



AESTHETIC SOCIETY NEWS

Quarterly Newsletter of The Aesthetic Society

Volume 24, Number 1 • Winter 2020

THE AESTHETIC MEETING 2020

SEE WHAT'S NEW

SUBMIT YOUR ARTWORK FOR ASN'S COVER

NEW MEMBERSHIP BENEFIT ASK THE EXPERT



WE ARE AESTHETICS.



The Aesthetic Society's Facial and Rhinoplasty Symposium

January 30 – February 1, 2020
The Cosmopolitan of Las Vegas
Las Vegas, NV



The Aesthetic Meeting 2020

April 23 – 27, 2020
Mandalay Bay Resort and Casino
Las Vegas, NV

A card dedicated to helping make beautiful moments possible.



79% of consumers research payment before deciding to get cosmetic surgery, and 32% have declined surgery due to concerns about cost.¹ Promotional financing can help patients move forward with the procedure they want.

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The Aesthetic Society Members Forum: www.surgery.org/members

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The Aesthetic Society—Consumer Education:
www.smartbeautyguide.com

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

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THE AESTHETIC SOCIETY'S FACIAL AND RHINOPLASTY SYMPOSIUM

January 30–
February 1, 2020

The Cosmopolitan
of Las Vegas
Las Vegas, NV

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and Enhance
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The Aesthetic Society®

The Aesthetic Society's Facial and Rhinoplasty Symposium*

January 30 – February 1, 2020

The Cosmopolitan of Las Vegas
Las Vegas, NV

www.surgery.org/face2020



The Aesthetic Meeting 2020*

April 23 – 27, 2020

Mandalay Bay Resort and Casino
Las Vegas, NV

Jointly provided by



The Aesthetic Society®

34th Hawaii Plastic Surgery Symposium

January 18 – 20, 2020

Hawaii Prince Hotel

Waikiki, HI

<https://panpacific.org/>

54th Annual Baker Gordon Educational Symposium

February 6 – 8, 2020

Hyatt Regency Downtown Miami

Miami, FL

www.baker Gordonsymposium.com

58th Annual Meeting of the Northwest Society of Plastic Surgeons

February 15 – 19, 2020

Sun Valley Lodge

Sun Valley, Idaho

<https://nwsps.org/annual-meeting>

2020 American-Brazilian Aesthetic Meeting

February 27 – March 1, 2020

Grand Summit Resort

Park City, UT

<https://americanbrazilianaestheticmeeting.com>

The Rhinoplasty Society Annual Meeting 2020

April 23, 2020

Mandalay Bay Resort and Casino

Las Vegas, NV

904.786.1377

www.rhinoplastysociety.org/meetings

Endorsed by



The Aesthetic Society®

SESPRS/ISAPS Periorbital and Facial Symposium

January 23, 2020

Intercontinental Buckhead

Atlanta, GA

www.sesprs.org/page/2020PeriorbitalFacial

Atlanta Breast Surgery Symposium

January 24 – 26, 2020

Intercontinental Buckhead

Atlanta, GA

www.sesprs.org/page/2020BSS

Dallas Cosmetic Surgery and Medicine Meeting

March 11 – 12, 2020

The Westin Galleria Dallas

Dallas, TX

<http://dallasrhinoplastyandcosmeticmeeting.com>

Dallas Rhinoplasty Meeting

March 13 – 14, 2020

The Westin Galleria Dallas

Dallas, TX

<http://dallasrhinoplastyandcosmeticmeeting.com>

20th Annual Toronto Breast Surgery Symposium

April 2 – 4, 2020

Omni King Edward Hotel

Toronto, Ontario, Canada

www.torontoaestheticmeeting.ca

50th Annual University of Toronto Aesthetic Plastic Surgery Symposium

April 3 – 4, 2020

Omni King Edward Hotel

Toronto, Ontario, Canada

www.torontoaestheticmeeting.ca

The Korean Society for Aesthetic Plastic Surgery 2020

April 4 – 5, 2020

COEX, Seoul, Korea

www.apskorea.com

*Fulfills membership application requirement.



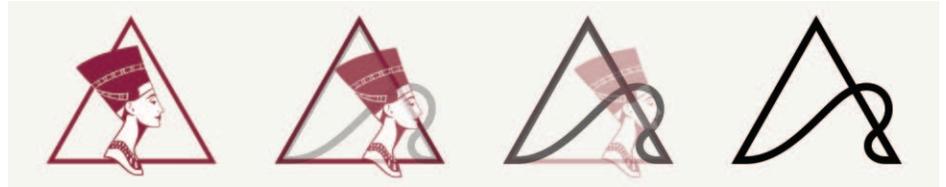
New Year, New Member Benefits, New Education from The Aesthetic Society

By Charles H. Thorne, MD

Am I the only one who keeps hearing Barbara Walter's voice saying, "This is 2020"? Well, 2020 is an exciting time to be an aesthetic surgeon and a particularly good time to be an Aesthetic Society member. We have a lot going on for you.

There's still time to register for The Facial and Rhinoplasty Symposium taking place January 30 – February 1, 2020 at The Cosmopolitan of Las Vegas, Las Vegas, NV. This intensive symposium is small, has a faculty that is comprised of key opinion leaders in the field and is considered by many to be a Master Class on the topics. But at this Master Class you have peer to peer access with all the presenters. You also can book one of two Cadaver Labs—an excellent way to enhance your skills. To register, visit surgery.org/medical-professionals.

It's also time to register for **The Aesthetic Meeting 2020**, also in Las Vegas at the Mandalay Bay Resort and Casino, April 23 – 27, 2020. It's interesting to realize what our meeting is as well as what it isn't. The Aesthetic Meeting is the premier meeting of its kind in the world. Its speakers come from around the globe to give you the most current and useful information to bring home to your practice. This year it features two days of pre-meeting courses (additional fees apply) followed by three days of Scientific sessions and instructional courses for one all-inclusive fee (with the exception of cadaver labs for which there is a charge). This year's version of The Aesthetic Meeting has extensive tracks for staff, provides a great opportunity for reconnecting with colleagues and making new connections, and seeing the latest product and device developments. This meeting is not "Aesthetics Lite." It is not part of a bigger meeting with irrelevant content or rehashed topics. It's The Aesthetic Meeting, the pinnacle of aesthetic surgery education. See you there!



Logomark Deconstructed: The signature feature of our Logomark is the concept of a new face elegantly emerging to the right of the triangular Letter "A." The inspiration was Nefertiti always facing right and moving forward. It reflects how a person is transformed by The Aesthetic Society whether it's a patient or surgeon. The result is a modern interpretation of our history and a look towards the future of Aesthetic Plastic Surgery.

NEW BRANDING MAKES YOUR MEMBERSHIP MORE VALUABLE

By now you should have received various sizes of our new Aesthetic Society logo and suggested language on how to position your membership to potential patients. The journey to our new brand and position was both interesting and insightful: we were able to examine what it truly means to be a member and have created an emblem and positioning that is both contemporary and respectful of our past. I urge you to utilize this on your website or wherever you would find it practical to promote your membership.

To download our new logo, visit <http://bit.ly/2Qn8PUU>

NEW MEMBER BENEFITS HELP WITH BREAST IMPLANT RELATED QUESTIONS

Our friends at Allergan have provided funding for a number of new products to guide you through the current information regarding breast implants. These tools include an instructional video on how to talk to patients on these issues, training on high resolution breast ultrasound, an implant informed consent webinar series and the Ask an Expert tool described below.

Ask the Expert.

Need help or have a question about a management challenge regarding a breast implant patient? Tap into The Aesthetic Society's community of experts to assist. Here's the deal:

1. Text your question to 833-629-0163 or email asktheexpert@surgery.org
2. Do NOT include any PHI or patient photos (not HIPAA compliant)
3. Acknowledgement and an initial response will be provided within 60 minutes by staff (if received Monday through Friday, 8:00 AM to 5:00 PM Pacific Time)
4. Questions will be circulated to our pool of experts for comment.
5. Complex questions may require a conversation vs. text response.

This process gives you immediate access to your colleagues who are key opinion leaders on the topic. I urge you to take advantage of this new service.

In closing, thank you for entrusting me with the stewardship of the organization and best wishes for a healthy and profitable new year.

Charles H. Thorne, MD, is a plastic surgeon practicing in New York and serves as President for The Aesthetic Society.

The journey to our new brand and position was both interesting and insightful: we were able to examine what it truly means to be a member and have created an emblem and positioning that is both contemporary and respectful of our past.

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Aesthetic Society's Facial and
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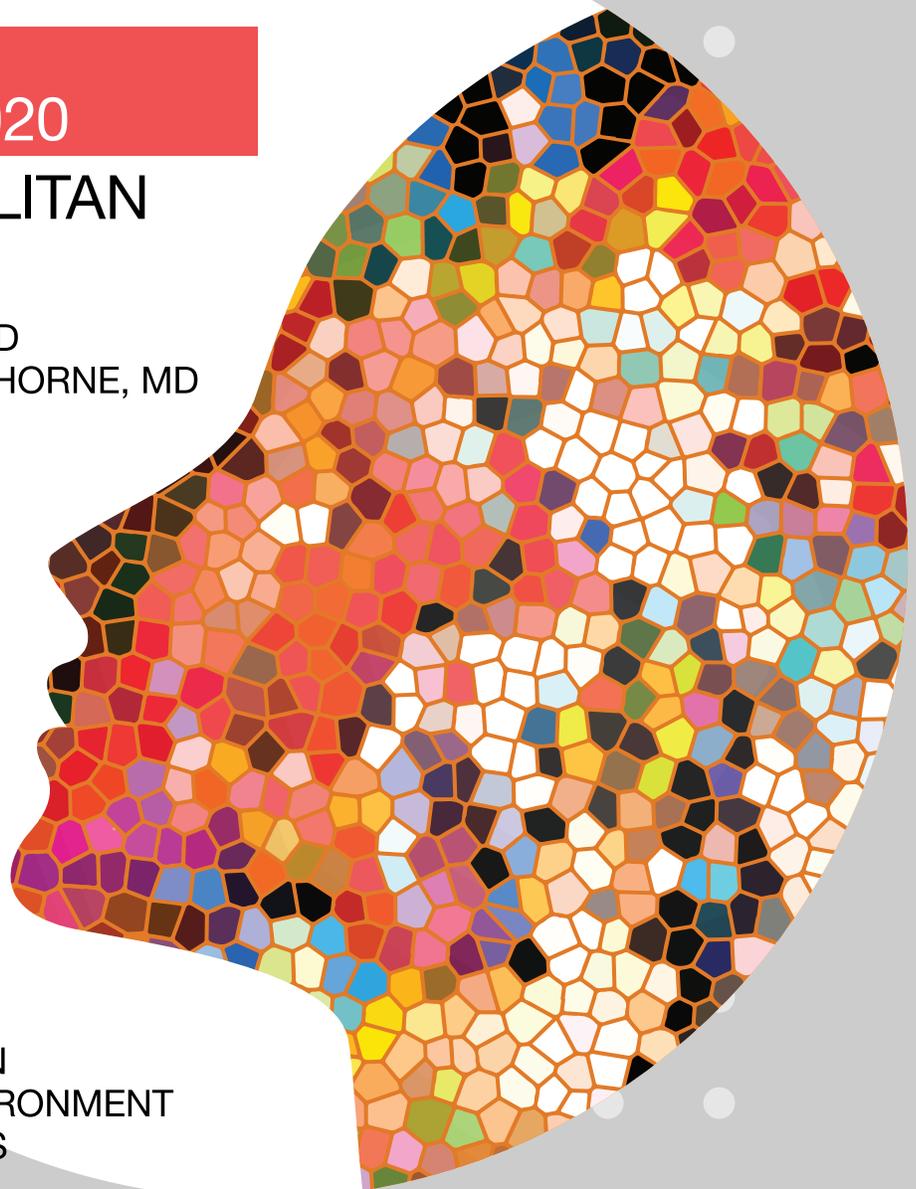
JANUARY 30 –
FEBRUARY 1, 2020

THE COSMOPOLITAN
OF LAS VEGAS

CHAIR // LOUIS BUCKY, MD
VICE CHAIR // CHARLES THORNE, MD

EXCEPTIONAL EDUCATION
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ENGAGING AND INTERACTIVE AESTHETIC EDUCATION IN ONE OF THE WORLD'S MOST DAZZLING CITIES!

Interactive Education on All Aspects of Facial Aesthetics

- Aging Concepts
- Anatomical Landmarks and Deviations
- Aesthetic Evaluation
- Surgical Options
- Fat Grafting
- Fillers—Live Demonstration
- Complications
- Rhinoplasty

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

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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 including lips, eyes, nose and neck to achieve optimal outcomes
- Summarize advanced techniques and science in structural fat grafting
- Demonstrate appropriate use of lasers, toxins, skincare, ultrasound & radiofrequency in achieving optimal non-surgical facial rejuvenation
- Manage surgical and non-surgical complications with an emphasis on patient safety
- Define and analyze advanced techniques for facial rejuvenation to include:
 - Aging concepts
 - Aesthetic evaluation
 - Surgical options
 - Non-Surgical options

WHO MAY ATTEND?

The Aesthetic Society's Facial and Rhinoplasty Symposium is open to Domestic and International Members and Candidates of:

- The Aesthetic Society
- The American Academy of Facial Plastic and Reconstructive Surgery
- The American Society of Plastic Surgeons
- The International Society of 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 designates this live activity for a maximum of 23.75 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

To earn the maximum, 23.75 CMEs, you must also attend an optional cadaver lab on Saturday afternoon, without which the maximum is 19.75 CMEs.

 of the 23.75 credits have been identified as Patient Safety Credits (8 for the general session and 4 for the cadaver lab).

ACCREDITATION

The American Society for Aesthetic Plastic Surgery 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 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 The Aesthetic Society for fair balance, scientific objectivity, and appropriateness of patient care recommendations. The Aesthetic Society 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.



THURSDAY, JANUARY 30, 2020

6:45AM – 6:00PM
Registration Hours

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

9:00AM – 4:30PM
Exhibit Hours

7:30AM – 7:35AM
Welcome

Louis Bucky, MD

7:35AM – 7:45AM
The Aesthetic Society Update

Charles Thorne, MD, President

THE CONSULT: THE KEYS TO PHYSICIAN AND PATIENT HAPPINESS

Moderator – Louis Bucky, MD

7:45AM – 8:00AM
Measuring Outcomes in Aesthetic Facial Surgery: Is Patient Satisfaction Irrelevant?

Francisco Bravo, MD

8:00AM – 8:15AM
The Millennial Consultation: Addressing the Unique Needs of Our Growing Patient Population

Oren Tepper, MD

8:15AM – 8:30AM
My Facial Consultation

Dino Elyassnia, MD

8:30AM – 8:45AM
My Filler Consultation

Christopher Surek, DO

8:45AM – 9:00AM
Discussion

9:00AM – 9:30AM
Special Lecture: Lifestyle Lift: Lessons Learned

Malcolm Paul, MD

9:30AM – 10:15AM
Break with the Exhibitors

BROW LIFTING: DEAD OR ALIVE?

Moderator – Charles Thorne, MD

10:15AM – 10:30AM
Forehead Lift: The Interdependence of the Forehead and the Upper Eyelids—Why We Do Forehead Lifts

Timothy Marten, MD

10:30AM – 10:45AM
Endoscopic-Assisted Forehead Rejuvenation: Evolution of the Technique Over 25 Years

Grady Core, MD

10:45AM – 11:00AM
The Direct Brow Lift: Keys to Make It Your Preferred Procedure

Mario Pelle-Ceravolo, MD

11:00AM – 11:15AM
Galeal Hitch—What Can It Really Do?

Patrick Tonnard, MD

11:15AM – 11:30AM
Discussion

11:30AM – 12:00PM
Master Lecture: Centrofacial Rejuvenation: A Paradigm in the Reconstruction of Youth

Patrick Tonnard, MD

12:00PM – 1:00PM
Lunch with the Exhibitors

1:00PM – 2:00PM
Live Injectables: Achieving Excellent Outcomes Using Great Judgement and Masterful Technique

Moderator – Louis Bucky, MD

Presenter – Christopher Surek, DO

YOUR FACE PRACTICE IS MORE THAN SURGERY

Moderator – Louis Bucky, MD

2:00PM – 2:15PM
Xact Midface/Neck: The First Minimally Invasive Procedure in Facial Surgery

Christopher Godek, MD

2:15PM – 2:30PM
Building a Surgery Center Late in Your Career

Grady Core, MD

2:30PM – 2:45PM
Osseous Genioplasty: The Keys to a Successful Profile

Derek Steinbacher, MD

2:45PM – 3:00PM

Nanofat vs Lasers vs Peels for Skin Rejuvenation

Patrick Tonnard, MD

3:00PM – 3:15PM
Anatomically Based Injection Techniques

Christopher Surek, DO

3:15PM – 3:30PM
Discussion

Program and Faculty Subject to Change



3:30PM – 4:15PM

Break with the Exhibitors

**EYELIDS – CUT? FILL?
REMOVE? REPLACE?**

Moderator – Charles Thorne, MD

4:15PM – 4:30PM

**Autoaugmentation Upper
Blepharoplasty: Correcting the
Aging Upper Eyelid**

Francisco Bravo, MD

4:30PM – 4:45PM

**3D Anatomy for the Lower Eyelid
Surgeon and Creating a Positive
Vector**

Christopher Surek, DO

4:45PM – 5:00PM

**Extended Lower Lid
Blepharoplasty**

Christopher Godek, MD

5:00PM – 5:15PM

**Canthoplasty: Explaining in Plain
English!**

Mario Pelle-Ceravolo, MD

5:15PM – 5:30PM

**Minimal Access Lower Lid
Recontouring: A 10-Year
Experience**

Grady Core, MD

5:30PM – 5:45PM

**Periorbital Fat Grafting – A New
Paradigm for Rejuvenation of the
Eyelids**

Timothy Marten, MD

5:45PM – 6:00PM

Discussion

FRIDAY, JANUARY 31, 2020

7:15AM - 6:00PM

Registration Hours

7:30AM – 8:00AM

**Breakfast in the
Foyer**

9:00AM – 4:00PM

Exhibit Hours

**ANCILLARY PROCEDURES:
ARE THEY ANCILLARY OR
MAINSTREAM?**

Moderator – Charles Thorne, MD

8:00AM – 8:30AM

Video: Lip Lift: How I Do It

Presenter – Patrick Tonnard, MD

Commentator – Francisco
Bravo, MD

8:30AM – 8:45AM

**Five Preoperative Considerations
that are Essential to Understand
Before Adopting Lip Lifts in Your
Practice**

Oren Tepper, MD

8:45AM – 9:00AM

**Incorporating a Med Spa into Your
Surgical Practice**

Bradley Calobrace, MD

9:00AM – 9:15AM

**Neck Correction: Non-Invasive to
Surgery and Everything in Between**

Bradley Calobrace, MD

9:15AM – 9:30AM

**Facial Micro-Optimization
–Combining Surgical and
Nonsurgical Approaches**

Lara Devgan, MD

9:30AM – 9:45AM

Discussion

9:45AM – 10:30AM

Break with the Exhibitors

RHINOPLASTY

Moderator – Oren Tepper, MD

10:30AM – 10:45AM

**The Key to Facial Analysis and
Patient Evaluation for Rhinoplasty**

Spencer Cochran, MD

10:45AM – 11:00AM

**My First 50 Rhinoplasties:
10 Lessons Learned**

Sammy Sinno, MD

11:00AM – 11:15AM

**There is Nothing Non-Surgical
About the Liquid Rhinoplasty**

Lara Devgan, MD

11:15AM – 11:30AM

**Septal Extension Grafts vs
Columellar Struts**

Jason Roostaeian, MD

11:30AM – 11:45AM

**Establishing Long-Term Support
in Severely Under-Projected
Nasal Tips**

Oren Tepper, MD



11:45PM – 12:00PM

Dorsal Preservation – Disrupting Traditional Concepts in Rhinoplasty

Dino Elyassnia, MD

12:00PM – 12:15PM

Discussion

12:15PM – 1:15PM

Lunch with the Exhibitors

MORE RHINOPLASTY

Moderator – Charles Thorne, MD

1:15PM – 1:30PM

Managing Tip Asymmetry

Christopher Godek, MD

1:30PM – 1:45PM

Soft Tissue/Ligament Preservation with Tip Plasty

Dino Elyassnia, MD

1:45PM – 2:00PM

The Nuances of Cartilage Grafting in Aesthetic Surgery

Spencer Cochran, MD

2:00PM – 2:15PM

Video: Middle Eastern Rhinoplasty

Jason Roostaeian, MD

2:15PM – 2:30PM

Delivering Consistent Results in Correcting the Asymmetric Nose

Spencer Cochran, MD

2:30PM – 2:45PM

3D Imaging for Rhinoplasty: Going Beyond Subjective Assessment and Planning

Derek Steinbacher, MD

2:45PM – 3:00PM

Discussion

3:00PM – 3:45PM

Break with the Exhibitors

3:45PM – 4:15PM

Master Lecture: Facial/Neck Rejuvenation—Lessons from Close Analysis and Anatomic Investigation

Mario Pelle-Ceravolo, MD

4:15PM – 5:15PM

PANEL: TOXINS, FILLERS, LASERS, SKIN CARE, ULTRASOUND, RADIOFREQUENCY—WHAT WORKS, WHAT DOESN'T?

Moderator – Louis Bucky, MD

Panelists –

Bradley Calobrace, MD

Lara Devgan, MD

Christopher Godek, MD

5:15PM – 6:00PM

SOCIAL MEDIA PANEL—WHAT REALLY BRINGS PATIENTS IN THE DOOR?

Moderator – Louis Bucky, MD

Presenters –

Lara Devgan, MD

Jason Roostaeian, MD

Sammy Sinno, MD

Christopher Surek, DO

Oren Tepper, MD

SATURDAY, FEBRUARY 1, 2020

7:00AM – 12:00PM

Registration Hours

7:30AM – 11:00AM

Exhibit Hours

7:30AM – 8:00AM

Breakfast with the Exhibitors

NECK LIFTING – GO DEEP OR GO HOME

Moderator – Charles Thorne, MD

8:00AM – 8:30AM

Master Lecture: Neck Lift—Defining Anatomical Problems and Applying Logical Solutions

Timothy Marten, MD

8:30AM – 8:45AM

Dual Plane Reduction Neck Lift

Francisco Bravo, MD

8:45AM – 9:15AM

Video: Deep Neck

Dino Elyassnia, MD

9:15AM – 9:30AM

A Neck for All Seasons or a Bespoke Tailored Neck for Each Patient?

Mario Pelle-Ceravolo, MD

9:30AM – 9:45AM

Use of Sequential Dilators in Limited Neck Dissection

Malcolm Paul, MD



9:45AM – 10:00AM

**Activated Tumescent Facelifting—
Regenerate and Rejuvenate**

Louis Bucky, MD

10:00AM – 10:15AM

Discussion

10:15AM – 10:45AM

Break with the Exhibitors

**FACELIFTING—SHOULD WE
REDEFINE THE PROCEDURE?**

Moderator – Charles Thorne, MD

10:45AM – 11:00AM

Fine Tuning the MACS Lift

Patrick Tonnard, MD

11:00AM – 11:15AM

**Calolifting: My Personal Approach
to Facelifting**

Bradley Calobrace, MD

11:15AM – 11:30AM

**High SMAS Face and Midface
Lift—Combining Lifting of the
Midface, Cheek and Jowl**

Timothy Marten, MD

11:30AM – 11:45AM

**The Power of the SMAS Lift—It's All
in the Vector**

Louis Bucky, MD

11:45AM – 12:00PM

**Facial Jowl Reduction and
Trans SMAS Open Threadlifting:
Simplifying Facial Rejuvenation**

Francisco Bravo, MD

12:00PM – 12:15PM

Discussion

12:15PM – 1:00PM

**Panel: Facial Rejuvenation—Hard
Questions/Real Answers**

Moderator – Louis Bucky, MD

Presenters –

Francisco Bravo, MD

Dino Elyassnia, MD

Timothy Marten, MD

Malcolm Paul, MD

Mario Pelle-Ceravolo, MD

Charles Thorne, MD

Patrick Tonnard, MD

**Customize Your Experience
by Choosing One of These
Optional Labs:**

**Facial Lab and
Rhinoplasty Lab
(additional fee)**

1:15PM – 5:15PM

All Faculty

Facial Lab Director –

Christopher Surek, DO

Rhinoplasty Lab Director –

Jason Roostaeian, MD

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

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

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/SAAP20>

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. So make sure you add your Bonvoy number to the request field.

TERRACE STUDIO

A resort fee of \$30 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 \$239
Thursday, January 31 \$239
Friday, February 1 \$239

CALL CENTER NUMBERS

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

Reservation Code SAAP20 Cut off date is 1/8/2020

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.

The Aesthetic Society's Facial and Rhinoplasty Symposium

FACULTY

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Charles Thorne, MD—Co-Chair

Oren Tepper, MD—Rhinoplasty Chair

Francisco Bravo, MD

Bradley Calobrace, MD

Spencer Cochran, MD

Grady Core, MD

Lara Devgan, MD

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Malcolm Paul, MD

Mario Pelle-Ceravolo, MD

Jason Roostaeian, MD

Sammy Sinno, MD

Derek Steinbacher, MD

Christopher Surek, DO

Patrick Tonnard, MD

Stelios Wilson, MD



RESTAURANTS AND NIGHTLIFE

The Cosmopolitan Concierge Service can help you discover every unique aspect of the resort, as well as assist you in experiencing all the restaurants and shows that Las Vegas has to offer. Contact them at 877-893-2003 from 7:00am –10:00pm or email them at concierge@cosmopolitanlasvegas.com

BREAKFAST & BREAKS

THURSDAY, JANUARY 30

7:00AM – 7:30AM

Breakfast in the Condessa Foyer

9:00AM – 4:30PM

Exhibits Open

Includes: Networking Breaks and Luncheon

FRIDAY, JANUARY 31

7:30AM – 8:00AM

Breakfast in the Condessa Foyer

9:00AM – 4:00PM

Exhibits Open

Includes: Networking Breaks and Luncheon

SATURDAY, FEBRUARY 1

7:30AM – 8:00AM

Breakfast in the Exhibit Hall

7:30AM – 11:00AM

Exhibits Open

Includes: Networking Break and Luncheon

SUNDAY, FEBRUARY 2

Super Bowl Sunday - GO PATS!

COMING SOON:

The official interactive mobile app for The Aesthetic Society's Facial and Rhinoplasty Symposium!



REGISTRATION

The Aesthetic Society's Facial and Rhinoplasty Symposium

January 30 - February 1, 2020 • Sponsored by: The Aesthetic Society

First Name _____

Last Name _____

Badge Name (if different from above) _____

Street Address _____

City _____ State _____

Zip/Postal Code _____ Country _____

Phone _____ Fax _____

Email Address _____

(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 After December 4, 2019	Subtotal
Aesthetic Society or AAFPRS Active Member	\$1,650	\$ _____
Aesthetic Society Candidate for Membership	\$1,900	\$ _____
Guest Plastic Surgeon	\$2,050	\$ _____
Aesthetic Society Life Member/Resident <i>(Residents must provide letter of verification from chief of plastic surgery)</i>	\$600	\$ _____
Allied Health Personnel/Office Personnel <i>(Must provide letter verifying employment by an ABPS-certified plastic surgeon)</i>	\$900	\$ _____
Optional Rhinoplasty Cadaver Lab (1:00pm – 5:00pm, Saturday, February 1) 4 AMA PRA Category 1 Credits™	\$995	\$ _____
Optional Facial Cadaver Lab (1:00pm – 5:00pm, Saturday, February 1) 4 AMA PRA Category 1 Credits	\$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.

For EU/UK registrants: Pursuant to the GDPR, do you wish to receive information about future events and/or products and services? Yes No

PAYMENT

Check Payable to The Aesthetic Society (US Funds Only) is enclosed MasterCard Visa American Express

Account Number _____

Expiration Date _____ Security Code _____ Billing Zip Code _____

Card Holder Name _____ Signature _____

SEND PAYMENT TO:

The Aesthetic Society • 11262 Monarch Street, Garden Grove, CA 92841 USA • Fax: 562.799.1098 • Phone: 562.799.2356
Refunds not considered unless a written request is emailed to Victoria@surgery.org by January 29, 2020, or mailed to the Aesthetic Society Central Office and postmarked by January 29, 2020. Refunds will be subject to a minimum 15% administrative fee.

No refunds issued after January 29, 2020.

*Program and hours subject to change.

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GalaSHAPE^{3D}
A Shaped Bioresorbable
Surgical Scaffold

GalaFORM^{3D}
A Formed Bioresorbable
Surgical Scaffold with Rim

GalaFLEX[®]
SCAFFOLD
A Bioresorbable
Surgical Scaffold

Strengthen and Stabilize Tissue*

- Complete bioresorption by approximately 18-24 months^{1,3}
- 3-4 times stronger than native tissue^{1,2}
- New vascularized collagen plane approximately 2 mm thick¹

Indications for Use Galatea scaffold is indicated for use as a bioresorbable scaffold for soft tissue support and to repair, elevate, and reinforce deficiencies where weakness or voids exist that require the addition of material to obtain the desired surgical outcome.

Important Safety Considerations Possible complications include recurrence of the soft tissue defect, infection, seroma, pain, scaffold migration, wound dehiscence, adhesions, hematoma, inflammation and extrusion. Important, additional safety and risk information is located at www.galateasurgical.com.

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

*1. Preclinical data on file; results may not correlate to clinical performance in humans.

2. Deeken, Corey R., and Brent D. Matthews. "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 surgery 2013 (2013).

3. Williams, Simon F., David P. Martin, and Arikha C. Moses. "The History of GalaFLEX P4HB Scaffold." Aesthetic Surgery Journal 36.Suppl 2 (2016): S33-S42. PMC. Web. 1 June 2017.

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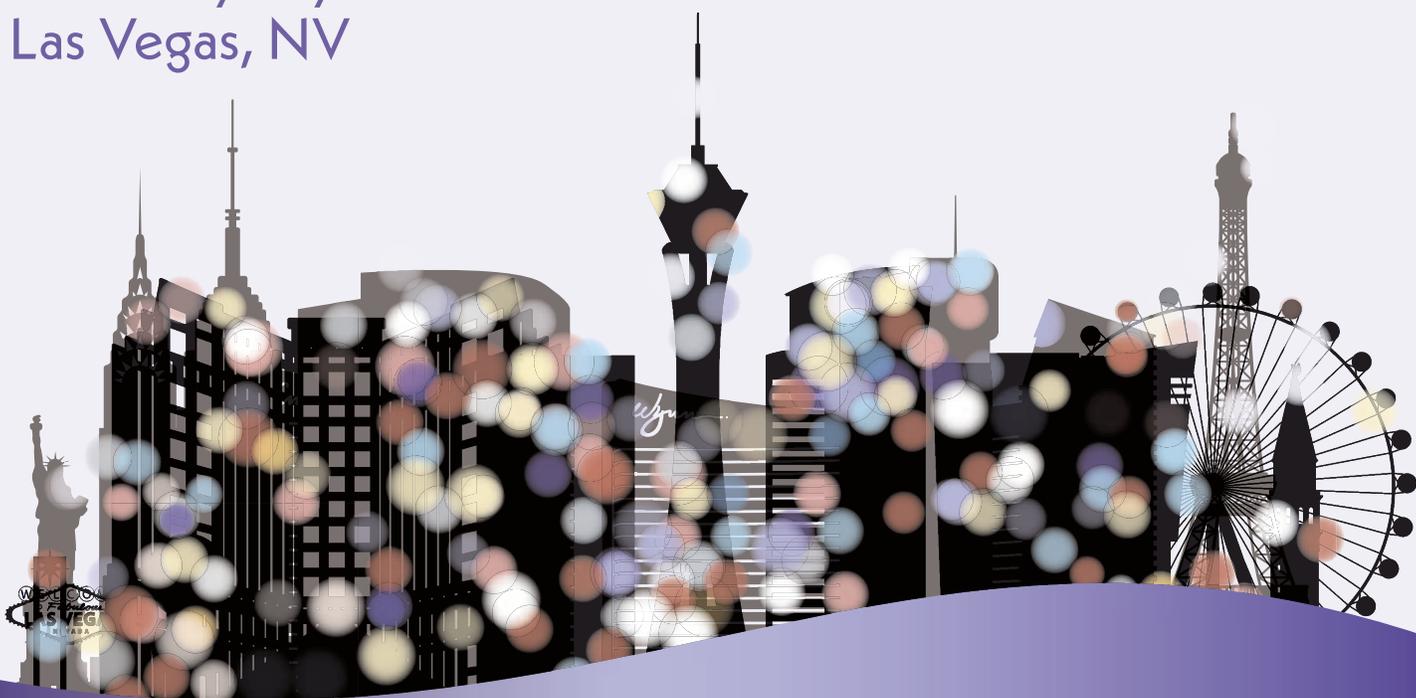
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THE AESTHETIC MEETING 2020

April 23–27, 2020

Exhibits: April 25–27

Mandalay Bay Resort and Casino
Las Vegas, NV



The Aesthetic Society®

WE ARE
AESTHETICS.



The Aesthetic Surgery Education
and Research Foundation



The Aesthetic Meeting 2020 to Highlight New Structure, Inclusive Pricing, More Choice and Dedicated Tracks for Staff

By Jamil Ahmad, MD—Program Chair

YOU SPOKE, WE LISTENED

The Aesthetic Meeting has long been considered the premier educational event in our specialty. The reason, aside from outstanding presenters and stimulating topics, is that the meeting is constantly evolving, reflecting your changing educational needs and your preferences for structure and variety. This year, we are implementing more changes than ever before, based on your feedback and your requests. Consider the following:

- The days of registering for (and paying for) teaching courses every day of the meeting are gone. Specifically, the vast majority of additional-fee programming has been moved to the first two days of the meeting, Thursday and Friday. We're referring to those offerings as Expanded Education, which represent master classes and specialized content. Then, aside from one exception, all of the programming on Saturday through Monday, three full

days' worth, is included with the price of registration.

- We understand that some of you have highly specialized practices, and we've made changes for you too. What's useful to one surgeon isn't necessarily useful for another. That's why we've gone above and beyond to ensure that there are topics of interest to different specialists at all times. Aside from the concurrent courses and day-long general sessions, we are excited to offer eight mini-symposia: two-and-a-half-hour explorations featuring panel discussions, Q&A: deep-dives into your specialization. Now that's what we like to call choice!
- You've wanted your practice management staff to have impactful and educational experiences throughout the entire Aesthetic Meeting—we have a solution. Your staff will find relevant sessions spread

throughout the meeting from Saturday to Monday. Yes, three full days of practice management content all included with standard registration.

- New to this meeting is The Aesthetic Arena, a theater on The Aesthetic Marketplace floor where you can receive nonstop education from clinical presenters and industry partners, as well as ASERF research presentations, Espresso Eye Openers and other topics—including The Premier Global Plastic Bowl V. Stop by from time to time, for education, and an occasional snack or libation!

The choice to move from a la carte offerings to an all-inclusive buffet was done specifically with your feedback in mind. We hope you'll love these changes as much as we've enjoyed the reimagining. Here's to a bright new future, both for The Aesthetic Society and The Aesthetic Meeting. See you in Vegas!



SOCIETY OF
PLASTIC SURGICAL
SKIN CARE SPECIALISTS

Register Your Staff for Skin Care 2020!

Skin Care 2020—"Skin Care Education You Can Bet On!" will be the 26th Annual Meeting of the SPSSCS. Running concurrently with The Aesthetic Meeting, your Office Personnel, Registered Nurses, PAs, Nurse Practitioners and Aestheticians will have access to education, hands-on experiences and exhibits catered specifically to their needs while also benefitting from education and networking opportunities provided by The Aesthetic Society. Investing in the professional growth of your staff will, in turn, help your practice thrive!

Thursday, April 23—General Session

Friday, April 24—The Aesthetic Society's Cosmetic Medicine & Physician Extender Courses

Saturday, April 25—General Session

Sunday, April 26—Optional Post-Meeting Courses

Visit www.spsscs.org/meeting2020 for details and to register your staff today!



SKIN
CARE
2020

Skin Care Education
You Can Bet On

April 23–26, 2020

Mandalay Bay Resort and Casino—Las Vegas, NV



www.spsscs.org/meeting2020

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-Dr. Trent Douglas



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The Aesthetic Society's Experienced Insights in Breast and Body Contouring Symposium—Both Educational and Exciting

By William P. Adams, Jr., MD

We're back from this year's Aesthetic Society's Experienced Insights in Breast and Body Contouring, which took place on October 17–19 at Live! By Loews in Arlington Texas. Vice-Chair, Daniel Del Vecchio, MD, and I were thrilled with the interaction among both faculty and the attendees that resulted in a rich learning environment in an intimate group setting. This symposium offered a fantastic educational experience led by some of the leading experts in breast and body contouring. Participants shared their ideas and challenged their assumptions across all of the presented topics, including the first ever Look-Live Surgery cinematic presentation by Dr. Del Vecchio on safe subcutaneous buttock augmentation. By the end of the weekend, participants left with many actionable insights to take back to their practices. I was especially pleased with the opportunity to welcome my colleagues to the great state of Texas and show off the exciting new venue that hosted our symposium.

We would like to offer sincere thanks to our outstanding faculty including Drs. Jamil Ahmad, Robert Cohen, Christine Hamori, Melinda Haws, Alfredo Hoyos, Jeffrey Kenkel, Julie Khanna, Patricia McGuire, Luis Rios, Steven Sigalove, and Louis Strock. We are very appreciative of the educational grants provided by Allergan and Mentor, and the Faculty Dinner and the Afternoon Break sponsorship support by Galatea Surgical. Thanks to all who took the time to meet one-on-one with our exhibitor representatives—it means so much to them!

Joining us at the symposium were two patient advocates, Raylene Hollrah and



Drs. Melinda Haws and Patricia McGuire speak with patient advocates Jamee Cook and Raylene Hollrah.

Jamee Cook who also provided a unique and beneficial perspective to the attendees. Together they manage blogs and social media communities dedicated to educating consumers on BIA-ALCL and BII and were eager for their voices to be heard. Regarding the symposium, Raylene stated, "The opportunity to gather aesthetic surgeons and patients/advocates together to share concerns and desired outcomes was exactly what I wanted to achieve by attending the symposium. The collaborative efforts that resulted continue to change and mold how we advocate and educate fellow patients."

Thanks to an educational grant provided by Allergan, The Aesthetic Society was able to present a unique hands-on course that demonstrated how the use of high-resolution ultrasound can be used to detect breast implant rupture and serve as a consultation tool to put patients' minds at ease. The segment was very well received and we will continue to provide education on how



Surgeons experiment with high-definition ultrasound.

different technologies can be used to address patient concerns.

While the Breast and Body Symposium is a treat both to plan and attend, I can't wait to see what other Society members have prepared for our two upcoming meetings in Las Vegas! I hope to see you at The Aesthetic Society's Facial and Rhinoplasty Symposium on January 30 – February 1, and The Aesthetic Meeting 2020 on April 23 to 27. Both are designed to help you customize your educational experience to best meet your professional needs. We will have fun too!

William P. (Bill) Adams, Jr., MD is an aesthetic surgeon practicing in Dallas. He is Chair of the Education Commission and Vice President of The Aesthetic Society.

Symposium Co-Chairs and Faculty:

Drs. Louis Strock, Jamil Ahmad, Daniel Del Vecchio, Julie Khanna, Bill Adams, and Luis Rios.





Watch. Learn. Advance.

The Aesthetic Meeting 2019 Education on Demand

Learn from the masters through The Aesthetic Meeting's Education on Demand, where you can view exceptional video content when you want, wherever you want.

The Aesthetic Meeting 2019 Education on Demand

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

106 Cosmetic Vaginal Surgery: Labiaplasty and Beyond
Christine Hamori, MD

107 Comprehensive Treatment of Difficult Eyelids, Festoons and Malar Bags
Mokhtar Asaadi, MD

204 Demystifying Management of the Subplatysmal Elements in Necklift
T. Gerald O'Daniel, MD and Sadri Ozan Sozer, MD

208 BBL and Butt Implant Disasters: How Did I Get Here? A Beginner's Guide to Staying Out of Trouble
Johnny Franco, MD and Matthew Nykiel, MD

304 Oblique Flankplasty as an Alternative to Lower Body Lift
Dennis Hurwitz, MD

309 Building a Bulletproof Marketing Blueprint to Grow Your Aesthetic Practice
Audrey Neff

404 Planning for Primary Breast Augmentation: Incision, Pocket, Implant
Frank Lista, MD

405 Transaxillary Endoscopic Breast Augmentation: Processes and Refinements to Improve Patient Outcomes
Louis Strock, MD and Grady Core, MD

507 Revisional Breast Augmentation for Dummies: The Six Most Common Problems & How to Fix Them
Karan Chopra, MD and Joe Gryskiewicz, MD

510 Advanced Micro-Needling (MN)/RadioFrequency (MNRF) with Growth Factors: Benefits, Limitations, and Complications for Skin and Hair Rejuvenation in your Practice
Gordon Sasaki, MD

606 Bodylifting, Mastopexy, and Brachioplasty in the Massive Weight Loss Patient: Technical Refinements to Optimize Results
J. Peter Rubin, MD and Robert Centeno, MD

610 Consultants, Technology and Social Media—Putting It All Together
Luis Rios, MD

706 All Seasons Vertical Augmentation/Mastopexy
Eric Swanson, MD

709 Cutting Edge Topics in Patient Safety with the Masters
Luis Rios, MD; William Adams, Jr., MD; Steven Davison, MD; Felmont Eaves, III, MD and Chris Pannucci, MD

**Program Subject to Change.*

POST-MEETING PRICING

Individual Courses—**\$99 each**

Selected 2019 General Sessions—
\$24.99 per panel

WE ARE AESTHETICS.



Purchase Education on Demand at www.radarresource.com

ON YOUR RADAR



The Aesthetic Society's medical education platform and professional network has some exciting new additions to the library! In addition to new content, RADAR Resource still features all issues of *ASJ*, educational videos, discussion forums, and more!

WHAT'S NEW IN THE RADAR LIBRARY

1. Videos from the Atlanta Breast Surgery Symposium

The Southeastern Society of Plastic and Reconstructive Surgeons has given Aesthetic Society members, and those enrolled in the Candidate for Membership and Resident programs, access to this stellar symposium!

Offering insights into the full range of aesthetic and reconstructive surgery of the breast, live surgery is just one of the highlights of this event.

Video Library>SESPRS Videos

2. Experience *ASJ* in a New Exciting Way

The latest YAP's *ASJ* Journal Club session features authors Drs. Patricia McGuire and Melinda Haws presenting their new paper in *ASJ* Open Forum entitled "Management of Asymptomatic Patients With Textured Surface Breast Implants." The session was moderated by ASERF President Dr. Robert Whitfield.

Video Library>YAPS Live *ASJ* Journal Club

3. How to Create Your Marketing Plan in 4 Hours

Not sure where to start with your marketing plan for 2020? Candace Crowe from Candace Crowe Designs breaks down her blueprint for building a solid marketing plan for the new year and shares how you can take advantage of her highly practical Marketing Planner (available for download in the Practice Solutions library).

Practice Solutions> Marketing> Practice Growth | Strategy> **How to Create Your Marketing Plan in 4 Hours**

4. Do You Have the Right Insurance Coverage?

Don't let a lack of interest or understanding keep you from getting your insurance coverage right! Larry B. Keller, founder of Physician Financial Services, shares his

insights about how to assess disability insurance, life insurance, and umbrella coverage to ensure it meets your current needs.

Practice Solutions> Start up> Finance | Insurance | Loans> **Do You Have the Right Insurance Coverage?**

NEW LOGIN FEATURE FOR RADAR RESOURCE

Aesthetic Society Members, and those enrolled in the Candidate for Membership or Resident Program can now access RADAR Resource via the Society's new online portal in just a few swift clicks.

Logging into RADAR:

1. Go to <https://members.surgery.org>
2. Enter your email address
3. Enter your password
4. Click "Login"

Haven't used the new portal yet? Use the instructions below to get started:

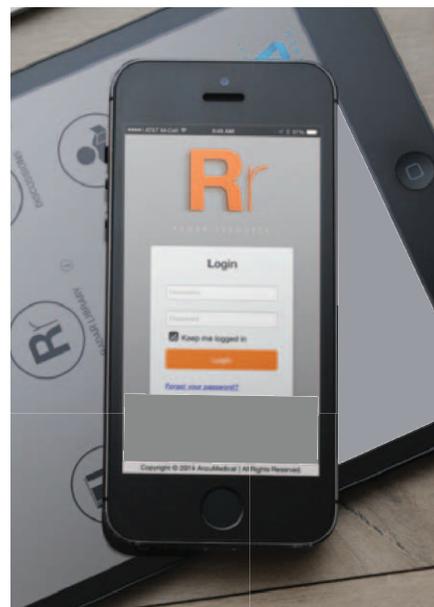
1. Go to the Reset My Password page
2. Enter your email address
3. Click "Submit" and follow the instructions in the email that follows

Once logged into the portal, you can access RADAR by selecting the "Services" tab on the menu. Be sure to bookmark members.surgery.org for easy access in the future!

HAS YOUR STAFF SIGNED UP FOR ACCESS TO PRACTICE SOLUTIONS ON RADAR?

Practice Solutions on RADAR Resource is the Aesthetic Society's practice management resource hub. An *exclusive* benefit for Aesthetic Society members, candidates, residents, and their practice staff

Staff of Society Members and Candidates for Membership can register for an individual account by completing the enrollment form at: <http://practicesolutions.surgery.org>.



Access to RADAR is free to:

- Members and Candidates for Membership of The Aesthetic Society (domestic and international)
- Residents and Fellows enrolled in The Aesthetic Society's Resident Program
- *ASJ* Subscribers



For more information:

Visit www.surgery.org/RADAR or Contact: alicia@surgery.org

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Meet ANN...The power of Evidence-Based Business.

ANN WILL REVOLUTIONIZE HOW YOU LOOK AT YOUR PRACTICE...WITH NO EXTRA DATA ENTRY.

By automatically combining your anonymized data with a network of other members, you can gain incredible insight into your past performance, learn how to optimize your pricing, and hyper-target your marketing strategies.

Gain deeper insights into your practice patterns

ANN shows you Key Performance Indicators (KPIs) like the correlation between initial and subsequent procedures, which gives you the Lifetime Value of your patients.

Optimize your purchasing with comparative data

ANN is the only Business Intelligence Tool in our market that lets you access cooperative data from your peers.

Hyper-target your marketing

Seeing your data on ANN helps you make more insightful Evidence-Based Business decisions - when to buy a new product, when to market a new offering, or which service combinations could be most profitable.

ANN BY THE NUMBERS

ANN is currently home to more than 280 data sources contributing to ANN - including surgical and medspa numbers - with data on \$4.3B in gross charges, 4.66M procedures, and 879K patients. These numbers grow every day!

280
Data Sources

879K
Patients

4.66M
Procedures

\$4.3B
Gross Charges

Visit ann.surgery.org or email ann@surgery.org for more information!



Aesthetic Surgery Journal and ASJ Open Forum Update

To read the current issue of the *Aesthetic Surgery Journal*, visit:

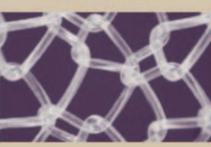
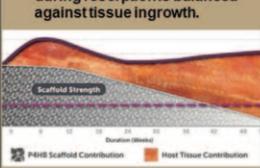
<https://academic.oup.com/asj/issue/40/1>

ASJ JOURNAL CLUB

The November Journal Club highlighted an important topic—ADMs in breast surgery. Below is a link to the recording. The entire ASJ editorial team thanks Dr. Dan Mills, Dr. Bruce Van Natta, and Dr. Narayanan Nair for moderating and discussing the article: Poly-4-Hydroxybutyrate (P4HB) Scaffold Internal Support: Preliminary Experience with Direct Implant Opposition During Complex Breast Revisions. Check out the Visual Abstract to the right created by Next Generation Editor Dr. Maryam Saheb-AI-Zamani and watch the video here: https://youtu.be/_WMKRy8WZjg

Join us on the first Tuesday of each month for the ASJ Journal Club and learn from key opinion leaders in plastic surgery on hot topics that can help improve your practice. Questions? Email: journal@surgery.org.

Poly-4-Hydroxybutyrate (P4HB) Scaffold Internal Support: Preliminary Experience with Direct Implant Opposition During Complex Breast Revisions

Improved Internal Scaffold	Long term strength	Utility in Implant Stabilization
<p style="text-align: center;">GalaFLEX</p>  <ul style="list-style-type: none"> • P4HB monofilament fibers ↓ infection risk • Macroporous mesh ↑ tissue ingrowth • Pliable but does not stretch • Fully bioresorbable in 18-24 months 	<ul style="list-style-type: none"> • Loss of scaffold strength during resorption is balanced against tissue ingrowth.  <p style="text-align: center;">Can Be Direct-on-Implant</p> 	 <ul style="list-style-type: none"> • Adds soft tissue coverage and support in complex revisional breast cases.

Nair, NM & Mills, DC. *Aesthet Surg J.* 2018; DOI: 10.1093/asj/sjy276

AESTHETIC SURGERY JOURNAL

The November ASJ Journal Club highlighted an important topic—ADMs in breast surgery. Watch the video here: https://youtu.be/_WMKRy8WZjg



BRAND NEW LOOK FOR ASJ AND ASJ OPEN FORUM

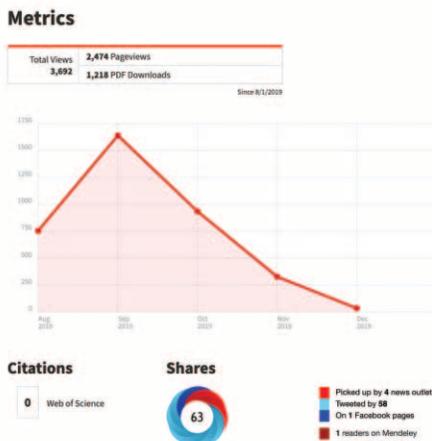
As part of The Aesthetic Society's re-branding, both ASJ and ASJ Open Forum have also undergone a redesign so that our colors, fonts, and look are in alignment with the Society's. We present the new Gold and Silver journals. The inside pages will also reflect the new color palette and the websites are now live with our new look! These covers will launch formally with the January 2020 issue that publishes in mid-December.

OPIOID EPIDEMIC: HOW CAN PLASTIC SURGEONS PROVIDE RELIEF?

Special thanks to Dr. Norman Rappaport who wrote an introduction for our newest thematic issue on opioids. If you haven't read it yet, take a look here: <https://bit.ly/2pfn2AP>

ASJ OPEN FORUM

It's been a great first year for our new sister journal. We thank all who submitted, as we exceeded the total number of projected submissions by 20%. ASJ Open Forum has been well received by membership and the international plastic surgery community. How well are ASJ Open Forum's articles being read and how much attention are they receiving globally? Check out the stats below on this highly-read article: Management of Asymptomatic Patients With Textured Surface Breast Implants by Patricia A. McGuire, MD; Anand K. Deva, BSc (Med), MBBS, MS, FRACS (Plast); Caroline A. Glicksman, MD; William P. Adams Jr, MD; and Melinda J. Haws, MD. Read it here: <https://bit.ly/2Xdzt5B> and visit the journal's website for more information: <https://academic.oup.com/asjopenforum>.



Managing Editor Hunter Alexander, Executive Editor Phaedra Cress, and EIC Dr. Nahai at Oxford Journals Day.



LEXY STANG, JR. EDITORIAL ASSISTANT FOR ASJ

We're growing! The ASJ editorial team welcomed Ms. Lexy Stang in September as their new Jr. Editorial Assistant. Lexy will be working on peer review with Hunter and Kyleigh for both ASJ and ASJ Open Forum and has been essential during our extraordinary period of growth. Lexy enjoyed meeting many of you at The Cutting Edge and is looking forward to The Aesthetic Meeting 2020.

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 Aesthetic Society 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?



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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 Aesthetic Society 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 The Aesthetic Society, 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



Questions about Management of Patients with Difficult Breast Implant Problems?

Ask The Expert!
This time, **YOU** get
the consult.



The Aesthetic Society is pleased to announce a **NEW** service for members, candidates, and residents: Ask The Expert!

Need help or have a question about a treatment or management challenge regarding a breast implant patient? Tap into The Aesthetic Society's community of experts to assist.

HOW IT WORKS:

1. Text your question to 833-629-0163 or email asktheexpert@surgery.org
2. Do NOT include any PHI or patient photos (not HIPAA compliant)
3. Acknowledgement and an initial response will be provided within 60 minutes by staff (if received Monday through Friday, 8:00 AM to 5:00 PM Pacific Standard Time)
4. Questions will be circulated to our pool of experts for comment.
5. Complex questions may require a conversation vs. text response.

Another service from The Aesthetic Society to support our aesthetic community of surgeons and their patients.

*Made possible by an
educational grant from
Allergan*

Welcome New Members

The Aesthetic Society extends a warm welcome to our newest members! We look forward to interacting with you as we build a stronger specialty with an emphasis on patient safety.

Active Members—US and Canada

Mark Albert, MD
 Bardia Amirlak, MD, FACS
 Brian Arslanian, MD
 Russell Babbitt, MD
 Vijay Bindingavele, MD
 Emile Brown, MD
 Robert Caridi, MD
 Younghoon Cho, MD, PhD
 Stephen Colbert, MD
 Eric Culbertson, MD
 Luke Curtsinger, MD
 Phillip Dauwe, MD
 Shay Dean, MD
 Marco Ellis, MD, FACS
 Grant Fairbanks, MD
 Lauren Fischer, MD

Rachel Ford, MD
 Henry Garazo, MD
 John Layliev, MD
 Edward Lee, MD
 Nicholas Leonardi, MD
 Michele Manahan, MD
 Brandon-Dzung Mang, MD
 Chester Mays, MD
 Devin O'Brien-Coon, MD
 Elizabeth O'Connor, MD
 Shwetambara Parakh, MD
 Anup Patel, MD, MBA
 Parit Patel, MD
 Nathan Patterson, MD
 Paul Phillips, MD
 Puli Reddy, MD
 Brian Reuben, MD

Susie Rhee, MD
 Forrest Roth, MD
 Michelle Roughton, MD
 Alexander Sailon, MD
 Thomas Sands, MD
 Erika Sato, MD
 Tina Sauerhammer, MD, FACS
 Sanjay Sharma, MD
 Robinder Singh, MD
 Shruti Tannan, MD
 Richard Tepper, MD
 William Tobler, MD
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 Clinton Webster, MD
 Julian Winocour, MD
 Levi Young, MD

Active Members—International

Sergio Burciaga, MD
 Laura Cardenas, MD
 Anand Deva, MD
 Yoav Gronovich, MD
 Martin Janssen, MD
 Ersoy Konas, MD
 Claudio Lemos, MD
 Dan Li, MD
 Nora Nugent, MD
 Jose Carlos Parreira, MD
 Justin Perron, MD
 Kamil Pietrasik, MD, PhD
Associate Member
 Paul Nassif, MD



Your artwork here!

Submit Your Artwork for ASN's Next Cover!

Aesthetic Society members, we invite you to submit a photo of your **original art** to asaps@surgery.org. One of our **four brand pillars** is artistry, so we want to **showcase** your work. After all, many of our members are artists, not only on, but off the operating table. In years past, we adorned the cover of *Aesthetic Surgery Journal* with **member-submitted artwork**. Now is a perfect time to return to that tradition, but for the cover of this publication, ***Aesthetic Society News***.

So please, show us what you've got; we would love to feature your creations. Final selections will be made by the **Publications Committee**.



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 our Industry Partners and consider using their products in your practice.



Meet the Staff: Phaedra Cress

“What’s my favorite aspect of aesthetic surgery? Hands down, it’s the people. I’ve made some incredible friends, expanded my

understanding of beauty and all of its nuances, and everyday get to work with the most incredible leaders and mentors in our field.”

Phaedra Cress serves as the Executive Editor of *ASJ* and *ASJ Open Forum* and has been with The Aesthetic Society since 2014. She has built her career in publishing over the past 19 years, including 8 years at Wiley, managing high-impact journals in science and medicine ranging from the fields of cardiology and hospital medicine to evolutionary biology and conservation. She has a strong interest in publication ethics and recently served as Co-Director of the World Association of Medical

Editors (WAME), is the Chair of the Social Media and Marketing Committee of the International Society for Technical Managing Editors (ISMTE), and a member of the Committee for Publication Ethics (COPE). In 2017 she won a silver ASHPE award for “Best Use of Video” with her colleague Hunter Alexander and the ISMTE “Award for Excellence” based on her contributions in publishing. She works with Dr. Nahai and Dr. Kenkel on the general health and strategy of the journals, liaises regularly with the publisher, Oxford University Press, manages the international affiliate partners, enjoys producing and editing videos that promote journal content, assists the Next Generation Editors and Lead Dr. Cindy Wu with bi-monthly Journal Clubs, implemented the social media strategy and program on Twitter, Facebook,

and LinkedIn, and works with team members Hunter Alexander, Kyleigh Vrettos and Lexy Stang. She publishes on topics of interest including publication ethics, open access, altmetrics, predatory publishing, and artificial intelligence. She earned a BA in Journalism from Ramapo College of New Jersey in 1995 and recently moved to Wayne with her partner Larry and her son Sean. In her personal life, she enjoys staying fit, exploring her new neighborhood along the lake, and she recently began learning how wine pairs with music to enhance entertaining.

“Music is the wine that fills the cup of silence.”

—Robert Fripp, Musician, King Crimson

Join the AMA Today to Resist Efforts of ‘Cosmetic Surgeons’

According to the AMA website: “An 1845 resolution to the New York Medical Association by Dr. Nathan S. Davis, calling for a national medical convention, led to the establishment of the American Medical Association (AMA) in 1847. Scientific advancement, standards for medical education, launching a program of medical ethics, improved public health—these were the goals of the AMA.”

A lot has changed since 1847, of course, but there’s no denying that the AMA holds a powerful place in the world of medicine. It is “our one true political voice on the national stage and that cannot be emphasized enough,” according to Aesthetic Society president-elect Herluf G Lund, MD. And Dr. Lund is correct. We may not always agree with their positions, but if we are not at the AMA table, our voice will not be represented.

AMA has various bodies within it, one being the house of Delegates. According to Gary Price, MD, MBA, the Society’s AMA representative, “at the last two meetings the

group of us representing ABMS Plastic Surgeons have strongly resisted efforts by the ‘cosmetic surgeons’ to piggy back on the unhappiness of the internists with the ABIM and ABMS to open the gates to non-ABMS Boards... this is the most recent and ongoing relevant challenge for all of us.”

He continues, “These groups are well represented and motivated and realize that AMA rulings reflect the House of Medicine to the rest of the country. The presence of many of us allows us to control the chair of key committees populated also by ‘cosmetic surgeons,’ as well as other specialties, and has also allowed us to pursue proactive resolutions regarding cranio-facial coverage for children as well as breast reconstruction issues in the last year alone.”

However, for us to retain this voice, we need 40 more members to join the organization. Every 5 years, the AMA does an analysis of our membership to make sure at least 20% are AMA members so we can maintain our

Join the



seat at the AMA. We have one year to correct the situation and will be receiving more details from the AMA about their review process.

So, here’s what we can do:

AMA membership is open to practicing physicians, residents and medical students. You can get all information on dues and benefits by visiting <https://www.ama-assn.org/ama-member-benefits/member-eligibility-dues/ama-membership-dues>

It’s not a big investment and could provide needed support to the specialty for years to come.



THE AESTHETIC SURGERY EDUCATION AND RESEARCH FOUNDATION (ASERF) NEEDS YOUR HELP WITH SILENT AUCTION DONATIONS!

**DONATE
TODAY!**

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.

Find all required forms at <http://bit.ly/36cB9Qj>



Update on ASERF

By Robert Whitfield, MD



The Aesthetic Surgery
Education and
Research Foundation

Members of your ASERF Board of Directors, Past Presidents and committee members participated in a two-day strategic planning meeting in November to discuss the current and future goals for the Foundation. Topics included our process for research grant review and approval and increasing ASERF's educational programs and fundraising efforts. It is important to the Board that the money our members and donors contribute to ASERF be used in the most effective manner to benefit our specialty and our patients. The outcomes of this strategic planning will be shared with our members at the Business Meeting in Las Vegas, April 26, 2020 during The Aesthetic Meeting.

RECENTLY FUNDED RESEARCH STUDIES

The Scientific Research Committee and Board of Directors approved funding in the fourth quarter of 2019 for the following studies:

- Power-assisted liposuction vibration exposure and safety guidelines—*Rolando Morales, MD*
- Bacterial Biofilms Associated with Breast Implant Illness—*Mithun Sinha, MD*

GIVING TUESDAY CAMPAIGN

Giving Tuesday is a national and internationally recognized day of charitable giving that happens on the Tuesday after

Thanksgiving. It has been around since 2012, growing every year thanks to the power of social media. The goal of this day is to create a wave of generosity that lasts well beyond just that Tuesday. ASERF Fund Development Committee members developed a campaign to promote giving to ASERF in support of Breast Implant Illness (BII) research. All funds collected will be used for this purpose. Thank you to those of you who donated to support this campaign, your breast implant patients and the specialty.

Dr. Robert Whitfield is an aesthetic plastic surgeon practicing in West Lake Hills, Texas, and serves as President of ASERF.

Have a Research Study You Would Like ASERF to Fund?
Go to aserf.org/research/blog to download the application
or email info@aserf.org for more information.

Join the ASERF President's Circle

ASERF continues to fund research that directly impacts your practice and supports efforts to ensure that aesthetic plastic surgery products and techniques are safe, effective and relevant. You can help keep plastic surgery research moving forward by joining our ASERF President's Circle!

To Join the President's Circle:

- Donate \$50,000 or more in cash to ASERF, or
- Make a planned gift of \$100,000 or more to ASERF
 - Leave a bequest in your will or trust, or
 - Name ASERF as a beneficiary on a life-insurance policy

Your donation will be recognized on the ASERF website, www.aserf.org, at The Aesthetic Meeting each year and with a lapel pin to promote your generosity to The Foundation.

To learn more about making a planned gift or cash donation, please contact Ivan Rodriguez, ivan@surgery.org or 562.799.2356

Thank You ASERF President's Circle Members!

Mark T. Boschert, MD
Sepehr Egrari, MD
Dr. and Mrs. Julio Garcia
Dr. and Mrs. Joe Gryskiewicz
Dr. and Mrs. Jeffrey Kenkel
Luis López Tallaj, MD
Dr. and Mrs. Dan Mills
Susan and Steve Mollenkopf
Dr. and Mrs. James Payne
Qualcomm
Dr. and Mrs. Luis Rios, Jr.
Dr. and Mrs. Robert Singer

Who will be next?



The Aesthetic Society®

Premier Partners

The Aesthetic Society's partnership program provides industry with strategic benefits and opportunities to collaborate with The Society's members in support of our mission.

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



Endo Aesthetics™ is a unit of Endo Pharmaceuticals Inc., a specialty branded pharmaceutical company with over 20 years of experience. Driven by world-class research and development, Endo is working to create the aesthetic solutions of tomorrow through the development of a new injectable treatment for cellulite, a condition of the skin that has been reported in 85 to 98 percent of post-pubertal females and affects women of all races and ethnicities.

Endo recently completed two Phase 3 trials for the treatment of cellulite of the buttock and is continuing a development plan for generation of data for cellulite of the thigh. If approved, this product will be the first injectable indicated to treat cellulite. Endo Aesthetics™ is headquartered in Malvern, PA. Learn more at www.endopharma.com.



Evolus is a performance beauty company with a customer-centric approach focused on delivering breakthrough products. Evolus' primary market is self-pay healthcare. Our lead FDA approved product is a proprietary purified botulinum toxin type A formulation. For more information, go to www.evolus.com.



Galatea Surgical, Inc. is passionate about bringing your patient's Strength and Beauty to life through reinforcement of weak and compromised tissue with an innovative solution for soft tissue support. As a wholly owned subsidiary of Tepha, Inc., the Galatea team has created a portfolio of optimized soft tissue support devices utilizing a non-human, non-animal, non-synthetic, biologically derived fully absorbable material: poly-4-hydroxybutyrate (P4HB™). P4HB™ degrades gradually and predictably by hydrolysis into components that are natural to the human body, resulting in a minimal inflammatory response with less acidic byproducts or remodeling challenges, as compared to other soft tissue support devices.

Visit www.GalateaSurgical.com for more information on Galatea scaffolds as well as indications for use, safety considerations and reference documents.



Galderma, the world's largest independent global dermatology company, was created in 1981 and is now present in over 100 countries with an extensive product portfolio to treat a range of dermatological conditions. The company partners with health care practitioners around the world to meet the skin health needs of people throughout their lifetime. Galderma is a leader in research and development of scientifically-defined and medically-proven solutions for the skin. For more information, please visit www.galderma.com/us



On April 2019, KCI proudly announced that PREVENA™'s indication was updated by the FDA to include its effect on clinical outcomes. The FDA found that PREVENA™ has been shown to aid in reducing the incidence of seroma, and in high risk patients, aids in reducing the incidence of superficial surgical site infection in Class I and Class II wounds. PREVENA™ is the FIRST and ONLY negative pressure wound therapy device to have these clinical outcomes included in its indication statement. For limitations and safety information regarding PREVENA™, please refer to mykci.com.

10% discount—CODE: KCIASAPS for PREVENA™ Therapy through Medicalmonks.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.mentorwllc.com

MERZ AESTHETICS™

Merz Aesthetics is a division of Merz Americas and offers a wide-ranging portfolio of treatment options including Device, Injectables and Skincare that enables physicians to meet the needs of a broad range of patients and their skin concerns. To learn more about Merz Aesthetics and their offerings, please visit www.merzusa.com/aesthetics-otc.



NEW PREMIER PARTNER

◆ The Plastic & Reconstructive Surgery business unit of MTF Biologics serves Plastic & Reconstructive Surgeons in reconstructive and craniofacial procedures, burns and other traumatic injuries, while providing solutions in breast, body and facial cosmetic procedures. PRS offers a broad portfolio including FlexHD acellular dermal matrix, Renuva allograft adipose matrix, Profile costal cartilage allografts, LipoGrafter autologous fat grafting system, Meso BioMatrix acellular peritoneal matrix, and split thickness skin grafts for burns. MTF Biologics Plastic & Reconstructive Surgery meets the needs of surgeons so that they can provide the best care for their patients. We save and heal lives. www.mtfbiologics.org

sientra.

◆ Sientra is a diversified global medical aesthetics company and a leading partner to aesthetic physicians. Sientra recently announced the acquisition of the dedicated FDA-approved silicone breast implant manufacturing operation in Franklin, Wisconsin from Lubrizol Life Science (an affiliate of Berkshire Hathaway). This provides Sientra with direct control of their OPUS® breast implant manufacturing, total supply chain optimization, and increased speed to market with innovations that will benefit you and your patients.

The Company's Breast Products Segment includes its innovative OPUS® breast implants, its ground-breaking Allox2® breast tissue expander, and BIOCORNEUM® the #1 performing, preferred and recommended scar gel of plastic surgeons(*). The Company's miraDry Segment, comprises its miraDry®

system, the only non-surgical FDA-cleared device for the permanent reduction of underarm sweat, odor and hair of all colors.

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



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® uses unique micro-suspension technology, MST, to instantly lift the mid-face area while simultaneously activating the creation of natural collagen to boost volume. Learn more at www.sinclairpharma.com.



Venus Concept is an innovative global medical aesthetic technology leader with a broad product portfolio of minimally invasive and non-invasive medical aesthetic technologies with reach in over 60 countries and 29 direct markets. Venus Concept focuses its product sale strategy on a subscription-based business model in North America and in its well-established direct global markets. Venus Concept's product portfolio consists of aesthetic device platforms, including Venus Versa, Venus Legacy, Venus Velocity, Venus Fiore, Venus Viva, Venus Freeze Plus, and Venus Bliss. Venus Concept's hair restoration division includes NeoGraft, an automated hair restoration system that facilitates the harvesting of follicles during a FUE process and the ARTAS and ARTAS iX Robotic Hair Restoration Systems, which harvest follicular units directly from the scalp and create recipient implant sites using proprietary algorithms.

Thank you Industry Partners!

The Aesthetic Society thanks all of 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 Aesthetic Society 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.



New Products to Check Out!

Special Offers for Aesthetic Society Members

For information on the products and services offered by industry, please contact the companies directly, and let them know you are an Aesthetic Society member!



The Aesthetic Society®

Alliance Partners



A Medical Liability
Insurance Company

◆ As your medical liability partner, AMS RRG, Inc., has you covered not only for medical liability, but cyber coverage is also included in our standard policy. Additionally, we have a risk management team that is willing to work with you to evaluate your risks whether they are medical or cyber related. Give us a call and let us become your liability partner. ALL MEMBERS OF THE AESTHETIC SOCIETY RECEIVE A 7.5% PREMIUM DISCOUNT!

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



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.



CareCredit is a health, wellness and beauty credit card dedicated to helping millions of patients get the care they want for over 30 years. Now accepted at more than 210,000 providers nationwide, the CareCredit credit card allows patients to make convenient monthly payments for cosmetic surgery, minimally invasive treatments, skin care products and more by offering promotional financing options. Once approved, patients can use their card again and 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.



◆ CosmetAssure exclusively provides board certified plastic surgeons with a financial safety net for patients having elective aesthetic surgery. The program works to remove the stress and uncertainty from unexpected medical expenses due to post-surgical complications.

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

Exclusive program features include:

- Aesthetic Society members automatically qualify for enrollment
- No cost to enroll
- Tiered pricing based on volume of cosmetic patients
- Capsular Contracture coverage for 18 months
- Convenient online claims reporting

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



INMODE

◆ InMode has recently launched the AccuTite and Morpheus8 to their BodyTite, EmbraceRF, Optimas, Contoura and Votiva workstations. InMode is a leading global provider of innovative, energy-based, minimally and non-invasive medically accepted 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.



Revance is Creating a New Neuromodulator Category.

The neuromodulator market hasn't changed significantly in more than 30 years, yet patient desires continue to evolve. As an emerging biotechnology leader, Revance® is creating true innovation in aesthetic medicine and therapeutic specialties: DaxibotulinumtoxinA for Injection (DAXI). DAXI combines a highly purified botulinum toxin type A molecule, with a proprietary stabilizing excipient peptide technology, to produce the first long-acting neuromodulator formulated without human serum albumin. In the Phase 3 SAKURA clinical trials, DAXI achieved unrivalled efficacy, including a median 24-week duration of effect in treating glabellar lines. Revance is dedicated to making a difference by transforming patient experiences. Revance anticipates commercial launch in 2020 upon FDA approval.

For more information visit us at www.revance.com



SENTÉ is a privately held specialty aesthetics company leveraging its expertise and foundation in biotechnology to deliver novel, science-based skin care products. SENTÉ is a recognized leader in the development of innovative and targeted skincare products based on novel Heparan Sulfate Analog (HSA) technology. Proprietary to SENTÉ, HSA is clinically proven to deliver rapid skin hydration and rejuvenation. SENTÉ products are available through its exclusive network of physicians and medically supervised spas. For more information on SENTÉ, please visit sentelabs.com.



Suneva Medical is a privately-held aesthetics company focused on developing, manufacturing and commercializing novel, differentiated regenerative products for the aesthetic markets. The company's flagship brand, Bellafill® is the only dermal filler on the market with five-year safety and efficacy data, and the only dermal filler approved for the correction of facial acne scars. The company markets Bellafill® in the U.S., Canada, Hong Kong, Korea and Mexico. Leading the way in regenerative options, Suneva Medical added an innovative PRP technology and Puregraft, the most predictable fat graft in the market, to their portfolio in 2019. For more information, visit www.sunevamedical.com.

For information on the products and services offered by industry, please contact the companies directly, and let them know you are an Aesthetic Society member!



NEW PARTNER



Founded by plastic surgeons in 2013, Symplast is the #1 Mobile EHR/Practice Management platform for plastic surgery and med spas. Delivering a HIPAA secure cloud platform to over 3,500 aesthetic users across the country, Symplast's modern, easy-to-use EHR suite includes: virtual consultations and follow ups, practice management, patient engagement, digital intake, marketing CRM, online patient scheduling, billing, reports, inventory/POS, multimedia, and more.

Symplast is an Alliance Industry Partner with The Aesthetic Society, the first company to be ANN Optimized with The Aesthetic Society. Symplast is also a Platinum Sponsor for AmSpa. Please visit www.symplast.com to learn how Symplast can lead your practice into the next decade of aesthetics.

THERMI

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®).

With its advanced temperature-controlled radiofrequency EPIC Technology, ARVATI is a state-of-the-art platform offering more versatility to treat more body areas and grow your practice.

To learn more, visit www.Thermi.com or call 833-ONE-RF4U.

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

Contact

Jackie Nunn at

jackie@surgery.org

for more information

about partnership

opportunities.



New Products to Check Out!

Special Offers for Aesthetic
Society Members

Industry Partners Continue Their Support!

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

We'd like to thank and acknowledge industry leaders KCI and Venus Concept for their ongoing support as they each continue their Premier Industry Partnerships. And we'd like to thank AMS RRG, CosmetAssure and SENTE as they each continue with Alliance Partnerships.

"Our Industry Partners are invested in the future of The Aesthetic Society and are committed to supporting our mission and advancing the specialty, together."

—Dr. Jennifer Walden, Industry Support Chair.

Each Industry Partner benefits from the strategic program at The Aesthetic Meeting and throughout the year.

PREMIER INDUSTRY PARTNERS



KCI continues as a Premier Industry Partner taking the strategic partnership into 2020.

In October 2019, 3M (NYSE: MMM) announced it has completed the acquisition of Acelity, Inc. and its KCI subsidiaries worldwide from a consortium comprised of funds advised by Apax Partners (the Apax Funds), together with controlled affiliates of the Canada Pension Plan Investment Board (CPPIB) and the Public Sector Pension Investment Board (PSP Investments.)

Acelity is a leading global medical technology company focused on advanced wound care and specialty surgical applications marketed under the KCI brand.

"This is an exciting day as we bring together two premier and innovative companies that are focused on delivering comprehensive health care solutions to enable better outcomes for patients," said 3M chairman and CEO Mike Roman. "We are excited to have the tremendous people of Acelity join the 3M team, and are confident in the value that this acquisition will deliver to our customers and our shareholders. This addition further accelerates 3M as a leader in

advanced wound care, which is a significant and growing market segment."

3M's Medical Solutions business is focused on applying 3M technologies to deliver safe and effective solutions to improve clinical outcomes and healthcare economics. The business offers a range of integrated solutions that include advanced and acute wound care dressings and products, medical tapes, sterilization products, and patient prep and warming products. These solutions cross the entire continuum of care, enabling better outcomes, improving the patient experience, and delivering strong economic value in today's value-based care environment.

The Acelity business is well known for creating and growing new segments based on the ability to identify and address unmet clinical needs with KCI-branded products that advance the practice of medicine, beginning with the introduction of V.A.C.[®] Therapy—groundbreaking Negative Pressure Wound Therapy. Today, KCI product offerings also include advanced wound dressings and negative pressure surgical solutions. KCI's solutions contribute to better patient outcomes by enhancing wound healing.

Learn more at www.3M.com



Venus Concept continues their Premier Partnership into 2020.

Venus Concept Inc. is a global leader in medical and aesthetic technology with a broad portfolio of minimally invasive and non-invasive devices, and supporting services specifically designed to help both new and established practices succeed in this growing industry. Venus Concept's product portfolio consists of aesthetic device platforms, including Venus Versa, Venus Legacy, Venus Velocity, Venus Viva, Venus Freeze Plus, and Venus Bliss. Our most recent platform, the Venus Bliss, offers a comprehensive solution to the fat reduction category. It features 1064 nm diode laser applicators for non-invasive lipolysis of the abdomen and flanks, as well as proprietary (MP)2 technology for a temporary reduction in the appearance of cellulite.

Having recently announced a merger with Restoration Robotics, Inc., we look forward to offering our customers a comprehensive solution for their hair business. In addition to our existing NeoGraft hair restoration device, our customers will benefit from the ARTAS and ARTAS iX Robotic Hair Restoration Systems, which harvest follicular units directly from the scalp and create recipient sites using proprietary algorithms.

Our industry-unique business model helps our customers achieve long-term business success with services such as 2two5 (a marketing agency specializing in aesthetic advertising), revenue share programs, and NeoGrafters (a program for scheduling on-demand, trained technicians to support hair restoration procedures). Venus Concept is currently present in over 60 countries and 29 direct markets. To learn more, visit us at venusconcept.com, contact info@venusconcept.com, or call (888) 907-0115.

ALLIANCE INDUSTRY PARTNERS



Applied Medico-legal Solutions RRG, Inc. (AMS RRG) is expected to write approximately \$66 million in premium in 2019 which would place them among the largest multi-specialty medical professional liability carriers in the country. The keys to success have been understanding medicine, doctor centric claims management, financial strength and emphasis on unparalleled customer service. Since its inception AMS RRG's foundation was in medicine and healthcare delivery systems. Richard B. Welch and Steven Shapiro, MD created the vision that became AMS RRG while working together previously at a multi-hospital system located in South Florida. Their combined experience in every facet of healthcare cannot be understated. In 2012 AMS RRG further expanded its medical liability product offerings with the introduction of Preferred Aesthetics™, a program that carefully tailors coverage and

Continued on Page 37

Industry Partners Continue Their Support!

Continued from Page 36

AMS-RRG continued

premiums specific to Plastic and Aesthetic practices. Harry K. Moon, MD and J. Brian Boyd, MD were added to the Medical Advisory Panel to help shape and oversee this innovative program. AMS RRG's Medical Advisory Panels have been a core of AMS RRG's business practices utilizing the physician's experience in all areas; including underwriting, claims management and customer service.

Financial strength is another element that is central to the success of AMS RRG. Since its inception in 2003 AMS RRG has grown its surplus to more than \$51 million. Consistent growth, over time has helped account for the positive operating margin and financial security of AMS RRG. As a testament to their efforts, Demotech, Inc. has awarded AMS RRG with an A(Unsurpassed) Financial Stability Rating (FSR). AMS RRG remains consistent in its initial vision, to work with doctors to help reduce medico-legal risk and provide medical professional liability solutions to meet the individual practice's need. It is because of this, AMS RRG has been able to maintain its financial strength and offer premium savings to its insured's.

AMS RRG has been an Aesthetic Society Alliance Industry Partner since 2015.

For additional information please contact Christopher Edge at cedge@amsrrg.com



CosmetAssure takes their Alliance Partnership into 2021.

As the leader in the complications insurance industry, CosmetAssure has protected board-certified plastic surgeons since 2003. CosmetAssure participating surgeons are considered part of an elite group working to provide the highest level of patient protection and satisfaction possible.

Becoming a participating surgeon assures patients and prospective patients that their doctor has taken responsible, proactive steps to protect them in the unlikely event of a complication. In addition, CosmetAssure can be an effective marketing tool to

help doctors differentiate themselves from their competition.

They exclusively provide board certified plastic surgeons with a financial safety net for patients having elective aesthetic surgery. The program works to remove the stress and uncertainty from unexpected medical expenses due to post-surgical complications.

As the Gold Standard in complications insurance, CosmetAssure works diligently to deliver a superior product to surgeons and patients. CosmetAssure is easy to implement in your practice. Exclusive program features include: automatic enrollment for Aesthetic Society Members, available in all 50 states, tiered pricing structure, capsular contracture coverage and an online claims submission

Every surgery carries the risk of a complication, including cosmetic plastic surgery. CosmetAssure is the GOLD STANDARD in helping patients of elective cosmetic surgery avoid the financial burden of unexpected post-surgery complications. The CosmetAssure program is available to Aesthetic Society members nationwide, including Candidates for Members who have passed their written boards.

Enrolling is easy and no application is required. To learn more about this industry leading coverage or become a participating surgeon, contact CosmetAssure at 855.874.1230 or info@cosmetassure.com.



SENTÉ enters year two as an Alliance Partner.

SENTÉ is a privately held specialty aesthetics company leveraging its expertise and foundation in biotechnology to deliver novel, science-based skincare products. SENTÉ is a recognized leader in the development of innovative and targeted medical skincare products based on glycosaminoglycans.

In September 2019, SENTÉ expanded its portfolio of physician exclusive skincare solutions in the United States with the introduction of Cyspera®, a novel intensive pigment corrector formulated with Cysteamine. SENTÉ announced the launch as part of an

exclusive co-promotion partnership with SCIENTIS, a Swiss dermatology company dedicated to developing novel dermo-cosmetic solutions to address skin pigmentation concerns.

Through this exciting new partnership, SENTÉ will bring aesthetics providers and their patients a broader portfolio of breakthrough skincare solutions to address both skin rejuvenation and stubborn discoloration needs.

"The addition of Scientis Cyspera to our portfolio of skincare offerings strengthens SENTÉ's commitment to bring innovative product formulations to physicians and the wide range of patients they see," noted Laurent Combredet, Chief Executive Officer of SENTÉ.

Skin discoloration, such as brown patches or dark spots, has historically been more challenging to address in darker skin tones. Cyspera's unique formulation includes cysteamine—a naturally occurring biological compound that delivers powerful antioxidant activity with multiple effects on the appearance of skin discoloration—and provides patients with skin of color a long-term solution to even skin tone.

SENTÉ products are available through its exclusive network of physicians and medically supervised spas. Further information may be found at sentelabs.com

**Thank you
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The Aesthetic Society thanks all of our industry partners for their ongoing support and collaboration.

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Media Notes and Quotes

MARKETWATCH

'I was not fully informed'—FDA recommends breast implants with 'black-box' warning labels about potential hazards

Excerpt: *Breasts can change for a variety of reasons, including pregnancy, nursing, weight changes and hormonal changes like menopause, added Herluf Lund, a St. Louis-based plastic surgeon and member of the American Society for Aesthetic Plastic Surgery, in a statement sent to MarketWatch. "As the breasts change through life, the breast implants that were selected at an earlier stage of life may not longer meet the needs or the desires of the patient, meaning the patient may need to exchange her breast implants for a different size or shape to meet her goals," he said.*

INSIDER

Labia surgery is increasingly popular, but most people aren't getting it because of 'idealized' genitals seen in porn

Excerpt: *That's now being challenged by a new study suggesting pornography is, at best, a minor influence in the decision to seek labiaplasty. When Dr. Heather Furnas, Clinical Assistant Professor at Stanford University, broached the topic with her own labiaplasty patients, porn was rarely offered up as a primary motivating factor. Her recent study of 124 women (about 1% of annual labiaplasty cases) found that, while pornography can't be eliminated as an influence, its role is minor when compared to other factors.*

Furnas believes the answer is much simpler: more labiaplasties are being performed because people who've long struggled with labial pain are now aware that labiaplasty is an option, thanks to the internet,

In the twenty years that she's been performing the procedure, Furnas has met many women who seek it out after years of pain, irritation, and physically uncomfortable intercourse—women like the writer Morgan Jerkins, who wrote about her own labiaplasty in 2016.

Dr. Furnas, who likens labiaplasty to the significantly less controversial breast reduction, explains that while some people have aesthetic concerns, many of her patients are more focused on being able to ride a bike without pain, or get through a day without having to carefully position their labia lest they experience excruciating chafing.

ALLURE

Plastic Surgeons and Dermatologists Weigh In on Pain Management Post-Plastic Surgery

Excerpt: *But when possible, some plastic surgeons are finding alternatives and using anti-inflammatories, local anesthetics, and numbing medications to attack different pain pathways. In some cases, patients are demanding it. "For the first time ever in my practice, I will have people say, 'I have had several friends die of an opioid overdose. Please do not prescribe me any pain medication,'" says Melissa Doft, a plastic surgeon in New York City. "When I was in training, you rarely heard that."*

As reducing narcotics use becomes a greater priority, innovations are happening. "There are some things that plastic surgeons can do to really decrease the narcotic requirements for a lot of plastic surgery procedures and get patients off them a lot quicker," says Jeffrey M. Kenkel, a plastic surgeon in Dallas. Things like Experal. "It has completely changed recovery for patients," he says. "It's a drug that contains the longer-acting numbing agent bupivacaine and binds to fat molecules in a microscopic honeycomb. We inject it at the surgical incision site and in some cases use ultrasound to place it exactly where the nerves are. It dissolves over the course of 72 hours."



Is it Time to Give that Useless 510K Device the SAC?

Ah, 510K devices. "No downtime." "Cash Cows." "No adverse events." "The one thing that will have patients lining up at the door." All wonderful claims.

Of course, many of these devices do live up to their promotion and hold an important place in your armamentarium. Patients love noninvasive options. And often these procedures can turn a one-time visit into a regular and loyal patient.

But, let's face it, many of these pieces of equipment don't live up to their promises. For years members have searched for guidance, before leasing or purchasing equipment. Now, thanks to the Surgeon as Consumer product (SAC), they have it.

Based on a simple star rating system, SAC was created by members, for members. It lets you review your 510K device in a password protected, safe environment. You can even submit a review anonymously.

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!

Share Your Stories!

Aesthetic Society Members, have you found a grateful patient through our Smart Beauty Guide website? Or, have you 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.

MAKING THE MOST OF THE ADVANTAGE PROVIDER PROGRAM

The Aesthetic Society®
Advantage Program

The Advantage Provider Program provides members with pre-negotiated special pricing on products and services to enhance practice performance. Each Advantage Provider is rigorously vetted and has agreed to uphold our strict ethical standards.



ASAPS.CLOUD POWERED BY RONAN SOLUTIONS

The Aesthetic Society is pleased to announce ASAPS.CLOUD a 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 information please contact Ronan Solutions at 602.884.8330 or email info@ronansolutions.com



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Norwegian-American Aesthetic Surgery Meeting in Review

By Amin Kalaaji, MD, PhD

The 3rd Norwegian-American Aesthetic Surgery Meeting was held on October 25–26, 2019 in Oslo, Norway and was hosted by the Norwegian Society for Aesthetic Plastic Surgery (NSAPS) and The Aesthetic Society.

A total of 165 participants from 25 countries attended the meeting and more than 32 faculty colleagues contributed.

Many varied topics of aesthetic surgery were covered by many lecturers. The program was divided into 9 specific sessions: face; rhinoplasty, stem cells, fat grafting, and regenerative surgery; breast (2 sessions, including the latest on ALCL and updates on recent innovations/long-term results from the leading breast implant brands); quality of life and patient complaints; and patient safety, including morbidity and mortality in combined/high-risk procedures in aesthetic surgery; postbariatric (MWL patients) and body contouring surgery; practice management; and aesthetic medicine.

Through the wide variety of topics covered and high number of lectures per faculty member, critical thought processes were enhanced and discussion was stimulated,



Attendees and faculty of the 3rd Norwegian-American Aesthetic Surgery Meeting celebrate a successful symposium with a photo. They hope you'll join them in October 2021!

allowing our colleagues to reflect and come up with new ways of thinking.

“Mini panels” were newly introduced this year, in which speakers had their own panel

discussions, allowing more time for dialog and debate.

The traditional faculty/congress dinner took place on October 25, where new and old friends, colleagues, and faculty members, as well as exhibitors who showed great support of the plastic surgery community, enjoyed dinner together.

Amin Kalaaji, MD, PhD is an aesthetic surgeon at the Oslo plastic surgery clinic, President of the Norwegian Society of Aesthetic Plastic Surgery, and Chairman of the 3rd Norwegian-American Aesthetic Surgery Meeting.

The 4th Norwegian-American Aesthetic Surgery Meeting (NAAM4) will be held on October 29–30, 2021. More information is available at www.naam.no.



Have You Mistakenly Unsubscribed from Aesthetic Society Emails?

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!

DOES YOUR PRACTICE NEED A PROFITLIFT?



Dr. Rich Castellano,
The Smile Doctor

Discover the exact Profitability Systems
Dr. Rich used to take his practice from near
bankruptcy to almost \$5 Million in 2019.
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"What's amazing Rich, you revealed a fun and effective way to connect with my staff. We learned a lot and it has fundamentally changed my practice skills. My team are so jazzed now we had 5 consultations closed in one day! I know the cost of the Practice Profitability System is so modest for all your time and expertise. Loved the unique and smart scripts. It was very enlightening for me to remember the power emotion has on the care we give and that being genuine is the core of what being a doctor is all about. Thanks for being a great mentor and coach!"

Larry Fan, MD | Harvard Trained Plastic Surgeon | San Francisco, CA



Dr. Rich, I wanted to thank you on how we are beginning to transform the consistency of the mood in my office. I appreciate your endeavors to identify methods to help energize my office and establish tools for training to maintain an improved office culture. Your approach is entertaining and enlightening, and we are bringing your online training to our entire office. This approach focusses on important concepts that we often take for granted. We look forward to continuing our work with you!

Alex Digenis, MD | Plastic Surgeon | Louisville, KY



Dr. Rich's 4 hour CME Training at The Aesthetic Society's Meeting in New Orleans was well attended!

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Membership 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. The Aesthetic Society is the premier aesthetic society, dedicated solely to aesthetic education, and we don't require membership in any other in order to become an Aesthetic Society member. As long as you meet our requirements, you can apply for membership today!

Myth: The Aesthetic Society's 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 Aesthetic Society 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 Aesthetic 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!

Membership FAQs

DO I HAVE TO BE A MEMBER OF ASPS TO BE A MEMBER OF THE AESTHETIC SOCIETY?

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

HOW MANY SPONSORS WILL I NEED?

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 Aesthetic Society Active/Life Member that knows you well. Each sponsor will need to complete the sponsorship form on your behalf. International applicants must have one Aesthetic Society Active/International Active or Life Member sponsor, and the other must be a member in a national plastic surgery society acceptable to The Aesthetic Society, or from an ISAPS member in their country.

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.

Apply for Active Membership
Next Deadline July 1, 2020

WHAT WILL FULFILL THE MEETING ATTENDANCE REQUIREMENT?

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

- The Aesthetic Meeting (The Aesthetic Society's Annual Meeting)
- The Aesthetic Society's Facial and Rhinoplasty Symposium
- The Biennial Aesthetic Cruise
- Experienced Insights: Breast and Body Contouring—An Aesthetic Society 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

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

NEW: ONLINE APPLICATION

Complete your application from start to finish 100% online
surgery.org/apply



PRACTICE SOLUTIONS

How to Create the Kind of Marketing Momentum You'll Love

By Candace Crowe, President, Candace Crowe Design

Does your schedule dictate the direction of your practice or do you “steer your own ship”? By taking the time now to do some analysis, brainstorming, and planning, you can make 2020 your best year yet, all in 4 hours or less.

A downloadable marketing planner for 2020 has been added to the Practice Solutions Library on RADAR. There you can also watch the full 30-minute video interview. You could even call this your goal setting plan for 2020 since marketing drives sales and sales drive cashflow and cashflow determines your business' future.

Our planner is divided into four 1-hour sessions to give you time to ponder between the sessions. It is in the in-between time that you'll find some of your best ideas.

It's important to remember that creating the plan, doesn't mean you need to stick to it perfectly. Things happen, plans changes, it's ok. The benefits of planning are the new ideas you'll generate and an increased ability to adjust when things happen.

GETTING STARTED: SESSION ONE

Schedule an hour with yourself and a designated helper. Find a comfortable quiet place where you can be alone with your thoughts. Think about who you know that could help you achieve these goals. Do you have a natural writer in your practice? Someone who loves to take photos and videos? Be sure they have at least 5 hours a week they can devote to marketing tasks.

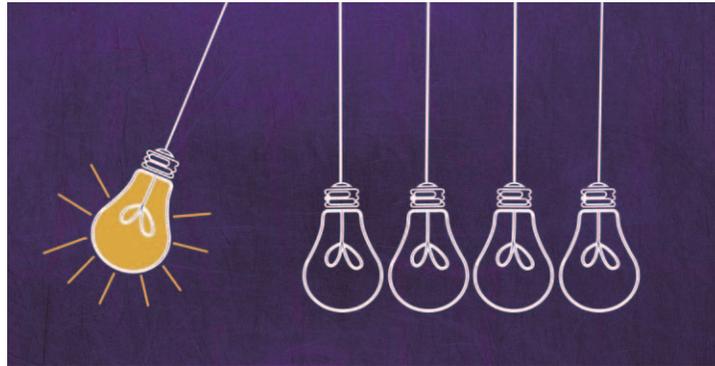
Reach back in your thoughts to recall your most successful marketing activities. Write them down as they come to you. Then list any new ideas you think of. Don't judge them. This is an exercise in brainstorming so no idea is a bad idea. Be sure to ponder on these thoughts before you do your next session.

EVALUATE: SESSION TWO

Together with your designated helper, do the evaluation in your workbook. In order to keep this a “doable” project, I've simplified it so you'll have to be intuitive about how you decide. Trust your intuition, you'll be fine. During this session you will identify what to focus on so that you drive the direction of your practice.

CREATE YOUR PLAN: SESSION THREE

If you're reading this, you are a high achiever. So to help make your plan something that can really be accomplished, I recommend using this



You could even call this your goal setting plan for 2020 since marketing drives sales and sales drive cashflow and cashflow determines your business' future.

monthly KISS formula: if it fits on a 5 x 7 index card it is more likely to be accomplished.

Review your seasonal procedures and treatments. Start filling them in a month to 6 weeks in advance in the outline and strategy section of your planner. As you review your plan, check to see that you are spending 80% of your focus on your top 3 surgical and non-surgical procedures and 20% on promotions.

IMPLEMENT: SESSION FOUR

Review and put tasks into a Google Calendar (assign), implement and enjoy the power of strategic momentum. Make sure to schedule periodic review meetings to make sure you're accomplishing your goals and adjusting when you need to.

Now that you've completed your planner, trust your work. You know where you want to take your practice and have a good idea of how to get there. Each month will build on the last and it won't take long before you're enjoying tangible results.

Recently I was asked to share our 4-Hour Marketing Planner as a recorded interview and downloadable pdf that has been placed in the Practice Solutions Library on RADAR. There you can also watch the full 30-minute video interview.

Call me and let me know if it helped or what suggestions you have to improve it. Laugh, smile, tell a joke... get in a good mood every day. I promise it will improve your marketing.

Candace Crowe has worked with aesthetic practices throughout the U.S. and Canada since 1999. A graduate of Florida State University, she has a deep calling to innovation and art. Her company has developed seven industry firsts, the latest being “The Artist Series” for Advantage Play digital signage.

Candace regularly speaks at the major national and international aesthetic industry meetings, and writes articles for both print and online publications.



A downloadable marketing planner for 2020 has been added to the Practice Solutions Library on RADAR.



How to Capitalize on Google’s Entire Search Results Page

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

At some point in the last decade, you have probably heard the expression “content is king.” Bill Gates coined the phrase in an essay he wrote in 1996. As it turns out, he knew what he was talking about.

Gates might not have mentioned search results specifically, but he was right about the gravity he placed on content’s role in driving web success. Good content is the only way to get your business noticed on the vast expanse that is the internet. More than two decades after Gates wrote that essay, content—specifically, content that is optimized to play well with search engines—is still king.

Search engine optimization allows you to tap into the collective curiosity of the people who are interested in your space. For plastic and cosmetic surgeons, this means you have the opportunity to engage with anyone who looks up any of the procedures you perform the moment they become curious about it.

But you aren’t going to get there without taking deliberate steps. Your content can’t just read well and be compelling; it also needs to be structured in a way that tells Google your content is more useful than any of the other content out there on the web. It needs to know how to take advantage of all elements of a search engine to take up real estate on the front page of the search results.

BASIC SEARCH ENGINE OPTIMIZATION

There are building blocks to becoming an authority on Google and other popular search engines. The most fundamental of those building blocks is writing content that answers questions clearly and concisely. But the only way you can answer the public’s questions is to figure out what they are asking.

Keyword research is the most fundamental part of optimizing content for the web. Without it, you won’t get very high up on any search engine’s results page. Including keywords in your content signals to Google that your page discusses the topic the searcher is interested in. Using those keywords properly and strategically in meta descriptions, titles, headers, and other aspects of your pages increases the likelihood that someone will stumble onto your website and into your office for a consultation, thus converting into a valuable patient.



There are building blocks to becoming an authority on Google and other popular search engines. The most fundamental of those building blocks is writing content that answers questions clearly and concisely.

ADVANCED SEARCH ENGINE OPTIMIZATION

There are 6.3 billion search terms being typed into Google every day, according to Databox. The only way to assign your website to the relevant queries is to get under the hood and set up a “structured data code” for your content. This means assigning small pieces of code to each piece of your content that tells Google what the section is about. If you are writing a paragraph that lists seven benefits to using endoscopic procedures, Google needs to know that you are setting up a list and that the list includes benefits.

Videos, FAQs, blogs, and prices are other content elements that can be intentionally curated and labeled to match search queries. It might be difficult to focus on every element every time you make a page or a post, but choosing one to three of these elements based on your organization’s strengths is a good starting point for building your online presence.

This is also a good opportunity to optimize your content for other search engine page elements like Google’s featured snippet. The featured snippet is the large box that quickly answers a question someone searched. It can be found at the very top of search results, effectively creating a position zero in the search engine above all the other search results.

But this position doesn’t necessarily play by the same rules that the rest of the search engine does; you have to tailor the content a little differently to earn this spot. This practice is called On-SERP SEO. Content built for elements like the featured snippet must have all of the building blocks like keyword implementation and structured data code, but it must also go an additional step by structuring the content for that specific feature.

This could mean answering a popular question like “how expensive is a breast augmentation” with the proper formatting or creating a list of ways to prevent poor scarring.

Even if you aren’t ranking well on Google’s search engine results for something like “rhinoplasty,” you could still take up the featured snippet slot for that term and earn a huge bump in traffic. This traffic increase can improve your authority on Google and the position of your other pages on search engines, leading to even more traffic and, ultimately, patient growth.

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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Connecting Offline Goals to Online Strategy

By Ryan Miller, CEO Etna Interactive

One thing you know as a plastic surgery provider is that a cookie-cutter approach seldom produces the best results. That's why you get to know your patient, ask questions, learn about their priorities and concerns, and develop a plan that delivers the results that make them happy.

The same is true of cookie-cutter approaches to online marketing. They rarely deliver the caliber of results you hope for, and they often leave you questioning their value. Effective marketing is strategic marketing, and the unique realities of your practice should dictate your marketing approach.

A TALE OF TWO PRACTICES

To better understand this, consider the stories of 2 different single-doctor plastic surgery practices, both of which reached out to our digital marketing firm on the same day:

Dr. X was an established plastic surgeon, 1 to 2 years away from retirement, when his personal circumstances abruptly changed. He lost half his nest egg virtually overnight, forcing him to push back his retirement. He had been winding down, operating at about 55% of his peak, and hadn't invested in marketing for years. His immediate priority was to ramp back up to peak scheduling quickly and sustain that workload so he could replenish the coffers and retire in 5 years.

Dr. Y was a plastic surgeon just starting out. She was trying to grow her business by doing her own marketing, mostly on social media. She had some success building a following for rhinoplasty, but she was struggling to fill her appointment book. In contrast to Dr. X, she had a tight marketing budget but a much longer outlook, and was looking to grow her practice in a way that was sustainable over an extended time horizon.

Both practices came to us with the same question: "How much do you charge for social media?"

Any marketing agency worth its salt would tell these vastly different clients that (1) social



Effective marketing is strategic marketing, and the unique realities of your practice should dictate your marketing approach.

media may not be the best first investment for your practice, and (2) rarely is there a single solution that will meet all your business goals.

What each of these surgeons desperately needed was a strategy, and a partner who would develop a marketing plan customized to address their practice's complex and nuanced marketing challenges.

BEYOND COOKIE-CUTTER MARKETING

If you're seeking targeted, strategic online marketing that delivers measurable results, you can start by initiating a deep dive into the specific insights that inform a more effective marketing approach. Be sure to lead the conversation by candidly discussing the following:

REVENUE GOALS

What is your specific revenue target for the next year? How does that compare to your current revenue? The scale of your ambition will influence the scale of your marketing activity. A practice hoping to grow \$1M will need very different marketing than one aiming for \$100K in growth.

CAPACITY

Who in your practice has availability and needs to be busier? How much can each provider reasonably take on? Often those providers with capacity are most productive within specific service lines. Ensure your provider availability influences service targeting.

SERVICE LINES

Which procedures do you want to promote? What is the profit margin on those procedures? Do you have a laser platform or other technology that is underutilized? Even saturated practices can shape demand. Identifying the procedures that bring you the greatest profit or fulfillment can help you build the practice of your dreams.

TARGET MARKETS

Which cities do you want to reach? Are you narrowly targeting your own back yard? Does growth mean attracting patients from adjacent markets? Your digital marketing channel selection will be greatly influenced by the proximity and number of distinct geographic regions you need to target.

TIME HORIZON

Is there an urgency to achieving your growth goals, or are you looking for slow, steady, and sustainable? Tactics such as search engine optimization require months to mature, while paid advertising can be activated immediately.

What each of these surgeons desperately needed was a strategy, and a partner who would develop a marketing plan customized to address their practice's complex and nuanced marketing challenges.

Continued on Page 53

COSMETIC PATIENT ATTRACTION PLAN FOR 2020



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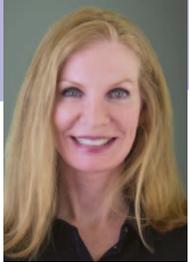
Catherine Maley

Catherine Maley, MBA
Author, *Your Aesthetic Practice*
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How to Grow a Cosmetic Practice into a Sellable Asset

By Catherine Maley, MBA

A typical plastic surgeon is frustrated regularly because the responsibilities they have for being a great surgeon are not enough anymore.

You must become a good leader and manager and business owner. Yikes!

In order for you to run your practice like a profitable business versus just a job you've created for yourself, there are 4 core principles that take you from pain to profits in a lot less time and with a lot less headaches:

CORE PRINCIPLE #1: TRANSFORM YOUR STAFF INTO A TEAM OF ROCK STARS

One of the most important abilities to master is to transform your staff into your dream team of rock stars.

It all starts with a strong vision of leadership...

However, most surgeons are only managers, and there's an important difference between "leadership" and "management."

Management is a bottom-line focus: How can I best accomplish certain things?

Leadership deals with the top line: What are the things I want to accomplish?

If you are only "managing" your team, then you only have "staff." But if you provide leadership and vision, then your team gets aligned with YOUR purpose.

They will LOVE working for you and making you money, because they know where you are going and they want to be a part of it because it'll affect their lives as well.

CORE SUCCESS PRINCIPLE #2: STRATEGIC MARKETING AND PLANNING

The most successful plastic surgeons I know aren't looking for a hot opportunity to change their practice. They are STRATEGIC.

Instead of chasing shiny objects that turn out to be distractions and timewasters, they create a strategic business plan and a well thought out marketing machine that focuses on what REALLY brings in patients and revenues.

Then, they use patience to stick to the plan. Rather than jump from one opportunity to another, they let their plan work for them to bring in a steady stream of patients.

CORE SUCCESS PRINCIPLE #3: SET STANDARDS SO YOU DON'T COMPETE ON PRICE

Rather than compete with price-slashers, successful practices set new standards for the patient experience that strategically attracts "the right patients."

The "right patients" who are more than happy to pay premium price for the skills, expertise, connection and the experience you offer.

It's the patients who keep coming back for more cosmetic procedures because they consider you to be the BEST choice and rave about you to their friends and family.

The secret is to change your focus to how much that one procedure is worth to you vs. what is the LIFETIME value of NOT ONLY that procedure but the countless OTHER procedures you get when that patient returns again and again and refers their friends and family.

It's long term practice growth through relationships versus short term transactions that lead to nowhere.

CORE SUCCESS PRINCIPLE #4: CREATE A PRACTICE YOU CAN SELL FOR MILLIONS

Imagine for a minute you owned the perfect plastic surgery practice.

What would it look like?

If you're like most surgeons, your perfect business model would be:

- Completely run by your team
- Organized and systemized
- A great place to work that attracts top talent
- Built on satisfying loyal patients and turning them into raving fans
- Rake in at least double the average industry profit
- Growing in size and consistently growing your personal wealth
- Give you complete freedom and flexibility
- Be fun to own without the headaches that often come with being the business owner

Basically, you would have a practice that you enjoy going to every day AND/OR that is attractive to other surgeons to buy if you want to exit.

But if you're like most surgeons, your current reality isn't at all like you dreamed it would be.

The average surgeon is overworked. Stressed out. Underpaid. They have little life outside their practice because they feel out of control and worry about their practice 24/7.

That means surgeons are not happy with their practice, staff, patients, or the money they are making. But they stay in business, doing what they know how to do because they don't know how to fix their problems. They don't know how to make their practice work for them as opposed to them working for their practice.

But here's the good news.... once you install formalized systems inside your practice, you'll be able to show anyone you bring on in your practice exactly what is expected.

You'll be able to trust them to do their job properly.

You will be free from constant, full-time supervision, micromanaging, and continuously having to give directions which frees up your time to grow your practice.

The net result, with systems, means you'll make more money and have more fun with less stress. Your practice will be efficient, fast, productive, problem-free, and profitable.

The "right" patients will notice your quick execution of detail, your consistent reliability, and the congruency between what you say and what you do.

And that's how you go from merely surviving the stresses of running your practice to peace of mind knowing you are have a well-oiled machine that allows you to enjoy your own interests and spend quality time with your family.

Catherine Maley, MBA is a cosmetic practice consultant, speaker, trainer, blogger and podcaster. Her popular book, "Your Aesthetic Practice/What Your Patients Are Saying" is read and studied by plastic surgeons and their staff all over the world.

She and her team specialize in growing plastic surgery practices using creative patient attraction, conversion, follow up and retention strategies as well as staff training to turn team members into converting rock stars.

Visit Catherine for Free resources at www.CatherineMaley.com or Instagram [@catherinemaleymba](https://www.instagram.com/catherinemaleymba).



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Are These Three Weaknesses Lurking in Your LLC Or FLP?

David B. Mandell, JD, MBA and Jason M. O'Dell, MS, CWM

Over the past two decades, thousands of aesthetic surgeons have established limited liability companies (LLCs) or family limited partnerships (FLPs) to own real estate, for asset protection purposes, or as part of an estate plan. In fact, our firm has reviewed the documents of hundreds of such LLCs and FLPs created for physicians by many different law firms across the country.

Unfortunately, in our experience, most physicians' LLCs and FLPs are not as protective as they believe them to be because their controlling agreement is missing key provisions, or they have not maintained the entity properly on an annual basis.

In this article, we will discuss three common weaknesses we have seen in physicians' LLCs and FLPs. In some cases, we have seen more than one of these problems surface. Even one weakness, however, could be enough to threaten all of the benefits the entity is designed to provide.

NOT MAINTAINING ALL FORMALITIES ON AN ANNUAL BASIS

We mention annual formality compliance first because it is probably where most physicians fail with regard to their entities. Simply put—if you are not having at least an annual review of the following areas (and this is a partial list), then the entity may not get the respect from the law if it is ever challenged. Such annual compliance should include at least:

- Filing of annual state forms and federal/state/local tax forms;
- Annual meeting and minutes;
- A review of all relevant insurances, contracts, leases, etc. in the name of the FLP or LLC;
- Reports to managers or general partners from members/limited partners;
- Update(s) to LLC or FLP agreement language based on any relevant legislative or case law changes;



- Gifting program, if applicable, including assignments and gift tax filings; and
- Additional requirements based on specifics to your entity's circumstances

LANGUAGE IN OPERATING OR PARTNERSHIP AGREEMENT

An LLC or FLP is only as protective or tax beneficial as its language dictates, and we have found that many physicians' LLCs or FLPs are lacking in this area as well. Let's use an analogy of a will. First, you want the will to be valid from a legal perspective with proper signatures and witnesses etc. This is precisely the weakness of many LLCs and FLPs, per above, regarding their ongoing legal requirements. Even if that aspect is properly managed, the LLC or FLP (like a will) is only as effective as the language in its operational document. A will might dictate that all assets go to one family member, to all family members or all to charity. Similarly, an LLC or FLP may or may not be written to maximize

discounting for gift tax purposes, and it may be written for solid protection against outside lawsuits—or not.

Regarding lawsuit protection, there are several key provisions that an LLC or FLP should have. We will describe just two of them here.

Language on Distributions

If a physician wants their LLC or FLP to effectively provide a solid shield for LLC/FLP assets against outside lawsuits; then proper language regarding distributions is critical. It is especially important that the language not lock in the LLC manager or managing member or FLP general partner to make distributions evenly. This can be problematic if there is ever a lawsuit or judgment creditor against the physician and/or other LLC or FLP owners. Nonetheless, in the typical LLC and FLP "form" agreements we have reviewed over the years, this problematic language is the standard boilerplate. This can be a significant weakness and may undermine the entire purpose of the entity for the physician and his/her family.

Language on Involuntary Transfers

In our estimation, more than 75 percent of the LLC and FLP agreements we have reviewed do not have adequate provisions regarding involuntary transfers. In other words,

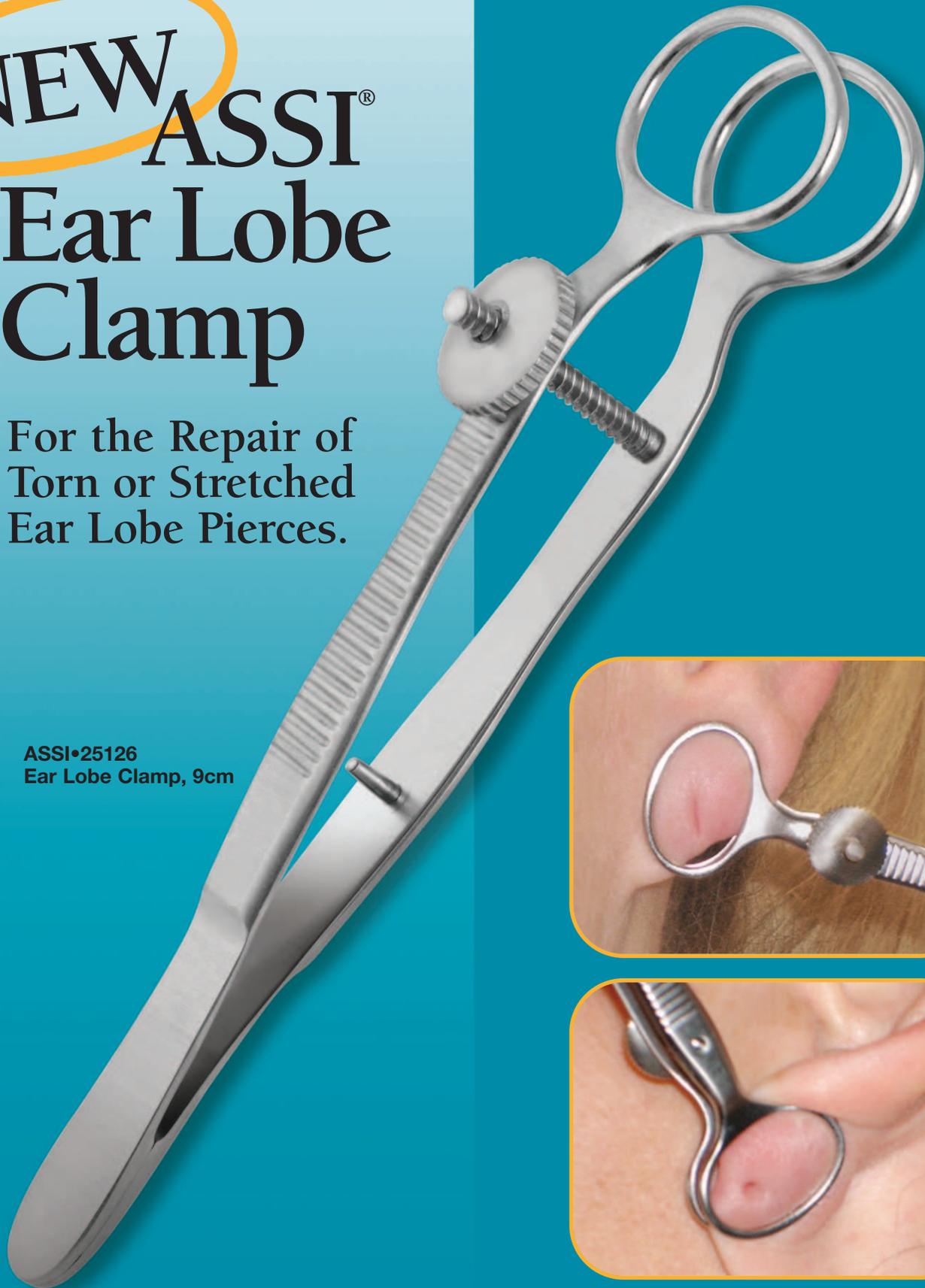
Unfortunately, in our experience, most physicians' LLCs and FLPs are not as protective as they believe them to be because their controlling agreement is missing key provisions, or they have not maintained the entity properly on an annual basis.

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Are These Three Weaknesses Lurking in Your LLC Or FLP?

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what exactly are the rights of a judgment creditor (i.e., successful lawsuit plaintiff) against an LLC or FLP owner's interests? Often, the only LLC or FLP language related to this issue concerns the ability of the owner to transfer their interests voluntarily—and may be quite permissive. If this is the only language related to the issue, a judge may very well interpret that permissiveness to allow a successful plaintiff to become an owner, have voting rights, and even to take control of the LLC or FLP. Even worse, if the LLC or FLP is completely silent on the issue, then the judge has even more leeway.

Ideally, an LLC or FLP defines exactly what occurs in the event of a judgment creditor getting a court order against an owner's interest, or similar involuntary type of transfer. The language should not only define what circumstances give rise to the clause but also restrict the rights of such an involuntary transferee to the greatest extent of the relevant statute. This language is crucial to take advantage of the strongest "outside risk" protections that an LLC or FLP can afford. Without it, the entity is certainly not ideally protected.

SUB-OPTIMAL JURISDICTION

In the case where the LLC or FLP will own personal property that can be held in any state (i.e., securities portfolio), as opposed to an asset that is fixed in one location (i.e., real estate), one has a choice to create the entity in any of the 50 states. There are a few top states from a protection perspective, and state fees and taxes should also be considered. For some physicians, estate tax planning may determine that other states are preferable. Regardless, the important point is that an LLC or FLP does not need to be created in the client's home state and should be positioned properly depending on the entity's purpose.

CONCLUSION: MAKE SURE YOUR LLC OR FLP IS STRONG

LLCs and FLPs can be fundamental tools for business planning, asset protection planning, family wealth planning, estate planning and more. Nonetheless, these tools are only as strong or weak as their operating documents and ongoing compliance management. If you have any of these entities in place, make sure that you have them reviewed by experienced experts. The authors welcome your questions.

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Disclosure:

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Connecting Offline Goals to Online Strategy

Continued from Page 47

These inputs should influence the approach you and your marketing team take to your online marketing. In developing your strategy—the tactics you will implement to achieve your specific goals—you and your marketing team should discuss considerations such as:

- Which online channels will work for your specific needs? Vague line items like social media and SEO aren't magic bullets.
- What assets do you have at your disposal? A robust photo gallery? Engaging video content? Compelling digital testimonials? If you don't have some or all of these, you may want to discuss a plan for cultivating assets.
- What human resources does the practice have available to provide marketing support? Is there someone in the practice with the time and the skill set to help coordinate and amplify your marketing efforts?
- How is your online reputation? If there are challenges, improving reputation needs to be a part of the strategy.

STRATEGIC LEADERSHIP: THE KEY TO A BETTER RESULT

After this deep dive into your practice's unique circumstances and challenges, your marketing team will be able to develop specific and measured objectives that coherently align with and support the larger practice goals. The nagging feeling that your marketing budget is being spent haphazardly will be replaced by a sense of empowerment and accomplishment as you begin to make progress toward your goals. And the best part of it all? Knowing that the secret to effective online marketing is not elusive—or expensive. You already have the information you need to lead your practice in developing a marketing strategy that gets great results.

As CEO of the online marketing firm Etna Interactive, Ryan Miller has more than 15 years of experience leading digital strategy hundreds of aesthetic practices across North America.



5 Ways to Increase Your Average Transaction Value (ATV)

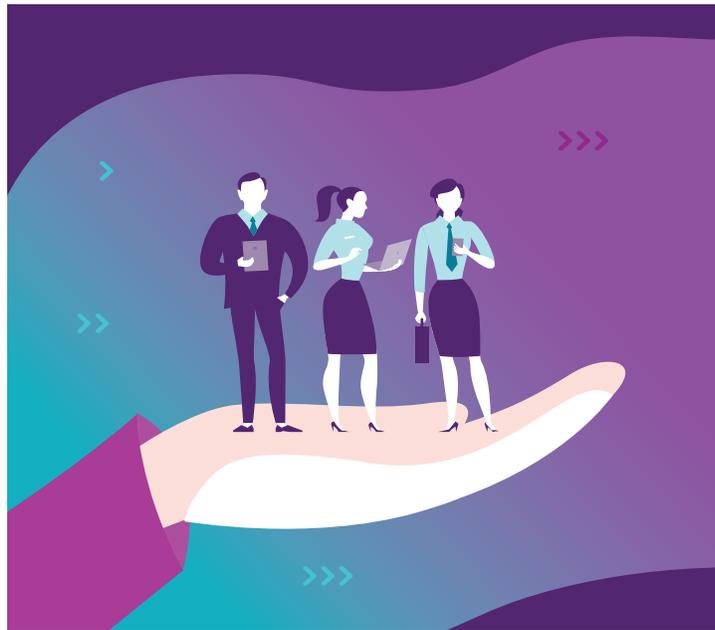
By Wendy Lewis

As plastic surgeons, it takes time to get comfortable with the idea of optimally monetizing what you do. Since most of the services Aesthetic Society members provide are not reimbursable, it has become imperative to pay close attention to your bottom line.

Increasing revenue is on the top of the priority list year over year for most practices. Of course, attracting new patients is important to aim for because patients drop off all the time for myriad reasons, often having nothing to do with your quality of care. Without new patients to replace the drop-off rate, there may not be enough patients coming through the door to increase revenue from treatments and products. However, maintaining your current patients and encouraging repeat treatments is equally vital.

One way to get your practice to be more profitable is to increase your Average Transaction Value (ATV). Retailers and spas have long mastered this strategy for increasing their business. Simply put, this means introducing tactics to increase the average ticket of each patient visit. Thus, rather than just tracking your overall sales increases by month, quarter or year, take a deeper dive into how much each patient is spending in your practice.

2020 marks the beginning of new decade in which every patient counts, and every treatment should count towards boosting your bottom line. So, introducing strategies to make more money with less patients can be an efficient and affordable way to keep your practice in a growth cycle. Your ATV is the average dollar amount that a customer spends with you within one single transaction or visit. Therefore, for a patient who has a facelift/bleph4 and pays \$12,000 yet comes in for suture removal and checkups for the next year, the ATV is still \$12,000 because those visits are included in the original fee. However, if that same patient also invests in professional



It costs five times more to attract a new customer, than it does to retain an existing one.¹

skincare, toxins, fillers or resurfacing treatments to maintain her results, that ATV can be measured on a per visit basis.

Your ATV is simply sales over a given period divided by the number of transactions over that same period. This will fluctuate of course over certain days and times of the year. For example, Friday may be your highest dollar day since patients may look forward to having the weekend to recover or deal with bruising and swelling.

This does not necessarily reflect how many patients you see, but rather how well you service each of them. If you are very busy or at capacity, your ATV may be lower because the staff does not have much extra time to spend with patients and upsell. However, a well-trained and motivated staff may have the ability to hit your target ATV on slow days when there are only a handful of patients on the schedule by upselling higher value add-ons. The goal is to aim for quality over

quantity; doing more on less patients and billing more for each one.

Let's do the math. As a starting point, consider these variables:

- Cost of acquisition of a new patient (i.e. the marketing \$ you are spending to bring in one new lead that converts into a paying patient).
- Average ATV per patient in your practice currently (i.e. what is the average \$ amount each patient spends per visit or treatment, depending on how you are calculating it).
- Calculate the total revenue that comes in on a typical day or week and divide it by the number of patients seen during this period.

Let's say that your current ATV is \$500, which might be a toxin treatment for the glabella and an eye cream. Armed with this data, you can set a new target and implement strategies to reach that goal. Clearly, this will depend on the whole practice. Your ATV is not just a reflection on how many patients you see in a given period, but also about how well your practice services them. If upselling is handled optimally, it can also be a way to give your patients better outcomes and improved customer service. For example, wouldn't

Your ATV is not just a reflection on how many patients you see in a given period, but also about how well your practice services them. If upselling is handled optimally, it can also be a way to give your patients better outcomes and improved customer service.

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5 Ways to Increase Your Average Transaction Value (ATV)

Continued from Page 54

you rather have resurfacing patients using a post procedure regimen that you select rather than going to Costco to pick up a vat of petroleum jelly?

Boosting your ATV is an ideal way of increasing the bottom line and assuring the long-term success of your practice. If you think of it this way, just introducing each new patient to your professional skincare or a peel series can increase your profits and passive income that your practice can generate while you're in Las Vegas for The Aesthetic Meeting 2020 or in Cabo for a long weekend break.

It gets harder every year to bring more patients in the door. I talk to many board-certified plastic surgeons with a dozen or more years of training and top credentials who are unable to charge a consultation fee anymore because patients either won't pay it or no one else in the market is charging for consultations. Therefore, if you're going to invest your time to see patients for free, and they are already in your practice, it seems only reasonable to make every effort to add more value to those patients coming in. This, in turn, will be more profitable than continually looking for more foot traffic. Furthermore, not every patient you attract from marketing who comes in for a "free consult" is going to spend a bundle in your practice, and no-shows for free consults are very frequent. It's always a gamble.

HERE ARE 5 STRATEGIES TO TRY TO INCREASE YOUR ATV

1. Bundling and add-on sales

Never assume that patients know everything you offer. How many times have you seen a patient come back for a surgical follow-up and you notice immediately that she has had her lips injected? It is entirely possible that she didn't know that you do fillers too and went somewhere else. If she had known, perhaps she would not have wandered. Think of it the way retailers do; do you want your clients to purchase just a jacket or a skirt, or do you want them to get the whole outfit in one go? The best way to increase ATV by add-on sales is to keep current patients aware of everything you do.

2. Design an incentive program for staff

Set up challenges for your sales teams to keep them motivated to sell more. They are the biggest part when it comes to increasing the average sale per person. When your staff

is dedicated to spending extra time with patients, keeping them motivated will have the residual effect of having happier patients. Find out if your aestheticians, nurses and other staff members feel comfortable approaching patients to have more treatments. They may also not know what the best add-ons may be and are reluctant to start the conversation. If you're not sure, training or retraining may be helpful periodically rather than once a year or just when new people join the practice. Familiarize yourself with your daily reports and analyze them to identify who is helping to raise the ATV and who may need some retaining. The ATV leaders can share their success strategies and help to train other staff members. Once everyone raises their ATV, your overall ATV will increase and the whole practice will benefit.

3. Motivate patients with a great experience

The longer each patient actually stays in your practice, the greater chance that he or she will read your marketing promotions, ask questions, see products that catch their eye, and will be motivated to spend more. Creating appealing customer experiences and surroundings where patients actually like to spend time is essential. For example, I was recently given an invitation described as a "Free facial at Natura Bisse at Bergdorf Goodman." Sounds nice, right? It was really a mini treatment at the counter intended to encourage me to purchase a regimen of luxury skincare products. Beauty retailers have used this tactic for decades. In fact, Estee Lauder is credited as the mother of the ubiquitous "Gift with Purchase" model and she built an empire on it.

4. Trigger impulse purchases

Visual merchandising is the strategy retailers use to build value for customers. For example, point of purchase displays stimulate impulse buys. You know those little items you find in every Nordstrom's by the register? You're standing in line waiting to pay, and at every step along the way there are baskets and displays of small additions that you may have forgotten you need, like lip gloss, breath mints, phone chargers, etc. These are placed strategically to encourage shoppers to throw a few in their cart while they wait. The same concept can be used in an aesthetic practice.

5. Loyalty programs, subscriptions, and memberships

Loyal patients tend to spend more in your practice because they have established a certain level of trust in you and your services because they were satisfied with the treatment they received. Sending personalized offers and special invitations to events and seminars can increase the chances that of a one-time client coming back and turning into a loyal customer who refers her friends and family.

Consider the payment methods you currently offer. Since cash is hardly used anymore, offering digital payment options is important to give your customers a more convenient and seamless experience. Apple is the penultimate example; you can pay for your technology from your mobile device without taking out your wallet or waiting in line.

DO YOU WANT FRIES WITH THAT?

Sound familiar? McDonald's built a business worth 31.5 trillion dollars² by incorporating this strategy.

In many cases, staff members just may not think about offering additional services or products at checkout because they are too busy or distracted. Consider identifying a handful of standard add-ons that can be offered to the widest range of patients and that will add value to their experience. For example, make an attempt to ask every patient if they're all set with sunscreen, or if they're ready to book their next injectable treatment before they leave, or try a mini-treatment of something new you are launching, or if they have 15 minutes to see the makeup artist or aesthetician for a consultation. These strategies encourage patients to spend more time in your practice and experience additional products and services.

Strive to have some sort of sales booster that your staff can utilize often, and make sure they know what it is and how best to deliver it. Having too many add-ons or "upsells" in retail speak can be confusing and may make patients feel that it's a hard sell.

SET TARGETS AND REWARD STAFF

Increase your ATV by setting a target for the whole team to aspire to as a group. Determine what your goals are for the week,

Continued on Page 59

Performance KPI Reports

Are you looking to gain deeper insights into your practice? The Aesthetic Society's Aesthetic Neural Network (ANN), now offers users access to carefully curated Key Performance Indicator (KPI) reports. Each report has been carefully designed to help you and your team focus efforts toward meaningful and realistic goals. Make sure to check out the two NEW reports and take your reporting to the next level!

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Do you know which months of the year should have more physician extenders on staff based on need? This report will help you see which non-surgical treatments are in high or low demand throughout the year.



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Do you know how your numbers are trending long-term? Use the Long-Term Growth report to identify yearly trends and use your knowledge of your practice to help keep the line graph climbing.



Web Lead Follow Up Requires Right Staff and Skill

By Karen Zupko

You've spent tens of thousands on a custom web site that's strategically designed to get potential patients to contact you. When they fill out your website inquiry form, what happens next?

From poorly written emails to long response times, results of our firm's mystery shopping projects indicate a whole host of things can go wrong. All of them can take a bite out of your bottom line and brand. You can't convince people that you deliver a lux, five-star experience if you can't reply to inquiries professionally and promptly. If you convey an upscale digital brand, but deliver a poor follow up experience when prospective patients submit inquiries, you risk losing those patients you've invested so dearly to acquire.

A solid web lead follow up plan requires the right people with the right skills doing the right things at the right time.

SUFFICIENT STAFFING AND STRUCTURE

If you have assigned web inquiry follow up to the two staff who are also expected to answer the phone, schedule appointments, greet and say goodbye to patients, and prepare paperwork for each patient on the schedule, I can almost guarantee the web inquiries will get relegated to the bottom of the list.

In most practices, the person or people answering inquiries rarely see it as a priority item on their job description. During a visit to a noted plastic surgeon's office, I found the receptionist, preparing charts, answering calls as first phone, greeting new patients and checking others out. Answering web inquiries was the last thing on her list of "must do's." She told me she saves that "for his surgery day."

The way a practice is staffed and structured makes a big difference. Ask yourself:

1. Who is reading the incoming inquiries?
Does the person have the right skills?
2. What's the typical response time? Does this vary by day?

3. Are we staffed so we have time to thoughtfully read and reply?
4. How are we tracking web inquiries against the appointment schedule to determine whether these patients book consultations or treatments?
5. What's the protocol when the person who typically answers inquiries is on vacation or sick? Is the back-up staff appropriately trained and given the time required to reply?
6. Who is checking the inquiries on Friday afternoon?

ESSENTIALS OF A QUALITY RESPONSE

It takes skill and time to nurture prospects that come through website inquiry forms. It's different than talking with patients and answer questions by phone. Often, there are back and forth email threads over the course of a few days or weeks, before the patient schedules a consultation. As more and more people find and contact you through digital channels, web inquiry nurturing requires just as much finesse as a phone conversation.

Here are the essentials of getting it right.

Right person. You can create processes and provide response templates, but if you don't have the right person managing the web inquiries, you won't be successful getting these leads to schedule. In one practice, the staffer in charge had mediocre writing skills and no sales skills. Her idea of attracting the prospect into becoming a patient was attaching a PDF about the procedure. These skills gaps cost the surgeon many consultation appointments.

Timely. A study of online sales indicated that many companies are too slow to follow-up on these leads.¹ The researchers' audit of 2,241 companies showed that 37% responded to their lead within an hour, 16% responded with one to 24 hours, and 24% responded in more than 24 hours. 23% of the companies never responded at all.

Our mystery shopping experience with plastic surgery offices finds similar results. We sometimes send four inquiries to some practices before receiving a reply. Some practices respond within an hour, some within a day or a few days, and others take a week. *Many never respond at all.* Try inquiring after lunch on a Friday, and good luck getting anything back until the following Monday or Tuesday.

Ideally, your team should respond within an hour or two. An auto-responder can fulfill the expectation of a fast reply before your staff sends a more personalized one. As the name implies, it automatically replies to a potential patient's web inquiry by triggering an email after they submit it. Customize the copy with a short, personal note that thanks the person for their interest, and explains one or two of your unique service propositions (USPs). This helps sell your value from the first contact.

Savvy practices schedule more than one message in the auto responder, parsing information about the surgeon, patient testimonials, and practice benefits in bites. If you haven't set up an auto responder, contact your web developer to discuss implementation.

What if you're not staffed to reply within two hours? Structure the team so the response goes out as quickly as possible and for sure by the end of the day—or within the first hour of the following day, for late afternoon inquiries. If you are in a competitive market it may be worth the investment to pay staff to reply to inquiries over the weekend.

Well written. I think many surgeons would be surprised at the poorly constructed prose that's being emailed to prospective patients. Spelling and punctuation still count. Even in a digital world. Make sure the person you put in charge of web inquiries is skilled in all of these—and uses spellcheck and grammar check.

Discerning. In one office, the patient care coordinator gets the lead and immediately calls the patient if they've included a number. While this is fine for an older patient cohort, younger patients generally don't like talking on the phone. A text response would likely be better with that population. The point is that the staff must look for clues in the note or take a cue from the procedure being inquired about to determine how best to communicate.

As more and more people find and contact you through digital channels, web inquiry nurturing requires just as much finesse as a phone conversation.

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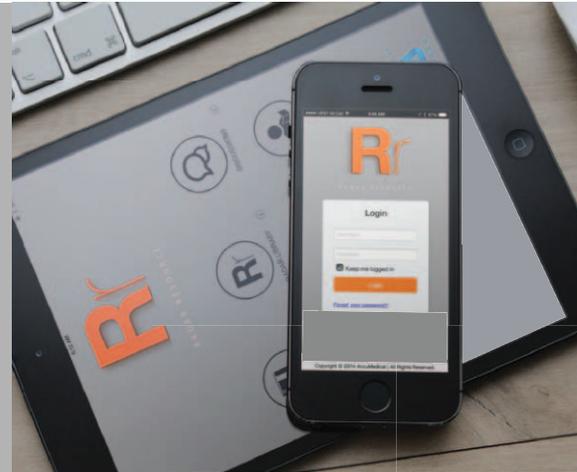
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How Do I Choose an Insurance Company and What Sort of Policy Should I Have?

By J. Brian Boyd, MD

Web Lead Follow Up Requires Right Staff and Skill

Continued from Page 57

Many plastic surgeons going into practice do not realize that there is a fairly wide choice in malpractice insurance. When shopping around it will become clear that premiums can vary significantly from one company to another. You may choose a medical malpractice policy the way you select an automobile policy: you can take a colleague's recommendation, you can use an insurance agent, or you can simply shop around yourself. Most experienced physicians would recommend seeking a company that is professional, responsive and ready to alleviate the twin burdens of fear and guilt from the shoulders of their client. It is gratifying to be reassured that you are not alone, and that there are friendly, yet highly qualified, specialists waiting to defend you and allow you to go on practicing medicine. The best recommendations usually come from surgeons who have been defendants themselves!

Broadly speaking there are two types of insurance policy: *claims-made and occurrence*. The former provides insurance coverage for claims resulting from services provided within the policy's period of coverage and that are reported during the

period of continuous coverage. If the individual changes his or her insurance company, claims arising from services during the period of coverage yet reported *after* its termination are **not** covered. You can purchase this coverage from your next insurance company, or, to deal with this situation, the surgeon can purchase a *tail endorsement which enables a claim to be covered after termination of the professional liability policy*.

An *occurrence policy*, on the other hand, covers claims made not only during the period that the policy is in effect but also claims resulting from incidents that occurred in that period that are reported after the policy terminates. A tail endorsement is unnecessary here, but a *nose policy* may be required to cover incidents occurring during a previous *claims-made* policy period and reported after its termination. Generally, occurrence policies are more expensive than claims-made policies.

For additional information on protecting your business please contact Chris Edge at cedge@amsmanagementgroup.com or 866-461-1221x301

Personalized. Results of our mystery shopping show that many staff don't respond to our specific questions in the inquiry. Instead they tell us to "go to the website," and don't include the convenience of providing a link to the direct URL that would take us to the answer.

You will set yourself apart by the simple act of training staff to read and respond to the patient's questions.

Not all questions need a specific response. But concerns such as scarring after abdominoplasty, do. What's your protocol? Anesthesia is another concern that deserves more than the rote response, "*you will meet with the anesthesiologist the morning of surgery.*" This is a common, unhelpful answer we frequently receive from our mystery shopping efforts. It's a sign that the staff person skimmed the potential patient's note looking for a few key words—then provided general information instead of personalizing the response by answering the patient's question more thoroughly. A better response to the anesthesia question might be, "*After the consult we can arrange for you to consult with the anesthesiologist who has worked with Dr. Wonderful for 10 years.*"

If you're saying to yourself, "responding like this takes more time"—you're right. But so do well-managed phone calls during which staff answer patient questions and build rapport. And, taking the time to answer the patient's question sends a message that your staff is listening and empathetic—both of which will garner more consult appointments. The point: if you are not factoring in the right amount of time required for staff to review and respond thoughtfully to web inquires, you are missing a big opportunity.

Karen Zupko is president of KarenZupko & Associates, Inc. The firm has been advising and educating aesthetic plastic surgeons and their staff for 35 years.

1. Source: <https://hbr.org/2011/03/the-short-life-of-online-sales-leads>

5 Ways to Increase Your Average Transaction Value (ATV)

Continued from Page 55

month or quarter. For example, a 20% increase in facial injectables or a 10% rise in rhinoplasties, etc. Obviously, it will be easier to increase the lower priced procedures faster vs. major surgeries that are more costly and take more planning. Keep the staff apprised of how the practice is doing at regular intervals to foster a team spirit. Offer a bonus to the staff member who increases their ATV the most or sells the most of a specific treatment or product over a given timeframe. It does not have to be big but rather something they will appreciate, like a gift card. You may also reward the whole staff for doing well with a special lunch or spa day.

Everyone loves to be acknowledged for doing good work, and sometimes the

recognition is more important than money or perks. Never underestimate the value of "thank you" or "well done" comments to boost morale.

Wendy Lewis is President of Wendy Lewis and CO Ltd, <http://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)

1. <https://bit.ly/2YR7xoK>
2. <https://bit.ly/36AGQHN>

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Does Your SEO Strategy Need a Checkup?

By Keith Humes, CEO Rosemont Media

As a plastic surgeon, you know the importance of regular checkups and health evaluations following aesthetic surgery. Not only do these visits help ensure treatment went as planned and that patients are maintaining optimal health, they can also assist in identifying and/or preventing certain—potentially serious—conditions before symptoms begin to manifest.

Just as your patients need routine examinations, the same can be said for your search engine optimization (SEO) strategy following implementation. **With the world of Internet marketing consistently evolving, recurrent evaluation of SEO tactics is imperative to ensuring your website sustains the highest level of performance possible.** Furthermore, thorough checkups can also help diagnose issues imperceptible to the untrained eye that may negatively impact your online marketing plan now and in years to come.

One such issue that can be identified with an SEO checkup is the use of low-quality links, including those within your website as well as those directed to your site from outside sources. Although you may have once heard linking to your site every chance you get is a great way to boost search engine rankings, this is not the case anymore; not all links are created equal, and some may actually be more harmful than helpful. In fact, Google's Penguin update—which first rolled out in 2012 but remains alive and well today—is designed to impose Google Penalties and/or Manual Spam Actions on websites employing low-quality or shady link strategies. This can be highly detrimental to your online visibility and rankings.

Another underlying problem that can be detected with an SEO strategy checkup is the presence of spammy and/or low-quality content on your website. If your site contains old, stale content that's not of much value to readers, Google's ever-evolving Panda update (initially launched in 2011) may be hot on your trail to bump your listing down the ranks in



Just as your patients need routine examinations, the same can be said for your search engine optimization (SEO) strategy following implementation. Furthermore, thorough checkups can also help diagnose issues imperceptible to the untrained eye that may negatively impact your online marketing plan now and in years to come.

favor of sites with greater substance—that's assuming it hasn't already impeded your quest to appear in the top search results.

Lastly, much like a medical exam, an SEO evaluation can also help identify ways to improve an otherwise "healthy" SEO strategy. For instance, factors like site speed and website security play roles in search engine ranking, both of which can be assessed during a routine checkup. Additionally, an analysis may reveal your rankings could be boosted by equipping your website with a responsive design that enhances the viewing experience on smartphones and tablets. While most websites today are "mobile-friendly," that doesn't necessarily mean they are user-friendly. A properly built responsive website should provide a seamless, easily accessible experience across virtually all digital platforms, without sacrificing any elements that make your website unique, informative, and beautiful—all of which Google rewards in more ways than one.

SCHEDULE AN SEO CHECKUP FOR YOUR SITE

Maintaining top-quality local SEO, video optimization, public relations strategies, linking opportunities, and all other aspects of your practice's online performance requires care and attention to ensure the best possible exposure. Rosemont Media, LLC offers an entire website performance analysis that can determine the effectiveness of your current Internet marketing campaign. If you think it's time for your website to receive an SEO strategy checkup, please don't hesitate to contact Rosemont Media today at www.rosemontmedia.com/asaps. Also, check out Rosemont Media's educational blog—the Rosemont Review—at rosemontmedia.com for the latest on how to position yourself for success in the world of SEO.

Keith Humes is Founder/CEO of Rosemont Media, LLC, a San Diego based digital marketing agency. As the founding Aesthetic Society Alliance Partner, the firm has helped numerous members successfully navigate the rapidly evolving digital marketing landscape with innovative and effective SEO strategies, social media optimization, and customized website development.

A properly built responsive website should provide a seamless, easily accessible experience across virtually all digital platforms, without sacrificing any elements that make your website unique, informative, and beautiful—all of which Google rewards in more ways than one.



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Legal Hors D'Oeuvres

By Bob Aicher, Esq.

Apparently many of you are busy and when you have questions, you prefer short answers when possible. Since my last column did just that, here are *More Short Answers to Short Questions*.

Q. Can I require my employees, including physician employees, to sign non-compete agreements?

A. Yes, in over half of the states, though courts will limit enforcement if the prohibition lasts too long or over too wide a geographical radius; in the other half, you can require employees to acknowledge that your patient list is a trade secret, and that all patient records belong to you and not the employee.

Q. Can I require my patients to assign to me the copyright for their blogs or posts?

A. No; in 2017 the Consumer Review Freedom Act made pre-operative intellectual property assignments illegal.

Q. How big a refund will make my patient go away?

A. Less than you think, provided a lawsuit hasn't yet been filed. I haven't yet heard of a patient turning down cash, even when it is only the surgeon's fee, but make sure the release contains an anti-blogging waiver contained within a privacy clause so she doesn't take your money, then trash you on Yelp.

Q. Can I buy my toxins and fillers through non-US distributors?

A. Yes, since parallel importation is ok, but FDA will regard your use of those products as illegal because the package warnings won't be FDA approved, and thus misbranded, for the US market. If something goes wrong, your use of non-FDA approved products will be game over at trial, because patients can't consent to your use of illegal products.

Q. Should I get informed consent for off-label uses, such as cosmetic implants in a 20-year-old?

A. Yes. Even though off-label uses of drugs, devices and biologics are legal, they aren't FDA approved, so best to explain all that before something goes wrong.

Q. Does HIPAA require encrypted e-mails?

A. No, but you are expected to take reasonable steps to safeguard protected health information. Encryption is one way, and so is getting the patient's permission to e-mail ahead of time, but the best practice is to not include PHI in e-mails. Use the phone instead.

Q. Do I have to contact my malpractice carrier every time I receive a refund demand from an unhappy patient?

A. No, as long as the demand is coming from the patient and not from her lawyer. Also, if you settle with the patient out of your private funds and not with money from your professional corporation or malpractice carrier, you don't have to report the settlement to the National Practitioner Data Base.

Q. Can I be a guest surgeon overseas?

A. Yes, provided you have obtained any required temporary license to practice medicine (in Germany it's called a *Berufserlaubnis*). Also, don't accept verbal assurances: make sure you have malpractice insurance guaranteed in writing by the institution sponsoring you.

Q. Can I advertise procedures at 50% off?

A. Yes, provided you have recently charged patients full price, otherwise your competitors can file a charge of false advertising with your medical board.

Q. Can I fire my patient without referring her elsewhere?

A. Yes, provided the procedure was purely aesthetic and she is fully healed, otherwise you will have to refer her for continuing care.

Q. Can I donate my procedures?

A. Yes, but if it's a raffle, only donate procedures that don't require an incision (injections are ok). Regardless whether it's a raffle or a silent auction, include conditions that you reserve the right to require an in-person consultation and take a medical history so as to determine whether the winner is a suitable patient.

Q. Must I update a father about his son's medical status if the father threatens to "whoop my ass" if I don't?

A. No. Don't share medical information with family members unless the patient has given consent, but immediately file a police report and have your lawyer send the father a nastygram. Bullies only respect strength, so now's not the time to play nice.

HB 2119—Opioid Death (partial) Solution: Mandatory EPCS

HB 2119 is Kansas's attempt to slow the opioid crisis by mandating electronic prescriptions for controlled substances (EPCS), which can be tracked and will make it more difficult for patients to fill the same prescription at more than one pharmacy. The law comes with 8 exceptions, one being economic hardship and technological limitations, so to give prescribers plenty of time to comply, this law doesn't take effect until July 1, 2021.

Kansas is not unique in this legislation. For years the goal has been to bring states into closer alignment with federal law (21 CFR 1311.120), but federal EPCS law is not mandatory. States are free to make electronic prescribing for controlled substances mandatory, so some are as the opioid crisis escalates.

Retail pharmacies have readily embraced EPCS, whereas private prescribers have barely adopted the technology, leading to abysmal EPCS use rates across the nation <https://surescripts.com/docs/default-source/products-and-services/data-brief-prescriber-pharmacy-adoption-of-epcs.pdf>. Private prescribers understandably are concerned about the cost of implementing yet another technology without government support, but the public health need is considerable.

Even with all 50 states by 2015 having adopted discretionary EPCS, the opioid crisis continues unabated. Currently, New York mandated EPCS in 2016, with Pennsylvania mandating EPCS use on October 24, 2019. Arizona, Iowa, Massachusetts, North Carolina, Oklahoma, and Rhode Island will mandate EPCS on January 1, 2020, and now Kansas on July 1, 2021. California will mandate EPCS for all medications, not just opioids, on January 1, 2022.

Don't be surprised if your state is next; mandating EPCS nationwide will be the next logical step to stem the escalating incidence of opioid overdose and death.



The Straight & Narrow

By Joe Gryskiewicz, MD

Question

Hi Joe,

Things are a little crazy since the Biocell recall by Allergan. Our colleagues are all over Instagram stating that safety is important and that's why they have never used textured implants. Then there are the BII concerns. Why don't we as plastic surgeons ever stick together? Everyone is trying to make themselves look better and get more business. Then I see letters like this:

"Dear Patient's First Name,

Recently, there has been news and attention paid to a rare condition called ALCL caused by a specific type of breast implant. As of this date, all ALCL cases have been associated with textured surface implants. The textured surface that has been produced by Allergan company (called Biocell) has been most predominantly associated with ALCL.

Allergan is one of the three primary breast implant manufacturers and its implants are marketed under the Natrelle brand. Their implants were also formerly known as Inamed and McGhan. You can find the list of the implants recalled in the official press release, attached here. I personally want to assure you that none of my patients in the last 19 years have had a textured implant inserted, and that I have never used Allergan breast implant products.

If you do know friends who have the implants in question, I would be pleased to see them and discuss implant removal or exchange if they are concerned.

*Best wishes to you,
Dr. ----"*

Joe, is this letter an ethical violation?

Answer

At the beginning, the letter opens with factual content, which is indisputable. The tone seems concerned and caring to me. Then the eauthor goes on to state that he has never used these implants. This statement should alleviate anxieties. I agree with you that the subtext says "I didn't screw up like some of my colleagues" which implies "therefore, I am superior." In the middle of the letter the author includes some factual information. Keep in mind patients may have their own implant labels from McGahn or Inamed. This is very helpful. All in all, there may be a subtle hint of superiority here.

Our Code of Ethics reads on this:

3.01 Unethical Publishing

(b) Examples of unethical publishing include, but are not limited to:

14. Claiming superiority in skills or services

Since this doctor isn't directly claiming any superiority, only implying it, then our Code of Ethics isn't triggered. Then the letter solicits patients' friends (non-patients) based on their friends' fears that they may have the dreaded implants he carefully avoided using. This raises two issues: fear and solicitation. Our Code of Ethics addresses these as:

3.01 Unethical Publishing

16. Appealing to a patient's fears, anxieties or emotional vulnerabilities.

The letter closes with a blatant solicitation, which may violate our Code:

3.09 Solicitations

A member shall not engage in uninvited solicitation of potential patients who, because of their circumstances, are vulnerable to undue influence, manipulation, or coercion.

I really think it would be more appropriate to refer the patients' friends back to their original surgeons. In my office when we see patients operated on elsewhere, we always encourage them to return to their primary surgeons. I do a lot of secondary breast surgery, and believe me, I give patients every opening to go back and see their original doctors.

To avoid fear mongering, a gentler approach might be a letter like:

Have an ethics question
for Dr. Joe?
Email ethics@surgery.org

BIA-ALCL is not breast cancer. It is an uncommon but treatable type of non-Hodgkin's lymphoma that can develop around breast implants. To date, there have been no confirmed cases of BIA-ALCL in women who have had only "smooth surface" breast implants or tissue expanders. Due to the low risk of developing BIA-ALCL, the FDA does NOT recommend women with textured breast implants have them removed unless they are experiencing symptoms. The most common symptom is a collection of fluid around the implant or swelling, but symptoms may also include pain, a lump in the breast or lymph node in the armpit, rash, fever, weight-loss or unexpected changes in breast shape, including asymmetry. Your health and safety are always my top priority. Women who develop BIA-ALCL and are diagnosed in the early stages are usually cured by removing the implant and the scar tissue surrounding it. Some patients with more advanced disease may require additional treatment (such as radiation or chemotherapy). Please see the ASAPS website for additional information.

As I stated in my previous column, I would argue you have a duty to scour your patient addresses and inform them of the goings-on. A recall is serious business, so I believe our members should leave no stone unturned to notify their patients of this development. It is important to give your patients a balanced report about exactly what the recall means.

Plumping one's self up, appealing to patient fears or blatant solicitation is to be avoided.

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 Aesthetic Society 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.



CULTURE OF SAFETY

Putting Patient Safety First Benefits Everyone

Patient Satisfaction. Performance.
Revenue. Referrals. Efficiency.

The Aesthetic Society's Patient Safety Committee would like to remind you that an increased focus on patient safety leads to enhanced surgical performance and efficiency. When a surgeon puts safety first, patients are better satisfied, resulting in more referrals, which ultimately impacts your bottom line.



Serotonin Syndrome

James Fernau, MD
Chair, The Aesthetic Society's Patient Safety Committee



Serotonin syndrome (SS), also known as serotonin toxicity, is a potentially life-threatening condition resulting from having too much serotonin in your body. This can be the result of illegal drug use, medications, or dietary supplements. Symptoms can range from mild to severe, depending on the level of serotonin in the body (*Table 1*). At best the signs and symptoms of serotonin are unpleasant; at worst, they can require intensive medical treatment. Rare occurrence and resemblance to other conditions makes it difficult to diagnose.

Serotonin (5-HT) is a chemical produced by the body that helps to regulate mood, social behavior, sexual desire, appetite, digestion, memory, sleep and much more. Serotonin is commonly thought to be a neurotransmitter but some consider it to be a hormone (often referred to as the 'feel-good hormone' of the human body). As a neurotransmitter, serotonin carries signals between nerve cells. It is produced in the intestines and the brain, but is also present in the central nervous system and blood platelets. As a result, serotonin is believed to influence a wide range of psychological and bodily functions. In the brain, serotonin is formed from tryptophan, stored in the presynaptic terminal of a neuron and released into the synapse where it acts on serotonin receptors on the postsynaptic terminal. It is degraded by monoamine oxidase in the presynaptic terminal.

The incidence of adverse drug reports with serotonergic drugs is increasing. More than 85% of physicians are unaware of the existence of serotonin syndrome. Poly-medicine is pandemic in our society.

Antidepressants are indicated for the treatment of depression or anxiety disorders. Although analgesic mechanisms are not fully understood, some antidepressants are prescribed off-label to treat problems such as chronic pain, low energy, and menstrual symptoms. Antidepressant use in chronic pain is especially promising for providing nonopioid analgesia in the face of a nationwide opioid crisis. Knowing which medications patients are on, over-the-counter remedies, supplements, and drugs of abuse may just save your patient's life.

The most commonly used antidepressants in one study were: sertraline hydrochloride

Headaches
Shivering
Goosebumps
Heavy Sweating
Restlessness
Agitation
Dilated Pupils
Confusion
Diarrhea
Rapid Heart Rate
Hypertension
Muscle Rigidity
Loss of Muscle Coordination
Twitching Muscles

Table 1: Symptoms of Serotonin Syndrome

(Zoloft), citalopram hydrobromide (Celexa), fluoxetine hydrochloride (Prozac), trazodone hydrochloride (Desyrel), escitalopram oxalate (Lexapro), and duloxetine hydrochloride (Cymbalta). A complete list of drugs that can potentially cause serotonin syndrome are listed in *Table 2*.

Serotonin syndrome can occur if you combine an antidepressant medication with certain pain medications, such as opioids (e.g. fentanyl). There are increasing reports of serotonin syndrome occurring after surgery, including plastic surgery cases. Moreover, plastic and cosmetic surgery patients are a potentially susceptible group. In one study 33.6% of cosmetic patients and 46.3% reconstructive patients used at least one psychoactive drug. This is well above the average quoted at 12%. Serotonin syndrome can last for 24 hours in mild cases and in more severe cases it can take two weeks to return to normal.

Patients who have serotonin toxicity are likely to present with one or more symptoms of a triad of neuromuscular, autonomic and mental status changes (*Table 3*). Mild symptoms include nervousness, insomnia, nausea, diarrhea, tremor and dilated pupils. These can progress to moderate symptoms such as hyperreflexia, sweating, agitation, clonus (rhythmic muscle spasms), and ocular clonus (side to side eye movements). Severe symptoms include temperature greater than 38.5°C

(101.3°F), sustained clonus or rigidity, confusion, delirium, rhabdomyolysis and eventually unconsciousness and death (*Table 4*).

Serotonin syndrome typically occurs when a patient takes two or more drugs that elevate serotonin levels through different mechanisms, but the syndrome can occur with the use of individual agents. Mechanisms that cause serotonin syndrome include increased serotonin production, inhibition of serotonin reuptake, inhibition of serotonin metabolism, increased serotonin release, and stimulation of serotonin receptors. Certain drugs may affect serotonin levels through more than one mechanism. Serotonin syndrome also can occur when the metabolism and elimination of a serotonergic drug are altered. Mechanisms of action and their causative agent(s) are listed in *Table 5*.

Serotonin syndrome is found among people who take drugs with ingredients of lidocaine, especially for people who are female, age greater than 60, take folic acid, and have deep venous thrombosis. Drugs with ingredients of lidocaine include: Alphacaine, Dentipatch, Lidocaine, Lidoderm, Ztlido.

CLINICAL SIGNS AND SYMPTOMS

Clinical symptoms of serotonin syndrome typically develop within 2 hours of an increase in dose or the addition of a serotonergic drug. Approximately 75% of affected patients experience symptoms within 24 hours. Confusion about symptoms may be responsible for the difficulty in assessing the actual incidence of serotonin syndrome. Agitation is a cardinal symptom of serotonin syndrome, and it occurs to some degree with most SSRIs. The Hunter Serotonin Toxicity Criteria are recommended for diagnosing serotonin syndrome (*Table 6*).

A triad of clinical features characterize serotonin syndrome:

1. cognitive or mental-status changes (e.g., agitation, confusion, delirium, hallucinations, hyperactivity, hyper-vigilance, hypomania, pressured speech);
2. neuromuscular abnormalities (clonus [spontaneous, inducible, or ocular], hyperreflexia, increased muscle tone and spasms, restlessness, rhabdomyolysis, rigidity, shivering, tremor); and
3. autonomic hyperactivity symptoms (diaphoresis, diarrhea, fever, flushing,

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Serotonin Syndrome

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<p>SSRIs</p> <p>Citalopram (Celexa) Fluoxetine (Prozac) Fluvoxamine (Luvox) Olanzapine/fluoxetine (Symbyax) Paroxetine (Paxil)</p> <p>SNRIs</p> <p>Duloxetine (Cymbalta) Sibutramine (Meridia) Venlafaxine (Effexor)</p> <p>Triptans</p> <p>Almotriptan (Axert) Eletriptan (Relpax) Frovatriptan (Frova) Naratriptan (Amerge) Rizatriptan (Maxalt, Maxalt-MLT) Sumatriptan (Imitrex) Zolmitriptan (Zomig)</p>	<p>Miscellaneous</p> <p>Bupirone (Buspar) Carbamazepine (Tegretol) Cocaine Cyclobenzaprine (Flexeril) Dextromethorphan (e.g. Robitussin DM) Ergot alkaloids Fentanyl (Duragesic) 5-Hydroxytryptophan Linezolid (Zyvox) Lithium (Eskalith, Lithobid) L-Tryptophan (Tryptan) Meperidine (Demerol) Methadone (Methadose, Dolophine)</p>	<p>Miscellaneous</p> <p>Methamphetamine (Ritalin) Methylene blue Metoclopramide (Reglan) Mirtazapine (Remeron) Ondansetron (Zofran) Phenelzine (Nardil) Selegiline (Zelapar) St. John's wort Tramadol (Ultram) Tranlycypromine (Parnate) Trazodone (Desyrel) Tricyclic antidepressants Valproic acid (Depakene)</p>
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Table 2: Drugs that have the Potential to Cause SS
 SS: Serotonin Syndrome
 SNRI: Serotonin Norepinephrine Reuptake Inhibitors
 SSRI: Selective Serotonin Reuptake Inhibitor

Neuromuscular	<ul style="list-style-type: none"> Tremor Hyperreflexia Clonus (rhythmic muscle spasms that can be spontaneous, inducible and or ocular)*
Autonomic	<ul style="list-style-type: none"> Mydriasis (dilated pupils) Diaphoresis Tachycardia Tachypnea
Mental Status	<ul style="list-style-type: none"> Agitation Excitement Restlessness Confusion Delirium

Table 3: Signs and Symptoms of Serotonin Toxicity

Irregular Heartbeat
High Fever (greater than 38.5°C/101.4°C)
Seizures
Rhabdomyolysis
Unconsciousness

Table 4: Life-Threatening Serotonin Syndrome Includes

hypotension or hypertension, increased bowel sounds, mydriasis, increased respiratory rate, tachycardia, tearing). Mild serotonin syndrome may have a more subacute or even chronic presentation. In such cases, symptoms might be dismissed by clinicians or not attributed to the medication. A patient who presents with rapidly increasing temperature and muscle rigidity should probably be considered a medical emergency, as progression to multi-organ failure can occur within hours.

DIFFERENTIAL DIAGNOSIS

One of the most important differential diagnoses is the symptoms that result from stopping or starting an antidepressant. There have been several articles written about increased bleeding with antidepressants however the overwhelming conclusions were to not stop the antidepressants prior to surgery. After stopping an anti-depressant, flu like symptoms, nausea, and balance, sensory disturbances, hyperarousal and changes in mood, sleep and appetite are common. When starting an antidepressant or increasing a dose, anxiety, restlessness and irritability for 1–2 weeks is normal. Since serotonin toxicity is drug induced and dose related, an accurate drug history is necessary for diagnosis.

TREATMENT

In general, treatment of serotonin syndrome first involves discontinuing all serotonin enhancing drug(s) and providing the patient with supportive care. This should be done by a trained psychiatrist, not the plastic surgeon. Many mild-to-moderate serotonin syndrome cases are self-limiting and usually resolve within 24 to 72 hours. Resolution of more severe cases will likely take much longer. In such cases, supportive care, drug discontinuation, and administration of medication (e.g., diazepam 5 mg IV to reduce hypertonicity and neurologic excitability) may be sufficient to resolve mild symptoms. Patients with severe symptoms may need sedation, paralyzation, and intubation in the intensive care setting.

Administration of drugs with serotonin antagonist properties, such as cyproheptadine and chlorpromazine, have been utilized.

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Serotonin Syndrome

Continued from Page 67

<p>Increased Serotonin Production: L-tryptophan (Tryptan, or as dietary supplement)</p>	<p>Inhibition of Serotonin Reuptake: Chlorpheniramine (Chlor-Trimeton) Cyclobenzaprine (Flexeril) Dextromethorphan (e.g., Robitussin DM) Meperidine (Demerol) Methadone (Methadose, Dolophine) Pentazocine (Fortral, Sosegon, Talwin NX (with naloxone), Talwin, Talwin PX, Fortwin and Talacen (with paracetamol (acetaminophen)) Sibutramine (Meridia) SSRIs (e.g., citalopram (Celexa), escitalopram (Lexapro), fluoxetine (Prozac), fluvoxamine (Luvox), paroxetine (Paxil), sertraline (Zoloft), venlafaxine (Effexor)) St. John's wort Tramadol (Ultram) Trazodone (Desyrel) Tricyclic antidepressants (e.g., clomipramine, imipramine, amitriptyline)</p>
<p>Inhibition of Serotonin Metabolism by MAO: Isocarboxazid (Marplan) Linezolid (Zyvox) Phenelzine (Nardil) Selegiline (Zelapar) Tranylcypromine (Parnate) Isoniazid (Nydrazid) Rasagiline (Azilect) Moclobemide (Amira, Aurorix, Clobemix, Depnil, Manerix) Methylene blue Metaxalone (Skelaxin)</p>	<p>Increased Serotonin Release: Dextromethorphan (e.g. Robitussin DM) Fentanyl (Duragesic) Meperidine (Demerol) Methadone (Methadose, Dolophine) Methylenedioxymethamphetamine (MDMA or ecstasy) Mirtazapine (Remeron) Tramadol (Ultram)</p>
<p>Stimulation of Serotonin Receptors: Buspirone (Buspar) Dihydroergotamine (Migranal) Lithium (Eskalith, Lithobid) Lysergic acid diethylamide (LSD) Meperidine (Demerol) Metoclopramide (Reglan) Almotriptan (Axert) Eletriptan (Relpax) Frovatriptan (Frova) Naratriptan (Amerge) Rizatriptan (Maxalt, Maxalt-MLT) Sumatriptan (Imitrex) Zolmitriptan (Zomig)</p>	

Table 5: Mechanisms of Action and Their Causative Agent(s)

Cyproheptadine 4 mg orally (syrup or tablets) is the most widely used antidote for serotonin syndrome.

Additionally, because platelets take up and store serotonin, serotonin is essential to normal platelet function. It has been long established that SSRIs, SNRIs, and the tertiary tricyclic antidepressants block the reuptake of serotonin, significantly decrease the serotonin content of platelets and consequently reduce normal platelet function. This effect results in an increase in bleeding during or after operative procedures. Physicians must be aware of this risk. Moreover, the plastic surgeon should not abruptly stop any anti-depressant therapy and this must be discussed with the physician that is prescribing the anti-depressant.

SUMMARY

Severe episodes of serotonin syndrome are generally considered rare with monotherapy; serotonin syndrome is more prevalent with polymedicine, even across medication classes. The physician should be knowledgeable about individual drugs and drug combinations with the propensity to cause serotonin syndrome, the mechanism of action associated

with the syndrome, and common signs and symptoms of serotonin syndrome. The physician should thoroughly examine the patient's medication history: What medication has the patient taken previously? What adverse drug reactions have been previously experienced? What medications are we planning on using on the patient pre-operatively, intra-operatively, and post-operatively? Preoperatively, the physician should ask about depression and anxiety history, verify current home medication list especially any OTC medications, herbals and illicit drug use. Postoperatively, identify high-risk patients, note serotonin enhancing drugs used in the operating room such as fentanyl or methylene blue and maintain a high level of vigilance for any symptom in the PACU. Consider alternatives to common serotonergic agents, such as avoiding redosing ondansetron or avoiding fentanyl administration. An immediate alert of a potential drug-drug interaction should come to mind when providing drug

Spontaneous clonus
Inducible clonus with agitation or diaphoresis
Ocular clonus with agitation or diaphoresis
Tremor and hyperreflexia, or
Hypertonia, temperature > 100.4°F (38°C), and ocular or inducible clonus

Table 6: Hunter Serotonin Toxicity Criteria for Diagnosing SS

therapy, whether it be for pain relief or for anxiety relief prior to surgery. Lidocaine may lead to serotonin toxicity. We must be cautious of our lidocaine dosing when using local anesthesia and/or wetting solutions. For example, if a patient is on two antidepressants and they are scheduled for large volume liposuction, we should consider lowering the dose of lidocaine. It is essential for the physician to apply knowledge of pharmacology of causative drugs and to carry out a risk-benefit assessment. Awareness of serotonin syndrome and education about its effects are vital. All of these factors must be considered to ensure ultimate patient safety.



Have You Felt the MENTOR® MemoryGel® Xtra Breast Implant?



In a blinded comparison 9 out of 10 consumers chose MemoryGel® Xtra Breast Implants as feeling more like a natural breast than the other leading brand.*1



#MemoryGelXtra #MentorBreastImplants #OwnTheDay

*Head-to-head blinded in-person tabletop product comparison (MemoryGel Xtra vs. Inspira Responsive vs. Inspira Cohesive) with 452 respondents. 1. Mentor Consumer Preference Market Research Report - July 2017.

IMPORTANT SAFETY INFORMATION

MENTOR® MemoryGel® Breast Implants are indicated for breast augmentation in women who are at least 22 years old. Breast implant surgery should not be performed in women: With active infection anywhere in their body; With existing cancer or pre-cancer of their breast who have not received adequate treatment for those conditions; Who are currently pregnant or nursing. Safety and effectiveness have not been established in patients with autoimmune diseases (for example lupus and scleroderma), a weakened immune system, conditions that interfere with wound healing and blood clotting, or reduced blood supply to breast tissue. Patients with a diagnosis of depression, or other mental health disorders, should wait until resolution or stabilization of these conditions prior to undergoing breast implantation surgery.

There are risks associated with breast implant surgery. You should be aware that breast implants are not lifetime devices and breast implantation may not be a one-time surgery. You may need additional unplanned surgeries on your breasts because of complications or unacceptable cosmetic outcomes. Many of the changes to your breast following implantation are irreversible (cannot be undone) and breast implants may affect your ability to breastfeed, either by reducing or eliminating milk production.

Breast implants are not lifetime devices and breast implantation may not be a one-time surgery. The most common complications for breast augmentation with MemoryGel® Breast Implants include any reoperation, capsular contracture, nipple sensation changes, and implant removal with or without replacement. A lower risk of complication is rupture. The health consequences of a ruptured silicone gel breast implant have not been fully established. MRI screenings are recommended three years after initial implant surgery and then every two years after to detect silent rupture.

Detailed information regarding the risks and benefits associated with MENTOR® Breast Implants is provided in the educational brochure for MemoryGel® Implants: Important Information for Augmentation Patients about MENTOR® MemoryGel® Breast Implants. The brochure is available from your surgeon or visit www.mentorwllc.com. It is important that you read and understand the brochure when considering MENTOR® MemoryGel® Breast Implants.

OPUS®

Luxe™

round gel implants
by sientra.

High fill, round implants featuring Sientra's exclusive **high-strength** cohesive gel - Achieve a fuller, more dramatic look, with an amazing, natural feel

5 projection levels | 2 surfaces | >250 round implant options



low projection
smooth and textured surfaces
HSC gel
(160 cc - 700 cc)



moderate projection
smooth surface
HSC gel
(190 cc - 700 cc)



moderate plus projection
smooth and textured surfaces
HSC and HSC+ gel
(175 cc - 695 cc)



high projection
smooth and textured surfaces
HSC and HSC+ gel
(190 cc - 700 cc)



Xtra high projection
smooth and textured surfaces
HSC and HSC+ gel
(275 cc - 510 cc)

feel the **sientra** difference for yourself

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

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