



# Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

Volume 12, Number 1 Winter 2008

## Silicone Implants and Post Market Surveillance: What Members Should Know

During the Aesthetic Society Board of Directors Meeting held in Baltimore, October, 2007, a resolution was unanimously passed regarding Silicone Breast Implant post approval studies. It reads:

*“Since restrictions on silicone breast implants were lifted and the FDA approved full return to market with a post-market surveillance requirement; the Society and its members wish to assure their patients and the public of the safety of these devices; and so as to reach enrollment targets as soon as possible, the Aesthetic Society urges its members to fully and actively participate in the SBI post approval studies as mandated by the FDA.”*

In order to help members fulfill this request, we have assembled the following questions and answers.

### What exactly is the post-market surveillance requirement?

According to the FDA website, conditions given to the manufacturers for approval of Silicone Breast Implants include the following:

- Conduct a separate 10-year large post-approval study that will:
  - Involve a large number of silicone gel-filled breast implant patients (approximately 40,000)

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## The Aesthetic Surgery Journal Revises Look, Composition and Reinforces Academic Ties of Editorial Board

The Society's Peer-Reviewed Publication introduces changes in January—February Issue:

In an editorial published in the January-February issue of the Aesthetic Surgery Journal (ASJ), Editor-in-Chief Stanley A. Klatsky, MD, announced several seminal changes to the Society's peer-reviewed publication. Among them are:

- A new cover design, reflecting the scientific nature of the publication. The new cover includes a Table of Contents and the new subtitle, “A Peer-Reviewed International Journal” that reflects the publication's position in the international community of aesthetic surgeons. ASJ is currently the official English language publication for nine plastic and aesthetic surgery societies throughout the world.

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## Countdown: The Aesthetic Meeting 2008

By Jeffrey Kenkel, MD and Jack Fisher MD

This year, the Aesthetic Meeting 2008, *Sailing into the Future of Aesthetic Surgery*, promises to exceed our own expectations for being the most important event in plastic surgery education. Among the highlights:

- More than 200 technical and scientific exhibits
- The perennial favorite “Hot Topics/Emerging Trends in Plastic Surgery”
- The opportunity to earn up to 54 CME Credits
- Special pre-meeting cadaver courses, including Endoscopic Technique in Facial and Forehead, Barbed Sutures: Theory and Use, Open and Closed Precision Rhinoplasty and Facial Rejuvenation by MACS Lift
- The Research and Technology Luncheon, your opportunity to glimpse into the future!

It's not too late to register online by going to [www.surgery.org/meeting2008](http://www.surgery.org/meeting2008). Also, please find our “week at a glance” on pages 12 and 13 of this issue!

*Drs. Kenkel and Fisher are Chair and Vice Chair of the Aesthetic Society's Education Commission.*

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## Aesthetic Society News

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

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

### March 4 – 9, 2008

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

Ritz-Carlton Hotel, Dallas, TX

Contact: Jennifer Leedy

Tel: 214-648-3138

[dallasRhinoplasty@utsouthwestern.edu](mailto:dallasRhinoplasty@utsouthwestern.edu)

Endorsed by ASAPS



### May 1-6, 2008

#### The Aesthetic Meeting, 2008

San Diego Convention Center

San Diego, CA

Contact: ASAPS

Tel: 800-364-2147

[www.surgery.org/meeting\\_2008](http://www.surgery.org/meeting_2008)

SKIN  
CARE  
2008



Catch the New Wave in Skin Care

### April 30 – May 3, 2008

#### Society of Plastic Surgical Skin Care Specialists 14th Annual Meeting

San Diego Marriott Hotel and Marina

Tel: 800.486-0611

[www.spsscs.org](http://www.spsscs.org)

### May 1, 2008

#### The 13th Annual Meeting of The Rhinoplasty Society

Manchester Grand Hyatt

San Diego, CA

Contact: Rhinoplasty Society

Tel: 904-786-1377

Jointly-Sponsored by ASAPS

### June 27 – 28, 2008

#### Cosmetic Medicine: From Business Strategy to Clinical Mastery

Beverly Hills, CA

Contact: ASPS

Tel: 800-766-4955

Co-sponsored by ASAPS/ASPS

### August 13 – 16, 2008

#### 23rd Annual Breast Surgery & Body Contouring Symposium

Eldorado Hotel, Santa Fe, NM

Contact: ASPS

Tel: 800-766-4955

Co-Sponsored by ASAPS/ASPS

### November 13 – 17, 2008

#### Advances in Aesthetic Plastic Surgery: The Cutting Edge VII

The Hilton New York, New York, NY

Contact: Francine Leinhardt

Tel: 212-702-7728

Endorsed by ASAPS



## The Family of Plastic Surgery

Plastic surgery has been very good to me. It has provided me with a career and vocation that enables me to help people with issues that go to their very core; self esteem, self image, and confidence. It has given me the opportunity to meet colleagues that have become a fraternity of dear friends the world over. Most importantly, it has provided me with a platform to give back and serve a vibrant and exciting medical specialty that has provided me with so much.

Many of us started in academics and all of us are firmly grounded in the principals of reconstructive surgery even if our practices are primarily aesthetic. Reconstructive surgeons are very much a member of the family, as are our colleagues in hand, micro, and burn surgery. All of the Aesthetic Society members I have spoken to feel very strongly about this family; that is one of the reasons we have joined our colleagues at ASPS in the Cosmetic Surgery Alliance. This group is dedicated to pursuing many issues of common interest, but is primarily serving one purpose: solidifying and strengthening our ties to the entire plastic surgery community.

There is one particular member of the family I would like to celebrate in this issue of ASN.

Many of you knew Dr. Steve Mathes, perhaps as an outstanding reconstructive surgeon, prolific author or brilliant educator. To me, he was all of these things—and a dear friend. Steve had many outstanding qualities; honor, humor, generosity and kindness. His great love of adventure and connoisseurs palate for wine is legendary.

Punctuality, however, was another legendary quality of Steve's—and not one of his better ones!

He served our plastic surgery community well. He was a bridge builder who was able to bring together “town and gown” in San Francisco to the benefit of all, his residents and the local community.

Thank you for allowing me this opportunity to thank Steve and his wife, Dr. Mary McGrath for years of deep friendship and to celebrate the great contributions this man made to our specialty.

## Aesthetic Surgery: The new Commodity?

No one has to tell any ASAPS member that the increased attention to our specialty has resulted in unscrupulous tactics that run the risk of turning our medical specialty, our personal service to our patients, into a commodity. Big corporations have commercialized our services. Contests, give-aways, and free breast implants are just a few of the ridiculous gimmicks that are taking our medical education, commitment to patient safety and dedication to the best possible outcomes and attempting to trivialize them, ultimately resulting in besmirching our family name. We cannot sit back and allow this to continue. I plan to assemble a Task Force to examine this disturbing trend and ask them to provide recommendations to the Aesthetic Society Board of Directors.

## Aesthetic Surgery and Academia

Many of us in Aesthetic Surgery work in solo or group practices, no longer in daily contact with our colleagues in academia. However, we all have strong and deep roots in the academic community and are well aware that the residency and training programs our colleagues run are the foundation of the specialty. We welcome the participation of the academic

community in the Aesthetic Society and hope that our Annual Meeting will be beneficial to them.

Probably no where is the involvement of academic medicine more important to us as an organization than on the pages of our peer reviewed publication *Aesthetic Surgery Journal*. Today, ASJ has 30 of its 38 Editors, International Editors, Senior Scientific Editors, Clinical Editors, Technical, Statistical and Interspecialty Consulting Editors holding active academic appointments. We thank them for their commitment to learning and education.

## The Aesthetic Meeting 2008

I look forward to seeing as many of you as possible at the Aesthetic Meeting 2008 in San Diego, May 1–6, 2008. This is not only the premier educational event for our specialty; it is also a chance to connect with colleagues the world over as we learn, discuss and debate the latest in technique and science. Please join us!

This year, for the first time, The Aesthetic Meeting joins the Gen X'ers! Education Chair Jeff Kenkel, MD, is introducing iPod downloads of Scientific Sessions, providing you with a vehicle to revisit the Meeting. Jeff discusses the initiative on page 16 of this issue.

This is a great time to be a plastic surgeon. Thank you for your contributions to the specialty and I hope you enjoy this issue of ASN.



Glenn Morley

## Branding: Who You Are and What Makes You Special

The burgeoning aesthetic medical market offers unprecedented opportunity to today's cosmetic patient. The downside of having a plethora of options is the confusion such an array of services and products presents to consumers. Plastic Surgeons whose specialty includes cosmetic medicine are in a uniquely advantageous position from the standpoint of practice branding.

Managing your brand is to deliberately choose a position you are uniquely qualified to provide and then consistently promoting and publicizing this unique attribute. To actively manage perceptions about your practice is brand management at its finest. Many surgeons and their practices neglect to communicate amazing things about themselves which are interesting and engender loyalty from patients: compelling books that have been written by the physician, devices and products that have been developed to address specific issues, and humanitarian work which improves the lives of those less fortunate. Unfortunately, these accomplishments are rarely communicated effectively despite the real value they could have in solidifying the practice brand. Branding can seem daunting in the medical community, because most physicians are humble and self-effacing. The idea of "tooting their own horn" is repugnant to many, and self promotion is often considered bad form. However, in this increasingly crowded field, plastic surgeons need to be positioned and promoted differently than nontraditional cosmetic practices and spas in order to continually remind the public of *who you are and what makes you special*. As a strategic defense against competition, the practice of managing patients' perceptions becomes a powerful tool when employed effectively.

### Savvy Consumers

Today's patient is typically a savvy consumer adept at filtering out extraneous marketing messages in order to make wise decisions. The goal of a successful branding strategy is to focus on the needs and wants of patients and then to communicate the ability to meet those needs in a meaningful way. To define your branding advantage, it is critical to begin with a firm understanding of the unique attributes that distinguish your practice and services from others in your community. Start with a practice assessment that analyzes the following:

- Staff
- Doctors
- Equipment
- Schedule(s)
- Location

When analyzing practice attributes, it is essential to stand in your patient's shoes. As a "patient/consumer," ask yourself the following questions.

- Do your staff and your facilities reflect the image you want to project?
- As a patient am I able to effectively communicate my needs and do I feel understood?

The outcome of this exercise should be a meaningful list of strengths and unique attributes which together form the basis for the practice culture. Memorializing the results of this analysis into a simple list, a mission statement, or practice philosophy can serve as a guide in developing "branding" messages for communication both within and outside the practice. In addition, this list can provide direction in the development and incorporation of the practice message or "tag line" into collateral materials. The list can serve as discussion points for phone contact with interested prospects and in the development of the focus point

in conversations during the consultation.

Because overhead costs frequently are higher in plastic surgery practices—with marketing budgets as much as 3% to 5% of gross revenue—questions about how to drive top-line revenue and still be profitable are very much on the minds of practice managers and physicians. Traditional marketing may soon become obsolete as savvy practices dare to challenge traditional thinking with more time and resources committed to *branding* their practices. Patient retention in the future will require a sharper focus. With this goal in mind, building a strong patient/practice *relationship* is critical.

### Branding Benefits

There are a number of benefits to branding your practice, including:

- Patient retention and referrals;
- Marketing dollar mileage;
- Increased pricing power and profit margins;
- Ability to leverage brand across products and procedures; and
- The ease of new product introduction.

Ours is a baby boomer-driven market (ages 43 to 61) with 78.2 million people, 50.8% of whom are women. According to the 2006 US Census Report, a staggering 7,918 people turned 60 each day in 2006 or 330 every hour. In addition, "echo boomers" (pre-teen through 25 years of age) make up one-third of the US population and are strong supporters of the aesthetic medical market. The young medical aesthetic industry is going to serve its patient base for a very long time. People want to feel good about themselves both inside and out, and finding the "right" provider and practice is very important to this group. Effectively branding your

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## Branding

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Procedure  
Outcomes

Customer  
Service

Brand  
Personality

Product  
performance

Emotional  
Benefits

Social  
Influences

All  
Communications



# The Brand

## The Consumer

practice provides a much-needed shortcut to understanding who you are and how you may be important for the patient. Much time and energy is devoted to growing a brand in corporate America. Strong brand loyalty is developed by providing consistent, sustainable quality and then communicating that fact to your customers. For instance, if I buy a Starbucks latte in Boston, it will taste just like the Starbucks I may order the next day in New York (or Los Angeles or Hong Kong). Customers use this understanding of consistent quality as a short-cut, and a strong brand is thus rewarded by strong-brand loyalty. For a loyal customer, it becomes an unacceptable risk to stray from “their brand.” Developing your practice brand requires that you provide consistent, sustainable quality.

### Building Brand Relationships

A brand relationship is the mélange of all thoughts, feelings, associations, and expectations that a patient may have about

your practice. These perceptions are based on what your customers or prospects experience when exposed to your practice name, individual providers, procedures, products, your website, staff, and practice communications. In fact, when you consider that everything you and your staff do and say is making an impression, you must acknowledge that every practice detail is important and influences your brand identity.

One of the first challenges when considering who you are and how you want to be perceived is to ask yourself how you would articulate your practice’s internal character or unique identity. What *differentiates* you and makes your loyal patients return over and over again? It may be the way you partner with patients in addressing their skincare needs; it may be in the expertise that you bring to the community after years in the academic setting; or you may be a part of a father-daughter practice bringing generations of expertise and a heritage of caring for

your community. When you are able to articulate your practice’s unique identity, your next job will be to analyze how well you communicate this identity to your staff, patients, and the broader community as a point of practice differentiation.

You are in a position to actively manage how you are perceived by staff, patients, your peers, and the broader community. A strong brand relationship requires that a customer know the brand intimately. Starting internally, it is prudent to analyze how the practice is perceived. A staff survey is a relatively inexpensive and efficient tool to understand how your practice is perceived by one of your most important “stakeholders”—your internal audience. No matter what the results of your survey tell you, it is vital that you enlist support from staff in building a distinctive, well-perceived identity. Let’s examine what constitutes a strong brand and why brands are important to consumers.

### Common characteristics of strong brands:

- **High customer involvement.** How good is your practice at retaining patients? Do your patients book for repeat procedures as recommended? How many of your Botox® patients are also filler patients? Laser patients? Peel patients? Chances are you have at least a few patients that are in your office for multiple services. Developing this relationship is critical for a practice. Each encounter does not need to be wildly profitable for value to exist. There is enormous value in becoming a destination versus a pit stop. Your patients will reward you for developing this relationship with increased referrals and increased loyalty.

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- **Real, continuous product/service/procedure quality.** If Starbucks lattes were not reliably the same in all cities, I would soon begin to look elsewhere for an easy coffee fix. Likewise, patients need to know that the skincare products you recommend are based on their unique needs and will help them. Patients need to be able to depend on consistent aesthetic treatments that make them look and feel as good on the outside as the inside.
- **Market involvement and sustained presence.** Many physicians are highly involved in their respective medical societies; in research; in drug and device studies and development; and in non-profit and humanitarian organizations. Patients are very interested in knowing all of these things. They are interested in forming a relationship with you, and all of this information is of value in the relationship-building process.

### Why brands are important to consumers:

- **As a shortcut.** Consumers have to make thousands of decisions every day, and strong brands make these decisions easier. Satisfied patients are the strongest source of new patient referrals. If you do a good job branding yourself in the patient's mind, you are providing them with a short-cut in making a strong recommendation to a friend, family member, or colleague. Becoming a patient's "shortcut" occurs as their understanding and knowledge of you deepens and the patient/practice relationship grows strong.
- **As a badge.** Brands have social value. Consumers say a lot about themselves—and learn a lot about others—from the brands they choose. For women, carrying a Coach bag is perceived a certain way. An equally strong yet different perception may occur if that same woman carries a Prada bag. For men, it may be the car they drive, i.e., Range Rover versus Porsche, Ford versus Honda. Similar perceptions exist in the

patient community regarding aesthetic medicine. You are in a position to manage these perceptions (or not).

- **As a safety valve.** Patients want to reside with a practice they can depend upon to partner with them in a whole and healthy way. When new antioxidants emerge, consumers turn to the experts for solid advice regarding science based evidence versus marketing hype. Likewise, when a patient notices a new facial line, wrinkle, or undesirable fold, we want their questions to come to us.

### Powerful Story

A successful plastic surgery practice is an exciting business to "brand," because exceptional practices with accomplished physicians have a very powerful story to tell. In the ever-expanding world of aesthetic medicine, you must take a stand in practice

identity and understand what this means relative to patient care. Taking the time to analyze how well you currently manage perceptions about your practice is the first critical step in communicating your unique qualities. Proactively using your self-assessments to target and implement positive change will pay dividends forever.

*Glenn Morley is a management consultant with the Allergan Practice Consulting Group of Allergan, Inc., a specialty pharmaceutical company based in Irvine, California.*

### Branding "Perception" Survey

In our ongoing attempt to provide the highest quality care and the best personal practice experience, we are asking select persons such as you to participate in this important survey. You have been selected to take part in this survey because we value your thoughts and impressions. We are extremely grateful for your time and consideration.

1. How is the practice perceived in this area?
2. If the practice were gone tomorrow, what quality(s) would you attempt to find in another office?
3. Do you feel we have a "passion" for any particular service, procedure, or product?
4. What three words best capture who or what we are to our patients?
5. How would you describe our practice to your best friend or a sibling?
6. What could we do better?
7. What would you like us to "look" like in the next five to ten years?
8. How would you describe our practice to an acquaintance?
9. How do you feel after you have been to our practice?
10. What thoughts do you have about your time with us?

Please forward the completed survey in the attached addressed and stamped envelope. Out of respect for your privacy and in hope of eliciting complete candor, we have retained an independent consulting group to compile the results of this small, select survey.

*Thank you for taking the time to complete this survey.*



## Paid Media Opportunities: Are they right for your practice?

In today's increasingly competitive market, many of us find that a solid marketing program of media relations, web presence, philanthropic and community involvement and, in some cases, advertising, are essential elements to position our practices and our qualifications as Board-Certified Plastic Surgeons.

Several members have contacted our Communications Office for advice and information on so-called "pay for play" media opportunities; paid editorial placements on television, radio or print that are not the usual public relations opportunities but rather are "advertorials" or sponsored programs for which participants pay a fee.

### Industry Pundits Weigh In:

To find out more about these programs, we contacted several leading experts in the field. Wendy Lewis is a veteran plastic surgery consultant and author with a practice based in New York and London; Karen Zupko is an accomplished practice consultant and has written extensively—both are frequent speakers at the Aesthetic Society Annual Meeting. Russell LaMontagne owns a New York and Los Angeles-based Healthcare Communications Agency, Corinth Group Communications, with a roster of pharmaceutical, not-for-profit and healthcare services clients. Here's what they had to say:



Wendy Lewis

would advise careful research, including

"Doctors are a common strategic target for paid media outlets to prey on" said Lewis. "Many of these groups (media outlets) can be questionable and before signing up and writing a check, I

references checks and evidence of a proven track record in your market.

You also want to find out who the principals are, and what other doctors are involved in the venture. Typically, the doctors who go for these deals have high volume, heavily marketed practices, and are usually non-core cosmetic specialists rather than board certified plastic surgeons.

The demographics and circulation figures may also be highly inflated, which makes it tricky to calculate the true return on your investment, and fees can be staggering.

I am aware of doctors being asked for \$25,000 and more for video recordings to be broadcast on cable networks."

Before considering paying for media exposure, which is no more than a subtle twist on advertising, each surgeon or practice should compile a marketing budget on an annual basis. Once you have set a budget, determine which outlets are going to give you the best return on investment, and plan accordingly. Budgets should be reviewed periodically to make sure you are on track."



Karen Zupko

headlines about scary things like recession, slow-down and consumers with "wallet fatigue" make some otherwise smart surgeons engage in some scary so-called marketing techniques. These techniques can tarnish a brand and call into question your whole practice persona" she said.

Karen Zupko has been offering practice advice to physicians for more than 20 years. She advises members not to get caught up in emotional decisions regarding practice marketing: "Scary

"So called advertorials running at 3 am in between the infomercials for ginzu knives and teas that cure everything from warts to baldness are one fine example. Sales staffs hit on plastic surgeons and sometimes leave out the important details—like placement.

The same surgeon, who would never run an ad next to the obits or in the sports section, may forget to ask the details about TV. Picking a print style is less complicated and you can OK it. Being filmed without the right makeup (yes, even for men) lights and by a rookie camera man does not lend itself to a professional end product that represents your practice in the most appealing way."

### An Agency Perspective:



Russell LaMontagne

broadcast outlets) generally air in time slots that are less than ideal. A show airing at 3:05 am is likely to miss its target audience.

Additionally, the paid segments do not possess either the benefit of a third-party endorsement on the editorial side or a specific well-targeted audience on the advertising side. The public tend to correctly perceive them as advertorials. Ultimately the messages in these programs are diluted due to lack of trust by the

"Placement and credibility are the major issues I have with paid editorial opportunities" said Corinth Group Founder Russell LaMontagne. "The shows (paid media opportunities on

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# Member News



Aesthetic Society Member **Peter J. Rubin, MD**, University of Pittsburgh Medical Center, is recipient of the 2007 Presidential Early Career Award for Science and Engineering (PECASE). The PECASE is given to recognize and support researchers whose early work shows exceptional promise for leadership at the frontiers of scientific knowledge during the twenty-first century. Awardees are nominated by one of eight federal departments, who provide the researchers with up to five years of funding to further their research. Dr. Rubin was nominated by the National Institutes of Health, which has supported his research grant, "Injectable Engineered Tissue for Cancer Reconstruction."



Life Member and Past President **Thomas Rees, MD** received a Lifetime Humanitarian Award from the African Medical, Research and Education Foundation (AMREF). According to the AMREF website: "Fifty years ago, under the trees of Mt. Kilimanjaro, three visionary surgeons—including the renowned American surgeon, Dr. Thomas D. Rees—had the idea to bring urgently needed clinical and surgical care to the most remote regions in East Africa. They called their organization the Flying Doctors of East Africa—which is known today as the African Medical & Research Foundation. Since then, AMREF has continued to create simple and cost effective health solutions that transform the lives of families and communities across East Africa."



ASAPS Vice President **Renato Saltz, MD**, recently held a funding raising event for the Image Reborn Foundation, an organization for breast cancer survivors founded by Dr. Saltz. The event, held in Park City, UT, raised significant funds for the foundation, with the goal of finding a permanent home for the group. Image Reborn provides a pro bono retreat for women to revitalize and renew after the ordeal of breast cancer.



## Pushing the 2008 Plastic Envelope

By Bob Aicher

It's customary every December 31st to set goals for the coming year, usually to accomplish something historically elusive yet desirable, such as more exercise and less stress. I would like to suggest for 2008, rather than personal goals, a list of New Year's Resolutions for your practice to help keep you legally fit and stress free.

### **RESOLUTION NO. 1: I will double check my photographic consents.** Why?

Because when your patient calls you upset, only a written consent covering your specific use of her photographs will suffice. Keep in mind, invasion of privacy requires that the patient be recognizable, but unique jewelry, birthmarks and tattoos are neon signposts to your patient's identity. Also, in those states where privacy laws have been modified to mimic HIPAA, and in those cases where you are e-mailing forms to obtain insurance reimbursement, HIPAA's privacy rules trump state rules, and privacy is violated whether or not the patient is recognizable, unless you have a written consent which follows the HIPAA form. **For 2008: oral consent is no consent.**

**RESOLUTION NO. 2: I will not talk on my cell and drive.** International Paper, \$5.2 million; Dykes Industries, \$20.9 million; State of Hawaii, \$2.5 million, all paid in settlements or verdicts when their employees caused accidents while talking on their cell phones. The worst: a lawyer with Cooley Godward was convicted of felony hit and run for killing a 15-year old girl, resulting in a loss of her license to practice law, 1 year in jail, \$2 million in restitution, plus a \$30 million lawsuit against her employer, who settled for an undisclosed amount. Five states and the District of Columbia ban hand-held cell phone use while driving. **For 2008: listen to CME instead.**

### **RESOLUTION NO. 3: I will only take necessary photographs of my patients.**

One would think photographs for any reasons other than to augment the medical record and deflect potential litigation would not require a reminder, but Dr. Adam Hansen recently left his position as a Mayo Clinic chief resident surgeon when, prior to performing gall bladder surgery and after catheterization, he used his cell phone to photograph his patient's penis tattooed with the words, "Hot Rod." Dr. Hansen will not be prosecuted for the HIPAA violation, but faces a myriad of disciplinary scenarios. **For 2008: another reason to turn your cell phone off.**

**RESOLUTION NO. 4: I will report unethical behavior appropriately.** There's more: two days later the Mayo Clinic was seeking to uncover which member of the surgical staff reported the incident to the Arizona Republic, complete with the patient's name, because that person arguably exhibited even poorer judgment than Dr. Hansen by revealing the patient's name and tattoo beyond the surgical suite to the entire world. **For 2008: remove "contact media" from your risk management practices and procedures.**

**RESOLUTION NO. 5: I will not blog myself into malpractice.** Unknown to his defense counsel, pediatrician Robert Lindeman, MD was venting his disdain for the legal system during his malpractice trial by blogging his lawyer's advice under the pseudonym, "drfleablog." When tipped off by another lawyer, plaintiff's counsel confronted Dr. Lindeman on the witness stand with breaching his attorney-client privilege and revealing his defense strategy on the internet; Dr. Lindeman settled out of court the next day, and his defense counsel had "no comment." **For 2008: respect your patient's privacy, your lawyer's privacy, and your privacy.**



# Notes from Healing the Children

By Karl Wustrack, MD



Healing the Children is a national, non-profit volunteer organization dedicated to providing medical care to needy children in our own community and around the world. Foreign children are treated by volunteer medical teams in their homeland and other children are flown to the United States for donated specialized care.

So far, our medical teams have traveled to countries such as Uzbekistan, Guatemala, Pakistan, Vietnam and El Salvador. The children who are brought to the US come from all over the world as well, without their parents. They fly with a volunteer escort, usually from the airlines. While here, the children stay with local host families. Our chapter also has a partnership with local homeless shelters where we provide health and wellness education for families and some donated supplies.

For the past four years we have been going to the same hospital in My Tho, a Mekong River delta town about two hours from Saigon.

The hospital is Tien Giang General Hospital, the regional hospital for Tien Giang Province, fairly modern with about 500 beds.

The first year we did a mix of cases—hand, clefts, burns, etc. but the last two trips have been almost all cleft lips and

palates. The team is usually two surgeons, three anesthesiologists and ten or so nurses, translators, etc.

A few years ago we had an interesting case in a 30 year old Cambodian who had a scalp lesion about 15 cm in diameter, foul smelling, draining; it looked like a neglected skin cancer.

We excised and closed the scalp with flaps and the pathology was chronic foreign body reaction. He had fallen out of a tree about 5 years before and had a piece of wood in his scalp. The best part was—he had tattoos all over his back and I asked the translator what the story was, and he reluctantly said he was a Khymer Rouge soldier! Great!

The people are great, the kids try to practice English when we jog by them on our morning runs, and the food is outstanding. This last trip I took the fellow from the plastic program at OHSU and he had a great experience.

## About the Organization:

The National office is located in Spokane, WA where Healing the Children was founded 25 years ago. There are 13 chapters nationwide.

The Oregon and Western Washington Chapter of Healing the Children operates on a very low annual budget. For every \$1.00 donated to our organization, we are able to provide more than \$300.00 worth of donated medical care. This includes surgery, hospitalization, and medical supplies. For children outside the U.S. we also provide donated airline tickets and host family care. Medical team members pay their own travel and lodging. Locally, we assist medically needy families who might need equipment or medication not covered by insurance.

*Karl Wustrack, MD is an Aesthetic Society member with a private practice in Tualatin, OR*



## Silicone Implants

Continued from Cover

- Involve a control group of saline-filled breast implant patients
- Provide information about certain endpoints:
  - local complications;
  - rates of connective tissue disease and its signs and symptoms;
  - rates of neurological disease and its signs and symptoms;
  - potential effects on offspring of women with breast implants;
  - potential effects on reproduction and lactation; rates of cancer;
  - rates of suicide;
  - potential interference of breast implants with mammography;
  - and patient compliance with MRI recommendation and rupture rates
- Survey patients annually using web, mail, or telephone questionnaires
- Have physician evaluations at years 1, 4-6, and 9-10 for Mentor and years 1, 4, and 10 for Allergan (formerly Inamed) to collect local complication data.
- Continue its laboratory studies to continue to further characterize the modes and causes of failure of explanted (removed) devices over a 10-year period.

**As a private practitioner, I don't have the resources of an academic medical center available to me. Are there resources available from the manufacturers for assistance with these studies?**

Yes. The following information was supplied to ASN by Allergan and Mentor.

### From Allergan:

www.BIFS.us is the home site for our Breast Implant Follow-up Studies (BIFS) program. Here our customers can review the mission of BIFS and review the protocols and informed consent documents.

We are happy to help each of our doctors complete the investigator application process and we have a dedicated BIFS clinical team at Allergan that is expert in the IRB approval process. They can be reached at 800.862.4426 ext 4658.

Once our doctors have IRB approval, we'll set up special in-service appointments at their convenience to review the program with the office staff and offer suggestions on how to incorporate BIFS into the practice flow. To further support the process we have clinical field specialists who are committed to working with the office, helping them develop customized solutions to

ensure the office is able to enroll all their eligible patients.

We have developed these resources to ensure the doctor has as much support as he or she needs and wants. We know study conduct can be intimidating but through close collaboration with society leadership we are confident we'll meet our goals and thus ensure continued availability of silicone for generations to come.

### From Mentor:

Mentor is uniquely positioned by having considerable experience with studies of this size and scope.

#### Adjunct Study facts:

Over 14 years in duration

Approximately 3,500 investigators

Approximately 160,000 patients enrolled

Mentor is committed to making participation in the PAS as smooth and as least burdensome as possible.

#### Mentor has:

- Created a protocol that is manageable for physicians and patients which includes only two cohorts: Augmentation and Reconstruction
- Reduced the workload for physicians to include a one page operative form and one page follow-up form to complete
- Assembled a "user friendly" enrollment kit that contains an instruction DVD, procedures manual, subject enrollment flow-chart, subject tracking log and incision rulers
- Created a streamlined patient packet that contains all the study forms needed for each subject with business reply envelopes to return the forms
- Created duplicate patient forms so the physician's office does not need to make photocopies and offer online form completion for subjects to use.

The essential design of the PAS is that of a longitudinal study for which there is a small (1,000) concurrent control group. Where appropriate, national norms for the diseases and conditions to be studied are used as the control group. The study evaluates patient health over 10 years through annual patient questionnaires and three physician visits. An experienced clinical team is available to assist with enrollment,



Continued on Page 11

## Silicone Implants

Continued from Page 10



IRB applications, consent modifications, contracts, questions and all other PAS items.

The PAS is progressing well with over 3,200 physicians participating and over 23,000 patients enrolled so far. Mentor is committed to meet the FDA post approval conditions for this study.

**I see that one of the FDA requirements is "to further characterize the modes and causes of failure of explanted (removed) devices over a 10-year period." Is a pathology report from my hospital necessary to meet this requirement?**

No, according to Lenore Carleton of Allergan. She says: "There is no FDA requirement regarding pathology reports for any explanted device. However, our internal procedures require us to attempt to collect any and all information that might assist in an investigation of an adverse event. So if a hospital routinely cultures explants or does any kind of gross pathology, we try to obtain a copy to facilitate our investigation. Frequently our internal procedures have requirements that are designed to help us comply with

expectations that we know FDA has, but that they don't document in the form of a mandatory requirement."

**I know that explantation is financially the responsibility of the patient. However, my hospital requires a pathology report for identification of every explanted device. Who is responsible for incurring this cost?**

Several members have contacted the Aesthetic Society with this question. It appears to be a local issue, dependent on the risk management protocols of your local hospital. The ASPS and ASAPS are considering the development of a White Paper on radiologic examination of removed implants to help members deal with this issue.

**Why should I participate in the adjunct studies?**

When women finally were given the right to silicone implants after a 14 year hiatus, adjunct studies were a condition of approval. Your participation will help ensure that the patient safety is documented and evidence based medicine will again triumph over anecdotes.

## The ASJ Revises Look

Continued from Cover

- An elimination of the distinction between the Practice Forum and Scientific Forum. As article submissions increase, the Journal is strengthening its requirement that all papers uphold the highest standards of research and evidence-based medicine
- The elimination of the poly bag and label carrier. This mechanical adjustment solves two concerns; making ASJ more environmentally responsible and providing your label directly on the cover with your member number, providing easier access to the ASJ online version
- A listing of all academic or other significant affiliations for ASJ Editorial Board members and the expansion of the Board to include more international thought and opinion leaders and outstanding contributors from outside the Specialty.

"These changes reflect where ASJ is going while still honoring our traditions," said Editor-in-Chief Stanley A. Klatsky, MD, Associate Professor of Plastic Surgery at the John Hopkins University of Medicine. "We have always strived to be a useful and important educational tool for the practicing aesthetic surgeon," he continued. "Our editorial changes reflect the growing scientific reputation of the Specialty and our dedication to bringing you the best content available."

# The Aesthetic Meeting 2008 • Week-at-a-Glance

## Thursday, May 1, 2008

- 6:30am – 4pm **Registration Open—San Diego Convention Center Hall F**
- ASAPS Board of Directors Meeting**  
Manchester Grand Hyatt
- ASERF Board of Directors Meeting**  
Manchester Grand Hyatt
- Special Pre-Meeting Cadaver Workshops**
- 7:30am – 1pm **S1 Endoscopic Technique in Facial and Forehead—A Cadaver Workshop**  
Instructors: Renato Saltz, MD, Grady B. Core, MD, Felmont F. Eaves, III, MD, Kiya Movassaghi, MD, & Richard A. Warren, MD
- 7:30am – 11:30am **S2 Barbed Sutures: Theory and Use**  
Instructors: Gregory L. Ruff, MD & Malcolm D. Paul, MD
- 2pm – 6pm **S3 Open and Closed Precision Rhinoplasty—The Complete Basic Steps of Rhinoplasty: A Cadaver Workshop**  
Instructors: Joe M. Gyskiewicz, MD, Paul H. Izenberg, MD, Robert M. Oneal, MD, & Daniel Sherick, MD
- S4 Facial Rejuvenation by MACS Lift—A Cadaver Workshop**  
Instructors: Mark L. Jewell, MD, Patrick L. Tonnard, MD, & Alexis M. Verpaele, MD

## Friday, May 2, 2008

- 6:30am – 6pm **Registration Open—San Diego Convention Center Hall F**
- Special Seminars**
- 7:30am – 5:30pm **S5 Cosmetic Medicine—The Importance of Non-Surgical Options in Your Practice—Featuring “Live” Patient Demonstrations**  
Co-Chairs: Jeffrey M. Kenkel, MD, Clifford P. Clark, III, MD, & Steven Fagien, MD  
*Educational grants provided by Allergan, Artes Medical, BioForm Medical, Canfield Imaging Systems, Dermik Aesthetics, Medicis Aesthetics, Mentor Corporation, Obagi Medical Products, Palomar Medical, and Sciton, Inc.*
- 7:30am – 5pm **S6 Conjoint Symposium: Technique and Artistry in Rhinoplasty—A Joint Presentation of the Rhinoplasty Society and The American Society for Aesthetic Plastic Surgery, Inc.**  
Co-Chairs: Jack A. Friedland, MD & Mark B. Constantian, MD
- 8am – 5pm **S7 Advanced Cardiac Life Support (ACLS) Provider Course**  
Instructor: Charles Bortle, M. Ed.
- 8am – 2pm **R Residents & Fellows Forum**  
Co-Chairs: Julius W. Few, MD & Clyde H. Ishii, MD  
*Supported by Allergan*
- 8am – 12noon **S8 Anatomical Drawing & Sculpture of the Face**  
Instructors: Grant A. Fairbanks, MD & Grant R. Fairbanks, MD
- S9A AAAASF Inspector Training Workshop**  
Instructors: James A. Yates, MD, Alan H. Gold, MD, Gary M. Brownstein, MD, David D. Watts, MD, Harlan Pollock, MD, Geoffrey R. Keyes, MD, Jeff Percy, Theresa Griffin-Rossi, Pamela Baker, John D. Newkirk, II, MD, & Gerald H. Pitman, MD
- S10 Gel Breast Implants: Use, Efficacy and Safety**  
Chair: Richard A. D'Amico, MD  
*Educational grant provided by Allergan*
- S11 Strategies for Re-Designing Your Practice**  
Co-Chairs: Mark L. Jewell, MD & Robert Singer, MD
- 12:30pm – 4:30pm **S12 Hot Topics/Emerging Technology in Plastic Surgery**  
Co-Chairs: William P. Adams, III, MD, Joe M. Gyskiewicz, MD, & V. Leroy Young, MD
- 1pm – 5pm **S9B AAAASF Medicare Inspector Training Workshop**  
Instructor: Michael F. McGuire, MD
- 1pm – 6:30pm **S13 Cosmetic Rehabilitation of the Post-Bariatric Patient**  
Co-Chairs: Al Aly, MD & Mark L. Jewell, MD
- 2pm – 6:30pm **S14 Basic PowerPoint® and Basic Patient Imaging**  
Instructors: Samuel J. Beran, MD & Joshua Greenwald, MD
- 2pm – 6:30pm **OPTIONAL COURSES**
- 6:30pm – 7:30pm **Residents & Fellows Forum Reception**

## Saturday, May 3, 2008

- 6am – 5:30pm **Registration Open—San Diego Convention Center Hall F**
- Scientific Session**
- 7am **Aesthetic Society Welcome**  
Foad Nahai, MD
- ASERF Welcome**  
Alan H. Gold, MD
- Canadian Welcome**  
Brian Peterson, MD
- ASPSN Welcome**
- Program Chairs' Welcome**  
Jeffrey M. Kenkel, MD & Jack Fisher, MD
- 7:15am **Panel—Are Aggressive Facial Procedures Worth the Risk and Recovery?**  
Moderator: James M. Stuzin, MD  
Panelists: Patrick L. Tonnard, MD, J. William Little, MD, Fritz E. Barton, Jr., MD & Sherrell J. Aston, MD
- 8:30am **Special Presentation: A Retrospective of My Career in Aesthetic Surgery**  
Bruce F. Connell, MD
- 9am **Panel—Cosmetic Medicine—Embracing the Future**  
Moderator: Robert Singer, MD  
Panelists: Renato Saltz, MD, Richard A. D'Amico, MD, Roxanne J. Guy, MD, & Rod J. Rohrich, MD
- 10am **Coffee Break in the Exhibits**
- 10:30am **Papers**
- 11am **Special Presentation: Lower Lid Blepharoplasty**  
Moderator: Foad Nahai, MD  
Presenters: Clinton D. McCord MD & Steven Fagien, MD
- 11:45am **Special Presentation: The Evolution of the Modern Facelift**  
Daniel C. Baker, MD
- 12Noon **Interactive Video—Aesthetic Refinement in Upper Lid Blepharoplasty**  
Presenter: Glenn Jelks, MD  
Moderator/Discussant: Mark A. Codner, MD
- 12:30pm – 2pm **Lunch in the Exhibits**
- 12:30pm – 2pm **S17 Research & Innovative Technology Luncheon (Page 17)**  
Co-Chairs: William P. Adams, Jr, MD & Joe M. Gyskiewicz, MD
- 12:30pm – 1:45pm **S18 Women Plastic Surgeons' Luncheon (Page 17)**  
Co-Chairs: Roxanne J. Guy, MD & Carolyn L. Kerrigan, MD  
*Supported by Mentor Corporation*
- OPTIONAL COURSES**
- 2pm **Panel—Aesthetic Breast Enhancement with Fat**  
Moderator: Jack Fisher, MD  
Panelists: Sydney R. Coleman, MD, Scott L. Spear, MD, Grant W. Carlson, MD, & Roger K. Khouri, MD
- 3:15pm **Panel—Innovations in Lipoabdominoplasty**  
Moderator: Jeffrey M. Kenkel, MD  
Panelists: Jean Francois Pascal, MD, Claudio Cardoso de Castro, MD, & Renato Saltz, MD
- 4:15pm **Coffee Break in the Exhibits**
- 4:45pm **Papers**
- 5:15pm **Corporate Sponsorship Awards**  
Lawrence S. Reed, MD, Alan H. Gold, MD & Foad Nahai, MD
- 5:30pm **Panel—The Forehead—A Continuum of Care**  
Moderator: Sherrell J. Aston, MD  
Panelists: Steven Fagien, MD, Richard J. Warren, MD, R. Bruce Shack, MD, & James M. Stuzin, MD
- 6:30pm **Adjourn**
- 7pm – 8pm **New Member Meet and Greet Reception**  
Manchester Grand Hyatt – Mohsen AB
- 7:30pm **Welcome Reception**  
Manchester Grand Hyatt – Elizabeth Ballroom
- 9am – 4:30pm **Special Seminar for Patient Coordinators Only**  
**S15/S16 Skills for the Successful Patient Coordinator**  
Instructors: Karen Zupko & Isabel Stoltzman

# The Aesthetic Meeting 2008 • Week-at-a-Glance

## Sunday, May 4, 2008

6:30am – 5pm	Registration Open—San Diego Convention Center Hall F <b>Scientific Session A</b>
7:30am	<b>Panel—Strategies in Ptosis Management</b> Moderator: Mary H. McGrath, MD Panelists: Laurie A. Casas, MD, Jack Fisher, MD, Dennis C. Hammond, MD, & Barbara B. Hayden, MD
9am	<b>Interactive Video—Cohesive Gel Implants: Patient Selection and Technical Details</b> Presenter: Per Heden, MD Moderator: Bruce L. Cunningham, MD Discussant: Michael Schellan, MD
10am	<b>Coffee Break in the Exhibits</b>
10:30am	<b>Papers</b>
11am	<b>Special Presentation: MOCert: What it Means to Our Specialty</b> R. Barrett Noone, MD
11:15am	<b>Panel—Animation Deformities Following Breast Augmentation: Should We Be Concerned?</b> Moderator: Gustavo A. Colon, MD Panelists: Loren Eskenazi, MD, G. Patrick Maxwell, MD, & Scott L. Spear, MD
12Noon	<b>Lunch in the Exhibits—or ASAP5/ASERF Business Luncheon</b> <b>Scientific Session B</b>
7:30am	<b>Panel—Fractional Resurfacing—A Critical Assessment</b> Moderator: Barry E. DiBernardo, MD Panelists: Jason Pozner, MD, E. Victor Ross, MD, & Jeffrey M. Kenkel, MD
8:30am	<b>Papers</b>
9am	<b>Panel—Hyaluronic Acid—Does Size Matter?</b> Moderator: Alan H. Gold, MD Panelists: Mark G. Rubin, MD, Z. Paul Lorenc, MD, & Clifford P. Clark, III, MD
10am	<b>Coffee Break in the Exhibits</b>
10:30am	<b>Papers</b>
11am	<b>Panel—Effective Management of the Nasal Labial Fold</b> Moderator: Jack A. Friedland, MD Panelists: Miles H. Graivier, MD, Bruce F. Connell, MD, H. Steve Byrd, MD, & Victoria A. Vitale-Lewis, MD
12Noon	<b>Lunch in the Exhibits—or ASAP5/ASERF Business Luncheon</b>
2pm - 6:30pm	<b>OPTIONAL COURSES</b>
6:30pm – 7:30pm	<b>Women's Martini Hour—Manchester Grand Hyatt—Mohsen AB</b> <i>Supported by Mentor Corporation</i>
9am – 11am	<b>Special Seminar for Patient Coordinators Only</b> <b>S19 Advanced Discussions for Patient Coordinator Course Alums</b> Instructors: Karen Zupko & Isabel Stoltzman
1pm – 7pm	<b>S22 Nurse Injector Competence Training—Course 1</b> Instructors: Jeffrey M. Kenkel, MD & Clifford P. Clark, III, MD

## Monday, May 5, 2008

7am – 5pm	Registration Open—San Diego Convention Center Hall F <b>Scientific Session A</b>
7:30am	<b>Panel—Dorsal Augmentation—Personal Techniques</b> Moderator: Rod J. Rohrich, MD Panelists: Jack P. Gunter, MD, Bahman Guyuron, MD, Ronald P. Gruber, MD, & Miles H. Graivier, MD
9am	<b>Interactive Video—Primary Rhinoplasty</b> Presenter: Rollin K. Daniel, MD Moderator/Discussant: Joe M. Gryskiewicz, MD
10am	<b>Coffee Break in the Exhibits</b>
10:30am	<b>Papers</b>
11am	<b>Panel—Tip Refinements—Grafts or Sutures?</b> Moderator: Samuel Stal, MD Panelists: Onur Erol, MD, Jack P. Gunter, MD, & H. Steve Byrd, MD
12Noon	<b>Joyce Kaye Lecture—Patient Safety Outside of the Box: The Impact of Ethics, Systems, and Communications in Cosmetic Surgery</b> Moderator: Felmont F. Eaves, III, MD
1pm	<b>Lunch in the Exhibits</b>

## Scientific Session B

7:30am	<b>Panel—Rejuvenation of the Arm: A Treatment Algorithm</b> Moderator: Daniel C. Morello, MD Panelists: Peter B. Fodor, MD, Felmont F. Eaves, III, MD, & Lawrence S. Reed, MD
8:30am	<b>Papers</b>
9am	<b>Panel—Treatment Options for the Aging Hand</b> Moderator: Petra Schneider-Redden, MD Panelists: Barry E. DiBernardo, MD, Roxanne J. Guy, MD, & Danny Vleggaar, MD
10am	<b>Coffee Break in the Exhibits</b>
10:30am	<b>Papers</b>
11am	<b>Panel—Finesse in Lower Body Contouring</b> Moderator: Mark L. Jewell, MD Panelists: Al Aly, MD, Dirk Richter, MD, & Sharon Giese, MD
12Noon	<b>Interactive Video—Thighplasty—Matching Procedures with the Deformity</b> Presenter: Jean-Francois Pascal, MD Moderator: Susan E. Downey, MD Discussant: Osvaldo Ribeiro Saldanha, MD
1pm	<b>Lunch in the Exhibits</b>
1pm - 2pm	<b>S21 Candidate Open Forum (Page 25)</b> Chair: Michael E. Edwards, MD Vice-Chair: Patrick K. Sullivan, MD
2pm - 6:30pm	<b>OPTIONAL COURSES</b>
6:30pm	<b>VIP Reception</b>
7pm	<b>Presidential Cocktail Reception</b>
8pm	<b>Presidential Dinner Dance</b> <i>Supported by Medicis Aesthetics</i>

## Tuesday, May 6, 2008

### Scientific Session

6:30am	<b>New Board of Directors Organizational Meeting</b>
7:30am	<b>Body Contouring Research Foundation Presentation</b> Jean-Francois Pascal, MD
8am	<b>Award Presentations—Annual Meeting &amp; Journalistic Achievement</b> Presenters: Foad Nahai, MD, Alan H. Gold, MD & Mark A. Codner, MD
8:30am	<b>Panel—Speak Up or Forever Hold Your Peace—Facial Aesthetic Surgery (Member submitted presentations)</b> Moderator: Jack Fisher, MD
9:30am	<b>Papers</b>
10am	<b>Coffee Break in the Exhibits</b>
10:30am	<b>Panel—Lower Lids and Troughs—Problems and Solutions</b> Moderator: Mark A. Codner, MD Panelists: Sydney R. Coleman, MD, Robert S. Flowers, MD, Catherine Bergeret-Galley, MD, & Bryan C. Mendelson, MD
11:45am	<b>Interactive Video—Management and Avoidance of Eyelid Ptosis</b> Presenter: Clinton D. McCord, MD Moderator: Foad Nahai, MD Discussant: Julius W. Few, MD
12:30pm	<b>Lunch in the Exhibits</b>
1:30pm	<b>Panel—Raising the Bar in Breast Reduction/Shaping</b> Moderator: Elizabeth J. Hall-Findlay, MD Panelists: T. Roderick Hester, MD, Frank R. Lista, MD, João Carlos Sampaio Goês, MD, & Constantino Mendieta, MD
2:30pm	<b>Papers</b>
3pm	<b>The Best of Hot Topics</b> Moderator: William P. Adams, Jr., MD
3:15pm	<b>Papers</b>
3:45pm	<b>Panel—Breast Implant Pocket Selection—What's Best?</b> Moderator: Charles H. Thorne, MD Panelists: Steven A. Teitelbaum, MD, James C. Grotting, MD, Frank R. Lista, MD, & Claudio L. DeLorenzi, MD
5:15pm	<b>Adjourn</b>



## The Aesthetic Meeting 2008 joins Gen X: iPod downloads to be available for Select Scientific Sessions



This year at The Aesthetic Meeting, 2008 in San Diego, we will be offering same day downloads on more than 15 scientific sessions for your iPod. For the first time, you will be able to review, almost immediately, some of the best presenters in aesthetic medicine on topics such as Cohesive Gel Implants; Patient Selection and Technical Details, Tip Refinement, Graft or Sutures?, The Evolution of the Modern Facelift and many more.

We are anticipating that these downloads will be of particular value to our international members, giving them the opportunity to review important scientific

sessions while traveling from our San Diego meeting site. Details on pricing and availability will be distributed at, and immediately prior to, the meeting.

“MP3 Technology has come a long way in the last few years and we are hopeful that members will view downloads as a value-added service whose time has come” said President-elect Alan Gold, MD. “Refinement in imaging and in the devices themselves lend themselves perfectly to an educational application.”

Downloads will be available at the DVD Desk. Stop by to enter into a drawing for a free iPod!

## Aesthetic Surgery Journal to Offer List Rental Service:

In an effort to diversify its revenue stream, the *Aesthetic Surgery Journal (ASJ)* will be offering its subscriber list for rent to commercial and not-for-profit entities meeting strict criteria. These include:

- All organizations, commercial and not-for-profit, must submit a sample of their mailing piece in advance. All mailings must be approved by the Society Executive Director or the Deputy Executive Director.
- Mailings can be rejected for any reason at the discretion of the Society
- Email addresses are not available
- Lists are available for one time usage only; list is not available for sale
- Subjects of mailings cannot compete with Aesthetic Society initiatives
- Request form for list rentals must be submitted along with the sample mailing piece

“This is a pilot project that we hope will be as successful for us as it has been for such well known journals as New England Journal of Medicine, JAMA and Nature Publishing” said Michael F. McGuire, MD, Chair of the Aesthetic Society Publications Committee. “Society members should note that the list available is for *ASJ*, which includes members and non-members who pay for the publication, accounting for roughly half of the list. The Board of Directors did not consider the rental of the ASAPS member list” he added.

Members wishing to “opt out” of the list rental program can do so by contacting [asjlistrental@surgery.org](mailto:asjlistrental@surgery.org), and your name will be immediately removed. You will, however, still receive emails from the publication with news or events of interest.

### ASAPS FUTURE MEETING DATES

<b>2009</b>	May 2-9	Las Vegas Mandalay Bay
<b>2010</b>	April 22-27	Washington, DC Gaylord National
<b>2011</b>	May 11-16	Boston
<b>2012</b>	May 3-8	Vancouver

audience and the lack of authenticity of editorial input. When it comes to paid editorial opportunities, the 'pay' out weighs the 'play.'"

### Advice for Society Members:

The Aesthetic Society's Public Education Committee offers the following advice for members considering "pay for play" opportunities:

- Make sure you know who you're dealing with, when the program will air, that the production company involved is of high quality and that the program enhances—and doesn't detract from your over-all marketing program.
- Don't fall into the trap of trivializing your practice. We have all spent many years training, and providing patients with the best and safest possible outcomes. This year's marketing gimmick may not be next year's strategy.
- Position yourself and your practice as an expert in your local market. One good placement in your local newspaper can offer opportunities for re-purposing that can be used in newsletters, on your website, in patient emails and in many other venues.
- Don't give into scare tactics concerning the market. These too shall pass.

*Julius Few, MD is an aesthetic surgeon practicing in Chicago, IL. He is Chair of the Aesthetic Society Public Education Committee. He can be reached at [asn@surgery.org](mailto:asn@surgery.org)*

## Letters to the EDITOR

October 30, 2007

American Society for Aesthetic Plastic Surgery, Inc.  
11081 Winners Circle  
Suite 200  
Los Alamitos, CA 90720

RE: The article of trial for trouble in trendy times by Marie Czenko Kuechel.

Dear Editor:

Hoorah, Hoorah! Finally, an article that makes sense about the marketing of Plastic Surgery. I have had the pleasure of giving a course over the past several years with Marie Czenko Kuechel and with Robert Singer and each time these topics have been briefly touched on in the course, but to see it in black and white certainly does bring quite a deal of pleasure to me. Because I think that these facts needed to be brought up to young plastic surgeons, we Plastic Surgeons tend to easily fall into the "trendy times" of aesthetic practice.

Having been one who opened a so-called skin care practice or as is now known a "medi-spa" back in the early 90s, I found that it created an interesting adjunct to my practice. It turned out to be approximately 5% of my income and approximately 80% of my headaches. But when I stopped having that in my practice and concentrated on surgery, I found that my practice increased.

At the present time, as a semi-retired plastic surgeon, I can look back at all the foibles that I did in the past that I would not do again. I can tell you that each one of those subjects, which Marie talks about, are concepts that every young plastic surgeon should look at very seriously. I think that the trends in plastic surgery whether it is injectables, lasers, adjunctive aesthetic procedures, will pass in time and in what will ultimately survive is the fact that we are outstanding surgeons and we do surgery best. I think surgery will never go away but trends will come and go. So, I applaud Marie in her advice and I think that everyone who reads it should consider it very, very seriously.

Best Regards,

Gustavo A. Colon, M.D.

*Editor's Note: Dr. Colon is a past president of the Aesthetic Society*



## The Physician's Coalition for Injectable Safety Nurse Injector Competence Training Course to be held at The Aesthetic Meeting 2008

The Physician's Coalition for Injectable Safety, a project of the Aesthetic Society, The American Academy of Facial Plastic and Reconstructive Surgery, and The American Society of Ophthalmic Plastic and Reconstructive Surgery, is entering a new phase in its Patient Safety Mission to protect consumers against illegal product and unscrupulous providers.

This year, at The Aesthetic Meeting 2008, the Coalition, with generous support from Artes, Bioform, Allergan and Medicis, will be sponsoring a special session specifically for nurse injectors. The course, titled: "Nurse Injector Competence Training—Course 1: Understanding the Basics of Injection Techniques with Botulinum Toxin Type A and Dermal Fillers" is designed to provide participants a review of the treatment rationale and clinical applications for Botulinum Toxin Type A and the many dermal fillers available today.

The importance of a thorough aesthetic analysis will be examined in detail with a focus on facial anatomy including muscles, nerves and skin layers. Effective pain management options are covered. While all products will be reviewed in detail and appropriate injection techniques for different areas of the face discussed, live patient injections for Botulinum Toxin, collagen and hyaluronic acid fillers will be demonstrated. Patient safety is discussed throughout the course with an emphasis on avoiding complications. The course will review the importance of teamwork and effective communication between the nurse injector and surgeon and how this

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**This year, at The Aesthetic Meeting 2008, the Coalition, with generous support from Artes, Bioform, Allergan and Medicis, will be sponsoring a special session specifically for nurse injectors. The course, titled: "Nurse Injector Competence Training—Course 1: Understanding the Basics of Injection Techniques with Botulinum Toxin Type A and Dermal Fillers" is designed to provide participants a review of the treatment rationale and clinical applications for Botulinum Toxin Type A and the many dermal fillers available today.**

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relationship can have a positive economic impact on the plastic surgery practice.

Successful completion of this course is the first of two requirements for nurse injectors to receive a certificate of Nurse Injector Course Completion. The second requirement is participation in a physician preceptorship consisting of 10 Botulinum Toxin and 10 HA cases. The certificate is the property of the plastic surgeon's practice; this should help to balance the non-core nurse who simply wants to open a day spa and do injections on his or her own.

Although the Aesthetic Society has conducted similar courses in the past, this is the first time we have collaborated with colleagues from other specialties to ensure proper training of allied health professionals and providing participating practices with an extra measure of commitment to quality care via a certificate of completion.

As both a representative of the Coalition and Chair of the Aesthetic Society Education Commission, I would like to thank my colleagues Communications Commission Chair, Mark Codner, MD and Public Education Chair, Julius Few, MD for their assistance with this course. I also thank Ira Papel, MD, Past President of the AAFPRS and Roger Daily, MD, Past President of the ASOPRS for the opportunity to work with them on this important educational endeavor.

*Jeffrey Kenkel, MD is Professor and Vice-Chairman Director, The Clinical Center for Cosmetic Laser Treatment, The Rod J. Rohrich, M.D. Distinguished Professorship in Wound Healing and Plastic Surgery Department of Plastic Surgery, The University of Texas Southwestern at Dallas. He is also Chair of the Aesthetic Society Education Commission*



# Spread the Word: Injectables are Not Cosmetics

Educating the public about safe practices and choices with cosmetic injectables is a vital and viral part of the Physicians Coalition for Injectable Safety:

- **Vital:** As complications from unqualified injectors, inappropriate settings and elicit injectables rise, consumer confidence in this growing category of cosmetic medicine will be shaken.
- **Viral:** Spreading the word, with qualified information and simple messages of safety is essential to protecting public safety and enhancing the image and trust consumers have in qualified physicians, like you!

Join us! These no-cost resources are available to all members of the Aesthetic Society. They are positive educational tools and also effective marketing tools for your practice:

- **Injectablesafety.org Icons:** Three different artwork styles, all pre-programmed to link your web site, or any web site directly to [www.injectablesafety.org](http://www.injectablesafety.org), the most complete, unbiased, non-commercial, authoritative and dynamic website exclusively dedicated to the benefits of cosmetic injectables with up-to-the-minute safety information.

Place a link on your web site and encourage your referring physicians and other professionals, your hospital, your community media and women's groups to place a link on their web sites.

- **Injectables are not Cosmetics Artwork:** Contemporary, attention-getting, positive and promotable, this artwork can be customized to your practice and reproduced into posters, tabletops, postcards, advertisements, public service announcements and more.

Whether a speaking engagement, a safety message to leave with local hair salons and spas, or a public service announcement for your hospital or local media to publish on paper or on-line, this message is essential to eradicating unsafe practices with cosmetic injectables.

- **Beauty in the News: A consumer update from the Physicians Coalition for Injectable Safety.** Have your patients heard the hype, and now have questions about lipodissolve? Does your

public think a Botox Party is not urban legend, it's a great time? Has your community been affected by storefront injection shops? This quarterly newsletter, on line or in a PDF format (that can be customized and printed at your local quick-printer), provides consumers all the latest news on injectable safety, and includes a consumer planning guide for those considering injections.

- **Cosmetic Injectable Planner:** Whether contemplating an injection, planning a first time injection, or planning a repeat injection, this planner is a must for any consumer. Outlining the safe choices in "Doctor," "Brand," "Beauty," this planner can be customized with your practice name and contact information. A

great tool to have on your web site, to give prospective patients, and to provide your referral networks, it actively educates, promotes safe practices and leads consumers confident in their choice for cosmetic enhancement-to you!

Download Injectable Safety actively-linked icons and Injectable Safety artwork by accessing the August 2007 Injectable Safety Newsletter on the Physicians Only link at [www.injectablesafety.org](http://www.injectablesafety.org). You'll also find a link to the consumer newsletter, and a PDF file of the newsletter and the Injectable Planner on the Physicians Only link at [www.injectablesafety.org](http://www.injectablesafety.org). If you have questions or are looking for customization, please call the New York ASAPS Communications Office.

injectables  
are not cosmetics.

Like your favorite cosmetics, injectable treatments can improve your appearance, but they're foremost medicine that belongs in the hands of a qualified doctor.  
**DON'T TAKE RISKS.**

Choose only a board-certified plastic surgeon, facial plastic surgeon, ophthalmic plastic surgeon or dermatologist with the training and experience to keep your safety first.

Demand the brands injected into you are FDA-approved, and bought in the USA.

**DOCTOR. BRAND. SAFETY.**  
Physicians Coalition for Injectable Safety | [www.injectablesafety.org](http://www.injectablesafety.org)

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## The Aesthetic Surgery Education and Research Foundation

The Aesthetic Surgery Education and Research Foundation (ASERF) held a strategic planning session at its Interim Board of Directors Meeting in Baltimore, October, 2007. Many issues were discussed at this session and several initiatives were proposed to strengthen the role of ASERF in the plastic surgery research community.

**Among them are:**

- **Donors:** Increase the number of donors by keeping Members informed of up-coming ASERF opportunities, and possibly soliciting members from outside the plastic surgery community for ASERF contributions.

- **Research:** Advance our relationship with Industry through identification of new devices, pharmaceuticals and modalities presented in our “Hot Topics” course, potentially building a bridge between ASERF researchers and the corporate research community.
- **Development:** Hire a dedicated staff person to work primarily on ASERF major donor, corporate donor and capital giving campaigns.

Another Planning session is scheduled for summer, 2008.

### Lipolysis Study Begins Patient Recruitment:

ASERF’s study of injection lipolysis under the direction of Dr. Leroy Young has passed its final FDA hurdle and has begun patient recruitment for this important study. My thanks to Dr. Young and all who stuck with the project and brought it to life.

*Bahman Guyuron, MD is Chairman, Department of Plastic Surgery, Case Medical School and University Hospitals, Cleveland, OH. He is President-elect of the Aesthetic Surgery Education and Research Foundation.*

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# FDA Issues Public Health Advisory on Chantix

**Agency requests that manufacturer add new safety warnings for smoking cessation drug**



## Editors Note:

Many Aesthetic Surgery practices consider Chantix for their patients needing help with smoking cessation. The following advisory on the medication was recently issued by the FDA:

The U.S. Food and Drug Administration (FDA) today issued a Public Health Advisory to alert health care providers, patients, and caregivers to new safety warnings concerning Chantix (varenicline), a prescription medication used to help patients stop smoking.

On Nov. 20, 2007, FDA issued an Early Communication to the public and health care providers that the agency was evaluating postmarketing adverse event reports on Chantix related to changes in behavior, agitation, depressed mood, suicidal ideation, and actual suicidal behavior.

As the agency's review of the adverse event reports proceeds, it appears increasingly likely that there may be an association between Chantix and serious neuropsychiatric symptoms. As a result, FDA has requested that Pfizer, the manufacturer of Chantix, elevate the prominence of this safety information to the warnings and precautions section of the Chantix prescribing information, or labeling. In addition, FDA is working with Pfizer to finalize a Medication Guide for patients. This is an example of FDA working with drug manufacturers throughout products' lifecycles to keep health care professionals and patients informed of new and emerging safety data.

"Chantix has proven to be effective in smokers motivated to quit, but patients and health care professionals need the latest safety information to make an informed decision regarding whether or not to use this product," said Bob Rappaport, M.D., director of the FDA's Division of Anesthesia, Analgesia and Rheumatology Products. "While Chantix has demonstrated clear evidence of efficacy, it is important to consider these safety concerns and alert the public about these risks. Patients should talk with their doctors about this new information and whether Chantix is the right drug for them, and health care professionals should closely monitor patients for behavior and mood changes if they are taking this drug."

Chantix was approved by FDA in May 2006 as a smoking cessation drug. Chantix acts at sites in the brain affected by nicotine and may help those who wish to stop smoking by providing some nicotine effects to ease the withdrawal symptoms and by blocking the effects of nicotine from cigarettes if users resume smoking.

In the Public Health Advisory and a Health Care Professional Sheet that was also issued today, FDA emphasized the following safety information for patients, caregivers, and health care professionals:

Patients should tell their health care provider about any history of psychiatric illness prior to starting Chantix. Chantix may cause worsening of current psychiatric illness even if it is currently under control. It may also cause an old psychiatric illness

to reoccur. FDA notes that patients with these illnesses were not included in the studies conducted for the drug's approval.

Health care professionals, patients, patients' families, and caregivers should be alert to and monitor for changes in mood and behavior in patients treated with Chantix. Symptoms may include anxiety, nervousness, tension, depressed mood, unusual behaviors and thinking about or attempting suicide. In most cases, neuropsychiatric symptoms developed during Chantix treatment, but in others, symptoms developed following withdrawal of varenicline therapy.

Patients should immediately report changes in mood and behavior to their doctor.

Vivid, unusual, or strange dreams may occur while taking Chantix.

Patients taking Chantix may experience impairment of the ability to drive or operate heavy machinery.

FDA will continue to update health care professionals with new information from FDA's continuing review or if new information is received on Chantix and serious neuropsychiatric symptoms. FDA may consider requesting further revisions to the labeling or taking other regulatory action as the agency's continuing reviews and conclusions warrant.

For more information:  
<http://www.fda.gov/cder/drug/infopage/varenicline/default.htm>

## Media Notes and Quotes

A Sampling of current media coverage on the Aesthetic Society

Dr. Mark L. Jewell, a plastic surgeon in Eugene, Ore., who is a past president of the American Society for Aesthetic Plastic Surgery, said he warns his patients that breast augmentation surgery automatically guarantees a second operation at some future date. He added that many patients in clinical studies had elected to have follow-up operations to change implant type, size or position.

Do My Breast Implants Have a Warranty?

**New York Times**

January 17, 2008

Consumers' ever increasing appetites for aesthetic procedures have clearly outpaced state medical boards' ability to keep up. The number of "nonsurgical cosmetic procedures" performed annually skyrocketed from 1.1 million in 1997 to 9.5 million in 2006, according to the American Society for Aesthetic Plastic Surgery.

The Truth About Medi Spas

**Marie Claire**

November 2007

Injection lipolysis is "scientifically unproven, lacking any objective data on safety and efficacy," the American Society for Aesthetic Plastic Surgery (ASAPS) cautioned in an advisory last May...The first placebo-controlled, independent research of lipodissolve on humans (led by Leroy Young and overseen by a branch of ASAPS) will begin this November in St. Louis, where 20 patients will receive the shots, every four weeks, in one side of their abdomen and a placebo in their other. They will be tracked for 46 weeks, and a report is expected by April 2008.

Fat Chance

**Allure**

November 2007

If you are considering a cosmetic tweak your doc offers, remember, "It's buyer beware," says Northwestern's Julius Few, MD, a leader of the Physicians Coalition for Injectable Safety. "If you go outside the classic specialty group, there is no guarantee that you'll get someone who has any experience," he says.

Gynos Removing Wrinkles

**Health**

January 2008

These days, you have as many options for upgrading your looks as you have for upgrading your computer. And the number of men availing themselves of a nip here and a tuck there keeps growing: The American Society for Aesthetic Plastic Surgery reports a 47 percent increase in male procedures in 6 years, from 640,000 in 2000 to 940,000 in 2006.

Custom Body Work

**Men's Health**

November 2007

Not that there's anything wrong with a little upkeep—most women today have moderate views on cosmetic surgery. In 2006, the American Society for Aesthetic Plastic Surgery (ASAPS) revealed that 63 percent of women in this country approve of it, though just 34 percent would consider it for themselves... "Most of these patients aren't aware that they look artificial," says Dr. Foad Nahai, president of the ASAPS.

How much is too much?

**Marie Claire**

January 2008

Dr. Foad Nahai, president of the American Society for Aesthetic Plastic Surgery (ASAPS), says he's seen a similar increase at his practice in Atlanta: men made up between 15 and 20 percent of the patients he saw in 2007. "It's just in the last year that we've really seen that change," says Nahai, who attributes much of the growth to aging boomers and the acceptance and array of nonsurgical wrinkle remedies. "Even four years ago, I could recite the names of every man who came in for Botox. Not anymore."

What Wrinkles?

**Newsweek**

January 3, 2008

Numbness after breast surgeries of any type is the most common. Loss of sensation in the nipple in particular occurs anywhere from 10% to 70% of the time, says Dr. Nahai, president of the American Society for Aesthetic Plastic Surgery (ASAPS) depending on the type of procedure. What's worst? Breast reductions, where the nipple and areola are totally removed and reattached as skin grafts.

Ten Plastic Surgery Risks You Need To Know

**Forbes**

October 10, 2007

***The next best thing to knowing something  
is knowing where to find it.***

- Samuel Johnson, Author

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*Programs subject to change.*



## 2007 DVDs and MOC CME DVDs



The theme of the 2007 Annual Meeting in New York City, “Be a Part of it: An Interactive Educational Experience,” lives on in the recorded sessions that are available now on DVDs. Watching these videos is the best way to study new procedures, learn innovative techniques, or study for the new Maintenance of Certification in Plastic Surgery, MOC-PS™.

Viewing the DVD is as close as you can get to the surgical techniques without actually being in the OR. The picture is as sharp as any TV programming you watch. The DVDs are recorded “live” at the annual meetings. They capture the presenters’ on-screen pointer showing specific details as they are explained. Furthermore, they are guaranteed to play on any set top player.

Have a favorite speaker? A surgeon’s

outcome you admire? Want to examine Dr. Constantian’s closed rhinoplasty [DVD #DAM07-18], or observe a lively panel discussion regarding divergent approaches to the blending of the lid/cheek junction [DVD #DAM07-4]? 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 \$68 or get a set of your favorite ten for only \$579. The

Aesthetic Society films the entire Scientific Session and key optional courses that have the most interest. Patient safety credit has been assigned to help you fulfill your tri-annual requirements.

### Maintenance of Certification

New this year: ABPS-approved MOC-PS™ courses. Category 1 CME credits required for Part II-IV (Life-Long Learning and practice assessment modules) of the MOC-PS™ are earned by participating in designated DVD CME activities. Satisfactory completion is achieved by scoring a minimum of 75% on the post-activity exam. This satisfies the CME requirement for the assessment module. Additionally, Patient Safety Credit has been assigned.

### The following courses have been approved by The American Board of Plastic Surgery and qualify for its designated Cosmetic Module for MOC-PS™

Tracer Procedure	Course #	Cost	Credits CME/Patient Safety
Blepharoplasty	DAM07-405AB	\$236	4/0.4
Augmentation/Mammoplasty	DAM07-S11AB	\$236	4/1.0
Augmentation/Mammoplasty	DAM07-111	\$118	2/0.2
Lipoplasty	DAM07-424	\$118	2/0.2
Face Lift	DAM07-515	\$118	2/0.25
Patient Safety	DAM07-522	\$118	2/2.0
Abdominoplasty	DAM07-705	\$118	2/0.2

All category 1 CME credits earned for MOC-PS™ will be reported, on a quarterly basis, directly to the American Society of Plastic Surgeons for recording in the combined plastic surgery database. For more information about this new program,

visit the American Board of Plastic Surgery’s website: <https://www.abplsurg.org/ModDefault.aspx?section=DipMOCPS>

Add to your existing library, or start one today. Order now while supplies last. The complete list of available DVDs from

the 2007 Annual Meeting was recently mailed to you. Complete the order form included in that mailing, log onto the [surgery.org/shoppingcart](http://surgery.org/shoppingcart) website, or call the office at 800-364-2147 to place your order.

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Download a free version on the member's only section of [surgery.org](http://surgery.org).



Beauty for Life is a joint effort of the American Society for Aesthetic Plastic Surgery and the American Society of Plastic Surgeons.



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