



Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

Volume 13, Number 4 Fall 2009

Aesthetic Society Launches New Website

Member Blog to be introduced over next several months

By Mark A. Codner, MD



www.surgery.org, the Society's official presence on the web, has been given a total overhaul of content, structure and accessibility, now providing to both members and the public an easy to navigate and richer user experience.

Structurally, the "new" surgery.org employs a content management system that makes updating, search engine optimization and the inclusion of more extensive video not only possible but an integral part of our site. Among its new features are:

- An extensive collection of "ask a surgeon" and other videos that make the consumer experience more immediate and friendly
- An enhanced "Find a surgeon" feature that utilizes Google mapping, providing a map to your office location and, for consumers doing geographic search, a list of ASAPS members within a ten mile radius; of course, prospective patients can still search by your last name or zip code

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Aesthetic Society Offers New Fellowship Program

By Jeffrey M. Kenkel, MD



In keeping with our Mission of providing exemplary aesthetic surgery education, the Aesthetic Society, through a generous grant by Ethicon-Endo Surgery, has

recently started its first program for an aesthetic surgery fellowship.

The need for more fellowships is clear to any of us working in an academic setting. In the United States, the sub-specialty of aesthetic surgery currently has many contributing specialties, including facial plastic surgery, dermatology and oculoplastic surgery. These alternative specialties have very well organized national fellowship programs and standardization, a process which is currently lacking in plastic surgery.

To address this issue, The Aesthetic Training Taskforce, which includes Fritz E. Barton, Jr., MD, Mark A. Codner, MD, Gregory Dumanian, MD, Julius W. Few, MD, Bahman Guyuron, MD, Daniel C. Mills, II, MD, Norman H. Schulman, MD, Michele A. Shermak, MD, James M. Stuzin, MD, Andrew P. Trussler, MD and I, developed the following curriculum and criteria; it is our vision that standardization of the plastic surgery-based aesthetic or cosmetic fellowships will provide the

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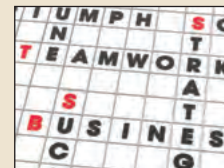
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Aesthetic Society News

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

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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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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

December 4 – 6, 2009

Aesthetic Plastic Surgery: The Next Generation

Waldorf Astoria

New York, NY

Endorsed by: ASAPS/ISAPS

Contact: Francine Leinhardt

347.266.7887

fleinhardt@earthlink.net

January 14, 2010

Third Annual Oculoplastic Symposium

Endorsed by: ASAPS/ASAPS/ISAPS

Contact: Susan Russell

435.729.9459

srussell@gunnerlive.com

Seprps.org

January 15 – 17, 2010

27th Annual Breast Surgery Symposium

Atlanta, GA

Endorsed by: ASAPS

Contact: Susan Russell

435.729.9459

srussell@gunnerlive.com

Seprps.org

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 20 – 23, 2010

SPSSCS 16th Annual Meeting

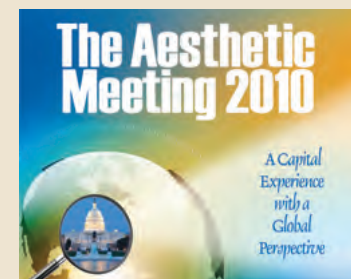
Gaylord National Hotel &

Convention Center

Washington, DC

Contact: SPSSCS at 800.486.0611

spsscs.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



In my first column for *ASN* (summer 2009) I described to you how humbled and honored I was when elected to becoming the 41st President of The American Society for Aesthetic Surgery. I described my Brazilian background, my training in the US, and how this bilingual and bicultural upbringing could play an important role during my tenure as your President.

I am pleased to report that many projects are moving forward to secure our place as the outstanding educators in aesthetic surgery world-wide, including the expansion of the Traveling Professor Program to an International level. This will allow our distinguished educators to bring their knowledge and wisdom to Residency Programs throughout the world. To mark this milestone, Past President and ASJ Editor-in-Chief Foad Nahai, MD has accepted my invitation to become our First International Traveling Professor.

Of course, hands-on observation is usually the best. With that in mind, we are planning an International Visiting Resident/Fellow Program to allow young international colleagues to have the unique opportunity to visit ASAPS members and their practices in a casual, educational environment. We are currently seeking funds to support the program.

The success of the first ASAPS Webinar on practice management has encouraged us to expand this new educational venue. A second webinar, "Marketing on a Budget: Internal and External Marketing Strategies" was held on October 8 featuring Practice Relations Committee Chair Daniel C. Mills, II, MD, practice management consultant Catherine Maley and social media expert Tom Seery. More than 300 members, candidates and residents signed up for the session. More webinar programs are planned, including one specifically addressing the needs and concerns of residents.

The Physicians Coalition for Injectable Safety under the leadership of Past-President Mark Jewell, MD continues to grow. Two more large Societies have joined us: The American Society for Dermatological Surgery and American Academy of Dermatology; the British Association of Aesthetic Plastic Surgeons

has also expressed interest in joining the Coalition, which now represents nearly 40,000 Board-certified physicians. We are the leading and largest group in the world regarding patient safety and patient education in injectables.

The newly developed Cosmetic Medicine Commission has set a big agenda and is already at work. Stay tuned for new educational and practice management activities from this very active group lead by Commissioner Julius Few, MD.

Leadership recently held an Executive Retreat in Huntington Beach, CA to plan and continue to secure our mission and future. I thank all the participants for all their hard work during an intense four days and a very busy agenda. A few of the issues addressed by your leadership:

1. Our Education Commission under Commissioner Jeffrey Kenkel, MD has quickly established a long-awaited Aesthetic Fellowship through a generous grant from Ethicon Endo-Surgery, Inc. Please review the criteria and submit an application to host and teach future colleagues. The group also felt The Aesthetic Society has a lot to offer in Residency Education. In that regard Dr. Kenkel and I have reached out to the Program Directors and offer our help with Aesthetic Surgery Training. Our request was welcomed and I see greater and unprecedented interaction that can only benefit our future colleagues and the Specialty.
2. I am pleased to inform you that a new focus on residents and their relationship with ASAPS is taking place. In my view, it is key to capture these young individuals and prepare them for the tough competition outside the residency environment. Under the direction of member Clyde Ishii, MD, a full platform of opportunities is being developed for residents for inclusion in the existing benefits such as free attendance to the Annual Meeting and free access to the Aesthetic Surgery Journal. We are also remodeling the Residents Forum and even considering a Resident Category in ASAPS. A resident-dedicated section at our website will include a message board, job opportunity board,

access to online educational materials, notices about upcoming teaching courses/webinars for residents, etc. As part of these many outreach initiatives the committee has already placed six residents on various committees and subcommittees.

3. The Communications Commission under the leadership of Mark Codner, MD has been quite busy. A new contract with Sage Publications has been signed for the Aesthetic Surgery Journal. I welcome the new Aesthetic Surgery News editor Dr. Charles Thorne and my sincere thanks to Dr. Julius Few for his excellent work as editor of *ASN* for the past four years.
4. The Social Media Task Force is off and running. An incredible and savvy group of young members and candidates is now allowing us to communicate with members and the public through Facebook, Twitter, etc. Drs. Gary Brownstein and Sanjay Grover and their subcommittees have done a terrific job in three short months to position us in the world of social media.

Your leadership continues with an incredible number of weekly committee calls including our new monthly Commissioner's call that keeps the Executive Committee and Commissioners aware of all the many outstanding projects and activities going on at The Aesthetic Society.

We are very fortunate to have hard working officers, board members, commissioners, committee chairs, committee members and staff working diligently for you, the Society and the Specialty.

As I told you recently, this Society is very unique and there is no other like it. It is made of "servants!" I could not be more proud of the people I have been working with for the past six months.

Image Reborn Foundation Celebrates 10 Years of Helping Women Recover From Breast Cancer

By Charles H. Thorne, MD

Since *ASN* began its Focus on Philanthropy series, the Editors have seen a common thread among all the organizations and Aesthetic Society members who began them. From Dr. Louis Bonaldi and his New Beginnings Program (*ASN* Spring, 2008) to Dr. P. Craig Hobar and his LEAP Foundation, (*ASN* Summer, 2009) these organizations were conceived to meet a medical and spiritual need and are spearheaded by excellent surgeons with a common thread of humility and public service.

In my opinion, one member who exemplifies these qualities is our current President Dr. Renato Saltz. In September of this year, his Image Reborn Foundation celebrated its tenth anniversary of addressing the emotional needs of women recovering from breast cancer. Image Reborn holds weekend retreats for survivors that features, according to the organization's website: "Education: opportunity to visit in a small group setting with healthcare professionals 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, and Rejuvenation Time: private time to allow for rest, contemplation, or whatever each individual desires."

Many of us who maintain both reconstructive and aesthetic practices see every day the emotional turmoil breast cancer survivors endure—Dr. Renato

Saltz did something about it. In order to learn more about the beginnings of Image Reborn, I have asked several close colleagues of Dr. Saltz to share their observations:

All of us who know Renato were not surprised when he saw a patient in need and decided to do something about it. As



Image Reborn receives a \$30,000 check at the September gala.

Dr. Thorne commented above, many of us who do or have done reconstructive breast surgery see women who are not comfortable discussing their emotional turmoil even with their closest family members and friends. This is perhaps even more pronounced in conservative or smaller cities where outside resources may not be available or people "just don't talk about" such personal issues.

As I remember the story, Renato wanted an option for these women where they could completely focus on their own needs—not worrying about children, family or work responsibilities.

This year, at the Annual Image Reborn Foundation fundraising gala, we learned that 1700 women had gone through the program, at absolutely no cost to them. It was obvious to anyone attending the event that these women have formed special and close bonds, as one of them said "I could look into the eyes of a perfect stranger (I met at the retreat) and know that she completely understood the worry I had that I might not see my

daughter graduate from high school, college or get married. Attending the retreat changed my life."

This was my first Image Reborn gala but it won't be my last. I am humbled by both Dr. Saltz for starting the program and to all of the breast cancer survivors who attend them.

Felmont (Monte) Eaves, III, MD

Dr. Saltz' enduring vision and commitment to the mission of a foundation to help breast cancer survivors recover epitomizes the ASAPS spirit of community service and philanthropy. His amazing concept, coupled with his passion for helping others has improved the lives of countless women. Dr. Saltz was the first recipient of the ASAPS Community Service Award in 2006. The Image Reborn model is something that other ASAPS members can clone within their own communities to help women recover from breast cancer.

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Image Reborn Foundation

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Mark L. Jewell, MD

Dr. Saltz doesn't just speak about giving back to the specialty and to the community. He has actively done this in many ways. The best example is his Image Reborn Foundation. His dedication to this philanthropic endeavor should be applauded by all.



Flavia and Dr. Renato Saltz at the Image Reborn gala

Robert Singer, MD

Please join me in congratulating all of the women who have gained strength and camaraderie from attending the image Reborn Retreats and Dr. Saltz for offering them *this* important opportunity.

Dr. Charles H. Thorne is an aesthetic surgeon practicing in New York City, Editor of ASN and Chair of the Society's Public Education Committee. Felmont (Monte) Eaves, III, MD is an aesthetic surgeon practicing in Charlotte, NC and President-elect of ASAPS. Mark L. Jewell, MD practices in Eugene OR and is a Past-President of the Society and Chair of the Physicians Coalition for Injectable Safety. Robert Singer, MD, practices in La Jolla, CA and is a Past President of ASAPS and is a Trustee of AAAASF.

3rd Annual

OCULOPLASTIC SYMPOSIUM

Thursday, January 14, 2010 • Atlanta, Georgia

Meeting Highlights Will Include Discussions On:

- Complex Orbital Osteotomies and Reconstruction
- Brow and Midface Elevation at Upper Blepharoplasty
- "No Touch" Lower Eyelid Blepharoplasty
- Improving Periorbital Aesthetics in Patients Midface Deficiency
- Tranconjunctival Midface

Sponsored by The Southeastern Society of Plastic and Reconstructive Surgeons, Northside Hospital of Atlanta, The American Society of Plastic Surgeons

Endorsed by The American Society for Aesthetic Plastic Surgery, Plastic Surgery Educational Foundation and The International Society of Aesthetic Plastic Surgery.

Program Chair **Mark A. Codner, MD**
Program Co-Chair **Clinton McCord, MD**

Symposium Faculty

Richard L. Anderson, MD – Salt Lake City
Steven R. Cohen, MD – San Diego
Roger A. Dalley, MD – Portland
Jonathan Dutton, MD – Chapel Hill
Julius W. Few, MD – Chicago
T. Roderick Hester, MD – Atlanta
Glenn W. Jelks, MD – New York
Don O. Kikkawa, MD – LaJolla
Bryan C. Mendelson, MD – Melbourne – Via Satellite
Foad Nahai, MD – Atlanta
William R. Nunery, MD – Indianapolis
Allen M. Putterman, MD – Chicago
Graeme Southwick, MD – Victoria
Jeremiah P. Tao, MD – Irvine
Michael J. Yaremchuk, MD – Boston

Preliminary Faculty
Australian faculty to be listed in final program



Twenty-Sixth Annual

BREAST SURGERY SYMPOSIUM

"Less Invasive Techniques in Breast Surgery"

Friday-Sunday, January 15-17, 2010 • Atlanta, Georgia

Meeting Highlights Include:

- Live Surgery
- Less Invasive Techniques in Breast Surgery
- Interactive Panel Discussions
- Foreign Scholars from Australia and New Zealand
- Breast Reduction/Breast Augmentation

Segments of our 2010 meeting will be Broadcast Live via Satellite to Australia. Dr. Ian Taylor will be participating live from Australia and is the Honorary Hartrampf Lecturer.

For the FIRST TIME both meetings will be offered over the internet live and delayed!

Endorsed by The American Society for Aesthetic Plastic Surgery, Plastic Surgery Educational Foundation and The International Society of Aesthetic Plastic Surgery.

Program Chair **Mark A. Codner, MD**
Program Co-Chairs **James D. Namnoum, MD & L. Franklyn Elliott, MD**

Symposium Faculty

Thomas M. Biggs, MD – Houston
Mitchell H. Brown, MD – Toronto
Louis P. Bucky, MD – Ardmore
Grant W. Carlson, MD – Atlanta
Daniel A. Del Vecchio, MD – Boston
Jose Luis Martin del Yerro, MD – Madrid
Felmort F. Eaves, MD – Charlotte – Via Satellite
James C. Grotting, MD – Birmingham
Dennis C. Hammond, MD – Grand Rapids
Carl R. Hartrampf, Jr., MD – Atlanta
T. Roderick Hester, MD – Atlanta
Jeffrey M. Kenkel, MD – Dallas – Via Satellite
G. Patrick Maxwell, MD – Nashville
John Barry McCraw, MD – Jackson
Michael F. McGuire, MD – Santa Monica
Antonio Aldo Mottura, MD – Cordoba
Farzad R. Nahai, MD – Atlanta
Foad Nahai, MD – Atlanta
Milomir Ninkovic, MD – Munich
Renato Saltz, MD – Salt Lake City

Mark A. Schusterman, MD – Houston
Michael Scheffan, MD – Tel-Aviv
Joseph M. Serietti, MD – Philadelphia
Sumner A. Slavin, MD – Brookline
Ian G. Taylor, MD – Australia – Via Satellite
Luis O. Vasconez, MD – Birmingham
Pat Whitworth, MD – Nashville

Preliminary Faculty
Australian faculty to be listed in final program



For more information contact the
SESPRS office at 301-320-1200 or www.sesprs.org
Accommodations: International Hotel - Atlanta, Georgia
www.ichotelsgroup.com | 877-270-1930

Genuine Fake Watches for sale at ASAPS/ASPS Biennial Cruise Meeting

By Anne Taylor, MD

Walk Towards the Light

What's the best part of traveling? The food, the sights, the people you meet?

I agree, all of these are highlights, but I think the best part is discovering, once again, that the human experience is the same, the whole world over. And while it is cliché, I was reminded of it again on the ASAPS/ASPS Greece-Turkey Cruise event this last June.

The entire trip was so memorable—from the outstanding CME put together by Drs. Kenkel and Fisher, the ancient ruins at exotic ports of call, the great new plastic surgeon friends I was able to meet—and the shopping. (I think I was in shopping heaven.)

There were trinkets and souvenirs at every port. One port even had a cobblestone road called the street of gold, which wasn't a reference to the pavement. The hand loomed rugs were at every corner, and then there was the jewelry. Heaven. The vendors cried out to us from all directions—whether the plaka in Athens, the agora in Ephesus, or the spice market in Istanbul, they were, literally, in our faces. These people know how to market their wares and they know how to sell. They've been at it for thousands of years. Perhaps they were too aggressive at times, but they were going to get the sale if they could. The aspect that blew me away though, was the market for imitation luxury brands. No worries of the police raiding your fake purse party here. And no need to wonder if it is genuine Rolex-nope, as you can see by the photo, it is a Genuine Fake.

You Get What you Pay For

Why do people buy a fake Rolex? Price, obviously. Is there a difference in the product? Yes, obviously. The fake will last a few months and either fall apart or stop working. The real one will outlast all of us, and probably end up being excavated thousands of years from now, like the ruins at Ephesus. I wonder what the 24th



century tourists will think we did with our time if our watches were so extravagant. So why even spend a cent on the cheap imitation? It's the Brand, obviously. We know what we are getting without asking questions. They have been so successful in creating their quality product and the brand Rolex, that everyone imitates them. And everyone wants one. "I'll take three, thank you."

Faux Surgeons

The weather on the Aegean Sea in June is my definition of perfect, not just mildly hot, but seriously hot, between 95° and 100° most days. The field of cosmetic plastic surgery is just as hot. Not just a little popular, it is Santorini hot (and trust me, this is the sweet spot of hot.) We are it, the real plastic surgeons—the problem we are facing is the knock-off docs who want to be us, and compete with us and sell a genuine fake facelift. The public does

not know our brand well enough to know the difference. They think they ARE getting the real thing, and it is too late after the fact. It is one thing to buy a fake watch in the plaka in Greece, it is quite another to think you are getting a real plastic surgeon and later find out, your doctor is an emergency room physician or a cosmetic skin specialist doing surgery. This is not just trademark infringement, this goes against our own professional Hippocratic Oath, "first, do no harm." It seems obvious (to us) that if you are not trained in plastic surgery, you should not do it. But when money enters the equation, even the most level headed physician—but not plastic surgeon—can come down with a type of heat stroke called money fever. It is terminal when they hang out their faux surgeon shingle.

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Genuine Fake Watches

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Raise the Bar—Back to the watches

The fake one looks like the real one. (don't look too closely, though.) How do you measure quality? The fake one doesn't hold up or have a warranty, or anyone to fix it when it breaks. A real Rolex is a quality piece of workmanship, with a vendor who knows what to do (when there are complications,) if it breaks.

With this as our example, we need to be providing the very best quality for our patients. We must continue to demand excellence of ourselves, as well as adhering to the Hippocratic Oath: "First, do no harm," must be your first thought after a patient asks you to do a procedure that is currently outside your scope of practice. We cannot be masters of everything. It's OK to admit this. The right thing to do is to refer that case to a colleague who does have this expertise—or if you are committed to learning the new procedure, visit a colleague in another city who does it. Read the textbooks and journals. Go to the meeting and take the course. Commit. Just dabbling at a new procedure is risky for you and the patient.

As plastic surgeons we are trained to think and learn to solve surgical problems. We are continually learning after residency. Our five plus years in as surgical residents are the foundation for our lifelong learning. But operating on a patient demands a level of professionalism which includes not doing a case that you don't have any business doing. And if we hold ourselves to this standard, then we can legitimately call a foul play when a patient comes to us after the ob/gyn has done a facelift and there are problems. Taking the next step is even harder. We should counsel the patients to contact the state's medical board, the better business bureau and the TV stations. We need to speak up for our patients sake—"buyer beware" should never apply to surgery.

Tea in Turkey

We are the real plastic surgeons, so some find it unbecoming to market ourselves. But we must if we are to succeed in this century, just as experts in other

fields did 3000 years ago too. It does not need to be tacky or tasteless. The secret is to make an emotional connection with your potential patient.

In the rug district in Kushadasi Turkey, they serve you a cup of tea and a pastry while they first educate you on the intricacies of making hand crafted rugs. By the time they are rolling out their handiworks, you are their personal friend, having a bite together, and the credit card is out, even though you have wall to wall carpeting at home. When the patient is in the office for the consultation, the connection must be made—either with tea, your dazzling staff or some other method. I serve coffee and buckeyes.

A little help from a friend

At the end of one of our longer bus tours, our guide gave us his favorite stores and recommendations on dining. Done—close the guidebooks, we all had it, and went to his "faves." So much so, that it was crowded at his picks while others, probably just as good, stood vacant. We should take this lesson to heart as well, and improve our communication and outreach with our referral sources. A quick letter to another physician keeps you "top of mind," when a future patient asks "who do you know that does...a facelift?" Being top of mind requires work—letters, phone calls, attending meetings and tumor boards. This marketing is more effective than any magazine or newspaper ad, and a heck of a lot less Turkish Lira.

The ASAPS/ ASPS biennial cruise now holds the distinction as my favorite meeting, and I plan on always attending future cruise "meetings." Who could ask for more? CME, venue, quality time spent with family, and friends both old and new—the friendships, not the friends. On top of that, the marketing lessons learned have already been applied. That is a genuine deal.

Anne Taylor, MD is an aesthetic surgeon practicing in Columbus, OH, and an ASAPS member.

New Website

Continued from Cover

- Extensive linking: we currently have more than 23,000 links externally and internally to our site.

In keeping with our educational mission, surgery.org now has the capability to develop a library of past member webinars, provide a smoother user experience for our online educational videos and allow members to both register for the Aesthetic Meeting, 2010 and pay membership dues online.

Member Blog in the works:

The new site, in addition to featuring links to our Facebook and Twitter pages, will soon have its own "blog." Providing all members with an opportunity to answer ask a surgeon questions in real time can comment on other member's suggestions.

"The member blog will give all ASAPS members an opportunity to test the waters of social media in a safe and controlled environment," said Sanjay Grover, MD, Chair of the blog Sub-Committee and a member of the Electronic Communications Committee. "This is a 'closed' blog, meaning that any entries from the public will be carefully reviewed before appearing on the Aesthetic Society blog. Of course, individual member attacks, superfluous comments or so-called 'Dr. Reviews' will not be tolerated," he added.

I urge every member to review and send us your comments on the new website. Increase our web presence can only benefit both patient referrals and spreading accurate and factual information on patient safety in aesthetic surgery.

Mark A. Codner, MD is an aesthetic surgeon in Atlanta and Chair of the Society's Communication Commission.

The Physicians Coalition for Injectable Safety

The past several months have been busy for the Coalition (injectablesafety.org), a group comprised of the American Society of Ophthalmic Plastic and Reconstructive Surgery, the American Society for Aesthetic Plastic Surgery, The American Academy of Facial Plastic and Reconstructive Surgery, The International Society of Aesthetic Plastic Surgery, The American Society of Plastic Surgeons, The Canadian Society for Aesthetic Plastic Surgery, The International Federation of Facial Plastic Surgery Societies and the American Society for Dermatologic Surgery. Our group, whose mission is to eradicate the importation of off-shore injectables, provide public education for consumers and clinical education for physicians, represents a collaboration of core specialties united for patient safety.

Coalition Collaborates with ELLE on injectable survey

Recently, through collaboration with the beauty magazine Elle, the Coalition conducted a consumer survey on the use of cosmetic injectables, reasons for not having a cosmetic injection and what safety measures were taken by the providers of injectables. The survey was distributed to the ELLE Inner Circle Reader Panel, a group of consumers the publication uses for testing and research. The survey, conducted by MRI Interactive, had a 15.4% response rate. The results, which will be published in a future edition of ELLE, included the following:

- Nine percent of respondents have received a cosmetic injection to treat facial wrinkles or improve appearance
- 49 percent have not received injections because they don't think they need them at this time
- However, three out of four respondents might consider injectables in the future
- Botox Cosmetic, Restylane and Juvederm composed the lion's share of injectable products received

- Three out of four respondents received their injections from a plastic surgeon (including ophthalmic and facial plastic surgeons) or a dermatologist
- 66 percent of the respondents who received injections are likely to have a future treatment

The full results of the survey can be seen at our website, www.injectablesafety.org

American Academy of Dermatology Joins Coalition

The Chair of our Coalition, Dr. Mark Jewell, has been the driving force behind our project which began with a handshake between ASAPS, my organization, ASOPRS and the AAFPRS. From these humble beginnings we have grown to be a real force in the patient safety arena and a model for inter-specialty relations. Mark recently informed us of the desire of the American Academy of Dermatology to join our group. We are, of course, delighted to have them and now the Coalition represents more than 37,000 board-certified physicians committed to patient safety.

To those of us who were part of the Coalition from the beginning, this is an amazing achievement. Speaking on behalf of the Oculofacial plastic surgeons, we are delighted to be a part of this effort. Speaking for myself, I would like to thank the editors of *ASN* for allowing me to report on our activities to your membership.

Roger A. Dailey, MD, FACS is an oculofacial plastic surgeon in Portland, OR, a Past President of the American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS), and a Professor and the holder of the Lester T. Jones endowed chair at the Oregon Health and Sciences University (OHSU) in Portland. He is also the director of the oculofacial plastic surgery training fellowship at OHSU.

The Physicians Coalition for Injectable Safety is getting noticed by the national press for the service it provides to consumers. The following stories ran in, respectively, *USA Weekend* and the *New York Times*

September 27, 2009



Women's Health Report: Change your life

BEAUTY: CHECK OUT A CATALOG OF WRINKLE CURES

If you get injections to help erase wrinkles, or you're thinking about it, check out injectablesafety.org. This website was set up by the Physicians Coalition for Injectable Safety, a group of plastic surgery organizations, to give consumers the latest unbiased info on dermal fillers.

The site lists 17 brands of injectable cosmetic treatments—including Sculptra, which is newly approved by the Food and Drug Administration—and explains their purpose, cost, duration, side effects and complications.

For the best results with the least risk, choose a board-certified plastic surgeon or dermatologist who personally administers the injections in a medically equipped office. And be sure the injectable is an FDA-approved brand name, not a generic.

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September 24, 2009

The New York Times

Fill in the Blanks First

By CATHERINE SAINT LOUIS

INFORMED choice is crucial as Sculptra Aesthetic, a filler made of Poly-L-lactic acid, joins the crowded injectables market. Sculptra lasts longer than other wrinkle fillers and is used by doctors to restore broad areas of volume loss like sunken cheeks.

Seek out an injector who has experience with an array of fillers, including Sculptra, to ensure that the right injectable is matched to your specific problems. A consultation should cover fat transfer, since, like Sculptra, it can also address extensive facial volume loss. That procedure entails harvesting your fat through liposuction then injecting it in your face.

A list of questions to ask is available at www.injectablesafety.org. At the very least, ask the following:

What's your core training? A plastic surgeon or dermatologist certified with the American Board of Medical Specialties is the gold standard. Check at www.abms.org for verification. A facial plastic surgeon certified by the American Board of Facial Plastic and Reconstructive Surgery is also qualified to administer anti-aging injectables.

Do you regularly provide dermal filler treatment? A doctor with a thriving injectables practice uses them a few days of the week. But since Sculptra Aesthetic is new, a few times a month is the bare minimum, said Dr. Karol A. Gutowski, the chief of plastic surgery at NorthShore University Health System in Illinois.

What's your policy if complications arise? Doctors should discuss the benefits and risks of injectables during consultations. In the event of complications, ask how certain problems would be handled. Best to get a sense of their policy before treatment.

Aesthetic Surgery Journal Names New Publisher

By Alan H. Gold, MD

Aesthetic Surgery Journal, the Society's peer-reviewed, indexed publication, is proud to announce the retention of Sage Publications as the new publisher for *ASJ*.

The decision to change publishers is the result of a nearly year-long search, involving an extensive RFP Process, personal interviews of four finalists and a unanimous recommendation by the Publications Committee to the Aesthetic Society Board of Directors.

Sage, a privately owned company with headquarters in Thousand Oaks CA, London, Singapore and New Delhi, offers many advantages that *ASJ* will be able to utilize, some immediately. Among them are:

A Robust and Forward Web Presence

Sage utilizes the Highwire Press platform, a Division of the Stanford University Libraries, which is considered the gold standard in online journal publishing. This will provide *ASJ* with state of the art applications used by such journals as *JAMA*, *The British Medical Journal*, and the *New England Journal of Medicine*. Sage will be developing a completely new website for us, featuring the ability to carry videos lasting anywhere from 2 to 20 minutes for several of the papers, the ability to rank current and past articles as "most read" and a greatly improved search mechanism.

Highwire also has a program whereby journals that cite other journals on the Highwire platform are available to readers free of charge. For example, if the journal *Anesthesia & Analgesia* were to site *ASJ* in their publication, the reader would have free access to both articles.

"I can't stress enough how exciting these online developments are for *ASJ*" said Editor-in-Chief Foad Nahai, MD. The new site will bring us into the twenty-first century and will debut with the January/February 2010 issue."

A new editorial management system making submitting and reviewing papers seamless and fast

Sage recommends that all of the journals in its family use the Manuscript Central™ online peer review system, which allows authors, reviewers, and editors to electronically access submitted manuscripts and track them through the process. Prior

to this point, *ASJ* has used EES, a proprietary version of Editorial Manager™ provided by Elsevier. While EES was certainly a reliable and helpful system that is employed by many journals, the proprietary platform lagged several versions behind the more up-to-date "open market" version of Editorial Manager™ in terms of features and user-friendliness. With this conversion to Manuscript Central™, we are confident that our users will benefit from a more intuitive, interactive system with the best features available for peer review. We are confident that this new system will aid in further streamlining the time from submission to first decision, which is an important part of *ASJ*'s promise to its authors. Sage (along with ScholarOne™, the parent company of Manuscript Central™) is offering thorough training for our editorial office, members of our Editorial Board, our reviewers, and our authors in an effort to ensure that the transition to this new online system will be smooth and seamless.

Targeted and ad sales and circulation promotion efforts:

Sage has dedicated ad sales and promotion personnel who will help to keep *ASJ* revenue-positive and support our publication for the future. They also have planned attendance or presence at all of the major plastic surgery meetings, both here in the States and internationally.

The Publications Committee would like to thank the outstanding contributions of Elizabeth Sadati-Bernard in helping us through the publisher process.

Aesthetic Society members are encouraged to submit and to be on the lookout for the January-February issue of *ASJ*.

Alan H. Gold, MD is Chair of the Publications Committee and Immediate Past President of the Aesthetic Society.



The Brenthurst Clinic Tapestry



Dr. John Penn points out detail in his father's tapestry at the ASAPS open house.

Now that the Aesthetic Society has a permanent home in Garden Grove, CA, one of the most prized pieces of artwork on loan from the Penn family has also relocated to this new facility. The 'Brenthurst Clinic Tapestry,' commissioned by the late Dr. Jack Penn (1909-1996) had hung proudly in the Communications Office of the Aesthetic Society in NY since 2001. His son and former President of ASAPS, John G. Penn, MD, offered the impressive 6 ft. 6 in. high and 12 ft. wide velvet tapestry to the Aesthetic Society after retiring and closing his practice in Winter Park, FL.

The history of the tapestry is tightly connected to the late Dr. Penn, an inspiring plastic surgeon who founded and promoted programs, education, clinics and writings featuring plastic and reconstructive surgery. His early efforts were best summarized in the eulogy that his son, John wrote in the January 1997 issue of *Aesthetic Surgery Journal*:

[He]...established the Brenthurst Military Hospital (Johannesburg, South

Africa) during World War II, where thousands of servicemen were treated for burns, gunshot wounds, and other ravages of battle. [Also]... plastic and reconstructive surgical service and caring for casualties during the Israeli War of Independence in 1948; traveling to Hiroshima and Nagasaki in 1956 to help care for and rehabilitate the victims of the atomic bomb attacks on those cities; working with Dr. Albert Schweitzer of Lamborene, Gabon, to develop reconstructive techniques to rehabilitate people who had leprosy; and teaching and performing surgery in various academic centers in the US, Europe, and Asia.

Along with these great acts, Penn was a prolific writer who developed the first English language journal of plastic surgery, the *Brenthurst Papers*, and authored numerous articles and books. Like many other plastic surgeons, he enjoyed art; though, his innate talents made him an accomplished artist whose sculptures are displayed across his native South Africa and beyond.

It was this combination of art and science that led to the development of the tapestry back in the mid-1960s. In Penn's autobiography, "The Right to Look Human," he tells the story of how his friend and local artist, Earnest Ullmann had a severe heart attack and was brought into Penn's Brenthurst Clinic when the new wing was being constructed. The clinic was founded in 1950 with minimal financial support, but slowly became an important part of the medical community and set the standard for private hospitals in the area. In an effort to bring Ullmann out of his tired and depressed disposition, Penn encouraged the artist, who created renowned tapestries with his wife Jo, to create original tapestries for each of the wards in the new wing.

This inspired proposal led to an effective psychological rehabilitation and accelerated recovery for the artist and the research and creation of tapestries appreciated by patients and doctors alike. The plastic surgery tapestry was the "masterpiece" of the collection and was displayed in the main foyer. The idea that patient's rooms and recovery areas should be comfortable and be aesthetically pleasing was the theme driving the design of these wards, and eventually the tapestries themselves.

After the tapestry's creation in 1966, Dr. Jack Penn wrote a description in the January 1967 issue of the *British Journal of Plastic Surgery* describing it as a "triptych" or tri-panel work of art "depicting the history of Reconstructive and Plastic Surgery." There are six figures—(left to right) three historical and three modern period doctors holding or using "symbolic emblems relating to the various aspects of the specialty of surgery." There is an ornate centerpiece dividing the old vs. the new and everything sits on the Brenthurst Clinic's credo, "It is the Divine Right of Man to Look Human."

Continued on Page 11

The first historical figure is of an Egyptian surgeon holding the oldest surgical document, the Edwin Smith papyrus. The second represents a Hindu Tile Maker, part of a caste in India 2,500 years ago who commonly restored cut-off noses (a form of punishment) with a razor—now called the “Indian Rhinoplasty.” The third person is Tagliacozzi, considered the “father of plastic surgery,” he published a treatise relating to reconstructive surgery in 1597 while teaching at the University of Bologna.

On the modern side, there is a surgeon dressed in a gown with gloves; the modern patient, a symbol of beauty; and the modern nurse holding a bouquet of protea—named after the Greek God Proteus who could change his form at will.

Separating the two eras are two trees in varying condition: one broken and withered with the Aesculapian serpent on the trunk, while the other has a graft and flowers beautifully. Representing the “causation of damage to external features and skin” are ruined symbols of aircraft, weapons, and industry. Flames surround the images with the Brenthurst Phoenix rising, symbolizing the many pilots who had been “brought down in flames were later to fly again” by the doctors’ efforts.

These powerful images tell the story of the progression of plastic surgery through history and showcase the primary objective of every plastic surgeon—to improve the quality of life for their patients. No other message could be more appropriate for the members of the Aesthetic Society who strive for excellence and advancements in surgery every day.

On behalf of the staff and members of the American Society for Aesthetic Plastic Surgery, we thank John G. Penn, MD and his family for their generous loan of the Brenthurst Clinic tapestry and for providing us with the history of this artwork.

UPDATE ON: *Patient Safety*

Chantix and Zyban to Get Boxed Warning on Serious Mental Health Events

On July 1, 2009, the U.S. Food and Drug Administration (FDA) announced that it is requiring manufacturers to put a Boxed Warning on the prescribing information for the smoking cessation drugs Chantix (varenicline) and Zyban (bupropion). The warning will highlight the risk of serious mental health events including changes in behavior, depressed mood, hostility, and suicidal thoughts when taking these drugs.

Health care professionals who prescribe Chantix and Zyban should monitor patients for any unusual changes in mood or behavior after starting these drugs. Patients should immediately contact their health care professional if they experience such changes.

Similar information on mental health events will be required for bupropion marketed as the antidepressant Wellbutrin and for generic versions of bupropion. These drugs already carry a Boxed Warning for suicidal behavior in treating psychiatric disorders.

Reports of Problems

FDA’s request for additional warnings is based on a review of reports submitted to the agency since the time the products were marketed and on an analysis of information from clinical trials and scientific literature.

- Some people who have taken Chantix and Zyban have reported experiencing unusual changes in behavior, become depressed or had their depression worsen, and had thoughts of suicide or dying.
- In many cases, the problems began shortly after starting the medication and ended when the medication was stopped.
- Some people continued to have symptoms after stopping the medication.
- In a few cases, the problems began after the medication was stopped.

Neither Chantix nor Zyban contain nicotine and some of these symptoms may be a response to nicotine withdrawal.

People who stop smoking may experience symptoms such as depression, anxiety, irritability, restlessness, and sleep disturbances. However, some patients who were using these products experienced the reported adverse events while they were still smoking.

“The risk of serious adverse events while taking these products must be weighed against the significant health benefits of quitting smoking,” says Janet Woodcock, M.D., director of FDA’s Center for Drug Evaluation and Research. “Smoking is the leading cause of preventable disease, disability, and death in the United States and we know these products are effective aids in helping people quit.”

Additional Changes

In addition to the Boxed Warning, FDA also is requesting more information in the Warnings section of the prescribing information and updated information in the Medication Guide for patients that further discuss the risk of mental health events when using these products.

Manufacturers also will be required to conduct a clinical trial to determine how often serious neuropsychiatric symptoms occur in patients using various smoking cessation therapies, including patients who currently have psychiatric disorders. FDA’s review of adverse events for patients using nicotine patches did not identify a clear link between those medications and suicidal events.

Chantix is manufactured by New York-based Pfizer Inc. Zyban is manufactured by GlaxoSmithKline, Brentford, Middlesex, United Kingdom.

This article appears on FDA’s Consumer Updates page, which features the latest on all FDA-regulated products.

Date Posted: July 2, 2009

The Aesthetic Society Recognizes its 2009 Co

The Aesthetic Society sincerely thanks these companies for their continued support in helping us achieve our educational and research mission.



Allergan Medical President Robert Grant receives the ASAPS Ruby Triangle Award.



Medcis Executive Vice President, Sales and Marketing, Vince Ippolito receives the ASAPS Sapphire Triangle Award.



Mentor Corporation's Vice President of Global Marketing and Sales, Brian Luedtke receives the ASAPS Platinum Triangle Award.



Kamal Majeed, PhD, NexTech President, receives the ASAPS Platinum Triangle Award.

Corporate Supporters

ed support and for

Pictured presenting the awards are Immediate Past President Alan Gold, MD (left) and Corporate Sponsorship Chair Al Aly, MD (right).



Jim Haney, Group Product Director receives the White Gold ASAPS Triangle Award.



Steve Parsons of Dermik, sanofi-aventis receives the ASAPS Gold Triangle Award.



Hani Zeini, Founder, President and Chief Executive Officer of Sientra, receives the ASAPS Gold Triangle Award.



Dennis Condon President and Chief Business Officer of BioForm Medical receives the ASAPS Bronze Triangle Award.

FOCUS ON: *Founding Members*



James B. Kahl, MD

As a founding member, Dr. Kahl has plenty of stories about the history of the Aesthetic Society and the many positions he has held, but what sets him apart is his busy surgical schedule. At 77 years of age, he is still actively practicing plastic surgery and researching new methods. Dr. Kahl makes time for his patients and the local ER; he plays a few rounds of golf a week; and catches the Bengals when they play at home. Lucky for us, he had time to sit down with *ASN*.

Why did you choose plastic surgery and who/what influenced you the most in your career?

I grew up in Western PA and my father was a general surgeon. He got me interested in medicine and insisted that I go into premed even though I really wanted to be a history professor (he was right). When I finished my undergrad and went to medical school I became interested in harelips, palates and burn treatments.

My first wife's father was the first plastic surgeon in Pittsburgh, so he furthered my interest in plastic surgery. Through my contact with him I got to meet doctors like Robert Ivy, James Bennett, J.B Brown, Peter Randall...etc. (some of the founding fathers of plastic surgery) and that whetted my interest in plastic surgery even more.

I went into the residency program at the University of Cincinnati with Dr. Longacre and Dr. Destefano. Yvo Pitanguy trained there and that's how I got to know him.

Once Dr. (Jack) Longacre stepped down as program director, I took over the program and did that for 25 years.

What I love about plastic surgery is

the variety—I saw my father doing the same few surgeries over and over again. I could do a hand case one day, then a breast aug, a facelift, facial fracture and so on. It offered opportunities for innovations, expressions, opinions and continually improving results. My father, my father-in-law and Dr. Destefano were my biggest influences in plastic surgery. I got all three of them to join ASAPS!

How did you get involved with The Aesthetic Society and why?

In 1964 I finished my residency and went directly into the Navy. When I got back to Cincinnati, my partner, Dr. Destefano and a group of peers had formed a travel club.

There were 20 or so plastic surgeons and they would meet once or twice a year and have meetings. It got a little more involved as the years went on—(Doctors) Simon Fredericks, Tom Baker, John Lewis wanted to move forward with an actual society. In the big society meetings (ASPRS) it was always lips, palates, burns, trauma and no one wanted to give their (aesthetic) secrets away. So we thought, let's have a group for aesthetics and discuss how we do aesthetic surgeries. The first meeting was in 1967 and we've all been close friends every since.

Did you know it would eventually become the largest aesthetic plastic surgery organization?

We thought it would be 40-50 people but the idea really caught on with the rest of the membership. At first, some doctors weren't too happy with us, but they joined in afterwards. We knew it was going to be a good organization and we were very selective.

Also, around that time ISAPS was also created and I got involved in that. When we started opening up these organizations to plastic surgeons who met the requirements, it just kept growing. I got involved in a lot of other local and international groups, but I always loved attending The Aesthetic Meeting, giving courses and heading the residency program. I made all my residents join!

What was your favorite role or office held in ASAPS?

I held a lot of offices between being on ASAPS or ISAPS and while they were all valuable roles and functions, I mostly remember the experiences I had and the programs that came out of them. We had a meeting on a cruise in the very beginning and I was treasurer at that point—it was very fulfilling to accomplish that (and it might never happen again due to our size!). It was all fun but it was very time consuming—we were able to get significant programs that were successful which made people who didn't initially want to attend, to attend and then to join.

Who are the most difficult patients and how do you deal with them?

Patients want honesty and a doctor that's ethical. The most difficult patients are those who have been misled by false advertising and ideas. A lot of other specialties give different expectations and sometimes cause patients to anticipate something that can't be achieved.

Personally though, I think the most difficult patients are children with birth defects. The parents always feel guilty about the deformity—they feel like they did something wrong. As a doctor, you let them know that it's not their fault but in order to correct it, you're going to have to make an incision and that's going to most likely lead to scars. You need to prepare them and tell them that it isn't their fault and you will do your best with minimal scars and improving the deformity. It's important to give your patients the information they need to deal with the outcome.

What is your current schedule like?

I work five days a week in a solo practice—surgeries in the morning and emergency room duties on the weekends. I do lipodissolve one afternoon for research purposes—I want to see if it's a worthwhile procedure.

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Founding Members

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That's amazing, what are you doing outside of your busy surgery schedule?

My first wife died in 2001 and a year afterwards I went to my hometown for a surprise birthday party. A girl that I dated for six years when I was younger came back for the reunion and we ended up getting married. I hadn't seen her for 49 years! She keeps me active and likes to play bridge, golf and go out. In 1974 I built a home in the Dominican Republic and I do surgery there for the children. That's very fun and rewarding. I play a lot of golf too and we have as many friends there as we do here in our home town.

You've achieved a great deal in your career—what are you most proud of after all this time?

In terms of my plastic surgery career, I'm proud of the residents and fellows I've trained in plastic surgery and the patients

I was able to help. Learning from my colleagues and developing good skills has been very important. My friendships with my peer group and patient relationships have all been great. I had helped some congressman with surgeries and they thanked me by flying the flag over the US Capitol building in my honor a couple of times. Those moments meant a lot to me.

What about outside of your career?

One of my grandchildren has a genetic disorder Niemann-Pick Type C Disease (the build-up of cholesterol in cells resulting in damage to the nervous system). Ara Parseghian, the great Notre Dame coach started a foundation for his three grandchildren that died of this disease and has raised over \$30 million. I'm active in this cause and held five charity golf tournaments in Cincinnati that have raised over \$500,000.

What advice would you give residents today?

I tell residents, you must maintain your honesty and ethics, bridle your ego—have compassion for your patients and have respect for your office staff and hospital personnel. It's your responsibility to hone your skills, teach, innovate and publish. If you have the chance to meet an outstanding surgeon, try to talk to them and learn something from them. Try new things and report on them—this is how we move forward in our specialty.

Also a specific word of advice: when you have a consultation don't visually anticipate what the problem is—that could get very embarrassing. I remember once when I first started, I introduced myself to this young boy and his parents then asked them "I guess we're going to talk about Bobby's ears?" His mom said "What's wrong with his ears? He's got webbed fingers." It's best to just start out with "What are we going to talk about today?"

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Auditing your Practice: Non-financial Variables to Survive, or Thrive

By Marie Czenko Kuechel

Today's economy has many practices looking at the bottom line. I regularly hear aesthetic surgeons say, "its never going to return to the way it was." The reality is it shouldn't. The past few years created unrealistic growth, excessive mismanagement that resulted from easy money, and taught us all (aesthetic surgeons and nearly every other business in a first world-society) to focus on money as the only measure of health, growth or satisfaction.

One may be inclined to call an accountant to audit your books in hopes of finding missing money. Instead, or concurrently, consider the value of taking the time to audit the non-financial values in your practice and find where there are weaknesses that either threaten your survival, or stymie your opportunities to thrive.

A non-financial audit is something you should undertake to measure the state of your practice, collect valuable data and improve operations. Unlike a financial audit, this is not tedious, nor is it an exercise to find blame for shortfalls. Unlike a financial audit, you don't have to freeze the cash flow or operations for a period of time and complete the exercise all at once. Take it in phases, review and update those phases at the same time each quarter (or at the very least each year) and along the way collect data to trend, learn and grow.

Audit for quality improvement. Don't just consider an audit when growth or down-sizing is on your agenda; at any time in your practice cycle look for cost efficiencies, and consider the impact of competition, future planning and new opportunities. The key terms to implement in your audit are value, objectivity, sincerity and teamwork.



Human Resources

Auditing the people who work for you is not as easy as performance reviews. As the business owner or leader:

- Annually, have you had a complete health review?
- Do you have all the necessary insurance: risk, key person life insurance, liability, accidental death, disability? If you don't and something happens, will it put you out of business?
- Legally is your business/partnership plan up-to-date?

Strategically, what are your goals—personally and professionally? Not only must goals be defined, but you must also measure achievement, and critically review your leadership and administrative responsibilities. Are you optimally productive or is your time heavily taxed with a burden someone else might bear? When defining goals or reviewing productivity, remember to define a balance between work and home: don't save your free time for retirement. You deserve a balanced quality of life.

In terms of your entire team, all those who work for you, including you, there are basics to review and keep up to date in non-financial auditing:

- Emergency contact. If a staff member has an accident or critical illness on the job, who will you contact? Who do you have permission to contact?
- Drug screening. Those who don't have a substance abuse problem don't have an issue with drug screening. Regularly testing the group can uncover a situation that if left to chance, could result in a liability to your practice.
- HIPAA compliance agreements are a basic. Does every member of your staff understand that privacy is more than a policy? A failure here could ruin your practice image.

Look at your administrative and service providers in terms of productivity, performance and dedication. Set goals, measure and, if necessary, set new goals. Review how the team performs together. Accept that the speed of the team is not

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Auditing Your Practice

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the only important factor; consider its stress factor as well. For example, is a productive individual also one whose constant complaints stress others? Don't think it will go away. Look at it critically; if it comes up in an audit, it's not criticism, it's room for improvement.

Marketing

The questions and answers about marketing are endless and this is likely the most dynamic part of your practice. To audit requires that you regularly and critically review your exposure, the messages you send, what it costs and the value that results. The bottom line is that if your marketing succeeds in delivering patients to your door, it must not fail in achieving success with a captive audience. If this happens, it's not the prospective patient's fault; the blame lies in the messages you send.

- Externally, you must look at the accuracy and appropriateness of your content—every time you renew or revise, or place a message.
- Legally, as an advertiser, it's your responsibility to know the letter of the law in your state. As regulation changes, stay on top. Something as simple as board certification not clearly defined on your website or a directory listing could land you in trouble.
- Consider how your market changes. Your message and how it is delivered must connect with your market today, and in the future. Anything in an electronic environment today lives on indefinitely. Don't make costly image mistakes.
- Measure your return. You could have the best optimized site, and exist on the best optimized directories. But there exists little or no value unless those "hits" translate to patients who remain loyal to you and your services. The argument that patients don't regularly respond to questions like "where did you hear about us?" is lame. Don't trust collecting this information to a form; ask as a sincere part of the initial consultation and learning experience about this individual. And track the trends not just the

vehicles, as the Google ranking stratum changes faster than an escalator revolves.

- Internally, once you have that patient, critically review when and how you connect. There exists no value in over selling or losing touch with those who have trusted you now and in the past. The messages, the means, the opportunities to connect change, but unless you regularly review those connections and the response, you're throwing darts in the dark.

Service and Productivity

Tracking who does what and in what amount of time is essential. The provider who is always 30 minutes late is not the magnet of patients who are all 30 minutes late. Look at your practice as a whole: how much time is spent per procedure by the provider and per administrator necessary to complete the entire office visit, procedure, or course of treatment? Per provider, how much time is spent in treatment, administration, educating patients, or simply in training to keep up with the most appropriate and innovative techniques? Don't stop with those individuals who are a direct revenue stream. Is your administrative staff proactive or reactive and to what issues? Are they task oriented? Consider the accuracy, repetition and redundancy of tasks. Look for opportunities to review, change and improve. If you don't regularly review where the baseline stands, you have no measure from which to improve—in terms of productivity or quality service.

Your patient's satisfaction and loyalty are also critical factors to service and productivity. If your practice offers cosmetic medicine, or skincare, loyalty is a bigger measure of your success than revenue. A single product sale without repurchase, a single skincare or laser treatment without retreatment demonstrates there is clearly a missing link—whether over promising, underperforming or simply pushing too hard to make the original sale. Improving on loyalty can be the single greatest non-financial variable that will result in improved revenue.

Safety

The firemen come through as required and test your sprinklers, inspect your extinguishers and review the path of your emergency exit. But there is more to the safety of staff, patients and visitors to your practice. If you don't have emergency plans and procedures to audit, put them in place. Audit them regularly as key roles may change, and conduct drills regularly. If you have a storefront is it possible a car out of control could spin through your window? If this happens, do you have plans in place or will everyone be expected to react? Consider plans and drills for weather incidents, accidents, and even violence. A drill does not mean you go through the actions, but as a team, rehearse, and audit. Look for the safest, most efficient course. Consider that in the recent past plastic surgery offices have been:

- In a building with bomb threats
- Next door to banks that were held up with hostages taken
- In the line of fire and forced to immediately evacuate in the middle of a busy clinic day without so much as the time to grab the patient records and cancel the day's remaining appointments

Being unprepared in any of these situations is a critical event that could not only jeopardize the safety of your practice and people, but also the data, and the reputation that are your greatest assets.

For those who believe that a non-financial audit will be too stressful, or difficult to initiate today, and implement and continue with over time, heed the words of General George S. Patton: "Pressure makes diamonds." Every facet of your practice beyond your financial health is a critical variable that may be diamond-hard to change, but can always use a little polish.

Practice Consultant Marie Czenko Kuechel is author of Aesthetic Medicine: Growing Your Practice and a frequent contributor to ASN. Her website is czenkokuechel.com

Media Notes and Quotes

A Sampling of current media coverage on the Aesthetic Society

Dr. David Rowe, a plastic surgeon, was operating on a patient when he noticed an unusual amount of bleeding. "The tissue was just oozing, and we couldn't figure out why," he remembered, noting that the patient had told him he wasn't taking any supplements. "After the surgery I asked the patient, 'Are you sure you're not taking anything?' and he said, 'Oh, yes, I'm taking this, this and this.'"

In a paper published this year in the **Aesthetic Surgery Journal**, Rowe listed about a dozen herbs that should be avoided within two weeks of surgery, including common ones such as garlic, ginseng and echinacea. Some increase bleeding and some affect the heart, and others interfere with anesthesia or other drugs.

Herbs, Vitamins that Can Hurt You
CNN
August 20, 2009

In fact, laser treatment for spider veins on the legs jumped to 133,192 procedures in 2008 from 85,907 in 2000, according to the **American Society for Aesthetic Plastic Surgery**. And that's just counting what the society's membership performed. Although both sclerotherapy and laser treatments are commonly performed to eradicate spider veins, there is some pain and up to eight weeks of healing time. Both treatments usually involve repeated visits. And there are no guarantees—spider veins may return to a treated area and there is no way to prevent new ones from forming. Since spider vein treatments are considered cosmetic, they are rarely covered by insurance.

Removing the Web of Spider Veins
New York Times
September 10, 2009

More than 350,000 women get breast implants every year, making it the most popular kind of plastic surgery. No surprise there. But a new study in **Aesthetic Surgery Journal** shows that most women still get saline implants, despite the return of silicone in 2006 after 14 years off the market due to safety concerns. Here, what's most popular when it comes to implant type, size, shape and more.

What Women Want (in a Boob Job)
Health Magazine
September 2009

One month before 39-year-old Tiffany Barton got remarried, she decided to plump up her lips. There was a "doctor," Mario Nieves Perez, who made frequent visits to the hair salon where she worked as a stylist—the BellaSera Salon in Fresno, CA—offering bargain injections of Restylane for \$100. (The national average is \$500, according to the **American Society for Aesthetic Plastic Surgery**.) "I saw the women with Gucci purses coming in to visit him, and it gave me a certain amount of confidence," Barton says. After Perez showed her and her fiancé pictures on a website of what he claimed was his work, she went ahead with the procedure. A month later, on the day of her Las Vegas wedding, she woke up with raised red welts on her throbbing lips (which, thankfully, weren't yet detectable in the photos).

Plastic Surgery Nightmares
Marie Claire
October 2009

Hope learned a classic plastic-surgery lesson the hard way: Cosmetic procedures, especially rhinoplasty, are not to be indulged in lightly. The operation, surgeons say, may be the most challenging and difficult of all cosmetic surgeries, and yet, according to the most recent statistics from the **American Society for Aesthetic Plastic Surgery**, we now undergo some 150,000 rhinoplasties per year, and the American Academy of Facial Plastic and Reconstructive Surgery estimates there are around 40,000 do-overs annually. A certain percentage require revisions, including small tweaking as well as big operations, says **Jack Gunter, MD**, professor of plastic surgery at University of Texas Southwestern Medical Center in Dallas. The statistic that's reported is 10 to 15 percent overall.

Second Chances
Elle Magazine
October 2009

Botox is a much cheaper alternative to plastic surgery and has been seen as holding up well in a recession. Almost 2.5 million people got Botox injections to treat wrinkles in the U.S. last year, according to the **American Society for Aesthetic Plastic Surgery**. That's almost a quarter of all cosmetic procedures done in 2008, the group's data show. In fact, Botox shots and other non-surgical procedures have been keeping plastic surgeons afloat in the down economy. While people are holding off on face lifts that can cost tens of thousands of dollars, Botox shots cost an average of \$443, according to the surgeon's group. "Every three or four months, people come in: they feel good, they look good and then they come back," says **Dr. Renato Saltz**, a Salt Lake City surgeon and president of the trade group.

Botox Shows Signs of Stress
Portfolio.com
August 17, 2009

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Desire to Inspire: My Breast Reconstruction Patients

I was asked to contribute an article to the candidate corner for *ASN* wherein I describe my most inspirational patient. As not one individual patient stood out as being more inspirational than another, I of course Googled “inspiration” which has many meanings: “to heighten, to prompt, to revolutionize, and to breathe.” I was then able to reflect on my diverse practice and identify a patient, however, with much thought; I deemed it more meaningful to present my most inspirational patient group instead: my breast reconstruction patients.

Breast cancer treatment has been a large part of both my general surgery and plastic surgery training. It is a unique and diverse patient population, which in general are young, healthy, well-informed and stoic women. I feel fortunate to have experience from both the oncologic and reconstructive aspects of the treatment, and have incorporated a significant amount of my formal aesthetic training into their management. This aesthetic application has pushed my reconstructive end-points and inspired me to think outside the box in the process.

My reconstructive patients do not want just a breast mound; they want a natural appearing and feeling breast. They do not want one reconstructive option, they want five. They do not want me to harvest their rectus muscle, they want DIEPs. They don't want a silicone gel implant, they want a cohesive gel implant. They don't want an insensate flap, they want it neurotized. They do not want a small, flaccid nipple, they want one with projection. These requests have inspired me to expand my reconstruction armamentarium and elevate the bar for reconstructive results.

The immediate breast reconstruction patient on the first consultation presents with the impossible task of deciding on a reconstructive modality while still dealing

with the thought of an active oncologic process and the time crunch of making decisions in a very stressful time. I am constantly challenged in the communication of the reconstructive goals and walking the patient through their individual options. The majority are more demanding than my aesthetic consultations with multiple questions gathered through extensive Internet searches and the desire to see multiple photographic reconstructive examples. The delayed reconstructive patient presents already battle weary and scarred from their treatment and presents an even more difficult reconstructive/aesthetic challenge with the effects of previous surgery and radiation. All of these patients have heightened my response to individualize their treatment and offer the best reconstructive modality for their breast defects.

One subset of patients that have been extraordinarily challenging and inspirational is the post-bariatric patient with breast cancer. These patients have significant amount of excess skin which can be utilized for autologous reconstruction. The experience of body contouring after massive weight loss combined with our ever expanding knowledge of perforator blood supply to these excisional areas has enabled us to individualize each patient's autologous options based on their body habitus and utilize the tissue best served for breast reconstruction: abdomen, inner or outer thigh, and buttock.

This has been the most interesting process in applying the advanced aesthetic techniques from our excisional experience and combining it with the formal anatomic mapping of arterial perfusion studies to help optimize flap design and pedicle dissection. This process combined with a close attention to the inseting and molding of the flap, as well as the aesthetic based donor

site closure has led to the delivery of a nearly one stage reconstruction.

At this point the bravery of these patients is truly amazing as you get them through any adjunctive treatments they may need. During the time after their first stage, their main concern is the timing of their implant exchange or flap revision, and not the ill-effects of chemotherapy or radiation. I have found that these patients do well with skin care and massage therapy during the adjunctive treatment phase, as well as Latisse™ for eyelash growth and Botox™ injections. Having these available improves the patient's self esteem and your relationship with your patient.

Once through with their adjunctive treatments, the safe delivery of reconstructive procedures is important, including addressing hormone therapy and cardiotoxic chemotherapy. My patients push me for excellence in their reconstructive process; I have applied adjunctive modalities such as fat grafting, dermal fat grafts and laser therapy.

Through this long journey I feel that these patients are transformed and often more friends than patients. Post-surgical follow-ups are more for catching up on our families rather than discussing scar care. My breast reconstruction patients are my patients for life, and their family members are now my patients. I would say that these patients have inspired me to not only be a better surgeon, but a better physician. I hope I have given my breast reconstruction patients a chance to breathe new life after their journey through their treatment of breast cancer; I know that they have given me the gift of inspiration.

Andrew P. Trussler, M.D., is a board-certified plastic surgeon and Assistant Professor of the Department of Plastic Surgery at The University of Texas Southwestern Medical Center at Dallas.

Fellowship Program

Continued from Cover

training, consistency and quality which patients seek when they choose a surgeon for an aesthetic procedure.

The Program, which was approved by the ASAPS Board of Directors, includes the following criteria:

- Applicant must be an ASAPS Active Member based in the US or Canada
- Fellowship must be 12 months in length and scheduled to begin July, 2010
- Must be a new Fellowship or the addition of a Fellow to an existing program
- Must agree to follow the ASAPS Fellowship Curriculum
- Fellowship must include a research component

To see complete details, including the curriculum, criteria and application, please visit: <http://www.surgery.org/sites/default/files/aestheticfellowshipgrantapplication2010.pdf>

We encourage those who are involved in Fellowships to take advantage of this new opportunity. It is imperative that aesthetic surgeons continue the commitment to innovation and learning that was started by our founding members and will prepare us for the practices of tomorrow.

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

UPDATE ON: ASERF

LAURIE A. CASAS, MD



Call for Grant Requests:

The Aesthetic Society Education and Research Foundation, through your donations and the careful planning and prudence of its Past Presidents and staff, now has the capacity to consider grants requests in any denomination.

This is a milestone that all of us who have been working with ASERF are extremely proud of. In order for your request to be considered, please be aware of the following guidelines:

Purpose—A statement on the clinical relevance of the project is perhaps the most important that you can provide. List your hypothesis and specific aims.

Background/References—List a concise summary of your previous work. State your understanding of the available knowledge pertaining to the subject. Include your critical analysis of past deficiencies. If you have preliminary data of your own, include it here.

Eligibility—Applicant must be a Plastic Surgeon, MD, or PhD working in Plastic Surgery. Only ONE concurrent project will be funded per investigator.

Methods—We need to know exactly how you are going to do your research. For human subject review, simply tell us what safeguards you have selected (patient permission forms, etc., or use guidelines established by nearby medical schools or those of your own hospital).

Facilities—Tell us where you are going to perform these studies. Your office? Laboratory? Other location?

Budget—ASERF will consider budget requests for projects for any amount up to \$100,000.00. A comprehensive budget must be submitted with the proposal. The ultimate decision on

the funding organization will be determined by the Committee. ASERF does not pay for indirect or administrative costs.

Sponsor—Note that Residents, Fellows and non-members require the sponsorship of a Member or Candidate of the Aesthetic Society. The majority of projects should be completed within 12 months following the award. Longer terms for projects must be documented on the grant application.

Human or Animal Research Protocol—It is your responsibility to submit the grant application for review by your animal utilization of human subjects review committee for experimental work and to ensure it complies with the institution's regulations. All projects must receive a prior approval letter from your animal or human investigative review board. Applications without this approval letter will not be processed.

A detailed grant request form can be downloaded at www.aserf.org

Planning for the Future:

Any Foundation is reliant on the generosity of its donators and funders to stay fiscally healthy and stay to its Mission. The Foundation has a number of plans either in deployment or development including a plan giving program, a named grant program, an "honor your mentor" program and several others that will be discussed in future issues of ASN.

Laurie A. 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



Fronting for Medi-Spas

New legislation which states it is “declaratory of existing law” sounds unnecessary, but sometimes you have to say it more than once, and clearer, so even criminals understand. Case in point: the unauthorized corporate practice of medicine in California.

Mines versus The Miners

The prohibition initially arose in the early 1900s when mining companies hired doctors for their employees. When the doctors’ loyalty to their employers trumped the medical needs of the patients, various legislation and court decisions arose which created, as a matter of public policy, a prohibition on medical practice by corporations so as to maintain lay control over physicians, prevent divided loyalties, and put patients over profit.

Exceptions: HMOs

When prepaid health plans arose in the 1930s, and hospitals began to employ physicians in the 1950s, the corporate practice of medicine (CPM) doctrine was used to unravel such ventures. However, as managed care became mainstay in the 1970s, legislatures created an exception to the CPM prohibition for HMOs, teaching hospitals, community clinics, narcotic treatment programs and some non-profit organizations. Even the AMA’s ethical restrictions upon physician employment were found by the Federal Trade Commission to be anti-competitive.

Medi-Spa “Medical Directors”

Existing law already states that neither lay persons nor lay entities may own any part of a medical practice (Business & Professions Code §2400), yet physicians

are routinely employed as “medical directors” to supposedly oversee services provided by nurses, nurse practitioners and physician assistants.

AB 252

To make it absolutely clear that such a practice is prohibited, California’s legislature passed AB 252 (awaiting Governor Schwarzenegger’s signature as of July 16, 2009) which:

- authorizes license revocation of any physician who knowingly contracts with or is employed by a non-exempt B&P §2400 organization which provides outpatient elective cosmetic medical procedures or treatments, and
- makes the employer guilty of a misdemeanor or felony, regardless whether they knew they were engaging in the unauthorized corporate practice of medicine.

Each state has its own view of the corporate practice of medicine, but California has taken a clear and aggressive stance, one that is supported by the California Society of Plastic Surgeons. The Medical Board of California has even placed clear language on its website http://www.mbc.ca.gov/licensee/corporate_practice.html:

“The following types of medical practice ownership and operating structures also are prohibited:

- A physician acting as ‘medical director’ when the physician does not own the practice. For example, a business offering spa treatments that include medical procedures such as Botox injections, laser hair removal, and medical microdermabrasion, that contracts with or hires a physician as its ‘medical director.’”

AB 252’s purpose is two-fold: to prevent unlicensed persons from interfering with or influencing the physician’s professional judgment, and to prevent physicians from aiding and abetting the unlicensed practice of medicine, both unassailable goals. To read the bills entire text, go to http://info.sen.ca.gov/pub/09-10/bill/asm/ab_0251-0300/ab_252_bill_20090211_introduced.pdf

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