



The Aesthetic Meeting 2019: Registration Open Now!

By Jamil Ahmad, MD

As Program Chair, it gives me great pleasure to announce that registration is now open for The Aesthetic Meeting 2019, and I hope you'll join us May 16–May 21, in beautiful New Orleans, LA. 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 sessions, "Practice Solutions," ideal for your office 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/meeting2019, but I wanted to draw your attention to some exciting opportunities occurring at The Aesthetic Meeting 2019.

New At The Aesthetic Meeting

Mini-Symposia

Learn the most in a short amount of time with our Mini-Symposia:

- **Mini-Aesthetic Breast Reconstruction Symposium:** Chair Nolan Karp, MD notes



that the session includes a PrePectoral Breast Reconstruction Panel, Data-Driven/Long Range Results, Tips on How to Make Nipple-Sparing Mastectomy Results Beautiful, and more! *Sunday, May 19, 2:30pm–6:30pm.*

- **Mini-Facial Rejuvenation**

Symposium: Chairs Oren Tepper, MD, and Jason Roostaeian, MD, will deliver an overview of key facial rejuvenation techniques that you can put into practice to deliver improved patient results and satisfaction. *Sunday, May 19, 2:30pm–6:30pm.*

- **Mini-Gender Confirmation Surgery**

Symposium: Chair Marissa Tenenbaum, MD, is organizing a stellar faculty for these growing procedures. Stay ahead of your peers by attending this informative symposium. *Monday, May 20, 2:30pm–6:30pm.*



Create a "Memorable Customer Experience." Learn from the Ritz Carlton

We all want to deliver the gold star-standard in patient care, and who better to learn from than the Ritz Carlton? This is a special course you won't want to miss! *Monday, May 20, 2:30pm–5:30pm.*

New Dates & Times: Cadaver Labs

Please note the new dates and times for our popular Cadaver Labs, and adjust your travel accordingly!

- *Friday, May 17, 7:30am–1:00pm*
S4 Minimally Invasive Aesthetic Surgery of the Upper Face and Periorbital Region—A Cadaver Workshop (Core/Saltz)

Continued on Page 11

Multi-Society Gluteal Task Force Update

Dear Colleagues, The multi-Society, gluteal fat grafting task force has been aggressively pursuing its charge to investigate and design strategies to improve patient safety with this operation. The task force has conducted comprehensive cadaver studies over the past 6 months to methodically correlate surface anatomy and cannula approaches with proximity to anatomic danger zones using vascular contrast dye and real time and biplanar fluoroscopy. Additionally, we have brought six expert gluteal fat grafting surgeons into the anatomy lab to model the operation with real human lipoaspirate that had been labeled with pigment so the exact location of graft injection could be observed during dissection.

We are currently in the process of completing the data analysis and interpretation. The next phase of the Task Force work will be compiling and condensing the key information into an educational module that will enable our member surgeons to absorb these key concepts and apply them in their practices. We are aiming to have this educational module available in January 2019.

Some key points from the study mapping cannula approaches:

- Specific cannula approaches have been mapped from common injection court sites to the vascular danger zone and described

Continued on Page 9

WE ARE AESTHETICS.



ASAPS Las Vegas 2019
Facial & Rhinoplasty Symposium
January 31 – February 2, 2019
The Cosmopolitan of Las Vegas
Las Vegas, NV



The Aesthetic Meeting 2019
May 16 – 21, 2019
New Orleans Convention Center
New Orleans, LA



The Aesthetic Cruise 2019
June 23 – July 4, 2019
Italy, Malta, Greece, Montenegro, Croatia
and Slovenia

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ASN2019CA



Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

Editor-in-Chief
Jennifer L. Walden, MD



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- 1 The Aesthetic Meeting 2019: Registration Open Now!
Multi-Society Gluteal Task Force Update
- 4 ASAPS Meetings Calendar
- 5 President's Update
- 7 Aesthetic Neural Network (ANN)

EDUCATION

- 13 ASAPS' Experienced Insights in Breast and Body Symposium a Big Success
- 15 ASAPS' 4th Residents' Symposium Helps Residents Prepare for the Future
- 17 Just Days Away: Register Now for ASAPS Facial & Rhinoplasty Symposium
- 18 ASAPS Las Vegas 2019 Facial and Rhinoplasty Symposium Registration Brochure

SOCIETY NEWS

- 27 ABPS Responds to Diplomates
- 29 Media Notes and Quotes
On Your RADAR
- 31 Update on ASERF
Mollenkopf Aesthetic Breast Reconstruction Fund—
Providing Life-Changing Support
- 35 Is it Time to Give that Useless 510K Device the SAC?
Meet the Staff—John O'Leary
- 36 *Aesthetic Surgery Journal* Update
- 40 ASAPS Premier Partners
- 42 ASAPS Alliance Partners
- 45 Membership FAQs
Myth-Busters
- 46 Industry Partners Continue Their Support
- 47 ASAPS New Robust CME Tracking System—
Greater Control and Accuracy of Credits
- 49 Keeping Up with the Specialty: ASAPS Updates
Membership Requirements
- 51 Free ASAPS Candidate for Membership Enrollment, Supported by
Allergan Plastic & Regenerative Medicine

FOR YOUR PRACTICE

- 52 Why You Should Care About Your Practice Data
- 58 Social Media Use & Professionalism
- 63 Growing Your Business Using Artificial Intelligence
- 65 5 Tips for Analyzing Practice Profitability
- 69 NEW: Essential Practice Management Tools
- 71 How to Scale Your Practice
- 73 Does Your Policy Cover The Entire Scope of Your Practice?
- 74 Is This Photograph Dangerous?
- 75 Top 10 Risk Management Trends
- 76 Publish Or Perish? The Author's Conundrum
- 78 Six Tax Reduction Strategies to Enhance Portfolio Performance
- 81 Consequences (Usually Bad)
- 83 The Straight & Narrow

SAFETY MATTERS

- 84 The Eras Protocol for Improving Patient Safety
- 87 Scissors on the Seam! Enhanced Recovery After Surgery (ERAS)
Plastic Surgical Pharmacology Protocols

ASAPS LAS VEGAS 2019 FACIAL & RHINOPLASTY SYMPOSIUM

January 31–
February 2, 2019

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[www.surgery.org/
face2019](http://www.surgery.org/face2019)

These Meeting are exclusively organized and managed by The Aesthetic Society. These meetings fulfill the Society's Active Member application requirements or Active Member maintenance requirements.

ASAPS Las Vegas Facial & Rhinoplasty Symposium

January 31 – February 2, 2019
The Cosmopolitan of Las Vegas
Las Vegas, NY
562.799.2356
www.surgery.org/face2019



The Aesthetic Meeting 2019

May 16 – 21, 2019
New Orleans Convention Center
New Orleans, LA
www.surgery.org/meeting2019



The Aesthetic Cruise 2019

June 23 – July 4, 2019
Italy, Malta, Greece, Montenegro, Croatia and Slovenia
www.surgery.org/cruise2019

The Aesthetic Meeting 2020

April 23 – 28, 2020
Mandalay Bay Hotel & Resort
Las Vegas, NV

The Aesthetic Meeting 2021

April 29 – May 3, 2021
Boston Convention and Exhibition Center
Boston, MA

The meetings below are jointly vetted. ASAPS provides CME—Registration is not done through ASAPS, nor do they fulfill The Society's Active Member application requirements or Active Member maintenance requirements.

53rd Annual Baker Gordon Symposium on Cosmetic Surgery

February 7 – 9, 2019
Hyatt Regency Downtown Miami
Miami, FL
www.bakergordonsymposium.com

2019 American-Brazilian Aesthetic Meeting

February 14 – 18, 2019
Park City Marriott
Park City, Utah
<https://americanbrazilianaestheticmeeting.com>

57th Annual Scientific Meeting of the Northwest Society of Plastic Surgeons

February 16 – 20, 2019
Hapuna Beach Resort
Kamuela, Hawaii
503.421.8955
<http://nwsps.org/annual-meeting>

The Rhinoplasty Society Annual Meeting 2019

May 16, 2019
New Orleans, LA
904.786.1377
www.rhinoplastysociety.org/meetings

The Meetings below are endorsed by ASAPS (may or may not have CME through another provider, none through ASAPS). Registration is not done through ASAPS, nor do they fulfill The Society's Active Member application requirements or Active Member maintenance requirements.

35th Annual Atlanta Breast Surgery Symposium

January 18 – 20, 2019
InterContinental Buckhead
Atlanta, GA
<https://sesprs.site-ym.com/default.aspx>

Dallas Cosmetic Surgery and Medicine Meeting

March 20 – 21, 2019
The Westin Galleria Dallas
Dallas, Texas
781.793.0088
<http://dallasrhinoplastyandcosmeticmeeting.com>

Dallas Rhinoplasty Meeting

March 22 – 23, 2019
The Westin Galleria Dallas
Dallas, Texas
781.793.0088
<http://dallasrhinoplastyandcosmeticmeeting.com>

19th Annual Toronto Breast Surgery Symposium

April 4, 2019
Omni King Edward Hotel
Toronto, Ontario, Canada
www.torontoaestheticmeeting.ca/

49th Annual University of Toronto Aesthetic Plastic Surgery Symposium

April 5 – 6, 2019
Omni King Edward Hotel
Toronto, Ontario, Canada
www.torontoaestheticmeeting.ca

The 3rd Norwegian-American Aesthetic Meeting (NAAM3)

October 25 – 26, 2019
Oslo, Norway
Contact: Kaisa Filtvedt
oslomeeting@naam.no
www.naam.no



President's Update

By W. Grant Stevens, MD

Happy New Year! It is my distinct pleasure to serve as President of The Aesthetic Society, and I look forward in this new year to ensuring that our Society continues to move forward, evolving and growing stronger, to best serve our members and the specialty.

The Aesthetic Meeting 2019: Register Today!

I am so looking forward to our upcoming Aesthetic Meeting in New Orleans, LA, May 16–21. I attended my very first Aesthetic Meeting in New Orleans, and it gives me such pleasure to once again be returning to New Orleans, this time as your President. We are planning a wonderful Presidential Welcome Celebration on Saturday, May 18, at 6:30pm. Follow the crowd from the Convention Center to Generations Hall, just two blocks away, and we'll party the night away! Learn more at surgery.org/meeting2019.

This Month: ASAPS Las Vegas Facial & Rhinoplasty Symposium

I'll be presenting on my 30 years of facelifts at this insightful symposium, January 31–February 2, at The Cosmopolitan of Las Vegas. I'll hope you'll join us at this premier meeting to discuss and learn advanced topics and techniques in facial rejuvenation, including rhinoplasty. Make sure to sign up for the optional cadaver labs where you can apply the techniques you've learned during the symposium. Learn more at surgery.org/face2019.

Myth-Busters

I hope you're receiving my monthly e-newsletters, they contain timely information on all matters of Society business. In a recent issue, I addressed some of the most common myths around membership in the Society, and the response from readers was quite positive. You'll find some of those myths, and the facts, on page 45 of this issue of *Aesthetic Society News*. If you have questions about anything related to the Society, please email us at asaps@surgery.org and we will get back to you with the answers. It is my goal to ensure transparency and clarity about the great work our Society is doing, and welcome your suggestions and feedback.

ASAPS Gives Back: Donation to the Homeless

I am so pleased to report that The Aesthetic Society recently partnered with the InterContinental Mark Hopkins during our Experienced Insights in Breast & Body Contouring Symposium in San Francisco to donate much-needed food to the homeless population in the city through Food Runners, a non-profit organization devoted to alleviating hunger and preventing waste. The current homeless population in San Francisco is estimated to total 7,500 individuals, all located within an approximate 49-mile radius. We were able to donate 338 boxed lunches to this in-need population, and I'm grateful that The Aesthetic Society was able to participate.

Update on the ASAPS Rebranding Task Force

If you're an aesthetic plastic surgeon in private practice, I don't have to tell you about the importance of branding. Telling our individual narratives as plastic surgeons is an incredibly powerful marketing tool, and your brand needs to be fully aligned so your marketing dollars demonstrate a successful ROI.

The Aesthetic Society is no different from a private practice in terms of needing a consistent and coherent brand which speaks effectively with and connects to consumers. Last year, Dr. Ishii got the ASAPS' wheels turning by creating an ASAPS Rebranding Task Force, now chaired by Tracy Pfeifer, MD, and it is my goal to help move our Society forward over this next year to ensure we are doing everything possible to connect with the public and steer consumers to our members' practices.

"Why do we need a new brand," you may ask, "when we already have the Smart Beauty consumer brand and website?" Well, that website and brand was launched over six years ago. During that time, there have been tremendous leaps forward in terms of website design and social media interaction. It is not the goal of this Task Force to necessarily jettison the Smart Beauty Guide website/brand, but to assess Smart Beauty, as well as the entire ASAPS brand, to see if we are effectively communicating with the public. What works will stay, what is dated will be refreshed, and what isn't working well will go away.



Dr. Grant Stevens and the InterContinental staff prepare to deliver food to the homeless.

Currently, in addition to the Smart Beauty Guide consumer website, we also have surgery.org and asaps.org, geared towards members. This Task Force will examine all Society assets, including our outreach to the public, and evaluate it all against current best practices. Are we doing everything right? Is there a better way to do it?

By the time you read this, the Task Force and the Board will have selected a design firm to help us tackle these tremendously important charges and take the Society to the next level in public discourse. We need to engage consumers and advocate on behalf of our membership. We are the leaders in aesthetic plastic surgery and cosmetic medicine, and need to ensure that the public knows who is best qualified and in whom they can rest easily when placing their trust. I believe we can be more effective in communicating our attributes and eagerly await the Task Force's recommendations.

In Conclusion

We have much to accomplish in this new year, and I look forward to digging in and rolling up my sleeves. I hope you'll join me and send me any input as to the Society's direction you may have. It's going to be an exciting year!

W. Grant Stevens, MD, is an aesthetic plastic surgeon practicing in Marina Del Rey, CA, and serves as President of The Aesthetic Society.

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Ronan Solutions™, Creators of ASAPS' Aesthetic Neural Network (ANN), Works with Southern Methodist University to Develop Predictive Analytics for Aesthetic Surgery/ Cosmetic Medicine

Ronan Solutions™, creators of ASAPS' Aesthetic Neural Network, has been selected by the Southern Methodist University, Cox School of Business, to participate in the semester-long MSBA Practicum. Teams of master's students from the Business Analytics Department will work with selected companies across the country to build data analytics

Asked & Answered ANN

The Aesthetic Neural Network (ANN), currently offered for free and exclusively for Aesthetic Society members, provides insight into your practice and practices across the United States. Take a look at this information gathered quickly from ANN dashboards:

- There are 709K deidentified patients on ANN, giving you great insight into their lifecycle of care.
- In the Northeast, practices have patients who purchase 3.78 additional procedures after their first procedure and generate an additional \$5,525 in gross charges per patient.
- Across the U.S., the average number of repeat procedures for energy-based hair removal is 4.76.

For more information on ANN, or to schedule a free demonstration, please contact Melissa Schmidt at melissa@surgery.org, or call 562-799-2356.

solutions that are requested by the company. Companies such as American Airlines have regularly participated in this very popular program. Company participation requires frequent interaction by the company with the student team. At the end of the Practicum, a finished functional product will be delivered to the participating company.

The Ronan Solutions™ project is to develop a predictive analytics platform for data in the Aesthetic Surgery /Medicine environment. Predictive analytics “encompasses a variety of statistical techniques from data mining, predictive modelling, and machine learning, that analyze current and historical facts to make predictions about future or otherwise unknown events. In business, predictive models exploit patterns found in historical and transactional data to identify risks and opportunities. Models capture relationships among many factors to allow assessment of risk or potential associated with a particular set of conditions, guiding decision making for candidate transactions.”

Ronan Solutions™ technology team and leadership, in conjunction with ASAPS leadership, will work closely with a team of students and their professor, to provide a better understanding of the nuances of the Aesthetic Surgery/Medicine environment.

The final product will be further refined, as needed, by the technology team at Ronan Solutions™ to provide the valuable insights that predictive analytics can provide to all stakeholders.

ASAPS and The Aesthetic Neural Network are excited to participate in this important project and look forward to future collaboration with this prestigious institution.

For more information on the Aesthetic Neural Network (ANN), please see the article by creator Barry Fernando, MD, on page 52 of this issue of *Aesthetic Society News*. For a demo of ANN, currently offered free, exclusively to ASAPS Members, please contact Melissa Schmidt at melissa@surgery.org.



DONATE TODAY!

The Aesthetic Surgery Education and Research Foundation (ASERF) Needs Your Help with Silent Auction donations!

The Mission of the Foundation is to identify and pursue those issues relevant to advancing the safety and effectiveness of aesthetic medicine through independent, unbiased, directed research and groundbreaking education.

The goal of the auction is to raise funds to support vital aesthetic research efforts funded by ASERF.

Donate your time by teaching a fellow colleague, donating a vacation home, sports or concert tickets, golf outings, art, antiques, collectibles, etc. Other ideas? Let us know. Donations are tax deductible.

For more information, please contact Erika Ortiz-Ramos, erika@surgery.org or Michelle Rincón, exhibits@surgery.org.

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May 16–19, 2019

New Orleans Convention Center
New Orleans, LA



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www.spsscs.org/meeting2019



Multi-Society Gluteal Task Force Update

Continued from Cover

in terms of angle of inclination in both the horizontal and vertical planes. The depth of injection from the skin to the vascular danger zone has been defined as well.

- These approaches are very consistent between different cadavers, and, importantly, are teachable. A keen awareness of the approaches that lead directly to the danger zone should help Surgeons steer clear of these regions during the procedure.
- The superior midline port site, just above the gluteal cleft and overlying the sacrum, appears to be a safer access point because the approach to the danger zone requires a very steep angle, and the bony structures tend to steer the cannula approach into the more superficial planes - it is notable that the distance from the skin to the danger zone can be as little as 12 cm, and was never more than 16 cm in our study—surgeons must be acutely aware that they are never more than 16 cm from a catastrophic event during this procedure.
- We documented, using real time fluoroscopy, the propensity for a long, thin cannulas to bend within the tissues if resistance is encountered. 4 mm diameter cannulas were very resistant to bending, while 3 mm cannula's demonstrated signs of bending and 2mm cannula's were even more prone to this effect. Bending of the cannula within the tissues makes the estimation of tip location unreliable.
- Our six expert injectors who gathered in Miami are recognized thought-leaders in this field. They are the people that are commonly seen at the podium around the globe lecturing about this topic and teaching technique. Each injector used their own technique in the cadaver lab, as well as the same instrumentation used in their operating rooms. Techniques were filmed from different angles so that we could compare the inclination of approach to known approaches to the danger zone. Following injection, dissection teams performed open dissection and inspection of the labeled fat tissue.

Some notable observations from the study modeling the injection techniques were:

- All injectors were able to place the fat into the intended tissue plane.
- Injectors who intended to stay in the subcutaneous plane were able to do so.
- One muscle injector who intended to place the fat in the lateral muscle was adept at accomplishing this. While this expert injector demonstrated skill at placing fat within the muscle, the general proximity of the muscle to the gluteal veins is concerning and it is difficult to promote intramuscular injection technique to the general community of plastic surgeons. Moreover, in all cases of autopsy, findings of fat below the

muscle around the gluteal vessels and injury to the veins have been noted. In no autopsy has fat graft been found only in the subcutaneous plane. Therefore, we are not recommending any changes to the most recent advisory statement issued by the task force at this time.

- In no injections during the study did we see injury to the gluteal vessels with these techniques, or labeled fat deposited directly around the gluteal vessels.
- There were common features and aspects of all the techniques that contributed to accurate graft placement, including an acute awareness by the injectors of the location of the cannula tip at all times.
- In the education module, these common features and attributes from the different techniques will be incorporated as teaching points.
- Our injectors used a range of port sites and equipment.

The teams that gathered together in Miami to execute this work did so with incredible commitment and passion for patient safety. Special thanks go to Drs. Oni Garcia and Pat Pazmino who, despite not being appointed formally to the Task Force, served as consultants and were both driving engines for the refinement of the methodology. Being based in Miami, both surgeons spent nights and weekends practicing techniques and helping to refine the methodology. Moreover, they collected the lipoaspirate that we used for the actual cadaver injections during the study. Additional significant contributors to this work included Joseph Finocchiaro, Professor of Mortuary Science, and Emma Lew, MD, Chief Medical Examiner, Miami-Dade County Coroner's Office. Both volunteered their time to help with our patient safety mission. Dr. Lew performed many of the autopsies from the fatalities in Florida.

We, the Co-Chairs of the Multi-Society Gluteal Fat Transfer Task Force are privileged to update the presidents of the five participating societies on our progress. This model for collaboration has been exemplary and the generous contribution of time and resources by members of all the participating societies has been vital to the success to date.

Sincerely,

Daniel C. Mills, II, MD

J. Peter Rubin, MD

Renato Saltz, MD

Co-Chairs Multi-Society Task Force for Safety in Gluteal Fat Grafting



THE AESTHETIC MEETING 2019

May 16–21, 2019 New Orleans Convention Center



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www.surgery.org/meeting2019



THE AMERICAN SOCIETY FOR
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THE AESTHETIC SURGERY EDUCATION
AND RESEARCH FOUNDATION

The Aesthetic Meeting 2019: Registration Open Now!

Continued from Cover

- *Friday, May 17, 2:00pm–6:00pm*
S11 Modern Techniques in Rhinoplasty for Everyone—A Cadaver Workshop (Gryskiewicz)
- *Saturday, May 18, 1:00pm–6:00pm*
S14 Composite Facelifts Simplified through Modern Understanding of Deep Plane (Spaces and Ligaments) Anatomy—A Cadaver Workshop (Mendelson)

Practice Solution Sessions

Send your staff to these valuable management sessions, Practice Solutions, 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!
www.surgery.org/forstaff



ASERF Silent Auction

Bid to win on an exciting array of products, services and educational experiences, with all proceeds going to ASERF (The Aesthetic Surgery Education and Research Foundation). Held during The Aesthetic Meeting 2019, 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

Presidential Welcome Celebration

Plan to join us on Saturday, May 18, at 6:30pm, as we celebrate the Presidential tenure of Dr. W. Grant Stevens in the amazing

PRESIDENTIAL WELCOME CELEBRATION
Saturday, May 18th 6:30pm – 9:00pm
Food, Drinks, and Fun!

Laissez le Bon Temps Rouler!

@Generations Hall—Just Two Blocks from the Convention!
Follow the Crowd to 310 Andrew Higgins Blvd., NOLA

city of New Orleans! Just follow the crowd from the convention center to Generations Hall, just two blocks away, and enjoy a wonderful evening of food, drinks, fun, and entertainment.

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. Booking within the block helps ASAPS keeps the lowest possible room rates for attendees.



CME Credit Designation Statement

The American Society for Aesthetic Plastic Surgery designates this live activity for a maximum of 50.25 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, of which 12 are Patient Safety CME. An additional 29.5 credits are designated for special seminars and optional courses. Earn up to 50.25 CME credits by attending a course in every time frame offered and the entire Scientific Sessions. CME credits are subject to change.

Aesthetic Meeting App

The Aesthetic Meeting 2019 will be utilizing a 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.

Of course, these highlights are but the tip of The Aesthetic Meeting iceberg! For complete details about this premier global gathering of aesthetic innovators and experts, visit www.surgery.org/meeting2019. I look forward to seeing you all in New Orleans as we celebrate in the Big Easy!

Jamil Ahmad, MD, is an aesthetic plastic surgeon practicing in Toronto, Canada, and serves as the Chair of the ASAPS Program Committee.

Book Your Aesthetic Meeting Hotel Room Now!

Check out these terrific hotels in New Orleans and book now at surgery.org/hotels to ensure your favorite accommodations.

Hilton New Orleans Riverside (HQ Hotel)

Doubletree By Hilton New Orleans

Embassy Suites New Orleans—Convention Center

Loews New Orleans Hotel

New Orleans Marriott

New Orleans Marriott at the Convention Center

Omni Riverfront New Orleans

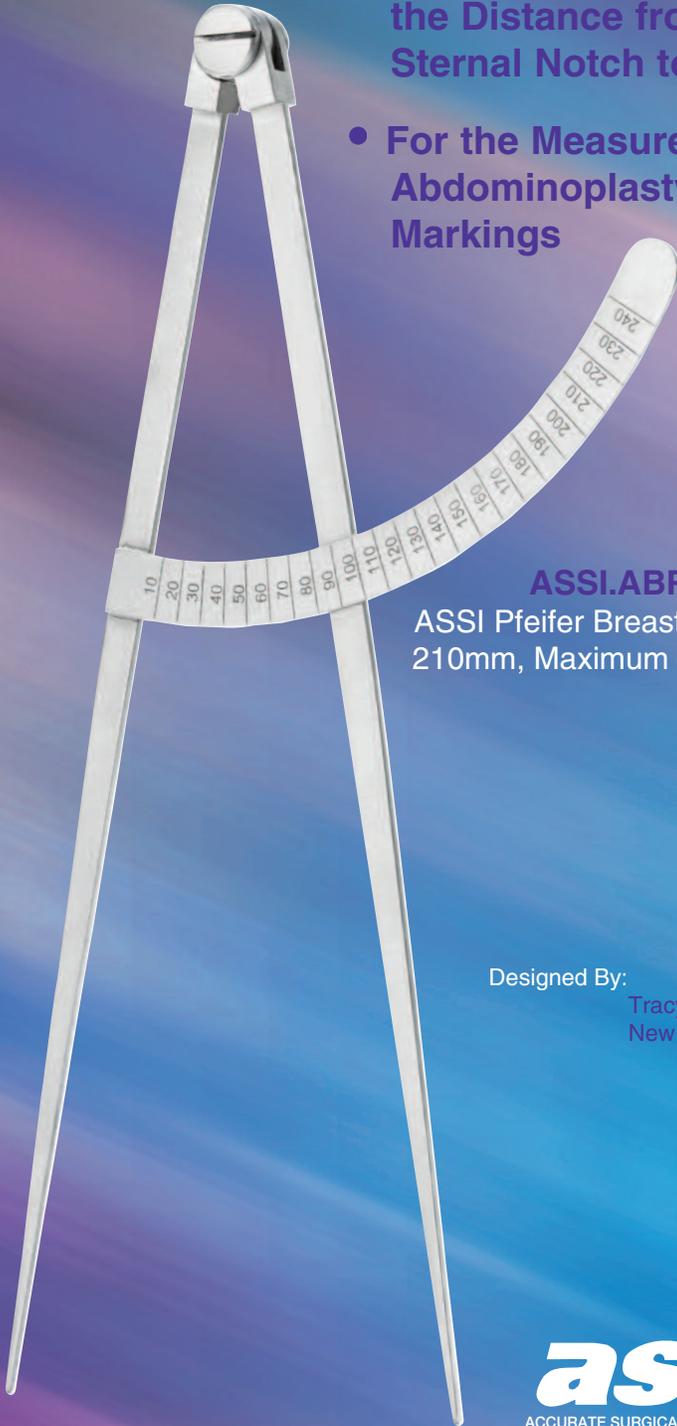
Windsor Court Hotel

Please note: onPeak is the ONLY official housing company associated with The Aesthetic Meeting 2019. While other hotel resellers may contact offering housing for your trip, they are NOT endorsed by, nor affiliated with, our meeting. Booking within the block helps ASAPS keeps the lowest possible room rates for attendees. If you choose to book with a vendor other than onPeak, we strongly encourage you to verify their credentials before doing business with them. We also encourage you to independently confirm that your reservations, in fact have been made and will be honored, by directly contacting your chosen hotel, airline and/or rental car company.

Book your hotel early to ensure your first choice of accommodations. Reservations will be accepted until April 21, 2019, after that time hotel prevailing room rates will apply. surgery.org/hotels

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- For the Measurement of Abdominoplasty Markings



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ASAPS' Experienced Insights in Breast and Body Symposium a Big Success

By William P. Adams, Jr., MD

Dan DeVecchio, MD and I were so pleased to see the reaction to this year's ASAPS' Experienced Insights in Breast and Body Contouring, which took place October 18–20, 2018, at the InterContinental Mark Hopkins in San Francisco, CA. We had the pleasure of hosting an intimate group setting with 72 surgeons participating. This symposium offered an educational experience featuring some of the leading experts in breast and body contouring, in which participants were encouraged to share ideas and challenge assumptions on presented topics. This interactive experience comprised of panelists, pundits, and discussants who debated and challenged the experts, offering both insightful, critical thinking. By the end of the weekend, participants walked away with many pearls of wisdom that they took back to their practices.

We would like to offer our sincere thanks to our outstanding faculty, including Drs. Jamil Ahmad, Paco Canales, Lázaro Cárdenas Camarena, Craig Creasman, Heather Furnas, Caroline Glicksman, Barbara Hayden, Jeffrey Kenkel, Julie Khanna, Kiya Movassaghi, David Sieber, and W. Grant Stevens. We would also like to thank our 17 vendors who joined us in the exhibit hall, giving them the ability to meet one-on-one with our participants.

This year we had the unique opportunity to give back to the local community in San Francisco where the symposium was held. The Aesthetic Society partnered with the InterContinental Mark Hopkins San Francisco and Food Runners to donate much-needed

food in the form of 338 boxed lunches to the homeless population. The Society and entire faculty were thrilled to be able to contribute—“We enjoy opportunities to give back and a food donation allows us the chance to make an immediate impact on a city that continually welcomes us,” stated ASAPS President, W. Grant Stevens. It was truly a memorable experience for the Society to be able to help those in need.

Looking forward, we are excited to continue this exceptional offering and already busy planning the 2019 ASAPS' Experienced Insights symposium—keep an eye out for more details soon at www.surgery.org/breastandbody2019. I hope to see you all at our next destination!

William P. Adams, Jr., MD, is an aesthetic plastic surgeon practicing in Dallas, TX,



Drs. Dan DeVecchio and Bill Adams, chairs of Experienced Insights 2018.



Dr. Grant Stevens and InterContinental Mark Hopkins staff prepare to donate food to the homeless.



Lively faculty discussions (and debates) are always a highlight of Experienced Insights.

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1. Data on file at Tepha, 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



www.galateasurgical.com

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ASAPS' 4th Residents' Symposium Helps Residents Prepare for the Future

By Gary Tuma, MD

The fourth annual ASAPS' symposium, "The Business of Launching Your Practice—The ASAPS Gift of Expert Advice," was held in New York, NY, on December 7–9, 2018 at the SHIELD Center. Vice Chair, Nolan Karp, MD, and I had the privilege of hosting 74 residents from around the country looking to take the next steps in their plastic surgery career. We were thrilled to see so many residents take advantage of this complimentary symposium dedicated toward helping them map out a plan for success after graduation.

Our faculty of key industry leaders included attorneys, marketing specialists, practice management consultants, accountants, practice managers, and physicians who shared their personal experiences about how to avoid common pitfalls on the path for success.

Building on the success of previous three years, we wanted this symposium to address the common business concerns residents and fellows are faced with and answer the ultimate question: "What comes next after graduation?" As we all know, residency programs do an excellent job teaching the necessary skills for positive patient outcomes, but residents rarely get access to the business and marketing expertise, which plays a significant role in a practice's success. Our goal at this symposium was for them to learn from the experts what to do—and what not to do—and to ensure they've established a solid platform on which to grow.

To achieve this goal, we assembled a top-notch team of experts who shared with

Indepth Discussions



Stellar Faculty (L to R): Ryan Miller; Larry Keller; Bob Aicher, Esq.; Karen Zupko; Nolan Karp, MD; Gary Tuma, MD; David Sieber, MD; Ashley Gordon, MD; Trent Douglas, MD; and Brad Adalto, Esq.

the participants' tips and practical suggestions for success. Nolan and I would like to thank our entire faculty, as their valuable insights helped motivate and inspire the next generation of our specialty:

- Bradford Adatto, Esq.
Healthcare Lawyer; Dallas, TX
- Robert Aicher, Esq.
ASAPS Legal Counsel; Pasadena, CA
- Mark Codner, MD
Plastic Surgeon; Atlanta, GA
- Trent Douglas, MD
Plastic Surgeon; San Diego, CA
- Ashley Gordon, MD
Plastic Surgeon; Austin, TX
- Lawrence Keller
Insurance Agent and Certified Financial Planner; Woodbury, NY
- Ryan Miller
Online Marketing Specialist; San Luis Obispo, CA
- Salvatore Pacella, MD, MBA
Plastic Surgeon; San Diego, CA
- David Sieber, MD
Plastic Surgeon; San Francisco, CA
- Karen Zupko
Practice Management and Reimbursement Solutions Advisor; Chicago, IL

We would also like to give our sincere thanks to our sponsors, Allergan, Galderma, and Merz Aesthetics, whose support is greatly appreciated.

We look forward to building on this success and continuing to help ensure that the future of our specialty continues to be vibrant and strong. If you haven't attended this meeting yet, I highly recommend you make plans to join us in 2019. More details will be available soon!

We are thrilled that for the second year in a row this event has sold out and continues to be rated by participants as one of the best resources for those launching or joining a practice. Here's what participants are saying about this symposium:

"The resident's symposium is a must for anyone considering aesthetic plastic surgery as a part of their ultimate practice scope. The all-star faculty at the symposium left us informed and inspired!"—Ali Qureshi, MD

"The ASAPS resident symposium was a great supplement to my education. The weekend was information-packed and engaging."—Jared Davis, MD

"I found this conference very educational! The lectures were very well put together and included a wealth of information on how to run a private practice successfully. It was also a great opportunity for networking and making great new contacts. I would recommend it to all residents!"

—Inzhili K. Ismail, MD



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Just Days Away: Register Now for ASAPS Facial & Rhinoplasty Symposium

By Louis Bucky, MD

Our spectacular faculty and I are extremely pleased to announce that you can still register for the **ASAPS Las Vegas 2019 Facial and Rhinoplasty Aesthetic Symposium, January 31–February 2, 2019 at The Cosmopolitan of Las Vegas**. We have planned an exciting program in an intimate learning environment, with some of the best minds specializing in facial and rhinoplasty aesthetic surgery today. We'll be covering such topics as aging concepts, anatomical landmarks and deviations, aesthetic evaluation, fat grafting, fillers (including a live demonstration), and much more.

This program is designed to recognize all aspects of facial surgical rejuvenation, including eyes, nose, lips and chin. A big thanks to Jay Calvert, MD and Oren Tepper, MD, for organizing our in-depth rhinoplasty portion of this program. Come join us for this rare opportunity to interact and learn from a stellar faculty comprised of surgeons from around the globe.

Optional Cadaver Labs: Practice Your Skills

Hurry and register today to customize your meeting experience by selecting one of the two cadaver lab options (additional fee). These labs will give you the opportunity to implement concepts and techniques from the general sessions with hands-on guidance from the experts. Make sure to plan ahead as space is limited!

Rhinoplasty Lab: Chaired by Drs. Jay Calvert and Oren Tepper, this lab will demonstrate various approaches such as dorsal modification, advanced tip techniques and much more!

Facial Rejuvenation Lab: Chaired by Dr. Louis Bucky, this lab will focus on the forehead/brow, orbit/eyelids, cheek, and neck. Each area will have a live dissection and injection demonstration.

Available CME: What You'll Earn

The American Society for Aesthetic Plastic Surgery (ASAPS) designates this live activity for a maximum of 23 *AMA PRA Category 1 Credits*.™ Physicians should claim only the credit commensurate with the extent of their



Thought-provoking presentations at ASAPS Facial & Rhinoplasty Symposium

participation in the activity. To earn the maximum, 23 CMEs, you must also attend an optional cadaver lab on Saturday afternoon, without which the maximum is 19 CMEs.

12 of the 23 credits have been identified as Patient Safety Credits (8 for the general session and 4 for the cadaver lab). Credit hours subject to change.

Exciting Venue: The Cosmopolitan of Las Vegas

All meeting functions will be held at The Cosmopolitan of Las Vegas, a luxury resort casino and hotel, located on the Las Vegas Strip. The resort was named to the Conde Nast Travelers Gold List as one of the "Top Hotels in the World." The hotel has a wide variety of inspired, world-class restaurants. If you're looking for expert education in a dynamic and personal setting, look no further. So please join us for some education and fun!

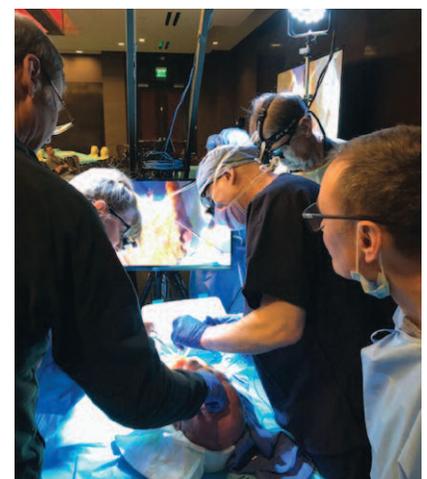
How to Register

We hope you'll register and attend this exciting symposium and enroll in one of the two cadaver lab options. The registration brochure for this symposium follows this article in its entirety, or you can find more information online at www.surgery.org/face2019. See you in Las Vegas!

Louis Bucky, MD, is an aesthetic plastic surgeon practicing in Philadelphia, Pennsylvania



Register now to secure your space in the popular Cadaver Labs.



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Cadaver Lab Today!



THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC.

ASAPS LAS VEGAS 2019 FACIAL & RHINOPLASTY SYMPOSIUM

January 31–February 2, 2019
The Cosmopolitan of Las Vegas
Las Vegas, NV

Chair: Louis Bucky, MD
Vice Chair: Charles Thorne, MD

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- Complications
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- General Session Featuring Face and Rhinoplasty
- Rhinoplasty Cadaver Lab
- Facial Cadaver Lab

Connect with the World's Leading Surgeons.
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PROGRAM GOALS AND LEARNING OBJECTIVES

Goal: Discuss advanced techniques in facial rejuvenation, including rhinoplasty, through surgical and non-surgical therapies to achieve optimal aesthetic outcomes and minimize complications with an emphasis on patient safety.

Learning Objectives

- Evaluate advanced concepts in aesthetic surgery of the face, nose and neck to achieve optimal outcomes
- Summarize advanced techniques and science in structural fat grafting
- Demonstrate appropriate use of hyaluronic acid in achieving optimal non-surgical facial rejuvenation
- Manage surgical and non-surgical complications with an emphasis on patient safety
- Recognize the importance of all aspects of facial surgical rejuvenation, including eyes, nose, lips and chin
- Define and analyze advanced techniques for facial rejuvenation to include:
 - Aging concepts
 - Aesthetic evaluation
 - Surgical options
 - Resurfacing options

WHO MAY ATTEND?

The ASAPS Las Vegas 2019 Facial and Rhinoplasty Symposium is open to Domestic and International Members and Candidates of:

- The American Society for Aesthetic Plastic Surgery
- The American Academy of Facial Plastic and Reconstructive Surgery
- The American Society of Plastic Surgeons
- The International Society for Aesthetic Plastic Surgery (ISAPS) or documentation of membership in a national plastic surgery society acceptable to the Board of Directors
- Residents and Fellows participating in an approved plastic surgery residency program (with letter of verification)
- Office/Ancillary Personnel of qualified surgeons

DESIGNATION

The American Society for Aesthetic Plastic Surgery (ASAPS) designates this live activity for a maximum of 23 *AMA PRA Category 1 Credits*.[™] Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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ACCREDITATION

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.

DISCLOSURE POLICY

The American Society for Aesthetic Plastic Surgery (ASAPS) requires all instructors, planners, reviewers, managers, 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 educational 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 product are discussed in a CME activity or included in related materials.

Please remember to verbally disclose all potential conflicts when participating in a discussion from the floor.

PROGRAM

THURSDAY, JANUARY 31, 2019

6:45AM – 6:00PM
Registration Hours

9:00AM – 5:00PM
Exhibits Hours

7:00AM – 7:30AM
Breakfast in the Foyer

7:30AM – 7:45AM
Welcome
Louis Bucky, MD

**BUILDING YOUR PRACTICE –
HOW TO BEGIN: THE CONSULT**
Moderator – Charles Thorne, MD

7:45AM – 8:00AM
Perception Studies in Facial
Rejuvenation
Francisco Bravo, MD

8:00AM – 8:15AM
The Comprehensive Consult
Louis Bucky, MD

8:15AM – 8:30AM
Consult Pearls: Connecting
with Our Patients
Gerald O’Daniel, MD

8:30AM – 8:45AM
The Rhinoplasty Consult –
Considering Patients’ Desires –
The Millennial Method
Oren Tepper, MD

8:45AM – 9:00AM
Consult Concepts for
Injectable Patients
Jackie Yee, MD

9:00AM – 9:15AM
Invited Commentary & Discussion
Richard Warren, MD

**EYELIDS – SHOULD WE
REMOVE OR REPLACE?**
Moderator – Louis Bucky, MD

9:15AM – 9:30AM
Upper Lids—My “Go To” Procedure
Christopher Godek, MD

9:30AM – 9:45AM
Ptosis—What Should We Do?
Richard Warren, MD

9:45AM – 10:00AM
Non-Incisional Endoscopic Upper
Lid Rejuvenation
Chia Chi Kao, MD

10:00AM – 10:15AM
Invited Commentary & Discussion
Francisco Bravo, MD

10:15AM – 11:00AM
Networking Break in the Exhibits

**LOWER LIDS: SIMPLIFY OR
COMPLICATE?**
Moderator – Charles Thorne, MD

11:00AM – 11:15AM
Nasojugal Groove—What Should
We Do? The Anatomy Dictates
the Treatment
Chris Surek, DO

11:15AM – 11:30AM
Lower Lid Management—
My “Go-To” Algorithm
Richard Warren, MD

11:30AM – 11:45AM
Key Points in Correcting Aging
Lower Eyelids
Francisco Bravo, MD

11:45AM – 12:00PM
Extended Lower Lid
Blepharoplasty, The Rx of
Festoons, Malar Bags and More
Christopher Godek, MD

12:00PM – 12:15PM
Three Secrets to Achieve Excellent
Results From Canthoplasty
Mario Pelle-Ceravolo, MD

12:15PM – 12:30PM
Invited Commentary & Discussion
Gerald O’Daniel, MD

12:30PM – 1:30PM
Lunch in the Exhibits

SPECIAL PRESENTATION

1:30PM – 1:50PM
THIRTY YEARS BUILDING
A FACELIFT PRACTICE
Moderator – Louis Bucky, MD
Presenter – W. Grant Stevens, MD

1:50PM – 2:00PM
Discussion

2:00PM – 3:15PM
INJECTIONS—INTERACTIVE
LIVE DEMONSTRATION
Moderator – Louis Bucky, MD
Injector – Jackie Yee, MD
Commentator – Christopher
Godek, MD

Program and Faculty Subject to Change

REGISTER ON OR BEFORE DECEMBER 3, 2018 FOR EARLY BIRD SAVINGS

FRIDAY, FEBRUARY 1, 2019

3:15PM – 4:00PM

Networking Break
in the Exhibits

BROW LIFTING—OPEN VS ENDO VS MINI VS MAXI—WHAT TO DO?

Moderator – Charles Thorne, MD

4:00PM – 4:15PM

Brow and Temple Anatomy:
Let's Get It Straightened Out
Chris Surek, DO

4:15PM – 4:30PM

Direct Excision
Mario Pelle-Ceravolo, MD

4:30PM – 4:45PM

The Ponytail Lift: Rethinking
the Endoscopic Brow and
Midface Lift
Chia Chi Kao, MD

4:45PM – 5:00PM

Lateral Brow—Great Results
with Limited Incisions
Richard Warren, MD

5:00PM – 5:15PM

Gliding Brow Lift: A New Minimal
Incision Subcutaneous Brow Lift
Gerald O'Daniel, MD

5:15PM – 5:30PM

Invited Commentary & Discussion
Dino Elyassnia, MD

6:30AM – 5:30PM

Registration Hours

9:00AM – 5:00PM

Exhibits Hours

6:45AM – 7:15AM

Breakfast in the Foyer

ANCILLARY TECHNIQUES—DO THEY WORK?

Moderator – Louis Bucky, MD

7:15AM – 7:30AM

The XACT Device—A Surgeon's
Thread Lift that Actually Works!
Christopher Godek, MD

7:30AM – 7:45AM

Philtrum Accentuating Upper
Lip Lift
Francisco Bravo, MD

7:45AM – 8:00AM

Chin Implants: Icing on the Cake
Jay Calvert, MD

8:00AM – 8:15AM

Fat Grafting to the Face With
and Without Surgery
Ashkan Ghavami, MD

8:15AM – 8:30AM

Surgical Management of the
Overfilled Face
Chia Chi Kao, MD

8:30AM – 8:40AM

Invited Commentary & Discussion
Charles Thorne, MD

RHINOPLASTY—PREOPERATIVE ANALYSIS & SURGICAL PEARLS FOR EXPOSURE

Moderator – Jay Calvert, MD

8:40AM – 8:52AM

3D Facial Analysis and Planning
Derek Steinbacher, MD

8:52AM – 9:04AM

Opening the Nose in Five Minutes
or Less
Oren Tepper, MD

9:04AM – 9:16AM

Surgical Pearls for Exposure in
Closed Rhinoplasty
Geoffrey Keyes, MD

9:16AM – 9:28AM

Columellar Strut vs Septal
Extension Grafts
Jason Roostaeian, MD

9:28AM – 9:45AM

Invited Commentary & Discussion
Charles Thorne, MD

9:45AM – 10:30AM

Networking Break
in the Exhibits

SHAPING THE NOSE—MIDDLE VAULT, TIP AND THE ALAR BASE

Moderator – Oren Tepper, MD

10:30AM – 11:00AM

Tackling the Tip—Preservation,
Modification or Reconstruction
Jay Calvert, MD

11:00AM – 11:15AM

Achieving Position, Rotation and Projection in Closed Rhinoplasty

Geoffrey Keyes, MD

11:15AM – 11:30AM

Tip and Alar Grafts—SEG vs Columellar Strut, Alar Contour

Jason Roostaeian, MD

11:30AM – 11:45AM

Ethnic Rhinoplasty

Ashkan Ghavami, MD

11:45AM – 12:00PM

Invited Commentary & Discussion

Mario Pelle-Ceravolo, MD

RHINOPLASTY—DORSAL MODIFICATION—CLASSIC APPROACHES VERSUS THE NEW REVOLUTION

Moderator – Oren Tepper, MD

12:00PM – 12:15PM

Dorsal Preservation Rhinoplasty – Should We Push Ourselves to Learn the Pushdown?

Dino Elyassnia, MD

12:15PM – 12:30PM

Dorsal Augmentation Rhinoplasty –Key Steps to Success with Diced Cartilage and Fascia

Jay Calvert, MD

12:30PM – 12:45PM

Peri-nasal Adjunctive Procedures to Enhance Your Rhinoplasty Results

Derek Steinbacher, MD

12:45PM – 1:00PM

Invited Commentary & Discussion

Ashkan Ghavami, MD

1:00PM – 1:45PM

Lunch in the Exhibits

SPECIAL PRESENTATION

1:45PM – 2:20PM

CAREER PERSPECTIVES ON FACIAL REJUVENATION

Moderator – Charles Thorne, MD

Presenter – Richard Warren, MD

2:20PM – 2:30PM

Discussion

ESSENTIALS AND PEARLS FOR BUILDING A PRACTICE

Moderator – Louis Bucky, MD

2:30PM – 2:45PM

Living in a Review World—Managing Your Reputation

W. Grant Stevens, MD

2:45PM – 3:00PM

Optimizing Social Media in Your Practice

Ashkan Ghavami, MD

3:00PM – 3:15PM

Subscription Plans for Building a Non-Surgical Practice

A. Jay Burns, MD

3:15PM – 3:30PM

Invited Commentary & Discussion

Richard Warren, MD

3:30PM – 4:15PM

Networking Break in the Exhibits

NECKS—GO DEEP OR GO HOME

Moderator – Sammy Sinno, MD

4:15PM – 4:30PM

The Male Neck Lift

Dino Elyassnia, MD

4:30PM – 4:45PM

The Tale of Two Neck Lifts: A Comparison of Central vs Lateral Techniques

Gerald O’Daniel, MD

4:45PM – 5:00PM

My Journey to Reliable Neck Lifts

Mario Pelle-Ceravolo, MD

5:00PM – 5:15PM

Dilute Fat for Optimal Neck Rejuvenation

Louis Bucky, MD

5:15PM – 5:30PM

Reduction Neck Lift

Francisco Bravo, MD

5:30PM – 5:45PM

Invited Commentary & Discussion

Charles Thorne, MD

PROGRAM

SATURDAY, FEBRUARY 2, 2019

6:45AM – 12:45PM
Registration Hours

7:15AM – 11:00AM
Exhibits Hours

7:15AM – 7:45AM
Breakfast in the Exhibits

7:45AM – 8:15AM
PANEL: BUILDING AND OPTIMIZING THE PRACTICE NURSE INJECTORS AND SKIN CARE SPECIALISTS—HOW WE USE THEM

Moderator – Louis Bucky, MD
Panelists –
A. Jay Burns, MD
Chia Chi Kao, MD
W. Grant Stevens, MD
Richard Warren, MD

8:15AM – 8:30AM
ASAPS Update
W. Grant Stevens, MD
ASAPS President

SPECIAL PRESENTATION

8:30AM – 9:15AM
LASERS AND SURGERY—WHAT WORKS AND WHAT DOESN'T

Moderator – Louis Bucky, MD
Presenter – A. Jay Burns, MD

9:15AM – 9:30AM
Discussion

9:30AM – 10:15AM
Networking Break
in the Exhibits

FACE—MY “GO-TO” PROCEDURES (FEATURING VIDEO)

Moderator – Charles Thorne, MD

10:15AM – 10:30AM
The 3D Journey of the Facial Nerve: Pearls for the Facelift Surgeon
Chris Surek, DO

10:30AM – 10:50AM
Facelift with CO2 Laser Resurfacing
Christopher Godek, MD

10:50AM – 11:10AM
Facelifts—Completing My Anatomic Journey
Mario Pelle-Ceravolo, MD

11:10AM – 11:30AM
Matching the Optimal Facelift Technique with the Patient's Aesthetic Goals
Gerald O'Daniel, MD

11:30AM – 11:50AM
Combining Facelift and Fat Grafting
Dino Elyassnia, MD

11:50AM – 12:10PM
The Ponytail Facelift: Minimally Invasive Multi-Modality Pan Facial and Neck Rejuvenation
Chia Chi Kao, MD

12:10PM – 12:30PM
The Marionette Facelift
Francisco Bravo, MD

12:30PM – 12:45PM
Invited Commentary & Discussion
Louis Bucky, MD

1:00PM – 5:00PM
Customize Your Experience by Choosing One of These Optional Labs:
• **FACIAL CADAVER LAB**
• **RHINOPLASTY CADAVER LAB (additional fee)**

These popular hands-on labs offer a great opportunity to try what you've learned during the meeting with faculty instruction and interaction. Space is limited.

Program and Faculty Subject to Change

Claim Your CME Credits Electronically at WWW.SURGERY.ORG/EVAL
IMPORTANT—The AMA requires that you certify the number of CME credits commensurate with your participation. Attendees are required to complete an online evaluation form which includes a Credit Claiming Section for CME credits.

HOTEL INFORMATION

ASAPS LAS VEGAS 2019 AESTHETIC SYMPOSIUM

Meeting functions will be held at:

THE COSMOPOLITAN OF LAS VEGAS

3708 Las Vegas Boulevard South, Las Vegas, Nevada 89109

ONLINE RESERVATIONS:

<https://aws.passkey.com/go/SASAP9>

The Cosmopolitan is a residential style luxury resort casino and hotel, located on the Las Vegas Strip. Dining includes one of a kind restaurant collections featuring world class chefs. The hotel is part of the Marriott Autograph collection.

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A resort fee of \$25 includes in-room WiFi, access to the 24 hour fitness center, free local and long distance domestic phone calls and use of tennis courts.

Wednesday, January 30 \$229

Thursday, January 31 \$229

Friday, February 1 \$229

CALL CENTER NUMBERS

702-698-7575 (local) or 855-435-0005

Reservation Code SAPAS9 Cut off date is 12/30/2018

Reservations made after the deadline, or after the room block fills, are subject to space and rate availability. Deposit and cancellation penalties will apply. Please confirm these details when making your reservations. Please note this is Super Bowl weekend and rooms will fill quickly. No extension to cut off will be accepted.

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The Aesthetic Meeting 2020

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APRIL 29 – MAY 3, 2021

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BREAKFAST & BREAKS

THURSDAY JANUARY 31

7:00AM – 7:30AM

Breakfast in the Condessa Foyer

9:00AM – 5:00PM

Exhibits Open

Includes: Coffee Breaks and Luncheon

FRIDAY FEBRUARY 1

6:45AM – 7:15AM

Breakfast in the Condessa Foyer

9:00AM – 5:00PM

Exhibits Open

Includes: Coffee Breaks, Luncheon, and Wine and Cheese Networking Break

SATURDAY FEBRUARY 2

7:15AM – 7:45AM

Continental Breakfast in the Exhibit Hall

7:15AM – 11:00AM

Exhibits Open

Includes: Coffee Breaks and Luncheon

SUNDAY FEBRUARY 3

Super Bowl Sunday

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The official interactive mobile app for the ASAPS Las Vegas 2019 Facial & Rhinoplasty Symposium!

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January 31 - February 2, 2019 • Sponsored by: ASAPS

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(Used to communicate Symposium updates)

Check here if, under the American Disabilities Act, you require specific aids or devices to fully participate in this symposium. Audio Visual

Symposium Registration

19 AMA PRA Category 1 Credits™*

	On or Before December 3, 2018	On or After December 4, 2018	Subtotal
ASAPS or AAFPRS Active Member	\$1,450	\$1,650	\$ _____
ASAPS Candidate for Membership	\$1,600	\$1,900	\$ _____
Guest Plastic Surgeon	\$1,850	\$2,050	\$ _____
ASAPS Life Member/Resident <i>(Residents must provide letter of verification from chief of plastic surgery)</i>	\$500	\$600	\$ _____
Allied Health Personnel/Office Personnel <i>(Must provide letter verifying employment by an ABPS-certified plastic surgeon)</i>	\$800	\$900	\$ _____
Optional Rhinoplasty Cadaver Lab (1:00pm – 5:00pm, Saturday, February 2) 4 AMA PRA Category 1 Credits™	\$850	\$995	\$ _____
Optional Facial Cadaver Lab (1:00pm – 5:00pm, Saturday, February 2) 4 AMA PRA Category 1 Credits™	\$850	\$995	\$ _____

TOTAL ENCLOSED \$ _____

By registering for this event: You will be receiving additional communications about this event. Non-EU/UK registrants will also be receiving information about future events and/or products and services.

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No refunds issued after January 29, 2019.

*Program and hours subject to change.

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In Addition to Selected Scientific Sessions, the Following Courses were Captured:*

104 Effective, Efficient, Patient Friendly Facelifting Using SMAS, Fat and Tumescent Technique
Louis Bucky, MD

115 Social Media for Plastic Surgeons by a Plastic Surgeon
Sheila Nazarian, MD

206 Use of Internal Support Devices to Enhance Outcomes in Breast Surgery
Bruce Van Natta, MD

209 Keeping Your Body Contouring Patients Safe: Twenty Tips to Better Contouring Strategies and Safer Surgeries
Henry Mentz, MD; Chris Patronella, MD; German Newall, MD; Raul Morales, MD; Kristi Hustak, MD; Paul Fortes, MD

302 Technical Refinements of the Vertical Mammoplasty: A Modified LeJour Approach
Steve Wallach, MD

303 Pre-Pectoral Breast Augmentation and Reconstruction
Hilton Becker, MD

402/502 Arms, Breast, Back, Buttocks and Thighs Following Major Weight Loss
Joseph Hunstad, MD and J. Peter Rubin, MD

507 Optimizing Outcomes in Breast Augmentation and Augmentation/ Mastopexy
William Adams, Jr., MD and David Sieber, MD

609 Intelligent Choices in Injectables: Complications, Strategies and Combination Therapy
Brian Kinney, MD and Z. Paul Lorenc, MD

711 How Snapchat and Instagram Stories Transformed my Practice (and I Don't Even Have a Ton of Followers!)
Jonathan Kaplan, MD

713 Cultivating Authority Online: Where Reputation and Rankings Intersect
Ryan Miller

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Selected 2018 Scientific Sessions and
Optional Courses—\$899

**Program Subject to Change.*

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ABPS Responds to Diplomates

By Keith Brandt, MD, FACS, Executive Director, American Board of Plastic Surgery



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Time, cost, and relevance were the words most often cited when ABPS asked Diplomates to share their thoughts about the old MOC program. The ABPS Directors listened and responded with a dramatically different program that addresses all of these concerns. ABPS Continuous Certification starts January 1, 2019 and will replace MOC-PS.

The greatest number of concerns were about the time and cost involved with the every-10-year MOC exam. Diplomates were appreciative that ABPS was one of the few ABMS Boards that had a modular exam and was the only board that provided a study guide that provided the questions appearing on the exam together with rationales. Unfortunately, the study guide was expensive, time was required to study, and time away from the office was required to take the exam at a testing center.

Problem Solved. The new ABPS Continuous Certification program gets rid of the 10 year exam in a testing center and replaces it with an online exam. Take the exam at home, at work or at the beach. Log in as many times as needed. The entire month of April will be available each year to complete the exam. Additionally, **NO STUDYING WILL BE REQUIRED.** A new question format begins in 2019. Diplomates will read and answer the question. Everyone, whether they answered right or wrong, will be directed to the rationale. Then if the diplomate answered incorrectly, they get a second chance. Who can fail? Why would ABPS do this? The answer is simple, cramming for an exam the weeks before administration creates an artificial knowledge spike that obscures the diplomate's baseline knowledge level. Asking the diplomate to answer without studying reveals the diplomate's true baseline knowledge gaps. The ABPS will identify the knowledge gaps to the diplomate and also provide resources to help the diplomate correct their deficiencies.

The American Society for Aesthetic Plastic Surgery and other societies are mobilizing to help members correct their knowledge gaps. Aggregate performance reports from the ABPS to ASAPs will allow it to design new programs to address the areas of greatest weakness. ABPS will also provide a detailed performance report to the diplomate so they can see their

knowledge gaps and choose CME programs that address their weak areas. This provides relevant information directly to the diplomate about their individual knowledge gaps.

The ABPS will also move away from a once-every-ten-year exam, to annual 30 question self-assessments. Adult learning research has demonstrated that adults retain knowledge better if they are repeatedly exposed to the information. ABPS will track an individual's knowledge gaps and provide additional questions on the same subject matter in subsequent exams. This repeated exposure over time is known as Longitudinal Learning and is the basis for the new ABPS Continuous Certification program. The ABPS will monitor knowledge gaps over time. The ABPS will ask diplomates to participate in the 30 question self-assessment in 8 of the 10 years of the Continuous Certification cycle. If the diplomate successfully completes 8 self-assessment exams then they will satisfy the examination component of the Continuous Certification program.

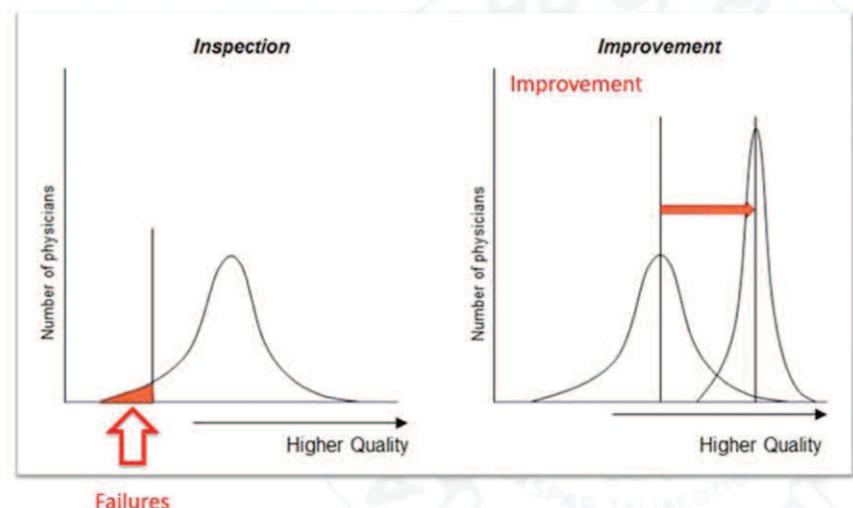
The ABPS has never been interested in identifying the small percentage of poor performers on the far left of the performance curve. Quite the contrary, the goal has always been to move the entire performance curve to the right, so that all diplomates meet a minimal standard (Fig. 1). This explains why the ABPS

has always provided a study guide, so that the knowledge exam was a learning experience. Continuous Certification takes this to a new level by better identifying baseline knowledge gaps, linking the diplomate to resources, and providing data to the societies so they can increase the programming members need most.

What about cost? The ABPS is moving away from its complex a la carte menu of fees and transitioning to a single annual fee. Additionally the ABPS is lowering the total 10 year cost of all activities by 15%. The new annual fee of \$395 will start January 1, 2019. All diplomates will maintain their current 10 year cycle. The ABPS will have to dip into reserves to make this change happen, but the ABPS Directors felt it was important to keep the fees as low as possible.

Look for future articles in *Aesthetic Society News* describing additional changes included in the new ABPS Continuous Certification program. ABPS understands how important ABMS certification is needed to separate our Diplomates from the other cosmetic imitators. Accordingly, ABPS has created a program that stands up to rigorous standards but dramatically reduces the time, cost, and burden to diplomates.

Longitudinal Learning





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Media Notes and Quotes

Markets Insider:

The American Society for Aesthetic Plastic Surgery Partners with the InterContinental® Mark Hopkins Hotel to Donate Food to the Homeless Throughout San Francisco with the Help of Food Runners

<https://read.bi/2S11Tfr>

Excerpt: *The American Society for Aesthetic Plastic Surgery (ASAPS/The Aesthetic Society) is hosting its Experienced Insights: Breast and Body Contouring meeting in San Francisco this week from October 18 through October 20 at the InterContinental Mark Hopkins hotel in San Francisco. The Aesthetic Society partnered with the InterContinental Mark Hopkins to donate much-needed food in the form of boxed lunches to the substantial homeless population in the city with Food Runners, a non-profit organization devoted to alleviating hunger and preventing waste.*

MarketWatch:

Do Instagram and Snapchat distort how teenagers see themselves?

<https://on.mktw.net/2nxasB8>

Excerpt: *Many patients don't realize the images they constantly see on social media are airbrushed, the paper said. Meanwhile, cosmetic surgery jumped 11% in 2017, with consumers spending more than \$6.5 billion on procedures that year alone, according to the American Society for Aesthetic Plastic Surgery, a trade group. The number of cosmetic procedures of all kinds has increased 115% since 2000, which many surgeons attribute to the rise of social media. The majority of plastic surgeons (66%) say that patients request procedures such as lip fillers based on posts by social media stars like Kylie Jenner.*

Men's Health:

8 Things You're Doing That Make You Look Older

<https://bit.ly/2Td9Xlr>

Excerpt: *Just like death and taxes, growing older is inevitable. But aging before your time? That's something you can control. Turns out, many everyday habits could age you prematurely. Often, these behaviors could make you physically appear much older than your years. And that's a big problem: An aging face is one of the most common insecurities men seek to correct cosmetically through creams, peels and Botox injections, according to the American Society for Aesthetic Plastic Surgery. In 2016, more than seven million botulinum toxin injections, the ingredient in Botox and Dysport, were performed in men.*

The Huffington Post:

Brazilian Butt Lifts Are Resulting In An Alarmingly High Mortality Rate

<https://bit.ly/2Ft1Fwd>

Excerpt: *As with any surgical procedure, there are risks. But BBL patients have an alarming mortality rate: As many as 1 in 3,000 people who undergo the procedure die, or 0.033 percent, compared with 0.002 percent for all office-based cosmetic procedures, according to a 2016 study published in Aesthetic Surgery Journal. That has raised red flags in the plastic surgery community. And the cause of these deaths is disturbing: Fat that's injected too deep can enter your circulatory system, possibly leading to a pulmonary embolism.*

GQ:

Should You Get Calf Implants? A Field Guide to Fitness-Related Plastic Surgery

<https://bit.ly/2wPYhoh>

Excerpt: *For those who can't bear the thought of another hour in the gym—and who have some money to spare—cosmetic surgery is always an option. Plastic surgery procedures for men increased 43 percent over a five-year period between 2013 and 2017, according to the American Society for Aesthetic Plastic Surgery. But these procedures aren't your traditional tummy tuck or eyelid lift.*



By Tracy Pfeifer, MD

Recording of the First ASJ Journal Club Session Now Available on RADAR

The newly formed ASJ Journal Club recently hosted its first session, but don't worry if you missed it—a recording of the event is available on RADAR! Hosted by Dr. Chad Tattini, Chair of the Young Aesthetic Plastic Surgeons Committee, the paper “Transition to Nonopioid Analgesia Does Not Impair Pain Control After Major Aesthetic Plastic Surgery” (published in the October 2018 issue of ASJ) was discussed. Dr. Clayton Moliver, senior author of the paper, and Dr. Foad Nahai, ASJ's Editor-in-Chief and the session's moderator, presented on the topic before opening the floor to Q&A from the audience. Go to <https://bit.ly/2Fszyeb> to watch it on RADAR, and we hope you'll take part in future journal club sessions.

Education on Demand is Available on RADAR!

Over 30 sessions and courses were professionally recorded during The Aesthetic Meeting 2018 and are available on RADAR. There's a wide array of content offered, including surgical tips from the experts, practice management solutions, social media advice, and so much more. The best part about having Education on Demand on RADAR is that you can take it anywhere! Access Education on Demand on RADAR on your smartphone, tablet, or laptop to view exceptional video content whenever you want, wherever you want. Go to <https://bit.ly/2zXYQxa> to view the content available for purchase.

Please contact Hunter Alexander (hunter@surgery.org) if you have any questions about RADAR, the ASJ Journal Club, or Education on Demand.

Tracy Pfeifer, MD, is an aesthetic plastic surgeon in New York, NY, and serves on the ASAPS Board of Directors and as Chair of the Resource Editorial Committee.

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Update on ASERF

By Julio Garcia, MD

As the field of aesthetic plastic surgery continues to evolve, the goals of ASERF need to do the same to best serve the specialty and our members. To that end, focus was placed during our annual Strategic Planning Retreat of both the ASAPS and ASERF Board of Directors on reinvigorating the priorities of ASERF. This was accomplished along with a plan to act on these priorities and necessary changes were made to our Foundation's Bylaws.

Refreshed Mission, Vision and Promise

A mission statement describes what an organization wants to do now to get to where it wants to be, while a vision statement outlines what an organization wants to be in the future. In 2016, the mission and vision statements of ASERF were "refreshed", and a promise to our members was created. These serve as our guide when setting priorities for the future of the Foundation:

Mission Statement

The Mission of the Foundation is to identify and pursue those issues relevant to advancing the safety and effectiveness of aesthetic medicine through independent, unbiased, directed research and groundbreaking education.

Vision Statement

ASERF strives to be the leading global organization pioneering aesthetic plastic surgery research and education.

Our Promise

ASERF pioneers advances in aesthetic surgery and medicine to provide the safest, most effective outcomes for patients and timely advancements and education to benefit our members and their practices.

Priority: Reinvigorate ASERF Members & Discover Relevant Research

What does it mean to be a Member of ASERF? As you donate to our Annual Fund with your dues each year and maintain your membership, the hope is that you do so because you are aware of the research studies and education that result from those donations and personally value the mission and vision above. The Board and I want to be sure that there is transparency on how your dues are spent and that you see the work being done to

meet the goals of our mission statement. Since Strategic Planning in September, I have increased my communication with our membership via adding ASERF content to Dr. Grant Stevens' monthly ASAPS "Update from the President" email newsletter, staff continue to update the Foundation website (www.aserf.org) to keep all members informed on recently funded studies and our Board and staff have been busy determining new ways to highlight ASERF-funded research studies previously published in *Aesthetic Surgery Journal*. Our website is a work in progress and will likely undergo a "refresh" of its own over the next year.

Additionally, we want ASERF-funded research to reflect topics that are of interest and have relevance to our members. The ideal outcome would be that the results of this research—shared with membership via *ASJ*, Premier Global Hot Topics and The Research and Innovative Technology Luncheon—align with our mission and make a difference in the safety and effectiveness of the work you do with your patients.

Your feedback is always welcome with regards to developing new ways to communicate our efforts to you and identifying relevant research topics. Contact Courtney Muehlebach, Senior Director, Affiliates at courtney@surgery.org, with suggestions.

Priority: Enhance Staff Resources

Focus has been placed on assessing current staff resources and expanding on them where necessary to meet our goals. With the enhancement of staff resources, comes the need for ASERF to stand more on its own and take over administrative costs necessary to run. As you will see in the Bylaws changes on page 33, these services were previously donated as "services in kind" from ASAPS. ASERF is financially strong and can take on the responsibility of these fees moving forward as we work toward our goals. We remain collaborative with ASAPS and are extremely thankful for the past 25 years of support!

Continued on Page 33



Mollenkopf Aesthetic Breast Reconstruction Fund—Providing Life-Changing Support



Since being established two years ago, the Mollenkopf Aesthetic Breast Reconstruction Fund has been a life-changing resource for uninsured and underinsured breast cancer patients who have encountered financial obstacles in completing their aesthetic breast reconstruction journey.

Last fall, Carla Werts, a resident of Oceanside, California and patient of ASAPS and ASERF member Dr. Mark Mofid, received a Mollenkopf grant during her greatest time of need.

Carla, who was diagnosed with early stage breast cancer, opted to have a double mastectomy with immediate reconstruction to avoid chemotherapy. Declared cancer-free after her procedure, Carla encountered problems in the reconstruction process that

Continued on Page 33

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Update on ASERF

Continued from Page 31

Approved ASERF Bylaws Changes

- **ARTICLE II MISSION** The mission of the Foundation [incorporated on April 8, 1993 in the state of California as a not-for-profit charity meeting the criteria of IRC Section 501(c)(3)] is to identify and pursue those issues relevant to **advancing the safety and effectiveness of aesthetic medicine through independent, unbiased, directed research and groundbreaking education. the advancement, effectiveness, and safety of aesthetic plastic surgery through directed research and education for the purpose of benefiting patients, physicians and this entire field of medicine.**
- **Section 2. Number, Election and Qualifications of Directors.** The Board of Directors shall consist of not more than fifteen (15) voting members to include the five (5) officers of the Foundation (President, President-Elect, Vice President, Treasurer and Secretary); three (3) officers of the American Society for Aesthetic Plastic Surgery, Inc. (President, President-Elect and Vice President); and **six (6) seven (7) Directors**, two of whom may be lay members. Directors shall be elected at each Annual Meeting of the membership. The physician Directors will serve terms of two (2) years and their terms will be staggered to maintain continuity.
- **Section 4. Quorum.** **Seven (7) Eight (8) voting** members shall constitute a quorum for the transaction of business and the action of a majority of the members present and voting at a meeting at which a quorum is present shall constitute a valid action of the Board.

- **Section 1. Standing Committees.** (b) Nominating Committee. The Nominating Committee shall consist of seven (7) members, one (1) of whom shall be designated **Chairman** by the President of the **American Society for Aesthetic Plastic Surgery (ASAPS) Foundation.**
- **ARTICLE X CENTRAL OFFICE** The Central Office of the American Society for Aesthetic Plastic Surgery, Inc., will provide the administrative services necessary to coordinate the Foundation's policies, meetings, communications, activities, programs, commitments and relationships, as well as whatever other functions and needs the Officers and Board of Directors deems necessary. **These services will be donated by the Aesthetic Society as "services in kind."** The Executive Director of the American Society for Aesthetic Plastic Surgery has the overall supervision of the Central Office including its personnel, services and functions. He/She is directly responsible to the Officers and Board of Directors of the Society and of the Foundation to determine its space, equipment, and personnel needs. **He/She will be a member of the Board of Directors and Executive Committee ex-officio, without the right to vote.** The tenure of the Executive Director will be determined by contract with the Aesthetic Society Board of Directors.

Dr. Julio Garcia is an aesthetic plastic surgeon practicing in Las Vegas, Nevada, and serves as President of ASERF.

Mollenkopf Aesthetic Breast Reconstruction Fund—Providing Life-Changing Support

Continued from Page 49

led her to make the switch to Dr. Mofid, whose experience helped stabilize her situation.

Having 5 surgeries within an 8-month span put Carla and her wife of 22 years in a financial bind. "We had put away money for rainy days, but it had been virtually depleted," she said. "Not only did we have medical bills (because of the surgeries), I also missed several months of work."

Dr. Mofid became aware of Carla's dilemma and applied for a Mollenkopf Fund grant on her behalf. Then, at a recent appointment to prepare for a November 2018 surgery, Dr. Mofid informed Carla that she had been approved for a grant.

"I cried with relief when he gave me the news," exclaimed Carla. "Though it was the scariest time of my life, I truly got to see the light that shines from people in such circumstances."

Dr. Mofid, who has had two patients benefit from the Fund, added, "A diagnosis of breast cancer is not just a medical diagnosis. It is a journey that patients are set on to a place they never expected to be and where they rely on the guidance and help of family, friends, nurses and physicians to get them through."

Thanks to the generosity of Susan and Steve Mollenkopf, who started the Fund with matching support from Qualcomm, more than 60 grants—of up to \$5,000 each—are available to eligible patients of ASERF and ASAPS members nationwide. The grant application, which includes guidelines and requirements, can be found on the ASERF website at www.aserf.org/Mollenkopf.

Both Dr. Mofid and Carla are grateful to how the Fund helped alleviate unforeseen and costly medical complications during the breast reconstruction journey. "We are grateful for the generosity of others in times of need and we give our thanks to the Mollenkopf family."

PATIENTS IN NEED?

Mollenkopf Aesthetic Breast Reconstruction Fund Now Available Nationwide!

The Aesthetic Surgery Education and Research Foundation (ASERF) is pleased to announce that the Mollenkopf Aesthetic Breast Reconstruction Fund, which aids breast cancer patients in completing their aesthetic breast reconstruction journey, is now available to patients nationwide.

For ASERF and ASAPS member surgeons who have patients eligible for a Mollenkopf Fund grant, please view all details and download the grant request form at: www.aserf.org/Mollenkopf

For Uninsured Patients, Utilize the BIA-ALCL Patient Fund

The American Society for Aesthetic Plastic Surgery and the American Society of Plastic Surgeons, in conjunction with the Aesthetic Surgery Education and Research Foundation and the Plastic Surgery Foundation, are pleased to offer the BIA-ALCL Patient Assistance Fund for uninsured patients diagnosed with ALCL.

For ASAPS, ASPS, ASERF and PSF member surgeons who have patients diagnosed with ALCL, visit: www.aserf.org/BIA-ALCL, for all criteria and to download a grant request form.

For additional information on the Fund, please contact Ivan Rodriguez at (562) 799-2356 or ivan@aserf.org

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You can access SAC by logging onto www.surgery.org/surgeonasconsumer and entering your user name and password. There you will find reviews from other members and be able to submit your own. **Remember, SAC is a service exclusively for use by Aesthetic Society members.**

Help yourself and help others by reading and writing device reviews today!

Meet the Staff

John O’Leary

John O’Leary, Senior Director, Marketing and Public Education, has been with the Society for 15 years. He is responsible for oversight of all external and internal communications, marketing, product development, and market research for the organization. In this role, he works with a group of very talented professionals in writing, web development, media relations, digital media and research who primarily work remotely across the country.



John O’Leary with Leigh Hope Fountain, ASAPS Director of Public Relations.

He notes that he enjoys working at The Aesthetic Society because of the culture. “It’s inclusive and supportive, and working with the members is a joy.” Outside of work, John is very involved in working on the huge issue of homelessness, both here in California and in

New York. He enjoys hiking, misses the snow, and likes to support emerging artists when he can. Currently, he is interested in the work of Ramiro Gomez.

Share Your Stories!

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

Aesthetic Society team members Erika Ortiz-Ramos, Phaedra Cress, Debi Toombs, and Sue Dykema greet attendees at the 2018 Cutting Edge Symposium in New York, NY.



Have You Mistakenly Unsubscribed?

The Aesthetic Society has recently become aware that some members and colleagues have mistakenly clicked “Unsubscribe” on our emails, which removes a person entirely from **all** Aesthetic Society email communication. Typically, a person may think that they are unsubscribing from only that particular symposium promotion, for example, but in reality they are unsubscribing from **all** Society emails. 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. **Please be assured that we never loan or sell our email lists.**

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 email asaps@surgery.org, and ask to be re-subscribed to our communications list. We value your support of The Aesthetic Society. Thank you!



Aesthetic Surgery Journal Update

To read the current issue of the *Aesthetic Surgery Journal*, visit: <https://goo.gl/cCNWZt>

2018 ASJ Roundup

Our final monthly issue of 2018 has published, and we hope you enjoyed reading this year's volume of clinical and research content along with practical, evidence-based information to enhance your practice. Read the December issue here: <https://goo.gl/cCNWZt>.

We have had a very positive response to our expansion to monthly, which has enabled us to publish more articles and contribute more extensively to the plastic surgery literature. Additionally, monthly publication coupled with our new Accepted Manuscript workflow has sped up publication—accepted articles now publish in approximately one week. The feedback from our authors has been great since speed of publication is a key component in an author's decision about where to publish. We also saw growth in our Impact Factor and the number of submissions received this year.

ASJ Open Forum

The ScholarOne submission site is live and the new website has launched, <https://academic.oup.com/asjopenforum>. We invite your submissions and thank all who have already reviewed for our new open access journal. We are proud of the ASAPS brand of journals and their high-quality standards. We are proud to provide open access (free-to-read) articles for our readers, in particular our international readers who may not have access to *ASJ*. *ASJ Open Forum* allows for faster and wider dissemination of articles and the opportunity for us to publish more educational articles that explain “how I do it,” so readers may learn and improve their skills and ultimately their patient outcomes. Publishing in *ASJ Open Forum* benefits authors because the articles will be seen and hopefully cited by more colleagues as a result of the open access publishing model. As always, please contact us at journal@surgery.org with questions or suggestions for improvement.

ASJ Journal Club Launches

In October, we held our first journal club presented by the Young Aesthetic Plastic Surgeons (YAPS) and chaired by Dr. Chad Tattini. On its heels we held another journal club in November, hosted by the Next Generation Editors and moderated by Dr. Cindy Wu. All journal clubs are held via the Zoom app and participants are encouraged to ask questions and engage with the authors and discussants. We aim to hold the journal clubs on the first Tuesday of each month. Please contact Hunter (hunter@surgery.org) to sign up for the YAPS journal club events or Phaedra (phaedra@surgery.org) to sign up for the NGE journal club events.

You're invited to watch the ASJ Journal Club recording of the December 11 event hosted by the Young Aesthetic Plastic Surgeons (YAPS) Committee

Article: Optimizing Patient Outcomes and Safety With Liposuction

Bernardino M. Mendez, MD;
Jayne E. Coleman, MD; Jeffrey M. Kenkel, MD

Discussant: Dr. Jeffrey Kenkel
(Associate Editor of *ASJ*)

Moderator: Dr. Jennifer Walden (*ASJ* Section Editor, SoMe and Behavioral Science)

Host: Dr. Chad Tattini
(YAPS Committee Chair)

Contact Hunter Alexander
(hunter@surgery.org) to sign up for future Journal Clubs.

What's New With Instagram?

If you haven't followed us yet on Instagram, please check out the good work Dr. Michael Lee is doing in promoting *ASJ*. You can find us here: [@aestheticsurgeryjournal_asj](https://www.instagram.com/aestheticsurgeryjournal_asj).

Thematic Issue Update

Our latest thematic issue, *Surgical Markings: Measure Twice, Cut Once*, is available here: <https://goo.gl/h33YDp>. We would like to thank Dr. Ali Qureshi for preparing the introduction and curating our *ASJ* content to offer readers the most important articles (many with videos) on this crucial topic.

Continued on Page 37



The ASAPS Brand of Journals

We are pleased to share more information on both journals—*Aesthetic Surgery Journal* and *Aesthetic Surgery Journal Open Forum*—so you can decide which format is the right one for your next submission.

Please write to us with questions:
journal@surgery.org.

Submit to *Aesthetic Surgery Journal*:
<https://mc.manuscriptcentral.com/asjournal>

Submit to *Aesthetic Surgery Journal Open Forum*: <https://mc.manuscriptcentral.com/asjof>

Criteria	ASJ	ASJ Open Forum
Official Publication of ASAPS	✓	✓
Peer Review Conducted, Experienced Editorial Team	✓	✓
Editor in Chief Foad Nahai	✓	✓
Associate Editor Jeff Kenkel	✓	✓
Same Editorial Board	✓	✓
Published by Oxford University Press	✓	✓
Accepts Original Research & Reviews	✓	✓
Accepts Case Reports		✓
Accepts Letters to Editor, Commentaries	✓	✓
Accepts My Way and Featured Operative Techniques		✓
Professional website and ScholarOne Submission site	✓	✓
Articles Available via RADAR Resource	✓	✓
Free to Publish	✓	
Article Processing Charge		✓
High-quality images	✓	✓
Has an Impact Factor	✓	
Indexed in Medline	✓	
Hybrid Journal (With Open Access option)	✓	
Fully Open Access		✓
Accepts Procedural, Replication Studies, Negative Results, Video Articles		✓
Cascade Option (automatic transfer of all files)		✓
Strong Promotion and Social Media Support of Published Articles	✓	✓
Publishes in Print	✓	
Publishes Online-Only		✓

Aesthetic Surgery Journal Update

Continued from Page 37

Top Altmetric Score of 2018

We would like to honor the authors of the following article, which garnered the highest altmetric score this year, an article that was funded by ASERF.

Report on Mortality from Gluteal Fat Grafting: Recommendations from the ASERF Task Force

M Mark Mofid, Steven Teitelbaum, Daniel Suissa, Arturo Ramirez-Montañana, Denis C Astarita, Constantino Mendieta, Robert Singer

Team ASJ at OJ Day

Editor in Chief Dr. Foad Nahai, Executive Editor Phaedra Cress, and Editorial Assistant Kyleigh Vrettos attended the publisher's

annual Oxford Journals Day meeting in Cary, NC. Phaedra was invited to provide a keynote address on social media and the success of ASJ. Next Generation Lead editor Dr. Cindy Wu also attended part of the meeting.

Phaedra Cress presents at OJ Day on social media and ASJ.



Dr. Cindy Wu, Phaedra Cress, Dr. Foad Nahai and Kyleigh Vrettos at OJ Day in Cary, NC.

We were delighted by the attention ASJ articles gained this year as evidenced by the metrics.



AESTHETIC SURGERY JOURNAL

Take a deeper dive into the *Aesthetic Surgery Journal*

Register for our monthly Journal Clubs hosted by the Young Aesthetic Plastic Surgeons (YAPS) and Next Generation Editors (NGEs).

- Learn from key opinion leaders
- Discuss clinical techniques and new research
- Ask questions live
- Improve your practice and patient outcomes

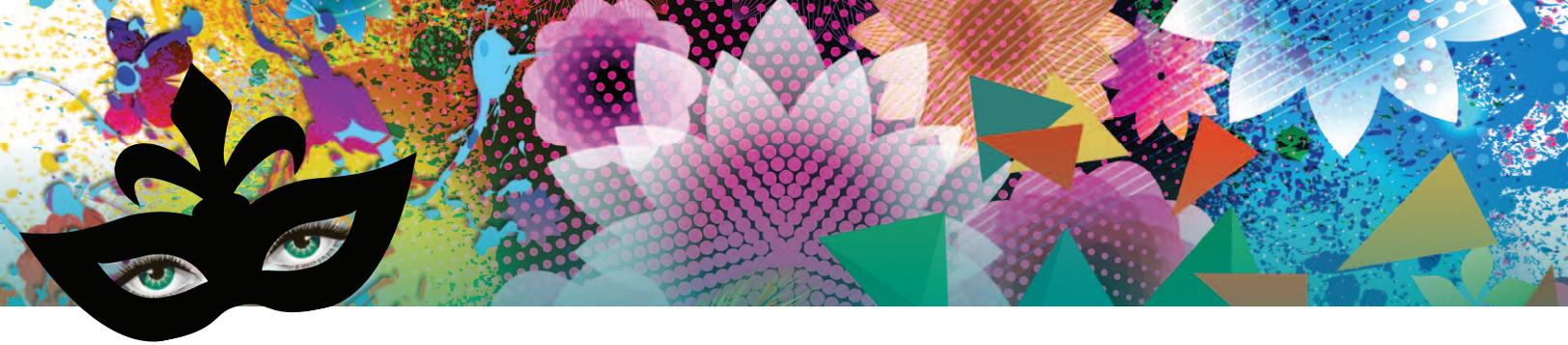
The Journal Clubs are conducted via the Zoom app—sign up monthly or watch the recordings when you're on-the-go. For more information: journal@surgery.org

[@ASJrnl](https://twitter.com/ASJrnl)
[Aesthetic Surgery Journal](https://www.facebook.com/AestheticSurgeryJournal)
[Aesthetic Surgery Journal](https://www.linkedin.com/company/aesthetic-surgery-journal)
[aestheticsurgeryjournal_asj](https://www.instagram.com/aestheticsurgeryjournal_asj)
academic.oup.com/asj



OFFICIAL PUBLICATION OF
THE AMERICAN SOCIETY
FOR AESTHETIC PLASTIC SURGERY

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The Aesthetic Society's Industry Partnership Program



Founding Premier Partner: Sientra

Working together to advance the science, art, and safe practice of aesthetic plastic surgery and cosmetic medicine through education, research, and innovation while maintaining the highest standards of ethical conduct among qualified plastic surgeons.

Support ASAPS Industry Partners and consider using their products in your practice.



The Aesthetic Society's partnership program provides industry with strategic benefits and opportunities to collaborate with ASAPS's members. Working together to support 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 pharmaceutical, device, biologic, surgical and regenerative medicine products for patients around the world.

Allergan's success is powered by our global colleagues' commitment to being Bold for Life. Together, we build bridges, power ideas, act fast and drive results for our customers and patients around the world by always doing what is right.

New Premier Partner



Founded in 1997 with global headquarters in Dublin, Endo Pharmaceuticals is a highly focused branded pharmaceutical company delivering quality medicines through excellence in development, manufacturing and commercialization. Endo currently has several marketed products in the U.S., in addition to a pipeline of late-stage candidates in clinical development. Endo will partner with ASAPS under the Endo Aesthetic portfolio where they plan to maximize the value of their brand by offering a variety of aesthetic therapies to providers and patients. Currently, Endo has an injectable product in development for the treatment of cellulite. Learn more at www.endo.com/endopharma

New Premier Partner



★ Evolus is a company dedicated to aesthetic medicine focused on providing physicians and their patients with expanded choices in aesthetic treatments and procedures. Evolus' lead candidate DWP-450, also known by the chemical name prabotulinumtoxinA, is a 900 kDa purified botulinum toxin type A complex that was approved by Health Canada for the temporary improvement in the appearance of moderate to severe glabellar lines in adult patients under 65 years of age and is being evaluated for marketing approval in the United States and other areas. For more information go to www.evolus.com



Bringing advanced wound care expertise to plastic surgery, KCI, an Acelyty Company, the world's largest advanced wound care company, is committed to developing innovative healing solutions for customers and patients across the care continuum that generate proven clinical outcomes while decreasing the overall cost of care. We have built upon our pioneering market leadership in negative pressure wound therapy and revolutionized advanced wound care, providing solutions for both wound healing and surgical management.

We applied our proprietary technology to develop the most comprehensive incision management portfolio with PREVENA™ Therapy, supported by more than 80 clinical papers demonstrating the ability to help surgeons manage surgical incisions.



Galatea Surgical offers a Collection of Surgical Scaffolds constructed of monofilament fibers from its proprietary P4HB™ biopolymer, and indicated for soft tissue support to repair, elevate and reinforce deficiencies in plastic and reconstructive surgery. Galatea offers the first and only 3-dimensional scaffold for plastic and reconstructive surgery. GalaSHAPE™ 3D and GalaFORM™ 3D are designed to uplift the body's natural shape, provide easier placement and reduce procedure time. Galatea scaffolds provide excellent strength retention, elasticity, and biocompatibility designed for long-term support.

For more information, visit www.galateasurgical.com.



Founded in 1969, Mentor Worldwide LLC is a leading supplier of medical products for the global aesthetic market. The company develops, manufactures, and markets innovative, science-based products for surgical medical procedures that allow patients to improve their quality of life. The company is focused on breast and body aesthetics with a full portfolio of breast implants proudly made in the U.S.A. Mentor joined the Johnson & Johnson Family of Companies in 2009.

For more information about Mentor visit: www.mentorwwllc.com



In May 2018, Galderma announced that the U.S. Food and Drug Administration (FDA) approved the use of the hyaluronic acid (HA) dermal filler Restylane® Lyft for the correction of age-related volume loss in the back of the hands for patients over the age of 21. Restylane Lyft is the first and only FDA-approved, hyaluronic acid injectable gel that helps restore the signs of volume loss in aging hands. It is also the first-ever hyaluronic acid dermal filler to receive FDA approval for an area other than the face.

To learn more about Galderma's portfolio of products, please visit www.galdermausa.com and www.restylaneusa.com.



Special ASAPS
Member Offer

New Industry Partner
Products to Check Out!

Founding Premier Partner:
Sientra



MERZ AESTHETICS™

Cellfina® is the only FDA-cleared, minimally invasive procedure proven to improve the appearance of cellulite with results that last at least three years—the longest FDA-cleared duration for a cellulite treatment. With just a single procedure, Cellfina precisely and consistently treats the primary structural cause of cellulite dimples for the smooth look many women have been seeking for years. We're so confident in the procedure's results, they're backed by our CYA (Cellfina® Yearlong Assurance) Guarantee. For more details, visit Cellfina.com

NeoGraft®

A Division of Venus Concept

TriBella™, exclusive to the Venus Versa™ device, is the most complete facial rejuvenation therapy. Using three applicators with distinct modes of action, this combination procedure is the synergistic fusion of three unique, non-invasive technologies for unparalleled outcomes in enhancing skin tone, tightness, and texture. With the purchase of a Venus Versa™ device, the most versatile multi-application platform, Venus Concept will help you promote your TriBella™ treatments with complementary marketing support and practice enhancement services. Special ASAPS pricing is now available.

For more information, contact info@venusconcept.com or call (888) 907-0115 to speak to a representative. *Must acknowledge ASAPS ad to receive promotional offer.

sientra.

★ Sientra is an innovative leader in the medical aesthetics industry that offers a diversified portfolio of products and services:

- OPUS™, the only brand of silicone gel Breast Implants and Tissue Expanders exclusively for board-certified plastic surgeons, manufactured solely in the United States.
- Sientra Platinum20™ product replacement and limited warranty program, the most comprehensive protection, longest length of coverage, most financial assistance, and least amount of warranty restrictions in the industry.
- BIOCORNEUM®, the #1 performing, preferred & recommended scar gel among plastic surgeons*.
- miraDry®, the only FDA-cleared device to reduce underarm sweat, odor and permanently reduce hair of all colors.
- ENHANCE practice-building webinars, offering insights and expertise to plastic surgeons on practice management.

Learn more about Sientra at sientra.com
*data on file

New Premier Partner



★ Sinclair Pharma is a global company with a rapidly expanding U.S. presence operating in the aesthetics market. Sinclair has a strong portfolio of differentiated, complementary aesthetics technologies, which are experiencing significant growth, targeting clinical needs for effective, high quality, minimally-invasive treatments. This includes, Silhouette InstaLift®, a minimally-invasive procedure that increases volume while restoring contours of the midface. Learn more at www.sinclairpharma.com

Thank you ASAPS Industry Partners!

The Aesthetic Society thanks all our industry partners for their ongoing support and collaboration.

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

A special thank you to Founding Premier partner Sientra, and Founding Alliance Partner Rosemont Media.

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.



 AMS RRG, Inc. an innovative medical malpractice liability company can help you with your insurance needs. In addition to our standard policies our fellowship policy allows you to rotate your fellows on and off your policy in a convenient and cost-effective way.

Do you have a unique practice that needs individualized underwriting? Give us a call and we can find a solution for you too.

ALL ASAPS MEMBERS RECEIVE A 7.5% PREMIUM DISCOUNT!

Christopher Edge—cedge@amsrrg.com or 866-461-1221



CareCredit is a health, beauty and wellness credit card dedicated to helping millions of patients get the care they want and need for over 30 years by offering special financing options. Now accepted at more than 200,000 healthcare provider and merchant locations nationwide, the CareCredit credit card allows cardholders to make convenient monthly payments for aesthetic procedures that help them achieve the look they want. Once approved, patients can use their card again for additional procedures and services you provide.* CareCredit also gives reconstructive patients a way to pay for deductibles, co-pays and other fees not covered by insurance. Learn more about CareCredit by visiting carecredit.com/asn or call 855-860-9001.

*Subject to credit approval. Minimum monthly payments required.

New Alliance Partner



 InMode is a leading global provider of innovative, energy-based, minimally and non-invasive aesthetic solutions. InMode has developed and commercialized products utilizing medically-accepted radiofrequency energy technology, which can penetrate deep into the subdermal fat, allowing adipose tissue remodeling. InMode's technologies are used by physicians to remodel subdermal adipose, or fatty tissue in a variety of procedures including liposuction with simultaneous skin tightening, face and body contouring and ablative skin rejuvenation treatments. Learn more about InMode technologies by visiting www.inmodemd.com.



Canfield Scientific is the global leader in developing and distributing imaging and photographic systems for the medical and skin care industries. Used in medical and aesthetic practices, skin care and wellness centers, spas and medical spas, Canfield's advanced photographic imaging solutions are an integral part of aesthetic consultations. Today, thousands of surgical and non-surgical consultations begin with images captured by Canfield's powerful imaging tools, improving communications, aligning doctor-patient expectations, facilitating treatment planning, and highlighting results.



 Celebrating 15 Years! CosmetAssure exclusively provides board-certified plastic surgeons with a financial safety net for patients undergoing elective aesthetic surgery. The program works to remove the stress and uncertainty involved with unexpected medical expenses due to post-surgical complications.

As an Alliance Partner and the Gold Standard in complications insurance, we work diligently to provide a superior product to surgeons and patients. CosmetAssure is easy to implement in your practice.

Exclusive program features include:

- Automatic enrollment for ASAPS Members
- Available in all 50 states
- Tiered Pricing Structure
- Capsular Contracture Coverage
- Online Claims Submission

To learn more about this industry leading coverage or become a participating surgeon, contact CosmetAssure at 855.874.1230 or info@cosmetassure.com.



Revance® is an emerging biotechnology leader in aesthetic medicine and underserved therapeutic specialties. We stand poised to enter, if not redefine, the neuromodulator product category.

We're currently developing the first innovative neuromodulator product in nearly 30 years, our investigational product candidate, DaxibotulinumtoxinA for Injection (RT002). RT002 unites a highly purified botulinum toxin type A molecule with our patented peptide excipient to produce the first potentially long-acting injectable neuromodulator. This investigational product achieved positive results in the treatment of glabellar lines in two pivotal Phase 3 trials of RT002. An open-label, long-term safety study is wrapping up, with FDA approval anticipated in 2020.



 Proud to be the Founding Alliance Partner of ASAPS, Rosemont Media has been in business for over a decade, working with aesthetic practices from all around the world. We are innovative thinkers striving to discover unique, yet effective opportunities to grow your practice through our all-encompassing strategies which include:

- Custom Website Design
- Strategy Takeovers
- Sustainable SEO
- Google Adwords Premier Partner
- Social Media Marketing

To inquire about market availability, please call 800-491-8623 or visit www.rosemontmedia.com/asaps.



SENTÉ® is a privately held aesthetic company leveraging its expertise and foundation in biotechnology to deliver unique, novel and science-based skincare products. The SENTÉ® research and discovery plan focuses on the science of Sulfated Glycosaminoglycans (GAGs), master molecules that control skin health, aging, extracellular matrix formation and integrity as well as wound healing.

SENTÉ products are available through its exclusive network of physicians. Key products include: Dermal Repair Cream, Bio Complete Serum, Illumine Eye Cream and NEW Dermal Contour Pressed Serum.

Further information may be found at sentelabs.com



Privately held aesthetics company Suneva Medical develops, manufactures and commercializes innovative products, including flagship brand, Bellafill®. Available in the U.S., Canada, Hong Kong, Korea and Mexico, Bellafill is the only dermal filler approved by the FDA for treating nasolabial folds and facial acne scars. For more information, visit www.sunevamedical.com.

- Bellafill® (U.S.) is the only dermal filler established safe and effective for the correction of nasolabial folds through 5 years
- Bellafill® (U.S.) is the only dermal filler indicated for the correction of moderate to severe, atrophic, distensible facial acne scars on the cheek in patients over the age of 21 years old



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 Leverage the science of heat and the beauty of control to bring out the best in your patients and practice with the new ARVATI™ system, powered by Thermi®. With its EPIC Technology, ARVATI offers: emission of continuous radiofrequency waves, powerful RF with an enhanced 50-watt capacity system, intelligent software with electrode recognition, and a control algorithm, offering the speed you want and the control you need for various modalities (ThermiTight®, ThermiRase®, ThermiSmooth® Face, ThermiVa®).

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ZO Skin Health, Inc. develops and delivers innovative skincare solutions that optimize skin health based on the latest advances in skin therapy technologies, unique delivery systems, bioengineered complexes and exclusive formulations. By providing comprehensive skincare programs for physicians and their patients, ZO Skin Health, Inc. bridges the gap between therapeutic treatments and daily care, allowing patients to experience continuously healthy skin regardless of their age, ethnicity or unique skin condition.

To learn more about ZO Skin Health, please visit zoskinhealth.com.



Special ASAPS
Member Offer

New Industry Partner
Products to Check Out!

Founding Alliance Partner:
Rosemont Media

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.

CosmetAssure®

We Cover Complications.

CosmetAssure-
The **GOLD STANDARD**
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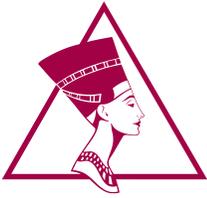


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Apply for Active Membership Next Deadline July 1, 2019

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.

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. Sponsorship forms are included within the application.

What are the deadlines for submitting a membership application?

The two deadlines are January 5 and July 1.

When will the membership vote on my application?

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.

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 and Rhinoplasty Symposium
- The Biennial Aesthetic Cruise
- ASAPS Breast and 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 \$470

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 information on the full application process, visit the Medical Professionals section of surgery.org.

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

Myth-Busters

Myth: One must be a member of ASPS to be a member of The Aesthetic Society.

Fact: Many Society leaders and members are not members of ASPS. ASAPS is the premier aesthetic society, dedicated solely to aesthetic education, and we don't require membership in any other in order to become an ASAPS member. As long as you meet our requirements, you can apply for membership today!

Myth: ASAPS' streamlined application process means that we are somehow lowering our membership standards.

Fact: Our Society will continue to accept only the best and brightest surgeons, with a major focus on aesthetic surgery and cosmetic medicine. We want the best trained people, and those high standards will never change. That is how we differentiate ourselves from the crowd. Only the process has been streamlined.

Myth: The ASAPS Candidate for Membership fee is expensive.

Fact: Our Candidate for Membership category is currently **free** for up to two years of enrollment for recent graduates, courtesy of a generous grant from Allergan + LifeCell Plastic & Regenerative Medicine. Apply today, and maintain your access to the *Aesthetic Surgery Journal* and RADAR Resource!

Myth: One must be a Candidate for Membership in order to apply for Active Membership in The Aesthetic Society.

Fact: As long as a surgeon meets our application requirements, they can apply for Active Membership immediately.

What questions about the Society or membership do you have? What myths can we help dispel? If you have questions about anything related to our Society, simply email asaps@surgery.org and you'll get an answer to your question!

Show Your Patients You Are a Member of ASAPS



Do your patients know that you've had more training and experience than other surgeons? Show them you do by hanging an Aesthetic Society Membership Plaque or your Membership Certificate on your waiting room wall. Both can be found at surgery.org/shop!

Industry Partners Continue Their Support

The Aesthetic Society is pleased to partner 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. We are proud to continue strategic partnerships with Premier partner NeoGraft, a division of Venus Concept, and Alliance partners AMS RRG and CosmetAssure! In addition, we are thrilled to welcome our newest Premier partners Endo Pharmaceuticals, Evolus, Inc. and Sinclair Pharma.

Endo Pharmaceuticals is a highly focused branded pharmaceutical company delivering quality medicines through excellence in development, manufacturing and commercialization.

Evolus is a company dedicated to aesthetic medicine focused on providing physicians and their patients with expanded choices in aesthetic treatments and procedures.

And Sinclair Pharma is a global company with a rapidly expanding U.S. presence operating in the aesthetics market.

"It is essential for the Aesthetic Society to develop meaningful relationships with key leaders in our industry," says W. Grant Stevens, MD, President of ASAPS. "Endo, Evolus and Sinclair Pharma are three phenomenal examples of industry leaders in innovation and technology, and we are pleased to have them join our elite group of partners."

Premier Industry Partner



Venus Concept is a global leader in the medical aesthetics industry and acquired NeoGraft® early last year. One of its leading devices is Venus Versa™, which provides the most in-demand treatments using a single platform.

Available exclusively from Venus Versa™, TriBella™ is the most complete facial therapy treatment. Using three applicators with distinct modes of action, the procedure simultaneously enhances skin tone, tightness, and texture.

TriBella™ includes three treatments performed consecutively: IPL photorejuvenation to treat benign pigmented and vascular lesions, an anti-aging treatment utilizing Multi-Polar RF and Pulsed Electro Magnetic Fields to enhance

collagen production, and NanoFractional RF™ skin resurfacing to reduce the appearance of scars, rosacea, enlarged pores, dyschromia, and other textural irregularities.

"We designed TriBella™ to help practitioners optimize their clinical results with an effective trimodality treatment, while eliminating the need to invest in multiple devices," says Domenic Serafino, Chairman and CEO at Venus Concept. "There's a reason so many outlets globally are picking up on TriBella™ as the hottest new aesthetic treatment. It's easy, cost-effective, and most importantly, it delivers results."

Start offering your patients unparalleled clinical outcomes with the most versatile aesthetic system on the market. Upgrade your practice today with TriBella™ total facial therapy, exclusively available from Venus Versa™. Special pricing for ASAPS members is now available. Contact info@venusconcept.com or call (888) 907-0115 to speak to a representative.

Alliance Industry Partners



AMS RRG, Inc. continues its Alliance partnership into 2019! AMS RRG, Inc. is an innovative medical malpractice liability company that can help you with your insurance needs. In addition to their standard policies, their fellowship policy allows you to rotate your fellows on and off your policy in a convenient and cost-effective way.

AMS RRG offers new medical liability insurance coverage options specifically designed for plastic and aesthetic surgeons. Under the Preferred Aesthetic™ program, AMS RRG member physicians and practices will receive a unique combination of coverage features and other exclusive benefits, including:

- Specialty-specific claim and risk management reviews conducted by Harry K. Moon, MD, FACS
- Individual underwriting, including a practice evaluation by a physician and tailored policy terms to meet each group's specific needs
- Unparalleled communication with AMS RRG senior staff and decision makers

Since 2003, AMS RRG has been providing medical liability insurance to a growing number of physicians across a broad range of specialties, and today they are one of the nation's premier physician risk retention groups.

"Give us a call and we can find a solution for you too. All ASAPS members receive a 7.5% premium discount."

Their stable, flexible, cost-effective medical liability insurance options now protect over 2,500 AMS RRG members. Central to their success is their risk retention group model that ensures physician-owner interests are aligned with the company's.

AMS RRG's continued financial strength rewards shareholders with tangible benefits and their physician-led underwriting process delivers risk assessments and customized insurance programs. All member claims assistance and defense are provided by a staff of attorney adjusters.

For more information about the Preferred Aesthetic™ program, contact Dr. Moon at hmoon@amsrrg.com. To request a quote for coverage, Christopher Edge—cedge@amsrrg.com or 866-461-1221



CosmetAssure continues as an Alliance Partner marking six years of partnership with the Aesthetic Society!

Developed in 2003, CosmetAssure provides board certified plastic surgeons with a financial safety net for patients having elective cosmetic surgery. The program works to reduce stress and uncertainty from unexpected medical expenses due to a post-surgical complication.

CosmetAssure remains focused on preserving the doctor-patient relationship through the difficult times when complications delay recovery and is committed to increasing patient safety by educating plastic surgeons about the risks associated with elective aesthetic procedures.

As the pioneer and gold standard in complications insurance, CosmetAssure is diligent in providing a superior product to

Continued on Page 47

Industry Partners Continue Their Support

Continued from Page 46

(CosmetAssure Continued)

you and your patients, as well as delivering excellent customer service and streamlined processes.

“We are excited to enter our sixth year as an Alliance Partner! Due in large part to our long-standing relationship with ASAPS, 2018 has been another year of record growth for CosmetAssure. As the first and most experienced company to bring complications insurance to aesthetic surgery, CosmetAssure continues to be the gold standard in the industry. Our research is ongoing, and our data has been published in ASJ and PRS. These pivotal publications remain valuable in benchmarking and decreasing the incidence of complications following aesthetic procedures. We continue to enjoy the fruits of being an Alliance partner and look forward to a prosperous 2019.”

CosmetAssure is easy to implement in your practice since ASAPS members automatically qualify for enrollment. There is no cost to enroll and no application required; just one page for you to review and sign. Exclusive program features include tiered pricing based on volume of cosmetic patients, the most comprehensive Capsular Contracture coverage available, convenient online claims reporting, and more.

To learn more about this industry-leading coverage or become a participating surgeon, contact CosmetAssure at 855.874.1230 or info@cosmetassure.com.

Is Your Company Ready to Fully Engage with The Aesthetic Society?

Contact Jackie Nunn at jackie@surgery.org for more information about partnership opportunities.



Leadership. Volunteerism. Networking.

Connect with Your Peers and Strengthen Our Specialty!

ASAPS offers an array of opportunities to give back and get involved through committee volunteerism. It is in these committees that valuable contributions are made, often originating as suggestions from committee members themselves. And committee work is where those desiring to become leaders of the Society gain experience and make connections.

- Improve the ASAPS Member Experience
- Grow through Professional Development and Training
- Strengthen Your Ties with Other Members of the Aesthetic Society as a Leader



Interested in Joining an ASAPS Committee?
Please email Shelly Faucett at shelly@surgery.org for more information.

ASAPS New Robust CME Tracking System—Greater Control and Accuracy of Credits

ASAPS No Longer Reporting Credits to ASPS

With the implementation of the American Society for Aesthetic Plastic Surgery's (ASAPS) new technologically-advanced membership and online CME tracking systems, ASAPS will no longer be reporting credits to the American Society of Plastic Surgeons (ASPS).

The new CME tracking system ensures greater security of your CME profile and provides increased control of your CME credits to ensure consistency with the number of credits for programs that are more closely aligned to aesthetic plastic surgery. Advanced features include the ability to:

- Create multiple credit cycles and date parameters which is useful for licensure in multiple states.
- Self-report credits for activities not directly or jointly provided by ASAPS.
- Print a transcript of your CME activities using multiple data filters conveniently at any time.

For programs or activities that ASAPS provides directly or jointly provides with other organizations, your credits will be maintained within the system. You and/or your staff can still self-report credits to ASPS for which you may select to separately report more general plastic surgery CME credits.

ASAPS's new system enhancements are designed specifically to better assist you in meeting changing credentialing needs.



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

The Advantage Provider Program was created to provide members with pre-negotiated special pricing on products and services, to enhance practice performance.

Each ASAPS Advantage Provider is rigorously vetted, carefully selected and has agreed to uphold our strict ethical standards.

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



ASAPS.CLOUD POWERED BY RONAN SOLUTIONS

The Aesthetic Society is pleased to announce ASAPS.CLOUD—a new service brought to you by Ronan Solutions, a partnership between Anzu Medical and Iron Medical Systems. Anzu Medical is the creator of RADAR Resource, and Iron Medical Systems is the leading provider of secure private medical clouds. ASAPS.CLOUD is the first HITRUST certified, aesthetic and plastic surgery-specific cloud offering in the world.

For more information, please contact Ronan Solutions at 602.884.8330 or by email at info@ronansolutions.com.



Vizium360™ | RealPatientRatings™ doesn't just manage online reviews; our survey-based system helps your practice excel on all levels. Our doctors have an average of 243+ 5-star reviews, increasing consumer trust and online conversion rates, with an average of 94%+ patient satisfaction. In addition, our ReviewMultiplier™ program boosts content on the most popular 3rd party consumer sites and enhances your online reputation.

Vizium360™ | RealPatientRatings™ offers its reviews and feedback software at a reduced rate for ASAPS members. 800.267.1228, extension 106 • www.vizium.com

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Shaping the Future of Smart Beauty®
www.surgery.org/ems



Keeping Up with the Specialty: ASAPS Updates Membership Requirements

By W. Grant Stevens, MD

I'm just as pleased as you are that the aesthetic surgery specialty is flourishing, in large part because of such dedicated ASAPS Active Members such as yourselves. We continually push forward, encouraging innovation and improved patient care, safety and satisfaction. However, despite such an ever-changing specialty, oftentimes our societies are slower to make such changes or offer innovations. Happily, The Aesthetic Society is at the forefront of the specialty and is making improvements to our application process, which everyone agrees has been onerous.

To encourage younger, qualified surgeons to apply, we streamlined our application process, removing some of the hurdles that proved daunting to many. Why does The Aesthetic Society need to encourage growth? Quite simply, by encouraging new and younger members, ASAPS can maintain our Society's prestige, relevance, and encourage successful growth and revenue streams that will benefit the specialty as a whole.

Many of our membership requirements harken back to the exclusionary days when the aesthetic procedures in our specialty did not have the respect that they do today. In order to remain vibrant, some of the Society's more stringent requirements had to change.

What is Changing?

Case Requirements. Case requirements clearly demonstrate one's devotion to aesthetics and, as such, are not being eliminated. However, instead of cataloging a

set number of cases, applicants will be asked to list the number of cases performed in each category, which the Application Review Committee will review at their discretion. The requirements to complete a plastic surgery residency program and become certified by the ABPS are more comprehensive than ever before. The RRC now requires a total of 150 major aesthetic cases be performed during residency, a significant increase compared to past requirements. This makes our requirement redundant.

Aesthetic CME Requirement. As all prospective members are required to attend an ASAPS meeting prior to applying, at which meetings they receive CME, the CME requirement itself will be eliminated.

Optional Personal Statement. While the steps above have been streamlined, we are adding one additional new optional step: the inclusion of a Personal Statement. Our primary goal is ensuring that in addition to aesthetic surgical skills, ASAPS acquires new members excited about and dedicated to the specialty. We want enthusiastic surgeons who will take up the cause of patient safety and improved patient care and satisfaction, as new ASAPS Members can help fortify and grow our specialty long into the future.

Revised ASAPS Member Requirements

As always, The Aesthetic Society only seeks the best-of-the-best for its membership. Any applicant for Active and International Active Membership will be required to submit the following:

- **US and Canadian applicants:** Must be Board-certified by the American Board of Plastic Surgery (ABPS) or the Royal College of Physicians and Surgeons of Canada (RCPSC)
- **International applicants:** Must be a member of their country's national plastic surgery society (must be a society acceptable to the ASAPS Board of Directors) or a member of the International Society of Aesthetic Plastic Surgery (ISAPS)—
- Must have attended The Aesthetic Meeting or an ASAPS Symposium exclusively

Continued on Page 51

The Value of Membership

There are so many reasons to become an ASAPS Active Member. Here are just a few benefits of membership:

Superior Aesthetic Education

Subscriptions. Receive complimentary print and online subscriptions to *Aesthetic Surgery Journal (ASJ)*, the #1 journal in all of aesthetic surgery and *Aesthetic Society News (ASN)*.*

RADAR Resource. Access to a complete medical library and private professional network, featuring all issues of ASJ, educational videos, discussion forums, and more.

Meeting Discounts. Take advantage of significant savings on registration for The Aesthetic Meeting and ASAPS' Symposia.

Essential Tools & Services

My CME Record. Track and manage your CME online at asaps.org

Legal Counsel. Receive complimentary one-on-one legal advice from ASAPS legal counsel.

Expand Your Reach. ASAPS offers essential advice on Search Engine Optimization (SEO), public relations, and social media, including assistance with blogging and media interviews. Plus, use ASAPS' annual procedural statistics to promote your practice locally.

Aesthetic Neural Network (ANN). ANN offers real-time data, allowing you to benchmark your practice, with no data entry by your staff.

Surgeons as Consumers (SAC). ASAPS' own version of Yelp!, SAC is a members-only review system of 510K devices, such as light and laser, allowing you to read and write reviews before you make a big product investment. Visit asaps.org.

Promotion to Prospective Patients

ASAPS Logo and Certificate. Distinguish yourself from your competition by using

Continued on Page 51

Candidate/International Candidate Requirement Change

Through a Bylaws change, ASAPS recently removed the meeting attendance requirement to join the Candidate or International Candidate Program. This means that all residents who complete their training and obtain ABPS admissibility (or the equivalent Internationally) now qualify to apply for the Candidate Program, regardless if they have attended an ASAPS meeting or not.

For more information on the Candidate Program, please go to www.surgery.org/professionals/candidate-program

Are You Our Next Member?



WE ARE AESTHETICS.



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Keeping Up with the Specialty: ASAPs Updates Membership Requirements

Continued from Page 49

organized and managed by the Society within the last 4 years

- Complete a questionnaire telling us about their plastic surgery training and history
- Complete a summary of surgical cases from the last 12 months
- Provide Two (2) sponsors that are ASAPs Active or Life Members. One must be within their geographical area, while the other can be located anywhere within the U.S. or Canada
- Provide information on all malpractice cases, if any
- Provide verification of accreditation of any surgical facilities that are used
- Provide a listing of their websites and any social media platforms, including print marketing
- Agree to abide by the Society's Bylaws,

Conflict of Interest Policy, and Code of Ethics

- Optional—Submit a personal statement, telling us about themselves and why they want to be an Active Member of ASAPs

Together, united by knowledge, superior education, and a dedication to patient safety, The Aesthetic Society members will continue to form a solid foundation for the specialty. We appreciate your ongoing support as we ensure the Society remains vital and relevant. For those interested in becoming ASAPs Active Members, there are two applications deadlines annually, January 5 and July 1 (*extended to August 15*). I encourage you to apply today!

W. Grant Stevens, MD, is an aesthetic plastic surgeon practicing in Marina Del Rey, CA, and serves as President for The Aesthetic Society.

The Value of Membership

Continued from Page 49

the ASAPs member logo on your website and marketing materials, and receive a membership certificate to display in your office.

Smart Beauty Guide. Patient referral opportunities are available through a complimentary "select a surgeon" listing, by answering patient questions via "ask a surgeon," and through linking to Smart Beauty Guide (SBG) using our SBG logo on your personal website. Further increase your visibility by purchasing an Enhanced Practice Profile (EPP), allowing patients to more easily find you.

Products. Receive discounts on essential products for your practice, as well as Smart Beauty Guide marketing materials, exclusively for ASAPs members.

Social Media. Receive complimentary twice-monthly digital content for use on your social media accounts and website.

Maximize Your Presence in the Specialty

Networking Opportunities. Enjoy the opportunity serve on committees, and influence change within the aesthetic specialty. ASAPs Active members are also eligible to vote and hold office. Make an impact today!

Interested in learning more about ASAPs Active Membership? Please visit <http://bit.ly/2pfqxNj>

For ASAPs Candidate for Membership, please visit <http://bit.ly/2tQppV1>

For ASAPs Residents Program, please visit <http://bit.ly/2FWqEqB>

**International Members receive online-only subscriptions*



Allergan + LifeCell

Plastic and Regenerative Medicine

Free ASAPs Candidate for Membership Enrollment, Supported by Allergan Plastic & Regenerative Medicine

By Chad Tattini, MD

Hurry and Apply, as Space is Limited!

If you've been thinking about joining our ASAPs Candidate for Membership Program but the enrollment fees have been holding you back, we have some good news! We are proud to announce that The Aesthetic Society is offering complimentary enrollment in the Candidate for Membership Program for 2019, supported by Allergan Plastic & Regenerative Medicine. This program is available to recent graduates practicing in the United States, and will be given on a first come, first served basis.*

If you are interested in joining, don't wait! Complete the Candidate for Membership Application today as space is limited! www.surgery.org/professionals/candidate-program

We hope you'll take advantage of this generous program.

*You are considered a recent graduate if you have completed your plastic surgery training within the last 3 years. Applications must be complete in order to be considered, including the sponsorship form and any accompanying documentation such as your ABPS admissibility letter. The Aesthetic Society cannot guarantee that every applicant will receive complimentary enrollment.

Chad Tattini, MD, is an aesthetic plastic surgeon practicing in Bloomington, IL, and serves as Chair of the Young Aesthetic Plastic Surgeons Committee.



Why You Should Care About Your Practice Data

By Barry Fernando, MD



A modern aesthetic surgery practice is a “retail business,” exempt from the regulations of a traditional insurance-based medical practice. Understanding data and data analytics is essential in developing a practice that is productive, efficient and has value. To validate certain concepts in this article, examples of real data from the Aesthetic Neural Network (ANN) will be included.

Market Forces and Statistics

- The aesthetic market is expected to reach \$19B by 2023.
- This market will consist of 56% surgical and 44% non-surgical procedures.
- The compounded annual growth rate over the next 10–15 years is 12%.
- There was a 40% increase of non-surgical providers from 2012–2017.

Trends in this Market

- There is a large influx of non-core physicians that are moving into the medical aesthetic market.
- Some studies suggest more than 30% of these non-core participants are primary care doctors.
- There are 4,200 free standing medi-spas in the US—60% have non-core directors.
- Somewhere between 10–20M consumers are sitting on the sidelines waiting for “non-surgical” options for issues that were traditionally treated surgically.

This has prompted an influx of capital from venture and equity firms looking for a device or pharmacologic solution to this unresolved demand.

Takeaways

- There is healthy growth in the aesthetic marketplace—the “pie” is getting bigger.
- It appears in the next 5–10 years, an aesthetic surgery practice will need a significant component of non-surgical options to offer their patients.
- Diminishing reimbursements and crippling regulations have driven non-core specialties into the aesthetic marketplace, thus decreasing the aesthetic surgeons piece of the “pie.”
- The public’s desire for “non-surgical” treatments is driving an influx of capital for research and development of these products.

NEUROTOXINS: DISTRIBUTION OF RETURN PROCEDURES BY GROSS CHARGES

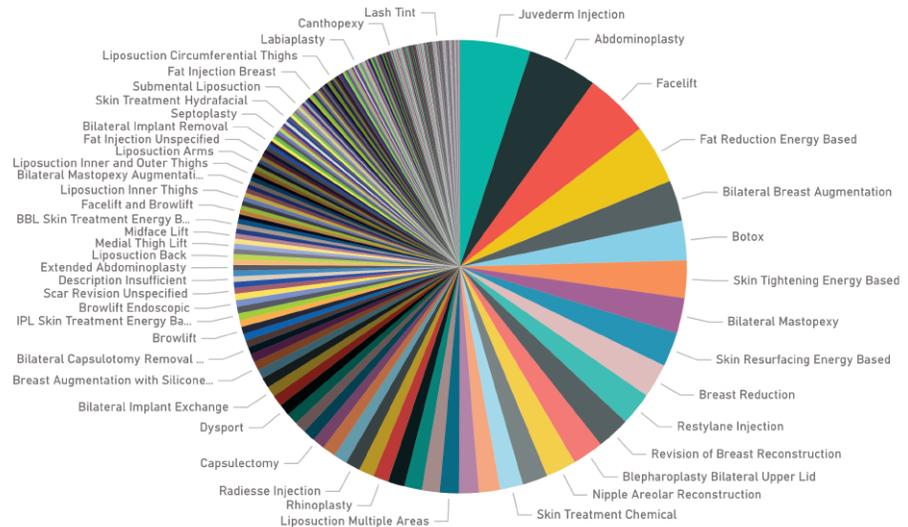


Figure 1. LTV of a Neurotoxin Patient

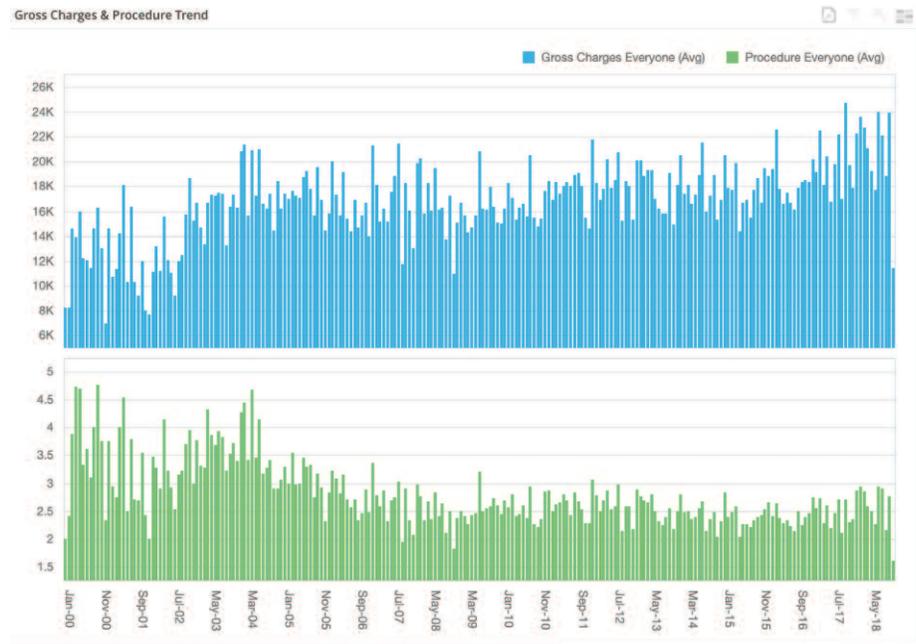


Figure 2. Facelift Average Gross Charges and Procedure Counts from 2000–2018

Continued on Page 53

Why You Should Care About Your Practice Data

Continued from Page 52

- These products that will need clinical and marketplace validation to create value for their investors. This validation falls squarely on the shoulders of the clinicians. Access to new devices requires costly expenditures on the practice's part, with no guarantee of the quality of the end result.
- Direct to consumer marketing of these solutions will pressure aesthetic surgeons to participate in the constant quest for the "next best thing" to maintain their edge.

Understanding your data and data analytics will guide you on the correct path to making the correct practice decisions in this continuously evolving market.

The Lifetime Value (LTV) of a Patient in Your Practice

By definition, this is the total spend of a patient after their initial purchase of a product or a service in your practice. This data point will provide insight into your practice's patient retention and will demonstrate incremental revenue growth. The cost of attracting a new customer is 5 times the cost of keeping an existing one. A "cross sell" to an existing customer is about 60–70%, while selling to a new customer is about 5–20%.

Currently, the Aesthetic Neural Network (ANN) has more than 725,000 patients in the database. On average, about 33% of patients from each practice return for additional services. These patients consume an average of 3.74 procedures and generate an additional \$4,254 in gross charges. These amounts vary depending on multiple factors including procedure types, age groups and gender. All of this information can be accessed through the multi-level filters available on ANN. This data clearly demonstrates that you do not want to lose patients to non-core providers.

Figure 1 shows a distribution of all the procedures a first time neurotoxin patient generates for the practices in ANN.

Trending in the Network

ANN can provide both long and short term insights to the aesthetic marketplace. You can look at these trends to understand market adoption of new procedures and devices, and extrapolate how external forces (stock market

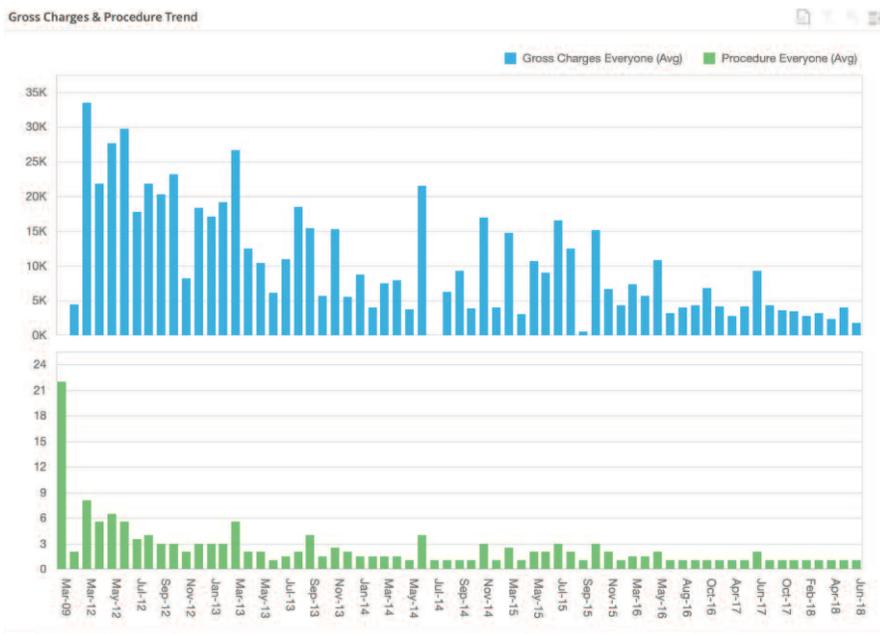


Figure 3: Average Gross Charges and Procedure Counts for an Energy Based Device

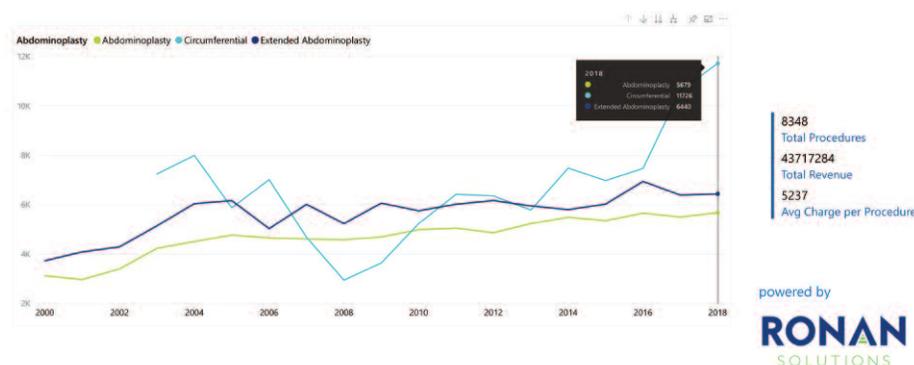


Figure 4: Average Gross Charges for Breast Surgery Nationally From 2000–2018

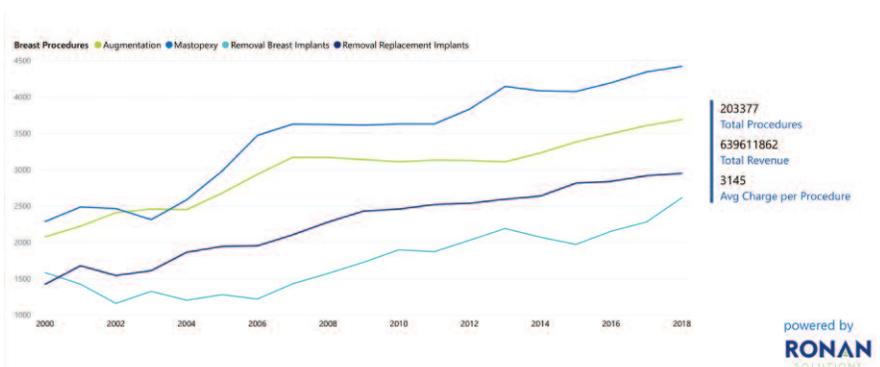


Figure 5: Average Gross Charges for Abdominal Contouring Procedures in the Northeast from 2000–2018

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GOAL



AUDIT



ANALYZE



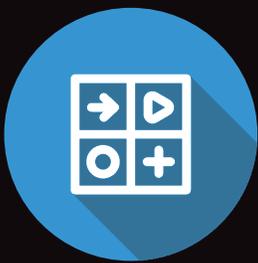
PLAN



PROGRESS



MEASURE



EVALUATE



RESULT

CAN YOU BENCHMARK YOUR PRACTICE AGAINST 1,433,502 PROCEDURES?

NOW YOU CAN WITH ANNTM

The Aesthetic Neural Network is a software solution that gives meaning to your own practice information:

Harvest your practice data

Benchmark your practice with other ASAPS members

Cull out inefficiencies and improve your bottom line

**ANNTM can revolutionize the way you manage your practice. . .
Is it time for you to get on board?**

For more information, contact
Melissa Schmidt at melissa@surgery.org
562-799-2356

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Like all cutting edge software, ANNTM is constantly evolving.
At this time ANNTM is optimized for specific EMR and Practice
Management systems. Inquire to find out whether we work with yours!

Why You Should Care About Your Practice Data

Continued from Page 53

activity, recessions, elections, geopolitical unrest etc..) can potentially affect consumer sentiment in the aesthetic marketplace.

An example of this is found in **Figure 2**, which shows the long-term trending of facelifts. In this example, the counts for this procedure decreased before the onset of the 2008 recession and have stayed lower, but the gross charges have continued to increase after an initial dip during the recession.

Figure 3 shows the adoption curve of an energy based device in ANN. You can see there is a sharp fall in the average procedure counts and gross charges in the practices that have this device. This will be an important data point in making a capital purchase for your practice.

Benchmarking

ANN provides insights into practice performance against others, both nationally and regionally. There is broad distribution of practices in ANN, from small established single doctor practices new to the market practices, and large group practices with an independent medi-spa and multiple physician

extenders. Some of the larger group practices have high volume spas with multiple employees and multiple energy-based devices.

ANN data provides valuable insights into trends in regional average charges for procedures, regional conversion rates and pricing for new products and services.

Figure 4 shows the progressive increases in average charge/procedure for 4 common types of breast surgeries; breast augmentation, mastopexy, removal/replacement of implants/breast implant removal in the entire network from 2000–2018.

Figure 5 shows the average charge/procedure for abdominoplasty, circumferential abdominoplasty and extended abdominoplasty from 2000–2018 in the Northeast region.

Practice Value

Understanding data will be a significant asset in calculating your practices' valuation. Production metrics, practice growth and patient retention are essential elements in demonstrating the value of a practice. Hospitals, equity and venture capital have all been active in practice acquisition in medicine. Decision making with these savvy investors is all data driven.

Evidence Based Business: Using Data to Understand Key Performance Indicators

This purpose of this article is to stimulate the reader to leverage data to practice Evidence-Based Business.

Here are a few important points:

- What is the lifetime value of a patient coming into my practice?
- What does it mean to the total surgical market if we concede patients to non-core med-spas?
- We are practicing evidence-based medicine, but are we practicing evidence-based business?
- Do you know which procedures drive the most revenue?
- Do you know which procedures drive most lifetime revenue?
- Do you know your customer retention rates?
- Do you know how all of this compares to your colleagues?
- Are you over performing or underperforming?

Asked & Answered

The Aesthetic Neural Network (ANN), currently offered for free and exclusively for Aesthetic Society members, provides insight into your practice and practices across the United States. Take a look at this information on Rhinoplasty!

- **20%** of patients on ANN who undergo **rhinoplasties** later return and purchase additional products and services at the same practice.
- On ANN, **rhinoplasty patients return** to undergo, on the average, **2.65 other procedures**. The average of gross charges per patient from these return procedures is **\$3650**.
 - **19%** of the return procedures are surgical **Body** Procedures
 - **18%** surgical **Breast** Procedures
 - **17%** surgical **Face and Neck**
 - **Botox** has the highest procedure count as a return procedure

Conclusion: Rhinoplasty patients generate a significant amount of additional revenue for a practice. The procedures are evenly distributed over different procedure types, with Botox leading in procedure counts.

For more information on ANN, or to schedule a free demonstration, please contact Melissa Schmidt at melissa@surgery.org.

Did You Miss the ANN Webinar?

In this free webinar, Amy Boyer from Karen Zupko and Associates (KZA) will show you how to use ANN's Return Patients Dashboard to learn about your patients' Lifetime Value (LTV), especially the correlation between "entry" procedures with a very high association with continued patronage. Join us to learn how ANN can help focus your future purchasing decisions, marketing efforts, and patient retention strategies. The webinar can be found at <https://youtu.be/oi-Trv2snwQ>.

Want a free demo of ANN? Contact Melissa Schmidt at melissa@surgery.org.

Continued on Page 61

PATIENTS IN NEED?



THE AESTHETIC SURGERY EDUCATION
AND RESEARCH FOUNDATION

Mollenkopf Aesthetic Breast Reconstruction Fund Now Available Nationwide!

The Aesthetic Surgery Education and Research Foundation (ASERF) is pleased to announce that the **Mollenkopf Aesthetic Breast Reconstruction Fund**, which aids breast cancer patients in completing their aesthetic breast reconstruction journey, is now available to patients nationwide.

Made possible through generous restricted donations to ASERF by Susan and Steve Mollenkopf and matched by the Qualcomm Foundation:

- **Grants of up to \$5,000:** Assist underinsured or uninsured patients in completing a quality aesthetic breast reconstruction following breast cancer.
- **Ideal Candidates:** Women who have had breast reconstruction with unacceptable results and who are deferring surgery due to financial difficulties.
- **Use of Funds:** Ideally, doctors would donate their surgical skills and the grant money would help cover the patient's operating room fees, anesthesia, deductibles and other related expenses.

For ASERF and ASAPS member surgeons who have patients eligible for a Mollenkopf Fund grant, please view all details and download the grant request form at: www.aserf.org/Mollenkopf

**For additional information on the Fund, please contact Ivan Rodriguez at
(562) 799-2356 or ivan@surgery.org**

PATIENTS IN NEED?



THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC.



THE AESTHETIC SURGERY EDUCATION
AND RESEARCH FOUNDATION



AMERICAN SOCIETY OF
PLASTIC SURGEONS



THE PLASTIC SURGERY
FOUNDATION™

For Uninsured Patients, Utilize the BIA-ALCL Patient Fund

The American Society for Aesthetic Plastic Surgery and the American Society of Plastic Surgeons, in conjunction with the Aesthetic Surgery Education and Research Foundation and the Plastic Surgery Foundation, are pleased to offer the BIA-ALCL Patient Assistance Fund for uninsured patients diagnosed with ALCL.

Patient Fund Criteria:

- Health insurance must be either exhausted or unavailable
- No health insurance through any other source
- U.S. Patients Only
- Diagnosed with ALCL following National Comprehensive Cancer Network (NCCN) treatment guidelines

For ASAPS, ASPS, ASERF and PSF member surgeons who have patients diagnosed with ALCL, visit: www.aserf.org/BIA-ALCL, for all criteria and to download a grant request form.

Made Possible By Generous Contributions From



For additional information on the Fund, please contact Ivan Rodriguez at
(562) 799-2356 or ivan@surgery.org



Social Media Use & Professionalism

By Thomas Fiala, MD, MBA, and Neil Reisman, MD, JD

Social Media is a rapidly developing area. Like any tool, it has potential for great benefit, but also has pitfalls. Many surgeons are looking for guidelines to follow. If we consider online media to be an online extension of traditional media and other forms of communication, our national plastic surgery societies already give quite a bit of relevant guidance on the topic. Let's examine this in more detail.

Definition of Social Media

The term "Social Media" encompasses a wide variety of web-based and mobile technologies for sharing content among users. These include text, video- or picture-sharing software, websites, forums, blogs, discussion groups and accounts on various social networking sites and social media platforms like Facebook, Twitter, Youtube, LinkedIn, Instagram, Pinterest, Doximity, and others.^{1,2} For the purposes of this document, any text, video or photo-sharing capabilities of mobile and other electronic devices are included.

Social media should be considered as "online public spaces, used by millions and accessible by all."^{1,3} Thus, consideration is warranted in how professionals, such as plastic surgeons, approach their use.

In this document, all references to physician(s) or plastic surgeon(s) shall equally apply to physician(s)-in-training.

Basis of Social Media Policy

General rule: When engaging in the use of social media or other content-sharing technologies, plastic surgeons are *expected to comply with all existing professional expectations,*

Patient privacy is of the highest importance. Keep in mind that the identity of an unnamed patient can be deduced through a variety of other information, such as a description of their unique clinical condition, or area of residence. Avoid posting personal or private information about a patient on a social media site.



including those set out in existing relevant laws, regulations, rules, or other codes of conduct. In particular, both ASPS and ASAPS have carefully written Codes of Ethics,^{4,5} which apply equally to social media as they do to other forms of communication.

While social media can be highly effective for connecting with other professional colleagues, educating patients, and advancing professional knowledge,⁶ other uses may be less appropriate for physicians. Under no account shall any texts, photos or videos be sent, forwarded, or posted by the physician, or a third-party on behalf of the physician, that are deemed to be:

- Offensive, lewd, defamatory, or of a sexual nature,
- Discriminatory on the basis of color, sex or sexual preference, race, national origin, religion, disability,
- Unprofessional to yourself or any other physician,
- Demeaning to the profession,
- Proprietary, without express permission of the authors, or
- Dishonest, manipulative or fraudulent.

Similarly, physicians shall be proactive in promptly deleting such texts, photos or videos from their accounts.

Patient Privacy and Confidentiality

Patient privacy is of the highest importance. Keep in mind that the identity of an unnamed patient can be deduced through a variety of other information, such as a description of their unique clinical condition, or area of residence.¹ Avoid posting personal or private information about a patient on a social media site.

Physicians must comply at all times with state and federal laws regarding the release of potentially identifiable patient information, including, without limitation, the Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule") and the Security Standards for the Protection of Electronic Protected Health Information ("Security Rule") established by the U.S. Department of Health and Human Services to implement the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), all as applicable and as amended by Subtitle D of the Health Information Technology for Economic and Clinical Health ("HITECH") Act (Title XIII of the American Recovery and Reinvestment Act of 2009) and as clarified by any and all amendments, regulations, and guidance thereto.^{2,7}

In addition, general waivers and consents for releasing patient images or information

Continued on Page 59

Social Media Use & Professionalism

Continued From Page 58

online are insufficient, and are not to be relied upon. The physician must obtain a written waiver or consent that explicitly includes the name of the website, online forum, or social media platform where the patient information or images will be used prior to posting such information or images.⁷ Similarly, photo & video consents should be obtained for any staff members or anesthesia providers that may appear in the images.

Cell phone photography and videography is still considered a form of photography, and always requires obtaining formal written consent from the patient to both obtain the images and to use them for any specific purpose.⁷ *Verbal consent is insufficient.* Further, physicians who use cell phone photography accept all responsibility to protect this information, and accept the liability for the use, misuse and storage thereof. Physicians will not informally share or show these photos or videos to anyone else, without prior express patient consent.

Digital devices must be designed to protect patient information should the device be misplaced, lost or stolen. The use of public, unsecured wireless networks and cellular device networks is strongly discouraged, due to their potential for patient information to be compromised. Unsecured cloud-based storage of patient images or information is similarly discouraged.

Professional Conduct

Standards for professional interactions must be consistent across all forms of communication between the patient and physician, whether in person or via social media.

Maintain professional decorum at all times. Physicians shall protect their own reputation, the reputation of the profession and the public trust by not posting content that could potentially be viewed as unprofessional. Furthermore, physicians shall be proactive in removing content posted by themselves or others, which may be viewed, as unprofessional.

For the purposes of this document, the comprehensive definition of professionalism described by Lesser et al, shall be used.⁸

Err on the side of caution—if you wouldn't show the post during the Board exams of the American Board of Plastic Surgery, don't post it. If you would be embarrassed by the post being reviewed by the Ethics Committee of ASAPS or ASPS, your state Board of Medicine, or shown in court—don't post it. Remember, images posted to the web may persist indefinitely, despite attempts to “take down” the post.

Professionalism involves “compassionate, respectful, and collaborative care of all patients”. Furthermore, it mandates integrity, honesty, accountability, and the continued pursuit of excellence. Conduct of physicians should merit the respect of the community.

Worrisome examples of questionable conduct include, but are not limited to, photos or videos showing the physician with alcohol or drugs, weapons, surgical specimens, minors, engaging in unprofessional physical contact or conversations with patients, or in other potentially compromising positions.

Physicians are strongly suggested to maintain separate online accounts for their personal and professional digital identities. Physicians are not to disparage past or current patients or colleagues through social media. Communication between the physician and past or current patients through *personal* social media sites is discouraged.⁹ Online interactions with patients should remain within the appropriate and ethical boundaries of the patient-physician relationship, just as they would in person.⁶

Physicians should exercise significant caution when using search engines or social media sites to gather patients' personal information unrelated to the medical practice (“patient-targeted Googling”). Baker and

associates offer some useful guidelines, showing specific examples of the rare times when Google research on a patient or patient's family is ethical and needed to discharge professional obligations.¹⁰

E-mail and other electronic means of communication can supplement, but not replace, face-to-face encounters.⁴ Documentation of patient care communications should be included in the patient's medical record.

Advertising and Self-promotion

Marketing on social media must also be consistent with all existing standards of professional behavior related to marketing and advertising in traditional media.

General rules: Be 100% truthful and transparent.¹¹ Remain professional. We are plastic surgeons and physicians, *not entertainers or game show hosts.* Our focus should remain on patient education and the advancement of our specialty, rather than self-promotion. Our patients put their trust in us, and we must honor that commitment fully, particularly when the patient is in the operating room or recovery room, or if the patient is under the influence of medications administered as part of their treatment.

Err on the side of caution—if you wouldn't show the post during the Board exams of the American Board of Plastic Surgery, don't post it. If you would be embarrassed by the post being reviewed by the Ethics Committee of ASAPS or ASPS, your state Board of Medicine, or shown in court—don't post it. Remember, images posted to the web may persist indefinitely, despite attempts to “take down” the post.

Cell phone photography and videography is still considered a form of photography, and always requires obtaining formal written consent from the patient to both obtain the images and to use them for any specific purpose.

Continued on Page 60

Social Media Use & Professionalism

Continued From Page 59

Do not engage in social media posts that are in poor taste, vulgar, undignified, potentially harmful to the person(s) shown or described in the post, or demeaning to patients or the profession, **as judged by a representative group of unaffiliated plastic surgeons**. Under no circumstance should the recording of photos or videos in the operating room interfere with the prompt, efficient, and safe performance of the planned procedure(s), or increase the risk of complications to the patient.

Unethical online publishing

A number of types of social media content are specifically forbidden by the ASAPS Code of Ethics, as they fall into the area of unethical publishing.⁵ “A physician, whether personally or through affiliated intermediaries, and whether by act or omission, shall not publish, which term includes all activities and forms of communication, anything which is *false, fraudulent, deceptive or misleading*, whether or not such publishing is for personal, commercial or practice-related purposes.”

The ASAPS Code of Ethics gives specific examples of unethical publishing, which are reproduced here for convenience, with slight modifications.⁵ These include, but are not limited to:

1. Advertising prices when all costs are not revealed.
2. Manipulating photographs, whether by lighting, posing, timing, make-up, posture, image software applications or any other means so as to misrepresent the appearance of the preoperative condition or the medical outcome.
3. Publishing photographs of patients upon whom you did not perform the advertised procedure, or of procedures not performed by you, except with the prior written consent of the patient and the doctor who performed the procedures, with a clear and conspicuous notice affixed thereto.
4. Publishing research not your own except with the prior written consent of the entity or individual who owns the rights to such research, with a clear and conspicuous notice affixed thereto.
5. Publishing material not your own, including intellectual property, without adhering to all requirements and/or limitations contained in the owner's license.

A number of types of social media content are specifically forbidden by the ASAPS Code of Ethics, as they fall into the area of unethical publishing. “A physician, whether personally or through affiliated intermediaries, and whether by act or omission, shall not publish, which term includes all activities and forms of communication, anything which is *false, fraudulent, deceptive or misleading*, whether or not such publishing is for personal, commercial or practice-related purposes.”

6. Utilizing “black hat” techniques, whether or not such techniques in fact positively influence a member's website, negatively influence a third-party's website, or divert web traffic. Such techniques include but are not limited to:
 - a. Incorporating false, fraudulent, deceptive or misleading website data, terms, metadata, links or automatically generated back links;
 - b. Forging or misrepresenting message headers to mask the originator of the message;
 - c. Plagiarizing the content of another;
 - d. Accessing illegally or without authorization computers, accounts, or networks belonging to another, or attempting to penetrate security measures of another's system, or engaging in any information gathering activity that might be used as a precursor to an attempted system penetration;
 - e. Disrupting or interfering with the ability of another to effectively use his/her own network, system, service, or equipment.

7. Any activity which has the self-evident purpose of obstructing any other physician's legitimate right to contact or be contacted by patients.
8. Practicing under a trade name, or marketing a procedure under a new name, that is false, fraudulent, deceptive or misleading.
9. Marketing services, products or procedures, whether or not trademarked, using descriptors of uniqueness, such as groundbreaking, novel or revolutionary, or increased safety, or lessened pain or discomfort, or efficacy, unless such claims can be easily and factually substantiated.
10. Publishing atypical patient outcomes without clearly and conspicuously disclosing that fact.
11. Publishing images, reviews or testimonials of atypical experiences without clearly and conspicuously disclosing that fact.
12. Publishing images, reviews or testimonials of individuals posing as patients when they are not.
13. Publishing images, reviews or testimonials by employees, associates or family members without clearly and accurately stating the identity of the reviewer and the relationship of the reviewer to the physician.
14. Publishing a testimonial or endorsement pertaining to the quality of the physician's medical care or the member's qualifications if the endorser has been compensated or has received any services of value by the physician in exchange for the endorsement.
14. Claiming superiority in skills or services, including superiority due to the physician's gender or ethnicity, which claims cannot be easily and factually substantiated by patients.
15. Exaggerated claims to fame, including the use of superlatives in the descriptions of the practice, the physician or his/her experience, or the quality of procedures performed. Puffery is to be avoided.
16. Appealing to a patient's fears, anxieties or emotional vulnerabilities.

Continued on Page 61

Social Media Use & Professionalism

Continued From Page 60

17. Advertising a specialty board certification when doing so is prohibited by the jurisdiction in which the member practices.
18. Participating in illegal transactions.
19. Failing to include in a paid appearance, promotion, article or advertorial a clear and conspicuous notice that such content has been purchased and is not editorial.
20. Failing to clearly and conspicuously identify as a model any individual appearing in advertising who has not in fact received from the member the services suggested by the advertising.
21. Displaying any organization's logo in a manner that suggests membership by a non-member.
22. Publishing a guarantee that satisfaction or a cure will result from the performance of the physician's services.
23. Claiming as a trade secret any method or process for performing a surgical procedure.

Medical Board Sanctions and Disciplinary Findings

Many State medical boards now have the authority to discipline physicians for unprofessional behavior relating to the inappropriate use of social media,⁹ such as:

- Inappropriate communication with patients online
- Use of the Internet for unprofessional behavior
- Online misrepresentation of credentials
- Online violations of patient confidentiality
- Failure to reveal conflicts of interest online
- Online derogatory remarks regarding a patient
- Online depiction of intoxication
- Discriminatory language or practices online

The level of discipline may potentially range from a letter of reprimand to the revocation of a license. In our field, inappropriate use of social media can result in an investigation by the Ethics Committees of our national societies and possible sanctions. Govern yourselves accordingly.

Summary

Posting on social media as a medical professional requires care and thoughtfulness. Keep in mind that the same expectations and guidelines apply online as they do to other

forms of media. Monitor your own postings with these concepts in mind, and proactively edit the content of any third parties that post on your behalf. Make sure detailed photo and video consents are always utilized. Don't engage in puffery and exaggeration. Carefully protect the reputation of our field, your colleagues and yourself. Protect your patients and their confidentiality. Finally, think twice before posting—remember, materials published online last forever.

References:

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3. <https://www.cpsbc.ca/files/pdf/PSG-Social-Media-and-Online-Networking-Forums.pdf>
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Thomas Fiala, MD, is an aesthetic plastic surgeon practicing in Altamonte Springs, FL. Neal Reisman, M.D., J.D., is an aesthetic plastic surgeon practicing in Houston, TX.

Why You Should Care About Your Practice Data

Continued from Page 55



What is the Aesthetic Neural Network and Why Should I Join?

The Aesthetic Neural Network (ANN) is a big data product that was designed and built to answer these questions and many more. It is a fully developed and continually evolving “cooperative” of aesthetic surgeons from all over the country sharing their de-identified data from their EPM or EMR. Surgeons who participate in the network gain insights into their data, benchmark against other data in the pool, and understand long- and short-term trending of devices and procedures. No data entry is required. This is unique in concept and execution.

For now, access is provided as a free ASAPS member benefit when you join ANN. We currently have over 230 data sources (surgeons and medi-spas) in ANN that have generated over 3.4 M procedures. The data goes back to the year 2000 and is updated weekly.

Final Thoughts

Conclusions reached in a study done by MIT scholars Andrew McAfee and Eric Brynjolfsson best summarizes the importance of leveraging data. In this study, executives at 330 public companies were interviewed about how they collected and used data. They concluded, “The more companies characterized themselves as data-driven, the better they performed on objective measures of financial and operational results. In particular, companies in the top third of their industry in the use of data-driven decision making were, on average, 5% more productive and 6% more profitable than their competitors.”

If you have any questions, feel free to contact me, Barry Fernando, at: barry@ronansolutions.com

If you are interested in joining the Aesthetic Neural Network contact: Melissa Schmidt at melissa@surgery.org.

Importance of Quality Social Media Followers & Engagement

Taking shortcuts ✂️ to #SocialMediaMarketing success can be detrimental. Discover how building an audience of quality followers and developing engaging content yields long-term results!



Have you ever been tempted to buy 1,000 or 10,000 followers to give your social media accounts a boost? Sure, it may seem like a quick, easy way to kickstart a sluggish social presence, but the reality is that paid followers, no matter how many you buy, don't add real value and can even harm your reputation. These followers are not actual people—they **come from fake accounts that are run by bots, and identified as spam.** Even if an advertisement or app claims to offer "real" followers, we strongly advise you avoid shortcuts like these in favor of adopting a well-planned social media marketing strategy focused on cultivating a qualified account audience that interacts meaningfully with your posts. Ideally, the ultimate goal should be to focus on increasing brand awareness, trust, and your social media engagement rate.

Ideally, the ultimate goal should be to focus on increasing brand awareness, trust, and your social media engagement rate.

The algorithms for social platforms like Facebook and Instagram have been designed to evaluate a wide variety of key signals to determine the validity, activity, and engagement of their users. Fake accounts are frequently identified by the algorithms and are then purged in groups, which can lead to large numbers of purchased followers vanishing overnight. **Unlike followers, engagement cannot be bought—it has to be fostered and earned.** Generally speaking, engagement relates to the amount of conversation that takes place among you and your audience through comments, replies, likes, and reactions. It also includes the frequency and quality of your interactions outside of your own account. For many aesthetic practices, increasing engagement can seem like a slow process (which often makes purchasing followers even more enticing); however, developing a cohesive branded theme, creating posts that stimulate conversation, and adhering to best practices can create a long-term strategy for success.

With high-quality, well-curated social content that appeals to your target audience, it's possible to develop a natural conversation between your practice and your followers. For offices that don't have the time or personnel to devote to social media, enlisting the help of a savvy and experienced social media team can be a very worthwhile investment. **Ideally, you would select a company who specializes in navigating the elective healthcare market, and providing expert guidance while crafting and working collaboratively to maximize your resources and return.** Most importantly, they should understand how to integrate social media into a comprehensive website marketing strategy to help boost conversion rates.

Let's Talk

Cutting corners is a dangerous proposition in website marketing—i.e. low-quality links from link farms, spammy SEO, canned content, etc.—and the same holds true for social media. At Rosemont Media, we provide our clients with ethical, highly customized work that is always based on the latest industry knowledge. If you are looking to gain a competitive edge with your social media efforts or want to learn about how our team of experienced marketing experts can optimize your website performance, please contact our knowledgeable representatives at www.rosemontmedia.com/asaps. Also, check out Rosemont Media's educational blog—the Rosemont Review—at rosemontmedia.com/blog for news on all the latest topics and trends in digital marketing.



Growing Your Business Using Artificial Intelligence

By Peter Houtz, Vice President of Sales at Plastic Surgery Studios

Artificial intelligence (AI) may seem mysterious, but millions of people use it to facilitate many of their everyday tasks. While we are more familiar with text forms of AI, virtual assistants and voice recognition software (including Amazon's Alexa, Apple's Siri, Microsoft's Cortana, and Google Assistant), talk-to-text, and voice search are forms of AI that are quickly becoming more popular and effective in our daily lives. While it is not a replacement for human interaction, AI does allow people to maximize the use of their time, increasing productivity both at home and in the workplace. AI carries a wealth of potential, not only for consumers but digital marketers and business owners as well.

How AI Works

Simply put, AI is designed to simulate interaction with a real person by mimicking and learning skills such as reasoning, planning, and perception. This type of technology only improves with time, as the machines or software programs absorb more usable information about a given population. AI programs utilize intelligent algorithms based in multiple disciplines (e.g., psychology, mathematics, linguistics, and digital science) that detect patterns in user activity and glean analytical data about a particular audience. By compiling the collected data, the software can learn and behave according to user interaction.

AI is designed to simulate interaction with a real person by mimicking and learning skills such as reasoning, planning, and perception. This type of technology only improves with time, as the machines or software programs absorb more usable information about a given population.

AI and Conversion

AI can perform various functions for different demographics and determine what kind of content will resonate most with specific audiences. Developing customized strategies to attract users in the awareness and interest stages of the conversion funnel can help boost conversion rates. The conversion funnel refers to the path from a visitor to a customer/client/patient, so it is crucial to captivate the audience in the earliest stages to guide them through the transition. Bridging the gap between a business and potential customers/clients/patients without necessitating manual communication allows marketers to focus on other areas using the data received, including:

- Audience targeting
- Content development
- Real-time optimization
- Direct-to-consumer advertising (DTC advertising)

How These Are Accomplished

Predictive Search

This search engine feature organizes popular user queries and offers the most likely suggestions based on the gathered data. People tend to read faster than they type, so a predictive search element can dramatically reduce search speed and have a considerable impact on the user experience. Search algorithms are becoming more refined every year, significantly expanding the reach of predictive marketing. Marketing companies use this approach to develop personalized campaigns that respond based on established patterns.

Chatbots

Digital programs like chatbots learn as they are utilized, compiling and organizing user data that can be used immediately or at a later time. When this tool is used on a website, it commonly takes the form of a customer service window that is equipped with smart autoresponders and imperative language. If it cannot find an answer to a visitor's question, it is usually populated with automated features that also direct users to take a specific action.

AI Capabilities in Marketing

Data-driven marketing relies on analytical insights to predict future user behavior and devise personalized strategies according to that information. The ever-evolving marketing landscape can absolutely benefit from AI, not as a replacement for actual human interaction, but as a tool to make connections from consumer to business (C2B). Offering potential customers a heightened digital experience with AI can extend the depth at which marketers understand and cater to their audience. Currently, AI is primarily text-based, as that is its most usable form. However, with AI voice functionality in the works, tools like Google Assistant can have nearly endless possibilities. Google is now in the process of developing Google Duplex AI, a system that is designed to accomplish specific functions on the phone by replicating realistic conversation.

How Plastic Surgeons Can Capitalize on AI

AI broadens the capacity for online marketing for virtually every type of business and industry. As a digital plastic surgery marketing agency, Plastic Surgery Studios strives to stay ahead of the game utilizing advanced technological approaches for our clients' marketing campaigns. Concerning local business optimization and AI, we currently submit the business name, brand, address, and phone number to the various popular AI engines (including Siri, Alexa, and Google Assistant). Additionally, we are conceptualizing chatbots for future use in marketing within the plastic surgery field. We look forward to seeing how AI progresses in this era of massive technological growth and finding new ways to incorporate it into our marketing programs.

Peter Houtz is the Vice President of Sales for Plastic Surgery Studios, a full-service online digital marketing agency serving the aesthetics industry since 1998. Peter is a frequent presenter at The Aesthetic Meeting and can be reached by phone at (909) 758-8320 or by email at peter.houtz@plasticsurgerystudios.com.

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5 Tips for Analyzing Practice Profitability

By Cheyenne Brinson, MBA, CPA



How profitable is your practice? Does the revenue from injectables cover costs? Is your med spa generating a healthy profit? Many practices assume all of their service lines are profitable, yet few have the systems in place to make a proper analysis.

Here are five tips for analyzing practice and service line profitability.

1. Set up service lines as cost centers on the Profit and Loss (P&L) Statement.

The first step in analyzing the profitability of a service line is developing a mechanism to track revenue and expenses. Creating cost centers on the P&L is the most comprehensive approach. Regardless of the accounting system you use, creating cost centers should be a relatively straight forward process. For example, in Quickbooks, the use of a “class” is synonymous with a cost center. Set up cost centers for each service line (i.e. med spa, surgery suite, satellite office, etc.) Please note, if the med spa or surgery center were separately incorporated, they would not be included on the practice’s P&L but rather maintain their own P&L. However, it’s advisable to issue a consolidated P&L of related entities in order to examine the operation as a whole.

Quickbooks has a P&L by Class that shows cost centers side by side and sums to the practice total. This is a good tool to see how the cost center(s) fit into the “big picture.” For example, see the chart below:

	Main Office	Med Spa	Surgery Suite	Satellite 1 Office	Total
Revenue	\$1,500,000	\$500,000	\$750,000	\$250,000	\$3,000,000
Expenses	\$750,000	\$350,000	\$500,000	\$275,000	\$1,875,000
Net Income	\$750,000	\$150,000	\$250,000	-\$25,000	\$1,125,000

2. Properly segregate and allocate expenses to the costs centers.

The biggest challenge many plastic surgery practices face is the proper segregation of expenses. Many practices make the mistake of lumping injectables, implants, skin care products, garments, and other big ticket items into a generic medical supplies account. The prudent approach would be to create separate expense accounts for each major expense. Further, classify expenses that are products available for sale as “cost of goods sold” or COGS. Examples include injectables, fillers, implants, skin care products, and garments. An illustration of a P&L with COGS:

Total Income	\$1,500,000
Cost of Goods Sold	\$500,000
Gross Profit	\$1,000,000
Total Expense	\$250,000
Net Income	\$750,000

By segregating COGS on the P&L, it’s easy to determine if revenue exceeded the direct costs of the products sold.

Another concern is proper allocation of expenses to the cost centers. For example, medical supplies are received at the main office. Surgeons and staff take needed medical supplies with them when they travel to a satellite office. The medical supply expenses are residing on the books at the

main office and have not been allocated to the satellite office. Sharing supplies between the surgery suite or med spa is also common—supplies reside in one common area and there is no accounting of which cost center used the supplies.

In order for a practice to analyze the profitability of its service lines, an accurate accounting of expenses must occur. The easiest way to accomplish this is to set up different accounts or sub-accounts with the vendors so that invoices are clearly identified to the appropriate cost center or create separate orders for each. Otherwise, invoices will need to be segregated in the accounting system to the appropriate cost center. Often the person or team in accounts payable do not have the necessary information to make the allocation. Another approach is to pay invoices with separate credit cards for each service line.

Staff allocation between service lines is another area to consider. When a staff member works in one area only, it’s easy to assign that staff member to their respective cost center. But what happens when a nurse works in the surgery suite one day a week, sees patients with the surgeon two days a week, and has an aesthetic (med spa) practice the remaining two days a week? Do you have the mechanism to allocate their salary to the respective cost centers? Most time tracking systems allow staff to “clock in” to different departments. That’s the most straightforward method of allocation. Otherwise, it’s a manual allocation or an estimated allocation based on history. The most important takeaway is to develop some type of time allocation for staff to the different cost centers.

Another overlooked area is rent. Allocating rent by square footage is the most common allocation. For example, if the surgery suite’s square footage is 20% of the total square footage, then 20% of the rent cost would be allocated to the surgery suite. But what about a med spa that doesn’t have dedicated space or uses some of the same rooms the surgeon uses when they are in surgery? In those instances, allocate rent based on time utilized.

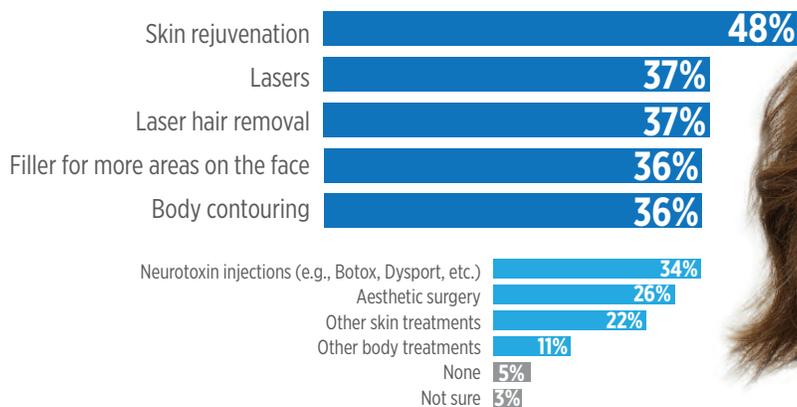
Continued on Page 67

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For more safety information, please consult with your physician and the patient labeling that can be found by visiting our website www.bellafill.com.

REFERENCES:

1. The survey was conducted online by The Harris Poll on behalf of Suneva Medical and Vance & Associates within the United States between February 26 and March 14, 2018 among 503 U.S. adults ages 30-65 who have had dermal fillers in the past. Data were weighted where necessary to bring them into line with their actual proportions in the population.



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5 Tips for Analyzing Practice Profitability

Continued from Page 65

For the surgery suite, are case costs calculated? There are inventory modules available in some aesthetic practice management systems that allow for the tracking and cost allocation of all supplies used in a surgical case (sutures, gauze, scalpels, etc.)

An often overlooked allocation is the allocation of management and administrative (M&A) expenses to the cost centers. M&A covers a wide array of expenses including management, marketing, billing, front desk, administrative, telephone, etc. Some practices allocate M&A based on revenue while others charge a flat percentage of revenue to cover M&A.

Since physician salaries and their related expenses such as payroll taxes, CME, cell

phone, travel, health insurance, or anything that would be a fringe benefit to other classes of employees are not included in the overhead calculation, move these expenses to the bottom of the P&L and exclude them from operating expenses.

3. Ensure revenue is properly attributed to the service lines.

A good P&L will tell the story of how the practice is doing at a glance. To that end, it's advisable to segregate broad categories of revenue for a plastic surgery practice: surgical revenue, office consults/procedures, lasers/devices, fillers/injectables, skin care products, and skin care procedures are examples. The chart below is an example of the income section of a P&L by cost center:

	Main Office	Med Spa	Surgery Suite	Satellite 1 Office	Total
Surgical Revenue	\$1,000,000	—	\$750,000	\$100,000	\$1,850,000
Office Consults/ Procedures	\$250,000	—	—	\$75,000	\$325,000
Lasers/ Devices	\$75,000	\$150,000	—	—	\$225,000
Fillers/ Injectables	\$175,000	\$150,000	—	\$50,000	\$375,000
Skin Care Products	—	\$75,000	—	\$25,000	\$100,000
Skin Care Procedures	—	\$125,000	—	—	\$125,000
Total Income	\$1,500,000	\$500,000	\$750,000	\$250,000	\$3,000,000

In a medical practice, the details of revenue transactions reside in the practice management system (PMS), not the accounting system. Our firm strongly recommends allocating revenue by cost center and line item in a journal entry at the end of the month using PMS reports rather than tediously allocating each deposit transaction in the accounting system.

Likewise, the PMS reports, not the P&L, are the appropriate source to see the breakdown of breast augmentations, abdominoplasties, blepharoplasties, and other procedures.

4. Regularly review reports to analyze profitability.

Now that revenue and expenses are properly allocated on the P&L, the P&L by cost center can be generated and reviewed on at least a monthly basis. The report serves as a guide—revenue minus expense equals profit (or loss). Are your service lines yielding the promised profits?

5. Consider non-financial benefits when analyzing the performance of a service line.

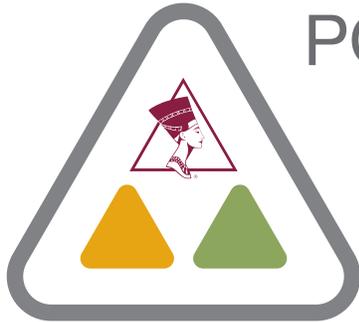
There are some instances where a service line yields a loss, rather than a profit. Does that mean the service line should be discontinued? Not without further analysis.

For example, it's not uncommon for a satellite office to yield a loss. However, in a surgical practice, what was the impact on overall surgical volume? That's often difficult to ascertain if all surgeries occur in one location. Satellite offices frequently are referred to as "loss leaders" (for example, high volume of post-operative visits results in lower income attributed to the satellite office). The cost center itself is not profitable, but overall surgical revenue has increased due to serving more patients in a new geographical market.

The bottom-line is to consider both the financial and non-financial benefits when analyzing the performance of an ancillary.

Cheyenne Brinson, MBA, CPA is a consultant and speaker with KarenZupko & Associates, Inc. She delivers pragmatic business solutions that boost revenue, streamline workflow, and increase operational efficiency.

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Topics include:

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- Risk Management
- New Hire Issues
- Infection Control
- Office Policies
- Governance
- Collection Issues
- Medical Records
- Job Descriptions

Hiring

POLICY: **###PracticeName###** believes that hiring qualified individuals contributes to the overall success of the practice. All applicants will be considered on the basis of their qualifications and ability to perform the job successfully.

PROCEDURE:

1. Review the position description and update as needed.
2. Notify staff internally of the open position (word of mouth referrals are a great resource for hiring new team members).
3. Post the job ad on external job boards (i.e. Indeed, Monster, CareerBuilder, etc).
4. Review resumes, screening for candidates who meet the requirements. Look up qualified candidates on social media sites, reviewing for any inappropriate language, photos, or posts.
5. Invite top candidates for a phone/video interview. Ask about salary requirements during the initial screening.
6. Ask top candidates to complete the application form and the authorization for background and credit check. Ensure the application form has the statement and that the candidate signs it.
7. Invite the top 3-5 candidates who pass the initial phone/video interview to the practice for an in-person interview with the surgeon, the manager, and other designated team members.
8. Arrange for skills testing (see totaltesting.com)
9. Extend a job offer to the top candidate. All job offers are contingent upon completion of a successful background check.
10. Check references for all final candidates. **###** (Name of agency) will be used to conduct a criminal background and credit check. Signed authorization is required for the background and credit check. The form is provided by the agency performing the background check.
11. On an employee's start date, have the employee complete required onboarding paperwork. Refer to your state employment laws regarding required notices that must be provided to newly hired employees.

Human Resources and Office Policies

calculator, and other office equipment is also required. Employee must have normal range of hearing and eyesight to record, print, and use a computer.

Typical Working Conditions
Normal office environment. Office hours.

Other

- Analyzes and updates the fee schedule annually to ensure maximum reimbursement
- Runs and prepares insurance receivable, CPT frequency, Facilitates accounts payable
- Communicates with accountants
- Meets with surgeon monthly

Office Operations

- Maintains facility and all office equipment
- Keeps all surgeon files up to date
- Coordinates management meetings
- Maintains proficiency with medical coding software
- Maintains patient confidence in the practice; releases PHI in accordance with HIPAA and other privacy laws
- Maintains the coding compliance and suspected coding compliance
- Attends ASAPS, ASAPS, ASAPS
- Meets with the surgeon to review meaningful data
- Performs all other tasks required

Supervisory Responsibilities
This job has supervisory responsibilities.

Typical Physical Demands
Position requires prolonged sitting, coordination and manual dexterity.

Accounts Receivable and Financials

- Generates and analyzes accounts receivable and rejection patterns with the accountant or arrange a payment plan
- Understands financing options

Office Manager
(In solo practices may function as part-time Patient Coordinator. This will be for early stage aesthetic surgeons. There are two distinct jobs. Asking someone to be both Patient Coordinator and Office Manager will stunt the growth of your aesthetic practice.)

POSITION: Office Manager

RESPONSIBLE TO: Surgeon(s)

JOB SUMMARY: Supervises office operations and clinic staff. Performs limited financial management. Communicates with surgeon to ensure maintenance of efficient practice site operations.

EDUCATIONAL REQUIREMENTS:

- High school diploma or equivalent
- College degree preferred

QUALIFICATIONS AND EXPERIENCE:

- Three to five years of work experience, with increased responsibility, in a surgical practice, service, hospitality, or other high end service industry
- A "can-do" attitude, shows initiative and willingness to adopt to change
- Experience filing insurance claims and understanding reimbursement requirements preferred
- Strong communication skills with staff, ancillary personnel, and surgeons
- Ability to recommend and implement new protocols
- Ability to effectively train other employees
- Comfortable using email and interacting with Internet applications
- Knowledge of practice management and word processing software
- Good analytical and problem-solving skills
- Ability to prioritize work flow in a fast-paced environment
- Neat, professional appearance
- Able to handle staff questions, problems, concerns
- Able to handle stressful situations

Responsibilities include, but are not limited to:

Personnel

- Oversees all staffing needs—screens applicants, suggests hiring of office staff, and discusses final decisions with the surgeon

Job Descriptions for the Aesthetic Practice.

Governance

Administrative Structure

- Ownership: ###
- Governing Body: ###
- Medical Director: ###
- Practice Manager: ###
- Hiring Director: ###

Organizational Structure

Because of the tremendous time commitment required of the Medical Director, the practice manager is to conduct, administer, and monitor the day-to-day operations of this practice. All problems, questions, or matters, which affect the office, are to be discussed and/or brought to the attention of the practice manager. The practice manager serves as a liaison and will be the key person in any and all matters.

Complete and Essential Employee Handbook

What You Can Expect From Us

###PracticeName### strives to...

1. Operate an economically successful business, so that consistent, steady work is available.
2. Promote employees on the basis of ability and merit.
3. Review wages, employee benefits, and working conditions periodically—with the objective of providing compensation and benefits consistent with market norms.

What We Expect From You

###PracticeName### expects you to:

1. Know your duties and perform them consistently, accurately, and efficiently.
2. Cooperate with the manager, physicians, and your fellow employees, and maintain a good team attitude.
3. Interact with fellow employees, patients, and visitors in a professional manner.
4. Perform every task to the best of your ability.
5. Grab opportunities for personal development.

Your Initial Employment

Introductory Period
Your first 90 days of employment are considered an Introductory Period, during which time we will evaluate you and you will evaluate us to determine whether your continued employment is appropriate. If you take approved time off in excess of five workdays during the Introductory Period, the Introductory Period may be extended by that length time. Benefit accruals begin after 30 days of employment. During the Introductory Period, you are not eligible to take paid time off unless permitted by state or federal law.

New employees are expected to read and study the Policy & Procedures Manual. They will be held responsible for knowing the content relating to their responsibilities by the end of their third week of employment. New employees are also expected to read the OSHA and HIPAA manuals within the first month of their employment. Each employee classified as a 6 or 8 category (see OSHA classification) will complete a checklist which sets forth the possible exposures to injury, illness and infection control.



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How to Scale Your Practice

By Catherine Maley, MBA, President of Cosmetic Image Marketing

How do you grow a practice when you're a solo practitioner?

Typically, you add more... More equipment. More service providers. More staff. More advertising and marketing and so on.

But with that comes more headaches. More frustration. More mistakes. Because the surgeon quickly becomes overwhelmed juggling the details. That busy work robs your focus, energy and good mood and you're left feeling resentful and bitter because you're working too hard for less.

You find yourself drowning in the minutia of running a business rather than taking care of your patients because you have to manage more people and hold them accountable. That means more time spent on HR, training, management and payroll and less on what you do well—surgery!

To be competitive today, you must focus on what directly brings you money and that is great results; patient relations and excellent patient care before, during and after their surgery. You can't do that when you are stretched thin and distracted with so many details.

The Secret to Scaling

Scale your practice without killing yourself in today's world by doing ONLY what directly affects your bottom line and outsource the rest.

Get rid of the busy work by outsourcing to outside parties to perform services that were performed in-house by your practice staff so they can focus on practice growth too.

For example, the key focus in a plastic surgery practice is patient relations. Cosmetic patients today have lots of choices so they will choose the practice that takes the best care of them, gives them a great experience and performs a result they are happy with.

The more you focus on patient care, the patient experience, patient retention and great results, the more your practice grows profitably. Your reputation as a caring surgeon grows and so do your referrals.

This is what gives you the competitive edge. You focus on your patients and their care to get more patients through referrals and great reviews and you delegate the rest. Makes sense, right?

Pros of Outsourcing

Outsourcing is not new to you. You most likely outsource your billing and payroll, as well as your website design and SEO. It's time to expand that to give you room to focus on growth.

The biggest advantages to outsourcing are time, cost savings and hassle factor. In essence, you are getting your time back, paying less and delegating the headaches.

Outsourcing gives you a competitive edge. You gain services and skills that would be hard to develop yourself but you can outsource to experts who can get the job done faster using their expertise. They will also get better results than you would since they have the experience to know what works and what doesn't.

Outsourcing also gives you flexibility of ramping up or winding down if your practice ebbs and flows. With employees, you can't really tell them to take the summer off if you slow down.

The hassle-factor is greatly reduced when you outsource. You no longer have to deal with managing and training staff to ensure they do what they are being paid to do. You don't have to deal with absenteeism, drama or hiring and firing.

Is it Cheaper or More Expensive to Outsource?

You are most likely saying you can hire someone to do what an outsider will do so let's look at the true numbers to see if that's true:

In-House		Outsource	
Salary	\$\$	Monthly Rate	\$\$
Benefits	\$\$		0
Personal Time off	\$\$		0
Sick Days	\$\$		0
Vacation Days	\$\$		0
Health Care	\$\$		0
Bonuses	\$\$		0
Manage and Train	\$\$		0
Office Equipment	\$\$		0

When you add up the real numbers, outsourcing wins out. Others are able to do the work for considerably less money and you don't have to manage them.

Cons of Outsourcing

A lack of communication between you and the outsourced vendor will delay projects so be sure you work with a trusted group that is uber responsive. Regular communication keeps you in the loop.

A lack of control can make you uncomfortable so your outsourced vendors should provide detailed monthly reports of what they are doing for you and the results they're getting so you know what you're paying for and they are actually doing the work they agreed to do.

Out of sight – out of mind can also leave you feeling out of control. Hold them accountable by using project management software to give them tasks digitally that cannot be forgotten about since the platform is tracking deadline dates.

Tasks to outsource:

Outsource anything that is taking you and your staff away from patient relations such as:

- Payroll
- Accounting
- Bookkeeping
- Lead generation and follow up
- Scheduling
- Email Marketing
- Social media (you still add personality posts)
- Marketing and Graphic Design
- Website design and management
- Staff Training
- Facebook, Twitter, LinkedIn, Blog
- Article Writing
- Admin support

Those who embrace the new world of outsourcing to scale win. When you get the hang of letting go of certain tasks that take up you and your staff's valuable time and attention, it's amazing how much time and space shows up for you to focus on what truly matters to grow your practice.

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.

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Visit surgery.org/surgeonasconsumer now, log-in, and you have fellow surgeons' device reviews at your fingertips—and the ability to share your views with others. All completely free—an ASAPS benefit of membership!



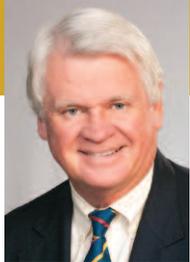
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Does Your Policy Cover The Entire Scope of Your Practice?

By Harry K. Moon, MD, FACS

In today's rapidly changing medical environment we often times are introduced to new and exciting procedures that we feel would enhance our practices. For many reasons it is important to fully evaluate the procedure and how it may impact your current practice. One of the first areas you should consider is, your current medical malpractice policy. There may be specific procedures that are excluded from coverage for a variety of reasons, without you even knowing.

For instance, in reaction to the recent multi-society advisory issued regarding the significant risks associated with gluteal fat grafting ("Brazilian Butt Lift" or "BBL"), malpractice insurance carriers may be altering

the coverage for these procedures. Some companies may exclude coverage if not performed to the standards as advised by the Inter-Society Gluteal Fat Grafting Task Force. Some companies may exclude the performance of any gluteal fat grafting procedures altogether. Another example is coverage for the performance of vaginal rejuvenation procedures, which are typically covered under your malpractice insurance. What you may not know is there could be a restriction on your policy for how these are performed. There may be an exclusion under your policy that specifically states there will be no coverage when performed with devices

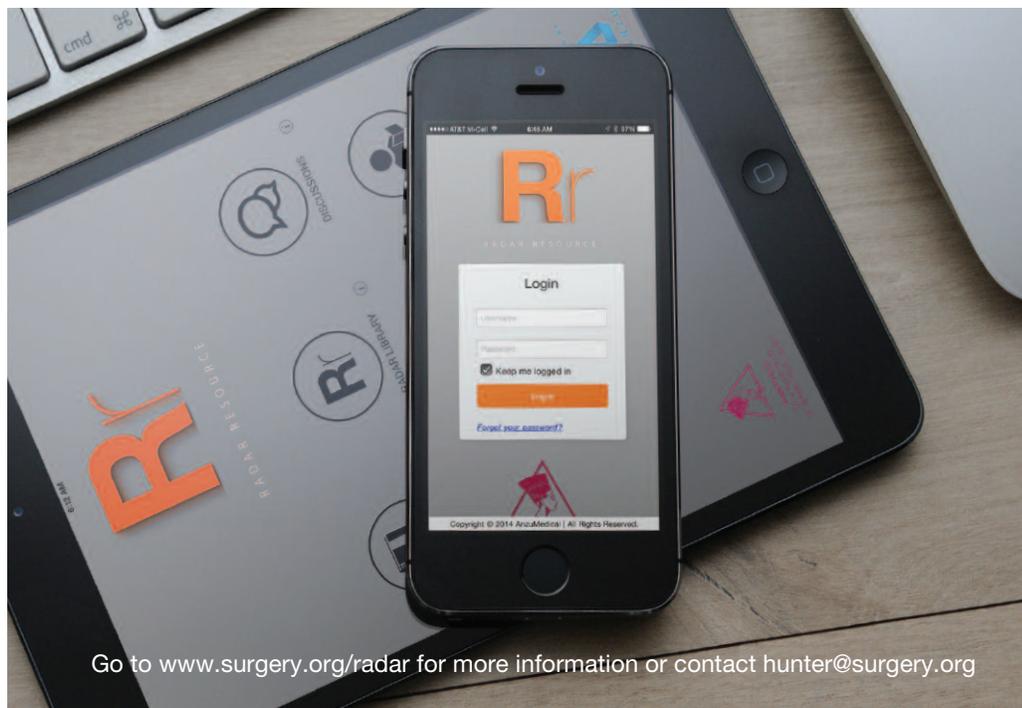
being used "off label" for these procedures. Other instances where there may be restrictions in your coverage could be for liposuction in excess of a certain volume of fat, the simultaneous performance of abdominoplasty with liposuction, as well as some procedures not performed in an AAAASF accredited facility. Bottom line, it may be in your best interest to confirm with your malpractice carrier that you are in fact covered under your policy for the entire scope of your practice.

Harry K. Moon, MD is Medical Director at AMS RRG, Inc. For more information on AMS RRG, go to www.amsrrg.com.

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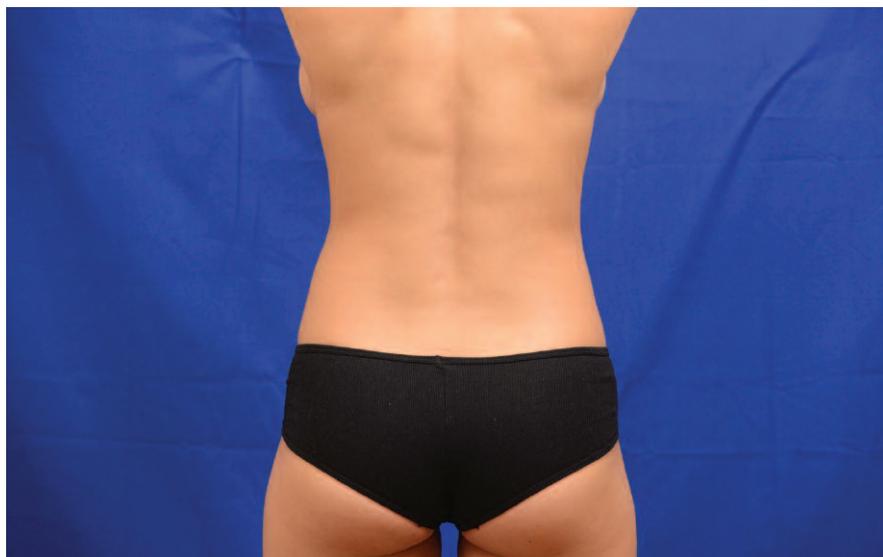
Is This Photograph Dangerous?

By Freddy Jones, CEO of Epitomyze Inc.

The rise of mobile devices as a means for patients to share personal health information with their providers has generated an explosion in the amount of digital media—specifically images and video—that are being sent and managed via... (ahem)... let's just say slightly less than HIPAA compliant means. If you are a health care provider or health care administrator that has received an unencrypted email or text from a patient with photos or videos attached, you know what I am talking about, and you are not alone.

The financial and reputational liabilities associated with this widespread, risky behavior are significant, and increasingly well-known. And they are still sadly ignored by medical professionals, particularly those in the aesthetics community who are among the highest value targets for would be attackers seeking to exploit the value of visible media in medicine. If the idea of having your patient photos hacked and posted online for the world to see doesn't worry you, it should. Yet although the use of images as an attack vector by malicious actors is hardly new, the ease with which patients can take and send images and video of themselves (or others!) to a medical provider, and the growing number of files being sent make this issue more relevant now than ever before.

If the idea of having your patient photos hacked and posted online for the world to see doesn't worry you, it should. Yet although the use of images as an attack vector by malicious actors is hardly new, the ease with which patients can take and send images and video of themselves (or others!) to a medical provider, and the growing number of files being sent make this issue more relevant now than ever before.



JPEG images are the most common digital image format in use today. But did you know that the suspicious “.exe” and “.dmg” files often attached to emails are not the only types of email attacks you are vulnerable to? Did you know, for example, that JPEGs, whether sent by email, text or uploaded to your website, can also contain malicious software code that, when downloaded and saved to your computer, can infect it and your network? This is important to remember when you next open an email, text or uploaded image sent from someone you think is an existing patient or a potential patient sending photos for the purposes of a virtual consultation.

For a slightly older, but still very accurate and relevant explanation of the techniques used to pack images with unpleasant surprises, read Lincoln Spector's article for PC World found at <https://bit.ly/2zRVTxR>.

So, what can you do to protect yourself?

For starters:

- Keep your antivirus software and all other applications that you use up-to-date to monitor files on your network.
- Make sure that you are able to see the file extensions of the images you want to view before you open them. In particular, you can right click (not double click!) on suspicious images and select Properties (Windows) or Get Info (Mac) to look for

any use of double extensions, such as “posterior.jpg.exe” on the File Type (Windows) or File “Kind” (Mac).

You can read more about how to look for malicious applications disguised as images (and other document types) at <https://apple.co/2OMB5NV>, as well as in the PC World article mentioned above.

And—if you are truly serious about protecting your patients' visual media files—unless you are using an email or web hosting service that ensures that all patient images and video sent to you are encrypted at rest and in transit, consider partnering with a company that can provide that capability for you.

Freddy is the CEO of Epitomyze Inc., a team of healthcare and medical imaging experts devoted to revolutionizing the role of clinical photography in medicine. Epitomyze's premier service is Epitomyze Cloud,™ a state-of-the-art, and secure, cloud-based digital-asset storage and management solution for images and data. The service can be accessed through secure credentials from any device, and can be paired with its sophisticated Epitomyze Capture™ app.

Freddy is passionate about the subject of digital imaging in medicine and the role that clinical photography can play in improving the quality of care for patients. Follow him on Twitter: @epitomyze.

Top 10 Risk Management Trends

By CosmetAssure

1. Check EHR for Unintentional Default Settings

Update the medical record to reflect the patient's current condition and check for unintended system defaults to normal or negative. The review of systems or exam should not conflict with the history of present illness (HPI) or chief complaint.

2. Establish EHR Policies and Procedures

The practice should have written policies for electronic health record security and processes, and policies should be kept current to protect the integrity and security of electronic protected health information (ePHI). Policies should be signed by the physician(s) and include implementation dates. Staff members should sign and date their acknowledgement of policy review and understanding.

3. Document Diagnostic Report Review

Incoming consultant reports, diagnostic results, or outside tests should include documentation of physician or provider review. Timely review should be documented in the patient's record before scanning or filing. Documentation of the physician's review demonstrates that results were seen in a timely manner.

4. Edit Preformatted EHR Text or Templates

When using preformatted EHR text or templates, edit entries to ensure the record accurately reflects the clinical care delivered. Inconsistent information in the record, due to default text or the cloning of information from one visit to the next, can be problematic in the event of a claim.

5. Document After-Hours Calls

Documentation of after-hours patient calls should be evident in the medical record, including instructions given to patients. This information can serve the physician and subsequent caregivers in providing patient care. It is also evidence of the instructions given to the patient in response to specific medical complaints.



6. Document Names of People Accompanying the Patient

Because instructions and education regarding the patient's assessment and treatment plan are discussed, it is important to note in the medical record who is present during the visit, particularly when treating minors or cognitively-impaired adults.

7. Document Patient Return Visit

It is important, for the continuity of patient care, to document in the medical record when the patient should return for a follow-up visit. This enables office staff to schedule the visit, preventing possible allegations of failure to diagnose and treat.

8. Establish an Emergency Protocol

Having a written plan of action is recommended in the event of a patient medical emergency in the office. Employees should be well versed in these protocols, which may include access to emergency phone numbers, patient assessment information, and how and where the patient will be transported. Emergency equipment and medications should be regularly maintained and inventoried.

9. Establish Practice Policies and Procedures

The practice should have current policies and procedures in place for patient care, such as communication with patients, medication refills, order tracking systems, missed appointments, and emergency plans.

10. Document Injections

Information regarding injections administered in the office should be documented in the medical record. Include dosage, lot number, expiration date, route and location of injection, and the patient's condition post-injection. Following an injection, patients should be observed for a minimum of 20–30 minutes, depending on the type of injection, for any reaction. Documentation of the patient's physical status should be recorded at the time of discharge, such as "patient alert" or "no respiratory distress noted."

Source:

Texas Medical Liability Trust
Lone Star Alliance Inc., A Risk Retention Group
P.O. Box 160140, Austin, TX 78716-0140
Published: June 8, 2018. TMLT's Risk Management team regularly conducts on-site practice reviews to help physicians address their medical liability risks. This article summarizes the top 10 most frequent recommendations made in 2017.

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Publish Or Perish? The Author's Conundrum

By Wendy Lewis, Founder/President of Wendy Lewis & Co Ltd, Global Aesthetics Consultancy

As a prolific author (I've penned 13 books for commercial publishers in my own byline and currently working on my next), as well as an experienced ghostwriter of books for MDs for two decades, here is the lowdown on the state of publishing 2019.

While it is true that Johannes Gutenberg's invention of the moveable type we know as the printing press was a revelation in 15th century Europe, times have surely changed. With the advent of the Kindle, iPad, and digital everything, fewer printed books actually get read today in that form, which has radically changed the publishing industry.

It was my great fortune to publish my first consumer book through an impromptu introduction to a New York literary agent through Alan Matarasso, MD, FACS in 2008. It was called, *The Lowdown on Facelifts and Other Wrinkle Remedies* (Quadrille, London). As it was considered breakthrough in its day for the UK market, it was serialized in the Daily Mail and went on to have a second edition. Back then most aspiring authors like me could hardly have imagined the sweeping changes coming to the publishing industry.

Publishers basically had all the power and controlled your fate. They alone decided which writers could get published and they had a lot of choices. Most non-fiction manuscripts got rejected, and first-time authors of fiction were left begging and pleading for a break. The only conduit to publication was through a connected agent who worked on commission and also had a lot of choices of authors to work with. If you were lucky

Fast forward to 2019, and thanks to the advent of digital and social media, anybody can be an author today. You now have the ability to reach your target audience of readers without having to go through the arduous traditional route. You have options and you hold all the cards.



enough to get an agent to take you on, the next stage was a lengthy book proposal with a detailed table of contents, marketing plan and sample chapter, all of which was created on spec. A professional writer was needed to compose a book proposal which came with a price tag of \$5,000 and up. If you got a bite from a publisher, you would get some sort of advance (not large), to be paid at various intervals, and your agent took a 15% cut. Agents and publishers were considered the omnipotent gatekeepers to seeing your book on the shelves of the local Barnes & Noble, if there is one still open near you. Even the legendary Barnes & Noble, dubbed "the world's biggest bookseller" with over 600 stores in 50 states is under financial strain. Declining sales and the great digital takeover have hurt them hard. Most B&N's have morphed into a combination book store, toy and gift shop, with a Starbucks.

The New Book Publishing

Fast forward to 2019, and thanks to the advent of digital and social media, anybody can be an author today. You now have the ability to reach your target audience of readers without having to go through the arduous

traditional route. You have options and you hold all the cards. We have gone from the idea of "You're an expert so you should write a book," to "You wrote a book, so you must be an expert." Surely you get the nuances here.

Self-publishing is one such path that many physicians choose. This method can take on several forms. Doctors may work with a vanity press, so to speak, which is a category of publishers that will take on high profile authors with book ideas they think they can sell into Amazon and other booksellers. They usually manage the process from start to finish by enlisting a ghost writer, coming up with a catchy title, cover design, scope, content, voice, etc. It can be an expensive proposition for the author but can yield positive results through name recognition in the eyes of peers, customers (i.e. patients), fans and followers, and the media.

Another option is to hire a ghost writer on your own to create the manuscript with your input, and then self-publish with a publisher, often located in Asia where costs are significantly lower. I used the term 'publisher,' but in essence these are really

Continued on Page 77

Publish Or Perish? The Author's Conundrum

Continued from Page 76

printers who take the content and images provided by the author, print the book and bind it with a cover created by a graphic designer of the author's choice. To self-publish, if you plan to sell your book commercially, you will need to get an ISBN (International Standard Book Number), which is a unique 13-digit code assigned to every commercial book. A self-published author, you are acting as a publisher and can thus, buy your own ISBN for your books that are in print or electronic form.

In my experience, this can end up being a lengthy process, most often due to the limited time a busy practicing physician can devote to getting it done. Sadly, I have worked on many of these projects that have never seen the light of day because the authors lose interest or get too busy and it falls through the cracks.

The real glitch in the above strategy is that not all self-published books will be accepted by the largest bookseller on the planet—Amazon. This means that to get your book into the hands of consumers who are not already your patients, you may have to do it yourself via PR and online marketing which adds considerably to the cost of the project.

To counter this issue, instead of printing thousands of books and storing them in your office or attic, you can consider the print on demand option. This is a more affordable way to print your own self-published book in manageable quantities, as in the hundreds

Instead of printing thousands of books and storing them in your office or attic, you can consider the print on demand option. This is a more affordable way to print your own self-published book in manageable quantities, as in the hundreds instead of thousands of copies. This is also a good option for a book on a timely topic that you may plan to update in a year as the subject evolves.

instead of thousands of copies. This is also a good option for a book on a timely topic that you may plan to update in a year as the subject evolves.

The Rise of the eBook

An electronic book, eBook as we know it, is essentially the digital counterpart of a printed book that consists of text and images. It is distributed as a digital file that can be read on any mobile device, from phones, to tablets, to laptops. Common formats of eBooks include: .iba(Apple iBooks), .azw(Amazon Kindle), EPUB and PDF files.

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If you choose to go the eBook route, you can enlist the services of a professional eBook publisher who can handle the conversion of your full manuscript into an eBook form. This may be submitted in a Word doc, PDF and InDesign files, depending on the publisher, and they can create a format that will be readable on all relevant platforms. This typically costs upwards of a few hundred to a few thousand dollars as a one-time charge.

Lastly, there is also the DIY eBook plan, which is a very cost-effective tactic that offers the additional benefits of building your mailing list. Surely you have seen promotions like this on websites: "Download our free eBook to get insider secrets about (fill in the blank)." This eBook format can be customized by a professional writer in the first person (doctor's voice—"I") or 3rd person (the practice voice—"we") and designed with your practice branding so it is uniquely yours.

For most plastic surgeons, eBooks are an ideal way to create viable, readable content at an affordable price on any relevant topic. When marketed effectively online and through social channels to the right target audience, eBooks can deliver personalized key messages in your practice's voice and tone on a digital platform.

You may consider an eBook format on a specific narrow topic, similar to what you may have created a landing page or microsite for, such as Hair Restoration Resource, New Frontiers in Body Shaping, The Truth about BBL, Top 10 Treatments for Skin of Color, etc. These can also be easily translated into other languages, if that would be useful to attract other target audiences to your practice.

For most plastic surgeons, eBooks are an ideal way to create viable, readable content at an affordable price on any relevant topic. When marketed effectively online and through social channels to the right target audience, eBooks can deliver personalized key messages in your practice's voice and tone on a digital platform. It solves the dual purpose of getting you started as an 'author' in the simplest and least costly way, and has the potential to make an impact on your practice.

So, are you ready to become an author?

Wendy Lewis is President of Wendy Lewis and CO Ltd, www.wendylewisco.com, Editor in Chief of www.beautyinthebag.com, and author of *Aesthetic Clinic Marketing in the Digital Age* (CRC Press, 2018). Her next book, *Growing an Aesthetic Surgery Practice: A Roadmap for Success*, will be published by Thieme in 2020. [wl@wlbeauty.com](mailto:w@wlbeauty.com)



Six Tax Reduction Strategies to Enhance Portfolio Performance

By Carole Foos, CPA, Principal of OJM Group, and Andrew Taylor, CFP®, Wealth Advisor at OJM Group

Individuals in the highest income tax brackets may have been presented with an unpleasant surprise in the last few years when they learned of their investment tax liability. A prolonged period of strong domestic stock performance from 2009 to today, combined with the implementation of The American Taxpayer Relief Act of 2012 may have resulted in significantly higher taxes for you. The top ordinary income tax rates were raised, while the top capital gains rate was increased by more than 58 percent. While the 2017 Tax Cuts and Jobs Act reduced the top marginal rate from 39.6 to 37 percent, capital gains rates were not changed and several itemized deductions were either capped or eliminated. Writing a large check to the Internal Revenue Service serves as a harsh reminder that tax planning requires attention throughout the year, and is not a technique you can properly manage one week out of the year.

Despite recent volatility, the U.S. stock market remains in the midst one of the longest bull markets in the history of our country. Investors, however, have been provided numerous tax loss harvesting opportunities during this period. In 2015, oil prices declined more than 75 percent from peak to bottom. The pricing pressure experienced by energy companies impacted multiple industries and contributed to an equity sell-off for the first time in years. Health care stocks experienced a sharp decline in January 2016. The Dow Jones Industrial Average declined more than 1,800 points over two trading days in February 2018.

Proper tax planning becomes more critical in an era of higher returns on investments. Nine years of a rising stock market resulted in many traditional investment vehicles holding large amounts of unrealized gains that can become realized gains if you are not careful. Short term investment losses may be frustrating; however, volatility does create a planning opportunity for astute investors and their advisors. In this article, we will provide you with six suggestions that could save you thousands of dollars in investment taxes over the next several years.

- **Account Registration Matters:** If you are reading this article you likely have a reasonable amount of investment



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

- **Consider Owning Municipal Bonds in Taxable Accounts:** Most municipal bonds are exempt from federal taxation. Certain issues may also be exempt from state and local taxes. If you are in the highest federal tax bracket, you may be paying tax on investment income at a 2018 rate of 40.8

percent. Under these circumstances, a municipal bond yielding 3 percent will provide a superior after-tax return in comparison to a corporate bond yielding as high as 5 percent in an individual or joint registration, a pass-through LLC, or in many trust accounts. Therefore, it is important in many circumstances, to make certain your long-term plan utilizes the advantages of owning certain municipal bonds in taxable accounts.

- **Be Cognizant of Holding Periods:** Long-term capital gains rates are much more favorable than short-term rates. Holding a security for a period of 12 months presents an opportunity to save nearly 20 percent on the taxation of your appreciated position. For example, an initial investment of \$50,000 which grows to \$100,000, represents a \$50,000 unrealized gain. If an investor in the highest tax bracket, simply delays liquidation of the position (assuming the security price does not change) the tax savings in this scenario would be \$8,500. Although an awareness of the holding period of a security would appear to be a basic principal of investing, many mutual funds and managed accounts are not designed for tax sensitivity. High income investors should be aware that the average client of most advisors is not in the highest federal tax bracket. Therefore, it is generally

Continued on Page 79

Six Tax Reduction Strategies to Enhance Portfolio Performance

Continued from Page 78

advantageous to seek the advice of a financial professional who is aware of holding periods and has experience executing an appropriate exit strategy.

- Proactively Realize Losses to Offset Gains:** As mentioned in the opening paragraphs of the article, the last several quarters presented investors with an opportunity to realize losses in domestic stocks for the first time in four years. Clients with a diversified portfolio likely had this opportunity in prior years. One benefit of diversifying across asset classes is that, if the portfolio is structured properly, the securities typically will not move in tandem. This divergence of returns among asset classes not only reduces portfolio volatility, it creates a tax planning opportunity. Domestic equities have experienced a consistent upward trend from the depths of the financial crisis in March 2009; however international stocks, commodities, and multiple fixed income investments experienced down years. Astute advisors were presented with the opportunity to save clients thousands of dollars in taxes by performing strategic tax swaps prior to year-end. It is important to understand the rules relating to wash sales when executing such tactics. The laws are confusing, and if a mistake is made your loss could be disallowed. Make certain your advisor is well versed in utilizing tax offsets.
- Think Twice About Gifting Cash:** This is not to discourage your charitable intentions. Quite the opposite is true. However, a successful investor can occasionally find themselves in a precarious position. You may have allocated 5 percent of your portfolio to a growth stock with significant upside. Several years have passed, the security has experienced explosive growth, and it now represents 15 percent of your investable assets. Suddenly your portfolio has a concentrated position with significant gains, and the level of risk is no longer consistent with your long-term objectives. The sound practice of rebalancing your portfolio then becomes very costly, because liquidation of the stock could create a taxable event that may negatively impact your net return.

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

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

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

The above steps are by no means the only tax strategies experienced advisors can execute on behalf of their clients. This article highlights several strategies you should discuss with your advisor to determine if implementation is appropriate for your unique portfolio and overall financial situation. Successful investing requires discipline that extends beyond proper security selection. While gross returns are important and should not be ignored, the percentage return you see on your statements does not tell the full story.

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

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Consequences (Usually Bad)

By Bob Aicher, Esq.

Things rarely go wrong, statistically, so we drive faster than the speed limit, hike rattlesnake-infested trails, and purchase products online. When something happens that undermines our confidence, we tend to watch the speedometer, hike with friends or change our passwords. It's called vicarious learning: adapting our behaviors based upon the experience of others.

When the experiences of our colleagues are good, they want to share, often in teaching courses at our annual meetings and symposia. When the experiences are bad, they share more reluctantly, yet all experiences, especially those with avoidable consequences, carry valuable lessons. Here are a few.

Patient Photos on Cell Phones. There is nothing inherently wrong with having on your cell, sensitive operating room patient photos and videos, as long as the phone is adequately protected against hacking, you have a legitimate reason for storing the files, and sharing, such as consulting with colleagues, is on a need-to-know basis. That was the argument a jury found persuasive for a plastic surgeon who was charged in 2016 by prosecutors with 4 counts of video voyeurism. Although the jury in 2017 quickly found him innocent of committing a crime, one of the 4 patients sued him in civil court over the same facts, claiming he had no valid medical reason for recording her since he never placed the video in her medical record.

TAKEAWAY. There is a lot more to this story, none of it good, and it's tempting to blame everything on the surgeon's ex-wife and the acrimonious divorce, but there is a simpler takeaway: Don't store patient photos and videos on your cell phone. It may be legal, but why take the risk? There are too many downsides from hackers, and people close to you, including disgruntled employees, exes and patients. And as in this example, the allegations and internet links persist, even after proving yourself innocent.

Videotaping Examinations. Being found innocent by a criminal jury often isn't the end of the story. Consider the plastic surgeon who in 2012 was charged with six misdemeanor counts for sexual battery, four based on charges of secretly recording breast

examinations. Authorities were alerted when one of the two women he taped reported she spotted a camera, grabbed it, went to building security, called the LAPD, and turned the camera over to the police. His defense apparently was that he was monitoring a new hire, so the camera was accidentally turned on when a patient came into the examination room. After a 10-week trial in 2013, the surgeon was acquitted by a criminal jury on all counts.

Although the jury believed him, the Medical Board of California continued their investigation. The MBC's 2016 findings state that the video showed the surgeon placing the camera in the examination room partially hidden behind a box of Kleenex on a shelf, bringing the patient into the room, and then filming her topless. Since the patients claimed absence of video consent, the MBC examined his photo release documents. The MBC did find patient photographic consent for the surgical procedures, but none for the examinations.

In 2016 the MBC revoked the surgeon's license for three years, finding "it highly unlikely that someone could unknowingly start a video recording given... the user depressing the "on" button, the lens extending with a mechanical noise, and the user completely depressing the two-stage shutter button."

TAKEAWAY. Although the criminal jury and MBC had to weigh subjective evaluations of the surgeon's conduct, and reached opposite conclusions as to his credibility and culpability, two takeaways stand out: (1) This surgeon's photographic informed consent documents did not cover videotapes of examinations, only surgeries, and (2) when videotaping patient examinations, it doesn't look good to partially conceal the camera behind a box of Kleenex on a shelf.

Posting Evidence on YouTube. Everyone has likely heard of "the dancing doctor" who posted videos of herself dancing during cosmetic procedures. You may not have heard that her medical license was suspended by the Georgia Composite Medical Board in June, and in July she agreed to a 2-1/2 year minimum suspension.

Don't store patient photos and videos on your cell phone. It may be legal, but why take the risk? There are too many downsides from hackers, and people close to you, including disgruntled employees, exes and patients.

Was her suspension because she couldn't dance, or because the GCMB doesn't approve of artistic expression? Of course not. The doctor claimed her patients picked the tunes, and her videos were not mentioned in the GCMB's Public Consent Order. Instead, the suspension detailed numerous malpractice lawsuits that have been filed against her, and according to the lawyer for several women plaintiffs, the GCMB finally stopped procrastinating in taking action.

TAKEAWAY. Many surgeons prefer to operate in unconventional environments, some more eyebrow-raising than others. Here, the takeaway from the dancing doctor's situation is to not engage in behaviors, which call into question your medical judgment, especially if you are already under legal scrutiny. Allowing lawyers to demonstrate to the jury your singing and dancing skills while operating on their clients is not a winning defense strategy.

In Conclusion. You may not have personality quirks that rise to the level of these stories, but if the #MeToo movement has taught us anything, it is that we need to carefully examine our practice environments, especially if we're certain we're doing nothing wrong. Headlines make terrible wakeup calls.

Bob Aicher is General Counsel to ASAPS and has represented The Society for 27 years. He 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

Question:

Hi Joe,

I was involved in a bizarre situation and wonder how you would have handled it.

There were no less than thirty phone calls going back and forth, so I'll spare you the play by play and get to the important questions.

A patient of mine started to bleed at home ten days after a face lift. She was in a panic and said blood was everywhere. A facelift hematoma can impair the airway and become life-threatening. No one was home with her. I told her to call 911.

When she arrived at the hospital, the ER doctor called me directly. It was a small community ER and the doctor was freaked out. I told him to release some sutures and wrap her with an ace, which should relieve airway pressure and stop the bleeding. He did not feel comfortable sending her to me nor did I feel comfortable accepting her either to my office (where I have an OR) or to my hospital, not knowing the extent to which she had ongoing bleeding.

I asked him to call their on-call plastic surgeon, but he said they didn't have a call panel. Then I suggested he call the plastic surgeons on staff. He called back to say that none would accept her as a patient.

An hour had gone by and she was stable, so I asked the E.R. M.D. to send her to me. He said that he was not comfortable sending her in a private car because it would require him to discharge her. He wanted her to go by ambulance, but said that by law he could not send her to my office by ambulance. He said he could only send her to another hospital.

In response I called the ER of the hospital next to me where I have privileges and they agreed to accept her. They then called back to say that it would be an EMTALA violation for

them to take a hospital to hospital transfer. I explained that there was no other alternative because they didn't have a plastic surgeon. They quickly "checked with their lawyers" and agreed to accept her.

But then they called back to say that they had no beds in the hospital and that they therefore would not take her, even though I assured them that she would not need to be admitted.

We're now about three hours into this. I called the ER doctor and explained, and said that he should send her to me because she was now stable all this time and there was no risk of serious bleeding, but he refused. He wanted to send her to LA County ER, which would have been a major disaster because she would have wallowed there for hours. God knows what resident would come down and how well they'd handle it, etc. I pleaded with him that if she were stable then she would be better off being transferred to me, but he wouldn't budge. He wouldn't discharge her to a private car and he insisted an ambulance could not take her to me.

He called the hospital and pushed them to accept her as a transfer despite their not having a bed. I met her in the ER, took care of her, and discharged her home.

Could I have handled this better? Shouldn't hospital to hospital transfers be allowed if there is a receiving doctor willing to take them?

Thanks for your opinion.

Answer:

I am sorry that happened to you (and your patient for that matter)! You couldn't have handled the madness any better in my opinion, especially in the face of contrarian obstructionists.

Yours is an interesting interplay between EMTALA (Emergency Medical Transfer and Active Labor Act, aka Patient Dumping Law) and potential patient abandonment. EMTALA requires a hospital with specialized services to accept a patient when the transferring hospital does not have sufficient capabilities to treat the patient, providing the treating physician has determined that the transfer will not cause further harm to the patient. Under those

circumstances there is no patient dumping going on, because the transfer is demonstrably for the patient's benefit.

That seems simple enough, but such a transfer requires the cooperation of both the sending hospital, and that hospital's treating physician (the ER doc), as well as the cooperation of the receiving hospital, and that hospital's specialized physician (you).

The ER doctor insisting that any transfer take place only in an ambulance makes sense. Transferring the patient in a private car would have meant the ER would have had to first discharge the patient, which the local hospital would have seen as a huge liability risk they weren't willing to take. Convincing the ER doctor to transfer the patient is only half of the challenge, however.

A successful transfer still requires the cooperation of the receiving, higher level of care hospital. Since the ER did not have sufficiently qualified on-call surgeons to treat your patient, while your hospital did, namely you, then your hospital was obliged to accept the transfer. It's interesting they tried to block the transfer by claiming they were out of beds, but that excuse doesn't pass the smell test, in my opinion, especially since in the end they managed to find a bed and your patient got the care she needed.

You are to be commended for having stuck with a very difficult situation to see it through to a good conclusion. Nobody can accuse you of abandoning your patient. To the contrary, she's lucky she had you as her champion.

Joe Gryskiewicz, MD, is an aesthetic plastic surgeon practicing in Burnsville, MN, and Clinical Professor University of Minnesota (Craniofacial-Cleft Palate Clinics). He has served on the ASAPS Judicial Council, is a past president of ASERF and he has been in practice for more than 30 years. Disclaimer: Dr. Joe's opinions aren't those of the Ethics Committee or the Judicial Council.



The ERAS Protocol for Improving Patient Safety

James Fernau, MD
Chair, ASAPS Patient Safety Committee



ERAS stands for Enhanced Recovery After Surgery. It is a multimodal plan encompassing all four elements of the peri-operative experience which includes the preadmission, pre-operative, intra-operative and post-operative care. The care protocols are evidence based. ERAS expedites recovery and improves patient outcomes. In a recent study applied to plastic surgery there was a reduction in post-operative pain, less nausea and vomiting, less fatigue and drowsiness, less constipation, earlier ambulation and decreased opioid use.¹ Opioid use is associated with uncontrolled pain, nausea, and delirium. Decreasing opioid use is one of the main components of ERAS. In 2015, The University of Pittsburgh department of anesthesia launched ERAS and demonstrated an 80% reduction in opiate use after complex abdominal surgery.²

The pre-admission and pre-operative interventions include optimizing existing organ function, improving nutrition, improving physical fitness, patient education and prevention of dehydration before surgery by promoting minimal starvation with no mechanical bowel preparation.³ Smoking cessation 6 weeks before surgery is critical along with prevention of bleeding by patient education and alcohol cessation 2 weeks before surgery. Stopping medications which can cause bleeding such as aspirin and ibuprofen 2 weeks before surgery is very important to limit bleeding, bruising and subsequent pain. The use of a “bleed sheet” is useful in the pre-operative checklist. Consumption of an oral carbohydrate drink 2 hours before surgery may reduce insulin resistance. Any pre-operative oral medications can be taken at this time. Prophylaxis against thrombosis with compression stockings and mechanical compression devices is essential. Avoid infection with intravenous antibiotic given within 60 minutes of incision. Avoid nausea and vomiting with Ondansetron (Zofran) oral or intravenous. Suppress acid to avoid complications of aspiration by either using oral Omeprazole (Prilosec) or intravenous Famotidine (Pepcid). Most importantly, block the pain receptors before the patient reaches the operating room by administering either oral or intravenous

acetaminophen, oral Celecoxib (Celebrex) or Intravenous ibuprofen (Caldolor), and oral Gabapentin (Neurontin).

Intra-operative interventions include thoracic epidural analgesia when possible and avoiding long-acting opiates. Avoid inhalation agents and substitute combinations of propofol (Diprivan), dexmedetomidine (Precedex), ketamine and midazolam (Versed). Also, avoid depolarizing agents and if they have to be used perform qualitative monitoring with neuromuscular blockade stimulation devices. Elective use of nasogastric decompression and removal of nasogastric tubes before reversal of anesthesia. The elective use of urinary catheters in longer cases to avoid patient discomfort and avoiding hypertension is important. Equally important is early removal of the aforementioned catheters the day after surgery for major body contour cases. It is important to maintain fluid balance to avoid overhydration and to avoid under hydration. Vasopressors can be administered to support blood pressure control. Maintaining normothermia using warm airflow blankets and warmed intravenous infusions and warmed tumescent fluid. When appropriate, restrict the use of surgical site drains to enhance mobilization and reduce pain and discomfort. Use TAP blocks during abdominoplasty with either bupivacaine (Marcaine) or long acting liposomal bupivacaine (Exparel). Minimize invasive surgical techniques with minimal access surgery if indicated. Furthermore, minimize tissue handling and operative time. The principles of ERAS promote faster recovery and reduce pain.

Immediate post-operative interventions include adequate analgesia with agents such as intravenous Acetaminophen (Ofirmev), ketorolac (Toradol) or Ibuprofen (Caldolor). Control of post-operative nausea and vomiting can be accomplished with intravenous Ondansetron (Zofran). Limiting opioid use will enhance early ambulation. Early mobilization should begin either the day of surgery or the day after surgery for major body contour cases. For patients staying overnight, early removal of urinary catheters and intravenous fluids should begin the morning after surgery. At this time early intake of oral fluids and solids should begin. For the long-term

post-operative period intake of protein and energy rich nutritional supplements should be encouraged.

The following is a summary of the anesthesiologist and general surgeon perspective of the ERAS protocol from Vanderbilt University. Please note the common theme of pain control and avoidance of opiates.

Anesthesia Components of a VUMC ERP⁴ **Maximum use of multimodal management with minimal adverse effects**

- Pain
- PONV

Multimodal, opioid-sparing peri-operative techniques

- Pre-operative gabapentin and APAP
- TAP, 4-quadrant block, or thoracic epidural catheter
- No intra-operative opioids

Goal-directed fluid therapy

Standardized approach to prevent surgical site infections

NOBUGS

- Normothermia
- Oxygenation
- Antibacterial
- Underventilation
- Glucose monitoring
- Surgical site prep

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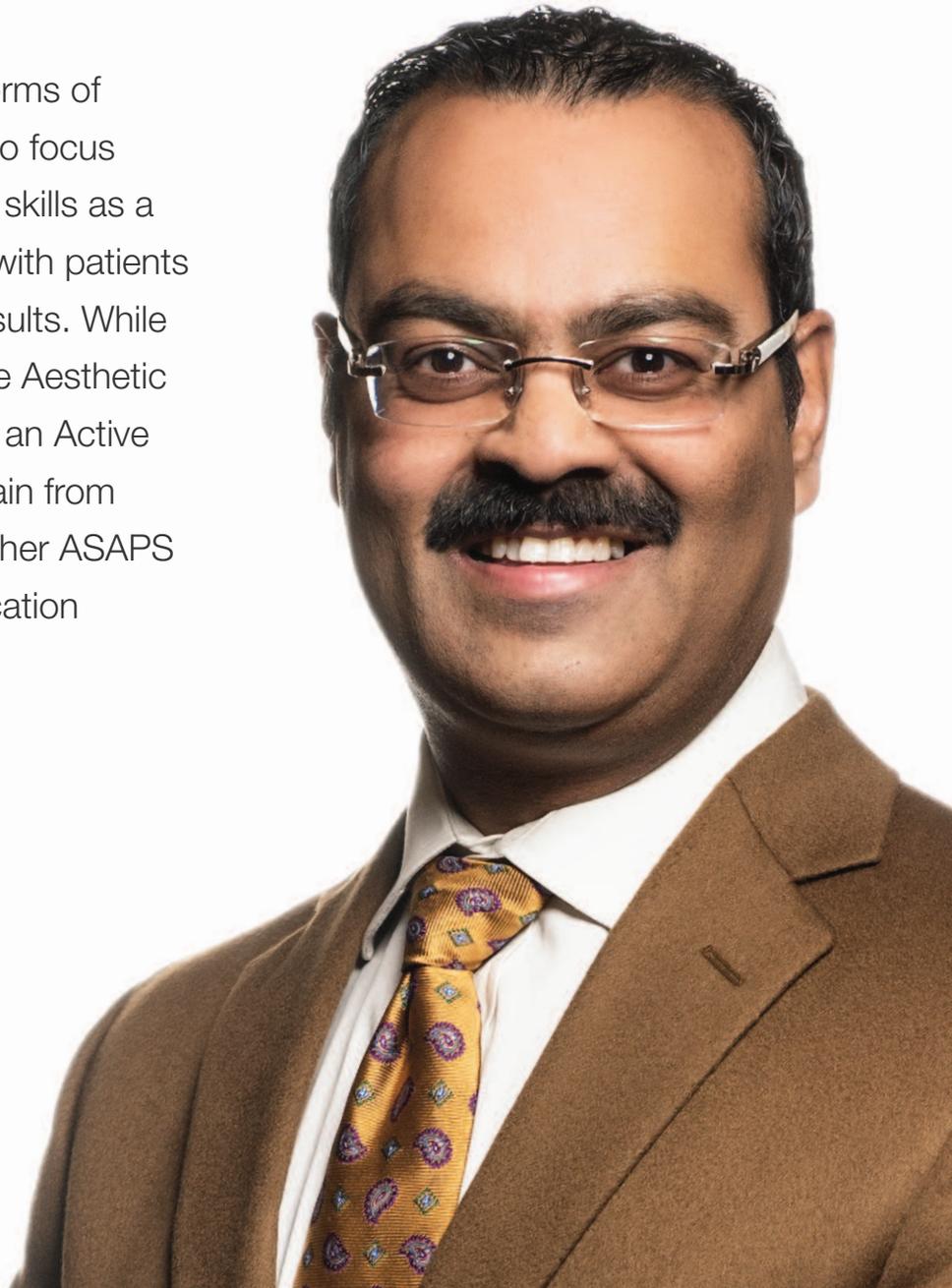
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Enhanced Recovery After Surgery (ERAS) Plastic Surgical Pharmacology Protocols

The following is a pharmacologic summary of many of the agents used in plastic surgery. Please note intravenous Ibuprofen (Caldolor) has the safest profile among the nonsteroidal anti-inflammatory agents and has not shown to cause bleeding given pre-operative and/or post-operative.

Pre-Operative

- Acetaminophen (Tylenol) 1000 mg oral or Acetaminophen (Ofirmev) 1000 intravenous
- Celecoxib (Celebrex) 400 mg oral or Ibuprofen (Caldolor) either 400 mg or 600 mg or 800 mg intravenous (note: the initial does of Caldolor depends upon the anticipated length of the operative case)
- Omeprazole (Prilosec) 40 mg oral or Famotidine (Pepcid) 20 mg intravenous
- Gabapentin (Neurontin) 300 mg oral

Intra-Operative

The following are dosed and given according to the anesthesiologist with an awareness to avoid inhalation agents and depolarizing agents:

- Propofol (Diprivan) intravenously
- Dexmedetomidine (Precedex) intravenous
- Midazolam (Versed) intramuscular or intravenous
- Ketamine intramuscular or intravenous
- Dexamethasone (Decadron) 8 mg intravenous alleviates post-operative nausea/vomiting and decreases swelling in facial surgery

Post-Operative

- Acetaminophen (Ofirmev) 1000 mg intravenous
- Ketorolac (Toradol) 30 mg intravenous and/or intramuscular or Ibuprofen (Caldolor) 800 mg intravenous
- Ondansetron (Zofran) 8 mg intravenous for nausea/vomiting

Disclaimer: The preceding methods are not required. They are recommendations from the ASAPS Patient Safety Committee as of January 2019 and do not establish a standard of care. You may download this document and any updates at www.surgery.org/downloads/scissors-on-the-seam/ERAS.pdf to tailor to your specific practice. ©2019 American Society for Aesthetic Plastic Surgery. All rights reserved.

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