicine	(Fri) 7:30am–5:30pm	\$175	\$225	\$ _____
<input type="checkbox"/> S7 Re-Designing Your Aesthetic Practice	(Fri) 8:00am–12:00pm	\$275	\$325	\$ _____
<input type="checkbox"/> S8 Residents & Fellows Forum	(Fri) 8:00am–1:00pm	\$0	\$0	\$ _____
<input type="checkbox"/> S9 Rhinoplasty Symposium	(Fri) 8:00am–12:00pm	\$275	\$325	\$ _____
<input type="checkbox"/> S10 Medical Life Drawing and Sculpture: The Human Figure	(Fri) 8:00am–5:00pm	\$600	\$650	\$ _____
<input type="checkbox"/> S11 Premiere Global Hot Topics	(Fri) 12:00pm–6:30pm	\$300	\$350	\$ _____
<input type="checkbox"/> S12 Open and Closed Rhinoplasty—Cadaver Workshop	(Fri) 1:00pm–5:00pm	\$1800	\$1850	\$ _____
<input type="checkbox"/> S13 Skills for Successful Patient Coordinators	(Sat) 9:00am–4:30pm	\$600	\$650	\$ _____
<input type="checkbox"/> S14 Research & Innovative Technology Luncheon	(Sat) 12:30pm–2:00pm	\$85	\$135	\$ _____
<input type="checkbox"/> ASERF Members Only (Research Luncheon)	(Sat) 12:30pm–2:00pm	\$42.50	\$135	\$ _____
<input type="checkbox"/> S15 Medical Students Interested in Plastic Surgery (Medical Students Only)	(Sat) 12:30pm–3:00pm	\$0	\$0	\$ _____
<input type="checkbox"/> S16 Patient Coordinator Alums	(Sun) 9:00am–11:00am	\$325	\$375	\$ _____
<input type="checkbox"/> S17 Financial Management for Spouses & Managers	(Sun) 12:00pm–1:00pm	\$85	\$135	\$ _____
<input type="checkbox"/> S18A Physician Extender Injector Course—Level 1	(Sun) 12:00pm–2:30pm	\$175	\$225	\$ _____
<input type="checkbox"/> S18B Physician Extender Injector Course—Level 2	(Sun) 3:00pm–5:30pm	\$175	\$225	\$ _____
<input type="checkbox"/> S19A Foundations of Light and Laser	(Sun) 2:00pm–6:30pm			
<input type="checkbox"/> Surgeons/PA/NP		\$795	\$845	\$ _____
<input type="checkbox"/> RN/Office Staff		\$595	\$645	\$ _____
<input type="checkbox"/> S19B Laser Safety Officer Training	(Mon) 2:00pm–4:00pm	\$445	\$495	\$ _____

TOTAL COURSES WITH SPECIAL FEES

\$ _____

7 OPTIONAL EDUCATION

	Pre-Registered	On-Site
1-Hour Courses	\$85	\$135
2-Hour Courses	\$140	\$190
4-Hour Courses	\$250	\$300

Friday – Tuesday Optional Educational—

Please complete the chart below indicating your first and second choice.

Watch out! Many course times overlap.
Don't double book yourself!

	1st choice	2nd choice	Fee
FRIDAY			
2:00pm–6:30pm			
100/200 Series (\$250 pre-registration)	_____	_____	\$ _____
2:00pm–4:00pm			
100 Series (\$140 pre-reg)	_____	_____	\$ _____
4:30pm–6:30pm			
200 Series (\$140 pre-registration)	_____	_____	\$ _____
SATURDAY			
12:30pm–1:30pm			
300 Series (\$85 pre-registration)	_____	_____	\$ _____
SUNDAY			
2:00pm–6:30pm			
400/500 Series (\$250 pre-registration)	_____	_____	\$ _____
2:00pm–4:00pm			
400 Series (\$140 pre-registration)	_____	_____	\$ _____
4:30pm–6:30pm			
500 Series (\$140 pre-registration)	_____	_____	\$ _____
MONDAY			
2:00pm–6:30pm			
600/700 Series (\$250 pre-registration)	_____	_____	\$ _____
2:00pm–4:00pm			
600 Series (\$140 pre-registration)	_____	_____	\$ _____
4:30pm–6:30pm			
700 Series (\$140 pre-registration)	_____	_____	\$ _____

TOTAL EDUCATIONAL COURSES FEES

\$ _____

8 EDUCATION ON DEMAND

Post Meeting Viewing of Selected Scientific Session Panels through April 2018 **Pre-Registered \$199 On-Site \$249** \$ _____
No CME

Registration must be postmarked no later than April 12, 2017 to qualify for discounted fees.

Course Fees Subtotal (Page 2) \$ _____
Subtotal \$ _____
Registration & Other Fees (Page 1) \$ _____
REGISTRATION FEES \$ _____

9 PAYMENT

Check/Bank Draft # _____ Amount \$ _____

Card Number: _____ VISA MasterCard American Express Signature: _____

Name on Card _____ Expiration Date: _____ CVV Code _____ Billing Zip Code _____

PLEASE ALLOW 10 BUSINESS DAYS FOR AN EMAIL OR FAXED ACKNOWLEDGMENT

Fees for full Surgeon Registration include the Presidential Welcome Reception, Scientific Sessions, Exhibits, Lunch in the Exhibits, morning and afternoon coffee breaks, and the Program Book.

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📠 OR FAX TO: **562.799.1098** OUR EMAIL ADDRESS IS: **asaps@surgery.org**

Refunds not considered unless a written request is mailed to the ASAPS Central Office and postmarked by April 12, 2017. Refunds will be subject to a minimum 15% administrative fee.

☎ For additional information, call the ASAPS Central Office 800.364.2147 or 562.799.2356 or visit www.surgery.org/meeting2017

Registration must be postmarked no later than April 12, 2017 to qualify for discounted fees. Please return both pages of the registration form.

The Business of Launching Your Practice

The ASAPS Gift of Expert Advice



Residents' Symposium

Chair: Salvatore Pacella, MD, MBA
Co-Chair: Gary Tuma, MD

WE ARE
AESTHETICS.

September 8–10, 2017
New York City

www.surgery.org/residents2017



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11262 Monarch Street, Garden Grove, CA 92841-1441 • 800.364.2147 • 562.799.2356



THE AESTHETIC CRUISE 2017

50 YEARS OF AESTHETICS

July 21–August 1

Don't Miss the Boat! Book Your Stateroom Now.

North Sea Cruise

England, Scotland, Norway
Oceania Cruises—Marina

Chair: W. Grant Stevens, MD
Co-Chair: Melinda J. Haws, MD

Endorsed by



www.surgery.org/cruise2017

WHAT TO EXPECT

Our educational program has been planned to provide quality aesthetic surgery and practice management learning offerings. The intimate venue of the cruise offers the unique opportunities of interaction and discussion with your colleagues during, before and after the sessions.

Don't miss our "It's Five O'clock Somewhere" cocktails and complications session. It will give you the chance to bring cases to discuss with your peers—a chance to ask what they would do.

Expect to learn, expect to meet new people and make lasting friendships and expect to enjoy the many ports of call that this cruise has to offer.

We hope you and your family will join us and we look forward to cruising with you!

W. Grant Stevens, MD—Chair
Melinda Haws, MD—Vice Chair



ABOUT THE SHIP

Oceania Cruises' *Marina* blends sophistication with a contemporary flair to create a casually elegant ambiance. From the sparkling Lalique Grand Staircase to the stunning Owner's Suites furnished in Ralph Lauren Home, designer touches are everywhere, highlighting the finest residential design and furnishings.

Designed for epicureans and travel connoisseurs, *Marina* offers guests multiple dining venues, of which six are open-seating gourmet restaurants with no surcharge. La Reserve by *Wine Spectator* offers enlightening seminars, tastings, and gourmet food pairings. The Culinary Center is the only hands-on cooking school at sea, featuring a range of enriching cooking classes by master chefs. Similarly, talented artists-in-residence offer step-by-step instruction in arts and crafts in Artist Loft enrichment center. Baristas, the signature coffee bar, serves up illy® espresso and coffee and freshly made pastries. Intimate lounges abound. Accommodations in every category are incredibly spacious, especially with regard to the lavish bathrooms. Yet remarkably, with so many additions, the onboard ambiance and experience remains comfortably familiar.

EDUCATION

LEARNING OBJECTIVES

- Identify the controversies and challenges of today's aesthetic surgery procedures and practices to improve clinical outcomes.
- Define and analyze the treatment of complications and incorporation of preventative measures to ensure optimal outcomes and patient safety.

CME ACCREDITATION AND DESIGNATION STATEMENTS

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.

The American Society for Aesthetic Plastic Surgery designates this live activity for a maximum of 21 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Credits are subject to program changes. Of the 21 Credits, 7 credits have been identified as programming dedicated to patient safety related topics.

DISCLOSURE POLICY

The American Society for Aesthetic Plastic Surgery Requires all instructors, planners. And other individuals in a position to control or influence the content of an activity to disclose all relevant financial relationships or affiliations. All identified conflicts of interest must be resolved and the education content thoroughly vetted by ASAPS for fair balance, scientific objectivity, and appropriateness of patient care recommendations.

ASAPS also requires faculty/authors to disclose when off-label/unapproved uses of a product are discussed in a CME activity or included in related materials. Attendees providing comments or asking questions during presentations are also required to disclose all related commercial interest.

WHO MAY ATTEND?

- The Aesthetic Cruise 2017 is open to domestic and International members and candidates of:
- The American Society for Aesthetic Plastic Surgery
- The American Society of Plastic Surgeons
- International Society of Aesthetic Plastic Surgery

- Residents and Fellows with written verification of participation in an approved plastic surgery residency or fellowship program
- And select others

For a complete list of attendance eligibility please visit www.surgery.org/cruisewhomayattend

Please note that ASAPS reserves the right to restrict admission to maintain an optimal educational environment and verification of membership is required.

For further information, please contact: Victoria Ruiz, Meeting Registrar at Victoria@surgery.org

ACCOMMODATIONS

YOUR CRUISE INCLUDES:

- Selected Accommodations
- All Meals, including specialty dining
- Gratuities
- Taxes/Fees
- Onboard Activities and Entertainment
- 24-Hour Room Service
- Unlimited Non-alcoholic Beverages
- Refrigerated Mini Bar with Free unlimited non-alcoholic drinks and bottled water replenished daily
- Complimentary Use of the Fitness Center
- 400 Minutes of Free Internet in Concierge
- \$600 Onboard Ship Credit

Exclusions:

- Symposium Registration
- Shore Excursions
- Air Transportation
- Pre or Post Hotel Accommodations
- Ground Transfers
- Port Changes and Government Taxes
- Travel Insurance (strongly recommended)

STATEROOM, AIRFARE, AND HOTEL RESERVATIONS

Bob Newman is handling all of our cruise bookings once again and will work with you to select the stateroom that best meets your needs.

Cruise Brothers

Bob Newman, MCC
CLIA Certified Master Cruise Counsellor
Hours: Monday thru Friday 11am – 6pm (EST)
888.278.7776 or 401.223.4711

Rates are quoted per person plus companion free, capacity controlled and subject to change and availability at time of reservation.



CRUISE POLICIES

DEPOSIT PAYMENT SCHEDULE

Time of Reservation

50% Deposit of Purchase Price
Suites, Penthouse and above—
Payment Due in Full

February 20, 2017

Payment Due in Full for all non-suite
staterooms including Port Charges and
Government Taxes

CRUISE LINE CANCELLATION AND PENALTY POLICY

Time of reservation through February 19, 2017

\$200 administrative fee per person

February 20, 2017 – April 19, 2017

10% of fare per person

April 20, 2017 or later No refunds

Penthouse Suites and above 100% penalty
if cancelled after July 20, 2016

TRAVEL AGENCY CANCELLATION POLICY

Cruise Brothers' cancellation fee is \$100 per
cabin which can be applied to a future cruise
if booked within 12 months of the cancellation.

Cancellations must be submitted in writing.

The date Cruise Brothers receives notification
will be considered the cancellation date.
Changes are at the cruise lines discretion
and cost will be determined based on
such change.

Trip cancellation insurance is strongly recommended.

PORTS OF CALL

SOUTHAMPTON, ENGLAND

The city has magnificent theatres, unique
galleries and museums, plus lots of intimate
music and comedy venues for its tourists
and residents alike. The award-winning parks
make Southampton the greenest city in
Southern England and Southampton Common
has over 300 acres of flora and fauna for
you to enjoy. Cheer on the Saints at a football
match, watch some world class cricket or
attend one of the city's events or activities.
Take part in the popular guided walks of the
Old Town, discover the city's rich history at
the SeaCity Museum or Tudor House &
Garden, and explore the city on the self
guided trails—Titanic Walk and QE2 Mile



EDINBURGH, SCOTLAND

Steeped in Celtic and medieval history,
Edinburgh is a cultural tapestry that's visually
defined by hills, cathedrals, and the bold
stone turrets of Edinburgh Castle. The city is
also festival-happy—it's the site of several
annual celebrations of art, music, theater, and
comedy. Cheer on your favorite team at a
football or rugby match, then relax over a pint
in a local pub. A Scotch Whisky tour is a
must, as is pinching your nose and digging
bravely into a steaming plate of haggis.

KIRKWALL, SCOTLAND (ORKNEY ISLANDS)

With its harbour and airport, Kirkwall is the
arrival point for ferries from Shetland and
Aberdeen, cruise ships, and flights from the
UK, and departure point for ferries to the
other islands in Orkney. Kirkwall's best
feature is perhaps its sandstone St. Magnus
Cathedral, widely considered the finest
medieval building in the north of Scotland.
The original town is one of the best preserved
examples of an ancient Norse town. Other
sites of historical interest in the town include
the Bishop's Palace and Earl's Palace.

BERGEN, NORWAY

The colorful Norwegian city of Bergen is also a
gateway to majestic fjords. Bryggen Hanseatic
Wharf will give you a sense of the local culture;
take time to snap photos of the Hanseatic
commercial buildings, which look like scenery
from a movie set. Don't breathe too deeply
when you visit the outdoor fish market, a
reminder of the city's role in early fish trade.
Ferry across a fjord to Lysøen, where the
former villa of 19th-century composer Ole
Bull will captivate you with fairytale charm.

FLAAM, NORWAY

Surrounded by steep mountains, thundering
waterfalls and emerald-green valleys, tiny
Flåm clings to the innermost point of
Sognefjord, Europe's longest, deepest fjord.
It's a fairy tale setting that can be enjoyed
many ways. Hike a nature trail in scenic Flåm
Valley. Kayak through the fjord's crystalline
waters. Ride the Flåm Railway, one of the
world's steepest, as it loops through the virgin
wilderness, just as it has since the 1940s.
Visit Ottemnes Bygdetun, a rural museum of
more than twenty farm buildings that look
much like they did in the 18th century.



GEIRANGER (GEIRANGERFJORD), NORWAY

Geiranger nestles in a small valley at the
inland tip of Geirangerfjord, which is
unabashedly called "the most beautiful fjord
in the world." Snow-mantled mountains rise
majestically from the glacier-carved fjord. The
Seven Sisters waterfalls burst forth from the
cliffs and thunder into the deep, serene water.
Emerald-green forests blanket the hillsides.
If you are feeling ambitious, you might follow
one of the many nature trails out of Geiranger,
or simply take in the magnificent views as you
meander through the storybook streets.



ÅLESUND, NORWAY

In 1904 much of Ålesund was destroyed by
fire, but the town was quickly rebuilt in the
period's popular Art Nouveau style. Soaring
turrets, spires and beautiful ornamentation
adorn the buildings throughout Ålesund,
giving it a distinctive flair and earning the town
a revered architectural reputation. An evening
departure allows you plenty of time to explore
its many attractions, such as the spectacular
Art Nouveau Centre museum, scenic Town
Park, and Atlantic Sea Park, one of Europe's
largest aquariums. For a look at modern
Norwegian woodworking, visit the impressive
Gallery Cylindra. Many of Ålesund's squares
feature sculptures commemorating significant
events, including the town's rich fishing history
and Norway's contribution to World War II.

STAVANGER, NORWAY

Chosen as the European Capital of Culture
in 2008, Stavanger lies in southwestern
Norway's stunning fjord region. Old Stavanger
has been meticulously preserved with many
of its wooden cottages converted into art
galleries and boutiques. But it's the museums
that set this cosmopolitan city apart. The
Stavanger Museum alone consists of eight
buildings exhibiting collections that include
maritime, medical and printing artifacts. Outdoor
enthusiasts may enjoy walking the nature trails
along the banks of nearby Lysefjorden, a
classic fjord, or beholding the amazing view of
the countryside from Pulpit Rock.

*Destination descriptions courtesy of
TripAdvisor.com and Oceania Cruises.*

PROGRAM: THE AESTHETIC CRUISE 2017

FRIDAY, JULY 21

Southampton, England
Embarkation

No Education Today

SATURDAY, JULY 22

At Sea

7:00am

Welcome

W. Grant Stevens, MD
Melinda Haws, MD

7:05am – 7:50am

Special Presentation

The History of
Aesthetic Surgery From
Myocutaneous Flaps in
St. Louis to Cryolipolysis
in Atlanta

Foad Nahai, MD

**My Personal
Experience with
Facial Rejuvenation—
5 Consecutive Cases**

Moderator:
Richard Warren, MD

7:50am – 8:05am

Personal Perspective

W. Grant Stevens, MD

8:05am – 8:20am

Personal Perspective

Renato Saltz, MD

8:20am – 8:35am

Personal Perspective

Clyde Ishii, MD

8:35am – 8:50am

Personal Perspective

Luis Vasconez, MD

8:50am – 9:00am

Discussion

Buttocks

Moderator:
W. Grant Stevens, MD

9:00am – 9:15am

**Beautiful Butts with Fat
and Proportional Changes**

Luis Macias, MD

9:15am – 9:30am

**Butt Implants and the
X, Y and Z**

Raul Gonzalez, MD

9:30am – 9:45am

**Buttocks: Safety
Guidelines for Fat Injection**

Arturo Ramirez Montañana, MD

9:45am – 10:00am

Discussion

Abdominoplasty

Moderator:
Melinda Haws, MD

10:00am – 10:15am

**Functional Abdominoplasty:
The Role of Biotensegrity
and Anatomy Trains**

Tim Papadopoulos, MD

10:15am – 10:30am

**Experience with Reverse
Abdominoplasty**

Joseph Hunstad, MD

10:30am – 10:45am

**Circumferential
Lipoabdominoplasty**

Ozan Sozer, MD

10:45am – 11:00am

Discussion

Breast

Moderator:
Melinda Haws, MD

11:00am – 11:15am

**Dual Plane Breast
Augmentation for the
Tuberous Breast**

Joe Gyskiewicz, MD

11:15am – 11:30am

**Customizing Breast
Augmentation—Science &
Art in the Operating Room**

Renato Saltz, MD

11:30am – 11:45am

**Breast Augmentation:
A Personal Perspective
From Italy**

Gianluca Campiglio, MD

11:45am – 12:00pm

Discussion

Concurrent Sessions

SESSION ONE

2:00pm – 2:30pm

**Divorcing Your
Anesthesiologist**

Presenter:
Matthew Concannon, MD

Discussant:
Melinda Haws, MD

2:30pm – 3:00pm

**Ethical Dilemmas:
Practical Examples to
Avoid Stepping on an
Ethical Landmine**

Presenter:
Joe Gyskiewicz, MD

Discussant:
Joseph Hunstad, MD

3:00pm – 3:30pm

Body Dysmorphic Disorder

Mark Constantian, MD

Discussant:
Clyde Ishii, MD

3:30pm – 3:50pm

**Face Lift Surgery:
Creating Happy Patients—
How to Avoid and Treat
Complications**

Vakis Kontoes, MD

Discussant:
Richard Warren, MD

**Business/Practice
Management**

Moderator:
W. Grant Stevens, MD

3:50pm – 4:05pm

**The Impact of Non-Cores
Entering the Field of
Aesthetics. Is There One?**

Dana Fox

4:05pm – 4:20pm

**Managing Distraction at
the Workplace**

Angela Keen, MD

4:20pm – 4:35pm

**Building Your Non-Surgical
Practice**

Karen Zupko

4:35pm – 4:45pm

Discussion

SESSION TWO

Breast

Moderator:
Roberta Gartside, MD

2:10pm – 2:20pm

**Breast Aesthetic Surgery:
An Algorithm for
Successful Results**

Vakis Kontoes, MD

2:20pm – 2:30pm

**Current Thoughts on
Augmentation Mastopexy**

James Grotting, MD

2:30pm – 2:40pm

**Explantation—An
Aesthetic Procedure**

Elizabeth Slass Lee, MD

2:40pm – 2:50pm

Discussion

Rhinoplasty

Moderator:
Richard Warren, MD

2:50pm – 3:00pm
Secondary Rhinoplasty
Peter Scott, MD

3:00pm – 3:10pm
Do We Abuse the
Cartilage Graft?
Arturo Ramírez Montañana, MD

3:10pm – 3:20pm
The Deviated Nose and
the Warping Control
Suture
Bahman Guyuron, MD

3:20pm – 3:30pm
Discussion

Neck

Moderator:
James Grotting, MD

3:30pm – 3:45pm
Neck Lift
Ozan Sozer, MD

3:45pm – 4:00PM
Recontouring the Neck in
Younger Patients
Arturo Ramírez Montañana, MD

4:00pm – 4:15pm
Neck Rejuvenation—How
Can We Avoid Failures
Richard Warren, MD

4:15pm – 4:30pm
Discussion

SUNDAY, JULY 23

Newhaven (Edinburgh)
Scotland

MONDAY, JULY 24

Kirkwall, Scotland

TUESDAY, JULY 25

At sea

7:45am – 8:45am
Breast Complication
Management—How
Would You Fix This?

Moderator:
Jack Fisher, MD
Discussants:
Mark Freeman, MD
Roberta Gartside, MD
James Grotting, MD
Vakis Kontoes, MD
Daniel Mills, MD

Face

Moderator:
Foad Nahai, MD

8:45am – 9:00am
Changing Facelift
Technique Based on
Facial Shape
Richard Warren, MD

9:00am – 9:15am
Facelift for the Younger
Patient
Gianluca Campiglio, MD

9:15am – 9:30am
Sub SMAS with
Lipotunneling—Why I
Changed My Technique
Christine Hamori, MD

9:30am – 9:45am
Facelifting After Massive
Weight Loss
Linda Phillips, MD

9:45am – 10:00am
Discussion

Body Contouring

Moderator:
Tim Papadopoulos, MD

10:00am – 10:15am
Non-Surgical Body
Contouring
W. Grant Stevens, MD

10:15am – 10:30am
360 Mommy Makeover
Luis Macias, MD

10:30am – 10:45am
Purse String Gluteoplasty
Joseph Hunstad, MD

10:45am – 11:00am
Discussion

Non Surgical Body Contouring

Moderator:
W. Grant Stevens, MD

11:00am – 11:15am
Cellulite Treatment with a
Novel, FDA-Approved,
Controlled Subcision
Renato Saltz, MD

11:15am – 11:30am
Non-Surgical Facial Lifting
and Tightening
Daniel Mills, MD

11:30am – 11:45am
Non-Surgical Body
Contouring with
Cryolipolysis
Elizabeth Slass Lee, MD

11:45am – 12:00pm
Discussion

Concurrent Sessions

SESSION ONE

Business

Moderator:
Elizabeth Slass Lee, MD

2:00pm – 2:20pm
The Two Most Important
Questions to Ask About
Marketing
Dana Fox

2:20pm – 2:40pm
Dropped Leads
Karen Zupko

2:40pm – 3:00pm
Discussion

Patient Management

Moderator:
Melinda Haws, MD

3:00pm – 3:20pm
The Idiots Guide to
Dealing with Patients
Angela Keen, MD

3:20pm – 3:40pm
Non-Opioid Alternatives to
Pain Management
Linda Phillips, MD

3:40pm – 4:00pm
Discussion

SESSION TWO

2:10pm – 2:40pm
It's All About That Bass
Presenter:
Raul Gonzalez, MD
Discussant:
Grant Stevens, MD

Body Contouring

Moderator:
Mark Freeman, MD

2:40pm – 2:55pm
No Drain Tummy Tuck
Luis Macias, MD

2:55pm – 3:10pm
Avulsion Brachioplasty
Joseph Hunstad, MD

3:10pm – 3:25pm
Minor and Major Revisions
in Abdominoplasty
Gianluca Campiglio, MD

3:25pm – 3:45pm
Discussion

3:45pm – 4:05pm
Immunocompromised
Patient in Plastic Surgery
Berne Yee, MD
Discussant:
Barry Fernando, MD



WEDNESDAY, JULY 26

Bergen, Norway

8:30am – 8:45am
Social Media Hacks I Use Everyday
Tim Papadopoulos, MD

10:30am – 10:45am
An Algorithm for Nasal Tip Surgery
Peter Scott, MD

SESSION ONE

2:00pm – 3:00pm
Moderator:
Mark Constantian, MD
Presenters:
Angela Keen, MD
Christine Hamori, MD
Linda Phillips, MD
Roberta Gartside, MD
Clyde Ishii, MD

THURSDAY, JULY 27

Flaam, Norway

8:45am – 9:00am
Discussion

10:45am – 11:00am
Discussion

SESSION TWO

2:00pm – 3:00pm
Moderator:
Matthew Concannon, MD
Presenters:
Mark Freeman, MD
Bahman Guyuron, MD
Peter Scott, MD
Joseph Hunstad, MD
Tim Papadopoulos, MD

FRIDAY, JULY 28

Geiranger, Norway

Vaginal Rejuvenation
Moderator:
Joe Gyskiewicz, MD

Mastopexy
Moderator:
James Grotting, MD

3:00pm – 5:00pm
It's 5 O'Clock Somewhere! Cocktails and Complications—Everyone!

Bring your complications, questions, challenges and ask your peers what they would do!

SATURDAY, JULY 29

Alesund, Norway

9:00am – 9:15am
Surgical and Non Surgical Vaginal Rejuvenation
Melinda Haws, MD

11:00am – 11:15am
Refinements in Mastopexy
Mark Freeman, MD

TUESDAY, AUGUST 1

Southampton, England Disembarkation

SUNDAY, JULY 30

Stavanger, Norway

9:15am – 9:30am
Labial Wedge Technique
Christine Hamori, MD

11:15am – 11:30am
Periareolar Mastopexy Augmentation
Raul Gonzalez, MD

MONDAY, JULY 31

At Sea

9:30am – 9:45am
Energy Based Technologies for Rejuvenation of the Perineum
Roberta Gartside, MD

11:30am – 11:45am
Augmentation Mastopexy
Melinda Haws, MD

11:45am – 12:00pm
Discussion

Concurrent Sessions

What's Hot, What's Not?

Two simultaneous sessions featuring faculty sharing techniques or tips that they tried and answered that burning question—What's Hot, What's Not?

To keep this current, topics will be circulated the day of the meeting.

Business

Moderator:
W. Grant Stevens, MD

8:00am – 8:15am
Why Do You Lose Patients?

Karen Zupko

Rhinoplasty

Moderator:
Clyde Ishii, MD

10:00am – 10:15am
The Rate-Limiting Step: The Skin Sleeve

Mark Constantian, MD

10:15am – 10:30am
Elongation of a Short Nose
Bahman Guyuron, MD

8:15am – 8:30am

Fiscal Pearls: Lessons Learned in the Business of Plastic Surgery

Matthew Concannon, MD



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June 21, 2017: Deadline for 50% Cancellation Refund less 5% processing fee

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All symposium registration cancellations must be received in writing to be considered for a refund. Notice of cancellation should be sent to: victoria@surgery.org.

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	On or Before 3/21/17	After 3/21/17	Subtotal
ASAPS Member	\$1,250	\$1,450	\$ _____
Guest Plastic Surgeon	\$1,625	\$1,895	\$ _____
Candidate for Membership/ ISAPS Member/Affiliate Program (Australasian Society Only)	\$1,425	\$1,650	\$ _____
Resident (with letter of verification)	\$400	\$500	\$ _____
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ASAPS' Inaugural Breast and Body Symposium a Big Success

By Jeffrey M. Kenkel, MD

Bill Adams, MD and I were so pleased to see the reaction to ASAPS' first ever *Experienced Insights in Breast and Body Contouring*, which took place October 6–8, 2016, at the Westin Chicago River North in Chicago, IL. We met in a small group setting with 89 surgeons participating. Our goal was to create an educational experience featuring some of the leading experts in breast and body contouring, in which participants felt welcome to share ideas and challenge assumptions. To that end, this interactive

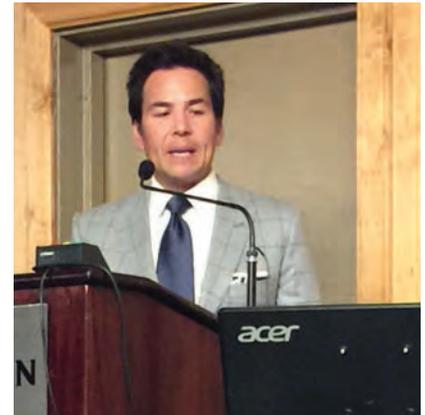
experience featured panelists, pundits, and discussants who debated and challenged the experts, offering insightful, critical thinking. Upon the conclusion, the participants were able to take the many pearls of wisdom they took back to their practices.

Bill and I would like to offer our sincere thanks to our outstanding faculty, including Drs. Jamil Ahmad, Daniel Del Vecchio, Caroline Glicksman, Alfredo Hoyos, Steven Teitelbaum, Jennifer Walden, and Simeon Wall, Jr.

We would also like to thank our 17 vendors who joined us in the exhibit hall, giving them intimate access to our participants.

We are already busy planning the next *Experienced Insights*, which will take place October 19-21, 2017, at the Intercontinental Mark Hopkins in San Francisco, CA. Look for more details soon at www.surgery.org/breastandbody2017

Jeffrey M. Kenkel, MD, is an aesthetic plastic surgeon practicing in Dallas, TX, and is a past president of The Aesthetic Society.



Attendees noted that the inaugural ASAPS' *Experienced Insights in Breast & Body Contouring* was one of the most interactive symposia they'd ever attended.



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ASAPS Mourns the Passing of Michael F. McGuire, MD

By Daniel C. Mills, II, MD

It is with great sadness that I relay the news to you of the passing of Michael F. McGuire, MD, who died at home on Tuesday, November 14, of an apparent stroke. A member of the American Society for Aesthetic Plastic Surgery (ASAPS), where he once served as Communications Commissioner, Dr. McGuire also served as President of the American Society of Plastic Surgeons (ASPS), President of the California Society of Plastic Surgeons (CSPS), and President of AAAASF. Throughout his life, he made it his mission to better the specialty for everyone, surgeons and patients alike.

The loss of Dr. McGuire is painful for me, and will be for many of you as well. He was both a mentor and a friend, and his loss is deeply felt. Aside from the personal impact he had on me, his professional impact was far-reaching, tackling issues at the local level in California, where he battled proposed taxes on aesthetic procedures, as well as on the national stage, where he addressed the breast implant ALCL crisis with great adeptness.

As ASERF President Steve Teitelbaum, MD, remembers, "He was a great unsung hero. His profile was low—he didn't seek out attention for himself. In person, his demeanor was reserved and professional. Yet, when he did speak, he did so with great acumen, pith, and effectiveness. He had a knowledge of legislative issues in California second to none. He remembered the names of specific legislation from many years past and I constantly called upon him for help and guidance. Very few plastic surgeons have given as much of themselves or contributed as much to the specialty as Dr. McGuire."

ASAPS Past President Robert Singer, MD, shared, "Michael was one of the great unsung heroes in our specialty. He was an absolute significant contributor to the specialty of plastic surgery and one of the leading passionate proponents of patient safety. Michael was a Past President of the California Society of Plastic Surgeons and continued to be involved in many of the State and legislative issues that helped improve the image of Plastic Surgery in California. He was an absolute rock when it came to direction and advice in AAAASF, where he was instrumental in the strategic planning and success of that organization. As a prior Chair of the Communications Commission for ASAPS, Michael always worked tirelessly to bring the specialty together. He never had an agenda, other than doing what was right and taking the high road. He was an educator and mentor to many plastic surgeons and board members. Michael was respected by everyone who knew him. From my perspective, I am happy that he was not only an ethical, principled, devoted colleague that I had the privilege of having served with on the boards of multiple organizations, but more importantly he was a friend. He could always be called on for solid input and good advice. Michael made plastic surgery better and safer and will be missed by all who had the opportunity to know him."

A graduate of the Columbia University medical school, Dr. McGuire practiced medicine in southern California for more than 30 years. Locally, Dr. McGuire served as the Chief of Plastic Surgery at the prestigious St. John's Hospital for many years, supervising



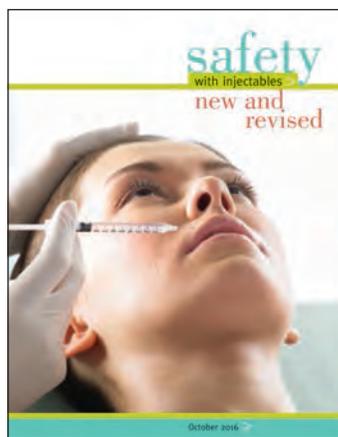
68 plastic surgeons on the staff. But his legacy extends far beyond his patients and his commitment to patient safety. His actions directly contributed to the health of our specialty.

As ASAPS President-Elect Clyde Ishii notes, "Michael McGuire was such a gentleman and I always enjoyed working with him. He will be missed by all."

ASAPS joins the entire specialty in mourning the loss of this respected leader. Michael McGuire has left an inspiring legacy, from which we have all benefited. Let's take a cue from him and re-dedicate ourselves, putting our passion and energy into moving our specialty forward.

In great sympathy,

Daniel C. Mills, II, MD
President, American Society for
Aesthetic Plastic Surgery



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ASAPS extends its gratitude to Dr. Jennifer Walden for her efforts in assisting in this enhancement.

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ISAPS and ASAPS: A Partnership for the Future

By Daniel C. Mills, II, MD



This past October, I was extremely honored to have been asked to give an update on our Society at the ISAPS 23rd Congress in Kyoto, Japan. Over the years, our relationships with other societies has often hinged on the personalities involved, rather than on our common concerns as aesthetic plastic surgeons. While my talk focused on the achievements and direction of ASAPS, it was encouraging to engage in conversations with surgeons from around the world who are similarly committed to focusing on our commonality and the success of our specialty.

Key to that shared vision has been the leadership of ISAPS. President Renato Saltz, MD, is a Past President of ASAPS, and seeing him in action gives me great hope for the future. Under his stewardship, ISAPS has begun reaching out to other societies, creating alliances which can build a base of support to address common issues or concerns. (Please see more on his efforts on Page 35 of this issue of *Aesthetic Society News*.)

Also, a very special thanks to Catherine Foss, Executive Director of ISAPS, and Sue M.

Dykema, Executive Director for ASAPS, for their ongoing efforts to better align our societies. These efforts were demonstrable in Kyoto and I look forward to stronger bonds with our allies around the world.

On a social note, I believe all in attendance greatly appreciated the efforts made to have those of us participating in the Kyoto Congress feel welcome. From the education, to the food, to the company, the ISAPS 23rd Congress was a memorable experience.

ISAPS will further partner with ASAPS as our upcoming Aesthetic Meeting 2017, in San Diego, CA, April 27–May 2. While The Aesthetic Society will be celebrating our 50th Anniversary, we will be entering it in style, with a special collaborative symposium on Gluteal Augmentation between ISAPS and ASAPS on the first day of the meeting. I hope you'll make plans to attend. Please see The Aesthetic Meeting 2017 registration brochure for more information.

It is so encouraging to see these two fine organizations coming together in a stronger bond. Together, we can achieve great things.

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

ASAPS Congratulates Dr. James Vogel

First ASAPS Member to Receive Golden Follicle Award

ASAPS Active Member Dr. James E. Vogel was recently honored by the International Society of Hair Restoration Surgery (ISHRS) as the 2016 recipient of the The Golden Follicle Award. This award is bestowed by members of the ISHRS to an individual for outstanding clinical contributions to the profession of hair restoration surgery. Dr. Vogel was awarded this honor at the 2016 Annual Meeting of the ISHRS held in October in Las Vegas.

Dr. Vogel was one of the founding members of the ISHRS and has served in many capacities including Scientific Committee Chairman, Annual Meeting Program Chairman, Society President, and member of the ISHRS Executive Committee and Board of Governor's. Dr. Vogel is the first board certified plastic surgeon to receive this

prestigious award. Dr. Vogel is Associate Professor of Surgery, Department of Plastic Surgery, The Johns Hopkins School of Medicine and has a private practice in Baltimore, Maryland. He is the author of numerous articles and book chapters on hair restoration surgery, co-teaches the hair restoration course at The Aesthetic Meeting and is known for his work on corrective hair transplants.

Dr. Vogel has recorded a message expressing his personal gratitude to the ISHRS for this honor which can be seen on YouTube www.youtube.be/kxWqxyfwLZQ. The Aesthetic Society joins with colleagues and friends in congratulating Dr. Vogel on this prestigious award.



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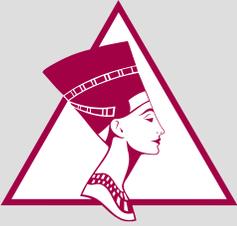
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Emails From The Aesthetic Society



One of the commonly heard suggestions from those associated with The Aesthetic Society is that the Society reduce the number of emails. 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.

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!



ISAPS Global Alliance

By Renato Saltz, MD

ISAPS is working diligently to unite our various societies to best solve issues we all share. To that end, ISAPS recently held a Global Alliance Forum, at which we discussed a variety of topics of common concern. I'm very proud to say that the alliance now has over 40 member societies, including ASAPS! Here are just a few of the "hot topics" discussed during the luncheon:

1. *One international voice for global aesthetic plastic surgery*

- Dealing individually with regional/national adversities we are weak; together we are much stronger.
- I need your help to improve our Global Survey. It is the best way to gather international aesthetic data and inform the public and the media about what and how much we do. We have had very poor response to past surveys which means that we generated no interest from the media or the public. I need your help to motivate your national society members to increase response and world attention. As soon as the Global Survey is ready for release, I will ask for your help to directly contact your national society members to help us.

2. *Representation on all international issues related to Patient Safety*

- Any crisis that affects your country or your national society affects us all. Please contact me about any relevant issues and I will help you as much as I can. Remember the "bad guys" (non-cores) are united and their numbers are much bigger than ours. Legislators often do not care about "the cause" and will favor lobbyists. So any indication of the possibility of creation of new laws supporting bad professionals (recent example is Thailand) should be a warning to all of us. By combining our efforts worldwide, and using ISAPS' PR capabilities, perhaps we can help to protect each other and most importantly our patients.

3. *Safe Medical Tourism (SMT)*

- We must develop minimum standards on SMT and use that as our major flag and "market it" worldwide.

4. *Partnership on educational, training & accreditation activities*

- I recognize the training diversity and different standards of accreditation among our different countries, cultures and surgeons. My goal in the next two years is to narrow this international gap. For that I will ask the support of AAAASF and several committee chairs at ISAPS.
- I need your support for the new Residents & Fellows Forum at our courses, symposia and biennial meetings. If you send all your residents and fellows to the meeting, we will waive their registration fees.
- Bahman Guyuron is the new Editor-in-Chief of our journal, *Aesthetic Plastic Surgery* (APS). He supports the Global Alliance and was present at the luncheon. He will look at the many possibilities to have better national representation at the blue journal.

5. *Communication*

- Please contact our Executive Office when a new President takes office in your society (ISAPS@isaps.org). In order to maintain open lines of communication among all of us, it is important that we maintain a current list. We will send an update to member societies as new societies join the Alliance.

I recognize our strengths and weaknesses. I believe that networking directly among Presidents should be our first priority. We have never had this "direct line" of communication in the history of International Aesthetic Plastic Surgery. What we do with it is up to us. So let us ignore our own national politics and personal agendas and aspirations and use this opportunity for the good of the specialty, for our colleagues and for our patients.

United, no one can stop us!

Renato Saltz, MD, is an aesthetic plastic surgeon practicing in Park City, UT. He is a Past President of The Aesthetic Society and currently serves as President of ISAPS.

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Foad Nahai, MD Awarded the U.K. Royal College of Surgeon's Highest Honor— The Honorary Fellowship

The Aesthetic Society congratulates Foad Nahai, MD, on being awarded the Royal College of Surgeon's Honorary Fellowship. Dr. Nahai has had a long relationship with the American Society for Aesthetic Plastic Surgery, as he has served as the editor of the *Aesthetic Surgery Journal* since 2009 and a Past President of ASAPS as well. Additionally, Dr. Nahai has been President of the International Society of Aesthetic Plastic Surgery and the American Association for the Accreditation of Ambulatory Surgery Facilities.

As Nigel Mercer, MD, recounted to the President of the Royal College of Surgeon's at the award presentation ceremony:

Dr. Nahai studied medicine in England at Bristol University, gaining his Bachelor of Science with honors in 1966 and his Bachelor of Medicine and Surgery in 1969. He won the Russell Cooper prize for anesthesia in 1968, and there were high hopes in the University Department of Anesthesia for his future career in anesthesia.

However, after house jobs in Bristol, he felt his career path lay in the USA and he left for there with his wife, Shahnaz, in 1969. Dr. Nahai was appointed first to a surgical post in Baltimore City Hospitals, Maryland, from where he moved initially to Johns Hopkins Hospital and then on to Grady Hospital in Atlanta, Georgia for his general surgery residency, becoming Chief Resident in 1974. When Dr. Nahai arrived at Grady Hospital he met Jack Fisher, a medical student from

Chicago, who became his lifelong friend and his English/American translator, helping Dr. Nahai to adjust to life in a hospital very different from the polite environs of Bristol as Grady Hospital was akin to a military field hospital.

Dr. Nahai then entered a plastic surgery research fellowship at Emory, Atlanta from where he went on to complete his residency in plastic surgery at Emory in 1978. During this time he continued to build his academic career, becoming an Assistant Professor of plastic surgery in 1978, passing the American Board of Plastic Surgery in 1980, and an Associate Professor in 1983. In 1991 he was appointed Professor of Surgery at Emory, and he is now the Maurice Jurkiewicz Professor in the Division of Plastic Surgery at Emory University School of Medicine.

Early in his career Dr. Nahai's research concentrated on the definition, development, and vascular classification of musculocutaneous flaps, and his current interest is centered on safety in outpatient, aesthetic plastic surgery and minimizing preoperative complications such as thromboembolism. He has published well over 200 peer reviewed papers, 47 book chapters and made 16 films. He has authored or edited 10 books, including seminal works with Stephen Mathes on reconstructive plastic surgery and on muscle and myocutaneous flaps, and also with John Bostwick and Felmont Eaves on endoscopic plastic surgery.

His lifelong contribution to plastic surgery at every level shows his commitment to education



and excellence in the specialty. It was a great loss to British surgery as a whole, and not just to plastic surgery, that he felt he had to leave the United Kingdom to pursue his career. There is no doubt he would have been a leading light here, had we managed to keep him.

President, we are most grateful to you for agreeing to this award to be given outside the Royal College, and it gives me great pleasure to present to you Professor Foad Nahai for the award of the Royal College of Surgeon's highest honor, the Honorary Fellowship.

The American Society for Aesthetic Plastic Surgery joins the entire specialty in congratulating Dr. Foad Nahai on this extraordinary achievement. We are incredibly grateful that he brought his talents to the U.S., as he has been an inspirational leader to so many of ASAPS' members, candidates, and residents. As one of the few truly legendary figures in American plastic surgery, ASAPS is deeply appreciative to have benefitted from so many of Dr. Nahai's talents. As ASAPS Past President Jack Fisher noted, "It has been a great honor for me to be able to say Dr. Foad Nahai has been a great friend, mentor and colleague for the past 42 years. As well as a remarkable plastic surgeon and teacher, he is thoughtful, generous and kind. He is gracious to all who meet him, offering a unique sense of warmth and caring. It's a great accomplishment to be recognized for an outstanding career the world over by one's peers, and an even greater feat to be recognized as a great person."

Indeed, the entire specialty has benefited from Dr. Nahai's efforts in aesthetic plastic surgery education and improved patient safety, and to Dr. Nahai, we at The Aesthetic Society say, "Thank you, dear Doctor. You've made us better surgeons, our patients safer, and our specialty stronger."



From left: Professor Stephen Cannon, Vice President of the Royal College of Surgeons of England; Clare Lucy Marx, President of the Royal College of Surgeons of England; honoree Foad Nahai; and Nigel Mercer, Past President of The British Association of Aesthetic Plastic Surgeons (BAAPS.)



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New ASAPS Social Media Campaign Tackles Complicated Issues Including Board Certification, Realistic Expectations and Why Patients Should Choose an ASAPS Member

The ASAPS Communications Team, under the direction of Commissioner Jennifer Walden, MD, is ready to launch a new campaign that tackles some of the most difficult concepts in consumer education including board certification, realistic expectations and the importance of seeing an ASAPS member.

Educating the public about these important issues has been an ongoing challenge. Most traditional avenues for reaching our target demographic are no longer relevant, let alone successful. However, new technology brings new opportunities, and we are seizing the best opportunities available for ASAPS. Utilizing a combination of market research, state-of-the-art information about how our target demo is using social media and taking advantage of animation, (a medium that enables us to ultimately, get away with what we probably couldn't otherwise), we have created a series of vignettes whose series of adventures tell our story for us and achieve our top-line goals of patient safety and education.

Meet "ASAPS Amy." Amy is an animated representation of the average American female in her late 30s to early 40s who's struggling with a handful of age-related and post-childbirth-related aesthetic issues that so many women can relate to. She's on a mission to nip her problem areas in the bud, starting with the so-called "pregnancy pooch" that has plagued her since her C-section. Having gone through the motions that so many women do after having children, trying virtually every diet and exercise regimen imaginable, Amy ventures out to find a plastic surgeon. She's determined to get rid of her of unsightly overhang, restore her pre-baby body glory, and break free from the confines of SPANX.

This is the first in a series that will feature Amy and her pals as they venture into the real world of plastic surgery, (albeit animated), to discover the importance of ABPS board-certification and what sets ASAPS members apart from their peers. These consumer-facing campaigns will be featured on Facebook, Instagram, Twitter and YouTube via paid and organic placements to promote our members and get the right word out in a compelling, fresh and fun manner.

The ASAPS Amy campaign will launch on Monday, January 16, 2017 with "Keep the

Baby, Lose the Bump." This campaign was test-marketed with a sample of NewBeauty's core of "Beauty Ambassadors," who fall into our target demographic of women in their 30s and 40s. The response to the ad was overwhelmingly positive, with 92% of respondents stating that they could relate to ASAPS Amy and 100% stating that the video would inspire them to find an ASAPS member for any plastic surgery procedures. A few comments we received about the new campaign included the following:

"The video provided me with the perfect amount of information when it comes to decision-making on a plastic surgeon. I would definitely recommend people interested in surgery to watch the video!"

"This video is super cute. I love that it was fun yet educational."

"The video was a great example to people of what to look for when choosing the right surgeon. Being ASAPS board-certified brings a sense of comfort and ease when thinking about any plastic surgery."



"I think a lot of moms could relate to this video. I know that I did!"

"Enjoyed the video and found it entertaining as well as informative. Nicely done in getting the point across."

"Love the video. Short and to the point."

We are excited to share the first installment with you soon, as well as the second, "One Size Does Not Fit All," shortly thereafter, and hope that you will share these campaigns across your social channels as well.

Using animation and humor as the mechanisms through which to deliver the message to the public at-large, we will engage a broader consumer base while also educating them about using ASAPS members as their 'go-tos' for all cosmetic enhancing procedures.

ASAPS Member Oren Tepper, MD Participates in Conjoined Twins Separation Surgery



The world recently watched, following the tenuous journey of 13 month-old twin boys Anias and Jadon

McDonald, born joined at the head, as a team of surgeons worked through 27 hours of surgery to separate them. Among the team,

headed by craniopagus specialist James Goodrich, MD, was aesthetic plastic surgeon and ASAPS Member Oren Tepper, MD, who was tasked with reconstructing the boys' skulls and stitching their heads back together.

You can read a timeline of this extraordinary effort at bit.ly/2hmq2vq. Dr. Tepper is among the distinguished faculty at The Aesthetic Meeting 2017 (details and registration at www.surgery.org/meeting2017.)

Congratulations, Dr. Tepper!

ASAPS Mourns the Loss of Two Founding Members

Continued from Cover

during the course of their training and beyond. I'll never forget one day, I was in the surgeon's lounge at Baptist Hospital when Dr. Todd came in and plopped down heavily on the couch next to me and said, 'Shack, today I am starting a brand new program.' And I said, 'Oh really, Dr. Todd? What is the nature of your program?' He then said quite proudly, 'it's a program where I deny myself absolutely nothing.' Dr. Todd was a fount of knowledge, both socially and professionally and his teachings had a profound effect on me as well as many others."

Dr. Todd did his surgical training in Pittsburgh, Boston, and Nashville. During World War II he served in the U.S. Navy for 2 years at the U.S. Naval Hospital in St. Albans, New York, where he was Chief of Plastic Surgery. Following his service, he returned to settle in Nashville where he was Associate Professor of Surgery at Vanderbilt University.

The Aesthetic Society greatly values the contributions Drs. Davne and Todd made to the specialty and honors them on their passing.



Meet the Staff!

Damian Holmes

Damian Holmes has worked for The Aesthetic Society for just over a year, serving as our Exhibits Associate. In this position, he assists Exhibits Manager, Erika Ortiz-Ramos, in ensuring that The Aesthetic Marketplace and its vendors are well-taken care of, managing exhibitor information and relationships. He enjoys his work environment, as he feels that it is very much a community. Outside of work, he likes movies and travel. At The Aesthetic Meeting 2017, you'll find him manning Exhibitor Registration; make sure to stop and say hello!



Membership FAQs

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

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

How do I begin the membership process?

To begin the membership process, please complete the online Pre-Application Checklist at www.surgery.org/checklist. Here you will be required to answer a few questions and upload a CME report for verification. Once the information is verified and requirements to apply are met, you will receive the full application.

Who may sponsor me for membership?

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

What are the deadlines for submitting a membership application?

The two deadlines are January 5 and July 1.

When will my application be voted on?

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

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

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

Apply for Active Membership for the July 1, 2017 deadline!

What will fulfill the meeting attendance requirement?

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

- The Aesthetic Meeting (ASAPS Annual Meeting)
- The ASAPS Las Vegas Facial Symposium
- The Biennial Aesthetic Cruise
- ASAPS Breast & Body Symposium

What are the fees and when should they be paid?

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

- Membership dues for Active Members are \$1,198
- Membership dues for International Active Members are \$940

How many sponsors will I need to have ultimately?

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

For additional information/questions, please contact our Membership Manager, Marissa Simpson via email Marissa@surgery.org or at 562.799.2356



Steven Teitelbaum, MD



THE AESTHETIC SURGERY EDUCATION
AND RESEARCH FOUNDATION

ASERF Making Progress in BI-ALCL Research; More Member Participation Needed

While the FDA has reported less than 100 documented cases of breast implant-associated anaplastic large-cell lymphoma (BI-ALCL) in the United States to date, there is a critical need for further research. The Aesthetic Surgery Education and Research Foundation (ASERF), is at the forefront of this charge, funding cutting-edge research on BI-ALCL to better understand the key stages of the development of this disease in order to effectively educate physicians and develop an optimal treatment approach.

A team of multidisciplinary researchers led by Dr. Marshall Kadin, (a board-certified pathologist), are conducting a study funded by ASERF, analyzing samples from thirteen confirmed cases of the extremely rare form of

non-Hodgkin's lymphoma in patients with breast implants.

Preliminary findings from their ongoing study point to an autoimmune link to BI-ALCL, including what might be an allergic inflammatory response stemming from the IL-13 cytokine. It also shows the presence of CD30 (a cell membrane protein and tumor marker which is detected in seroma fluids), cannot be used as an indicator for cancerous cells.

Dr. Kadin has submitted these findings to the United States Canadian Academy of Pathology as an abstract, co-authored with Dr. Caroline Glicksman, entitled "IL-13 is Produced by Tumor Cells in Breast Implant-Associated Anaplastic Lymphoma (BI-ALCL): Implications for Pathogenesis."

The complete research team is comprised of Drs. Marshall Kadin, Caroline Glicksman, Mark Clemens, Roberto Miranda and Jeff Medeiros, who will continue conducting further analysis in the coming year.

One of the setbacks in this study has been a low recruitment sample. ASERF urges members of The Aesthetic Society to participate by contributing feedback, case studies and specimens towards this research. It is of critical importance to the aesthetic field of medicine and will have implications on the care we provide to patients seeking breast augmentation with implants.

To join our efforts to identify the pathogenesis of BI-ALCL and safeguard patients, please contact us at aserf@surgery.org and your samples will be forwarded to the research team.

The Aesthetic Education and Research Foundation Another Milestone, Another Contribution to the House of Plastic Surgery

By 1992, the Aesthetic Society was maturing. Membership was increasing, our educational offerings were improving with every meeting and aesthetic surgery was gaining a foothold in the vernacular of everyday people.

While our work was gaining acceptance, research into aesthetics was not. Research opportunities abounded for reconstructive plastic surgeons; however aesthetic research initiatives had limited resources and fewer opportunities for our members to stretch their scientific muscles. ASAPS, because it was incorporated under the Internal Revenue Service code as a trade association, 502 (c)(6), could not accept or solicit the funds necessary to develop a research arm to support scientific study into aesthetic issues.

During the Aesthetic Society's Strategic Planning Meeting in July, 1992 chaired by Robert Singer MD, the idea for the Aesthetic Surgery Education and Research Foundation (ASERF) was born. It was established out of the need to provide members a way to make tax deductible contributions to The Aesthetic Society to facilitate aesthetic surgery research.

It was decided that 100% of these proceeds would be used for research, not administrative or other costs.

The Beginning

Dr. Simon Fredricks was named the first president of ASERF, followed by Drs. Norman Cole, and Robert Singer. The ASERF Board was set-up to include the President, President-Elect and Vice President of ASAPS to prevent conflicting activities between the Society and the Foundation.

ASERF was developed as a membership organization to avoid market variabilities or other financial concerns having any significant impact on its budding corpus while simultaneously encouraging and welcoming donations from industry. In the first year 436 members joined, contributing \$52,983. Mentor and McGhan became the first two corporate members of ASERF contributing \$2,000 each.

Early Programs

The first program developed by ASERF was the educational lecture at The Aesthetic Meeting to staff members of aesthetic surgery

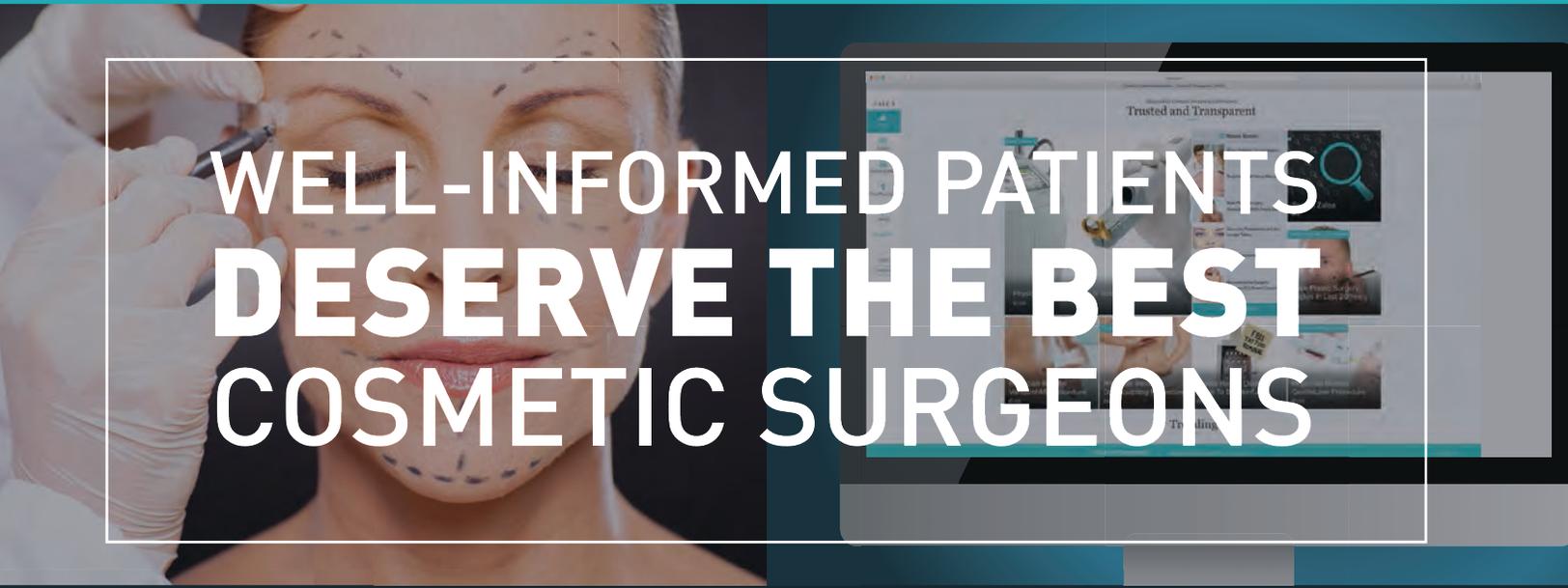
facilities. It was created in honor of Mrs. Joyce Kaye who helped pioneer the practice management classes and lectures available to plastic surgeons. The panel moderated by the ASERF President Dr. Simon Fredricks discussed office management issues and identified solutions to address them.

ASERF created an award system celebrating members' achievements in aesthetic research. The first awards included: Best Aesthetic Surgery Presentation by Resident, Best Scientific Presentation, Best Panelist, Best Video Presentation, Best Scientific Exhibit, Best Scientific Exhibit by Resident, Best *Aesthetic Surgery Journal* article, and the In Chul Song Award recognizing an aesthetic surgeon whose philanthropic surgical assistance to citizens of less fortunate countries best exemplifies humanitarian service

ASERF Today

ASERF has funded 36 clinical studies over the last ten years and raised \$2.2 million through charitable donations from members, the Silent Auction, and corporate entities. To learn more about the ASERF, visit www.aserf.org.

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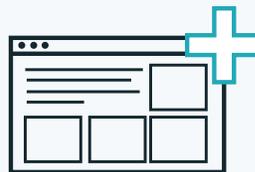
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To reserve your spot for this exclusive ZALEA embedded news feed on your website visit today
www.ZALEA.com/Account/SignUp



Aesthetic Surgery Journal Update

Latest Issue of ASJ

Read the final ASJ issue of 2016 (November/December) here: <https://goo.gl/smNhvY> and Foad Nahai's Editor's Choices here: <https://goo.gl/FXWpuA>

New Virtual Issue

Check out our new collection on **Gluteal Augmentation** with Introduction by Dr. Constantino Gilberto Mendieta: <https://goo.gl/b3BVjA>

New International Affiliate Partner

We welcome the **Hong Kong Society of Plastic, Reconstructive, and Aesthetic Surgeons**, our newest affiliate partner. We welcome them to our family of global affiliates.

Altmetrics 101: Do You Know Your Score?

Do you want to find out the altmetric attention score for your article in *Aesthetic Surgery Journal*? Click the Information and

Metrics tab from within any article to find out the social media reaction to your article. You can also find out who's talking about your work and where they're located, affording you an opportunity to make new connections, share research, and continue to learn and advance Also, just announced, Altmetric will soon begin offering attention scores for books. Visit this link for an overview video to learn more: ow.ly/V8vP300hmEA.

Altmetrics Update

We're excited to share this free and open article as the highest altmetric score presently (Altmetric=596): **Body Hair Transplant by Follicular Unit Extraction: My Experience With 122 Patients by Dr. Sanusi Umar**. Free access here: <https://goo.gl/yIUOV2>

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>

Submit Today to ASJ

Are you ready to submit your next manuscript to the *Aesthetic Surgery Journal*? We're looking for Review Articles, Long-Term Outcomes, Technique Articles, and Translational Research. We welcome all other submissions and technique video accoutrements. All submissions are subject to peer review. Submit here today: <https://goo.gl/UMyt8R>.

INTRODUCING: Cosmetic Corner, a journal club with video discussions moderated by Chris Surek, DO featuring experts in the field and rising academics.



Visit our YouTube channel www.youtube.com/asjonline to watch the first video featuring Dr. James C. Zins (Cleveland Clinic) and test your own knowledge based on articles published in each issue of *Aesthetic Surgery Journal*. #StayEducated #TrustASAPS

AESTHETIC SURGERY JOURNAL

invites you to submit your research

Aesthetic Surgery Journal is a leading peer-reviewed, international journal publishing pioneering scientific developments and clinical techniques in aesthetic surgery.

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Catherine Maley, MBA

Author, *Your Aesthetic Practice*
President, Cosmetic Image Marketing
Cosmetic Patient Attraction
& Conversion Specialist

INTERVIEWED BY



Calendar of **Online Learning Events** For Plastic Surgery Practice Surgeons and Staff. **Watch. Grow. Prosper.**

January 11th (Wednesday) – For Surgeons.

New Year. New Patients. New Plan. Free.

8:30 PM EDT / 7:30 PM MDT / 6:30 PM CDT / 5:30 PM PDT

January 25th (Wednesday) – For Receptionists.

How to Convert Callers to Appointments. Fee.

12 PM EDT / 11 AM MDT / 10 AM CDT / 9 AM PDT
3 PM EDT / 2 PM MDT / 1 PM CDT / 12 PM PDT

February 8th (Wednesday) – For Patient Coordinators.

How to Convert More Consultations. Fee.

12 PM EDT / 11 AM MDT / 10 AM CDT / 9 AM PDT
3 PM EDT / 2 PM MDT / 1 PM CDT / 12 PM PDT

February 21st (Tuesday) – For Surgeons.

How to Run Your Practice Like a Business. Free.

8:30 PM EDT / 7:30 PM MDT / 6:30 PM CDT / 5:30 PM PDT

March 8th (Wednesday) – For Staff.

How to Follow-Up AFTER the Consult to Convert. Fee.

12 PM EDT / 11 AM MDT / 10 AM CDT / 9 AM PDT
3 PM EDT / 2 PM MDT / 1 PM CDT / 12 PM PDT

April 3rd (Monday) – For Surgeons.

The Best Cosmetic Patient Attraction Plan. Free.

8:30 PM EST / 7:30 PM MST / 6:30 PM CST / 5:30 PM PST

May 3rd (Wednesday) – For Surgeons.

How to Keep Staff Busy While You're In Surgery. Free.

8:30 PM EST / 7:30 PM MST / 6:30 PM CST / 5:30 PM PST

June 6th (Tuesday) – For Surgeons and Staff.

Summer Strategies to Avoid the Slump. Free.

12 PM EST / 11 AM MST / 10 AM CST / 9 AM PST

June 19th (Monday) – For Surgeons.

FasTrak MBA for Busy Surgeons. Free.

8:30 PM EST / 7:30 PM MST / 6:30 PM CST / 5:30 PM PST

July 10th (Monday) – For Surgeons.

Steady Stream of Cash-Paying Patients. Free.

8:30 PM EST / 7:30 PM MST / 6:30 PM CST / 5:30 PM PST

July 19th (Wednesday) – For Receptionists.

How to Convert Callers to Appointments. Fee.

12 PM EST / 11 AM MST / 10 AM CST / 9 AM PST
3 PM EST / 2 PM MST / 1 PM CST / 12 PM PST

August 9th (Wednesday) – For Patient Coordinators.

How to Convert More Consultations. Fee.

12 PM EST / 11 AM MST / 10 AM CST / 9 AM PST
3 PM EST / 2 PM MST / 1 PM CST / 12 PM PST

August 23rd (Wednesday) – For Staff.

How to Follow-Up AFTER the Consult to Convert. Fee.

12 PM EST / 11 AM MST / 10 AM CST / 9 AM PST
3 PM EST / 2 PM MST / 1 PM CST / 12 PM PST

September 7th (Thursday) – For Surgeons.

I'll Teach Your Staff to Market YOU. Free.

8:30 PM EST / 7:30 PM MST / 6:30 PM CST / 5:30 PM PST

September 21st (Thursday) – For Surgeons and Staff.

Hold a Patient Event That's Fun AND Profitable. Free.

12 PM EST / 11 AM MST / 10 AM CST / 9 AM PST
3 PM EST / 2 PM MST / 1 PM CST / 12 PM PST

October 11th (Wednesday) – For Surgeons.

Are You Chasing the Wrong Patients? Free.

8:30 PM EST / 7:30 PM MST / 6:30 PM CST / 5:30 PM PST

November 16th (Wednesday) – For Surgeons and Staff.

2018 Email Marketing Calendar w/Templates. Fee.

12 PM EDT / 11 AM MDT / 10 AM CDT / 9 AM PDT
3 PM EDT / 2 PM MDT / 1 PM CDT / 12 PM PDT

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What's New on RADAR?

The following content is available in the RADAR library:

- **The Business of Launching Your Practice:** Recordings from the 2016 ASAPS Residents' Symposium: ASAPS→ ASAPS Residents' Symposium→ 2016 Recorded Presentations
- **Aesthetic Surgery Journal:** The November/December issue of the *Aesthetic Surgery Journal* featuring an assortment of aesthetic surgery articles: *Aesthetic Surgery Journal*→ 2016
- **Aicher's Legal Pad:** Bob Aicher, Esq., General Counsel to ASAPS, discussed the reality of eliminating negative online reviews: Practice Management→ Legal→ Aicher's Legal Pad→ Marketing
- **Baker Gordon:** Assorted surgical videos from the 2015 Baker Gordon Symposium: Procedural Videos→ Baker Gordon→
- **Practice Management Webinar:** Check

out the webinar titled, "Success Principles for Non-Surgical Services: Fast Track Your ROI" presented by Marie B.V. Oelsen, Founder of Real Patient Ratings and Karen Zupko, President of Karen Zupko & Associates: Practice Management→ Your Practice

- **The Safety with Injectables Workbook:** This updated workbook provides a framework for developing your own injectable safety program in your clinic and includes a variety of comprehensive templates, documents, and policies and procedures. The workbook can be found in the RADAR library under: Patient Safety→ Injectables

Log into RADAR Today!

Responsive Web Version—Via your tablet, smartphone, or computer, go to www.radarresource.org and input your login credentials. **Pad App**—Via your iPad 2 or newer, search 'ASAPS' in the App Store and download the free app. Questions, suggestions or need help logging in? Email Alicia@surgery.org

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Media Notes & Quotes

ASAPS data found Americans spent \$13.5 billion on combined surgical and nonsurgical procedures in 2015. That's a \$1.5 billion increase since 2014. A nonsurgical procedure refers to services such as Botox or lip fillers as opposed to breast augmentation or liposuction.

Just over the past five years, cosmetic procedures have increased 39 percent in the U.S.

Millennials account for nearly 18 percent of all procedures done in 2015, according to the ASAPS. They may not be the age group with the most procedures done, but it's still a large group.

Although many patients still remain hushed about their plastic surgery, Dr. Daniel C. Mills, the President of the ASAPS, said sharing on social media is common inside plastic surgery centers and hospitals.

"The number of millennials willing to do that is a lot more than any age group," Mills said. "They're just used to it."

Mills explained that for millennials, it's not about whether or not to share a post about their plastic surgery; it's what social platform to post it on.

"They're just much more open about it on social media," Mills said. "They've grown up with it."

Social media can also play a major role in encouraging or inspiring a person to surgically enhance their body.

ABC News, CA—KXTV
(<http://on9news.tv/2efWT79>)
Millennials Are More Likely to Post Plastic Surgery on Social Media

According to the American Society for Aesthetic Plastic Surgery, the number of people 65 and older getting facelifts and cosmetic eyelid surgeries has more than doubled over the last two decades, with much of that increase occurring over the last five years. In 2015, 39,772 eyelid surgeries and 37,632 facelifts were performed on people 65 and older. Although there is no age breakdown within the category, doctors report that most of their older patients are between 65 and 75, and around three quarters are new to plastic surgery.

Part of it is demographics. People are living longer, and the baby boomer generation started turning 65 five years ago, so there are

more people over 65 than in the past. But even accounting for that, the rate of eyelid surgeries in that age group has risen 62 percent and the rate of facelifts has doubled.

The trend appears to reflect both cultural and economic shifts, including a growing acceptance of elective surgery helped along by popular shows like *Nip/Tuck* and a reduction in the procedures' cost and invasiveness.

The Washington Post
(<http://wapo.st/2e5CXnr>)
Seeking 'to be Visible,' More Americans 65 and Older are Getting Plastic Surgery

Men are paying closer attention to their reflections and investing in their looks with a newfound openness to cosmetic surgery. Over the past 20 years, men seeking nips and tucks have shot up more than 325 percent, according to the American Society for Aesthetic Plastic Surgery. In order of popularity, men are lining up for nose jobs (rhinoplasty), eyelid surgery (blepharoplasty), breast reduction (gynecomastia), liposuction, and face-lifts, reports the American Society of Plastic Surgeons, and now account for more than 10 percent of plastic surgery patients.

Part of the draw is that cosmetic surgery—when performed by a board-certified and experienced doctor—is having far more natural results on men these days. Fears that you'll end up looking like an aging D-list celebrity in a tabloid headline are diminishing.

Yahoo Beauty
(<https://yhoo.it/2fkkwel>)
Male Plastic Surgery Skyrocketing With Pricey 'Daddy-Do-Overs'

According to the American Society for Aesthetic Plastic Surgery, from 2014 to 2015 nonsurgical fat-reduction treatments increased 18.7 percent and nonsurgical skin-tightening procedures jumped 58.2 percent. This is partially because these treatments require little downtime with no anesthesia or incisions. They meet the demands of people who are active and don't want to miss work or skip exercising, and they don't come with the dangers or complications of surgery or the obvious signs that you've had work done.

SHAPE
(<http://bit.ly/2fNI6X>)
These Skin Treatments Fix the "Trouble Spots" Your Workout Can't

Prospective patients showed that access to photo galleries and testimonials were the most important attributes in choosing a plastic surgeon, according to results from a conjoint analysis survey published in *Aesthetic Surgery Journal*.

The five attributes were example photographs, patient testimonials, and reputation of the surgeon, average pricing, and years in practice. Three groups of 250 participants each answered a survey for breast augmentation, combined breast and abdominal surgery, or facial rejuvenation.

"Breast augmentation, mommy makeover, and facelift patients valued before and after photos and testimonials the most over pricing, years in practice, and reputation when choosing an aesthetic plastic surgeon," Wu said to Healio.com/Aesthetics. "We used Internet crowdsourcing... to recruit these patients for our study. For plastic surgeons interested in growing their aesthetic practice, we recommend highlighting before and after photos, and patient testimonials in their marketing strategies."

Healio Aesthetics
(<http://bit.ly/2f9OQYN>)
Prospective Patients Value Photo Galleries, Testimonials when Choosing a Plastic Surgeon

"Sleep wrinkles form in response to distortion created when the face is pressed against any sleep surface," Goesel Anson, a plastic surgeon and lead author of a new review published in the *Aesthetic Surgery Journal*, said in a release. "They tend to worsen over time due to repetition combined with thinning of the skin and decreased elasticity as we age."

"One way to minimize sleep wrinkles is to limit facial distortion during sleep. If you can stay on your back, that's ideal," Anson said.

The Huffington Post
(<http://huff.to/2ajlkes>)
This Common Nighttime Habit is Giving You Wrinkles, Study Says



The Aesthetic Society's partnership program provides industry with opportunities to collaborate with ASAPS's members, in support of our mission to advance the science, art, and safe practice of aesthetic plastic surgery and cosmetic medicine through education, research, and innovation.

As a benefit, Premier and Alliance partners are given the opportunity to provide key updates and information on products, promotions, and discounts.

ASAPS is driven to provide visibility and support for our partners.



Allergan plc (NYSE: AGN), headquartered in Dublin, Ireland, is a bold, global pharmaceutical company and a leader in a new industry model—Growth Pharma. Allergan is focused on developing, manufacturing and commercializing branded pharmaceuticals, devices and biologic products for patients around the world.

With commercial operations in approximately 100 countries, Allergan is committed to working with physicians, healthcare providers and patients to deliver innovative and meaningful treatments that help people around the world live longer, healthier lives every day.

For more information, visit Allergan's website at www.Allergan.com.

For information on the products and services offered by ASAPS Industry Partners, please contact the companies directly, and be sure to let them know you are a member of The Aesthetic Society. Click on the company logos on www.surgery.org to link to the company websites.

MERZ AESTHETICS™

Merz Aesthetics is a division of Merz North America, a specialty healthcare company that is dedicated to delivering a better total experience in aesthetics, dermatology and neurosciences. In the aesthetics space, Merz provides a full portfolio of treatment options, including Device, Injectables and Skincare, that enables physicians to treat a broader range of patients and concerns with Merz technologies.

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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 and cosmetic medicine among qualified plastic surgeons.

ZO SKIN HEALTH INC
— BY ZEIN OBAGI MD —

ZO Skin Health, Inc. continues its strategic partnership with The Aesthetic Society into 2017. The partnership provides ZO® with ongoing benefits and visibility throughout the year, and at The Aesthetic Meeting.

"We are thrilled to continue to partner with ASAPS as an Alliance Partner. We began our relationship with ASAPS as a Premier Partner, which significantly aided us in building our

awareness with a key market, aesthetic plastic surgeons," said Mark A. Williams, President, CEO and General Counsel for ZO®. "Now, as we begin to shift our strategy to reach directly to consumers to drive patients into our physicians' practices, we will continue with ASAPS as an Alliance Partner."

ZO Skin Health, Inc. looks forward to continuing its growth trajectory in 2017 while remaining dedicated to the physician channel as a physician-centric brand. Sales for the company have had a compound annual growth rate of 68% since 2011 and ZO® has recently achieved recognition as one of the most innovative companies in the industry.

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Can This Partnership Be Saved?

By Karen Zupko

Can This Marriage Be Saved?" was a McCall's Magazine column I used to read with great fascination as a teenager. Each month, a psychologist would address questions from real readers whose marriages were on the rocks. The problems were frequently related to miscommunication, money, incompatibility, or the children. In most cases, the marriage was a risk of falling apart because the couple had not taken the time to set expectations, clarify what each of them really wanted, or have an open and honest conversation.

Physician partnerships are much more like marriages than business transactions. Over the years I've watched dozens of successful surgeons think their "problems" will be solved if only they would hire a young associate to help them with the overhead or call coverage. They court and "marry" a good set of hands with a fine demeanor only to realize that they brought the associate on too hastily, with no thought given to what's required to integrate an associate. The result is a bitter dissolution of the arrangement—typically in two years or less. And, just like the McCall's column, the most common problems we see in physician partnerships that need to be saved are miscommunication, money, incompatibility, or the "children" (the senior physicians' staff).

Here are some of the common reasons for this. All are avoidable with proper expectation setting, communication, planning, and an honest self-assessment. Any resemblance to your colleagues is purely coincidental. The stories are composites based on a 30-year history of working with plastic surgeons.

1. Integration of a new partner was more difficult than expected.

Dr. Senior was a bachelor in practice his entire career. All he ever knew was "my patients," "my staff," "my office," and "my overhead." He enjoyed a professional lifestyle in which he was able to make all decisions unilaterally, and run the practice without interference.

Enter Dr. Junior, a newly minted fellow. Dr. Junior has had to be collaborative and work as part of a team his entire career. He's eager to grow his practice, but as if he were stealing a toy out of Dr. Senior's toy box, Dr. Junior and his long-term and loyal practice manager have summarily told him that, no, he can't access the patient list for an



open house. Marketing expenses for things like changing the door signage will be taken out of his salary directly. And oh, by the way, the patient care coordinator will only be available 25% of the time to discuss fees with his patients.

Just as psychology research shows that a child over the age of seven will find it shocking to have a new baby sibling, the physician who has practiced solo for seven years or more typically finds the integration of a new associate much harder than they thought. The transition from solo to a second doctor is like only child syndrome. Similar to the only child, these doctors find it difficult to share because they have never had to. Or at least they haven't had to for a very long time. They aren't practiced at being collegial on a day-to-day basis. Collaboration confounds them because they've always been the one to make unilateral and sometimes whimsical decisions about staffing, supplies, the schedule, block time, and the marketing budget.

It's not only the physician who has difficulty with the integration. Staff often put the new partner through a hazing process that impedes success. For instance, Dr. Junior arrives and no one on the staff wants to support his practice or give him patients because the staff has a strong sense of loyalty to the senior

surgeon. Or, staff are told nothing about how and which types of patients to schedule, what the fee should be, or how to explain Dr. Junior's credentials to callers and existing patients. Staff protect "their doctor" and make the new surgeon jump through hoops to get patients on the schedule. Logically, of course, this makes no sense. But if staff has been given little to no information and feels threatened that the new doctor might somehow change their work environment or succeed at the expense of "their doctor," they will obstruct progress and ignore the new physician's requests.

Don't underestimate the amount of upheaval a new associate creates. The arrival of a new professional partner brings many changes to a practice. Typically, most of the transition energy is spent on logistics and operational concerns. But fear of change and underlying loyalty issues are what cause staff to "act out" and make life difficult for both physicians.

As the "first-born child," Dr. Senior must prepare and involve the entire team for the arrival of the "new baby." Don't wait until the partnership agreement is signed and Dr. Junior's start date is on the schedule. Prepare

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for the seismic shift by telling staff about the change early. Communicate regularly about the changes so that staff issues are addressed and they understand their role in making the new associate successful.

2. All you really wanted was call coverage.

Dr. Senior loves his patients, enjoys the autonomy of being in solo practice, and has a thriving practice. He's worked hard his entire career and rarely takes vacation. Now that their kids are out of the house, Dr. Senior's wife has been telling him that she wants the two of them to have more time together, and spend some of his hard-earned money to take a few nice vacations each year. So, Dr. Senior brings on a partner to help him cover nights and weekends, and increase his opportunity for vacation time. Problem is, when Dr. Senior is in the office (which, let's face it, is 90–95% of the time), he no longer has the autonomy he enjoyed and he's begun to dread the meetings, staffing issues, and drawn out decision-making that come along with expanding the practice.

Before you take the partnership plunge to solve the call coverage problem, take an honest inventory of whether you can tolerate all the other things that come along with adding another physician to your world. If all you want is more time off, hire a nurse practitioner or First Assist instead. These clinical professionals can work independently (check your state's scope of practice) and extend your productivity. As a staff person, they will help build loyal relationships with patients—without “taking them” from you. Your autonomy stays intact and you can continue to enjoy the solo practitioner way of life—with an improved quality of life.

3. The Millennial work ethic.

Dr. Senior brought on a whip smart new associate who was fellowship-trained in a highly regarded program. Dr. Junior was skilled in several new procedures, and the hope was that he would enhance the practice by expanding the services and procedures offered. Dr. Senior expected Dr. Junior to immediately get to back slapping and glad-handing with referrals and practice building. But instead, Dr. Junior kept strict work hours and wasn't so keen on

community networking and referral building, after hours events, or putting in the time to build a sufficient number of new patient consultations by blogging or doing much on social media.

How can a person survive eight years of postgraduate work and the rigor of surgical training without having a work ethic, you ask? I don't have the answer, but I hear this complaint regularly from clients and contemporaries. Call it generational differences or an unwillingness to put career ahead of personal goals but the times they are a changin', and the number of “work horse” young surgeons has diminished since the Golden Age of medicine. Many young physicians place more value on work-life balance. They fail to correlate their high earning potential with effort made and hours worked, and are ok with doing good work then going home instead of going the extra mile to build the practice they said they wanted. “They expect it to be given to them,” said a client recently.

You *should* expect some level of practice building and patient development from your new associate, but you'd better discuss and clarify the expectation during the interview process so neither of you make assumptions. That said, if you are the type of surgeon who expects a high level of business building skill from Dr. Young, you might never find an associate who will satisfy you. The “back in my day, I did x, y, z...” story gets old fast. If that's the case, acknowledge the benefits an associate does bring—such as call coverage, collegiality, and perhaps a new surgical technique—and dial down your comparisons and expectations. If that is too difficult for you, stay solo.

4. Poor cultural fit.

From the moment he read it, Dr. Senior was in love with Dr. Junior's CV. The new associate completed his fellowship in a prestigious program and trained with one of Dr. Senior's old colleagues. He had performed an impressive number complex breast revision surgeries. And, he was published and was a first author. All this and an avid tennis player, too.

At first, Dr. Senior felt as if he hit had the jackpot by hiring the young surgeon. But tensions

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A client who specializes in breast surgery recently brought on a female associate. He had not prepared for the percentage of breast consultation patients who began to choose the new associate over him. He hadn't fully considered the fact that a certain amount of self-selection from this patient group was to be expected, and stemmed from something he could never compete with: Dr. Junior is a woman, too. So, despite this client's 20-year, positive reputation as a breast surgeon, a certain amount of the new associate's breast practice began to grow seemingly without effort.

If you are a male surgeon who is considering the addition of a female associate, recognize that the situation will likely be similar in your practice. Consider it an opportunity to grow the overall revenue from breast procedures.

arose quickly after Dr. Junior came on board. Dr. Junior consistently showed up for clinic sloppily dressed. He dropped a lot of “f bombs”—sometimes even in front of patients. His cases went long in the ASC and he was wasteful with supplies. And Dr. Senior began questioning some of Dr. Junior's clinical decisions.

Like any good merger or marriage, cultural fit is a most essential success factor and it's probably the biggest reason for break-ups. Yet, it continues to be mutually overlooked during the hiring process. In order for a partnership to be successful, the new associate must be a

Continued on Page 55



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good fit with both the behavioral and clinical culture of the practice.

Behavioral fit includes things such professional and personal presentation, interactions with patients and staff, and issues around money. It's just like a married couple. How (or whether) we pick up after ourselves around the house, how we save and spend, how we behave in social and professional situations—all of these can become core sources of tension, unhappiness, and arguments.

The issues may seem small at first, but they can quickly grow and even erode your relationship with a new associate if they don't align with your practice and philosophy. If your practice branding preference is to conduct consultations in a suit and Dr. Junior wants to wear scrubs, that may not fly. Or you discover that your new partner has been staying at the Ritz when attending meetings, and running that through the practice. Or Dr. Junior shows up late on a regular basis, and that's starting to make your teeth itch. When Dr. Prudence hires Dr. Profligate, it creates tension. How you each regard the overhead, staff salaries, supplies, and marketing dollars really matters.

And how will you feel if staff or patients tell you that Dr. Junior is posting personal Facebook pictures of him or herself at rowdy parties? Or "friending" patients? (Always a no-no, in my opinion, as well as most attorneys'.) I recently helped a surgeon dodge the "inappropriate personal conduct" bullet before he made an offer. Dr. Senior knew the young surgeon's father and was predisposed to hiring him based on this relationship. I was asked by Dr. Senior to weigh in on the young surgeon candidate, so we had dinner together when he was in town for his boards. In just a few hours, the young surgeon drank too much. Way too much—two nights in a row.

The point here is that you must outline your expectations about professional decorum before you make an offer. Don't just assume that with ten or twelve years of training the associate will behave like a professional. Put in writing and share your "Rules of the Road" for behavior and conduct in the office and OR. Do this during the interview process. In addition, when your one doctor practice goes to two, institute inventory controls, accurate

Behavioral fit includes things such professional and personal presentation, interactions with patients and staff, and issues around money. It's just like a married couple.

time reporting, and detailed financial tracking systems so that the books accommodate doctor-direct expense posting. That way, the numbers are clear and unmistakable.

Clinical fit includes the associate's surgical and patient care philosophy, technical skills, and clinical decision-making abilities. It's hard to know this at a granular level after only two site visits with a candidate—even if he or she scrubs in with you. And during those reference checks, chiefs don't always tell the truth.

I had an OR manager tell me recently that a newly hired physician consistently misrepresents breast cases—often booking an augmentation but actually performing an augmentation and a mastopexy and consistently running over his OR time. In another practice I work with, the young associate under-bills for the number of neurotoxin units injected.

Is there a perfect way to interview for culture fit? No, but awareness is important. For behavioral fit, a good question to ask candidates is, "Tell me about your family home and your experience with money." And to understand clinical fit, create three, what-if scenarios that require nuanced judgment. "What if you had this complication—how would you handle it?" Or, "If you found yourself with this issue during the case, how would you handle it?" You want to determine at what point the candidate would contact you for help, and if he or she doesn't suggest that as an option at all, that's a potential problem.

Be up front with candidates that you would like to conduct some informal, clinical peer review during the first year. You might say, "One of the advantages of bringing on an associate is the collegiality we gain in our

patient care. For the first six months, I'd like to have monthly pow-wow where we review five cases..." As reported by a young surgical associate who said one of the advantages was that she and one of her partners would sit by the pool almost every Saturday for the first six months and review cases together. This, she told us, was a great way for her to learn and get feedback without feeling spied upon.

5. The new associate's spouse doesn't like your location.

Dr. Junior accepted the offer despite protest from his wife. She preferred to live in a major city, near her family, and refused to move to the mid-sized town where Dr. Senior's practice was located. She agreed to allow her husband to accept the job as long as the two of them could buy a house in a neighboring, larger town. This resulted in Dr. Junior driving 120 miles round trip to the office. He wasn't readily available after hours when a patient issue arose, didn't relish evening events, and began showing signs of exhaustion.

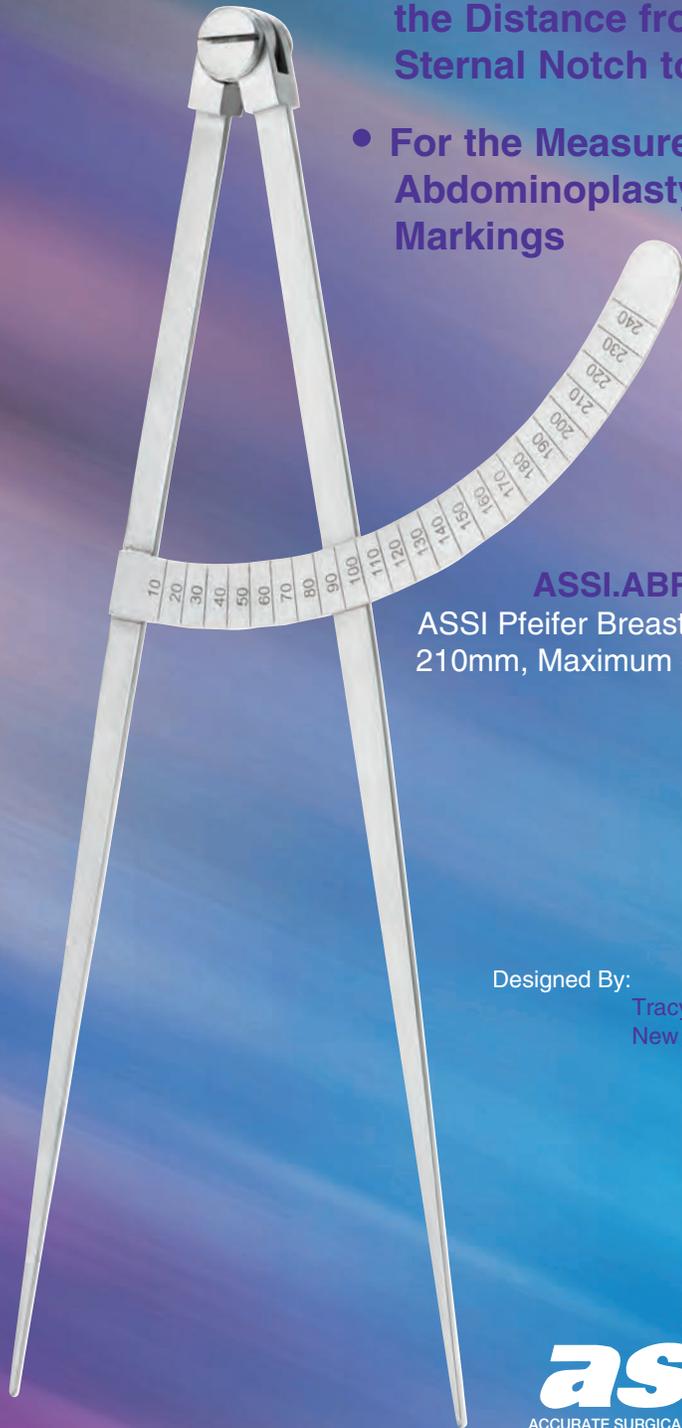
It's essential to ask candidates about their spouse's geographic preferences during the interview process. Did she grow up in the same area and is looking for an opportunity to return and raise her family in a place that feels like home? Does the candidate or his wife have family nearby? Ask the spouse the same question during a face-to-face visit, and observe not only the verbal answer but the non-verbal too. If you sense any discomfort or squirming, that's not a good sign for long-term success.

I recently talked to a group of surgical residents, mostly men, asking them where they wanted to practice. More than a few said to me, "Wherever my wife tells me we are going." That's an honest answer. If the spouse isn't happy, the associate won't be with you long.

Karen Zupko, President of Karen Zupko & Associates, Inc., is an internationally sought-after speaker, author, and practice management consultant. For more than 30 years, she has been advising and educating plastic surgeons on management and marketing issues, including group practice issues, personnel, billing, technology, coding, and practice expansion.

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5 Marketing Mistakes Every Plastic Surgeon Makes

By Samuel E. Peek, JD

Using broad generalities never fully conveys an accurate point. But broad generalities DO get people to read. In today's Internet world, we call this "click bait." Headlines by any other name, are meant to be provocative and get your attention. Thus, if our goal was to be accurate, this article should have been titled "5 Marketing Mistakes that are fairly common in your industry, depending on your level of sophistication and marketing acumen." It rolls right off the tongue. So why am I outwardly criticizing this article name...

Mistake 1: Don't produce boring content

Playing it safe is ingrained in nearly every physician. It is the way you are trained. Be safe! So when you are forced to talk about yourself, your practice, and what you offer to your patients you naturally default to being safe. This content can often lead to being generic, and ultimately boring. A cardinal sin in the marketing world—you often hear the phrase "do not ever be forgotten." Creating content for any channel, whether it be your website, or social media, should always be compelling and provocative. Good, interesting content, is what will ultimately drive your success in a digital world.

Mistake 2: Don't evaluate a marketing campaign based on price

Just as we urge patients not to choose a physician on price, you should not judge a marketing agency or campaign based on the dollars out the door (solely). Instead, begin with an evaluation of what you are looking to reasonably generate in revenue from the campaign. For example, if your marketing budget was \$100 and your goal was to bring \$500 into the practice, a campaign that cost you \$200, would seem inordinately high. But if that same \$200 campaign could yield you a \$2000 return, you would certainly take it. So, when you evaluate a marketing initiative of any kind, you must not only be precise in your tracking, but understand what is your potential return. This pre-ROI calculation is paramount to the dollars actually going out the door.

Mistake 3: Don't wait for a negative review

By the time you are reading your one star review—it is too late. A negative review that pops up online, whether 100% accurate or not, is now your online persona. We have all heard the stats about how significant reviews are, and ultimately, how much credence these reviews are given. Spend time cultivating a positive online reputation to match your real world skill and ability. Reach out to patients that you have a strong relationship with, and that will review you highly. Ask them to review you. Ingrain "review culture" with your staff, and make sure everyone is invested in that online reputation. It is true, that the best defense is a strong offense—make your reviews count and get them on the sites that matter most. (this varies for each practice).

Mistake 4: Don't just take before and afters—tell stories

Instead, you need to learn how to tell stories. Although a picture is worth a 1000 words, cosmetic plastic surgery is about a journey. There is a visceral connection that you must make with your potential patient, and it happens when you tap into their need to connect. Pictures are so powerful because they show the art, the skill and the results that a potential patient is seeking. The story behind the before and after picture, however, expresses the journey. If you can connect the picture, with a story, to the potential patient, you have now made a relatable connection. The detail to which you go will depend on your marketing goals. Perhaps you create short stories for most of your before and afters, and highlight just a few to become your "journey" patients. This small investment in time, will connect you to your potential patient base through unabashed authenticity.

Mistake 5: Don't do anything without a strategy

Not having a definitive strategy is the number one mistake made by Plastic Surgeons far and wide. The lack of strategy extends to most facets of the marketing campaigns, in either digital or traditional media. Why did you post that on facebook? Why did you choose this as a special? Why did you write that blog? Why did you



advertise in that magazine? Surprisingly, these questions are not often asked—and when asked, the silence while an answer is formulating, can be deafening. This is, however, a very easy fix. It does require your most precious commodity—time—to layout what you want to accomplish through your marketing efforts, and how you will reach these goals. A clear strategy, even one that is laid out in the simplest of terms, will resolve confusion by your staff and greatly increase your overall success. Every marketing decision can now be evaluated and assessed by the strategy you have laid out. Does "X" help us to achieve our strategic goal? It is true that detailed marketing strategy is technical and requires some marketing acumen, but understanding your practice's marketing goals is not.

Conclusion

Identifying mistakes in your marketing is the first step to fixing them. These mistakes can be easily remedied with a small investment of time. Marketing does not come naturally to everyone, but through asking the right questions, communicating, and planning, you will ultimately be more marketable tomorrow, than you were today.

Samuel E. Peek, JD serves as the Incredible Executive Officer for www.incrediblemarketing.com.



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Consult the Galatea Instructions for Use for complete prescribing information; including its indications for use, warnings and precautions.

1. Data on file at Tephra, Inc. 2. Deeken CR, Matthews BD. Characterization of the Mechanical Strength, Resorption Properties, and Histologic Characteristics of a Fully Absorbable Material (Poly-4-hydroxybutyrate-PHASIX Mesh) in a Porcine Model of Hernia Repair. *ISRN Surg.* 2013;2013:238067.



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SURGICAL



Are You Chasing the Wrong Patients?

By Catherine Maley, MBA

Which cosmetic patient do you prefer? A patient who gives you \$5K one time or one who gives you \$100K over a period of time?

Well, that depends on you. Do you like playing a “numbers game” running from consult to consult and seeing as many prospective patients as possible, knowing a majority of them won’t book but some will?

For example, let’s say you want more breast augmentation surgeries. Let’s look at the 3 main challenges with this patient demographic:

1st, It’s a Very Competitive Target Market

Since over 300,000 breast aug are performed each year that seems like a good patient to chase. However, now you’re competing with everyone and their brother who is ALSO chasing this patient. That takes a big investment in Internet marketing to get these would-be patients to your website.

2nd, It’s a Tough Demographic

This younger patient is super tech savvy so they are very distracted, have short attention spans and live in the world of “micro-info bites.” That means they are multi-tasking like never before and jumping from site to site and clicking on links so it’s tough to get their attention long enough for them to “stop-listen-act” on your message.

They also tend to be young and price shop for the best deal. That makes it tough for you to compete on your years of skill and expertise when your less-skilled competitor down the street is slashing his prices. That also leads to no-shows and low conversion rates.

3rd, It’s a 1-hit wonder

This business model or catering to the breast aug patient who comes in once, but then disappears because they don’t need or can’t afford anything else, is a tough way to grow a sustainable practice. Since you need a constant flow of this one-time patient, you have to give away your profits in marketing costs to attract new breast aug patients every month.



Different Market: The Mature Cosmetic Patient

On the other hand, the more mature cosmetic patient may be a better demographic to spend your time, money and effort on to attract to your practice for a multitude of reasons.

Generally speaking, this patient does more research and does care about your skill, expertise and credibility more than saving a few dollars.

They very much are interested in social proof of other cosmetic patients like them so patient online reviews and lots of before/after photos are necessary to attract this patient to you.

They also are more likely to have the financial wherewithal to invest in themselves and are less affected by dips in the economy.

The Mature Patient Cares More About Value Than Price

The mature patient did not grow up with the Internet. They came from the old-school mass advertising where they were held captive by a limited number of TV, cable and radio stations as well as newspapers in their community. That led to skepticism about the information they were receiving so they have a tendency to do more research to figure out who is legitimate.

They do care about your reputation, your credentials, your pro-bono work, your research within the industry since they are looking for a good result at a FAIR price. This means convenience, personalized service and a relationship with you is valued over getting the cheapest price.

The more mature patient will also be your most loyal patient who refers you to their “like-minded” friends who also need your services so this group quickly becomes your organic sales ambassadors who grow your promote organically.

The Mature Patient Has Endless Needs

The best part of this demographic is that they have endless cosmetic needs. Since they’ve been on the planet for decades, they have lots of face, body and skin concerns.

So, if you rejuvenate one body part, they will most likely move on to another body part that NOW bothers them. And that will continue as long as the aging process continues.

That’s why over the years; this mature patient can easily spend 6 figures on surgery, injectables, lasers, skin care and products.

How Many Patients Make Up a \$1,000,000 Practice?

When you compare the two groups above and do the math, you quickly realize you need 200 of the younger breast aug 1-hit wonder patients every year and far less than that of the mature patients are needed to reach the same \$1,000,000.

With this “mature” approach, you see fewer patients, have more time to spend with those patients you do see, and convert more consultations because you’re spending more quality time with patients more prone to say yes to you, return to you, and refer you to their friends.

You also make more money now with less hassle because you have shifted your mindset from quantity to quality. That means you’re phones are answered promptly, your staff has the time for 5-star customer service and you have time to bond with this profitable patient.

It’s something to seriously consider.

Catherine Maley, MBA is Author of “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.

REWINDING UP WITH SOCIAL MEDIA

Did you know that patients frequently use social media to determine the legitimacy of a plastic surgeon they are considering? Sites like Facebook are huge—the majority of your current and potential patients are using it in numbers that are too big to be ignored! Through specific demographic targeting, social media can reach a critical market that you would be neglecting otherwise. Don't miss out! Kick start your social media with these simple tips from the experts at Rosemont Media.

MIX UP YOUR CONTENT



Spice up your social media content with a variety of posts, such as promotions, inspirational quotes, DIY beauty secrets, recipes, information about local events, and more. Increased variety on your social media channels can help you gain more attention from current and potential patients. Measure your success by engagement and shares; if a specific style, post, or topic works well, replicate and repeat it.

PAY TO PLAY



Facebook has become a “pay to play” platform; you need to promote your posts to be seen—period. When someone “likes” your social media page, it doesn't guarantee they'll see your posts. Instead of wasting time and money posting content that no one is seeing, invest in promoted posts to reach a broad audience (whether or not they “follow” you), including individuals that organic posts and other marketing strategies typically cannot.

ENCOURAGE PARTICIPATION



Add personality to your social media accounts by keeping your staff involved. Share work anniversaries, personal stories, and successes. Invite your patients to participate, as well! Build connections with patients by asking for their opinions, posing trivia questions, or simply asking about their weekend plans.

CONSISTENCY



The frequency, consistency, and timing of posts are crucial—to help you stay organized and on track, an editorial calendar is essential. Planning your posts well in advance is a great way to keep your social content strategy running smoothly.

HAVE FUN!



Reveal the fun side of your practice to add character and keep patients engaged! Share photos and information about exciting activities, start a contest, or ask followers to send in a creative photo to be shared on your page.

Why Hire an Agency Like Rosemont Media to Handle Your Social Media Strategy?

- *With a focus in the aesthetic beauty industry, we have a deep understanding of how your clientele spends their time online*
- *Using a team approach, we leverage our collective knowledge of trends to give you the advantage over your competition*
- *Our talented marketers work to customize your social posts to remain consistent with your existing brand identity*
- *As behind-the-scenes advocates, we are like an extension of your practice—ensuring there's always a professional eye on your strategy*



A Different Side of Grace—The ‘Heart behind the Art’ of Plastic Surgery

Tamarin Lindenberg

As a researcher who has been humbled by the opportunity to observe the “behind the scenes” stories of patients and physicians, alike, as they collaborate to create a place of healing, and with the added advantage of having been a patient who views personal experiences from a third party perspective, I have borne witness to a side of plastic surgery often missed in the eye of the general public. There is a bond of great depth in the attempts of humanity to better one another and, in my learnings, I have found physicians and patients benefit profoundly from their mutual relationships.

The depth of passion, hoarsely expressed, in the voice of Dr. Ted Lockwood, upon diagnosis of an inoperable brain tumor, questioned, “Who will love my patients? Who will want to take care of them?” At the time, he was one of few pioneers working with the massive weight loss population whose needs exceeded the offerings of many other practices. This was a cry of despair I have never forgotten, and it is with great endearment that I have followed the work of Drs. Katzen, Fisher, Rubin, Pascal, and, now, Agha and Aboolian, as well as many others, who continue to make advances in an area that was close to a good man’s heartfelt words in the last chapter of his life. Such is the state of grace which serves to remind us how deeply physicians desire to make a difference in the lives of the vulnerable.

I’ve watched the reflection of fervent appreciation in the eyes of many surgeons as they absorbed each word of gratitude from patients fumbling through attempts to explain the impact the erasure of a perceived imperfection had on their quality of life. In a profound moment depicting the intense relationship between patient and physician, I will forever see the tears in Dr. Pat Maxwell’s eyes as he witnessed the unadulterated joy of a patient ecstatic with her breast reconstruction after a long uphill climb.

I have listened with rapt attention to the findings of Dr. Diane Duncan, who has tirelessly fought to leverage the newest technology, along with her exemplary surgical skills, to raise the bar for women struggling with external changes which impact their



Art by Sophiana Lindenberg, pre-med student, “When Masks Break, So do Walls”

self-esteem. Dr. Duncan has adhered to the rigor of multiple clinical trials to uncover the mechanisms behind soft tissue changes over time, gracefully offering herself as a control subject for the sake of good science. In her efforts to expound upon the benefits of RFAL, she is pioneering routes into correcting laxity of the extremities before such changes require surgical intervention. Perhaps, it was her love for people, combined with her extraordinary attention to detail, that so captured my admiration as she responded to an audience member’s inquiry as to why she didn’t push past what she perceived to be safe limits in her efforts with, “I’m a ‘mom,’ I’m not going to take those chances with my patients.” She captured in few words the force behind her work.

As Dr. Duncan goes on to so beautifully reflect, “The meaning in life for me is the opportunity to make a difference. I think the soul of a plastic surgeon who hears the calling as such is one that sees beyond the economic advantage, and is able to truly connect with the people they serve. I see my reward as the

moment that the patient looks in the mirror, and sees the beautiful soul that lives within.”

We sometimes advance each other’s efforts in a moment’s notice, as I experienced when Dr. Jon Perlman extended his hand of generosity, offering his place at the table at a conference that opened doors for me to delve further into my message of hope for women longing for restoration after cancer, the opportunity lent because, despite his media fame, his real drive is to make a difference. The open arms that received me there offered me a furthered chance to do the same.

Lastly, in an effort to reflect the depth of life changing experiences on all sides, I offer below a letter written to Dr. Ken Hughes, who singled it out on his website to give us a chance to look more deeply into a process often hidden from an outside view.

Excerpts from Dr. Hughes patient begin with, “I really didn’t know how much I hurt inside about all that had happened to my body as I tried to overcome the feeling by rising above it.”

It goes on to say, “When you started fixing the broken parts, it was like being released from bondage. My energy, spirit and excitement were so powerful that I saw how far down I had been. I’m a person who copes by adapting and suddenly the freedom is intoxicating as I see my vision beginning to come forth. Having the chance to regain my body makes me feel a responsible confidence towards the future; that I will one day be able to share myself without the shame I felt for all the hurtful changes after cancer. So in this rebirthing journey of my body, I also face my soul. Rebuilding my body is giving me a hope and a future.”

The letter delves deeply into the topic of restoration as it states, “It would be a travesty of the truth for me to bounce in excitement over my beautiful new body, and miss the real meaning of the journey of healing on all levels. It was your heart I heard when you agreed to take my case, and the wonder for me was that God knew my innermost being and would care so much to bless me with you. As people, we are sojourners on an often

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Is Your Investment Advisor Working for You? Important Questions Might Give you the Answer—Part II

David B. Mandell, JD, MBA and Andrew Taylor, CFP®

As investment advisors to hundreds of physicians throughout the U.S. and lecturers to thousands more, we have seen a sharp increase in the last few years of questions about how investment firms, including ours, make money from advising their clients. Physicians are not alone, as a 2011 survey by Cerulli Associates and Phoenix Marketing International found that nearly two out of every three investors in the survey were confused about how they were paying their advisors.¹

In September, 2016, Wells Fargo dominated the financial news after it was discovered approximately 5,300 employees had been signing up customers for fraudulent checking accounts and credit cards.² Unauthorized employee activity resulted in fees estimated from \$1.5 million to as much as \$2.4 million. Employees created accounts to reach sales goals, and ultimately were rewarded with cash bonuses resulting from the fraudulent activity. Commonly recognized as a large money center bank, Wells Fargo happens to be one of the nation's largest brokerage firms. The topic of client-firm conflicts also made headlines in 2012, when a high-ranking Goldman Sachs employee resigned publicly through an Op-Ed piece in the New York Times, citing corporate culture as the primary reason for his departure. The employee stated "the interests of the clients continue to be sidelined in the way the firm operates and thinks about making money."³ If this occurs at Goldman Sachs, whose clients include the most sophisticated financial firms in the world, it can certainly also occur at any physician's chosen investment firm.

In part I of this article, we requested that you ask your advisor if they owe you a fiduciary duty as a client, and suggested that you ask for a detailed explanation of how your advisor is compensated. Part II will provide three additional questions to help you uncover potential conflicts that may not be obvious to the typical investor.

• **Question #3: Does your advisor's firm make money in other ways on your individual investments?** Request clarification on the ways that your advisor's firm may receive financial benefit from the securities you own in your portfolio. As an



example, mutual funds commonly offer revenue sharing arrangements with a broker dealer firm. In this scenario, your advisor at broker-dealer firm "XYZ" is receiving security analysis provided by its research department, which creates a "buy list" of securities. Unbeknownst to you, XYZ receives compensation from the fund company offering the recommended products. The result is a higher fee to you, the investor. You will not see these fees appear as a line item on your statement; they will be hidden within the underlying investments. This lack of transparency will not only prevent a client from recognizing the true cost of the relationship, it may create a bias in the research provided to the client's advisor. This scenario can apply to closed end funds, exchange traded notes and other securities which will impact the bottom line of the firm, even if your investment representative may not receive additional compensation.

Example: Discount brokerage firm XYZ offers to manage client assets at a reduced cost of 0.80% of assets under management for Client A. The rep at XYZ purchases \$150,000 of retail shares of a bond fund with an operating expense of 0.75%. The rep does not receive compensation for choosing this fund; however his firm (XYZ) receives revenue sharing directly from the fund company. A registered investment advisor for client B charges 1% for his services and purchases institutional shares of the same fund with an operating expense of 0.46%. RIAs often have access to the lower cost I shares offered by certain mutual fund families. In this scenario the "discount" brokerage relationship results in a

slightly higher cost to client A because of hidden revenue sharing, despite charging a lower management fee for their service.⁴

• **Question #4: Does your advisor utilize proprietary securities?** Proprietary products are not always easily recognizable, as they can be branded under a different name. In-house products are not necessarily poor investments at the time the recommendation is made to a client. The problem arises when circumstances change and it is no longer in a client's best interest to continue to own the underlying security. Will the "in-house" research recommend that their team of advisors liquidate the position in each of the firm's client accounts? Consider the impact of mass redemptions in a proprietary security. Who is going to be on the other side of that trade?

Example: XYZ firm runs a highly rated international bond fund with heavy exposure to European bonds. A team of brokers are looking out for their clients and contacts their research team to express concern about the recent drop in price of the investment. The research team of XYZ assures the brokers that they have adequately hedged the portfolio. A month later, concerned about the potential liability of a poorly performing investment, XYZ firm removes the fund from the institutional portfolios they are managing. The large redemptions create a significant drop in the price of the fund. A notification is then sent to the brokers explaining the firm's position after the price drop has occurred. The individual investor has faced substantial losses, while the firm has minimized the damage to their largest institutional clients.

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Is Your Investment Advisor Working for You?

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- **Question #5: Does the advisor's firm engage in investment banking activities?**

If the answer is yes, determine how your investment professional (and the firm) is compensated on your purchase of that investment. What is the incentive of the firm to see that the entire offering is filled?

Example: There are countless examples of Initial Public Offerings where individual investors have been sold on tales of tremendous growth opportunities, only to experience disappointing returns and a substantial loss on their investment. The handling of the high profile IPO of Facebook several years ago has resulted in numerous lawsuits and continues to raise questions about the inherent conflicts in the underwriting process.

This is not a complete list of the questions you should be asking your current or prospective advisor. One of our objectives in this article was to help you identify the potential conflicts in a traditional brokerage relationship, where costs are often much higher than they initially appear. A registered investment advisor such as OJM Group typically charges a fee that represents a percentage of the assets managed and does not receive compensation from the investments that are recommended. Our hope is that by asking the five questions we have referenced in our two articles, investors will have a greater understanding of the potential factors that may influence the recommendations of their advisor. If every trade made on your behalf is not unequivocally for your benefit, it is time to re-evaluate the relationship you have with your financial service provider.

*David B. Mandell, JD, MBA, is an attorney and author of more than a dozen books for doctors, including *For Doctors Only: A Guide to Working Less & Building More*. He is a principal of the financial consulting firm OJM Group www.ojmgroup.com, where Andrew Taylor, CFP® works as an investment advisor. They can be reached at 877-656-4362 or mandell@ojmgroup.com.*

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4. Operating expenses represent actual net expense ratio as of 09/30/2016 of Pimco Total Return Fund Class D PTTDX and Pimco Total Return Fund Institutional Class PTTTX

A Different Side of Grace

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"As a physician, especially a surgeon, you are in a holy place. A place as close to the act of creation as any of us will get. Yet, you remain preciously human, and I can only imagine how God must love your heart and efforts as he watches from such a full vantage point. I can see your love for humanity as you seek to honor your role."

rocky road of life and, to me, to share our stories with complete vulnerability is like pouring sustenance into each other's soul. You never know how it can strengthen one, so know my words here are for your encouragement and you may use them one day when you're tired."

And the letter concludes with a resounding grasp of the contrast between the shallow pitch of social perception and the powerful reality of the gift of this field. "I know doctors have been criticized in ugly ways for "playing God" and the horrible thing about that is it misses a great truth. As a physician, especially a surgeon, you are in a holy place. A place as close to the act of creation as any of us will get. Yet, you remain preciously human, and I can only imagine how God must love your heart and efforts as he watches from such a full vantage point. I can see your love for humanity as you seek to honor your role. We all need the daily reminder that we are not alone in our deeply personal journeys."

As we see captured above, the effort of the healed to lift the healer completes the circle of life, for, what we offer from ourselves as researchers, surgeons, patients and people never returns void, but, rather, builds as much in the giver as the recipient, at least, such has been my experience, and witness... and, so, we move forward, united in a different side of grace.

Tamarin Lindenberg is a healthcare executive and behavioral researcher with a specific focus in medical aesthetics. She leads an investment fund for early stage ventures in medical aesthetics. www.hitiinc.com

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What is an Influencer and Why You Should Care

By Wendy Lewis

One of the most overused words in the English language in 2016 is the term “influencer.” It has become so popularized as to sometimes get lost in translation, but that does not mean that you can afford not to pay attention. Plastic surgeons can ignore influencer marketing at their own peril.

In general, an influencer is considered to be any individual who has significant impact on a category, product, person or persons, place or trend. If this sounds vague, it is. Influencers can be celebrities, athletes, social media addicts, and members of media, but they can also be normal average everyday people who have tremendous influence over a circle of others. That circle can range from consumer groups, potential customers, industry contacts, to community leaders. Think makeup artists, hair stylists, Soul Cycle® instructors, cosmetic dentists, nutritionists, or the mothers of the PTA at your childrens’ school. In fact, almost anyone can be an influencer of one kind or another. The commonality here is that these are individuals whose opinion of your brand really matters. When they communicate, a certain audience who is relevant to your practice pays attention.

For example, Chelsea Handler instagrammed a recent laser treatment she had and wrote: “Before and after #profractional laser. Its fucking awesome and no one is paying me to tell you about it. Bam!” Her post got 59,600 likes and was picked up by multiple media outlets in the US and the UK that results in a flood of Google searches and calls to doctors about the laser treatment. Unlike so many pay to play celebrity endorsements, this carried serious weight because it was honest and unpaid.

Influencers are not just another marketing tactic; they are relationships that, like any other, need to be seduced and massaged. Influencers can become evangelists for your practice, the most important brand ambassadors. They can be your best asset or your worst enemy if you are not paying attention. The challenge with the concept of influencers is how to identify them and then to assign a value to them.

The buzzword that arose out of the social media evolution of 2015 is “influencer marketing.” This strategy can offer respectable results for brands and when done effectively, generate strong returns on your marketing budget. There is nothing really new about this concept. When I ran an aesthetic practice in the 1990s, our top ‘influencer’ was a lady I will call Mrs. P. Mrs. P was our number one fan who never missed an opportunity to sing our praises to anyone who would listen at her nail salon, hairdresser, country clubs, from the Hamptons to Palm Beach. She bragged about her ‘favorite plastic surgeon’ with the passion of a devoted grandmother. Her loyalty to the practice was genuine and heartfelt, and the end result was a stream of referrals who scheduled surgery with us.

Not unlike Mrs. P, by modern standards, one of the major ways influencers tend to be measured is by their social media following, level of engagement and sometimes but not always, the quality of their content. The Mrs. P tool equivalent was simply her vocal cords. She was loud, carried a big stick, and dialed her phone a lot (the year was 1997).

The new crop of influencers represents a sea change in the marketing landscape. Influencers are what all brands are scratching their heads to figure out how to work with. And as expected, a cottage industry of influencer agencies and networks has developed around this trend who can help to design marketing campaigns, source and recruit influencers, manage and negotiate their contracts, and plant seeds for your brand with the right group.

The main distinction between Mrs. P and the influencer of 2017 is that Mrs. P required neither encouragement nor remuneration to spread the love. She did it because she wanted to and had the right network of her own to make an impact on the practice. She didn’t need to be managed or recruited, and never even thought about signing a contractual agreement for deliverables (i.e. how many tweets, Facebook posts, Insta pics, or saggy housewives she would send into our open arms).

Influencers can be celebrities, athletes, social media addicts, and members of media, but they can also be normal average everyday people who have tremendous influence over a circle of others.

Today consumers are the real storytellers. While it is true that we listen to people we trust, respect and admire, we even listen to total strangers, but mostly if their stories smack of authenticity. Being genuine matters. Transparency matters too. Just ask the FTC who is cracking down on influencers coming clean about financial entanglements.² In fact, a few of the Kardashian girls even got their wrists slapped for forgetting to disclose.

Perhaps the most important social influencers for your own practice are simply real patients who will talk about you on social media in their own words and share their personal experiences that will resonate with their own circles in a powerful way. That content is more impactful coming directly from the creator, even if he or she doesn’t have the millions of followers of Chelsea Handler.

For 2017, think global but market local. Consider the best ways to reach local influencers, and then branch out to regional and national influencers, if you have the bandwidth and the budget to go there.

Wendy Lewis is President of Wendy Lewis and CO Ltd, www.wendylewis.com, author of 11 books and Founder/Editor in Chief of www.beautyinthebag.com. Reach her at wl@wlbeauty.com

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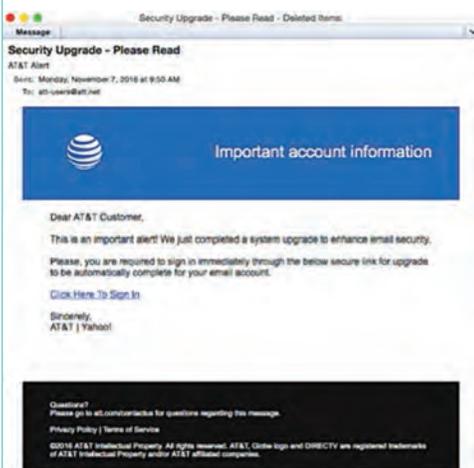
Phishing for Doctors

by Bob Aicher, Esq.

Although there is no proof P.T. Barnum actually said, “There’s a sucker born every minute,” the underlying truth of the statement is unquestioned. We like to believe firewalls, higher education and maturity protect us from falling prey to scams, but headlines suggest that even doctors are not immune. What kind of scams are we talking about?

Phishing, Spear Phishing and Whaling.

Phishing is casting a wide net hoping to catch a few suckers. Often the e-mail appears to come from a legitimate site, such as PayPal or your bank, identifies a supposed problem and lures you into clicking a link to enter your username and password to “confirm” your identity. If you do, you’ve just been hooked, and your bank balance is history. Here’s an ordinary phishing message I received:



Spear Phishing and Whaling are the same, differing only in the size of the target. So how is phishing used against doctors and hospitals?

Payroll Employees Get Hooked. On February 16, 2016, an employee at Main Line Health in Bryn Mawr, Pennsylvania, received an e-mail purportedly from the hospital’s CFO who asked for employee payroll details. The employee compiled the information and replied. Two days later another employee received an e-mail from the hospital’s CEO requesting employee W-2 information, but it was signed John Lynch, which she knew wasn’t right, because he goes by Jack.

Unfortunately, the second employee simply

deleted the e-mail and didn’t tell anyone about it until March 1st when the IRS sent out a bulletin www.irs.gov/uac/newsroom/irs-alerts-payroll-and-hr-professionals-to-phishing-g-scheme-involving-w2s entitled, “IRS Alerts Payroll and HR Professionals to Phishing Scheme Involving W-2s.” Both employees then came forward. Based on the timing of the attacks, the payroll information obtained was likely intended for filing fraudulent income tax returns. Main Line Health has now installed technology to make it clear when e-mails are originating outside the hospital’s firewall.

What Are The Clues? Spear phishing messages follow a pattern and contain one or more tip-offs. If you receive a message requesting payroll information, look to see if:

- The originating URL looks legitimate, but is off by one letter or number;
- The message contains false urgency (“We just received an audit letter from the IRS”);
- It provides limited return contact options (“I’m traveling out of cell range, so reply only using my e-mail”);
- It requests confidentiality (“Don’t tell anyone else about this until I get it straightened out with the IRS”);
- The request bypasses all normal communication channels and contains no cc’s.

There are simple ways to avoid being spearphished.

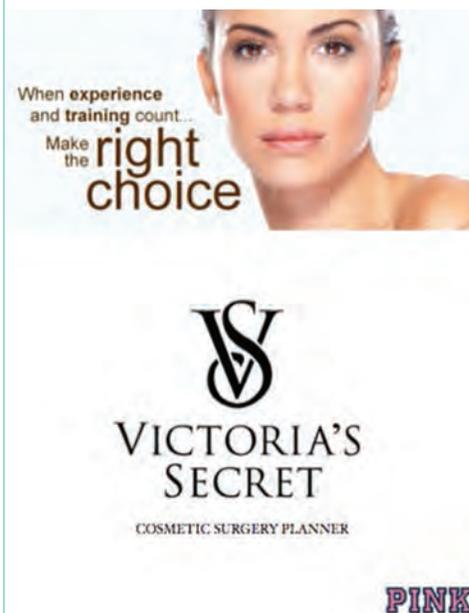
- Don’t hit Reply to verify the authenticity of the message. Of course the criminal it goes to will tell you it is legitimate.
- Instead, start a new e-mail with the legitimate sender’s address from your contact list and ask, “Did you just request employee payroll information?”
- Include cc’s to top-level staff to double check the request.
- Pick up the phone and call the supposed sender whose e-mail is suspicious.

Doctors Can Be Hooked. On March 12, 2016, John Halamka, MD, CIO of Beth Israel Deaconess Medical Center reported that doctors at Mass General Hospital received an e-mail instructing them to go to the hospital’s payroll portal and authorize a bonus payment.

The website created by the phishers was an almost exact replica of the real payroll portal. Many doctors went to the fake website and entered their credentials. The hackers then went to the actual Mass General payroll portal, entered the stolen credentials, and changed the doctors’ direct deposit instructions.

Did You Think Plastic Surgeons Are Immune?

On October 3, 2016, many of you, including ASPS leadership, received a referral service promotion from Victoria’s Secret Body Planner. The sender was Wchen@vsbodyplanner.com. None of the initial plastic surgeon recipients of this promo detected a scam. When it was forwarded to me and circulated among ASAPS leadership, it was instantly identified. How? There is no www.vsbodyplanner.com website. There is no “cosmetic surgery planner service,” “vsbodyplanner” or “vs body planner” on the internet. Finally, the photo was plagiarized on many internet websites, even with the same text.



Continued on Page 67

Phishing for Doctors

Continued From Page 66



Your medical degrees and plastic surgery speciality certifications are not armor against phishing. Instead, they make you a target, inviting phishers to sharpen their spears and aim for what you want: cosmetic surgery referrals from trusted brands at a bargain price of \$495 for 48 months. We notified Victoria's Secret which was unaware of this phishing campaign, but regrettably, they could realistically do nothing to stop it.

Ransomware: Backup Your Data or Pay.

Ransomware is a particularly nasty version of spear phishing which often results from opening the wrong attachment. For the company, the solution is to back up daily to a server that is offline and is not linked to your online server. Employees, of course, should not click on attachments without confirming the sender's identity.

In February 2016, ransomware infected Hollywood Presbyterian Hospital Medical Center, the Los Angeles County Health Department, Methodist Hospital in Henderson, Kentucky and two hospitals in Germany. All refused to pay the ransom and restored their systems from backups, except Hollywood Presbyterian. After more than one week of functioning offline with faxes and telephones, they paid 40 Bitcoins, about \$17,000, to release the systems. Hollywood Presbyterian did have its data backed up, but the two databases were connected to each other and to the Internet, so its backup systems were also locked out until the ransom was paid.

Teaching Employees Not To Get Speared. Can employees be trained to spot phishing? Apparently so. The Mayo Clinic is using their Office of Information Security to generate fake malicious e-mails to trick their colleagues into opening them. Another company, Independent Security Evaluators, casually littered several floors of a hospital with 18 USB sticks that were imprinted with the hospital's logo to see if anyone would pick them up. Employees did, and used them at their work stations, thereby downloading the pretend malware. These training programs have a limited utility, however, because once concluded, employees lapse into old patterns, so reminders are essential.

The Moral of the Story. You and your employees are your biggest vulnerability to phishing, not because you're different from everyone else, but because you're just like everyone else. You trust technology, believing that malicious e-mails will be filtered as spam.

Phishers are counting on that trust by devising e-mails which do not trigger spam filters or get blocked by firewalls. When an e-mail is not blocked, you thus assume it's legitimate and safe to open.

Being constantly distrustful seems like no way to live with e-mail, but being vigilant is smart. That way, the next time you read about a doctor or hospital employee clicking on the wrong link or opening a malicious attachment, you will be glad it wasn't you. If, however, you haven't learned your lesson and are still click-happy, here's an *Easter* phishing offer I just received *December 1st* from info@rajpal.vegetablemixture.tech that might interest you.

Bob Aicher is General Counsel to ASAPS and has represented The Society for 27 years. He lives in Pasadena, California, and can be reached by phone at 707-321-6945 or by email at aicher@sbcglobal.net.

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The Straight & Narrow

By Joe Gryskiewicz, MD

In my column “The Straight & Narrow” from the Summer Issue of *ASN* Page 86, www.surgery.org/sites/default/files/ASN-Sum16-LoResFinal.pdf my hypothetical on the ethics of unbundling was based upon a recent real-life case where an insurance company not only permitted

unbundling but actually paid out six figures. The ASPS Coding & Payment Committee has a different opinion and responded with the comments below and explained its rationale. Finally, Dr. Steven Teitelbaum provided a vociferous counterpoint to the ASPS Coding & Payment Committee.

The ASPS Coding & Payment Policy Committee offers the following:

“Unbundling” refers to the practice of using two or more Current Procedural Terminology (CPT) billing codes instead of one inclusive code and if submitted for reimbursement is classified as a false claim. It is the position of the ASPS Coding & Payment Policy Committee that accurate coding and reporting of services are critical aspects of proper billing.

As you have learned, some payer processing software may not identify specific bundling errors, and in these cases, the “unbundled” claim will be paid as billed. When you manipulate coding in order to maximize payment, you take advantage of payers by submitting procedures that will pay but that are not supported in the medical record. You may not be aware, but most private payers perform periodic audits of their reimbursement patterns, requesting copies of medical records to verify CPT codes billed. When you unbundle, you open yourself to the very real possibility of being asked to repay any inappropriately paid claims. For example, if you perform a Ryan Flap along with multiple other procedures you may think that you can bill for 19380—Revision of reconstructed breast, along with the 14XXX codes, however it is inappropriate to do so and would be considered unbundling as 19380 is inclusive of all the revision techniques.

I feel your pain and though it would be ethical for you to code as necessary to receive your usual and customary fees, it would not be in your interest to do so.

Additionally, CMS views the purposeful unbundling of codes as a fraudulent practice. Under the False Claims Act (www.gpo.gov/idsys/pkg/STATUTE-100/pdf/STATUTE-100-Pg3153.pdf), CMS has investigated cases, fined providers (as much as \$10,000 per incident), and removed them from participation in the Medicare program. Private payers also view charging for services that do not conform to professionally recognized standards as fraud and will aggressively prosecute offenders. Even submitting a false claim in error could be considered fraudulent activity and both the physician and staff could be found liable. Litigation, and the potential to lose board certification or a medical license are very real consequences, so it is crucial to follow correct coding guidelines.

Good ethics include submitting truthful claims. If you find yourself in a situation where the payer is not offering a fair remuneration, it is a signal that it is time to either renegotiate and update contracts or to end them.

Dr. Teitelbaum responds:

Arguing that it is unethical for a physician to unbundle is naive, illogical, and wrong. It is ethical to unbundle—though doing so can put you in a heap of trouble.

Coding guidelines are not a fundamental law of nature. They are a part of an agreement between physicians and payers: doctors would follow coding guidelines and insurers would pay the doctors’ usual and customary fees. The payers have profoundly violated and breached that agreement and have rendered it void. Ethical requirements to adhere to fifty-year-old coding guidelines have thus become obsolete.

Though it is ethical to unbundle it is not necessarily legal and certainly not sustainable. The Justice Department treats coding violations (as defined by bureaucrats) as

Have an ethics question for Dr. Joe?

Email ethics@surgery.org.

fraud. They overzealously prosecute well-meaning physicians over minor coding disagreements. They offer kickbacks to “whistleblowers” in doctors’ offices. If private insurers think they overpaid you, they can deduct it from future payments, sue you, and expel you from the network. Their lawyers are positioned to make it impossible to pursue any legal means of redress.

Bundled codes were created for our benefit to streamline coding of procedures commonly done together. There was a small reduction in payment to reflect that there would be one set of postop visits and one trip to the operating room. But insurers, out of pure avarice, have reduced the bundled code payments far more than reasonable and originally agreed.

Central to the payers’ abuse is that they ignore our usual and customary fees and determine on their own how much they will pay for a service. This is a gross transgression of any understanding between doctors and payers.

Fastidious coding was also predicated on prompt and good faith payment. But payers engage in a strategy to delay, underpay, and deny. They float and collect interest on our money. They understaff their phones, keep our employees on interminable hold, misplace our appeal letters, and engage in a host of other strategies to shirk their fiduciary responsibilities to doctors. They have imposed new processes such as preauthorization and electronic claims submissions that are time consuming and expensive.

In the same year that an insurance company owed me \$35,000, its CEO took a \$17,000,000 bonus. That guy should not have received a nickel until I was paid what I earned. He was a thief and in any other business he would have been sent to jail. But insulated by an armada of lawyers and a fierce insurance lobby, he was protected. It was at

To play it safe and ethical, if you have a question on how a case should be coded, check with an expert, such as someone on the ASPS Coding & Payment Committee.

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The Straight & Narrow

Continued from Page 68

that time I realized that a doctor would have to be a total sucker to believe they still had an ethical duty to adhere to old rules of coding.

I feel your pain and though it would be ethical for you to code as necessary to receive your usual and customary fees, it would not be in your interest to do so. Here's my advice: since you live in a town with few plastic surgeons, you and your colleagues should hire a lawyer and find out if there is a way to negotiate reasonable fees and some carve-outs. Or just hire a publicist and use the media to explain the situation. Remember that most people like their doctor and hate their insurance company.

Your talents are a precious resource to your community and if the insurers force you to go off panel people will suffer. You also are not expected to work at less than your self-determined fees. The more you succumb to their avarice the less likely it is that plastic surgeons will enter your community in the future. Our generation has a duty to fight for what's right for our patients and for each other. At least as a plastic surgeon you have the option to offer aesthetic medicine and surgery. Contrary to the myth, most aesthetic patients are not wealthy.

Those who view unbundling as unethical are adhering to an utterly obsolete concept of coding. From the absurdly strict and always parsimonious advice in the Coding Corner, to the persnickety analysis of examinees' coding as part of the ABPS certifying exam, to the comments in this very discussion, many of our leaders unfortunately demonstrate that they are detached from the changes in medicine and the practical concerns of the membership.

Dr. Joe's summary:

To play it safe and ethical, if you have a question on how a case should be coded, check with an expert, such as someone on the ASPS Coding & Payment Committee.

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 ASERF Research Committee. Disclaimer: Dr. Joe's opinions aren't those of the Ethics Committee or the Judicial Council.

Cyber Risk: Ransomware— What it is and What You Can do to Prevent it from Affecting Your Practice

By NAS Insurance Services

One of the biggest cyber threats that every practice and facility should be aware of is ransomware. The information below provides guidance on how to minimize damage, loss, and business interruption that can result from a ransomware attack.

Ransomware Overview

What exactly IS it?

Ransomware is a type of malware (malicious software) distinct from other malware; its defining characteristic is that it attempts to deny access to a user's data, usually by encrypting the data with a key known only to the hacker who deployed the malware, until a ransom is paid. After the user's data is encrypted, the ransomware directs the user to pay the ransom to the hacker (usually in a cryptocurrency, such as Bitcoin) in order to receive a decryption key.¹ Once the ransom is paid, the attacker unlocks the system or returns access to the data... usually.

According to the FBI and other law enforcement agency sources, ransomware attacks are on the rise and will continue to be a serious threat to individuals and organizations, *large and small*. In fact, a recent report published by Symantec found a steady increase in the past five years in the number of attacks targeting businesses with less than 250 employees, with 43% of all attacks targeted at small businesses in 2015.²

As technology and hackers have become more sophisticated, we've seen more variations and attacks in 2016. A recent U.S. Government interagency report indicates that, on average, there have been 4,000 daily ransomware attacks since early 2016. That represents a 300% increase over the 1,000 daily ransomware attacks reported in 2015.³

Best Practices/Preventative Measures

Ransomware attacks can be devastating to an individual or organization, and recovery can be a difficult process. In some cases, assistance from a reputable data recovery specialist may be required to mitigate harm or damage. Additionally, the United States Computer Emergency Readiness Team (US-CERT) and the Canadian Cyber Incident Response Centre (CCIRC) recommend users

and administrators take preventive measures to protect computer networks from ransomware.

Do YOU follow Best Practices?

Top IT Best Practices:

- Install firewalls and anti-virus software and make sure to update and/or patch regularly.
- Secure separate WiFi networks for employees and guests.
- Backup data regularly and store in a separate and secure location (not on the local area network).
- Limit administrative access to your network to help control the spread of malware.
- Set limits on timing and strength (or lack of) for log in credentials within your organization.

Top User Best Practices:

- Do not open links or attachments that are included in suspicious e-mails.
- Never download software without verifying the site's reputation, scanning the download for viruses, and checking for unwanted extras you might receive in the installation process.
- Never wire funds or accept requests to change vendor bank account information without confirming the validity of the request by alternate means (phone call, mail, in person).
- Block pop-ups on your browser to prevent fake update ads.
- Use virtual browsing sessions whenever possible. When the session is closed, the data is deleted, including any malware.
- Make sure User Account Control (UAC) is on and users are aware of its functions.

For additional information on protecting your business with a Cyber Risk policy please contact **Chris Edge** at cedge@amsmanagementgroup.com or 866-461-1221 x301.

NAS Insurance Services can be reached via www.NASinsurance.com

Sources:

- 1., 3. United States Government Interagency Guidance Document, *How to Protect Your Networks from Ransomware*; <https://www.justice.gov/criminal-ccips/file/872771/download>.
2. Symantec, *Internet Security Threat Report*, Volume 21, April 2016, page 6



New Year's Resolution: Giving Back to the Community

By Megan Driscoll

There is no wrong time of year to engage in charitable activities, but such things are often top of mind as we enter a new year. We reflect on the year that has passed, and we show our appreciation for the good fortune we have experienced by sharing our time, our efforts, and even our money with the less fortunate.

Winter is often a time when people are focused on giving, but that should not stop you from engaging in charity year round. Doctors play an active role in the community, and charity and philanthropic endeavors are a significant part of that.

When people ask my team and I what we do, we often respond that we make the world a more beautiful place. This is obviously a nod to the aesthetic focus of our business, but more importantly it points to our commitment to philanthropy. At Evolve, we take our charitable activities very seriously. From day one, my agency has made philanthropy a fundamental part of our work. I've always believed that Evolve has a stake in the community, and it is our responsibility to act on that in ways that are beneficial to all.

If you and your practice are not already engaged in charitable work, or if you are but not sure if you are making an impact, then here are some lessons that I have learned that I'd like to pass along.

- **Let your charity match your passion.** There are a variety of causes that you can become involved with, but you want to be sure to align with something that makes sense to your brand and your mission. Evolve is a woman owned agency, and most of our staff are young women, so we choose to focus our charitable activities on what we believe will be of benefit to women in need, such as programs that aid victims of domestic violence or provide educational and career assistance.
- **Choose your charity wisely.** Not all charities are created equal, and unfortunately, some are run quite poorly. Don't get involved with a charity that has a history of not delivering on its promises. And be judicious and inquire how the charity spends the donations it receives. Stay away from any charity that uses donations to cover exorbitant administrative costs and salaries.
- **Don't be afraid to get your hands dirty.** Don't just throw money at your cause. Writing a check to your favorite charity is a good thing, but nothing beats rolling up your sleeves and helping out a shelter or repairing the scars of a domestic violence patient or removing the tattoos from an ex-gang member. It shows your sincerity and commitment to your cause, and you'll feel good for doing it.
- **Get your team involved.** Incentivize your staff by allowing them to engage in charitable work during business hours. You can also devise a reward system of bonuses or some other recognition for those who do the best charity work. This can be a great morale booster and it allows employees to bond with one another. It also generates respect for the organization among the staff because they see firsthand that you do care about the community.
- **Tell the story of your good work.** Don't be shy about sharing details about stories of how your background as a plastic surgeon helped guide your service through press releases or pitching to the media. People often look at aesthetic plastic surgery as vain and narcissistic, but serving your community will shatter that stereotype and educate people about the causes you find important and also helps personalize your practice.

Taking part in a charity can be rewarding to your organization on many levels. It can be even more beneficial if you engage in a charitable program that lasts throughout the year.
Wishing you all a happy, healthy and rewarding 2017!

Megan Driscoll is CEO and founder of EvolveMKD, a marketing communications agency specializing in beauty and aesthetics.

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LipidRescue™ for Local Anesthetic Systemic Toxicity (L.A.S.T.)

Sam M Sukkar, MD

Introduction

Local Anesthetic Systemic Toxicity (L.A.S.T.) can occur with any local/regional anesthetic nerve blocks, with the most common causative agent involved being Marcaine™ (bupivacaine). And of course, in the field of aesthetic surgery, the use of local anesthetic is ubiquitous. And the plastic surgeon's comfort with tumescent injection technique could potentially lead to these kinds of inadvertent overdoses.

Dosing errors, and intravascular injection can lead to Local Anesthetic Systemic Toxicity resulting in cardiac emergencies, which may be unresponsive to standard resuscitation algorithms. In the hectic atmosphere of resuscitation, careful consideration to the etiology of the emergent event is imperative, and Local Anesthetic Systemic Toxicity should be in the differential, if marcaine or lidocaine has been used.

The method of LipidRescue™ has been demonstrated to have a very high efficacy as an antidote to treating local anesthetic systemic toxicity (LAST) when given in combination with the primary elements of Advanced Cardiac Life Support (ACLS): oxygenation, ventilation and, when needed, high quality chest compressions.

Plastic Surgery Practice

Understanding the concept of lipid rescue for local anesthetic systemic toxicity has been brought into greater focus with the popularity of Exparel™ for long acting post-operative pain relief. By binding Marcaine to a fatty emulsion, leading to a slower absorption process, patients enjoy longer lasting pain relief in a safe fashion, minimizing toxicity. As Exparel use becomes mainstream, one would predict that occurrences of Local Anesthetic Systemic Toxicity would decrease. Nevertheless, a proper understanding of this is imperative for plastic surgeons using local anesthetics on a frequent basis.

With these principles in mind, the creation of a **lipid rescue kit** can be easily fashioned and stored in the operating room to ensure availability in the event of a local anesthetic emergency.

The only extra ingredient, not commonly found in most operating rooms, is 20% intralipid. I recommend keeping all of these components in a dedicated plastic bin, labeled and stored for each respective operating room. Figure 1 illustrates the key components of this emergency lipid rescue kit.

In the event of a cardiac emergency, in addition to standard ACLS protocols, the rescue kit can be easily accessed and utilized, if a toxicity induced from local anesthetic is suspected.

Conclusion

By adhering to well established parameters for safe tumescent administration, avoidance of Local Anesthetic Systemic Toxicity requiring the use of lipid rescue may be avoided, but having a lipid rescue kit on hand brings to mind the adage... LUCK FAVORS THE PREPARED.



The method of LipidRescue™ has been demonstrated to have a very high efficacy as an antidote to treating local anesthetic systemic toxicity (LAST) when given in combination with the primary elements of Advanced Cardiac Life Support (ACLS): oxygenation, ventilation and, when needed, high quality chest compressions.

In the emergent scenario of Local Anesthetic Systemic Toxicity, awareness and diagnosis, coupled with quick intervention, are essential to a satisfactory outcome. Having the proper tools on hand to optimize success can literally be the difference between life and death.

I recommend laminating and posting this protocol on page 74 in a visible area of the OR near all of your other patient safety algorithms, as it will serve as a daily reminder to your surgical team of the duty everyone has to promote a safe environment for the patients that we serve.

Sam M Sukkar, MD is an Aesthetic Plastic Surgeon practicing in Houston, Texas and serves on the ASAPS Patient Safety Committee.

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A note from your Safety Committee

For this issue's "Scissors on the Seam," we highlight the very important but often neglected subject of local anesthetic toxicity and offer up a simple treatment protocol. Dr. Sukkar has created a very practical algorithm that should be followed (get some intralipid!) and then posted (on all our operating room walls!)

These kinds of "Scissors on the Seam" offered by your Patient Safety Committee should be considered as "living, breathing documents." That is, I encourage you to email me if you have something to add or subtract from these algorithms to make them even better. In turn, the text of that Scissors, which is posted on our ASAPS website, www.surgery.org/professionals/patient-safety/safety-protocols will be edited appropriately.

And if you have any ideas for future ASN Safety Matters offerings, please contact me.

Lorne Rosenfield, MD
Chair, ASAPS Patient Safety Committee
Drr@DrRosenfield.com



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The Pharmacologic Treatment of Local Anesthetic Systemic Toxicity (L.A.S.T.) is Different from Other Cardiac Arrest Scenarios

GET HELP:

- ALERT** the nearest hospital with cardiopulmonary bypass capability

START IMMEDIATELY:

- INITIATE** ACLS: follow algorithms
- CONTROL** Airway: ventilate with 100% oxygen
- SUPPRESS** Seizures: give Benzodiazepines (preferred); but **AVOID** propofol

MANAGE THEREAFTER:

- CONTINUE** ACLS: prolonged effort may be required
- AVOID** vasopressin: as well as Ca^{++} channel blockers, beta blockers or local anesthetic
- REDUCE** epinephrine: keep dose to <1 mcg/kg

LIPID EMULSION (20%) Therapy (values in parenthesis are for 70kg patient)

- Bolus 1.5 mL/kg 20% intralipid (~100mL)** intravenously over **1 minute**
- Continuous **INFUSION 0.25ml/kg/min (18ml/minute)**; adjust by roller clamp
- REPEAT** bolus **once or twice** for persistent cardiovascular collapse
- DOUBLE** the infusion rate to **0.5 mL/kg/min (36ml/min)** if blood pressure remains low
- CONTINUE** infusion for at least **10 minutes** after attaining circulatory stability
- RECOMMENDED upper limit:** Approximately **10 mL/kg (700cc)** lipid emulsion over the first **30 minutes**

- Post L.A.S.T. events at www.lipidrescue.org**

***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. Additional information on this topic can be found at www.lipidrescue.org. You may download this document at www.surgery.org/downloads/private/lipidrescue.docx to tailor to your specific practice.

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