



Towards a New Vision for the Aesthetic Society: Part I

By Jack Fisher, MD



EDITOR'S NOTE:
President-elect Jack Fisher, MD recently conducted the Aesthetic Society's Strategic Planning Retreat. The following is the first of two reports; this one is on marketing and membership.

The second installment on education will appear in the Winter 2013 issue of ASN.

As the organization you rely on for both clinical and practice education, your Society leadership has a fiduciary and moral responsibility to address your needs and keep ASAPS healthy and strong. This mandate was the central theme of our recent strategic planning session. For the first time, we sought the help of professional consultants and moderators and also included representatives from our Premier Partners in the discussion. The result

was a critical and deep dive assessment of where we are as an organization, where we should be going and how to bring you the most value for your membership dollars.

It's no news to anyone that the world around us, fueled by rapidly changing technology, shifts in the ways consumers research and choose plastic surgery procedures and unprecedented competition has turned the science and business of aesthetic surgery upside down.

When I started in aesthetic surgery the internet didn't exist. Today, the practice that doesn't worry about websites, online reputation management, targeted marketing campaigns (and a myriad of other marketing tools) will not be operating very long. Type plastic surgery, tummy tuck, facelift or any

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ZO SKIN HEALTH INC

BY ZEIN OBAGI, MD

Society Welcomes ZO Skin Health to Premier Industry Partner Program

ZO[®] Skin Health, Inc. joins ASAPS' Premier Partnership program, an elite group of aesthetic companies that go beyond the traditional sponsorship model. There are only eight slots for the Premier Industry Partner level and ZO[®] Skin Health is now number seven, leaving only one space left.

Launched in 2012 and created by Zein Obagi, MD, the ZO[®] Medical line represents Dr. Obagi's proven way of thinking about and caring for skin by repairing skin at the cellular level. ZO[®] Medical is only sold to consumers through MDs and works synergistically with ZO[®] Skin Health, the daily maintenance line. Together, they create the ZO[®] Skin Health Circle; products that will enable physicians to expand their services and retain their patients indefinitely.

CEO and President of ZO[®] Skin Health, Jim Headley reached out to ASN to give members some background about the company.

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Nontuberculous Mycobacteria (NTM) Infections in cosmetic surgery patients

A joint report from the Aesthetic Society and the Los Angeles Department of Public Health

Overview

The Aesthetic Society, working in conjunction with the Los Angeles County Department of Public Health, recently conducted a study of nontuberculous mycobacteria (NTM) infections in cosmetic surgery patients.

NTMs (examples are Mycobacterium chelonae, M. fortuitum, and M. abscessus) are increasingly recognized as a cause of post-

operative surgical wound infections, especially following cosmetic procedures. In addition to sporadic cases, NTMs have been the cause of outbreaks of surgical site infections. As NTM are ubiquitous environmental organisms, the source of NTM outbreaks is often difficult to pinpoint. Outbreaks of NTM infections are likely underreported to local/state public health departments; therefore it is not known

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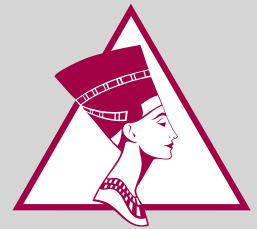
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ASAPS Calendar

Co-sponsored/Endorsed Events



Aesthetic Society News

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

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



The American Society for
Aesthetic Plastic Surgery



The Aesthetic Surgery Education
and Research Foundation

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ASAPS Members Forum: www.surgery.org/members

ASAPS Website: www.surgery.org

ASERF Website: www.aserf.org

January 10, 2013

6th Annual Atlanta Oculoplastic Symposium

Intercontinental Hotel, Atlanta, GA
Contact: Southeastern Society of Plastic and Reconstructive Surgeons
Tel: 703.234.4067
www.sesprs.org/meetings
info@sesprs.org

January 11–13, 2013

29th Annual Atlanta Breast Surgery Symposium

Intercontinental Hotel, Atlanta, GA
Contact: Southeastern Society of Plastic and Reconstructive Surgeons
Tel: 703.234.4067
www.sesprs.org/meetings
info@sesprs.org

January 24–26, 2013

Expanding Horizons Symposium

Las Vegas, NV
Contact: ASPS
Tel: 847.228.9900
www.plasticsurgery.org/x5337.xml
Registration@plasticsurgery.org

February 14–16, 2013

47th Baker Gordon Educational Symposium

Hyatt Regency, Miami, FL
Contact: Mary Felpeto
Tel: 305.859.8250
www.bakergordonsymposium.com

February 15–18, 2013

5th American-Brazilian Aesthetic Meeting

Marriott Hotel, Park City, UT
Contact: Susan Russell
Tel: 703.234.4067
www.americanbrazilianaestheticmeeting.com
srussell@gunnerlive.com

March 6–7, 2013

16th Annual Dallas Cosmetic Surgery Symposium

Westin Galleria, Dallas, TX
Contact: Veronica Mason
Tel: 214.648.2154
www.dallascosmeticsymposium.com
veronica.mason@utsouthwestern.edu

March 8–10, 2013

30th Annual Dallas Rhinoplasty Symposium

Westin Galleria, Dallas, TX
Contact: Veronica Mason
Tel: 214.648.2154
veronica.mason@utsouthwestern.edu
www.dallascosmeticsymposium.com



April 10–13, 2013

Skin Care 2013

Marriott Marquis Times Square
New York, NY
Contact: SPSSCS
Tel: 562.799.0466
www.spsscs.org • info@spsscs.org



April 11–16, 2013

The Aesthetic Meeting 2013

Javits Convention Center, New York, NY
Contact: ASAPS
Tel: 562.799.2356
www.surgery.org/meeting2013
asaps@surgery.org

April 26 – 27, 2013

43rd Annual University of Toronto Aesthetic Plastic Surgery Symposium

The Sutton Place Hotel, Toronto, ON, Canada
Contact: Dr. Jamil Ahmad
Tel: 905.278.7077
www.torontoaestheticmeeting.ca
jamilahmadprs@yahoo.com



July 7–14, 2013

Biennial Aesthetic Cruise—Complications in Aesthetic Surgery

Alaskan Cruise
Contact: ASAPS • Tel: 562.799.2356
www.surgery.org/cruise2013
victoria@surgery.org



Strong, Healthy and Planning for the Future

Leo R. McCafferty, MD

The Aesthetic Society just completed its Interim Board of Directors Meeting where we heard updates from all our Commissions and approved our budget for the next fiscal year. I am happy to report that our future is bright, our financial picture strong and we are poised to introduce you to a range of new products and services to help you compete in this complex, sometimes crazy, but always very exciting, market.

There are two articles in this issue of ASN that pertain to your Society membership. The first, by President-elect Jack Fisher, MD outlines several of the action items that were discussed at the recent Strategic Planning Meeting. Remember, last years' Strategic Planning Session action item directed us to take a bold new approach to marketing to effectively compete both nationally and locally in the world of aesthetic medicine and surgery. Jeff Kenkel, MD, immediate Past President, formed the Marketing Task Force and they have been working deliberately and diligently over the last year developing a plan that will unfold in stages over the coming year. This theme of "looking at things differently" was expanded in a huge way during this year's strategic planning session lead by Jack Fisher. Please read his very informative article.

The second, from our Treasurer James Grotting, MD discusses our end of year financials with a comparison to the three previous years. Jim's report includes the good news that the Society ended its fiscal year almost \$700,000 in the black and was able to contribute to our reserves. This is due to sound, fiscally expert management by our Board in conjunction with your ASAPS staff. I congratulate them on a job well done during these difficult economic times.

Your Leadership is committed to full transparency, providing you with all the information available on our operations and fiscal health. Everything we do is, first and foremost, for your (member) benefit. We never take for granted that you have entrusted us with your dues and we are committed to using them responsibly to benefit you and ultimately our specialty and patients.

On August 3 – 5, 2012, Past President Felmont (Monte) F. Eaves III, MD, PRS

Editor-in-Chief, Rod Rohrich, MD and Jonathan M. Sykes, MD, Past-President of the American Academy of Facial Plastic and Reconstructive Surgery conducted the second Evidence Based Medicine Summit in Deer Valley, Utah. This meeting looked at our Societies progress in helping the non-academic plastic surgeon incorporate EBM into his or her practice.

Of course, Evidence-Based Medicine needs solid and reliable data. To help us acquire this information we have partnered with ASERF Past-President and current AAAASF President Geoffrey Keyes, MD to help us build a Data Hub that will house critical data and other information of benefit to all plastic surgery. ASERF has provided seed monies for this important initiative and, through the tireless efforts of our Industry Exhibits Committee Chair, W. Grant Stevens, MD, we have created a silent auction for The Aesthetic Meeting 2013 to further help support the effort.

All proceeds will go to further the development of our Data Hub. This will create a new level of excitement and fun when visiting the exhibit hall and I encourage you to do so often during the meeting. If you have any industry contacts you think might want to contribute to this exciting and worthwhile cause, please contact Pam Dieadue at pam@surgery.org.

There's no need to go into all of the challenges that face us as aesthetic surgeons. From mysterious infections to the challenges of running a practice, we all need to be at the top of our game, both as clinicians and businessmen.

There have been sporadic but consistent reports from some members who are presented with cases of Nontuberculous Mycobacteria (NTM) Infections. While we don't have the answers to this mysterious condition, we do have information in this issue that is the result of a survey among our membership on the frequency of occurrence and correct pathway to reporting. Remember, you can discuss any case in a private, confidential and nondiscoverable environment through our patient safety organization www.wimed.com.

First, it's a great time to be an aesthetic surgeon. With the economy improving and new products on the horizon, we are a specialty that brings increased self-esteem and joy to the lives of our patients. The Leadership and Staff at ASAPS are honored to serve you and the specialty for the benefit of our patients.

Finally, there are two practice management articles in this issue that are sure to be helpful. The first, by industry expert Karen Zupko, goes into the controversial practice of discounting and why this might not be the best strategy for your practice. The second, 5 Mistakes to Avoid during Medicare Accreditation, offers practical advice to ensure the process goes as smoothly as possible.

In closing, I would like to share with you two things that sometimes get overlooked when we're caught up in our hectic day to day responsibilities.

First, it's a great time to be an aesthetic surgeon. With the economy improving and new products on the horizon, we are a specialty that brings increased self-esteem and joy to the lives of our patients. The Leadership and Staff at ASAPS are honored to serve you and the specialty for the benefit of our patients.

The second is a heartfelt Thank You to our staff. Anyone who gets involved in the Aesthetic Society whether on Committees, as Committee Chairs or in Leadership knows that the relationships we form with staff are personal and truly collaborative. I feel very fortunate to know and work with each one and in the eight months I have been President our staff has proven time after time to be an invaluable asset not just to me but to you the member!



Aesthetic Society's Financial Report—Our Future is Bright

By James C. Grotting, MD

As Treasurer, it is my pleasure report on the fiscal health of our organization. In spite of some rough economic years, our Society remains healthy and strong. Your Board of Directors, in conjunction with staff, implemented significant financial oversight and expense controls to weather the economic situation. We are excited to report that for Fiscal Year 2012, just over \$672K was added to reserves bringing our total to just over \$4.4 million as of June 30 (end of our Fiscal Year).

For Fiscal Year 2012, our total revenue decreased by 1.4% which is primarily a reflection of reduced attendance at our annual

meeting in Vancouver. In anticipation of the lower registration numbers, careful cost controls were implemented resulting in an 8.2% reduction in expenses overall.

At the same time, the Society was able to continue to offer our members valuable benefits including the launch of RADAR (see series of articles in this issue of *ASN*), Practice Builder Tools, and enhanced functionality on surgery.org to drive consumers to our member's practices.

Of course our cornerstone is education. We are continuing to be innovative in our educational programs and delivery systems to

meet the changes needs of our members and desire for dynamic, informative, educational experiences providing the tools you need to improve outcomes and provide improved patient care.

I would like to personally commend the ASAPS staff and Executive Director Sue Dykema for their guidance during this difficult time and each and every Aesthetic Society member who understood that bad economic times affect us all.

James C. Grotting, MD is an aesthetic surgeon practicing in Birmingham, AL. He is Treasurer of the Aesthetic Society.

	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012
Total Revenue	\$7,317,343	\$7,868,483	\$7,755,231
Expenses	\$8,330,910	\$7,715,031	\$7,082,662
Net Income <Loss>	<\$1,013,567>	\$ 153,452	\$ 672,569



At the intersection of Innovation Avenue and Knowledge Road relationships are built through the ASAPS Partnership program.

The Premier Industry Partnership Program matches your professional goals and the strength of the ASAPS organization, with the innovation of our industry partners. Together, we are advancing the science, art, and safe practice of aesthetic plastic surgery among qualified plastic surgeons.

Be the first to step out and introduce yourself to our partners.



BY ZEIN OBAGI, MD

Considering Disability Insurance? Eight Things a Surgeon Needs to Know

By Ray Bourhis and Kathleen M. DeFeve

Purchasing long-term disability insurance is a complex affair. Your insurance agent will do his best to make the policies appear simple, but the reality is that they are not, so you need to exercise caution. Policy language can be confusing, and the actual coverage varies substantially from one contract to another. If you do not carefully read and review the terms of the policy before making your purchase, you may seriously regret it later on. Here are the top eight things to remember:

ERISA policies are otherwise known as “group policies.” Do not purchase these, either on behalf of yourself or on behalf of your employees. If a policy you are considering purchasing is governed by ERISA, do not buy it. Period.

Do NOT EVER Purchase an ERISA Governed Policy.

Avoiding the purchase of an ERISA governed policy is the single most important rule in purchasing disability insurance. ERISA is a federal law that preempts (eliminates) all of the insured’s rights under state unfair claims practice laws. Since state laws are an insured’s only protection against an insurance company’s unfair or fraudulent claims practices,

the elimination of those protections destroys all of your rights and eliminates any leverage an insured might otherwise have to prevent an insurer from denying or underpaying (lowballing) a valid claim. ERISA policies are otherwise known as “group policies.” Do not purchase these, either on behalf of yourself or on behalf of your employees. If a policy you are considering purchasing is governed by ERISA, do not buy it. Period.

Purchase an Own Occupation Policy.

It is crucial that your policy covers you in your occupation as a surgeon. If you are certified in a specific type of surgeries, such as plastic surgery or neurosurgery, indicate this on your policy application—do not write “surgeon,” but write “plastic surgeon” (or whatever your surgical specialty is). You want to be covered for your specific occupation, so when you file for disability benefits your insurer won’t deny coverage because you are still performing some basic, simple surgeries (and thus, arguably, not totally disabled as a surgeon). You want to be covered for the event you are disabled from your Own Occupation—your surgical specialty.

Check the Definition of Total Disability.

Make sure the policy you are considering defines TOTAL disability as “the inability to perform the insured’s important, or substantial and material duties, in the usual and customary manner and with reasonable continuity (i.e., on a full time basis).” Note that some policies contain conflicting provisions providing that an insured person who can perform some, but not all, of his/her important duties is considered residually (partially), not totally, disabled. Residual disability benefits are usually calculated on the basis of a complex formula spelled out in the policy, the bottom line of which adds up to only a fraction of the benefits you think you are purchasing. For adequate coverage, ensure you are covered for Total Disability.

Get Lifetime Benefits.

Buy a policy that provides lifetime benefits, not one that cuts off benefits at age sixty-five. You will pay a higher premium for lifetime benefits, but it’s worth it.

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Get a COLA (Cost of Living Adjustment).

The COLA keeps your benefits current with inflation. Ask whether the COLA kicks in for every year the policy is in force or just kicks in after you have filed a claim. If the former type of COLA is available, opt for it.

Watch Out for Taxes.

Make sure your premium payments are structured so that benefits payable under the coverage are not taxable.

Know your Insurer.

Know your potential insurer’s claims handling track record. This information can usually be obtained from your state insurance department or from lawyers that specialize in representing claimants in insurance bad faith cases. Make sure the information you get is current, because companies change over time. One well-known company (Unum) that previously had a poor reputation in claims handling has substantially improved its practices, while some of its competitors (such as Prudential and Berkshire) have actually gone the other way.

Communicate your Wishes to your Agent, and Keep a Record.

Give the agent you are working with a copy of this checklist and ask him/her for written comments in response. Save those comments, along with any brochures, written materials, correspondence or notes from conversations with company representatives in the file containing your policy.

For additional information concerning disability insurance go to www.InsuranceConsumers.com, to www.RayBourhis.com or call 1-800-264-2082.



7 Ways to Avoid Dangerous Discounting

By Karen Zupko, President
KarenZupko & Associates, Inc.

*“The phone isn’t ringing as much.”
“More patients are postponing scheduling.”
“Surgery cancellations are increasing.”*



Staff comments like these can strike fear into the heart of even the most stalwart plastic surgeon. But good doctors beware: rash discounting schemes won’t build a lasting and loyal patient base. And in fact, ‘bought business’ can be an expensive mistake.

Consider the lesson learned by Madison Avenue spa Wellpath, a New York Times poster child for the dangers of using deal-of-the-day Web sites to attract new customers. The spa ran heavily discounted coupons to drum up customers who wanted to melt their bulges and remove their wrinkles. The coupon ran, and customers did come. Once. “Then they would get another coupon and go do it with someone else,” according to Wellpath director, Jennifer Bengel. “There was no loyalty.”¹

That’s because discounting strategies like these attract transaction buyers, one of two buyer types that are the result of research by Northwestern University professor Paul Wang. Transaction buyers seek practices that will give them the best deal. If that’s yours, too bad. You’ll get nothing more than a lower price for your hard work; these patients rarely come back or refer friends.

In contrast, relationship buyers are looking for products and services they can trust, and that are unique or different. They want an experience and are happy to pay for it. Better yet, they loyally return and often send their friends.

Transaction Buyers

‘Price shoppers’ who take advantage of deals, and usually don’t come back. Their loyalty is to price, not value.

- Price driving mentality
- No loyalty
- Want the ‘best deal’
- Less profitable, long-term

Relationship Buyers

Time pressed and seeking value and experience, these buyers return & refer others.

- Seek ‘trust’ in you
- Friendly, reliable practices

- Want you to recognize them, do favors, acknowledge their referrals
- Win their business and you get all of it

So before you sign up to become the next Web-deal-of-the-day disaster, think strategically about your discounting strategies. Your goal is to build a base of loyal relationship-focused patients who will give you their long-term business, and recommend your services. Not attract fly-by-night transaction buyers who will head down the street the minute you discontinue your deep dish discount.

1. Base your fees on reality.

The first step to any discounting strategy is to make sure fees are aligned with your market and ASAPS data. Few people can afford stratospheric charges in today’s economic climate. Even big-name surgeons and those with highly differentiated practices must be realistic.

2. Understand that ‘value’ trumps ‘price.’

Despite the fervor generated by Groupon and other similar sites, no one buys solely on price. If they did, Vera Wang wouldn’t sell any designer dresses and Lexus and the W Hotel would be out of business. Sell people on the value, quality, and uniqueness of you and your practice, and you won’t have to offer the deal of the century for them to say ‘yes.’

3. Consider multiple procedure discounting.

Many plastic surgeons reward a patient’s desire for additional procedures with small discount on procedures beyond the primary one. It’s good business and rewards additional purchases, instead of focusing on a single-item promotion.

4. Watch your word choice.

Just as “complimentary” is preferable over “free,” a “special pricing offer” is better than a “deal” or a “discount.” Leave the deals and discounts to Walmart.

5. Speaking of Walmart...

Don’t assume that your “every day low price” is appealing when you are talking about plastic surgery. It isn’t! Author Harry Beckwith, *Selling the Invisible*, recognizes that most people can’t easily differentiate the real technical quality of a service. This is particularly true with clinical care. The absence of a person’s ability to discern this, according to Beckwith, leaves her enormously

susceptible to other cues about a service’s quality, price being one of them.

In other words, some patients may consider your “every day low prices” suspiciously low. How could you possibly be good if your fee is so much lower than the surgeon across the hall?

6. Be strategic about who receives your special offers.

Don’t send a blast email to everyone. This ‘throw it at the wall and see what sticks’ approach doesn’t leverage the power of your computer system or your business savvy. Consider a targeted approach such as offering one complimentary facial and 20% off skin care products purchased at that visit to all facial surgery patients who had a procedure in the last 18 months. Or, host an evening event for VIP patients, during which you offer selected procedures at a special price, and extend your special pricing offer to any friends they bring for the evening. (Just don’t mix wine and treatments during the events.) And if you don’t have a VIP list for those loyal, long-term relationship buyer patients who refer others—put it on the top of your to-dos.

7. Put a time limit on ‘special offers.’

For example, the offer is good only during the VIP evening event. Or, if you have a slow season, create a special offer for those patients who schedule surgery then. This kind of discounting meets both your needs and theirs.

Don’t expect staff to intuitively know how to handle discount seekers. It’s a big, expensive mistake. The requests start with the first phone call and move on after the “free” consultation to the patient care coordinator who presents the surgical quote. If your staff isn’t comfortable discussing fees and financial issues competently—it’s costing the practice a fortune.

Attending one of our training courses at the Aesthetic Society annual meeting or a regional session will provide a much-needed education.

Karen Zupko is the president of Karen Zupko & Associates, a 23 person firm specializing in advising plastic surgeons on the business side of their practices.

¹ <http://www.nytimes.com/2011/10/02/business/deal-sites-have-fading-allure-for-merchants.html>

5 Mistakes to Avoid During Medicare Accreditation

This article has been reprinted with permission by Beckers Hospital Review.

David C. Watts, MD, the Vice President of Education for the American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF), discusses five mistakes to avoid when pursuing Medicare accreditation in an ambulatory surgery center.

“The process requires incredible vigilance to make sure that everything gets done, but once you have it and you do it, you will have an incredibly safe facility,” says Dr. Watts, who also serves as a plastic surgeon at Plastic & Cosmetic Surgery Institute in Vineland, N.J. and is a member of the Aesthetic Society.

Here are some of the mistakes he sees in the Medicare accreditation process:

Not complying with federal and state standards.

In addition to the federal standards for Medicare accreditation, each of the nine designated regions in the country can interpret the standards differently, says Dr. Watts. “The state can send in Medicare inspectors in addition to your deeming authority on the federal level, and how they interpret the standards may be different,” he says. It is therefore important to research the state-specific standards for accreditation prior to the inspection.

For example, the standards for the amount of dantrolene that must be stocked in an

To ensure that small mistakes do not get overlooked at the center, it can be helpful to assign one staff member—typically the supervising nurse—to the role of coordinating the Medicare accreditation process.

ambulatory surgery center differ at the state and federal levels. According to federal standards, the surgery center can have 12 vials in stock but must be able to obtain an additional 24 vials at a location within five minutes of the center, such as at a local hospital. However, according to the standards for region two, which encompasses part of the east coast, a surgery center is required to have all 36 vials stocked in its facility. In this case, the center must comply with whichever standard calls for the higher amount of stocked vials, says Dr. Watts.

“The majority of Medicare facilities don’t know this (difference between federal and state standards) exists unless they have some sort of interaction with the state,” he says. “But that’s important because if you don’t know about this ahead of time, there’s no way you’re going to pass a validation survey performed by State agency surveyors.”

Unclear documentation for infection control.

Infection control meetings address quality infection control topics such as sterilization techniques, hand washing, postoperative infections, protocols for needle sticks and cleaning processes. All clinical staff members must be in attendance and the meeting minutes should be documented, says Dr. Watts. “The meeting minutes have to chronicle exactly what was said and gone over. If there are any problems, you should document what the plan of action is and how you plan to correct it,” he says.

No formal training in infection control.

At least one nurse in the surgery center must have formal training in infection control, such as through a self-paced course offered by

the Association of Perioperative Registered Nurses, says Dr. Watts.

Without this training, surgery centers are in danger of not passing the inspection.

Lack of quality assurance program structure.

One of the most common mistakes Dr. Watts has seen as an inspector is the lack of an adequate quality assurance program in surgical facilities. “You want to look at how you’re logging in and tracking narcotics, handling disciplinary problems, the advanced directives looked at by patients, the bill of rights looked at by patients—this has to happen on a daily basis for every case,” he says. “You want to make sure that documents like pathology reports and x-rays are being signed off on by the physician doing the case. All of this has to be checked.”

No leader to spot small mistakes.

To ensure that small mistakes do not get overlooked at the center, it can be helpful to assign one staff member—typically the supervising nurse—to the role of coordinating the Medicare accreditation process, says Dr. Watts. “It’s an involved process, and you want to make sure that everything gets checked,” he says. “You need someone to monitor outdated medication and make sure that staff credentials are all up to speed because they’re constantly coming up at different times.”

Creating a checklist to keep track of various deadlines, including credentialing dates and six-month biomedical equipment inspection requirements, can also be helpful, says Dr. Watts. It is also important to stay vigilant about administrative processes, such as keeping staff members’ advanced cardiac life support cards (ACLS) and licenses on file, because a surgery center that lags in meeting these requirements may not achieve Medicare accreditation.

“In the day-to-day process of running a surgery center and taking care of patients, these requirements can get overlooked—but that is what will fail you,” says Dr. Watts. “I’ve failed centers because their paperwork wasn’t up to speed and because these deficiencies started adding up.”





ASERF Grant on Twin Study Garner Media Coverage

By Joe Gryskiewicz, MD

Last month, a study funded by the Aesthetic Surgery Education and Research Foundation (ASERF) on “Determinants of Breast Appearance and Aging in Twins” was published in the *Aesthetic Surgery Journal* and received nationwide media attention. This study highlights the directed clinical research impacting your aesthetic practice that ASERF prioritizes and funds.

The researchers recruited 161 pairs of identical female twins (mean age: 47.6 years) in 2009 and 2010 during the Twins Days Festival in Twinsburg, Ohio. Aesthetic breast

Aesthetic breast features were subjectively rated in a blinded fashion by plastic surgery residents using standard medical photographs taken of the women’s breasts.

features were subjectively rated in a blinded fashion by plastic surgery residents using standard medical photographs taken of the women’s breasts. The ratings were analyzed against data on participants’ medical and personal histories to determine the significance of different external factors on breast appearance.

The researchers found that, compared to their sibling counterparts, twins who moisturized their breasts daily had significantly fewer wrinkles in that area; those who received hormone replacement therapy after menopause had more attractive breast shape, size, projection, areolar shape, and areolar size; and those who breastfed had less attractive areolar size and shape, but better skin quality. Unattractive breast ratings were associated with higher BMI, greater number of pregnancies, larger cup sizes, cigarette smoking, and alcohol consumption.

With the findings from this study, we can make more informed recommendations to our patients and have definitive research to support them. Lead author Hooman T. Soltanian, MD, of University Hospitals Case Medical Center and Case Western Reserve University School of Medicine in Cleveland, Ohio stated, “Identical twin studies like this one are very valuable because they allow us to control for genetic influences. This allows us to more accurately assess the impact of external factors on breast aesthetics, such as environmental and lifestyle factors.”

As a reminder to members, you can apply for research grants to fund studies like this one—much of our research is physician-initiated. To make a grant request, please go to our website at www.ASERF.org.

With the findings from this study, we can make more informed recommendations to our patients and have definitive research to support them.

Boost in ASERF Membership with ASAPS Membership Renewal

As part of our initiative this year to boost ASERF Membership, we have simplified the donation process and created membership tiers to guide your donations. Our current basic membership is \$200 per year; Gold is \$500 per year; Platinum is \$1000. We also welcome donations in other amounts, as well as larger planned gifts or bequests.

This year, ASAPS President Dr. Leo McCafferty and I highlighted ASERF’s mission in the cover letter of our Membership Renewal package and asked you to help fund our future. ASAPS Members answered our request with an unprecedented amount of support. The deadline for dues was November 1st and we have already doubled our donation amount from last year with over \$82,000 worth of research and education funds. We hope to go above and beyond that before the deadline—so please if you haven’t already, add ASERF as a tax deductible donation before sending in your dues.

Like we stated in the letter, we are developing new ways to honor ASERF Members during The Aesthetic Meeting 2013 in New York. Look for future correspondence and our winter issue of ASN to disclose more details on these exciting new benefits.

Please see www.ASERF.org for updated information on research projects, grants and donations or email Tom Purcell, Director of Development at Tom@surgey.org.

Joe Gryskiewicz, MD is President of ASERF and is in private practice in Burnsville, MN. He is also Clinical Professor at the University of Minnesota, Cleft Palate/Craniofacial Clinics School of Dentistry.



Immediate Past-President Jeffrey M. Kenkel, MD Joins President's Circle



Not many surgeons have a deeper understanding of how pivotal research is to the field of medicine than ASAPS Immediate Past-President, Dr. Jeffrey M. Kenkel. His longtime work in the Department of Plastic Surgery at the University of Texas Southwestern Medical Center at Dallas, now as Professor and Vice-Chairman, makes him no stranger to developing technology, techniques and evidence-based medicine.

Dr. Kenkel joins a prestigious group of donors who value the mission of ASERF and want to make an impact in the future of aesthetic plastic surgery. His \$100,000 planned gift will help sustain research that benefits patients, aesthetic surgeons and the entire field of plastic surgery. As an ASAPS Member for over 12 years, Dr. Kenkel shared some of his thoughts on ASERF and donating with ASN.

ASN:

What does research mean to you?

Dr. Kenkel:

Clinically translational research is one of the many important things that keeps me in an academic environment. I love the

weekly dialogue we have during our research meeting and the clinically relevant questions that come up. Fritz Barton and I meet weekly and discuss many of the challenging things we see every day. Some of these we choose to investigate and attempt to solve, others are placed on the “back burner” for later. We always wind up with more questions than answers!

ASN:

Is there anything that ASERF has funded that has directly impacted your life or practice?

Dr. Kenkel:

ASERF funded research impacts us all in many ways. We have been fortunate enough to receive a couple of ASERF grants that have allowed us to answer many important safety questions regarding liposuction and the use of topical anesthetics. There have been several very important studies funded recently that will definitely affect our clinical practice: fat grafting of the breast, ultrasound imaging of the breast, and injection lipolysis.

ASN:

Are there any areas of research that you believe ASERF should get involved in that would improve your practice or the field of aesthetic plastic surgery?

Dr. Kenkel:

I think there are two critical areas that deserve further investigation: Studies to improve efficacy of AFT and determine how we may be able to use fat transfer and possibly stem cells to solve many clinical problems; the second area is the area of data collection. The field of aesthetic surgery and medicine is a very

big gray area. We have to show our patients why plastic surgeons are the best physicians with outcomes data.

ASN:

What motivated you to donate to ASERF now?

Dr. Kenkel:

I watched many of our friends donate and began investigating the pathways and options to do so. It is something my wife and I have discussed in the past. It seemed right to do it while I was president to show our members that it is easy to do and vital to our future. We chose a planned gift after looking at our options. It worked out best for us, given the fact that we have two kids entering college.

ASN:

How important do you feel giving back to plastic surgery is?

Dr. Kenkel:

Giving back is vital to our field. We always tell our graduates that they must give back in some way to plastic surgery. It is a privilege to care for patients in the way we do. We are such a small field, that we need every one to commit to giving back in some way. Writing papers, doing presentations, teaching, research, volunteering and mission work, leadership roles, mentoring and donations, just to name a few, are all ways we can do something to help plastic surgery.

Please contact Tom Purcell, Director of Development at Tom@surgery.org if you would like to learn more about donating to ASERF.

The Election and Your Investments

By Terry Allman, CPC, CRPC®

“Should I invest differently in an election year?”

This is a question investment managers receive and typically respond to with a furrowed brow hovering over a confused stare. A good investment manager might respond by quickly explaining that the question is irrelevant if you have a well thought-out investment plan designed to reach your goals by carefully balancing your personal risk tolerance with an appropriate asset allocation. Any other response should be met with a healthy dose of skepticism—but still, no one likes to be told their question is irrelevant.

I decided to investigate this query more closely for two reasons. First, while skeptical of gleaming useful investment insights, research often uncovers unexpected benefits. Second, the financial services industry is plagued by the chasm existing between what we as investment advisors want to explain versus what clients really want to understand. My goal with this article is to shed some light on the investment due diligence process—and, answer the question.

Typically, we spend time reviewing the merits of a particular investment. Often, we must evaluate an economic sector or, in this case, an investment theme. I wanted to take an honest look at whether there is any statistical validity to some of the investment community's common folklore surrounding election years.

Common myths/folklore

That “folklore” has many faces, but for our purposes I'm primarily interested in whether the economy or markets dictate the winners or losers in presidential elections and whether there are any tradable patterns during the election year.

As of this writing, the 2012 U.S. Presidential election is in full swing. For months now we have heard the refrain from the media that this election is all about the economy. For many years, the financial media has placed great weight on the economy and employment statistics as dictating whether an incumbent will remain in office.

Can we gain an edge from an investment standpoint by understanding the impact of market and economic factors during an election year?

In many ways, this quest is part of the continuing search for what is meaningful information when making investment decisions versus what is “noise” (in the investment profession, we commonly refer to short term random fluctuations in market data as “noise.” These movements have no discernible cause and are too fleeting to construct usable trading or investment strategies around).

Once we determine whether there is information that can be acted on, we must turn to the question of how one would execute on that theme. In which security would we want to invest? Would we want to buy or sell that security? For what length of time would we want to maintain the position? These are all questions that need to be analyzed.

Ultimately, the authors found a statistically significant relationship between an incumbent's reelection prospects and the prior three-year performance of the Dow Jones Industrial Average (DJIA). They also found no statistical relationship between an incumbent's success or failure when compared to inflation and unemployment.

Does the economy or market performance dictate the election?

The first question is whether there are any economic or market variables that can help us predict the presidential race? After skimming many superficial articles, I targeted published statistical research that addressed this question within a scientific framework.

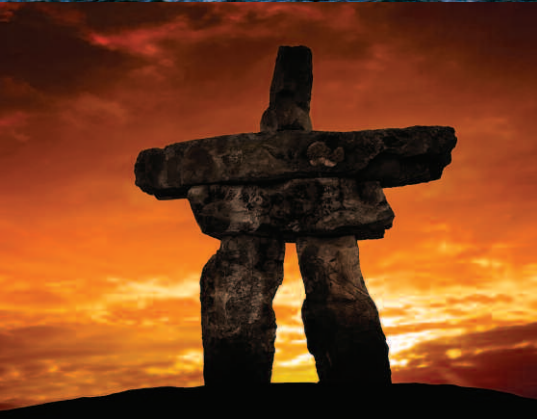
A January 17, 2012 paper titled “Social Mood, Stock Market Performance & Elections,”¹ examined whether an incumbent's ability to be re-elected was impacted by the following variables: the Dow Jones Industrial Average (DJIA), inflation, unemployment, and Gross Domestic Product. Ultimately, the authors found a statistically significant relationship between an incumbent's reelection prospects and the prior three-year performance of the Dow Jones Industrial Average (DJIA). They also found no statistical relationship between an incumbent's success or failure when compared to inflation and unemployment. They did find a relationship between GDP and an incumbent's re-election chances, but when coupled with the performance of the DJIA, the GDP impact was negligible.

So, what does this mean for 2012? From August 28, 2009 through August 30, 2012, the DJIA has gone from 9544.20 to 13,000.71, a 36.22% gain. Based on the above study, the Obama Administration is the odds-on favorite to win re-election.

So, seemingly, the DJIA can predict the winner—but upon closer review: It's not that simple.

Continued on Page 25





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The Checklist

By Lorne Rosenfield MD

“The only weapon with which the unconscious patient can immediately retaliate upon the incompetent surgeon is hemorrhage.”

William Halsted may not have used checklists in his operating room, but we can be assured that he was consistently respectful of the uniquely vulnerable position of the patient and the commensurately extraordinary responsibilities of the surgeon. Our “job” in the operating room has been likened to that of a pilot. However, in one sobering regard there is a critical difference: a pilot has every incentive to fly safely, but the surgeon always walks away unscathed!

It is for this reason that a surgical checklist is so critical in the prevention of errors of omission. This checklist starts not just at the beginning of the surgery or proverbial “pause,” but rather many weeks or months earlier, when the patient first presents. And in fact, it should continue some days after the surgery to insure comprehensive vigilance. Also of note, there are additional deliberate pauses (involving ALL members of the team) at equally important “pivots” in the surgical path: prior to the patient arriving in the operating room, the moments before the incision and after the closure, and following the placement of the dressings.

Hopefully, this checklist can be our “weapon” against potential errors of omission.



Dr. Rosenfield is an aesthetic surgeon practicing in Burlingame, California. He is a member of the Society's Patient Safety Committee and developed the checklist referenced in this article.

*Dr. Rosenfield can be reached at:
DrR@DrRosenfield.com*

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OPERATING ROOM CHECKLIST

Patient Name _____ Date _____ Pt Arr time: _____ Pt Pre-Mark time: _____ Call MD time: _____
 Procedure _____ Anesthesia: Local Sedation LMA ETT

FROM THE DAY OF CONSULTATION UNTIL THE DAY BEFORE SURGERY

- Previous records requested
 ___obtained ___reviewed
- Medical "issues" to be cleared before surgery:

- Findings w/review previous sed/anesth records

- Alcohol use: How much/often? _____
- Chronic pain meds: Which and how often? _____
- Tobacco use: When and How many packs/day? _____
- Drug and chemical abuse: When and Which?

- Previous anesth problems in past surg?

- Previous anesth problem in family member? _____
- Needle Anxiety? _____
 Over Sedation? _____ Under Sedation? _____
- Anxiety meds? _____ Sleeping meds? _____
- Asthma meds? _____ Diabetic meds? _____
- Diet meds? _____ GE Reflux meds? _____
- Low/High B.P. meds? _____
- ASA/Plavix meds? _____ MAO inh meds? _____
- Psychiatric medications? _____
- Antibiotic allergy? _____ Rash only? _____
 or Anaphylaxis _____
- Alternative antibiotics? _____
- Iodine/shellfish allergy? _____
 Epinephrine sensitivity? _____
- Latex allergy? Gloves only _____
 or Anaphylaxis: _____
- Malignant Hyperthermia assess sheet completed
- DVT Risk sheet completed : 1 2 3
 Hx of DVT _____ Hx of P.E. _____
- Anesth Assess: Local: _____ Sed: _____ G/A: _____
- Surg Loc Asses: Office: _____ Pen: _____ Mills: _____
- Hx of Glaucoma/Cataracts/Dry Eye/
 Lasik Surgery? _____
- Hx of sleep apnea? _____ Uses CPAP mask? _____
- Hx of prior abd surgery/lipo? _____
- Hx of back pain/surgery _____

- Confirm photos taken/in file: _____
- Confirm pt arrival time: _____
- Confirm Rx received: _____
- Confirm H & P / Labs / Med Clearance: _____
- Confirm Staffing: RN: _____ Anesth _____
- ABD: Garment Size _____ Binder Size _____ Foley _____
- LIPO: Tumesc. Liters _____ Garment Size _____ Foley _____
- Breast: Impl Sizes _____
- CHIN/NECK: Garment Size: _____

DAY OF SURGERY BEFORE ENTERING THE OPERATING ROOM

- Camera in Room 3, card in place, batteries replaced
- NPO status confirmed
- Pre op BP _____ Pulse _____ WT _____ HT _____
- Med Allergy noted: _____ Explain: _____
- H & P (including Routine Meds) and Anesthesia
 Pre Op form reviewed
- Screening tests reviewed (EKG, labs) and
 Pregnancy test PRN
- Consent details reviewed
- Post op appts sheet completed (Dr. R/Silvia/Ruthy)
- Noted: Past anesthesia problems: _____
- Noted: Smoker _____ HTN _____ ETOH _____
- Confirm Prn Garment _____ Implants _____
- Confirm Fluids/Equipment/Injectables available
- PO meds given: Valium, Emend, Pepcid, Antibiotics
- Pre-surgical Team Conf. (review surgical plan)
- Patient voided and removed all jewelry
- "Coast Clear" confirmed B4 patient transfer
 from holding area

IN THE OPERATING ROOM BEFORE THE INCISION IS MADE

- IV antibiotic given 1 hour pre-incision
 TIME GIVEN: _____
- Consent form posted and photos displayed
- Bovie setup
- Monitors: EKG _____ B/P _____ O2 _____ CO2 _____
- Compression boots _____ Bair Hugger _____
- Pillow under knees
- Place Foley with face and abdomen
- AUGMENTATION: Nipples marked before prep
- ABDOMINOPLASTY: Pubis shaved, foley
 placed, deep clean umbro
- FACELIFT: Deep clean of Ear Canals/
 Postauricular creases
- BLEPHAROPLASTY: Eye drops given
- RHINOPLASTY: Local anesthesia placed before prep

- Surgeon reminded of notable Hx (smoker, dry
 eye, Lasix surgery)
- Surgical Pause: name/procedures/site/allergies

DURING THE OPERATION

- Call patient's family start of surgery and q 1.5 hours
- Check patient's arm and leg position after every
 bed position adjustment
- Path specimen obtained and correctly labeled

BEFORE THE WOUND IS CLOSED

- Needle and Sponge counts confirmed
- Marcaine injected prn breast/abdomen
- Consent checked for completion of all procedures

AFTER THE WOUND IS CLOSED

- Final IV meds given prn—(eg. Zofran, Decadron)
- Earplugs and/or eye shields removed
- Post-Surgical Team Conf. (Review post-op issues)

AFTER THE SURGERY

- D/C instructions and appointment given to
 patient and family
- PO fluids given
- Ice to operative sites applied prn
- Patient and family visited by surgeon before D/C
- Narcotics drawer locked and key put away
- Turn off monitoring equipment and oxygen
 and back door locked

AT DISCHARGE

- Patient bag/medications given (including
 narcotics from fridge)
- Post op appointment Date: _____ Time: _____
- Discharge Info:
 Anticipated Pick-up Time: _____
 Transport Contact Info:
 Name _____
 Relationship to Pt. _____
 Contact #'s: Cell: _____
 Home: _____ Office: _____

MORNING AFTER SURGERY

- Office staff member to "phone check" patient
- Confirm application of ice to operative site
- Confirm understands medicine regimen
- Confirm re-start of anti-hypertensive medications
- Confirm date of first postop visit
- Confirm all questions answered & needs addressed

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Continued from Cover
Towards a New Vision

number of other key phrases into any search engine and hundreds of listings will appear. In theory, this should make for a more educated patient. In reality, it results in confusion, with everyone from gynecologists to dentists claiming to be “plastic surgeons” and the extensively trained, board-certified plastic surgeon competing with superfluous noise and, sometimes, dangerous, unscrupulous providers.

To help our members prosper in this arena, we have committed both dollars and staff to the first of our two strategic initiatives:

Provide innovative and member-centric marketing programs:

You have been steadily requesting marketing help in your local areas and, through the Marketing Task Force we will be ready to roll-out an exciting new program using web, print, broadcast, social media and public relations. This program called Smart Beauty Guide is the result of a full year of planning, consumer testing, engineering of sophisticated web technologies, print campaign planning and the creation of targeted resources. The program is intended for both your local market, to position yourself as an ASAPS member and your practice as a center of excellence and nationally, to position all ASAPS members as the go-to aesthetic surgeons. Specifically, the program includes:

- Print advertising materials and media buying services for the exclusive use of ASAPS members.
- A new and dynamic website, Smart Beauty Guide, which will replace the current consumer face of surgery.org, launching in September of 2013; this being the month that data suggests is the highest for potential patients to research plastic surgery and cosmetic medicine. The site will have extensive features and functionality that will benefit both the user and the member, including sophisticated regionalization features that drill down to the practice level and the ability to track exactly how many referrals the Society delivers to your practice.
- A comprehensive national launch media campaign with materials that can also be used in your local market.

It's no news to anyone that the world around us, fueled by rapidly changing technology, shifts in the ways consumers research and choose plastic surgery procedures and unprecedented competition has turned the science and business of aesthetic surgery upside down.

- Video and other interactive tools for both your practice and Society use
- Distinctive and customized graphics you won't find in any other program.

We will be introducing a number of interactive marketing programs related to our new brand at The Aesthetic Meeting 2013 in New York. All programs related to the new brand are a benefit of dues.

Membership:

We all know the stringent requirements that must be met to become an Aesthetic Society member. Our Founders created these criteria at a time when aesthetic surgery was not seen as a “serious” profession, and wanted to ensure that this new organization included only the best and the brightest practicing primarily in aesthetic surgery.

Our group has always been dedicated to clinical excellence and we retain that dedication today. Many of us have watched generations of plastic surgeons broaden their skills, develop their practices and in many cases build lifelong friendships among their ASAPS colleagues. Today's new group of aesthetic surgeons is no different in their

beliefs and commitment as any member of our Traveling Professor group will tell you.

But if you think technology has changed our world, think of the profound effect it has made on those who grew up with it. Consider your own residency and fellowship: was research on virtually any clinical topic available by entering a search word into a browser? Could you hear a lecture by one of the world leaders in plastic surgery by logging into a website? Could you interact with a colleague through a text message or instant message? I know I couldn't. And this just speaks to clinical training, not the issues involved with starting a practice.

Our strategic planning group wants to attract these aesthetic surgeons in even greater numbers than we already do. Just as our Founders addressed the needs of their contemporaries we must address the needs of new members and potential members who are used to obtaining information, marketing their practices and interacting with colleagues in very different ways than many of us did.

To help us with this important task the strategy group unanimously concluded that a “deep dive” into new surgeons' needs, our membership requirements and a plan to address them is a necessary component to keeping the Society vibrant and relevant. This project is currently in development and our suggestions will be printed in future issues of ASN for your input.

Thank you for giving me the opportunity to be a part of your Society's leadership. This trust is very important to me.

Jack Fisher, MD is an aesthetic surgeon practicing in Nashville, TN. He is President-elect of the Society.

A new and dynamic website, Smart Beauty Guide, which will replace the current consumer face of surgery.org, launching in September of 2013.



KNOWLEDGE IS A BEAUTIFUL THING

Smart Beauty Guide is dedicated to helping you with the right information to make informed and intelligent decisions about beauty. Here you'll find the most complete collection of information, photos, videos, and more on Cosmetic Medicine and Surgery. Click on Get Started to begin creating your own experience - or click on Doctor Locator to find the most qualified Aesthetic Plastic Surgeons in your area.

Created by Leading Experts

This site connects you with the most qualified and experienced board-certified plastic surgeons. They are called Board-Certified Surgeons because their board certification is the gold standard in the field.

Continued From Cover
ZO Skin Health

ASN:

What is your company's experience with ASAPS and the aesthetic community?

Jim:

This is our inaugural year as a premier partner with ASAPS. We hope to embark on a long partnership with ASAPS as we have been well aware of the organization over the last three decades of Dr. Obagi's career.

ASN:

What made you decide to partner with ASAPS at the Premier Level and what specific benefits or opportunities do you see?

Jim:

The benefit is access to Thought Leaders among the premier plastic surgery organization in the US. We welcome the opportunity to share our best practices and products with the premier Thought Leaders who participate in ASAPS. As a corporation, we look forward to participating in ASAPS activities and to strengthen our brand position in the aesthetic surgery field.

ASN:

There are a lot of skincare lines in the aesthetic field, what sets ZO® Medical apart?

Jim:

First and foremost we have Dr. Obagi as our founder and Medical Director.

Second, Dr. Obagi created the ZO® Skin Health Circle™, an innovative approach focusing on Daily Skincare, Protection, Therapeutic, and Maintenance solutions, which allows patients to achieve continuously healthy skin using today's groundbreaking skincare protocols, treatments, and products.

Third, ZO® Medical solutions are Dr. Obagi's next generation of therapeutic skincare, based on the ZO® Skin Health Circle™. They have been created to address a wide range of skin disorders and chronic conditions. With decades of science and experience invested in the invention, ZO® Medical is suited for everyone, regardless of skin condition, age, gender or ethnicity.

The benefit is access to Thought Leaders among the premier plastic surgery organization in the US. We welcome the opportunity to share our best practices and products with the premier Thought Leaders who participate in ASAPS.

ASN:

As a Premier Industry Partner, what does ZO® Medical hope to accomplish and provide?

Jim:

ZO® SKIN HEALTH, INC hopes to raise awareness for our unique and industry leading approach to skin health and wellness. And, we look forward to making ZO® SKIN HEALTH SOLUTIONS more accessible to the members in the ASAPS network.

ASAPS Members Benefit from Premier Industry Partners Special Promotions

Starting this month, ASAPS Members will have multiple opportunities to save big from top companies in the aesthetic market. Premier Industry Partners, Allergan, Enaltus, Mediscis, Mentor, MerzAesthetics, Sientra and ZO® Skin Health will be promoting specials all year round on www.surgery.org. These specials are only for ASAPS Members and each Partner can have up to four promotions a year.

This is an exciting opportunity for ASAPS Members to save on products they are already using and for our Premier Partners to promote new products and reach out to the membership. These relationships help foster a growing aesthetic community and advance the field of aesthetic surgery.

Offers will be promoted on the home page of surgery.org—just click on the rotating company logos beneath the Premier Industry Partners logo on the right hand side of the page. If there is a special promotion, it will pop up once you click on it.



If you Like us on Facebook or follow us on twitter, you may have already seen the first promotion with enaltus.™ They offered 40% off their bioCorneum products for ASAPS

Members who opened an account with them at ASAPS The Meeting in New Orleans or 20% off existing account holders.



Allergan is also promoting a special partnership with ASAPS to all members.



Contact your local representative for more details.

Expertise

that will transform your practice

They're the inventors. The innovators. The experts.

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This faculty refined the techniques, wrote the research and changed aesthetic plastic surgery for good.

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Continued From Cover Nontuberculous Mycobacteria

how common these infections are after cosmetic surgeries. To help you determine the rate of incidence and how members respond to it, a survey was sent to Society membership via an online questionnaire developed by Los Angeles County Dept of Public Health, Society leadership and slightly modified by research firm Industry Insights. In detail:

- An email-based request was distributed to all ASAPS members (August 9, 2012)
- A reminder request distributed to all ASAPS members (August 22, 2012)
- Survey Fielding Period (August 9 – September 3, 2012)
- All responses were completely anonymous. All forms of tracking disabled.

Results:

- The typical respondent annually performs 1-50 of each procedure surveyed. Specifically, this includes: facelifts, primary breast augmentation, secondary breast augmentation, breast reduction/lift, abdominoplasty, liposuction, and fat injection.
- Breast augmentation had highest frequency, followed by liposuction and breast reduction.
- Nearly 32% of respondents are based in a physician-owned ambulatory surgery center. Other settings include: Office-based OR (27%) Hospital (25%) and Non-physician owned ambulatory surgery center (15%).
- Majority of respondents' facilities are private practices without affiliation with a larger institution.
- Nearly 50% of practices are urban, 47% are suburban, and only 3% are rural.
- Nearly 60% of physicians have been in practice more than 20 years.
- 43% of practices have only 1 plastic surgeon, 33% have 2 to 3, and 24% have 4 or more
- Typical respondent has 2 ORs in the practice. (47% have 1, 16% have 2, and 37% have 3 or more)
- 81% of respondents cited that their state requires licensing of their type of surgery facility.

CONFIDENTIAL

Nontuberculous Mycobacterial Infections in Cosmetic Surgery
Deadline: _____, 2012

Dear Colleague:

The Aesthetic Society, working in conjunction with the Los Angeles County Department of Public Health, is coordinating an international study of nontuberculous mycobacteria (NTM) infections in cosmetic surgery patients.

NTMs (examples are *Mycobacterium chelonae*, *M. fortuitum*, and *M. abscessus*) are increasingly recognized as a cause of post-operative surgical wound infections, especially following cosmetic procedures. In addition to sporadic cases, NTMs have been the cause of outbreaks of surgical site infections. As NTM are ubiquitous environmental organisms, the source of NTM outbreaks is often difficult to pinpoint. Outbreaks of NTM infections are likely underreported to local state public health departments; therefore it is not known how common these infections are after cosmetic surgeries.

Please help us by answering a few brief questions concerning this clinical complication; the anonymous survey will take between 2-5 minutes to complete and will help us gain further insight about plastic surgeons' experiences with NTM infections and outbreaks across many geographic locations.

Thank you for your participation.

1. Approximately how many of the following procedures do you perform in a year, on average?

	0	1-50	51-100	More than 100
Facelift	1	2	3	4
Primary breast augmentation	1	2	3	4
Secondary breast augmentation	1	2	3	4
Breast reduction/Breast lift	1	2	3	4
Abdominoplasty	1	2	3	4
Liposuction	1	2	3	4
Fat injection	1	2	3	4

2. Do you routinely culture infected surgical wounds?
 Yes, always Sometimes No, never

3. In the past 5 years, have you had a patient who developed a post-operative nontuberculous mycobacterial (NTM) wound infection, confirmed by culture?
 Yes No Can't remember

4. What NTM species have been isolated from patients in your practice? (Check all that apply)
 Mycobacterium abscessus *Mycobacterium fortuitum*
 Mycobacterium chelonae *Mycobacterium goodii*

5. In the past 5 years, have you had a patient that developed a surgical site infection up to 3 months post-operatively for which a culture was sent and returned NEGATIVE?
 Yes No

6. A late-occurring, culture-negative infection may be an NTM infection, which is not identified via standard bacterial culture. Was an acid-fast bacilli (AFB) CULTURE for NTMs (not just a smear) performed, in addition to a standard bacterial culture? If this has occurred more than once in the past 5 years, please answer this question in relation to the most recent case.
 Yes No

7. Why was an AFB culture not ordered? (Check all that apply)
 I forgot I am unsure how an NTM infection typically presents
 I didn't know a separate AFB culture was needed I treat first and only culture if the lesion is not responsive
 It was not an option to order from the lab I feel NTM infections are less likely among my patients
 I felt the infection was not clinically compatible with a mycobacterial infection Other

8. In your practice, over the past 5 years, surgical wounds associated with which procedures have developed NTM infections? (Check all that apply)
 Facelift Abdominoplasty
 Primary breast augmentation Liposuction
 Secondary breast augmentation Fat injection
 Breast reduction/breast lift Other procedure (please specify): _____

9. Approximately how many post-operative, culture-confirmed NTM infections did you see in your patients during 2011?
 None Less than five Five to ten More than ten

10. Approximately how many post-operative, culture-confirmed NTM infections did you see in your patients during the five-year period 2007-2011?
 None Less than five Five to ten More than ten

11. In the past five years, have you
 A. A healing wound that would not heal
 An early seroma that would not resolve
 An early seroma following liposuction
 None of the above
 Other (please specify): _____

12. Have you ever had a cluster (which may have reappeared)?
 Yes No

13. Please describe what occurred:
 Length of time (e.g., one year): _____
 Specific procedures associated: _____

14. Was a source identified?
 Yes No

15. What was the identify?

16. How did you handle it?
 Changed my site
 Changed patient
 Changed hospital
 Changed implant
 Changed antibiotic
 Changed pain management
 Stopped procedure
 Made skin dry
 Put filters on
 Conducted a debridement
 Reported
 Consulted
 None of the above
 Other: _____

17. What year did you start?
 Past 5 years 6-10 years 11-15 years 16-20 years 21-25 years 26-30 years 31-35 years 36-40 years 41-45 years 46-50 years 51-55 years 56-60 years 61-65 years 66-70 years 71-75 years 76-80 years 81-85 years 86-90 years 91-95 years 96-100 years Other (please specify): _____

18. How many ORs do you have?
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 Other (please specify): _____

19. Do you have a waiting list?
 Yes No

20. If YES, what is the stem of the waiting list?
 MD/DO RN LW PA/PA-C Other (please specify): _____

- AAAASF was most commonly cited agency that accredits respondents' practices (44%), The Joint Commission (24%) and AAHC (14%) were the other 2 with sizable representation. Note—14% cited "none" for accrediting agency.

Practice Protocol:

- 2/3 of respondents reportedly "Always" culture infected surgical wounds. (3.6% "Never" do) Those in practice for more than 20 years are more likely to "Always" culture.
- Of the 274 respondents answering the question, 33 (13%) have had a patient develop a post-op NTM wound, confirmed by culture. (Most common species were: *Mycobacterium fortuitum* (61%); *Mycobacterium abscessus* (19%); and *Mycobacterium chelonae* (17%). 14% couldn't remember the species)

- Surgical wounds that developed into NTM infections were associated with the following procedures: primary breast augmentation (27%), breast reduction (18%), secondary breast augmentation (15%), abdominoplasty (15%), Liposuction (9%), Fat injection (9%), Facelift (3%).
- Nearly 40% were cited as originating from an "other" procedure.
- Of those who have seen a post-op NTM in the past 5 years, 47% reportedly saw no cases of culture-confirmed NTM infections in 2011. (50% saw 1-5 cases)
- Over the past 5 years, 31% of all respondents have had a patient develop a surgical site infection up to 3 months post-operatively for which a culture was sent and returned negative. Those respondents performed an AFB culture in addition to the standard culture in 28% of the cases.

- If an AFB was not ordered, it was primarily because physicians: “didn’t consider NTM as a possible cause” (48%), “felt the infection was not clinically compatible with a mycobacterial infection (32%), or “didn’t know a separate AFB was needed” (28%).
- Responding surgeons reported that during the past 5 years: 26% saw an early seroma that would not resolve, 24% saw a non-healing wound with culture-negative clear drainage, and 22% saw an early seroma in which the wound dehiscid.
- Of 283 respondents, 11 (4%) reported they have ever had a cluster of 2 or more cases of confirmed NTM infections or other such infections.
 - Of these cluster cases, the median number of infections was 2 and the typical length of time was 3 months.
 - Surgeons primarily handled the cluster cases by: discussing situation with infectious disease physician (64%); changing patient post-operative wound care education (36%); conducting an environmental health inspection (27%); and consulting a hospital association infection control professional (18%). Note—18% did nothing—the cluster went away on its own.
- 9% of the surgeons with cluster cases contacted the health department about the cluster.
- Primary reasons cited by the surgeons who did not report the cases to the health department included: “didn’t know about public health reporting requirements in my area” (40%); “wasn’t aware that any increase in infections above what is expected in a certain time/space is considered an “outbreak” and is reportable to most local/state health departments” (30%); “I preferred to manage the situation on my own” (20%); and “I didn’t realize the health department can be a resource in evaluating an unusual infection” (20%).
- Overall, 56% of surgeons reported there is a designated staff member in their practice who is responsible for infection control monitoring policies. Practices in Physician-owned ambulatory surgery centers and Office-based ORs were more likely to have a designated staff member than were other practice types.
 - 63% of these designated staff members are RNs, and 29% are MDs or DOs.
- 2/3 of respondents cited that the aseptic technique used by themselves and/or ancillary staff are routinely reviewed for any breaches. The reviews are most commonly performed by a designated staff member (72%) or an accredited agency (26%).
- 81 of the 285 respondents (28%) relayed that invasive surgical procedures at their practice are sometimes performed by non-physicians. Specifically, they are performed by Interns/Residents (38%), Physician Assistants (30%), Nurse Practitioners (20%) and Others (28%).

According to an abstract published in the journal *Clinical Infectious Diseases*:

“Nontuberculous mycobacteria (NTM) are ubiquitous in the environment and cause colonization, infection, and pseudo-outbreaks in health care settings. Data suggest that the frequency of nosocomial outbreaks due to

NTM may be increasing, and reduced hot water temperatures may be partly responsible for this phenomenon.

Attention to adequate high-level disinfection of medical devices and the use of sterile reagents and biological will prevent most outbreaks. Because NTM cannot be eliminated from the hospital environment, and because they present an ongoing potential for infection, NTM should be considered in all cases of nosocomial infection, and careful surveillance must be used to identify potential outbreaks. Analysis of the species of NTM and the specimen source may assist in determining the significance of a cluster of isolates. Once an outbreak or pseudo outbreak is suspected, molecular techniques should be applied promptly to determine the source and identify appropriate control measures.”¹

¹ Clinical Infectious Diseases 2001; 33:1363–74 © 2001 by the Infectious Diseases Society of America. All rights reserved. 1058-4838/2001/3308-0015\$03.00

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We Need Your Photos And News

Do you or your practice have important news or photos to share? Have you hit a practice milestone, received an award, or contributed to your community? Beginning in our next issue, the Aesthetic Society News will highlight our Members achievements in a new section, and appreciate any contributions you may have. Submit your philanthropic, personal, professional, or practice achievements, along with photos, to Alicia Potochniak at Alicia@surgery.org, and we might just include them in a future issue of ASN!

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The American Society for Aesthetic Plastic Surgery designates this Internet point-of-care activity for a maximum of 0.50 *AMA PRA Category 1 Credit™* per cycle.¹ Physicians should claim only the credit commensurate with the extent of their participation in the activity.

¹ The AMA refers to a "cycle" as identifying a problem, searching online for information, and documenting results. The Aesthetic Society permits a physician to earn a 20 credits per calendar year by this method.

Rr

RADAR resource®

New Content, New Features

Downloaded the free AnzuMedical App to your iPad yet? You'll need to in order to access all of the benefits The Aesthetic Society's RADAR Resource has to offer. Just go to the Apple App Store on your iPad and look for AnzuMedical! Once downloaded, you'll discover a new world of resources, with customizable content, at your very fingertips.

Video Annotation

Not only can you make notes within the publications in the RADAR library and add those notes to easily accessible binders, you can now annotate all video content as well. Bookmark multiple sections and create your own customized table of contents on any video viewed on RADAR. Bookmarking videos will make access to specific educational content a breeze.

Library Search

Now, search the entire RADAR Resource library at one time!

CME Search

Earn up to 20 Category 1 CME credits and Patient Safety credits via the RADAR Resource library without even leaving your practice! With the AMA's newly approved CME format, Internet Point of Care CME, permits doctors to earn CME credit from searching online for answers to clinical questions while at the

point of care with a patient or immediately following. AnzuMedical, working closely with Darlene Oliver, ASAPS CME Compliance Manager, has developed CME Search in order to provide ASAPS Members and Candidates with the ability to earn 20 Category 1 CME credits annually just through searching specific bookshelves in the RADAR Resource library. All 20 credits earned will also be offered as Patient Safety credits! This service is available through a paid subscription on the AnzuMedical eCommerce site to Members at \$249 and to non-members at \$449. Start earning CME today, without leaving your office!

AnzuMedical eCommerce Site

Imagine owning all the Panels from The Aesthetic Meeting 2012, with the ability to annotate your video with bookmarks. The AnzuMedical eCommerce website is open for business at <https://anzumedical.com/store>. By purchasing content there, you'll immediately have it available to view, search, and annotate on your RADAR Resource. Currently available for purchase are all Panels, Interactive Videos, Special Presentations, and Optional Courses from both The Aesthetic Meeting 2012 in Vancouver and The Aesthetic Meeting 2011 in Boston. Additionally, you'll find compilations of game-changing presentations from years past, as chosen by The Aesthetic Society's Education Commissioners; Baker Gordon videos from 2010, 2011, and 2012; and CME Search. With all you'll now be able to do with these videos and publications, RADAR Resource just became indispensable!

Aesthetic Surgery Journal

The latest issue of ASJ is now on the RADAR Resource, as well as every issue since 1995. Create your own binders, and add notes, images, and video to the content.

Plastic Surgeon Resources features ASAPS Webinars

Two new ASAPS Webinars have been added to the RADAR library. Guide to Online Marketing—Update on Google Search and Member Tools, will guide you through all of the member benefits you may not be using in order to save time, increase visibility and most importantly, engage with patients and grow your community. Getting the Most Out of Your RADAR Resource Library, is an interactive look at all of the features available to you now and in the future on your RADAR Resource as well as how the app can benefit your aesthetic surgery practice.

RADAR Resource: a member-benefit that will save you time and change the way you view and interact with aesthetic plastic surgery content, only from The Aesthetic Society. Download the complimentary AnzuMedical App at the Apple App Store today!

RADAR Resource includes:

- All issues of Aesthetic Surgery Journal from 1995-present
- Aesthetic Society News
- Procedural and Complications Toolkits
- Selected Aesthetic Meeting videos
- ASAPS Membership Roster
- Practice Management and Hot Topics Webinars
- Aesthetic Meeting Handouts
- Past President Interviews

HIGHER EDUCATION MEETS HIGH TECH



News from the Electronic Communications Committee

by Robert W. Kessler, MD

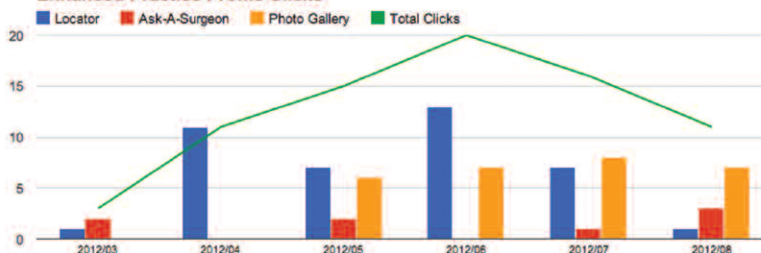
Working on the Electronic Communications Committee (ECC) is a never ending challenge. Trends in online marketing constantly change usually resulting in confusion and frustration. What once was new and cutting edge, can turn into old news from one Committee Chair to another. Taking on the responsibility of Chair this year has reinforced the fact that keeping up with the technology is no small task and projects that begin can take up to a whole year to come to fruition.

The website is in for a lot of changes in the next year as we continue to make updates and increase engagements and viewership using SEO and social media to collectively push attention to our Society and Membership. So far this year, we have debuted an updated Photo Gallery, a revised surgeon locator optimized for local search, a new statistics-gathering engine, new Infographics via our Plastic Surgery News Briefs; and a Member Webinar showcasing exciting benefits like the Member Toolkits and the Aesthetic Practice Builder.

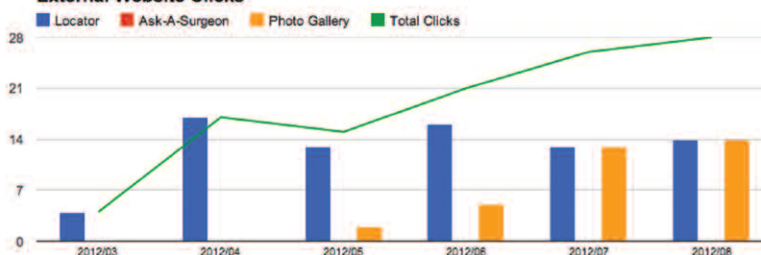
Many of these projects have been in the works for several months through continued work by the ECC and ASAPS staff. One such project is the new Analytics Dashboard for Members on surgery.org. The idea was to track traffic on surgery.org in regards to how much effort the member put into his presence on the website. Basically, we were wondering: if you have an Enhanced Practice Profile (EPP), submit photos to the Photo Gallery and answer Ask-A-Surgeon questions, will this help your personal SEO? The answer is: Yes.

Let me first explain the dashboard. Now when you login to your member page and select "Reports" from the Administration menu, you will see statistical data detailing traditional metrics used in online advertising and marketing. The number of impressions, clicks and views your listing receives on surgery.org is now available in one convenient location. This is very exciting news and you're probably very anxious to get started tracking your metrics. Before you rush off lets clarify some of the jargon you'll run into on the dashboard, here are some definitions:

Enhanced Practice Profile Clicks



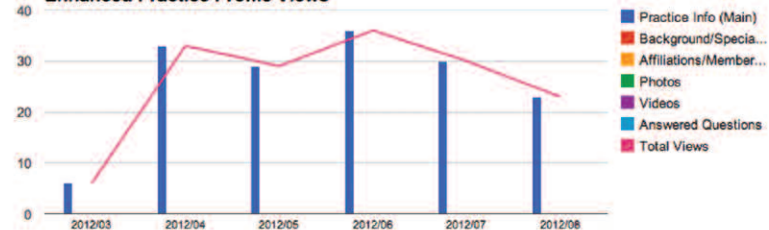
External Website Clicks



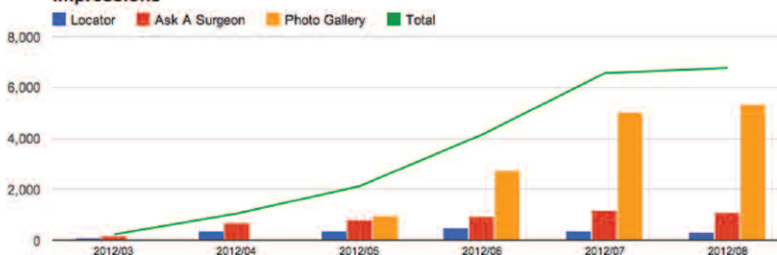
Phone Link Clicks



Enhanced Practice Profile Views



Impressions



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- **Impressions:** number of times your name and website (either your EPP or your external website) is shown to a user on surgery.org. This includes Ask-A-Surgeon, Find-A-Surgeon and the Photo Gallery
- **Clicks:** number of times the user clicks on a link with your name and practice information on it anywhere on surgery.org—this is the most accurate way to determine leads on surgery.org
- **Views:** this measures how many times a page is viewed within your EPP listing including your photos, procedures, answered questions...etc. This helps measure overall traffic to your profile.

By combining these metrics, members can now see how our SEO efforts are affecting their personal listing on surgery.org. Simply put, you will have a better idea of how many people have viewed your information through the various portals on the website and then actively sought to find out more information about your practice.

What this new tool won't show you is that those with an EPP perform **252% better** than those without one. We've compiled all the analytics data from the membership and discovered that members who create a full profile on surgery.org reap the benefits from their investment. This makes complete sense to me—would you rather go to the doctor who has a lot of information on his website or little to no information?

I've been told by multiple marketing analysts that a single qualified lead could cost \$500-\$1000. An EPP costs \$350/year with a one-time setup fee of \$399. The number of people calling you will depend on where you are located and a number of other factors, but even if one person called you a year from the website, your EPP would pay for itself.

To add to this great news, if you post photos to the Photo Gallery, which Vice-Chair, Dr. Michael A. Bogdan has worked tirelessly to revamp and improve, it will further boost your exposure on the website. The same goes for Ask-A-Surgeon. People from across the country go to the ASAPS website to learn about procedures, look at before and after photos and ask a board-certified plastic surgeon questions about their personal situation. If you post a picture or answer a question, you are speaking directly to thousands of patients who are looking to a qualified medical professional for help.

The Analytics Dashboard will not only show you how well your efforts are working, but also how much effort is needed to make greater improvements. This SEO tool is a win-win for us on the Committee as well. It not only offers the membership a transparent view of our SEO efforts, but helps us understand what helps you the most. SEO is not an exact science, but more of a combination of creating engaging user experiences and providing useful content.

Another aspect of online marketing powered by precarious science, but completely necessary in today's market, is Social Media. We have consulted with experts and discovered that our members needed something that could save them time, but help them communicate with their current and potential patients using Facebook and

What this new tool won't show you is that those with an EPP perform 252% better than those without one. We've compiled all the analytics data from the membership and discovered that members who create a full profile on surgery.org reap the benefits from their investment.

Twitter. The Aesthetic Practice Builder is the second most popular member communication via email with more than 500 members opening and engaging with the content every month.

There are a number of assets at your disposal on surgery.org. Just to name a few: Ask-A-Surgeon, Photo Gallery, EPP, Infographics, Plastic Surgery News Briefs, the Media Page with Cosmetic Surgery Statistics and Press Releases. By taking advantage of all these benefits and using ASAPS content to populate your social media and marketing communications, you can save yourself a lot of time, money and missed opportunities.

These updates have required a great deal of work from many individuals, but our Director of Web Strategy and Development, Kevin Charles has been at the forefront of most of them. Please feel free to contact me about anything mentioned in this article or email Kevin directly with any questions about SEO at kevin@surgery.org.

Robert W. Kessler, MD is an aesthetic surgeon in private practice in Newport Beach, CA and Chair of the Electronic Communications Committee.

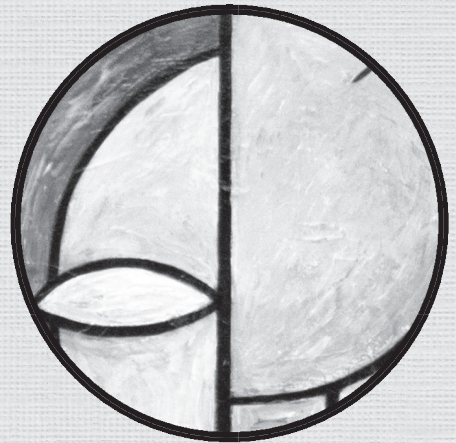
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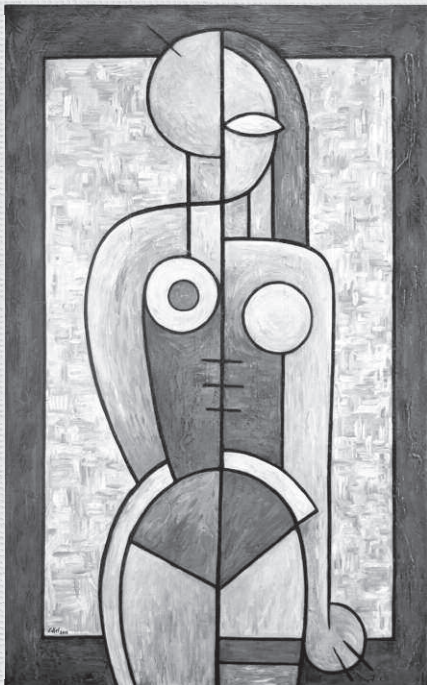
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The Election and Your Investments

A deeper reading of the research reveals that the DJIA as a predictor for whether an incumbent retains office works in a different way than previously thought. According to the authors' research, this indicator does not work because individuals feel wealthier or poorer as the result of the incumbent's actions. The DJIA is simply a proxy for the "social mood," which cannot be directly measured.

Is this information actionable?

Now that we know that the true predictor of the election is the "social mood" of the electorate, as opposed to the economy, we now return to the question of whether this is "actionable" information. Would we want to trade for ourselves or our clients on this information? First, I should mention that, as a firm, we take a more strategic approach to investing. That is, we utilize historical and forward-looking data to structure portfolios based on an asset allocation that is appropriate for a given client's investment risk-tolerance and return goals. However, we are always on the look-out for miss-pricings or undervaluations that provide an opportunity to enter or exit a position at a favorable level. That said, after reviewing this paper on the subject, there are a number of reasons why we would not attempt to "trade on the election."

The "social mood" or "public mood" is what matters and not whether people are financially or economically improved over the incumbent's term. In this theory, the DJIA is simply like a gauge on your car's dashboard. If the gauge indicates it's time to add coolant,

The "social mood" or "public mood" is what matters and not whether people are financially or economically improved over the incumbent's term. In this theory, the DJIA is simply like a gauge on your car's dashboard. If the gauge indicates it's time to add coolant, you add coolant. If the gauge says throw out the incumbent, society throws out the incumbent.

you add coolant. If the gauge says throw out the incumbent, society throws out the incumbent.

If you speak with investment clients every day as we do at OJM Group, the last couple of years have been interesting from a "social mood" standpoint. For example, as of 7/31/2012, the S&P 500 Index was up 11.01% year-to-date. However, when speaking to clients, it's as if the market has been down for the year. For the three-year period ending 7/31/2012, the S&P 500 is up 48.65%, however, this market bounce back from the lows of the financial crisis doesn't have people excited. The point is, people don't feel like they're making any money through their investments. When taken in context over the past five or 10 years, this is easily understandable. Though most investors who have stayed invested have made up for losses during the market dislocations of 2008-9, being back above even doesn't get anyone excited and understandably so. Furthermore, we've seen multiple periods of extreme market volatility over the past three years. Although, this is anecdotal, I simply don't feel like the past three years of stock market returns are as useful in gauging the "social mood" as similar historical periods. Whether it's conversations with clients, family or friends, it seems to me the "social mood" is not reflected in the past three years of market performance.

For this reason, I would not recommend trying to take an investment position utilizing the DJIA as an election predictor. It's an interesting topic and whatever happens in the current election will certainly be added to the market "folklore" that will arise again in the 2016 presidential election. I'll look forward to hearing the familiar question "should I invest differently in an election year?" and this time, I'll have an answer ready.

In our next article we will test the perception that the market prefers republicans, and discuss whether there is any worth in planning and investing based on the post-election results.

1 "Social Mood, Stock Market Performance and U.S. Presidential Elections" by R.R. Prechter, Jr., D. Goel, W. D. Parker, & M. Lampert.

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Special Offer: For a free (plus \$10 S&H) copy of For Doctors Only: A Guide to Working Less and Building More, please call (877) 656-4362.

Terry Allman is an Investment Manager and Qualified Plan Expert at OJM Group.

He can be reached at (877) 656-4362 or Terry@ojmgroup.com.

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ASAPS Webinar: Guide to Online Marketing: Update on Google Search and Member Tools

By Clyde H. Ishii, MD

As Chair of the Webinar Sub-Committee, it was my honor to moderate an information-packed webinar on September 12, 2012 filled with Member web tools, a tutorial on the new ASAPS Photo Gallery and a great presentation on the new Google algorithm. Marketed just to Members, we had 203 registrants with a high 40% attendance rate to give us 81 live participants. Although we reviewed a number of topics, 88% of the attendees surveyed believed that the benefits discussed in the webinar added tremendous value to their ASAPS Membership.

The lineup for the webinar was built for success. Chair of the Electronic Communications Committee (ECC), Robert W. Kessler, MD started out by giving an in-depth review of the Member Toolkits given out at The Aesthetic Meeting 2012 in Vancouver, BC. The Media, SEO and Social Media Toolkits give solid advice on how to market yourself, your practice and what pitfalls to avoid—a great benefit to all Members.

Then, Dr. Kessler went on to live-demo the Aesthetic Practice Builder, a new social media resource that actually gives you original content for your newsletter and blog (text,

The Photo Gallery is the number one area on the website because patients want to see one thing: Before and After photos. You can now connect your personal page on surgery.org (ie: Enhanced Practice Profile*) with these photos and increase your visibility. Not only are you helping your Society by contributing good quality photos that will help patients learn about plastic surgery, but you may also be helping your own search results.



links, photos), along with the latest news stories, videos and contest from ASAPS and Project Beauty. These Member benefits save you time and effort, which for us, means more time for actual plastic surgery.

Following those Member benefits, Michael A. Bodgan, MD, the Vice-Chair of the ECC demonstrated how you could amplify your online presence by simply submitting photos to www.surgery.org. It is a proven fact that The Aesthetic Society is an authority on plastic surgery online. The Photo Gallery is the number one area on the website because patients want to see one thing: Before and After photos. You can now connect your personal page on surgery.org (ie: Enhanced Practice Profile*) with these photos and increase your visibility. Not only are you helping your Society by contributing good quality photos that will help patients learn about plastic surgery, but you may also be helping your own search results.

Not to be outdone, Dr. Bodgan also gave a comprehensive live-demo on how to submit photos to the gallery. With a few clicks and some patient info, you could have a case with multiple views and detailed information about the procedure. The end result will be professional and associated with The Aesthetic Society. Sign into the website with your

member login and get started immediately by clicking “Photo Gallery” on the left hand side—there’s a how to section and guidelines on submission as well.

We saved the best for last—Keith C. Humes from Rosemont Media came out and updated everyone on Google +, local search and all the new updates. I learned that as surgeons with private practices, it is crucial to have a Google + account to take ownership of our online entities. The Google + brand pages will have future benefits in terms of authority and accreditation down the road, but for now, it’s a good idea to claim your practice URL. The patient or reviewer will also have a Google profile so there will not be any more anonymous reviews.

There was a wealth of information from this webinar and instead of reading about it, you should probably just download it and view for yourself. It’s available at www.surgery.org/professionals/webinars for download. A must-see for ASAPS Members to get the most out of their membership.

Clyde H. Ishii, MD is an aesthetic surgeon practicing in Honolulu, HI and is Chair of the Webinar Sub-committee as well as the Membership Commissioner



ASAPS Webinar: Getting the Most Out of Your RADAR Resource—What’s on Your Radar?

By William P. Adams, Jr, MD

Introducing the RADAR (Readily Available Digital Aesthetic Resource) this year via the AnzuMedical app on the iPad has revolutionized the way many of us access Aesthetic Surgery Journal and other ASAPS resources. Since its introduction during our Annual Meeting in Vancouver, BC, there have been over 600 downloads and a number of new additions and upgrades. To keep the membership up-to-date and to show where this novel, high technology resource is moving, we organized a webinar to give an overview of the app, introduce some new features and answer your questions.

Like our other Members-only ASAPS webinars, we had an outstanding number of registrants for this October 10, 2012 webinar with 142 surgeons and 53 attending live. Dr. Barry Fernando, the CEO and Founder of AnzuMedical, gave a detailed demonstration of everything you need to know to get started, and then revealed some exciting new updates. Immediate Past-President, Dr. Jeffrey Kenkel explained how he incorporated RADAR into his practice and how it has become a go-to app that contains all his ASAPS resources and publications.

Many of those who signed up for the webinar had downloaded the app but hadn’t had a chance to use it. This is very common with surgeons; we want the newest and latest, but it takes time to learn how to use it and implement it into our daily life. Dr. Kenkel expressed that he too, was at first overwhelmed by the technology, but then slowly began using it as a reader for ASJ and now

Dr. Kenkel expressed that he too, was at first overwhelmed by the technology, but then slowly began using it as a reader for ASJ and now barely reads anything (including ASN) in print. He shared that it only took “12 minutes to download all the issues of ASJ” from 1995 to the present.



barely reads anything (including ASN) in print. He shared that it only took “12 minutes to download all the issues of ASJ” from 1995 to the present. That’s a credit to the thought and technology put into this app. Dr. Fernando estimated that the average size of an issue is only 5 megabytes and it is optimized to be as clear or better than some magazines that take much longer to download.

The ease of use and intuitive nature of the program is part of what drew us to the AnzuMedical app many months ago. When polled, 100% of those surveyed agreed that this webinar gave them new insight on how to use their RADAR Resource library effectively and believed it was beneficial to their overall experience. We hope that if you have an iPad and read ASJ and ASN, then you might start out by reading them on RADAR and then add features like highlighting, My Binders, Notes and video content. Soon, you will be able to get CME credit, have live discussions and upload your own documents.

The webinar is available on www.surgery.org for download, but it is also available in your RADAR Resource library. Please go to the “Plastic Surgeon Resources” Bookshelf under the “Practice Management” subfolder and find all the webinars ASAPS has available.

Another great page that contains download and sign in information, along with tutorials is: www.surgery.org/radar

If you have any questions about RADAR or using the app, please contact Courtney Muehlebach at courtney@surgery.org or 800-364-2147.

William P. Adams, Jr, MD is an aesthetic surgeon practicing in Dallas, TX and Chair of the RADAR Editorial Board.



Why I became an Aesthetic Society member

By Scott Barttelbort, MD

As a member of The Aesthetic Society for over eight years, I’ve learned that the most valuable aspect of ASAPS membership has been belonging to a culture of innovation, excellence, and safety. When I first became a member, I wasn’t certain what the benefits to joining ASAPS would be, yet knew I wanted to continue to grow as an aesthetic surgeon and I hoped ASAPS would assist me in achieving this goal. It has done this and much more.

I particularly enjoy the educational aspects of The Aesthetic Society. A variety of supporting resources are available to its members including The Aesthetic Meetings, Aesthetic Surgery Journal, RADAR Resource library on the AnzuMedical app, and ASERF-funded research.

I believe that the size of the Society is a contributing factor to its success. It is a large enough society to have a meaningful impact on events and issues which are important to plastic surgery, yet is intimate enough to allow anyone who desires to participate. Participation furthers a deeper commitment and ownership of The Aesthetic Society by its members.

ASAPS is successful in professionally representing its members. Each year, aesthetic surgery issues arise which require “our voices” to be heard. Whether it is interacting with the public, the industry, or the government, ASAPS provides a clear, consistent voice which positively represents its members’ interests.

I’m proud to be a member of The Aesthetic Society.

Scott Barttelbort, MD is an aesthetic surgeon practicing in La Jolla, CA. He is on the board of ASERF and a member of the Aesthetic Society’s Membership Commission.

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