



Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

Volume 13, Number 3 Summer 2009

Injectable Safety Coalition Announces New Member Societies, Holds Webinar on Neurotoxin Safety

By Julius Few, MD

The interspecialty Coalition dedicated to the safe administration of cosmetic injectables is proud to announce the addition of two new member societies who have joined our cause of safe injectable practices and providing the public with accurate and unbiased information.

The American Society for Plastic Surgeons (ASPS) has become the seventh medical society to join the cause. They will be represented by ASPS Past-President Richard A. D'Amico, MD. Also joining is the American Society for Dermatologic

Surgery (ASDS). Their organization will be represented by ASDS president Robert Weiss, MD of Hunt Valley, MD.

We are very pleased that these two charter member societies have decided to rejoin our group. By doing so, their members will have unlimited access to all materials created by the Coalition, including educational courses developed with CME, our new Safety with Injectables Workbook and the on-going public education efforts the Coalition continues to deploy. With ASPS and ASDS joining the team, the

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The Aesthetic Meeting 2009

More than 1700 Board-Certified Plastic Surgeons Meet in Las Vegas

By Jeffrey Kenkel, MD

In spite of a down economy and swine flu threats, more than 1700 board-certified plastic surgeons from the United States and abroad met in Las Vegas, Nevada to share in the education, collaboration and science of the Aesthetic Meeting 2009.

In addition to nearly 22 hours of scientific sessions and 100 teaching courses, attendees were able to enjoy a full roster of social events, exhibits and had the opportunity to meet old friends and new at the meeting many describe as the most collegial in organized plastic surgery.

Technology enhances the learning experience:

This year, we invited attendees of the general sessions to question any panelist or speaker by text message using your badge number as identification. The program was a resounding success with more than 280 questions submitted. The most popular queries centered on challenging cases and clinical complications. As time allowed, questions were answered during that session, the remaining received an email response following the Meeting. The Education Commission plans to continue the program at next year's meeting.

Cocktails and Complications Anyone?

Another "first" for the Aesthetic Meeting

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New Aesthetic Society Central Office Given "Official" Opening

July 30, 2009 marked the official opening of the new Aesthetic Society Central Office at 11262 Monarch Street, Garden Grove, CA. The event, attended by members, friends of the Society and staff received its ribbon cutting ceremony at the hands of ASAPS President Renato Saltz, MD. Also attending were (left to right) Leo McCafferty, MD, Secretary, Jeffery Kenkel, MD, Vice President, Felmont (Monte) Eaves, III, MD, President-elect, James Matas, MD, Treasurer, Dr. Saltz, Executive Director Bob Stanton, Immediate Past President Alan Gold, MD and Aesthetic Surgery Journal Editor Foad Nahai, MD.

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Aesthetic Society News

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The Aesthetic Surgery Education and Research Foundation

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Send address changes and membership inquiries to Membership Department, American Society for Aesthetic Plastic Surgery, 11262 Monarch Street, Garden Grove, CA 92841. Email asaps@surgery.org



The American Society for
Aesthetic Plastic Surgery



The Aesthetic Surgery Education
and Research Foundation

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August 26 – 29, 2009

25th Annual Breast Surgery & Body Contouring Symposium

Eldorado Hotel, Santa Fe, NM
Co-Sponsored by ASAPS/ASPS
Contact: ASPS at 800.766.4955

October 1 – 4, 2009

QMP Fifth Aesthetic Surgery Symposium

Renaissance Hotel, Chicago, IL
Endorsed by ASAPS
Contact: Andrew Berger at
314.878.7808 • aberger@qmp.com

October 23, 2009

Surgical & Non-Surgical Facial Rejuvenation Pre-Meeting Symposium

Grand Hyatt Seattle, Seattle, WA
Co-Sponsored by ASAPS/ASPS
Contact: ASPS at 800.766.4955

October 23, 2009

ASPS/ASAPS Symposium

Seattle, WA
Contact: ASPS at 847.228.9900

November 29 – December 3, 2009

5th World Congress of IPRAS

New Delhi, India
Contact: Conference Secretariat
Tel: 91.11.23231871
desk@ipras2009.org

January 15 – 17, 2010

27th Annual Breast Surgery Symposium

Atlanta, GA
Endorsed by: ASAPS
Contact: Susan Russell
435.729.9459
srussell@gunnerlive.com

January 29 – 31, 2010

Expanding Horizons: New Paradigms in Aesthetic Surgery of the Face and Breast

Las Vegas, NV
Co-sponsored by ASAPS/ASPS
Contact: ASPS at 800.766.4955
registration@plasticsurgery.org

February 11 – 13, 2010

44th Annual Baker Gordon Symposium on Cosmetic Medicine

Hyatt Regency
Miami, FL
Endorsed by: ASAPS
Contact: Mary Felpeto
305.859.8250

April 14, 2020

Third Annual Oculoplastic Symposium

Endorsed by: ASAPS/ASPS/ISAPS
Contact: SESPRS at
301.320.1200 • Seprps.org



April 22 – 27, 2010

The Aesthetic Meeting 2010 A Capital Experience with a Global Perspective

Gaylord National Hotel &
Convention Center
Washington, DC
Contact: ASAPS 800.364.2147
562.799.2356



It is a great honor to become the President of the American Society for Aesthetic Plastic Surgery. I was first introduced to ASAPS in 1995. It is amazing how quickly The Aesthetic Society and its members became my true second family.

As many of you know I grew up in South Brazil where I attended Medical School. Since, I have completed my General Surgery Training at Jackson Memorial University of Miami and Plastic Surgery Residency at University of Alabama under Luis Vasconez, MD. Before I moved to private practice I was in full time academic environment for 13 years first at The Medical College of Georgia and then at University of Utah. Having the opportunity to work in both and such different environments gave me a great perspective about training, education, patient safety and what the public wants from us.

Your President and his agenda for this organization come from a heritage of hard work, philanthropy, community service and a true respect for Plastic Surgery.

The bilingual and bicultural environment I grew up in helped me to establish early connections with the international plastic surgery community; perhaps it also helped to open the ASAPS doors to international colleagues by inviting them to share new techniques that have benefited our patients and our practices.

The **International Outreach Agenda** for this coming year includes a greater international participation in our meetings; The Aesthetic Meeting 2010 in Washington DC will appropriately be called: *A Capital Experience with a Global Perspective*. It promises to be a fantastic event in the brand new Gaylord National Hotel and Convention Center at the Potomac River. Also, two new educational projects are under way: The International Traveling

Professor Program and The International Resident/Fellow Visiting Program which will allow young international colleagues to have the unique opportunity to visit ASAPS members and their practices in a casual, educational environment.

In this small and globalized new world we need to work together and protect ourselves and our patients. To quote the late speaker of the House of Representatives Tip O'Neill, "all politics is local politics." This statement can also be applied to our practices where a plethora of poorly trained, "non-core" physicians are trying to do what we do best! They continue to hurt people as the media, the legislators and the public passively watch. It is up to us to set the gold standard.

In a recent article in *Aesthetic Surgery News* I suggested that we should continue to foster our relationship with the other core specialties for the greater good and safety of our patients. I firmly believe the "non-core" groups offer a much greater threat to our specialty and to our patients than our colleagues in dermatology, otolaryngology and oculoplastic surgery who have the training and ethical principles in the practice of surgery and cosmetic medicine similar to ours. In that regard we have established **The Inter Specialty Task Force** and just held the first ever meeting among the Core Aesthetic Specialties during our Executive Retreat in California. It was an overwhelming success with much more to come.

We recently surveyed you, our membership, to see if you wanted greater collaboration with "core" physicians. The answer was an overwhelming yes and, taking our direction from you, we will investigate new ways to work with these colleagues and expand safe and effective surgical practices.

The Physician Coalition for Injectable Safety under the leadership of Past President Mark Jewell, MD has expanded and today attracts all the cores including ISAPS. It has demonstrated how well we can work together setting the "gold standard" not only for us, but to protect and educate the public, as well.

The Cosmetic Surgery Alliance has created a very positive dialogue between us and ASAPS never seen before between the two Societies. As a result, the Cosmetic Medicine Task Force and its first project, Beauty for Life, which I had the privilege to co-chair with my friend Rick D'Amico, MD, has been very successful, first by allowing members of both societies to work together and also by establishing Plastic Surgeons as the "go to" professional for the best and safest delivery of cosmetic medicine and non-surgical procedures. This is especially significant now in times of economic recession, as the Beauty for Life Program educates the public and directs potential patients to your waiting rooms.

Our relationship with the ASPS leadership could not be better and for that I thank President John Canady, MD and President-elect Mike McGuire, MD.

In Las Vegas the membership approved the creation of the **Cosmetic Medicine Commission**, our fourth commission in addition to education, administration and communication.

This Commission demonstrates to our members and all the non-cores that your leadership recognizes how critical Cosmetic Medicine has become to our practices (even more now at times of recession) and we are now "aggressively" entering this arena.

The Cosmetic Medicine Commission

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The Role of Physician's Assistants in the Plastic Surgeon's Practice

By Leah M. Kenney, PA-C

Physician Assistants have been working with plastic surgeons for over 30 years. Over the course of the profession's development, PAs have grown in number and in the range of medical services they provide to surgeons and physicians in every medical practice area, becoming an integral part of practices and institutions while carrying forward a new model of team medical practice.

In the mid-1960s, physicians and educators recognized there was a shortage and uneven distribution of primary care physicians. To expand the delivery of quality medical care, Dr. Eugene Stead of the Duke University Medical Center in North Carolina put together the first class of PAs in 1965. He selected Navy corpsmen who received considerable medical training during their military service and during the war in Vietnam but who had no comparable civilian employment. He based the curriculum of the PA program in part on his knowledge of the fast-track training of doctors during World War II.

In October of 1967, Duke University PA program graduated the first PA students who went on to start practicing as PAs. Today there are over 79,000 graduates of PA programs. The United States Bureau of Labor Statistics (BLS) projects that the number of PA jobs will increase by 27 percent between 2006 and 2016. The BLS predicts the total number of jobs in the country will grow by 10 percent over this 10-year period. The PA profession was ranked the fourth fastest growing profession in the country by CNN.com and Forbes.com in 2007.

PAs are trained using an education model similar to that of physician training. As stated in the recently published American Academy of Physician Assistant's Issue Brief, *Physician Assistants in Plastic Surgery* (www.aapa.org/images/stories/plastisurg.pdf):

PA education is modeled after physician education and parallels medical school, with a rigorous curriculum including anatomy, physiology, pharmacology, physical diagnosis, behavioral sciences, microbiology, pathophysiology, medical ethics and clinical laboratory sciences. Following



approximately 12 to 14 months of basic science and medical science classroom work, PA students complete on average 2,000 hours of supervised clinical practice before graduation.

All 50 states, the District of Columbia and Guam have state laws governing the delegation of duties, within the physician's own scope of practice, to their PA. Also, most third party payers have policy in place to cover physician services when rendered by a PA, including first assisting at surgery.

Approximately one quarter of practicing PAs are in surgery and surgical subspecialties. According to the American Academy of Physician Assistants 2008 Report, Primary Specialty of Practice: While PAs practice in more than 60 different specialty fields, 37 percent of PAs reported that their primary specialty was one of the primary care fields: family/general medicine (26%), general internal medicine (5%), general pediatrics (3%), and obstetrics/gynecology (2%). Other prevalent specialties for PAs include general surgery/surgical subspecialties (25%),

emergency medicine (11%), the subspecialties of internal medicine (10%), and dermatology (4%).

A 2007 survey by the Association of Plastic Surgery Physician Assistants (APSPA) showed that a wide array of plastic surgery procedures are delegated to PA members of the plastic surgery team. Fillers, lasers, pre- and post-operative evaluation, inpatient rounding, and, of course, intra-operative duties are just a few of the areas where PAs are working to make the Plastic Surgeons' lives easier. Physician Assistants are unique in that they function as agents of their supervising physicians, working in medical teams with doctors to extend services to patients and improve the quality of life of their employers. Supervising physicians delegate to PAs exactly those areas of their own scope of practice that they choose to share and feel would best suit their patients' needs. In this way, the PA concept is uniquely adaptable to a wide range of plastic surgery settings.

APSPA estimates that there are about 450 PAs working with plastic surgeons in

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Physician's Assistants

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the United States. The average salary for PAs in plastic surgery is \$92,633 with a 2001 cost benefit analysis from a solo MD private practice showing a real, 82% return on their investment of a PA.

One satisfied plastic surgeon who supervises a PA described the benefits of employing her in this way: "In my practice, the PA has multifaceted roles. On

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the one hand, she is a first assistant in the O.R., consistently performing surgery to the standards I have set. In addition, she is a provider in the office. She sees pre-op and post-op patients and is an expertly trained filler and Botox injector. For me, having a PA allows me to more efficiently schedule patients and keep my operating room schedule filled." For more information about hiring a PA, or to post an available position please visit www.APSPA.net. Also, www.aapa.org is an in-depth resource on all aspects of the PA profession.

Submitted by Leah M. Kenney, PA-C Leah is in practice with ASAPS Member, Glen S. Brooks M.D. in Longmeadow, MA and was a founder of the Association of Plastic Surgery Physician Assistants (APSPA). She also serves as the Liaison from the American Academy of Physician Assistants to the American Society of Plastic Surgeons.

The Aesthetic Meeting 2009

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was the Special Seminar "Cocktails and Complications," where attendees could sign up for informal discussions with some of the most experienced and brightest surgeons in aesthetic surgery. The session was a sellout and allowed for discussion of difficult cases in a relaxed social setting.

New Faces

Dr. Jack Fisher, Vice Chair of the Education Commission, again moderated a panel discussion titled "Speak Up or Forever Hold Your Peace" which invites Aesthetic Society members who would not usually present at our meeting to share their experiences with colleagues. This year's panel on breast surgery featured Drs. Brian Peterson, Kaveh Alizadeh, Christopher Patronella, Navin Singh with the addition of frequent

speaker Joe Gyskiewicz, MD. The Program Committee thanks them for their participation.

Join us in Washington DC:

Next year's meeting, The Aesthetic Meeting 2010: A Capital Experience with a Global Perspective, will be at the brand new Gaylord National Hotel & Convention Center in my hometown of Washington, DC. We look forward to seeing you all there!

Dr. Jeffrey Kenkel 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, Chair of the Society's Education Commission and Vice President of the Aesthetic Society.

Aesthetic Society Membership Deadline Extended to October 1, 2009

Are you a Candidate or board-certified plastic surgeon who has trouble meeting the July 1 membership application deadline?

Good News. The Aesthetic Society's Membership Committee and Board of Directors have extended the deadline for membership applications, to October 1. We hope this extended deadline will allow more time for you to fulfill our application requirements. But please, don't procrastinate!

What are the requirements for Aesthetic Society Active membership?

- You must have attended an ASAPS annual meeting within 3 years prior to application date (for application year 2010 must have at least attended the 2007 Annual Meeting).
- You will need to be able to document a minimum of 75 aesthetic surgical cases during a recent 12-month period.
- You must be able to document 60 Category I CME hours in aesthetic surgery during the 36-month period

prior to the application date (the In-Service Exam and Grand Rounds do not count toward your 60 hours).

- Be in your third year of practice since board certification by the American Board of Plastic Surgery or the Royal College of Physicians and Surgeons (Canada) (must be certified at least by 2007 for the 2010 application year)
- Submit a report on any malpractice cases.
- Please be able to submit verification of accreditation of any surgical facilities that you use.
- Must have at least two (2) sponsors. One of your sponsors must be within your geographical location while the other can be any Active member that knows you well.
- Pledge to abide by the Society's Bylaws.

If you have any additional questions about requirements or how to apply please contact the Central Office for assistance: 1.800.364.2147.



To all young plastic surgeons: Stay on the Path

Don't forget or lose your reconstructive skills... There is something about going to your first ASAPS meeting when you're still a resident and you see all the "gods" of plastic surgery presenting their expertise in various areas of aesthetic plastic surgery and wanting to be like them. I know because I felt this way in 2005. Many of the younger trainees may not know their plastic surgery history and what it took to get there. Foad Nahai wasn't always just known solely in the aesthetic plastic surgery world...his initial work in the cadaver labs of Emory in Atlanta with Stephen Mathes was legendary in pioneering many of the reconstructive flaps that we still use today. Rollin Daniel wasn't always the rhinoplasty specialist; he was really one of the leading lights at the forefront of developing free flap surgery. Dan Baker talks about his extensive experience in parotid surgery prior to becoming a master plastic surgeon in rhytidectomy and how it helped him anatomically know and understand the face, the branches of the facial nerve, and generally getting comfortable in facial dissection. I see so many young plastic surgeons coming "out of the gate" more worried about getting their first advertisement and getting their website up than covering ER call and trying to build bridges with other physicians to generate referrals. Yes, we all want "rock star" practices but it takes time to build a solid foundation. Patience young Jedi...

Who cares if it is "your" case? I think many feel like if they can't count the case and codes for themselves (even in board collection) then they are not interested. Swallow your pride and go assist your colleague. Even if it is their case and you are the assistant, you can still learn something new from that case that you can take with you. We MTV/Generation Xers all



Dr. Mark A. Schusterman and Dr. James F. Boynton on a mission trip to perform cleft lip and palate surgery and reconstruction in Santa Cruz del Quiche, Guatemala.

suffer from a little ADD and want instant gratification. Finishing your formal training in plastic surgery is just the beginning of a long journey. At graduation, I remember Dr. Ernest Cronin telling me that learning in plastic surgery was just the beginning and I think he was right. I still try to learn something every day and push myself to continue to learn everything I can by visiting many of my colleagues and always searching for a better way to do something.

Hurricane Ike taught me a very valuable lesson: the aesthetic plastic surgery in Houston dried up drastically, and I relied more heavily on my reconstruction and hand surgery fellowship training to keep my practice going. It was then I realized not only how valuable it is to have one foot in aesthetic and another in reconstruction to weather any economy, but how much I still enjoy the reconstructive conundrums and puzzles that got me

so passionate about plastic surgery in the first place. I think many that jump so quickly into doing solely aesthetic surgery lose touch with reconstruction and after so much time those skills eventually atrophy. Keep a vibrant, broad based practice and it will be so rewarding. I think it only further hones your knowledge of anatomy which is really the heart and soul of our field. It also keeps us "whole" as a specialty in our sometimes seemingly bipolar specialty of plastic and reconstructive surgery. Are we merely "cosmetic surgeons?" I would proudly take issue with that title even if the web search engines like it. I am proud to be a board certified plastic and reconstructive surgeon as we all are, not to be forgotten.

It is also very rewarding to give back in some way and be involved in teaching on some level with young medical students and residents. Otherwise we all seem to get consumed by the business of medicine.

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Stay on the Path

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Photo above is a young patient who will undergo cleft lip repair; upper right, Dr. Boynton and Dr. Schusterman operating together in Quiche; lower right, post operative patient who just underwent a bilateral cleft lip repair.



The curious and interested mind of a fledging trainee with genuine interest in plastic surgery is a wonderful thing.

Also don't shy away from a challenge, even if it is a bit more than you typically would take on by yourself. Get some help and don't just go for the chip shot cases. I think when you are young it is important to have a network of colleagues to discuss cases with and help each other and offer advice as well as technical expertise. Many times in the early years we have more than enough free time and if a colleague calls with a case, give him or her a hand and even if you don't make any money on the case you still may learn something... maybe this will be a case you will finally see that nerve that you never exactly knew where it was. I remember a case I did that was a large traumatic wound to the eyebrow that had traumatic ptosis, and I repaired the corrugator and frontalis muscles. That case taught me certain details in my brow lift anatomy that are invaluable, and that I still

use today. Cadaver labs are not what they were 30 years ago where you could just go and ask for a body to "practice" your procedure you had coming up. I wish they were still like this, but it is very expensive to arrange a cadaver dissection to "learn from" and often the bodies are shrunken and may not appear exactly as fresh tissue. Facial fractures absolutely improve your anatomy and comfort zone of facial dissection. Anatomy is still anatomy.

Participate in a mission trip. It is a wonderful experience that gives all of us a chance to contribute and really help those much less fortunate than we are. It reminds you of why you (hopefully) went into medicine in the first place. I recently returned from my third mission trip, this time to Guatemala, and it renewed my vigor and spirit as a physician. It helps to put a lot in perspective operating in a third world country on children that really have nothing (not even shoes) and they are so happy. From a technical standpoint, it can

further hone and develop your knowledge of anatomy. Operating on a difficult cleft nasal deformity can dovetail nicely into developing your rhinoplasty skills when you are starting out.

Plastic surgery is sort of like being a decathlete, except there are way more than 10 events. There are so many areas within plastic surgery such as craniofacial, hand, reconstruction, aesthetic, and breast, etc. It is really hard to be excellent in a variety of areas and some "drop" many of those areas right out of the gate from finishing training. How boring. I think it is much more interesting to challenge yourself. For me, the draw to plastic surgery initially was the fact that I felt the plastic surgeon had the absolute best and most detailed knowledge of comprehensive anatomy (macroscopic and microscopic), all over the body, literally from head to toe.

Visit colleagues doing cases you want to learn. Don't simply go home from a meeting and try something drastically different from your own technique. Dr. Biggs always said "the highest rate of complications is always the first Monday after a plastic surgery national meeting."

Anything that comes too quickly you just will not appreciate, and for me I think that membership in ASAPS is very coveted and prestigious but well worth the wait. Some young trainees finish and turn the entire different direction. Rather than "staying on track" with board certification, ASPS membership, becoming a fellow in the American College of Surgeons, and maybe joining ASAPS as most all of you have done, they would rather look cool as a Hollywood plastic surgeon on a hip new TV show and bypass boards and society membership because they are only interested in financial gain.

Don't turn to the dark side, young Jedis, it will be worth the time and wait that it took to get there.

Dr. James F. Boynton is a plastic surgeon in private practice in Houston, TX. He is an Aesthetic Society Candidate.



Tweet This: Aesthetic Plastic Surgeons Connect To The Public Via Social Networking Websites

The Aesthetic Society is using technology to educate consumers about cosmetic surgery. The Aesthetic Society embarked on a social media campaign launching in December on various networking websites such as Twitter, Facebook, YouTube and LinkedIn.

Last year, ASAPS launched a three part series on YouTube titled “Real People. Real Surgery. Breast Augmentation.” The videos were developed to encourage patients to make an informed decision about plastic surgery and safely achieve a satisfied outcome when considering breast surgery.

We wanted new creative and innovative methods to reach the public and the media. We understand how powerful social media can be and we hope that we can send our message of patient safety and educate the public through these new methods.

The ASAPSmedia Twitter was designed to inform member surgeons and the public of the Society’s media placements. Additionally, the Twitter feed helps connect members of the media with ASAPS spokespersons for cosmetic surgery stories and gives reporters access to the latest updates and news from the Society. This technology is another opportunity to help the Society educate the public about patient safety through the media.

The Communications Office has been using Twitter within its different departments to reach its members. The ASAPS Marketing Twitter is a new way for board-certified plastic surgeons to learn about the latest practice management and marketing solutions that ASAPS offers. This is a great tool for aesthetic surgeons who want to find announcements about new products, free webinars, and links to websites that

highlight patient education and safety. It’s also a great way for new members and candidates to give us your suggestions and get involved.

The Aesthetic Society also launched their company page on LinkedIn and Facebook as a new technique to disseminate information about the organization and also to keep media informed on what is going on with the Society and in the cosmetic surgery industry.

“We understand a lot of our members and other plastic surgeons are using these social networking tools in their practice,

so we wanted to be able to communicate with them this way as well,” said ASAPS president Renato Saltz, MD a plastic surgeon in Salt Lake City, UT. “We hope that these new techniques keep our members and candidates up to date about what is going on in the cosmetic surgery industry and with ASAPS and its members.”

Dr. Mark Codner is an aesthetic surgeon in private practice in Atlanta. He is Chair of the Aesthetic Society’s Communication Commission.

Follow ASAPS media on Twitter:

<http://twitter.com/ASAPSmedia>

ASAPS on Facebook:

<http://www.facebook.com/home.php?#/pages/American-Society-for-Aesthetic-Plastic-Surgery-ASAPS/28512044483>

Check out ASAPS’ YouTube videos:

<http://www.youtube.com/user/asapsvideo>

Check out ASAPS profile on LinkedIn:

<http://www.linkedin.com/companies/201056/American%20Society%20for%20Aesthetic%20Plastic%20Surgery>

Follow ASAPS marketing on Twitter:

<http://twitter.com/ASAPSMarketing>



ASERF Launches New Website

ASERF is proud to announce the upcoming launch of our new website, www.aserf.org. The website offers a plethora of information including awarded grants, published studies, recent findings, news, grant applications and how to donate to ASERF. Please log onto the site and let us know your thoughts.

ASERF Awards Two Directed Research Grants for the Study of Women and Breast and Cosmetic Medicine

ASERF, through a grant from the Allergan Research Foundation, recently awarded two \$25,000 stipends to the following physicians:

- Dr. Kevin O. Delany for the study of In-Vivo Evaluation of Round Breast Implants with Stand-up MRI.
- Dr. Anand K. Deva for the study of Treatment of Surface Bacterial Biofilms Using an In Vitro Mode.

We have two remaining grants for \$25,000 each; The Board of Directors has re-opened the application deadline. For more information, please visit www.aserf.org

Survey Reveals Injectable Procedures Are Mainstream and Accepted Aesthetic Medical Treatment Options

The Aesthetic Surgery Education and Research Foundation (ASERF), recently released the results of a survey with the aim of learning who the “typical” botulinum toxin and hyaluronic acid dermal filler patient is and to see if these treatments were becoming more mainstream.

The data suggests that nearly nine out of 10 respondents (87 percent) openly discuss their BOTOX® Cosmetic and

hyaluronic acid dermal filler treatments with others, with seven out of ten (70 percent) receiving support from the people they told.

Demographic and perception data trends show us that aesthetic injectable treatments have continued to evolve into mainstream and accepted options for the everyday woman.

Survey results suggested that the typical aesthetic injectable patient is a married, working mother between 41-55 years of age. The survey also found that women receiving aesthetic injectable treatments are health-conscious and philanthropy minded, with the majority incorporating exercise (95 percent) and healthy eating habits (78 percent) into their lives. Many volunteer with charitable organizations that matter to them (32 percent). In addition, nearly seven out of 10 respondents believe that BOTOX® Cosmetic (72 percent) and hyaluronic acid dermal fillers (65 percent) are important parts of their aesthetic routine.

Additional findings of the survey found that 72 percent of respondents received BOTOX® Cosmetic injections to treat their glabellar lines—also referred to as the “11”—the frown lines in between the brows, while 63 percent of those surveyed received hyaluronic acid dermal filler injections to treat their nasolabial folds—also known as the “parentheses”—the lines around the nose and mouth.

A few of the most frequently cited reasons to receive treatment with BOTOX® Cosmetic was “to look more relaxed, less stressed,” while patients reported choosing treatment with hyaluronic acid dermal fillers to “look more rejuvenated.”

Based on its annual survey of U.S. physicians performing cosmetic procedures, ASAPS recently reported that BOTOX® Cosmetic injections have remained the

most frequently performed procedure since FDA approval of the product in 2002. Hyaluronic acid dermal fillers ranked as the third most popular procedure performed last year. ASERF conducted this follow-up survey to quantify the characteristics and opinions of the patients who receive the treatment to help its members and the public obtain a better understanding of these important modalities.

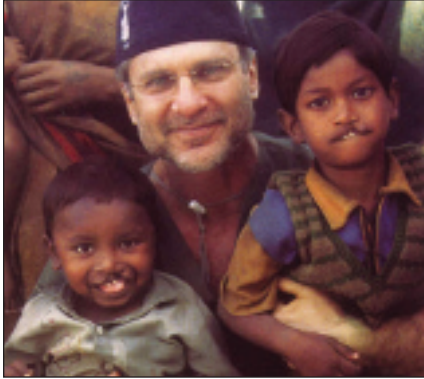
Survey Methodology

To conduct this survey, ASERF, the charitable, not-for-profit research arm of American Society for Aesthetic Plastic Surgery (ASAPS), retained the services of Industry Insights, Inc. an independent research and consulting firm headquartered in Columbus, Ohio.

In March 2009, a two-page questionnaire, designed by ASERF in conjunction with Industry Insights, was distributed to 1,818 ASAPS members to distribute to their BOTOX® Cosmetic and/or hyaluronic acid dermal filler patients. A total of 687 completed and useable forms were received in time for processing and analysis. Based on 687 presumably random responses, this study has a +/- 3.7% margin of error at a 95% level of confidence. A margin of error of +/- 5% is typically accepted as the “standard” in association research, so this study’s +/-3.7% figure indicates a stronger than typical level of statistical integrity.

The survey was sponsored, in part, by a market research grant from the Allergan Foundation.

Laurie Casas, MD is an aesthetic surgeon in private practice in Glenview, IL and Clinical Associate Professor, University of Chicago, Pritzker School of Medicine, Section of Plastic Surgery. She is President of the Aesthetic Surgery Education and Research Foundation.



Dr. P. Craig Hobar and The LEAP Foundation

How one member's beliefs lead to help for thousands

Aesthetic Society members may be familiar with Dr. P. Craig Hobar from his teaching courses and presentations made at the Aesthetic Meetings or as a past winner of the In Chul Song Award for Philanthropic Service. He is certainly well known to the community of Dallas, where his surgical expertise, excellent training and the respect of his colleagues has earned him a sterling reputation as a surgeon and educator.

What some may not know is the extensive work Dr. Hobar has done on behalf of the poor and underserved populations of third world countries.

It all began with a mission trip Dr. Hobar took to the Dominican Republic while he was still training to be a plastic surgeon. In that poor country, he saw many serious deformities, which were eminently repairable except for the lack of local resources. Beginning in 1991, he organized teams of highly skilled surgeons, anesthesiologists, nurses and assistants willing to volunteer their time. He persuaded Dallas area hospitals and medical companies to donate supplies. Today, his LEAP Foundation (Life Enhancement Association for People) is comprised of volunteer surgeons, anesthesiologists, nurses and support staff. Dedicating time, expertise and often their own resources, these volunteers endeavor to bring free surgical care to children and adults born with facial deformities.

"I wanted to find a way to use my skills as a surgeon to help people who didn't have access to reconstructive surgical care," said Dr. Hobar. "So many kids have to grow up with the embarrassment of a facial deformity because they live in a country with few or no surgeons who can perform this type of surgery. We wanted to do what we could do to help."

Since the beginning, the LEAP Foundation, a charitable not-for-profit,

Today, his LEAP Foundation (Life Enhancement Association for People) is comprised of volunteer surgeons, anesthesiologists, nurses and support staff. Dedicating time, expertise and often their own resources, these volunteers endeavor to bring free surgical care to children and adults born with facial deformities.

501(c)(3) organization has helped enhance and change the lives of over 2,500 people in the name of Christ. A child born with a deformity often faces a life of loneliness and isolation, excluded from their village due to ignorance or superstition. Through medical mission teams and dedicated partners, the LEAP Foundation has truly been able to "touch the world, one life at a time."

We caught up with this busy surgeon, philanthropist and father of three and grandfather of Noah to find out what LEAP has been up to and what inspired him to start the organization.

ASN: Dr. Hobar, can you tell us about some of your recent missions?

Dr. Hobar: Our latest trip was to Orangetown, Belize. This was our 13th year going to this country. We ran one plastic/craniofacial room, one oculoplastic room with long time LEAP participant, Dr. Grant Gilliland, one hand room with hand surgeon, Mike Dolan, MD and one ocular prosthetic room with Randy and John Trawnik.

This is what we call our laser trip. We fly in on Friday; see patients Friday night,

work from 7:00 am to midnight on Saturday and Sunday and come back home on Monday. This is our shortest mission trip but allows involvement of volunteers who could never participate on a longer trip, such as our two week trips to India or Laos. We were able to treat 96 patients on this trip running four rooms in two different hospitals. When we first went to Belize, there was a backlog, but no more. We have evolved into a team that meets the needs at hand and that explains the diversity of our services. We took 28 volunteers. One of the great joys is seeing all the patients that we have treated over the years who always show up to say "hello and thank you."

One of the "needs at hand" that arose this year was John Weibe, a Belizean Mennonite volunteer who has embraced our team and provided numerous hours of support for our group when we are there. One of the great things to witness is the tumbling down of cultural, political and religious barriers that this type of work creates.

The first couple of years that we went to Belize, we had no Mennonite patients. The Mennonites stand out distinctly in Belize because of their fair skin, heavy clothing and community isolation. On our third trip to Belize, a brave Mennonite mother stepped through the barriers and handed us her three month old baby who was born with a cleft. Louisiana plastic surgeon Tim Mickel, MD performed a beautiful repair and now when we go to Belize, we have dozens of Mennonite patients and volunteers. The Mennonites have even raised money for the missions. He is on his way to Dallas this month, sponsored by LEAP, to have his rapidly deteriorating heart condition repaired.

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ASN: What first inspired you to start LEAP?

Dr. Hobar: I actually spent my first two years of medical school in the Dominican Republic before transferring to the University of Miami where I graduated. I would go to class and learn medicine in Spanish, while my wife, Robin would get on a bus and travel an hour to teach in an American based school in the capital city.

Getting to know the people had a profound effect on us. Most of them had very little in the way of material things, but they were rich, deep, happy people. We saw the need and Dr. Tom Geraghty, a plastic surgeon out of Kansas City, was nice enough to invite us on a mission trip to the Dominican Republic when I was a plastic surgery resident at U.T.

Southwestern. When I finally finished my training, two nurses and I gathered supplies and planned for a one time mission to the Dominican Republic. Now, in our 19th year, we have had over 300 volunteers and have either traveled to, or cared for, patients from the D.R., Belize, Guatemala, Honduras, Mexico, India, Laos, China, Algeria, Yemen, Russia, and Africa.

ASN: How are you able to balance a busy practice with your foundation work and family responsibilities?

Dr. Hobar: It has truly been a gift that, if I would have thought about it, I probably would have never done. It would have seemed impractical, if not impossible. Fortunately, LEAP took a life of its own and I was there for the ride. I have to say it has been an incredible adventure that has enriched my life in every way. My wife and kids have all participated in some of our mission trips and my wife has cared for patients that have come here for surgery. My practice has grown because of the good will created in this type of work. My skills have grown because I have been faced with some incredible challenges that I would have never been faced with in a pure bread and butter practice, such as the case of the young girl we brought from China who had a complete cleft, four segments of two noses, an encephalocele and hypertelorism.

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Company Settles Case of Reviews It Faked

Lifestyle Lift, a cosmetic surgery company, has reached a settlement with the State of New York over its attempts to fake positive consumer reviews on the Web, the New York Attorney General's office said Tuesday.

The company had ordered employees to pretend they were satisfied customers and write glowing reviews of its face-lift procedure on Web sites, according to the Attorney General's statement. Lifestyle Lift also created its own sites of face-lift reviews to appear as independent sources.

One e-mail message, discovered by the Attorney General's office, told employees to "devote the day to doing more postings on the Web as a satisfied client."

The company will pay \$300,000 in penalties and costs to the state. It has also agreed to stop publishing anonymous reviews on Web sites in the voices of satisfied customers and to identify any content created by employees, the statement said.

Andrew M. Cuomo, New York's Attorney General, said in a statement that Lifestyle Lift's "attempt to generate business by duping consumers was cynical, manipulative and illegal."

False reviews have become more of a problem as more people rely on sites like Yelp, Amazon or Epinions to rate and learn about products and services.

Some review sites have grown so powerful that consumer reviews can make or break a new business. Lifestyle Lift, which is based in Troy, Mich., and operates 32 centers nationwide, believed that negative reviews had significantly hurt its reputation, the Attorney General's office said.

Lifestyle Lift said in a statement that it "regrets that earlier third-party Web site content did not always properly reflect and acknowledge patient comments or indicate that the content was provided by Lifestyle Lift."

The livelihood of review sites depends on readers trusting their content; weeding out biased reviews from the sea of anonymous, user-generated submissions has been challenging.

"It's an incredible violation of consumer trust and it's a pernicious element of the Web that some companies have embraced this idea, under the guise of reputation management," said Thomas Seery, founder of RealSelf.com, a site on which he said Lifestyle Lift had posted misleading reviews.

New York Times, July 15th, 2009

President's Report

Continued from Page 3

will allow us to take a greater role and take the lead in this so very important sub-specialty of plastic surgery.

We have carefully selected the individual members and staff, who will lead the Cosmetic Medicine Commission and its committees and sub-committees. I am sure you and the Specialty will soon benefit from this innovative and timely project.

Our **Conflict of Interest** document is among the most transparent in medicine. It requires all of your officers to report any association with industry and dissociate from the ones that could compromise their ability to honestly and ethically lead the Society. Your President and President-elect must dissociate from all of their relationships during their two year terms.

James Hunter in his bestseller *"The Servant"* wisely wrote that the true essence of leadership is the skill of influencing people to work enthusiastically toward goals identified as being for the common good. It requires commitment, passion, and a vision on the part of the leader as to where he or she and the group are headed. And he concluded by saying if the leadership team is on the right page, the rest will follow naturally.

The concept of "servant" could not define any better the founders and leaders of our society. Their voluntary and

transparent work often goes unnoticed. Let me tell you it can only be measured by the incredible growth of ASAPS and promotion of its mission in organized plastic surgery all accomplished in very short existence.

I am deeply honored and supremely proud to become your President. I follow a line of great Past Presidents, true leaders and educators who, besides being busy surgeons, were also true servants with a vision for this Society and for the Specialty they made that vision happen!

Two very important events that just happened, make us proud and solidified our position as leaders in Aesthetic Surgery worldwide:

- The *Aesthetic Surgery Journal* developed by Past President Robert Bernard, MD, improved and indexed by Past President Stanley Klatsky, MD and now in the capable hands of a great educator and new editor, Past President Foad Nahai, MD.
- The ribbon cutting ceremony of our beautiful new home at Monarch Street. As mentioned in my email to all of you, this accomplishment was only possible because of our conservative and judicious use of your membership dues and the success of our Annual Meetings and the many products and services we offer.

The Aesthetic Society was able to take advantage of the downturn in the real estate market to buy our first permanent Central Office Building—in cash, with no increase in member dues and no acquired debt. It is fantastic and you all should visit it when in Southern California.

Finally, I would like to extend a personal invitation to any member who wishes to be a "true servant" to our specialty, fostering our mission of education, patient safety and evidence based research by joining an ASAPS Committee.

I thank you for your trust and support!

Please join us for The Aesthetic Meeting 2010: A Capital Experience with a Global perspective being held at the Gaylord Hotel and Convention Center April 22 to 27 in Washington, DC.

A Special Note:

After four years of dedicated service as the Editor of ASN, my friend and colleague Julius Few, MD with be handing over his editorial duties to Charles Thorne, MD, Chair of the Society's Public Education Committee. On behalf of the membership, I would like to thank Dr. Few for his excellent work and welcome Dr. Thorne to this new and interesting assignment.

Media Notes and Quotes

A Sampling of current media coverage on the Aesthetic Society

There were 456,828 liposuction procedures performed in 2007, the latest data available, an increase of 13% from a year earlier, according to the **American Society for Aesthetic Plastic Surgery**. To perform liposuction, a practitioner must be a doctor, but isn't required to have any special licensing or certification. In many states, a licensed physician assistant can participate in the surgery, but only under a doctor's supervision.

What to Know Before Going Under the Liposuction Knife
Wall Street Journal
February 17, 2009

But it is an expensive choice. Botox—the brand name for Allergan Inc.'s formulation of botulinum toxin type A—is pricey for patients, in large part because physicians pay more than \$500 to obtain a single vial of the popular drug. One vial may be barely enough to treat the facial lines of two patients. And even as the popularity of the injectable cosmetic procedure has increased—with the **American Society for Aesthetic Plastic Surgery** estimating that 2.46 million procedures were carried out in the United States last year—so have the costs.

Reloxin: New Tox on the Block
ABC News
March 23, 2009

People aren't getting cosmetic "work" done like they used to, but the economy may actually be prodding some people to consider minor cosmetic procedures. Cost is an obvious reason why people are delaying major cosmetic surgery. They may also be reluctant to take a lot of time off work for a long recovery, says Alan Gold, MD, president of the **American Society for Aesthetic Plastic Surgery (ASAPS)**. Nonsurgical cosmetic procedures—such as Botox injections, laser hair removal, and injectable wrinkle fillers—were also down in 2008, according to the ASAPS.

7 Splurges People Are Still Buying
WebMD
May 2009

See Something... Do Something....

By Charles Thorne, MD

In the past few weeks the Aesthetic Society leadership has responded to two articles regarding plastic surgery from local papers which contained inaccuracies.

However, it is difficult to spot every article in every paper, and we need your help in keeping the public safe and minimizing inaccuracies out of the press.

Writing a letter to the editor is a great opportunity to share your opinion, educate the public about plastic surgery issues, applaud excellent journalism, or point out the inaccuracies in a published article. A well written, well timed letter to the editor can shift public opinion and influence policy. If you see an article in your local paper that disparages plastic surgery or makes inaccurate claims about a procedure or technique—please take a few minutes to write a letter to the editor of your paper. The Communications Staff is glad to send you sample letters or give you advice; contact them at adeena@surgery.org or dina@surgery.org.

Below are a few tips:

- Editors prefer to publish timely, concise letters that respond to an article, editorial, or other letter that appeared in the newspaper. They also prefer to run letters about issues of local importance and interest.
- Before writing your letter, review the newspaper's policy on letters to the editor. It is frequently available on the newspaper's web site under the Opinion section.
- Write and submit your letter as quickly as possible, preferably the same day that the article appeared.
- Submit letters by e-mail whenever possible. (Look for the e-mail address on the newspaper's web site).
- Your letter must stand on its own—not all readers will have seen the original story.
- Open your letter with a strong statement that comments on an article, editorial, or other letter that appeared in



the newspaper. Your opening statement can take issue with a comment from someone interviewed for the story, add to the discussion by pointing out something readers would need to know, disagree with an editorial position, or point out an error or misrepresentation in an article.

- Be careful about accuracy and never engage in personal attacks.
- Keep your letter as short as possible by focusing on one, or at most two, major points. Support your position with facts, statistics, citations or other evidence. Aim for no more than 250 words, and be sure to stay under the paper's word limit.
- Close with the thought you'd like readers to remember. Instead of focusing your attention at a reporter, editor, or expert who got it wrong, consider the central point you want people reading the letter to take away.
- Ask someone to review your letter to be

sure your writing is clear and you are getting your point across.

- You must include your name, street address and phone number. Editors are on guard about fake identities and will often contact the submitter to verify that you wrote your letter. They will not run anonymous letters. The editorial pages exist to offer a cross section of community opinion. Editors are more likely to publish letters on issues that are important to their readers.

Thank you for your help and remember, the ASAPS Communications Staff is always available to help you.

Charles H. Thorne, MD is an aesthetic surgeon practicing in New York City, Chair of the Society's Public Education Committee, and Editor of ASN.



A Conversation with Dr. Gilbert P. Gradinger

Dr. Gilbert P. Gradinger may not have known that he was helping create a legacy through the formation of the Aesthetic Society in 1967, but his ideals on education and excellence have nonetheless remained a standard within the community of plastic surgeons. As a founding member, former president of the American Society for Aesthetic Plastic Surgery and former chair of the American Board of Plastic Surgery, Dr. Gradinger has contributed countless hours of service, clinical research and experience to generations of plastic surgeons. He retired from his private practice ten years ago and has dedicated great effort to the organization and maintenance of the Resident Cosmetic Surgery Clinic at the University of California at San Francisco. This effort has resulted in a busy cosmetic surgery practice for the senior and chief residents, as well as continuing his educational goals. ASN recently caught up with this busy visionary to see what he is up to now.

Thank you for agreeing to share your thoughts and experiences with fellow members and ASN readers. What work are you currently doing?

I am on faculty of The University of California San Francisco as the Director of Resident Training in Aesthetic Plastic Surgery, so I am actively teaching, lecturing and assisting residents. I'm in charge of the Visiting Professor Program in the residency—we have four visiting professors a year. One of them comes courtesy of the Aesthetic Society traveling professor program; one from the Plastic Surgery Educational Foundation; one from the American Society of Maxillofacial Surgeons; and one is a prominent plastic surgeon of our choosing.

My arrangement with the University is no income, no expense. The University takes care of my malpractice insurance and office expenses and I get to teach and be

involved in the program. Although I've been retired from private practice since 1999, I'm still involved in plastic surgery.

It sounds like you're working very hard—are you enjoying life?

I play golf, ski, swim, go on bike rides—I'm very active, actually. I have a great time with my family and friends. My position at UCSF is all the real work that I do, but I don't do it full time. I love working with the residents—they're really great to be around and I'm still learning new things all the time!

What is the biggest difference in how you learned plastic surgery and how the residents are being taught today?

Today's residents are terrific. They know more, they're brighter than I was at that stage. There is a lot more teaching and we have a guest lecturer every week from community plastic surgeons, clinical professors and from the full-time faculty in plastic surgery. Each resident is in charge of the resident cosmetic surgery clinic for four months—they have their own cases and a consultant that works with them. I finished my training in 1961 and you learned everything about plastic surgery from one or two professors in your program and another couple of consultants. Everything else was learned from reading and whatever meetings there were. All the residents now are doing research and are better qualified to start with—there's much more exposure. They are bombarded with learning opportunities, professors, and several major plastic surgery journals. I give special kudos to ASAPS for making the *Aesthetic Surgery Journal* available to all residents free-of-charge.

As a Founding member, did you realize the potential for ASAPS?

I definitely lacked the vision to realize its potential back then—I had no idea it was going to become the important society

it is today. In 1967, I was approached by Simon Fredricks to join a travel club of young plastic surgeons (because we were young at that time) and by the next meeting in 1968, the club became the Aesthetic Society. I was concerned, at the time, that it would be divisive and would disrupt the plastic surgery community, but aesthetic surgery was definitely an underserved subject. We needed the teaching and it just grew from then. When I considered it from that standpoint—I was pleased to be a founding member.

When did you realize the Aesthetic Society was something substantial in the plastic surgery community?

After two or three years it really began to grow. The membership requirements were hard to reach back then in terms of cases and years of practice. In the beginning, there was just an annual meeting and the first program was a visiting professor program. It was only one person per year—I did mine in 1982 and I visited 18 different residency programs during that year. I didn't turn down any invitations.

What do you feel is the Society's role now that plastic surgery is in the mainstream and all over the media?

I think the Society's primary role still rests in education—both clinical and investigative. I think the formation of Quad A, The American Association for Accreditation of Ambulatory Surgery Facilities, Inc. (AAAASF) and the research foundation (ASERF) are extremely important functions that benefit all plastic surgeons. A major secondary goal is the ethical promotion of the members' needs and interests. In terms of the public, we should aid in informing and protecting the public.

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Founding Members

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Who or what has influenced you most in your medical career/life?

Dr. Carl Moyer was Chairman of the Department of Surgery at Washington University School of Medicine when I was a student—he inspired me to become a surgeon. Then, once I got into my surgical training at the University of California at San Francisco, I realized that plastic surgery was my calling. I loved seeing the early, immediate results of reconstructive surgery. If I hadn't become a surgeon, I would've become an architect.

What was the hardest lesson to learn and how did you learn it?

The hardest lesson to learn was how to say "no" to patients with unrealistic expectations. Early on, I had a patient who had body dysmorphic disorder (BDD) and through much persistence I was convinced to perform surgery. The results were unsatisfactory for both of us. Sometimes economics or pride and ego are factored into our decision, and it's never easy to turn a patient away. I don't know if you have to learn this the hard way, but this topic has been covered in many symposiums. If someone is seriously disturbed, you may be doing them a disservice by recommending them to someone else—I would suggest to them that they don't seek another doctor and maybe find them a psychological consult. If it's my shortcomings and I'm incapable of getting them reasonable results, I recommend to them another plastic surgeon. It depends on why you're saying "no," but sometimes you just have to say it.

What was the best advice you ever received and/or gave?

The best advice I received was to go into practice where you want to live—I don't remember who gave me that advice, but I've given that advice out to many plastic surgeons. Also, to simply work hard because it's such a wonderful field and the only reason you would burn out is because you aren't paying attention! You would only burn out if you restrict yourself to too narrow a field or you stop challenging yourself. The learning potential is always there—I'm still learning 50 years later!

Attention All Artists, All Mediums!

Your new headquarters building for the Aesthetic Society is modern, sunny, convenient to major highways in northern Orange County, CA and has room for expansion.

That said, the office could be dramatically enhanced by well executed and interesting artwork. We are currently seeking out those members whose artistry extends beyond the operating room to help us enrich the new Central Office and provide us with your expressions of what it means to be an aesthetic surgeon.

If you would like to share some of your work with us, please send a jpeg or PDF file of your work to marissa@surgery.org. We thank you in advance for your interest and help in making YOUR new Central Office as pleasing and effective as the work you do!

Announcing You Tube Video Winners!

The winners of our recent "You Tube Video Contest" were announced at the Aesthetic Meeting, 2009 in Las Vegas. The contest, open to all residents and fellows, invited submissions on The Aesthetic Society benefits, patient safety, ABMS Board Certification (or Board eligibility) and realistic surgical expectations. The winning entries, which were voted on by members of the Resident and Fellows Forum Subcommittee, received a scholarship for their pre-approved expenses paid to attend The Aesthetic Meeting, 2009 in Las Vegas.

The winners are:

Mehul Kamdar, MD: Dr. Kamdar, a graduate of Columbia University, College of Physicians and Surgeons 2003 and is in the plastic surgery department at New York University's Langone Medical Center. Dr. Kamdar's winning video "Choosing the Right Cosmetic Surgeon" according to Clyde Ishii MD, Chair of the Residents and Fellows Forum "shows originality, professionalism and creativity."

Monica Hall, MD: Dr. Hall, a graduate of the University of Louisville School of Medicine and a current plastic surgery resident at the University of Tennessee Health Science Center, won for entry: "Cindy's Friends Hairdressers Mother" a video on seeking proper credentials for any plastic surgery procedure.

"Dr. Hall's entry was original, humorous and brought attention to the important points of seeking the right credentials in a plastic surgeon" said Subcommittee Co-Chair Kiya Movassaghi, MD. Her video is the expression of a resident who really "gets it."

Both of the winning entries can be seen on the home page of www.surgery.org

Injectable Safety

Continued from Cover

Coalition now represents more than 18,000 board-certified “core group” physicians dedicated to patient safety in the burgeoning injectables area.

Safety with Injectables webinar attracts over 500 registrants:

To alleviate any confusion members may have on black box warnings, dosing requirements, the informed consent process or reconstitution of currently available neurotoxins indicated for cosmetic use, the Physician’s Coalition for Injectable Safety conducted a webinar June 24, 2009 for all Coalition members. More than 560 members registered for the program with more than 210 participating, resulting in a 37% attendance rate.

The program featured faculty members from three of our eight represented societies: Ira Papel, MD, of the American Association of Facial Plastic Surgeons, Roger Dailey, MD, of the American Society of Ophthalmic Plastic and Reconstructive Surgery, Coalition Chair Mark Jewell, MD, of the Aesthetic Society,

Neil Reisman, MD and me as the session moderator. The program covered a range of topics related to neurotoxin use. Among them were: Labeling, Reconstitution, and “Single Use Vial” Issues, Informed Consent, Safety of Concomitant Use of Neurotoxins and Fillers, Periocular AEs—Avoidance and Management, and Safety Engineering with Neurotoxins.

Excellent Evaluations:

An extremely gratifying feature of webinars is the ability to receive almost instantaneous evaluations. On a scale of 1-5, registrants gave this Webinar a 4 for content, 70% of registrants would ‘very likely’ or ‘definitely’ attend another webinar from the Coalition and participants found the discussions on dilution, Q&A, and overall review as particularly helpful; members from AAFPRS, ASAPS, ASDS, ASOPRS and ASPS attended and participated.

For those who missed it, the program is available on the members-only websites of each Coalition member society.

Coalition Releases “Safety with Injectables Workbook”

A new workbook containing detailed informed consent forms, safety engineering advice, safe injection techniques and a wealth of other information on the use and administration of cosmetic injectables is now available for download on the www.surgery.org member’s only website.

Safety with Injectables is the result of close to a yearlong collaboration between the Coalition leadership with the aim of supplying members with detailed guidelines on how to start their own patient safety program. The Coalition would like to thank Chair Mark Jewell, MD for the yeoman’s job he did in assembling this valuable product.

Julius Few, MD is an aesthetic surgeon in private practice in Chicago, Chair of the ASAPS Cosmetic Medicine Commission and a member of the Physicians Coalition for Injectable Safety.

The Leap Foundation

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ASN: What are the upcoming plans for LEAP?

Dr. Hobar: It is going to be an exciting year. This weekend, Ella, a four year old with a severe craniofacial cleft arrived. She came out of a Russian orphanage and will live with a host family while she is getting her reconstructive surgery. We have our first International Development surgeon, Dr. Ale Mitchell, who just completed her craniofacial fellowship at U.T. Southwestern. We have mission trips to Zimbabwe, India, possibly Nepal the Dominican Republic and Belize.

ASN: How can Aesthetic Society members help the cause?

Dr. Hobar: I would encourage everyone to get involved. There are a lot of good organizations that do this type of work, but there will never be enough to meet the needs of the world. We go to a very remote place in India. When we arrived for the first time, we were met with 300 unrepaired clefts and they had a parade because we were the first team to have come to this region since the independence of India—and India has so many more resources than a lot of countries. When someone calls me and asks me if they should donate to another

organization, I say “absolutely, they are doing great work.” That is another thing that will never be reached—the depths of generosity of people for a good cause. There are different ways to try and change the world. When I heard of the inconceivable destruction that had been caused on 9/11, I was on a LEAP mission trip, standing in a military operating room in the Dominican Republic, watching Drs. Jeff Kenkel and Larry Hollier perform a micro vascular free flap on a young girl whose head was stuck to her chest from a burn. It may seem small in the overall scheme of things, but together with others, it becomes a tremendous force.

For more information, please log onto www.leap-foundation.org

Six “Core Group” Societies for plastic surgery and dermatology request meeting with FDA to discuss “Black Box” warnings on Neurotoxins

In a united front of inter-specialty collaboration, the Aesthetic Society has joined forces with the American Society for Dermatologic Surgery, American Academy of Dermatology, American Academy of Facial Plastic & Reconstructive Surgery, American Society of Ophthalmic Plastic and Reconstructive Surgery and the American Society of Plastic Surgery urging the FDA to meet with physician leaders to discuss the “Black Box” warning on currently approved neurotoxins for cosmetic use.

The letter, spearheaded by ASDS President and Physician’s Coalition for Injectable Safety representative Dr. Robert Weiss states facts that most aesthetic surgeons already know. There is no data to show that any deaths or serious adverse events, including dysphagia, have occurred from neurotoxin medications administered for cosmetic use. The FDA acknowledges the lack of evidence of dysphagia within its response to the Public Citizen petition, saying, ‘No cases of dysphagia in either the treated or placebo groups’ in the clinical trials supporting licensure of Botox Cosmetic for temporary improvement in the appearance of moderate-to-severe glabellar lines.

With regard to botulism and its accompanying symptoms, the FDA states, “Although two (1 U.S., 1 Foreign) of the 17 reports described use of botulinum toxin for dermatologic uses, neither report clearly suggested an adverse event attributable to the toxin... For the approved dermatologic use of temporary improvement in the appearance of glabellar lines (frown lines between the eyebrows), we have not identified any definitive serious adverse event reports of a distant spread of toxin effect.”

The letter, sent to FDA Commissioner Margaret A. Hamburg, MD, mentions that there was no opportunity for public comment on the issue and “We do not want patients, including those who have already been treated with medical neurotoxins for cosmetic use, to experience undue anxiety as a result of misleading information contained within these medication guides. As such, we recommend that the following language be added to the medication guides to clarify the risk:

To date there have been no reported cases of difficulty swallowing (dysphagia), breathing, or death due to medical neurotoxins for cosmetic use.

Likewise, there have been no reported cases of botulism or its accompanying symptoms (loss of bladder control, loss of strength and muscle weakness all over the body, etc.).

Aesthetic Society President Renato Saltz, MD represented ASAPS in this important correspondence. “Frightening patients is certainly not in their best interests and there is a long history of safety and efficacy with these products. We are hopeful that the FDA will meet with us and give us the opportunity to discuss this issue of vital importance to our patients and members.”

Updates on this issue will be published as available in future issues of ASN.

Victoria Vitale-Lewis, MD is an aesthetic surgeon in private practice in Melbourne, FL. She is Chair of the ASAPS Patient Safety Committee (ad hoc).

Image Reborn Foundation Celebrates 10 Year Anniversary

By Mark Jewell, MD

The Image Reborn Foundation, a Philanthropy organization whose mission is to provide no-cost healing retreats to women who have been diagnosed with breast cancer is celebrating its tenth year of service.

The focus is on encouraging women to reclaim their sense of personal power and to strengthen them in their journey toward healing on all levels.

The retreats, which are the brainchild of ASAPS President Renato Saltz, MD, utilizes local Park City, UT resources to offer women a place of healing, companionship and pampering as they go through the tumultuous journey of breast cancer treatment and recovery—all free of charge to them. The retreats typically include the following modalities:

- Women’s Support Group offering the opportunity for participants to share experiences, allowing them to rediscover a sense of personal power,
- The opportunity to visit with healthcare professionals in a small group setting regarding available treatment, including conventional and integrative approaches,
- Nutrition: a positive and delicious approach to food,
- Exercise: gentle movement and stretching specifically designed for women with breast cancer.
- Journaling: instruction on how to utilize journaling to enhance life.
- Massage Therapy: light professional massage for relaxation and pampering.

I was honored and delighted when Dr. Saltz asked me to be on the Board of this worthy cause, and I wanted to make all ASAPS members aware of our upcoming tenth anniversary gala to be held at the beautiful Stein Erickson Lodge in Park City, UT. Titled *La Vie en Rose*, the event will be held on September 26, 2009. For more information, please visit www.imagerebornfoundation.com

Mark Jewell, MD is an aesthetic surgeon in private practice in Eugene, OR. He is a past president of the Aesthetic Society, Chair of the Physician’s Coalition for Injectable Safety and a Board member of the Image Reborn Foundation.

Act in Haste, Repent in Leisure

An Effective Hiring Process Improves Recruitment Success

By Karen Zupko

Hiring great staff requires careful planning. Resist the common temptation to fill job positions quickly because the practice is busy and you need help “now.” Depending on the position, it may take several weeks or months to find the candidate with the right skills, experience and ‘fit’ for the practice and the patient mix.

Follow these tips for creating an organized hiring process.

1. Know what you are hiring for.

What does your practice really need? Clinical support, help with phone and patient volumes, marketing expertise? A practice with high volume skin care services, product sales, and an O.R. has different needs than the solo surgeon who chooses to do most cases at the surgery center. Multiple locations, multiple physicians, and mid-level providers add complexity to your business, and drive the need for highly skilled staff and an experienced, sophisticated manager.

Define the type(s) of employee whom you are looking for and develop a job description

that lists all the tasks required for the position—in writing. Job descriptions are important hiring and management tools that ensure employees understand what you expect of them. Develop them before you place a want ad, and use them as discussion tools during the interview process.

2. Use a consistent and systematic process for all candidates. Just because someone does a great job scheduling at the salon doesn't necessarily mean that person can effectively discuss or coordinate aesthetic surgery procedures with patients. Assess each person's full range of knowledge skills, not just what is observable on the surface.

Create a hiring process using consistent criteria, and put each candidate through that process no matter how ‘great’ they seem at the outset. Create want ads that go beyond just “Plastic Surgery Office Seeks Receptionist.” Use a resume review checklist and standard interview questions to ensure that each candidate receives a thorough assessment. Establishing standards on the front end makes categorizing the resume pile

and interview results much more effective.

3. Provide orientation and training.

Expecting a new employee to be successful after two days of “sitting with Jean” to learn the computer or the check-in process is unrealistic. This is especially true if you hire someone who has never worked in a plastic surgery office. Invest in vendor-led computer training. Establish an orientation plan that includes shadowing you during consultations, meeting the hospital O.R. staff and key referrers, and perhaps experiencing several competing practices as a patient. A small investment in knowledge building can yield a big payoff in creating a high performing staff that can support your practice in achieving success.

The above article is excerpted from the book “The Plastic Surgeon's Guide to Hiring Great Staff,” developed by Karen Zupko & Associates, Inc. Sample downloads of a job description template, ad copy for a Receptionist/Patient Concierge and a Resume Review Checklist available on the members-only website at www.surgery.org

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Symposium

What you need to know

Friday, October 23 | **Breakfast** 7-8am | **Program** 8am – 3pm

Chair Renato Saltz, MD

Co-Chair Charles Thorne, MD

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