— Celebrating 30 Years of ASERF
  Groundbreaking Research

— Save the Date—
  3 Days in Miami Beach

— More than a Machine—Diving into
  Hyperbaric Oxygen Chambers

— The Future of Finance—
  Actions to Take Now

— Tackling Ethical Conundrums

— Analyzing Breast Implant
  Illness Outcomes
GalaFLEX LITE™
See Strength in LITE

GalaFLEX LITE, a lightweight, low-profile P4HB scaffold, designed for anatomical compliance, to provide predictable, restorative strength.

Flex Your Options
GalaFLEX LITE expands your selection of P4HB scaffolds, providing more options to better suit your clinical needs and techniques in plastic and reconstructive surgery.

- Developed from P4HB™, a naturally bioabsorbable polymer
- Results in tissue that is 2X stronger than native tissue
- Designed for anatomical compliance

Real Strength Starts From Within™

www.galateasurgical.com / +1 833 342 2073

Indications for Use GalaFLEX LITE scaffold is intended to reinforce soft tissue where weakness exists in patients undergoing plastic and reconstructive surgery, or for use in procedures involving soft tissue repair, such as the repair of fascial defects that require the addition of a reinforcing or bridging material to obtain the desired surgical result.

Important Safety Considerations Possible complications include recurrence of the soft tissue defect, infection, seroma, pain, scaffold migration, wound dehiscence, adhesions, hematoma, inflammation and extrusion. The safety and product use of GalaFLEX scaffold for patients with hypersensitivities to the antibiotics kanamycin sulfate and tetracycline hydrochloride is unknown. GalaFLEX scaffolds have not been studied for use in breast reconstructive surgeries. The safety and effectiveness of GalaFLEX scaffold in neural tissue and in cardiovascular tissue has not been established. The safety and effectiveness of GalaFLEX scaffold in pediatric use has not been established.

For complete safety information, consult the GalaFLEX LITE Instructions for Use, which can be found at www.galateasurgical.com/ifu.
Aesthetic Society News
Quarterly Newsletter of The Aesthetic Society

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The Aesthetic Society:  www.theaestheticsociety.org
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Send address changes and membership inquiries to:
Membership Department
The Aesthetic Society
11262 Monarch Street, Garden Grove, CA 92841
Email: hello@theaestheticsociety.org

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COMING JANUARY 2023:
THE STATE OF AESTHETICS
Volume 3

YOUR COMPLETE GUIDE TO HOW YOUR POTENTIAL PATIENTS NAVIGATE AESTHETIC PROCEDURES.

EMAIL INFO@NEWBEAUTY.COM TO RECEIVE A LINK TO YOUR COPY!
Dear Members,

This winter and holiday season, I want to take a moment to say how thankful I am for being able to be your President this year and have the opportunity to interact with so many inspiring and tenacious residents, fellows, academic faculty members and private practice aesthetic plastic surgeons. This year is going by so quickly! Before I blink, I’ll be handing the gavel over to friend and colleague Dr. Mindy Haws this April in Miami Beach. We hope to see you there!

I wanted to bring your attention to an educational and newsworthy press release, bit.ly/3Yjp9Ib, that went out recently to bring attention to ASERF’s crucial research on Breast Implant Illness as led by lead authors, Drs. Patricia McGuire and Caroline Glicksman. This is important to be in the public domain, as it sets the record straight on many lay questions raised online. I believe there is value in having a positive conversation about this in our public messaging to combat the negatives related to BII online with articles in mainstream and social media surrounding Danica Patrick and other celebrities.

Continuing on my with grassroots tour, this November I had the honor of speaking to the Houston Society of Plastic Surgeons where I got the chance to visit with local plastic surgeons and visit with one of my favorite Texas legends, Dr. Tom Biggs. I also enjoyed being a visiting professor for the University of Texas Houston Grand Rounds and The University of Texas Medical Branch residents and faculty (see photo with Dr. Linda Phillips, Truman G. Blocker Chair of Plastic Surgery, UTMB).

Many thanks to Dr. Camille Cash for being my parliamentarian this year (see photo), as she breaks barriers in our field and leads our ASERF Externship Task Force for underserved students, bit.ly/3uiQJkY. ASERF’s Externship Program was designed to expose medical students to aesthetic plastic surgery. Externs are matched with board-certified plastic surgeons who will serve as their mentors and will be provided opportunities to assist with research, attend a national meeting, and participate in a five-day observership within their mentor’s practice.

Dr. Cash received 28 applicants for this first time program, exceeding expectations. We would love to find more willing mentors to participate. If you are interested in participating in the Externship program and in being a mentor for a medical student without local institutional access or exposure to plastic surgery, please email me at drwalden@theaestheticsociety.org. On the same note, if you are an industry representative and are interested in becoming a sponsor for this important initiative, please contact me!

Back in October, I traveled to ASPS’ Plastic Surgery The Meeting 2022 in Boston. I attended and audited their Board of Directors meeting and also went their BOD Dinner that evening with Dr. Haws. We all, of course, share similar struggles and victories in the practice of plastic surgery. Areas of more coordinated collaboration have been in recent Joint Advisories on BBL Safety, bit.ly/3FJ0IwF, and our Statement Against Physician Violence, bit.ly/3Fp9eiW. Dr. William Adams has also worked over the past months to bring back the Breast Implant Collaborative Community with key stakeholders from The Aesthetic Society, ASPS, patient advocates, and industry as we communicate cohesively for the house of plastic surgery with the FDA.

Another meeting I went to in Boston was the Oral Examiner Training Course hosted by the American Board of Plastic Surgery. The Board is actively working to increase the number of examiners who are board-certified aesthetic plastic surgeons in private practice since so many of its future diplomats go into private practice and perform aesthetic surgery. We want to ensure representation of our members amongst board examiners, so have recently arranged for the Oral Examiner Training Course to take place at our annual meeting, this April in Miami, as well. If you have any interest in learning more about that process, please reach out to me or Dr. Nolan Karp at nolan.karp@nyulangone.org.

In closing, I wish you the best for a prosperous new year and I’ll see you in Miami Beach!
Important Safety Information

**Indication:** Sculptra® (injectable poly-L-lactic acid) is indicated for use in people with healthy immune systems for the correction of shallow to deep nasolabial fold contour deficiencies and other facial wrinkles.

Sculptra® should not be used by people that are allergic to any ingredient of the product or have a history of keloid formation or hypertrophic scarring. Safety has not been established in patients who are pregnant, lactating, breastfeeding, or under 18 years of age.

Sculptra® has unique injection requirements and should only be used by a trained healthcare practitioner. Contour deficiencies should not be overcorrected because they are expected to gradually improve after treatment.

Sculptra® should not be injected into the blood vessels as it may cause vascular occlusion, infarction or embolic phenomena. Use at the site of skin sores, cysts, pimples, rashes, hives or infection should be postponed until healing is complete. Sculptra® should not be injected into the red area (vermillion) of the lip or in the peri-orbital area.

The most common side effects after initial treatment include injection site swelling, tenderness, redness, pain, bruising, bleeding, itching and lumps. Other side effects may include small lumps under the skin that are sometimes noticeable when pressing on the treated area. Larger lumps, some with delayed onset with or without inflammation or skin discoloration, have also been reported.

Sculptra® is available only through a licensed practitioner. Complete Instructions for Use are available at www.SculptraUSA.com/IFU.

MEETINGS CALENDAR

The Aesthetic Meeting 2023
April 19–23, 2023
Exhibits: April 21–23
Miami Beach Convention Center

The Aesthetic Cruise 2024
June 11–23, 2024

Hawaii Plastic Surgery Symposium
January 21–23, 2023
Waikiki Prince Hotel
panpacific.org

Baker Gordon Educational Symposium
February 9–11, 2023
Miami, FL
bakergordonsymposium.com

The 15th American-Brazilian Aesthetic Meeting
February 16–20, 2023
Park City, UT
americanbrazilianaestheticmeeting.com

Northwest Society of Plastic Surgeons—61st Annual Scientific Meeting
February 18–22, 2023
Whistler, BC
nwsps.org

The Rhinoplasty Society Annual Meeting 2023
April 19, 2023
Miami Beach, FL
rhinoplastysociety.org/meetings

38th Annual Atlanta Breast Surgery Symposium
January 27–29, 2023
The Intercontinental Buckhead, Atlanta, GA
sesprs.org

Dallas Cosmetic Medicine & Surgery
and Rhinoplasty Meeting
March 10–13, 2023
Dallas, TX
dallasrhinoplastyandcosmeticmeeting.com

SOFCEP Congress 2023
French Society of Plastic Aesthetic Surgeons
June 1–3, 2023
Versailles, Palais Des Congrès
chirurgiens-esthetiques-plasticiens.com/congres-sofcep-2/?lang=en

5th Norwegian-American Aesthetic Meeting
October 27, 2023
Oslo, Norway
naam.no
Advancing Aesthetic Surgery for More than 50 Years!

We provide surgeons with the latest and most cutting-edge tools, techniques and resources they need to safely innovate and advance the field of Aesthetic Surgery and Medicine.
The Aesthetic Meeting 2023

Miami Beach, FL
Miami Beach Convention Center
April 19–23, 2023
Exhibits: April 21–23
meetings.theaestheticsociety.org

REGISTER TODAY
Three Full Days of All-Inclusive Programing for One Fee
ARRIVE EARLY AND ADD ONE MORE DAY OF OPTIONAL COURSES!

Nolan Karp, MD—Program Chair

Let’s Connect in MIAMI BEACH!

This year’s Aesthetic Meeting will be filled with unrivaled educational options, many opportunities for in-person interactions and memory-making social activities all set in the beautiful sun-drenched city of Miami Beach!

By now, you should have received your meeting brochure. It’s so easy to register! meetings.theaestheticsociety.org/the-aesthetic-meeting/index.php

ENHANCE YOUR EDUCATIONAL EXPERIENCE!

In addition to the three packed days included with your registration fee, plan to arrive early and take advantage of all the extras Thursday has to offer… Residents and Fellows Forum, cadaver labs, injector competence training, ASERF Premier Global Hot Topics, and so many more specialized courses.

As a reminder, continue to check our website: TheAestheticSociety.org for regular updates.

Bring your swimsuits and flip-flops! We can’t wait to see you in sunny Miami Beach.

REGISTER BY MARCH 1, 2023 FOR EARLY BIRD SAVINGS

THURSDAY, APRIL 20

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<th>Time</th>
<th>Event</th>
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| 7:00am – 10:00am | S1 Nurse Cadaver Lab  
RN/NP/PA ONLY  
Chairs: Charles Thorne, MD  
Stelios Wilson, MD |
| 7:30am – 1:00pm | S2 Endoscopic and Minimally Invasive Techniques for Middle and Upper-Third Facial Rejuvenation – A Cadaver Lab  
SURGEONS ONLY  
Greg Albert, MD  
Grady Core, MD  
Chia Chi Kao, MD  
Kiya Movassaghi, MD  
Renato Saltz, MD |
| 8:00am – 1:00pm | S3 Rhinoplasty Symposium  
Co-Chairs:  
Jamil Ahmad, MD  
Jay Calvert, MD |
| 8:30am – 5:30pm | S4 Medical Life Drawing and Sculpture: The Human Figure  
SURGEONS ONLY  
Grant R. Fairbanks, MD  
Grant A. Fairbanks, MD |
| 9:00am – 3:00pm | S5 Skills for Successful Patient Coordinators  
NO EXHIBITORS  
Karen Zupko |
| 9:00am – 11:30am | S6 Women Aesthetic Surgeons’ Symposium  
SURGEONS ONLY  
Co-Chairs: Anureet Bajaj, MD  
Susan MacLennan, MD  
NO CME |
| 11:00am – 6:30pm | S7 Composite Facelifts Simplified through Modern Understanding of Deep Plane (spaces and ligaments) Anatomy - A Cadaver Workshop  
SURGEONS ONLY  
Chair: Bryan Mendelson, MD |
| 11:30am – 6:00pm | S8 Residents and Fellows Forum  
FOR ALL RESIDENTS/FELLOWS/MEDICAL STUDENTS  
Chair: Kye Higdon, MD  
Vice Chair: Al Cohn, MD  
Endorsed Fellowship Co-Chairs:  
Kiya Movassaghi, MD  
Bradley Calobrace, MD  
NO CME |
| 11:45am – 1:15pm | S9 ASERF’s Luncheon – Spotlight on Research  
Chairs: Caroline Glicksman, MD, MSJ  
David Sieber, MD |
| 12:00pm – 3:00pm | S10 Temperament Theory: Using Science to Improve the Art of Business and Team Relationships  
Josyln Vaught |
| 1:30pm – 6:30pm | S11 Masterclass: Facelift – Planning and Technique  
Timothy Marten, MD |
| 1:30pm – 6:30pm | S12 Premier Global Hot Topics  
Chairs: Jamil Ahmad, MD  
Tiffany McCormack, MD  
Simeon Wall, Jr, MD  
NO CME |
| 2:00pm – 6:00pm | S13 Modern Techniques in Rhinoplasty for Everyone – A Cadaver Workshop  
SURGEONS ONLY  
Chairs: Joe Grysikiewicz, MD  
Robert Gilman, MD |
| 2:00pm – 4:00pm | S14A Physician Extender Injector Competence Training – Level 1 – Understanding the Basics of Injection Techniques with Neurotoxins and Hyaluronic Acid Dermal Fillers  
RN/PA ONLY  
Chair: Z. Paul Lorenc, MD |
| 4:30pm – 6:30pm | S14B Physician Extender Injector Competence Training – Level 2 – Advanced/Combination Injection Techniques with Neurotoxins and the Array of FDA-Approved Dermal Fillers  
RN/PA ONLY  
Chair: Z. Paul Lorenc, MD |
| 3:30pm – 6:30pm | S15 The Ritz-Carlton Leadership Center presents: Brand Differentiating Service – Delivering an Elevated Experience  
Ritz Carlton Speaker TBD |
| 4:00pm – 6:30pm | S16 Patient Coordinator Alums: Overcoming Scheduling Objections  
SPOUSES/RN/PA/OFFICE PERSONNEL ONLY  
Karen Zupko |

For Aesthetic Care Team Attendees
## FRIDAY, APRIL 21

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<tr>
<th>Time</th>
<th>General Session</th>
<th>Aesthetic Team Session</th>
<th>The Aesthetic Arena (located in The Aesthetic Marketplace) (NO CME)</th>
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**FOR UPDATES AND DISCLOSURES VISIT MEETINGS.THEAESTHETICSOCIETY.ORG**

**BOOK YOUR HOTEL EARLY TO ENSURE YOUR FIRST CHOICE OF ACCOMMODATIONS**

We have created a large portfolio of options for your stay in Miami Beach. Each hotel has its own unique story to tell. Please secure your reservations early as this popular destination has limited availability. Shuttle services will be available from the Fontainebleau, Marriott Biscayne Bay, Loews and The 1 Hotel. *(Subject to change)*

**SCAN HERE TO MAKE YOUR HOTEL RESERVATIONS**
## THE AESTHETIC MEETING 2023

**SATURDAY, APRIL 22**

<table>
<thead>
<tr>
<th>Time</th>
<th>General Session</th>
<th>Aesthetic Care Team Session</th>
<th>The Aesthetic Arena (located in The Aesthetic Marketplace) (NO CME)</th>
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REGISTER BY MARCH 1, 2023 FOR EARLY BIRD SAVINGS
### SUNDAY, APRIL 23

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<th>General Session</th>
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#### VISIT THE AESTHETIC MARKETPLACE

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<tr>
<th>General Session</th>
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FOR UPDATES AND DISCLOSURES VISIT MEETINGS.THEAESTHETICSOCIETY.ORG
THE AESTHETIC CRUISE 2024

July 11–23, 2024
Chair: Tim Papadopoulos, MD
Vice Chair: Kristi Hustak, MD

BOOK TODAY!

THE AESTHETIC CRUISE 2024

July 11–23, 2024
Chair: Tim Papadopoulos, MD
Vice Chair: Kristi Hustak, MD

OCEANIA CRUISES — Vista

- Barcelona, Spain
- Palma de Mallorca, Spain
- Saint Tropez, France
- Florence/Pisa/Tuscany (Livorno), Italy
- Olbia/Porto Cero (Sardinia), Italy
- Rome (Civitavecchia), Italy
- Naples/Pompeii, Italy
- Messina (Sicily), Italy
- Istanbul, Turkey
- Bozcaada (Troy), Turkey
- Athens (Piraeus), Greece

CME Available

meetings.theaestheticsociety.org/cruise
Join ASERF at The Aesthetic Meeting!

Stop by the ASERF Lounge and learn more about what’s happening in our 30th Anniversary year, including recently-funded projects, available research and patient assistance grants, the new Externship Program, and our Electronic Data Capture System (SETA). Make a major donation to support 30 years of quality research and education within our specialty.

OPTIONAL COURSES
Additional Fee Required

THURSDAY, APRIL 20

ASERF LUNCHEON SPOTLIGHT ON RESEARCH—S9
11:45am – 1:15pm
Get the latest information on research projects funded through the ASERF grant program, made possible through dues and donations to The Foundation. Watch your peers present their current progress or final results lead by our Scientific Research Committee Co-Chairs, Drs. Caroline Glicksman and David Sieber. Plated lunch will be served.

ASERF PREMIER GLOBAL HOT TOPICS—S12
1:30pm – 6:30pm
Recognized as a “must-see” program each year and lead by Co-Chairs Drs. Jamil Ahmad, Tiffany McCormack, and Simeon Wall Jr, world-renowned surgeons advocate for or against new technologies and surgical procedures which shape the future of the specialty.

SATURDAY, APRIL 22 • 12:00pm – 2:00pm

ASERF CAREER ACHIEVEMENT AWARD
Uniquely passionate about education and incredibly talented, these two influential surgeons will be receiving the 2023 ASERF Career Achievement Award. Join us as we honor James M. Stuzin, MD, and posthumously honor John B. Tebbetts, MD at The Society and Foundation Annual Member Business Meeting Saturday, April 22 from 12:00pm – 2:00pm. Honor their contributions by donating to ASERF at aserf.org/awarddonate.

ASERF SILENT AUCTION
Shop the Silent Auction and find unique products and services for your practice while supporting aesthetic research! Download the Handbid app or visit events.handbid.com/auctions/aserf-auction-2023 and place a bid. Bidding begins on Friday, March 31—watch your email for details!

The Auction officially closes at 2:00pm Eastern on Sunday, April 23.
We’re Not Your Typical Registry.

Previous registries are time-consuming, hard to access, and fail to empower patients with details of their implants and surgical procedure.

Aesthetic One is a quick and easy digital implant registration option, making data accessible to patients and physicians.

Scan the QR code to learn more or register.

Account activation typically requires 1–2 business days.
Available to physicians in the US.
The Aesthetic Society presented Nuances in Injectables for 4 hours on Saturday, October 15. The faculty was gathered live in Dallas, Texas at the beautiful new Plastic Surgery Channel studio. While the camaraderie was strong at the studio, the virtual audience was chiming in with questions and comments about the consultation process, the faculty’s techniques, and patient care. Chairs, Chris Surek, DO and Jackie Yee, MD led a strong and talented faculty consisting of Drs. David Funt, Michael A.C. Kane, Jeffery Kenkel, and Steve Weiner. Arthur Swift, MD provided a wonderful recorded talk sharing his views on the latest developments in aesthetic refinements. It was a great way to spend a small part of our Saturday.

Did you miss it?
You can still see it on demand at surgery.digitellinc.com/surgery/conferences/66/view.
It’s time.

Now your entire staff can be a part of The Aesthetic Society. Beauty. Artistry. Education. Expertise.

To deliver on those pillars, your entire care team should embody them too.

Benefits of Enrolling Your Staff:

• Educational opportunities at The Aesthetic Meeting, including face-to-face and virtual
• Discounted registration fees for meetings and symposia
• Subscription to Aesthetic Society News, with content of interest to the aesthetic care team
• Subscription to RADAR Resource content specific to plastic surgery staff and practice management
• Professional development for staff to grow your practice
• Grow network of like-minded individuals
• Access to dedicated networking opportunities

Learn More and Enroll at:
www.theaestheticsociety.org/medical-professionals/aesthetic-care-team
As Hyperbaric Oxygen Chambers become a household name in post-surgery wound recovery, we had the pleasure of speaking with Lily Daniali, MD on what to look for in a high-quality machine. Here she helps break down the basics, proving that not all HOCs are created equal and showing that the right machine can provide benefits that go beyond post-surgery.

Q: What outcomes are present in using Hyperbaric Oxygen Chambers for Post-Surgery/Scar Recovery?
A: Improved healing, decreased edema, resolution of infections, also specifically very helpful with irradiated wounds.

Q: Does recovery time improve by using this method? Does the effect vary based on; age, ethnicity, or other patient variables?
A: Yes, most definitely. HBO helps optimize any patient’s ability to heal.

Q: Are there risks associated with this device?
A: Ear drum injury/perforation, pneumothorax.

Q: Describe the perfect candidate and are there any surgeries or wound closures that pair best with HBO?
A: Really anyone who has any type of surgical wound or incision that is trying to optimize healing; diabetics.

Q: Anything you’d like to add?
A: I am a plastic surgeon at a level one hospital who also does aesthetic surgery. I am the medical Director of our wound care center as well and trained in hyperbaric medicine. I have been exceptionally impressed with the optimization of healing for the patients that are receiving hyperbaric treatments. It is important for people to know that not all hyperbaric therapies are created equally. There are a lot of soft chambers that are being marketed to plastic surgeons that do not actually bring the patient to the increased atmospheric pressure that is necessary to drive through oxygenation of the tissues. There is no data that demonstrates that the soft chambers are efficacious. All of the studies were done in true hyperbaric chambers that are available in typical medical facilities such as hospitals. It is with these true hyperbaric chambers that one will actually see the improved healing and stem cell mobilization with hyperbaric oxygen therapy treatments. It is critical for members to know about this difference.

Calling all Members!
We would love to hear from your Aesthetic Care Teams. Please encourage them to submit an article to be featured in this quarterly publication Aesthetic Society News. Articles can cover an innovative array of skincare/device methodology used in pre and post op care to improve patient progress and wound-healing results.

info@theaestheticsociety.org
The Aesthetic Society Mission

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.
EDITOR IN CHIEF ANNOUNCEMENTS

We are pleased to announce that in January 2024, Jeffrey M. Kenkel, MD, FACS, will succeed Dr. Foad Nahai as Editor in Chief of Aesthetic Surgery Journal. He has served as the Associate Editor of ASJ since 2009. Dr. Kenkel is the Betty and Warren Woodward Chair in Plastic and Reconstructive Surgery and Professor and Chair of the Department of Plastic Surgery at UT Southwestern Medical Center. He also holds the Rod J. Rohrich, MD Distinguished Professorship in Wound Healing and Plastic Surgery and is the Director of the Clinical Center for Cosmetic Laser Treatment. A transition of responsibilities will begin in 2023 to facilitate a smooth onboarding process. Congratulations, Dr. Kenkel, we look forward to working together under your leadership.

We are also pleased to announce that Al S. Aly, MD will become Editor in Chief of ASJ Open Forum in January 2024, also beginning his transition in 2023. Dr. Aly is a Professor in the Department of Plastic Surgery and Director of the Post-Bariatric Body Contouring Program at UT Southwestern Medical Center. He has also served as the Body Contouring Co-Section Editor for ASJ since 2008. Congratulations, Dr. Aly, we are excited to begin working under your leadership as well.

SIGN UP FOR E-ALERTS

Ready for regular alerts about ASJ and ASJ Open Forum content? Sign up here for e-alerts and don’t miss a single article: https://tinyurl.com/mr2rhbaa.

ACCESSING PAST ASJ JOURNAL CLUB & ASJ GEMS WEBINARS

If you missed a recent ASJ Journal Club or ASJ GEMS webinar, log on to RADAR Resource, access them under ASJ-Videos and watch at your leisure. Thank you to all who joined us this year for the webinars, we appreciate all your support and help in promoting these events.

ASJ AND ASJ OPEN FORUM “ON THE ROAD”

Meeting up with editors, authors, reviewers, and readers at meetings across the world is invaluable. Here we share images from recent conferences PSTM 2022 in Boston, MA and Oxford Journals Day in Cary, NC. We look forward to greeting you personally from the road at one of the next conferences. As always, you can share thoughts and ideas with us at: journal@theaestheticsociety.org.

This esteemed group of authors found out at the meeting their article had been accepted to ASJ. Huge congrats to (top row) Drs. Jason Pozner, Gregory Mueller, Barry DiBernardo, and (bottom row) Drs. Isaac James, Diego Gomez, and David Turer.

PUBLISHING OPPORTUNITIES AND DISCOUNTS FOR OUR MEMBERS

Ready to publish in ASJ Open Forum? Don’t forget to take advantage of a special member discount. Mention this discount in the cover letter when you submit a brand new article and save 50% off the publishing charges in ASJ Open Forum. Ready to make your ASJ article open access? We’ve got a discount for that! Members save 20% off the open access publishing fees for all ASJ articles. Questions? Drop us a line: journal@theaestheticsociety.org.

Continued on Page 23
AESTHETIC SURGERY JOURNAL

INDEXED IN PUBMED CENTRAL AND DIRECTORY OF OPEN ACCESS JOURNALS

Publish your work in the premier open access journal in plastic surgery.

As part of The Aesthetic Society’s family of journals, ASJ Open Forum offers high-quality clinical content, digital and video innovations, and educational resources for practicing aesthetic surgeons. Your work is published rapidly and disseminated globally.

asjopenforum.com
@ASJrnl @asj_openforum
Abby Pugh, Dr. Brannon Claytor, and Phaedra Cress caught up to talk about his upcoming Editorial on cybersecurity.

An all-star group of plastic surgeons and ASJ staff Abby Pugh and Phaedra Cress visit with friend and colleague Dr. Monte Eaves, Founder and Executive Chairman of brijjit. Shown here are: Dr. Jason Pozner, Dr. Barry DiBernardo, and Dr. Brad Calobrace.

President of The Aesthetic Society, Dr. Jennifer Walden and Executive Publisher, Journals, Phaedra Cress share a look at ASN during the meeting featuring Dr. Walden’s cowgirl-themed party in San Diego earlier this year.

Abby Pugh visits with Marie Bonazinga, President and CEO of ASSI, one of ASJ’s long-standing and supportive advertisers.

Oxford Journals Day was a success. Phaedra Cress attended and spent time with OUP publishing professionals, in particular partners Deanna Zarillo, Assistant Publisher, Academic Journals and Executive Publisher Journals, Terry Materese.

Abby Pugh, Managing Editor of ASJ walking the exhibitall hall during PSTM 2022 in Boston, MA.

Abby Pugh, Dr. Brannon Claytor, and Phaedra Cress caught up to talk about his upcoming Editorial on cybersecurity.

ASJ and ASJ Open Forum
Continued from Page 21
AESTHETIC ONE EXCEEDS
25,000
REGISTERED IMPLANTS

590+
physicians saving
time by ditching
papers forms and
faxes

25K+
implants registered
with manufactures
resulting invaluable
research data for the
FDA

14K+
patients given
permanent access
to their implant
details
As surgeons, many of us have experienced an increase in the number of patients requesting removal and/or replacement of breast implants. Data from the Aesthetic Society’s Annual Statistics show that in 2021 there were 365,000 breast augmentations performed. In addition, 148,000 women had implants removed and replaced (+32% from 2020), and 71,000 had their implants removed and not replaced (+47% from 2020). The Aesthetic One app, a free implant registration platform developed by The Aesthetic Society, can help improve decision-making for these patients and their surgeons in the future.

It’s not unusual for a patient needing a revision or replacement to find themselves in the care of a different surgeon than the one who performed their initial implant procedure. Today’s patients are more mobile and often seek care in a different city or state. Recent consumer data has shown that even when they are not relocating, the younger generations are more likely to “physician hop.” Some patients see many different physicians and specialists over the lifetime of their implants. Other patients may seek a revision implant procedure years after their primary operation and their original surgeon has retired.

Whatever the reason, patients may find themselves in the care of a new surgeon, and the problem remains the same. Determining the original implant manufacturer, fill, shell, size, and pocket location becomes a guessing game for the new surgeon. Patients rarely have all of these details, and many don’t even recall the name of their original surgeon, let alone the details of the implants placed.

When assessing a patient for a breast implant revision or replacement, having the proper clinical information is extremely important and can help guide the decision-making for the physician and patient. When an implant is registered with the Aesthetic One app, the patient and physician have permanent on-demand access to all relevant implant and operative data. Every patient whose implant is registered with Aesthetic One will have access to a digital implant ID card as well as a comprehensive operative summary with details of their procedure. This data is permanently accessible to patients whenever and wherever they need it. With Aesthetic One, patients can easily share their implant details and operative summary with all physicians involved in their care.

We are building a network of portable data so that any time a patient needs additional care, all relevant information will be available to any physician involved. Imagine the improved outcomes and efficiencies for revision and replacement procedures if every patient walked into their surgeon’s office with all the details of their previous procedures. By registering implants with Aesthetic One, you can ensure that this type of data access is available for patients and surgeons everywhere.
Your patients may be looking for more than they think.

One procedure, such as rhinoplasty or liposuction, may bring patients in, but there may be other procedures they’d like to consider. Taking that extra minute to ask about the complete look they want can build trust, improve their experience and bring them back.

Help patients look and feel great.

Patients arrive for their appointment with questions, excitement and the hope they’ll be able to get the beautiful look they want.

A patient undergoing liposuction may also be concerned about loose skin. A patient in for an eyelift may also be curious about Botox. And yet, they may be reluctant to ask about other procedure options that could ultimately make a big difference in their overall satisfaction and self-confidence.

Take an extra minute.

Two simple steps can help more patients get all of the cosmetic procedures and life-changing results they want:

1. Once their primary concern is addressed, ask if they have any other aesthetic goals on their mind.
2. Let them know a financing solution, like the CareCredit credit card, is available that lets them pay over time for the complete look they want.

Help them find a way.

81% of cosmetic providers surveyed say they enrolled with CareCredit so they can offer an alternative payment option to their patients.¹

More than they thought possible.

The CareCredit healthcare credit card can help patients fit cosmetic surgery and procedures into their budget. When your practice accepts CareCredit, cardholders can take advantage of:

- Flexible financing options that may not be available with most general purpose credit cards.
- A contactless way to pay that works before, during and after appointments.
- A way to pay for all the procedures you provide, which can be a key factor when it comes to elective out-of-pocket costs.
- A solution they can use again and again with no need to reapply.

The most positive experience. Help patients get the look they really want.

“I am so thankful for CareCredit. Because of you, I was blessed to be able to have skin removal surgery after large weight loss. I was able to have a mini tummy tuck, brachioplasty, medial thigh lift and extensive liposuction. I would never have been able to do this on my own without being able to finance part of my surgeries…”

— Glenda K, CareCredit cardholder
Make it easy to explore all options.

When patients know there’s a way to pay over time with promotional financing, it can help them feel more confident about moving forward with your full recommendation instead of a partial plan. CareCredit provides resources to help, including a Payment Calculator that makes it easy for patients to quickly see what their estimated monthly payments could be based on financing options you offer.

When you give your patients a way to pay over time, more of them can experience the full range of cosmetic expertise they’ve been hoping to find. And you may find that’s good for your business, too.

80% of cardholders say they are likely or very likely to use their CareCredit credit card again.3

Join the CareCredit network today. Visit carecredit.com/asn or call 855-860-9001.

Already enrolled?
Visit carecredit.com/providercenter to access exclusive tools and resources.

CareCredit works for your practice, too.

✓ You get paid in just two business days.
✓ Helps increase revenue and patient loyalty.
✓ CareCredit cardholders have a 6.9X higher average ticket than spending on a typical general purpose credit card.3

1 CareCredit Provider Satisfaction, conducted by Chadwick Martin Bailey on behalf of CareCredit, June 2021.
2 CareCredit Cardholder Engagement Study, conducted by Chadwick Martin Bailey on behalf of CareCredit, Q2 2021.

This insert was independently produced by CareCredit. Aesthetic Society News had no part in its production. The views expressed here do not necessarily reflect those of the editor, editorial board, or the publisher.

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ASN2022CA
SEE UNRIVALED SAFETY

with the lowest rupture rate in the industry*

*BASED ON DATA FROM 10-YEAR FDA CLINICAL STUDIES, AMONG SILICONE GEL IMPLANTS, PRIMARY AUGMENTATION AND RECONSTRUCTION MRI COHORTS. NOT INTENDED TO BE HEAD-TO-HEAD COMPARISON; STUDY DESIGNS VARIED AMONG MANUFACTURERS.1,2,3


Sientra breast implants are indicated for breast augmentation in women at least 22 years old and for breast reconstruction. Breast implant surgery is contraindicated in women with active infection anywhere in their body; with existing cancer or precancerous conditions who have not received adequate treatment for those conditions and; who are currently pregnant or nursing. Prior to use, plastic surgeons should review all risk information, which is found in the 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 breast implants can be found at sientra.com/resources.

See unrivaled safety backed by the industry’s most comprehensive 20-year warranty

Visit sientra.com/for-us-surgeons/
Questions for Cover-Artist, Dr. Anureet Bajaj About Her Interest in Art and Painting

Q: Who is your artistic inspiration?
A: Henri Matisse is my favorite artist—I love his use of color and expressionism.

Q: What is your process?
A: I'm not sure that I have a set process. I attend weekly open studio sessions at a local art school. This is something that I've done for years—even during fellowship and my first job, I would seek out these opportunities. The advantage of my current open studio is that they have a model for figure drawing/painting every week, and I love painting the human figure.

Q: Why do you paint?
A: I paint to relax and escape my work life. I find it reinvigorating.

Q: What is your preferred medium?
A: I love oil paints, and I love bright colors.

Q: Anything else you care to share about your love of painting?
A: If I'm not going to open studio and painting live models, I've painted my nieces and nephews and my dogs from photos. When I first moved back to Oklahoma City, I actually considered getting my master’s degree in art... and I am about half-way through. Unfortunately, now I don’t have the time.

Submit Your Artwork for ASN’s Next Cover!

Aesthetic Society members, we invite you to submit a photo of your original art to: hello@theaestheticsociety.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!
Physician Developed, Clinically Supported, Solutions Driven

SKINUVA® scar
Skinuva Scar is a clinically tested scar cream for post-surgical scar healing and post-CO2 laser or microneedling treatment. It is backed by 5 published clinical studies and is shown to be 2x more effective than regular silicone cream, proven in a published clinical study in the Aesthetic Surgery Journal.

SKINUVA® brite
Skinuva Brite is a skin brightening cream for hyperpigmentation such as melasma and post-inflammatory hyperpigmentation. It is 30% more effective than hydroquinone, proven in a published clinical study in the Journal of Cosmetic Science.

SKINUVA® bruise
Skinuva Bruise is a pharmaceutical grade, homeopathic supplement for pre and post-procedure optimal recovery and reduces swelling, pain, and bruising from surgeries, cosmetic procedures, and injuries.

For more information, visit skinuva.com or contact us at orders@skinuva.com.
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 hello@theaestheticsociety.org, and ask to be re-subscribed to our communications list. We value your support of The Aesthetic Society. Thank you!

Thanks to You—We Are on Our Way!

What? The Aesthetic Society needed to regain our seat (voice) at the AMA House of Delegates, so we have input into the decisions that impact us and our patients.

When politicians debate legislation impacting the practice of medicine, they seek input from a trusted source—typically the AMA. Since we have regained our delegate representation, we now have a voice and will be present to advocate for our patients or specialty when legislation is being debated.

THANK YOU FOR HELPING US REGAIN OUR SEAT AT THE TABLE!

Join the AMA

www.ama-assn.org
The Aesthetic Society’s Industry Partnership Program

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.
**NEWBEAUTY**

The Reconstructive Procedure that Helped This Breast Cancer Patient Feel Whole Again

Excerpt: Eva Nedelka was already grappling with so much when she was faced with important decisions that would affect her future. Her battle with breast cancer was difficult enough, and in addition to facing that reality, she also had to contend with fears and doubts about her future. Having to undergo a double mastectomy, she also worried about losing part of her identity. “Some people might think that it’s vanity, but for me, I didn’t want to lose what makes me feel feminine. I know what makes a woman is her personality, that is who you are, but it’s my body.” After weighing her reconstruction options with her doctor, Eugene, OR plastic surgeon Kye Movassaghi, MD, Eva decided to undergo a breast reconstruction with implants following her mastectomy to restore the form and shape of her breasts.

Eva’s story is not a unique one. According to the National Breast Cancer Foundation, 1 in 8 women will be diagnosed with breast cancer in her lifetime. A double mastectomy to remove both breasts is often performed to get rid of cancer or also to reduce breast cancer risk.

Here, Brentwood, TN plastic surgeon and Communications Commissioner for The Aesthetic Society, Kye Higdon, MD discusses the latest options in breast reconstruction and how the procedure can change the lives of patients like Eva.

**THE ZOE REPORT**

‘Peel Season’ Is Upon Us—Here’s The How To Find The Right One For Your Skin

Excerpt: Why all the fuss over chemical peels, you ask? Well, as it happens, these skin-shedding treatments are especially buzzy due to their ability to do quite a bit of heavy lifting. In fact, the number of “skin treatments,” including chemical peels, performed between 2020 and 2021 increased by 37% and remained the third most popular, non-surgical skin procedure category according to annual reporting by The Aesthetic Society. TikTok’s #chemicalpeel hashtag has over 595 million views alone as videos showcasing snake skin-like peeling processes and enviable results regularly go viral.

**AP NEWS**

The Aesthetic Society and The Aesthetic Surgery Education and Research Foundation Unveils Findings from the Biospecimen Study on Breast Implant Illness (BII)

Excerpt: “The bottom line is that we found that these patient’s symptoms improve after implant removal and they may improve without a capsulectomy which is a less invasive, less risky, and less expensive procedure,” says Patricia McGuire, MD, co-author of the study. “We have not found any consistent measurable differences between the breast implant illness subjects and the control groups that could be used to make a diagnosis. We can now have educated discussions with our patients to help them make informed surgical decisions when deciding to remove their implants.”

**KTLA**

Aesthetic One® App Developed by The Aesthetic Society Registers Over 22,000 Breast Implants

Excerpt: The Aesthetic Society, a 2,600-member organization of board-certified plastic surgeons devoted to aesthetic plastic surgery, announced today that Aesthetic One, a free app developed through support from Allergan Aesthetics® and built by The Aesthetic Society’s technology partner ANZU®, to inform and empower patients and plastic surgeons, has registered over 22,000 breast implants since launching in December 2021. The Aesthetic One app is the only implant registration platform that empowers patients with lifetime, on-demand access to their breast implant info and operative summary. The revolutionary HIPAA-compliant platform also features a paired app for patients allowing surgeons to share breast implant ID cards, operative summaries, photos, and more.

**In my spare time, you will find me...**

I live in Los Angeles, CA, so don’t be a stranger if you live locally or are in town to visit! I am here to help, always feel free to reach out and we can nerd out about the UV Index, kojic acid, and everything in between!

shelene@theaestheticsociety.org
The Aesthetic Society’s partnership program provides industry with strategic benefits and opportunities to collaborate with Aesthetic Society 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 Aesthetics**

an AbbVie company

At Allergan Aesthetics, an AbbVie company, we develop, manufacture, and market a portfolio of leading aesthetics brands and products. Our aesthetics portfolio includes facial injectables, body contouring, plastics, skin care, and more. With our own research and development function focused on driving innovation in aesthetics, we’re committed to providing the most comprehensive science-based product offering available. For more information, visit www.AllerganAesthetics.com.

**BD**

BD is a global medical technology company that is advancing the world of health by improving medical discovery, diagnostics and the delivery of care. Our collection of GalaFLEX™ surgical scaffolds, constructed from the biologically derived P4HB™ polymer, provides BD with an innovative platform to transform soft tissue repair, reconstruction, and regeneration in plastic and reconstructive surgery procedures. All GalaFLEX scaffolds are indicated to repair and reinforce soft tissue in plastic and reconstructive surgery. Because no two patients are alike, the collection of GalaFLEX scaffolds now includes a lightweight, low-profile P4HB scaffold, adding more options to complement your technique and your patients. GalaFLEX LITE™ is designed to enhance anatomical compliance while providing predictable, restorative strength. Visit www.GalateaSurgical.com for more information on Galatea scaffolds as well as indications for use, safety considerations and reference documents.

**Galderma**

Galderma is the world’s largest independent dermatology company, present in approximately 100 countries. Since our inception in 1981, we have been driven by a complete dedication to dermatology. We deliver an innovative, science-based portfolio of sophisticated brands and services across Aesthetics, Consumer Care and Prescription Medicine. Focused on the needs of consumers and patients, we work in partnership with healthcare professionals to ensure superior outcomes. Because we understand that the skin we’re in shapes our life stories, we are advancing dermatology for every skin story. For more information: www.galderma.com/us

**Endo Aesthetics**

Endo Aesthetics is pushing the boundaries of aesthetic artistry by designing bold solutions that address unmet needs, starting with Qwo® (collagenase clostridium histolyticum-aaes) the first and only FDA-approved injectable for the treatment of moderate to severe cellulite in buttocks of adult women. Endo Aesthetics is a part of Endo International plc, a company grounded in over two decades of pharmaceutical and scientific excellence. Endo is headquartered in Malvern, PA. Learn more and sign up for updates at EndoAesthetics.com.

**Mentor**

For more than 30 years, Mentor has been trusted and respected by surgeons and their patients, with over eight million women worldwide choosing Mentor® Breast Implants for their breast augmentation and breast reconstruction journeys. Introducing the latest innovation in the MENTOR® MemoryGel® Breast Implant Portfolio! MENTOR® MemoryGel BOOST™ Breast Implant provides the natural feel patients desire with increased form stability to shape the breast.

**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!
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!
**Revance Aesthetics**

Revance is a biotechnology company setting the new standard in healthcare with innovative aesthetic and therapeutic offerings that elevate patient and physician experiences. Revance’s aesthetics portfolio of expertly created products and services, including DAXXIFY™ (DaxibotulinumtoxinA-lanin) for injection, the RHA® Collection of dermal fillers, and OPUL® the first-of-its-kind Relational Commerce platform for aesthetic practices, deliver a differentiated and exclusive offering for the company’s elite practice partners and their consumers. Revance has also partnered with Viatris Inc. to develop a biosimilar to BOTOX®, which will compete in the existing short-acting neuromodulator marketplace. Revance’s therapeutics pipeline is currently focused on muscle movement disorders including evaluating DAXXIFY™ in two debilitating conditions, cervical dystonia and upper limb spasticity.

**Senté**

Senté announces the launch of Cysteamine HSA Pigment & Tone Corrector to safely and effectively target pigmentation in all skin tones. This product brings together two powerful, proven technologies – Senté patented Heparan Sulfate Analog (HSA) to control inflammation that fuels hyperpigmentation, along with Cysteamine HCl, to restore a visibly even complexion to all skin tones without risk of excessive lightening. The hydroquinone-free formula is safe for long-term use and gentle enough for all skin types including dry or sensitive skin.

In a randomized, double-blind clinical trial of 35 subjects with moderate to severe hyperpigmentation, Senté Cysteamine HSA Pigment & Tone Corrector demonstrated a 71% overall reduction in dark spots, while 94% of subjects showed improvement in hyperpigmentation at 16 weeks.

For more information regarding this new innovation from Senté, or to become a Senté partner, contact us at info@sentelabs.com.

**Skinuva**

Skinuva is a physician developed, solutions driven, and clinically supported line of products that was developed to provide physicians the most advanced products for their patients. Skinuva products are currently sold in physician’s offices across the U.S and globally and are recommended as their #1 scar product (Skinuva Scar) and skin brightening product (Skinuva Brite). Skinuva Scar’s and Skinuva Brite’s patented formulations use highly selective synthetic Growth Factor technology and are backed by several published clinical studies, providing our doctors and patients safe and effective products. The newest product in the Skinuva line, Skinuva Bruise, is a pharmaceutical grade, post recovery homeopathic supplement that helps reduce bruising, swelling, and pain from surgeries, cosmetic procedures, and injuries. For more information, please visit www.skinuva.com.

**Symplast**

Since its creation by a plastic surgeon with an adjoining medical spa, Symplast EHR has focused on mobile technology that changes the way providers present their services and the way that patients manage their health care. Using cutting-edge cloud technology, Symplast’s tools are available on computers, tablets, and smartphones, creating a necessary work-life balance for doctors as they access the clinical, financial, and operational data of their business at any time, from any place. We support clients by presenting them with their data, enabling their practice to make informed decisions and provide smarter care. Empowering both practice and patient to know, manage, and engage with one another, Symplast is disrupting the aesthetic industry and transforming the way healthcare is delivered. Our mission is to continue to provide intuitive and innovative tools and solutions that will adapt to meet the ever-changing landscape of healthcare and the needs of today’s aesthetic patient. Symplast knows that your workflows become their patient experience.

**New Products to Check Out!**

**Special Offers for Aesthetic Society Members**

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

Contact Jackie Nunn at jackie@theaestheticsociety.org for more information about partnership opportunities.
Introducing the NEW RADAR

We’ve taken RADAR to the next level with a new mobile app – offering all the content you love right at your fingertips. Enjoy a fresh design and enhanced features across all platforms! Access to your favorite content is just a few taps away.

Download the iOS or Android app(s) by searching “RADAR Resource” in the store.
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 aesthetic medicine among qualified plastic surgeons.

"The Aesthetic Society's ongoing partnership with industry is vital to the advancement of aesthetic plastic surgery. Industry support helps The Aesthetic Society unleash the power of science and education to advance outcomes and safety for our patients." —Dr. Tracy Pfeifer, Industry Relations Chair.

We'd like to thank and acknowledge Founding Premier Partner, Sientra and Alliance Industry Partners 3M, Applied Medico Legal Solutions (AMS), and CareCredit for their continued support. The Aesthetic Society values our Industry Partners and we thank all our partners for their meaningful contributions.

In addition, the Sientra portfolio also features its ground-breaking dual-port breast tissue expander, AlloX2® and includes BIOCORNEUM® the #1 performing, preferred and recommended scar gel of plastic surgeons*  
* Data on file  
Learn more about Sientra and the Sientra portfolio at www.Sientra.com

Outpatient Surgery Magazine spoke to Tripp Holton, MD, a plastic surgeon in Annapolis, Maryland who is affiliated with Luminis Health Anne Arundel Medical Center to talk about the trends in plastic surgery today.

Q: What do you do to keep the patient safe from infection and complications?

The patient is paying the surgeon for two often competing goals: they want the best looking result and they expect to be kept out of harm’s way. To accomplish these competing priorities, I rely heavily on experience, judgement and technology. In particular, I ask a lot of the dressings that I use in abdominoplasty and breast reduction surgeries. Specifically, I typically use closed incision negative pressure dressings because they do several critical things for me and by proxy my patient. These advanced dressings actively manage the incisions and the surrounding soft tissues: they off load tension across the incisions, reduce swelling within and below the skin, increase blood supply to the tissue and protect the incision from contamination by creating and maintaining a sealed and sterile environment after the surgery.

Q: For wound care, what do you see as the best practices?

While wound care is a critically important process, I strive for and focus on active incision management because the Holy Grail of cosmetic surgery is to manage incisions to prevent the development of wounds. I have personally enacted a zero-tolerance policy for wound development after cosmetic procedures. To help achieve this austere but important goal I mandate that all tummy tuck and breast lift patients are managed with an advanced incisional management dressing such as a 3M™ Prevena™ Dressing along the waistline closure after abdominoplasty and a 3M™ Prevena Restor™ BellaForm™ Dressing to cover the breast after a lift especially when an implant is placed at the same time.

Continued on Page 40
Q: What do you see as the most important new trends in plastic surgery?

I have always believed that advancements in technology allow advancements in techniques. Recent trends in breast reconstruction for cancer provide an excellent example of how intelligent use of technology has informed our choice of surgeries. When I trained and when I was first in practice all of my implant-based breast reconstructions after mastectomy started with placement of a breast tissue expander beneath the patient’s pectoralis major muscle. This was then followed by a series of visits for expansion and culminated in a second operation to replace the temporary device (tissue expander) and place a permanent implant into that pocket.

In 2016, I began to build all breast above the muscle since we finally had technologies that made that possible such as blood supply mapping, excellent tissue for implant support, higher quality breast prostheses and, importantly, dressings that protect the breast while improving the nascent blood supply. Shortly after switching to this new approach (pre-pectoral reconstruction) I learned that almost all of my patients could be accelerated to placement of an implant immediately rather than requiring an expander and the associated visits for expansion and final operation to exchange the expander for an implant. Now, technology had allowed the breast to be made in front of the muscle (far less pain) and with the immediate placement of the implant. With patients in far less pain we were suddenly able to safely and compassionately send patients home on that same day.

I see technology helping my cosmetic patients in much the same way I, and now they, expect to be back to normal activity very soon after surgery.

For more information please go to 3M.com/PrevenaCentral.

Dr. Holton is a consultant and speaker for 3M due to the value that he places on the 3M products designed for management of incisions, tissue and wounds.

UNDERSTANDING MEDICINE, DOCTOR CENTRIC CLAIMS MANAGEMENT, AND FINANCIAL STRENGTH

Applied Medico-legal Solutions RRG, Inc. (AMS RRG) is expected to write approximately $95 million in premium in 2022 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 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 $87 million, as of year-end 2021. Consistent growth, over time has helped account for the positive operating margin and financial security of AMS RRG. AM Best has assigned a Financial Strength Rating of A− (Excellent) and a Long-Term Issuer Credit Rating of “a−” (Excellent) to AMS RRG. 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 insureds.

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

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

CARECREDIT OFFERS RESOURCES TO HELP YOUR PRACTICE THRIVE

CareCredit is a health, wellness and beauty credit card dedicated to helping millions of patients get the care they want by offering promotional financing options. Now accepted at more than 260,000 locations nationwide, the CareCredit credit card allows cardholders to make convenient monthly payments for aesthetic procedures that help them achieve the look they want. Patients have the ability to see if they prequalify for the CareCredit credit card with no impact to their credit bureau score.

“CareCredit is thrilled to announce its continued partnership with The Aesthetic Society as an Alliance Partner. CareCredit offers flexible payment options for out-of-pocket health and wellness expenses, allowing patients to move forward with the procedure they want at their convenience. CareCredit has over 35 years of experience with patient financing helping to remove the payment hurdle from the decision-making process,” said Jill Behm, General Manager, CareCredit Specialty—Cosmetic and Spa.

CareCredit offers resources to help your practice thrive including custom reports that provide tailored insights to your practice, contactless payment through a custom link and QR code, digital tools and much more. A simple and convenient solution that can help your patients schedule without delay.

Learn more about CareCredit by visiting carecredit.com/asn or call 855-860-9001. “Subject to credit approval. Minimum monthly payments required. See carecredit.com for details.
Together, we can help change the way you treat cellulite

**Butt First**, start talking to your patients about Qwo®

Get to know how the first and only FDA-approved injectable for moderate to severe cellulite in the buttocks of adult women could be a game changer for your practice.

Visit qwo-hcp.com to find out how to start helping your patients put their butts first.

**INDICATION**
Qwo® is indicated for the treatment of moderate to severe cellulite in the buttocks of adult women.

**IMPORTANT SAFETY INFORMATION FOR QWO**

**CONTRAINDICATIONS**
QWO is contraindicated in patients with a history of hypersensitivity to collagenase or to any of the excipients or the presence of infection at the injection sites.

**WARNINGS AND PRECAUTIONS**

**Hypersensitivity Reactions**
Serious hypersensitivity reactions including anaphylaxis have been reported with the use of collagenase clostridium histolyticum. If such a reaction occurs, further injection of QWO should be discontinued and appropriate medical therapy immediately instituted. Advise patients to seek immediate medical attention if they experience any symptoms of serious hypersensitivity reactions.

**Injection Site Bruising**
In clinical trials, 84% of subjects treated with QWO experienced injection site bruising. Subjects with coagulation disorders or using anticoagulant or antiplatelet medications (except those taking ≤150 mg aspirin daily) were excluded from participating in Trials 1 and 2.

QWO should be used with caution in patients with bleeding abnormalities or who are currently being treated with antiplatelet (except those taking ≤150 mg aspirin daily) or anticoagulant therapy.

**Substitution of Collagenase Products**
QWO must not be substituted with other injectable collagenase products.
QWO is not intended for the treatment of Peyronie’s Disease or Dupuytren’s Contracture.

**ADVERSE REACTIONS**
In clinical trials, the most commonly reported adverse reactions in patients treated with QWO with an incidence ≥ 10% were at the injection site: bruising, pain, nodule and pruritus.

Please see Brief Summary of Full Prescribing Information on the following page.
QWO™ (collagenase clostridium histolyticum-aaes) for injection, for subcutaneous use

Brief Summary

For complete information, see the full Prescribing Information

INDICATIONS AND USAGE

QWO is indicated for the treatment of moderate to severe cellulite in the buttocks of adult women.

CONTRAINDICATIONS

QWO is contraindicated in:

- patients with a history of hypersensitivity to collagenase or to any of the excipients [see Warnings and Precautions].
- the presence of infection at the injection sites.

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions

Serious hypersensitivity reactions including anaphylaxis have been reported with the use of collagenase clostridium histolyticum. If such a reaction occurs, further injection of QWO should be discontinued and appropriate medical therapy immediately instituted.

Injection Site Bruising

In clinical trials, 84% of subjects treated with QWO experienced injection site bruising [see Adverse Reactions]. Subjects with coagulation disorders or using anticoagulant or antiplatelet medications (except those taking ≤150 mg aspirin daily) were excluded from participating in Trials 1 and 2.

QWO should be used with caution in patients with bleeding abnormalities or who are currently being treated with antiplatelet (except those taking ≤150 mg aspirin daily) or anticoagulant therapy.

Substitution of Collagenase Products

QWO must not be substituted with other injectable collagenase products. QWO is not intended for the treatment of Peyronie’s Disease or Dupuytren’s Contracture.

ADVERSE REACTIONS

The following adverse reactions to QWO for injection are discussed in greater detail in other sections of the labeling:

- Hypersensitivity [see Contraindications and Warnings and Precautions].
- Injection Site Bruising [see Warnings and Precautions].

Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, the adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice.

In two double-blind, placebo-controlled clinical trials (Trials 1 and 2) of identical design, 424 female subjects with cellulite in the buttocks received QWO and 419 female subjects with cellulite received placebo. Enrolled subjects were adults age 18 to 78 years with moderate to severe cellulite (graded as 3 or 4 on a 0 to 4 scale) and without excessive skin laxity. The majority were White (78%) or African American (18%). Subjects completed up to 3 treatment visits separated by 21 days and were followed for up to 6 months after the last treatment visit in a separate open-label extension trial (Trial 3). The following table shows the incidence of adverse reactions that were separated by 21 days and were followed for up to 6 months after the injection. The majority were White (78%) or African American (18%). Subjects completed up to 3 treatment visits separated by 21 days and were followed for up to 6 months after the last treatment visit in a separate open-label extension trial (Trial 3). The following table shows the incidence of adverse reactions that were separated by 21 days and were followed for up to 6 months after the injection.

<table>
<thead>
<tr>
<th>Adverse Reactions at Injection Site</th>
<th>QWO N=424 %</th>
<th>Placebo N=419 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bruising</td>
<td>84</td>
<td>21</td>
</tr>
<tr>
<td>Pain</td>
<td>48</td>
<td>10</td>
</tr>
<tr>
<td>Nodule</td>
<td>33</td>
<td>1</td>
</tr>
<tr>
<td>Pruritus</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td>Erythema</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Discoloration</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Swelling</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Warmth</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

Pooled terms:

- Bruising - injection site bruising, injection site hematoma, and injection site hemorrhage (refers to verbatim term injection site ecchymosis)
- Pain - injection site pain, injection site discomfort, and injection site dysesthesia
- Swelling - injection site swelling, injection site edema, injection site induration
- Discoloration - injection site discoloration
- Nodule - injection site mass and injection site nodule

Four hundred seventy-nine (479) subjects from Trials 1 and 2 completed a 6-month observation phase in the ongoing open-label safety extension (Trial 3). No long-term safety signals have been identified.

Immunogenicity

As with all therapeutic proteins, there is potential for immunogenicity. The detection of antibody formation is highly dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody (including neutralizing antibody) positivity in an assay may be influenced by several factors including assay methodology, sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies in the studies described below with the incidence of antibodies in other studies or to other products, including other collagenase clostridium histolyticum products, may be misleading.

By Day 22, approximately 53% (203/383) and 26% (101/383) of subjects who completed the first treatment visit of QWO at the recommended dose in Trials 1 and 2 developed anti-AUX-I and anti-AUX-II antibodies, respectively. The majority (>96%) of subjects developed antibodies for AUX-I and AUX-II after second and third treatment visits. Antibody titers suggested that antibodies were retained for up to 360 days after receiving the first recommended dose. By Day 71, approximately 68% and 83% of subjects developed antibodies to AUX-I and AUX-II which were classified as neutralizing, respectively.

Antibodies to AUX-I and AUX-II including those classified as neutralizing were not associated with changes in clinical response or adverse reactions at injection site.

Postmarketing Experience

Because adverse reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure. The following adverse reaction was reported during post approval use of a collagenase product:

Immune system disorders: serious hypersensitivity reactions including anaphylaxis [see Warnings and Precautions].

USE IN SPECIFIC POPULATIONS

Pregnancy

Risk Summary

There are no available data on collagenase clostridium histolyticum use in pregnant women to evaluate for a drug- associated risk of major birth defects, miscarriage or adverse maternal or fetal outcomes.

Following subcutaneous injection, the systemic concentrations for QWO were below the bioanalytical assay limit of quantification [see Clinical Pharmacology in the full Prescribing Information]. In animal reproduction studies, intravenous administration of collagenase clostridium histolyticum to pregnant rats during organogenesis at doses up to 0.13 mg/rat (43 × human equivalent dose [HED] on a mg/kg basis) revealed no evidence of harm to the fetus. The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the US general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2-4% and 15-20%, respectively.

Lactation

Risk Summary

There are no data on the presence of collagenase clostridium histolyticum in human milk, the effects of collagenase clostridium histolyticum on the breastfed child or on milk production. Following subcutaneous injection, the systemic concentrations for QWO were below the bioanalytical assay limit of quantification [see Clinical Pharmacology in the full Prescribing Information]. The developmental and health benefits of breastfeeding should be considered along with the mother’s clinical need for collagenase clostridium histolyticum and any potential adverse effects on the breastfed child from collagenase clostridium histolyticum, or from the underlying maternal condition.

Pediatric Use

The safety and effectiveness of QWO have not been established in pediatric patients.

Geriatric Use

In two double-blind, placebo-controlled, clinical trials in subjects with cellulite (Trials 1 and 2), 24 (5.7%) of the 424 subjects who received QWO were 65 years of age or older. No overall differences in safety of QWO were observed between these patients and younger patients.

PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-approved patient labeling (Patient Information).

Hypersensitivity

Advise patients to seek immediate medical attention if they experience any symptoms of serious hypersensitivity reactions [see Warnings and Precautions].

Injection Site Bruising

Advise patients that injection site bruising may occur with administration of QWO [see Warnings and Precautions].

Manufactured by: Endo Global Aesthetics Limited Dublin, Ireland

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Distributed by: Endo Aesthetics LLC Malvern, PA 19355

Based on the Prescribing Information revised 07/2020.

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EA-QW-05002/August 2020
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.

HOW LONG WILL IT TAKE FOR MY APPLICATION TO BE REVIEWED?
Applicants who submit materials for the July 1 deadline are eligible for election at the end of the year. Applications submitted by the January 5 deadline are eligible for election in the Spring.

WHAT 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 $1,275
• Membership dues for International Active Members are $545

For information on the full application process, visit the Medical Professionals section of theaestheticsociety.org/membership.
For additional information/questions, please contact our Senior Membership Manager, Marissa Simpson via email membership@theaestheticsociety.org or at 562.799.2356.

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.

 Membership Myth-Busters

Myth: One must attend an Aesthetic Society meeting to become a member.
Fact: This used to be the case. However, in order to streamline the application process, this requirement was recently removed!

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 organization in order to become an Aesthetic Society member. As long as you meet our requirements, you can apply for membership today!

Myth: One must document a minimum count of aesthetic cases to apply.
Fact: While applicants are asked to complete a case log questionnaire, there is no case minimum. Many applicants also perform reconstructive surgery. One’s practice does not need to be 100% aesthetic to apply and be accepted into membership.

ONLINE APPLICATION
Complete your application from start to finish 100% online theaestheticsociety.org/membership
ASERF Mission

Identify and pursue those issues relevant to advancing the safety & effectiveness of aesthetic medicine through independent unbiased, directed research and groundbreaking education.
Like many of us do every January, I set personal goals and intentions for a bright and successful new year. As the President of ASERF, I, along with our Board, have outlined a number of goals for The Foundation with the intention to make this year ASERF’s best yet. 2023 is especially important because ASERF is celebrating its 30th anniversary!

Founded in 1993, ASERF has grown and changed like any 30-year-old. Thus, ASERF is updating its logo and rolling out a new website, both of which will be unveiled at The Aesthetic Meeting 2023 in April. (ASERF will have a booth in Miami Beach in which visitors can toast its 30th anniversary while learning what we’ve been up to since last April. Details to come in the spring 2023 issue of ASN.)

With just 6 months left in the fiscal year, ASERF leadership has budgeted $150,000 to support new physician-initiated research through the Interim Grant Application Program and expanded its well-received Externship Program. We have set a goal to increase the membership base to just over 1,400 in 2023, and we need your help to get there.

The success of these activities relies on the success of our fundraising efforts. I thank those who donated to ASERF through the Society dues process and ask that we all consider supporting ASERF in its 30th anniversary year.

Exciting times lie ahead for ASERF and our specialty, and I am thankful that together, we have contributed to its history and legacy.

Bruce W. Van Natta, MD is an aesthetic plastic surgeon practicing in Indianapolis, Indiana, and serves as President of ASERF.

ASERF ANNOUNCES FIRST COHORT OF EXTERNS

The Externship Program, an educational endeavor and scholarship opportunity designed by The Aesthetic Surgery Education and Research Foundation (ASERF), in conjunction with The Aesthetic Society, received 28 applications in its pilot phase.

“The Task Force was blown away by the number of applicants as well as the caliber of those who applied,” said Camille Cash, MD, ASERF Externship Program Chair. “Truly, each student would benefit from the opportunity, but funding was limited to six positions this year. With such a successful launch, we expect interest and funding for the program to grow over time.”

After more than a year of planning and development, ASERF is pleased to announce the 2022–2023 ASERF Externs: Kassandra Carrion (SUNY Downstate College of Medicine), Christian Reynaldo Laurent (Medical College of Georgia at Augusta University), Chidi Martins (Howard University College of Medicine), Ashley Newman (Howard University College of Medicine) Kometh “Tony” Thawanyarat (Medical College of Georgia) and Bryan S. Torres (Tulane University School of Medicine).

The purpose of the Externship Program is to expose underrepresented minority students to the field of plastic surgery who are enrolled in medical schools without a plastic surgery program. ASERF’s specific goal is to increase their chances of obtaining a residency position.

Externs will be matched with a member of The Aesthetic Society who will serve as their mentor. Over the course of the year, Externs will shadow their mentor in a week-long observership, attend The Aesthetic Meeting, as well as build a relationship with someone who will provide a broad overview of plastic surgery, assist with networking, and guide them on their educational and professional journey.

“This Task Force has done an excellent job with creating a program. The overall interest is more than we expected for the program’s first year,” said ASERF President, Bruce Van Natta, MD.

In addition to Dr. Cash, The ASERF Externship Task Force includes Mark Albert, MD; Victory Eze, MD; Amanda Gosman, MD; Wilmina Landford, MD; Chris Lopez, MD; Chet Mays, MD; Ivona Percec, MD; Luis Rios, MD, and Bruce Van Natta, MD.

ASERF TO ROLLOUT “RAISE CASH FOR RESEARCH” IN MIAMI BEACH

Over the last few years, both Senté and enaltus participated in a pilot program called Raise Cash for Research, designed to increase booth traffic, and raise money for ASERF. Between the two organizations, more than $15,000 was raised to support the mission.

This year in Miami Beach, ASERF’s goal is to secure ten companies to participate in Raise Cash for Research. Participation is simple for companies:
- Select one of the four donation ceilings: A: $1,000, B: $2,500, C: $5,000, D: $10,000
- Agree to donate $100/scan for each qualified health care professional that visits their booth
- Agree to use meeting badge scanner

ASERF will promote the program to help drive attendees to participant company booths. Companies that do not meet their donation ceiling only pay for the number of badges scanned.

To find out more, visit: bit.ly/3Vqajxf

Continued on Page 47
Do you have a great research idea?

SHARE. CONNECT. LAUNCH.

WHAT IS THE AESTHETIC RESEARCH COMMUNITY?

• A network of Aesthetic Surgeons willing to share ideas and collaborate on research

• A source for aesthetic surgery research guidance

WHO MAY PARTICIPATE?

• Aesthetic Society and ASERF Members, Associates and Residents

HOW DO I JOIN?

• Scan the QR Code

• Complete the brief form

• A member of the ARC Committee will contact you

ASERF.ORG
SUPPORT YOUR PROFESSIONAL RESEARCH FOUNDATION—DONATE TO THE ASERF SILENT AUCTION

ASERF is asking members to donate to the silent auction - What ‘cha got? We’ll take it!

Planning has started for ASERF’s 10th Annual Silent Auction which will take place in conjunction with The Aesthetic Meeting 2023 in Miami Beach. This popular fundraiser has been successful since it was first introduced, and chaired by Grant Stevens, MD, in 2012. In that time more than $1,250,000 has been raised to support ASERF’s mission.

Before anything can be sold in the auction, it must first be donated to ASERF. And it is these in-kind donations that set the tone and determine the overall success of the auction.

Through the years, The Foundation has received hundreds of amazing donations with the contributions averaging $150,000 annually. From scalpels to capital equipment, from gift certificates to a fly-fish tying course from baskets to ski trips, member art to Train with an Expert and everything in between.

Johnny Franco, MD will chair this year’s fundraiser and soon will be calling upon industry for those big-ticket items the members secretly hope to win at a discount via the auction. Erika Ortiz-Ramos, Director of Exhibits, has started calling upon exhibitors seeking contributions. And now, The Foundation is requesting contributions from members to support their professional research foundation.

What ‘cha got? We’ll take it!

- A week’s free rental to your vacation home, mountain cabin, lake house or beach cottage that is sitting vacant—we’ll take it!
- One of your own masterpieces, be it watercolors, acrylics, or crayons—we’ll take it.
- Share your passion with your colleagues, offer a weekend of birding, a couple rounds of golf, or a hunting excursion—we’ll take it.
- Event tickets, sporting events, or Broadway shows—we’ll take it.
- Art, jewelry, antiques, or collectibles—we’ll take it.
- Offer to teach your peers a surgical technique, “Train with the Expert”—we’ll take it.

Visit The Aesthetic Meeting 2023 website to complete the required paperwork, or contact Erika Ortiz-Ramos, erika@theaestheticsociety.org

Help us reach the $150,000 financial goal and donate now!

ASERF has seen other successes too. Manuscripts from dozens of studies funded by ASERF have been printed in ASJ; the long running and ever-popular Premier Global Hot Topics; The Career Achievement Award which recognizes an individual who has made significant contributions to aesthetic surgery; and the organization’s crown jewel, the Interim Research Grant Application Program.

To learn more about ASERF and its many accomplishments, stop by Booth 1230 in Miami Beach. We would enjoy sharing our 30-year history with you!
“As an Alliance Partner of The Aesthetic Society, AMS RRG and its Preferred Aesthetics™ program carefully tailors malpractice insurance coverage and premium for Plastic and Aesthetic practices. They were able to assist me in streamlining a malpractice insurance policy that was distinctive to my practice’s needs in addition to reducing my premium costs.”

– Daniel C. Mills, M.D., F.A.C.S. Past President of the American Society for Aesthetic Plastic Surgery
Study aims to understand the potential etiologies of the systemic symptoms self-reported by some breast implant patients known as Breast Implant Illness

The Aesthetic Society and The Aesthetic Surgery Education and Research Foundation (ASERF) released the findings from a study dedicated to researching the systemic symptoms self-reported by some breast implant patients, known as Breast Implant Illness. This study was funded entirely by an Aesthetic Surgery Education and Research Foundation (ASERF) grant awarded in 2019. There was no outside sponsor involvement in the research, data collection, data interpretation, data analysis, or writing of the manuscript. The full study is published in Aesthetic Surgery Journal.

Breast Implant Illness (BII) is a term used to describe a variety of symptoms by patients with breast implants for which there are no abnormal physical or laboratory findings to explain their symptoms. This is the first prospective, blinded study with control groups to evaluate women with breast implant illness both qualitatively with symptom surveys and quantitatively with bio specimens (blood and implant capsules). The authors sought to investigate measurable differences between the cohorts to help explain symptoms and point to potential causes.

KEY FINDINGS PUBLISHED FROM THE STUDY ARE:

- There are women with implants who experience a variety of symptoms that they attribute to their implants;
- They have real symptoms and are distressed that no diagnosis can be made;
- The ASERF study demonstrated 94% of patients showed improvement in systemic symptoms after removal of their breast implants;
- The symptom improvement is independent of the type of capsulectomy performed and there was no statistical difference in symptom improvement whether the entire capsule was removed or partially removed at the time of implant removal;
- The study found low measurable levels of some heavy metals in implant capsules as well as normal breast tissue never exposed to any implanted medical device. None of the groups had tissue levels that exceeded the International Conference on Harmonization level of acceptable internal exposure levels to heavy metals;
- There was no significant difference in the presence of bacteria on the implants or in the capsules, between the groups validated by analysis of the presence of bacterial DNA;
- Peripheral blood analysis showed very few statistical differences between the cohorts;
- Further prospective research is necessary to determine which patients might be at risk for developing systemic symptoms after getting breast implants and how best to treat these patients; and
- The one-year follow-up data will be published early in 2023.

“The bottom line is that we found that these patient’s symptoms improve after implant removal and they may improve without a capsulectomy which is a less invasive, less risky, and less expensive procedure,” says Patricia McGuire, MD, co-author of the study.

Continued on Page 51
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Breast Implant Illness Study
Continued from Page 49

help them make informed surgical decisions when deciding to remove their implants.”

“There have been questions surrounding the safety of breast implants for as long as there have been breast implants. Breast Implant Illness is self-reported by a minority of women with breast implants and the symptoms being reported by these women needed to be looked at with a well-designed prospective scientific study,” explains Caroline Glicksman, MD, MSJ co-author. “Our goal was to design such a study and we utilized authoritative laboratories including Brown University and Johns Hopkins University to analyze the biospecimens.”

Part one of the biospecimen study “Impact of Capsulectomy Type on Post-Explantation Systemic Symptom Improvement: Findings From the ASERF Systemic Symptoms in Women—Biospecimen Analysis Study: Part 1” published July 2022 in Aesthetic Surgery Journal examined women describing medical symptoms that they attribute to their breast implants. Many groups on social media insist that an “en bloc” removal—the complete removal of the scar tissue surrounding a breast implant in one complete piece, must be done for a patient to have their symptoms resolve. The term “en bloc” refers to a procedure done for malignancy in which a layer of normal tissue is removed around a malignancy to ensure the tissue margins are clear of tumor. Thus, the term is improperly used for removal of an implant in the absence of malignancy. Removing the entire implant capsule requires a longer operative time, a longer incision, and may carry a higher risk of surgical complications, such as hematoma or a collapsed lung. Surgeons are advised to follow evidence-based medicine and use scientific data to discuss surgical options with patients to ensure that they can make the best decision if they choose to remove their breast implants. The study demonstrated that the type of capsule removal did not affect the improvement in symptoms. Whether a partial or complete capsule removal was performed, the patients reported the same level of improvement.

Part two of the study “Heavy Metals in Breast Implant Capsules and Breast Tissue: Findings from the Systemic Symptoms in Women—Biospecimen Analysis Study: Part 2” addresses claims that breast implants may contain heavy metals which could also be contained in the implant capsule and may contribute to the patient’s symptoms. In this study, implant capsule specimens from both implant groups, those reporting systemic symptoms and those not reporting symptoms they attributed to their implants, and the breast tissue of subjects who never had any implanted medical device, were evaluated for 22 heavy metals. None of the subject’s tissue levels exceeded acceptable levels of safe exposure.

Part three of the study, “Microbes, Histology, Blood Analysis, Enterotoxins, and Cytokines: Findings from the ASERF Systemic Symptoms in Women—Biospecimen Analysis Study: Part 3” sought to determine if there are quantifiable laboratory findings that can be identified in the blood, capsule tissue pathology, or microbes that differentiate women with systemic symptoms they attribute to their implants from two control groups. On the day of surgery, blood was drawn and implant capsules (the scar tissue that forms around implants) were sent without the patient’s identity or any indication of which cohort the patient was in, to Eurofins, a lab that evaluates heavy metals, Microgen DX, which evaluated heavy metals which could also be contained in the implant capsule and may contribute to the patient’s symptoms. The findings revealed that although there were a few markers that were statistically higher in the BII group, none were in a majority of subjects that could be used to make a diagnosis or point to a cause of symptoms. The study concluded there are few identifiable biomedical markers to explain the systemic symptoms self-reported by patients with BII.

With over 98% of the BII subjects followed at 6 months, the study concluded that women with symptoms they attribute to their implants do experience symptom improvement after removal of their implants. Ninety-four percent of subjects showed improvement of at least some of their symptoms with a 68% reduction in the number of symptoms reported. The symptom improvement was the same whether the patients had the entire capsule removed or partial removal.

The comprehensive research illustrated in this scientific study published in a peer reviewed journal is good news for patients who have breast implants. If a patient does choose to have her implants removed over health concerns, there is no definitive evidence for the need to have the entire implant capsule removed in the absence of other indications such as capsular contracture, a ruptured implant, or a textured implant. Patients may experience symptom improvement with a shorter, less complicated, less expensive procedure. Additionally, although there were measurable levels of some heavy metals around implants, the levels were below safe levels of exposure, and this should not be used as an indication for total capsulectomy in women considering implant removal for systemic symptoms.

Patients considering implant removal for systemic symptoms should consult with a board-certified plastic surgeon to discuss her options. This study allows surgeons to discuss the surgical options using evidence-based data with their patients.

Additionally, although there were measurable levels of some heavy metals around implants, the levels were below safe levels of exposure, and this should not be used as an indication for total capsulectomy in women considering implant removal for systemic symptoms.
Mollenkopf Aesthetic Breast Reconstruction Fund

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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 available to patients nationwide.

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The Foundation is proud to announce that not one, but two influential surgeons will be receiving the 2023 ASERF Career Achievement Award. Join us on April 22 in Miami Beach as we honor James M. Stuzin, MD in his hometown, and posthumously recognize John B. Tebbetts, MD, for their contributions to our specialty.

The Career Achievement Award is bestowed upon a plastic surgeon for their significant contributions and commitment to aesthetic plastic surgery. Drs. Stuzin and Tebbetts have dedicated themselves to the specialty and have significantly influenced all of our careers. It is privilege to include them both with the other esteemed Career Achievement Award honorees.

**PREVIOUS HONOREES**

- 2022    Sherrell J. Aston, MD
- 2019    Robert Singer, MD
- 2018    Scott Spear, MD (posthumous)
- 2017    Thomas Baker, MD and Simon Fredricks, MD
- 2016    Gilbert P. Gradinger, MD
- 2015    Foad Nahai, MD
- 2014    Luis O. Vasconez, MD
- 2013    Fritz E. Barton, Jr, MD
- 2010    Thomas D. Rees, MD

**ASERF to Honor James M. Stuzin, MD and John B. Tebbetts, MD in Miami Beach**

Douglas S. Steinbrech, MD
The Newest member of ASERF's President’s Circle

Douglas S. Steinbrech, MD, a 12-year member of The Aesthetic Society who practices in New York City, recently pledged $50,000 to become the newest member of ASERF's President's Circle, an honor given to the Foundation's largest donors.

Dr. Steinbrech, known as a renowned expert in men's aesthetic surgery, has been an ardent supporter of ASERF since becoming a member in 2010. He recently served as Steering Committee Chair for 2022 ASERF Career Achievement Award recipient Dr. Sherrell J. Aston, helping raise over $45,000 in donations made in honor of Dr. Aston.

His evolution from ASERF member to major donor came from seeing first-hand, the positive impact findings from ASERF-funded studies had on aesthetic plastic surgery. “I have personally seen, in both me and my patients, how real data from well-controlled ASERF-sponsored studies have improved results in my practice and with many others ASERF and Aesthetic Society members,” said Dr. Steinbrech.

Specifically, Dr. Steinbrech cited recent studies on safety in gluteal fat grafting, “which truly made an incredible impact in maintaining the procedure to be allowed to be performed safely in this country,” and breast implant studies that are helping “determine what is the real science behind what people are calling ‘breast implant illness.’”

The importance of supporting aesthetic surgery research now and in the future, as well as following the example set from current and previous researchers, are priorities for Dr. Steinbrech, who noted, “ASERF’s goals with regards to aesthetic surgery research are so important, primarily because we need to continue to be innovators and maintain our position as leaders in our specialty. I feel that it’s our responsibility as surgeons who have benefited from the hard work and excellent studies from our great leaders in this specialty, that we give back.”

Dr. Steinbrech has opted to pay his pledge in annual installments, one of many options ASERF makes available to its donors.
Practical advice you can put to use today to help your practice run more efficiently.
As Harry Styles says: “Maybe we can Find a place to feel good And we can treat people with kindness Find a place to feel good…”

As Harry Styles says: “Maybe we can Find a place to feel good And we can treat people with kindness Find a place to feel good…”

NOVEMBER 7–13 IS WORLD KINDNESS WEEK

2022 has been a tough year for many. There is uncertainty about the state of the economy, the war in Europe, fighting for freedom around the world, plus lingering fears of the next strain of Omicron.

The holidays are a great time to show your patients (staff and colleagues too) how much you care about them. Showing empathy and interest in the people around you help to form deep connections in meaningful ways. Let November through December serve as a timely reminder to thank those who have helped you to thrive throughout the year.

When I managed a plastic surgery practice on New York’s Park Avenue, for the holidays I ordered elegant cards to send to active patients and colleagues, including anesthesiologists, nurses, referring physicians, hospital staff, neighbors, doctors who took call, etc. We signed every card by hand and addressed them by hand. It was pricey and time-consuming, but it was always worth it. It was our way to say, ‘we care about you’ or ‘we’re thinking of you,’ and it paid for itself in Karma.

Although many plastic surgeons have regional and global practices, your bread-and-butter patients tend to live within a drivable radius.

HERE ARE 5 WAYS TO END THE YEAR BY SHOWING A LITTLE KINDNESS

1. Donate to a charity (or a few) that resonates with you and your patients. My choice is (CEW) Cosmetic Executive Women’s Cancer and Careers. I was the first editor of the site, and it holds a special place in my heart to have worked on something that helped so many women navigate their cancer experience.

2. Local toy drives are a great way to give back to your community. Hospitals often have these going on. Designate a children’s charity or homeless shelter in your area to bring cupcakes or a hot meal.

3. Write a check to the hospital where you are an attending to support their overworked, underpaid and often underappreciated staff, or donate to a greater cause, like American Nurses Foundation or Project Hope.

4. Visit a local senior center, synagogue, or church to give a 30-minute talk on a topic of interest, like ‘Live Well, Feel Good’. Bring festive gift bags with some skincare products to leave behind.

5. Gift certificates are always welcome. Chose your top 25 or 50 or 100 patients; the biggest spenders, most loyal, or refer the most clients. Print a VIP gift card for a meaningful amount, $100 is a good number. Deliver these in a personal way by email from the surgeon and/or practice manager. Designate what it can be applied to, such as treatments with no consumables, to keep your costs down.

It may be obvious, but these live events and donations are also good opportunities to generate content for your social channels but keep ‘kindness’ as your primary mission to keep it real.

Wendy Lewis is the Founder & President of Wendy Lewis & Co Ltd Global Aesthetics Consultancy since 1997, a marketing communications boutique in New York City specializing in beauty, wellness and aesthetics. Their clients include skincare, medical devices, start-ups, aesthetic practices and medspas. An award-winning writer, she serves on the Editorial Board of “Prime International Anti-Ageing Journal,” and regularly contributes to “Aesthetic Society News,” “Practical Dermatology,” “Modern Aesthetics,” and many other publications. Wendy is a frequent speaker, course instructor, and presenter at conferences and webinars in the US and globally. She is the founder of the LinkedIn group, Global Aesthetics Professionals, with over 5,000 members. Her first textbook, Aesthetic Clinic Marketing in the Digital Age (Taylor & Francis) will launch a second edition in 2023.
Let’s take a deeper look at the procedure space.

Midmark has redesigned the procedure space around the caregiver with up-close access to the patient on all sides as well as additional equipment and supplies. And the right procedure chair provides the positioning flexibility the caregiver needs to work comfortably during even the lengthiest of procedures.

Learn more: midmark.com/aesthetic
Recession Ready or Not?
By Karen Zupko

“It sure doesn’t feel like a recession over here. We’re booked out for the next three months. The phone hasn’t stopped ringing.”

You may share the same sentiment. Perhaps 2023 looks quite bullish from your perspective. While it’s true your practice is busier now than prior to and during the pandemic, clouds are gathering on the horizon. Many have a false sense of security. Why are we raining on your parade?

Already there are “canaries in the coal mine” signaling trouble. As the Fed raises interest rates, and portfolios shrink, wallets for luxury items and services are tightening. Patients are beginning to “postpone” their surgery, some are reluctant to book too far in the future, cancellations just before the pre-op are leaving holes in the surgery schedule.

After over 30 years consulting with plastic surgery practices, we’ve guided surgeons through every type of economy—including the current situation. Here are steps we strongly recommend you take immediately to sidestep a slowdown.

ACTION STEP: Give yourself more time to fill an opening. Move the pre-op out to 21 or 28 days.
This is especially critical for a 4-hour case. You need time to get another patient off the move up list and prepared for surgery.

ACTION STEP: Mine the list of previously seen patients.
Staff tell us they are reluctant to stay in touch with patients who didn’t schedule. “If I follow up with patients and they want to book, I have no place to put them.” Not if, but when your schedule thins out where have all these prospective patients gone? Who will fill the cancellations mentioned above? Follow up passivity is now passe. It takes finesse to maintain relationships.

Book the follow up action with the patient before they leave the PCC’s office.

ACTION STEP: If you don’t charge for the consult when the appointment is made—start.
You can’t afford “no shows” in this environment. Free consultations also damage your brand by signaling there is no value to your time.

ACTION STEP: Don’t assume financing is just for middle class patients.
The Wall Street Journal and New York Times business sections report soaring interest rates are causing even those with six figure incomes, to rethink where and how they shop.

Don’t ignore the overall economic reality facing your potential and existing patients. If you Googled “credit card interest rates” on November 21st the answer was 19.14%. A friend with a pristine 800 credit rating has a Mastercard with a 22% interest rate. This doesn’t matter if you pay off the bill at the end of the month—but that’s not the case for many patients.

Resolve to be better informed about how financing can work for your practice. Be certain your PCC can capably explain financing to every patient. Make it possible for patients to schedule and for you to stay in the operating room.

ACTION STEP: Step up reminders about injections and med spa treatments.
Many practices stopped sending out injection reminders. We who weathered 2008 remember the economic freeze. Non-surgical solutions and insurance cases came to the rescue, keeping plastic surgery practices afloat.

BOTTOM LINE
Take action now. And if the “canaries” are wrong? You’ll be in better shape for even greater success. But if they are right, your bottom line is secure. John F. Kennedy said it best: “The time to repair the roof is when the sun is shining.”

And the forecast is cloudy.

Karen Zupko is a regular contributor to ASN who participates in the annual meeting regularly. Her firm KZA offers training for PCCs and other staff, as well as operational consultations.
Coverage that converts consults into clients.
What Does A GBP Do?

A GBP is a Google tool that gives an overview of your business and provides important information, including the name of your practice, its location and hours, and how to contact you (phone, website, messaging, etc.).

In addition to being a place to highlight reviews, photos, posts, services, products, and answers to frequently asked questions, it also allows you to communicate directly with your potential customers. All of this information adds legitimacy to your business.

In these fast-paced times, consumers want things to be as easy as possible. They don’t want to hassle with searching for the information they need. With a GBP, they have all the critical information they need at their fingertips, so they can easily choose what to do next.

What Information Is Needed for a GBP?

One of the best parts of a GBP is how easy it is to create. Simply put, a few pieces of standard information are all you need to complete the initial setup. After that, you just need to maintain and update your profile. To start, you will need to fill out your:

- Business name, location (address), phone number, website (URL), operating hours, description of your practice, category, and attributes.

Once you have created your profile, you will want to update it regularly to ensure it remains optimized. The best areas to update on your GBP include the following:

- Review responses: Everyone relies on reviews, which are essential for your GBP. Research studies have reported that over 80 percent of consumers trust online reviews as much as a recommendation from a friend or family member. What’s even better is when you respond to those reviews. Your response to a review adds credibility and legitimacy to your brand.
- High-resolution images (Google does not allow nudity)
- Your latest posts (including specials)
- Any changes to your practice (including hours or contact information)

Why Should My Practice Claim Our Google Business Profile?

Your GBP is FREE! There is absolutely no charge to create or maintain your GBP. So, essentially, claiming your profile equates to free advertising for your practice, advertising that could potentially lead to Google’s 3-pack on page one.

These days that is hard to come by, especially on Google.

Many businesses never claim their GBP. So if you claim yours, you will automatically be one step ahead of some of your direct competitors. However, you will be one step behind if you don’t claim your GBP but your competitors claim theirs.

How Else Can a GBP Help My Practice?

Nearly 5.5 million Google searches are performed each day, and almost half have a local intent.

Many businesses never claim their GBP. So if you claim yours, you will automatically be one step ahead of some of your direct competitors. However, you will be one step behind if you don’t claim your GBP but your competitors claim theirs. If you are not using your GBP, you may be missing out on many leads that could turn into significant revenue.

What’s the Connection Between a Google Business Profile and Increased Revenue?

A well-optimized, enhanced GBP increases your visibility on Google. In fact, according to Google studies, consumers are 70 percent more likely to visit a business if they have a GBP.

This visibility has been linked to more traffic, leads, and sales. Luckily, Google is in the process of adding more features and post types. Additionally, they will show more local listings on the search engine results page (SERP) along with an enlarged map. This means that you have a better chance of getting your business included.

A GBP increases the ease for potential local consumers to contact you via your website, phone, email, social media, or even text messages (which is becoming increasingly more popular). It allows you to share appropriate and important information with them and answer their questions in real time.

It’s simple: if you attract more local visitors, you have a much better chance of gaining influence, which can increase traffic and sales.

A GBP is free and can significantly increase visibility. But, you must put some effort into maintaining it and keeping it optimized. Make sure you are specific and clear regarding what services your practice offers, and update your GBP regularly with posts, images, and responses to reviews.

Peter Houtz is the Vice President of Sales for Plastic Surgery Studios, a full-service 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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As a plastic surgeon, you may already understand the importance of things like SEO and social media marketing, but you likely can’t keep up with the latest trends and best practices. That’s where a marketing agency can come in handy—however, it can be difficult to tell which one is the best choice for your practice. To help narrow your search, we’ve provided some helpful tips:

1. **DETERMINE YOUR BUDGET**

   When it comes to marketing (much like plastic surgery), you get what you pay for. The cost of a website can certainly vary, but a solid website can do wonders for your marketing, so we recommend dedicating a decent portion of your budget to a new or redesigned website.

2. **LOOK FOR AN AGENCY THAT SPECIALIZES IN PLASTIC SURGERY**

   Many marketing companies work with various business types simultaneously, so it can be extremely beneficial to find one that specializes in your industry. They’ll know how to cater to your unique business model and apply the latest SEO techniques in a more effective way.

3. **CHECK THEIR REVIEWS**

   Similar to how your patients research potential providers, customer reviews can help you familiarize yourself with what to expect. Take note of the things that are frequently highlighted in the reviews to get an idea of a typical client experience.

4. **INSPECT THEIR WORK**

   In addition to reading reviews, we suggest looking through their portfolio and reviewing the work they’ve produced for other clients. If possible, find a few established clients in markets comparable to yours and see how they are ranking in search engine results.

5. **ASSESS YOUR GOALS**

   Not every SEO firm is going to be a good fit, and vice versa, so it’s a good idea to figure out what your marketing goals are and see if they match what is being offered. Furthermore, set realistic expectations: if your budget can’t accommodate the types of services they recommend to reach the level of success of their other clients, you’re unlikely to get the same results.

6. **ASK QUESTIONS**

   Speak directly to whoever will be managing your account and ask for case studies and examples of a typical marketing plan. Ask if they provide custom or customizable websites, as well. This can mean all the difference: the end product will either be personalized or cookie-cutter.

7. **WATCH OUT FOR RED FLAGS**

   Keep an eye out for any red flags, such as black hat tactics, a lack of transparency/communication, or lofty promises. Make sure you’ll also be the owner of your own website, so you’ll have more freedom and flexibility if you choose to work with another company later on.

   Your online presence plays a large role in the success of your practice, so selecting the right marketing company is an important decision. Take your time, do your research, and make sure you feel comfortable working with the agency you ultimately choose.

   To learn more about Rosemont Media and the work we do, please visit rosemontmedia.com or call (800) 491-8623.

   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.
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How Do I Choose an Insurance Company and What Sort of Policy Should I Have?
By Harry K. Moon, MD, FACS

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.

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.

Whether a claims-made or occurrence policy best suits your practice the financial stability of your insurance is equally important. Your insurer cannot pay indemnity payments should it become insolvent. This is another important consideration for you while choosing your liability carrier. Be sure to ask for coverage and financial stability details when shopping for your next Medical Liability policy.

For more information, please visit our website at www.amsrrg.com/solutions/preferred-programs where you can click on the “Request A Quote” link or please contact Christopher Edge at newsubmission@amsrrg.com.

Christopher Edge is Vice President of Preferred Programs and New Business Development at AMS Management Group.

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Dear Members,

If you are NOT where you want to be with the growth of your cosmetic practice, there's only one reason...there is something you don't know.

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✓ How to find, hire, motivate and manage A-players who are trained revenue-generating professionals who know how to convert callers and consults without you micromanaging

✓ HOW to do ALL of this while enjoying a fulfilling livelihood, developing lasting relationships with your patients, and enjoying the pride that comes with transforming the lives of others.....

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Catherine Maley, MBA
Author, Your Aesthetic Practice
Beauty and the Biz Podcaster

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The biggest challenge you face in running your own practice is staff. Hands down.

That’s because you are dealing with human beings full of beliefs, thoughts and feelings. Staff is a moving target that is always changing.

Their circumstances change. Their feelings about work change and it goes on and on.

This affects you big time when you are building a team you are proud of and can count on to have your back.

But here’s what happens too often...

You have a staff person who simply no-shows, never to be heard from again.

Or your key employee hands in their resignation and will be leaving at the end of the week.

Or someone who was an excellent employee suddenly goes bad and you have no idea why.

But here’s the thing... this should not be a surprise and you should not be blindsided.

Things don’t just happen. There are always signs. But you are so busy and focused on running a practice that you often miss them so here’s what you do:

**COFFEE COACHING SESSION**

Hopefully, you have a manager who works with the staff, so have them take each staff person separately out for coffee and away from the office. A local Starbucks works well since that’s a relaxing place.

You can do this twice per year to just check in or do it when you sense something is off with that staff person and you want to address it before it grows into something more serious.

This is not an annual review where the staff will expect a raise. This is a simple coffee coaching session where you are checking in with the staff person to see how things are going with them.

First, have them complete a simple skills self-assessment as they see it. Have them rate themselves 1–5 for skills such as punctuality, attitude, being a team player, quality of their work, customer service skills, willingness to chip in and so on.

Check their answers against yours and discuss the ones where you came up with widely different ratings to hear their point of view and they to hear yours. It’s interesting and important to see how they perceive themselves vs. how others perceive them.

Now ask open-ended questions to get their feedback such as:

- What additional value have you brought to your position?
- What are you struggling with?
- What is our biggest potential for growth as you see it?
- How are you doing personally?

This is where you learn what is happening in the office that you might not know about and/or what is happening in their personal lives that is affecting their work.

This coffee coaching session acts as a sounding board, so your staff feels heard and understood and that you care about them as an employee and as a person.

That’s how you mitigate the blindside.

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.
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During a volatile market environment like we find ourselves in today, many investors, including plastic surgeons, feel a powerful drive to take action in response.

When markets are down sharply, there is a common temptation to sell stocks in an effort to reduce risk. While selling stock creates a sense of control that can make people feel better at the moment, it is often exactly the wrong thing to do during a market downturn.

For plastic surgeons who are long-term investors, trying to time market tops and bottoms is a fool's errand. The evidence overwhelmingly demonstrates that most investors diminish their long-term returns when trying to do so. They are more likely to chase the market up and down and get whipsawed, buying high and selling low. Market timing, while tempting, involves getting two nearly impossible decisions right: when to sell and when to get back in.

Even when following the advice to remain invested during a market downturn, an investor does not have to sit passively on the sidelines and do nothing. In this article, we suggest three actions investors can take to keep their financial goals on track during periods of market volatility.

KEEP A LONG-TERM PERSPECTIVE

One of the important benefits of working with an experienced advisor is that they can help you manage your financial situation in a holistic way, which will enable you to stay disciplined and true to your long-term investment strategies. This is true both for your existing investments as well as any new investments you plan to make over time. Rebounds can happen quickly and the cost of missing them is significant over time. Recognizing this, most advisors will try to help their clients remain invested and do so at a reasonable allocation level.

USE MARKET DECLINES AS AN OPPORTUNITY TO HARVEST TAX LOSSES

A downturn in prices isn’t what we hope for when investing. But one way to make ‘lemonade out of lemons’ is to sell securities that are down from their purchase price. By “harvesting” those realized losses they can be used to offset taxable realized gains. This tax-saving strategy can be helpful today and possibly for many years into the future since realized capital losses can be carried forward on your tax return. As one harvests losses, the proceeds from those sales are used to purchase investments in a similar category, so the portfolio allocation and opportunity to catch an upswing remain intact.

TAKE BREAKS FROM THE 24/7 NEWS CYCLE

Many plastic surgeons would do well to take time away from the financial media. The omnipresent news feed is focused on attracting attention, and benefits advertisers, not investors. It can be overwhelming to the viewer, which can lead to unnecessary stress and anxiety. It is important to stay both physically and mentally healthy so you can make the best decisions for your overall benefit.

CONCLUSION

For many plastic surgeons, watching investment values plummet leads to an emotional decision to do something, often leading to behaviors which can be detrimental to financial goals. In this article, we outlined three actions to take during a market downturn that can positively impact one’s long-term wealth planning.

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Creating a Positive Team Culture
By Terri Ross, Terri Ross Consulting

Traveling around the country and speaking at virtually every plastic surgery and aesthetics conference, as well as reviewing all the surveys to come out of the aesthetic industry, four things have become very apparent in terms of what the industry needs and wants: leadership, culture, training and understanding their data.

Because employee turnover is so high, it’s extremely important to establish a positive company culture that:
- Encourages positive attitudes
- Builds trust and confidence
- Creates shared values
- Establishes common goals
- Attains buy-in for team responsibility for overall revenue growth and excellent customer service

WHAT IS COMPANY CULTURE?
Company culture is defined as a set of shared core values and practices that define an organization, both internally for employees and externally as part of its public image.

The more clearly defined and consistent a company’s culture is, the more likely they are to retain top talent, make work feel purposeful and have employees who feel motivated, passionate about their work, engaged, more productive and feel like they’re a valued member of the team.

A strong company culture strengthens performance and recognizes and celebrates the quality of work employees produce. It also empowers employees to work independently and take pride in their work as well as to feel passion and purpose which is a strong motivator.

When you treat your employees like partners in your business, everyone becomes invested in the success of the practice. People want to feel heard and needed. When you nurture your employees and find opportunities for them to grow so they don’t feel stagnant, they tend to stick around for the long haul.

CREATING A COMPANY CULTURE
Some of the first things you and your team should create together to establish your company culture are:
- A Mission Statement that communicates the purpose of your practice. Most practices have this, but the real question is, do your employees know what your mission statement is and are they able to express it to patients.
- A Vision Statement that provides insight into what the company hopes to achieve or become in the future.
- A List of Core Values or Value Statement that reflects the organization’s core principles and ethics.
- A Culture Handbook that defines what it means to be part of your team and what you are asking them to commit to (for example getting to work on time, open lines of communication and communicating respectfully, maintaining healthy work relationships, doing your best in the moment based on the best knowledge you have, providing five-star customer service, using positive language that builds people up vs. tearing them down, leave gossip at the door, etc.).

BECOMING THE LEADER OF YOUR COMPANY CULTURE
Great leaders are not born. They are developed and cultivated. They should strive to always maintain a level of emotional intelligence and trust their intuition. As a leader, you need to show up and be your best self every day. As you grow as a leader, you must also continue to nurture, build, and maintain your company culture.

It is important that your entire team:
- Understands the vision and what is expected of them
- Commits to the vision
- Always maintains focus on the vision
- Is persistent in their drive toward excellence
- Takes action to reach established goals

As an effective practice leader, you need to be able to:
- Problem-solve
- Develop people
- Make quick decisions
- Communicate to connect
- Influence others
- Delegate effectively
- Give feedback
- Give praise
- Encourage diversity of thought
- Creates a culture of trust
- Foster leadership in others

I challenge you to look at your own internal company culture. Think about what you want to do differently as you move into 2023. Think about what changes and improvements you would like to make. Think about creating a culture handbook and going through and defining your vision, mission, focus and purpose, so your team can be in alignment.

I know it is easy to use the excuse you don’t have time, or your team doesn’t have time. Trust me. If you carve out the time, I promise it will be worth it. As always, my team and I are here to help. APX Platform’s operations course take a deep dive into establishing your company culture. If you would like to learn more and schedule a discovery session, please visit apxplatform.com.

Terri Ross, an official partner and trainer for AmSpa, offers distinct programs to help you launch or grow your medical aesthetic or plastic surgery practice. She and her team bring a combined 30 years of experience achieving over 600% growth with clients in the most competitive markets in the world, in addition to launching over 40 new medical practices across the country.
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The Aesthetic Society Code of Ethics prohibits any ad that is a misrepresentation of fact, fails to state any material fact, or is likely to create false or unjustified expectations of favorable results. I would venture to say that a facelift and chin implant would qualify as material facts in this situation! The Code of Ethics further prohibits using images that falsely or deceptively portray the recovery from a condition and, as a result, creates unjustified expectations of favorable results.

I would hazard a guess that your colleague is probably highlighting the new laser he or she just purchased and is looking to drum up patients to offset its cost. This makes business sense, but it’s not sensible. I would advise you to submit your summary—including a copy of the actual ad—to the Ethics Committee. Quote The Aesthetic Society Code of Ethics section to substantiate your case, which is: 3.01 Unethical Publishing (a) A member, whether personally or through affiliated intermediaries, and whether by act or omission, shall not publish, which term includes all activities and forms of communication, anything which is false, fraudulent, deceptive, or misleading, whether or not such publishing is for personal, commercial or practice-related purposes.
Putting Patient Safety First Benefits Everyone

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 which ultimately impact your bottom line.
Patient Safety in Chin Augmentation with Implants

By James Fernau, MD, FACS

A chin implant can be considered a permanent volumizer and/or the ultimate permanent filler. The most important patient safety consideration in this discussion will be release of the ligaments which are attached to the bilateral tubercles of the mandible. These ligaments must be released at the periosteal level to prevent the chin implant from angling towards the mental nerve foramen. It is essential the placement of the chin implant be at the lowest level of the mandible as possible. silicone chin implants have a mild design flaw because the lateral most extent of the implant tends to angle in a superior direction; therefore, it is essential to release the ligaments at the tubercle of the mandible in the midline and keep the dissection low and parallel to the mandible and the lateral dissection must keep the pocket tight. Using sterile sizers is definitely recommended prior to placing the permanent silicone chin implant. There are various types of chin implants. The one discussed in this article is a silicone chin implant by the company Implantech. This implant is a soft flexible silicone elastomer and is the most common implant used worldwide. A second implant which can be used is made of calcium hydroxyapatite and is very hard and this is made by a company called Medpor. The third less commonly used implant is called a Gore-Tex implant and is made of polytetrafluoroethylene or ePTFE. Titanium implants are available and are generally not used for cosmetic purposes.

I educate my patients thoroughly on all the types of implants used and all of the various complications. They watch an animated instructional video before the consultation which is available on my website and during the consultation I have them watch a brief video of the actual surgery itself.

Please note that prior to taking the patient to the operating room, I confirm the use of the enhanced recovery after surgery (ERAS) protocol and the decontamination protocol which I have written extensively about in this newsletter. I degrease the skin with alcohol and do a skin prep with chlorhexidine prior to the general preparation in the operating room. I also have the patient rinse orally with a mouthwash and Chlorhexidine gluconate 0.12% oral rinse.

After the patient is marked carefully with a mandibular sizer on the external skin of the chin, they are then taken to the operating room and placed in the supine position. Intravenous antibiotics are given 30 minutes prior to the incision. Additionally, I give 1 g of intravenous tranexamic acid slow intravenous push (to prevent hypotension). The tranexamic acid decreases bruising, swelling, inflammation, pain and redness.

Using specific equipment can help the safety of this operation. Implantech markets three periosteal elevator’s and the medium size is optimal to elevate the periosteum off of the mandible and to release the ligaments at the tubercle of the mandible. Using a back-and-forth motion (called the Waddle technique) on the bone and under the periosteum prevents tearing the periosteum. Additionally, an Aufricht retractor placed parallel to the lower most border of the mandible is quite helpful to dissect the pocket. Using at least 2.5 loupe magnification and brilliant headlight illumination makes the dissection safer with improved visualization. A bloodless field is helpful. Using 10 ml of 1% xylocaine with 1:100,000 epinephrine mixed with 10 ml of 1/4% marcaine with 1:200,000 epinephrine and 2 ml of tranexamic acid make an approximate 1% solution and waiting 10 to 15 minutes prior to infiltration creates a near bloodless field. Using hydrodissection infiltration under the mandibular periosteum makes the dissection much easier. Using neurosurgical pledges soaked in 3% tranexamic acid (approximately 10 ml of tranexamic acid mixed with 10 ml of sterile saline) also contributes to near perfect hemostasis.

Prior to implantation I soak the sizers, permanent implant and all sutures in half strength Betadine followed by triple antibiotic solution (Cefazolin 1 gram, Gentamicin 80 mg, Clindamycin 900 mg all mixed in a 250 ml bag of sterile saline) I use Phase One to irrigate the pocket to prevent infection.

The most important patient safety consideration in this discussion will be release of the ligaments which are attached to the bilateral tubercles of the mandible. These ligaments must be released at the periosteal level to prevent the chin implant from angling towards the mental nerve foramen. It is essential the placement of the chin implant be at the lowest level of the mandible as possible.
Aesthetic Society News

SAFETY MATTERS

Patient Safety in Chin Augmentation with Implants
Continued from Page 75

A Chevron incision is made with a 15-blade knife with less than 1 cm limbs keeping the incision extremely small. After the mentalis muscle is divided with the Bovie cautery with a guarded Colorado tip the medium size Implantech elevator is used to release the strong ligaments off of the tubercle of the mandible. As you can see in the video linked on the previous page, I start on the patient’s left side. The key to the entire operation is to carefully and meticulously and patiently release this very strong ligament off of the Mandibular tubercle. There is one on each side. In the video, I started on the patient’s left side and released the mandibular tubercle ligament first on the left side and the dissection is then very easy to the region you have marked on the edge of the mandibular implant externally which is generally in the region of the mandibular jowl. After releasing the strong mandibular tubercle ligament, the Aufricht retractor can be inserted to complete the dissection staying parallel to the lowest portion of the mandible. Using neurosurgical pledgets 3% topical tranexamic acid can be placed after the pocket is dissected and left in place while you are dissecting the opposite side. Please remember topical 3% tranexamic acid works best when applied for at least five minutes. After the dissection is completed on both sides the sizer can be inserted and checked for size, shape, and symmetry. Please note that prior to placing the sizer I irrigate the pocket with 10 ML’s Phase One on each side. The actual mandibular chin implant is then moved from the half strength sterile Betadine and rinsed with the triple antibiotic, and I again rinse every pocket with 10 ML of Phase One just prior to placement of the actual mandibular chin implant. The area of the chin implant and the neck are re-prepped with either Betadine or chlorhexidine just prior to implantation. The chin implant midline is marked on the patient and noted on the implant and using the Aufricht retractor and with the aid of hemostats and an assistant the implant is easily placed into the pocket. It is important for the assistant to stabilize the implant near the midline while you are inserting the opposite wing of the implant. This avoids the implant “flipping out” of the pocket. If needed, the lateral wings of the implant can be trimmed with scissors.

Before securing the implant in the midline please dissect the subcutaneous tissue off of the mentalis muscle to allow for a meticulous layered closure. The implant is then secured in the midline with a permanent 4-0 white braided polyester suture (Mersiline). The suture is first placed through the periosteum and then through the implant on the left side of the implant and then back through the right side of the implant at the same level and then through the periosteum and tied securely. This prevents a rocker deformity of the implant and holds it securely in place. As an alternative one could use a self-tapping 7 mm screw. I have not found this necessary in over 100 successful chin augmentations. The 7 mm self-tapping screw is extremely useful and the lateral mandibular angle implant which I will discuss in another article.

The mentalis muscle is the meticulously closed with 4-0 PDS suture followed by a dermal closure of the same suture making sure the skin edges divert and several med dermal sutures for optimal watertight closure. The final closure is with simple interrupted 6-0 nylon sutures which I believe does not impair the blood supply to the edges of the wound. This is followed by Steri-Strip closure forming a “cast effect” around the wound which you can visualize in the video. A final compression garment is placed for a minimum of four days and the patient will not remove this and never get the steri strips wet for the four days. As you will see in the video this patient also had extensive SAFE Liposuction of the neck with Renuvion radio frequency tightening of the fibroseptal network and is seeing the following day with no bruising, pain, inflammation, or redness.

Other considerations include sitting the patient in the upright position to check the side profile on both sides. The submental incision can be enlarged if modification of the platysma is required.

The extremely important points are summarized in the scissors on the seam on the last page of this article. Please note all information was obtained from my attendance at the Implantech facial implantation course and my own personal education, training and experience.

James Fernau MD, FACS is on his third term as Chairman of Patient Safety for The Aesthetic Society. He has a private practice in Pittsburgh Pennsylvania and is an Associate Professor of Plastic Surgery at the West Virginia University School of Medicine.
Scissors on the Seam!

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Patient Safety in Chin Augmentation with Implants

C areful release of the ligaments of the mandibular tubercle

Hydrodissection of local anesthetic

I nsertion of sizers and permanent implant at the lower mandibular border

N ever overdissect the pocket too superior

I nsert Aufrict retractor for optimal dissection

M edium size periosteal elevator used with subperiosteal back and forth dissection (Waddle technique)

P eriosteal perfect pocket at lower border of mandible

L ateral wings of the implant can be trimmed and must not be placed superior

A ntibiotic administration before incision and as a triple soak of the sizers and implant

N eed layered closure with 4-0 horizontal permanent mattress suture through the right periosteum first, then into right side of the implant, then into the left side of the implant and back through the left periosteum

T ranexamic acid used in the infiltration as a 1% solution and as a 3% topical solution applied for 5 minutes

Scissors on the Seam!

*Disclaimer: the preceding methods and products are not required. They are recommendations from The Aesthetic Society Patient Safety Committee as of January 2023 and do not establish a standard of care. You may download this document and any updates at bit.ly/3vfwDP7 to tailor to your specific practice. ©2023 The Aesthetic Society. All rights reserved.
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• Patients receiving breast implants have reported a variety of systemic symptoms such as joint pains, muscle aches, confusion, chronic fatigue, autoimmune diseases and others. Individual patient risk for developing these symptoms has not been well established. Some patients report complete resolution of symptoms when the implants are removed without replacement.

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Patients should receive a copy of Important Information for Augmentation Patients about MENTOR® MemoryGel® Silicone Gel-Filled Breast Implants or Important Information for Reconstruction Patients about MENTOR® MemoryGel® Silicone Gel-Filled Breast Implants. Your patient needs to read and understand the information regarding the risks and benefits of breast implants, with an opportunity to consult with you prior to deciding on surgery.

For detailed indications, contraindications, warning and precautions associated with the use of MemoryGel® Breast Implants. Please refer to the Instructions for Use (IFU) provided with each product, online at www.mentorworldwide.com.

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