



# Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

Volume 10, Number 3 Summer 2006

## Avoiding Hypothermia in the Surgical Suite

By Julius Few, MD

Too warm or too cold? This deceptively simple question is one many of us face in the surgical suite on a daily basis, particularly when we're operating on massive weight loss patients or performing other procedures that can have both surgeon and patient in the OR for hours on end.

Hypothermia is defined as a core body temperature of 36 degrees C or 96.8 degrees F. Studies suggest that the estimates of inadvertent perioperative hypothermia range from 50% to 90% of all surgical cases if no preventative measures are

taken. To gain additional insights on this important issue, *"Aesthetic Society News"* contacted a physician who "wrote the book" on the surgical hypothermia issue.

Daniel Sessler, MD, is the Chair, Department of Outcome Research at the Cleveland Clinic and Lolita and Samuel Weakley Professor of Anesthesiology at the University of Louisville.

Dr. Sessler has published more than 335 full research papers on various aspects of anesthesia, surgery, and perioperative

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James M. Stuzin, MD

## Stuzin Elected Vice Chair of ABPS

Aesthetic Society President Dr. James M. Stuzin was recently elected

Vice Chair of the American Board of Plastic Surgery (ABPS). Certified by the ABPS in 1989, Stuzin had previously served as a Director from 2002 until 2006. In 2008, he will formally become the ABPS Chair.

"At a time when people are increasingly seeking plastic surgery at home and abroad, it is important to have an institution like the American Board of Plastic Surgery certifying physicians to ensure both competency and patient safety" said Dr. Stuzin. "All of the Aesthetic Society's Public Education literature reminds patients to check their surgeon's credentials, and warns that a doctor's claim of being 'board certified' doesn't necessarily hold weight. Always make sure to ask the doctor to specify which board." The ABPS is the only board recognized by the American Board of Medical Specialties (ABMS) to certify doctors in the specialty of plastic surgery.

The American Board of Plastic Surgery, formed in 1937, makes its mission to promote safe, ethical, efficacious plastic surgery to the public by maintaining high standards for the education, examination, certification and recertification of plastic surgeons as specialists and sub specialists. Each of the Aesthetic Society's 2300 members have been certified by the ABPS.

## Aesthetic Meeting 2006:

This year's Annual Meeting, "Pursuit of Artistry and Science in Aesthetic Surgery," proved to be one of our most popular. Sessions and courses were well attended and received, social events were outstanding and a general sense of excitement and learning emanated from the Orlando facility on a daily basis.

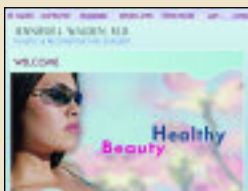
More than 1600 surgeons attended this year's meeting, with a healthy representation from our international colleagues. Panel discussions proved to be especially popular this year, as did interactive discussions and a special last minute session on DVT.

Our revenue from exhibits was higher than it had been in the last four years, ensuring our financial health and proving the popularity our meeting has with a wide variety of manufacturers and other vendors.

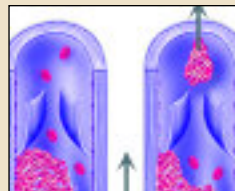
Several new or revised products were introduced. They included joint ASPS products such as the *Cycle of Care Resource Book* and a new line of practice marketing brochures. We also unveiled an updated *Guide to Cosmetic Surgery*, and patient safety and lifestyles brochures in Spanish.

Next year's meeting will be in New York City. We hope you will all join us there to experience the most comprehensive aesthetic surgery learning experience available today.

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## 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  
and Research Foundation

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ASAPS Members Forum: [www.surgery.org/members](http://www.surgery.org/members)

ASAPS Website: [www.surgery.org](http://www.surgery.org)

ASERF Website: [www.aserf.org](http://www.aserf.org)

## August 23-26, 2006

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

Santa Fe, NM  
El Dorado Hotel  
Co-sponsored by ASAPS/ASPS/PSEF  
Contact: PSEF  
Tel: 800.766.4955

## October 23-26, 2006

### Breast Surgery & Body Contouring Symposium

San Francisco, CA  
Co-sponsored by ASAPS/ASPS/PSEF  
Contact: PSEF  
800.766.4955

## November 12-16, 2006

### Advances in Aesthetic Plastic Surgery—The Cutting Edge VI

New York, NY  
Contact: Francine Leinhardt  
Tel: 212.702.7728

## December 1-3, 2006

### QMP Second Aesthetic Surgery Symposium

Chicago, IL  
Contact: Andrew Berger  
[aberger@qmp.com](mailto:aberger@qmp.com)  
Tel: 314.878.7808

## January 26-28, 2007

### 12th Annual New Horizons in Cosmetic Surgery Symposium

Renaissance Esmeralda Hotel  
Indian Wells, CA  
Co-sponsored by ASAPS/ASPS/PSEF  
Contact: PSEF  
Tel: 800.766.4955

## February 15-17, 2007

### 41st Baker Gordon Symposium on Cosmetic Surgery

Hyatt Regency Miami  
Miami, FL  
Contact: Mary Felpeto  
Tel: 305.859.8250



## April 19-24, 2007

### The Aesthetic Meeting 2007 Annual Meeting of ASAPS & ASERF

Javits Convention Center  
New York, NY  
Contact: ASAPS  
Tel: 800.364.2147  
[www.surgery.org/meeting2007](http://www.surgery.org/meeting2007)

### Meeting Dates:

**July 20-28, 2007**

### Cruise Dates:

**July 21-28, 2007**

### Aesthetic Surgery on the Baltic — Biennial Cruise

Co-sponsored by ASAPS/ASPS/PSEF  
Contact: ASAPS  
[www.surgery.org/cruise2007](http://www.surgery.org/cruise2007)  
Tel: 800.364.2147



## Curiosity, Excitement, Education

No one can label aesthetic surgeons as an intellectually complacent group. Since 1966, when we were basically left on our own to learn new techniques and perfect the ones we had, today's Aesthetic Society members are the beneficiaries of a comprehensive and provocative annual meeting with a worldwide reputation, a scholarly publication with a broad international reach, co-sponsored and endorsed symposia on subjects ranging from body contouring to injectables and a level of collegiality with our sister societies that has benefited all plastic surgeons.

It is a great time to be an aesthetic surgeon and I am proud to be your new President. Drawing on our sterling educational tradition, I would like to propose the following as goals to achieve in the coming year:

### Continue to provide high quality and sometimes controversial educational opportunities

We have listened to your evaluations of our Aesthetic Meeting content and are acting on them. Under the excellent stewardship of Education Commissioner and President-Elect Foad Nahai, MD, you can expect to see more panel discussion (body contouring in non-massive weight loss patients, avoiding face lift complications, problem solving in blepharoplasty, and rhinoplasty are currently in development), and content centered on specific patient safety issues.

### Pursue meaningful research topics

Our clinical trial on injection lipolysis will provide us with excellent data points for a definitive evaluation of the therapeutic option, and I applaud Immediate Past President Mark L. Jewell, MD for supporting this effort.

Over the next year ASERF President Alan Gold, MD will be actively soliciting new research topics. Some under consideration include scientific evidence to support the 5000cc limit on outpatient liposuction, a revisiting of the fat grafting option for breast enhancement, and guidelines on avoiding hypothermia in the surgical suite.

### Continue to develop new ways to deliver content

In the coming months, we will be deploying more topics for our streaming video option, and through the Electronic Communications Committee, looking at innovative ways to use technology to make accessing course material easier and more convenient.

### Refine and enhance [www.surgery.org](http://www.surgery.org)

Public education is an integral component of our learning programs, and our website is a valuable resource both for the media and for patients considering aesthetic procedures. The Electronic Communications Committee is currently enhancing our website to make the information more accessible and the design more elegant. Site optimization will be an important part of this effort, as will updating the photo galleries, all procedural information and maintaining our site as the go-to source for aesthetic information.

### Maintain our leadership position with the media

Media outlets from the New York Times to small local stations rely on the Aesthetic Society for statistics, interview sources, and information on the latest techniques and devices.

The work that has gone into establishing and maintaining these media relationships have born fruit, giving us a platform for our important messages of board certification, accredited surgical facilities and appropriate surgical choices and expectations.

We have very aggressive media goals for the coming year, further promoting the specialty as a serious medically relevant group of dedicated physicians. Look for more campaigns targeting issues such as patient safety, the importance of research and the revolutionary advances in non-invasive procedures.

### Provide hands-on learning opportunities for our international colleagues

Aesthetic Society members are known for their hospitality and generosity and this is once again being demonstrated in the area of education. As of mid-July, a database of US members willing to open their homes and practices to visiting colleagues is posted on [surgery.org/members](http://surgery.org/members). This will undoubtedly provide a rich source for cross cultural learning and forge even stronger bonds with our international colleagues.

Please contact me about any Society matters at [jamesstuzinmd@surgery.org](mailto:jamesstuzinmd@surgery.org). I look forward to working with all of you and making this a banner year for aesthetic surgery.



## The Dos and Don'ts of Websites

I was talking to my father recently about the trials and tribulations of starting a plastic surgery practice. My dad is a dentist who started his practice in Austin, Texas forty years ago and has recently retired.

When I went home two weeks ago I found his files and charts, accounting statements, and medical records lining the hallways and piled upon the kitchen table of the home where I grew up (next to a picture of me with no front teeth from my pre-school days, I might add).

These were the contents of the office he has recently vacated for a young dentist to begin her career in. She is planning on adding a new computer system and doing some advertising to introduce herself to the community. I immediately related to her position and we began talking about advertising.

I felt a little hesitant to show my folks my practice website at first. Once I showed them I was relieved to find that they were impressed—my mother wanted to know how I had gotten on the World Wide Web (no kidding) and my father wanted to know if it was successful at attracting new patients. Back when my father was establishing his practice, advertising by doctors and dentists was condemned and the only ones who did this were questionable at best and laughed at by their colleagues. In talking to my Dad, we both came to the conclusion that times have changed, and that the communication boom from the internet has had a major impact on this.

Getting your name out there in a positive way is just as important today as getting listed in the phone book was back then, I told him. I also mentioned that we are now living in 2006 and to be competitive, especially in a place like Manhattan, one must take a proactive approach in marketing his or her practice. There are

many expensive and time-consuming ways to do this, but some form of positive and tasteful marketing on the internet is useful and relatively easy. Not only that, but the internet is a primary source of news and information for a younger demographic of the population (ages 20-40); with a practice currently heavily weighted in aesthetic breast surgery, this also happens to mirror the age range of most of my patients.

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**Back when my father was establishing his practice, advertising by doctors and dentists was condemned and the only ones who did this were questionable at best and laughed at by their colleagues. In talking to my Dad, we both came to the conclusion that times have changed.**

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I was ecstatic to pass the oral boards last November; it truly was one of those moments I'll remember for the rest of my career. I was equally as pleased to become a member of the American Society of Plastic Surgeons, and I was glad to see it was acceptable to have a website as a neophyte in practice. When I began to build my website long before the oral board exam took place, I remember thinking that this was a part of my practice that I could control (I was supplying the information to the website company, after all), and a part I didn't want to mess up. I proceeded to construct the site, and with the advice of my senior associate with resounding conservatism, the website company and I made a factual yet attractive site highlighting my practice.

I was invited to write this article in

order to pass along some helpful tips to young surgeons and particularly those of us who are Candidates interested in applying for membership to the Aesthetic Society. The American Board of Plastic Surgery (ABPS), American Society of Plastic Surgeons (ASPS), and the American Society for Aesthetic Plastic Surgery (ASAPS) all follow a very similar Advertising Code of Ethics with the same basic tenets. This should serve as a compass—I printed it out and read it periodically when making my site and during the board case collection process. You can find it on [www.surgery.org/professionals/asaps/members-codeofethics.asp](http://www.surgery.org/professionals/asaps/members-codeofethics.asp), [www.abplsurg.org](http://www.abplsurg.org) or on [www.plasticsurgery.org](http://www.plasticsurgery.org) in the Member's Forum. Hopefully a lot of it will seem like common sense, but these are some of the do's and don'ts that are the most critical.

Let's start with the DON'Ts. The first four points are in bold-face for obvious reasons and are considered extremely detrimental to do before or during your application for membership. Remember that you will have to submit advertising materials during the application process and that your website content will be reviewed.

### **DON'T**

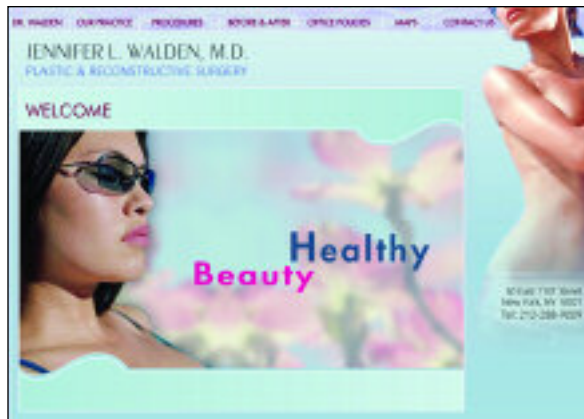
- Don't make the statement of being a member of the American Society for Aesthetic Plastic Surgery or use the ASAPS logo if you are not a member. If you are in the category of being a candidate interested in applying for membership into the Society later, you cannot say that you are a "Candidate Member" or "Candidate for Membership." There is no such category of membership, so it would be my advice to just not even go there.

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## The Do's and Don'ts of Websites

Continued from Page 4

- Don't make a statement about being a member of the ASPS if you are not, and don't use the logo.
- Don't make any statement of board certification by a board if you are not certified by the ABMS, and don't use the logo of the ABPS. Don't write the words "Board Eligible" either. Just leave it off.
- Applicants or candidates for membership working in a group practice may not appear (by photo or name) in advertisements or websites that contain the symbol of the ASPS or ASAPS regardless of whether the senior member of the group is an Active Member or the majority of physicians are Active Members. Each of the above is basically viewed as false or deceptive advertising since these are trade names.
- Don't use images of patients receiving services which portray results not typical of the average patient. Images that falsely portray a medical condition or relief thereof and that use light or photographic technique to distort the result are not well received either. You may use photos of models on your website, but if the photos are displayed in such a manner that would suggest the model received the services advertised, there should be a clear and noticeable disclaimer that the model is not an actual patient and has not received the services.
- Don't make a statement of fees or fee ranges that do not include a reasonable disclosure of the variables involved. Also, a statement of fixed fees that does not add whether additional fees may be incurred for a service may be construed as deceptive and misleading. In my opinion, it would be best not to discuss fees at all on your website.
- Don't make claims creating false expectations of favorable results, or that you have skills or provide services superior to those with similar training (unless this is substantiated by fact—with that being said, I would certainly be careful if you are going to try this one).
- If you are a female surgeon, don't make claims that you have a superior perspective or insight into your female patients' problems, or that you are able to under-



[www.drjenniferwalden.com](http://www.drjenniferwalden.com)

- stand female anatomical issues and therefore deliver a more favorable result than your male colleagues. This will get you nowhere fast not only with the membership committee but your male colleagues as well.
- Don't make appeals to a layperson's fears or emotional vulnerability, or make guarantees of success or perfection in your results.
- Don't raffle off surgical procedures or hold contests where the prize is a procedure. If anything, offer your patient a complimentary consultation if they are directed to your office from your website.
- Don't link your site to one of unethical or questionable content; it is OK to link to a site related to the medical specialty, but not one for the sole purpose of driving traffic to your site.
- If you are not board certified or a member of the Society and choose to place your biographical information on any of the portal directory sites (for example, iEnhance.com or LocateaDoc.com) make sure that there are no blanket statements on the site that state all surgeons advertised are board certified or a member of the ASPS or ASAPS.
- Don't participate in any pay-per-lead programs, web-based or not.
- Basically, it is your responsibility to make sure that your website company or any other directory website company that you are listed on conveys accurate information about you. The excuse that "my assistant sent it in" or "the website company added it in" won't fly.

- If you have any questions, have the Society review your website for you. They will look at your advertising at any time with or without an application on file. The following are examples of the types of useful information that can be included in the content of your website. It is always best to lean towards being conservative

if you have any doubts about the content of your site.

### DO

- List your email address, office hours and office address.
- Give your biographical information.
- List your specialty board certification or that your practice is limited to a specific area if that is the case.
- Describe the services that you provide and any insurance programs, credit card programs, or financing options that you participate in.
- Provide potential patients with information on the schools and postgraduate training programs that you have graduated from with the degrees received.
- List your curriculum vitae and any publications in educational journals.
- Include teaching positions and/or hospital affiliations.
- Describe any skincare or aesthetician-based services that you provide

Building and marketing your plastic surgery practice is exciting and at times stressful, but it's also fun to watch it grow. Good luck.

Jennifer L. Walden, MD  
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*Dr. Walden is a member of the Candidate Liaison Committee*

## Avoiding Hypothermia

Continued from Cover

outcomes; among these are half a dozen papers in *Lancet* and the *New England Journal of Medicine*.



Julius Few, MD

### Dr. Few:

What do you think the ideal ambient room temperature is for an operating room?



Daniel Sessler, MD

### Dr. Sessler:

It depends, there are really two competing issues here. One is comfort of the surgeon.

On the other hand there is overwhelming evidence that even mild hypothermia causes a significant number of adverse outcomes in patients. I think it's imperative that surgical patients be kept normothermic. It is a standard of care now to keep patients normothermic. How you keep them normothermic is entirely up to you.

**Dr. Few:** What are some techniques you would suggest to maintain normothermic temperature?

**Dr. Sessler:** Normally you have to move to something besides a warm ambient temperature and passive fluid installation. Most patients require some sort of active warming and by far the most obvious is forced air.

**Dr. Few:** Why?

**Dr. Sessler:** Because it's inexpensive. It's \$8.00 per patient and probably even less than that in some places. It has an impressive safety record if used properly. It's essentially safe and it's highly effective. So using forced air alone at a cost of about \$8 per patient will keep almost all surgical patients warm.

**Dr. Few:** Should the surgical team use devices like fluid warmers to optimize normothermia?

**Dr. Sessler:** I am not fond of fluid warmers for most cases. It is not possible

to warm patients with fluid warmer. All you can do is prevent the cooling from the administration of cold IV fluid—you are not warming patients; you just prevent cooling.

IV fluid induced cooling is relatively small. It's a quarter of a degree decrease in mean body per liter of fluid at ambient temperature.

So a fluid warming is appropriate only for cases that already have a forced air warmer and in whom there is large blood loss.

**Dr. Few:** In our field of aesthetic surgery, more and more patients are coming and wanting to have multiple things done in a given setting. Typically it may be almost from a head to toe. The more surface area, the faster the drop in temperature.

Are there any tricks you use in pediatrics or in the adult population when you have significant body surface area exposure and are trying to minimize heat loss?

**Dr. Sessler:** Your point is an excellent one. Heat loss is a function of exposed surface area. A single layer of almost any type of passive insulation reduces heat loss by 30 percent but of course it's heat loss over the exposed area that's the issue.

**Dr. Few:** If you could put a sterile sheet over a given area that you are not immediately working on, then cover with a forced-air warming device to keep things sterile...

**Dr. Sessler:** Absolutely that will help and if you are finished with one part of the body, putting your dressing on and then covering the patient is another possible approach.

**Dr. Few:** Tell us about pre-warming.

**Dr. Sessler:** The most important cause of hypothermia in surgical patients is not heat loss to the environment. It's actually an internal redistribution of heat from core to peripheral tissues.

Normally there is a two-to-four degree C core-to-peripheral tissue temperature gradient. There has to be a tissue temperature gradient from the core to the periphery otherwise there couldn't be flow of heat from core to the periphery.



Most patients require some sort of active warming and by far the most obvious is forced air.

So it's important to try and maintain some kind of established gradient. Patients coming in for surgery, who are normally in a relatively cool hospital environment, often have a pretty substantial core to peripheral tissue temperature gradient. That gradient is maintained by the thermoregulatory vasoconstriction.

When you induce anesthesia, you essentially obliterate thermoregulatory responses. That's why the skin gets increased perfusion after induction of anesthesia.

This is not because anesthetics are a vasodilator alone. The real issue is the inhibition of regulatory vasoconstriction. The disruption of the regulatory function allows heat to flow to the periphery. Net body heat content doesn't change but core temperature decreases fairly precipitously.

That's why patients who are having tiny short operations still get hypothermic.

**Dr. Few:** Basically you are limiting one of the body's key protective mechanisms for maintaining normothermia. Pre-heating basically lowers the gradient so that core temperature is not lost—a protective warming?

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## Avoiding Hypothermia

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**Dr. Sessler:** Core temperature doesn't change during pre-warming. But what does happen is that a lot of heat is transferred through the skin and goes in to the peripheral component, not the core. And so it reduces the core-to-periphery gradient.

**Dr. Few:** What I read in the literature suggested that pre-warming for even an hour before can have a dramatic benefit, correct?<sup>1</sup>

**Dr. Sessler:** Yes even half an hour is sufficient.

Now it has to be forced air warming; I am not talking about just giving somebody a cover—

**Dr. Few:** Right, forced air such as Bear Hugger, some kind of forced air device.

**Dr. Sessler:** That's right. So even

a half hour of forced air warming transfers about 50 kilo calories of heat to the periphery; that's enough to raise five degree or more, and that decreases the gradient substantially.

**Dr. Few:** So the practice of irrigating even superficial wounds with cold solution to decrease local swelling or to minimize small capillary bleeding is something that you definitely would not recommend.

**Dr. Sessler:** Well, if you just irrigate, the cooling effect only lasts for a few minutes; I am more concerned about core hypothermia.

**Dr. Few:** Coagulopathy seems to be a big problem with hypothermia. What are some of the other complications that can occur?

**Dr. Sessler:** Well, coagulopathy is

certainly among them. Many randomized trials now suggest that even mild hypothermia, as little as half a degree, increases blood loss.

A second major complication is the sympathetic nervous system activation increase and increase in morbid myocardial outcomes; and since heart attacks are probably the leading cause of unexpected death after surgery, it's something that I take pretty seriously.

Then the third major finding is that mild hypothermia, just below 36 degrees C triples the risk of surgical wound infection.

1. Infection Control 10/03

*Julius Few, MD is Editor of "Aesthetic Society News," Committee Chair of the ASAPS Public Education Committee and an aesthetic surgeon practicing in Chicago, IL.*

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as an ASAPS Platinum Triangle Sponsor 2006  
for contributing over \$100,000 from  
May 2005-April 2006



**NexTech Systems, CEO, Kamal Majeed, PhD, P.E.  
receives the ASAPS Platinum Triangle Award from  
ASAPS Immediate Past President,  
Mark L. Jewell, MD.**

**ASAPS thanks NexTech Systems for its continued  
support and provision of resources to fulfill the Society's  
important educational and research mission.**





## **ASAPS recognizes Inamed Aesthetics**

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**Steven Pal, Interim General Manager, Inamed, a Division of Allergan  
receives the ASAPS Platinum Triangle Award from  
ASAPS Immediate Past President,  
Mark L. Jewell, MD.**

**ASAPS thanks Inamed Aesthetics for its continued  
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Jennifer Milby  
Product Manager

## Media Notes and Quotes

A Sampling of current media coverage on the Aesthetic Society

In the eternal quest for cosmetic enhancements that promise speedy recovery and instant results, the thread lift—also known as the feather lift, lunchtime lift or suspension lift—has emerged as one of the most requested new fixes. New York plastic surgeon Robert W. Bernard calls the results ‘underwhelming.’ “I’m extraordinarily reluctant to jump on the bandwagon until this has stood the test of time,” said Bernard, a past president of the American Society for Aesthetic Plastic Surgery. “I would tell patients to wait a couple more years. The quick fix has to work, be safe and do what it’s supposed to do.”

A Lift at Lunchtime

**Washington Post**

January 24, 2006

“Dr. 90210” is the show that traditional plastic surgeons love to hate. Critics including Dr. Mark Jewell, the president of the American Society for Aesthetic Plastic Surgery, say that Dr. Rey is a skilled surgeon, but his informal way with patients is inappropriate, even undignified, and the reality show gives viewers the impression that plastic surgery is a casual beauty treatment rather than a serious surgical procedure... Dr. Rey said, “there was no time along the way to become Board certified...” It is legal to perform plastic surgery without board certification; any licensed medical doctor may operate. But Dr. Jewell said that the certification process “is the only good measure we have of a plastic surgeon’s training, ability, safety, care, professionalism, ethical behavior and conduct.”

Skin Deep: A Doctor: He Is One on TV

**The New York Times**

March 16, 2006

Cosmetic surgeons say they are starting to see a new brand of customer come through the door: CEOs and other high-ranking corporate executives. A Consumer attitude survey by the American Society for Aesthetic Plastic Surgery found that 52% of men approve of cosmetic surgery, double what it was a few years ago and almost even with the 55% of women who approve.

More Execs Get Another Kind of Work Done

**USA Today**

March 21, 2006

Injections of the hyaluronic-acid wrinkle fillers Restylane, Hylaform and Captique require no allergy testing. That’s because the risk of reactions is very low...Still seeing five patients suffer from hypersensitivity reactions was enough to make Karyn Grossman, a dermatologist in Los Angeles and New York City, recommend testing for all her patients, she reports in “Aesthetic Surgery Journal,” though it necessitates a month long wait before the procedure.

Wrinkle-Shot Reactions

**Allure**

February 2006

“Americans are traveling abroad for surgery and vacation. According to the American Society for Aesthetic Plastic Surgery, Americans spent \$12 billion on cosmetic surgery which insurance does not pay for. ‘People should not make decisions based on price alone,’ says Dr. Alan Gold, spokesperson for the American Society for Aesthetic Plastic Surgery.”

**Today Show**

May 19, 2006

Today’s anesthesia options are exponentially safer than ever, thanks to better-trained doctors, much improved monitoring devices, and an array of ultra-short-acting drugs. Still, it’s the aspect of surgery that frightens patients (even doctor patients) the most. “Something you can get done in an hour or two you can generally do very well with local or IV sedation,” says Mark Jewell, MD, an Oregon plastic surgeon and the outgoing president of the American Society for Aesthetic Plastic Surgery (ASAPS.) But a long case of combined procedures like a face, eyes, and brow lift is asking more than what a patient can reasonably handle awake.”

Comfortably Numb

**Elle**

June 2006

# Cycle of Care Resource Book

*Patient Instructions, OR Forms, Letters and Disclosures for Plastic Surgeons*



How can you improve patient compliance? By starting with clear, understandable pre and post surgical patient instructions.

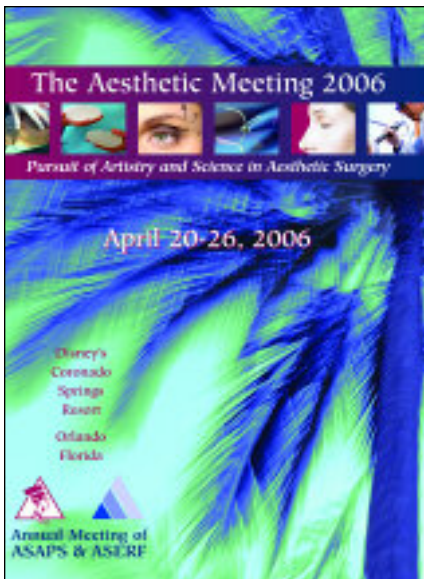
You'll get them, and much more in the Cycle of Care Resource Book, a collection of surgical worksheets, patient instructions and other important documents created by your Aesthetic Society and ASPS colleagues.

This is a complete collection of aesthetic and reconstructive documents on a convenient CD with a loose leaf binder available for reference.

**CD's with Binders:** ASAPS/ASPS members, candidates, & residents: \$389 • Non-members: \$1,589

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To place your order online, visit [www.surgery.org/onlinecatalog](http://www.surgery.org/onlinecatalog) or call the Society office 800-364-2147 or 562-799-2356 or fax to 562-799-1098



## Meeting DVDs Recapture Cutting Edge Topics and Sessions

by Darlene Oliver

can get to the surgical techniques without actually being in the OR” said ASAPS member Kanty Sian, MD. “They also capture the presenters’ on-screen pointer showing specific details as they are explained.”

The DVDs are recorded “live” at the annual meetings. Furthermore, they are guaranteed to play on any standard DVD player. The picture is as large and sharp as any TV programming you watch.

Have a favorite speaker? A surgeon’s outcome you admire? Want to examine Dr. Pascal’s favorite surgery, the lower body lift, or observe a lively panel discussion regarding management of lower lid fat in blepharoplasty? Watch them all on the DVDs and enjoy crystal clear, sharp images.

The annual meeting DVDs are consistently appreciated by the membership and are dedicated to continuing education. If you missed the meeting, here’s the best

way to bring safe, reliable and accurate information home in a most convenient format.

There is a lot to discover. Purchase an individual DVD for only \$65 or get a set of your favorite ten for only \$549. The Aesthetic Society videotapes the sessions which have the most interest, including the entire Scientific Session and key optional courses. Add to your existing library, or start one today. Order now while supplies last.

The complete list of available DVDs from the 2006 Annual Meeting was recently mailed to you. Complete the order form included in that mailing, log onto the [surgery.org/shoppingcare](http://surgery.org/shoppingcare) website, or call the office at 800-364-2147.

*Darlene Oliver is Manager of Distant Learning for the Aesthetic Society.*

The theme of this year’s annual meeting, “Pursuit of Artistry and Science in Aesthetic Surgery,” lives on in the recorded sessions that are available now on DVD. Watching these videos is the best way to study new procedures, learn innovative techniques, or study for recertification.

“Viewing the DVD is as close as you



The Aesthetic Society’s Preferred Vendor program focuses on cultivating exclusive relationships with companies that provide quality business services for Aesthetic Society members.



## Injection Lipolysis Insurance Update

The American Society for Aesthetic Plastic Surgery (ASAPS) has developed a research protocol to evaluate the safety and efficacy of PPC injection lipolysis. ASAPS has recommended that its members not engage in this procedure until this clinical trial is completed. The Doctors Company will extend clinical trial coverage to its doctor-members who participate in the ASAPS study, **if requested**. Until the study results are known, The Doctors Company will approve coverage for physicians performing PPC injection lipolysis on a **case-by-case** basis.

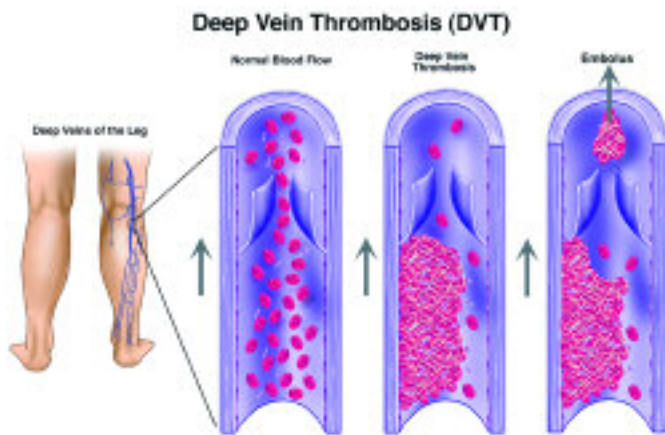
# How your colleagues are avoiding DVT:

by Felmont F. Eaves, III, MD

Deep Vein Thrombosis (DVT) is a serious medical complication many of us face at some point in our surgical career.

In order to determine how Society members deal with the issue, the Patient Safety Committee issued a web-based survey covering specific topics related to DVT, including use of prophylaxis, chemoprophylaxis, and cessation of HRT in healthy patients going under general anesthesia.

Our colleagues' comments show a healthy range of opinions on the subject and point to a need for further education and discussion. The results of the survey are summarized below:



I use some form of DVT prophylaxis (i.e. pneumatic compression, chemoprophylaxis) when:

- The case is more than four hours.....10.8%
- Only if the patient has risk factors.....1.6%
- In any patient undergoing a procedure under general anesthesia .....61.6%
- I don't use DVT prophylaxis .....0.3%

**The majority of your colleagues, almost 62%, use DVT prophylaxis in any patient who is going under general anesthesia. Additional comments included:**

I use it in any case longer than two hours, and all general anesthesia cases.

Any case longer than 30 minutes needs prophylaxis.

Indicated in combined procedures (breast, abdomen, sal) or patients at higher risk.

We have a protocol that assesses risks and use the type of prophylaxis appropriate for the patient. Because of the strict provisions of the protocol, the only patient not receiving prophylaxis is one under 40 years old who is having a procedure lasting less than 30 min. on something other than the lower extremities.

I believe it would be hard to defend not using compression stockings on every patient.

**In the past three months I have used DVT chemoprophylaxis (i.e. low dose heparin, low molecular weight heparin, fondaparinux, etc.):**

- Once .....10.8%
- 2- 4 times .....8.9%
- 5 or more times .....12.1%
- I don't use chemoprophylaxis due to the risk of bleeding in my patients .....58.9%

**Almost 60% of ASAPS members feel that the use of chemoprophylaxis is not worth the risk. Additional comments included:**

I use chemoprophylaxis in high risk patients. In the last three months I have not used chemoprophylaxis.

I use this for every body contouring, and breast reduction procedure I do. I do not use heparin on facelifts or augmentation.

I haven't used but would if the situation dictated it.

**In the past three months I have experienced a DVT in one of my patients.**

- Yes .....7.8%
- No .....58.9%

Continued on Page 15

## How your colleagues are avoiding DVT

Continued from Page 14

### When I have an otherwise healthy patient on hormonal therapy (HRT, oral contraceptives) that is undergoing an aesthetic procedure under general anesthesia, I...

Have the patient discontinue the hormonal intake three months prior to surgery .....	0.8%
Have the patient discontinue the hormonal intake one week prior to surgery.....	7%
Have the patient discontinue the hormonal intake only if she has been taking for less than one year .....	4.5%
Have the patient continue the hormonal intake through the perioperative period .....	75%
Other.....	12.6%

### The vast majority of your Aesthetic Society colleagues do not view hormonal intake as a patient safety issue. Among the "other responses" were:

Since attending the Orlando meeting, I plan to use TED hose in all patients and to continue sequential compression whenever possible.

I advise patients on the increased risk factor of hormone use and RECOMMEND discontinuance 4-6 wks prior, but the patient makes the decision to continue or not, and this may put them in the category of risk for chemoprophylaxis along with IPC.

It really doesn't make sense to stop all unless there is data to support this.

For a short procedure such as augmentation mammoplasty I will not discontinue hormonal therapy.

### Are you aware that ASAPS has embarked on a series of topic-focused patient safety campaigns?

Yes .....	72.8%
No .....	12.6%

## Patient Safety Topics You Would Like to See

As part of our recent DVT survey, we asked respondents to tell us some of the patient safety topics they would like to see. Among your answers were:

- Risk factors for IV sedation
- Intraoperative treatment of hypertension during IV sedation cases
- High volume liposuction
- Body contouring as outpatient vs. inpatient
- Long procedure positioning and padding to avoid neuropraxias
- Cigarette smoking cessation
- Short and long term effect on flap survival (facelifts, abdominoplasty, etc.)
- High blood pressure, smoking, perioperative infection, prophylaxis, antibiotics, perioperative nausea, vomiting avoidance, prophylaxis, monitored sedation/local anaesthesia guidelines (Many of my hospitals require a short course and demonstration of proficiency, combinations and magnitude of surgery done as outpatient/day surgery.)
- Length of surgery studies
- I believe that there are several areas that need specific attention. From my understanding there are perhaps 10 main reasons why plastic surgeons are involved in malpractice litigation. These top 10 or maybe 15 could clearly be identified by the Doctors Company. Attention can then be directed towards preventing and/or avoiding the complications or undesired results that resulted in the litigation. A checklist could then be developed for uniform application that would limit exposure and of course improve patient outcomes and safety.

Thank you for your suggestions. In the coming months we will develop studies and or safety advisories that cover many of these areas.

*Felmont F. Eaves, III, MD (Monte) is Chair of the Patient Safety Committee and a member of the Aesthetic Society Board of Directors.*

About the survey: The survey was sent as a blast email to all ASAPS members with a link to the survey instrument. As of June, 2006, the total response rate was 372. Numbers do not always add up to 100%.

# A quality brochure line to **MARKET YOUR PRACTICE**

The Aesthetic Society and ASPS are pleased to announce the creation of a **customizable brochure line** designed to market your practice in a consumer friendly, patient focused way.

These patient marketing brochures are an attractive 8.5x11 size, making them ideal waiting room pieces. They cover some of the most popular aesthetic procedures, including:

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- Non Surgical Rejuvenation
- Breast Enhancement
- Facial Harmony
- Eyes

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# Breast Implants Do Not Raise Long-Term Cancer Risk



Canadian researchers have published a retrospective study of more than 25,000 women with cosmetic breast implants and have found no association between long-term breast cancer incidence and implant site (submuscular vs. sub-glandular), fill (saline vs. silicone) or envelope (polyurethane-coated or not) concluding that women undergoing cosmetic breast augmentation do not appear to be at an increased long-term risk of developing cancer.

The study, published in the June, 2006 issue of the International Journal of Cancer examined a cohort of 24,558 women, 18 years of age and older, who underwent bilateral cosmetic breast augmentation, and 15,893 women who underwent other cosmetic procedures in Ontario or Quebec between 1974 and 1989.

These plastic surgery patients were selected from the same clinics as the implant population. Incident cancers were identified by linking to Canadian registry data up to December 31, 1997. In total, 676 cancers were identified among women

who received breast implants compared to 899 expected based on general population rates (standardized incidence ratio (SIR) 5 0.75; 95% confidence interval (CI) 5 0.70–0.81).

Overall cancer incidence rates among women who received breast implants were similar to that of the other plastic surgery patients (relative risk (RR) 5 0.91, 95% CI 5 0.81–1.02). However, women who received breast implants had lower breast cancer rates than the plastic surgery patients (RR 5 0.64, 95% CI 5 0.53–0.79).

The reasons for this are unclear, according to the study authors, led by Dr. Jacques Brisson of Laval University in Quebec.

One possibility, they speculate, is that women whose family history puts them at risk of breast cancer are less likely to get cosmetic implants.

The full text of this article will be posted on the members' only section of [www.surgery.org/members](http://www.surgery.org/members).

*Int. J. Cancer; 2006*



## International Member Makes Significant Contribution to ASERF

Luis Lopez Tallaj, MD, an aesthetic surgeon with a private practice in the Dominican Republic, recently donated a \$100,000 life insurance policy to the Aesthetic Society Education and Research Foundation (ASERF). This marks the third member and only international member to make a donation of this size.

“Without any doubt, the Aesthetic Society has influenced my professional practice in a very positive way” said Dr. Tallaj. The research ASERF has conducted optimizes our quality standards allowing us to provide better and safer services to our patients.”

“By making this generous donation, Dr. Tallaj has shown not only his generosity but also his commitment to advancing our specialty,” said Alan Gold, MD, ASERF President.

Dr Tallaj has been a member of the Aesthetic Society since 2005.





# Society Issues Safety Alert on Unlicensed Practitioners

Based on recent reports from Chicago, California, Georgia and other locations documenting amateur or unlicensed practitioners injecting unsuspecting patients with everything from silicone to baby oil, the Aesthetic Society recently issued a safety advisory warning the public to avoid such practices.

Communities where patients have limited resources or do not speak English

as a first language appear to be especially susceptible to false advertising and promotion of potentially dangerous procedures, suffering from pain and disfigurement and in one case, death, when a woman was injected with cooking oil in a Salinas, California beauty salon.

Injectable fillers to enhance the bust, hips, buttocks or face are, unfortunately, frequently administered in non-clinical

settings. "Patients may be lured in by inexpensive prices and unrealistic claims. Patients think they are getting a bargain, but they are actually putting their health and lives at risk and they may not even know it," said ASAPS President James M. Stuzin, MD. "Of course, only licensed practitioners should perform cosmetic procedures. We provide resources that can be accessed by phone and online to help patients find qualified physicians for cosmetic enhancement procedures."

The advisory, sent through our normal media channels as well as a translated version sent specifically to Hispanic media stressed the following points:

- Patients can check to see if the practitioner is certified by the American Board of Plastic Surgery by checking with the Board at: [www.abplsurg.org](http://www.abplsurg.org) or by calling 1-866-ASK-ABMS. Referrals to qualified surgeons can be found online at [www.surgery.org](http://www.surgery.org), the website for the Aesthetic Society or by calling our referral line at 888.ASAPS.11 (272.7711).
- Cosmetic procedures are safely performed in accredited facilities.
- In most cases, cosmetic procedures offered in non-medical settings, such as homes, hotels and beauty salons are not performed by qualified individuals and may involve the use of illegal or unknown substances.
- Patients should never choose a doctor solely on the basis of lower cost.

"We hear very sad and frustrating stories of patients being taken advantage of by phony doctors and illegal procedures. Patients are being scammed and exposed to great harm. We need to let them know that they should do their homework—find out more information about the procedure, location and practitioner before going for any kind of cosmetic enhancements," said Dr. Stuzin. The full advisory can be found at [www.surgery.org/members](http://www.surgery.org/members).

## Position Available:



## Associate Editor

*Aesthetic Surgery Journal, the peer reviewed publication of the American Society for Aesthetic Plastic Surgery, is currently recruiting for a member with vision and insight for the position of Associate Editor.*

### Reporting to Editor-in-Chief Stanley Klatsky, MD, the Associate Editor should have the following skills and experience:

- ASAPS member in good standing with intellectual curiosity regarding all aspects of aesthetic surgery and non-surgical procedures
- Current academic affiliations
- Ability to assist the Editor in evaluating and editing manuscripts
- Possess a vision to assist the Editor in editorial direction and selecting topics of interest to readers
- Have published articles or participated in published research within the past five years
- Ideally have experience on the editorial board of a medical journal

This is a highly visible and prestigious volunteer position within the Aesthetic Society. Interested applicants should forward a CV and letter of interest to: [searchcommittee@surgery.org](mailto:searchcommittee@surgery.org).

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2005 *Travel Weekly* Readers’ Choice Awards – “Best Luxury Cruise Line”

2004 *Robb Report* 16th Annual “Best of the Best” Award



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# Aesthetic Surgery Journal Expands Online Offerings



*Aesthetic Surgery Journal* has added a number of valuable features to its website, giving surgeons even more reason to visit ASJ online at: [www.aestheticsurgeryjournal.com](http://www.aestheticsurgeryjournal.com).

"In July 2005, *ASJ* moved to a new online platform," says Editor in Chief Stanley A. Klatsky, MD, "which has allowed us to offer subscribers an expanded menu of services."

Utilization of the online journal has steadily risen. "In 2005, we had a 24 percent increase in the number of *ASJ* online page views compared to the previous year," Dr. Klatsky says. Advanced features of the new online platform make it easy to locate and download articles from the *ASJ* archive, which includes all journals from 1996 to present.

## ASJ Customized Email Alerts

You can now register online, at [www.aestheticsurgeryjournal.com](http://www.aestheticsurgeryjournal.com), for several standard and customized email alerts:

- TOC alerts inform you whenever a new issue of *ASJ* is posted online
- Citation alerts let you know when a selected article is cited by any new articles
- Search alerts tell you when a new article relevant to your saved search criteria is published

These customized features can facilitate your research or clinical interest in specific topics.

## Seamless Access from ASAPS website

Aesthetic Society members now have seamless access to *ASJ* through the ASAPS Members-Only Website ([www.surgery.org/members](http://www.surgery.org/members)). Simply log in at the ASAPS site, click on the *ASJ* icon, and automatically view or download any *ASJ* article from 1996 to present. No additional log in for *ASJ* is necessary.

"Surgeons who, for one reason or another, have never registered for online access to *ASJ* may find it easier to simply access the journal through the ASAPS member site," says Dr. Klatsky.

## Google Translation Tool

Another recent addition to the *ASJ* website is the Google Translation Tool. "With the growing participation and interest from the international community, we wanted to offer as many different options as possible for translation," explains Dr. Klatsky. "The Google tool is easy to use, allows translation from English to any of 34 different languages and has virtually no limit on the number of words that can be translated. You can copy and paste an abstract or an entire article and, with the exception of a few technical terms, you'll get a very decent translation."

## Online Manuscript Submission

*ASJ* now requires electronic submission of all manuscripts through the Author Gateway (EES) at [www.aestheticsurgeryjournal.com](http://www.aestheticsurgeryjournal.com). "Since instituting the electronic submission process, our manuscript submissions have increased 43 percent," says Paul Bernstein, *ASJ* Managing Editor. "Most surgeons find electronic submission to be much easier and more convenient than paper."

For questions about submission of your manuscript to *ASJ*, please visit [www.aestheticsurgeryjournal.com](http://www.aestheticsurgeryjournal.com). You may also contact Mr. Bernstein at 212-921-0500, or email [journal@surgery.org](mailto:journal@surgery.org).

# Readership Survey Confirms ASJ Is #1



In late 2005, Elsevier commissioned Franklin Communications, an independent market research firm, to conduct a readership study on *ASJ*. A sample of 500 randomly selected *ASJ* subscribers in the U.S. and 112 international member subscribers received the survey. The overall response rate was an impressive 26 percent.

"The survey results reinforce our assumption that *ASJ* is well read and highly respected by its recipients," says Kathleen Gaffney of Elsevier, *ASJ* publisher.

"The levels of readership and reader satisfaction are among the highest observed by Franklin Communications in our 24 years of conducting publication readership research," states research consultant Michael Franklin.

## Key findings of the survey include:

- Of the five plastic/cosmetic journals surveyed with regard to their "perceived usefulness," *Aesthetic Surgery Journal* received the greatest number of #1 rankings, ahead of *Aesthetic Plastic Surgery*, *Annals of Plastic Surgery*, *Cosmetic Surgery Times* and *Plastic and Reconstructive Surgery*.
- *ASJ* has a loyal reader base with 68 percent of all respondents receiving the journal for more than five years.
- A typical issue is read by 91 percent of recipients with 79 percent reading every issue. Every respondent to the survey reads the journal, meaning total readership among subscribers is 100 percent.
- 19 percent of recipients read issues cover-to-cover. This is a very high percentage compared with other journals Franklin Communications and Elsevier have surveyed.
- While 38 percent of respondents find scholarly and practical/clinically-oriented articles to be of equal value, 59 percent express a leaning toward the practical content. Consistent with this finding, readers rate the Practice Forum as somewhat more useful than the Scientific Forum, though both were rated highly.
- Readers are pleased with readability, design and illustrations.
- Techniques articles and Operative Strategy articles are ranked highest of ten article types surveyed.
- *ASJ* is given high marks for its manuscript submission review process.

## ASJ to Offer Online-Only Discount for International Affiliates

Beginning in January 2007, *ASJ* will offer a dramatically discounted "online-only" subscription option to international surgeons who are members of International Affiliate Societies adopting *ASJ* as their official English-language journal. Currently, this group includes plastic and aesthetic surgery societies in Brazil, Costa Rica, Israel, Japan, Korea, Mexico, and Thailand.

"The online-only subscription option came about as a direct result of requests from our affiliated societies to provide even greater international exposure of the journal at a highly affordable price," explains Dr. Klatsky.

*ASJ* currently offers international affiliate members a 20 percent discount off the regular international print subscription price. The new online-only subscription will provide online-only access to the journal for half the price of the discounted print subscription.

"This will be a new and totally unique program for our company," says Kathleen Gaffney of Elsevier, the world's largest journal publisher. "We have not previously offered 'online-only' subscriptions for any of our journals. But we recognize that *ASJ* is a very special publication. It is one of our top-performing journals and has tremendous potential for international expansion."

"Over the past year or so, we have seen almost a 50 percent increase in the number of manuscripts submitted to *ASJ* by international surgeons," says Dr. Klatsky. "We have seven international affiliate societies on board with us now, and we expect to welcome at least two more this year. So we need to do as much as possible to make the full text and outstanding color graphics of our journal easily accessible around the world."

Dr. Klatsky adds that, in 2005, the number of international surgeons subscribing to *ASJ* rose 33 percent and the number of institutional subscribers outside the U.S. increased 67 percent.



### New Jersey Cosmetic Surgery Tax Losing Ground

**June 23rd:** The repeal of New Jersey's cosmetic surgery tax is getting closer. A-2282 was released from the Assembly Appropriations Committee, and the Senate is expected to do the same with the companion bill, S-1783. Since the repeal bill was introduced by the same legislator who authored the tax in the first place (Assemblyman Joseph Cryan), Governor Corzine is committed to signing it. According to Beverly Lynch, lobbyist for the Coalition of New Jersey Medical Professionals, it's not yet a "done deal", but very good news, and to date the NJ experience has convinced 6 additional states to look elsewhere to balance their budgets.

### Satellite Offices Limited in Florida

**June 23rd:** Governor Bush signed into law HB 699 which requires nurse practitioners and physician assistants who work in satellite offices in which primarily skin care services are offered to be supervised by a certified plastic surgeon or dermatologist. The number of satellite offices will be limited to two, and after July 1, 2011, one, and satellite offices must be within 25 miles of the primary office, or within the adjacent county but within 75 miles. The law does not require any minimum presence in each office, but does require a posted notice giving the hours when the surgeon will be present.

### Physician Supervision of Lasers Fades in California

**June 15th:** Senator Figueroa's staff released new language for SB 1423 which removes mandatory physician supervision in favor of a study to be conducted jointly by the Medical and Nursing boards evaluating lasers for cosmetic procedures, and specifically to evaluate the appropriate level of physician supervision, training, standardized procedures for patient selection, education, instruction and informed consent, the use of topical agents, complications and urgent care situations, and who should be able to purchase and own laser equipment. The study is to be completed by January 1, 2008.

### California Study Supports Cosmetic Oral Surgeons

**June 5th:** As required by Governor Schwarzenegger when he vetoed SB 1336, the California Department of Consumer Affairs released a study of the training and education of oral surgeons. The study just released concludes oral surgeons, along with the additional requirements of the current version of SB 438, would be qualified to perform cosmetic procedures above the collarbone. The California Society of Plastic Surgeons is aggressively dissecting the report, and a Plastic Surgeons for Schwarzenegger Event has been scheduled for August in anticipation of the November gubernatorial race.

### 4 out of 10 Malpractice Cases are Groundless

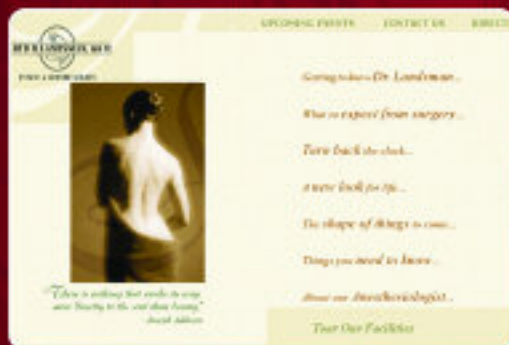
**May 11th:** The Harvard School of Public Health, after reviewing 1,452 malpractice claims between 1984-2004 randomly selected from five insurance companies, concluded 3% involved no injury; 60% involved injuries caused by medical error; 37% involved injuries but lacked evidence of medical mistake; yet of that 37%, 1/4th of the plaintiffs nevertheless received an average payout of \$313,000, compared to legitimate claimants receiving an average payout of \$521,000. The study also found cases required an average of 5 years to resolve, and for every \$2 paid to plaintiffs, an additional \$1 was spent on legal defense costs.

### Expert Testimony

**June 6th:** A 3-judge panel of the North Carolina Court of Appeals reversed the 1-year suspension of neurosurgeon Gary L. Lustgarden's medical license, finding that he did not actually testify as an expert that the defendant surgeon had lied and falsified his records, but had instead stated, "I think he tried to temporize his findings and write a note that was benevolent;" the words "falsify" and "lied" were used by defense counsel in cross-examination.

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