



In honor of Gillies and Millard's 16 principles in Plastic Surgery we offer 16 reasons to attend The Aesthetic Meeting 2013:

When Dr. Ralph Millard co-authored *The Principles and Art of Plastic Surgery* with Sir Harold Gillies, they outlined 16 principles which not only applied to plastic surgery problems but had a basis in a more general way to a philosophy of life.

Although The Aesthetic Meeting 2013 isn't intended to produce a life philosophy, here are our 16 reasons for attending:

- Choose from over 120 teaching courses, including 15 exciting new topics
- NEW Panels: Facelifting and Rhinoplasty consecutive cases and/or 5-year results will be shared. Expert surgeons will critique their own work, answering the question, "Would I do the same operation again?"
- Practice Changers: your opportunity to discuss any product, service or management pearl that has changed your practice
- The Aesthetic Marketplace, where you can visit the exhibitors and learn the new products and services that are useful to the aesthetic surgeon

- Continue the conversation: after the Scientific Session, meet the panelists in the Aesthetic Society booth and get your questions answered
- NEW—Media Panel! "What's the Buzz? How Plastic Surgery and Media Can Work Together to Benefit Patients"
- NEW—Industry Panel! Leaders from Industry will be on hand to share their vision of the future in "Beyond Business: ASAPS and Industry Working Together Strategically for Quality Patient Care"
- New! ASERF Silent Auction featuring products and services for your practice. All proceeds from the auction will support the efforts of ASERF to build a plastic surgical Data Hub for the benefit of all plastic surgeons
- NEW YORK: spring in New York is a special time. From Gramercy Park to Lincoln Center you won't find a more vibrant and cultured city. Think you can? Fuhgeddaboutit!

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We Hear Your Concerns Loud And Clear

2012 ASAPS Commoditization of Plastic Surgery Survey

By Felmont F. Eaves III, MD

ASAPS members have expressed significant and growing concerns related to branded surgical procedures in aesthetic surgery from the perspectives of patient safety, quality of care and the impact they are experiencing

in their practices. Members have also expressed concerns about the marketing ethics of branded surgical procedures and the impact of the corporate practices on the doctor-patient relationship.

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The Gratifying Job of a Traveling Professor

By Jeffrey M. Kenkel, MD

Supporting aesthetic surgery education is a major objective for ASAPS and what better way than to reach out to plastic surgery resident and fellow programs across the country. My fellow traveling professors can probably attest that helping prepare the next generation for this competitive subspecialty is an extremely rewarding experience.

As a traveling professor, I have had the privilege of visiting two exceptional programs so far—University of Texas Medical Branch in Galveston last fall and the University of South Florida in Tampa this past December. Residents in both programs were eager to learn, excited about our specialty and are submitting abstracts to The Aesthetic Meeting 2013 in New York. This was great to hear since this year's meeting will have a lot of great energy and as always, contains the highest level of aesthetic education.

UTMB in Galveston

Linda Phillips, MD, Chief of Plastic Surgery at UTMB Galveston was my contact and I had great interactions with her along with the rest of the residents and faculty. There were around 18 residents and six faculty members. After talking about ASAPS and the benefits for them as a resident, a newly-board certified

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Dr. Obagi has no affiliation with Obagi Medical Products, Inc.
He resigned to pursue the expansion of skin health restoration.



is Zein Obagi, MD

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Toner-Normal/Dry	Toner	BALATONE™
Toner-Oily		CEBATROL™
Exfoliant	Exfoderm® Forte	GLYCOGENT™
Pigment Control	Clear (HQ USP 4%)	MELAMIN™ (HQ USP 4%)
Pigment Control	Blender® (HQ USP 4%)	MELAMIX™ (HQ USP 4%)
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Stimulate	Tretinoin Cream (0.05+0.1%)	Tretinoin Cream (0.05+0.1%)
Stimulate		RETAMAX™ (1.0% Retinol)
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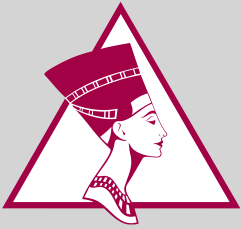
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BY ZEIN OBAGI, MD



Aesthetic Society News

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

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The American Society for
Aesthetic Plastic Surgery



The Aesthetic Surgery Education
and Research Foundation

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ASAPS Members Forum: www.surgery.org/members

ASAPS Website: www.surgery.org

ASERF Website: www.aserf.org

ASAPS Calendar Co-sponsored/Endorsed Events

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

March 22–24, 2013

14th Annual Innovations in Plastic Surgery Symposium 2013

Eden Roc, Miami, FL

Contact: John George

Tel: 216.448.0775

georgej2@ccf.org

www.ccfme.org/plastic13



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

May 8–11, 2013

Advances in Rhinoplasty 2013

Sheraton Chicago

Contact: Caryl Bryant

Tel: 540.374.8111

cherrington@theforumgroup.net

www.aafprs.org/MEMBERS/downloads/meetings/Rhino_Mtg_2013_brochure.pdf



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

August 22–24, 2013

Breast Surgery and Body Contouring Symposium

Santa Fe Convention Center

Santa Fe, NM

Contact: ASPS

Tel: 847.228.9900

registration@plasticsurgery.org



THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC

THE AESTHETIC CRUISE 2013

Complications in Aesthetic Surgery

July 7–14, 2013

22 CME Credits

5 Patient Safety CME

This activity has been accepted for *AMA PRA Category 1 Credit™*
Chair: Dennis Hammond, MD • Vice Chair: James Grotting, MD

- Day 1 — Depart Vancouver, BC
- Day 2 — Cruise Inside Passage
- Day 3 — Icy Strait Point, Alaska
- Day 4 — Cruise Hubbard Glacier
- Day 5 — Juneau, Alaska
- Day 6 — Ketchikan, Alaska
- Day 7 — Cruise inside Passage
back to Vancouver, BC

www.surgery.org/cruise2013



X
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Leo R. McCafferty, MD

The patients demand it!" was Sir Harold Gillies' explanation for the innovations and advances in plastic surgery techniques especially during the two world wars. The same four words can explain the recent, explosive, increase in popularity of aesthetic surgery. Since 1997 there has been over a 197% increase in cosmetic surgery procedures. Dr. Millard emphasized that sound knowledge of both reconstructive plastic surgery and cosmetic plastic surgery is necessary to benefit the patient in need of reconstructive surgery (improving the abnormal), and in cosmetic surgery (improving the unhappy normal). We all know that reconstructive and cosmetic procedures overlap and complement one another. This is why we feel as board-certified plastic surgeons that we are uniquely qualified and best suited to be the leaders in the field of aesthetic surgery.

The Aesthetic Society was born over 45 years ago because of the surgeons' desire to meet increasing patient demands for options, excellence, and safety in cosmetic surgery. There was a huge hole in resident and post graduate aesthetic education. The founding fathers of The Aesthetic Society had the courage to fill this void and our society along with the field of aesthetic surgery has since grown, as you know, exponentially.

You may have recently received correspondence from both us and the ASPS regarding a "unification strategy" of the two organizations. Please be assured that at no time have we agreed to this and will not consider compromising in any way the solid foundation of transparency, fiscal responsibility and educational advancement pledged to you by our founding members.

The amplified popularity of aesthetic surgery has increased competition within the marketplace and consequently increases the responsibility of the Aesthetic Society to our members and patients. We must continue to provide the best education possible and also to position our members as the premier physicians in this field.

Our annual meeting, this year in New York City, the greatest city on the planet, will highlight the best and the brightest explaining the latest in aesthetic surgery techniques.

There will be a half-day session dedicated to "the business side of practicing aesthetic plastic surgery." The exhibit hall has been transformed into "The Aesthetic Marketplace" and there will be a silent auction giving members the opportunity to purchase products and services at a considerable savings while at the same time benefiting ASERF's data hub project. This project will be extremely important in providing data, outcomes, and producing evidence-based medicine allowing us to communicate with one another and regulating bodies in a more meaningful way.

We sponsor and endorse many other educational webinars and regional meetings throughout the year including the Baker Gordon symposium, Expanding Horizons, the Santa Fe meeting, The American Brazilian meeting, and this year we are excited about the Alaskan cruise which will focus on complications in aesthetic surgery. In fact, a quick glance at the educational program for almost any aesthetic meeting given throughout the world will reveal more than one of our members listed as faculty.

Of course, any comprehensive educational effort starts at the resident level. Our traveling professor program is an excellent outreach effort for exposing young plastic surgeons to the world of aesthetic surgery and cosmetic medicine. My friend and colleague, Immediate Past-President Jeff Kenkel has written an excellent piece on the gratification of being a traveling professor. It can be found on the front cover of this issue of ASN.

Education is not limited to a convention center once a year or to symposia delivered several times a year.

You might already be aware of our latest benefit of dues, the RADAR Resource. But if you haven't experienced the convenience of forming your own cloud-based medical library with Aesthetic Surgery Journals going back to 1995 I urge you to visit the app store under Anzu Medical and give it a try. This is

no basic journal reader app. It's a tool that lets you build your own files, annotate and highlight everything from ASJ articles to clinical pearls. It's well on its way to becoming a must-have addition to your clinical resources.

We have a responsibility to teach our members to "do it better," and our members have a responsibility once learning to execute better than the competition. But this is not enough. We must educate the public and market our brand better than anyone else.

As the only organization devoted exclusively to aesthetic clinical and public education, your elected board members and Executive Committee heard your demand for marketing assistance loud and clear. Enter the Marketing Task Force, a group created by Immediate Past President Jeffrey Kenkel, MD. Chaired by California-based aesthetic surgeon Sanjay Grover, MD, the Task Force has been diligently working to create a consumer marketing program for our members that is certain to bring referrals to your door.

Using the skills of health and beauty experts in branding and message development, the new tool in your marketing armamentarium is called Smart Beauty Guide. I urge you to read the article penned by Dr. Grover in this issue of ASN and to check out the first of a series of ads that position the Society and its members as the experts they are in aesthetic surgery.

Patients demand the best in aesthetic surgery and our members want to provide the best and be recognized for being the best. The Aesthetic Society is committed to accomplishing this goal. Everything we do is intended as a member benefit which ultimately benefits our patients. Thank you!

Continued From Cover

Traveling Professor Program

They are hungry for knowledge and experience in skincare, lasers, injectables and all the latest technology. It has been extremely rewarding to see them learn, apply that knowledge to specific patients and then execute a treatment right in front of my eyes.

plastic surgeon and eventually an Active Member, we spent 90 minutes going through resident cases. They were largely on body contouring and some on facial surgery—the discussion was excellent and very educational.

Then we moved to an overview on some important advances I made in the field of excisional surgery and also spoke on safety, specifically VTE prophylaxis for 75 minutes. Right before the lunch break, I went over the current state of injectables and took questions to prepare them for the hands-on, live injection course that afternoon. We spent 2-3 hours right after lunch analyzing patients, choosing treatment and then injecting. This type of live interaction was extremely helpful for them to gain experience and for me to



Dr. Kenkel receiving traveling professor plaque from Dr. Linda Phillips at UTMB

explain the importance of injectables in a plastic surgery practice.

USF in Tampa

Dr. Jeffrey Cone, Chief Resident at USF Tampa welcomed me to their program where I spent my day mainly with residents and few faculty (a nice change!). My first presentation was on the management of Massive Weight Loss patients. This is not something they see

very often so we had a lot of great discussion on safety, appropriate VTE prophylaxis, hypothermia prevention and antibiotic use. Right after, I again gave an overview of injectables and prepped them for our afternoon injection course before breaking for lunch.

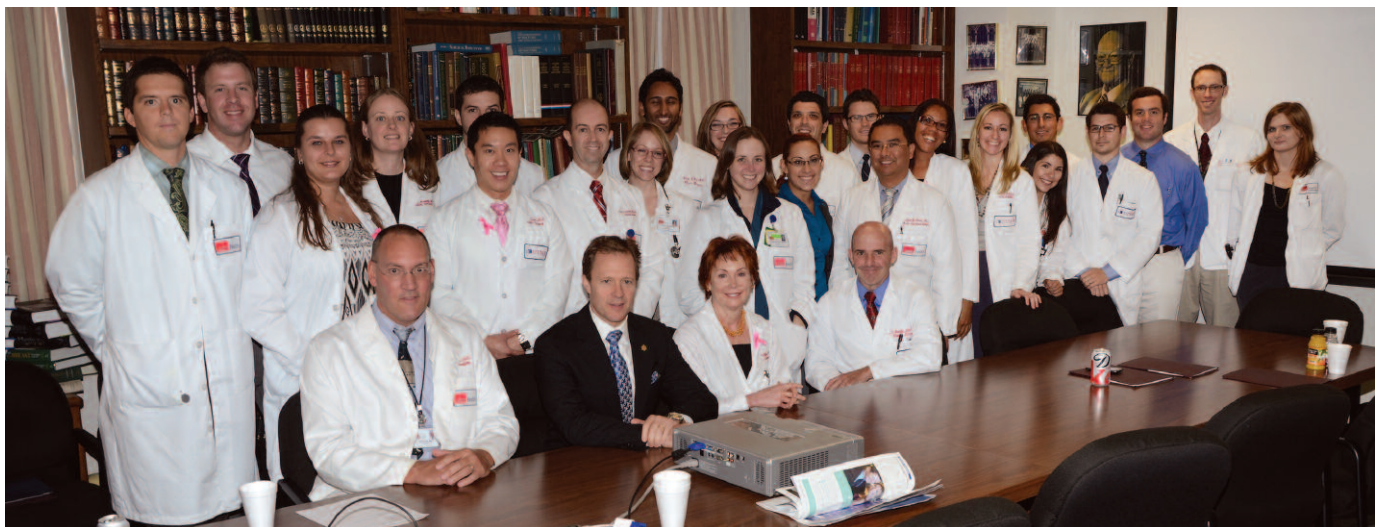
The residents had limited experience with off label injectables, so my overview included the products available on the market now, how they work, longevity and complications. Then we analyzed the patients, selected products and had the three chief residents inject patients with botulinum toxin and fillers in front of their resident peers. Coupling patient analysis, product selection and treatment of several patients, provided an excellent environment to reinforce what they had learned from lectures and their past experience. I feel like this was an especially valuable experience. To finish up the day, I gave a two-hour talk on nonsurgical rejuvenation, which some local plastic surgeons also attended.

Lessons learned

The residents that I visit recognize how competitive the aesthetic market is and how important cosmetic medicine is to their scope of practice. They are hungry for knowledge and experience in skincare, lasers, injectables and all the latest technology. It has been

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Dr. Kenkel with faculty and residents of UTMB in Galveston, TX





(Editor's note: Dr. Piatkowski was awarded the International Traveling Fellow award in 2011.)

One of the most impressive points in my experience as the ASAPS Traveling Fellow took place when I was interviewing for the award. When asked what my plans were for the future, I answered that I would like to stay at a teaching Hospital or University Hospital and to do aesthetic surgery in private practice as well. At that point I added "... if this would be possible," since this combination is uncommon or nearly impossible in Germany, where I trained.

The answer I received? "Everything is possible to achieve, if you really want it." This sentence stayed in my head over the following year and it still rings in my ears. And I began to believe in it since I got the Fellowship that I really wanted!

So, back in Germany, I started to plan my first visit to the US which took place in June, 2011, starting in New York City.

Dr. Sherrell Aston gave me a good view on his operative techniques that I had known from his book. He gave me in-depth insights into rhinoplasty and a good overview on his facelift technique. Dr. Nicolas Tabbal gave me an astonishing view on the anatomy of the nose as well as managing problematic/secondary rhinoplasties. Dr. Aston and Dr. Tabbal are outstanding teachers and I have to thank

The ASAPS International Traveling Fellow Experience

By Andrzej Piatkowski, MD

them for their patience and the time they invested in me.

I was also able to have a view on breast surgery techniques when joining Dr. Alan Matarasso and Dr. Jennifer Walden. It was interesting to see different techniques of breast reduction.

Leaving New York my trip took me then to Miami to visit Dr. Roger Khouri. Although this visit was short I was able to experience a packed day in private practice consisting of minor surgeries and even more interesting consultations. The doctor-patient interaction as well as the organization of a private practice was impressive which was only topped by the impressive results of Dr. Khouri's lipofilling (fat grafting) cases. This was really the most convincing presentation of outcome after lipofilling to the breast that I have seen to date. With the Miami experience in mind I finished my first trip and went back home where a lot was changing fast and the first steps into aesthetic practice were taken.

My second trip was arranged for March and April 2012. My first stop was Dallas, TX where I visited Drs. Jeffrey Kenkel, Rod J. Rohrich, Steve Byrd and Fritz E. Barton. During my stay in Dallas I was able to see a huge variety of aesthetic surgery procedures. The facelift-technique performed by Dr. Barton was of high teaching value as well as the different rhinoplasties

that I was able to see while joining Dr. Rohrich. But not only the procedures were important to see, the encounter with the aesthetic fellows in Dallas was also very interesting and brought me to think about the different possibilities of teaching a resident or fellow in aesthetic surgery.

My last trip took me to Los Angeles where I visited Drs. W. Grant Stevens and Michelle Spring. The discussions I was able to have with Dr. Stevens—during and after different operations—gave me so many insights that it was difficult to remember everything I had learned at the end of the day. But it was not only surgical techniques in breast surgery and liposuction that I was able to see. Even more interesting was the office structure and consultation process that Dr. Stevens was so kind to let me appreciate as well.

Reviewing my visits to the United States and all the operations I have seen and people I have met I have to say this was a lifetime experience. Not only did it make my surgical armamentarium broader, it also led me to think about education of Plastic Surgeons in Europe and what we should change to make it better. I want to thank the ASAPS as well as all surgeons that I have visited for making this beautiful experience possible.

Andrzej Piatkowski, MD is an aesthetic surgeon practicing in Aachen, Germany.



KNOWLEDGE IS A BEAUTIFUL THING

**SMART
BEAUTY
GUIDE** 

BROUGHT TO YOU BY
**THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY**

TAKING COSMETIC SURGERY & MEDICINE TO A HIGHER LEVEL

Aesthetic is defined as the art and science of beauty. The Aesthetic Society is the only organization of Board-certified cosmetic plastic surgeons that are solely dedicated to perfecting cosmetic procedures of the face, nose, breast, body and skin. Soon, you will be able to share our trusted knowledge, insights and skills in a new way at SmartBeautyGuide.com: Your Expert Source for Cosmetic Surgery and Medicine.

At last—a site that will empower you to make the most intelligent decisions... and to help guide you towards a more beautiful and natural-looking appearance.

Go to SmartBeautyGuide.com to sign up—and be one of the first to know when this exciting site goes live in Fall 2013!



Aesthetic Society to Launch Smart Beauty Guide with New Beauty Magazine

By Sanjay Grover, MD

Publication to be distributed at The Aesthetic Meeting 2013

New Beauty Magazine is the publication chosen for the inaugural launch of our new brand Smart Beauty Guide. This is especially appropriate because New Beauty, since its inception, has been consistently delivering a message of patient safety, the importance of board certification and the need for plastic surgery patients to thoroughly do their homework. New Beauty is now a Premier Partner of the Aesthetic Society and I can think of no better medium for launching our brand.

Our first in a series of print advertisements (featured at left) uses the custom photography that will also be the theme of our new consumer website launching in September, 2013. The ad describes what Aesthetic means in the context of plastic surgery and cosmetic medicine, positioning the member as the “go to” physician in our competitive space.

This campaign, along with many other branding tools and marketing opportunities will be introduced to members at The Aesthetic Meeting 2013 in New York. These new practice management tools are the result of almost two years of strategy, testing, research.

In addition to the New Beauty advertising campaign which will run for all four issues of the publication, the following benefits will be provided to all members as a benefit of dues—these are members-only benefits:

- The opportunity to brand your practice at the local level using our new creative (please see below).
- The opportunity to produce video on specific procedures that will be used on the new website and be branded with your practice. This can be used for your own web, social media and marketing purposes as well.
- The chance to purchase patient education procedural brochures formerly produced by ASPS on all aesthetic procedures. These will also feature our new look in addition

Collaborate with your colleagues to stress the importance of your ASAPS membership.

New Beauty, since its inception, has been consistently delivering a message of patient safety, the importance of board certification and the need for plastic surgery patients to thoroughly do their homework. New Beauty is now a Premier Partner of the Aesthetic Society and I can think of no better medium for launching our brand.

to new brochures on Mommy Makeover, Plastic Surgery and Cosmetic Medicine for men and non-surgical options.

- A localized version of the new website with a special feature for those who have an Enhanced Practice Profile page: these members will be featured on the Home Page of Smart Beauty Guide when a potential patient from your local area goes to the site—members will run in rotation in areas with a heavy concentration of members.
- E-based procedural brochures that have interactive features germane to the

procedure; for example, a breast augmentation brochure will feature relevant video and answers from our Ask a Surgeon feature.

- An opportunity for members who link back to the site for private labeling; any member linking to Smart beauty Guide will have the Find a Surgeon search engine hidden and any answers or before and after photos except their will be own hidden as well.

We are working on many more tools for you to brand your practice and increase referrals all of which will be explained in the Smart Beauty Guide Member Toolkit, available in New York and emailed to those members who cannot attend the Meeting.

My colleagues and I on the Marketing Task Force, Herluf G. Lund, MD, Vice Chair, Gary Brownstein, MD, Alan H. Gold, MD, Kent V. Hasen, MD, Robert W. Kessler, MD, Brian Reagan, MD, Adam J. Rubinstein, MD, Renato Saltz, MD, Robert Singer, MD, W. Grant Stevens, MD and Robert Whitfield, MD sincerely hope that you will use every available tool associated with the new brand knowing it will have excellent return on your dues investment.

Sanjay Grover, MD is an aesthetic surgeon in Newport Beach, CA. He is Vice-Chair of the Communications Commission and Chair of the Marketing Task Force.

KNOWLEDGE IS A BEAUTIFUL THING

SMART BEAUTY GUIDE
YOUR EXPERT SOURCE FOR
COSMETIC MEDICINE & SURGERY

Aesthetics is a classic blend of philosophy devoted to the creation and appreciation of beauty. We are the only premier organization of cosmetic plastic surgeons solely dedicated to performing aesthetic procedures for the face and body.

Our Members are called Aesthetic Plastic Surgeons, to honor their many additional years of highly specialized training and their passionate commitment to the Art and Science of Aesthetic Medicine and Surgery.

In everything we do, our purpose is clear: to assure you of a knowledgeable and ethical looking experience. We invite you to check our trusted knowledge, insights and skills on our new web site.

SMART BEAUTY GUIDE
THE AMERICAN SOCIETY FOR AESTHETIC PLASTIC SURGERY

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**SPECIALIZED TRAINING
PASSIONATE COMMITMENT
BEAUTIFUL RESULTS**

These Aesthetic Plastic Surgeons have demonstrated extraordinary skills and fulfill the most stringent requirements for organizational membership in our profession, including:

- Board Certification by ABPS, the American Board of Plastic Surgery or the Royal College of Physicians and Surgeons of Canada
- In practice a minimum of five years
- Aesthetic Surgery cases in at least five consecutive years
- Commitment to ongoing Aesthetic training

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CONTACT THEM TO MAKE AN APPOINTMENT FOR YOUR FREE CONSULTATION



ASERF Silent Auction in The Aesthetic Marketplace

Joe Gryskiewicz, MD
President

This has been a landmark year for the Aesthetic Surgery Education and Research Foundation (ASERF) in terms of membership, donations and involvement. As I mentioned in the last ASN, all our numbers have doubled and we are busy making plans for the future, starting with The Aesthetic Meeting 2013 in New York.

The new and improved ASAPS exhibit hall, appropriately renamed, The Aesthetic Marketplace, will offer one stop shopping and learning. Inside will be top industry companies, new exhibitors, educational presentations and now—for the first time—a Silent Auction offering amazing products and services from participating exhibitors and even some fellow ASAPS/ASERF members.

My colleague, W. Grant Stevens, MD and the Industry Exhibits Committee have been tirelessly coordinating the logistics and working with exhibitors to implement this Silent Auction. They have already received over \$1

million in promised auction items. Because of the varying products and services offered in The Aesthetic Marketplace, you could bid and win anything from surgical equipment or a laser to marketing plans or a vacation package!

Participating companies will be identified in the Program so you can see who has generously donated to this special cause. As many of you know, ASERF's mission is to identify and pursue issues relevant to the advancement, effectiveness and safety of aesthetic surgery through directed research and education. We exist solely to benefit patients, physicians and the science of medicine.

Donating to or bidding on the ASERF Silent Auction items will do three things.

1. Support the creation of a plastic surgery Data Hub—from which the entire specialty will benefit with trending data to aid aesthetic surgery research.

2. Donate a product, service, vacation home, etc... and increase your visibility by demonstrating your support of ASERF. Donations can be deducted as a business expense, if used for your practice or a charitable tax deduction for any amounts that exceed the value of the item.
3. A bustling Aesthetic Marketplace builds excitement for our exhibitors, attendees, and our Society. Participate and support the specialty of aesthetic plastic surgery!

As an ASAPS/ASERF member, is there a company or product that you think others would be interested in? Find out if they're participating by visiting www.surgery.org/prospectus and click on ASERF silent auction.

To learn more about the ASERF Silent Auction, feel free to contact Pamela Diecidue at (562) 799-2356 or pamela@surgery.org.



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Forceps, 8mm Diameter



ASSI.NHF10
Moliver Nipple Holding
Forceps, 10mm Diameter



ASSI.NHF12
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Forceps, 12mm Diameter

Designed by:
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University of Texas Medical Branch
Webster, Texas

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President
William P. Adams, Jr., MD
Dallas, TX
Private Practice
Automatically
Ascends from
President-elect



President-elect
Al Aly, MD
Tustin, CA
Clinical Professor,
Surgery, School of
Medicine

University of California, Irvine
Current ASERF Board Position: Treasurer
National Affiliations: ASAPS, ACS, ASERF, ASPS
Training: General Surgery: Vanderbilt University, Facial Plastic Fellowship: University of California Irvine Plastic Surgery: University of Miami.



Vice President
J. Peter Rubin, MD
Pittsburg, PA

Chair, Department of Plastic Surgery, Director of the Center for Innovation in Restorative Medicine, University of Pittsburgh Medical Center
Current ASERF Board Position: Secretary
National Affiliations: Plastic Surgery Research Council, ASPS, ASAPS, ASERF
Training: General Surgery: Boston University/Boston City Hospital. Plastic Surgery: Harvard Medical School



Secretary
2 year term
Barry E. DiBernardo, MD
Montclair, NJ
Private Practice

Current ASERF Board Position: Member at Large
National Affiliations: ASAPS, ASPS, ASERF, ISAPS
Training: General Surgery: Cornell University Medical College, Plastic Surgery: Montefiore Medical Center



Treasurer
Steven Teitelbaum, MD
Santa Monica, CA
Private Practice,
Assistant Clinical
Professor of Plastic
Surgery, UCLA
School of Medicine

Current ASERF Board Position: Treasurer
Second year of 2 year term
National Affiliations: ASPS, ACS, ISAPS, ASERF
Training: Harvard/Beth Israel Hospital General Surgery, University of Southern California Plastic and Reconstructive Surgery



Lay Director
1 year term
Spencer Brown, PhD
Pittsburg, PA

Professor, Department of Plastic Surgery, UPMC, Executive Director of the Center for Innovation in Restorative Medicine
National Affiliations: International Federation of Adipose Therapeutics and Science Society, NIH K Awards Special Emphasis Panel
Training: PhD in Lipid Metabolism from the University of Pennsylvania. Post-doctoral in Molecular Biology at Baylor College of Medicine Pre and Post-doctoral training grants in Cardiovascular Research from NIH

PHYSICIAN DIRECTORS

2 year terms



Julio Garcia, MD
Las Vegas, NV



Anne Taylor, MD
Columbus, OH



Michael Cedars, MD
Second of 2 year term
Oakland, CA



W. Scott Bartelbort, MD
Second of 2 year term
San Diego, CA

TRUSTEE



Neal R. Reisman, MD, JD
Houston, TX

Aesthetic Society Members to Vote on Slate of Candidates



Active members of the American Society for Aesthetic Plastic Surgery (ASAPS) will hear reports on Society business, vote on proposed amendments to the Bylaws and elect new officers for 2013-2014 during the ASAPS/ASERF Annual Business Luncheon taking place Sunday, April 14 at 12:00 noon. All active members are invited to attend.



President
Jack Fisher, MD

Private Practice
Nashville, TN

Automatically ascends to President



President-Elect
Michael C. Edwards, MD

Private Practice
Las Vegas, NV

Current Board Position: Vice President

ASAPS Committee Work: Finance and Investment Committee (past Chair), Leadership Development Committee, Publications Committee, Fellowship Review Committee, Medical Student Committee, Industry Policy Committee

National Affiliations: ASAPS, ASPS, ASERF

Training: David Grant Medical Center, Travis AFB, CA; General Surgery, Wilford Hall Medical Center, San Antonio, Plastic Surgery

ABPS certification: 1989



Vice-President
James C. Grotting, MD

Private Practice
Birmingham, AL

Current Board Position: Treasurer

ASAPS Committee Work: Education Commissioner, Finance & Investment Committee, Patient Safety Committee, Program Committee (current Chair), Symposium Committee, Leadership Development Committee.

National Affiliations: ASAPS, ASERF, ASPS, ACS (Fellow)

Training: University of Washington Affiliated Hospitals, General Surgery, University of California, San Francisco, Plastic Surgery

ABMS Certification: 1987



Secretary
Clyde H. Ishii, MD

Private Practice
Honolulu, HI

Current Board Position: Member at Large

ASAPS Committee Work: Finance & Investment Committee (current Chair), Industry Policy Committee, Publications Committee, International Fellowship Program – ad hoc (current Chair), Program Committee, Candidate Committee, Medical Student Committee (MEDSIPS) (ad hoc)

National Affiliations: ASAPS, ASERF, ASPS, ACS, American Society for Laser Medicine and Surgery

Training: University of Virginia, Charlottesville, General Surgery Residency, Emory University, Atlanta, GA, Plastic Surgery Residency

ABPS Certification: 1987



Treasurer
Daniel C. Mills, II, MD

Private Practice
Laguna Beach, CA

Current Board Position: Secretary

ASAPS Committee Work: Communications Commissioner, Finance & Investment Committee, Project Beauty Task Force (ad hoc) (current Chair), Patient Safety Committee, Aesthetic Training Task Force, Marketing Task Force (ad hoc), ASJ Technology Editor

National Affiliations: ASAPS, ASERF, ASPS, ACS

Training: Wright State University, General Surgery, Medical College of Ohio, Plastic Surgery

ABPS Certification: 1990

MEMBERS-AT-LARGE

3 year terms



Kiya Movassaghi, MD

Private Practice, Clinical Assistant Professor of Plastic Surgery at Oregon Health & Science University's School of Medicine in Portland, OR
Eugene OR

ASAPS Committee Work: Residents & Fellows Committee (current Chair), Endorsed Fellowship Oversight Committee – ad hoc, Symposium Committee, Teaching Course Subcommittee, Candidate Committee, New Member Committee

National Affiliations: ASAPS, ASERF, ASPS

Training: General Surgery, Beth Israel Deaconess Medical Center, Harvard Medical School, Plastic Surgery Residency, Harvard medical School

ABPS Certification: 2003



W. Grant Stevens, MD

Private Practice
Marina del Rey, CA

ASAPS Committee Work: Administrative Commissioner, Industry Exhibits Committee (current Chair) Industry Exhibits Committee (current Chair) Industry Policy Committee, Media Relations Committee (current Chair), Industry Support Committee, Product Development and Research Development Committee, Marketing Task Force

National Affiliations: ASAPS, ASERF, ISAPS, ASPS

Training: Harbor UCLA Medical Center, General Surgery, Washington University-Barnes Hospital, Plastic Surgery Fellowship

ABPS Certification: 1989



Steven Teitelbaum, MD

Santa Monica, CA
Private Practice

Assistant Clinical Professor of Plastic Surgery, UCLA School of Medicine

ASAPS Committee Work: Industry Support Committee (current chair), Industry Policy Committee, Industry Recognition/Guidelines Task Force, Publications Committee, Program Committee

National Affiliations: ASAPS, ASPS, ACIS, ISAPS, ASERF

Training: Harvard/Beth Israel Medical School, General Surgery; University of Southern California, Plastic and Reconstructive Surgery

ABMS Certification: 1997

THOSE CONTINUING IN POSITIONS



Member-at-Large
William P. Adams, Jr., MD
Dallas, TX



Member-at-Large
Al Aly, MD
Irvine, CA



Member-at-Large
John E. Gross, MD
Pasadena, CA



Member-at-Large
Sanjay Grover, MD
Newport Beach, CA



Member-at-Large
Herluf G. Lund, MD
St. Louis, MO



Member-at-Large
Richard J. Warren, MD
Vancouver, BC, Canada



Immediate Past President
Leo R. McCafferty, MD
Pittsburg, PA

Society members will also vote on the following candidates:

TRUSTEE

3 year term
James M. Stuzin, MD

APPLICATION REVIEW COMMITTEE

3 year terms

Southeast

C. Cayce Rumsey, MD
Ponte Vedra, FL

Southern California

Steven Teitelbaum, MD
Santa Monica, CA

Northwest

Sepehr Egrari, MD
Bellevue, WA



My Patients Deserve the Best...Don't Yours?

By Luis M. Rios, Jr., MD

As a plastic surgeon in practice for 15 years, I do my fair share of abdominoplasties about 100 a year. And although my complication rates are within the normal range of the literature, I continued to attend abdominoplasty courses in order to improve my technique and outcomes. I couldn't help but be impressed when some of our distinguished colleagues shared their data—sometimes a series with hundreds of consecutive cases with no complications.

First I thought, how is that possible? The results were so exceptional, as compared to published complication rates, that it was almost difficult to believe. So I undertook a thorough review of the literature. And I found that there were some published papers by surgeons with much lower rates, almost down to zero with abdominoplasty. Then I thought, "I want this for my patients!"

I had always been very liberal in taking cultures. "Even if the tiniest pinhole was present, I would culture it." In 2010, some of my culture results were showing resistant MRSA and pseudomonas only sensitive to one oral antibiotic. What would happen if that one antibiotic dropped off the list? The patient would have to be admitted to the hospital to be treated with IV antibiotics!

The next meeting in October of 2010, included Drs. Young and Camins' course: "Preventing Surgical Site Infection in Plastic Surgery." I attended and started to think about a plan to incorporate their recommendations.

Upon returning home, I reviewed the literature to further convince myself that there is no evidence showing that antibiotics are effective 24 hours after elective surgery. Armed with evidence, and in spite of being outside my comfort zone, I undertook a plan to change my practice.

This is the protocol I composed:

Preop Infection Control

- Diabetics HbA1c <7 prior to scheduling for major operations
- Patients remove fake nails two weeks prior to surgery
- No shaving of surgical site two weeks prior to surgery
- Stop prescriptions for antibiotics
- Will dispense 24 hour antibiotics only
- Shower in the morning of surgery (any soap will do)
- Continue umbilical washing
- IV Ancef 1g or 2g (Wght >80kg) 30min-59 min prior to incision
- Repeat IV Ancef every 3hours while in surgery
- Clindamycin 900mg IV for PCN allergic patients 30min -59min prior to incision
- Repeat IV clindamycin every 6hrs during surgery
- Vancomycin 1g IV for patients with history of MRSA
- Disposable paper gowns for postop patients
- Keep preop room warm
- Keep OR room warm prior to surgeon scrubbing
- Blanket warmers during surgery and warm IV fluids
- Esophageal Temp Probes for long cases
- Tympanic Temps during shorter cases
- Keep patient Temp > 37.6 C
- Keep room temp 70-76F
- Prep with hebicleanse; allow prep to dry on patient
- Disinfect exam rooms after each patient per protocol

Things we need to do:

- Add removal of fake nails, am shower and shaving policy to preop instructions
- Order Keflex from Moore
- New Prescription Forms
- Stop writing antibiotic prescriptions



This plan took just took me 3 hours to compose. The total time from the inception to implementation was 6 weeks. "The first thing I noticed was that there was no increase in my infection rate. I began to observe fewer patients returning with abdominal wounds. "After 9 months, when a culture was indicated, the report showed less virulent bacteria, with less resistance, easily eradicated by several oral antibiotic drugs. "This was my "Ah, ha!" moment."

"You can't expect an immediate improvement." It took 9 months to see the impact. I changed my protocol in January of 2011. By September 2011, I knew I had hit a home run. "In spite of being outside my comfort zone, I changed my practice and got my complications closer to zero, like those experts who teach the courses.

I have had almost no cases of resistant MRSA and pseudomonas since. I highly recommend every plastic surgeon give this protocol a try. "Don't you want the best for your patients?"

Luis M. Rios, Jr., MD is an aesthetic surgeon practicing in Edinburg, TX. He is a member of the Patient Safety Committee.

Internet Marketing: The Pay-Per-Click Option

By Scott Harvey

We all know that the internet has revolutionized the way patients find Cosmetic and Plastic Surgeons.

For example, think about the fact that even when someone remembers your name from a print or other ad, she's not going to remember your phone number... and she's not going to go to the yellow pages to get it, she's going to go to the internet.

We all know that there are a lot of physicians who aren't board certified in plastic surgery who are poaching in our territory, confusing patients, and increasing competitive pressures.

And we all know that discretionary income is down, which means elective surgeries are down, which means income is down for most of you.

It may not seem right that surgeons increasingly need to be superb marketers as well as superb surgeons and artists, but that's the way it is.

I can't cover the whole marketing picture here (smart, cost-effective advertising, an appealing website, excellent phone answering, professional patient coordinators, a great office staff, etc.) but here are a few thoughts about a much-misunderstood facet of Internet marketing—the Pay-Per-Click ad.

Pay-Per-Click Advertising

Horror stories abound, because "Pay-Per-Click" (or "PPC", or "AdWords") is deceptively simple. It's easy to create an account, write an ad, pick a few keywords, and start advertising. The problem is that PPC is actually fiendishly complex to do properly and cost-effectively, and if you don't know your stuff, you ARE going to lose money, maybe a lot of it, very quickly.

So someone tries PPC without knowing what he's doing, loses some money very fast, and tells everyone he knows "This stuff doesn't work," when actually it can work better than any other advertising approach.

A good PPC consultant understands the pitfalls, and will keep you out of trouble. (Admittedly, it can be tough to find that "good" consultant. Anyone can call himself a PPC expert, so you have to check references and results).

Here's how it works:

There are three main parts of a PPC campaign. There are the ads themselves, which you design in hopes that they will appeal to the person doing the search. There are the keywords that people use to find information; Google utilizes a bidding process, allowing your ad to appear when someone searches on "no scar lollipop breast lift," for example. Then there is the "Landing Page," or the page of your website where the searcher is taken when she clicks on the ad.

I could write 50 or 100 pages on each of those three components. Suffice it to say here that all three are important, and have to be done right, or you will hemorrhage money.

As a simple example, consider bidding on "breast lift" vs. bidding on "no scar lollipop breast lift." Which one will get you more clicks? Of course, "breast lift" will. But which term will cost you a lot less, and which searcher is a lot closer to picking up the phone if she likes your landing page?

A well-run campaign can bring visitors to your website who are so targeted, and so likely to become your patient, that for every dollar you spend, you get a bottom-line return of \$3.00, or \$5.00, or \$15.00 or more.

As one example, a plastic surgery practice which had been spending heavily on TV, Radio, Yellow Pages, and Print for over 20 years halted all that, initiated a PPC campaign, and reduced its advertising cost per consult from over \$300 to less than \$100, while increasing its market share by over 50%. And

all that happened while reducing monthly advertising from \$30,000 to just over \$20,000.

Of course you don't start out spending a lot of money, even if you're used to spending \$5,000 or \$10,000 or \$15,000 a month on advertising. You start off spending \$50 a day and you methodically refine and improve your campaign as you find out what works for you, and what doesn't.

When you spend \$50 a day and consistently get back \$75 (or \$100, or \$250, or \$750) a day, you ramp it up and budget \$100 a day, and then \$200, and then \$500, and then \$1,000.

The bottom line is that a well-conceived and well-executed Pay-Per-Click campaign can bring you leads less expensively than any other advertising modality can. Since such a small percentage of the public is your prospect, radio, TV, and print can never be as cost-effective as PPC, because you're not paying unless someone is interested enough in your ad to click on it.

If you're not already using the internet aggressively in your marketing, you should certainly consider it.

Scott Harvey offers a free, no-obligation one-hour strategy session on all aspects of practice marketing. Scott is a Certified Google AdWords expert, and built and sold a 50-person software company, so he understands marketing and building an organization, as well as technical things like PPC and SEO and SEM. Scott can be reached at Scott@HonestWebsiteMarketing.com, or at (800) WEB-6006.



Continued From Cover

Report on the 2012 ASAPS Commoditization of Plastic Surgery Survey

Responding to these member concerns, Aesthetic Society President Dr. Leo McCafferty created the ASAPS Commoditization of Plastic Surgery Task Force after the 2012 Annual Meeting in Vancouver. “Our goal was not to shoot from the hip but rather address our members’ trepidations in a meaningful, thoughtful, and credible way” stated Dr. McCafferty.

As part of the task force’s assessment, ASAPS has recently completed a survey of plastic surgeons and facial plastic surgeons. These results are being analyzed and will be submitted for peer review through *Aesthetic Surgery Journal*.

The survey was methodically built to avoid bias and survey questions were designed to explore demographic variations, attitudes about marketing, experience with branded procedure patients and participation with branded procedure companies. Distribution and data collection were conducted by Industry Insights, a national market research firm. The survey responses were anonymous and only board-certified plastic and facial plastic surgeons were invited to participate. Response rates varied by groups and organizational affiliations, but over half of the responses were from ASAPS members.

One key area explored in the survey was an assessment of branded procedure marketing. Surgeons were queried about the marketing materials they have seen from the various companies, and whether they appear accurate and comply with ethical marketing guidelines. The survey results show the need for further assessment of marketing materials, and members who might be considering participating with a branded surgical procedure need to be aware that they are not individually immune if a company’s advertisements violate the Society’s ethics guidelines.

Just as we are all individually responsible for complying with the Society’s ethics on advertising requirements, whether in solo or group practice, company participants are also accountable for company marketing and can be held to task. Similarly we are all morally required to establish an appropriate physician-patient relationship and assure informed consent, regardless of corporate practices for patient recruitment, scheduling, and follow-up.

In addition to assessing attitudes about the appropriateness of the marketing materials, the respondents also weighed in on the frequency (market penetration) and practice impact of company marketing. Company advertising can potentially cut both ways—it can pull patients away from non-participating surgeons, but at the same time it can also raise public awareness of aesthetic surgery. Non-participating surgeons felt that the net effect of marketing and competition was that branded surgical procedure companies hurt their practices. The practice impact is not only the result of patients being drawn away from their practices, but quality and patient safety concerns also had a negative impact on aesthetic surgery in their community. Some of the respondents participate or have previously participated with one or more of the companies, providing a window into their experiences as well. The main reason for participation was financial, and the survey explores whether or not recruitment promises, both financial and otherwise, were met.

The survey also addressed many other pressing topics such as patient safety, care of complications and revisions, recruiting practices, considerations of future company participation, and reasons why participating surgeons may have terminated their association with a company. It also explored members’ attitudes related to what kind of business relationships the Society should—or should not—have with branded surgical procedure companies.

Surgeons in general and the ASAPS membership in particular have spoken loud and clear: the concerns related to branded surgical procedures are broad and deep. “Having accurate data on our membership’s opinions on this critical issue is the first step in planning how we approach a strategy to help our members deal with these critical issues” said Jack Fisher, MD, President-Elect of the Aesthetic Society. As mentioned above, the full report will be submitted for consideration to *ASJ*.

Felmont (Monte) Eaves III, MD is an aesthetic surgeon and a member of the Commoditization of Plastic Surgery Task Force, Bylaws Committee and is Chair of the Conflict of Interest Committee. He is also a Past President of the Society.

Continued From Page 6

Traveling Professor Program



Dr. Kenkel leading live injection course with USF Tampa residents

extremely rewarding to see them learn, apply that knowledge to specific patients and then execute a treatment right in front of my eyes. As an educator and someone who was in their shoes at one time, there’s nothing more gratifying.

ASAPS’ role in aesthetic education has positively impacted numerous residents and professionals across the country. It has been an exciting experience for me and I’d like to congratulate all of the traveling professors that have previously or are currently continuing this mission.

From Dr. Linda Phillips (Galveston, TX): “We all very much enjoyed Dr. Kenkel’s visit. The injectables in-service for the residents was particularly spectacular. On a faculty level, we enjoyed a casual dinner on the wharf the night before his teaching day. At least two of my residents will attend The Aesthetic Meeting 2013 in April along with me. We are looking forward to it!”

From Dr. Jeffrey Cone (Tampa, FL): “We were looking for ways to take our resident didactics to an even higher level, and Dr. Kenkel was willing to spend the entire day with us, in discussions, over presentations, and with live patient injections. He is a true educator—who brought a new level of depth to the intricacies of anatomy and technique. And, perhaps just as important, we had a great time. We will certainly be applying to the ASAPS Traveling Professor Program again next year.”

To request an ASAPS Traveling Professor or learn more about the program, please contact Susan Robinson at the Central Office: 562-799-2356 or susan@surgery.org.

Jeffrey Kenkel, MD is an aesthetic surgeon in Dallas, TX and Immediate Past-President of the Society.

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Rebuilding America's Warriors with Dr. Norman Leaf



Dr. Norman Leaf, Medical Director of Rebuilding America's Warriors.

More than 40,000 brave men and women have come back from tours in Iraq and Afghanistan with wounds that require multiple surgeries, prosthetics and plastic surgery. While the Veterans Administration (VA) strives to come to the aid of those who were injured on duty, they are overburdened and often have trouble taking care of smaller wounds and deformities, like scars and burns.

In 2007, ASAPS member, Dr. Norman Leaf from Beverly Hills, CA stepped into the role of Medical Director of Rebuilding America's Wounded or RAW (then called Iraq Star) when retired nurse, Maggie Lockridge told him that she had a plan to fill some gaps left by the VA. She was inspired by a documentary from Bob Woodruff, the news anchor who sustained

Sergeant Neil Duncan climbing Mt. Kilimanjaro.



The differences between a life-saving procedure and one that can help return someone to normalcy are quite substantial. While medical teams save lives on the front and then hospitals heal and rehabilitate soldiers, the foundation goes one step further to help them regain a full life. That includes paying for treatment-related traveling expenses, hotel accommodations, food, anesthesia, hospital operating room, medical supplies and so on.

heavy injuries in Iraq. With the right care and help, he was able to return to a relatively normal life and help educate others on the struggles and deficiencies of the Veteran system.

As a former Air Force nurse during Vietnam and then running a top aftercare facility for plastic surgery patient recuperation, Maggie knew what was needed in the healing process. "Our mission is to not let the wars in Afghanistan and Iraq permanently disfigure young lives," she says. This organization would help soldiers regain normalcy with reconstructive surgery and heal from their battle wounds. Once she called Dr. Leaf to enlist his help, he immediately agreed and

"My original mailing list was the Aesthetic Society," Dr. Leaf explained. "We're all trained and equipped to do this type of work—helping people with burns, scars, aesthetic defects, etc. I thought it was a perfect fit for the needs of the wounded vets."

thought that it was not only worthwhile, but would be something that any medical professional would want to do.

"My original mailing list was the Aesthetic Society," Dr. Leaf explained. "We're all trained and equipped to do this type of work—helping people with burns, scars, aesthetic defects, etc. I thought it was a perfect fit for the needs of the wounded vets."

Dr. Leaf contacted board-certified plastic surgeons from around the country and he received 250 confirmations immediately. Today, there are over 300 doctors who volunteer their services, operating rooms and whatever else they can provide for free. Along with plastic surgeons, there are dentists, orthopedists and other physicians who also donate their time and services. "Everyone we contacted wanted to help. It's been incredibly gratifying."

The differences between a life-saving procedure and one that can help return someone to normalcy are quite substantial. While medical teams save lives on the front and then hospitals heal and rehabilitate soldiers, the foundation goes one step further to help them regain a full life. That includes paying for treatment-related traveling expenses, hotel accommodations, food, anesthesia, hospital operating room, medical supplies and so on.

"We are a small, underfunded grassroots organization that tries to take care of wounded soldiers in their local area if possible," Dr. Leaf explains. "As Medical Director, my job is to look at the cases that Maggie receives and determine which ones are appropriate and who we can really help. Most of what we treat is a result of IED (Improvised Explosive Device) injuries. Once we determine if we can help, we find a plastic surgeon or other type of physician in their area to perform what's needed."

The many success stories from RAW have made it to local news and television shows like *The Doctors* and *Dr. Phil*. There are many stories about soldiers who wouldn't go outside or interact with the world because of the scars left on their faces and bodies.

Sergeant Neil Duncan lost both legs and shrapnel scarred his face, but he didn't lose



Randy Gollinger receiving reconstructive eye surgery with RAW volunteer Ophthalmic plastic surgeon, Dr. Michael Groth.



Randy Gollinger at "A Night of Honor" benefit.

hope. An active athlete, he went running with President Bush with his prosthetic limbs. He became a spokesperson for the organization and a Paralympic ski team hopeful. The plastic surgery he received along the way was a few surgeries out of over 40 that brought him one step closer to fully recovering from his injuries. He climbed Mt. Kilimanjaro in 2011 and continues to push the limits.

Randy Gollinger lost one leg and an eye after an ambush in Iraq—he was self-conscious and depressed at home. In his own

Dr. Leaf considers it a privilege to oversee the requests for assistance and fulfill needs for the troops by locating surgeons from over 40 states across the US. "The sad reality is that the VA and the Military often can't provide the medical and emotional support these soldiers need when returning home. There are long waiting lists for not just plastic surgery procedures, but other procedures as well."

words, his injuries made him "so angry, so bitter," to the point where he "didn't even really want to be alive." The RAW foundation stepped in to pay for reconstructive work on his eye and fit him with a proper prosthetic. He is now able to go outside and function normally in society once again.



JR Martinez: Guest at "A Night of Honor" Fundraiser and winner of Dancing with the Stars.

Dr. Leaf considers it a privilege to oversee the requests for assistance and fulfill needs for the troops by locating surgeons from over 40 states across the US. "The sad reality is that the VA and the Military often can't provide the medical and emotional support these soldiers need when returning home. There are long waiting lists for not just plastic surgery procedures, but other procedures as well."

Along with the hundreds of physicians who volunteer to perform the surgeries needed, fundraisers, sponsored events, benefits and industry support all help RAW. A 2009 gala in Los Angeles brought in auction items and honored guests who were directly involved or helped inspire other soldiers to keep going. Honored guests included Leshonda Gill, who almost died in Iraq after an attack on her convoy took eight of her fellow soldiers' lives. She rebuilt her life, along with J.R. Martinez, who suffered from severe burns on 34 percent of his body as an infantryman in Iraq. He was able to overcome his trauma and become a motivational speaker, an actor and most recently, a winner of Dancing with the Stars.

As many success stories there are, there are also stories of tragedy and immense struggle. If you would like to help donate time or money to RAW, please visit their website at www.rebuildingamericaswarriors.com, call 760-568-4039 or reach out to Dr. Norman Leaf directly at 310-274-8001.

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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 20 credits per calendar year by this method.

Tax Tips for 2013: Now is the Time to Act

The election is over—now what?

Carole C. Foos, CPA
Jason M. O'Dell, MS, CWM

More than any other election in the past few decades, this one may have the most significant tax impact on high-income taxpayers, including physicians. Here, we will lay out the impending tax increases and some ideas on what you can do to alleviate their impact.

As most physicians know, the 2001 Bush tax cuts are set to expire on December 31, 2012. We have found that there is unease from many clients surrounding when Congress will act and what they will do. Republicans control the House, and Democrats control the Senate—Republicans seemingly refuse to endorse an extension of the Bush tax cuts that does not include all taxpayers. Meanwhile, Democrats—including the President—claim they will not extend the cuts for the wealthiest Americans. With congressional gridlock on the horizon, uncertainty could extend into the first quarter of 2013.

The election was one piece of the puzzle, but it is going to take putting together a few more pieces to get a clear picture of what 2013 will look like. What we do know is that there is still time to take advantage of the lower 2012 rates and mitigate the possible ramifications of the new 2013 tax laws, but you need to act now. If you do nothing else, you should at minimum understand what your potential tax exposure may be if you do nothing and what options you have to reduce taxes in 2012 and beyond.

Impending tax increases

If Congress fails to reach an agreement in the next seven weeks, everyone will pay more taxes in 2013. The impending changes provide wholesale restructuring of income tax brackets—meaning higher tax brackets for just about every taxpayer. The rates for ordinary income will change from six income tax brackets, back to five:

2012	2013
35%	39.6%
33%	36%
28%	31%
25%	28%
15%	15%
10%	15%

Certainly, without a deal made shortly, all physicians will see a tax increase despite their income level remaining flat. There will also be

an additional 3.8% Medicare surtax on specific types of net investment income stemming from the Affordable Care Act (ACA) for all single taxpayers with a modified adjusted gross income (MAGI) of \$200,000 per year, or higher; and married taxpayers with a MAGI of \$250,000 or higher. Net investment income affected includes interest, dividends, net capital gains, rents, royalties and passive income from a partnership or an S corporation. In addition, these high income taxpayers will pay an additional 0.9% tax on compensation income and self-employment income, bringing their total Medicare tax on these items to 3.8%. This can be a significant additional payment, beyond income tax rate increases, for most physicians, who will qualify for this new tax—as single individuals earning above \$200,000 per year or married couples earning more than \$250,000 per year.

Many other deductions and exemptions are also set to expire, including the following partial list:

- There is currently no alternative minimum tax (AMT) patch in effect for 2012
- Payroll tax relief expires on 12/31/12
- Phase-outs of itemized deductions and personal exemptions will be reinstated for high-income individuals
- Marriage penalty relief will expire
- Child tax credit will decline from \$1,000 to \$500

What can you do?

• **Accelerate** income into 2012. In the past, it has generally been advantageous to defer income and accelerate deductions. However, in late 2012, high-income taxpayers should give consideration to doing the opposite and accelerating income into the current tax year. If you reside in the highest tax bracket, accelerating a year-end bonus from January 2013 into December 2012 may save you up to 5.5% in federal tax.

Now is also the time to realize large capital gains. Any decision to sell assets should be made based on the specific economics of the situation, but if you have assets you have been thinking about selling, the tax consequences will be much less severe in 2012 versus 2013. Cash basis taxpayers should also delay

major expenses to 2013 in order to offset the impending tax increases. Finally, if you are considering selling your practice or another large asset, consider utilizing an installment sales contract to spread the income generated from the sale rather than recognizing all of it in 2013.

Capital gain harvesting can be utilized for investments that you are not yet ready to sell. Selling stock at a gain and recognizing the gain in 2012 then subsequently purchasing the same or similar stock at the higher price allows you to pay tax on the gain to date at the lower 2012 rates. It also increases your basis in the stock going forward in order to reduce future capital gains. Consult your investment advisor to determine if this makes sense for you and your investment portfolio.

• **Figure out now what to do about investment income.** The lower long-term capital gains tax rates are set to increase to 20%. Today, the top long-term capital gains tax rate is 15%, but it will increase by 5% after the Bush tax cuts expire—tack on an additional 1.2% after the itemized deduction tax break is reversed, and don't forget the aforementioned ACA surtax of 3.8%; and long-term capital gains tax could reach 25% for some taxpayers. The dividend tax rate is also slated to increase from the current 15% to the higher ordinary income tax rate of 39.6%. Add in the planned phase-out of deductions and exemptions, and the rate hits 40.8%. Then go ahead and again tack on the ACA 3.8% surtax, and the new dividend tax rate in 2013 will be 44.6%—nearly three times today's 15% rate! The ACA surtax will also apply to many forms of passive investment income such as interest income, rental property income, annuities, royalties and flow-thru income from activities without material participation.

What else should you consider?

• **Fringe Benefit Plans or Roth IRAs Rather than Qualified Plans**

Every time future income tax rates rise, the value of qualified plans (QPs) like 401ks, pensions, profit-sharing plans and SEP IRAs is reduced. That is because all of the

Continued on Page 22

funds in these plans will be hit by income taxes before you can access them. Of course, we have no idea what tax rates will be in place in 5, 10, 20 years—but it may turn out that our present tax environment had the LOWEST marginal rates in decades. We do certainly KNOW that 35% as a highest marginal rate is the 3rd lowest we have ever had since the income tax was implemented in 1914. Given this, many savvy clients are looking to plans beyond QPs that are not subject to future income taxes, such as fringe benefit plans, non-qualified plans and even Roth IRAs. This might make sense for many physicians to consider.

- **529s and MUNIs:** With the upcoming tax changes, 529 Plans will be an attractive saving option since they are not included in determining the taxpayer's adjusted gross income as long as the funds are used for qualified higher education expenses. Also, municipal interest becomes more attractive since it does not increase MAGI—which is used in determining whether the surtax applies.
- **Cash Value Life Insurance:** If you have not done so in the past, now is a good time to review Cash Value Life (CVL) insurance options. CVL policies are geared more toward investment growth (that is not subject to taxation and surtaxes) rather than term life products that only consider the ultimate death benefit. CVL products are also a great way to truly diversify your investment portfolio since they provide indexing strategies that offset market losses during economic down periods. Further, CVL policies' cash value grow tax free can be accessed tax free, if managed properly. Thus, they would not be subject to any of the tax increases described above.

Gift/Estate Tax Increases

In addition to the income tax issues above, estate and gift taxes are also scheduled to be more burdensome after December 31st. In fact, the current \$5,120,000 gifting and estate tax exemptions will drop to \$1,000,000. That is an over 80% reduction.

What should you do? If you are comfortable surrendering control of some of your wealth, you can make gifts exceeding

\$1,000,000 in value in 2012 to make use of all or part of the \$5,120,000 temporary gifting allowance. Regardless of congressional action, it is unlikely the exemption will be as high as \$5,120,000 in the near future. If you're on the fence, you should also keep in mind that the estate tax rate, which is now 35%, is scheduled to increase to 55%.

If you are concerned about gifting away too much, you may consider having a spouse as a beneficiary of your trust. Under this plan, as long as the spouse is alive, you as the donor can derive indirect benefit of support by the spouse while the spouse derives support via the trust. You may also consider creating a trust in an asset protection jurisdiction. The IRS has ruled in at least one case that a donor can be a discretionary beneficiary and receive the benefit of trust assets if needed.

Summary

Regardless of what happens by the end of the year, the future will likely include increasing taxes for high-income taxpayers including physicians. If you want the same ability to build wealth in this environment, pro-active tax planning is more crucial than ever before. For a chart outlining how the ACA could further affect you, see our chart at <http://www.ojmggroup.com/obamacare.pdf>.

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Continued From Cover **The Aesthetic Meeting 2013**

- Discover the latest innovations from around the world in Premier Global Hot Topics and at the Research Luncheon.
- Introducing the NEW Aesthetic Society brand Smart Beauty Guide. Two years in development, this program will bring referrals to your practice and position your membership as the premier association in plastic surgery. Learn all about it—at The Aesthetic Meeting 2013
- Worldwide ideas and Innovations in Aesthetic surgery: world renowned plastic surgeons will share their best techniques in 15 minute presentations with ample time for questions and answers
- A new teaching course on natural Proportional Breast Augmentation
- New; Safety in Facelifting: How to Avoid Complications and How to Treat Them
- Did we mention New York?
- Bring your office staff at no extra charge to "The Business Side of Aesthetic Plastic Surgery," filled with great practice tips, useful information, and practice management exhibits.

Aesthetic Surgery Journal Announces Resident and Fellows Paper Competition Winners



Each year, *Aesthetic Surgery Journal* invites residents and fellows—most of whom are required as part of their study programs to conduct at least one research or clinical project—to submit their papers to ASJ's annual Resident and Fellow Paper Competition. The submission window begins each year at the ASAPS annual meeting, and continues through August 31.

Manuscripts are sent through the standard peer review process, and they subsequently undergo additional evaluation by members of the ASJ Editorial Board to assess their methodological rigor and relevance in the field.

The competition has 2 categories: Best Clinical Paper and Best Research Paper. Domestic and international residents and fellows are eligible, and there is no limit to the number of entries. The corresponding author of the winning paper in each category receives an iPad loaded with RADAR Resource (the app containing all of the latest research, technique demonstrations, and practice management tools from The Aesthetic Society and The Gold Journal); their paper is also published in an issue of ASJ alongside research from esteemed colleagues.

In 2013, we received many strong submissions. Ultimately, the following papers were selected:

- CLINICAL: Christophe Ho Quoc, Emmanuel Delay, and Raphael Sinna, "Tuberous Breast Correction by Fat Grafting"
- RESEARCH: Summer Hanson, Jaehyup Kim, and Peiman Hematti, "Anti-Inflammatory Properties of Adipose derived Mesenchymal Stem Cells"

These papers were also, coincidentally, recipients of the 2012 Gaspar W. Anastasi Award, which is presented to the highest rated resident and/or fellow scientific papers at the Residents & Fellows Forum during the ASAPS Annual Meeting. The award consists of a check for \$250 and the opportunity to present the paper to the full Scientific Session of the annual meeting.

Residents and fellows are encouraged to begin preparing their papers for the 2013 competition, which will begin in April. For more information about the Residents & Fellows Forum, the ASAPS residents' program, or the ASJ Residents and Fellows Paper Competition, please contact Marissa@surgery.org. Members of ASAPS should encourage residents and fellows to participate in each of these programs.

Residents are also reminded that, as part of their registration in the ASAPS residents' program, they receive a complimentary subscription to ASJ. For more information about The Gold Journal, please contact Melissa@surgery.org.

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