



Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

Volume 12, Number 2 Spring 2008

Study Outlines Risk of Treatment-resistant Infection Following Facelift Surgery

Editor's note: The following statement was released by Archives of Facial Plastic Surgery, March 17, 2008. The data is based on a retrospective chart review and suggests a disturbing rise in MRSA in the out-patient surgery setting. ASN covered this topic in a previous issue; we are reprinting here for reference.
—Julius Few, MD

CHICAGO—About one-half percent of patients undergoing facelift surgery at one outpatient surgical center between 2001 and 2007 developed methicillin-resistant *Staphylococcus aureus* (MRSA) infections, according to a report in the March/April issue of *Archives of Facial Plastic Surgery*.

MRSA is now a leading cause of infections at surgical sites and in skin and soft tissues, according to background

information in the article. It is much more virulent than other forms of staph infection, spreads through tissue more rapidly, is more difficult to control and causes infections that are more expensive to treat and are associated with higher death rates.

Richard A. Zoumalan, M.D., of Lennox Hill-Manhattan Eye, Ear, and Throat Hospital and New York University School of Medicine, New York, and David B. Rosenberg, M.D., also of Lennox Hill-Manhattan Eye, Ear, and Throat Hospital, reviewed the charts of 780 patients who underwent facelifts between 2001 and 2007. Of those, five (0.6 percent) developed surgical site infections, and four of those (0.5 percent of the total) tested positive for MRSA. All of the infections occurred in 2006.

“The high proportion of MRSA infections compared with other pathogens is likely attributable to a combination of

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Shradakumar Dicksheet, MD Subject of New Documentary

By Mark Codner, MD

Many Aesthetic Society members know Dr. Dicksheet through his generous sponsorship of the In Chul Song Award for philanthropy and the Sherrill Aston Award for best presentation by a resident or member of the Candidate Program, both of which are given every year through the Aesthetic Surgery Education and Research Foundation (ASERF). What some members may not know is the man behind them.

Shradakumar Dicksheet, MD is famous for his widespread philanthropic work in India. An eight time Nobel Peace Prize nominee, Dicksheet has survived a partially paralyzing automobile accident, larynx cancer, two heart attacks, and a myriad of other physical ailments. What keeps him going is surgery, specifically providing hundreds of reconstructive surgeries

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Reflections on a Gentleman

**Bernard L. Kaye, MD DMD
1927-2008**

By Julius Few, MD

A nationally prominent plastic surgeon who helped train a generation of colleagues recently passed away in Jacksonville, FL.

Some of you may recognize the name of Dr. Bernard Kaye by the lecture given every year at the Aesthetic meeting in memory of his late wife, Joyce; others by his outstanding skills in facial surgery, extensive teaching and publishing.

But to many, this Founder of our Society and Past President was just as famous for his love of music (how many members can claim that the great Duke Ellington once composed an alto saxophone solo passage just for them?), gentle ways and visionary perspective on our specialty.

We asked several colleagues to

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Aesthetic Society News

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

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The American Society for
Aesthetic Plastic Surgery



The Aesthetic Surgery Education
and Research Foundation

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ASAPS Members Forum: www.surgery.org/members

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SKIN
CARE
2008



Catch the New Wave in Skin Care

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

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

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

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

April 22 – 27, 2009

The Aesthetic Meeting, 2009

Mandalay Bay

Las Vegas, NV

June 13 – 20, 2009

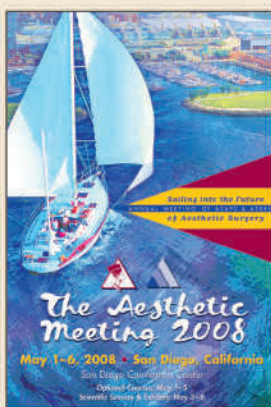
Aesthetic Surgery on the Eastern Mediterranean

Contact: ASAPS

Tel: 800-364-2147

www.surgery.org/cruise2009

Co-sponsored by ASPS/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/meeting2008



Focus on the Future

What better time is there to be an Aesthetic Plastic Surgeon than today? Over the last several years, we have seen the return of a woman's choice with silicone breast implants, a wide array of new injectable products to offer our patients "Beauty for Life" and Aesthetic Society members taking the lead on ethics and transparency. Our specialty has the respect of the public, other members of organized medicine and the scientific community. We have a group of visionary physicians to thank for this enviable platform. I would like to take this opportunity to offer our sincere gratitude to our Founding Members, whose vision and dedication changed forever the perceptions and realities of aesthetic surgery.

The Great Yogi Berra once said "the hard thing about trying to predict the future is that it hasn't happened yet" and obviously, that can't be denied. However, based on my year as the Aesthetic Society President, having both served the membership and listened to our colleagues throughout the world, I would like to offer one surgeon's predictions for the year ahead:

1. The Aesthetic Society will continue to grow, flourish and attract the best minds in Aesthetic Surgery

I only need to look at our new members and upcoming leadership to reinforce this conclusion. In all aspects of our organization; Education, Administration, and Communications, young visionaries are taking leadership positions, growing their practices and adhering to ethical standards unlike any other group in organized medicine. Our Annual Meeting continues to be a powerhouse of intellectual and clinical stimulation; we're financially prudent and secure, pragmatic to quickly seize on new opportunities and flexible to join colleagues in other related specialties

when we face issues of common interest. I have no doubt that my friend and colleague Alan Gold, MD will, with his calm, experienced hand, bring our organization to greater heights as he assumes the role of ASAPS president this year.

2. Market disruptors will not impact our practices in the long term

Non-physicians and spas may be providing Botox and other injectable products but plastic surgeons are the only specialty trained to completely evaluate the physical condition of the face and body to provide our patients with the most favorable and safe outcomes. For most of us, Aesthetic Surgery is not "cookbook medicine" but a scientific art form, not a way to increase revenue but a vocation we have taken years to train for. In the final analysis, it's the wisdom of our patients who will determine what option is best for them.

3. International colleagues will have an even greater impact on our education and practices

A significant number of the registrants for Aesthetic Meeting, 2008 are international members and guests, proving our strong ties with the international family of plastic surgery. International presenters have been incorporated into the main program of our meeting, and all presidents of national aesthetic societies and the National Secretaries of ISAPS have been invited to join us. Why? Because we have much to learn from each other. Scope of practice issues we are now facing in the Cosmetic Medicine sector have already affected our colleagues in Brazil and Europe. Some devices and injectables have product approval in Europe but are not yet approved by our FDA. Reinforcing our ties to international colleagues will not only provide us with a window into how our specialty is practiced abroad, but will provide opportunities for new collaborations in

research and patient safety. All of this we can accomplish whilst respecting national sensitivities and international boundaries.

4. New forms of communication will forever alter how we communicate with potential patients and each other

It's no surprise to anyone that email and the internet have become the preferred methods of communication for us both commercially and clinically. However, the new mediums: "social media" blogs, videos, and message boards are having a profound impact on both our communications with potential patients and with colleagues.

Take, for example, the popular YouTube site. According to an article released last year by the BBC; analysts at Ellacoya Networks reported that YouTube videos account for 10% of all traffic on the internet. What does this mean for practice marketing? It's probably too soon to tell. However, the Aesthetic Society has joined the YouTube revolution with one current entry on breast augmentation and two more on the way.

But the new communications tools are not restricted to marketing. Most scholarly journals now have robust websites and paperless publishing has been enthusiastically embraced by virtually all major publishers. Static reading is quickly giving way to message boards, RSS feeds and other technologies that bring the print learning experience from a solitary activity to a communal one.

Finally, a thank you

I want to sincerely thank all of my Aesthetic Society colleagues for the great trust you placed in me by electing me president for the past year. I can say it has been one of the most stimulating professional experiences of my life. I hope my presidency has served our Society well and I look forward to seeing you all at our San Diego meeting.



Pause for Safety

In 2003, the Joint Commission for Accreditation of Healthcare Facilities (JCAHO) issued a Universal Protocol For Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery.TM The Advisory reads:

“Wrong site, wrong procedure, wrong person surgery can be prevented. This universal protocol is intended to achieve that goal. It is based on the consensus of experts from the relevant clinical specialties and professional disciplines and is endorsed by more than 40 professional medical associations and organizations.

In developing this protocol, consensus was reached on the following principles:

- Wrong site, wrong procedure, wrong person surgery can and must be prevented.
- A robust approach—using multiple, complementary strategies—is necessary to achieve the goal of eliminating wrong site, wrong procedure, wrong person surgery.
- Active involvement and effective communication among all members of the surgical team is important for success.
- To the extent possible, the patient (or legally designated representative) should be involved in the process.
- Consistent implementation of a standardized approach using a universal, consensus-based protocol will be most effective.
- The protocol should be flexible enough to allow for implementation with appropriate adaptation when required to meet specific patient needs.

- A requirement for site marking should focus on cases involving right/left distinction, multiple structures (fingers, toes), or levels (spine).
- The universal protocol should be applicable or adaptable to all operative and other invasive procedures that expose patients to harm, including procedures done in settings other than the operating room.

In concert with these principles, the following steps, taken together, comprise the Universal Protocol for eliminating wrong site, wrong procedure, wrong person surgery:

Pre-operative verification process

Purpose: To ensure that all of the relevant documents and studies are available prior to the start of the procedure and that they have been reviewed and are consistent with each other and with the patient’s expectations and with the team’s understanding of the intended patient, procedure, site and, as applicable, any implants.

Missing information or discrepancies must be addressed before starting the procedure.

Process: An ongoing process of information gathering and verification, beginning with the determination to do the procedure, continuing through all settings and interventions involved in the preoperative preparation of the patient, up to and including the “time out” just before the start of the procedure.

Marking the operative site

Purpose: To unambiguously identify the intended site of incision or insertion.

Process: For procedures involving right/left distinction, multiple structures (such as fingers and toes), or multiple levels (as in spinal procedures), the intended site must be marked such that the mark will be visible after the patient has been prepped and draped.

“Time out” immediately before starting the procedure

Purpose: To conduct a final verification of the correct patient, procedure, site and, as applicable, implants.

Process: Active communication among all members of the surgical/procedure team, consistently initiated by a designated member of the team, conducted in a “fail-safe” mode, i.e., the procedure is not started until any questions or concerns are resolved.

For Aesthetic Society members, we’ve taken these protocols and made them more relevant to the “typical” plastic surgeon’s practice. Stop by the Aesthetic Society Booth for your own copy!

My thanks to Communications Chair Mark Codner, MD for developing this member benefit.

Felmont (Monte) Eaves, III, MD is an aesthetic surgeon in private practice in Charlotte, NC, Treasurer of the Aesthetic Society and Chair of the Patient Safety Committee.

Growing Your Cosmetic Practice Even in Turbulent Times

By Wendy Lewis



Turn on CNN and you will be bombarded with stories about the market dropping, oil prices surging, the Federal Reserve lowering interest rates to aid a dipping housing market, and major retailers slashing their prices. It is no wonder why some plastic surgeons may start to break out in a cold sweat wondering how these economic indicators will affect their practices in the short term, especially as surgery statistics seem to have reached a plateau.

“Recession” is defined simply as a phenomenon of decreasing demand for products and services. Technically, in the United States, a recession is said to exist when the gross national product (GNP) declines for two consecutive quarters, or when the leading economic indicators (LEIs) decline for three straight months. According to *Business Week*, the government said annual economic growth slowed to just 0.6% in the fourth quarter of 2007. The biggest decline of 7.7% was in the home price index, and home prices are predicted to sink further during 2008, which puts the cosmetic medicine industry at large at risk. If housing prices continue to plummet, it could signal trouble ahead for banks offering credit cards and personal loans for big procedures, as well as for families who were counting on their homes to finance college funds for their kids and their retirement. By all accounts, there is still plenty of money out there, but banks



are not so willing to lend it. This also makes it harder for small business owners, such as solo practitioners, to expand their facilities and open satellite clinics or medspas. The lending issue is also more likely to affect the bottom end of the plastic surgery pyramid—the lower income patients who have to save up and/or go into debt for a \$4,000 breast augmentation. Thus it certainly doesn't hurt to consider the possibility that leaner times may be coming, as the “R” word is being muttered everywhere these days. You don't want to get caught by surprise.

The typical response to a possibility of slowdown is to conserve resources and postpone large purchases or plans for expansion. However, smart practice managers know that it pays to anticipate market dynamics and fluctuations in consumer spending that may affect your bottom line. Rather than laying off non-revenue producing staff and cutting back on your marketing expenditures, this is the time to surge forward and be even more proactive. Even in a time of looming recession, well-positioned practices with strong cash flow

have an opportunity to take market share both during and after the downturn as they are able to sustain or even increase their marketing budgets.

The practices that will be best prepared to weather any economic storm already have a well executed marketing plan in place. If you have never done strategic marketing, your practice may not have the programs in place to derive as much benefit from starting now. But if you have just dabbled in practice marketing, consider stepping it up immediately. The time to launch a proactive campaign to attract new patients is ideally not when the phone has already stopped ringing.

Economic Reality

By the very nature of the learning curve, well-run solo practices tend to be in tune with what is happening in their market and can adjust accordingly. Because of their size and generally more personalized approach to patients, smaller practices may be in a position to be more flexible and quicker to respond than large groups

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Pearls for starting your practice— What I have learned.

Just starting out? Here are a few quick practical pointers which I have picked up about office mechanics over the last couple of years starting my practice in Manhattan. For the purpose of this article, I have tried to make these applicable to practices in all parts of the country, in big cities and small towns. I can't take credit for all of them; some pearls are passed on by great mentors at NYU and MEETH, and some I just learned along the way. Let's get right to it.

Control the things you can

Make sure your office is spotless. People will understand if your waiting room is not full of patients, or that you don't have Chippendale furniture, but they will not forgive a disorderly office or one that is not clean. Sloppy office = sloppy surgeon. Pay attention to detail. Also, have neat, organized, and typo-less paperwork for the patients to fill out.

Don't drop the ball

Double check everything to minimize those embarrassing intra-office, and office-hospital communication slip-ups. Early on, you and your staff are learning and will make mistakes, so a quick recovery is equally important. Efficient, professional service is all a part of creating that "Starbuck's experience."

Time

Don't worry if your office is so quiet initially that you can hear crickets. Even Surgeons with busy practices don't always have a waiting room crawling with socialites, supermodels, and boardroom titans.

Don't make people wait. Let your patients know you value their time. It gives me chest pain to make patients wait for greater than fifteen minutes. It's not the

50s anymore; patients see their physician as providing a service and don't appreciate being kept waiting too long.

Emphasize that you are a physician first. Prepare for your consultation. Really impress them that you are focused on them, have reviewed their chart, and you care. Take a sufficient amount of time discussing their medical history; this builds trust and lets the patient know that you are careful and thorough. Don't forget about a good, focused physical exam, and always with an office chaperone (the patient's mother or spouse doesn't count).

Use your time and creative scheduling to avoid those uncomfortable patient conflicts: consider separating the reconstructive from the aesthetic, kids from adults, quieter from louder patients (you know who they are), or having a special afternoon for men only.

Avoid being a primary-care doc for common things

You don't want to develop the reputation as being the antibiotic go-to or "Dr. Feel-good." You're a surgeon, not a pharmacy. It's not good medicine, puts your practice at unnecessary risk, and diminishes your credibility. Instead, have a list of primary care physicians from which your coordinator can refer.

Follow up, follow up

While you have a little more time, schedule one or two extra post-operative follow up appointments to ensure happy patient and good results. It will demonstrate that you are careful and sincere and will continue to build relationships with your patients and that will ripple into your community.

Don't forget about confidentiality

Develop a reputation for being tight-lipped. This gains respect and builds confidence. Review the week's schedule for potential confidentiality conflicts. Your assistant doesn't realize that Mrs. Johnson and Mrs. Thompson used to be best friends but haven't been speaking for three years. Instruct your staff to be discreet: avoid calling out names in your waiting room.

Treat your staff right

Growing up in Iowa, my dad used to say: "treat the janitor as well as the CEO." The same advice works in small towns and big cities. Be courteous, kind and respectful to your staff. Patients will see it and admire you more for it. Your staff will adore you, and it keeps the turnover rate down as interviewing is costly and time-consuming. Patients see your treatment of staff as an indication of how you will treat them.

Have reviews before annual pay increases, give a holiday bonus, and document any problems. Discourage staff from negative talk about patients or fellow staff. Lead and inspire by example.

Paperless documentation

Strive early on to develop habits of good documentation with both you and your staff. Be "green:" design a paperless office. It is more efficient, and not as expensive as it seems. It also saves space in a small "starter" office—space that can be used for another consultation room. Patients will appreciate that you are modern and up to date. Just make sure everything is backed up at the end of the day: a copy

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Candidate's Corner

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in the office, a copy out of the office, and a copy with an independent, internet-based information storage system.

Be careful with Blackberry emails and text messaging. Any communication or correspondence with patients may be legally considered part of the medical record. Also, whenever you have telephone communication with a patient, immediately make a note of the conversation with date and time as a memo in a "temporary correspondence file" on your Blackberry for your assistant to cut and paste into the medical record later.

Have someone else talk numbers

The television news Anchor doesn't do the weather! Talking about prices erodes your credibility and makes you look like a used car salesman. Have your patient coordinator do it. I always subtly mention that I understand cost may be an issue, that we have several options which my coordinator will outline, but I let them know that I like to focus on the "doctoring" part.

Keeping costs down initially

Keep overhead low by doing some things yourself or use family members. A lot of my friends have spouses that do billing or answer phones. Taking out a huge debt for staff or space when you are starting is going to cause a lot of sleepless nights early on, and may not allow you the luxury to say 'no' to questionable cases. Make up for not having large staff with personalized, individualized service with prompt follow up.

Sharing space?

If sharing office space, have your own phone! If sharing staff, try to have one dedicated person that is going to pick up that phone and make your portion of the practice a priority.

Use good surgical judgment when starting out

Use the techniques you are strong in early on—the bread and butter that you are very confident you can deliver with good results. Branch out with time. Remember, you are building your base patient by patient, and minimizing bad outcomes is very important. Unhappy patients are ten times more likely to mention your practice than happy ones.

Identify the patients with Body Dysmorphic Disorder and the "S.I.M.O.N." patients. You can't abandon them, but they should be sensitively referred for the appropriate counseling services.

Use injectable fillers

Fillers and Botox can be a great way to build trust and a reliable patient base. I don't advocate silicone to my patients (we've all seen the disasters), but the Hyaluronic Acids and Botox can be a very important part of your armamentarium.

Stay Connected

So many residency graduates pick up the diploma and run out the door. If you are totally in private practice, try to stay involved with your community and the place where you trained either by helping residents with cases or attending conferences. It is a good way to stay connected and will give you great satisfaction and perhaps a few referrals. You may not have another time in your career to be able to spend so much time with residents.

As Dr. McCarthy always says, "the residents will keep you young!" Give back in some way.

Reach out to your fellow plastic surgeons in the area.

Build bridges to your colleagues, especially if you are starting a practice in a new area; it's simply the right thing to do. You're all in the same boat, and you may need support in terms of coverage, surgical assistance, or offering a second opinion.

Common sense

Don't say you're an expert if you're not; don't say you're a better surgeon than Dr. X, and don't let your staff say it. It's not only wrong, but there is a very good chance it will embarrassingly get back to that office. If you are asked to see a problem patient from another surgeon in your area, just say what we were all trained to say: "I wasn't there, it would be unprofessional to speculate, I will see you, but I also encourage you to go back and see that original doctor."

Work on board certification

Too much to say for one paragraph, but simply make this a top priority. You just got great training, so get that certificate up on the wall. After all, it is going to be one of the things that separates you from the sea of other "sorta-kinda plastic surgeons." Word to the wise: If doing cases with the residents, see the patient pre-op and post-op, do not take your eyes off of the patient or the resident during the case, and absolutely do your own dictations.

In Summary, starting out your practice can be a bit anxiety-provoking. But above all, try to be conscientious, considerate, and don't compromise your values. Dr. Aston always has great advice, telling the graduates: "remember to take care of your families, and yourselves, and just let your good training and time build your practice."

Although hanging a shingle is a little nerve-wracking, it is one of the most exciting times of your career, so relax, and have a good time with it. Good Luck!

Dr. Steinbrech is an Aesthetic Society Candidate in Private Practice in New York City.

Members to Vote on Slate of Candidates

Active members of the American Society for Aesthetic Plastic Surgery (ASAPS) will hear reports on Society business, vote on proposed amendments to the Bylaws and elect new officers for 2008-2009 during the ASAPS Annual Business Luncheon. All active members are invited to attend on Saturday, May 3, 2008.



President
Alan H. Gold, MD

Great Neck, NY
Automatically ascends to President.



President-Elect
Renato Saltz, MD

Salt Lake City, UT
Private Practice; Former Associate Professor, University of Utah School of Medicine
Current Board Position: Vice President
ASAPS Committee work: Strategic Planning Committee (current Chair), Symposium Committee (past Chair), International Symposium Committee (past Chair), Residents and Fellows Forum (past Chair), Candidate Committee (past Chair), Publications Committee, Cosmetic Medicine Taskforce (Co-Chair), Secretary,

International Committee (past Chair), Clinical Editor, Aesthetic Surgery Journal
National Affiliations: ASAPS, AAPS, ACS, ASPS, PSEF, ISAPS

Training: Universidade Federal Rio Grande do Sul School of Medicine, Brazil, General Surgery Residency, Jackson Memorial Hospital, University of Miami, Miami, FL, Plastic Surgery Residency, University of Alabama, Birmingham, AL
ABS certification: 1989



Vice President
Felmont F. Eaves, III, MD

Charlotte, NC
Private Practice
Current Board Position: Current Board Position: Treasurer
ASAPS Committee Work: Patient Safety Committee (current Chair), Administrative Commission (current Chair), Strategic Planning Committee, Body Contouring Committee (Current chair), Editorial Board, *Aesthetic Surgery Journal*.
National Affiliations: ASAPS, ASPS, PSEF, ACS, AMA
Training: University of Tennessee School of Medicine; General Surgery Residency, University of Texas, Southwestern Medical Center; Plastic Surgery Residency, Emory University School of Medicine, Post Graduate Fellowship; Endoscopic and Minimally-Invasive Plastic Surgery, Emory University School of Medicine
ABPS certification: 1996



Treasurer
James A. Matas, MD

Orlando, FL
Private Practice
Current Board Position: Member-at-Large
ASAPS Committee Work: Communications Commission (current Vice Chair), Practice Relations Committee (current Chair), Continuing Medical Education Committee (current Vice Chair)
National Affiliations: ASAPS, ASPS, PSEF, ACS, AMA
Training: University of Miami Medical School, General Surgery Residency, University of Cincinnati Medical Center, Plastic Surgery Residency, Indiana University Medical Center; Plastic Surgery Fellowship, University of Miami School of Medicine
ABMS certification: 1982

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Members to vote on Slate of Candidates

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Secretary Jeffrey M. Kenkel, MD

Dallas, TX
Chairman, Department of Plastic Surgery,
The University of Texas Southwestern
Medical Center

Current Board Position: Secretary
ASAPS Committee Work: Finance and
Investment Committee (current Chair),
Time and Place Committee (current
Chair), Education Commission (current
Chair), Program Committee (current
Chair).

National Affiliations: ASAPS, ASPS,
PSEF, AMA, A4M

Training: Georgetown University School
of Medicine; Georgetown University
School of Medicine; General Surgery
Residency, Plastic Surgery Residency,
University of Texas Southwestern Medical
Center

ABPS certification: 1998

Members at Large Three-year term:



Jack Fisher, MD Nashville, TN



Leo R. McCafferty, MD Pittsburgh, PA



Lawrence S. Reed, MD New York, NY

Society members will also vote
on the following candidates for
office

TRUSTEE (3-year term) Robert W. Bernard, MD White Plains, NY

ETHICS COMMITTEE 3-year term)

Northeast Candido Fuentes-Felix, MD Huntington, NY

West Robert Hardesty, MD Riverside, CA

JUDICIAL COUNCIL (3-year term)

Central C. Lin Puckett, MD Columbia, MO

Northeast Sumner A. Slavin, MD Brookline, MA

MEMBERSHIP COMMITTEE (3-year terms)

South Central Neal R. Reisman, MD Houston, TX

Southeast James C. Grotting, MD Birmingham, AL

New York Paul R. Weiss, MD New York, NY

Keeping Community-based Methicillin-Resistant Staphylococcus Aureus (MRSA) Out of the Office-based OR

Several studies have appeared in the scientific literature suggesting that MRSA can no longer be regarded as an exclusively nosocomial pathogen. The studies, one concerning an MRSA outbreak among members of a high school football team, the other a review of medical records in several free standing California clinics suggests that this once controlled bacterium is now finding its way into the outpatient setting.

Background

Staphylococcus aureus, often referred to simply as "staph," are bacteria commonly carried on the skin or in the nose of healthy people.

Approximately 25% to 30% of the population is colonized in the nose with staph bacteria. Sometimes, staph can cause an infection. Staph bacteria are one of the most common causes of skin infections in the United States. Most of these skin infections are minor (such as pimples and boils) and can be treated without antimicrobial or antibacterial agents. However, staph bacteria also can cause serious infections such as surgical wound infections, bloodstream infections, and pneumonia).

MRSA or Methicillin-resistant Staphylococcus aureus first started presenting in the general population in the late 1990s, primarily among children. Over the last several years its been found among Native American populations, immunocompromised individuals and certain prison populations.

MRSA Methicillin-resistant Staphylococcus aureus

Some staph bacteria are resistant to antibiotics. MRSA is a type of staph that is resistant to beta-lactams such as methicillin and other more common antibiotics such as oxacillin, penicillin and amoxicillin. While 25% to 30% of the population is colonized with staph, approximately 1% is colonized with MRSA.



Community-associated MRSA

As suggested above, Staph and MRSA can also cause illness in persons outside of hospitals and healthcare facilities. MRSA infections that are acquired by persons who have not been recently (within the past year) hospitalized nor had a medical procedure (such as dialysis, surgery, catheters) are known as CA-MRSA infections. Staph or MRSA infections in the community are usually manifested as skin infections, such as pimples and boils, and occur in otherwise healthy people. However, these patients, if presenting asymptomatic for elective procedures can have higher rates of complications and infection than in uninfected populations.

Keeping MRSA out of the surgical suite

Scrupulous hand washing by staff before and after contact with patients and before any procedure is the single most important infection control measure.

It is most likely to prevent spread of MRSA from one patient to another or from patient to a member of the staff who may subsequently pass the bacterium on to other patients.

Patients with MRSA should be physically isolated in a single room with the door remaining closed and the room regularly damp dusted. The patient's notes should be clearly labeled 'MRSA' so that this type of accommodation is provided if and when they are admitted to surgery at any time in the future.

Isolates of MRSA have also been found on environmental surfaces, particularly

computer keyboards and sink faucets. This suggests that sources of environmental contamination are not limited to the patient's belongings or patient's room.

Recently recognized outbreaks of MRSA in community settings have been associated with strains that have some unique microbiologic and genetic properties compared with the traditional hospital-based MRSA strains, suggesting some biologic properties (e.g., virulence factors) may allow the community strains to spread more easily or cause more skin disease. Additional studies are underway to characterize and compare the biologic properties of HA-MRSA and CA-MRSA strains.

Different strains need further investigation

There are at least three different S. aureus strains in the United States that can cause CA-MRSA infections. CDC continues to work with state and local health departments to gather organisms and epidemiologic data from known cases to determine why certain groups of people get these infections.

MRSA is reportable in several states. The decision to make a particular disease reportable to public health authorities is made by each state, based on the needs of that individual state. To find out if MRSA is reportable in your state, call your state health department.

Information for this article was obtained from the New England Journal of Medicine and Centers for Disease Control and originally ran in the Fall, 2005 issue of ASN.



Maureen Bolon, MD

The Basic Things Are Still the Best

To find out more about this important patient safety issue, ASN Editor Julius Few, MD contacted Dr. Maureen Bolon, an infectious disease specialist at Northwestern University Feinberg School of Medicine with a Masters Degree in epidemiology from the Harvard School of Public Health. The following is a summary of the conversation:

When did MRSA first start presenting in adults?

I would say in the past few years it became a growing problem and there have been a number of reports from different populations... you mentioned the pro football players in your article, and there have been reports in prison populations and reservations with native Americans, HIV infected population, those are some of the main ones.

The populations that our members see, unlike those in the hospital setting, are healthy people in primarily for elective surgery. Are there signs the doctor or the nurse should be on the lookout for in these patients to make sure that they're not bringing in MRSA?

It's very difficult in the healthy population. The main risks that we know of for MRSA infection are healthcare institutions so, hospitalization within the last year, being on dialysis, having some permanent foreign body like an intravenous line, living in a nursing home, etc. Most of the population that will present for elective surgery will not have any of the risk factors I mentioned. It's a situation where you have to have a very high threshold of suspicion. The best approach is to act as if all patients might have some transmissible infection. This means consistently washing hands between patients.

What are the current recommendations for prophylaxis in a clean, elective surgical case (with and without penicillin allergies)?

Appropriately chosen antimicrobial prophylaxis that is administered in a timely fashion has been shown to reduce surgical site infections. For clean procedures, this means cefazolin administered between 30 and 60 minutes before the procedure. A number of studies have shown that additional doses after wound closure add no additional benefit. In fact, prolonged prophylaxis may lead to the emergence of resistant bacteria, including MRSA. For patients with penicillin allergies, clindamycin is the recommended alternative. In someone with a known history of MRSA infection, vancomycin should be substituted for prophylaxis for clean procedures.

Treatment-resistant Infection

Continued from Cover

factors," the authors write. MRSA is an aggressive pathogen more likely to complicate surgical sites, and the antibiotic typically prescribed following surgery is effective against other types of bacteria. "For surgical site infections, the facial plastic surgeon should have a high suspicion for MRSA as the causative pathogen," they continue.

Of the four patients with MRSA-positive infections, two were admitted to the hospital for intravenous antibiotic therapy. Both had potential exposure to MRSA before surgery. One had spent time with her spouse in the cardiac intensive care unit four months prior and the other had frequent contact with her brother-in-law, a cardiologist.

"With the rise of MRSA colonization and infections, facial plastic surgeons performing rhytidectomy [facelift] and other soft tissue procedures may want to consider introducing screening protocols to identify patients who are at increased risk for infection," the authors write.

"During preoperative evaluation, a full medical history should include information on possible prior contacts with persons at high risk for carrying MRSA." Other significant risk factors include recently having taken antibiotics or having been hospitalized, contact with health care workers, previous MRSA infections, older age, diabetes, smoking and obesity.

"Because the medical, psychological and cosmetic sequelae of wound infections can be devastating, every appropriate step should be used to prevent wound infections in facial plastic surgery," the authors write. This includes proper hand-washing between patients and preventive courses of antibiotics.

(Arch Facial Plast Surg. 2008;10[2]:116-123.

Shradakumar Dicksheet, MD

Continued from Cover

to the most fragile populations. A man of wit as well as wisdom, he leads a humble life in New York City and regularly attends Aesthetic Society Meetings to continue his education in the field.

Obviously, this Aesthetic Society Life Member is far removed from the "Extreme Makeover" caricature of the "typical" plastic surgeon. Recently, ASAPS member Larry Weinstein, MD told the editors of ASN that his son Joshua had completed a documentary film on Dr. Dicksheet that is being shown in venues across the country. We recently caught up with Joshua to see why he decided to make the film and what his progress was on distribution.

Joshua, what can you tell us about the film?

Dr. Dicksheet is an extraordinary person. He travels to India to perform free operations in marathon-like surgery sessions where up to 700 children receive treatment for their cleft lips and other deformities. Although he survives off of social security while living in a Brooklyn apartment, his life is drastically different in India where he's treated like a living legend. My film,

FLYING ON ONE ENGINE shows how this quirky, funny, and sometimes difficult character overcomes his own ailments by helping others.

How did you first hear of Dr. Dicksheet?

Through my Dad (ASAPS member Larry Weinstein, MD). My father made his first trip to India with Dr. Dicksheet to perform free operations. Since then, my Dad has gone on a number of humanitarian surgery trips.

Originally, my first trip to India was to make a promotional video for Dr. Dicksheet's organization, (The India Project, begun by Dr. Dicksheet in 1968) but after my first second of turning the camera on, I knew I was in for the long haul! I began the film in January '06 and finished it in January '08. It is hard to believe that two years have passed.

Dr. Dicksheet has spent 33 years of his lifetime and millions of dollars of his own money to conduct free surgery camps and give these children an opportunity to be fully integrated into the social fabric of a productive society.

To-date, 64000 surgeries have been performed. Each surgery also impacts an average of 10 family members and 90 relatives and friends. Through Dr. Dicksheet's human spirit and medical intervention, over 5.5 million people in India have been touched by his life changing surgeries.

Joshua's film has appeared at several regional film festivals across the country. He hopes to be a part of this year's Los Angeles International Film Festival. Information on his documentary will be available at the Aesthetic Society Booth at the San Diego Convention Center.

Mark Codner, MD is an Aesthetic Surgeon in private practice in Atlanta, GA and Communications Commissioner for ASAPS. Julius Few, MD is an aesthetic surgeon in private practice in Chicago and Chair of the Public Education Committee.

Reflections on a Gentleman

Continued from Cover

reflect on this extraordinary man. Here's what a few of them had to say:

"Some of you may be old enough to remember a really fun evening I had with Bernie Kaye," recounts Aesthetic Society Founder, Past President and philanthropist Thomas Rees, MD. "At my presidential dinner in 1982 in Orlando, Florida, Bernie was the incoming President. We played saxophone duets with the Peter Duchin Orchestra at the dance. We had some arrangements made of songs with titles relating plastic surgery, such as 'Mack the Knife,' 'I've Only Got Eyes for You,' 'I've Got You Under my Skin,' and so on. I will miss him."

Simon Fredricks, MD, like Drs. Kaye and Rees, holds a legendary place in the Aesthetic Society: Founding Member, Past President, and a skilled teacher and author. "Bernard Kaye was a kind, warm and gentle man. He took particular delight in giving pleasure to those around him. He will be remembered for his friendly smile and the ever-present twinkle in his eye. I believe he truly understood joy and he loved life with a passion. He was a loyal, compassionate and giving friend, a skilled and respected surgeon who generously gave of his knowledge, and enjoyed talking about doing "TWT" (The Whole Thing). I will truly miss him, but I know that

there is now a sweet sax playing in heaven," he said.

In addition to his far-reaching plastic surgery family, Dr. Kaye's legacy lives on through his second wife, Shan Kaye; brother, Dr. Harold Kaye, his twin children, Robert and Deborah Kaye; and stepchildren Juliet Boughton, Cecilia Whittlesea, Felicity Cornish and Richard Hand.

Julius Few, MD, is an Aesthetic Surgeon practicing in Chicago. Editor of ASN, he is also Chair of the Aesthetic Society's Public Education Committee.



Louis A. Bonaldi, MD

The New Beginnings Program

Every month at the Center for Plastic Surgery in Reno, Nevada, Aesthetic Society member Dr. Louis A. Bonaldi donates his time, costs and services to perform one free procedure on a deserving individual. Dr. Bonaldi understands the financial burdens of surgery, and said, "this is why *New Beginnings* was initiated: to bring hope and a brighter future to people of the Reno community and beyond."

Those in need of plastic/reconstructive surgery without the necessary means to fund an operation are eligible to apply. Dr. Bonaldi looks for individuals who suffer from physical defects that cause considerable stress, emotional conflicts and impairment in both social and professional settings. Bonaldi reserves a special place for those in need of a new start. Because this is a pro bono program, he carefully reviews the cases and determines who best meets the list of requirements which are:

- Cannot afford elective surgery due to income and insurance reasons
- The operation must be an outpatient procedure
- The patient must be over 5 years of age
- The affected area causes significant impairment in social interaction and self-esteem due to perceived personal appearance.

We recently caught up with Bonaldi to learn more about this interesting program:

ASN: What inspired you to create *New Beginnings*?

Dr. Bonaldi: "Reno, Nevada is a close knit community which has been very good to me. I have been fortunate with a successful practice, and I wanted to give back in some meaningful way. I came up with *New Beginnings*, a simple but impact-

ful concept to offer one free procedure every month for people who need reconstructive work performed but are unable to afford to pay for it."

My first case under *New Beginnings* was a challenging and memorable one. The patient had a severe neurofibroma, causing facial disfigurement that left him with low self-esteem and self-image. In addition, the patient was without health insurance. I received so much satisfaction knowing that I could offer a truly deserving individual a better quality of life and raise his self-confidence for the rest of his life."

ASN: How long has the service been established and how does it work?

Dr. Bonaldi: "The service was officially named three years ago; however, the service has actually been around for about eight years."

ASN: How do people find out more about *New Beginnings*?

Dr. Bonaldi: "My son and staff help with getting the word out and post information and brochures around free walk-in clinics and other similar medical locations.

Word of mouth among citizens within the community that are familiar with our work and services seems to be the most popular and effective marketing method."

ASN: How many people have you been able to help so far?

Dr. Bonaldi: "We help about 10 people per year and will be hitting triple digit numbers in the next couple of years which is going to be a milestone that will make me extremely proud and truly humbled by the whole experience."

ASN: What in your mind has been one of the most compelling cases that you have taken on?

Dr. Bonaldi: "All the cases that I take on through *New Beginnings* have touched my life in a multitude of ways. My first patient with neurofibroma will always be ingrained in my heart as well as

cases of kids needing otoplasty and women hit by breast cancer; all truly deserving of a fresh start.

I have received tremendous support and generosity from other areas of the medical community including usage of a surgical center, anesthesia and a manufacturer's breast implants - all donations free of charge."

ASN: Any advice to other doctors who may want to consider giving back to their community but aren't sure how?

Dr. Bonaldi: "Any doctor in practice can set up a philanthropic service. It really is not that expensive of an investment. The costs range between \$600 and \$700 per case so it is quite doable. It really is about organization, and commitment. You are helping people and gain personal satisfaction that individuals achieve a higher quality of life that they may not otherwise experience.

It's not about self-promotion or a public relations gimmick. I had to work out all the logistics with the surgical facilities and once in place, approached the philanthropic service with an application process to keep it organized which has worked out well for "*New Beginnings*."

I think that, as aesthetic plastic surgeons, we have a certain level of responsibility to give back to the community, especially when the community allows us to flourish both on a personal and professional basis. As plastic surgeons, we have the capacity to make significant contributions helping to restore a normal appearance to people who otherwise would be unable to afford treatment.

I hope future generations of plastic surgeons attempt to blaze their own philanthropic pathways to help others in ways that fulfill their lives and their patients."

or academic based practices. If you are concerned about your practice stalling, you need to take steps to get it moving in the right direction.

The first step is to determine your unique talents and expertise, and what procedures you really want to do most. You need to do more than just follow one trend after another without establishing a clear identity for your practice.

It is crucial to know what your blind spots are. Don't get caught up in a message that is not relevant to your patients, even if you feel that it is important. A prime example is wasting your precious resources promoting the fact that you were the first plastic surgeon in your county or town to offer a new laser or filler technique. Patients don't always care who was the "first." They are more inclined to flock to the practitioners that are the best at the treatment, or who have marketed themselves well enough to create a buzz about it. Even if you have the hottest equipment with all the bells and whistles, if no one knows about you, it really does not matter that you were the first to have it.

Supply and Demand

Look for changes in the psychology and behavior in your clientele. They may be spending less, coming in less frequently for maintenance treatments, or putting big procedures on hold for now. They may not be paying their bills as quickly, or canceling appointments and not showing up as scheduled. Although diehard patients are unlikely to just stop having wrinkle treatments cold turkey anytime soon, some practices are reporting a trend of patients spacing treatments out for an additional few months. If you are in touch with your patients, you will become aware of differences in their spending habits early on so you can manage these changes as soon as they arise.

Some practices are reporting a trend of patients spacing treatments out for an additional few months.



The sad fact is that as more plastic surgeons enter the market, fees are going to be lower per procedure. The number of plastic surgeons is only one part of the equation; you have to figure in the total number of providers in your market including medspas, family practitioners, salons and hospitals. As patients become more price sensitive, plastic surgeons may need to have flexibility in their pricing structure. The more practitioners from other specialties including non-core groups who are offering surgery and treatments, the more fees will be driven down, at least in most markets.

Stretch Your Marketing Dollars

Assuming you have a marketing plan, it is important to refer to it at least once every quarter. If your practice seems to be slowing down, it might be wise to review your plan monthly to track your performance more closely. Your marketing plan should cover one year, and you should stay flexible and open to change as staff leaves, new competition arises, and patients move away or fall off.

Strategic flexibility during turbulent times is crucial, and you should be open to implementing changes that can benefit your practice as needed. In a downturn, one of the first places many practices cut expenses is marketing - which can be a huge mistake. As part of the philosophy of expanding your existing patient base and recruiting more new patients, you need to

be more marketing savvy now than ever.

There are many forms of marketing and the majority of plastic surgery practices use only a handful and often very sporadically. Some still rely exclusively on word of mouth and personal referrals. The majority of practices I have visited focus on internal marketing; for example, they upgrade their website, send out occasional print and email newsletters, and their physicians speak at local events and in-office seminars. More aggressive practices spend heavily on public relations, send out frequent press releases on newswires, and do print and radio or television advertising, perhaps even telemarketing. The key is that whatever form you use you must ensure that it is actively bringing in new revenue to your practice. Marketing activities should be consistently monitored to determine whether they are having a tangible effect on your bottom line. If something doesn't work, you should be willing to change course.

You should be communicating regularly with your existing patients to create successful long term relationships. For instance, if you have established a strong customer service philosophy and special expertise in one or more areas of your practice, this is the time to get the message out. To stay within your budget, instead of direct mail or expensive glossy advertising, consider measuring the results you can achieve from email marketing, which is much more cost effective. Qualify to whom you are communicating your mes-

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sage. Send an offer only to the group of patients who are most likely to make use of that offer; such as an introductory fee for a new service to patients who have not been to your office for over one year or more. Fine tuning your database by upgrading your software and hardware systems is money well spent to enable your practice to keep track of patients' habits and preferences, and your referral sources.

Expanding your referral bases can be a great source of additional patients and revenue. Writing to all your existing clients offering them an incentive or special discount for introducing their friends and colleagues to your practice may increase your referrals. For example, you may try giving the referred patients a complimentary consultation or a small courtesy of 10% off their first treatment. For patients who refer new patients, some practices might offer an extra syringe of Restylane® or a Botox® Cosmetic top up at no charge. Special events can be an excellent token of appreciation for your current patients. Arrange an event and invite your top patients and suggest that each of them bring along two guests. There should be a benefit to all the attendees to keep it interesting, such as a hefty goody bag of samples, or a complimentary skin analysis with Visia®.

If you rely on referrals from other physicians, make the time to call each of them or invite them for a nice dinner to stay in touch and make sure you are still on their radar. Referral sources are often taken for granted by plastic surgeons; however in this economic climate, it is wise to maintain strong relationships with other professionals who know and respect your work.

Diversify and Multiply

Facing the threat of patients tightening their wallets and banks revisiting their lending policies, this may be an opportune moment to broaden your base. Diversification can provide more stability since a down market in one area may be compensated for by another area. This does not mean to suggest that you stretch your expertise by venturing into uncharted territories; rather, expand your service

offering to attract new patients and keep your existing patients coming back or keep them from going elsewhere. It is wise to target different types of patients so that softness in one area of your practice may not be mirrored in another. For example, if your surgery practice seems to be stagnating, add medspa services, a physician extender to deliver non-surgical treatments, or a dedicated aesthetician to develop a skin care and cosmetics profit center. An example of a cost effective way to seek new revenue streams is to establish a web based business for your skin care practice. You will essentially be providing a new way to service your regular patient base while simultaneously expanding the scope and geography of your customer reach.

If you have been marketing your practice to a limited subgroup of prospective patients within your community, you might want to expand your target market to attract a broader base of patients. For example, you may be primarily targeting a specific age, ethnic, gender or demographic

Referral sources are often taken for granted by plastic surgeons; however in this economic climate, it is wise to maintain strong relationships with other professionals who know and respect your work.

group. Simple changes such as printing instructions in another language, adding content on your website, or developing a separate website with information geared towards another group of patients can have a significant impact on which patients your practice attracts. One growing trend in cosmetic medicine is the advent of physicians taking advantage of viral marketing by enlisting their practices on social networking sites such as Youtube.com and Facebook.com to create awareness among a new group.

Cross-marketing is another winning strategy for practice expansion in worrisome times. Consider what kinds of busi-

nesses or practitioners would be complementary, but not competitive, to your practice. Some examples include cosmetic dentists, gynecologists, nutritionists, bariatric surgeons, hair and beauty professionals, and trainers. With the right alliance you can reach a whole new group of potential patients.

Doom And Gloom or Boom?

Your existing patients are the lifeblood of your practice in any economic climate. In a slowdown they are the ones who will keep your phones ringing and your surgery schedule full. Treat your patients well and try to think about what is in it for them. It is a good idea to put yourself in your patients' mindset to get a clear idea of what their needs, goals and concerns might be. Spend time listening to your patients to hear what they like and do not like about the services you offer. Make improvements wherever you can and try to be open to being innovative in meeting your patients' needs. For example, perhaps taking time to call special patients to discuss how you could serve them better would be productive. Now is the time to do everything to keep your current patients loyal and to position yourself to welcome new patients. Assuming that your patients are satisfied and enjoy coming to your practice, they should want to do more business with you. Find out if there are ways you can expand what you do for them, perhaps by offering more products or services or fulfilling other needs.

Whether or not a recession is on the horizon, these methods can help strengthen your infrastructure and improve your bottom line. Although some practices may suffer during a recession, leaders will emerge. Hopefully you can take your practice to the winners' circle.

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How to Deal With Negative Blogs

One surgeon's libel is another patient's free speech. However, if you're on the receiving end of negative blogs (acronym for web log), it's tough to be philosophical when your patient is attacking you. What to do? First off:

⊘ Don't Feed the Animals.

Now matter how irritating the blog, carefully consider your course of action so you don't say something you'll regret later. Sometimes being patient and doing nothing works, but ignore your blogging patient especially if they aren't getting any comments. If nobody else cares, then give it a rest. Unfortunately, when the criticisms of your skills or practice cross the line from protected opinion into defamation, you will want to do everything you can that is productive before calling your lawyer. Hopefully you are not an internet vigilante, because you:

⊘ Rise At Your Own Peril.

Often negative bloggers are amateur arsonists, hoping their internet matches will strike tinder. If you add fuel to the fire, and mainstream media smells smoke, the cameras will be focused on you. This doesn't mean you shouldn't rise to the occasion, just don't be righteous or antagonistic, and never risk a privacy lawsuit by spreading patient medical information on the web. Even if your patient puts their medical condition in play, you'll look really bad revealing private confidences. "Blogging-in-kind" is a fight you can't win. However:

✓ The Host Will Help.

If the negative comments are way over the top, contact the website host. It used to be they were afraid to remove anything that might be free speech. No longer: in 1996 the Communication Decency Act gave website operators immunity for yanking anything they find "obscene, lewd, lascivious, filthy, excessively violent, harassing, or otherwise objectionable," even if constitutionally protected free speech. In short, they can do practically anything they want to help you, and they actually have for a couple of our members when we asked nicely on their behalf. If you can't yank the thread, you should absolutely

✓ Address the Little Bloggers.

From a PR standpoint, this does work. After all, you're the professional who is practiced being cool under fire. You can't please your patients all the time, but you can carefully listen to their concerns, let them know they have been heard, and possibly address their concerns. Don't try to pacify your negative blogger; it'll be taken as condescension. When you respond, do it online; it shows you as a caring physician who takes patient concerns seriously and professionally, exactly what internet surfers want in a plastic surgeon. And to be better prepared for these free speech nightmares:

✓ Self Search = Risk Management.

Google your name every week, or depending upon your desired level of self-scrutiny, every day, and use variations of your name. Catching a thread early is way better than suddenly discovering weeks of negative spin about your practice. And despite the headlines, Google isn't the only search engine out there, even if it is enormous. All search engines overlap, but none are complete, so don't forget Windows Live, Yahoo, Ask and Dogpile, not just for negative blogs, but to also find all the nice things people say about you.



Are you getting noticed on the web?

Get social media to work for your practice

By Tom Sperry

Any publicist will tell you that securing TV, radio, and print exposure is a sure-fired way to boost your name recognition. What they won't likely explain is that these communication tactics are marginally effective on the web due to the fact traditional media is designed to isolate you from the audience.

With the rapid adoption of social networks and social media tools like blogs and podcasts, people have grown accustomed to an online experience that's interactive and similar to a 2-way exchange. Having the ability to voice their opinions and to pose questions is all part of how online consumers get informed and make decisions.

Feeling cut off from some online interaction with you means patients are less likely to engage with your web content and to pay attention to what you have to say. It doesn't encourage trust building and may drive off your first-time web visitor to Google to find a more dynamic information resource.

Social media relationships lead to trust

At the heart of social media are tools and sites that enable relationships to form. Blogs, podcasts, videos, and profile pages posted on social networking sites like Facebook and Myspace are all designed to give participants the opportunity to express themselves and connect to others. **Since relationships lead to trust, social media is seen as a powerful marketing tool for building positive word-of-mouth and increasing awareness.**

Designed for people, not busy practices

In theory, any of the social media tools can put you on the path to a richer exchange with your patients and prospective

ones. Yet, like any new technology the reality doesn't always live up to the hype.

New York City plastic surgeon Dr. Jennifer Walden has experimented with social media and has found MySpace and Facebook "are social networking sites that are great for just that - social networking. While they have recently been 'discovered' and used by businesses and entrepreneurs, they were initially started so that young people would have an easy and free way to network on the Internet. They still maintain that spirit."

The lack of return on social media investment is often due to the fact that generic social media tools are designed for people, not businesses or medical practices. The predominant use case (a term used by software developers) for social media tool builders is to give an individual a way to communicate and share. As reported in the Pew Internet and American Life study (http://www.pewinternet.org/PPF/r/186/report_display.asp), people are "primarily interested in creative, personal expression—documenting individual experiences, sharing practical knowledge, or just keeping in touch with friends and family."

As a busy physician, your needs and requirements are simply not factored into the product design.

Four ways to make the most of social media

Social media represent plenty of ways for you to waste time, but it's not a fad and it has forever changed the way consumers, including your patients, get informed on the web. You can get positive results as long as you target the right audience, keep it real, add links, and avoid the trap of becoming overly accessible.

1. Get in front of the right audience

During the launch of our online health and beauty community we talked to dozens of physicians who had tried out some form of social media activity, often a personal blog. These doctors universally abandoned these efforts because it had become a burden.

It's not just physicians who run into social media-related disappointments. Our own YouTube video uploads of physician interviews were largely ignored. Sadly, the video we shot at tradeshow of a buttocks roller treatment received far more views (and rude comments!) than all the doctor video viewings combined.

YouTube is a great example of where audience composition and the context of the social media site should dictate how you spend time with online activities.

YouTube's audience, for instance, is hunting around for the latest squirrel-on-water skis video or exploding Coke with Mentos gag. Even if prospective patients are visiting YouTube, they're not expecting to find you.

When broadcasting your expertise on other websites skip the generic social media websites, and seek resources that offer the right context rather than solely a large pool of users. Niche sites that already host conversations and information exchanges relevant to your specialty and expertise will serve as much more effective way to grow your online reputation and presence.

From Dr. Jennifer Walden's perspective, blogs and specialized sites focusing on cosmetic surgery and skincare are more effective "because they relate specific information about what we do to a captive

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Are you getting noticed on the web?

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audience interested in beauty and anti-aging. For this reason, I believe they are a more effective way to quickly and easily communicate with a group of people who are potential patients.”

2. Keep it real

No matter where you decide to take your social media activities, the golden rule is to communicate in your own voice. Overt self-promotion, speaking in the third-person, and communicating above the audience's comprehension of your information will only cause people to conclude you lack sincerity and that you're really not trying to help them make smart decisions.

Being real, writing in your own voice and staying authentic is a great competitive advantage; prospective patients will deem you to be more trustworthy than those who stick to the script or who make everything sound great.

3. Add links to your website

The quickest path to boosting your effectiveness on the web is to increase the value your website has for web-based research. Social media has demonstrated that linking between sites is precisely the experience people want when conducting online research. By making your site a place to access additional online resources you accomplish two things. First, the links indicate your associations which factor into how people evaluate you. Secondly, links demonstrate your commitment to the patient's needs.

Many physicians hire website consultants who may offer solid advice on ways to design their practice's website, but occasionally miss the mark by stating that links off of your site damage your web performance. They may tell you that it sends away users and penalizes you in search engines. Quite the contrary, if you use linking to

help people discover another valuable resource, this increases trust in you. Search engines do not penalize you for linking to on-topic sources, and may even reward you due to the fact that good links represent good content.

4. Avoid the trap of being too accessible

Bill Gates famously dropped his Facebook account even though Microsoft invested over \$200 million in the company. Why? He was overwhelmed by how accessible he became to millions of strangers.

If you've been collared at a cocktail party for free medical advice you're sensitized to the challenge of being overly accessible. If social media is all about interactivity, how can you avoid the trap of being too accessible?

Unless you have loads of time in the evening, do not sign up for a service, blogging tool, or social network that enables direct commenting on your posts. People who comment often ask questions which get published on the site. Your lack of response then becomes visible to the entire world. It sends a message that perhaps you don't care.

To get feedback you can send the user to a form that includes a statement that you cannot respond to every submission.

Also recognize that forums and discussion boards are dynamic. A participant can come along at any time and state disparaging remarks following your posted comments. Look for a service that tracks all of your activity in forums and commenting areas. This allows you to take inventory of your postings and to verify your good name remains intact.

Author: Tom Seery is the founder and president of RealSelf.com, a health and beauty community. You can reach him at contactus@realslf.com.

Want more Google traffic? Keep it fresh.

The problem with static, non-interactive communication is significantly amplified when it comes to growing your web presence. Serving up the same static information is like trying to find a date in an empty bar.

Google will show up a lot less often when content goes stale.

Google prefers to spend computing power crawling over sites that are constantly changing because Google's mission is "to organize the world's information and make it universally accessible and useful." This is a key reason why Google gives lots of love to doctor review sites like CitySearch or Yelp.

Consultants offering you search engine optimization ("SEO") services may be short changing you if they don't explain the challenge of growing traffic for a static website.

ANNOUNCING!



PRACTICES FOR OFFICE AND PATIENT SAFETY

From the American Society for Aesthetic Plastic Surgery

The **only** training and safety program available for non-clinical staff!

At no cost to ASAPS Members!

Practices for Office and Patient Safety is an online educational program for plastic surgery staff that promotes patient and office safety and proper communication practices while encouraging a quality, safe environment.

Stop by the **American Society for Aesthetic Plastic Surgery** booth at The Aesthetic Meeting in San Diego to preview the program, available **May 15, 2008**.



This program has been supported in part by an educational grant from **Ethicon Endo-Surgery, a Johnson & Johnson Company**.



The American Society for
Aesthetic Plastic Surgery



AMERICAN SOCIETY OF
PLASTIC SURGEONS

Practices in the Office

- Patient-to-staff communications
- Privacy practices
- Emergency plans
- Biohazard procedures
- Communication barriers
- Emotional issues

Patient Communications

- Verbal, written, and electronic communications
- Privacy practices
- Patient instructions
- Deference to clinical staff
- Emergency plans
- Communication barriers
- Emotional issues

Office and Property

- Physical hazard procedures
- Biohazard procedures
- Emergency plans
- Evacuation plans
- Dangerous persons
- Privacy
- Critical documents and patient administration

Media Notes and Quotes

A Sampling of current media coverage on the Aesthetic Society

Western-trained doctors say they can understand how acupuncture might smooth out the frown lines. "Anything that would teach or train an individual to relax the facial muscles would obviously improve the wrinkles and improve the appearance of being angry or tense," says Foad Nahai, a board-certified plastic surgeon and president of the American Society for Aesthetic Plastic Surgery.

Crow's Feet and Wrinkles? Try Acupuncture
U.S. News & World Report
January 7, 2008

According to the American Society for Aesthetic Plastic Surgery, such "noninvasive" treatments have increased more than 700 percent since 1997. Botox received Food and Drug Administration approval in 2002. Nonsurgical treatments "are effective, they're safe and they're affordable—and there's no down time," said Dr. Foad Nahai, a plastic surgeon in Atlanta and president of the society.

Having a Little Work Done (at the Mall)
New York Times
January 13, 2008

More than half of women who get tummy tucks are between the ages of 35 and 50, according to the American Society for Aesthetic Plastic Surgery. Many are moms, whose abdominal muscles separated following pregnancy. When that happens, no amount of exercise can bring back the muscle tone.

Tummy Tucks Geared for Moms
ABC 7
February 19, 2008

In the U.S., the American Society for Aesthetic Plastic Surgery (ASAPS) warned consumers against their (Lipodissolve) use, citing unknown safety data and a potentially high rate of complications. Also, the Kansas State Board of Healing Arts issued temporary restrictions on the use of fat-melting Lipodissolve injections in December 2007. At the same time, treatments in the U.S. and abroad are flourishing, not only in Medi-Spas and Salons, but in doctors' offices as well. A data survey of some 75 doctors from 17 countries published in the Aesthetic Surgery Journal in 2006 reports the vast majority of treatments performed are safe and effective.

Fat-Busting Injections under Scrutiny
WebMD
January 2008

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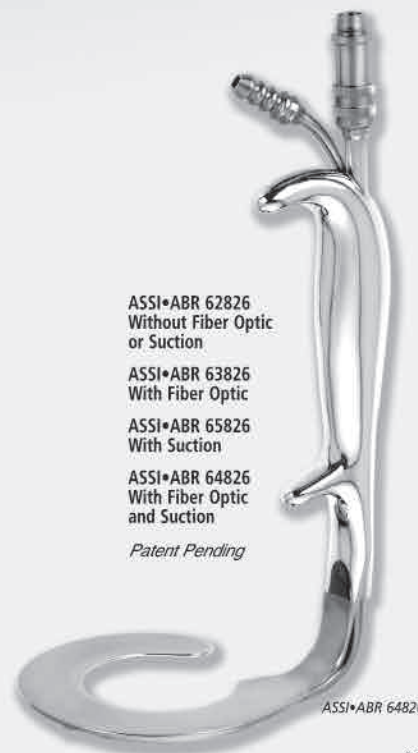
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Editor's note:

This is the first in an occasional series of articles by ASPS President Richard D'Amico, MD.

I am delighted to be able to address my fellow ASAPS members as president of ASPS. In this first ASPS president's column, I would like to highlight some of the cooperative efforts between the two societies. In future columns I will discuss some activities that are unique to ASPS.

Like you, I am proud to be a member of both the American Society of Plastic Surgeons and the American Society for Aesthetic Plastic Surgery. Both organizations are dedicated to advancing the art and science of our specialty through education; providing accurate information about the specialty through our media relations teams; and promoting patient safety and professional integrity by requiring the highest ethical standards and ABPS certification of our members.

Working in concert, ASPS and ASAPS cosponsor symposia and collaborate through intersociety committees and task forces. There is strength in numbers of our subspecialty societies and value in our diversity. Each is unique and indispensable.

For all that ASPS and ASAPS share in common, each organization also offers distinct benefits to its' members. As the umbrella organization representing all of plastic surgery, ASPS offers members support in the key areas of advocacy, quality measurement, public education and practice support. Just as the American College of Surgeons represents the interests of multiple surgical specialties, so to does ASPS represent the interests of the many invaluable subspecialties that comprise plastic surgery.

Because our specialty is a small one, it is more important than ever that ABPS plastic surgeons stand together to represent the specialty's interests. Whether our practices focus on the aesthetic, reconstructive, academic or a combination of these, the strength and skill of each member is bolstered by the strength of the sub-specialty societies. ASPS in turn serves as a "force multiplier" for all.

CSA

The Cosmetic Surgery Alliance, consisting of key leadership from both ASPS and ASAPS, meets face-to-face at twice a year to discuss common issues and the direction of our specialty (ASPS leadership also meets with the reconstructive societies for similar discussions and support). The CSA has been invaluable in fostering joint projects, resolving differences and avoiding costly, duplicative programs, leaving more resources to benefit members. A part of this effort from the very beginning, I must take this opportunity to tout the unprecedented spirit of collegiality and cooperation manifest by current ASAPS leadership, in particular my co-presidents Foad Nahai and Alan Gold.

Cosmetic Medicine Task Force

The CMT is one of the best examples of intersociety cooperation in action. CMT was created by the CSA and charged to bring the specialty into a leadership and core role in the burgeoning field known as Cosmetic Medicine. Rather than cede the less invasive procedures to non-ABPS physicians, the CMT learned through reliable professional, surveys, that early relationships formed with patients through minimal or less invasive procedures turn into cosmetic surgical procedures for the

plastic surgeon later on. It is also true that a positive relationship with a non-plastic surgeon for a non-invasive procedure results in half of those patients considering the non-plastic surgeon to actually perform their cosmetic surgery later on. Armed with this information, the CMT has created the Beauty for Life program initially manifest by the Beauty for Life brochure, which all of you have received and Optimizing Your Cosmetic Practice, available on both societies' websites. The new Beauty for Life website, which will be personal and interactive and drive more patients to the Society websites and to members' websites, will debut this month (May) at the San Diego meeting. An intense viral marketing program is planned to promote this exciting new site.

I look forward to speaking with you again in this column in the very near future.

Richard A. D'Amico is an aesthetic and reconstructive surgeon in private practice in Englewood, NJ and serves on the faculty of the Department of Plastic Surgery in the School of Medicine at Mt. Sinai Medical Center in New York City and is the Chief of Plastic Surgery at Englewood Hospital and Medical Center in New Jersey. An Aesthetic Society member, he is President of the ASPS



Aesthetic Surgery Education and Research Foundation

What Have We Done for You Lately?

The Aesthetic Surgery Education and Research Foundation (ASERF) has, for 15 years, been awarding clinical research grants in aesthetic surgery, conducting important educational programs such as “Hot Topics” and the “Emerging Trends and Topics Luncheon” at the Aesthetic Society Annual Meetings and issuing a variety of awards in all aspects of Aesthetic Surgery from the Lockwood award for Excellence in Body Contouring to the In Chul Song award for Philanthropic Service. We are proud of ASERF’s quiet accomplishments but also want to alert all Society members to what ASERF has been up to lately.

Body Contouring Research Foundation Awards \$100,000.00 Endowment

We are delighted to announce that the Body Contouring Research Foundation has granted an endowment of \$100,000 to encourage the participation of younger, international plastic surgeons in ASERF. This endowment is intended to provide financial assistance to ASERF’s international presenters for the Annual Aesthetic Meeting Research and Innovation Luncheon. Of course, with any endowment, rules apply:

- Proposed recipients’ must be age 45 or younger
- May not be citizens nor have full time residence in the United States
- Must submit a clinical report or research paper that involves liposuction, body contouring or fat metabolism as the subject

- Recipients’ will be encouraged to submit their proposed presentation in the form of appear for publication in *Aesthetic Surgery Journal* after presentation at the Annual Meeting. We are most grateful to the Body Contouring Research Foundation for their generosity; full details on the application process will be published in a future issue of *ASN*.

Research in Development

We are pleased to report on new research projects that should be of high value to the clinical practice of aesthetic surgery. They are:

- A carefully controlled study of injection lipolysis. Our IRB has been approved by both the FDA and the St. Louis Washington University Medical Center and trial recruitment has begun. Preliminary findings on the study will be published in the *Aesthetic Surgery Journal*.
- A study led by co- investigators Scott Spear, MD and Steven Baker, MD, on fat grafting to the breast. This pilot program, done in corporation with Georgetown University, will bring additional science to this exciting area; results will be published when available.

ASERF is Your Organization

Suggestions are always welcomed for “directed” research...topics which you, our member plastic surgeons, consider important to your practices and to the future of our specialty. We would also like to encourage you and the Plastic Surgery residents and fellows you are training to submit study protocols and requests for grants for directed research. Areas of interest include: cosmetic medicine, lasers and light-based treatments, retrospective analysis of safety regarding multiple concurrent cosmetic surgeries, etc.

We are also implementing major fundraising efforts at both the individual and corporate levels. We will continue along this path and have recently hired our first employee, Tom Purcell, who will be looking to corporations for grants to fund our work. Additionally, he is charged with creating a world class fundraising program that will include major and planned gifts from individuals.

With the additional funds, ASERF will be able to continue its Mission, providing through both physician-initiated and directed research, scientifically valid evaluation of and answers to issues of critical importance to the clinical practice of aesthetic surgery. Please stop by the ASERF Booth 106, at the Aesthetic Meeting, 2008

ASERF President Alan Gold, MD is an aesthetic surgeon in private practice in Great Neck, NY and President-elect of the Aesthetic Society.

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