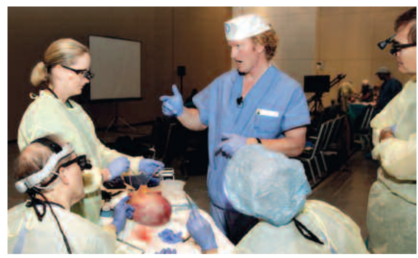
Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery
Volume 18, Number 3 • Summer 2014

The Aesthetic Meeting 2014: We Are Aesthetics.

By Michael C. Edwards, MD

San Francisco, CA, proved to be a wonderful host city for The Aesthetic Meeting 2014, which was held at the Moscone Center in April. Throughout the meeting, I heard praise from members and guest surgeons alike on the quality of the educational content, the ease and accessibility of the venue, and the excitement in The Aesthetic Marketplace.



In all, 1,671 of the world's finest aesthetic plastic surgeons gathered, making it among our highest attended meetings ever. Of those surgeons attending, 378 were international, coming from 60 countries outside the US, with the highest number coming from Brazil, Columbia, France, Mexico, and Turkey. 149 residents from the United States and Canada

Continued on Page 7

New Collaborative Effort between ASAPS and the Italian Society of Aesthetic Plastic Surgery (AICPE)

During The Aesthetic Meeting in San Francisco, a memorandum of understanding was signed between the **American Society of Aesthetic Plastic Surgeons** and the **Italian Society of Aesthetic Plastic Surgery (AICPE).** ASAPS Immediate Past President Jack Fisher, MD, noted, "The benefits of this collaboration are very exciting for both societies and we look forward to a closer affiliation between the two organizations."

For The Aesthetic Society, such a collaboration will help more fully promote the Society and its educational offerings to the Italian surgeons' community, allow discounted fees for ASAPS members attending scientific events organized by AICPE, and offer more opportunities to promote the *Aesthetic Surgery Journal* to our fellow organization. Through a closer working relationship, AICPE will benefit through more promotion of its meetings and courses to the American surgeons' community and be able to offer its members special fees for ASAPS educational symposia.

Drs. Gianluca Campiglio, Michael Edwards, Jack Fisher, and Jim Grotting.

ASAPS New Code of Ethics

By Bob Aicher, Esq.

Our Society has a new Code of Ethics. What was wrong with the old code?

For starters, it belonged to ASPS in which aesthetic practitioners are in the minority. Second, for more than a decade it muddled our legal identity with that of ASPS when we adopted their code in a futile attempt at collegiality. Having our own code of ethics served us well in 1980 when the Federal Trade Commission investigated ASPS for anti-trust collusion with the AMA. Having our own code will serve us well again. Third, much of the old code has hardly changed since it was adapted from the AMA Principles of Medical Ethics in 1957 (www.ama-assn.org/resources/doc/ethics/1957_principles.pdf). Members of The Aesthetic Society deserve a code as modern as their practices.

The new Code is divided into five topics:

1. Ethical Responsibilities to Patients
2. Ethical Responsibilities to Other ASAPS Members
3. Ethical Responsibilities in Practice Settings
4. Ethical Responsibilities Toward the Profession
5. Discipline

Continued on Page 23

Save the Dates!

ASAPS Las Vegas 2015 Aesthetic Symposium
January 29–31, The Bellagio Hotel

The Aesthetic Meeting 2015
May 14–19, Palais des Congrés de Montréal, Montréal, Canada

WE ARE AESTHETICS.

Membership FAQ

Is ASAPS continuing to forward my Aesthetic Meeting CME Credits to ASPS?

Yes, your Aesthetic Meeting CME Credits will be automatically sent to ASPS for uploading into the combined plastic surgery database. If you've completed the brief Meeting evaluation form located at www.surgery.org/eval, expect your credits to display on your ASPS "My CME" record.

ZO® Sun Smart™ System

Developed by Zein Obagi, MD

Triple-Action Protection and Defense Against Sunlight

The ZO® Sun Smart™ System synergistically protects and defends the skin against harmful sunlight in three distinct ways with OCLIPSE-C™ SPF 50 and Ossential® Daily Power Defense. Utilizing 8% titanium dioxide against UVA and UVB light, natural melanin against HEV light, and powerful antioxidants against free radicals, it increases the skin's tolerance, defensive mechanisms and ability to repair itself.

Expanding the Spectrum of Protection

OCLIPSE-C™ SPF 50

The only sunscreen that uses natural fractionated melanin to shield against damaging HEV, protects against UVA/UVB light, and supports natural hydration replenishment in an ultra-mild formulation.

OCLIPSE® Sunscreen + Primer SPF 30

Provides broad spectrum UVA/UVB protection in a tinted lotion that's non-irritating for a soft, silky finish.

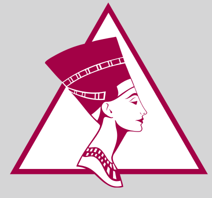
Supporting Skin's Natural Defenses

Ossential® Daily Power Defense

A novel formulation that delivers antioxidants, retinol and other vitamins to the epidermis and dermis using a topical formula that strengthens the skin's barrier function.

- Aids skin's ability to repair damaged DNA
- Combats damage from free radicals
- Stimulates more rapid collagen formation
- Promotes healthy skin cell turnover

ZO Skin Health, Inc. and Dr. Obagi have no business relationship with Obagi Medical Products, and Obagi Medical Products does not sell or endorse using any ZO product. "ZO" is a registered trademark of ZO Skin Health, Inc.



Aesthetic Society News

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

Editor-in-Chief
Sanjay Grover, MD

ASAPS Board of Directors

President
Michael C. Edwards, MD

President-Elect
James C. Grotting, MD

Vice President
Daniel C. Mills, II, MD

Treasurer
Clyde H. Ishii, MD

Secretary
W. Grant Stevens, MD

Members-at-Large
William P. Adams, Jr., MD
John E. Gross, MD
Sanjay Grover, MD
Herluf G. Lund, MD
Kiya Movassaghi, MD
Steven Teitelbaum, MD
Jennifer L. Walden, MD
Simeon H. Wall Jr., MD
Richard J. Warren, MD

Parliamentarian
Melinda J. Haws, MD

Immediate Past President
Jack Fisher, MD

ASERF President
Al Aly, MD

Statements and opinions expressed in articles, editorials, and communications published in ASN are those of the authors and do not necessarily reflect the views of ASAPS or ASERF. Publishing of advertisements in ASN is not a guarantee, warrant, or endorsement of any products and services advertised.

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

© 2014 The American Society for Aesthetic Plastic Surgery

ASAPS Members Forum: www.surgery.org/members

ASAPS Website: www.surgery.org

ASERF Website: www.aserf.org

ASAPS Consumer Education: www.smartbeautyguide.com

ASAPS Calendar

ASAPS Jointly Provided & Endorsed Symposia

September 11 – 14, 2014
The 3rd Annual International Society of Plastic Regenerative Surgery Congress
Ritz-Carlton, Miami, FL
Tel: 314.878.7808

September 19 – 22, 2014
ISAPS 2014
Windsor Convention Center
Rio De Janeiro, Brazil
Tel: 314.878.7808
www.isapscongress.org/congressRegistration.html

September 25 – 26, 2014
BAAPS Annual Scientific Meeting
Queen Elizabeth II Conference Centre
London, UK
Tel: +44 (0) 7430 1840
www.baaps.meeting.org.uk

November 6 – 9, 2014
QMP's Tenth Annual Aesthetic Surgery Symposium
Renaissance Chicago Hotel
Chicago, IL
Tel: 314.878.7808

December 4 – 6, 2014
The Cutting Edge 2014 Aesthetic Surgery Symposium
The Waldorf Astoria Hotel
New York, NY
Tel: 212.327.4681
www.nypsf.org

January 29 – 31, 2015
ASAPS Las Vegas 2015 Aesthetic Symposium—Focus on Facial Aesthetics
The Bellagio Hotel
Las Vegas, NV
Tel: 800.364.2147
www.surgery.org/lasvegas2015

February 12 – 14, 2015
49th Baker Gordon Educational Symposium
Hyatt Regency Miami, Miami, FL
Tel: 305.859.8250
www.bakergordonsymposium.com

February 15 – 18, 2015
American-Brazilian Aesthetic Meeting
Park City Marriott, Park City, Utah
Tel: 435.901.2544
www.americanbrazilianaestheticmeeting.com

May 12 – 14, 2015
Society of Plastic Surgical Skin Care Specialists—Skincare 2015
The Westin Hotel
Montreal, QC, Canada
Tel: 562.799.0466
www.spsscs.org/meeting2015

May 14 – 19, 2015
The Aesthetic Meeting 2015
The Palais des Congrès de Montréal
Montreal, QC, Canada
Tel: 800.364.2147
www.surgery.org/meeting2015

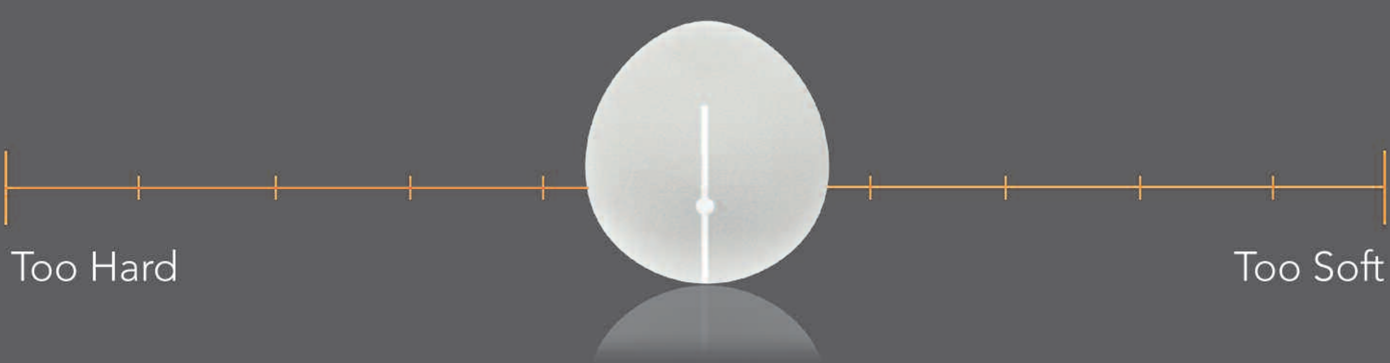
THE AESTHETIC CRUISE 2015
August 9–17

August 9 – 17, 2015
The Aesthetic Cruise 2015—Controversies & Challenges in Aesthetic Surgery
Barcelona, Spain to Lisbon, Portugal
Tel: 800.364.2147
www.surgery.org/cruise2015

April 2 – 7, 2016
The Aesthetic Meeting 2016
Mandalay Bay Resort & Casino
Las Vegas, NV
Tel: 800.364.2147
www.surgery.org

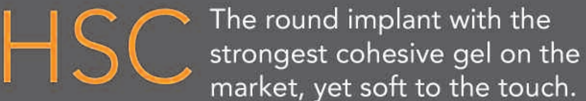
April 27 – May 1, 2017
The Aesthetic Meeting 2017
San Diego, CA
Tel: 800.364.2147
www.surgery.org

Just Right.

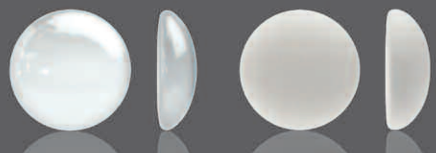


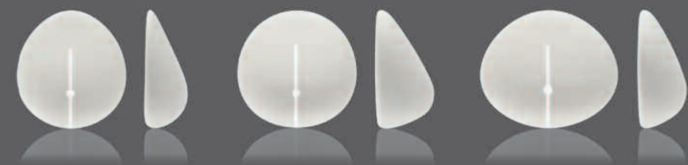
Strength without gel fracture.
Softness without compromising shape retention.

Breast implants with High-Strength Cohesive Silicone Gel.



Strength for shape retention. Softness to mimic the natural feel of a woman's breast.





5 styles offered

THE SIENTRA CHOICE – featuring Silimed®-brand breast implants
Call us at 1.888.708.0808 or email info@sientra.com
sientra.com/justright

Sientra Breast Implants are indicated for breast augmentation in women at least 22 years old and for breast reconstruction. Breast implant surgery is contraindicated in women with active infection anywhere in their body, with existing cancer or precancerous conditions who have not received adequate treatment for thoseconditions, and who are currently pregnant or nursing. Prior to use, plastic surgeons should review all risk information, which is found in the Directions for Use. Key complications associated with the use of silicone gel breast implants include capsular contracture, implant removal, rupture, and reoperation. The Directions for Use and detailed information regarding the risks and benefits of Sientra breast implants can be found at sientra.com.

MDC-0085 R1

The Business of Plastic Surgery

Michael C. Edwards, MD

As the new President of The Aesthetic Society, I would like to thank my colleagues and members for trusting me with this important position. I am honored and humbled and will do my best to provide my own version of the vision and leadership of my friends, colleagues, and ASAPS Past Presidents Jack Fisher, MD, and Leo McCafferty, MD.

I don't need to tell any of you that our world of aesthetic surgery is a changing one from both the commercial and Society perspectives. We have all heard the news concerning a potential takeover of Allergan by Valeant. While as plastic surgeons we each have our own feelings and opinions around such evolutions, as the Society representing the largest group of aesthetic surgeons in the world, our hopes for industry center on three primary issues:

Clinical Research

Device and Pharma companies in the United States have traditionally been at the forefront of product research and development (R&D), and this is particularly true in the aesthetic market. R&D is in the best interest of the aesthetic patient. Many products didn't exist 15 years ago, particularly in the injectable and device worlds. The development and launch of these products has provided considerable depth to the aesthetic surgeon's armamentarium and provides our patients with options far beyond what was available to earlier generations. It is vital that research, development, and innovation in our field continue to flourish.

Aesthetic Education

Our industry allies have been financially supportive of our Societal educational efforts, and that support has allowed us to shift our resources to provide vitally-needed consumer education. While our organization is self-sustaining, a reduction in or elimination of such funds would not only hurt the Society's public outreach, but ultimately may impact patient care, taking away our valuable counterpoint to the array of misleading and self-serving web resources widely available.

Practice Support

Ask plastic surgeons who helped them the most when they were first starting out, learning the practical applications of products and devices, and many will tell you "the Industry Representative." As many of us are not in hospital-based practices, the rep has often provided us with our own personal "inservice," offering valuable information not readily available elsewhere. The relationships and friendships developed from such interactions can last for years, and it is a service many of us would miss if consolidation and corporate concerns severely diminished their presence.

Clearly, financial success and stock prices are important for all involved. As a Society, it is our hope that such transactions will serve to strengthen our specialty and continue to move us thoughtfully forward. As surgeons, our primary interest is in ensuring the health and well-being of our patients, and the tools and products developed by our industry partners, derived through extensive research and development, allow us to do just that.

On the Society front, there are two major initiatives I would like to bring to your attention. The first is a strategic focus on our educational offerings. As you may know, every year the Society holds a strategic planning session to address member needs and take a "deep dive" into the core offerings of the organization. This year the focus is on education. With the help of the consultant team from Minding Your Business, every aspect of member education will be analyzed, new programs will be conceived, and new delivery methods explored, as preferred learning methods change from the lecture to the tablet.

The second goes to the very core of what it means to be an aesthetic surgeon. The new Society campaign "We Are Aesthetics," rolled out to great success at this year's Aesthetic Meeting, was originally conceived as a platform to inform potential members of the value ASAPS can bring to their education and practice needs. But, as we all know, when plastic surgeons get together the conversation flows. What came out of these conversations was how "We Are Aesthetics" really captures

Our industry allies have been financially supportive of our Societal educational efforts, and that support has allowed us to shift our resources to provide vitally-needed consumer education.

what it means to be an ASAPS member. For example:

- Only Aesthetic Society members undergo the extensive training and practice requirements necessary for membership
- ASAPS is the only organization completely dedicated to aesthetic procedures of the face, breast and body
- There is some evidence that suggests the public now views cosmetic surgeons as being less qualified—We Are Aesthetics
- Only one organization has among its family some of the leading thought and opinion leaders in the world in aesthetic surgery—We Are Aesthetics!

We are developing tools to help you define yourself in your market, touting your expertise as an aesthetic surgeon, utilizing the "I Am Aesthetics" tagline, and look forward to sharing those with you soon.

In closing, I would be remiss without offering hearty congratulations to our *ASJ* Editor-in-Chief and past president Foad Nahai, MD who was named as one of the 10 most influential plastic surgeons of the current era in surveys conducted of ACAPS and SESPRS members. Dr. Nahai' s work on muscle flaps (in collaboration with Drs. McCraw and Mathes) was also chosen as one of the 10 most influential and innovative contributions to the plastic surgery literature.

Thank you, Foad, for being a leader in our field and for giving so much of yourself to our specialty. Together, We Are Aesthetics.

Michael C. Edwards, MD is an aesthetic plastic surgeon practicing in Las Vegas, NV, and serves as President of The Aesthetic Society.

Explore CME. Expand Your Mind. **Excel In Practice.**

xMedica delivers innovative, accredited educational programs designed to support continuous learning for today's physicians and allied health care professionals. Our goal is to provide objective, well-balanced information spanning a variety of therapeutic categories. We constantly explore new products and techniques and rely on your feedback to expand our educational course offerings. Join the xMedica Community today to explore CME, expand your mind, and excel in practice.

www.x-Medica.com

a Medical Education Community

Continued from Cover

The Aesthetic Meeting 2014

1,671 of the world's finest aesthetic plastic surgeons gathered, making it among our highest attended meetings ever. Of those surgeons attending, 378 were international.

attended the meeting, with another 122 residents from other countries.

This wonderful attendance of surgeons from all around the world provided an excellent lineup of presenters for our Global Sessions on Saturday afternoon and Tuesday morning.

Premier Global Hot Topics proved a top draw again and led to some wonderful discussions. Popular courses this year included The Power of Cosmetic Medicine, the new cadaver course, Staying Out of Trouble in Facial Anatomy, and the Medical Life Drawing & Sculpture: The Human Body, which doubled its attendance over previous years. Other innovative sessions included our new AIM (Aesthetic Immersion Modules) Series which focused on continuing the education after the course ends. The AIM series had attendance that surpassed all expectations for the program's meeting debut and featured courses on Body Contouring, Breast, Face and Rhinoplasty. The Business Side of Aesthetic Plastic Surgery was also well attended, with many interesting presentations on how to more effectively market our services. Our annual Residents and Fellows Forum and "Re-Designing Your Aesthetic Practice—How to Get Beyond Today" were both very successful, and continue to grow each year.

WE ARE AESTHETICS.

New Campaign: We Are Aesthetics.

A highlight of the meeting was The Aesthetic Society's new campaign, We Are Aesthetics, which highlights the importance of continuing education, the relevance of being a core specialist, and the value of Society membership. Testimonial videos and signage were visible throughout the venue, reminding attendees about the valuable service The Aesthetic Society plays in our professional lives.

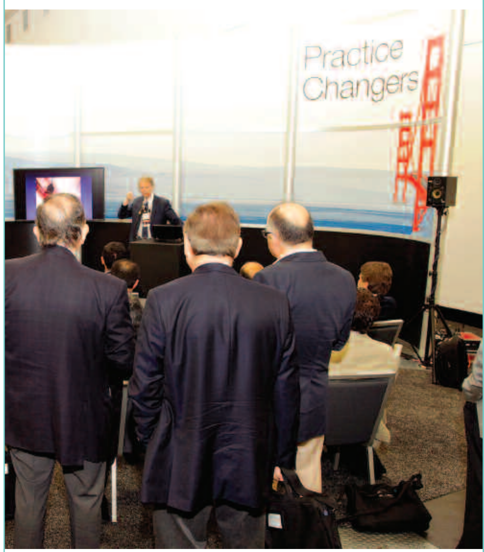
ASERF Silent Auction a Success

Thanks to our generous vendors and bidding surgeons, our auction to raise funds for ASERF's Data Hub proved very successful, with over $205,000 raised. The auction took place in the Aesthetic Marketplace, which helped drive attendance to our vendors' booths, and this year we had the option to bid electronically, whether at the meeting or not, so that all members could join in the fun. (For more on the ASERF Silent Auction, please see Page 15)

Aesthetic Marketplace—The Place to Be!

The Aesthetic Meeting 2014 attracted 229 vendors who exhibited in our Aesthetic Marketplace, including 42 first time exhibitors. At the annual exhibitor breakfast, participants were very positive about their experience at the Meeting, reporting significant sales and brisk traffic. In addition to the silent auction, other activities occurred in the Aesthetic Marketplace which helped draw participants, such as the Practice Changers theaters. These stages featured short presentations occurring during coffee breaks and were very well attended, with attendees noting their desire for even more of these stages at future meetings.

Continued on Page 8



Continued from Page 7

The Aesthetic Meeting 2014

Education on Demand

Scientific Sessions were filmed, as well as numerous Teaching Courses, with viewing available through the Education on Demand portal. You can now watch various edited sessions at www.surgery.org/educationondemand2014. Some of the classes also offer the opportunity to earn CME credits.

Enhancing the Aesthetic Meeting Experience with Social Media

ASAPS' continued use and expansion of its social media platforms have greatly enhanced the ASAPS Annual Meeting experience by facilitating meaningful interactions between attendees while keeping them abreast of scientific courses, exhibitions and social activities.

At this year's annual meeting, The Aesthetic Society launched the ASAPS 2014 app complete with course options, meeting schedules and their respective times and locations, so attendees could plan their schedules and get the most out of the meeting.

Using the hashtag #ASAPS14, attendees, exhibitors and staff shared their highlights of the meeting on Facebook and Twitter through photos, meeting specials on products, thoughts about the meeting and respective courses. Prior to the annual meeting, exhibitors submitted tweets which were then tweeted via the ASAPS twitter account driving traffic to their respective exhibit booths. As a result of such collaborative efforts, Enaltus raised $20,000 for ASERF research by pledging a $50 donation for each badge scanned at their booth.

By the Numbers

Attendees could earn up to 51.25 AMA PRA Category 1 credits towards state licensure and hospital credentialing requirements. Those attending the entire 2014 Scientific Session could earn 22.25 patient safety CME credits, with up to 29 CME credits available for special seminars and optional courses.

Next year we will be meeting in the charming city of Montreal in Quebec, Canada, May 14–19. Between the draw of this enticing city and the impactful education you'll receive, The Aesthetic Meeting 2015 will be one meeting you won't want to miss. I look forward to seeing you there!

Michael C. Edwards, MD is an aesthetic plastic surgeon practicing in Las Vegas, NV, and serves as President of The Aesthetic Society.

ASAPS Past Presidents gathered to celebrate new ASAPS President Michael C. Edwards, MD. Back row, left to right: Foad Nahai, MD, Leo R. McCafferty, MD, Alan H. Gold, MD, Mark L. Jewell, MD, Robert Singer, MD, Michael C. Edwards, MD, Jack Fisher, MD, Renato Saltz, MD, Felmont F. Eaves, III, MD. Front row, left to right: Daniel C. Morello, MD, Jeffrey M. Kenkel, MD, James L. Baker, Jr., MD, Gilbert P. Gradinger, MD, Thomas J. Baker, MD, Jack A. Friedland, MD, Lawrence B. Robbins, MD, Fritz E. Barton, Jr., MD.

2014 Scientific Awards

A highlight of The Aesthetic Meeting 2014 were the awards honoring those in the aesthetic community who have shown excellence in research and contributions to the specialty. The Aesthetic Society salutes the following individuals and thanks them for their efforts in aesthetic plastic surgery.

Tiffany Award
Best Scientific Presentation
Mark B. Constantian, MD
"The Impact of Nasal Shape, Motivation and Interpersonal Trauma on Satisfaction with Secondary Rhinoplasty"

Simon Fredricks Award
Best Panelist
James M. Stuzin, MD
"Surgeon Beware! Anatomic Facial Danger Zones: Designing Safe Techniques to Avoid Facelift Complications"

Sherrell J. Aston Award
Best Presentation by a Resident or Candidate
Jeffrey Gusenoff, MD (Candidate)
Panelist—"What Did I Learn from Disappointing Long-Term Results in Massive Weight Loss Patients?"

Raymond Vilain Award
Best Presentation by an International Doctor
Mario Pelle-Ceravolo, MD
Panelist—"Surgeon Beware! Anatomic Facial Danger Zones: Designing Safe Techniques to Avoid Facelift Complications"

Best Panel Moderator Award
Glenn Jelks, MD
Panel—"Unraveling the Lateral Canthus: Blepharoplasty in Negative Vector Patients"

Best Journal Article (Domestic)
Clinton D. McCord, MD; Peter Kreymerman, MD; Foad Nahai, MD; Joseph D. Walrath, MD
Management of Postblepharoplasty Chemosis—*Aesthetic Surgery Journal* July 2013 (Vol. 33, Issue 5, Pages 654–661)

Best Journal Article (International)
Patrick L. Tonnard, MD; Alexis M. Verpaele, MD; Assaf A. Zeltzer, MD, FCCP
Augmentation Blepharoplasty: A Review of 500 Consecutive Patients—*Aesthetic Surgery Journal* March 2013 (Vol. 33, Issue 3, Pages 341–352)

ASJ Creates Community and Buzz in San Francisco

The *Aesthetic Surgery Journal* (*ASJ*) presence at The Aesthetic Meeting 2014 was strong and we maximized video interviews and social media to create, maintain, and strengthen relationships with ASAPS members and the *ASJ* readership. The professionalism of the staff, video, and photographers, coupled with the convenient Press Office location afforded the *ASJ* team the ability to meet with key leadership and renowned aesthetic surgeons. *ASJ* will change publishers in January 2015 and welcomed Publisher Chris Reid, Oxford University Press, at the meeting; he met with *ASJ* staff and board members and gained valuable insight into our specialty. Dr. Foad Nahai, Phaedra Cress, and Hunter Alexander participated in a Short Course on writing and getting a scientific article accepted and held the *ASJ* annual editorial board meeting. Dr. Nahai and Dr. Jeff Kenkel, *ASJ's* Associate Editor, spoke at the Residents and Fellows Forum about a number of *ASJ*-related matters (including the annual Resident Paper Competition!) and encouraged all residents in the US and Canada to take advantage of their complimentary access to *ASJ* online. Thank you for supporting your "Gold Journal" as we launch forward with innovative initiatives.

Changes Within ASJ's Editorial Office

We are pleased to welcome Phaedra Cress as *ASJ's* new Executive Editor. Phaedra has 14 years of professional publishing experience,

serving as the Managing Editor of medical and scientific peer-reviewed journals. She was employed by Wiley-Blackwell from 2006 until April and has managed *Evolution, Conservation Letters, The Journal of Hospital Medicine, Clinical Cardiology, The Journal of Clinical Hypertension, Congestive Heart Failure, Scanning,* and the *Journal of Scanning Microscopies.* You can reach her at: phaedra@surgery.org.

Hunter Alexander was recently promoted from Editorial Coordinator to Editorial Manager. Hunter manages the daily peer review process for *ASJ,* and works closely with *ASJ's* authors, reviewers, and editors to ensure the process is rigorous and smooth. Please contact him (hunter@surgery.org) if you are interested in submitting an article, would like to serve as a reviewer, or for *ASJ*-related inquiries.

We would also like to recognize the members of our Editorial Board who began their terms in 2013 and 2014. Clinical editors: **William P. Adams, Jr., MD** (Dallas, TX); **John Hunter, MD** (New York, NY); **Geoffrey Keyes, MD** (Los Angeles, CA); **Renato Saltz, MD** (Salt Lake City, UT); and **Achilleas Thoma, MD** (Hamilton, Ontario, Canada). Interspecialty editor: **Steven Dayan, MD** (Chicago, IL). International editors: **Rajiv Grover, MD** (London); **Ash Mosahebi, MD** (London); and **Michel Rouif, MD** (Tours, France).

The *ASJ* team shot video interviews with key opinion leaders and immediately shared them with the community via Twitter and Facebook. Visit the *ASJ* website at www.aestheticsurgeryjournal.com to watch the complete set of video interviews.

The Aesthetic Society values its industry partners and the support they offer to the Society. At The Aesthetic Meeting 2014, Dr. Steven Teitelbaum, Chair of the ASAPS Industry Support Committee, presented our partners with tokens of the Society's appreciation.

Phillipe Schaison
Corporate Vice President and President Allergan US Medical

Robert Grant
Chairman

Zubin Meshginpoosh
EVP and COO

MERZ AESTHETICS™

Jim Hartman
Vice President & Head, U.S. Aesthetics and OTC

NEWBEAUTY
THE BEAUTY AUTHORITY

Steffanie Attenberg
Vice President & Group Publisher

sientra
SIMPLICITY IS BEAUTY

Hani Zeini
Founder & CEO

VALEANT AESTHETICS

Jeff Strauss
Vice President of Marketing, Valeant Injectables and Solta Medical

ZO SKIN HEALTH INC
BY ZEIN OBAGI, MD

James Headley
President & CEO

Our Partners support our mission, which enables The Society to provide first-in-class education, products and services. Please support them in return.

The Allergan Foundation Grant Pays Way for Ten Residents and Fellows

As a resident or fellow, having the opportunity to attend The Aesthetic Meeting and directly meet with and learn from the top surgeons in their field of expertise sets them apart from their peers and gives them exposure to the new and exciting hot topics in the field.

For the second time, The Allergan Foundation has provided a grant to the ASERF Travel Scholarship Program, in the amount of $20,000 which sponsored 10 residents to attend The Aesthetic Meeting 2014 in San Francisco, CA. Each resident received $2,000 towards travel, hotel and a per diem expense during their time at the meeting. Registration for The Aesthetic Meeting is always free to residents & fellows in approved plastic surgery programs.

To qualify for this scholarship, the residents and fellows must be in good standing in an approved plastic surgery program, submit a letter of recommendation from their program director, submit a summary of why they deserve the scholarship and they must agree to attend the entire educational session during the meeting.

The Residents & Fellows Committee had the difficult task of selecting 10 recipients from more than 30 applicants. It is the goal of ASERF to give deserving residents and fellows the opportunity to see the bigger landscape of plastic surgery and to have the educational tools required to advance in this field.

The Allergan Foundation has another grant for the ASERF Travel Scholarship Program, this time in the amount of $50,000. With this grant, ASERF will be able to sponsor 25 residents and fellows to attend The Aesthetic Meeting 2015 in Montreal, Canada. The application will be available on surgery.org beginning in October.

ASERF Travel Scholarship Program 2014 Recipients

William Abouhassan, MD	University of Cincinnati
Hamid Abdollahi, MD	Temple University
Mouchammed Agkov, MD	University of Southern California
Matthew Brown, MD	Case Western Reserve University
Bryan Correa, MD	Baylor College of Medicine
Daniel Krochmal, MD	University of North Carolina at Chapel Hill
Heather Rosen, MD	Vanderbilt University
Thomas Scholz, MD	University of California, Irvine
Sachin Shridharani, MD	MEETH—Aesthetic Surgery Fellowship
Christopher Surek, MD	University of Kansas

Mouchammed Agko, MD

It was a packed general session at the IPRAS Vancouver meeting in May of 2011. The late Dr. Marchac got to the microphone and elegantly suggested with his French accent to use the term "Aesthetic Surgery" instead of "Cosmetic Surgery." Even though I was a newbie, just finishing my general surgery residency and getting ready to embark on my plastic surgery training, I did appreciate the difference. With my classical Greek education, "Aestethics"—a philosophical approach to the appreciation and creation of beauty—was much more appealing to me than "Cosmetics"—adorning, beautification. Thus, I was excited to note that the main slogan of The Aesthetic Meeting this year was "WE ARE AESTHETICS."

What was even more exhilarating was realizing that ASAPS was absolutely sincere in this statement. As a recipient of the ASERF Travel Scholarship, I was fortunate enough to attend the entire meeting on my last year of plastic surgery training. I started the conference by attending the Rhinoplasty Society Meeting. I had the chance to meet personally with Dr. Onur Erol, the rhinoplasty wizard who introduced the "Turkish delight" technique. Two things made this an unforgettable experience: Witnessing Dr. Gruber gracefully comforting a young attendee who had received criticism on his presentation and the presidential address of Dr. Murrell. He shared with us his "Small Suggestions for Big Success." Once again, it dawned on me that humility is what makes great surgeons masters.

As if a whole day was not enough, benefiting from the "free courses for the residents" policy of ASAPS, I continued to indulge myself into the craft of rhinoplasty by witnessing the spectacular results of Dr. Cerkes. He generously shared many tips and tricks during his lecture on "Achieving Balance in Rhinoplasty." The next day, I had the pleasure of listening to Dr.Fisher, who is a testament of the multitalented nature of plastic surgeons. His sense of humor is at the professional level. The ensuing presentations by Drs. Aston, Little, Mendelson and Stuzin on facial anatomy reminded me one more time that as a plastic surgeon we need to not only have a working knowledge of normal anatomy, with details not described in the major anatomy textbooks, but also be aware of the nuances of anatomy that are different in each patient.

During the awards ceremony for Dr. Vasconez, with introductions by his students, his speech reminded me of the real meaning of the word "mentor." His aphorism "Don't follow the recipe, think like a chef" is so true for plastic surgeons.

The importance of evidence-based medicine in aesthetic surgery, the notion that the clinical aesthetic faculty should not be just faculty but mentors, the need to not be afraid from change but to embrace it, were the critical points of the presentation by Dr. Rohrich on aesthetic surgery education.

The gluteal augmentation course by the pioneers in the field Drs. De La Pena, Gonzalez and Mendieta, the lipoabdominoplasty course by the congenial Dr. Saldanha and Dr. De Castro were extremely educational for me. As was the awe-inspiring presentation by Dr. Heden on preoperative planning and surgical technique breast augmentation with form stable implants. The tissue based planning is not just breast width.

Overall, I feel fortunate to have attended this meeting and am grateful to ASERF for giving me the chance to do it at no cost. I would like to thank my bosses, Drs. Urata and Garner for allowing me to travel to San Francisco.

Continued on Page 13

Continued from Page 12

Residents and Fellows

Bryan Correa, MD

The opportunity to enhance my aesthetic education in a dedicated academic setting has been an invaluable experience. I truly feel my residency program is one of the strongest out there in terms of visiting professors and aesthetic clinical and didactic experience, however, it is impossible get this depth of immersion without dedicating 6 straight days where you can eat, breathe, and sleep Aesthetic Surgery.

I was wisely advised to set specific goals in order to get the most out of the meeting. My strongest affinity in aesthetic surgery is towards Rhinoplasty and Breast, and this year I focused on these two topics to get a truly immersive experience. It was both inspiring and humbling to hear panels of truly world-renowned surgeons convincingly discuss different ways of tackling the same case. This is the very essence of plastic surgery and what attracted me to the field since the beginning.

In addition to the didactic component of Aesthetic Surgery, I was also pleased with the Practice Management component of the meeting. I will be going into private, solo practice and therefore the meetings and courses from both surgeons and non-medical professionals in the industry were extremely helpful.

Surprisingly, I also found the exhibits to be extremely helpful. Although my expectation was simply to be "sold" things I instead found a very relaxed, no-pressure environment which felt more educational than like a sales exhibition. It was also nice to be able to work hands-on with some of the devices. For example, I probably spent over 2 hours playing with the aesthetic simulation software working on rhinoplasties and facelifts, with dedicated staff simply helping me learn the tools and tricks of the software.

On a more personal note, it was with great envy that I saw The Rhinoplasty Society Meeting on the schedule which I am of course not yet a member. However, it represented the reality of surgery that there is always more to achieve and strive towards. It is these goals that motivate me to continue to tirelessly exert myself when I graduate (just a few months from now) as I have during residency.

Thomas Scholz, MD

What makes a great meeting? My name is Thomas Scholz and I was born and raised in Germany. After finishing medical school I went to Zurich, Switzerland, for training in general surgery and then concentrated full time on basic science research in tissue engineering for three years before entering an integrated Plastic Surgery Residency Training Program in the United States. I am currently completing my fifth year at the University of California, Irvine and was very excited to enjoy for the first time this year's Aesthetic Meeting in San Francisco. In the past, I have been to numerous local, national, and international meetings in many different countries and languages, always trying to find out what makes a meeting most desirable for clinicians and researchers alike. All of them varied in length, size, interpersonal interactions, structure, and effectiveness. The Aesthetic Meeting brings together a high number of outstanding members who are very passionate about aesthetic surgery, thus generating many lively and productive discussions. Effective communication in a large group of people is very challenging and I have rarely attended a meeting, like this one, where the location, structure, interpersonal communication, and variety generated a platform that made this meeting productive, effective, and so enjoyable for each individual. Being able to personally meet and connect with so many surgeons, that I have read about and looked up to for so many years, made this meeting magical for me. But being welcomed in such a warm and gentle way throughout the entire meeting was an extraordinary privilege.

So, what makes a great meeting? I certainly cannot answer this question in general, but for me personally, the passion for the 'art' that is aesthetic surgery and that I saw in so many participants colliding with the advent of Evidence Based Medicine in this field, thrown together into a great city with so many great leaders and experts, didn't make this meeting great, it made it grand. Thank you, ASAPS, "you truly are Aesthetics"! See you next year.

Christopher Surek, DO

As trainees in Plastic Surgery we are tasked with reading, retaining and applying as much knowledge as we can before we are let loose on society. With the wealth of information available and the many avenues in which we can attain it, I feel overwhelmed at times with trying to select the best article or book chapter to read. Once selected, I grab some caffeine and attempt to secure a block of time to learn the material contained. If reading doesn't keep my attention I can turn to the video supplement or picture archive. One could argue that since most of the material and ideas presented at national meetings is already available in print or media, then why bother to travel to a meeting? Well, there is certainly the appeal of the destination or the time away from work. Maybe it's the networking or the "free-stuff" at the industry booths. However, my experience this past April at The Aesthetic Meeting was far richer than that.

As my interest in aesthetic surgery has grown, I have found myself reading aesthetic literature habitually. In doing so I have appreciated the interplay of artistry and constant evolution that dwells in this sub-specialty. Drawn to a certain surgeon's concepts and techniques, I begin to formulate an image of this individual in my mind. I give them characteristics, mannerisms, a voice, a look and a persona. This helps me identify with them and…in a sense, make them a mentor to me. Many consider mentorship a personal relationship between an experienced surgeon and a young aspiring trainee. The bond is fostered through day-to-day interaction and focused time of the mentor instructing the mentee. Residents make decisions about programs based on the faculty in them and will go to great lengths to get acquainted with these individuals in hopes that they will be selected as a mentee. For me, I greatly value the faculty at my home program and am grateful for their dedication to my training. This meeting however, gave me chance to meet up close the "celebrity" surgeons that live in our books and journals. In this setting, I could compare the "person" whom I had created in my mind with the individual

Continued on Page 23

The Aesthetic Society's Industry Partnership Program

Working together to advance the science, art, and safe practice of aesthetic plastic surgery among qualified plastic surgeons.

It's more than just business to us.

MERZ AESTHETICS™

Founding Partner:
Sientra

The second annual ASERF Silent Auction was once again a success. Raising more than $205,000 to fund the creation of a plastic surgery data hub, this was a win-win for all involved. New to the auction this year was the ability to do all the bidding online through Handbid. This was an exciting addition to the auction that allowed even our members at home to participate and increased brand recognition for our participating companies.

The Aesthetic Society would like to thank all the companies and bidders who participated and showed their support of ASERF. Over 35 companies generously donated products and services and items to support ASERF. A special thanks to ASAPS members that also kindly donated their vacation homes, training opportunities and various products.

Thank you to the following companies for their generous donations.

Jim Romano, MD

Beauty is in the eye of the cardholder.

CareCredit
Making care possible...today.
1234 5678 9012 3456
PREFERRED CUSTOMER
carecredit.com

Special financing options with the CareCredit card make it easier for patients to fit beauty into their life.*

Let every patient know you accept the CareCredit beauty and healthcare credit card as a payment option to help them achieve and maintain the look they desire. Patients can use the card every time they visit your practice – for surgery or ongoing skincare treatments. The CareCredit network includes 8 million cardholders with a dedicated financial resource to return to your practice again and again to achieve their beauty goals.*

Get your FREE copy of the 5-year Economic Report

To enroll, call:
866-247-3049

Already enrolled?
Call: 800-859-9975, option 1, then 6

*Subject to credit approval. Minimum monthly payment required. See www.carecredit.com for details.

ASN0514CA

The Aesthetic Cruise 2015: Book Your Cabin Today!

You won't want to miss The Aesthetic Cruise 2015: Controversies and Challenges in Aesthetic Surgery. On this voyage you'll have the opportunity to interact with experts in aesthetic surgery in an intimate learning environment, all while visiting dazzling ports of call. Departing from Barcelona, Spain, the luxurious Regent's Seven Seas Mariner will visit such destinations in Spain as Ibiza, Valencia, and Almeria, then journey to Gibraltar and Tangier. The ship will then return to see Cadiz, Spain, before arriving at its final port, Lisbon, Portugal.

The world's first all-suite, all-balcony ship, Seven Seas Mariner features four gourmet restaurants with open seating. Hallmarks include generous amenities and a welcome spaciousness. Catering to only 700 guests, her staff-to-guest ratio of 1 to 1.6 ensures the absolute highest level of personal service.

CME will be available. Please refer to www.surgery.org/cruise2015 for details. Education on The Aesthetic Cruise is overseen by Chair James C. Grotting, MD, and Vice-Chair Rick Warren, MD.

To book your cabin, please contact Bob Newman via phone at 401.223.4711 or 888.278.7776 or via email at bnewman@CruiseBrothers.com.

ITINERARY

August 9
Barcelona, Spain

August 10
Ibiza, Spain

August 11
Valencia, Spain

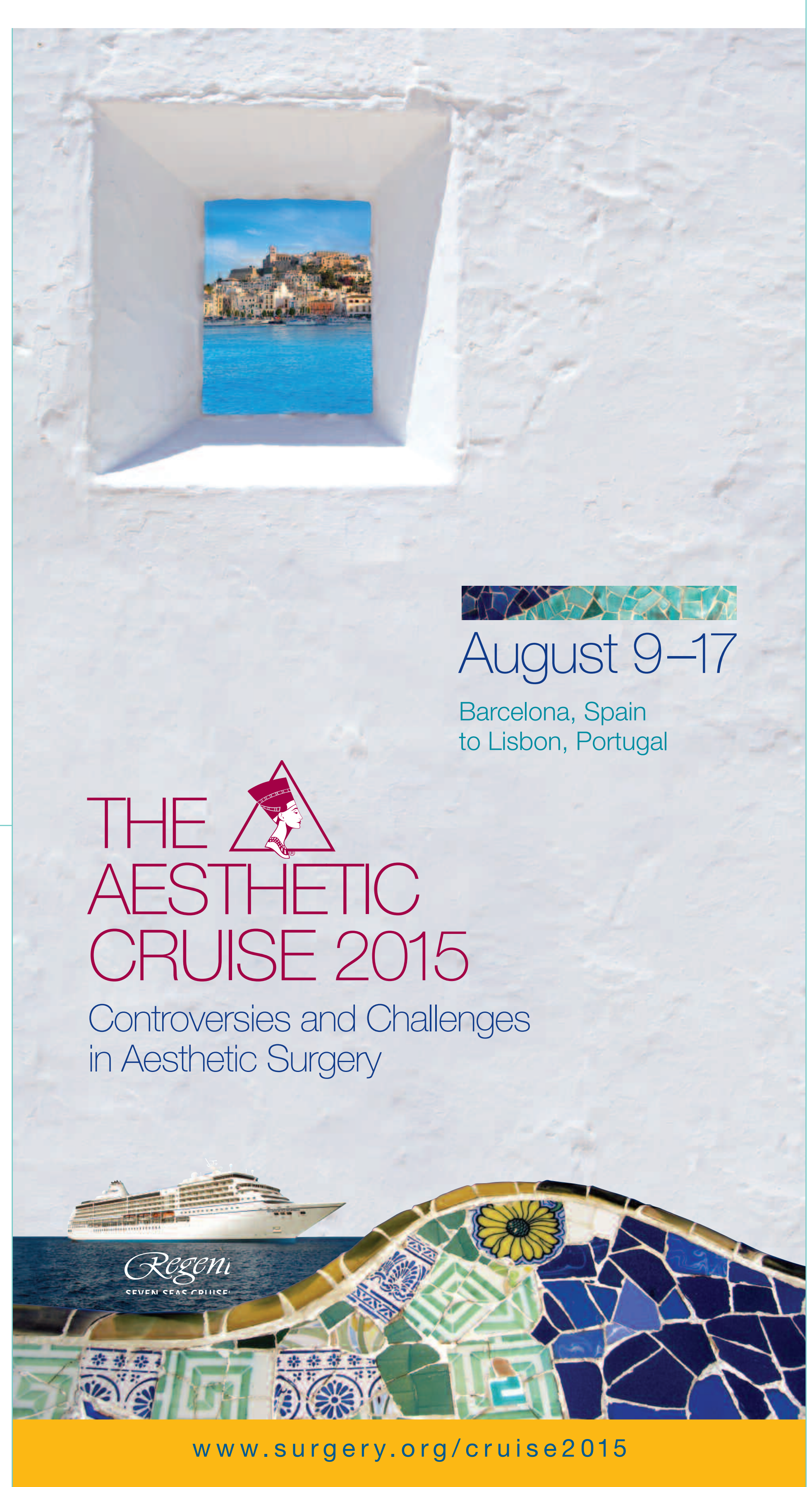
August 12
Almeria, Spain

August 13
Gibraltar, United Kingdom

August 14
Tangier, Morocco

August 15
Cadiz, Spain

August 16–17
Lisbon, Portugal



Aesthetic Surgery Journal & RADAR Resource Pearls—Tips & Tricks for Making the Most of the App

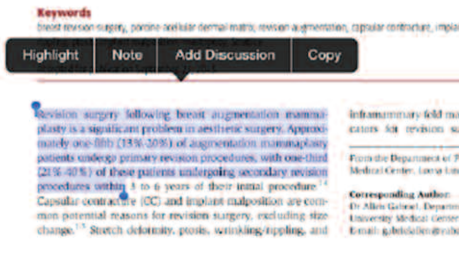
Highlighting Text

In the Winter 2014 issue of Aesthetic Society News, we showed you how to save an entire article from a Journal in your binders on RADAR. Sometimes, you may want to make a note for just a sample of the text from an article, and highlighting allows you to do this. It may seem like one of the simpler features on RADAR, but when you highlight text you have more options for saving, sharing, and interacting with the content than you might think. Here's how…

- Hold your finger on the screen and drag across and down the text you wish to highlight. When you let go, you will have the options to:
  Highlight—this will simply highlight the chosen text
  Note—this will highlight the text and allow you to create a note to save in a binder and more easily access the text at a later time
  Add Discussion—this will highlight the text and redirect to the RADAR Discussion Forum in order for you to start a discussion thread and share the selected text with other RADAR users
  Copy—copy the text
- If you simply "Highlight" the text and decide later you want to create a note, start a discussion, copy the text, or delete the highlight, hold your finger down over the highlighted area and you are given the options to do so again.
- Quickly Access your highlighted text, by tapping the "My Binders" icon on the bottom toolbar and finding the note attached to the text within its selected binder.

New Content on RADAR

- All RADAR users have access to the May and July issues of *Aesthetic Surgery Journal.*
- Exclusive to Members of The Society, the new bookshelf, "Aicher's Legal Pad," includes expert legal advice from ASAPS General Counsel, Bob Aicher, Esq.
- "In the Spotlight" monthly presentations are available to Members and Candidates on the "Premier Global Hot Topics 365" shelf.



- A tribute to Dr. Tom Rees and two new Past President interviews in "ASAPS History" can be viewed by Members, Candidates, and Residents with Dr. Fritz E. Barton, Jr. and Dr. Jeffrey M. Kenkel.
- Members, Candidates, and Residents can check out the Scientific Posters from The Aesthetic Meeting 2014 on the "Annual Meeting" Shelf.

Have questions about *Aesthetic Surgery Journal*? Contact our *ASJ* Editorial Office at journal@surgery.org.

Have questions about RADAR Resource? Contact our Project Manager, Courtney Muehlebach, at Courtney@surgery.org.

Trepsat Facial Flap Dissector Scissors
ASIM121626
ASIM121426
ASIM121526
Dissecting the lower eyelids
assi
ACCURATE SURGICAL & SCIENTIFIC INSTRUMENTS
For diamond perfect performance
accurate surgical & scientific instruments corporation
300 Shames Drive, Westbury, NY 11590
800.645.3569 516.333.2570 fax: 516.997.4948 west coast: 800.255.9378
Info: assi@accuratesurgical.com • Orders: orders@accuratesurgical.com
www.accuratesurgical.com

Report from an International Fellow

By Dr. Stephane Stahl

Editor's note: Dr. Stahl was the recipient of the 2012 International Fellowship Award. The following is his accounting of his experience visiting and learning from American aesthetic practices.

Continuous improvement of clinical outcomes and patient satisfaction through research and education is a common commitment of both the German and American Societies for Aesthetic Plastic Surgery. The discussion and exchange of views and interaction with foreign colleagues is an excellent way to acquire a diversified approach that really meets the patient's needs. Most Societies offer scholarships to their members to study abroad. However, the ASAPS commitment to international exchanges is very unique because it offers foreigners the opportunity to visit US plastic surgeons.

The rewarding and enriching experience of learning from new ways of thinking motivated me to apply for the international fellowship at the 2012 ASAPS meeting in Vancouver. I was grateful to receive it and start planning my trip to visit some of the most well-known plastic surgeons in the world.

In Germany the medical health insurance policies exclude reimbursement of elective aesthetic surgery. Training in aesthetic surgery is typically offered in nonacademic clinics and is therefore preceded by several years of training in hand surgery, reconstructive microsurgery and burn surgery in university hospitals. Fascinated by the refined techniques of oculoplastic and facial aesthetic surgery and their impact on the patient's appearance, I had a long list of names of surgeons in my mind that I wanted to visit. However, my duties as an attending surgeon at a university hospital demanded that I focus and splint my fellowship on two periods of 4 weeks each.

The first segment of my visit brought me to Atlanta, GA and the offices of Drs. Foad Nahai, Felmont Eaves, Mark Codner and Albert Losken.

During my visit, Paces Plastic Surgery Center was in the process of becoming Emory Aesthetic Center. Emory had caught my attention because the center brings together a multitude of high level expertise in one team including surgeons, nurses and aesthetician. I

> It was a fantastic experience to meet so many famous surgeons, whom until then I only knew by their books and publications. Thank you for the hospitality and generosity in sharing your deep understanding and experience so openly and freely.

was deeply impressed by Dr. Foad Nahai's friendly, unassuming and modest nature. Although his schedule was tight with surgeries and preparing for presentations all over the world, my questions were always welcome. His mastery of an immense variety of techniques was astonishing. Even difficult cases like a secondary lower transcutaneous blepharoplasty with subperiostal preparation on the lower orbita, bone canthopexy and the use of Enduragen® spacer graft seemed easy to handle in his hands.

The enthusiasm and energy at Paces is very inspiring and this attitude was personified by Dr. Felmont (Monte) Eaves and his aesthetic surgeon wife Gabriele. From them I learned that various procedures of different complexity can be combined smoothly to match the patient's need (lipofilling with upper and lower blepharoplasty with canthopexy and orbicularis flap, repositioning of lower orbital fat combined with a facelift with SMAS plication, platysma plication and buccal fat pad resection).

I also had a great time observing Dr. Albert Losken in the operating room and during consultations. He also invited me to observe his reconstructive practice at Emory. His calm and courteous manner is contagious. Dr. Losken made me understand that one can be successful in aesthetic surgery in private practice and still perform high quality surgical research and train residents.

My next stop in Atlanta was a visit with Dr. Mark Codner which was without a doubt a highlight of my fellowship. His numerous publications and books had raised my curiosity for the field of oculoplastic surgery long before. His commitments to perfection and to high safety standards have truly impressed me. I am now more rigorous at systematically conducting a "time-out" and always double check my notes and plan before every surgery. He paid undivided attention to the patient at consultations and kept well prepared patient records. The organization of his clinic and unfailingly courteous contact with patients are other important aspects I pay more attention to since my visit. I was fascinated with the careful and detailed dissection while performing a lower blepharoplasty (fat redraping with minimal removal, canthopexy at inner orbital rim) or high SMAS face lift and above all the nice results. To my surprise, I have seen that breast reconstruction with subpectoral implants and bovine Acellular Dermal Matrix® can lead to very natural results.

The fellowship experiences of my Brazilian wife and of previous winners of the international fellowship program, as well as his numerous books and overbooked classes at congresses convinced me that a visit to the clinic of Dr. Renato Saltz in Utah was a must.

It was a great pleasure to meet him and his wife Flavia. The aesthetic consciousness, remarkable surgical skills and creativity of Brazilian pioneers have influenced plastic surgeons all over the world. The hard dedicated work and efficient scientific research of US plastic surgeons has become a benchmark in the field of plastic surgery. It was fascinating for my Brazilian wife and me, being of French and German heritage, to observe how Dr. Saltz has assimilated the Brazilian and American cultures.

In the OR I was impressed by his versatility observing his face and neck lift techniques with liposuction on platysma combined with endoscopic brow lift and corrugator resection. Beyond the great surgical achievements I saw in his consultations, I have come to know Dr. Saltz as a social-minded entrepreneur. Unfortunately the time was much too short and I hope that I may come again in the future.

My first visit to New York to meet Dr. Sherrell Aston and Dr. Daniel Baker will remain unforgettable: "The city, whose plastic

Continued on Page 23

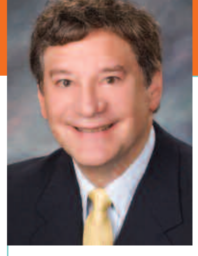
THE MORE
ASSURANCE
YOU CAN GIVE,

THE MORE
PATIENTS
YOU CAN GET.

Celebrating **10 YEARS** of keeping it simple to cover complications.

For ten years, CosmetAssure has kept patients and practices covered against the financial burden of unexpected post-surgery complications. Our affordable coverage is available in all 50 states including D.C. and Puerto Rico, and we are a proud Alliance Partner of the American Society for Aesthetic Plastic Surgery (ASAPS). Provide your patients with peace of mind and gain a competitive advantage at the same time. Plus increase their confidence before the surgery even begins. Call or email us to enroll today.

800.362.1542 | info@CosmetAssure.com | CosmetAssure.com



Breast Implant-Related Anaplastic Large-Cell Lymphoma (ALCL)

By Neal R. Reisman, MD, JD, FACS

In March 2014, I had the opportunity to attend a Scientific Advisory Panel on ALCL association with breast implants, convened by RAND Corporation (a nonprofit, nonpartisan research organization) at its Arlington, Virginia office. Commissioned by the Plastic Surgery Foundation and the Aesthetic Surgery Education and Research Foundation (ASERF), RAND Corporation had previously convened a similar panel in 2011 and released key findings from a review of published ALCL cases. The Panel was enlightening and shed some more information on this evolving entity. The purpose of this report is not to further the debate about causation, type of implant coating, or biofilm issues, but rather to advise plastic surgeons about having a dialogue with patients and some suggestions as to assisting our colleagues in pathology and oncology.

ALCL related to breast implants is the official name for this entity. The numbers of patients throughout the world affected are very small, but continue to be investigated, collected, and confirmed. The three points I want to emphasize are 1: The presentation of this entity; 2: to have a discussion with breast implant patients—prospective and current about this disease and inherent financial issues; and 3: to remain Involved in management with Pathology and Oncology.

A pattern of presentation includes peri-prosthetic fluid accumulation, capsular contracture, and capsular mass or lymphadenopathy. Capsular contracture and peri-prosthetic fluid are not exclusive to this entity but one should be thinking of this diagnosis when a patient presents with these symptoms and findings. It may be suggested to use Ultrasound as an aid in fluid diagnosis and to assist with aspirating and sending for investigation as much fluid as possible

A pattern of presentation includes periprosthetic fluid accumulation, capsular contracture, and capsular mass or lymphadenopathy.

assessing CD30 antigen, ALK gene testing, and cell block specifically noting possible Breast Implant Related ALCL.

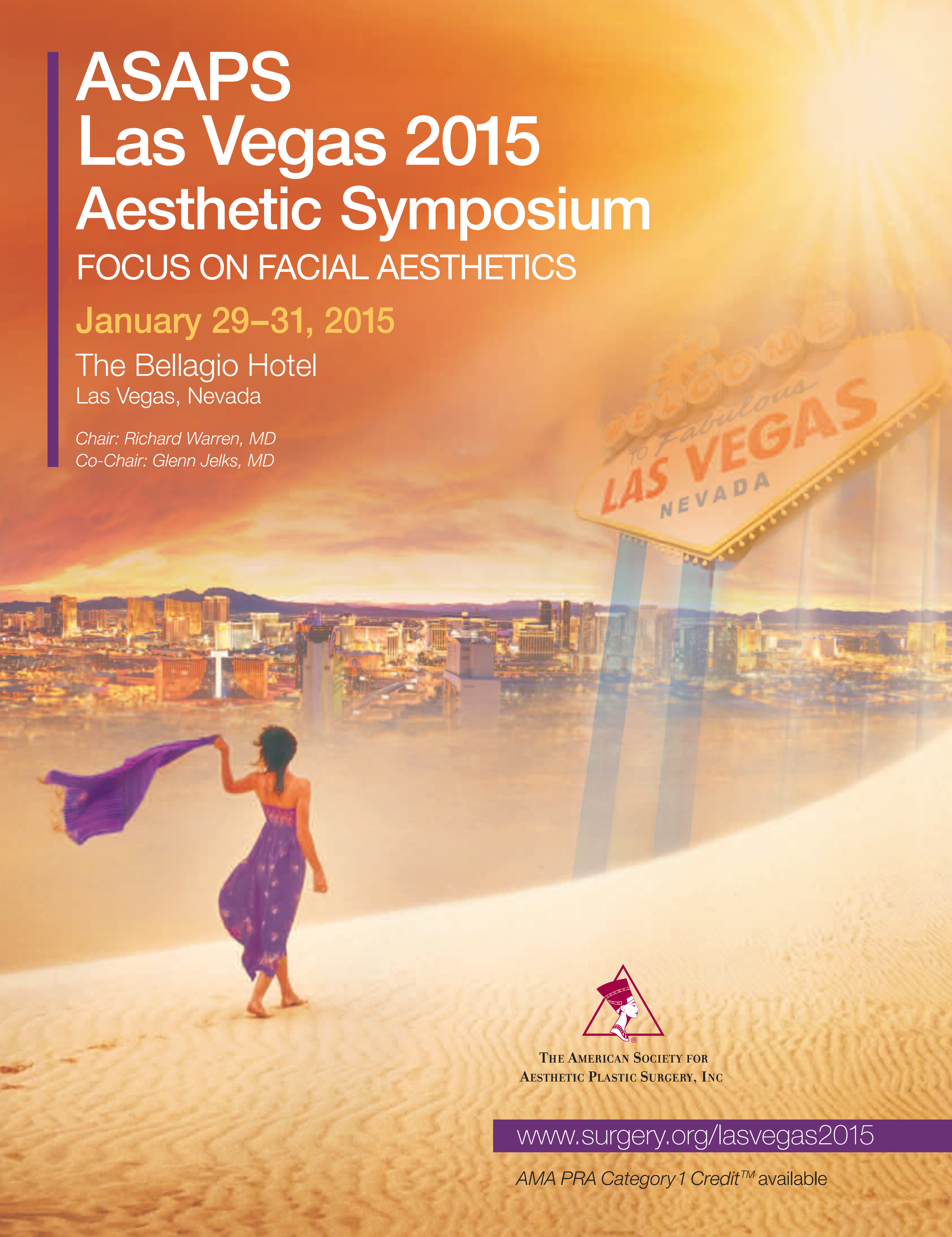
Prospective and current breast implant patients should be aware of the need for follow-up. They should be made aware of this entity, and there may be additional expense should a diagnostic workup be required. I believe the plastic surgeon may be best equipped to follow this group of patients assessing implant status and more.

This is such a rare entity that one might discover a patient in a facility that has never observed such a finding. It behooves the plastic surgery to remain involved with their patient's care and work with and update the Pathologist and Oncologist about the latest findings. It is recommended to report a documented patient to MedWatch, the FDA's Safety Information and Adverse Event Reporting Program, either online or by calling 1-800-332-1088. The FDA states on its website that all filed reports are confidential and appropriate measures have been taken to protect individual patient privacy. Specific details of the information you should provide to the FDA can be found at: www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm240000.htm#howtoreport.

Lastly, there appears to be two paths of presentation and possibly treatment paths. Those patients presenting without capsular invasion or extra-capsular disease (lymphadenopathy, or distant tumor) are recommended to have a Total Capsulectomy and complete workup. No additional treatments may be necessary if confirmation of absence of capsular invasion or distant disease. Once the complete workup is reviewed, the possibility of re-implantation should be discussed. The smaller group of patients with extra-capsular invasion or distant disease has a more severe course and after a thorough evaluation may require additional treatments of chemotherapy and /or radiation. This group should seek broad consultation with experienced oncologists familiar with this disease.

Look for the upcoming articles in *ASJ* and the RAND Corporation's report. Be pro-active with your patients and possibly this rare disease will be better understood.

Neal R. Reisman, MD, JD, FACS, is the Chief of Plastic Surgery at Baylor-St. Luke's Medical Center in Houston, TX. He serves on ASAPS Patient Safety Committee and as President-Elect of ASERF.


ASAPS
Las Vegas 2015
Aesthetic Symposium
FOCUS ON FACIAL AESTHETICS
January 29–31, 2015
The Bellagio Hotel
Las Vegas, Nevada
Chair: Richard Warren, MD
Co-Chair: Glenn Jelks, MD
WELCOME TO Fabulous LAS VEGAS NEVADA
The American Society for
Aesthetic Plastic Surgery, Inc
www.surgery.org/lasvegas2015
AMA PRA Category 1 Credit™ available

Continued from Cover

ASAPS New Code of Ethics

This Code does not recite lofty, unenforceable principles dating to an era before many of you were born. It is based upon actual ethics complaints and recent judicial council experience. It will provide guidance to ASAPS members to avoid the unethical practice of aesthetic medicine. Unacceptable behavior is set forth in concise terms, with topics including sexual harassment, misuse of intellectual property, photo piracy and the use of black hat techniques in internet advertising. This is not your grandfather's code of ethics.

Members of The Aesthetic Society deserve a code as modern as their practices.

Under the chairmanship of Steve Teitelbaum, MD, your Ethics Task Force has created a revitalized, living document that will evolve as needed with your practice. If a colleague does something to make you frown, and you don't see it covered in the Code, let us know. If it is covered in the Code, let us know. We take your concerns seriously.

One of the things ASAPS prides itself on is open and transparent communication. Your input is always welcome.

To read the complete Code of Ethics, please see page 43.

Continued from Page 13

Residents and Fellows

standing at the podium delivering their talk. Even better, I could go watch a group of them debate and challenge one another. What I found was that many of them attain the same aesthetic goals through very different paths and yet they all yield a great result. I discovered that despite their many accolades or great reputation, they're as excited about new ideas and research as a person in-training such as myself. In the end, they embody a key trait that draws me to this field…scientific artistry.

Whether it is Bryan Mendelson, MD masterfully dissecting the facial nerve, Al Aly, MD demonstrating his secrets to surgically creating smooth body contours, Dennis Hammond, MD making mastopexy-augmentation look reproducibly simple or fellow residents presenting their projects, I found myself immersed in world of innovation dedicated to the beauty and preservation of the human form. It is this overwhelming feeling of immersion that makes these meetings so valuable. This feeling energizes me. It serves as a catalyst for me to go back to my home program and approach my training with a refreshed perspective. Fueled by a desire to become the surgeons whom I admire, I can continue to motivate myself and to stay inquisitive. This experience can simply not be induced or replicated in a video or written text. For that reason, I am grateful to attend The Aesthetic Meeting and firmly believe this will always play a vital role in the growth and sustainment of aesthetic surgery.

Continued from Page 19

Report from an International Fellow

surgeons never sleep." The energy and passion for plastic surgery of Drs. Aston and Baker is remarkable.

Dr. Aston allowed me to observe his surgeries in the impressive Manhattan Eye, Ear and Throat Hospital. I was very impressed by his longstanding expertise. His technique of horizontal plication of the SMAS and suspension of malar fat pad further diversified the impressions of my fellowship after having visited so many extraordinary US surgeons.

Visiting Dr. Baker at his private surgical center completed my fellowship. His surgeries were amazingly efficient and every step seemed to be routine and guided tremendous experience. Dr. Baker answered every question like an encyclopedia for aesthetic surgery. I am very grateful for his patience and warm welcome.

It was a fantastic experience to meet so many famous surgeons, whom until then I only knew by their books and publications. Thank you for the hospitality and generosity in sharing your deep understanding and experience so openly and freely.

I would like to thank Mrs. Susan Robinson from the ASAPS Central Office who made me feel at home throughout my travels in the US. I am also thankful to Ms. Kerry Moradkhani, Educational Programs Manager, Dr. Joe M. Gryskiewicz, Dr. Clyde Ishii and Dr. Herluf G. Lund, Jr. and the entire team from Sientra for giving me this great opportunity.

Expert Legal Advice.

Absolutely Free.

Who Else Can Offer That?

Exclusively for Members of The Aesthetic Society. With rich legal experience in the medical field, Bob Aicher, Esq., is uniquely qualified to provide free Member consultations in the areas of practice management, insurance, malpractice, scope of practice, ethics, and defamation.

To contact Bob Aicher, Esq., please email aicher@sbcglobal.net or call via phone at (707) 321-6945.

This service is not intended to replace legal counsel.

For More Information

Toll-Free 800.364.2147 or 562.799.2356

www.surgery.org

The revolution

With the first and only

Through bioreplacement, SERI® Surgical Scaffold
that is ≈twice the starting thickness

*In a full-scale animal (ovine subcutaneous thoracic wall implant) model study designed to measure the strength and thickness of newly generated native tissue at 1, 3, 6, 12, 18, and 24 months after implantation of SERI® Surgical Scaffold.[1]

Indications for Use

SERI® Surgical Scaffold is indicated for use as a transitory scaffold for soft tissue support and repair to reinforce deficiencies where weakness or voids exist that require the addition of material to obtain the desired surgical outcome. This includes reinforcement of soft tissue in plastic and reconstructive surgery, and general soft tissue reconstruction.

Important Safety Information
Contraindications

- Patients with a known allergy to silk
- Contraindicated for direct contact with bowel or viscera where formation of adhesions may occur

Reference: 1. Data on file, Allergan, Inc.

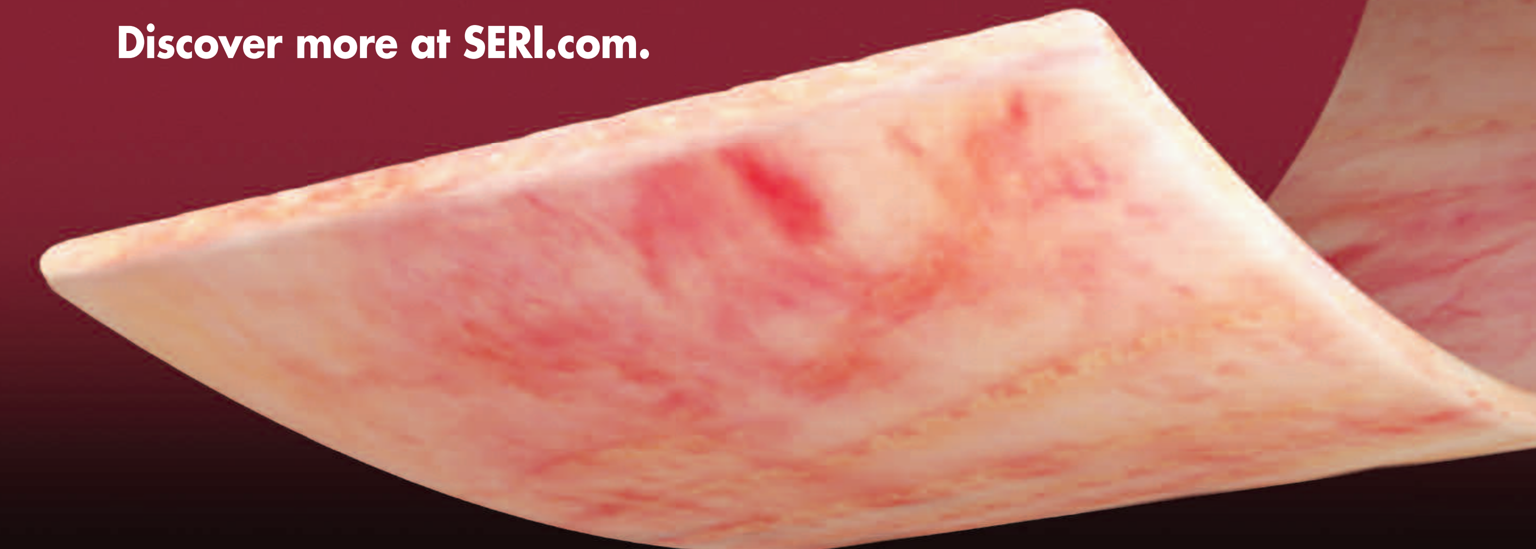
©2014 Allergan, Inc., Irvine, CA 92612 ®marks owned by Allergan, Inc. APC27NK14 133466

starts now

Silk-derived Biological Scaffold

facilitates the generation of native, well-vascularized tissue
of the scaffold alone at 24 months.[1,*]

Discover more at SERI.com.



Warnings

- SERI® Surgical Scaffold must be placed in maximum possible contact with healthy well-vascularized tissue to encourage ingrowth and tissue remodeling
- Caution should be used when implanting SERI® Surgical Scaffold in pregnant women. The use of a device that can impede tissue expansion may be hazardous during pregnancy

Adverse Reactions

Adverse reactions are those typically associated with surgically implantable materials, including infection, inflammation, adhesion formation, fistula formation, and extrusion.

Important: Before using SERI® Surgical Scaffold, read the Instructions for Use which accompany the product for full safety information. This can be found at www.allergan.com or call Allergan Product Support at 1-800-433-8871.

Caution: Rx only.

Only from ALLERGAN

SERI®
Surgical Scaffold

Update on ASERF

By Al Aly, MD

For years, ASERF has quietly been in the background providing research grants to ASAPS members, and actively sponsoring research that has impacted your practice. However, if you were in San Francisco for The Aesthetic Meeting 2014 you may have noticed ASERF more than usual.

Perhaps you attended an ASERF-sponsored course, such as Premier Global Hot Topics or the Research and Technology luncheon. Or maybe you stopped by the ASAPS booth to talk to Geoffrey Keyes, MD, a former ASERF President, to learn more about the Data Hub. Maybe you stopped by the Enaltus or MerchantAdvocate booths to help raise money for aesthetic surgery research. Regardless, ASERF, the research arm of The Aesthetic Society is growing, and in a very good way.

Over the next year, the ASERF board and I have committed to continue funding relevant research, and are expecting a full launch of the Data Hub. Additionally, you will see a stronger emphasis on fundraising to fund new and exciting projects that are important for patient safety, efficacy and ultimately education of ASAPS members.

This Fall the Data Hub will officially launch, and the first request to review data has already been received.

The ASAPS Patient Safety subcommittee, Safety Changer Group, has requested baseline data on six procedures with an increased probability of complications. The information gathered could be a game changer as to how one or more of these procedures are carried out, as well as how ASAPS Education Commission would provide future education on these procedures. At this time, the Data Hub is still in the creation phase; however participation from ASAPS members will be important to the long term impact of the Data Hub. I encourage you to participate as soon as you are able.

William P. Adams, Jr, MD, the Immediate Past-President of ASERF provided an update on financial health and membership in ASERF at the business meeting. 2014 has proven to be a successful year. With membership on par with 2013 at 99.9% retention and reserves at more than $2,000,000 ASERF continues be the preeminent foundation for aesthetic surgery research. This is made possible by you, an ASAPS member. With membership dues starting at $200 you can ensure that programs and initiatives are funded.

Luis O. Vasconez, MD receiving the Career Achievement Award at The Aesthetic Meeting 2014

A special highlight from the meeting was the recognition of Luis O. Vasconez, MD as the Career Achievement Award honoree. A handful of Luis' former residents took the stage to recognize his achievements and contributions to aesthetic surgery and education. The tribute was topped off with a standing ovation. Dr. Vasconez took the stage to say a few words, but noted that this was the greatest achievement of his career. If you haven't already, I encourage you to acknowledge Luis, or your own mentor by making a donation to ASERF, which can easily be done on the ASERF website.

During the ASERF board meeting in San Francisco, the need for supporting research that will lead to quantitative evaluation of aesthetic surgery results was discussed. Since this would be a major paradigm shift for aesthetic surgery, I plan to form a committee dedicated to this particular goal.

I am looking forward to working with the Board of Directors and staff this coming year. In the meantime, I would like to hear from you regarding your thoughts on aesthetic surgery research. Please send me an email at aserf@surgery.org.

The Aesthetic Surgery Education and Research Foundation

ASERF Board of Directors

Al Aly, MD—*President*

Neal R. Reisman, MD, JD—*President-Elect*

Steven Teitelbaum, MD—*Vice President*

Scott W. Bartelbort, MD—*Treasurer*

Barry DiBernardo, MD—*Secretary*

Michael C. Edwards, MD—*ASAPS President*

James C. Grotting, MD—*ASAPS President-Elect*

Daniel C. Mills, II, MD—*ASAPS Vice President*

Geoffrey C. Gurtner, MD—*Director*

Spencer Brown, PhD—Lay *Director*

Michael T. Longaker, MD—*Director*

Julio Garcia, MD—*Director*

Luis M. Rios, Jr., MD—*Director*

With YOUR help, Enaltus Donates BIG to ASERF

During The Aesthetic Meeting, Enaltus, the makers of BioCorneum,™ challenged meeting attendees to "Step up for Research." Enaltus donated $50 to ASERF for every person that stopped by the Enaltus booth in the Aesthetic Marketplace.

With your help, Enaltus raised $20,000 for aesthetic surgery research. According to COO, Zubin Meshginpoosh, "This program was a great opportunity for us to support our customers and ASAPS members."

"This program enabled us to give back to the members in a meaningful way. It allowed us to demonstrate that ASAPS members are important to us. By donating to ASERF, we are able to indicate that we support not just our customers, but bigger issues: research, science, patient safety, efficacy and so on," Meshginpoosh continued.

ASAPS' Leadership Training Program: An Opportunity for Professional Development

Having retained the services of the National Leadership Institute, select Aesthetic Society members and industry partners met recently to undergo a leadership training program led by the Institutes' trainers, with the first session held at the Dallas Fort Worth Grand Hyatt Hotel.

The ASAPS Leadership Training Program is intended to fill a gap that exists in many plastic surgery practices, as while a physician may be an expert surgeon, he or she may benefit from learning leadership skills not taught in residency or fellowship programs. As participant Todd A. Pollock, MD, notes, "As physicians and plastic surgeons we are all well trained in our specialty. Unfortunately, the medical aspect of our practice only represents a portion of what we deal with day to day. The ASAPS leadership course fills in many of those important gaps that we typically only learn "on the job" and through "trial and error."

The ASAPS Leadership Training Program is designed to provide members with leadership skills applicable both personally and professionally. Participants were taught conflict resolution techniques, team building and consensus tactics, and meeting management as well as other important leadership skills. Chad D. Tattini, MD, shared, "I am always looking to do better both professionally and personally. While there are books that focus on this subject, I think it works better in a forum like this where you actually do 'hands-on' training. It's easier to comprehend and remember since you are an actual participant for several days reinforcing important aspects with other people who are also learning for the first time and eager to improve."

Clockwise from upper left: Jamil Ahmad, MD, Neal R. Reisman, MD, JD, Simeon Wall, Jr., MD, Farzad Nahai, MD, Jennifer Harrington, MD, Tom Purcell, CAE (ASAPS Staff).

Marissa Tenenbaum, MD, Adam J. Rubenstein, MD, Sanjay Grover, MD, Chad D. Tattini, MD, Rich Low (Sientra), Elizabeth Lee, MD.

The Leadership Training Program is also an opportunity to recognize the potential of outstanding individuals for inclusion into the Society's leadership. "The ASAPS sponsored leadership training course was everything I hoped it would be," stated Farzad R. Nahai, MD. "I learned about my personality type, situational leadership and how to assess others and guide them effectively, and about conflict management and use of the 'I' message. The insights, exercises, and training I received during the leadership forum weekend were immediately useful in my work and personal life. I eagerly look forward to the second leadership training session and learning more about being an effective leader."

Participants were very enthusiastic about the training they received. Attendee Adam J. Rubinstein, MD, FACS, noted that "The Leadership Training meeting was an education in new and better ways to organize meetings and function as a leader in general. It gave me a lot of insight into my own personality and the way that I communicate with my staff, and even friends and family. I would recommend leadership training for anyone that runs a small business, plastic surgeon or otherwise."

Jennifer Harrington, MD, said, "I always say my third world mission trips are a 'vacation for my soul.' I feel like this leadership course has been an 'inspiration for my soul.' I feel empowered both personally and professionally. It has been a priceless experience."

Tracy Pfeifer, MD, relayed that "The Leadership Training program has been invaluable and a truly positive experience. I returned home energized, optimistic and happy. The tools I learned greatly reduced my frustration level with certain aspects of managing a solo private practice. As effective staff is key to any practice, one of the major benefits was in identifying which personality type is best suited for each staff position and how to motivate people based on their personality type."

In 2015 ASAPS will conduct another leadership training program, for which members are encouraged to apply. Dr. Pfeifer says, "I highly recommend the program to everyone. I applaud ASAPS' vision to provide leadership training to our members. For any person who works with others, this program provides a tremendous benefit. I have a better understanding of my staff and how to lead and motivate them. For any person who will be leading a committee or group, this program is essential."

Details about how to apply for the 2015 ASAPS Leadership Training Program will be available in September or you may contact Sue Dykema, Executive Director, at sue@surgery.org.

David Moatazedi (Allergan), Todd Pollock, MD, Tracy Pfeifer, MD, Scott W. Barrtelbort, MD, Tino Mendieta, MD.

Ulthera Commended for Marketing Compliance

By Michael I. Kulick, MD

Congratulations to Ulthera, whose marketing collateral used during The Aesthetic Meeting 2014 in San Francisco was found to be compliant with the recommendations made by the Light and Energy Based Therapies Committee (LEBTC) of ASAPS. This Committee has been working with all manufacturers towards standardizing photography and terminology on promotional material provided by the companies. As an acknowledgment of their great efforts towards compliance, Ulthera was provided "**signage reflecting compliance**" which was proudly displayed at their booth. They were also acknowledged at each of the General Sessions. Many companies were close but lacked key elements to be considered compliant.

The basis for this effort stems from identification of occasional overstatements regarding efficacy, sub-optimal photographic comparisons and misinterpretation of the semantics of terminology used in marketing collateral for light and energy based devices. After months of collaboration, the LEBTC developed a standard of understanding for commonly used words such as downtime, bruising, redness, swelling and pain. Companies were asked to provide standardized before and after photographs including patient age, length of time after the last treatment, disclosure or disclaimer of any other incident treatment and listing before and after body weight, if pertinent on their marketing pieces. These recommendations were published in the November 2011 issue of *Aesthetic Surgery Journal*. Companies identified as having light and energy based technology were forwarded a copy of this article and a request for voluntary compliance.

We hope all companies will incorporate ASAPS' recommendations on their websites and marketing collateral and look forward to seeing more "signage of compliance" at The Aesthetic Meeting 2015 in Montreal!

(L-R): Michael C. Edwards, MD; Lori Scarafiotti, Linda Lehmann, Anjali Gupta, Christina Rennick, and Mike Floegel from Ulthera; Jack Fisher, MD.

Going forward, as manufacturers develop new technology and collateral, the LEBTC evaluates terminology that may be confusing for physicians and their patients. For example, based on the consensus of the last Committee meeting, a recommendation will be forwarded to companies that use the words "minimally invasive." The LEBTC recommended that to use this terminology, companies must add to minimally invasive, compared to "what?" Thus, a body contouring device for fat reduction that requires small skin incisions may be "minimally invasive" compared to an abdominoplasty procedure but not to standard tumescent liposuction. Another example is the use of the term "non-ablative." An intense pulsed light device is designed to not ablate the skin surface and the same is true for a radio frequency device used to treat skin rhytids. However, a device that provides a "fractionated" ablative penetration of the skin surface into the dermis, while not as damaging as a "standard" fully ablative skin resurfacing device, is ablative and should not include the term "non-ablative" in marketing collateral in order to be considered compliant with ASAPS standards.

During The Aesthetic Meeting 2014, LEBTC members went to each booth reviewing marketing collateral and opined that companies applauded this standardization concept. They too are frustrated when they see collateral, which does not inform the viewer of the pertinent facts that may impact the clinical results depicted. While this does require additional effort obtaining high quality before and after pictures and compliant terminology, it reduces potential confusion when analyzing the results of technology. Manufacturers, doctors and their patients will benefit with such a collaborative effort. We hope all companies will incorporate ASAPS' recommendations on their websites and marketing collateral and look forward to seeing more "**signage of compliance**" at The Aesthetic Meeting 2015 in Montreal!

Michael I. Kulick, MD, is an aesthetic plastic surgeon practicing in San Francisco, CA, and serves as chair of the ASAPS Light and Energy Based Therapies Committee.

Member Exclusive: The Aesthetic Society's Certificate of Advanced Education in Cosmetic Surgery

Designed specifically for members of The American Society for Aesthetic Plastic Surgery, the Certificate of Advanced Education in Cosmetic Surgery is an excellent way to let your patients know your commitment to continuing education in cosmetic surgery. Aesthetic Society members who qualify will receive a handsome, engraved certificate suitable for display in your office, exam room or patient reception area.

The basic model for the ASAPS CAE is the American Medical Association Physician's Recognition Award (AMA PRA). The types of eligible activities are essentially the same, except that activities earning credit toward the ASAPS CAE must be related exclusively to continuing education in cosmetic surgery.

To qualify, Aesthetic Society members must have a total of 150 CME credits hours in cosmetic surgery over a three-year period. To apply for The Aesthetic Society's Certificate of Advanced Education in Cosmetic Surgery, please see the information page at www.surgery.org/cae and click on the application link.

Certificate of Advanced Education in Cosmetic Surgery

awarded to

John G. Doe, M.D.

who is certified by the American Board of Plastic Surgery
and has fulfilled additional educational requirements in cosmetic surgery
qualifying for this special recognition by

The American Society for Aesthetic Plastic Surgery

ASAPS Member R. Bruce Shack, MD, Honored

ASAPS Active Member R. Bruce Shack, MD, professor and chair of Vanderbilt University's department of Plastic Surgery was surprised by residents and alumni at the unveiling of the R. Bruce Shack Resident Education Center. Dr. Shack joined Vanderbilt in 1982 and was appointed chairman of the department of Plastic Surgery in 1997. His leadership responsibilities include overseeing the third-year medical student lecture series, and resident training in the operating room and ward. He also serves as faculty advisor for third- and fourth-year medical students interested in pursuing surgery. Our congratulations to Dr. Shack on this well-deserved recognition!

Welcome to The Aesthetic Society

The Aesthetic Society would like to welcome and congratulate those who were recently elected into membership. We are both honored and privileged to have such a gifted and diverse community of members that have helped make this organization what is today!

Congratulations once again to the following individuals on their recent accomplishment:

Active

Jamil Ahmad, MD—*Mississauga, Ontario, Canada*
Jeff O. Angobaldo, MD—*Plano, TX*
William Troy Austin, MD—Evans, GA
Anureet Bajaj, MD—*Oklahoma City, OK*
Nia Banks, MD—*Lanham, MD*
R. Morgan Davoudi, MD—*Duluth, GA*
Mark S. Elliott, MD—*Meridian, MS*
Behrooz Kalantarian, MD—*Fountain Valley, CA*
Bill Kortesis, MD—*Winston Salem, NC*
Robert D. Lewis, MD—*Mahoning, OH*
Adam Lowenstein, MD—*Santa Barbara, CA*
Wojciech T. Majewski, MD—*Jonesboro, AR*
Jeffrey M. Nelson, MD—*Tucson, AZ*
Ivona Percec, MD—*Philadelphia, PA*
Remus Repta, MD—*Phoenix, AZ*
Donald Roland, MD—*New York, NY*
Bharat Shah, MD—*Springfield, MO*
Michelle A. Spring, MD—*Marina Del Rey, CA*
Jonathan C. Weinrach, MD—*Phoenix, AZ*

International Active

Juan Carlos Barrera, MD—*Bogota, Colombia*
Emilio Cabrera, MD—*Cordoba, Spain*
Fernando Guerrerosantos, MD—*Guadalajara, Jalisco, Mexico*
Ana B. Santamaria, MD—*Madrid, Spain*

Associate

S. Randolph Waldman, MD—*Lexington, KY*

Do you know an individual who would make a great addition to our organization? If so, please send your recommendation via email to alicia@surgery.org and help your Society continue to grow! For additional information/questions, please contact our Membership Manager, Alicia A. Potochniak at alicia@surgery.org / 562.799.2356 ext. 102 OR visit www.surgery.org/professionals/membership/application. The upcoming application deadline is January 5th, 2015—APPLY TODAY!

Media Notes & Quotes

James C. Grotting, MD presented data from 250 facelift patients regarding satisfaction, along with a study of nearly 50 of his patients who utilized the Face-Q survey. At one year after surgery, the patients were satisfied and their quality of life had improved.

"From using Dr. Pusic's tool, I have learned things about my own procedures that I would not necessarily have noticed otherwise. I have learned things about my patients, including their social function and how they feel in relationships with friends and family—all of which are tied into their surgical outcomes," Grotting says in a news release.

Face-Q Helps Plastic Surgeons Measure Patient Satisfaction
PlasticSurgeryPractice.com
May 1, 2014

"Not everybody is willing to be [in recovery] for several weeks after a major procedure," said Dr. Jack Fisher, president of ASAPS. "They're looking for a less dramatic change with shorter recovery." Botox injections, which cost a few hundred dollars a pop, are the most popular noninvasive procedure by far, with 3.7 million procedures performed last year—15% more than in 2012.

Cosmetic surgeries see biggest gains since the Great Recession
YahooFinance.com
March 21, 2014

U.S. plastic surgeons reported this month that growing numbers of women in their 50s and 60s are opting for surgeries to augment these body parts for aesthetic reasons. Doctors say this is a big change because these procedures were largely the province of the young until recently. "There has been a cultural shift in the population that is saying this is something I want to do," says Jack Fisher, [past-]president of the American Society for Aesthetic Plastic Surgery and a boomer who can empathise with his patients.

Breasts, buttocks and boomers redux
Financial Times
March 27, 2014

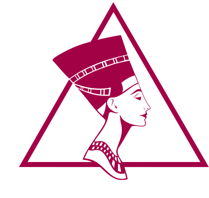
"It almost goes without saying that beauty, being in the eye of the beholder, has always been a matter of preference and opinion," states Al Aly, MD. "But as a group of surgeons who strive to achieve optimal results and continually search to improve patient outcomes and satisfaction, we had to ask ourselves why we couldn't come up with some means of measuring the results of facial rejuvenation procedures objectively."

Doctors Present Objective Measures and Methods to Determine Patient Outcomes and Satisfaction at the Annual Aesthetic Meeting
HealthCanal.com
April 27, 2014

Meet the Staff!

Gloria Gasaatura is an "ASAPS newbie," having worked at ASAPS for only ten months as the Public Relations Assistant. Her responsibilities include handling social media on behalf of the Aesthetic Society; submitting PR Award entries, supporting the PR Director in the development and implementation of public relations tactics such as pitching the media, coordinating media interviews with ASAPS members and promoting media coverage of ASAPS statistics. She also supports the Smart Beauty Guide blog project.

What Gloria likes most about working at ASAPS is the people, "They are the foundation of the warm and welcoming culture," she notes. "I love coming to work in this environment. Outside of work, I enjoy exploring the music, arts and culture in and around New York. There's always something new to see, learn and appreciate in a city as diverse as this."



Membership FAQs

Do I have to be a member of ASPS to be a member of The Aesthetic Society?
No. Membership in ASPS is NOT required to be an Aesthetic Society member.

How do I begin the membership process?
You must contact an Active or Life Member of The Aesthetic Society and request that they submit a recommendation on your behalf via email to alicia@surgery.org, initiating the membership process for you, the applicant.

Who may sponsor me for membership?
Any Active or Life Member of The Aesthetic Society, who is not a family member, an associate and/or partner in the same practice may sponsor you for Active membership.

What are the deadlines for submitting a membership application?
The two deadlines are January 5 and July 1.

When will my application be voted on?
Applicants who submit materials for the July 1 deadline are eligible for election at the end of the year. Applications submitted by the January 5 deadline are eligible for election at The Aesthetic Meeting in the Spring.

Do I need to be a member of a professional organization in order to obtain CME?
No. Earning CME credits is not associated with any Society membership.

What will fulfill the meeting attendance requirement?
The following meetings are exclusively organized by The Aesthetic Society, and are accepted:

- The Aesthetic Meeting (ASAPS Annual Meeting)
- The ASAPS Las Vegas Symposium
- The Biennial Aesthetic Cruise

For additional information/questions, please contact our Membership Manager, Alicia A. Potochniak via email alicia@surgery.org or at 562.799.2356

ASAPS President Michael C. Edwards Elected President of Clark County Medical Society

The Aesthetic Society salutes President Michael C. Edwards on his election as President of the Clark County Medical Society, located in Las Vegas, NV. The Clark County Medical Society strives to serve the needs of physicians, their patients and the Clark County community with responsibility and integrity. Dr. Edwards has been elected to serve a one-year term. He was installed at the Society's 60th Annual Dinner in June 2014, held at the Red Rock Resort & Spa in Las Vegas.

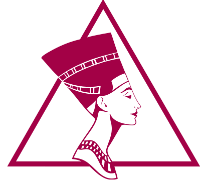
Leo McCafferty, MD, Felmont Eaves, MD, Sue Dykema, Michael Edwards, MD, Dan Mills, MD

ASAPS Executive Director, Sue Dykema, Honored as Meeting Professional of the Year

On Wednesday May 14 in Washington, D.C., ASAPS Executive Director Sue M. Dykema, CAE, was honored at the Professional Convention Management Association (PCMA) as their 2013 Meeting Professional of the Year. Nominated for the award by ASAPS strategic consultants, Max Suzenaar and Katie Callahan-Giobbi of Minding Your Business, the PCMA had rigid qualification standards for award consideration, including not only membership in the PCMA, but continuing meeting industry involvement, professional/career achievements, National/Chapter Board and Committee work, volunteerism/community service, mentoring and speaker/author experience.

In addition to her involvement and leadership within The Aesthetic Society, she has been very active in PCMA as well at the Chapter level in the Southwest and Pacific Chapter, joining committees, serving on the board and ultimately for two years as Chapter President. She has also served on the national Board of Directors as well as many task forces and national committees, including the Annual Meeting Program Committee. In 2003, Sue was the recipient of PCMA's Outstanding Service to a Chapter Award.

Many ASAPS members and staff were on hand to celebrate the occasion, and the entire Society congratulates Sue M. Dykema on this prestigious award.



ASAPS Members: Share Your Accomplishments!

Did you know that there is an easy way to share your career accomplishments with your fellow ASAPS members?

Simply send your news and photos on major practice events, philanthropic efforts, and other milestones to Membership Manager Alicia Potochiniak at alicia@surgery.org for consideration in our quarterly *Aesthetic Society News!*

Erika Ortiz-Ramos, John O'Leary, Jian Sun, Kevin Charles, Sue Dykema, Tom Purcell, Debi Toombs

THE AESTHETIC MEETING 2015

Shaping the Future: Innovation in Aesthetic Surgery

May 14–19, 2015

www.surgery.org/meeting2015

Palais des Congrès de Montréal

Montréal, Quebec, Canada

The Annual Meeting of The American Society for Aesthetic Plastic Surgery, Inc. and Aesthetic Surgery Education and Research Foundation

How Not To Structure Your Practice—Part I

By Carole C. Foos, CPA and David B. Mandell, JD, MBA

Every year, we meet many plastic surgeons who practice within a structure that offers very little, if any, protection for the assets of the practice (and sometimes even their personal assets). Even worse, these vulnerable practice structures are also typically the worst from a tax reduction perspective as well.

In this article, part I of a two-part piece, we will discuss common medical practice structural deficiencies and attempt to educate you on avoiding those that may "do harm." In part II, we will describe more optimal practice structures that can better protect assets and help you reduce taxes as well.

The Worst Way to Structure a Group Practice: A General Partnership

Fortunately, it is not common for plastic surgeons to structure new medical practices as general partnerships today. Though new practices are rarely configured as general partnerships, we still come across mature (and profitable) practices that continue to be operated as general partnerships.

The significant downsides of general partnerships are that (1) the tax-saving opportunities that "S" and "C" corporations afford do not exist; and (2) each partner is personally liable for the liabilities of the entire partnership. Thus, a plaintiff who successfully sues the partnership can collect the full judgment from any one partner.

Even more disturbing is that courts have found that doctors who share space and overhead may sometimes be considered partners under the law.

Case Study: Roger Had Partners and Didn't Know it

Roger was one of four surgeons who used a common office arrangement. They each had their own patients, which they did not share. They did, however, share a common waiting area, some support staff, and used the same in-house bookkeeper/accountant to help them manage the costs of their practices. Each professional had his own practice methods, set his own hours, and was not otherwise accountable to the other doctors.

When one of the surgeons was sued by a client for malpractice, Roger and the two others had a rude awakening. Although only the patient plaintiff's physician was negligent, all four were defendants in the lawsuit. The court found that the patient could reasonably conclude the four professionals were partners together because of their office set-up and common support staff. Therefore, the court allowed the plaintiff to proceed with the suit against all four-as a general partnership, with each jointly and severally liable for the plaintiff's losses.

The Worst Way to Operate a Solo Practice: A Proprietorship

While relatively few general partnership medical practices exist these days, we cannot say the same thing about practices that operate as sole proprietorships. Regularly, we speak to doctors who have been operating their practice as a sole proprietorship. In other words, these practices have no legal entity and all income and expenses are recorded on the surgeon's Schedule C of their personal tax return. These doctors simply operate the practice in their own name, with their own social security number, often with a "DBA" in the name of a medical practice (i.e., "Smith Medical Practice.").

The two significant drawbacks of sole proprietorships are the following:

1. **There is no shield between practice liability and all of the doctor's personal assets**

   This is a crucial asset protection failure. Because there is no legal entity, there is no protection for the surgeon at all. While no legal entity will protect one from personal liability for professional malpractice, medical malpractice is not the only risk from the practice. Employment liability, slip and falls at the practice location, HIPAA violations, car accidents by staff—all of these and others can lead to significant liability where a legal entity such as a corporation or limited liability company (LLC) could provide protection. We honestly wonder why any doctor would choose to expose all of his or her personal wealth to such risks, especially given that the cost for establishing a simple corporation or LLC is not high.

2. **Without a legal entity, the practice's options for tax reduction are limited**

   In addition to the asset protection drawbacks above, using a proprietorship also limits a surgeon's tax planning options in the practice. A number of benefit plans and tax planning options are available to corporations and LLCs but not to sole proprietorships—tools that can create $5–$25,000 or more of annual tax savings. Every plastic surgeon we have spoken to over the years wants to get more retirement dollars out of the practice and wants to legally reduce income taxes. Since you can't accomplish these goals as efficiently with a sole proprietorship as you can with a corporation or LLC, again, you have to wonder why a doctor would ever choose to operate as a sole proprietorship.

The 2nd Worst Way to Operate a Solo Practice: A "Disregarded" LLC

A disregarded LLC means a solely-owned LLC that elects to be disregarded for tax purposes. In other words, the solo surgeon has an LLC for state law legal purposes but, in terms of filing taxes, the IRS and state taxing authority treat the practice as if the LLC did not exist but is owned by the surgeon individually. This tax treatment cannot be utilized by a corporation (like a professional corporation) or by an LLC with more than one owner. Only a single owner LLC can utilize it.

The benefit of this type of tax treatment, according to the advisors who recommend it, is that one saves the cost of tax preparation for the LLC tax return. Instead of the LLC needing a tax return, because it is disregarded by tax authorities, the activity of the practice is documented on Schedule C of the surgeon's personal tax return—just like the proprietorship described above.

However, like the proprietorship, the downside of this tax election is that many pro-active tax planning options are lost. Once again, this loss can be significant. Disregarded entities, in fact, may cost the surgeons who use them $5,000-25,000 in lost tax savings benefits annually, depending on their circumstances. Compare this to the cost of tax return filing, which is typically under $1,500 per year.

Continued on Page 35

Endorsed Member Services

ASAPS is Excited to Bring to You the Endorsed Member Services Program (EMS)

This program has been created to assist members with purchasing decisions by negotiating special pricing in areas that will enhance practice performance through products and services. Each EMS provider is rigorously vetted and carefully selected to be first-in-class, financially stable, and has agreed to uphold our strict ethical standards.

Additionally, when you purchase a product or service from an EMS provider, you support your Society. A small percentage of the sale goes to the Society as a royalty. These royalties will help offset the Society's costs which help keep YOUR fees down.

MEDELITA offers two NEW styles of SLIM FIT LAB COATS to our product portfolio for men and women. Our physician coats offer modern, slimming designs with precision tailoring and outer front iPad pockets which are functionally sized and sensibly concealed. Medelita lab coats and scrubs exude a level of prestige and aptitude essential for Plastic Surgeons.

telephone (877) 987-7979
www.medelita.com

TouchMD is a premier practice consultation platform offered as part of **ALPHAEONMD**, a practice-centered suite of services designed to increase the efficiency, profitability and growth of physician practices in the self-pay sector. TouchMD's patented software allows practices to create a truly unique consultation experience for the patient through personal visualization of procedures, diagnosis and even solutions. The revolutionary product also makes it possible for patients to relive the incredible experience they had at the office from the comfort of their home directly through the surgeon's website using mytouchMD.

telephone (435) 867-0077
www.touchmd.com

Merchant Advocate is the country's leading merchant services consultant. With over a decade of experience and knowledge, their trusted advisors have achieved unparalleled cost savings for thousands of clients. Through proven negotiation and account optimization, Merchant Advocate can reduce the cost of processing credit cards WITHOUT having to switch your current processing relationship. Fast, simple and easy. Our average practice saves over 35%!

telephone (888) 890-8822
http://merchantadvocate.com/asapsmembers

Digital Assent's iPad-based PatientPad system is the industry's first in-office solution for capturing online reviews and testimonials from patients. Once collected, these patient endorsements can be easily published to Google search results, your practice website and Facebook page, your SmartBeautyGuide.com profile page, and popular ratings websites like Yelp, Vitals and Healthgrades. Don't leave your online reputation to chance – take a proactive role in growing the online reputation you deserve with PatientPad.

telephone (404) 382-7574
www.patient-pad.com

The American Society for Aesthetic Plastic Surgery
The Mark of Distinction in Cosmetic Plastic Surgery®
www.surgery.org/ems

Continued from Page 33

How Not To Structure Your Practice

Conclusion:

Here, in part I, we have discussed common medical practice structures that may "do harm" to the surgeon's tax and liability protection planning, including general partnerships, proprietorships, and disregarded LLCs. In part II, we will describe more optimal practice structures that can better protect assets and help you reduce taxes as well.

David B. Mandell, JD, MBA, is an attorney and author of five national books for doctors, including "FOR DOCTORS Only: A Guide to Working Less & Building More," as well a number of state books. He is a principal of the financial consulting firm OJM Group www.ojmgroup.com, where Carole C. Foos, CPA works as a tax consultant. They can be reached at 877-656-4362 or mandell@ojmgroup.com.

The information contained in this article is general in nature and should not be acted upon in your specific circumstances without further details and/or professional advice. Contact your personal tax advisor for specific advice related to your tax situation.

New Treasury Regulations require us to inform you that any tax advice contained in this communication, including attachments, is not intended and cannot be used for the purpose of (i) avoiding penalties that may be imposed under federal tax law or (ii) promoting, marketing or recommending to another party this transaction or any tax matter addressed herein.

CIRCULAR 230 DISCLOSURE: IN COMPLIANCE WITH TREASURY DEPARTMENT REQUIREMENTS, WE INFORM YOU THAT ANY FEDERAL TAX ADVICE CONTAINED IN THIS ARTICLE IS NOT INTENDED, AND CANNOT BE USED, FOR THE PURPOSE OF (A) AVOIDING PENALTIES UNDER THE INTERNAL REVENUE CODE OR (B) PROMOTING, MARKETING OR RECOMMENDING TO ANY OTHER PARTY ANY TRANSACTION OR MATTER SET FORTH HEREIN.

SPECIAL OFFERS: For a free hardcopy of "For Doctors Only: A Guide to Working Less & Building More," please call (877) 656-4362. If you would like a free, shorter ebook version of "For Doctors Only," please download our "highlights" edition at www.fordoctorsonlyhighlights.com.

The Good, the Bad and the Ugly of Link Building

By Keith C Humes, CEO Rosemont Media, llc

Have you ever been approached by an Internet marketing company promising quick SEO results for your website via link building schemes? When it comes to search engine optimization and link building, words like "quick," "fast" and "immediate" should automatically draw red flags. Why? Unfortunately, the only way to guarantee dramatic SEO improvement with link building in a relatively short amount of time is by utilizing what's referred to as "black-hat" tactics.

"Black-hat" link building tactics are illegitimate means used to essentially "trick" search engines into boosting your website's rankings. While some of these illicit strategies may yield positive results in the short-run, others won't ever influence your rankings in a positive way, and all will eventually be penalized in a matter of time—often severely.

That said, there are a number of excellent ways to legitimately build links that help improve your website's SEO. In an effort to provide you with a better understanding of what can help and/or harm your site's rankings, we've identified the good, the bad and the ugly of link building.

The Good

Generating outbound links from "authoritative" websites is considered one of the most effective link building strategies you can employ. Such authoritative sites include the Better Business Bureau, educational (.edu) sites, business listings (like Google Places), and more. Additionally, utilizing "no follow" links whenever appropriate can help you avoid penalization for spammy link building.

The Bad

Being unaware of the link building tactics used by your current and former marketing companies can be detrimental to the success of your overall SEO strategy. Common "black hat" tactics to avoid include: obtaining paid links (i.e. compensating someone in some form or fashion for generating a link to your site); building links in comment threads of blog posts and/or online reviews; and linking sites together with the intention of passing PageRank from already well-ranking sites.

The Ugly

Failing to abide by "best practice" linking strategies can ultimately result in substantial Google penalization, including manual spam action. If your website is penalized by Google, you will notice a drastic drop in rankings for terms that have illegitimate links pointing to the specific page on your site. However, should manual spam action be taken, your website will be completely de-indexed from Google's search results, and the only way to verify this is through Webmaster Tools.

What Can You Do?

Be involved with your link building, and don't be afraid to ask about the link plan your Internet marketing company is employing. A number of tools—such as Google Webmaster Tools and sites like moz.com—are available for you to do your research and check the overall health of your website, including the quality of links being directed to and from it.

With the implementation of Hummingbird (Google's most recent search algorithm update), websites are now being rewarded for consistently building good content and moving away from shady link tactics; therefore, keep in mind content marketing—which includes blogging and frequent updates to your site—is often a safer, more effective method to target specific terms and turn your website into a resource that feeds Hummingbird with good content. Furthermore, mobile-friendly and responsive design elements for your website factor greatly into your rankings as well, so be sure to stay on the innovative forefront of design to ensure search engines view your site more favorably.

If you would like to know if your website has a Google penalty, contact Rosemont Media, llc info@rosemontmedia.com for more information.

Tighten Cash Handling & Audit Controls
9 Best Practices That Reduce Embezzlement Risk

By Karen Zupko

A few years ago, we worked with an aesthetic practice whose patients frequently paid in cash. To document the amount collected, the staff made copies of the cash, fanning out the bills to show the dollar amount listed on each, but displaying the serial number of only the top bill.

We pointed out that the copying made no sense, explaining that staff could potentially pocket a patient's cash and reuse the same bills over and over again, placing them underneath the one new bill with a unique serial number. The surgeon's eyes widened. A trusting person by nature, he hadn't thought of this possibility.

Admittedly, photocopying cash is unusual (not to mention illegal, if you copy it in color). But it's one of many risky cash handling practices that we see regularly in aesthetic practices. Each is the result of loose protocols and lack of oversight. And each is preventable, with the right measures.

Here are 9 best practices to tighten your cash controls and reduce embezzlement risk.

*1. Conduct background checks on **every** employee who handles money.*

An attorney colleague is currently working on five cases involving practice or billing service employees accused of stealing. And given their situations and backgrounds, their behavior could likely have been predicted *before* they were hired.

Background checks are an essential part of hiring someone who collects and handles money. You'd be amazed at how many candidates have credit card debt and fake degrees, or have been convicted of a crime. Any candidate who will be handling your finances or dealing with patient identity data should agree to a background check prior to receiving a job offer.

Companies such as Trusted Employees (www.trustedemployees.com) offer inexpensive (about $100) background checks on prospective hires. It's a small investment with a big payoff in risk reduction.

*2. "Close" all front desk tickets or encounters, **every day**.*

We often find sticky fingers at the front desk. The volume of transactions and cash collected there, as well as the lack of managerial oversight, are astounding.

"Closing" a front desk ticket or encounter means that all charges and payments are collected, posted, and reconciled against all the day's patient appointments. The risk of leaving a ticket or encounter "open" is that an employee could pocket the money he or she collects, then shred,delete, or otherwise "lose" the ticket. If you have no protocol for ensuring every encounter has been closed, you'll never be the wiser.

Over the years, we have found dozens of variations on this scheme, in all specialties. In one practice, the long-time receptionist was the culprit. She drove a recent model a Jaguar. Her husband had been out of work for over a year. No one seemed to be curious about the incongruity—except us. After observing front desk operations, we learned that encounter tickets were never reconciled. On day two of our visit, the receptionist called in "sick," and subsequently resigned.

Most computer systems assign each patient an encounter ticket (or Superbill) with a unique, tracking number. When staff collects consultation fees, past balances, or copayments, these amounts are "posted" to the encounter ticket, which "closes" it in the computer system. At day's end, the manager runs an "Open Ticket Report" to verify that all tickets have been "closed."

If your practice has never generated an "Open Ticket Report," now is the time. And don't be surprised if the first printing unearths open tickets that date back many months or even years. When a recent surgical client printed their initial report, it revealed 600+ open tickets from the previous two years. Was someone in the practice on the take? It's hard to say. But now that the practice has a proper protocol in place, no one goes home until all tickets are located and closed. And yes, collections at the front desk are up.

What if your system doesn't have an "Open Ticket" report? Those that offer paperless options (no printed encounter ticket) typically have verification features other than tracking numbers. These often include closing the encounter to posted charges. Contact your vendor to ensure the protocol your practice uses is in accordance with vendor guidance.

3. Institute a proper "daily close."

The "daily close" is standard operating procedure in retail stores and restaurants and should be in your practice too. Despite what some aesthetic surgeons believe, the daily close is not just for practices taking insurance. In reality, it's even more important for a practice that collects for surgery, retail products, and spa services, and often paid in cash and with credit cards.

A proper daily close protocol ensures that all money collected, mailed in, or electronically remitted matches the amounts posted into the computer system, and that the total of all checks, credit cards, and cash collected matches the respective receipts, *to the penny.* And the "daily close" protocol includes money collected at the front desk as well as money collected by the patient care coordinator(s).

Staff conducts the daily close procedure at the end of the day. A manager or supervisor verifies and signs-off on all the calculations and documentation. As the saying goes, "employees respect what management inspects." Source documents for all the day's transactions are bundled and filed in the following way:

- Fasten together all printed, closed encounter tickets. (If you are paperless, talk to your vendor about the digital equivalent of this.)
- Include surgery deposit slips/invoices with all back up/source documents (credit card receipts, check copies, daily close report).
- File the whole packet of information by date.

If you want to save paper, scan all the paper to create one PDF file. Name the file with the day's date, and put it in a folder in the hard drive, labeled by month, for easy look up. Shred the paper after making sure the practice's IT consultant has put data backup protocols in place. And again, protocols for paperless practices vary. If your office is paperless, contact your vendor for details.

4. Create a procedure for handling large cash payments.

As we recruit managers and patient care coordinators, we commonly find that if a candidate's previous surgeon gave a little

Continued on Page 37

Continued from Page 36

Tighten Cash Handling & Audit Controls

"spiff" for encouraging patients to pay in cash, the candidate has a loose idea of what's right and what's questionable when it comes to collecting it. Add to this the fact that many aesthetic patients *prefer* to pay in cash—sometimes in startlingly large amounts. In one aesthetic practice, we witnessed a patient present a gym bag filled with $7,000+ in twenty dollar bills.

To deal with both of these realities, develop a written protocol that everyone follows when it comes to collecting cash payments greater than $500:

- Ask the staff who receives the cash to count it in front of the patient in a private office. Record and initial the amount on a separate piece of paper.
- Ask a supervisor to count, verify, and initial that the amount is correct.
- Put the cash in an envelope and seal it.
- Post the amount into the computer system as a patient payment. Generate a receipt from the computer system, showing that the money was posted.
- Prepare a separate deposit slip for each large, cash deposit.
- Take the cash to the bank and deposit it.
- Fasten together and file the deposit slip, document that was initialed to verify the amount, and computer-generated receipt in the daily close packet mentioned previously.

5. Require back up details and a second signature for refund checks.

Refunding cancelled procedures can result in large checks. *All refund checks require a physician's signature.* Each check should be presented to the surgeon with back up information, such as the patient's account information, the date of surgery, and the reason for the cancellation.

In an aesthetic practice not following this protocol, some who received refunds weren't patients at all: they were friends of the practice manager, and the manager got a cut of the take.

6. Guard against product pilferage.

Aesthetic practices spend tens of thousands of dollars on skin care products, toxins, and fillers annually. Yet the majority of those we visit don't have a solid system for managing the value, logistics, or management of inventory.

Ideally, a practice invests in the inventory module in the practice management system. Not doing so is a false sense of "savings." However, even if you don't have this module, it is possible to reconcile and manage the inventory "by hand" monthly, and it's time wisely invested. Work with your accountant to implement an inventory system. Best practices are as follows:

Ongoing

- Issue purchase orders from QuickBooks, or other financial management software used.
- Insist on surgeon review and sign-off for each purchase order. (This eliminates the possibility that staff can order ten items for the office and two for themselves.)
- Never allow staff who orders products to receive or stock them. And vice versa.
- Ask staff who receive and stock the products to verify that the shipment matches the purchase order, the packing slip, and the amount paid to the vendor.

Every Month

- Count and document the number of unsold products (known as products "on hand"). Ask your accountant whether a LIFO or FIFO method is best for your practice.
- Enter the counts into the practice management system's inventory module—or, if you use a "by hand" method, indo a spreadsheet that calculates the cost and value of the inventory on hand.
- Verify that the number of products received minus the number of products sold is equal to the number of products on the shelf. Ask the manager investigate discrepancies.

7. Periodically audit and validate no-shows and cancelled appointments.

No shows are common a nuisance and lost revenue opportunity for aesthetic surgeons. And they can become an invitation for theft.

In one surgical practice, we discovered a front desk staffer marking patients as "no shows" in the computer system, yet they were indeed seen by the physician. Interestingly, all had paid in cash. How did we catch this? An inordinate number of no-shows clued us to pull charts and figure out what the pattern was. We found visit notes in a number of charts.

Quarterly, or twice a year, ask the manager to randomly select 15–20 "no show" and "cancelled" new or established patient visits (not post-ops). Review charts or EHR notes for each and verify that they indeed were not seen on that day.

8. Separate the "change fund" from the "petty cash" fund.

There is a difference. The "change fund" is an amount in small bills that's always the same —say, $200. This is the money staff use to make change for patients who pay in cash. Every day when they balance to the penny, the amount is counted out and kept in the drawer for change-making the next day.

The "petty cash" fund is a small account from which you borrow for small purchases. Each transaction is logged on a 'chit,' and ultimately posted as an expense in your bookkeeping system. When the petty cash fund is low, the manager replenishes it, and records this in the bookkeeping system too.

If you don't track petty cash separately from change, you risk an easy-to-play "financial

Continued on Page 40

Good Audit Control Requires Separation of Cash Handling Tasks

Manager*	Skin Care/Spa Staff	Office Staff	Physician
Generates product purchase orders Orders products after physician approval Enters the product count into computer or spreadsheet—reviews data and investigates discrepancies	Sends product requests to manager Counts product on shelf monthly and provides data to manager	Receives and verifies order accuracy against documentation	Reviews and approves purchase orders Signs checks to pay for product

* Or other individual who is not involved in day-to-day spa operations or who sells products.

Working with Industry: The New Rules of Engagement From Clinical Studies to Speaking Engagements

Wendy Lewis

In my over two decades of experience in the aesthetics industry, companies are always looking for plastic surgeons who are savvy and open to collaborations and there are many opportunities. Dermatologists have long known how to work closely with manufacturers, but I have found that plastic surgeons often have more difficulty navigating those waters.

Medical device and pharmaceutical manufacturers depend on collaboration with doctors and other healthcare professionals to create and develop innovative products. Despite the sweeping implications of the Sunshine Act, if government agencies, hospitals and universities attempt to prevent physicians from interacting with industry, industry will face a big conundrum. Collaborative efforts between doctors and manufacturers and marketers are vital to develop innovations that will ultimately benefit patients.

Plastic surgeons and their patients are critically important to the medical aesthetics industry as a whole. Unlike the pharmaceutical industry that primarily relies on physicians who write prescriptions, companies that market dermal fillers, neurotoxins, breast implants, facial implants, instruments, medical devices, and imaging systems are eager to collaborate with plastic surgeons to gain their insights and perspectives. Similarly, the medical aesthetics industry is important to plastic surgeons as a source of new product information for treating patients and improving outcomes.

Historically, the United States has held the leadership position globally in medical device development and rigorous scientific evaluation. Yet a lot of the technology and innovation that comes out of the US is now frequently taken to Europe and Canada for assessment. Often these devices are evaluated with rigorous studies, however some of these studies are not accepted by the FDA and therefore need to be reproduced in the US, which takes considerable time and resources. If the FDA would sign off on studies done in Europe, products would come to market much quicker in the US, but we know that is unlikely to ever happen. When you consider all the funding that is being spent outside of the US to do these trials, it could boost the economy if at least some of that work was done here at home.

When you look at how the FDA works, there is really no incentive for them to push new and better technologies through. If it is successful, then industry and the medical community get all the credit and reap the rewards. If it is a debacle, then the FDA shares the blame and gets crucified in the media. Their best scenario is to approve nothing at all, even though that is not in the best interest of the people they are sworn to serve; that is, the American public.

Think about the technologies that are not available due to overregulation, and how many patients have a lower quality of life because of it. The most obvious example affecting plastic surgeons was the long delay in getting the FDA nod for silicone gel breast implants. In 2013, just 27 novel drugs were approved by the FDA, called New Molecular Entities (NME) defined as a medication containing an active substance that has never before been approved for marketing in any form in the US.[1]

With regulators impeding progress in the US, many companies simply do not have the bandwidth to bring their products here due to the high hurdle to enter the market. As a responsibility to their investors and shareholders, they cannot justify the process that takes upwards of three to five years and countless millions of dollars.

Conflicts of Interest

Due to the symbiotic relationship between physicians and manufacturers, there is also an increasing demand for tightened regulation of the interaction between industry and doctors. In today's intense regulatory environment, manufacturers and physicians must work together to keep their interactions ethical and free from bias and conflict of interest that can adversely influence medical decision-making. Policies on ethical codes of conduct and laws about these complex relationships are continually evolving, and everyone can expect that all of their interactions will be more scrutinized.

For physicians who prefer to maintain their clinical and academic focus, compliance with issues of conflicts of interest becomes more complex and challenging. However, many plastic surgeons have been able to manage it well and continue to thrive. There is tremendous opportunity to be entrepreneurial and innovative with or without industry affiliation as long as there is absolute transparency. Transparency may entail declaring conflicts of interest, or even withdrawing from the scientific podium in certain situations where the speakers has direct business interests. At business events and symposiums geared towards the financial community, this is less of an issue. Teaching courses tend to be more tricky, but physicians want to learn from other physicians who have the most experience using a specific device or product even though they may have conflicts to declare.

All of us are potentially biased by our professional and personal experiences, but when that bias can transcend the desire for evidence-based approaches to medicine it becomes problematic.

Working with Industry

In most companies, physicians will be relegated to working closely with the Medical Affairs department, rather than directly with sales and marketing. Medical Affairs groups are a growing sector in today's bio pharmaceutical industry in providing key opinion leaders (KOL's), regulatory agencies and healthcare professionals with scientific and medical information relating to the value and correct usage of the products. Medical affairs personnel manage clinical trials, and perform many other technical activities often overlapping with sales, marketing, clinical growth, and customer service.[2]

Decisions regarding education and research grants are most typically made by the Medical Affairs Department. The valuable role of clinicians in device approval includes a commitment and willingness to not only participate in clinical trials, but to actively recruit patients for the trials.

Generally, physicians can be hired as consultants based on guidance of the Department of Health and Human Services Office of the Inspector General ("OIG").[3] The OIG has stated that the interaction between device manufacturers and health care professionals "can be especially valuable because physicians play an essential role in the

Continued on Page 39

Continued from Page 38

Working with Industry

development, testing, and extensive training involved in producing effective and safe medical devices…" Furthermore, "Device companies can legitimately compensate physicians for their actual time and intellectual contributions to product innovations and training in the appropriate use of devices." However, there are potential pitfalls in light of the government's overseeing of these arrangements.

For young plastic surgeons interested in working with industry, the best advice is to consider where you want to be in ten years. There are many options, including academic practice, private solo practice, or multi-specialty group practice. In addition, opportunities exist to do research full time or serve as a Medical Director, Medical Advisor, or Chief Medical Officer for a pharma or device company. Perhaps the most common way plastic surgeons are working with industry is a hybrid model where they maintain a private practice, conduct clinical research in their field of interest, and participate in medical education programs. This allows for the most flexibility. Over time, some physicians can end up spending half their time seeing patients and operating, and the other half of their time developing products and technology. Giving up private or academic practice to work exclusively with industry makes it difficult if not impossible to go back into practice down the road, as it would be like starting from residency all over again.

The current industry environment is challenging in many ways. Dealing with venture capitalists and corporate entities is in turmoil and the pathway to get medical devices approved has changed in the last few years as money dried up. Typically investors are only interested in big market devices that require Pre Market Approval (PMA) approval, or alternatively, smaller niche devices only if approval can be accomplished with a 510K. Consequently, many devices requiring an onerous PMA pathway—despite having great potential benefits for patients and physicians, often get pushed aside due to the need for investors who can envision the long-term benefits and are willing to stick it out.

Consulting Contracts

If you wish to engage with a company, expect to be asked to sign a Non-Disclosure or Confidentiality Agreement (NDA), which is a document signed by two or more parties designed to protect the company's trade secrets from being spread to their competitors.

Physicians should always have a written consulting contract set up when beginning a relationship with a company that clearly spells out what the company's expectations are and what the physician is being asked to contribute. A handshake is not sufficient as this is a formal business transaction. The agreement should be in writing and signed by the consultant and company engaging the consultant. Details of any remuneration should be included in the contract, along with itemized timelines and deliverables. The agreement should be written to cover all of the services to be provided by the consultant with specificity. If services under the agreement will be provided on a periodic, sporadic, or part-time basis, the agreement should set forth the precise schedule and length of the time intervals, and the precise amount to be paid for each interval of work.

Contracts may be drafted based on an hourly rate, day rate or half-day rate, depending on the nature of the agreement. The aggregate compensation paid to the consultant over the term of the agreement is usually set in advance; such as a specified maximum amount for a 12 month period, etc. It is unreasonable to expect that companies are going to pay a plastic surgeon the same or similar amount to what he or she can make in a day in the operating room. In fact, the general rate of compensation is a lot less than a typical fee for a facelift in most major markets. But there are other benefits to consider; it is interesting and stimulating to be involved in new developments and on the cutting edge of what's coming next.

In a post 2008 world, many companies have formal guidelines for the value placed on each consulting service, and there is a cap on what they can remunerate a physician. Compensation is based on what is deemed to be reasonable and 'Fair Market Value' (FMV) for the work requested. Factors that may be considered include the scope of specific duties and responsibilities; objectives and deliverables; and anticipated allocation of time (hours or days out of practice) for each duty and/or responsibility. In addition, some companies may also consider certain factors specific to the individual physician, including educational credentials and specialized training, professional certifications, leadership experience, academic appointments, publication history, among others. Travel expenses in the form of plane, train or carfare and hotel accommodations may be reimbursed for the physician alone, and do not include a spouse or staff members. Some companies will provide a flat travel fee and allow physicians to make their own arrangements, and upgrade if they wish at their own expense. Other companies have disallowed all forms of sponsored travel and attendance at professional meetings, and we can expect to see more of this trend.

The company must report all transactions, and the physician will be required to declare

Continued on Page 40

Do's And Don'ts

DO	DON'T
Invest in good quality clinical photographs to document your results with products and devices	Try to teach the VP of Marketing of a company how to market his product, unless expressly asked
Be honest with companies—don't just tell them what you think they want to hear about their products	Go over the head of the person you are dealing with in the company
Live up to the spirit of NDAs you sign and don't trade on confidential information	Trash a brand on the podium as retaliation for not being chosen for the clinical trials
Be respectful and appreciative to anyone who brings you an opportunity to work with industry	Price yourself out of the market or overbill for your services—there are many other candidates out there
Meet deadlines and deliver what you have contracted to do	Develop a reputation as being hard to work with or unreliable

Continued from Page 39

Working with Industry

the relationship. At least in the US, companies must be transparent, and consulting agreements are dissected by internal compliance machines. Some physicians gripe that profitable companies are just tightening their belts and trying to save money at the expense of their physician partners. The truth is that not following the strict guidelines set by US government agencies is not only irresponsible, but also downright illegal. So when your sales rep tells you that he cannot buy your staff lunch or give you free product, believe him when he says that he is just trying to keep his job. No sales rep I have ever met wants to operate this way, but they are forced to follow the rules.

Opportunities to Work with Industry

- Clinical research trials
- Speaking engagements
- Participation in CME events
- White papers
- Journal article submissions
- Preceptorships
- Serving on an Advisory Board
- Peer-to-peer training
- Speaking at a press conference
- Presenting at a webinar or seminar
- Chairing a symposium

Great value can be gained from exchanges of information between plastic surgeons and industry. There is a big focus on how physicians can collaborate with industry to develop novel technologies and products.

There are tremendous advances to be made in the field, in particular, regenerative medicine. Patients are always going to demand new and improved methods that are faster, cheaper, safer and offer better outcomes. The physicians who develop these innovations stand to profit handsomely from their hard work and entrepreneurism.

Many companies are committed to fairly compensating physicians, clinical investigators and research institutions for the work they do to bring products to market and improve patient care. Beware that the rules of engagement are changing, and the consequences of failing to follow the precise regulations to the letter for both parties are staggering.

Resources:

- http://www.phrma.org/principles-guidelines/code-on-interactions-with-health-care-professionals
- http://advamed.org/issues/1/code-of-ethics
- http://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/index.html

Wendy Lewis is President of Wendy Lewis & Co Ltd, Global Aesthetics Consultancy founded in 1997. She is the author of 11 books including America's Cosmetic Doctors & Dentists (Castle Connolly Medical) and Plastic Makes Perfect (Orion), and has written over 500 articles for numerous industry and consumer publications in the US and Europe. In 2008, she founded Beautyinthebag.com and is currently Editor in Chief.

1 http://www.fda.gov/downloads/Drugs/DevelopmentApprovalProcess/DrugInnovation/UCM381803.pdf

2 http://medtechiq.ning.com/profiles/blogs/medical-affairs-role-in-pharmaceutical-companies

3 http://oig.hhs.gov

Continued from Page 37

Tighten Cash Handling & Audit Controls

shell game" that never matches money spent with specific transactions. And it's difficult to spot missing money if there are no controls for reconciling transactions in the first place.

9. Lock it up.

This simple step is often overlooked—especially in small practices where the physician insists that staff is loyal and trustworthy.

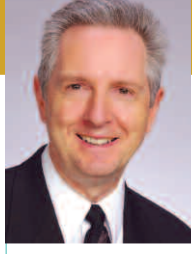
Keep all money in a safe or drop safe, and establish guidelines for who has access. Best case, only the physician and manager should have the keys or the combination—lest too many cooks spoil the soup.

I recognize that surgeons and managers are busy and that financial policies and protocols can be tedious. But when it comes to handling money, there is no amount of busy that should get in the way of plugging common financial risk holes with common sense practices like these.

Karen Zupko is President of KarenZupko & Associates, Inc., a firm that has helped aesthetic practices save time, save money, and reduce risk for more than 25 years.

The Help You Need Is Finally Here.

Prospects for Your Practice
Products Patients Want
Content You Trust
www.smartbeautyguide.com



Don't Get Taken Every Time

By Bob Aicher, Esq.

Devices are expensive, so leases are common. Most of us don't read them until something goes wrong, so here's a primer about what's lurking.

Let's start with the sales pitch. Leasing company websites use large fonts with pretty colors. They point out that a lease lets you manage your cash flow, preserve your bank credit lines, possibly receive tax advantages by expensing instead of depreciating, finance 100%, and even avoid "device obsolescence"—a fancy way of convincing you to upgrade. The reality is that, at the end of the lease, you must either return the machine, buy it at a negotiated but likely inflated price, or upgrade to a newer, more expensive model. You do have options for your next device acquisition, but first, let's see what you just signed.

The rep slid a two-page agreement in front of you. The fine print was so dense, the only parts that were legible without reading glasses were the two signature lines. So what's hiding in all the legalese? There are four big surprises:

- You cannot cancel,
- You have waived all warranties even if the device doesn't live up to the rep's hype,
- If you want to sue them, you have to file in their state, not yours, and
- The leasing company can go after your house without first going after your practice.

Did you really just sign away all those rights? Yes, you did, and here's how it happened.

First, the lease has a section, sometimes under Installment Payments, that reads something like, "After we sign this Agreement, it shall not be cancelable by you for any reason, including equipment failure, loss, or damage. Your obligation is absolute and unconditional." That means even if you return your device, you still have to keep making monthly lease payments.

Second, the lease has a section called Disclaimer of Warranties. Under the Uniform Commercial Code, all devices come with implied warranties of merchantability (would pass without objection in the trade) and fitness for intended purpose (everything the rep told you). Your lease agreement, however, says something like, "You are acquiring the equipment AS IS, and WE DISCLAIM ALL WARRANTIES, EXPRESS OR IMPLIED." That means even if the device doesn't perform according to the brochure's promises or your expectations, you still have to keep making monthly lease payments.

Third, toward the bottom is a section called Jurisdiction and Venue. Typically, a lawsuit is filed where the defendant lives or where the contract is to be performed. The parties can set the venue elsewhere, however, in the contract. Look at yours. You will find, almost certainly, that the venue is out of state. One East Coast member discovered venue was set in Boulder. A Southern California member discovered venue was set in Boston. If you didn't have the money to buy the device, will you have the money to hire an out-of-state attorney? The leasing company doesn't think so, either. By the way, even if you file suit, you still have to keep making monthly lease payments.

Fourth, right below the first signature line, which is where you signed on behalf of your practice PC or LLC, is a new heading called Personal Guaranty. They said you had to sign that also or you wouldn't get the lease. By signing, you gave the leasing company the right to sue you personally without first repossessing the device or attaching your practice assets. By waiving the protection of your PD or LLC, you have put your personal assets, including your house, on the line. Why does the leasing company require your personal guaranty? To make sure you keep making those monthly lease payments, naturally.

Most of us learn our lessons for the next time, so here's what you can do. Instead of leasing, consider buying or financing with your local bank. Before buying new, consider a used model and find out from your colleagues if the device lived up to the hype. If you must lease, negotiate your best deal. Don't believe that the leasing agreement is fixed. Both the manufacturer and leasing company want your money, so don't pick up your pen too quickly.

Most of our members are confrontation-averse. Ask yourself if you are the best negotiator in the office, or if someone else is better suited. Price is not the only issue, and don't think negotiating will automatically kill the deal. Your position is yes, but with reasonable conditions that the rep can meet to earn that commission.

Strike out the waiver of defenses and change the venue to your city. If the leasing company insists upon a personal guaranty and you need a second opinion, ask a friend to sign it. After s/he reads the lease agreement, realizes the risk, and looks at you with shock and disbelief, you'll find it easier to just say no. After all, is any device worth such a level of personal risk?

Bob Aicher is General Counsel to ASAPS and has represented the society for 24 years. He lives in Pasadena, California, and can be reached by phone at 707-321-6945 or by email at aicher@sbcglobal.net.

Ghada Afifi, MD, FACS
Member since 2009

WE ARE
AESTHETICS.

Shaping the Future of Smart Beauty.

Code of Ethics of the American Society for Aesthetic Plastic Surgery

Preface

ASAPS takes pride in requiring its members to uphold the highest ethical standards of our profession. The following ethical standards apply to all ASAPS members. These standards cover (1) ethical responsibilities to patients, (2) ethical responsibilities to other ASAPS members, (3) ethical responsibilities in practice settings, (4) ethical responsibilities toward the profession, and (5) discipline.

This Code is not a recitation of ethical philosophies, the non-adherence to which carries no penalty. Instead, it provides guidance to ASAPS members to avoid the unethical practice of aesthetic medicine.

Members who violate this Code are subject to discipline, up to and including expulsion from Society membership. This Code may be amended by a two-thirds majority vote of the Board of Directors upon consideration of any recommendations of the ASAPS Ethics Committee.

1. Ethical Responsibilities to Patients

1.01 Patient Safety

ASAPS' places the upmost importance on patient safety. Accordingly, a member's primary responsibility is to promote the aesthetic goals of patients only in practice settings that promote the highest standards of patient safety.

1.02 Competence

(a) Members should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience and other current and relevant professional experience.

(b) Members should only practice based upon a scientific basis. When generally recognized standards do not exist with respect to an emerging procedure, a member should exercise careful judgment and take responsible steps, including appropriate education, research, training, consultation and supervision, to ensure the competence of their work and to protect patients from harm.

(c) The foundation of a member's practice should be evidence-based medicine and recognized scientific knowledge, including empirically based knowledge, relevant to aesthetic medicine.

1.03 Informed Consent

(a) A member may choose whom to serve. Once the decision has been made to form a physician-patient relationship, services should be provided to patients only in the context of informed consent. A member should use clear and understandable language to inform patients of the purpose of each procedure and the expected risks, benefits and alternatives.

(b) Photographic or other media format consents should be clear and specific and should fully inform the patient of the purpose of the photographs, the venues in which the photographs may be used, and any limitations to use of the photographs.

(c) In instances when patients have difficulty understanding the primary language used in the member's practice, a member should take steps to ensure patients' comprehension, such as providing patients with a detailed verbal explanation or arranging for a person qualified to interpret.

(d) In instances when patients lack the capacity to provide informed consent, a member should seek informed consent from an appropriate third party while informing the patient, consistent with the patient's level of understanding. In such instances, a member should seek to ensure that the third party acts in a manner consistent with the patient's wishes and interests.

1.04 Patient Assessment

Members are responsible for the patient's health and not just for the aesthetic procedure at hand. Members must therefore assure that a relevant physical examination and workup are done, and obtain informed consent sufficiently in advance of performing the anticipated procedure to afford the patient adequate time to reflect and possibly reconsider.

1.05 Privacy and Confidentiality

(a) A member must respect the patient's right to medical and personal privacy.

(b) A member may disclose personal health or confidential information:

1. As directed with valid consent by a patient or a person legally authorized to consent on behalf of a patient.
2. In response to a third-party request when the patient has first revealed personal health information to such third party, but only to such third party and only to the same extent as first revealed by the patient.
3. In response to a publication by a patient in which the patient has revealed personal health information, but only in the same publication and only with respect to the same personal health information published by the patient.
4. When required by law or necessity to protect the welfare of the individual or the community.

(c) A member should inform patients about the disclosure of personal health or confidential information and the potential consequences. When feasible, this should be done before the disclosure is made.

(d) A member should protect the confidentiality of patients when responding to requests from the media.

(e) A member should not disclose confidential information, personal health information or personal identifiers when discussing patients for teaching or training purposes or with consultants, unless the patient has consented to such disclosure.

1.06 Professional Fees

(a) A member shall determine the fee to charge for any particular service, including whether to identify the fee as discounted, provided the regular fee is also stated so as to make the identification of the current fee as discounted neither false, fraudulent, deceptive nor misleading.

(b) A member shall not charge fees for emergent and/or medically necessary care that are exorbitant, i.e., fees that are wholly disproportionate to the services rendered. The reasonableness of fees depends upon the uniqueness and difficulty of the procedures involved, the skill required to provide proper care, the time and labor required, fees charged for similar services by similarly situated peers, any limitations imposed by contracted third-party payors, and the patient's advance agreement to the fees. A member shall not require prepayment for emergent and/or medically necessary care, but may require prepayment for all elective surgical procedures.

(c) In all cases, a member shall only publish prices when all fees and costs of the product or procedure are revealed, regardless of whether the price published is stated as a range or a fixed sum.

1.07 Conflicts of Interest

(a) A member must avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. A member should inform patients when a real or potential conflict of interest arises and take reasonable steps to ensure that any treatment decisions are motivated solely by the patient's best interests. In some cases, protecting patients' interests may require

Continued on Page 44

termination of the professional relationship with proper referral of the patient.

(b) A member shall obtain informed consent from the patient as to any financial interests the member or the member's immediate family may have in any facilities, products, drugs or devices recommended or utilized by the member in the patient's treatment.

(c) A member should not take unfair advantage of any professional relationship or exploit others to further one's personal, religious, political or business interests.

1.08 Sexual Relationships

A member shall not engage in sexual misconduct.

1.09 Sexual Harassment

A member may not sexually harass patients or staff. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature when such conduct is unwelcome or creates a hostile work environment.

1.10 Derogatory Language

Members may not use, transmit or post defamatory, harassing, abusive, derogatory or threatening language, but shall only use accurate and respectful language in all written or verbal communications.

1.11 Interruption of Services

A member should make reasonable efforts to ensure continuity of medical services in the event that services are interrupted by factors such as unavailability, relocation, illness, disability or death.

1.12 Termination of Services

(a) A member should take reasonable steps to avoid abandoning patients who are still in need of services. A member should withdraw services precipitously only under unusual circumstances, giving careful consideration to all factors in the situation and taking care to minimize possible adverse effects. A member should assist in making appropriate arrangements for continuation of services when necessary.

(b) A member in fee-for-service settings may terminate services to patients who are not paying an overdue balance if the financial contractual arrangements have been made clear to the patient and either no adverse medical consequences will result, or alternative care arrangements have been made.

(c) A member who anticipates the termination or interruption of services to patients should notify patients promptly and seek the transfer, referral or continuation of services in relation to the patients' needs and preferences.

2. Ethical Responsibilities to Other ASAPS Members

2.01 Respect

(a) A member must treat fellow members with respect and should represent accurately and fairly their qualifications, views and obligations. Professional comments and criticism must be accurate and appropriate.

(b) A member must avoid unwarranted negative criticism of other members in communications with patients, the public, the media or with other professionals. Unwarranted negative criticism may include demeaning comments that refer to the member's attributes such as race, ethnicity, national origin, gender, sexual orientation, age, marital status, political belief, religion, immigration status, or mental or physical disability. Unwarranted negative criticism may also include blogs, letters to the editor, interviews, or any form of public communication where the member impugns another member when such imputation is not objectively provable.

2.02 Confidentiality

A member should respect confidential information shared by other members in the course of their professional relationships and transactions.

2.03 Intellectual Property

A member may not engage in any activity that infringes or misappropriates the intellectual property rights of others, including copyrights, trademarks, service marks, trade secrets, software, and patents held by individuals, corporations, or other entities, or that violates privacy, publicity, or other personal rights of others.

When using the intellectual property of another with the owner's permission, a member shall provide proper recognition and shall only use such intellectual property in a manner consistent with the owner's license. The term "intellectual property" includes all creations of the mind for which exclusive rights are recognized, including, but not limited to, text, graphics and photographs.

2.04 Disputes Involving Other Members

(a) A member should not take advantage of a dispute between members to obtain a position or otherwise advance the member's own interests.

(b) A member should not exploit patients in disputes with other members or engage patients in any inappropriate discussion of conflicts between members.

2.05 Consultation

A member should seek the medical advice of other plastic surgeons whenever such consultation is in the best interests of patients. When consulting with other members about patients, a member should disclose the least amount of information necessary to achieve the purposes of the consultation.

2.06 Referral of Patients

A member should refer patients to other professionals when the other professional's specialized knowledge or expertise is needed to serve patients fully.

2.07 Sexual Harassment

A member may not sexually harass supervisees, students, residents, fellows or other plastic surgeons or create a hostile work environment. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature that is unwelcome.

2.08 Impairment and Incompetence of Other Members

(a) Members should not allow their personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or to compromise patient safety. Such members should immediately seek consultation and take appropriate remedial action by seeking professional help, making adjustments in workload, terminating practice, or taking any other steps necessary to protect patients.

(b) A member who has direct knowledge of another member's impairment or incompetence that potentially interferes with practice effectiveness or compromises patient safety should consult with that member when feasible and should assist the member in taking remedial action.

(c) If the member believes that the other member's condition compromises patient safety, the member should take action through appropriate authorities that can be done anonymously.

2.09 Unethical Conduct of Other Members

(a) A member who believes that another member has acted unethically should seek

Continued on Page 45

resolution by discussing his or her concerns with the other member when feasible and when such discussion is likely to be productive.

(b) When necessary, a member who believes that another member has acted unethically should take action through the ASAPS Ethics Committee and/or any appropriate regulatory channels.

(c) A member should defend and assist fellow members who are unjustly charged with unethical conduct.

3. Ethical Responsibilities in Practice Settings

3.01 Unethical Publishing

(a) A member, whether personally or through affiliated intermediaries, and whether by act or omission, shall not publish, which term includes all activities and forms of communication, anything which is false, fraudulent, deceptive or misleading, whether or not such publishing is for personal, commercial or practice-related purposes.

(b) Examples of unethical publishing include, but are not limited to:

1. Advertising prices when all costs are not revealed.
2. Manipulating photographs, whether by lighting, posing, image software applications or any other means so as to misrepresent the appearance of the preoperative condition or the medical outcome.
3. Publishing photographs of patients upon whom you did not perform the advertised procedure, or of procedures not performed by you, except with the prior written consent of the patient and the doctor who performed the procedures, with a clear and conspicuous notice affixed thereto.
4. Publishing research not your own except with the prior written consent of the entity or individual who owns the rights to such research, with a clear and conspicuous notice affixed thereto.
5. Publishing material not your own, including intellectual property, without adhering to all requirements and/or limitations contained in the owner's license.
6. Utilizing "black hat" techniques, whether or not such techniques in fact positively influence a member's website, negatively influence a third-party's website, or divert web traffic. Such techniques include but are not limited to:
   a. Incorporating false, fraudulent, deceptive or misleading website data, terms, metadata, links or automatically generated back links
   b. Forging or misrepresenting message headers to mask the originator of the message
   c. Plagiarizing the content of another
   d. Accessing illegally or without authorization computers, accounts, or networks belonging to another, or attempting to penetrate security measures of another's system, or engaging in any information gathering activity that might be used as a precursor to an attempted system penetration
   e. Disrupting or interfering with the ability of another to effectively use his/her own network, system, service, or equipment
7. Any activity which has the self-evident purpose of obstructing any member's legitimate right to contact or be contacted by patients.
8. Practicing under a trade name, or marketing a procedure under a new name, that is false, fraudulent, deceptive or misleading.
9. Marketing services, products or procedures, whether or not trademarked, using descriptors of uniqueness, such as groundbreaking, novel or revolutionary, or increased safety, or lessened pain or discomfort, or efficacy, unless such claims can be easily and factually substantiated.
10. Publishing atypical patient outcomes without clearly and conspicuously disclosing that fact.
11. Publishing reviews or testimonials of atypical experiences without clearly and conspicuously disclosing that fact.
12. Publishing reviews or testimonials of individuals posing as patients (astroturfing).
13. Publishing reviews or testimonials with respect to any member without clearly and accurately stating the identity of the reviewer and the relationship of the reviewer to the member.
14. Claiming superiority in skills or services, including superiority due to the member's gender or ethnicity, which claims cannot be easily and factually substantially by patients.
15. Exaggerated claims to fame.
16. Appealing to a patient's fears, anxieties or emotional vulnerabilities.
17. Advertising a specialty board certification when doing so is prohibited by the jurisdiction in which the member practices.
18. Participating in illegal transactions.
19. Failing to include in a paid appearance, promotion, article or advertorial a clear and conspicuous notice that such content has been purchased and is not editorial.
20. Failing to clearly and conspicuously identify as a model any individual appearing in member advertising who has not in fact received from the member the services suggested by the advertising.
21. Displaying any organization's logo in a manner that suggests membership by a non-member.

(c) A member who appears in or benefits from a website, or utilizes marketing material provided by any third party, where such website and/or marketing materials violate this Code, is considered to have personally violated the Code and is subject to discipline.

3.02 Advertising and Public Relations

A member shall approve all advertisements before publishing, and shall retain a copy or record of all such advertisements in their entirety for one year after publication. A member shall be held personally responsible for any violation of this Code of Ethics instigated by the member's staff, or any public relations, advertising or similar firm acting on the member's behalf.

3.03 Kickbacks, Rebates, Fee Splitting and Social Coupons

(a) A member shall not pay or receive kickbacks or rebates for patient referrals.

(b) A member may pay or receive a fee for referring a patient if permitted by state law, provided the total cost of care for the patient is not increased solely by reason of the referral fee. A member may pay for a referral service when permitted by, and conducted according to, state law.

(c) Fee splitting with another member is appropriate if, in addition to billing only for services actually performed, the patient is informed and consents, the fee is not increased solely by reason of the division of the fee, and fee splitting is permitted under state law.

(d) Unless specifically prohibited by federal or state law, social coupons shall not constitute a kickback, rebate, referral fee

Continued on Page 46

or fee splitting, but shall instead be deemed lawful advertising.

3.04 Media Compensation

A member shall not compensate or give anything of value directly or indirectly to a representative of the media in anticipation of or in return for professional publicity.

3.05 Participation in Charity Events

A member may donate to a charity raffle, fund-raising event, contest or other promotion a prize which is an in-office consultation, a health care product, any procedure not requiring an incision, such as an injection, or a gift certificate redeemable for all or part of the cost of these prizes. Any such prize must identify any limitations required by state law and must reserve to the member the right to require informed consent and to determine the suitability of the patient.

3.06 Patents, Trademarks and Trade Secrets

(a) A member may not seek or obtain a patent for any invention or discovery of a method or process for performing a surgical procedure, except if the method or process is performed by or as a necessary component of a device or composition of matter or improvement thereof which is itself patentable subject matter.

(b) A member may not market a procedure, whether or not trademarked, using descriptors of uniqueness, such as "groundbreaking," "novel" or "revolutionary," or "greater safety," or "lessened pain or discomfort," or "efficacy," unless such claims can be easily and factually substantiated.

(c) A member may not claim as a trade secret any method or process for performing a surgical procedure.

3.07 Self-Aggrandizement

(a) A member should clearly distinguish between statements made and actions engaged in as a private individual and as a representative of the Society.

(b) A member shall not claim superiority in any respect over another member unless such claim can be factually and objectively supported.

(c) Members may claim only those relevant professional credentials they actually possess and promptly take steps to correct any inaccuracies or misrepresentations of their credentials made by others.

(d) A member should take responsibility and credit, including authorship credit, only for work actually performed or contributed thereto.

(e) A member should honestly acknowledge the work of and the contributions made by others.

3.08 Conduct Demeaning to the Profession

(a) A member may not provide medical services in exchange for sexual or other inappropriate favors.

(b) A member may not participate in or benefit from advertising campaigns that are in poor taste, vulgar, undignified, or demeaning to patients or the profession.

3.09 Solicitations

A member shall not engage in uninvited solicitation of potential patients who, because of their circumstances, are vulnerable to undue influence, manipulation, or coercion.

3.10 Delegation to Unqualified Practitioners

With the exception of patients whose recovery would be compromised by a transfer to another facility, a member should not perform a surgical operation when responsibility for diagnosis or care of the patient is delegated to another who is not qualified to undertake it.

3.11 Professional Discipline and Convictions

(a) Professional discipline of any kind, whether imposed by a certifying body, regulatory commission, licensing board or a professional society, or any criminal conviction by any governmental body or judicial tribunal, whether or not of a professional nature, and whether or not such discipline or criminal conviction is suspended or stayed on appeal, shall be immediately reported by the member to the Society for review by the Ethics Committee.

(b) Any loss of the right to practice medicine due to license suspension, license revocation or personal incarceration shall result in the automatic termination of membership in the Society.

3.12 Violation of Law

Violation of any applicable federal, state or state board of medicine laws, rules, regulations or codes of professional conduct shall be presumed to be a violation of this Code of Ethics.

4. Ethical Responsibilities Toward the Profession

4.01 Expert Testimony

Members may testify as expert witnesses when appropriate, but only in an objective and unbiased manner. Compensation may not be contingent upon the outcome of the litigation. Testimony, including testimony as to credentials or qualifications, which is false, fraudulent, deceptive or misleading is a violation of this Code. Members serving as expert witnesses must:

(a) Have, at the time of the incident, a minimum of 3-years experience as a board certified plastic surgeon as well as in the past year, substantive experience in the area in which they testify, including, without limitation, experience in the relevant subspecialty or the particular procedure performed on the plaintiff.

(b) Thoroughly review the medical facts and testify to their content fairly, honestly and impartially.

(c) Be familiar with the local community and national standards of practice prevailing at the time of the occurrence.

(d) Provide evidence-based testimony regarding the standard of care, citing peer-reviewed plastic surgery literature where possible and identifying personal opinion as such.

(e) Demonstrate or be prepared to demonstrate a causal relationship between an alleged substandard practice and a medical outcome.

(f) Neither condemn performance that clearly falls within the community standard of care nor endorse or condone performance that clearly falls outside of such standard of care.

(g) Not testify that a maloccurence is malpractice.

4.02 Conflicts of Interest

Members owe to the Society as well as patients their professional discretion and impartial judgment. Accordingly, any violation of the Society's Conflict of Interest Code will be deemed a violation of this Code of Ethics.

5. Discipline

Enforcement of this Code shall follow the policies and procedures established by the Board of Directors and the Bylaws. For violations of this Code, potential discipline includes:

(a) Private censure.
(b) Public censure.
(c) Probation.
(d) Suspension.
(e) Expulsion.
(f) Referral to licensing boards for further action.

Revision approved by the ASAPS Board of Directors on June 2, 2014

YOUR
SUMMER
SKINCARE
ESSENTIAL

- 1st and only topical silicone **SCAR TREATMENT** with SPF cleared by the FDA*
- Over 2,000 patients in clinical studies proving efficacy
- UV protection ingredients ensure the optimal healing environment

bioCorneum®+
advanced **SCAR SUPERVISION** plus **SPF30**

www.biocorneum.com

* bioCorneum®+ is a device registered under Kelo-cote® 510(k).

Relax. You're covered.

Introducing

The Industry's First Capsular Contracture Care Program

- TRUE Texture® breast implants*
- Covers primary augmentation patients who have Baker III or IV capsular contracture
- Two-year product replacement program
- Exclusive to Board-Certified Plastic Surgeons

Differentiate Yourself with C3

- First-of-its-kind program
- Unique benefit for patients

For additional details, contact your Sientra representative

Visit sientra.com/resources for program details and program terms & conditions.
Covers implant surgeries beginning November 1, 2013.

Sientra Breast Implants are indicated for breast augmentation in women at least 22 years old and for breast reconstruction. Breast implant surgery is contraindicated in women with active infection anywhere in their body; with existing cancer or precancerous conditions who have not received adequate treatment for those conditions and; who are currently pregnant or nursing. Prior to use, plastic surgeons should review all risk information, which is found in the Directions for Use. Key complications associated with the use of silicone gel breast implants include capsular contracture, implant removal, rupture and reoperation. The Directions for Use and detailed information regarding the risks and benefits of Sientra breast implants can be found at sientra.com

*Silimed® Proprietary Texture Technology

888.708.0808 sientra.com MDC-0116 R2