



Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

Volume 11, Number 4 Fall 2007

Introducing "Beauty for Life"

The first in a series of products from the Cosmetic Medicine Task Force you can use in your practice today!



The Cosmetic Medicine Taskforce, a joint effort of the American Society for Aesthetic Plastic Surgery

(ASAPS) and the American Society of Plastic Surgeons® (ASPS) has spent the last 10 months crafting a comprehensive strategy to help our

members deal with the burgeoning areas of cosmetic medicine, including injectables and other nonsurgical treatments. At the Plastic Surgery 2007 conference in Baltimore this month, you'll see the first fruits of our labors: "Beauty for Life."

"Beauty for Life" is a multifaceted campaign to elevate surgeons' position in the cosmetic medicine marketplace—helping you attract new patients within your community by encouraging consumers to seek out plastic surgeons for all their cosmetic medical care needs, from the least to the most invasive.

"Our first offerings to members are

Continued on Page 19

Now: Your Opportunity to Shine



Jeff Kenkel, MD and Jack Fisher, MD



As Chair and Co-Chair of the Aesthetic Society Education Commission, we are responsible for bringing you the best possible content for The Aesthetic Meeting 2008 next year in San Diego.

But, there's a problem.

Our goal is to bring you teaching courses and scientific sessions from the best and the brightest practitioners in the world; and so far, via your course evaluations and numerous "water cooler" discussions, you've told us we have been doing a pretty good job. Our presenters are among the thought and opinion leaders in our specialty; excellent teachers, published authors and innovative practitioners.

This is a select gathering of physicians from around the world, but we want to be sure we're not missing reticent stars, "thought and opinion leaders" in the

Continued on Page 22

ASERF Request for Research Proposals



The Aesthetic Surgery Education and Research Foundation is your source for the funding of scientific research projects that will benefit the specialty and increase knowledge of important areas germane to our work as both scientists and clinicians.

This year, we are actively seeking research proposals on the following topics:

- **Cosmetic Medicine:** Particularly on the use of stem cell therapies for anti-aging therapies
- **Lasers and Light-based Therapies:** Particularly regarding the efficacy of recently introduced modalities for fat reduction and body contouring
- **Basic Science studies on fat injection**
- **Best practices for reducing the incidence of DVT and hypothermia** in the office-based surgical suite
- **Double-blinded placebo studies on the efficacy of OTC cosmetic treatments**
- **Retrospective analysis on the safety of performing multiple, concurrent cosmetic surgeries**
- **A review of current psycho-social assessment tools in determining body dysmorphic disorder** in the patient seeking repeated cosmetic surgeries
- **Multi-center analysis of the Informed Consent process** in evaluating patient satisfaction and realistic outcomes post-surgery
- **Multi-center retrospective analysis on the effectiveness of surgical "time outs"**

All Aesthetic Society members are invited to submit detailed proposals on any of the above

Continued on Page 14

INSIDE THIS ISSUE:



Triumph or Trouble in Trendy Times

See page 4



Patient Satisfaction Surveys

See page 10



Life Members: A Conversation with Dr. Simon Fredricks

See page 18



Aesthetic Society News

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

President

Foad Nahai, MD

Editor

Julius W. Few, MD

Communications Commissioner

Mark Codner, MD

Director of Marketing and Public Education

John O'Leary

Marketing Manager

Kristin Murphy-Aviña

Manager, Media Relations

Adeena Babbitt

Production

Erika Ortiz-Ramos

Janet Cottrell

Design

Via Media Graphic Design

Statements and opinions expressed in articles, editorials and communications published in ASN are those of the authors and do not necessarily reflect the views of ASAPS or ASERF. Publishing of advertisements in ASN is not a guarantee, warrant or endorsement of any products and services advertised.

Send address changes and membership inquiries to Membership Department, American Society for Aesthetic Plastic Surgery, 11081 Winners Circle, Los Alamitos, CA 90720. Email asaps@surgery.org.



The American Society for
Aesthetic Plastic Surgery



The Aesthetic Surgery Education
and Research Foundation

© 2007 The American Society for Aesthetic Plastic Surgery

ASAPS Members Forum: www.surgery.org/members

ASAPS Website: www.surgery.org

ASERF Website: www.aserf.org

ASAPS Calendar

Co-sponsored/Endorsed Events

2007-2008

November 14-17, 2007

Aesthetic Surgery of the Aging Face

Waldorf Astoria, New York, NY
Contact: Francine Leinhardt
212-702-7728

November 30-December 2, 2007

QMP Third Aesthetic Surgery Symposium

Hyatt Regency, Chicago, IL
Endorsed by ASAPS
Contact: Andrew Berger
314-878-7808
aberger@qmp.com

January 17, 2008

1st Annual Oculoplastic Symposium

Endorsed by ASAPS
Grand Hyatt Buckhead, Atlanta, GA
Contact: Susan Russell
678-773-3224
srussell@gunnerlive.com

January 18-20, 2008

24th Annual Breast Surgery Symposium

Endorsed by ASAPS
Atlanta, GA
Contact: Susan Russell
678-773-3224
srussell@gunnerlive.com

January 25-27, 2008

12th Annual New Horizons in Cosmetic Surgery Symposium

Co-Sponsored by
ASAPS/ASERF/ASPS/PSEF
Rancho Las Palmas Resort & Spa
Rancho Mirage, CA
Contact: PSEF: 800-766-4955

February 7-9, 2008

42nd Baker Gordon Symposium on Cosmetic Surgery

Endorsed by ASAPS
Hyatt Regency Miami, Miami, FL
Contact: Mary Felpeto at
305-859-8250

February 10-13, 2008

19th Congress of ISAPS

Foad Nahai, MD
Renato Saltz, MD
Endorsed by ASAPS
Melbourne, Australia
Contact: Catherine B. Foss at
603-643-2325
Email: isaps@sover.net

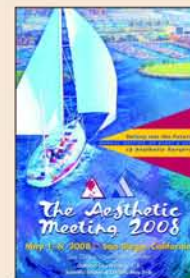
March 4-9, 2008

11th Annual Dallas Cosmetic Surgery Symposium and 25th Annual Dallas Rhinoplasty Symposium

Endorsed by ASAPS
Ritz-Carlton Hotel, Dallas, TX
Contact: Jennifer Leedy
214-48-3138
dallasRhinoplasty@utsouthwestern.edu

May 1-6, 2008

The Aesthetic Meeting 2008—Annual Meeting of ASAPS & ASERF



San Diego Convention Center
San Diego, California
Contact: ASAPS
Tel: 800-364-2147
www.surgery.org/meeting2008



Leaders of the Pack

As we all know, becoming a member of the Aesthetic Society is not an automatic process or a question of simply paying dues. Aesthetic Society applicants must show clinical expertise, ethical behavior and share a commitment to education and service to even be considered for inclusion in our ranks.

On a personal level, being voted into membership was a seminal moment in my career. I found, as a part of this group, stimulating and exciting learning experiences, an exceptional shared pride in the work we do to improve patient's lives, and a community of colleagues who have become an important part of my plastic surgery family.

Today, membership is more important than ever, particularly when our profession is being bombarded from every direction. For example:

Sept. 6—SAN JOSE—A San Jose couple was arrested after authorities said they performed illegal and disfiguring cosmetic surgeries in their filthy home, filled with drugs and syringes.

Ha Nguyen, 48, and Zbigniew Makowski, 62, were arrested on suspicion of practicing medicine without a license and child endangerment. Four children also were removed from their home by child protective services, authorities said.

One woman who received a face-lift and tummy tuck from Nguyen now has thick three-inch scars next to each ear, scars above each eyebrow and under her lower lip, and a 15-inch scar across her stomach, said California Medical Board spokeswoman Candis Cohen.

All victims were Vietnamese, according to medical board investigators.

MIAMI—Two people have been arrested and accused of practicing plastic surgery

without a license in Miami. Gladys Yera Villarejo and Ismael Labrador were arrested at the Picasso Clinic at 8506 S.W. 8th St.

The pair was allegedly performing cosmetic surgery on patients at the clinic. Labrador is a licensed medical doctor, but not a surgeon.

Villarejo, who posed as a licensed medical doctor specializing in female oriented reconstructive surgery, was charged with the unlicensed practice of medicine.

A long-term investigation found that Villarejo was conducting major invasive surgeries at the Picasso Clinic.

Labrador was implicated in a similar incident at the same clinic in September 2006, when as a result of a separate investigation, was found to be aiding and abetting in the unlicensed practice of health care. He was arrested in March 2007 and is currently enrolled in a deferred prosecution program, according to Miami-Dade Police.

The Picasso Clinic is highly promoted and advertised for cosmetic surgery, according to investigators. Their frequently aired infomercials and online advertisements insist that they employ board-certified doctors.

We've all seen these reports, ranging from the tragic to the obscene. The popularity our specialty now enjoys comes at a price. That's why, in my view, it is more important than ever that the Aesthetic Society maintains and constantly reinforces its place as the Gold Standard in Aesthetic Surgery. To help us achieve this goal, I am reaching out to you, my Aesthetic colleagues, to actively participate in our organization and keep our name synonymous with integrity, patient safety, and the highest quality medical care. Here are a few areas where you can help:

Leading through Education:

Drs. Jeff Kenkel and Jack Fisher, Chair and Co-chair of the Education Commission and Program Chairs, are looking for new talent, members who have always wanted to share their knowledge with colleagues through the premier educational forum in aesthetic surgery; The Aesthetic Meeting, 2008. If any member has new ideas to share on facial surgery (or knows someone who does) here is the chance to contribute and to promote the primary mission of our Society: sharing knowledge. Details on the program can be found on page one of this issue.

Is it time for you to become a published author or to expand your list of published scientific papers? Is it time to share new ideas or review an extensive experience? The editors of the *Aesthetic Surgery Journal*, our peer reviewed forum for exchange of scientific information are looking for:

- Substantial clinical research articles
- Basic Science Research Articles
- Comprehensive Review Articles

Articles chosen will be fast-tracked for publication. Manuscripts may be submitted online at aestheticsurgeryjournal.com

Leading through Research:

Many of us, in addition to maintaining busy practices and keeping abreast of the latest surgical techniques, retain an active interest in clinical research. ASERF, research foundation, is actively soliciting research grant proposals in several important aesthetic surgery and patient safety areas. I urge you to read the article on page one of this issue and contribute to our body of scientific knowledge in the field.

Continued on Page 17

Triumph or Trouble in Trendy Times

Marketing the Aesthetic Practice

By Marie Czenko Kuechel



Trends don't endure. Most peak rapidly, wane slowly and often leave some people clinging to the hope and belief that what is trendy today will somehow become tradition tomorrow...

The term "traditional plastic surgery" is being used quite a bit by the media, and also by your prospective patients, to categorize those things in the aesthetic surgeon's armamentarium that are tried and true, with a track record of positive outcomes.

In the August 2007 issue of *Vogue* magazine it was suggested that the non-invasive plastic surgery trend was over, and that surgery, a la "traditional facelifts," were back in style. Does that mean the concept of "cosmetic medicine" has finally seen its last days? Hardly!

Whether procedures, marketing concepts, communication tools, technology or even practice models, the key to avoid trouble in your practice is to distinguish a trend from a viable innovation; one that will respond to your patient's needs, enhance your practice and endure.

The Medi-Spa

The fact that everyone around you is opening a medi-spa is no reason to venture into this business segment. The medi-spa, as a trend, is still an ambiguous term and an undefined model both in terms of busi-

ness and consumer perception: To some, a medi-spa is synonymous with aesthetic treatments in a pampering setting; to others, it is defined by receiving a medical health evaluation, colonics and other "medical" diagnostics and wellness treatments in a retreat. However the term is defined, the plastic surgeon can include minimally and non-invasive treatments into the practice he or she is already running. One only needs to turn to the ASAPS Annual Statistics to see that these treatments are not a trend but are fast becoming a tradition.

Offering treatments other than traditional, surgical procedures can be introduced to your practice in some relatively painless ways, including:

- The use of physician extenders under the supervision and training of a physician, depending on your state's regulations
- Providing treatments conducted by you in the areas of skincare, energy (light, laser, ultrasound, RF, etc), and in some cases even injectables, as an option to surgical treatments
- Provide your patients a relaxing, comforting and pampering environment that not only provides medical treatments, but exudes beauty

This is not an innovation; some aesthetic surgeons have been successfully incorporating this concept into their practice since the advent of physician-dispensed skincare and glycolic peels. This does not need to be called a medi-spa. For many, success lies in having these services right within the practice confines, with no special name. For others it is a part of the practice location, but is designed and operated with distinction. For others, it is a satellite location with a special name.

Trouble arises when the medi-spa is attracting a patient base different from your practice base, and the two do not

complement. Triumph is knowing what the competition offers, and enhancing what you offer to the patients that currently travel through your doors, and may be attractive to other patients with potential future interest in aesthetic surgery.

Trouble is putting your name on an enterprise someone else operates. Triumph is upholding a reputation for treatments that have good, safe outcomes and keep your current, and prospective patients coming back for more.

Surgery Substitutes

There has been a proliferation of treatments offering "non-surgical" alternatives to surgery. "Give us 20 minutes and we'll make you look ten years younger" is trendy marketing, for trendy procedures; drawing patients who expect the same trendy satisfaction from a "feather lift" as they do this year's python skin stilettos. There is nothing wrong with a trendy procedure, so long as it is legal, safe, produces consistent outcomes and does not impair the trust patients have in you. You will get into trouble if you:

- Market expectations
- Offer trendy procedures that don't have proven results
- Over-state results and the duration of results
- Underestimate pain, investment (money and time), recovery or complications
- Label something non-surgical that involves incisions of any kind
- Don't offer alternatives

But equally, you will get into trouble if you and your staff ignore trends, and don't know how to respond to current and prospective patients who ask for them.

Stay educated as to what your patients are hearing about in media and from other doctors. Rather than simply stating that you don't offer a procedure, tell a prospective patient why you don't offer something. Ask

Continued on Page 5

Triumph or Trouble in Trendy Times

Continued from Page 4



specifically what the patient's aesthetic goals are so that you can suggest a consultation for procedures with more predictable results. It's okay to stick with the classics, but it is not okay to stick your head in the sand.

Imports

Whether skincare, injectables, supplements, or devices, there is nothing chic about offering your patients imported treatments that are illegal, unapproved or unknown in the U.S. The latest bio-genetic, growth hormone-engineered skincare from Bali sounds impressive, but before you offer this to your patients, be certain it is safe and the ingredients are approved in the U.S. The latest breast implant, dermal filler or thread from Paris is illegal unless it is approved by the U.S. FDA, or is part of a genuine, registered clinical trial in which you are an investigator. Quite simply, importation can cost you fines and your medical license.

"Custom Marketing"

Whether infomercial or advertorial, the term "custom marketing" is being used to make advertising (paying to get your message out) sound like a program or an

article. You can be the invited guest "expert" in a radio or television program... if you buy the airtime or space. You can be a featured contributor to articles, if you buy an ad, or buy the article space. The companion to this is "pay for play"—advertise and you'll be guaranteed nebulous quotes. Before spending money on these trendy sales tools, you should ask:

- Who is watching, listening or reading?
- Who else will consumers see or read about?
- Who do I expect to attract from this effort?
- How will I look to my existing and prospective patients from this effort?
- Can I accomplish the same or better results by directly reaching out to my current patients and a carefully selected database of prospective patients?

Custom marketing is like catching fireflies, blindfolded. You may not even know the fireflies are out, you cannot see what you are grasping at, and if you simply listen for the buzz, you may end up catching a bee instead. Target your efforts to the subjects you want to reach and don't try to fool them with the packaging, rather present who you are, honestly.

The Internet

No one will argue that the Internet has taken over as the primary source for information. It's also growing rapidly as a vehicle for consumer sales. The Internet is not trendy, it is here to stay, but how we use it has created some hot and some troubling new trends.

Video Mania

Whether YouTube or your own web site, video is the hottest trend on the Internet. When it is technologically easy and efficient to view, it might get play. Be sure your video has quality, and clarity. You must be comfortable speaking on camera, speak eloquently without reading a script (no one cares to listen to a talking head) and capture attention in the first three seconds of the video. Once the video is on the Internet it is public domain, forever. You might pull the plug, but somewhere it's gotten picked up, replayed and possibly archived. So be careful of the image you present on the air, be explicit with releases before you put your patients on the air, and do not start giving "virtual consultations" or any form of consultation on the air. Video is highly effective when used to:

- Educate the public, prospective and current patients about specific procedures or aesthetic issues
- Give a personal, human side to your practice by creating a picture that has dimension and sincerity

But even the best video will get lost if you don't place your video effectively. Don't flood hosting sites that offer a lot of unrelated content with your content—it will get lost among a sea of viewers looking at everything from watermelons being blown up, to cute little girls at ballet recitals, to exhibitionists flashing their new implants. If you must post to multi-content sites, organize and optimize your video (using keywords to help drive interested surfers to your content). The best place to use video, is on your own site, where visitors are already there for good reason—they want to learn more about you.

Continued on Page 6

Linking

Facebook, LinkedIn, MySpace... these are just a few of the sites that link people in the world by interest, to share personal information. Linking works well when people use it sincerely, but you'll get in trouble if you use linking to solicit patients, offer advice or consultations and comment on appearances and outcomes. The real danger to linking is that it creates conversations, where anyone can say, debate or respond to anything regardless of the "rules." If you are going to link, make sure what should be private conversation happen in private, not on the Internet. Understand too, it is a lot easier to lie in type than it is in person, so the other people you are linking with may not be genuine in their profile or their conversations.

Blogging

A blog is an online "conversation" in chronological order. Blogs exist about nearly every subject conceivable. You may be the subject of a blog and not even know it.

The trouble with blogs is much like linking: anyone can say, debate or respond to anything. Blogs that are well-organized, well-intentioned and whose content is monitored, not as a means of censorship, but to ensure that the public is educated with fact and experience—not emotion—are highly effective. If you don't believe blogs work in sharing valuable information, you should be aware that reporters from all mediums are scanning the blogs for patient experiences to frame stories about plastic surgery.

Reporters from all mediums are scanning blogs to frame stories about plastic surgery.

Doctors are using blogs to share experiences with procedures. Administrators are using blogs to research marketing tools, consultants, products and devices. You don't have to start your own blog, you don't have to join a blog, but you should

Keep referrals to those who know and trust your services, not those trying to profit from selling your services.

become familiar with blogs and keep an eye on the conversations. Stay aware of what consumers are blogging about in terms of procedures you do and don't offer, and what they may be saying about you. How to know who is blogging you and where? Set up a Google alert with your name as keyword and don't be surprised to see what you get.

The Medical Concierge

Among the services expected to flourish in the next decade among affluent and near-affluent Americans is "concierge medicine." Among the current trends in aesthetic medicine: concierges and consultants who drive patients to you. Here is the problem: you really have little or no control over how this person is portraying your practice or exactly what they are promising to have a patient arrive at your door. Having someone outside your office consult prospective patients about procedures you are expected to perform is risky.

Concierges, who guide your patient through the process of aesthetic surgery, and are not involved in medical or treatment decisions, can be a valuable amenity when they are familiar with the process, are experienced and have quality care in mind. You may hire or contract a concierge for your practice, have your patient coordinators expand services, you may recommend independent concierges in the same way you might recommend an after-care facility. But you must be clear with your patients and those you hire: concierges function to help service and plan, not to provide medical care or advice.

Referrals are a genuine way to grow your practice, and building referral networks and showing gratitude for the referrals you get is good practice. And

while some see aesthetic consultants as a human alternative to advertising, paying the local hairdresser, the girl at the cosmetic counter or anyone else to recruit patients for you from outside your office is inappropriate at best. It presents troubling ethics and added liability when those consultants are not only recommending you as a physician, but also recommending the services a prospective patient should have. Keep referrals to those who know and trust your services, not those trying to profit from selling your services.

Legacies

What will happen to your practice and to your patients when you are no longer practicing, or if you are unable to practice? How will you be remembered? Building a legacy is trending in two directions: placing your name on procedures, treatments, or skincare, and trying to sell your practice with your name attached. Selling your practice means selling your patients, your equipment and your business. It does not, in anyway transfer your skill and aesthetic vision, your character and your personal rapport with patients, no matter how carefully you choose your successors. The time your name has cachet is the time to capitalize on successors with buy-in, rather than buy-out. Find the candidates you personally like, who appreciate your clout and are willing to commit to working for you, then with you, and eventually care for your patients instead of you.

Author and consultant Marie Czenko Kuechel is a frequent contributor to ASN. Ms. Czenko Kuechel's opinions do not necessarily reflect those of the Aesthetic Society.

Cosmetic Medicine

Dr. D'Amico and Dr. Saltz:

I have been considering some of the points made in the article in the summer issue of *Aesthetic Society News* entitled "Update from the Cosmetic Medicine Task Force."

In the article, "Cosmetic Medicine" is defined as the "medical and surgical treatments or procedures which enhance or restore appearance."

In my observation, the term "Cosmetic Medicine" is a phrase used by practitioners with varied backgrounds trying to break into the elective treatment of aesthetic and aging deformities. In the southeast region of the U.S. which I am most familiar, it is typically used by family practitioners, internists, ob/gyns, dermatologists, oral surgeons and just about every non "Plastic Surgery" specialty you can name.

I believe the Task Force is a good idea, however, I think as the professional society of physicians uniquely trained in both surgical and nonsurgical techniques as well as the group which leads the way in patient safety and medical ethics, we should carefully consider how we define "Cosmetic Medicine."

In any organizational structure of physicians offering "Cosmetic" treatments to patients, "Plastic Surgery" and Board Certified Plastic Surgeons should be at the apex of the pyramid. All of the other specialties and physicians who offer cosmetic treatments should be listed as a subgroup, including "Cosmetic Medicine."

I believe a definition that would be more appropriate would be "Cosmetic Medicine" is the "nonsurgical or medical treatment of aesthetic and aging deformities." This could include the use of non ablative lasers as well as injectables, toxins, and superficial chemical peels.

By us agreeing to a broad definition of "Cosmetic Medicine" which encompasses surgery and specifically Plastic Surgery, we are elevating specialties with far less training to a level above "Plastic Surgeons" on the organizational chart. This approach could tend to marginalize "Plastic Surgery"

over a period of time and concedes legitimacy to those with far less training than Board Certified Plastic Surgeons and Aesthetic Society Members. It could also place less importance on the invasive and potentially dangerous nature of surgery as well as the ethics involved.

Thank you for considering my thoughts on this issue and if you would like to discuss any of these points, please contact me. With best regards.

Sincerely,

Steven J. Smith, MD, FACS
Parkwest Plastic Surgery
9430 Parkwest Blvd, Suite 110
Knoxville, TN 37923

Author's Reply:

Dr. Smith:

Points well taken. We will pose them to the Taskforce for discussion. This is a process in evolution and I thank you for your insight during this early phase.

Best regards,

Richard A. D'Amico, MD FACS
Co-Chair, Cosmetic Medicine Task Force
President-Elect
American Society of Plastic Surgeons

Physician's Coalition for Injectable Safety

As a member of ASAPS, I very much appreciate and applaud your efforts.

I would love to have a hard copy of the "Injectables are not cosmetics" ad that appears in this month's *Aesthetic Society News* for display in my office, as well as any other patient education material related to your media campaign.

I think it's a great concept and much needed effort.

Thanks in advance,
Joseph N. DiBello, Jr., M.D.

Author's Reply

Dr. DiBello:

Thank you for your support of this important initiative. Part of our program is making all of the patient educational material available for download on surgery.org. We'll be doing this within the next couple weeks.

Regards,

Mark L. Jewell, MD

Chair, Physician's Coalition for Injectable Safety

(Dr. Jewell is a past president of the *Aesthetic Society*)

ASN encourages letters from our readers. If you would like to comment on any of our content please send an email to asneditor@surgery.org



Physician's Coalition for Injectable Safety

Ira Papel, MD; Past President, AAFPRS

I am pleased and honored to be asked to update the Aesthetic Society Membership on the efforts of the Physician's Coalition for Injectable Safety, a project very important to us here at American Academy of Facial Plastic and Reconstructive Surgery and one that unites us with our Ocular Plastic colleagues in promoting patient safety, the use of legitimate, branded injectables and the provision of unbiased public information on all aspects of the burgeoning area.

In the last issue of ASN, our Coalition Chair, Mark L. Jewell, MD, provided you with a status report on our public education outreach. I thank Mark for this article, which we are reprinting in our own on-line newsletter *Facial Plastic Surgery Today*. To repeat a portion of Dr. Jewell's message, I urge you to investigate www.injectablesafety.org, the Coalition's website, which is fast becoming the most complete patient resource on the safe use and administration of injectables currently available on the Internet.

For this update, we would like to focus on practical elements you can use in your practice today. Among them are:

- Signage for your practice and public service advertising to submit to your local publications:

These documents are designed to help you promote safe injectable practices locally and to tell your patients that you stand for their safety and the use of only FDA approved product. You can download copies of these documents at www.injectablesafety.org/physicians. Ad sizes are available in a standard quarter page format and can be customized with



your name and practice. Please contact Erika@surgery.org for your personalized copy.

- White Papers written by Aesthetic Society legal council Bob Aicher:

All of us are aware of the dangers un-approved product hold. However, some of us may not be aware of the serious legal, licensure and ethical implications buying off shore product may bring, particularly with the constant barrage of faxes and emails many practices get on a daily basis touting the cost savings and exchangeability of these products. For an update from the legal perspective, Mr. Aicher has written a comprehensive review of this landmine. A copy can be obtained on the members-only section of surgery.org

- A press release template you can use for your local media:

Are there charlatans at your gate; unqualified or unsupervised providers

doing injections in inappropriate settings? Now's your chance to set the record straight. Contact Adeena@surgery.org for a press release template you can customize with your own quotes and practice details that spreads the word on these dangerous situations.

We also have available to all Society members our latest research findings from a member-survey on administration and selection of injectables. Please contact information@injectablesafety.org for your copy.

Dr. Papel is a past President of the American Academy of Facial Plastic and Reconstructive Surgery for 2005-2006, and an Associate Professor at Johns Hopkins University.

Informed Consent

In a recent survey of 758 physicians with cosmetic practices, an alarming 13.5% stated they do not use informed consent with injectables. A physician's failure to inform the patient of the risks and alternatives to a particular treatment gives rise to potential liability grounded in fraud with significant financial exposure. Informed consent is a duty imposed upon physicians, either by statute or common law, based upon a failure to adhere to the standard of care. Most importantly, the standard is not what the physician thinks is material, but what a reasonable patient would have found material before accepting the proposed treatment. Since 29 jurisdictions have abandoned geographical limitations, and now impose a nationwide standard of care, it is a virtual statistical certainty that the 13.5% minority of physicians who do not obtain informed consent from their injectable patients will be deemed negligent.

Informed consent is not limited to physician's offices where injectables might

be available. A salon owner performing phenol chemical peels was held to a physician's standard of care, and individuals providing flu vaccinations were held to the same informed consent standard as local physicians. Lack of informed consent is a basis for liability independent of whether an injection of anesthesia by an oral surgeon was performed negligently. Lawsuits claiming lack of informed consent for injections have been filed involving sclerotherapy, injections to remove varicose veins, nerve blocks collapsing one lung, myelograms, pericardiocentesis and liquid silicone as a non-FDA approved injectable substance.

Injections constitute the practice of medicine. Consequently, every injector must obtain not only consent, but consent sufficiently informed that the patient understands the risks and benefits, all legal alternatives, and the FDA status of the substance being injected. Also, get it in writing, lest you risk oral consent being construed as no consent.

www.injectablesafety.org

Horton v. Shelby Medical Center [1989 AL] 562 So. 2d 127

Patrick v. Sedwick [1964 AK] 391 P.2d 453

Congrove vs. Holmes [1983 Ohio]

Laskowitz vs. CIBA Vision Corp. [1995 NY] 215 AD2d 25, 632 NYS2d 845;

Traxler vs. Varady [1993 CA] 12 Cal. App. 4th 1321

Hillman v. Funderburk [1986 DC] 504 A.2d 596

Godwin v. Danbury Eye Physicians & Surgeons [2000 CT] 254 Conn. 131

Logan v. Greenwich Hospital Asso. [1983 CT] 191 Conn. 282;

JAMA Vol. 297 No. 23, June 20, 2007 The Locality Rule and the Physician's Dilemma

Miriam Mascheck, Inc. v. Mausner [1972 FL] 264 So. 2d 859 (chemical peels in salon)

Gassman v. United States [1984 FL] 589 F. Supp. 1534 (flu vaccination)

Ketchup v. Howard [2000 GA] 247 Ga. App. 54 (negligent injection during root canal)

Cornelius v. Joseph [2004 MI] 471 Mich. 902

Jaskoviak v. Gruver [2002 ND] 638 N.W.2d 1

Toogood v. Rogal [2000 PA] 764 A.2d 552

Walsh v. Kubiak [1995 PA] 443 Pa. Super. 284

Medeiros v. Yashar [1991 RI] 588 A.2d 1038 (no negligence, but patient wins on informed consent)

Retkwa vs. Orentreich [1992 NY] 154 Misc.2d 164

(FDA non-approved status admissible)



Legal Report—Off-Shore Injectables Remain Illegal

By Bob Aicher

In a recent survey of 758 physicians with cosmetic practices, a surprising 34.8% didn't know

purchasing injectables from off-shore sources was illegal, yet a comforting 89.9% were either somewhat aware or very aware of the risks of such purchases.¹ This indicates most physicians are primarily concerned about patient safety, which coincidentally is also the basis for the FDA's policy on off-shore drugs.

The Prescription Drug Marketing Act of 1987² was passed to prohibit all reimportations of US manufactured drugs, except by the original manufacturer, so as to reduce the ability of mislabeled, subpotent, adulterated, expired, and counterfeit drugs to enter the nation's drug distribution system. The FDA does not

distinguish between importing foreign manufactured drugs, and reimporting US manufactured drugs, because in both cases the FDA cannot guarantee safety and efficacy.³ However, physicians and consumers certainly make the distinction with respect to Canadian pharmacies, with several states and national organizations openly defying the FDA policy⁴ for the stated reason that Canadian pharmacies are subject to the same quality control and chain of custody standards as their US counterparts.

Nevertheless, the FDA's proscription against off-shore drugs is straightforward: patient safety cannot be guaranteed, so the practice is illegal. A recent examination of online drug purchases through Canada's first internet pharmacy confirmed reduced levels of active ingredients, thus qualifying as counterfeit drugs.⁵ Calling such drugs "illegal and inherently unsafe"⁶, the FDA nevertheless informally does not seek enforcement against private citizens purchasing prescription drugs for their

own personal use.⁷

This "safe harbor" does not protect physicians whose shipments are automatically deemed commercial. Since the same injectable safety study cited above also found that 54.6% of respondents rarely or never show the package insert to the patient to demonstrate product authenticity, such lack of informed consent if the product was imported or reimported will constitute significant evidence of malpractice. Since malpractice insurance also will likely not cover patient harm caused by non-FDA approved drugs⁸, which includes all imported and reimported drugs, any price at which you are offered off-shore injectables will likely be too high.

1. www.injectablesafety.org

2. 21 United States Code §331

3. www.fda.gov/importeddugs/

4. <http://www.amsa.org/hp/reimportation.cfm>;

5. <http://www.medicalnewstoday.com/articles/50925.php>

6. <http://www.fda.gov/counterfeit/>

7. http://www.fda.gov/ora/compliance_ref/rpmp/chapter9/ch9-2.html

8. Meza vs. SCPIE [1998 CA]



Patient Satisfaction Surveys: Invite Your Patients to Speak Up

Mark Craze

Patient satisfaction issues garner increased attention from surgeons.

As more and more specialties enter the arena of cosmetic surgery—and word-of-mouth referrals become increasingly important as traditional advertising becomes more cluttered—patient satisfaction issues are garnering increased attention from plastic surgeons as a means of distinguishing themselves from the competition. While the importance of being able to document and read patient satisfaction levels has long been understood, the value of such data is now receiving closer scrutiny nationwide as a way to differentiate the service levels of plastic surgeons from spas and lesser qualified physicians in the market.

A patient satisfied with his or her physician/practice encounter is an increasingly valuable asset in today's market. While well composed advertising and marketing campaigns are important, a satisfied patient circulating within a practice's market area is perhaps the most meaningful marketing tool a practice can have. Conversely, an unhappy patient can do tremendous damage. Having a good patient satisfaction program in place allows your practice to use patient feed-back—both positive and negative—to fine-tune what you are doing right and to uncover



your shortcomings, thereby allowing you to take corrective action before irreversible damage is done.

Satisfaction is a patient's concluding thoughts regarding how well every interaction between the patient and the practice (touch-points) compared to their preconceived expectations. A patient's preconception of service is formed before the first visit based upon a variety of external sources including word of mouth and past experience with physicians from a variety of specialties. When mixed with the patient's personal needs their resultant expectations may or may not closely match their actual experience in the plastic surgeon's office. To the extent that the experience exceeds the expectation the patient will be dazzled with the reverse resulting in disappointment.

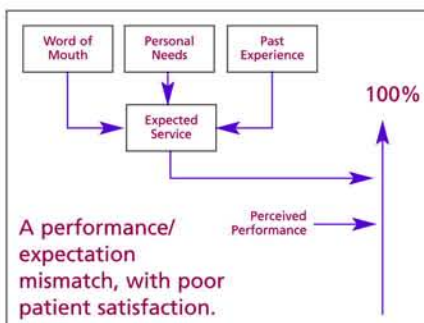
Surgeons who recognize the significance of this model will design comprehensive patient satisfaction strategies with three components; setting proper expectations before the first visit, exceeding those expectations during the first office interaction and finally measuring patient satisfaction levels on a regular basis.

Surgeons can help to shape the

patient's preconceptions by teaching patients what to expect at all touch-points within their practice. This educational strategy filters down into advertising, web-site design and other external marketing materials. Ultimately, the prospect contacts the office for the first time and scripted phone conversations are used as a final step in shaping proper expectations regarding the office experience.

There is an old saying; you become what you say you are. Having set the tone for the first visit the surgeon and staff now have a set of expectations to live up to. Interactions at each patient touch-point must be studied and then modified through protocols and staff training to insure the office, staff and physician exceed the expectations of the patient.

Finally successful practices routinely monitor satisfaction levels and use this information to identify opportunities to improve their ability to shape expectations and deliver an in-office experience on par with the best customer service available in medicine today. The key to uncovering



Continued on Page 11

Patient Satisfaction Surveys

Continued from Page 10

useful patient satisfaction documentation lies in obtaining honest, current information from patients. One means of obtaining such information is the patient satisfaction survey.

Designed to gain insight into how patients “feel” about their overall practice experience, a properly composed patient satisfaction survey can help pinpoint practice strengths and weaknesses, as well as identify changing consumer needs and desires. While providers may sincerely believe they understand their patients’ needs, honest feedback from patients frequently shatters that belief.

Of course, obtaining honest feedback from patients via a survey is the first step in the patient satisfaction process. While it is essential to obtain the basic information, additional systems must be in place to ensure timely use of this information to make the practice better. Lacking systems and processes to review, prioritize, and implement patient suggestions and insights can render useless any information

obtained in a survey.

To successfully acquire meaningful information, a patient satisfaction survey must be concise, well thought out, and able to extract practice-specific information. A meaningful patient satisfaction survey will target a variety of operational issues ranging from wait time to physician style and demeanor. See the box on this page for specific areas of importance. (See blue text below in this draft)

While the survey should be comprehensive, it should be short enough so participation is encouraged. The survey should contain no more than 10 to 15 questions and take no more than 5 to 10 minutes to complete (see Exhibit 1 and 2). While the carefully worded questions should serve to uncover most of the desired information, it is important to leave room for general comments. This comment section can produce significant information, frequently flagging areas of concern not covered in the question section of the survey. However, when reading com-

ments it is important to note that only very motivated patients will take the time to express their feelings about the experience in writing. Their motivation results from either a truly great or bad experience so treat all comments as directional.

Surveys can be administered monthly or quarterly on an ongoing basis in increments of 100 surveys per provider. It is important that the survey and cover letter be handed directly to the patient while stressing the importance of their opinion so that the practice may continuously improve. These actions increase survey participation rates significantly and result in better data accuracy. Regularly tabulate the numeric ratings in batches of 25 to 30 surveys and note any trends in average rating for each question. To help ensure objectivity and accuracy, distribute surveys randomly to prevent staff from selecting only patients known to be satisfied with the practice or survey every patient during a random time in the month or quarter.

Continued on Page 12

Obtain Meaningful Patient Information

A meaningful patient survey will target these areas:

Communication style: Is staff meeting patient information needs and delivering the information in a clear, courteous manner?

Appointment times: Were patients able to make an appointment to see the doctor within a reasonable amount of time?

Wait time: What do patients feel is an appropriate wait time?

Staff knowledge: Does staff know what they are talking about?

Staff attitude: Is the patient always the first priority?

Physician style/demeanor: Did the physician meet the patient’s needs/expectations?

Surgical/procedure information: Did surgery patients feel they received adequate information and options prior to the scheduling of their case?

Payment experience: Was a payment option available that met the patient’s needs?

Willingness to refer: Will the patient refer your practice to a family member, friend, or coworker? Why or why not?

Overall experience: Would the patient return for additional procedures, if necessary?

After you complete our “Quality Care Survey,” return it to us in the enclosed stamped reply envelope.

Exhibit 1—Cover Letter

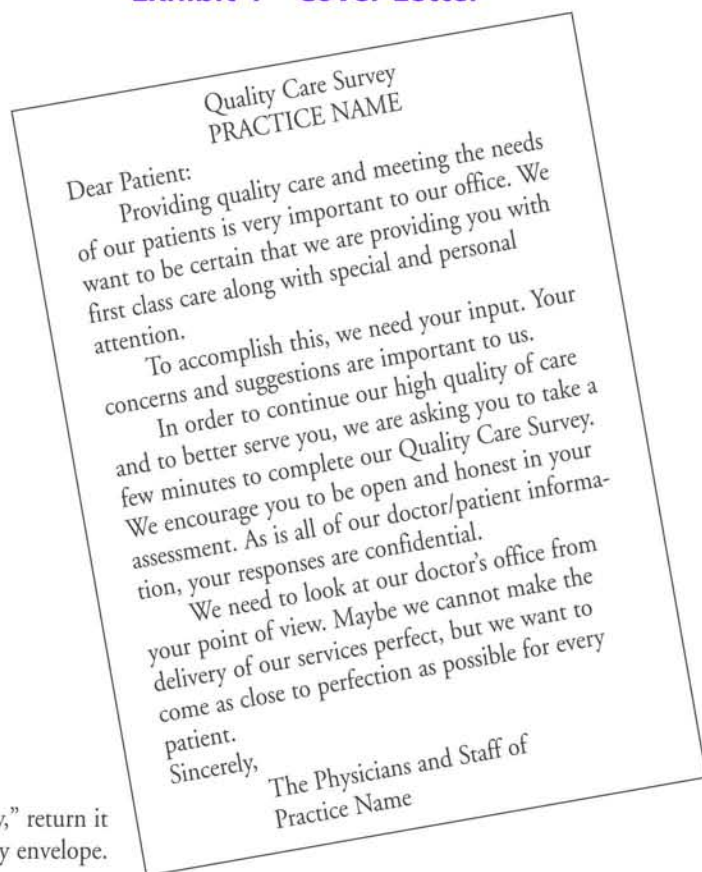


Exhibit 2—Survey Document

Quality Care Survey

Please circle your answers on a scale from 1 to 5. (1 is the LOWEST and 5 is the HIGHEST response.) Please skip questions that do not apply.

1. When you called for an appointment, were you satisfied with the response from the person who answered the telephone?
2. When you arrived at the office, did you find the receptionist in our office to be:
Friendly and Courteous?
Helpful?
3. How acceptable was the amount of time spent in the reception area and examining room before seeing the doctor?
4. When you were called to the examining room, did you find our medical assistant to be:
Friendly and Courteous?
Competent and Professional?
Sympathetic and Caring?
5. During your examination, did you find the doctor to be:
Friendly and Courteous?
Competent and Professional?
Sympathetic and Caring?
6. Did the doctor spend an appropriate amount of time with you, answer your questions, and explain medical procedures and treatment to your satisfaction?
7. How satisfied were you with the doctor's diagnosis and treatment recommendations?
8. If a procedure was recommended, did the doctor/nurse discuss with you, in detail, information regarding the need for the recommended procedure(s)?
9. If you had a procedure, were you satisfied with your results?
10. When discussing fees for your visit or procedure, did you find our staff to be:
Friendly and Courteous?
Helpful?
11. Did you find that visiting our office was a positive experience?
12. Did you like the availability of cosmetic products in our office?
13. Would you take advantage of expanded cosmetic services?
14. Would you recommend our practice to your friends?

Additional Comments:

Thank you for taking the time to complete this survey. Your concerns and suggestions are important to us!

Mark Craze is a senior manager with the Allergan Practice Consulting Group. He is based in Dallas, Texas. Contact him at craze_mark@allergan.com. Mr. Craze's opinions expressed are not necessarily those of the Aesthetic Society.

ASSI Instruments are like Diamonds...

Crafted for Perfection.

Created for Performance.

Cut with Precision...

...the way you do



assi® 
For diamond perfect performance™

accurate surgical & scientific instruments corporation

800.645.3569 516.333.2570 fax: 516.997.4948 west coast: 800.255.9378 www accuratesurgical.com



Aesthetic Society Committees

Mark Codner, MD

In the first of an occasional series of articles on ASAPS Committees, we call on Mark Codner, MD, to update us on the activities of the Communications Commission.

The Communications Commission is comprised of several committees: Public Education, Chaired by Julius Few, MD, Practice Relations, Chaired by James Matas, MD, Publications, Chaired by Michael McGuire, MD and Electronic Communications Chaired by Dan Mills, MD. In addition to our usual tasks, we are involved in some exciting new projects we wanted to bring to your attention:

ASAPS Explores You Tube:

Not familiar with You Tube? I bet your kids are. The web phenomena, according to analysts Ellacoya Networks,

account for ten percent of all traffic on the internet and some experts fear that its popularity threatens the very foundations of the internet itself. In one day, You Tube sends the data equivalent of 75 billion e-mails, according to network specialists Cisco systems. This new communications tool falls under a new mantle called social marketing where anyone can post, comment and vote on the popularity of videos.

The Aesthetic Society has a pilot project to explore this space, producing two patient videos on breast augmentation and Botox injections. As soon as we post them a link will be sent to all Society members.

Wikipedia

Wikipedia has been touted as the largest online directory in the world and,

according to industry reports, it's living up to its reputation.

Stemming from the open access movement in scholarly publishing, Wikipedia allows anyone to contribute to its pages and edit its content. Our Public Education Committee has added contributing to Wikipedia to its already large list of committee assignments. Our goal is to populate this growing site with accurate and unbiased information on all cosmetic surgical and injectable procedures.

I would like to thank all the members of the Communications Committees for their hard work and dedication to presenting both members and the public with factual and useful information on the important work we do in our practices every day.



Join an Aesthetic Society Committee

Alan Gold, M.D., President-Elect of the Aesthetic Society, respectfully requests your participation within the activities of our Society

The Aesthetic Society has leadership opportunities for Active Members

and Candidates interested in serving on the areas of interest listed below. We believe that it is important that our members be involved in helping shape and direct the future of our Society.

Why you should join an ASAPS Committee:

- Opportunity to have input and direction for the future of the Aesthetic Society

- Give back to your Society and the specialty of Plastic Surgery
- Build a foundation for advanced leadership skills
- Professional development and training
- Strengthen your ties with other members of the Aesthetic Society as a leader

What ASAPS expects of you as a Committee member:

- Attend the scheduled committee and subcommittee meetings
- Complete the tasks/projects for which you volunteer to do for your committee
- Show support by attending the programs in which your committee is involved
- Have a genuine interest in helping to shape the future of the Aesthetic Society

What's in it for me as a member to volunteer my time at ASAPS?

- Utilize your unique talents to advance ASAPS as the premier professional plastic surgery society
- Gain the professional distinction of being involved in activities that can position you as a leader in aesthetic surgery.
- Collaborate with colleagues across the country on areas of shared interest.
- Utilize your talents and experience for the greater good.

Please visit: www.surgery.org/members/boards-committee-join.php to fill out the online application.

All applications must be received no later than November 15, 2007.

Continued on Page 17

From the Aesthetic Surgery Journal:

OTC Anti-Aging Products: Hype or Hope?

While the potential benefits are many, clinical studies are few

Findings from a recently published study revealed that a limited amount of clinical research exists to prove the effectiveness of many over-the-counter (OTC) anti-aging products. The study is published in the July/August 2007 issue of the *Aesthetic Surgery Journal*, the official peer-reviewed journal of the **American Society for Aesthetic Plastic Surgery (ASAPS)**.

OTC anti-aging products represent a huge industry: wrinkle creams have been marketed to the American public since the early 19th century, and Americans spent more than \$2 billion on these products in 2000 alone. While a limited body of evidence exists to prove the efficacy of many of these products, their popularity continues to increase.

"This study underscores the need for much greater study of, and public education on, the effectiveness of OTC anti-aging products," said Timothy A. Miller, MD, Chief of Plastic Surgery at UCLA, and a

former Aesthetic Society Education Commissioner, lead author of the study. "Although there are a number of beneficial OTC remedies in existence, for many patients, prescription-strength or surgical procedures may be necessary to achieve desired results."

The study consisted of a review of existing research on ingredients commonly found in OTC anti-aging creams. Key compounds under review included vitamins, antioxidants, alpha-hydroxyl acids, moisturizers, pentapeptides and botanicals. Of these, Vitamin C, alpha-hydroxyl acids and pentapeptides were shown to be the most extensively researched with proven anti-aging benefits.

Vitamin A, or retinols, have shown great promise, however their effects have only been proven in prescription-strength formulations; OTC benefits have not been determined. Minimal studies have been performed on Vitamin B, though what evidence does exist is promising. Moisturizers have not been extensively researched, but have been shown to improve the hydration and appearance of skin.

Botanicals such as grape seed extract,

soy compounds, green tea and Ginkgo biloba are relatively new in the market and have gained great popularity in recent years, but their healing qualities have yet to be proven through randomized, placebo-controlled human trials. Many cell culture and animal experiments have been conducted to investigate the efficacy of these botanical compounds, however, indicating the potential for many beneficial effects such as increased collagen expression, improved antioxidant activity, accelerated healing and enhanced hydration.

"Consumers need to be realistic about the outcomes they can expect from OTC anti-aging creams, at least until solid clinical evidence of their efficacy exists," adds Foad Nahai, MD, Atlanta plastic surgeon, President of ASAPS and Associate Editor of *ASJ*. "No matter what the treatment—OTC, prescription or surgical procedure—it is always important for patients to educate themselves and discuss options with their doctor."

The full text of this article can be found on surgery.org/members. Click on the ASJ cover; you will be taken to the publication's website.

ASERF Request for Research Proposals

Continued from Cover

topics or any area of interest that will advance the science and knowledge of the specialty. All grant requests are evaluated by the Foundation's Research Committee and funding will be available for any well structured and germane project. For further information and a grant application please visit www.aserf.org or contact the Central Office at aserf@surgery.org or 1-800-364-2147.

ASERF has funded some significant research that has contributed to our scientific and clinical knowledge as Aesthetic Surgeons.

Among them are:

In Search of Safety: Lidocaine Disposition in Large Volume Liposuction
Principal Investigator: Jeffery Kenkel, MD

Evaluation of Cryopreserved Human Fat Grafts after Transplantation
Principal Investigator: Lee Q. Pu, MD

Arterial Cutaneous Territories of the Periauricular Region of the Rhytidectomy Flap

Principal Investigator: Thomas P. Whetzel, MD

Arnica Montana Inhibits Inflammation in Vivo Adipose

Principal Investigator: Mia Talmor, MD

A list of all ASERF awards can be found at www.aserf.org



Sailing into the Future
ANNUAL MEETING OF ASAPS & ASERF
of Aesthetic Surgery



The Aesthetic Meeting 2008

May 1-6, 2008 • San Diego, California
San Diego Convention Center

Call for Abstracts

Submit Your Abstracts on-line by
Thursday, November 1, 2007
www.surgery.org/abstracts

- Scientific Session including International Papers
- Residents & Fellows Forum (deadline January 11, 2008)

- Cadaver Labs on Thursday, May 1
- Optional Courses on Friday, May 2 – Monday, May 5
- Residents & Fellows Forum on Friday, May 2

Scientific Sessions & Exhibits on May 3 – 6

- Interactive Video Presentations
- Panel & Paper Presentations

Early Bird Registration Discounts Available

Register On-line at www.surgery.org/meeting2008 (beginning January 2008)

Building Tomorrow's Prestigious Practices in Cosmetic Plastic Surgery Today!

Practice Marketing Product ~ Solutions that Build Reputation ~



The American Society for
Aesthetic Plastic Surgery



AMERICAN SOCIETY OF
PLASTIC SURGEONS

Joint Product –ASAPS/ASPS Cycle of Care Resource Book

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



Cycle of Care Resource Book Binder
Part 1: Cosmetic Procedures

Cycle of Care Resource Book Binder
Part 2: Reconstruction Procedures

Created by the Aesthetic Society and ASPS, **Cycle of Care** is a compendium of pre and post operative patient instructions, surgical worksheets, surgical tracking forms, patient letters, operating room forms, photo releases, HIPAA disclosures and other miscellaneous documents.

Cycle of Care consists of 2 CDs and 2 Binders. **Part 1** covers all major cosmetic procedures for breast, body and face. **Part 2** covers all major reconstructive procedures.

Cycle of Care is available as a multiuse CD, displaying all of the Microsoft Word documents so you can customize each letter or form to your practice standards. It also includes a "read only" portion so you will always have a backup copy of the original documents.

ASAPS/ASPS Members, Candidates & Residents:

Code:	Price:
CC-1	\$389 for CDs with Binders (Part 1 & 2)
CC-1C	\$289 for CDs only (Part 1 & 2)

Non-members:

Code:	Price:
CC-1N	\$1589 for CDs with Binders (Part 1 & 2)
CC-1CN	\$1489 for CDs only (Part 1 & 2)

To place your order or for more information please visit the Aesthetic Society display located near the Scientific Sessions.

President's Report

Continued from Page 3

Leading through Service:

Have you ever been interested in serving on an Aesthetic Society Committee but were not sure how to go about it? Now is your chance, whether you are a member or candidate. Simply submit a brief note on the committee you're interested in explaining briefly how you would contribute to the group at committees@surgery.org. I welcome those who wish to serve the Society and our specialty through voluntary work on our committees.

Leading through Transparency:

An important issue of my presidency is to ensure that all Aesthetic Society Leadership is completely divested of any real or perceived conflicts of interest, particularly in the area of corporate ties. In order to deal with these issues, I appointed an ad hoc committee headed by our Treasurer Felmont (Monte) Eaves, III, MD to make recommendations to our Board at the Interim meeting in Baltimore. Among the Committee's charges are:

- Recommendations on Declaration of Conflicts of Interest by all members of the Executive Committee, Board of Directors, Committee Chairs and Journal Editorial Board and Staff
- Recommendations for guidelines to resolve conflict of interest issues, and
- Recommendation that the President and President-Elect dissociate from ALL conflict of interest as defined by the Committee.

Our goal is to set a standard in organized medicine as the most honorable, transparent and ethical physician organization in America.

Part of this effort involves a thorough review of member's website to ensure nothing has "fallen through the cracks" in terms of our published guidelines for advertising. All of us have busy practices; many of us delegate responsibility for web presence to a third party. This check will simply provide you an opportunity to fix any variances that may have been overlooked.

Leading through Collaboration:

As reported in previous issues of *ASN*, the Cosmetic Surgery Alliance is our collaboration with our ASPS colleagues designed to eliminate redundancies between the two organizations and to jointly work on issues and projects that benefit the entire Specialty.

It is with great pride that I announce one of the first joint projects of this collaboration, the Cosmetic Medicine Taskforce, will be launching a public and member education program called "Beauty for Life." This program, which will unfold over the coming year is the result of many hours of research, writing and evaluation of the rapidly expanding area within our specialty, "Cosmetic Medicine," and is a comprehensive program to help you enter or enhance your presence in that space. I would like to personally thank our Vice President Renato Saltz, MD, ASPS President-Elect Rick D'Amico, MD and ASPS President Roxanne Guy, MD for their tireless work and dedication on this project.

Leading through Patient Safety:

In early October, the Aesthetic Society and the Physician's Coalition for Injectable Safety became members of the FDA Counterfeit Alert Network, a coalition of health professional and consumer groups. The Network has three goals:

- to disseminate alert messages to a wide audience about specific counterfeit drug incidents in the U.S. and measures to take to minimize exposure (recall information, for example);
- to develop educational information about the roles and responsibilities that consumers, pharmacists, other health professionals, and wholesalers should play to identify counterfeit drugs, report suspect counterfeit drugs, and prevent them from entering the U.S. drug distribution system; and
- to develop a network of national organizations, consumer groups, and industry representatives to help distribute the information.

We are pleased to join other physician colleagues from the American College of

Physicians and the Partnership for Safe medicines (among others) as we help FDA carry out this important work.

I am also extremely pleased to announce that, after many months of work and application, ASERF has been given clearance by the FDA to begin a clinical study of injection lipolysis to determine safety and efficacy. My thanks to Drs. Leroy Young and President-Elect Alan Gold for their dedication on this important research.

I'm very proud to be a member of the Aesthetic Society and honored to be your President. Please feel free to contact me at any time with concerns, questions or suggestions on how we can improve ASAPS or be of greater service to your patients and you.

Dr. Nahai can be reached at drnahai@surgery.org.

Aesthetic Society Committees

Continued from Page 13

Committee members are selected each year. Some committee positions have a 3-year term. The final selection of appointed committee members is determined by the President with the help of each Committee Chair, always attempting to match interests, expertise and special qualifications. Information on committee responsibilities is available in the Society's Bylaws.

Interest Areas: Artistic Endeavors (i.e., painting, sculpture) • Legislation/Regulation • Clinical Research • Media Relations • Computers • Patient Safety • Corporate Sponsorship Development • Practice Management • Continuing Education/Programming • Publications • Distance Learning • Public Education Info & Programs • Exhibitor Relations • Research & Statistics • Fundraising • Resident and Fellow Educational Forum • Innovative Procedures • Scientific Exhibits (posters) • International Relations • Symposia Planning/Organization • Internet • Technology Developments • Journalism • Videos (educational)



Life Members: A Conversation with Dr. Simon Fredricks

When you meet Dr. Simon Fredricks, you become instantly aware of his wisdom, his candor and his compassion for others. A founder of the Aesthetic Society, and retired from private practice since October 2000, he still finds pleasure and honor to be actively involved with the Specialty, and takes pride in having had his day in leadership, and watching those he has helped shape as leaders to progress. His biography is a long list of awards and recognition, including service as president for ASAPS, ASERF, and PSEF as well as Treasurer and Parliamentarian of ASPS (then ASPRS) and Secretary General, ISAPS. Outside the specialty, his love of horses and excellence as a breeder won him the Breeder of the Year Award in 2004 from the American Saddlebred Horse Association. A devoted family man, he readily shares in the daily lives of his three grandchildren, Mia, Reed and Bess and their successes in school and sport.

Citing frequent calls and emails from surgeons in practice and leaders in the specialty, Dr. Fredricks is often asked for advice and offers it readily. "I have had my day and it's now time for others to have their day. I defined my own time to walk away with dignity, rather than consistently trying to matter. I am humbled that at this late stage in life, leadership believes my opinion has some value." His words of wisdom are evidence to Dr. Fredricks' often sought out counsel in practice and in life, why he holds a cherished role in the extended families of so many and why this born leader continues to find his own way to contribute to a specialty that has dynamically grown since he began in his practice as the 6th board certified plastic surgeon in Houston, today the 4th largest city in America with 120 practicing plastic surgeons.

The "business" of plastic surgery

When I began my practice, plastic surgery was a true profession. When I left practice, it had become a business—advertisement had become a mainstay in practice development. Today's board certified plastic surgeon is a better-equipped, better-trained surgeon than when I entered practice. But despite this, it is more difficult for the public to understand the value and the magnitude of services a plastic surgeon is capable of providing. It's difficult for young people to get a niche if they are unknown and therefore they turn to advertisement to let the public know they are available.

Building a practice

You still build a practice the same way it was built before, with the addition of ethical advertisement. You still have to personally identify yourself in the community in which you practice and live. Get involved in charitable efforts, whether the ballet, the opera or a church, synagogue or mosque, so that people can meet you, get to know you and understand the services you provide. The charts in your office are the best source for the growth of your practice. The patients who you see who are satisfied tell that to at least 10 other people. And emergency room calls or their family or friends often become your aesthetic patients.

The key to success is ability, availability, affordability.

The practice mix

It is a difficult incline and very high mountain to climb if you restrict yourself to only aesthetic surgery. You will have wasted an enormous amount of your training and will have denigrated a valuable

service you can provide to your community. Yet the clamping down of payment for services by both the Federal Government and the insurance industry has made it very difficult to make a living on reconstructive plastic surgery alone. In order to make a living one looks to the fee-for-service from the patient in aesthetic surgery. Everyone attempts to get into the cosmetic field, so we have now a vast number of under-trained people with sometimes questionable ethics competing for the aesthetic dollar.

Dynamics

The biggest change since I began in plastic surgery is the advent of liposuction, which has become the most popular aesthetic operation in the United States. Today the advent of injectables is clearly an industry indicator. Reconstructive changes are going to be very dynamic in the next 40 years. With the advent of stem cells, replacing whole injured or diseased parts of the body could actually become reality.

The Future

A large number of practitioners' only interest is their practice. They are so devoted and so involved that they have no broader horizon. It's very important that early in practice you develop other intellectual interests that will carry you through. If your whole devotion is to your practice, you will be a lost soul the day that you can no longer practice or decide not to practice.

Spouses

Rhoda is the best thing that ever happened to me in my life, and the best decision I ever made. She is a kind and

Continued on Page 19

Life Members

Continued from Page 18

gracious lady with wisdom far beyond her years. When we met I was 34 and struggling in practice and Rhoda was 19. Within a week I was captivated and asked her to marry me. We've been married 47 years. It's important that you try to involve your spouse in your interests. If things work well, then your spouse will be your companion through life. Rhoda has told me she loves me dearly, but not for lunch—she wants me to have my interests and my friends. We do have lunch from time to time, but during the day we get involved in our own endeavors and spend the evening sharing out emotions, thoughts ideas and affections.

Interests

Today my interest is in breeding American Saddlebred horses. We've bred over 100 horses at Simbara Farms. The name Simbara is an anagram for our family names—Simon, Rhoda, and my children Marta and Brent. For many years

Simbara Farms was our weekend home, a ranch just an hour outside Houston. Today, our horses are born, boarded and trained in Danville, Kentucky, just outside of Lexington which is home to the American Saddlebred Museum. I am proud to have served as chairman in building the museum and President of its Board, a place that has educated over 700,000 people on what is and from whence came the American Saddlebred. There is not a day in life we don't discuss our horses or our friends in the industry that have now become extended family. When in practice, fellow plastic surgeons were our extended family and we still attend national meetings to see that extended family.

Active in Industry

I found it an intellectual challenge during my practice life to consult law firms who both defend plastic surgeons and who represent plaintiffs against plastic surgeons, to provide information, and serve as an

expert witness in the litigation that may or may not ensue. I still do this today, and it's a very strenuous tightrope of ethical demeanor. It pleases me when I have the opportunity to defend a plastic surgeon who has been unfairly accused. However, when the public that has been harmed they, too, are entitled to an honest intellectual broker to inform the judge and jury on what has occurred and what protections the patient was entitled to.

I've also been involved with *NewBeauty* magazine as the co-chair of the scientific advisory with Dr. Robert Singer, even before it ever published its first issue. I felt there was a need for good, honest information, provided a publisher who properly utilized and respected members of the Advisory Board. Now that it is three years out, I am proud of the endeavor because I do think it is an honest tool for the public, and that takes a fair amount of my time for medical accuracy and ethical posture.

Introducing Beauty for Life

Continued from Cover

two guides you can use in your practice tomorrow—one for patients and one for members," said Renato Saltz, MD, Vice President of the Aesthetic Society and co-chair of the Task Force.

"*The Patient Guide* educates consumers on how to look their best throughout the aging process," Saltz said. "It is a beautifully designed, consumer-focused piece that positions our specialty for a seat at the cosmetic medicine table."

A *Member Guide* provides practical, hands-on information to help plastic surgeons broaden their cosmetic medical care practice to include minimally invasive procedures—and to enhance their presence in those specialty areas if they're already there, Saltz added.

The program, of course, is much more than a couple of new brochures. It is a research-based approach relying on extensive consumer and member surveys and interviews conducted by Reingold, a Washington,

D.C.-based public relations firm, which crafted targeted publications and other tools that reinforce our message at every turn.

"Our extensive consumer and member research has shown that there are really four levels of care when it comes to plastic surgery and aesthetic medicine," said Dr. Richard D'Amico, President-Elect of ASPS and co-chair of the Task Force. The group was created as part of the Cosmetic Surgery Alliance, a joint Aesthetic Society/ASPS group established several years ago to address issues of vital concern to the Specialty and to eliminate redundancies between ASPS and ASAPS.

"The program," D'Amico said, "is aimed at educating patients on the treatment options—noninvasive, minimally invasive, moderately invasive, and surgical. It is important that consumers understand that a facial is not the same as an injectable which is not the same as a light based therapy. This will both inform the public as to

what is medical and what is not and drive home the message that plastic surgeons are uniquely positioned to offer consumers a continuum of care and a lifetime of beauty."

"The public already has high confidence in plastic surgeons as the 'go to' specialists for surgical procedures," D'Amico added. "This campaign builds on that fundamental trust to let patients know they can rely on our years of training and experience for the best results no matter the type of cosmetic care treatment, no matter their age."

"The Reingold surveys provided a wealth of information that we are using to develop additional member tools already in progress," said task force member and former Aesthetic Society President Robert Singer, MD. "Within the next several months, look for seminars, symposia, peer-reviewed articles, an enhanced Web presence, and viral marketing to help our

Continued on Page 22

A quality brochure line to MARKET YOUR PRACTICE

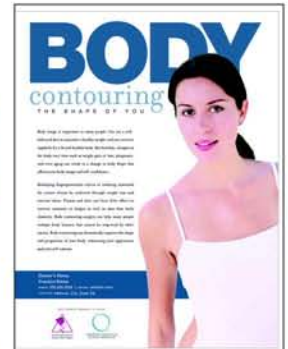
New Product Line with Enhancements

Visit the Aesthetic Society Display located near the Scientific Sessions to place your order.

This new line of marketing brochures is fully customized with your name and practice identity, produced in an 8.5x11 format with stylish graphics in a four color layout. Each brochure features a popular aesthetic procedure with a comprehensive and clear explanation geared specifically for the prospective patient.

Code:

- B-J1** **Non Surgical Rejuvenation**—Enhancing Your Beauty
- B-J2** **Breast Implants**—Your Beautiful Breasts
- B-J3** **Facial Rejuvenation**—A Younger You
- B-J4** **Body Contouring**—The Shape of You
- B-J5** **Facial Harmony**—Defining You
- B-J6** **Breast Enhancement**—Your Beautiful Breasts
- B-J7** **Eyes**—Your Focus to a Younger You
- B-J8** **Breast Implant Replacement**—Revisional Breast Surgery



Call the Aesthetic Society's toll free number, 800-364-2147 or 562-799-2356 to place your order.



THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC.



AMERICAN SOCIETY OF
PLASTIC SURGEONS



Media Notes and Quotes

A Sampling of current media coverage on the Aesthetic Society

But while this kind of programming (reality television) may not be increasing the number of cosmetic surgeries overall, it does seem to be a factor among those who are opting for procedures like liposuction, breast augmentation and nose reshaping. "(cosmetic-procedures) trend existed before the reality shows did," says Dr. Robert Singer, a plastic surgeon in La Jolla, Calif., and a past-president of ASAPS. "The way patients come into the office these days is very different than they did 20 years ago. They don't want to look 'different'—they just want to look better," says Dr. Robert Bernard, a plastic surgeon in White Plains, N.Y., and a past president of the ASAPS.

Reality Cuts
Newsweek
July 24, 2007

A look at the new procedure to melt away fat. Some plastic surgeons are questioning the procedure, which has not been approved by the FDA. "We don't know how it works, we need to have proof before in good conscious we could recommend it to our patients," says Alan Gold, MD, president-elect of the American Society for Aesthetic Plastic Surgery. "We shouldn't be experimenting on our patients we should be able to assure them that what we're doing for them is safe."

CBS Early Show
July 25, 2007

Once the only way to turn back the clock, surgical procedures are decreasing, the American Society for Aesthetic Plastic Surgery notes. And nonsurgical alternatives are up. (Use of botox has increased 283 percent since 2002 with docs now doling out 3.8 million injections a year.)

Take 5 Years Off Your Face
Self Magazine
August 2007

A study published this month in *Annals of Plastic Surgery* found that among women with cosmetic breast implants, there was a threefold increase in suicide and in deaths related to alcohol or substance abuse compared with the expected death rates of women who did not have implants. "There is no evidence that if you get implants, your risk of suicide goes up," said Dr. Foad Nahai, a plastic surgeon in Atlanta, who is the president of the American Society for Aesthetic Plastic Surgery.

Study Suggests That a Need for Physical Perfection May
Reveal Emotional Flaws
The New York Times
August 16, 2007

In a first for the nation, the Kansas State Board of Healing Arts on Saturday greatly restricted the use of Lipodissolve, the controversial fat-dissolving injection. The board said patients may not receive Lipodissolve unless it is authorized by a physician as part of an investigational drug trial. In May, the American Society for Aesthetic Plastic Surgery warned against the use of Lipodissolve and similar treatments. "We do not have definitive information on injection fat loss treatments," Foad Nahai, MD, president of the society said in a May 14 statement. "The bottom line for patients is this: Don't allow yourself to be injected with an unknown and untested substance." A placebo-controlled study of Lipodissolve is being sponsored by the Aesthetic Surgery Education and Research Foundation.

(Editor's note: This ruling was later delayed)

Kansas Limits Use of Fat-Dissolving Drug
Kansas City Star
August 19, 2007

In February the American Society of Plastic Surgeons (formerly the ASPRS) and the American Society for Aesthetic Plastic Surgery issued a joint press release approving of fat grafting for reconstruction and for use with implants, but not for primary augmentation purposes.

Fat's New Frontier
W Magazine
September 2007

Lipodissolve practioners inject small amounts of a chemical found in lecithin—better known as a food ingredient derived from soybeans—into pesky protrusions of pudge, aka love handles, muffin tops and bra rolls. But phosphatidylcholine deoxycholate, the compound generally used in lipodissolve shots, isn't Food and Drug Administration-approved, so safety and effectiveness questions—namely, if the fat cells are dissolved, where do they go?—remain. The Aesthetic Surgery Education and Research Foundation just received FDA permission to conduct a 20-patient trial comparing lipodissolve with placebo shots. "While this does sound almost too good to be true," says Great Neck, N.Y., plastic surgeon Alan Gold, foundation president and president-elect of the American Society for Aesthetic Plastic Surgery, "hopefully this turns out to be something that is safe and effective for our patients."

Lipodissolve Proves Popular Despite Lack of FDA Nod
USA Today
September 10, 2007

FDA Gives Green Light to ASERF Injection Lipolysis Study

New York, NY (September 4, 2007)—The Aesthetic Surgery Education and Research Foundation (ASERF) announced today that it has received approval from the U.S. Food and Drug Administration to initiate a clinical trial investigating the safety and efficacy of one type of injection lipolysis treatment.

Treatments most properly called injection lipolysis have been commonly associated with the terms mesotherapy or fat dissolving “Lipodissolve.” These types of treatments claim to reduce or eliminate unwanted local accumulations of fat, but their ingredients and injection locations and techniques may vary slightly. There is also no standardized, consistent, and accepted injection protocol or chemical formulation, with many formulas being proprietary, and without scientifically valid studies documenting their safety or effectiveness or comparing one another. Injection lipolysis involves the injection of

various compounds into the subcutaneous fat, but is not currently approved by the FDA for subcutaneous injection for any purpose.

“We are pleased to finally have the approval to move forward on this important clinical trial,” said V. Leroy Young, MD, chief investigator for the study. “This study is long overdue, and will go a long way toward developing more standardized protocols and ultimately improving patient safety in this area.”

The study, which was designed and funded by ASERF, will be conducted under FDA supervision and will follow patients for 46 weeks to evaluate the efficacy of one form of injection lipolysis and collect data on local and systemic reactions and any long-term complications. The study will include imaging, biochemical analysis and clinical measurements for objective evaluation of the efficacy and safety of the treatment.

“Although there are clinical reports of significant and positive results, they are all anecdotal, and unfortunately there is currently insufficient scientifically valid evidence to support the long term safety and efficacy of injection lipolysis. We hope that this study will provide the data needed to clarify some of the controversy and confusion surrounding this potentially beneficial treatment. The more we know, the better we will be able to educate and inform our patients, and recommend to them, with confidence, the safest and most effective treatments to provide them with the best results,” said Alan H. Gold, MD, president of ASERF.

According to the American Society for Aesthetic Plastic Surgery’s 2006 Cosmetic Surgery Statistics, injection lipolysis procedures were performed last year on 28,901 Americans—six times the number of procedures performed the previous year

Your Opportunity to Shine

Continued from Cover

making, innovators who have not stepped up to the plate with abstracts or ideas that could benefit our plastic surgery community and offer new insights to our members.

That’s where you come in.

This year’s meeting in San Diego will include a unique panel entitled “Speak Up or Forever Hold Your Peace.” This panel will be on any topic related to Facial Aesthetic Surgery and all Aesthetic Society members are eligible to participate.

Rules and Regulations:

To become a prospective speaker, submit a finished PowerPoint presentation to the website www.speakuporforever.com. Once the file is submitted, you will receive a phone number to call and be able to record a complete voiceover for the presentation.

The presentation must be no longer than 10 minutes. We will combine your voiceover and the presentation slides and distribute it to our panel for review.

Four presentations will be selected based upon clarity of goals, engaging slides and narrative and validity and value of scientific or technical content.

This is your opportunity to present. If you feel you hear the same speakers each year or you could do it better, this is your chance!

Submit your presentation to
www.speakuporforever.com

Introducing Beauty for Life

Continued from Page 19

members and educate our consumers.”

The Cosmetic Medicine Taskforce include the following physicians: co-chairs, Dr. D’Amico and Saltz, and members, Drs. Robert Singer, Monte Eaves, Phil Haeck, Mark Jewell, Alan Gold, Rod Rohrich, and Brian Kinney.

“We have some of the finest minds from both organizations working on “Beauty for Life,” helping us be the core, not just a slice of the cosmetic medicine pie, and we thank them for their hard work,” said Drs. D’Amico and Saltz. We would also like to acknowledge Bob Stanton, Paul Pomerantz, Nancy Ryan and John O’Leary for their help on this project.

Any comments or questions can be addressed to:

Nancy Ryan; ner@plasticsurgery.org,
or John O’Leary; john@surgery.org



ARE YOU READY? STREAMING VIDEO IS HERE...

Position your practice in the video search
before your competition does.

- Introduce your practice to potential patients
- Work with a team of video experts that specialize in the medical industry
- Increase your website lead generation and conversion

THE TIME IS NOW!

Not sure what streaming video is all about?
Schedule your obligation free appointment to learn all you
need to know.
















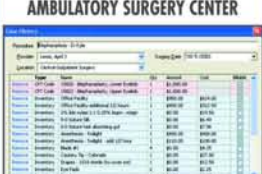




Call us now at 800.258.9221

Video is the next major frontier for your Internet strategy.

NextTech Practice 2008

The Complete Solution!

Practice Management, Marketing & EMR Software

NEXWEB - WEBSITE INTEGRATION 	CONTACT MANAGEMENT 	NEXTRAK - PROSPECT TRACKING 	MS WORD MASS MERGE 	GRAPHICAL SCHEDULING 
SURGERY QUOTES 	NEXFORMS - PRACTICE & MARKETING LETTERS 	NEXFORMS - CONSENT FORMS & PATIENT EDUCATION 	PATIENT TRACKING 	ELECTRONIC MEDICAL RECORDS 
COSMETIC FINANCIAL TRACKING 	INSURANCE BILLING 	eBILLING 	SKIN CARE INVOICING 	INVENTORY & BAR CODE SCANNING 
AMBULATORY SURGERY CENTER 	NEXSPA - MEDICAL SPA MANAGEMENT 	MARKETING 	DIGITAL PHOTOGRAPHY & VOICE RECOGNITION 	LINK PALM, TREQ, POCKET PC, & TABLET PC 

Fully Integrated in ONE Database

Designed For Plastic & Reconstructive Surgery, Dermatology,
Cosmetic Medical Practices and Medical Spas

Seamless Transfer of Your Current Data from Any Practice Management System.

Contact us for a CD demo: 800.490.0821 • sales@nextech.com • www.nextech.com

New NexEMR, NexASC & NexSpa Modules!

ASPS® Consent Forms now included with NexForms!