



# Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

Volume 10, Number 1 WINTER 2006

## From Outer Space to the Surgical Suite: A conversation with Doctor Story Musgrave: Astronaut, Scholar and Surgeon



By anyone's estimation, Story Musgrave is a Renaissance man. Born in Boston and raised on his parents' farm near Stockbridge, Massachusetts, he joined the United States Marine Corps at age 18 serving as an aviation electrician and instrument technician.

After completing service, he enrolled at Syracuse University where, in 1958, he

received a Bachelor of Science degree in mathematics and statistics. In the years that followed, he earned an MBA in operations analysis and computer programming from UCLA, an additional Bachelor's degree in chemistry from Marietta College and, in 1964, received his Doctor of Medicine degree from Columbia University, serving a surgical internship at the University of Kentucky Medical Center in Lexington. He remained at Kentucky on post-doctoral fellowships from the Air

Force and the Heart Institute, earning an additional master's degree in physiology and biophysics.

High-altitude flight and the then-new space program had created new areas of medicine, and Dr. Musgrave was in the forefront, pursuing research in cardiovascular and exercise physiology and in the medicine of aviation.

In August 1967, Musgrave was selected by NASA to be among the first cohort of astronaut-scientists. Dr. Musgrave helped

**Continued on Page 8**

## Focus on Patient Safety:

### Organized Plastic Surgery Responds to Cosmetic Procedures Performed by Unqualified/Unsupervised Personnel

Joint statement is part of the Aesthetic Society's ongoing patient safety efforts



The Aesthetic Society and ASPS recently issued a joint press release alerting the public to the potential dangers of unlicensed persons performing medical cosmetic procedures in non-clinical settings.

Recent cases of patients receiving BOTOX® and tissue fillers at shopping malls, beauty salons or in their homes by individuals without sufficient training or licensure caused concerns among clinical and public health experts. Cosmetic procedures, including tissue filler injections, laser therapies, chemical peels and skin resurfacing, should only be done under the care of properly credentialed and trained medical professionals using only products approved by the Food and Drug Administration (FDA).

"There are some misconceptions among patients about the true nature of non-surgical cosmetic procedures. Non-surgical does not mean non-medical," said Mark Jewell, MD, President of the Aesthetic Society. "Patients deserve to know who is treating them, what their qualifications are, who the supervising physician is, and where the product is coming

**Continued on Page 12**

## Baker Gordon Symposium Celebrates 40 Years of Educational Excellence

Along with live surgery, didactic lectures, and the largest attendance figures ever, there was a definite air of celebration at the recent Baker Gordon Symposium Miami. The meeting hit a new milestone: its fortieth consecutive year.

The keynote speech by Michael Longaker, Professor of Surgery at Stanford, focused on the implications of stem cell research on the future of aesthetic surgery. Aesthetic Society past president, Gustavo Colon, MD offered his perspective on Baker Gordon at 40. In a truly inspirational fashion, Dr. Tom Baker provided a fascinating and entertaining look at the history of the symposium and its unique educational role in cosmetic surgery.

**Continued on Page 12**

### INSIDE THIS ISSUE:

	2002	
East	10	34.5%
South	9	31.0%
Midwest	3	10.4%
West	7	24.1%
	29	100.0%

Financial Benchmarking for the Cosmetic Practice. See Page 4.



New On-line Educational Content on Surgery.org See Page 14.



Aesthetic Meeting 2006. See page 15.





## Aesthetic Society News

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

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The American Society for  
Aesthetic Plastic Surgery



The Aesthetic Surgery Education  
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ASERF Website: [www.aserf.org](http://www.aserf.org)

## March 10–12, 2006

### 23rd Annual Dallas Rhinoplasty Symposium

Dallas, TX

Contact: Jennifer Leedy

Tel: 214.648.3138

## March 31–April 1, 2006

### Body Contouring After Massive Weight Loss Symposium—Includes 'Live' Surgery

Co-Sponsored by  
ASPS/PSEF & ASAPS

Dallas, TX

Contact: PSEF

Tel: 800.766.4955

## April 20, 2006

### The Rhinoplasty Society 11th Annual Meeting

Orlando, FL

Contact: Rhinoplasty Society

Tel: 904.786.1377



## April 20 – 29, 2006

### ASAPS/ASERF Annual Meeting

Orlando, FL

Register online at

[www.surgery.org/meeting2006](http://www.surgery.org/meeting2006)

## July 21-23, 2006

### Anti-Aging, Skin Care and Non-Invasive cosmetic Procedures Symposium

Co-Sponsored by  
ASPS/PSEF & ASAPS

Boston, MA

Contact: PSEF

Tel: 800.766.4955

## August 23-26, 2006

### 21st Annual Breast Surgery & Body Contouring Symposium

Co-Sponsored by  
ASPS/PSEF & ASAPS

Santa Fe, NM

Contact: PSEF

Tel: 800.766.4955

## October 6–11, 2006

### Plastic Surgery 2006

San Francisco, CA

Contact: ASPS

Tel: 800.766.4955





## Looking beyond our doors for fresh insights and innovations

As busy practitioners, we sometimes forget to look beyond the confines of our clinical and educational responsibilities to see how we might improve patient care by looking at the experiences of professionals in other fields. In this issue of ASN let me introduce you to a couple of individuals who can expand our thinking "out of the box."

It would be a very legitimate question to ask: "what would an astronaut possibly have to say about the practice of aesthetic surgery?" As I learned at the Florida Society Meeting, one particular astronaut can tell us quite a bit.

As a long time member of NASA's astronaut corps, Story Musgrave, MD, worked on everything from the original Apollo program to the repair of the Hubble, one of the most detailed missions ever prepared for. The crew trained meticulously for what Story often refers to as "the ballet"—the choreographing of every single movement, the position of over 300 tools, and learning the dynamics of Hubble's components moving in zero gravity. During much of his time with NASA, (from 1967 through to 1997), he continued to work as a part-time trauma surgeon at Denver General Hospital and as a part-time professor of physiology and biophysics at the University of Kentucky Medical Center.

I am delighted to report that Dr. Musgrave will be the keynote speaker at the Aesthetic Society Annual meeting in Orlando. I encourage you read the in-depth article on him in this issue of ASN, where he relates his NASA experience to

our daily experiences as surgeons.

As Story says: "I think the work (of aesthetic surgeons) is very much related (to my experiences)." Surgeons choreograph elaborate dances where one mistake is one too many. We rely on tight teamwork, where everyone needs a reason to be there, needs to make a unique contribution. And surgeons, particularly cosmetic surgeons, blend a combination of technology, business and progress to achieve the best result for the patient."

Aesthetic surgeons, of course, are primarily working clinicians with very busy practices. So what could we learn from a Harvard academic who isn't even in the field?

If that person is Steve Spears, of the Institute for Healthcare Improvement, you might be surprised.

Dr. Spears has been studying the famous Toyota Production Model and applying it to the on-going issue of medical errors. He takes the concept one step further to create a template to improve patient care and develop a business model for clinical procedures. As reported in the fall issue of ASN, Steve is scheduled to give the Joyce Kaye lecture in Orlando. Personally, I am very much looking forward to his comments.

## Clinical and device innovations that may change our current care practices:

One of the most anticipated opportunities of 2006 is the approval of silicone gel implants. As we all know, this option has been denied to our patients (with the exception of reconstruction candidates and those in clinical trials) despite a plethora of

evidence pointing to their safety. We look forward to a science-based decision from the FDA and to giving American women the same options Europeans have had for the last 15 years.

There are other opportunities on the horizon as well.

- A virtually non-invasive device for lipoplasty that is showing great promise in clinical trials. Laser-based, the device allows the physician to target specific sections of the body without the use of cannulas. This new option is currently under investigation in Mexico. The manufacturer is confident that US trials will begin in the near future. In other developments:
- The Canadian release of Puragen, a hyaluronic acid based injectable from Mentor. The product is reported to have a new technology that double cross-links the hyaluron molecules providing greater resistance to degradation.
- A new biotech product from a UK-based company called Renovo, currently in trials and purported to virtually eliminate surgical scarring.

According to the April 25, 2005 edition of London's Financial Times: *Mark Ferguson and Sharon O'Kane, the two Manchester University researchers who founded Renovo, were the first to discover the biological mechanisms responsible for scar-free healing. They are developing a range of drugs that heal chronic wounds and prevent scarring to the skin following injury or surgery, by promoting tissue regeneration.*

It's an exciting time to be an Aesthetic Surgeon. As always, I look forward to your comments, suggestions and ideas. See you in Orlando, April 20 to 26.



# Financial Benchmarking for the Cosmetic Practice

By Mark Craze, Senior Allergan Practice Consultant  
Allergan, Inc.

Successful cosmetic practices are diligent in gathering, measuring and managing information. In addition, these practices routinely compare or benchmark actual operating results to prior periods, budget forecasts, and/or available industry benchmarks. This process focuses the practice on continually improving workflow processes, while enhancing physician and staff productivity.

The process of benchmarking should enable a practice to compare and measure results against better performing "like kind" practices. For most cosmetic practices, this often proves to be a difficult exercise. Useful specialty specific data has generally not been available.

## Types of Benchmarking

Methods of benchmarking vary but three are commonly recognized: internal, competitive and functional. Internal benchmarking involves studying and comparing operating results and work processes within a practice in order to identify areas of opportunity for performance improvement. This method of benchmarking requires minimal investment of time and expense and absent availability of external benchmarks can prove very beneficial. Internal benchmarking is a good place to start for practices with little experience with quality improvement initiatives. Competitive benchmarking, considerably more difficult than internal benchmarking, entails looking outside to compare with the industry's better-performing practices. This process will often reveal strengths and weaknesses, and the amount of "distance" that may need to be made up in order to achieve better results. Finally, functional benchmarking involves comparing a specific work operation or task with an organization considered to be a leader for that function or service. This is a very challenging exercise because it is often difficult to find within our sphere of influence. As such, functional benchmarking often involves an

analysis of work performance measures in other industries, thereby leading to new solutions or ideas never previously considered.

## The Allergan/BSM Consulting Database

In 2005 the Allergan Practice Consulting Group working closely with BSM Consulting initiated a financial benchmarking program designed to offer an analytic tool for cosmetic practices that would assist in evaluating practice performance along certain key measurements. Plans are to expand this program in 2006 and beyond. As expected, the program results allow us to provide a useful set of metrics that will enable cosmetic practices the ability to compare operating results to those practices participating in our database. As the program expands we expect to report results for what we would consider the better performing practices. It is expected that the program will provide an external data source to facilitate competitive benchmarking and assist in the process of developing quality improvement initiatives.

Table 1 provides a list of key statistics presently being tracked.

## Table 1: The Key Statistics General Financial and Practice Information

1. Net Collections per Full Time Equivalent (FTE) Physician
2. Revenue Rate per Hour per FTE Physician
3. Number of FTE Support Staff per FTE Physician
4. Net Collections per FTE Employee
5. Operating Expense Ratio
6. Non-Provider Payroll Ratio
7. Building and Occupancy Expense Ratio
8. Marketing Expense Ratio

## Sources of Information

Participating physicians complete an initial survey, which provides us with basic background information on the practice. In addition, we receive financial statements (balance sheet and income statement), tax returns, and employee census as well as computer generated physician productivity reports. In most cases, we receive two to three years of historical information.

Full-year 2004 financial data was collected from 54 practices from across the country. Table 2 provides a geographic breakdown of participating practices.

## Table 2: The Participants Geographic Breakdown of Participating Practices

	2002	%	2003	%	2004	%
East	10	34.5%	14	27.5%	13	24.1%
South	9	31.0%	18	35.2%	20	37.0%
Midwest	3	10.4%	5	9.8%	5	9.3%
West	7	24.1%	14	27.5%	16	29.6%
Totals	29	100.0%	51	100.0%	54	100.0%

In addition, the benchmark data originated from a number of different specialties competing in the cosmetic marketplace. Practices had to derive over 50% of their annual revenues from cosmetic fee-for-service work in order to be considered for inclusion in the cosmetic database. Table 3 provides a specialty breakdown of participating practices.

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**In 2005 the Allergan Practice Consulting Group working closely with BSM Consulting initiated a financial benchmarking program designed to offer an analytic tool for cosmetic practices that would assist in evaluating practice performance along certain key measurements.**

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Continued on Page 5



## Financial Benchmarking

Continued from Page 4

**Table 3**

### Specialty Breakdown of Cosmetic Practices

	2002	%	2003	%	2004	%
Plastic Surgery	15	51.7%	26	51.0%	27	50.0%
Facial Plastics	6	20.7%	9	17.6%	10	18.5%
Oculoplastics	1	3.5%	3	5.9%	3	5.5%
Dermatology	7	24.1%	12	23.5%	13	24.1%
Other	0	0.0%	1	2.0%	1	1.9%
Totals	29	100.0%	51	100.0%	54	100.0%

### Limitations

There is admittedly selection bias in the survey because participating practices were identified by the Allergan Practice Consultants and therefore, this was not a random sample. In addition, there is a lack of consistency in data reporting. Although, as noted, we receive source documents such as tax returns, financial statements, and practice productivity reports, we acknowledge the fact that practices use different data tracking and reporting systems. It is also important to point out that we use an arbitrary benchmark of hours worked (1,584 per annum) in determining the number of full time equivalent physicians in a practice. Finally, data reporting is based upon the cash method of accounting. From an accounting standpoint, the cash method (recognizing revenue earned when cash is received and expenses incurred when actually paid) has the potential to distort operating results. Since the vast majority of practices use the cash method for both tax and management reporting purposes, we believe it is best to measure results along this same line.

### Results to Date

In extrapolating the results of our survey, the average cosmetic surgeon is generating a compensation package in excess of \$525,000 based on 2004 data. This amount is significantly higher than other published reports and supports our view that our practice database includes several outstanding performers. Compensation estimates are extrapolated based multiplying the mean annual collections per FTE physician times the mean operating expense ratio.

In addition, our database shows that the average practice employs five employees per FTE physician and spends \$200,756 in wages, or an average of \$40,151 in salary and bonus per employee. A summary of results is set forth in Table 4. Results provided are average or mean values.

**Table 4: Mean Values**

Performance Indicator	2002	2003	2004
Collections per FTE Physician	\$1,321,975	\$1,342,362	\$1,423,804
Revenue per Hour per FTE Phy.	\$835	\$847	\$899
FTE Support Staff per FTE Phy.	4.8	4.7	5.0
Collections per FTE Employee	\$337,621	\$331,226	\$345,444
Operating Expense Ratio	60.0%	64.0%	63.0%
Non-Provider Payroll Ratio	14.6%	14.0%	14.1%
Building & Occupancy Exp. Ratio	6.0%	5.5%	5.0%
Marketing Expense Ratio	4.5%	3.8%	3.7%

### Competitive Benchmarking

The results presented in Table 4 can be compared to your own practice performance provided your computations are consistent with those used in constructing the database. Definitions and formulas for computing the performance indicators are provided below to facilitate accurate comparisons.

Continued on Page 6



**Mark Craze**

**Allergan Practice Consulting Group  
Allergan, Inc.**

Mark Craze is a senior management consultant with the Allergan Practice Consulting Group of Allergan, Inc., a specialty pharmaceutical company based in Irvine, California.

Mr. Craze consults with dermatology and plastic surgery practices in the areas of financial analysis, practice valuations, mergers, acquisitions, human resource issues, strategic planning, practice efficiency, and other general practice management matters. Additional responsibilities include internal training, development, and support within Allergan.

Mr. Craze has more than 16 years of experience in management, operations, and marketing research. Prior to joining the Allergan Practice Consulting Group, Mr. Craze worked for over ten years as the clinic administrator for a successful cosmetic dermatology group in the Pacific Northwest. Before that, he worked for six years as an accounting and finance professor at Eastern Washington University. In addition, Mr. Craze worked as a private consultant in market research, statistical analysis and health-care delivery during the past 16 years.

A frequent lecturer for various medical practices and organizations, Mr. Craze received his Bachelor of Arts degree in Sociology and a Masters of Business Administration from Eastern Washington University.



### Staff Infections:

I enjoyed the latest ASN, and I congratulate Dr Few in inviting Dr Bolon to discuss staph infections. I was pleased to see her confirm the 'open wound' usage of antibiotics. However there was no guidance on nosocomial colonization. What is the roll of nose/throat cultures in elective surgery?

Peter McKinney, MD  
Chicago, IL

*(Note: Dr. McKinney is a past president of the Aesthetic Society)*

### Response from Dr. Bolon:

I am not aware of current recommendations regarding screening for nasal colonization with *S. aureus* or MRSA prior to elective surgery or for the use of intranasal mupirocin (an antibiotic ointment used for bacterial infections) for colonization. There are a number of published studies from various centers reporting the impact of this practice. The most prominent (NEJM 2002. 346 (12): 1871-7) did not show a reduction in *S. aureus* SSI following mupirocin decolonization of *S. aureus* carriers, but did show an overall reduction in *S. aureus* infections in that group. The study included patients undergoing elective & nonelective surgeries. I would say that

any group that was interested in this practice should study its impact systematically, ideally with the assistance of infectious diseases or infection control personnel. For patients with known prior MRSA infections, evaluating and treating ongoing nasal carriage prior to a surgical procedure (especially one involving foreign body implants) would be warranted.

Maureen K. Bolon, M.D.  
Division of Infectious Diseases  
Northwestern University  
Feinberg School of Medicine

We welcome your letters and comments. Please send them to [jfewmd@surgery.org](mailto:jfewmd@surgery.org)

## Financial Benchmarking

Continued from Page 5

### Definitions and Performance Indicator Calculations

#### Net Collections

All monies received by the practice for medical and surgical services provided, and/or retail products sold, as reported on the practice financial statements, net of patient refunds.

#### Operating Expense

Operating expenses are costs incurred in the process of providing medical services to patients. Provider compensation and fringe benefits, i.e., retirement plan contributions, leased auto for the physician, club membership dues, etc., are not included.

#### Gross Non-Provider Compensation

Gross wages of all practice personnel excluding physicians and mid-level providers (does not include payroll taxes or benefits).

#### Building and Occupancy Expense

Includes rent, janitorial service, utilities and other related costs.

#### Marketing Expense

Includes advertising, web design and hosting, PR and other marketing related costs.

#### Full-Time Equivalent Support Staff

Full-time equivalent support staff is based on total non-provider staff hours divided by 2,080 hours per year.

#### Full-Time Equivalent Physician

The number of physicians considered working a full-time equivalent schedule based on 1,580 hours annually (roughly 4 days per week).

#### Net Collections per Full-Time Equivalent (FTE) Physician

Net collections divided by full-time equivalent physicians.

#### Revenue per Hour per FTE Physician

Net collections per FTE physician divided by 1,580 hours.

#### Number of FTE Employees per FTE Physician

Total FTE employees divided by FTE physicians.

#### Net Collections per FTE Support Staff

Net collections divided by full-time equivalent support staff.

#### Operating Expense Ratio

Operating expenses divided by net collections.

#### Non-Provider Payroll Ratio

Gross non-provider compensation divided by net collections.

#### Building and Occupancy Expense Ratio

Building and occupancy expense divided by net collections.

#### Marketing Expense Ratio

Marketing expense divided by net collections.





## News from the Legal and Government Front:

### On Cancellation Fees, Googled images and Botax

#### Cancellation Fees

When your patient doesn't follow your instructions and either no-shows, or shows up with a hangover, an infection, or an excuse requiring cancellation, how much do you charge? If you remembered to spell it out either in your posted office policy or in the patient's informed consent documents, congratulations. If not, you are still entitled to compensation, because cancellations are a breach of the agreement you made with your patient. This works both ways, by the way; in July of 2003, Aristotelis Belavilas obtained a \$250 small claims judgment and an apology from his Las Vegas pain management specialist, Ty Weller, after waiting 3 hours to be treated.

Assuming you are not responsible for the cancellation, fees charged will typically be based upon lost income. Not surprisingly, cancelled depositions have generated the most legal decisions, with approved cancellation fees of \$600/hour (*Delbrugge v. State Farm*, Ohio 2001); \$1200 for 2 hours (*Demar v. USofA*, Illinois 2001); and \$1400 for 2 hours (*Edin v. Paul Revere Life Ins.*, Arizona 1999). This calculation assumes the slot couldn't be filled, which wouldn't be the case for a general practitioner with a waiting room full of patients.

It is also appropriate to charge for any additional out-of-pocket fees not pre-paid by the patient which you cannot cancel, such as surgical suite or anesthesia charges.

**Point:** Include your cancellation policy in the documents your patient signs. **Caveat:** The Americans with Disabilities Act does not allow you to charge for accessibility expenses, such as translators, when the disabled patient cancels.

#### Google Images

A terrible scenario, but true: One of our members received a call from his former patient that her friend found her breasts on his website. Breasts only, no head, no lower torso, no hair or jewelry, and no name, but she knew it was her because her friend Googled her name, clicked on Images, and the photo from the member's website popped up. What happened?

Metatags are HTML (hypertext markup language) that is written into the head section of a web page, but doesn't actually show up on the page as text, such as a title, description and keywords. Google uses metatags to find and index web pages. Our member had sent his patient's photo to his webmaster with the instruction, "Place Jane Doe as 'Photo 1' on my website." The webmaster did, along with the patient's name as a metatag.

**Point:** It is your job to protect your patient's privacy, not your webmaster's, and if you are unfamiliar with Google Images, now is the time to learn before the phone rings.

#### Botax

**New Jersey:** This bill repeals the cosmetic medical procedure gross receipts tax. P.L.2004, c.53 (C.54:32E-1 et seq.) created a 6% gross receipts tax on certain cosmetic medical procedures. The bill repeals the tax because the incoming revenues from the tax have been much lower than expected, particularly in light of the administrative burden on the Division of Taxation and the offices providing cosmetic medical procedures, and the economic burden on the customers and patients who pay for the procedures.

**California:** Congratulations to the California Society of Plastic Surgeons, their lobbyists Jim Randlett and Tim Madden, and special thanks to CSPS/ASPS member Debra J. Johnson, for convincing the California Board of Equalization that all medical products approved by the FDA should be non-taxable. Previously prescriptions and devices were tax exempt, unless they were for cosmetic purposes, leaving tax auditors to review patient files and health insurance benefits to determine whether the use was medical or cosmetic. The CSPS team instead recommended a "bright line" test for non-taxability, i.e. FDA approval, "regardless of ultimate use." The proposed regulation will now undergo 45 days of public comment before the BOE revisits the regulation in its final form on April 18th.

**Point:** Cosmetic taxes are not necessarily the wave of the future.



## From Outer Space to the Surgical Suite

Continued from Cover

design the spacesuits, life support systems, airlocks and manned maneuvering units that would be used for space walks and other extra vehicular activity on the Space Shuttle missions.

From 1967 to 1997, while working for NASA, Musgrave served as a part-time surgeon at Denver General Hospital, and as a part-time professor of physiology at and biophysics at the University of Kentucky Medical Center. He has flown 160 different types of civilian and military aircraft, and has made more than 500 free falls, including 100 experimental free-falls designed to study human aerodynamics.

The first of Dr. Musgrave's six trips into outer space took place on the maiden voyage of the Space Shuttle Challenger in 1983. While on this mission, Musgrave and Don Peterson performed the first space walks off of the Shuttle. On his second Shuttle mission, he served as systems engineer during launch and reentry and as a pilot during the orbital operations.

Perhaps the most dramatic of Story Musgrave's space mission was the fifth, on the Shuttle Endeavour. Musgrave commanded the mission to repair the damaged Hubble Space Telescope. During this 11-day mission, the Telescope was restored to full functionality. The repairs required five spacewalks, three performed by Dr. Musgrave himself.

Musgrave flew his last space mission in November, 1996, on the Space Shuttle Columbia.

Besides his many scientific degrees, Dr. Musgrave has also earned a master's degree in literature.

The Keynote speaker at this year's Aesthetic Society Annual Meeting, Story, in spite of his accomplishments, is a humble and spiritual man. We caught up with him at his Florida home to learn more about his views on surgery and space:



### ASN:

You described repairing the Hubble as almost choreographing a dance or preparing for an athletic event. Do you think these terms are applicable to surgical procedures as well?

### Dr. Musgrave:

Oh, of course they are. They've (plastic surgeons) perfected that. The logic. The flow. The hands. And so the same as space walking; the work is done by the hands and the body, not a robot or some mechanical device. So the perfection of the (surgical) procedure is a great parallel to the scientist in space.

### ASN:

You've also spoken of the necessity of teamwork, each person having their own role...

### Dr. Musgrave:

That's true.

### ASN:

And the fact that if you can't bring something to the table you shouldn't be there at all...

### Dr. Musgrave:

Yes, that's true but you see, plastic surgeons get all this stuff. They get it. And you don't even have to bridge gaps between athleticism, space walking and plastic surgery. They get it. You just have to tell the parable and that's very nice.

### ASN:

When you speak to other specialty groups, do you find that there's a difference between plastic surgeons and other physicians?

### Dr. Musgrave:

Oh yes, there is. Plastic surgeons understand metaphor and allegory without it being explained to them. They see that their chosen profession requires the same levels of precision, training, teamwork and artistic expression as creating an aerodynamic free fall or repairing a station in space or anything else. They understand that, like creating a poem or making a sculpture, you need to have the training, the mechanical precision, before you create.

### ASN:

Why do you think this is?

### Dr. Musgrave:

Well, they're more plastic, and I mean that as a compliment. They're plastic in their thinking. Plastic means moldable, plastic means creative, creative in their thinking. Plastic means sculptural, three dimensional. There's a difference between what they do and mechanical procedures. So I think there's more creativity and less reliance of cook book solutions. They are formed by the work they do along the way. So it's a natural, evolving process.





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# No Short Cuts to Success

By Colleen Gallagher,  
KarenZupko & Associates

There are no short cuts to hiring great staff. We all like to hope there are, and we even sometimes rationalize skipping steps in the process, but it is not advisable.

The old adage “act in haste, repent in leisure” translated for plastic surgeons is “act in haste and repent with no leisure time.” The cost of unsatisfactory job performance is staggering—and often comes in ways that are hard to measure. Performance and behavior problems take their toll in terms of lost productivity, wasted management time and low staff morale. Plus...it’s contagious. If you ignore an employee problem, substandard behavior can quickly become standard behavior. And while there are no hiring guarantees in life, isn’t it preferable to identify and interview qualified candidates to keep your investment risk to the minimum?

Let’s look at some of the typical ways plastic surgeons create short cuts in the hiring process.

## 1. No job description.

Or, if there is one, it’s a reconstituted version of a previous position that was never satisfactorily organized. You must be prepared to think critically about what job functions and type of staff you need to support your goals for your practice. Creating a solid job description not only helps you prepare for the search process, it sends the message to job candidates that you have given this thought and attention.

## 2. The friend of a friend (or an employee) knows someone who can do the job.

Now, sometimes, this type of networking can pay off with a solid lead. But what happens all too frequently is that the surgeon meets the candidate one time, likes “the look” of the candidate plus the resume reads well, so they go straight to job offer, right? Wrong.



## 3. No critical evaluation of the resume.

Resumes without dates of employment raise red flags as do typos (we see lots of resumes with typos—do you want this candidate sending correspondence to your aesthetic patients?) It’s important during the interview to ask a lot questions about employment sequencing and responsibilities because reports show that 66% of all job applicants stretch the truth somewhere on their resume.

## 4. Not enough interview steps.

After you have culled through the resumes, start with an initial telephone pre-screen interview. This is the best use of your time, as well as the candidates’. If the candidate can’t convey energy over the phone when they are job searching, just imagine the lethargy ahead once they’ve secured a position at your practice! You can get a number of key “rule out” factors covered before investing time in a face-to-face meeting. This includes discussing employment history, work with other physicians and expected compensation. If the candidate

is significantly out of your salary range, you’ve just saved a lot of time.

## 5. No pre-planned interview questions.

Let’s suppose you are fortunate to have several candidates that may be a potential fit. It’s very helpful to your decision making process to have a pre determined set of questions with responses from all the candidates. That way, you are comparing apples to apples in reaching a decision. We also recommend a set of operational/technical questions that confirm or deny the candidates’ experience in working in physician practices.

## 6. No use of selection tools.

There are a host of selection tool resources that measure workplace attitudes, honesty, and communication style. These are not subjective like your impressions and can be confirmatory of positive impressions or highlight a potential risk area that needs to be explored further in followup interview. The Fortune 500 firms make good use of selection tools and they have seasoned human resource professionals running the hiring process.

Continued on Page 12



## Plastic Surgery News Briefs

Selected items on Plastic Surgery Appearing in the Nation's press:

### A Lift at Lunchtime?

Washington Post (01/24/06) P. F1;  
Boodman, Sandra G.

The thread lift is a popular new cosmetic procedure. The minimally invasive process typically takes around an hour and usually costs between \$3,000 and \$4,000. It is performed in a physician's office under local anesthesia. In comparison, a more traditional face lift takes several hours, uses general anesthesia, costs \$8,000 to \$15,000, and needs several weeks or recuperation. In addition, a thread lift is reversible, whereas a traditional face lift is not. However, there can be complications from a thread lift, including threads that bunch up, snap, or stick out through the skin. Certain detractors also claim that once the swelling from the procedure goes away, so does the younger appearance.

### Money Offer Spurs Questions About Face Transplant Ethics

Amednews.com (01/30/06) ; O'Reilly, Kevin B.  
There are concerns that the anonymous Frenchwoman who underwent the world's first face transplant in November may have been influenced by the promise of up to \$175,000 in profits from the documentation of the procedure. She reportedly agreed to an offer from photographer and filmmaker Michael Hughes three months prior to the surgery. According to the French National Order of Doctors, the surgical team's willingness to allow such publicity violated both the group's ethics and patient privacy. "As a facial plastic surgeon, you have to assess why patients are having surgery and make sure there isn't some secondary, non-medical reason involved," explains Baylor College of Medicine clinical otolaryngology professor Dr. Eugene Alford. However, the patient is said to have agreed to the transplant before making the deal with Hughes. Dr. Jean-Michel Dubernard—the woman's doctor and a friend of Hughes—says the arrangement was made so that the patient would be compensated, which did not happen when he completed the world's first hand transplant in 1998. The surgical team has already been criticized for rushing into the transplant with a vulnerable patient, as she had attempted suicide after the dog bite that removed parts of her nose, lips, and chin.

### Better Lipo

Allure (02/06) P. 84; Kron, Joan

In the German liposuction technique, Body Jet, a cannula sprays saline solution and local anesthetic into fatty tissue to loosen fat as it's drained. Operating time is reduced by up to 30 percent, says Boca Raton plastic surgeon Daniel Man, and "there is less trauma and less postoperative swelling." The method may help doctors determine when enough fat has been removed, reducing the need for corrections, according to Nolan Karp, associate professor of plastic surgery at New York University School of Medicine. Body Jet could be approved later this year if the FDA accepts European studies of it.

### Herbal Remedy May Aid Bruising After Face-Lift

Reuters Health Information Services (01/16/06) ; Norton, Amy

A study of 29 face-lift patients led by Dr. Corey Maas, director of the Maas Clinic in San Francisco, shows that an oral preparation of arnica, an herb derived from wolf's bane that is deadly in large doses but used in small doses to reduce bruising in homeopathic treatment, is effective in reducing bruising following plastic surgery. The study, funded by Alpine Pharmaceuticals, the maker of the product used in the trial, showed that while patients using arnica reported no difference in healing when compared to those who took a placebo, both healing in about 11 days, objectively it could be seen by a "trained eye" that the arnica group's bruises tended to be smaller, beginning right after the surgery, compared to those taking a placebo. The study is reported in the January/February issue of the Archives of Facial Plastic Surgery.

### A Cheek Fix

Allure (02/06) P. 84; Kron, Joan

Michael Yaremchuk, a Boston plastic surgeon, warns that if patients are dissatisfied with the results of their cheek implants, they generally can't simply have the implants removed. In a review of 18 such patients, he identified three issues: asymmetry; displeasing size or placement; and painful pressure on facial nerves. Removal of the implants, especially large ones, often leaves indentations unless they are replaced, Yaremchuk says, but even then, in many cases the cheek has stretched and needs to be surgically redraped to correct distortions.



## Focus on Patient Safety

Continued from Cover

from. These are questions patients should to ask.”

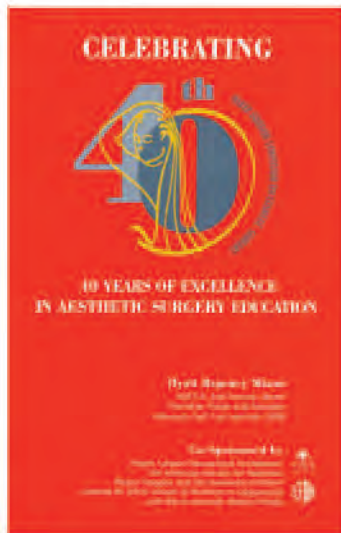
Over the last few years, there has been an explosive growth in non-surgical cosmetic procedures, often performed in retail or spa-like settings. Unlike physician offices where clinicians oversee the treatment and maintain medical records, spa type centers may have limited or no full time medical staff and may lack the experience or training to handle more than routine beauty services. Patients need assurances that a qualified and trained practitioner will perform their procedure appropriately, under sanitary conditions, and with product where the quality and source is known and FDA approved.

“In many situations, physicians appropriately provide oversight for patient care in a variety of medical settings,” said Bruce Cunningham, MD, president of ASPS. “Our concern here is that physician supervision in non-surgical cosmetic procedures may be inadequate or non-existent and that the individuals performing the treatments lack adequate training to safely perform the procedures. Our purpose in convening a patient safety group on this issue is to insure that patients have the information they need to make the right decision. While spas and salons are convenient for cosmetic medical treatments, this should not be at the expense of safety and expertise.”

This is one of an occasional series of releases that recognizes the collaborative efforts of ASPS and ASAPS in responding to serious issues that impact plastic surgery. Future efforts proposed include an alert to the dangers of using injectable silicone as a filler, and a reminder on the dangers of using pharmaceutical products purchased off shore.

## Baker Gordon Symposium

Continued from Cover



“You have to understand what it was like back then” commented Dr. Baker. “Aesthetic surgeons were very reluctant to share information and most learning was restricted to residency programs. This type of surgery was available to only a select few and practiced at only a handful of centers around the world”, he said.

“Baker Gordon was right at the beginning in positioning aesthetic surgery as a serious and legitimate sub-specialty” said James Stuzin, MD president-elect of the Aesthetic Society. “Being part of their program committee and faculty is one of the pleasures of my career and I am very proud to be part of the effort” he said.

In addition to Drs. Baker, Colon and Stuzin, this year’s symposium featured the following faculty members:

Joel Feldman, MD  
Miles Graivier, MD  
Nicanor Isse, MD  
Glen Jelks, MD  
Val Lambros, MD  
Michael Longaker, MD  
Clinton McCord, MD  
Foad Nahai, MD  
Rod Rohrich, MD  
Gregory Ruff, MD  
Patrick Tonnard, MD

## No Short Cuts to Success

Continued from Page 10

### 7. No reference checking.

For your final candidate(s), you must check references and verify credibility. While in today’s employment climate, many past employers are reluctant to discuss openly the past performance of the candidate, you can get confirmation of their tenure dates, title, and primary job responsibilities. And, you may even be fortunate to get someone who will give you feedback—positive or negative.

### 8. No background checking.

This is also mandatory for your final candidate(s) and can include verification of education, licensure, and credit history. Use an outside company that specializes in this service. The expense is minimal compared to how high the stakes if you are about to make an offer to a dishonest candidate. Credit history is particularly important if the employee will be exposed to cash and/or have responsibilities related to your finances. Taking a short cut around this step is guaranteed to bring a high degree of repentance at a later date.

When a position is vacant in the practice, there is no question that it is a stressful time for surgeon and staff alike. The temptation can be overwhelming to fill it with a “warm body.” Do not give in—invest in the steps that lead to a successful hire that will bring you and the right candidate mutual satisfaction.

Colleen Gallagher is an associate at Karen Zupko and Associates, a Chicago-based practice management consulting and training firm. Zupko has produced several products available to Aesthetic Society members including **The Plastic Surgeon’s Guide to Hiring Great Staff** a workbook with customizable tools on CD to help you successfully address the issues discussed in this article, and **Job Descriptions on CD-ROM** containing 29 job descriptions specific to plastic surgery practices.



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# New On-line Educational Content on Surgery.org

By Darlene Oliver



Since the videos play in a separate pop-up window, be sure to turn off "Pop-up Blocking" (look under "Tools" on your menu bar).

If you are interested in securing CME credit, conduct a search for CME credit activities under "Additional Search Options." Scroll down to the bottom of the Clinical Education page (also known as the "Anatomy Search Wireframe Lady").

## Streaming Video now enhanced for Mac users

Responding to our members' need to have a better viewing experience when using a Macintosh, we have asked our video host to ensure that all users on all platforms and operating systems can fully participate in the Aesthetic Society's online video-based educational programs. A number of MAC users have appreciated this effort.

"Videos are quite Mac compatible... thank you from [the] Mac users," said Dr. Charles Hughes, Distance Learning Committee Chair. Mac systems requirements are posted on the video pages. If it has been awhile since you watched the surgery.org videos, now may be a good time to take another look.

## New Content

Interactive videos from the Aesthetic Meeting 2005 are now available on the following topics:

"Circumferential Body Sculpting after Massive Weight Loss" presented by Dr. Francois Pascal, "Primary Rhinoplasty" by Dr. Bahman Guyuron, and "Facelifting" by Dr. Daniel Baker. These videos show actual surgical procedures with the speakers stopping the action at key points to answer audience questions and give additional information.

There's also a panel on "Precision in Secondary Lower Lid Blepharoplasty—Restoration of Shape and Volume" with panelists Drs. Codner, Fagien, Goldberg, and Flowers; "Aesthetic Contouring in the Massive Weight Loss Patient" with Drs. Stuzin, Fodor, and Kenkel; and rounding

out the "Top 10" videos from the 2005 Aesthetic Meeting, "The MACS-Lift Short Scar Rhytidectomy" by Drs. Tonnard and Verpaele.

## CME Credits

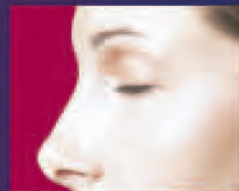
Category 1 credit has been assigned to Dr. Connell's "Ultimate Facelift" presentation from the 2004 Meeting. There is a charge of \$69 to secure the CME credit. However, you may watch this and any other videotaped presentation that now streams at the Clinical Education section of [www.surgery.org/members](http://www.surgery.org/members) for free. You'll also find a new free text-based CME credit article, "Septal Reset in Midface Rejuvenation," which was published in the November/December ASJ.

Next up: "DVT Prevention in Plastic Surgery Patients" by Dr. Young, the first in a series of articles devoted to patient safety issues, will be published in the March/April issue of ASJ. This will be another complimentary CME credit opportunity in print and online at [surgery.org](http://surgery.org). There is never a charge for securing text-based CME credit.

The Clinical Education area of [www.surgery.org/members](http://www.surgery.org/members) was built for you. Wherever you have an Internet connection, you have access to watching these presentations. Please take advantage of this Aesthetic Society Member Benefit. If you experience any viewing difficulties, please email [Darlene@surgery.org](mailto:Darlene@surgery.org) or call us with questions or suggestions at 800-364-2147.



# The Aesthetic Meeting 2006



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# Week-at-a-Glance

Wednesday, April 19, 2006

12noon-7pm **Registration Opens at Disney's Coronado Springs Resort Coronado Ballroom M-R**

Thursday, April 20, 2006

7:30am-7pm **Registration Opens at Disney's Coronado Springs Resort Coronado Ballroom M-R**

**Committee Meetings**  
**ASAPS Board of Directors Meeting**  
**ASERF Board of Directors Meeting**

## Special Cadaver Workshops

- 7:30am-1pm **S1 Endoscopic Technique in Facial and Forehead—A Cadaver Workshop**  
Instructors: Renato Saltz, MD, Grady B. Core, MD, Felmont F. Eaves, III, MD, & Richard J. Warren, MD
- 2-6pm **S2 Open and Closed Precision Rhinoplasty—A Cadaver Workshop**  
Instructors: Joe M. Gryskiewicz, MD, Paul H. Izenberg, MD & Robert M. Oneal, MD
- 2-6pm **S3 Hair Transplantation for Alopecia Following Facelifting**  
Instructor: Alfonso Barrera, MD
- 2-6pm **S4 Barbed Sutures: Theory and Use**  
Instructor: Gregory L. Ruff, MD

Friday, April 21, 2006

11am-6:30pm **Exhibits Open—Veracruz Exhibit Hall**

## Special Seminars

- 7:45am-5pm **S5 Rhinoplasty Symposium: Primary Rhinoplasty: Optimizing Results**  
Co-Chairs: Ronald P. Gruber, MD & Bahman Guyuron, MD
- 8am-4:30pm **S6 Innovations in Pre-Surgical Facial Rejuvenation**  
Co-Chairs: Clifford P. Clark, III, MD, Jeffrey M. Kenkel, MD, Steven Fagien, MD, Rod J. Rohrich, MD & James M. Stuzin, MD  
*Made possible by educational grants from Allergan, Artes Medical, BioForm Medical, Inc., Dermik Aesthetics, Inc., Medicis Aesthetics, and Syneron*
- 8am-5pm **S7 Advanced Cardiac Life Support (ACLS) Provider Course**  
Instructor: Charles Bortle
- 8am-5pm **R Residents & Fellows Forum**  
Co-Chairs: Paul D. Faringer, MD & Julius W. Few, MD  
*Made possible by an educational grant from Inamed Aesthetics*
- 8am-12noon **S8 Practice Management—The Critical Elements for Success**  
Co-Chairs: Mark L. Jewell, MD & Robert Singer, MD
- 8am-12noon **S9 Breast Implants: Use, Efficacy and Safety—The Immediate Horizon and Beyond**  
Chair: Foad Nahai, MD
- 8am-12noon **S10 AAAASF Inspector Training Workshop**  
Instructors: James A. Yates, MD, Gary M. Brownstein, MD, Theresa J. Griffin, Geoffrey R. Keyes, MD, Michael F. McGuire, MD, Jeff Percy, Harlan Pollock, MD, Rachele Springer, RN, BSN & David C. Watts, MD
- 12:30-4:30pm **S11 Hot Topics/Emerging Technology in Plastic Surgery**  
Moderators: William P. Adams, Jr., MD, Joe M. Gryskiewicz, MD & V. Leroy Young, MD
- 1-6:30pm **S12 Cosmetic Rehabilitation of the Post Bariatric Patient**  
Co-Chairs: Al Aly, MD, Franklin L. DiSpaltro, MD & Jeffrey M. Kenkel, MD
- 2-6:30pm **S13 Basic PowerPoint® and Basic Patient Imaging**  
Instructors: Samuel J. Beran, MD & Joshua Greenwald, MD  
*Made possible, in part, by an educational grant from Close-Up Productions*
- 2-6:30pm **Optional Courses**
- 5-6pm **Residents & Fellows Reception**
- 6:30-7:30pm **Opening Ceremonies**  
Disney's Coronado Springs Resort
- 7:30pm **Welcome Reception**  
Disney's Coronado Springs Resort  
*Sponsored, in part, by NexTech, Inc.*

Saturday, April 22, 2006

7am **7:25am** **Scientific Session**  
**Program Chairs' Welcome**—Foad Nahai, MD & Jeffrey M. Kenkel, MD  
**Longitudinal Facial Aging Project**  
Val S. Lambros, MD

7:30am **Panel—Facelift—Does Technique Effect Consistency in Results—Five Consecutive Cases**  
Moderator: James M. Stuzin, MD

8:30am **Panel—The Male Facelift—Modifications of Technique and Indications for Subplatysmal Surgery**  
Moderator: Rod J. Rohrich, MD

9:30am **Special Presentation—Elevation of the Mid-face—Evolution and Lessons Learned**  
Sherrell J. Aston, MD

9:45am **Special Presentation—Face Transplantation**  
Marie Siemionow, MD

10am **Coffee Break in the Exhibits**

10:30am **Papers**

11am **Journalistic Achievement Awards**

Michael F. McGuire, MD

11:15am **Interactive Video—Extended SMAS Facelift**

Presenter: James M. Stuzin, MD

12:15pm **Lunch in the Exhibits**

*Sponsored by Mentor Corporation*

OR

**S16 Research & Innovative Technology Luncheon**

Moderators: Rod J. Rohrich, MD, William P. Adams, Jr., MD & Joe Gryskiewicz, MD

OR

**Women Plastic Surgeons' Luncheon**

*Sponsored by Mentor Corporation*

1:45pm **Panel—Mid-facelift: Transtemporal vs. Transpalebral—Five Consecutive Cases—Which is Best? Is There a Difference?**

Moderator: Glenn Jelks, MD

2:45pm **Panel—Resect, Retain, Reposition—Management of Lower Lid Fat**

Moderator: Jack A. Friedland, MD

3:45pm **Coffee Break in the Exhibits**

4:15pm **Papers**

4:45pm **Corporate Sponsorship Awards**

Alan Matarasso, MD & Mark L. Jewell, MD

5pm **Panel—Subcutaneous Threads—Is Less More? Do the Results Last?**

Moderator: Foad Nahai, MD

6pm **Adjourn**

7-10pm **Videotape Theater**

*Special Seminar for Patient Coordinators Only*

9am-4:30pm **S14/S15 Skills for the Successful Patient Coordinator**

Instructors: Karen Zupko & Jennifer Bever

Sunday, April 23, 2006

## Scientific Session A

6:45am **Panel—Challenges & Precision in Extremity Contouring in the Massive Weight Loss Patient**

Moderator: Peter B. Fodor, MD

7:45am **Panel—Breast Augmentation—Factors Influencing Re-operation**

Moderator: Gustavo A. Colon, MD

8:45am **Interactive Video—Lower Body Lift**

Presenter: Jean-Francois Pascal, MD

▲ **Earn 8 Patient Safety CME Credits by attending the entire Scientific Session.**



# Week-at-a-Glance

Tuesday, April 25, 2006

9:45am  
10:15am  
10:39am  
11am

**Coffee Break in the Exhibits**  
**Papers**  
**Gaspar W. Anastasi Award Paper Presentation**  
**Panel—Breast Panel—The Greatest Challenge—Primary & Secondary Augmentation Mastopexy**  
Moderator: Jack Fisher, MD  
*Made possible by educational grants from Inamed Aesthetics & Mentor Corporation*

12noon

**Lunch in the Exhibits**  
*Sponsored by Mentor Corporation*  
**or ASAPS/ASERF Business Luncheon**

**Scientific Session B**

6:45am

**Panel—Difficult Problems in Breast Re-shaping—Asymmetry, Tuberos Breasts and Soft Tissue Involution with Ptosis**  
Moderator: Scott L. Spear, MD

7:45am

**Interactive Video—Autologous & Prosthetic Gluteal Augmentation**  
Presenter: José Abel de la Peña, MD

8:45am

**Panel—Non-invasive Body Contouring—Fact or Fiction?**  
Moderator: Franklin L. DiSpaltro, MD

9:45am  
10:30am  
10:39am  
11am

**Coffee Break in the Exhibits**  
**Papers**  
**Gaspar W. Anastasi Award Paper Presentation**  
**Interactive Video—The No-Vertical Scar Breast Reduction**  
Presenter: Donald H. Lalonde, MD

12noon

**Lunch in the Exhibits**  
*Sponsored by Mentor Corporation*  
**or ASAPS/ASERF Business Luncheon**

2-6:30pm  
7pm-10pm

**Optional Courses**  
**Videotape Theater**

9am-12noon

**Special Seminar for Patient Coordinators Only**  
**S17 Advanced Discussions for Patient Coordinator Course Alums**  
Instructor: Karen Zupko

## Monday, April 24, 2006

7-8am

**Optional Courses**

**Scientific Session**

8am

**Joyce Kaye Educational Session**  
**Joyce Kaye Lecture—Increasing Safety & Productivity**  
Introduction: Mark L. Jewell, MD  
Presenter: Mr. Steven Spears, Harvard Business School

9am

**Panel—Secondary Rhinoplasties: The Expert's View—Evaluation of Results—Could it Have Been Done Better?**  
Moderator: Bahman Guyuron, MD

10am  
10:30am  
11am

**Coffee Break in the Exhibits**  
**Papers**  
**Interactive Video—Primary Rhinoplasty**  
Presenter: Gilbert Aiach, MD

12noon

**Interactive Video—Secondary Rhinoplasty**  
Presenter: Rollin K. Daniel, MD

1pm

**Lunch in the Exhibits**

1-2pm

**S19 New Member Open Forum**  
Chair: Clyde H. Ishii, MD  
Vice Chair: Barbara B. Hayden, MD

1-2pm

**S20 Candidate Open Forum**  
Chair: Michael C. Edwards, MD  
Vice Chair: Samuel J. Beran, MD

2-6:30pm

**Optional Courses**

6:30pm  
7-10pm  
7pm  
8pm

**VIP Reception**  
**Videotape Theater**  
**Presidential Cocktail Reception**  
**Presidential Dinner/Dance**  
*Sponsored, in part, by Medicis Aesthetics*

### Scientific Session A

8am

**Body Contouring Research Foundation Presentation—Stem Cell Therapy**  
Introduction: Julio Garcia, MD  
Presenter: Geoffrey O'Neill, PhD

8:30am

**Panel—What's New in Perioral Rejuvenation?**  
Moderator: Fritz E. Barton, Jr., MD

9:30am  
10am  
10:30am

**Coffee Break**  
**Papers**  
**Panel—Non-surgical Alternatives for Facial Rejuvenation—Fraxel, Thermage & Phenol/Croton Oil Peels**  
Moderator: Robert W. Bernard, MD

11:30am

**Panel—Patient Safety—What Can Go Wrong and How to Prevent It**  
Moderator: Robert Singer, MD

12:30pm  
1:30pm

**International Lunch**  
**Interactive Video—Breast Surgery in the Massive Weight Loss Patient—Male & Female**  
Presenter: Joseph Capella, MD

2:30 pm  
3pm  
3:30pm

**Papers**  
**Coffee Break**  
**Special Presentation—Telangectasias and Veins—Sclerotherapy vs. Laser**  
Victoria A. Vitale-Lewis, MD

3:45pm  
4:15pm

**Papers**  
**Panel—Semi-Permanent Fillers**  
Moderator: Steven Fagien, MD

5:15pm

**Adjourn**

### Scientific Session B

**International Perspectives**  
*Made possible by educational grants from MicroAire Surgical Instruments and Eurosilicone*

8:30am

**Introduction of International Symposium**  
Mark L. Jewell, MD—ASAPS President  
Jeffrey Lang, MD—ASERF President  
João Carlos Sampaio Goés, MD—ISAPS President

8:40am  
8:45am

**2005 International Paper Presentation Awards**  
**Panel—Blepharoplasty**  
Moderator: Stanley A. Klatsky, MD

9:45am  
10:15am  
10:45am

**Coffee Break**  
**Papers**  
**Panel—International Perspectives in Abdominoplasty**  
Moderator: João Carlos Sampaio Goés, MD

11:45am  
12:30pm  
1:30pm

**Papers**  
**International Lunch**  
**Panel—Problem Solving in Breast Ptosis**  
Moderator: Foad Nahai, MD

2:30pm  
3pm  
3:30pm

**Papers**  
**Coffee Break**  
**Interactive Video—Fat Preservation in Lower Eyelid Blepharoplasty**  
Presenter: Bryan C. Mendelson, MD

4:30pm  
5:15pm

**Papers**  
**Adjourn**

## Wednesday, April 26, 2006

8am-12noon

**Special Seminar**  
**S21 Breast Implants: Use, Efficacy and Safety—The Immediate Horizon and Beyond**  
Chair: Foad Nahai, MD



## Aesthetic Surgery Journal Adopted by Plastic Surgeons in Costa Rica



The Costa Rican Association of Plastic, Reconstructive and Aesthetic Surgery (ACCPRE) has become the seventh international plastic surgery society to adopt Aesthetic Surgery Journal (ASJ), our peer-reviewed publication, as its official English-language journal. The ACCPRE joins other ASJ affiliate societies in Brazil, Israel, Mexico, Japan, Korea and Thailand.

"On behalf of ASJ and the American Society for Aesthetic Plastic Surgery, I

want to extend a warm welcome to all ACCPRE members," says ASJ Editor in Chief Stanley A. Klatsky, MD, Associate Professor of Plastic Surgery at The Johns Hopkins University School of Medicine and a Past President of ASAPS.

Dr. Alberto Arguello, Professor of Plastic and Reconstructive Surgery at the Universidad de Costa Rica and General Secretary of ACCPRE, will serve as the Association's liaison to the ASJ Editorial Board. Dr. Arguello has enjoyed a close relationship with American surgeons for many years. "During my training I was a visiting resident at some very prestigious hospitals of the US," he says. "I had the great honor and privilege of visiting the plastic and reconstructive surgery departments of Johns Hopkins University, Shriner's Burns Hospital (Galveston, Texas), MD Anderson Cancer Center and the Manhattan Ear, Eye and Throat Hospital. There, I was able to learn a lot from many very famous American plastic surgeons, who were always ready to teach and make me feel at home."

Costa Rica, which is located between Nicaragua and Panama, is the oldest democracy in Latin America and has a 97% literacy rate. ACCPRE also has a significant history, having been founded 35 years ago. One of the ACCPRE's main goals is to educate the public about the qualifications of certified plastic surgeons in Costa Rica.

"We want to encourage people to look for a certified plastic surgeon, not a general practitioner who is not trained to do aesthetic surgery," says Dr. Arguello. According to Dr. Arguello, ACCPRE members perform a high percentage of aesthetic surgery in their practices, especially lipoplasty, abdominoplasty, breast augmentation and breast lift. He says that post-bariatric body contouring has also become a growing area of practice for Costa Rican surgeons.

ACCPRE will be listed, with other international affiliate societies, on the cover of Aesthetic Surgery Journal beginning with the January/February 2006 issue.

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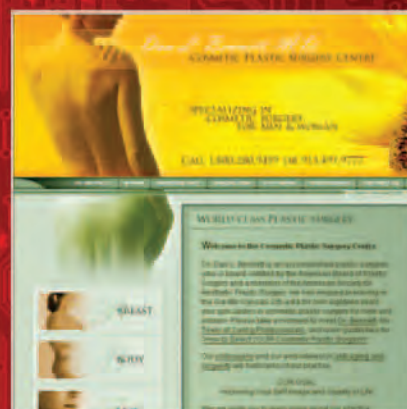
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