Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery Volume 14, Number 2 Spring 2010

Introducing Project Beauty:

By Daniel C. Mills, II, MD

New Consumer "web.tv" product entertains, informs and positions plastic surgeons as the "go-to" specialty

18 months in development. Extensively researched among consumers. The cutting edge in verified, honest beauty information. Is it the latest Hollywood blockbuster?

No. It's Project Beauty, a new product by the Aesthetic Society that provides consumers with information on everything from breast augmentation to makeup. Project Beauty goes beyond existing websites or currently available television broadcasts to provide consumers what they want, when they want it from a voice of authority—The Aesthetic Society.

While a relatively new concept, web.tv is gaining popularity among consumers and has, for several years, captured the attention of Wall Street and entertainment industry insiders.

According to Forrester Research, "The days of thinking of online video as mostly a YouTube phenomenon are officially over. Instead, the Internet-connected PC has become another TV set in people's lives only this screen is more convenient and more compatible with consumers' lives, than the old one. Additionally, according to the market research firm comScore, Inc, a leader in measuring the digital world, in December 2009, nearly 178 million U.S. Internet users watched online video during

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The Aesthetic Meeting 2010—A Capital Experience with a Global Perspective

By Jeffrey M. Kenkel, MD

After 18 months of assembling an international faculty of board-certified plastic surgeons, practice management consultants, web experts, skin care gurus, scientists and practicing plastic surgeons, we are ready to open the doors of the Gaylord Convention Center in Washington, DC and welcome all participants to The Aesthetic Meeting 2010.

The Aesthetic Meeting is considered by many in our profession to be the premier cosmetic surgery meeting of the year and your Education Commission is confident that this year's meeting won't disappoint you. Among this year's highlights:

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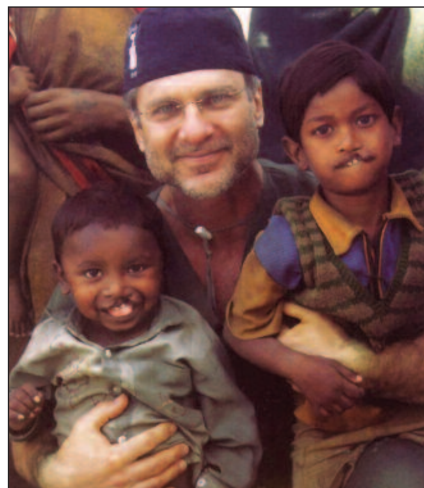
LEAP Foundation, US Navy C.A.R.E. Program to be Honored at The Aesthetic Meeting 2010

By Renato Saltz, MD

Editor's note:

P. Craig Hobar, MD and the innovative US Navy program C.A.R.E. will both be given special recognition at a special session during The Aesthetic Meeting 2010 in Washington, DC this year.

Dr. Hobar is well known in the Dallas plastic surgery community and has been a presenter at the Aesthetic Meeting and many other national and regional plastic surgery educational events. What we will be honoring at the Aesthetic Meeting is not Craig Hobar the educator but Craig Hobar the person, surgeon and philanthropist. In 1991, almost 20 years ago, Dr. Hobar



founded the LEAP Foundation, Life Enhancement Association for People, to help those in poor and developing countries get the reconstructive surgery critically needed by individuals, particularly children, live normal lives, accepted by their community.

Making a difference can look like many things. Sometimes it is the simple things: like a smile, kind word or a listening ear. Other times, making a difference calls for a journey around the world. For almost 19 years, LEAP has helped enhance and change the lives of over 2,500 people from six continents.

Focus on Haiti:

When the devastating earthquake hit Haiti, Dr. Hobar and his LEAP team were among the

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Aesthetic Society News

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The Aesthetic Surgery Education and Research Foundation

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The American Society for Aesthetic Plastic Surgery

The Aesthetic Surgery Education and Research Foundation

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ASAPS *Calendar*

Co-sponsored/Endorsed Events 2010

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

April 22, 2010

The 15th Annual Meeting of The Rhinoplasty Society
Gaylord National Hotel & Convention Center, Washington DC
Contact: Rhinoplasty Society: 904.786.1377
www.rhinoplastysociety.org

June 4 – 6, 2010

CAFTAS III (Controversies, Art and Technology in Facial Aesthetic Surgery)
Gent, Belgium
Contact: Drs. Tonnard & Verpaele
info@coupurecentrum.be
Endorsed by ASAPS

August 15 – 18, 2010

20th Congress of ISAPS
Moscone Convention Center
San Francisco, CA
Contact: Catherine B. Foss at 603.643.2325
Email: isaps@sover.net
www.isaps.org
Jointly Sponsored by ASAPS

August 18 – 21, 2010

25th Annual Breast Surgery & Body Contouring Symposium
Hilton Santa Fe Golf Resort & Spa at Buffalo Thunder, Santa Fe, NM
Contact: ASPS at 800.766.4955
Co-Sponsored by ASAPS/ASPS

October 28 – 31, 2010

QMP 6th Aesthetic Surgery Symposium
Renaissance Hotel, Chicago, IL
Contact: Andrew Berger: 314.878.7808
Email: aberger@qmp.com
Endorsed by ASAPS

December 2 – 4, 2010

30th MEETH Aesthetic Surgery Symposium: The Cutting Edge: Facial Rejuvenation 2010
The Grand Hyatt Hotel,
New York, NY
Contact: Lauren Fishman: 212.355.5702
Email: astonbakersymposium@gmail.com
www.nypsf.org
Jointly Sponsored by ASAPS

RENATO SALTZ, MD

Dear Members,

My first communication to you came out in last summer's ASN (Volume 12 #3). There I gave you my brief bio and mentioned the honor I felt to become the President of the American Society for Aesthetic Plastic Surgery.

I also outlined an ambitious agenda for our Society based on a personal, multicultural heritage of hard work, philanthropy, community service and deep respect and love for our Specialty.

It has been a busy and exciting year: countless days away from home and practice, over 100 conference calls until mid-March, many regional, national and international trips representing you and ASAPS and meeting new colleagues and friends.

The Aesthetic Society continues its mission of providing aesthetic education to our members, informing the public of safe aesthetic procedures and doing so from a position of financial prudence and stability. Below are some of the programs we have implemented in the past several months to achieve our goals. Not one would have been possible without the full support of our Board and an extremely busy and responsible Executive Committee. Not one would have been achievable without our incredible, always motivated and outstanding staff.

ASAPS New Home

The year started with the ribbon cutting ceremony of our beautiful new central offices in Garden Grove, CA. This accomplishment was only possible because of our conservative and judicious use of your membership dues 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.

Clinical Education

As I mentioned to you in previous communications, the bilingual and bicultural environment I grew up in helped me to establish early connections with the international plastic surgery community. The International Educational initiatives for this year include:

- The International Traveling Professor Program—Past President and ASJ Editor-in-Chief Foad Nahai, MD has accepted our invitation to be the first International Traveling Professor. Different residency programs in different countries are now applying to host his visit. I would like to gratefully acknowledge Sientra for funding this new and exciting program.
- The International Fellow—we had over 50 applications for the two positions again, kindly supported by Sientra. Soon we will have "the best young surgeons from the rest of the world" visiting our clinics and operating rooms, going home to become the future ASAPS Ambassadors in their own countries. The finalists will be interviewed during our Annual Meeting in DC.
- Another exciting new International Initiative took place at the Atlanta Breast Meeting last January. The First Satellite Transmission Symposium combined live panels from the US and Australia. This first event was co-sponsored by ISAPS and enthusiastically welcomed by members of both audiences. Kudos for Drs. Felmont Eaves, III and Jeffrey Kenkel for introducing this new technology to ASAPS and for making it part of our future educational activities.
- The Aesthetic Meeting 2010 in Washington, DC. The Program Committee, under the leadership of Drs. Jeffrey Kenkel and Jack Fisher, has put together a phenomenal meeting. They have answered my request to increase the International presence with a "Capital Yes"! The Washington Meeting Program has "the best of the best" in the US and abroad.
- Per my request, the Program Co-Chairs have also extended the meeting until Tuesday afternoon, allowing for a great half-day session with international panels and papers presented by the best from abroad. We have already had a record number of abstract submissions including many from abroad. The combination of a beautiful city, an incredible brand new hotel/convention center with one of the best group of educators ever assembled will make this meeting one of the most memorable and diverse we have ever had.
- On the domestic front, Ethicon Endo-Surgery has generously provided a grant to expand our resident and fellowship program by providing funding for a new 12-month aesthetic fellowship.
- The never dull Electronic Communications Committee under the leadership of Gary Brownstein, MD has taken us to new levels by improving our website and including ASAPS in Facebook and Twitter.
- The Resident and Fellows Committee under the leadership of Clyde Ishii, MD, is addressing the increased needs

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ObamaCare 3… 2…1… Ready or Not: Here it Comes!

By Michael S. Byrd, Esq. and Bradford E. Adatto, Esq.

Introduction

President Obama's health care legislation ("Legislation") has been a hot topic in Americans lives for some time. Of course, physicians have been particularly anxious during this time, as the Legislation promises to upend the business of medicine. The Legislation has been proposed in so many forms that it has been impossible to predict exactly how health care reform would be accomplished and how the reform would ultimately impact the business of medicine. Though there is a long road ahead before the Legislation language will be finalized and interpreted, there is finally some clarity as to how health care reform will be structured.

The scope of this article is two fold. First, it will attempt to synthesize what has happened with this Legislation and outline where the Legislation stands right now. The goal is for all plastic surgeons to be better educated regarding the Legislation. Second, this article will highlight particular portions of the Legislation that impact the business of plastic surgery.

So with that, as so eloquently stated by everyone during their childhood when playing hide-and-go-seek, "Ready or Not: Here it Comes!"

Health Care Reform Bill

The process utilized by Congress in passing and enacting the Legislation was a complicated and technical one that is beyond the scope of this article. Essentially, the plan to merge the previously passed House of Representatives ("House") bill with the Senate's previously passed bill ("Senate Bill") was scrapped when Democrats lost a key election in Massachusetts. This loss resulted in the Democrats losing the number of votes that were necessary to pass any merged bill.

As a result, the focus shifted towards passing the Legislation through a less onerous process where a simple majority (as opposed to a super-majority) would be needed. On March 21, 2010, the House passed the Senate Bill and immediately thereafter, passed the fixer bill (a bill with amendments to the Senate Bill). On March 23, 2010, President Obama signed the Senate Bill into law. Since the Senate had already passed the Senate Bill, the Senate only voted on (and passed) the fixer bill on March 25, 2010.

The Legislation utilizes the Senate Bill (H.R. 3590) as its base. The latest version of H.R. 3590 can be found at: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h3590enr.txt.pdf

The Legislation then incorporates changes made via the fixer bill, H.R. 4872. The text of H.R. 4872 includes several amendments to the provisions of the Senate Bill and can be found at: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h4872enr.txt.pdf

In the end, using the provisions from the Senate Bill and making the necessary changes from H.R. 4872, Public Law No: 111-148 has been created as the "Patient Protection and Affordable Care Act." It is important to note that, as of April 6, 2010, the final full text of the Legislation has not been created, but once it is drafted it will likely be located at: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_public_laws&docid=f:publ148.111.pdf

Until the full text is prepared, to understand what provisions are found in the Legislation, one must do a balancing act of reviewing the Senate Bill and then subsequently checking H.R. 4872 to see what changes, if any, were made. As if things weren't already confusing, the Senate Bill actually contains amendments within itself located in Title X. So the process becomes: 1) Check Senate Bill provision; 2) Check Title X for amendments; 3) Check H.R. 4872 for additional amendments.

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ObamaCare

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Selected Provisions that Impact the Business of Plastic Surgery

Requirement to provide health insurance by Employers

Contrary to public belief, the Legislation does not require individuals or employers to obtain health insurance coverage. The Legislation imposes fines on individuals and employers of certain sizes if they do not have health insurance. The employer mandate affects those that employ 50 or more employees (unless you are in the construction industry). The penalties for failing to meet the insurance requirements for individuals and employers will begin in 2014. Most (if not all) plastic surgery practices will not be subject to these potential fines for not providing health insurance to its employees, since most plastic surgery practices do not have 50 employees.

Tax Credits for Employers who provide health insurance

Though limited, there are tax credits available if certain thresholds are met for employers with less than 25 employees who provide health insurance to its employees. These subsidies will be available beginning with the 2010 tax year. It is prudent to at least check on the availability of these credits if a plastic surgery practice has less than 25 employees and currently provides health insurance for its employees.

Health Insurance Exchange

Also, by 2014 there will be the creation of new health insurance marketplaces (i.e. exchanges) for individuals and small businesses to obtain health insurance. Each state will be responsible for establishing an exchange that will provide qualified health insurance options to individuals and certain small businesses. In addition, the Office of Personnel Management will be required to contract with insurers to create at least 2 multi-State health plans through the exchanges of each state. Finally, a "CO-OP" program will be created by July 1, 2013 to help create non-profit health insurance issuers that can offer qualified health plans in the states. This expansion of available insurance may actually create a surge in plastic surgery cases for insured procedures, but the full effect won't be understood until these insurance marketplaces are established and the minimum benefits provided are defined.

Hospital Ownership—Stark Law Changes

One significant provision that is included in the Legislation relates to the limitations on physician ownership in hospitals. The Legislation amends Section 1877 of the Social Security Act ("Stark") by imposing additional requirements to meet the hospital ownership exception.

Stark provides that it is NOT considered to be a prohibited ownership or investment interest in a hospital if: (a) the referring physician is authorized to perform services at the hospital; (b) for the 18 month period beginning December 8, 2003, the hospital is not a specialty hospital; and (c) the ownership or investment interest is in the hospital itself (not merely a subdivision). The Legislation now adds (d) "the hospital meets the requirements… not later than 18 months after the date of enactment.

However, the Legislation does not impose a tax on elective cosmetic surgery. Buried near the end of the Senate Bill, in three simple lines, the Legislation nullifies the imposition on the tax and replaces it with a tax on indoor tanning services.

The new additional requirements include:

1. Hospital had physician ownership or investment on December 31, 2010 and a provider agreement in effect on such date;
2. the number of operating rooms, procedure rooms and beds for which the hospital is licensed at any time on or after the date of enactment is no greater than the number for which the hospital is licensed as of such date (subject to approval process for certain hospitals);
3. hospital prevents conflicts of interests by following some enumerated reporting and disclosure requirements;
4. hospital ensures the investments are bona fide (i.e. the % of the total value of ownership or investment interests held in hospital, or in entity whose assets include a hospital, by physician owners or investors in the aggregate does not exceed such % as of date of enactment);
5. hospital ensures patient safety insofar as if hospital does not have any physician available on the premises to provide services during all hours in which the hospital is providing services to such patient, the hospital discloses such fact and obtains a signed acknowledgment prior to admittance and has ability to provide assessments and initial treatment and capability to refer and transfer to hospitals with capability to treat patient; and
6. hospital was not converted from an ambulatory surgery center to a hospital on or after the date of enactment.

Plastic Surgery Tax

The Senate Bill contained a much publicized target on cosmetic procedures as a means to fund health care reform. Specifically, the Senate Bill proposed to include a 5% tax on elective cosmetic surgery (not including those surgeries for congenital abnormalities, disfiguring diseases, or personal injuries from accidents or traumas). However, the Legislation does not impose a tax on elective cosmetic surgery. Buried near the end of the Senate Bill, in three simple lines, the Legislation nullifies the imposition on the tax and replaces it with a tax on indoor tanning services.

Medicare Fee Schedule—Anticipated Reductions

It is anticipated that the Medicare fee schedule will require change to assist in the funding of the Legislation. The anticipation stems from concern of the potential impact associated with certain provisions within the Legislation that affect Medicare. The most discussed provision involves the restructuring of the Medicare Advantage payments. According to the Legislation, the Medicare Advantage payments will be frozen in 2011 and beginning in 2012 will be reduced to edge closer to traditional

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Members to Vote on Slate of Candidates

Active members of the American Society for Aesthetic Plastic Surgery (ASAPS) will hear reports on Society activities, vote on proposed amendments to the Bylaws and elect new officers for 2009-2010 during the ASAPS/ASERF Annual Business Luncheon. All active members are invited to attend on Tuesday, May 5, 2009.

President
Felmont F. Eaves, III, MD

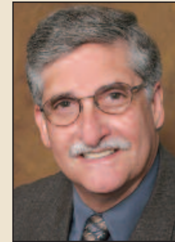
Charlotte, NC
Automatically ascends to President

President-Elect
Jeffrey M. Kenkel, MD

Dallas, TX
Vice Chairman, Department of Plastic Surgery, The University of Texas Southwestern Medical Center
Current Board Position: Vice President
ASAPS Committee Work: Education Commission (Chair), Program Committee (Chair), Strategic Planning Committee (Chair), Editorial Board (ASJ Associate Editor), Time and Place Committee (Chair), Aesthetic Training Task Force (Chair)
National Affiliations: ASAPS, ASPS, PSEF, ACS, AMA
Training: Georgetown University School of Medicine; General Surgery Residency, Georgetown University School of Medicine; Plastic Surgery Residency, University of Texas Southwestern Medical Center
ABPS Certification: 1998

Vice President
James A. Matas, MD

Orlando, FL
Private Practice
Current Board Position: Treasurer
ASAPS Committee Work: Continuing Medical Education Committee (Chair), Practice Relations Committee (Chair), Finance and Investment Committee, Future Leaders Committee, Strategic Planning Committee, Time and Place Committee, Publications Committee, Injectable Safety Committee
National Affiliations: ASAPS, ASPS, PSEF, ACS, AMA
Training: University of Miami Medical School; General Surgery Residency, Indiana University Medical Center; Plastic Surgery Fellowship, University of Miami School of Medicine
ABPS Certification: 1982



Treasurer
Jack Fisher, MD

Nashville, TN
Private Practice and Associate Clinical Professor of Plastic Surgery, Vanderbilt University Medical Center
Current Board Position: Member-at-Large
ASAPS Committee Work: Education Commission (Vice Chair), Program Committee (Vice Chair), Breast Surgery Committee
National Affiliations: ASAPS, ASPS, PSEF, ACS, AMA
Training: Emory University School of Medicine; General Surgery Residency, George Washington University Medical Center; Plastic Surgery Residency, Emory University Affiliated Hospital
ABPS Certification: 1981

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Members to vote on Slate of Candidates

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Secretary
Leo R. McCafferty, MD

Pittsburgh, PA
Private Practice
Current Board Position: Secretary
ASAPS Committee Work: Administrative Commission (Chair), Program Committee, New Member Committee, Strategic Planning Committee, Time and Place Committee, Non-Surgical Procedures
National Affiliations: ASAPS, ASPS, PSEF, ACS, AMA
Training: Temple University Medical School; General Surgery Residency, Cedars-Sinai Medical Center; Plastic Surgery Residency, University of Miami School of Medicine
ABPS Certification: 1989

Members at Large
(3-year terms)

Al Aly, MD (1-year term)

Coralville, IA

Julius W. Few, MD

Chicago, IL

Clyde H. Ishii, MD

Honolulu, HI

Charles H. Thorne, MD

New York, NY

Society members will also vote on the following candidates for office:

TRUSTEE
(3-year term)

Jack A. Friedland, MD

Scottsdale, AZ

MEMBERSHIP COMMITTEE
(3-year terms)

Northwest
Jack A. Friedland, MD

Scottsdale, AZ

Southern California
Scott W. Barttelbort, MD

San Diego, CA

Florida
Victoria Vitale-Lewis, MD

Melbourne, FL

The ASERF Nominating Committee recommends the following slate of candidates to be elected for 2010-2011:

President
Geoffrey R. Keyes, MD

Los Angeles, CA
Private Practice
Current ASERF Position: President-Elect

President-Elect
V. Leroy Young, MD

St. Louis, MO
Private Practice
Current ASERF Position: Secretary
National Affiliations: ASAPS, ASPS, PSEF
Training: University of Kentucky Medical School; General Surgery Residency, University of Kentucky Medical Center; Plastic Surgery Residency, Barnes Hospital —Washington University School of Medicine
ABPS Certification: 1981

Vice President
Joseph M. Gryskiewicz, MD

Burnsville, MN
Private Practice
Current ASERF Position: Director
National Affiliations: ASAPS, ASPS, PSEF
Training: University of Minnesota Medical School; General Surgery and Plastic Surgery Residency, University of Wisconsin Health Sciences Center
ABPS Certification: 1986

Secretary
Neil R. Reisman, MD, JD

Houston, TX
Private Practice
Current ASERF Position: Director
National Affiliations: ASAPS, ASPS, PSEF
Training: Temple University School of Medicine; General Surgery Residency, Temple University Health Sciences Center; Plastic Surgery Residency, Eastern Virginia Graduate School of Medicine; Post Doctorate JD, South Texas College of Law
ABPS Certification: 1982

Treasurer
Al Aly, MD

Coralville, IA
Private Practice
Current ASERF Position: Committee Chair
National Affiliations: ASAPS, ASPS, PSEF
Training: Georgetown University Medical School; General Surgery Residency, University of California at Los Angeles; Otolaryngology Residency, Vanderbilt University; Plastic Surgery Residency, University of Miami
ABPS Certification: 1999

Directors
(2-year terms)

Daniel C. Mills, II, MD
Laguna Beach, CA

Scott W. Barttelbort, MD
La Jolla, CA

J. Peter Rubin, MD (One-Year Term)
Pittsburgh, PA

William P. Adams, Jr., MD (One-Year Term)
Dallas, TX

Steven Teitelbaum, MD
Los Angeles, CA

LAURIE A. CASAS, MD

THE AESTHETIC SURGERY EDUCATION AND RESEARCH FOUNDATION

This has been an exciting year for ASERF and personally, a very rewarding one for me. ASERF is claiming its rightful place as a research foundation to be reckoned with: new fundraising programs have been established, new grants have been awarded, new funded research projects have been completed, and manuscripts have been submitted to the *Aesthetic Surgery Journal*.

One program that will be presented at the Aesthetic Meeting strikes particularly close to home for many of us in the plastic surgery community. That is the creation of a new Career Achievement Award, honoring those in our specialty who have helped to make us what we are today. The individual we recognize in Washington DC this year truly exemplifies Sir Isaac Newton's famous quote "If I have seen a little further it is by standing on the shoulders of Giants."

Tom Rees, MD is an accomplished artist, musician, writer, philanthropist, husband, father and educator. However, to most of us he is one of the true fathers of cosmetic plastic surgery. As his friend and colleague Sam Hamra, MD recalled:

> *"Dr. Rees, originally from Utah, completed his Plastic Surgery residency under Dr Herbert Conway at New York Hospital and went to England to study under Sir Archibald McIndoe at East Grinstead (UK), the Mecca at the time for plastic and reconstructive surgery owing to the advances made in the Specialty during the war years.*
>
> *"On returning to New York he was welcomed to the staff of NYU by Dr. John Converse, to the good fortune of those of us who trained there years later. He initially did all facets of plastic surgery including hand surgery and cleft lip surgery. He did keep his connection to Dr. Sir Archibald McIndoe CBE FRCS as an active supporter and surgeon in Kenya.*
>
> *"He had developed by any criteria the most active and prominent aesthetic practice in North America.*
>
> *"I was there in 1970 when Dr. Rees and Dr. Ralph Millard of Miami decided to join the American Society for Aesthetic Plastic Surgery, lending credibility and authority to an organization in need of respect from organized surgery.*
>
> *Their initial participation and presence opened the flood gates to well trained surgeons in America to be part of the new identification with aesthetic surgery in spite of practicing it with questionable pride. As the point man among ten teachers in the NYU program which only accepted residents with general surgery board certification he was without question a role model for aesthetic surgeons, for all of us who trained under him, and for young surgeons all over the world. His residents, to this day, have made an impact both in leadership and scientific contributions in aesthetic surgery unequaled by any surgery institution in the world."*

Among the many residents and fellows trained by Dr. Rees are Fritz Barton, MD, Jack Friedland, MD, Dan Morello, MD, Bob Bernard, MD, Jay Anastasi, MD (deceased), Sherrell Aston, MD and myself As my friend and past ASAPS President Bob Bernard said, "He built the foundation for both our specialty and our personal skills and we are deeply indebted to him for this." Please join me in honoring this great educator and amazingly accomplished and humble man.

In Other ASERF News: New Physician Directed Studies

New Study Released on Effects of Facial Topical Lidocaine Application on Serum Levels of Lidocaine and MEG-X

Under the direction of Jeffrey Kenkel, MD, Professor and Vice Chairman of the Department of Plastic Surgery at the University of Texas Southwestern Medical Center at Dallas, a paper was recently released that examined Topical lidocaine, a commonly used form of anesthesia for a wealth of procedures across a large number of disciplines, including laser treatments.

While considered a safer and less painful form of anesthetic compared to hypodermic injections; there have been reports of fatalities following its application. It is well known that above certain serum lidocaine concentrations patients start to experience effects of toxicity such as light headedness, paraesthesia, nausea and vomiting and this can progress to seizures and cardio-respiratory depression, which ultimately can lead to death. 4% lidocaine cream is significant in that it is currently the highest concentration lidocaine with liposomal delivery available over the counter, and therefore was the drug used in this study.

Method

This study examined blood serum levels of both lidocaine and MEGX after the application of 4% topical lidocaine ointment to the face of 25 healthy volunteers split into 4 groups (A,B,C,D). Group A had 2.5g of LMX-4 applied to the face for one hour without occlusion, group B had 5g applied to the face for 0.5hr without occlusion, group C had 5g applied to the face for 1hr without occlusion and

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Update on: ASERF

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group D had 5g applied to the face with occlusion for one hour. Blood was drawn every 30 minutes for 4 hours, to evaluate serum concentrations.

Conclusion

Topical lidocaine preparations are increasingly being used to provide a patient friendly form of non-invasive analgesia for a multitude of procedures. Some preparations are available over the counter for unsupervised patient use. There have however, been fatalities as a result of this, and our study suggests that this is due to the unpredictability of lidocaine metabolism between individuals. Therefore, a more comprehensive body of toxicity studies needs to be performed before we can categorically state that topical lidocaine is truly safe and the limits to which that safety applies.

The full report can be found on www.aserf.org

ASERF Survey for Sanofi Aventis Confirms Economy has Impacted Plastic Surgeons' Practices

Consumers are Trading Down and Requesting Injectables and Physicians are Responding to the Increased Demand

A survey titled "The 2010 Patient Decision Survey" was recently administered through a grant on behalf of Sanofi Aventis in order to better understand patients' questions and concerns with regard to facial aging and its treatment with facial soft tissue fillers and specifically what the American Society of Aesthetic Plastic Surgery's members were hearing from patients who were considering facial soft tissue fillers. By collecting this survey data, and then comparing it to consumer survey data that Sanofi Aventis collected from patients of Facial Plastic Surgeons, ASERF hoped to help its client better understand the perceived needs of ASAPS members' patient population interested in facial plastic surgery injectable procedures..

The survey data concluded that patients are postponing surgical procedures and turning to less invasive procedures for cost and time reasons; interestingly, these conclusions were reached by both ASAPS members and consumers in a separately fielded survey. In contrast, however, ASERF member survey respondents believed their patients desire immediate results from injectable treatments for lines, wrinkles and folds that last at least 12 months (82%) vs. gradual results that last 2 years, whereas the consumers of Facial Plastic Surgeons believed gradual results lasting 2 years is more important (92%) than immediate results lasting 12 months (8%). Like most research, this data raises more questions than it answers. More data will need to be gathered to better understand the needs of patients who are seeking Injectable procedures to treat the aging face so that ASAPS members can continue to be leaders in this evolving field of Cosmetic Medicine.

A Final Note

The trust and confidence you have placed in me to be your ASERF President for the past year has not only been truly humbling but has resulted in one of the most stimulating of my plastic surgery career. I thank my Board for their support and you for giving me this opportunity. I am confident that the Foundation is in excellent hands with the election of Geoffrey Keyes, MD as your next ASERF President.

Laurie A. Casas, MD is an aesthetic surgeon practicing in Glenview, IL. She is President of ASERF.

ObamaCare

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Medicare plan payments. The Legislation adjusts the annual market basket updates for several Medicare providers. This includes reducing the updates for inpatient acute hospitals, long-term care hospitals, inpatient rehabilitation facilities, home health agencies, psychiatric hospitals, and outpatient hospitals. It also includes applying productivity adjustments to these same providers and others including skilled nursing facilities and ambulatory surgical center services.

More importantly, as it relates to reimbursements for qualified cosmetic and reconstructive plastic surgery cases, changes to the Medicare fee schedule will ultimately affect the bottom line as many managed care contract fee schedules are negotiated utilizing Medicare as the base. As such, physicians should continue to monitor the situation as the legislative provisions become applicable and be conscious of the possible changes that may materialize. Negotiations for managed care contracts will become more important and it is strongly encouraged to look at reimbursement language not based on the Medicare fee schedule.

Conclusion

Perhaps the most difficult concept to grasp, despite finally having legislation that has been signed to law by President Obama, is the magnitude of the road ahead for all of this to become fully defined and understood. Once the language of Legislation becomes finalized into law, there will be years of legislative comments that will shape interpretation and enforcement of the law. While a separate article could be written regarding our opinion of this health care reform bill, it is perhaps more productive to accept that this law is happening. With change, there is opportunity. There will be opportunities for the business of plastic surgery that arise as a result of this massive overhaul to the health care industry.

For more information, contact Michael S. Byrd (mbyrd@settlepou.com) or Bradford E. Adatto (badatto@settlepou.com) of SettlePou at (214) 520-3300. We appreciate the significant contribution to this article by attorney Jay Reyero with SettlePou.

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Treatment Bundling Strategies that Resonate with Cosmetic Patients

By Wendy Lewis

In the boom years, many practices became complacent—in extreme cases, it seemed as though many were treating their clients like ATM machines. As market dynamics have changed dramatically in recent years, and supply clearly outweighs demand, that tactic simply doesn't work anymore.

Staying in sync with the needs and desires of your patients will help to determine what the average sale price is for procedures you offer in your practice, and how much your patients are really willing to pay for services. Offering the right product at the right price is critical to remain competitive. This does not imply "discounting" your services across the board, or changing the positioning of your practice, but it is reasonable to carefully review your pricing decisions and consider offering special incentives to enhance value for your clients.

It is important to position your practice where you want it to be: either bargain basement, good value for the money or haute couture. The challenge with opting for the most exclusive positioning is that fewer patients are willing to pay premium prices these days. However, if you choose to go the bargain basement route, it will be very hard, if not impossible, to bring your fees back up to an acceptable level in the future. Competing mainly on price is a losing proposition; there will always be someone who is willing to do it for less.

When considering the level of training of a board certified plastic surgeon versus a garden variety cosmetic doctor, a surgeon who has been in practice more than ten years is accustomed to charging a certain hourly rate for his time. A cosmetic doctor who is new to aesthetics, and who may

have been subject to managed care payment schedules, is likely to be more inclined to work on smaller profit margins. In many markets, it is not viable for plastic surgeons to compete with non-core practitioners anymore, especially as the average sale price declines.

In today's market, you have to review every offering in your practice based on the value proposition to you and your patients. For example, to the time you and your staff spend counseling patients and performing procedures should be factored into the overall value equation. Add to that the cost of technology, disposables and marketing required to bring the patient in the door. Therefore, the highest priced procedure may not be the most profitable one in your practice. For example, a seven hour body lift following massive weight loss that requires multiple pre- and post-op visits may actually turn out to be one of the least profitable procedures you offer when compared to a one hour breast augmentation that has a relatively high patient satisfaction rate with minimal complications.

Your goal should not necessarily be to offer the lowest price in your community; rather to establish a belief among your customers that they are receiving good value from your practice. The difference between price and value can be huge. Price is just a dollar amount, but value is the relative worth or desirability of a product or service to the end user. The best approach is to identify your business objectives and target audience, then

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Treatment Bundling Strategies

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formulate your tactics, determine the best metrics to measure results, and select key performance indicators to implement. For example, your main key performance indicator may be the number of new consults you are seeing on a weekly or monthly basis; or it may be based on the number of surgical procedures you are booking.

To determine the right pricing strategy for your services, start by reviewing your local competition to assess relative pricing. Fees per treatment vary widely depending on geography. For example, in New York and Los Angeles, $30,000 for a facelift may be an acceptable fee at the higher end of the spectrum, but in Des Moines or Decatur, the going rate may be one third of that number. You must also calculate the total price for every procedure including the surgeon's fee, facility fee and anesthesia, and if there is an additional fee for implants or post procedure garments. Patients are more apt to look at the total price when comparing fees among doctors.

It is often misleading to judge your fee schedule against that of a practice in a different market that is attracting an entirely different demographic and psychographic of patients. Ask your sales representative or territory manager what practices similar to yours are charging in terms of profile of the surgeon and practice, location, and amenities offered, especially for non-surgical treatments, where there is the greatest disparity among practices. They are in the best position to advise you on a viable strategy, since they travel frequently and have firsthand knowledge of your competitors.

Consider who your client base is and what market fluctuations are relevant in your geographic region. For example, if you are in South Florida or Las Vegas,

Your goal should not necessarily be to offer the lowest price in your community; rather to establish a belief among your customers that they are receiving good value from your practice.

If your practice has a Medispa vertical, whether within your main facility or at another location, a bundling strategy is virtually mandatory to remain competitive.

where the housing market is still struggling to come back, and medspas and clinics in strip malls are flooding the market with discounted treatment fees, your patients may tend to be more price sensitive. In the New York and Boston areas, consumer spending appears to have stabilized to some degree based on the financial market's performance.

Patients today are less willing to pay more for services that are readily available. This is particularly true where the perception is that one practitioner can deliver the same results as the next. The general theory is that consumers are more price sensitive where less skill, training and expertise is required to deliver a given treatment or service. For example, laser hair removal services are widely considered interchangeable, even though the technology used to remove hair may range from a flashlamp to a diode laser. If your practice has a Medispa vertical, whether within your main facility or at another location, a bundling strategy is virtually mandatory to remain competitive. Spas have historically offered "spa packages" that combine several of the most popular treatments offered so that clients can enjoy the total spa experience and hopefully come back for more.

Another tactic is to consider enhancing a particular product or service and create a greater demand among your existing patients. An effective approach is to select a few procedures as your loss leaders to draw in new patients. By definition, a loss leader is a product or service that is offered at cost—or in some cases below cost—to stimulate the purchase of other more profitable products or services. It is effectively a form of sales promotion designed to drive patients in the door, whether they are new patients or a stream of old patients seeking out new services. In some cases, the price of a loss leader may be set so that is it truly marketed at a "loss" for the practice in terms of cost of materials and staff time. A loss leader should be something your clients purchase repeatedly, so they are aware of the usual price and will be able to recognize the value of a special offer.

A good example of a loss leader is a procedure that does not involve surgeon to patient face time, such as a glycolic peel or laser hair removal. Almost any non-surgical procedure can lend itself well to this concept, and they can be rotated at specific intervals. Skincare products, facials, intense pulsed light treatments, as well as botulinum toxin and dermal fillers are all reasonable options for loss leaders. However, it is not generally advisable to use a surgical procedure such as a breast augmentation or liposuction as a loss leader. Although these are the most price sensitive cosmetic surgeries, your surgical time, potential risks and complications, office visits and patient satisfaction issues must be taken into consideration. In some markets across the U.S., we are seeing $3,000 fees charged for saline filled breast implant surgery, which

An effective approach is to select a few procedures as your loss leaders to draw in new patients. By definition, a loss leader is a product or service that is offered at cost—or in some cases below cost—to stimulate the purchase of other more profitable products or services. It is effectively a form of sales promotion designed to drive patients in the door, whether they are new patients or a stream of old patients seeking out new services.

in effect lowers the average fees charged for this operation. At that reduced rate, a surgeon's time may only be calculated at $700, which falls within the realm of managed care fees.

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Plastic Surgeons Hate Online Reviews

By Robert W. Kessler, MD
And Tom Seery, President, Real Self.com

This was the formidable challenge we faced when exploring a solution to the patient reviews phenomenon.

Can you think of a more contentious internet issue than having your practice reviewed on line? We have all heard stories about doctors being maligned on the internet and how it has negatively impacted their practices. Current portals leave most doctors feeling disenfranchised by a system that keeps them looking in from the outside, waiting to hear if they've been criticized by an unhappy patient or badmouthed by an anonymous rival.

The reality is that **70% of online consumers trust reviews** posted by complete strangers, according to a Nielsen 2009 survey. As such, **consumer ratings have quickly emerged as the new form of advertising on the web.** You can certainly continue to pay for traffic and phone calls to your practice, but if people cannot read real patient testimonials on a 3rd party site about you, your advertising is becoming less effective. Doctor and health care ranking systems are here to stay. In fact, some portals are positioning themselves to dictate physicians and centers of excellence to influence reimbursement and direct patient flow in the future.

Additionally, if you care about your Google rank, you need to embrace reviews. Google's Rich Snippets program allows the search engine to display product rating, review count, and actual review text direct in Google search results. It's believed that Google is increasingly weighting listings in local search toward businesses that are most-reviewed by consumers.

Try looking up your name on Google maps and you'll discover what reviews Google has aggregated about your practice. You may discover postings from Vitals.com, Locateadoc, Healthgrades, Yelp, RateMD, CitySearch, and numerous other rating sites. If you find nothing, that is actually a bigger problem. This means in the Google foot race you've likely fallen behind. Google has limited information about you, and is less apt to promote your website in a search.

What can be done? Certainly, one option is to encourage patients to post to a 3rd party review site. But recognize that by doing so, you're entirely out of the process and that negative postings could suddenly appear without warning.

Our solution. RealSelf.com, along with ASAPS, is currently beta-testing a Doctor Recommendation site with 21 ASAPS members which has been designed to empower the physician.

The core concept is this: doctors decide what reviews posted to RealSelf.com will be associated with their online profile, and pushed out to Google. It also provides the doctor with an alert of a new patient posting, which offers the doctor a period to respond to a patient should they cite concerns. Based on feedback from beta-participating surgeons, a new version of the online form will act like an online survey that collects vital patient feedback using quantitative measures. Much of this data would be shared online, but some information will be presented to the doctor privately in order to aid their practice management. If you wish to get alerted when the RealSelf.com program is in full product release in late spring, please send a note to Anastasia Moro (anastasia@realself.com).

Robert W. Kessler, MD is an aesthetic surgeon with a private practice in Newport Beach, CA and Vice Chair of the Society's Electronic Communications Committee

Tom Seery is President of RealSelf.com based in Seattle, WA

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of aesthetic education at the residency training level by revamping the Resident and Fellows Forum Meeting in DC and adding residents to new subcommittees to provide us with their input and needs.

- A Medical Student Interested in Plastic Surgery (MEDSIPS) ad-hoc committee has been established with the intent to capture this group early on and provide them with education and early guidance in their future career, components often missed at many Medical Schools. Their first face to face meeting will be in DC.
- Webinars have quickly become an education and practice management component of our service to members. We had the first one in May 2009 addressing Marketing Solutions for a Recession Year. Since, a total of 6 webinars were offered to the membership at no extra cost, covering all different aspects of practice management, clinical education and one completely dedicated to Resident Education. If you missed any of the ASAPS webinars, they are available at www.surgery.org/members.

Relationship With ASPS

I can speak for all of us here at ASAPS when I say that our relationship with ASPS and its members and staff continues to grow and prosper. There is no better example of this than our joint commitment to the Cosmetic Surgery Alliance which has provided us with a level of cooperation never before seen between the two organizations—our highly successful "Beauty for Life" program is a great example of this. Other examples are the invitation for my participation in the search process for the new ASPS Executive Vice President, and my involvement in the ASPS Nominating and International Committees. I am most grateful to be able to contribute to these important ASPS initiatives.

The recent defeat of the so-called "Botax" is another prime example of this spirit. This surprise addition to the sweeping 2,074-page health care bill would have included a 5 percent tax on elective cosmetic procedures.

Joining our colleagues at ASPS, AAFPRS and the other "core" specialties, we agreed that the tax was discriminatory, could potentially impact the doctor-patient relationship, turning us into "tax collectors' and was ultimately misogynistic towards women.

The funding ASAPS provides to ASPS for legislative issues proved well spent as the tax was eliminated from the proposal.

From patient safety issues, to symposia, to task forces, our common roots in the family of plastic surgery only make for stronger and more beneficial services for both of our memberships.

My sincere thanks to ASPS outstanding leaders like Drs. McGuire, Kuzon, Canady and Neligan who fostered our relationship to mutual respect levels never seen before.

Informing and Educating the Public

No one needs to tell any plastic surgeon of the vast amount of misinformation, ineffective or harmful products or false claims that bombard the public on literally a daily basis. Although all of us try, the numbers of "charlatans at the gate" are just too high to make any significant impact.

This is an issue your leadership at ASAPS takes very seriously. To address the problem, the Aesthetic Society will be launching Project Beauty at the Aesthetic Meeting 2010.

Project Beauty uses VOD or video on demand, in the form of a web.tv "channel," containing information on everything from surgical procedures to hair and make-up tips. It includes person to person narratives, features experts from the worlds of beauty and fashion and provides us with a platform to report on hard news in our specialty.

Project Beauty has been two years in the making and a labor of love, not only from us but our industry and production friends who have provided us with excellent advice and a terrific product.

Patient Safety Initiatives

Perhaps no issue is more frustrating to our members and more of a threat to patient safety than the training of unqualified individuals to perform complicated surgical and cosmetic medicine procedures that are clearly outside a non-plastic surgeons scope of practice. Equally concerning is the provision of equipment and devices to these physicians who not only can cause patient harm through their lack of experience but can also confuse and deceive the public with unwarranted claims and unproven technologies.

A new program titled SCIETO, standing for Strategic Committee for Internal and External Threats and Opportunities, is looking at these issues, developing a policy based on ethics to both members and industry to discourage and hopefully stop this practice. Much like surgery performed only in accredited facilities was the seminal issue of past plastic surgery leaders, properly trained physicians is a cornerstone issue for us. Look to future issues of ASN for more on this important topic.

Relationship with the Other Cores

We continue to make progress with The Interspecialty Task Force after our first ever meeting with the Core Aesthetic Specialties during our Executive Retreat last year in California. Members overwhelmingly have told us that they wanted a greater collaboration with "core" physicians, both in member surveys and anecdotally. New ways to work with these colleagues and expand safe and effective surgical practices against non-qualified, unsafe physicians pretending to be aesthetic surgeons (non-cores) are being currently developed among the four sub-specialties.

Humanitarian Effort/Community Service

The devastating tragedies in Haiti became international news and many of you in the US and internationally have responded to our request for help. You

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President's Report

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have assisted with money to the different organizations; over 200 plastic surgeons worldwide have volunteered to join the LEAP Foundation reconstructive teams and also stayed in touch with us making yourself available to help. I am proud and thankful to P. Craig Hobar, MD and The LEAP Foundation for taking the lead in the reconstructive efforts in Haiti. Dr. Hobar will be the recipient of the prestigious ASAPS Community Service Award 2010 for his leadership, incredible work and enormous heart. There still is plenty of time and need for your support. Please send your donation to the ASERF, Haiti Relief Fund 11262 Monarch St, Garden Grove, CA 92841.

Among the many trips and plastic surgeons I have visited this year, the group that impressed me the most is based at the Naval Hospital in San Diego. There I met Drs. Craig Salt and Trent Douglas founders of Project C.A.R.E.—Comprehensive Aesthetic Reconstructive Effort—A multidisciplinary, comprehensive approach to provide support and deliver surgical and non-surgical aesthetic and reconstructive care to traumatically wounded active military servicemen and women. An incredible project that now extends to the Plastic Surgery Departments at the Naval Medical Centers in Portsmouth, VA and Bethesda, MD.

The plastic surgery community is always at the forefront of providing for those in need and looking for ways to help. Please join me on Saturday April 24th at 4:00 pm at the Aesthetic Meeting for our Community Outreach Session. We will be saluting and honoring our colleagues in charge of Project C.A.R.E. and The LEAP Foundation.

Thank you again for your enormous support during this busy year. It has been an honor and privilege to serve as your President.

Renato Saltz, MD

FOCUS ON: The Cosmetic Medicine Commission

By Julius W. Few, MD

The Cosmetic Medicine Commission is the newest Aesthetic Society Commission, created at the Aesthetic Meeting 2009 in Las Vegas. Our charge is to meet members' needs and expectations both in the areas of clinical education and practice management as they relate to the non-invasive space of injectables, laser and light-based therapies, medi-spas and clinical skin care. One has only to look at the 2009 Annual Statistics to see the need for focus in this area. According to the numbers, all surgical procedures were down in 2009, no doubt as a result of the continuing recession, while cosmetic medicine procedures, particularly injectables, increased by a small percentage. Many members have told me, on an anecdotal basis, that injectables and other non-invasive treatments helped their practices withstand the recession and position them for success with surgical patients once the downturn is over.

The Commission is divided into two Committees and various Sub-Committees, including:

Injectable Safety, Chaired by Mark L. Jewell, MD , Non-Surgical Procedures, Chaired by Laurie A. Casas, MD, Light and Energy Based Therapies Subcommittee (ad hoc) Medical Skin Care Subcommittee (ad hoc) and Medical Spa Subcommittee (ad hoc) (Charge: staff, regulatory, & supervision issues).

To ascertain your needs in the Cosmetic Medicine area, we have undertaken several initiatives including:

A needs assessment on laser and light based therapies, medical skincare and medi-spas:

In October, 2009, the Commission conducted a survey to determine your interests and educational needs in these important and emerging technologies. Our survey was fielded for approximately three weeks resulting in approximately 209 usable responses or about a nine percent response rate. Among the highlights were:

- A strong positive response to the need for more information on medical skincare
- An interest in learning more on various laser and light based therapies including cellulite treatment, non-invasive and transcutaneous fat reduction, transcutaneous skin tightening (non-ablative) and IPL/skin photo-rejunivation
- And a strong interest in the areas of normal skin aging (72 percent), thin in-elastic skin-advanced aging with or without sun damage (72 percent) and coordinating a comprehensive plan to include medical skincare, lasers, injections and surgery (76 percent)

The Education Commission has implemented many of these suggestions—another example of why the Aesthetic Meeting is top ranking.

New initiatives in the injectable space:

In a recent meeting of the Injectable Safety Committee, various issues concerning cosmetic injectables were discussed including educational needs in the areas of semi-permanent fillers, use of off-label indications, and dealing with adverse events. A survey is being developed and will be deployed to all members and candidates to determine your needs in this area.

Dr. Julius W. Few is an aesthetic surgeon practicing in Chicago, IL. He is Chair of the Cosmetic Medicine Commission and Vice Chair of the Communications Commission.

Calling Aesthetic Society Members

Submit Your Patient Photos to Surgery.org

As a member of the Aesthetic Society, you already have half of the necessary requirements, and can easily join with your fellow surgeons by submitting before and after patient photographs to the Surgery.org website. In addition to helping the plastic surgery consumer by improving our site as an educational resource, your submission will also promote your individual practice. Surgeons who submit photos will be acknowledged as contributors on the Surgery.org photo gallery main page, with links to their enhanced practice profiles. To see the photo gallery main page, refer to the following URL: www.surgery.org/consumers/photos

If you would like to submit your patient photographs, please utilize the following patient photo consent or you may utilize a custom consent form so long as it specifically releases the photographs for use by Aesthetic Society. www.surgery.org/members/member-resources/hipaa-consent-form

To maintain uniformity within the photo gallery, we would appreciate if you utilize the following guidelines when selecting cases for submission: www.surgery.org/members/member-resources/photography-guidelines/guidelines-for-publication

For questions or photo submissions, please contact Janet Cottrell at Janet@surgery.org or at 212.921.0500.

Project Beauty

Continued from Cover

the month. Online video viewing continued to reach record levels in December, with 33.2 billion videos viewed during the month.

What does all of this have to do with ASAPS members? The Aesthetic Society now has a medium, a message and a community that provides consumers with accurate information and the Society with a means to educate them on important health and safety issues.

Project Beauty also has a number of benefits that can be utilized by members. Among them are:

- A site for patients who have questions about "branded" procedures, new technologies or those with little or no science behind them
- In-office streaming of Project Beauty content
- The ability to stream advertising from lines you may carry in your practice or spa (if the company is a Project beauty advertiser)
- Utilization of Project Beauty video on your website
- A new referral mechanism via the "find a surgeon" function

Please take a moment to evaluate this new offering for members by visiting www.projectbeauty.com. And stop by the Society's booth #1201 at The Aesthetic Meeting 2010 for a detailed demonstration.

I would like to sincerely thank my colleagues Robert Singer, MD, Alan Gold, MD, and Renato Saltz, MD for bringing this exciting product to life.

Daniel C. Mills, II, MD is an aesthetic surgeon practicing in Laguna Beach, CA. He is Chair of the Practice Management Committee, The Channel Beauty Task Force and is on the ASAPS Board of Directors.

ISAPS to Celebrate 40th Anniversary

Biennial Congress to be held in San Francisco, August 14-18

By Foad Nahai, MD

ISAPS, the International Society of Aesthetic Plastic Surgery, invites you to celebrate our 40th Anniversary with us at the 20th Biennial Congress in San Francisco August 14 to 18.

ISAPS was founded on a basic premise: aesthetic surgeons, at the time, were not given their rightful place as a serious surgical sub-specialty and educational opportunities for the international aesthetic surgeon were seriously lacking. Based on this premise, a dozen visionary surgeons, Drs. Salvador Castañares, Mario Gonzalez-Ulloa, Ulrich T. Hinderer, Perseu Lemos, John R. Lewis Jr., Ernesto F. Malbec, Hector Marino, Rodolphe Meyer, John C. Mustardé, Guillermo Nieto Cano, David Serson, and Neto and Jose Viñas founded the Society with the following charter:

- To organize, promulgate and disseminate, by teaching and scientific programmes, an interchange of knowledge and ideas for the benefit of younger surgeons and trainees, as well as for surgeons already engaged in the practice of this Specialty.
- To attract, as members, qualified Aesthetic Plastic Surgeons in a Society whose principal aims shall be the preservation and protection of Aesthetic Plastic Surgery, placing it before the scientific body of World Medicine so that it may assume its proper place within the field of Surgery.

Today, ISAPS has nearly two thousand members representing 86 countries, a peer-reviewed, clinical journal, *Aesthetic Plastic Surgery* and an international congress held every two years in a different host country to which I cordially invite you. Full information on our history and our positions on a variety of patient safety issues can be found at www.ISAPS.org and information about the ISAPS Congress at: www.isapscongress2010.com

Foad Nahai, MD, is President of ISAPS, past president of the Aesthetic Society and Editor-in-Chief of the Aesthetic Surgery Journal.

Sientra is a Master Sponsor of the 20th Congress of ISAPS.

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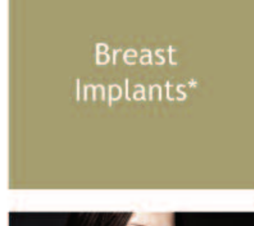

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NEWS FROM THE *Aesthetic Surgery Journal*

In the last issue of ASN, *Aesthetic Surgery Journal* (ASJ) was proud to announce the development of a new website in partnership with our new publisher, SAGE, and HighWire Press. In addition to a number of new features that highlight the unique articles in our print edition (as described below), the site provides a wealth of information for members. If you haven't visited the ASJ website lately, here's what's in store.

Videos are now integrated into the text of articles, creating a dynamic, visual educational experience. This allows readers to go online and see a live demonstration of the techniques described in the print Journal. (An icon lets readers know when a corresponding video is available at the site.) The Journal encourages video submissions from all authors. Some are even highlighted directly on the homepage.

"Toll-Free" reference linking: One of the newest online features is free, seamless full-text linking from article references. When readers encounter a citation in ASJ to any other SAGE or HighWire-hosted journal, they can click on the reference and gain free access to the full text of that article, whether they subscribe to the other journal or not. Being able to follow a citation trail is an invaluable research tool that we are proud to offer! Look for the "free full text" links in the references.

CiteTrack: Did you know that you can sign up for free citation alerts? Click on "Email Alerts" from the journal homepage to register with this service and receive emails automatically whenever an article of interest is cited. This free alerting service notifies you when a paper published in ASJ is referenced by another journal hosted by SAGE Journals Online or the HighWire online publishing platform.

Online submissions: The new SAGETrack allows convenient uploading of original and revised articles, as well as online reviewing and communication between authors, editors and reviewers. This interface is more user-friendly than the previous online submission system.

OnlineFirst: Read the latest papers in ASJ as soon as they are posted in Online First, even if they haven't yet been printed! Forthcoming articles will be published online before they are scheduled to appear in print, which allows the Editors of ASJ to deliver timely information to our readers as soon as possible.

This is just a preliminary list of the exciting improvements currently offered at the site - but we aren't done yet! We've brought the platform into the 21st century and we are now exploring options to enhance our readers' experience even further with cutting-edge technology. We would love to hear your feedback and suggestions. We encourage you to visit the ASJ online at www.aestheticsurgeryjournal.com where you can view and download current and past issues and experience these innovative features and services.

ASJ Editor-in-Chief Foad Nahai, MD

Editor's note:

Unless it's a New England Journal, JAMA or Lancet, most editors of clinical publications wear many hats: clinician, teacher, lecturer, author. I would suggest that you would be hard pressed to find one who juggles these roles as seamlessly as our own ASJ Editor, Foad Nahai. I recently caught up with him between planes to see how he is able to manage such a strenuous schedule:

ASN: Dr. Nahai, the improvements to *Aesthetic Surgery Journal* are truly remarkable. How do you manage such a workload?

Nahai: Thank you Dr. Thorne but I have to say, the credit goes to many. We have an excellent Managing Editor in Melissa Knoll. Her office is just a few feet away from me and we meet several times a day some days. Rarely when I have a full day we may not meet but leave messages for each other. She is truly a delight to work with. Of course, we have one of the fastest rising leaders in aesthetic education serving as Associate Editor in Jeff Kenkel, MD and our new publisher, Sage, has truly brought us into the 21st century with a robust and relevant website. If the Journal is improving it's because I am surrounded by these wonderful people who make the journal and me look good.

ASN: How do you manage to juggle all of your responsibilities; plastic surgeon, ISAPS President, educator, lecturer…

Nahai: Charlie, you are a very busy person yourself and I would wager that we both rely on the same thing: Balance. I love my family and enjoy spending time with them especially my Dad of 95 and the grand kids. I try hard to make the time for all of them including (my wife) Shahnaz and our children.

Exercise is pivotal; I try to work out every day at least 45 minutes. I love the stationary bike I can review and edit manuscripts and still work out! In season I spend time in the yard tending our flowers and herb garden. But of course, you cannot review manuscripts whilst pulling weeds and fighting pests!

ASN: What about your surgical load? I know you still actively see patients..

Nahai: Yes, very much so! I am lucky to have a busy and successful practice despite the economy. I operate three times a week from five to eight hours or more and have very busy clinic days up to 40 patient visits two days a week. It's my patients who keep me truly grounded and up to date in our specialty. My other roles would be very difficult without them.

Charles H. Thorne, MD is an aesthetic surgeon in private practice in New York City and Editor of ASN.

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Continued from Cover

- The opportunity to earn up to 54 AMA PRA Category 1 credits towards your state license requirements
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- Important new aesthetic surgery research data including a Special ASERF Presentation: Injection Lipolysis Pilot Study with Independent Analysis
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The Aesthetic Society has always been noted for a philosophy of inclusion, welcoming all board certified plastic surgeons, residents and fellows to share in our knowledge and camaraderie. At this year's Aesthetic Meeting we have strived to include interesting and stimulating courses for plastic surgeons at all levels of their careers. Of special note are the number of courses we have particularly geared to the plastic surgery resident. Among them are:

- A Hands-on Laser Workshop
- Cosmetic Injectables Workshop
- The Residents and Fellows Forum

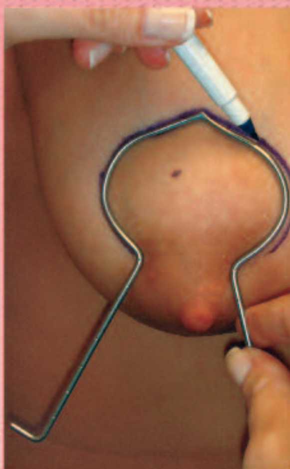
Meeting attendees can earn up to 16.25 patient safety CME credits by attending optional courses where the orange safety triangle appear. We also are very fortunate to draw from the international community of plastic surgeons who will be presenting a variety of Papers, Teaching Courses and participating in Scientific Sessions as well as presenting a special international "Hot Topics."

Of course, you should save time for catching up with old and new friends and enjoying the spectacular sites and attractions of Washington, DC, my hometown. From world-class restaurants to internationally known museums, DC is a spectacular city.

I hope you will be able to attend the meeting this year and look forward to your comments and feedback.

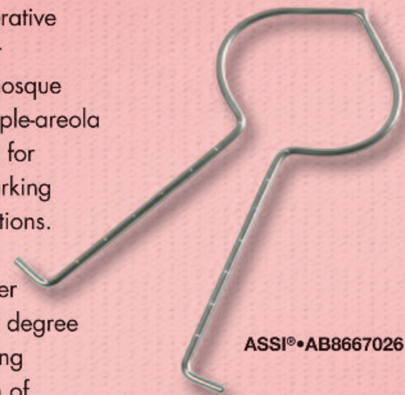
Jeffrey M. Kenkel, M.D., F.A.C.S., is a Professor and Vice Chairman of the Department of Plastic Surgery at the University of Texas Southwestern Medical Center at Dallas. He is Chair of the ASAPS Education Commission and Vice President of the Society.

New!



The Walden Breast Marker, made of thin but durable wire, is a useful tool for preoperative breast marking whether for reduction or mastopexy. The 14 cm circumference mosque pattern aids with creating a circular nipple-areola complex with less eccentricity and need for tailoring after inset, and is useful for marking both vertical and pattern of Wise reductions.

The vertical limbs set at 7 cm with shorter gradations are an ideal length, with 90 degree angles pointing laterally to aid in marking the takeoff of horizontal limbs in pattern of Wise reductions.



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- Complimentary subscription to "Aesthetic Society News"
- Networking, collaborating and visibility among peers
- Opportunities to attend exclusive social and educational events during the ASAPS annual meeting
- Access to serve on committees that drive the unparalleled success of The Aesthetic Society's programs and services

Please keep in mind that Candidate status with the Aesthetic Society is NOT a membership classification, but a program that offers specific benefits and will acquaint you with the Aesthetic Society as you build your aesthetic surgery practice. At any time during the five-years you are in the Candidate Program, assuming you fulfill the requirements, you may apply for Active Membership in ASAPS.

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UPDATE ON: *Laser and Light–Based Therapies*

ANDREA NADAI, Senior Consultant, Boston MedTech Advisors

State Enforcement of Regulations

States are toughening their stance on medical spas and physicians not adhering to regulations concerning the use of lasers and light-emitting devices in such facilities. Recent developments in two state boards in the Midwest demonstrate that non-compliance with state regulations risks sanctions, litigation and monetary penalties.

Earlier this month, the Iowa Board of Medicine sanctioned Anthony Colby, M.D., medical director of three American Laser Center sites in Iowa, for lacking appropriate training and experience to supervise individuals performing medical aesthetic services and for failure to provide adequate supervision to those who performed such procedures. In addition to a reprimand and a $5000 fine, Dr. Colby has been prohibited from serving as medical director and/or supervising individuals who perform medical aesthetic services at any medical spa in the future. A cease and desist order was also issued for the West Des Moines office of American Laser Center for performing medical services without proper physician oversight. A Board of Medicine investigation concluded that non-physicians performed examinations, diagnosed medical conditions, offered treatment recommendations and performed medical procedures, including the use of lasers for treatment of hyper pigmentation and cellulite removal.

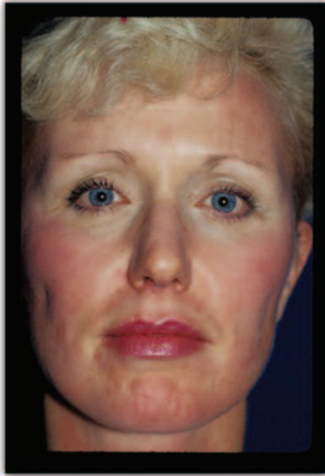
Last December, Illinois Attorney General Lisa Madigan filed suit against Nu U Med Spas, claiming the company used deceptive marketing and that its unapproved practices caused some patients to experience extreme pain and lasting injuries. The company promoted Lipodissolve; an injected therapy used to dissolve fat cells, but failed to inform consumers that its treatments had not been approved by the U.S. Food and Drug Administration as safe and effective. In addition Nu U was injecting clients without a doctor's order, a direct violation of Illinois state law.

Madigan's lawsuit charged Nu U with violating the Illinois Food, Drug and Cosmetic Act, the Illinois Medical Practice Act and the Illinois Consumer Fraud and Deceptive Business Practices Act. It asked the court to permanently enjoin the defendants from owning or operating medical or beauty clinics in Illinois and to order the company to pay civil penalties of $50,000, an additional $50,000 penalty for each violation committed with the intent to defraud, an additional $10,000 penalty for each violation committed against a senior citizen 65 years of age or older, and the costs associated with the investigation and prosecution of the lawsuit.

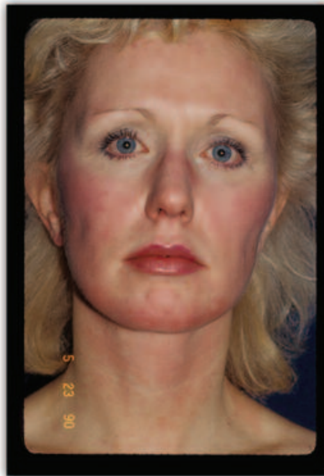
Both of these cases demonstrate that states are taking action against those who violate the law. Providers should strive to ensure their practices are in compliance with their state statutory requirements.

Andrea Nadai, senior consultant, Boston MedTech Advisors (bmtadvisor.com) directs the Laser and Intense Light Information Service (LILIS), which provides information on state regulations and professional board recommendations to manufacturers, distributors and LIL service providers. Contact her atanadai@bmtadvisors.com.

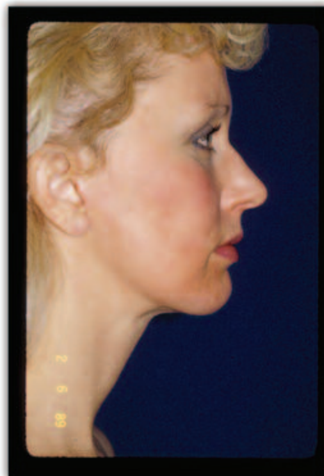
HAVE YOU TREATED THIS WOMAN ?



1992 Photo



1990 Photo



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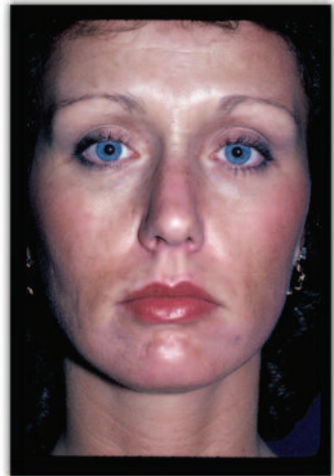

1982 Photo

These are photographs of **CATHERINE ELIZABETH GREIG** . These photographs were taken of GREIG when she was in her mid 30's. GREIG is now 59 years old. GREIG is a fugitive from Boston, Massachusetts and is believed to be on the run with FBI Top Ten Fugitive **JAMES J. "Whitey" BULGER**. BULGER has been charged with committing nineteen murders in the Boston area. BULGER and GREIG have been on the run together since 1995 and there is a $2 million dollar reward for anyone who provides information that leads to their location.

GREIG is known to have undergone several plastic surgery procedures prior to becoming a fugitive, to include a Bilateral Augmentation Mammoplasty in 1982 where she received **BREAST IMPLANTS** manufactured by Surgitek bearing **PRODUCT #22390000S0, Lot No. 1800-82-C**. Other procedures undergone by GREIG are: Suction Lypectomy, Rhytidectomy and Bilateral Upper and Lower Bleproplasty.

GREIG is further described as follows: White/Female, DOB: April 03, 1951, Age: 59, Height: 5'6", Weight: 150 to 160lbs. GREIG is known to suffer from a ragweed allergy and exhibit sensitivity to Valium, Diazepam and Erythromycin. GREIG is a licensed dental hygienist.

BULGER is further described as follows: White/Male, DOB: September 03, 1929, Age: 80, Height: 5'7" to 5'9", Weight: 150 to 160lbs.

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1996 Photo

1994 Photo

1980's Photo

Photo 1988

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first on the ground. As he said in a statement at the time: "Current estimates of the Haitian Earthquake disaster are 200,000 dead, 250,000 injured, and as many as 1.5 million homeless. We were in Port Au Prince, Haiti, day 4 through day 6 of the disaster. Only through an unusual set of circumstances did we get the opportunity to be there. We went in with another group, who had chartered two jets, which at this point in time is about the only way to get in as all commercial flights have been cancelled. They will open eventually but when is a big question mark. There is plane after plane landing at the small airport, now controlled by the military and if prior clearance and approval are not obtained, planes may be either turned away or circling indefinitely.

We arrived to find the hospital abandoned due to questions about its structural integrity in the wake of potential aftershocks. The parking lot replaced the physical hospital with hundreds of patients and their families lying on blankets or mattresses on the concrete ground. There were open fractures, closed femur fractures and gangrenous limb after gangrenous limb after gangrenous limb. We didn't have access to the O.R. so we began immediately setting up surgical facilities in 3 stalls of an ER area, to which we did have access. Spinal blocks, axillary blocks and Ketamine sedation allowed us to do most of the things we needed to do. Amputations occurred without cautery and required quick tying of vessels and bleeders. Children were showing up for medical care alone or with siblings having lost their parent or parents in the quake.

Despite, or in Hobar's case, because of these odds, LEAP continues its missions to Haiti with regular reports from a wide range of volunteers and other members of our plastic surgery family. According to Frank Lista, MD, Past President of the Canadian Society of Aesthetic (Cosmetic) Plastic Surgery, who participated in one of Hobar's missions:

"On our first day in Haiti, fuzzy from lack of sleep, shocked by scenes of devastation, made numb by the sight of human suffering, we begin to operate. Taking skin grafts, meshing the skin, applying the graft. Next patient. Debriding the wound, shortening the bone, suturing the defect. Next patient. A rhythm of blood and pain. Seven surgeries between 2pm and 6pm. Finally we are forced to stop because the power fails and the OR is dark.

On the drive home no one speaks. At dinner we quietly discuss what happened. How did we do? What can we do better tomorrow? Who needs surgery the next day?

We roll into our sleeping bags early. Most of us sleep on the floor. I share a room with (a team member). When I enter the room he looks up from his book and smiles.

"Frank," he says. "Next time we go on holiday together, I think we'll go someplace else."

For the six of us, (on the team) this week, there is no place else".

US Navy Project C.A.R.E. Program:

Since the time of Sir Harold Gillies, the patriots and warriors who have been injured protecting us and our way of life have, in tangible ways, benefited from the skills of the plastic surgeon. From the pioneering work of Vilray Blair, treated World War I soldiers with complex maxillofacial injuries, to the advanced and reconstructive and aesthetic procedures of today, the plastic surgery community has long respected, revered and been humbled by our fighting men and women.

This respect and willingness to help extends to our troops of today. One program that should be of special interest to anyone in our specialty is the C.A.R.E. program, standing for Comprehensive Aesthetic Recovery Effort spearheaded by the US Navy.

The Comprehensive Aesthetic Recovery Effort is a multi-disciplinary patient care initiative to help restore function and improve the appearance of traumatically injured service members. As a result of combat trauma and training accidents, a great number of service members suffer major, life-altering injuries, including limb loss and severe disfigurement.

Although our wounded Soldiers, Sailors and Marines receive cutting-edge, state-of-the-art care by active duty medical staff, the consequences of these disfiguring injuries can lead to emotional distress and an altered self-image.

The C.A.R.E. initiative seeks to assemble a panel of plastic surgeons to help our service people in their hometowns with aftercare and possible revision surgeries. For more information on this important program, information will be posted on the members-only site of www.surgery.org.

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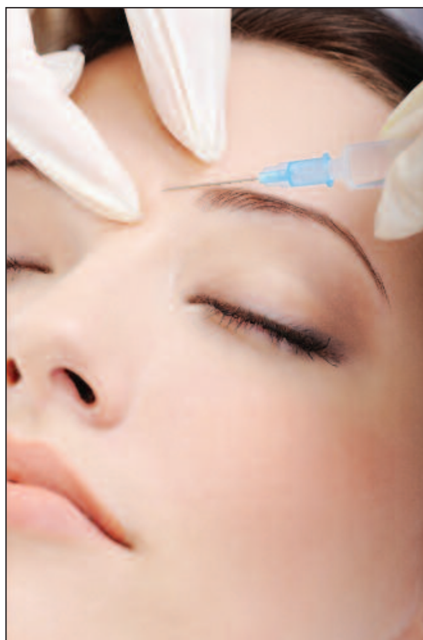
Continued from Page 15

When calculating your cost of performing a procedure, consider all related expenses including materials, supplies, staff time, marketing, follow ups and associated overhead costs. Factor in the profit margin you are seeking to determine whether you are able to charge a higher price by distinguishing your practice with exclusively tailored offerings. Take into consideration where you are in practice when calculating your hourly rate. If you are just starting out of residency, you may be willing to charge lower fees to gain experience and get exposure to new patients. However, if you have been in private practice for fifteen years, you are already well established in your field and should be more selective. Supply and demand also plays an important role in your local market and pricing considerations. If you are in an area like the Upper East Side of Manhattan, where there are literally hundreds of doctors offering almost identical services in a one mile radius, you have to pay attention to the highs and lows of the laws of supply and demand. If you are marketing a high supply, high-demand product, for example, incorporate this factor into your pricing and charge a more competitive price. However, if you are operating in a high supply, low demand market where there are more practitioners offering the services you offer and not enough patients to fill their waiting rooms, a price adjustment may be in order. The ideal situation is to be in a low supply, high demand market, but these are exceedingly rare today.

Review your local market to identify procedures that are most popular among patients and which may be enjoying a growth spurt. For example, if skin tightening devices are the top-selling treatments in your area, consider whether you should add this service to appeal to a broader segment of consumers. If big ticket procedures are still in a major slump, you should offer some less expensive treatments to encourage patients to come back.



Utilize feedback from your customers as a critical tool to determine an ideal pricing structure for your practice. For example, if your staff receives frequent calls asking about the price of injectables or laser treatments, but callers do not book an appointment upon hearing the range of fees quoted, this may be an indication that your prices are higher than your community is willing to pay. Speaking with patients directly, or conducting a survey to determine how they feel about the value of your products or services, can also provide valuable insights. You can also solicit input on what services or products they would be interested in to further narrow any gaps.

Whatever tactic you elect, do not panic. Slashing prices is generally a bad policy and will end up backfiring in the long term. It may be necessary to lower your pricing to be more competitive and encourage higher procedure volumes in the short term; however, marketing "50% off every laser procedure," and "$9 per unit for BOTOX®" cheapens your practice and its standing in the community. If you run a special offer at a regular interval—such as the first Friday of every month or every other month—you may be effectively lowering your fees for those services; patients will become savvy to the fact that there is a "deal" coming soon, and they will wait until you have an offer.

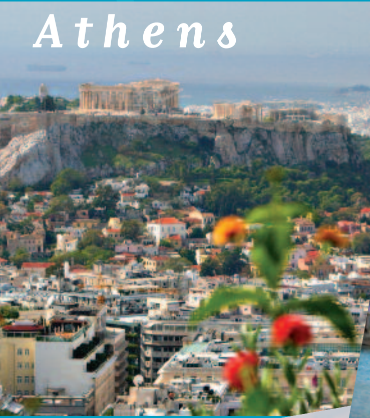
BEST BETS FOR TREATMENT BUNDLING

- Bundling can work equally well for treatment plus product, or treatment plus treatment
- Consider bundling treatments that complement each other; such as toxin with filler, toxin with laser, deep filler with superficial filler
- For repetitive treatments, offer incentives to increase the average fee per visit
- Start by bundling treatments that can be administered by physician extenders
- Schedule offers and specials at your slowest times of the year
- Market special offers to existing patients as "loyalty programs"

Continued on Page 30

BIENNIAL
CRUISE

Greece
Montenegro
Croatia
Italy



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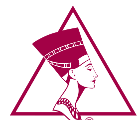

Treatment Bundling Strategies

Continued from Page 28

- Market special offers to attract new patients and encourage first time treatment patients
- Encourage patients to enlist for a series of treatments without having to pay up front for the whole series
- Offer gift certificates for non-surgical treatments year round or at specific holiday times
- Take advantage of loyalty programs and special deals offered by vendors directly to consumers by marketing via eblasts, Twitter, Facebook and your website and blog

Once a patient comes in for a visit, adding a secondary procedure or another area of treatment does not increase your cost of acquisition for that patient. If the patient is already in the chair, offering a second or third syringe at the same time (if the patient needs and wants it done) is practical and cost effective for both parties.

Revisit your pricing structure periodically to stay on top of the trends in your market. By paying close attention to price versus value, you may be able to find more efficient ways to do business or identify areas where you can reduce costs while improving the quality of your products and services.

Whenever possible, stick with branded technology and products to market to your patients, even if the costs are slightly higher. A plethora of generic products are flooding the market, driving the pricing structure down even further. In some markets, it is common to see doctors market a device by brand name, when in fact, the device they have to offer is an off price variation of patented technology. The same practice holds true for fillers; there are dozens of hyaluronic acid based fillers on the market, especially in Latin America and Europe, yet there are only two market leaders in the U.S. It is important to distinguish your practice from the competition by marketing brand names of the products you offer so consumers will not compare apples to oranges when reviewing fees.

Once a patient comes in for a visit, adding a secondary procedure or another area of treatment does not increase your cost of acquisition for that patient. If the patient is already in the chair, offering a second or third syringe at the same time (if the patient needs and wants it done) is practical and cost effective for both parties.

EXAMPLES OF EFFECTIVE OFFERS

- "With every full price single syringe of filler, get one area of botulinum toxin for 50% off"
- "Have 2 syringes of a filler, and get 30 units of botulinum toxin at the same time at no additional charge"
- "With every peel, receive a complimentary post peel treatment cream"
- "Bring a friend to an office seminar, receive a complimentary sunscreen"
- "Bring in an empty jar of eye cream and take 20% off a new eye cream"
- "With each area of laser lipolysis, take $100 off the second area when treated at the same time"
- "Have your face treated with fractional resurfacing and add your hands at half price"

You can also be creative when bundling services. The most common methods we see in practice are variations on *"buy one, get one," "buy one; get one at half off,"* and *"three for two."* Consumers are less inclined to lay out large sums far in advance so be wary of demanding that patients pay upfront for a series of repetitive treatments. Consider tweaking a common offer, for example: instead of *"buy 4, get the 5th free"* try *"after your 4th treatment, get the next one at no charge."* This allows patients to take advantage of a bonus treatment. Take your cues from retailers, hotels, restaurants, spas and salons. All service businesses today have been faced with changes in how consumers spend their money and they have had to adjust their practices accordingly. Your patients may surprise you by showing their appreciation and loyalty if you are willing to modify your policies to meet their needs.

Whenever possible, stick with branded technology and products to market to your patients, even if the costs are slightly higher.

Wendy Lewis is President of Wendy Lewis & Co Ltd Global Aesthetics Consultancy, author of 10 books, a course instructor and regular contributor to many trade and c onsumer publications and websites worldwide. She is the Founder/Editor in Chief of beautyinthebag.com.

Contact her at wl@wlbeauty.com

The most common methods we see in practice are variations on "buy one, get one," "buy one; get one at half off," and "three for two."

Corrections:

An article appearing in the Winter, 2010 issue of ASN titled "How Teamwork exposed a 'Do it Yourself' Injectable Operation" contained an error in reference to Marie Czenko-Kuechel. The article stated that Ms. Kuechel "went undercover" to obtain information on Discount Medispa. Ms. Kuechel did not go undercover in any way; the error was caught by Ms. Kuechel prior to publication but missed by our proofreaders. We apologize for the mistake and any misrepresentation of Ms. Kuechel or misunderstanding among our readers.

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If you would like information on partnering with the Aesthetic Society, please contact Kathie Muehlebach at

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