



February 1–3: ASAPS Las Vegas Facial & Rhinoplasty Symposium

By Charles Thorne, MD

Our spectacular faculty and myself are extremely pleased to announce that you can still register for

the **ASAPS Las Vegas 2018 Facial and Rhinoplasty Aesthetic Symposium, February 1–3, at The Cosmopolitan of Las Vegas.**

We have planned an exciting program in an intimate learning environment, with some of the best minds specializing in facial and rhinoplasty aesthetic surgery today. We'll be covering such topics as aging concepts, anatomical landmarks and deviations, aesthetic evaluation, fat grafting, fillers (including a live demonstration), and much more.

What to Expect

This program is designed to recognize all aspects of facial surgical rejuvenation, including eyes, nose, lips and chin. A big thanks to Jay



Faculty member, Oren Tepper, MD, demonstrates his technique in the cadaver lab.

Calvert, MD, for organizing our in-depth rhinoplasty portion of this program. Come join us for this rare opportunity to interact and learn from a top-notch faculty comprised of surgeons from around the globe. This is truly a symposium you won't want to miss!

Cadaver Labs: Practice Your Skills

Plan to attend the one of the two optional cadaver anatomy labs, that are focused on techniques in rhinoplasty and facial aesthetics. These popular hands-on labs offer a great opportunity to try what you've learned during the meeting with faculty instruction and interaction.



Available CME

The American Society for Aesthetic Plastic Surgery (ASAPS) designates this live activity for a maximum of 23 AMA PRA Category 1 Credits.™ Physicians should claim only the credit commensurate with the extent of their participation in the activity. To earn the maximum, 23 CMEs, you must also attend an optional cadaver lab on Saturday afternoon, without which the maximum is 19 CMEs. 12 of the 23 credits have been identified as Patient Safety Credits (8 for the general session and 4 for the cadaver lab). Credit hours subject to change.

Exciting Venue: The Cosmopolitan of Las Vegas

All meeting functions will be held at The Cosmopolitan of Las Vegas, a luxury resort casino and hotel, located on the Las Vegas

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ASAPS/ASPS Joint Message on BIA-ALCL — Page 6

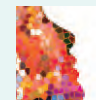


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The Aesthetic Society has recently become aware that some members and colleagues have mistakenly clicked “Unsubscribe” on our emails, which removes a person entirely from **all** Aesthetic Society email communication. Typically, a person may think that they are unsubscribing from only that particular symposium promotion, for example, but in reality they are unsubscribing from **all** Society emails. The Aesthetic Society makes every effort to ensure that the emails we send are relevant to you, with important Society information, educational opportunities, and member offerings. **Please be assured that we never loan or sell our email lists.**

If you have not received email from The Aesthetic Society in some time, it is likely that you may have mistakenly unsubscribed from email communications. If this was in error, please email asaps@surgery.org, and ask to be re-subscribed to our communications list. We value your support of The Aesthetic Society. Thank you!

WE ARE AESTHETICS.



ASAPS Las Vegas 2018
Facial & Rhinoplasty Symposium
February 1–3, 2018
The Cosmopolitan of Las Vegas
Las Vegas, NV



The Aesthetic Meeting 2018
April 26–May 1, 2018
Jacob K. Javits Convention Center
New York, NY

APPLY NOW! July 1, 2018 is the next ASAPS Active Member Application Deadline. Learn more at www.surgery.org/active-membership



New day rising.

Aesthetic Society News

Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

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ASAPS Provided, Jointly Provided & Endorsed Symposia

January 18, 2018

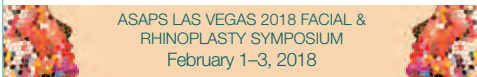
SESPRS 11th Annual Oculoplastic Symposium

Intercontinental Hotel
Atlanta, GA
435.901.2544
www.sesprs.org

January 19 – 21, 2018

SESPRS 34th Annual Atlanta Breast Surgery Symposium

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ASAPS LAS VEGAS 2018 FACIAL & RHINOPLASTY SYMPOSIUM
February 1–3, 2018

February 1 – 3, 2018

ASAPS Las Vegas 2018 Facial & Rhinoplasty Symposium

The Cosmopolitan of Las Vegas
Las Vegas, NV
562.799.2356
www.surgery.org/face2018

February 8 – 10, 2018

Baker Gordon Educational Symposium

Hyatt Regency Downtown Miami
Miami, Florida
305.854.8828
www.bakergordonsymposium.com

February 17 – 19, 2018

33rd Hawaii Plastic Surgery Symposium

Hawaii Prince Hotel, Waikiki, HI
Honolulu, HI
808.526.0303
www.panpacific.org

February 17 – 21, 2018

NWSPS 56th Annual Scientific Meeting

The Kahala Hotel
Honolulu, HI
503.421.8955
http://nwspss.org/annual-meeting/

February 29 – March 1, 2018

Dallas Cosmetic Surgery and Medicine Meeting

The Westin Galleria Dallas
Dallas, TX
781.793.0088
http://dallasrhinoplastyandcosmeticmeeting.com

March 2 – March 3, 2018

Dallas Rhinoplasty Meeting

The Westin Galleria Dallas
Dallas, TX
781.793.0088
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April 12, 2018

18th Toronto Breast Symposium

King Edward Hotel
Toronto, Ontario, Canada
Natalie.halsband@utoronto.ca
www.torontoaestheticmeeting.ca

April 13 – 14, 2018

48th Toronto Aesthetic Plastic Surgery Symposium

King Edward Hotel
Toronto, Ontario, Canada
Natalie.halsband@utoronto.ca
www.torontoaestheticmeeting.ca



April 24 – April 27, 2018

Skin Care 2018

New York Marriott Marquis Hotel
New York, NY
562.799.2356
www.spsscs.org/meeting2018

April 26, 2018

The Rhinoplasty Society Annual Meeting 2018

New York Marriott Marquis Hotel
New York, NY
904.786.1377
www.rhinoplastysociety.org/meetings

THE AESTHETIC MEETING 2018



April 26 – May 1, 2018

The Aesthetic Meeting 2018

Jacob K. Javits Convention Center
New York, NY
562.799.2356
www.surgery.org/meeting2018



August 24 – 26, 2018

The Artful Approach to Cosmetic Medicine

Estancia Hotel
La Jolla, CA
asaps@asaps.org
surgery.org/cosmeticmed2018

October 18 – 20, 2018

ASAPS Breast and Body Symposium 2018

Intercontinental Mark Hopkins Hotel
San Francisco, CA
asaps@asaps.org
www.surgery.org/breastandbody2018

October 29 – 31, 2018

IMRHIS 2018

Loews Miami Beach Hotel
Miami, FL
www.IMRHIS2018.com

October 31 – November 4, 2018

24th Congress of ISAPS

Miami Beach Convention Center
Miami Beach, FL
isaps@isaps.org
www.isapsmiami2018.com

January 19 – 20, 2019

The Learning Curve Summit

Four Seasons Hotel
Palo Alto, CA
drr@drosenfield.com
http://learningcurvesummit.com



EDUCATIONAL OPPORTUNITIES

As Education is the foundation of The Aesthetic Society's mission, ASAPS is proud to bring you symposia which broaden your breadth of knowledge. Upcoming ASAPS educational opportunities include:

- ASAPS Las Vegas 2018 Facial and Rhinoplasty Symposium
February 1–3, 2018 • Las Vegas, NV
- The Aesthetic Meeting 2018
April 26–May 1, 2018
New York City, NY
- The Artful Approach to Cosmetic Medicine
August 24 – 26, 2018 • La Jolla, CA

- ASAPS Breast and Body Symposium 2018
October 18 – 20, 2018
San Francisco, CA

More information about these offerings can be found above. ASAPS appreciates your dedication to continuing education and enhanced patient safety and satisfaction. Thank you!



Welcome to 2018!

By Clyde Ishii, MD

This promises to be a good year for Aesthetic Society members. The economy is stable, the unemployment rate is low, exciting research is being conducted in promising areas like fat grafting and anti-aging medicine, and new practice management tools are being introduced for the exclusive use of ASAPS members. All in all, it's a great time to an ASAPS member.

Education News

In December 2017, a delegation of US and Canadian-based aesthetic surgeons met with members of the Chinese Association of Plastic Surgeons and Aesthetics (CAPA) for a symposium focused on the educational needs of our Asian colleagues. Aside from a fascinating cultural experience, we discovered that there is a tremendous interest in plastic surgery especially in the area of injectables. I would like to personally thank our gracious hosts in China and my fellow ASAPS members for participating in this important educational exchange.

While we are on the subject of education, we recently held our second Experienced Insights: Breast and Body Symposium in San Francisco on October 19–21, 2017. Personally, this is one of my favorite meetings, and attendees both pre-and post-meeting seem to agree with me. Almost 100 percent of attendees said the meeting would enhance their professional effectiveness, and an impressive 97 percent saying that they would recommend this meeting to colleagues.

Perhaps one reason for these rave reviews, this, aside from an excellent program under the direction of Chair Jeff Kenkel, MD and Vice Chair Bill Adams, MD, was the participation, via satellite, of our Australasian Society colleagues Anand Deva, MD; Craig Layt, MD; Mark Magnusson, MD; Tim Papadopoulos, MD and Miles Prince, MD. My thanks to all of them for an exceptional learning experience.

Remember, it's not too late to register for the ASAPS Las Vegas 2018 Facial and Rhinoplasty Symposium taking place February 1–3 at the Cosmopolitan. This year's Chair is Charlie Thorne, MD with Lou Bucky, MD as Co-Chair. Jay Calvert, MD is the Rhinoplasty Chair. This meeting has some of the leading key opinion leaders in the

field and should be an excellent learning experience. It's also scheduled to get you home in time to watch the Super Bowl!

Patient Safety

BIA-ALCL (Breast Implant-Associated Anaplastic Large Cell Lymphoma) is a rare lymphoma that to date has only been noted to occur in patients with a history of a textured breast implant device. Although rare and most often curable, it does occur and, as we all know, even one patient suffering from this condition is one too many. The House of Plastic Surgery (ASAPS, ASPS and ISAPS) has been diligently researching the issue and a new member "Frequently Asked Questions" document is being finalized as a joint ASAPS/ASPS project.

The Society recently issued a press release, based work of the ASERF Gluteal Fat Grafting Task Force, which identified factors that either added risk or proved to be protective and/or preventative techniques associated with the procedure.

These findings were published in the *Aesthetic Surgery Journal* and have led to the adoption of the following recommendations:

- Avoid injecting fat into the deep muscle
- Use a >4.1 mm single hole injection cannula
- Avoid downward angulation of the cannula
- Position patient and place incisions to create a path that will avoid deep muscle injections
- Maintain constant three-dimensional awareness of the cannula tip
- Only inject when cannula is in motion
- Consider pulmonary fat embolism in unstable intra- and postoperative patients
- Review gluteal vascular anatomy and draw landmarks to identify and avoid injection into the pedicle
- Include risk of fat embolism and surgical alternatives in the informed consent process

The article can be found at <http://academic.oup.com>.

The creation of the ASERF Gluteal Fat Grafting Task Force and its findings are important first steps in research and education surrounding this sought-after procedure.

Remember, it's not too late to register for the ASAPS Las Vegas 2018 Facial and Rhinoplasty Symposium taking place February 1–3 at the Cosmopolitan.

On the Horizon



Have you signed up for ANN yet? The Aesthetic Neural Network (ANN) is the members-only solution that takes your de-identified patient procedural information and delivers it back so you can benchmark your practice against your peers through a series of key performance indicators preselected on your personal dashboard. Those who signed up for ANN at The Aesthetic Meeting 2017 will begin to see their data dashboards, along with detailed information on how to use them, beginning in January. To my knowledge, we are the only organization to offer a product of this kind that doesn't require data input of additional staff time. For more information, please contact sales@ronansolutions.com.

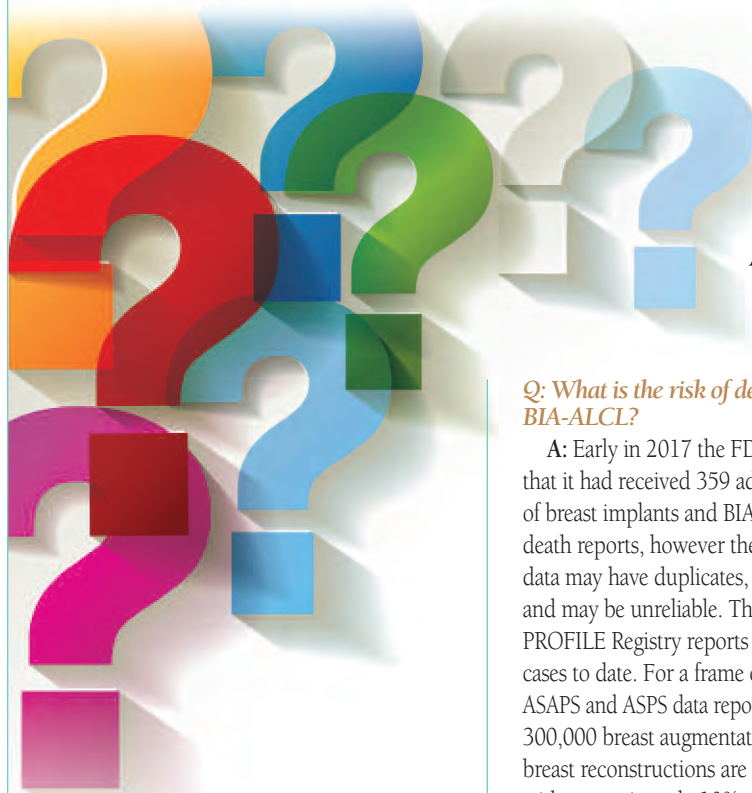
In closing, let me remind you of our biggest educational event of the year, The Aesthetic Meeting 2018. Early bird registration is open now, and have you seen a better faculty? Under the expert stewardship of Bill Adams, MD, and Jamil Ahmad, MD, we are all but guaranteed an exceptional week of aesthetic education.

To top it off, our meeting is being held in New York this year, arguably the most exciting city in the country. I look forward to seeing you there!

Dr. Clyde Ishii is an aesthetic plastic surgeon in private practice in Honolulu, HI, and serves as President of The Aesthetic Society.

BIA-ALCL Frequently Asked Questions

A Joint Project from the American Society for Aesthetic Plastic Surgery and the American Society of Plastic Surgeons



THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC.



AMERICAN SOCIETY OF
PLASTIC SURGEONS

Q: What is BIA-ALCL?

A: BIA-ALCL (Breast Implant-Associated Anaplastic Large Cell Lymphoma) is a rare lymphoma that to date has only been noted to occur in patients with a history of a textured breast implant device—and when caught early, it is curable in most patients. BIA-ALCL is not a cancer of the breast tissue itself. All government authorities and oncology organizations currently classify BIA-ALCL as a lymphoma. On-going research continues to best understand and define BIA-ALCL, which consists of a spectrum of stages from a CD30+ seromas/effusions to capsular tumors to lymph node involvement and even distant metastasis.

Q: What are the symptoms of BIA-ALCL?

A: BIA-ALCL usually develops as a delayed swelling of the breast (Average 8 years, range 2 to 28 years) after the insertion of textured breast implants, which may present as fluid collecting around the implant or marked breast asymmetry. It can also present as a lump in the breast or armpit.

Q: What is the risk of developing BIA-ALCL?

A: Early in 2017 the FDA issued a report that it had received 359 adverse event reports of breast implants and BIA-ALCL and nine death reports, however the FDA warns this data may have duplicates, unverified cases, and may be unreliable. The ASPS/FDA PROFILE Registry reports 184 unique US cases to date. For a frame of reference, both ASAPS and ASPS data report that approximately 300,000 breast augmentations and 150,000 breast reconstructions are performed annually with approximately 10% receiving textured implants in the US. The lifetime risk for BIA-ALCL in previous epidemiological studies ranges from 1:1000 to 1:30,000 for those with textured implants based on implant sales data from the U.S., Canada, Netherlands, and Australia. Currently the lifetime risk of developing BIA-ALCL for a smooth-only implant is zero, as there are no reported cases to date of BIA-ALCL in patients exposed to only smooth implants. The risk for different types of textured implants may be different with proportionally more cases of higher surface-area textured implants, such as Biocell and polyurethane, although all textured implants with a sufficient time of follow up have attributable cases to date.

Q: What did the latest FDA statement say in regards to BIA-ALCL?

A: BIA-ALCL is a rare and highly treatable condition that can develop around textured breast implants. The FDA advocated for surgical management in the majority of patients as well as specifically recommended all confirmed BIA-ALCL cases be reported to the PROFILE registry (www.theapsf.org/PROFILE) for detailed tracking of cases. In October 2017,

the European Commission's Scientific Committee on Health, Environmental, and Emerging Risks (SCHEER) released a scientific advice report on BIA-ALCL and also stressed the importance of future research and reporting to prospective patient registries.

Q: What is the significance of the latest FDA statement?

A: The 2017 FDA statement emphasized that this disease was predominantly associated with textured implants. The FDA acknowledged and agreed with the World Health Organization classification of BIA-ALCL as a lymphoma and treatment guidelines established by the National Comprehensive Cancer Network (NCCN). Both ASAPS and ASPS fund research to ascertain what might be the underlying issues causing this cancer, and to try to find a solution so that the disease may be eradicated.

Q: Is BIA-ALCL a major concern?

A: Although the incidence is rare, any procedure that may lead to the death of a patient must be considered a major concern, and something that patients should be made aware of prior to undergoing breast implant surgery. They should be advised of that risk, as well as the risks that surgery itself poses including additional financial costs.

As of December 1, 2017, the PROFILE registry has received 183 unique cases of BIA-ALCL in the U.S., 56% had a history of cosmetic breast augmentation; 44% had a history of post-mastectomy reconstruction. Worldwide, approximately 500 unique cases have been reported which includes 17 disease-related deaths. PROFILE data is regularly updated and available by contacting

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BIA-ALCL Frequently Asked Questions

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www.thepsf.org/PROFILE for additional data and information. ASAPS and ASPS continue to work on patient education tools that will help breast implant patients put this disease in perspective. In simple terms, the relative risk of capsular contracture versus BIA-ALCL is approximately 100–3000 times higher for a given patient. Patients often desire more tangible terms for patient education on BIA-ALCL, and consultation talking points can be found in a July 2017 *Micromort Analysis*, although these data are in constant evolution as more information is gathered. Although the risk is small, patient safety is the primary focus of our societies, and we strive to educate and inform our members and the public about the symptoms and any risk of BIA-ALCL.

Q: Can you explain the differences in implant texture and what role that factor plays in the research?

A: Although it is rare, BIA-ALCL appears to currently develop exclusively in women with textured implants. To date there has not been a case of BIA-ALCL in a patient with only smooth implants. Proposed theories of the primary potentiator of BIA-ALCL include textured implant particulate, mechanical friction, and/or bacteria/biofilm. Of the 183 unique reported cases of BIA-ALCL to PROFILE as well as world reported cases, silicone and saline fill implants and reconstructive versus cosmetic patients are evenly represented.

Q: How does this impact those with breast implants?

A: ASAPS and ASPS advocate following the FDA recommendation that all women, including those with breast implants follow their normal routine in medical care and follow up, including mammography when appropriate and should immediately contact their physician if they sense any abnormalities within the breast or notice any significant changes. There is no recommended screening for asymptomatic patients. Suspicious fluid collections after one year of implantation should be aspirated and tested for CD30 immunohistochemistry. The FDA recommends all confirmed BIA-ALCL cases be reported to the PROFILE registry. (www.thepsf.org/PROFILE)

Q: What about those considering breast implants?

A: Physicians should include BIA-ALCL in breast implant patient education materials and informed consent so that patients can determine the right procedure for them. Furthermore, breast implants remain among the most studied medical devices available—and the incidence of BIA-ALCL is low.

Q: How is BIA-ALCL treated and what is the prognosis?

A: Diagnosis and treatment follow standardized guidelines established by the National Comprehensive Cancer Network (NCCN). (Algorithm available on ASAPS and ASPS website). Current recommendations for the treatment of BIA-ALCL call for bilateral capsulectomy and removal of the breast implants. All cases of BIA-ALCL with disease confined to the capsule that have been diagnosed and treated with total capsulectomy have been cured to date. In the 16 known deaths from the disease, all patients either received chemotherapy/XRT alone, died of the treatment itself, had incomplete resection/partial capsule removal, or distant metastasis. The majority of early stage patients treated with total capsulectomy require no additional treatment. Chemotherapy is required for unresectable disease and lymph node and organ metastasis.

Q: Are some patients at greater risk than others?

A: It is not possible to predict who will develop BIA-ALCL. It has occurred in women who have a history of textured breast devices for both cosmetic and reconstructive purposes and has occurred in women with both saline and silicone implants. The following are the current risk factors for BIA-ALCL based on published data and research:

- 1. Device.** Textured surface devices. There have been no reported pure smooth-walled device cases at this time.
- 2. Genetics.** There has been one published report that there may be a genetic predisposition (germ line mutations in JAK1 and STAT3 genes). Further investigation is required.
- 3. Inflammation.** Chronic inflammation either triggered by bacteria or another factor, has been implicated.

4. Time. BIA-ALCL mean presentation is 8–9 years post-operative.

Q: Should healthy patients have their implants removed prophylactically?

A: The FDA does not suggest additional screening or prophylactic removal of implants for asymptomatic women.

Q: Should women with breast implants be screened for BIA-ALCL?

A: The FDA recommends that asymptomatic women without breast changes do not require more than routine follow-up. If a patient experiences a change in her breasts—especially if there is swelling or a lump—she should undergo examination and appropriate imaging, including ultrasound and fine needle aspiration of any peri-implant fluid.

Q: What causes BIA-ALCL?

A: ASAPS, ASERF, and the FDA are working proactively to study BIA-ALCL. Bacteriologic contamination, long-term allergic inflammation, implant texturing, and genetic factors have been theorized and are undergoing further study. Research is ongoing and cases are being monitored. Genetic predisposition may play a role. Concentrations of reported cases vary widely across the globe, with some geographic areas reporting very few cases. Ongoing data collection worldwide will help to determine any genetic propensities for this disease.

Q: Does the FDA recommend against the use of textured implants?

A: The FDA affirms that all breast implants carry a reasonable assurance of safety and efficacy. The best practice is always for the physician to discuss with each patient the known risks and potential complications associated with any procedure. It is important for the patient and her doctor to frankly discuss all options available, and the risks involved including BIA-ALCL, capsular contracture, implant malposition, and rates of reoperation. The plastic surgeon must provide a frank and transparent discussion regarding the benefits and risks of implants, both smooth and textured. The patient must then make an informed decision, based upon her own assessment of her needs and the risks involved. It is critical that the patient makes a

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108 Abdominoplasty—A Comprehensive Guide to Abdomen Contouring Techniques
Matarasso

205 Wide Awake Cosmetic Surgery and Minimal Pain Filler Injection
Lalonde/McKee

302 Fat Grafting During Facelift and Blepharoplasty: Principles and Art
Little

401/501 Aesthetic Breast Reconstruction: The New Paradigm in Breast Surgery
Brown/Grotting/Namnoum/Zienowicz

418 Developing Systems in Aesthetic Practice to be Successful in the 21st Century
Rios/Steinbrech

510 Beyond Abdominoplasty—Circumferential SAFELipo, Full Abdominoplasty, and Targeted Fat Grafting of the Buttocks
Wall/Claiborne

603/703 Three-Dimensional Body Contouring: The Next Generation of Liposuction, Abdominoplasty, and Muscle Augmentation with Fat Grafting
Hoyos/Mentz/DiBernardo/Theodorou

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BIA-ALCL Frequently Asked Questions

Continued from Page 7

fully informed decision following a full discussion of the risks and benefits. For clinical situations where use of a smooth versus textured device is equivocal, surgeons should consider a smooth device.

Q: Have there been any deaths due to BIA-ALCL?

A: There have been 16 confirmed deaths globally, which includes 5 U.S. cases, attributed to BIA-ALCL to date. Disease related deaths have now been reported in Australia, Brazil, France, Netherlands, New Zealand, Sweden, Italy, and the US. Deaths and advanced disease cases emphasize the importance of disease recognition and proper treatment in a timely fashion.

Q: What is the recommended clinical response to a patient presenting with symptoms that could be attributable to ALCL?

A: In July 2016, ASAPS and ASPS issued a joint “Tear Sheet” describing the recommended clinical protocol for patients presenting with symptoms that could be attributable to BIA-ALCL. For a copy of the ASAPS/ASPS tear sheet, please visit <http://www.surgery.org/professionals>.

ASPS members can find a copy of the ASAPS/ASPS tear sheet at <https://cdn.plasticsurgery.org/doc/Joint-ASPS-ASAPS-Statement-On-Breast-Implant-Associated-ALCL.pdf>.

This protocol formed the framework for the international recommendations by the National Comprehensive Cancer Network (NCCN) for the diagnosis of BIA-ALCL. Following NCCN guidelines, a swollen breast can be evaluated with ultrasound for either a fluid collection, capsular mass, or lymph node swelling.

Fluid collections should be aspirated percutaneously.

Aspirate (minimum 25–50ml) should be sent for:

1. CD30 immunohistochemistry
2. Cell block cytology evaluation and labelled to “rule out BIA-ALCL.”

CD30 testing is critical to direct pathologists and help establish a diagnosis prior to any surgical intervention.

Q: How is BIA-ALCL diagnosed?

A: Diagnosis should be made by fluid aspiration in a clinic or by interventional radiology prior to any surgical intervention.

Diagnosis requires large anaplastic cells on cytology, CD30+ immunohistochemistry, and an expanded single T-cell clone on flow cytometry. Mammograms are not useful in diagnosing BIA-ALCL. In confirmed cases, PET/CT scans are performed to help stage the disease, evaluate for associated capsule masses (20–40% of cases), lymph node metastasis (5–15%) or organ metastasis (1–3%). Confirmation of diagnosis allows for oncologist consultation and oncology workup prior to surgical intervention.

Q: Where can I find more information on BIA-ALCL?

A: Additional information, downloadable manuscripts, and resources on BIA-ALCL are available online at www.the-psf.org/PROFILE and at www.plasticsurgery.org/alcl and by searching “ALCL” on RADAR.

This tear sheet represents the data known as of December 2017. Updates to this document will be provided as warranted and as more information is known.

Please visit the organizations websites for additional info:

ASAPS

surgery.org/professionals

RADAR (search “ALCL”)

radarresource.org

FDA

<https://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/BreastImplants/ucm239995.htm>

ASPS

plasticsurgery.org/alcl

Plastic and Reconstructive Surgery

<http://journals.lww.com/plasreconsurg/pages/collectiondetails.aspx?TopicalCollectionId=45>

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REFERENCES: 1. Data on file. Suneva Medical, Inc.

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Collaborative Research Efforts in BIA-ALCL: An Update on Ongoing Efforts and Challenges

Ali A. Qureshi, MD and Mark W. Clemens, MD, FACS

Our understanding of Breast Implant Associated-Anaplastic Large Cell Lymphoma (BIA-ALCL) is rapidly changing as more research progress is made. The last Food and Drug Administration (FDA) safety communication on BIA-ALCL in March 2017 voiced agreement with the World Health Organization (WHO) classification of BIA-ALCL as a unique T-cell lymphoma that can develop around textured breast implants. The FDA update also supported National Comprehensive Cancer Network (NCCN) guidelines, which further outlined the diagnosis and management algorithm which were published in the *Aesthetic Surgery Journal* and can also be found for free download (Clemens MW, Horwitz SM. *Aesthet Surg J* 2017;37:285–89; NCCN guidelines. Breast implant-associated ALCL Version 2.2017.)

In October 2017, the European Commission's Scientific Committee on Health, Environmental, and Emerging Risks (SCHEER) released a scientific advice report on BIA-ALCL. SCHEER evaluated the association between breast implants and lymphoma and stressed the importance of prospective patient registries and physician reporting.

Domestic efforts to better understand BIA-ALCL have been through combined efforts of ASAPS and ASPS. The research arms of our societies including ASERF and PSF have prioritized funding for disease research. The Patient Registry and Outcomes for Breast Implants and Anaplastic Large Cell Lymphoma (PROFILE) was established in 2012 in collaboration with ASPS, the Plastic Surgery Foundation, and the FDA. This is the only registry for BIA-ALCL in the United States. For the plastic surgery community to better understand the epidemiology and outcome of BIA-ALCL, voluntary participation

As of November 2017, the PROFILE registry has received 169 unique cases of BIA-ALCL in the U.S., 53% had a history of cosmetic augmentation and 43% had a history of breast reconstruction.

in the PROFILE registry is critical. Reporting to PROFILE is specifically recommended by the FDA for confirmed cases.

Our understanding of BIA-ALCL can only be enhanced when suspected or confirmed cases of BIA-ALCL are entered into the PROFILE registry. A clinician or their team member can enter information about a case of BIA-ALCL, and this can be accessed online at www.the-psf.org/PROFILE. Members of the PROFILE research team may then communicate with the reporting clinician to gather missing or other important information to enhance the quality of data collected. This in turn allows researchers to identify possible risk factors, patterns in disease progression and management strategies. It also will enhance our understanding of the epidemiology of BIA-ALCL in the US. As of November 2017, the PROFILE registry has received 169 unique cases of BIA-ALCL in the U.S., 53% had a history of cosmetic augmentation and 43% had a history of breast reconstruction. In the past, physicians may have been hesitant to report their patient information out of a concern for privacy or because of a time consuming and confusing reporting process. All of these concerns have been addressed and streamlined with complete patient confidentiality and new online data entry. The PROFILE research team is available to assist in data entry to make the entire process as straightforward as possible. PROFILE then checks back with physicians annually for patient updates to ensure what treatment strategies are working and what can be improved for our patients.

International efforts to understand BIA-ALCL have led to numerous publications in the plastic surgery literature. While some have looked upstream to examine risk factors and possible causation of BIA-ALCL, others have looked downstream to examine surgical treatment outcomes of patients with BIA-ALCL. ASERF and ASAPS have been strong advocates and supporters of BIA-ALCL research. Dr. Marshall Kadin at Boston University received an ASERF grant to examine biomarkers in the development of BIA-ALCL and has allowed us to better understand the role of precursor cells in the progression of disease. This work has

International efforts to understand BIA-ALCL have led to numerous publications in the plastic surgery literature. While some have looked upstream to examine risk factors and possible causation of BIA-ALCL, others have looked downstream to examine surgical treatment outcomes of patients with BIA-ALCL. ASERF and ASAPS have been strong advocates and supporters of BIA-ALCL research.

helped to elucidate much of the mechanism of disease origin. Dr. Kadin's work is a collaboration between multiple institutions including Boston University, McQuarie University, USC, MD Anderson Cancer Center, and several plastic surgery private practice who encountered a case and wanted to be a part of the cure. This past cycle, ASERF awarded a grant to Dr. Terence Myckatyn at Washington University School of Medicine to specifically look at ALCL, capsular contracture, acellular dermal matrices, and biofilm formation in the peri-prosthetic space. Pending research in 2018 will shed further light on pathogenesis, susceptible patient populations, new treatment strategies, novel screening tests, and disease prevention strategies.

There are multiple groups including ASAPS, ASPS, the FDA and NCCN all involved in BIA-ALCL research and care. The collaborative efforts of these agencies and plastic surgeons at large are a testament to the plastic surgery community's commitment to improve patient safety and care. So we have to ask, have you seen a case? Did you report it?

Ali A. Qureshi, MD is Chief Resident, Division of Plastic Surgery, Washington University School of Medicine, St. Louis, MO.

Mark W. Clemens, MD, FACS is Associate Professor, Plastic Surgery, MD Anderson Cancer Center, University of Texas, Houston, TX

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- Abdalla Bandak, MD, ASAPS Member

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February 1–3: ASAPS Las Vegas Facial & Rhinoplasty Symposium

Continued from Cover



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Register

We hope you’ll register and attend this exciting symposium and enroll in one of the two cadaver lab options. The registration brochure for this symposium follows this article in its entirety, or you can find more information online at

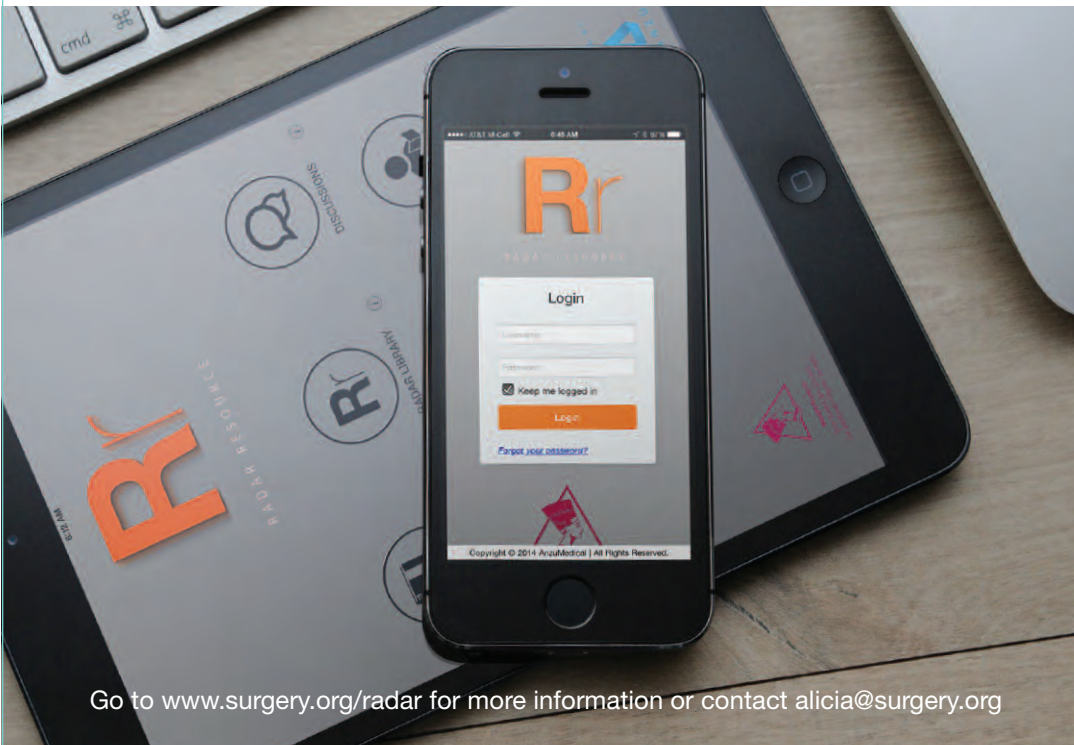


www.surgery.org/face2018. See you in Las Vegas, February 1–3!

Charles Thorne, MD, is an aesthetic plastic surgeon practicing in New York City. He currently serves on the ASAPS Board of Directors as Vice President.

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19 AMA PRA Category 1 Credits™*

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ASAPS or AAFPRS Active Member	\$1,450	\$1,650	\$ _____
ASAPS Candidate for Membership	\$1,600	\$1,900	\$ _____
International Affiliate Program (Australasian)	\$1,600	\$1,900	\$ _____
Guest Plastic Surgeon	\$1,850	\$2,050	\$ _____
ASAPS Life Member/Resident <i>(Residents must provide letter of verification from chief of plastic surgery)</i>	\$500	\$600	\$ _____
Allied Health Personnel/Office Personnel <i>(Must provide letter verifying employment by an ABPS-certified plastic surgeon)</i>	\$800	\$900	\$ _____
Optional Rhinoplasty Cadaver Lab (1:00pm – 5:00pm, Saturday, February 3) 4 AMA PRA Category 1 Credits™	\$850	\$995	\$ _____
Optional Facial Cadaver Lab (1:00pm – 5:00pm, Saturday, February 3) 4 AMA PRA Category 1 Credits™	\$850	\$995	\$ _____

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Refunds not considered unless a written request is emailed to Victoria@surgery.org by January 3, 2018, or mailed to the ASAPS Central Office and postmarked by January 3, 2018. Refunds will be subject to a minimum 15% administrative fee.

*Program and hours subject to change.

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PROGRAM GOALS AND LEARNING OBJECTIVES

Goal: Discuss advanced techniques in facial rejuvenation, including rhinoplasty, through surgical and non-surgical therapies to achieve optimal aesthetic outcomes and minimize complications with an emphasis on patient safety.

Learning Objectives

- Evaluate advanced concepts in aesthetic surgery of the face, nose and neck to achieve optimal outcomes
- Summarize advanced techniques and science in structural fat grafting
- Demonstrate appropriate use of hyaluronic acid in achieving optimal non-surgical facial rejuvenation
- Manage surgical and non-surgical complications with an emphasis on patient safety
- Recognize the importance of all aspects of facial surgical rejuvenation, including eyes, nose, lips and chin
- Define and analyze advanced techniques for facial rejuvenation to include:
 - Aging concepts
 - Aesthetic evaluation
 - Surgical options
 - Resurfacing options

WHO MAY ATTEND?


The ASAPS Las Vegas 2018 Aesthetic Symposium is open to Domestic and International Members and Candidates of:

- The American Society for Aesthetic Plastic Surgery
- The American Academy of Facial Plastic and Reconstructive Surgery
- The American Society of Plastic Surgeons
- The International Society for Aesthetic Plastic Surgery (ISAPS) or documentation of membership in a national plastic surgery society acceptable to the Board of Directors
- ASAPS Affiliate Program (Must be enrolled through the Australasian Society of Aesthetic Plastic Surgery)
- Residents and Fellows participating in an approved plastic surgery residency program (with letter of verification)
- Office/Ancillary Personnel of qualified surgeons

DESIGNATION

The American Society for Aesthetic Plastic Surgery (ASAPS) designates this live activity for a maximum of 23 *AMA PRA Category 1 Credits*.™ Physicians should claim only the credit commensurate with the extent of their participation in the activity.

To earn the maximum, 23 CMEs, you must also attend an optional cadaver lab on Saturday afternoon, without which the maximum is 19 CMEs.

 of the 23 credits have been identified as Patient Safety Credits (8 for the general session and 4 for the cadaver lab).

ACCREDITATION

The American Society for Aesthetic Plastic Surgery (ASAPS) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

DISCLOSURE POLICY

The American Society for Aesthetic Plastic Surgery (ASAPS) requires all instructors, planners, reviewers, managers, and other individuals in a position to control or influence the content of an activity to disclose all relevant financial relationships or affiliations. All identified conflicts of interest must be resolved and the educational content thoroughly vetted by ASAPS for fair balance, scientific objectivity, and appropriateness of patient care recommendations. ASAPS also requires faculty/authors to disclose when off-label/unapproved uses of product are discussed in a CME activity or included in related materials.

Please remember to verbally disclose all potential conflicts when participating in a discussion from the floor.

PROGRAM

THURSDAY, FEBRUARY 1

7:00AM

Breakfast in Condessa Foyer

9:00AM – 5:00PM

Exhibits Open

7:30AM – 7:45AM

Welcome

Charles Thorne, MD and
Louis Bucky, MD

7:45AM – 8:45AM

PERCEPTION AND PRACTICE STRATEGY

Moderator – Charles Thorne, MD
Discussant – Louis Bucky, MD

7:45AM – 8:00AM

Assessing Results in Facial Aesthetic Surgery: Learning to See What Works and What Doesn't

Francisco Bravo, MD

8:00AM – 8:15AM

Centrofacial Rejuvenation: How to Change Emotional Expression in a Face

Patrick Tonnard, MD

8:15AM – 8:30AM

Strategy: Obtain and Keep Facelift Patients

Gerald O'Daniel, MD

8:30AM – 8:45AM

Discussion/Audience Q&A

8:45AM – 9:30AM

INJECTABLES 2018: WHAT YOU NEED TO KNOW TO BUILD YOUR PRACTICE

Moderator – Louis Bucky, MD
Discussant – Richard Warren, MD

8:45AM – 9:00AM

Anatomical Pearls for the Facial Injector

Christopher Surek, DO

9:00AM – 9:15AM

Injectables 2018: Matching Options with Patient Needs

Jeffrey Kenkel, MD

9:15AM – 9:30AM

Discussion/Audience Q&A

9:30AM – 10:15AM

What's the Buzz?

Coffee Break in Exhibits

10:15AM – 11:00AM

CROTON OIL PEELING: BETTER AND CHEAPER THAN THE ALTERNATIVES?

Moderator – Charles Thorne, MD
Discussants – Patrick Tonnard, MD and Jeffrey Kenkel, MD

10:15AM – 10:45AM

17 Years of Croton Oil Peeling: What I've Learned

Richard Bensimon, MD

10:45AM – 11:00AM

Discussion/Audience Q&A

11:00AM – 12:00PM

HYALURONIC ACID FILLERS FOR OFFICE-BASED REJUVENATION

Jeffrey Kenkel, MD
Moderator – Louis Bucky, MD
Discussant – Michael Edwards, MD

11:00AM – 11:15AM

Live Injections – Patient 1

11:15AM – 11:30AM

Discussion – Patient 1

11:30AM – 11:45AM

Live Injections – Patient 2

11:45AM – 12:00PM

Discussion – Patient 2

12:00PM – 1:00PM

Lunch in the Exhibits

1:00PM – 1:45PM

SKIN RESURFACING/ TIGHTENING: DOES ANYTHING WORK?

Moderator – Charles Thorne, MD
Discussant – Francisco Bravo, MD

1:00PM – 1:15PM

Skin Resurfacing: Skin Care, Peels, Lasers or Combination?

Jeffrey Kenkel, MD

1:15PM – 1:30PM

Office-Based Skin Tightening Procedures: Should We Consider Them?

Jeffrey Kenkel, MD

1:30PM – 1:45PM

Discussion/Audience Q&A

1:45PM – 3:00PM

FOREHEAD LIFTING: WILL ANYONE MENTION THE ENDOSCOPE?

Moderator – Louis Bucky, MD
Discussant – Mario Pelle-Ceravolo, MD

1:45PM – 2:05PM

Forehead/Brow Analysis: When to Use Which Technique

Richard Warren, MD

2:05PM – 2:30PM

Forehead Lift: Non-Endoscopic, Small-Incision Technique

Timothy Marten, MD

2:30PM – 2:50PM

Temporal Lift by Galeopexy: Why We Don't Do Browlifts Anymore

Patrick Tonnard, MD

2:50PM – 3:00PM

Discussion/Audience Q&A

3:00PM – 3:45PM

“Give it a Shot”

Networking Break in the Exhibits

Program and Faculty Subject to Change

REGISTER ON OR BEFORE DECEMBER 1, 2017 FOR EARLY BIRD SAVINGS

3:45PM – 6:00PM

THE NITTY GRITTY OF FACIAL FAT GRAFTING AND FAT REMOVAL: HOW, WHERE AND OOPS, I PUT TOO MUCH

Moderator – Charles Thorne, MD

Discussant – Louis Bucky, MD

3:45PM – 4:05PM

Fat, Microfat, SNIF and Nanofat: From Volume to Cell Therapy

Patrick Tonnard, MD

4:05PM – 4:35PM

How Fat Grafting Improves Your Facelift Results

Timothy Marten, MD

4:35PM – 4:55PM

Sculptra for Rescue of Fat Graft Loss After Facelift with Fat Grafting

Gerald O'Daniel, MD

4:55PM – 5:15PM

Periorbital Fat Grafting: The Agony and the Ecstasy of Plastic Surgeons

Mario Pelle-Ceravolo, MD

5:15PM – 5:30PM

Gettting Better Results with Large Volumes of Dilute Fat to the Neck

Louis Bucky, MD

5:30PM – 5:45PM

Micro Lipo Sculpture: A Refinement in Facial Liposuction

Richard Bensimon, MD

5:30PM – 5:45PM

Discussion/Audience Q&A

FRIDAY, FEBRUARY 2

7:00AM

Breakfast in Condessa Foyer

9:00AM – 5:00PM

Exhibits Open

7:30AM – 7:40AM

ASAPS UPDATE

Clyde Ishii, MD – ASAPS President

7:40AM – 8:50AM

DON'T FORGET THE LIPS AND CHIN: GOD KNOWS YOUR FACELIFT WON'T HELP THEM

Moderator – Charles Thorne, MD

Discussant – Gerald O'Daniel, MD

7:40AM – 7:55AM

Perioral Rejuvenation: More Than a Filler

Patrick Tonnard, MD

7:55AM – 8:10AM

Philtrum Accentuating Upper Lip Lift: A Cornerstone of Centrofacial Rejuvenation and Attractiveness

Francisco Bravo, MD

8:10AM – 8:25AM

Perioral Ancillary Procedures: Dermabrasion, Lip Thickening, Lip Shortening

Richard Warren, MD

8:25AM – 8:40AM

The Chin: The Cinderella of Facial Aesthetic Surgery

Mario Pelle-Ceravolo, MD

8:40AM – 8:50AM

Discussion/Audience Q&A

8:50AM – 9:45AM

PERIORBITAL REJUVENATION: ADDING INSTEAD OF SUBTRACTING AND DON'T BE A WIMP WHEN IT COMES TO PTOSIS

Moderator – Louis Bucky, MD

Discussant – Mario Pelle-Ceravolo, MD

8:50AM – 9:10AM

Periorbital Fat Grafting: A New Paradigm for Rejuvenation of the Eyelids

Timothy Marten, MD

9:10AM – 9:25AM

Tips and Tricks in Augmentation Blepharoplasty

Patrick Tonnard, MD

9:25AM – 9:40AM

Practical Ptosis Repair

Richard Warren, MD

9:40AM – 9:50AM

Discussion/Audience Q&A

9:50AM – 10:30AM

“What’s the Buzz?”

Coffee Break in the Exhibits

10:30AM – 12:00PM

PERIORBITAL REJUVENATION PART 2: YOU THOUGHT THE UPPER LIDS WERE HARD!

Moderator – Charles Thorne, MD

Discussant – Richard Warren, MD

10:30AM – 10:50AM

Correcting the Aging Lower Eyelid Deformity: Why is It So Damn Hard to Get Home Run Results and What to Do About It

Francisco Bravo, MD

10:50AM – 11:10AM

Blepharoplasty in Prominent Eye Patients: A Serious Challenge

Mario Pelle-Ceravolo, MD

11:10AM – 11:30AM

The Bi-lamellar Approach to the Lower Eyelid

Richard Bensimon, MD

11:30AM – 11:50AM

What You Have to Know When Dealing with Secondary Blepharoplasty

Mario Pelle-Ceravolo, MD

11:50AM – 12:00PM

Discussion/Audience Q&A

12:00PM – 1:00PM

Lunch in the Exhibits

PROGRAM

1:00PM – 2:10PM

RHINOPLASTY: OVERVIEW AND ANALYSIS

Moderator – Charles Thorne, MD
Discussant – Louis Bucky, MD

1:00PM – 1:10PM

How to Get Started in Rhinoplasty in 2018

Jay Calvert, MD

1:10PM – 1:20PM

Facial Analysis and Patient Evaluation for Rhinoplasty

Spencer Cochran, MD

1:20PM – 1:30PM

Surgical Pearls for Opening the Nose

Oren Tepper, MD

1:30PM – 1:50PM

Ethnic and Cultural Considerations in Rhinoplasty

Ashkan Ghavami, MD

1:50PM – 2:00PM

Influences of Projection and Rotation

Jeffrey Marcus, MD

2:00PM – 2:10PM

Discussion/Audience Q&A

2:10PM – 3:10PM

RHINOPLASTY: BONY CONTOURING, RADIX AND DORSUM

Moderator – Oren Tepper, MD
Discussant – Sammy Sinno, MD

2:10PM – 2:20PM

New Techniques for Dorsal Refinement

Spencer Cochran, MD

2:20PM – 2:30PM

Instrumentation Approach to Bony Vault

Jeffrey Marcus, MD

2:30PM – 2:40PM

Cartilage and Facia Harvesting

Jay Calvert, MD

2:40PM – 2:50PM

Dorsal Augmentation in Ethnic Rhinoplasty – To Dice or Not to Dice

Ashkan Ghavami, MD

2:50PM – 3:00PM

Approaches and Rationale to Nasal Osteotomies

Jay Calvert, MD

3:00PM – 3:10PM

Discussion/Audience Q&A

3:10PM – 3:35PM

RHINOPLASTY: MANAGING THE MIDDLE

Moderator – Jay Calvert, MD
Discussant – Oren Tepper, MD

3:10PM – 3:20PM

The Nuances and Need for the Spreader Graft

Spencer Cochran, MD

3:20PM – 3:30PM

Managing the Airway in Aesthetic Rhinoplasty

Jeffrey Marcus, MD

3:30PM – 3:35PM

Discussion/Audience Q&A

3:35PM – 4:20PM

“Chill Out” Networking Break in the Exhibits

4:20PM – 5:40PM

RHINOPLASTY: NASAL TIP AESTHETICS

Moderator – Richard Warren, MD
Discussant – Sammy Sinno, MD

4:20PM – 4:30PM

The Decision Tree – Setting Tip Position Relative to Dorsum

Jay Calvert, MD

4:30PM – 4:40PM

The Use of Alar Contour Grafting in Rhinoplasty

Jason Roostaeian, MD

4:40PM – 4:50PM

Lateral Crural Strut Grafts

Spencer Cochran, MD

4:50PM – 5:00PM

The Value of Onlay Tip Grafts in Primary and Secondary Rhinoplasty

Mario Pelle-Ceravolo, MD

5:00PM – 5:10PM

Pivot Columellar Grafting

Timothy Marten, MD

5:10PM – 5:20PM

Septal Extensions vs. Columellar Strut Grafts

Jason Roostaeian, MD

5:20PM – 5:30PM

Alar Tip Transition – Finesse is Key

Ashkan Ghavami, MD

5:30PM – 5:40PM

Discussion/Audience Q&A

5:40PM – 6:30PM

RHINOPLASTY: ADVANCED RHINOPLASTY AND TECHNOLOGY

Moderator – Jason Roostaeian, MD
Discussant – Jay Calvert, MD

5:40PM – 5:50PM

3D Imaging, Printing and Virtual Reality

Oren Tepper, MD

5:50PM – 6:00PM

How to Approach the Crooked Asymmetric Nose

Spencer Cochran, MD

6:00PM – 6:10PM

Lengthening the Short Nose and Shortening the Long Nose

Richard Warren, MD

6:10PM – 6:20PM

Lessons from Secondary Cleft Rhinoplasty

Jeffrey Marcus, MD

6:20PM – 6:30PM

Discussion/Audience Q&A

Program and Faculty Subject to Change

PROGRAM

SATURDAY, FEBRUARY 3

6:45AM – 7:30AM

“Get a Dose of This” Mimosa
Breakfast in the Exhibit Hall!

Exhibits Open

6:45AM – 11:00AM

7:30AM – 9:00AM

FACELIFTING: WHAT YOU WON'T LEARN AT OTHER SYMPOSIA

Moderator – Charles Thorne, MD
Discussant – Mario Pelle-Ceravolo, MD

7:30AM – 7:45AM

Safety in Facelifting: Anatomic Pearls

Chris Surek, DO

7:45AM – 8:00AM

Spanning Interlocking Sutures for Facial Rejuvenation: Could Deep Plane SMAS Flap Facelifts Become Obsolete?

Francisco Bravo, MD

8:00AM – 8:15AM

Correction of Secondary Facelift Deformities

Gerald O'Daniel, MD

8:15AM – 8:30AM

Surgical Rejuvenation of the Male Face: How Aesthetic and Treatment Strategies Differ From Women

Timothy Marten, MD

8:30AM – 8:45AM

Injecting Honesty (Not Just Fat): In Which Patients Will My Procedure Fail?

Richard Warren, MD

8:45AM – 9:00AM

Discussion/Audience Q&A

9:00AM – 9:30AM

“What’s the Buzz?” Coffee Break in the Exhibits

9:30AM – 12:15PM

NECK REJUVENATION: AN ENTIRE FELLOWSHIP IN 2 HOURS, 45 MINUTES

Moderator – Louis Bucky, MD
Discussant – Richard Bensimon, MD

9:30AM – 9:45AM

Who Wins in Office-Based Neck Contouring: Liposuction, Deoxycholic Acid or Cryolipolysis?

Jeffrey Kenkel, MD

9:45AM – 10:10AM

Neck Lift: Defining Anatomic Problems and Applying Logical Solutions

Timothy Marten, MD

10:10AM – 10:30AM

Addressing the Elephant in the Room: A Step-by-Step Guide to Safely Incorporating Submandibular Gland Reduction

Francisco Bravo, MD

10:30AM – 10:45AM

Why I Prefer the Lateral Approach to Reduce the Submandibular Gland

Mario Pelle-Ceravolo, MD

10:45AM – 11:05AM

Demystifying Treatment of the Central Neck and Subplatysmal Structures

Gerald O'Daniel, MD

11:05AM – 11:25AM

Avoiding Recurrent Platysmal Bands

Mario Pelle-Ceravolo, MD

11:25AM – 11:45AM

To Open the Neck or Not: THAT is the Question (An Early Experience with Mario's Technique)

Richard Warren, MD

11:45AM – 12:00PM

Direct Neck Excision: The Rodney Dangerfield of Neck Rejuvenation

Jeffrey Kenkel, MD

12:00PM – 12:15PM

Discussion/Audience Q&A

1:00PM – 5:00PM

*Customize Your Experience by
Choosing One of These Labs:*

OPTIONAL FACIAL OR RHINOPLASTY CADAVER LABS

(additional fee)

These popular hands-on labs offer a great opportunity to try what you've learned during the meeting with faculty instruction and interaction.

Program and Faculty Subject to Change

Claim Your CME Credits Electronically at WWW.SURGERY.ORG/EVAL

IMPORTANT—The AMA requires that you certify the number of CME credits commensurate with your participation. Attendees are required to complete an online evaluation form which includes a Credit Claiming Section for CME credits.

FOR MORE INFORMATION PLEASE VISIT: WWW.SURGERY.ORG/FACE2018

HOTEL INFORMATION

ASAPS LAS VEGAS 2018 AESTHETIC SYMPOSIUM

Meeting functions will be held at:

THE COSMOPOLITAN OF LAS VEGAS

3708 Las Vegas Boulevard South, Las Vegas, Nevada 89109

ONLINE RESERVATIONS:

<https://aws.passkey.com/go/SASAP7>

The Cosmopolitan is a luxury resort casino and hotel, located on the Las Vegas Strip. The resort was named to the 2015 Conde Nast Travelers Gold List as one of the "Top Hotels in the World." The hotel has a wide variety of world-class chefs and inspired restaurants.

TERRACE STUDIO

A resort fee of \$20 includes in-room WiFi, access to the 24 hour fitness center, free local and long distance domestic phone calls and use of tennis courts.

Wednesday, January 31 \$219
Thursday, February 1 \$219
Friday, February 2 \$219

CALL CENTER NUMBERS

702-698-7575 (local) or 855-435-0005

Reservation Code SAPAS8 Cut off date is 1/2/2018

Reservations made after the deadline, or after the room block fills, are subject to space and rate availability. Deposit and cancellation penalties will apply. Please confirm these details when making your reservations. Please note this is Super Bowl weekend and rooms will fill quickly. No extension to cut off will be accepted.

ASAPS LAS VEGAS 2018 FACIAL SYMPOSIUM FACULTY

Charles Thorne, MD – Chair

Louis Bucky, MD – Co-Chair

Jay Calvert, MD – Rhinoplasty Chair

Mark Albert, MD

Richard Bensimon, MD

Francisco Bravo, MD

Spencer Cochran, MD

Michael Edwards, MD

Ashkan Ghavami, MD

Jeffrey Kenkel, MD

Jeffrey Marcus, MD

Timothy Marten, MD

Gerald O'Daniel, MD

Mario Pelle-Ceravolo, MD

Jason Roostaeian, MD

Sammy Sinno, MD

Christopher Surek, DO

Oren Tepper, MD

Patrick Tonnard, MD

Richard Warren, MD



RESTAURANTS AND NIGHTLIFE

The Cosmopolitan Concierge Service can help you discover every unique aspect of the resort, as well as assist you in experiencing all the restaurants and shows that Las Vegas has to offer. Contact them at 877-893-2003 from 7:00am –10:00pm or email them at concierge@cosmopolitanlasvegas.com

BREAKFAST & BREAKS

THURSDAY FEBRUARY 1

7:00AM – 7:30AM

Breakfast in the Condessa Foyer

9:00AM – 5:00PM

Exhibits Open

Includes: Coffee Breaks and Luncheon

FRIDAY FEBRUARY 2

7:00AM – 7:30AM

Breakfast in the Condessa Foyer

9:00AM – 5:00PM

Exhibits Open

Includes: Coffee Breaks, Luncheon, and Wine and Cheese Networking Break

SATURDAY FEBRUARY 3

6:45AM – 11:00AM

Continental Breakfast in the Exhibit Hall

9:00AM – 5:00PM

Exhibits Open

Includes: Coffee Breaks and Luncheon

SUNDAY FEBRUARY 4

Super Bowl Sunday

COMING SOON:

The official interactive mobile app for the ASAPS Las Vegas 2018 Facial & Rhinoplasty Symposium!

Save the Date!

THE AESTHETIC MEETING 2018

April 26–May 1, 2018

Exhibits Open April 28–30, 2018

Jacob K. Javits
Convention Center
New York, NY

Experience the
Global Gathering of
Aesthetic Innovators
and Experts

THE ANNUAL MEETING OF
The American Society for Aesthetic Plastic Surgery, Inc.
and Aesthetic Surgery Education and Research Foundation



www.surgery.org/meeting2018

WE ARE
AESTHETICS.



The Aesthetic Meeting 2018: New York *Register Early & Save!*

By William P. Adams, Jr., MD



I'm pleased to announce that registration is now open for the annual global gathering of innovators and aesthetic experts, The Aesthetic Meeting 2018. This year, we will be meeting in New York City at the Javits Convention Center, April 26–May 1, 2018. Here you'll learn from the best and brightest minds in aesthetic plastic surgery, as they share the latest in technological advances and techniques. Plus, with our special Staff Sessions and new Tech Tuesday, both ideal for practice staff, you and your team can return home with an array of ideas which can help your practice evolve and grow. (See page 25 of this *Aesthetic Society News* for more information on staff opportunities at The Aesthetic Meeting.)

If you are an aesthetic plastic surgeon passionate about connecting with brilliant minds, learning ground-breaking new advances, and building a successful practice, The Aesthetic Meeting is the leading must-attend educational event of the year. With live demonstrations and courses taught by the finest surgeons and professionals in the specialty, The Aesthetic Meeting has become the gold standard in aesthetic education.

Full meeting information can be found at www.surgery.org/meeting2018, but I wanted to draw your attention to some exciting opportunities occurring at The Aesthetic Meeting 2018:

"Can't Miss" Presentations

- Keynote Presentation—The Plastic Surgeon Athlete: Top Five Pearls for a Long, Productive Career in the OR—*Eric Goodman*
- Simple and Safe Lower Eyelid Rejuvenation Surgery—*Glenn Jelks, MD*
- Interactive Video: Breast Augmentation Mastopexy—*Mitchell Brown, MD*
- Interactive Video: Novel Concepts in Aesthetic Plastic Surgery for Men—*W. Grant Stevens, MD*
- Transgender Surgery—*Rachel Bluebond-Langner, MD and Hugh McLean, MD*
- Experience the Dynamic Global Plastic Bowl Challenge III—Be there to cheer on your country!
- Hot Topics in Breast Surgery - ALCL, Texture, Biofilms—*Jamil Ahmad, MD*;

Bradley Calobrace, MD; Mark Clemens, MD; Anand Deva, MD

- Best of ASAPS 2017 Symposia—Highlights from the Breast & Body Symposium (San Francisco), the Facial & Rhinoplasty Symposium (Las Vegas), and the Aesthetic Cruise (England, Scotland, Norway).

Outstanding Educational Opportunities

- ASAPS/ISAPS GLUTEAL SYMPOSIUM Thursday, April 26, 12:30pm–6:00pm (at Javits Convention Center). ASAPS and ISAPS are proud to collaborate on this dynamic symposium with a renowned faculty exploring the latest buttocks enhancement options (*additional fee*).
- ASERF'S PREMIER GLOBAL HOT TOPICS Friday, April 27, 1:00pm–6:30pm (at the Marriott Marquis Times Square). What's Hot? What's Not? Make sure you plan to arrive on time to attend this energy-packed, lively course covering the latest trends and techniques in aesthetic plastic surgery (*additional fee*).
- TECH TUESDAY: WHAT YOU NEED TO KNOW TO PROTECT YOUR PATIENTS AND YOUR PRACTICE Tuesday, May 1, 8:00am–12:00pm. Dynamic morning facilitated by James Grotting, MD (*included in your registration fee*).

Please visit www.surgery.org/meeting2018 for more details.

The Aesthetic Meeting Essentials

Hotels. Early bookers always get the best deals. Don't get left behind! For the best rates at the most popular hotels, we encourage you to book your rooms today through the ASAPS room block. www.surgery.org/hotels

ASERF Silent Auction. The Aesthetic Meeting 2018's auction includes the ability to bid electronically, so that even those who cannot attend the meeting can take advantage of some terrific offers and help the specialty in the process. Details can be found at www.surgery.org/silentauction

Presidential Welcome Reception. Join us on Saturday, April 28th, 7:00pm–9:00pm, for The Aesthetic Meeting's social event, which is always a lot of fun. Taking place in the Broadway Ballroom on the 6th floor of the

Book Your Hotel Now!

Housing is now available for The Aesthetic Meeting 2018, April 26–May 1 at the Javits Convention Center.

The New York Marriott Marquis in Times Square is our Headquarters Hotel. Please make sure you use the ASAPS housing company OnPeak to secure the best rates and locations. Book your hotel now at surgery.org/hotel.

New York Marriott Marquis Times Square, food, drinks and fun will be found as we explore the wonderful things the city has to offer. Come and discover "What Kind of a New Yorker are You?" *Business attire. No one under 18 permitted.*

The Aesthetic Marketplace. In the Aesthetic Marketplace, make sure to visit not only the ASERF Silent Auction and our wonderful exhibitors, but also to attend the short presentations at the Practice Changers Theaters, which take place during selected coffee breaks and lunches. These are great opportunities to learn about new techniques, products and opportunities which can help your practice run even better. Also, make sure to get your picture taken in the "We are Aesthetics™" photo booth!

Credits. At The Aesthetic Meeting 2018, you'll be able to earn up to 50.25 AMA PRA Category Credits™. Attend the entire 2018 Scientific Session and earn 19.25 CME credits. An additional 31 credits are designated for special seminars and optional courses. Earn up to 50.25 CME credits by attending a course in every time frame offered and the entire Scientific Sessions. CME credits are subject to change.

Of course, these highlights are but the tip of The Aesthetic Meeting iceberg! For complete details, please see pages 24–34 of this issue of *Aesthetic Society News*, or learn more about this premier global gathering of aesthetic innovators and experts at www.surgery.org/meeting2018. I look forward to seeing you all in New York!

William P. Adams, Jr., M.D., is an aesthetic plastic surgeon practicing in Dallas, TX, and serves as the Chair of the ASAPS Program Committee.



FOR YOUR STAFF



EDUCATE YOUR STAFF, IMPROVE YOUR PRACTICE

Whether your staff is in need of the latest clinical education or tips on how to create a more efficient and effective practice, The Aesthetic Meeting 2018 has just what you're looking for!

THE AESTHETIC MEETING 2018 STAFF COURSES

For educational opportunities for Office Personnel, Registered Nurses, PAs and Nurse Practitioners, please visit www.surgery.org/meeting2018/staff

April 30–May 2, 2018

Three informative Practice Management Sessions await you and your staff on Sunday, Monday and Tuesday covering everything to maintain a well-run practice.



SOCIETY OF PLASTIC SURGICAL SKIN CARE SPECIALISTS (SPSSCS) ANNUAL MEETING

Thursday, April 26 and Friday, April 27

Marriott Marquis Times Square

Saturday, April 28 and Sunday, April 29

Javits Convention Center

www.spsscs.org/meeting2018

We heard you! SPSSCS will be meeting closer to the ASAPs meeting for your staff to expand their opportunities for education. Register your Office Personnel, Registered Nurses, PA's and Nurse Practitioners for this meeting and then have them stay and take in all that ASAPs offers. Educating your staff will in turn help your practice.

Thursday, April 26 General Session

Friday, April 27 ASAPs Cosmetic Medicine

Saturday, April 28 General Session

Sunday, April 29 Optional Post-Meeting Courses



CREATE YOUR STAFF EXPERIENCE AT THE AESTHETIC MEETING!

Friday, April 27

Dive into the World of Effective Practice Management by Choosing from These Educational Courses*

8:00am–12:00pm

S7 Re-Designing Your Aesthetic Practice—How to Get Beyond Today*
Co-Chairs: Mark Jewell, MD and Robert Singer, MD

Presenters:

Stephanie Attenberg, Michael Edwards, MD, Mary Lind Jewell, RPT, and Tom Seery

2:00pm–4:00pm

114 Relationship Marketing: What It Means and How to Put It in Action*
Karen Zupko, President, KarenZupko & Associates, Inc.

116 Social Media Workshop—Twitter, Facebook, RealSelf *

Thomas Seery, Maureen Ezekwugo and Eva Sheie

211 The Patient Attraction and Conversion Blueprint*

Catherine Maley

214A Basic and Beginner Introduction to Social Media*

Matthew Nykiel, MD

Saturday, April 28

Creating a Successful Practice is the Focus of Saturday's Educational Courses*

9:00am–4:30pm

S14 Skills for Successful Patient Coordinators*

Karen Zupko, President, KarenZupko & Associates

12:30pm–1:30pm

310 Ten Steps to Online Marketing Success*

Peter Houtz, MD

311 Make Your Website a Lead Generation and E-Commerce Juggernaut and Weed Out Price Shoppers in the Process*

Jonathan Kaplan, MD

Sunday, April 29

A Jam-Packed Day Begins with Staff Sessions (included with Staff Registration) and a Variety of Educational Course Options.*

7:45am–12:00pm

Staff Sessions (included with Aesthetic Meeting Staff Registration)

9:00am–11:00am

S17 Patient Coordinator Alums: Overcoming Scheduling Objections*
Karen Zupko, President, KarenZupko & Associates, Inc.

12:00pm–1:00pm

S18 Financial Management for Spouses and Managers*
Karen Zupko, President, KarenZupko & Associates, Inc.

NEW 419 Controversies in Online Marketing with Expert Q&A*

Ryan Miller, Michael Bogdan, MD, Keith Humes, and Sam Peek

12:00pm–2:30pm

S19A Physician Extender (RN/NP/PA) Injector Competence Training—Part 1—Understanding the Basics of Injection Techniques with Neurotoxins and Hyaluronic Acid Dermal Fillers*
Julius Few, MD, Haideh Hirmand, MD

3:00pm–5:30pm

S19B Physician Extender (RN/NP/PA) Injector Competence Training—Part 2—Advanced/Combination Injection Techniques with Neurotoxins and the Array of FDA-Approved Dermal Fillers*
Miles Graivier, MD, Z. Paul Lorenc, MD

12:30pm–4:30pm

S20A The Institute for Laser and Light Based Technology—Foundations of Light and Laser*
John Hoopman

4:30pm–6:30pm

S20B Laser Safety Officer Training*
John Hoopman, LSO

4:30pm–6:30pm

514 Developing Systems in Aesthetic Practice to be Successful in the 21st Century*

Luis Rios, Jr., MD, and Douglas Steinbrech, MD

Monday, April 30

With Staff Sessions (included with Staff Registration) and Light and Laser Courses*, You're Sure to Find Something of Value Monday at The Aesthetic Meeting.

8:00am–12:30pm

Staff Sessions (included with Aesthetic Meeting Registration)

2:00pm–4:00pm

615 How to Navigate the Murky Waters of the "New" Media*

Constantino Mendieta, MD, Anthony Youn, MD, Leigh Hope Fountain, Wendy Lewis, and Denise Mann

NEW 616 The Marketing Totem Pole*

Jon Hoffenberg

4:30pm–6:30pm

NEW 711 How Snapchat and Instagram Stories Transformed my Practice (and I Don't Even Have a Ton of Followers!)*

Jonathan Kaplan, MD

NEW 712 Doubling in Office Booking Ratios*

Jon Hoffenberg

713 Cultivating Authority Online: Where Reputation and Rankings Intersect*

Ryan Miller

Tuesday, May 1

Learn How to Keep Your Patients and Practice Protected During Tech Tuesday

8:00am–12:30pm

Tech Tuesday (included with Aesthetic Meeting Staff Registration)

Look for Staff Session and Tech Tuesdays details under Sunday, Monday and Tuesday.

For More Information and Attendance Requirements, Please Visit

www.surgery.org/meeting2018

*Additional fee applies.

Program Subject to Change

THE AESTHETIC MEETING PROGRAM



THURSDAY, APRIL 26, 2018

- 6:30am–6:00pm** Registration Open
8:15am–11:30am ASAPS Board Meeting
12:30pm–2:30pm ASERF Board Meeting
7:00pm–8:30pm Faculty/VIP/International Reception, Marriott Marquis

CADAVER WORKSHOPS*

FACE

7:30am–4:00pm

S1 Composite Facelifts Simplified through Modern Understanding of Deep Plane (spaces and ligaments) Anatomy—A Cadaver Workshop **S**
Chair: Mendelson

7:30am–1:00pm

S2 Minimally Invasive Aesthetic Surgery of the Upper Face and Periorbital Region —A Cadaver Workshop **S**
Core/Saltz

BODY

12:30pm–6:00pm

S3 ASAPS/ISAPS Gluteal Symposium **S G A N O E**
Co-Chairs: Mendieta/ Ramirez-Montanana

CADAVER WORKSHOP*

FACE

2:00pm–6:00pm

S4 New Techniques in Facial Rejuvenation: Face, Eyelid, Neck and Facial Volumization, A Bioskills Approach—A Cadaver Workshop **S**
Jewell/Jelks/Hunstad/Movassaghi/Richter/Surek/Fickas

OTHER

1:00pm–5:00pm

S5 Women Aesthetic Surgeons' Symposium **S**
Co-Chairs: Haws/Furnas

FRIDAY, APRIL 27, 2018

6:30am–6:30pm Registration Open

EDUCATIONAL COURSES*

COSMETIC MEDICINE

7:30am–2:00pm

S6 Cosmetic Medicine 2018 (Marriot Marquis) **S G A N O E**
Chair: Lorenc

PRACTICE MANAGEMENT

8:00am–12:00pm

S7 Re-Designing Your Aesthetic Practice —How to Get Beyond Today **S G A N O E**
Co-Chairs: Jewell/Singer

RESIDENTS ONLY

8:00am–1:00pm

S8 Residents and Fellows Forum [RF]
Co-Chairs: Kahn/Higdon

2:00pm–4:00pm

NEW S9 Filler Injection Crash Course for Residents and Fellows
Higdon/Kenkel/Lamb/Lambros/Sieber/Sinno/Surek/Zins

RHINOPLASTY

7:00am–12:30pm

S10 Rhinoplasty Symposium 2018 **S G A N O E**
Co-Chairs: Keyes/Berkowitz

OTHER

8:00am–5:00pm

S11 Medical Life Drawing & Sculpture: The Human Figure **S**
Fairbanks/Fairbanks

1:00pm–6:30pm

S12 Premier Global Hot Topics (Marriot Marquis) **S G A N O E**
Co-Chairs: Ahmad/Wall

CADAVER WORKSHOP*

RHINOPLASTY

1:00pm–5:00pm

S13 Modern Techniques in Rhinoplasty for Everyone—A Cadaver Workshop from The Aesthetic Society and The Rhinoplasty Society **S**
Chair: Gryskiewicz

2:00pm–6:30pm

4-Hour Courses

FACE

101/201 Facelift: Planning and Technique **S**
Marten

PRACTICE MANAGEMENT

102/202 The Art of Consultation Using Individual Patient Personality **S G A N O E**
Mendieta/Mendieta

2:00pm–4:00pm

2-Hour Courses

FACE

103 The Lift and Fill Facelift—Redefining a Natural Look in Facial Rejuvenation **S G A N O E**
Rohrich

104 Effective, Efficient, Patient Friendly Facelifting Using SMAS, Fat and Tumescent Technique **S A N O**
Bucky

105 Reshaping the Face and Lid-Cheek Junction **S A N E**
Warren

BREAST

106 Planning for Primary Breast Augmentation: Incision, Pocket, Implant **S**
Lista

BR-107 Shaping the Breast: A Comprehensive Approach in Primary Augmentation, Revision Augmentation and Reconstructive Breast Surgery **S**
Movassaghi

BODY

108 Abdominoplasty—A Comprehensive Guide to Abdomen Contouring Techniques **S A N O**
Matarasso

109 Cosmetic Vaginal Surgery: Labiaplasty and Beyond **S**
Hamori

EYES

110 Focus on the Lower Eyelid and Cheek in Blepharoplasty **S**
Jelks/Jelks

NEW BR-111 Comprehensive Treatment of Difficult Eyelids, Festoons and Malar Bags **S A N O E**
Asaadi

PATIENT SAFETY

MOC-PS™

112 Keeping Safe and Out of Trouble: A Fresh Look at the Culture of Patient Safety **S G A N O**
Eaves/Oppikofer/Perdikis/Shenker

PRACTICE MANAGEMENT

NEW 113 Keep and Protect More of What You Make: Best Practices in Corporate Structure; Tax Reduction and Asset Protection for Aesthetic Surgeons **S G A N O E**
Mandell

MARKETING

114 Relationship Marketing: What It Means and How to Put It in Action **S G A N O**
Zupko

115 Social Media for Plastic Surgeons by a Plastic Surgeon **S G A N O E**
Nazarian

116 Social Media Workshop—Twitter, Facebook, RealSelf **S G A N O**
Seery/Ezekwugo/Sheie

4:30pm–6:30pm
2-Hour Courses

FACE

MOC-PS™

203 Customizing the Facelift Procedure for the Individual Patient **S**
Thorne

204 Facelift Rejuvenation: Short Scar Facelift, Neck Lift and Temporal Brow Lift **S A N O**
Matarasso

205 Wide Awake Cosmetic Surgery and Minimal Pain Filler Injection **S G A N**
Lalonde

BREAST

206 Use of Internal Support Devices to Enhance Outcomes in Breast Surgery **S G A N O E**
Van Natta

BR-207 Approach to Secondary Augmentation-Mastopexy **S**
Calobrace/Hall-Findlay

BR-208 Optimizing Results in Revision Breast Surgery **S**
Glicksman/McGuire

BODY

209 Keeping Your Body Contouring Patients Safe: 20 Tips to Better Contouring Strategies and Safer Surgeries **S G A N O E**
Mentz/Fortes/Hustak/Morales/Newall/Patronella

210 Aesthetic Vaginal Plastic Surgery **S**
Triana

PRACTICE MANAGEMENT

211 The Patient Attraction and Conversion Blueprint **S G A N O E**
Maley

212 Successful Principles for Non-Surgical Services: Fast Track Your ROI **S G A N O E**
Zupko/Olesen

NEW 213 Starting a Private Practice from Scratch—Lessons and Pitfalls **S G A N O**
Douglas/Gallus

MARKETING

214 A Basic and Beginner Introduction to Social Media **S G A N O E**
Nykiel

SATURDAY, APRIL 28, 2018

6:30am–5:30pm Registration Open

9:00am–5:00pm The Aesthetic Marketplace Open

12:30pm–2:00pm Lunch in The Aesthetic Marketplace

SCIENTIFIC SESSION BLUE

7:15am–7:30am Welcome 2017 Annual Meeting Awards

7:30am–8:45am

Opening Panel: Four Critical Concepts to Consider in Any Facelift Technique

Moderator: James Stuzin, MD

Audience Moderators: William Adams, Jr., MD
Jamil Ahmad, MD

Panelists: Daniel Baker, MD
Timothy Marten, MD
Foad Nahai, MD

Discussants: Val Lambros, MD
Richard Warren, MD

8:45am–10:00am

Panel: Critical Decisions in Re-Operative Breast Implant Surgery

Moderator: Frank Lista, MD

Audience Moderators: Jon Kurkjian, MD
Steve Teitelbaum, MD

Panelists: Elizabeth Hall-Findlay, MD
G. Patrick Maxwell, MD
Louis Strock, MD
Martine Del Yerro, MD

Discussants: Jack Fisher, MD
James Namnoum, MD

JOIN IN THE CONVERSATION!

Share your Aesthetic Meeting experience and dialogue with others on RADAR Resource. Visit www.radarresource.org for more information.

NEED MOC-PS™ ?

Check online at www.surgery.org/meeting2018 for the latest updates on MOC-PS™ courses.

KEY **S** Surgeons **A** PAs and Nurse Practitioners **O** Office Personnel **BR** Boardroom Breakout
G Spouses **N** Registered Nurses **E** Exhibitors **■** Cadaver Lab ***** Additional Fee

All courses/events will be held at the Javits Convention Center unless otherwise noted

Program Subject to Change

REGISTER BY FEBRUARY 16, 2018 FOR EARLY BIRD SAVINGS AT WWW.SURGERY.ORG/MEETING2018



SATURDAY, APRIL 28, 2018, cont'd

10:00am–10:30am

Coffee Break in The Aesthetic Marketplace

10:30am–12:00pm

Panel: Subplatysmal Surgery—A New Standard in Cervical Contouring?

Moderator: Charles Thorne, MD

Audience Moderators:

Michael Lee, MD

Oren Tepper, MD

Panelists:

Francisco Bravo, MD

Dino Elyassnia, MD

Gerald O'Daniel, MD

Mario Pelle-Ceravolo, MD

Discussants:

Daniel Baker, MD

Louis Bucky, MD

12:00pm–12:30pm

The Plastic Surgeon Athlete: Top Five Pearls for a Long Productive Career in the OR

Keynote Speaker: Eric Goodman

12:30pm–2:00pm

Lunch in the Aesthetic Marketplace or Optional Courses

2:00pm–3:00pm

Panel: High Definition Body Contouring—Creating Shape Through Lipoplasty, Muscle Etching and Volume Addition

Moderator: Rod Rohrich, MD

Audience Moderators:

Jennifer Capla, MD

Kye Higdon, MD

Panelists:

Alfredo Hoyos, MD

Constantino Mendieta, MD

Douglas Steinbrech, MD

Simeon Wall, Jr, MD

Discussants:

Jeffrey Kenkel, MD

Henry Mentz, MD

3:00pm–3:45pm

Panel: Point/Counterpoint: Upper Lid and Brow Rejuvenation

Moderator: Sherrell Aston, MD

Audience Moderators:

Melinda Haws, MD

Sammy Sinno, MD

Panelists:

Timothy Marten, MD vs David Hidalgo, MD

Patrick Sullivan, MD vs Mark Codner, MD

Discussant: Charles Thorne, MD

3:45pm–4:15pm

Coffee Break in The Aesthetic Marketplace

4:15pm–5:30pm

ASAPS Global Plastic Bowl III

Moderator: William Adams, Jr., MD

Audience Moderator: Jamil Ahmad, MD

Teams

Representing North America:

Marissa Tenenbaum, MD

Oren Tepper, MD

Representing South America:

Lina Triana, MD

Humberto Morelli, MD

Representing Europe/Africa:

Dirk Richter, MD

Patrick Mallucci, MD

Representing Asia/Australia:

Tim Papadopoulos, MD

Mark Magnusson, MD

Expert Panelists:

Craig Layt, MD

Volney Pitombo, MD

Peter Scott, MD

Jennifer Walden, MD

EDUCATIONAL COURSES*

▶ PRACTICE MANAGEMENT

9:00am–4:30pm

S14 Skills for Successful Patient

Coordinators **G A N O**

Zupko

▶ OTHER

12:30pm–2:00pm

S15 Research and Innovative Technology

Luncheon **S A**

Adams/Gryskiewicz

12:30pm–3:00pm

S16 Medical Students Interested in

Plastic Surgery

(For Medical Students Only)

Tenenbaum/Whitfield

12:30pm–1:30pm

1-Hour Courses

▶ FACE

301 Full Facial Fat MicroAugmentation

Under Local Anesthesia—Office Based

Procedure **S A N O**

Ptak

▶ BREAST

302 Technical Refinements of the Vertical Mammoplasty: A Modified

LeJour Approach **S A**

Wallach

NEW **303** Pre-Pectoral Breast

Augmentation and Reconstruction

S G A N O E

Becker

▶ BODY

304 Labiaplasty and Female Aesthetic Genital Surgery **S**

Alter

BR-305 Ask the Experts: Body Contouring After Bariatric Surgery **S**

Eaves/Hunstad

NEW **306** Oblique Flankplasty as an Alternative to Lower Body Lift **S**

Hurwitz

▶ COSMETIC MEDICINE

NEW **BR-307** Novel Approach for the Treatment of Spider Veins

S G A N O E

Given

▶ PRACTICE MANAGEMENT

NEW **308** Retirement Planning—

Building Value from a Clinical and Business Perspective

S G A N O E

Byrd/Burns

▶ MARKETING

309 10 Steps to Online Marketing Success **S G A N O**

Houtz

310 Make Your Website a Lead Generation and E-Commerce

Juggernaut and Weed Out Price Shoppers in the Process

S G A N O E

Kaplan

▶ OTHER

NEW **311** Secrets to an Aesthetic Practice: How to Deliver Superior Results and Attract More Patients in 2019

S G A N O E

Rosenfield

NEW **312** ASERF Bootcamp: So You Want to do Research?

S G A N O E

Brown/Clemens/DiBernardo/Pannucci/Sarwer

DOWNLOAD THE APP!

In lieu of a Program Book, this year's Aesthetic Meeting will feature an app with all of the information you need to make your experience a success. Look for download instructions coming soon, via email, to all registered attendees.

SUNDAY, APRIL 29, 2018

6:30am–5:00pm Registration Open
9:00am–5:00pm The Aesthetic Marketplace Open
12:00pm–2:00pm Lunch in The Aesthetic Marketplace
 ASAPS/ASERF Member Business Meeting Luncheon

SCIENTIFIC SESSION BLUE

7:45am–8:45am

Panel: It's More than Just a Filler—Benefits Beyond Volumizing

Moderator: James Stuzin, MD

Audience Moderators:

Clifford Clark, MD
Jacob Unger, MD

Panelists:

Jonquille Chantrey, MD
Steve Fagien, MD
Mark Magnusson, MD
Arthur Swift, MD

Discussants:

Laurie Casas, MD, Val Lambros, MD

8:45am–9:30am

Mini Panel: Hot Topics in Female Cosmetic Genital Surgery—Does It Really Work?

Moderator: Julie Khanna, MD

Audience Moderators:

Camile Cash, MD
Patricia McGuire, MD

Panelists:

Heather Furnas, MD
Otto Placik, MD
Francisco Canales, MD

Discussants:

Christine Hamori, MD, John Hunter, MD

9:30am–10:00am

Coffee Break in The Aesthetic Marketplace

10:00am–11:00am

Panel: Hot Topics in Breast Surgery—ALCL, Texture, Biofilms

Moderator: Nolan Karp, MD

Audience Moderators:

William Adams, Jr., MD
Melinda Haws, MD

Panelists:

Jamil Ahmad, MD
Bradley Calobrace, MD
Mark Clemens, MD
Anand Deva, MD

Discussants:

Caroline Glicksman, MD
Peter Lennox, MD

11:00am–12:00pm

Panel: Perioral Rejuvenation—The Final Frontier

Moderator: Oren Tepper, MD

Audience Moderators:

Jason Pozner, MD
Chris Surek, DO

Panelists:

Jonathan Levine, DMD
Arthur Swift, MD
Haiden Hirmand, MD

Discussants:

Steve Levine, MD
Jason Roostaeian, MD

SCIENTIFIC SESSION ORANGE

7:45am–8:15am

Interactive Video: Keys to a Safe and Optimized Result in Buttock Augmentation

Presenter: Daniel Del Vecchio, MD

Discussants:

Henry Mentz, MD
Jeffrey Gusenoff, MD

8:15am–9:30am

Panel: Buttock Augmentation Mini Debates

Moderator: Jamil Ahmad, MD

Audience Moderators:

Mark Albert, MD
Tracy Pfeifer, MD

Panel:

Fat vs Implant

Constantino Mendieta, MD vs Douglas Senderoff, MD

Intermuscular vs Subcutaneous

Alfred Hoyos, MD vs Daniel Del Vecchio, MD

Fat vs Implants

Syringe Injection vs Roller Pump
Ashkan Ghavami, MD vs Simeon Wall, Jr. MD

Discussants:

Raul Gonzalez, MD
Steven Teitelbaum, MD

9:30am–10:00am

Coffee Break in The Aesthetic Marketplace

LOOKING FOR DISCOUNTS?

Make sure to register prior to February 16 for Early Bird Savings!

10:00am–11:30am

Panel: Top to Bottom: Video Variations in Body Contouring Surgery

Moderator: Jeffrey Kenkel, MD

Audience Moderators:

Luis Macias, MD
Ryan Austin, MD

Panelists:

Alfredo Hoyos, MD
Joseph Hunstad, MD
Dennis Hurwitz, MD
Todd Pollock, MD

Discussants:

Robert Cohen, MD
Mary Gingrass, MD

11:30am–12:00pm

Panel: Gender Confirmation: Top Surgery

Moderator: Loren Schechter, MD

Audience Moderators:

Meghan Nadeau, MD
David Sieber, MD

Panelists:

Rachel Bluebond-Langner, MD
Hugh McLean, MD

Discussant: Lawrence Draper, MD

RAPID FIRE SESSION

Session Chair: Oren Tepper, MD

8:00am–8:45am

Scientific Paper Forum—Breast and Body Part 1

Moderator: Nolan Karp, MD

8:45am–9:30am

Scientific Paper Forum—Breast and Body Part 2

Moderator: Jeffrey Kenkel, MD

9:30am–10:00am

Coffee Break in The Aesthetic Marketplace

10:00am–11:00am

Hot Topics New Tech Quick Hits

Moderators:

Simeon Wall, Jr., MD
Oren Tepper, MD

11:00am–12:00pm

Scientific Paper Forum—Face and Rhinoplasty

Moderator: Sherrell Aston, MD

KEY



Surgeons



PAs and Nurse Practitioners



Office Personnel



Boardroom Breakout



Spouses



Registered Nurses



Exhibitors



Cadaver Lab

*Additional Fee

All courses/events will be held at the Javits Convention Center unless otherwise noted

Program Subject to Change

REGISTER BY FEBRUARY 16, 2018 FOR EARLY BIRD SAVINGS AT WWW.SURGERY.ORG/MEETING2018



SUNDAY, APRIL 29, 2018, cont'd

STAFF SESSION

Compliance, Policies & Protocols

Facilitator: Robert Aicher, Esq

7:45am–8:30am

Compliance Plan 101

Presenter:

Michael Sacopulos

8:30am–9:30am

Keeping It Legal: Websites and Social Media

Presenters:

Ryan Miller

Jeff Segal

9:30am–10:00am

Coffee Break in the Aesthetic Marketplace

10:00am–11:00am

Making Social Media Work for Your Practice

Presenters:

Karen Horton, MD

Sammy Sinno, MD

11:00am–12:00pm

Utilizing Non-Physician Providers: Who Can Do What

Presenters:

Michael Byrd, Esq.

Alex Thiersch, JD

EDUCATIONAL COURSES*

▼ PRACTICE MANAGEMENT

9:00am–11:00am

S17 Patient Coordinator Alums: Overcoming Scheduling Objections

G A N O

Zupko

12:00pm–1:00pm

S18 Financial Management for Spouses and Managers

G O

Zupko

▼ COSMETIC MEDICINE

12:00pm–2:30pm

S19A Physician Extender (RN/NP/PA) Injector Competence Training—Part 1—Understanding the Basics of Injection Techniques with Neurotoxins and Hyaluronic Acid Dermal Fillers

A N

Graivier/Lorenc

3:00pm–5:30pm

S19B Physician Extender (RN/NP/PA) Injector Competence Training—Part 2—Advanced/Combination Injection Techniques with Neurotoxins and the Array of FDA-Approved Dermal Fillers

A N

Graivier/Lorenc

12:30pm–4:30pm

S20A The Institute for Laser and Light Based Technology—Foundations of Light and Laser

S A N O

Hoopman

4:30pm–6:30pm

S20B Laser Safety Officer Training

S A N O

Hoopman

2:00pm–6:30pm

4-Hour Courses

▼ BREAST

401/501 Aesthetic Breast Reconstruction: The New Paradigm in Breast Surgery

S G A N O

Namnoum/Brown/Bucky/Grotting/Zienowicz

▼ BODY

402/502 Arms, Breast, Back, Buttocks and Thighs Following Major Weight Loss

S G A N O E

Hunstad/Rubin

403/503 Gluteal Augmentation

S A N

Abel de la Peña/Gonzalez/Mendieta

▼ PRACTICE MANAGEMENT

404/504 What Patients Really Want

S G A N O

Eaves/Fiala/Olesen/Perdikis/Seery

2:00pm–4:00pm

2-Hour Courses

▼ FACE

405 Advanced Techniques for Rejuvenation of the Neck and Lower Face

S

Sullivan/Marten/Levine

▼ BREAST

BR-406 Transaxillary Endoscopic Breast Augmentation: Processes and Refinements to Improve Patient Outcomes

S E

Strock/Core

BR-407 Augmentation Mastopexy—Avoiding Complications

S

Kortesis/Restifo

NEW **408** Secrets to Facial Rejuvenation with the Pinch Rhytidoplasty and Blepharoplasty 2018

S G A N O E

Rosenfield

▼ BODY

409 Liposuction 2018: New Technologies, Established Techniques, and Combined Procedures

S A N

Stoker/Chia/Theodorou/Hoyos

▼ RHINOPLASTY

410 Understand Rhinoplasty in Two Hours

S A N

Constantian

411 Advances in Primary and Revision Rhinoplasty—How to Get Better Results

S

Rohrich/Ahmad

▼ EYES

412 Injection Techniques for Tear Trough and Peri-Orbital Area: Minimize Complications and Optimize Results

S

Hirmand

413 Oculoplastic Surgery for the Plastic Surgeon

S G A N

Codner/Jelks/Jelks

414 Advanced Upper Lid Aesthetic Surgery

S

Mendelson



▶ COSMETIC MEDICINE

415 The Injector's Toolbox: Staying Safe, Accurate and Reproducible **S A N**
Surek/Lamb

416 Hot Devices in 2018

S G A N O E

DiBernardo/Bass

▶ PRACTICE MANAGEMENT

417 Managing and Developing Your Most Valuable Practice Asset—Your Employees: A Problem Based Approach to Identify Best Practices

S G A N O

Jeffers/Avila/Basu/Lewis/Zupko

418 How to Plan and Execute Your Transition from a Career in Plastic Surgery

S G A N O E

Fernandez

▶ MARKETING

NEW 419 Controversies in Online Marketing with Expert Q&A

S G A N O E

Bogdan/Humes/Miller/Peek

4:30pm–6:30pm

2-Hour Courses

▶ FACE

505 Neck Lift: Planning and Technique

S

Marten

506 Optimizing the Neck Lift: Platysmaplasty, Bands and Submandibular Gland without Submental Incision

S A

Gonzalez

▶ BREAST

AOC-PS™

507 Optimizing Outcomes in Breast Augmentation and Augmentation-Mastopexy

S G A N O E

Adams/Sieber

NEW 508 The Inframammary Fold and Soft Tissue Relationships in Breast Augmentation: Strategies for Control, Complication Prevention and Repair

S G A N O E

Strock/Caplin

▶ BODY

AOC-PS™

BR-509 Abdominoplasty: Current Concepts and Techniques to Improve Outcomes **S**

Rios/Aly/Pollock

510 Lipoabdominoplasty and Body Contouring **S A N**

Saltz/Ribeiro/Matos

NEW 511 Corset Trunkplasty: Recommended with Abdominal Skin Laxity and Subcostal Scar

S G A N O E

Moya

▶ RHINOPLASTY

BR-512 Principles of Structural Rhinoplasty **S**

Cerkes

▶ COSMETIC MEDICINE

513 Micro-Needling: Induced Collagen Formation and Delivery System for Skin and Hair Enhancement

S G A N O E

Sasaki

514 Developing Systems in Aesthetic Practice to be Successful in the 21st Century **S G A N O**

Rios/Steinbrech

▶ MARKETING

515 Content Dynasty: A Step by Step Guide to Building Your Online Empire

S G A N O E

Peek

NEW 516 Insider Tips from 5 Socially-Savvy Plastic Surgeons; Using Online Tools to Connect with Patients

S G A N O E

Youn/Walden/Furnas/Khorsandi/Schulman/Lewis

517 Taking Control of Your Online Reputation **S G A N O**

Humes

▶ OTHER

518 New Advances in Hair Restoration **S G A N O**

Barrera/Fisher/Uebel/Vogel

MONDAY, APRIL 30, 2018

6:30am–5:00pm Registration Open

9:00am–5:00pm The Aesthetic Marketplace Open

12:30pm–2:00pm Lunch in The Aesthetic Marketplace

SCIENTIFIC SESSION BLUE

7:45am–9:00am

Junior—Senior Plastic Surgery Prom: Put Me in, Coach, and See What I Can Do

Moderator: Jamil Ahmad, MD

Presenters/Panelists:

Oren Tepper, MD/Nicholas Tabbal, MD
Jason Roostaeian, MD/Jeffrey Kenkel, MD
Neil Tanna, MD/Charles Thorne, MD

Discussant: Bahman Guyuron, MD

9:15am–9:45am

Special Presentation: Simple and Safe Lower Eyelid Rejuvenation Surgery

Presenter: Glenn Jelks, MD

Discussants:

Charles Thorne, MD
Richard Warren, MD

9:45am–10:15am

Coffee Break in The Aesthetic Marketplace

10:15am–11:30am

Panel: Urban Legends in Plastic Surgery—What's the Deal, Man?

Separating Fact from Fiction

Moderator: William Adams, Jr., MD

Panelists:

Mark Epstein, MD
Nolan Karp, MD
Frank Lista, MD
W. Grant Stevens, MD
Steve Teitelbaum, MD

11:30am–12:15pm

Special Presentation:

Masterclass: Analysis and Technique for Facial Fillers

Presenter: Arthur Swift, MD

Discussants:

Haideh Hirmand, MD
Z. Paul Lorenc, MD

KEY

S

Surgeons

A

PA's and Nurse Practitioners

O

Office Personnel

BR

Boardroom Breakout

G

Spouses

N

Registered Nurses

E

Exhibitors

■

Cadaver Lab

***Additional Fee**

All courses/events will be held at the Javits Convention Center unless otherwise noted

Program Subject to Change

REGISTER BY FEBRUARY 16, 2018 FOR EARLY BIRD SAVINGS AT WWW.SURGERY.ORG/MEETING2018



MONDAY, APRIL 30, 2018, cont'd

SCIENTIFIC SESSION ORANGE

8:00am–8:45am

Interactive Video: Breast Augmentation Mastopexy

Presenter: Mitchell Brown, MD

Discussants:

Bradley Calobrace, MD
Tracy Pfeifer, MD

8:45am–9:45am

Panel: Management of Facial Fat and Filler Complications

Moderator: Robert Singer, MD

Audience Moderators:

Patrick Sullivan, MD
Gary Tuma, MD

Panelists:

Z. Paul Lorenc, MD
Foad Nahai, MD

Discussants:

Louis Bucky, MD
Val Lambros, MD

9:45am–10:15am

Coffee Break in The Aesthetic Marketplace

10:15am–11:45am

Panel: Finesse Rhinoplasty: My Greatest Technical Pearl

Moderator: Jamil Ahmad, MD

Panelists:

Jay Calvert, MD
Nazim Cerkes, MD
Ashkan Ghavami, MD
Geoffrey Keyes, MD
Aaron Kosins, MD
Volney Pitombo, MD

Discussants:

Bahman Guyuron, MD
Rod Rohrich, MD

11:45am–12:30pm

Interactive Video:

Novel Concepts in Aesthetic Plastic Surgery for the Male

Presenter: W. Grant Stevens, MD

Discussants:

Herluf Lund, MD
Marissa Tenenbaum, MD

EDUCATIONAL COURSES*

2:00pm–6:30pm

4-Hour Courses

FACE

601/701 The Safety and Efficacy of Processed Fat, Adipose-Derived Stromal Vascular Fraction (SVF) and Platelet-Rich Plasma (PRP) in Fat Grafting

S G A N O E

Sasaki

BODY

602/702 Three-Dimensional Body Contouring: The Next Generation of Liposuction, Abdominoplasty, and Muscle Augmentation with Fat Grafting

S G A N O E

Hoyos/Mentz/DiBernardo/Theodorou

2:00pm–4:00pm

2-Hour Courses

FACE

603 Simultaneous Facelift and Fat Injections **S**

Marten

604 New Concepts in Facial, Breast and Body Fat Grafting: Injectable Facial Regeneration, Nanofat, Stomal Vascular Fraction and Platelet Rich Plasma

S A N E

Cohen

BREAST

605 Vertical Scar Breast Reduction and Mastopexy—State of the Art

S G A N O E

Lista

BODY

606 Bodylifting, Mastopexy, and Brachioplasty in the Massive Weight Loss Patient: Technical Refinements to Optimize Results **S A**

Rubin/Centeno

MOC-PS™

BR-607 Scarpa Sparing Abdominoplasty with Concomitant Liposuction; No Drains Needed **S A N O**

Claytor/Gray/Baker/Vasconez/
Costa-Ferreira

RHINOPLASTY

608 Rhinoplasty: Optimizing Your Results **S**
Nahai

COSMETIC MEDICINE

609 Intelligent Choices in Injectables: Complications, Strategies and Combination Therapy **S A N**
Kinney/Lorenc

610 Advances in Skin Resurfacing

S G A N O E

Obagi/Bashey

PRACTICE MANAGEMENT

611 Maximizing Time and Financial Efficiency by Utilizing Technology and Patient Consultants **S G A N O**
Rios

612 Reading Prospective Patients More Effectively and Improving Scheduling Results **S G A N O**

Zupko

PATIENT SAFETY

BR-613 Managing and Mitigating Aesthetic Risks **S**
Moon/Boyd/Martin

MARKETING

NEW 614 Non-Core Aesthetic Providers Are Nipping At Your Heels: How You Can Win **S G A N O**
Duncan/Fox/Low/Olesen/Reisman

615 How to Navigate the Murky Waters of the “New” Media

S G A N O E

Mendieta/Youn/Lewis/Mann

NEW 616 The Marketing Totem Pole

S G A N O

Hoffenberg

4:30pm–6:30pm

2-Hour Courses

FACE

MOC-PS™

703 Safety in Facelifting: How to Avoid Complications and How to Treat Them

S A N O E

Zins/Moon



▼ BREAST

BR-704 Challenging Cases in Revision Breast Implant Surgery **S**
Brown/Bucky

705 All Seasons Vertical Augmentation/Mastopexy
S G A N O E
Swanson

▼ BODY

BR-706 Maximizing Aesthetics in Abdominoplasty **S**
Pollock

▼ RHINOPLASTY

707 Multicultural Rhinoplasty: Anatomy, Analysis, and Techniques for Success
S
Ghavami/Gryskiewicz

▼ COSMETIC MEDICINE

708 Combining Fillers and Neurotoxins for Pan-Facial Rejuvenation
S G A N O E
Kane

▼ PATIENT SAFETY

709 Cutting Edge Topics in Patient Safety with the Masters **S**
Rios/Young/Adams/Reisman/DeLorenzi/Davison

NEW **710** Challenges and Safety in Combined and High-Risk Aesthetic Procedures: What Are the Limits? Mortality and Morbidity, Postoperative Pain Relief, and Quick Recovery
S G A N O E
Kalaaji/Aly/Higdon/Triana

▼ MARKETING

NEW **711** How Snapchat and Instagram Stories Transformed my Practice (and I Don't Even Have a Ton of Followers!) **S G A N O E**
Kaplan

NEW **712** Doubling In Office Bookings
S G A N O E
Jon Hoffenberg

713 Cultivating Authority Online: Where Reputation and Rankings Intersect **S G O**
Miller

RAPID FIRE SESSION

Session Chair: Jason Roostaeian, MD

8:00am–9:15am
Scientific Paper Forum—Breast and Body Part 3

Moderators:
Mark Jewell, MD, James Namnoum, MD

9:15am–9:45am
Mini-Panel: Starting a Practice—Do's and Don'ts

Moderator: Steven Tietelbaum, MD

Panelists:
Michael Lee, MD
Steven Levine, MD
David Sieber, MD

Discussant:
Haideh Hirmand, MD

9:45am–10:15am
Coffee Break in The Aesthetic Marketplace

10:15am–11:00am
Mini-Panel: Best of Hot Topics

Moderators:
Simeon Wall, Jr., MD
Jason Roostaeian, MD

Audience Moderators:
Joe Gryskiewicz, MD
Robert Singer, MD

11:00am–12:30pm
Scientific Paper Forum—Face and Cosmetic Medicine

Moderator: Foad Nahai, MD

STAFF SESSION

Better Staff, Better Practice
Facilitators: Amy Boyer and Karen Zupko

8:00am–9:00am
Savvy Staff Selection and Management

9:00am–9:45am
Contending with Conflict and Building Rapport

9:45am–10:15am
Coffee Break in the Aesthetic Marketplace

10:15am–11:15am
Fine Tune the Finances

11:15am–12:00pm
Managing the Patient Experience from the Start

12:00pm–12:30pm
Getting Stuff Done and Getting Ahead

TUESDAY, MAY 1, 2018

6:30am–12:00pm Registration Open

12:00pm–2:00pm ASAPS New Board Meeting

THE BEST OF ASAPS SYMPOSIA

8:00am–9:30am
Best of ASAPS Breast and Body—Insight Session
Jeffrey Kenkel, MD and William Adams, Jr., MD

9:30am–11:00am
Best of ASAPS Facial and Rhinoplasty Symposium
Charles Thorne, MD and Louis Bucky, MD

11:00am–12:00pm
Best of The Aesthetic Cruise 2017
W. Grant Stevens, MD and Melinda Haws, MD

TECH TUESDAY

8:00am–12:00pm
What You Need to Know to Protect Your Patients and Your Practice
Facilitator: James Grotting, MD

- Cybersecurity
- What Do I Do if I'm Victimized by Cyber Criminals?
- How Ransomware Works
- Internet Connectivity
- Patient Consents—Notice of Privacy Practices
- Recommendations to Safeguard Your Privacy
- HITRUST Certified Cloud Data Storage & HIPAA
- Group Discussions/Scenarios/Analysis

Presenters:
Robert Aicher, Esq
Jack Barkly
R. Brannon Claytor, MD
Kye Higdon, MD
Ed Purkiss
Jason Wreath

KEY **S** Surgeons **A** PAs and Nurse Practitioners **O** Office Personnel **BR** Boardroom Breakout
G Spouses **N** Registered Nurses **E** Exhibitors **■** Cadaver Lab ***** Additional Fee

All courses/events will be held at the Javits Convention Center unless otherwise noted

Program Subject to Change



Presidential
Welcome
Celebration

THE AESTHETIC
MEETING 2018

What Kind of **New Yorker**
Are You?

Food, Drinks and Fun!



Saturday, April 28th • 7pm – 9pm

Marriott Marquis Times Square – Broadway Ballroom 6th Floor

Business/Cocktail Attire • No One Under 18 Admitted



Experienced Insights 2017—What a Symposium!

By Jeffrey M. Kenkel, MD

Bill Adams, MD and I were so pleased with the response to this year's *Experienced Insights in Breast and Body Contouring*, held recently in San Francisco, CA, at the Intercontinental Mark Hopkins. Our goal was to create an educational experience featuring some of the leading experts in breast and body contouring, in which participants felt welcome to share ideas and challenge assumptions. We had some incredibly lively exchanges as our interactive experience featured panelists, pundits, and discussants, debating and challenging the experts, offering insightful, critical thinking on the hottest topics in the specialty.

In addition, this year we were fortunate to have, via satellite, insight from our Australasian Society colleagues Anand Deva, MD; Craig Layt, MD; Mark Magnusson, MD; Tim Papadopoulos, MD and Miles Prince, MD. This cross-continent exchange added an essential level of internationalism, as these distinguished colleagues were prodded and queried by our symposium co-chair, Bill Adams, MD. Faculty joining us in San Francisco included Jamil Ahmad, MD; Robert Cohen, MD; Brad Calobrace, MD; Heather Furnas, MD; Ashkan Ghavami, MD; Christine Hamori, MD; Julie Khanna, MD; James Namnoum, MD; Douglas Steinbrech, MD; Louis Strock, MD; and Simeon Wall, Jr., MD. Our sincere thanks to all of our faculty for their time and expertise.

Our exhibit hall featured 17 companies, and we thank these valued partners for participating: Allergan, ASSI-ACCURATE SURGICAL, Black & Black Surgical, Inc., Canfield Scientific, Inc., Cohera Medical Inc.,

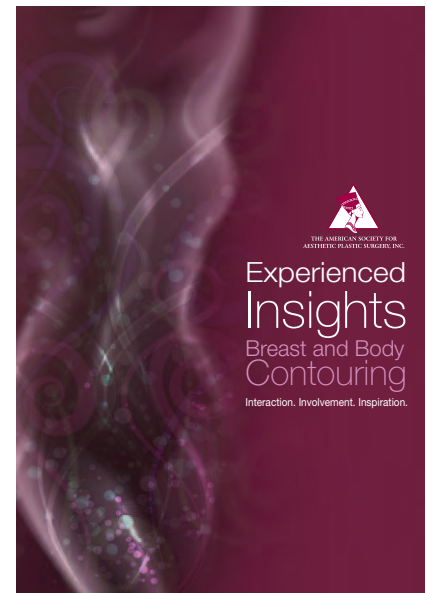


Drs. Simeon Wall, Jr., and Jeffrey Kenkel.

Cynosure (a Hologic Company), Design Veronique, Galatea Surgical, Incredible Marketing, Marina Medical, MD Resource, NewMedical Technology, Plastic Surgery Studios, Sientra, Strapharma Inc., Thermi (an Almirall Company), and Wells Johnson.

Experienced Insights in Breast and Body Contouring will take place October 18–20, 2018, at the Intercontinental Mark Hopkins in San Francisco, CA. Look for more information soon at www.surgery.org/breastandbody2018. Registration is very limited to maintain an interactive atmosphere, and this educational offering from ASAPS is a must-attend educational event.

Jeffrey M. Kenkel, MD, is an aesthetic plastic surgeon practicing in Dallas, TX, and is a past president of The Aesthetic Society.



Drs. Christine Hamori and Dave Sieber.



The highlights of the Symposium were lively panel discussions.



Experienced Insights 2017 faculty and friends.

Save the Date!

THE ARTFUL APPROACH TO COSMETIC MEDICINE

August 24–26, 2018

Directly Provided By



THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC.

W. Grant Stevens, MD
ASAPS Co-Chair

In Collaboration With



AMERICAN SOCIETY OF
PLASTIC SURGEONS®

Alan Matarasso, MD
ASPS Co-Chair

Estancia Hotel
La Jolla, California

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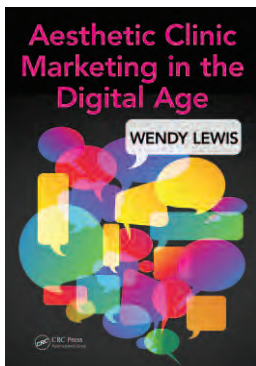
surgery.org/cosmeticmed2018

Wendy Lewis Publishes New Book



The Aesthetic Society congratulates Wendy Lewis, a regular contributor to the *Aesthetic Society*

News, on the publication of her new book, *Aesthetic Clinic Marketing in the Digital Age*, from CRC Press. For more information about the book, or to order, please go to <http://bit.ly/2zMOijt>. Use coupon code **PR115** at checkout to receive a special 15% savings, through June 1, 2018.



ASAPS Member in the News: Steven Cohen, MD

ASAPS congratulates Dr. Steven R. Cohen on an excellent article on *The Huffington Post/HuffPost*, on “5 Things I Wish Someone Had Told Me When I First Started.” The article can be found at <http://bit.ly/2ylo8GF>. Congratulations, Dr. Cohen!



The Aesthetic Society’s medical education platform and professional network RADAR offer users **free** and **unlimited** access to the very best in aesthetic education. With the flexibility to watch or read content anywhere, anytime and on any device!

RADAR has been optimized to provide plastic surgeons with access to some of the best educational materials for aesthetic education. Our library is home to all issues of the *Aesthetic Surgery Journal* since 1995, didactic operative videos, discussions by thought leaders and so much more. With a variety of content, users can navigate quickly and accurately via powerful search capabilities that take you to the exact spot in a publication or video with a few swift clicks. It is also equipped with enhanced customization tools that can be used to tailor content by creating binders, highlighting text and making notes within publications. These tools provide a means for users to create content and share knowledge while achieving optimal results for patients and promoting safe practices for surgeons.

Don’t know where to start or feeling stuck? Try our RADAR user tutorials! In these quick video tutorials, RADAR Editor, Tracy Pfeifer, MD, shows users all the tips and tricks. To access our user tutorials, select ‘Tutorials’ from the left-hand menu.

Responsive Web Version—Via your tablet, smartphone, or computer, go to www.radarresource.org and input your login credentials. **iPad App**—Via your iPad 2 or newer, search ‘ASAPS’ in the App Store and download the free app Need help logging in? Email alicia@surgery.org

Share Your Stories!

ASAPS Members, have you found a grateful patient through our Smart Beauty Guide website? Or learned a technique at The Aesthetic Meeting which changed your practice? If you’ve benefited in some way by the education you’ve received or through the tools and services The Aesthetic Society offers, share your story with us! Simply email asaps@surgery.org and we will be in contact with you soon.

CSPS Celebrates the Life of Hale Tolleth, MD

Hale Tolleth was born in Chicago, IL, and passed on October 13, 2017. He obtained his medical degree from USC in 1957, eventually finishing his surgical training in Plastic Surgery in 1964 before starting his private plastic and reconstructive practice in Concord. Not only was he committed to the hospital and his community, but he also dedicated his time serving people in need through plastic surgery mission trips to Africa, Colombia, Honduras, The Philippines and Solomon Islands, among other nations.

Dr. Tolleth, who practiced plastic surgery for 37 years, also conducted five book reviews, produced eight medical movies, wrote 25 plastic surgery articles and presented 30 essays throughout his career.

In 1990, when he was serving as the president of the California Society of Plastic

Surgeons (CSPS), Hale designed the society’s logo, and the CSPS still uses his logo today. He also did the artwork for the CSPS Directories for many years. In addition, he created and casted the CSPS President’s Medallion and again, it is still being presented to all CSPS’ incoming Presidents. He was the first recipient of the Annual CSPS Presidential Award in 2002. The CSPS will be gratefully indebted to Hale for all of his contributions to the Specialty of Plastic Surgery and to the CSPS – he was our mentor, colleague and friend and we miss him...

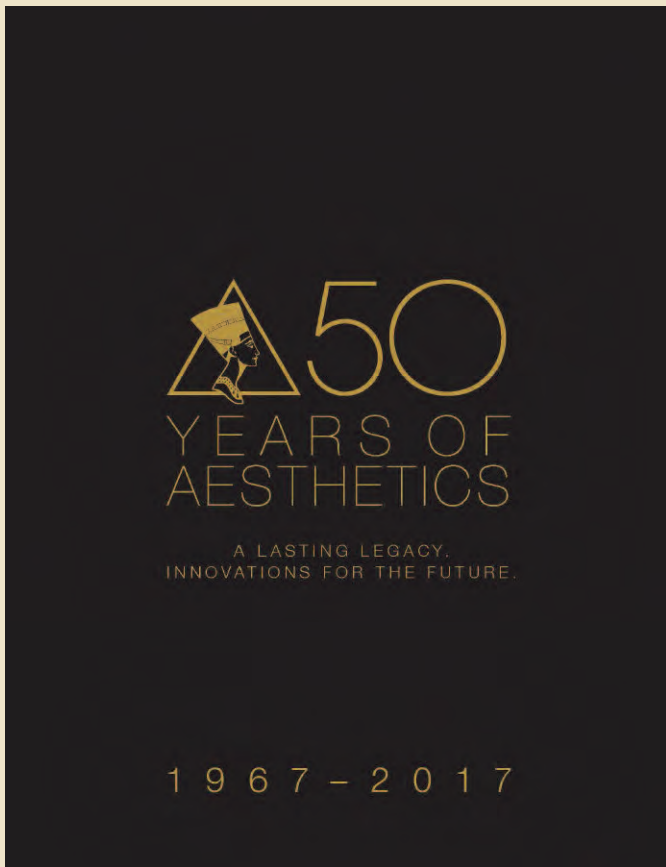
He is survived by his wife of 31 years, Alice, his two children; five grandchildren; and one great-grandchild.

The Aesthetic Society thanks the California Society of Plastic Surgeons for allowing us to reprint this memorial tribute.

Complimentary 50th Anniversary Magazine— Just Pay Shipping!

Join the celebration as The Aesthetic Society marks its 50th Anniversary with this beautiful commemorative magazine. Containing a comprehensive timeline of the Society, remembrances from key figures in the specialty, interesting articles, an array of photographs through the eras, and much more, this beautiful keepsake is over 200 pages, with a striking gold foil cover.

Get yours by calling The Aesthetic Society at 562.799.2356 or 800.364.2147. While this magazine is free, shipping charges will apply. Only while supplies last!



TIMELINE

- 1967** Dr. Harold C. Galt, MD, ASAPS President from 1966-1967.
- ASAPS developed the first aesthetic society to launch an aesthetic society. Members of the Society were encouraged to do personal work pages. By the end of 1968, one city was established as having "significant interest" with an average of 100 laser sessions per day.
- The Electronic Communications Committee was established to manage the Society's Web-Channels. A new ASAPS journal, *Aesthetic Surgery Quarterly*, was launched due to a desire to have a more comprehensive and aesthetic focus.

1995 continued

- 1996** The first issue of the newly named *Aesthetic Surgery Quarterly: Clinical Journal* was published with Mickey Hark.
- The *Aesthetic Society Journal* published a commentary by Bruce Cunningham entitled, "As I Now Remember." This announcement led that ASQ was changing its frequency from quarterly to six issues a year, and that its name would change from *Aesthetic Surgery Quarterly* to *Aesthetic Surgery Journal*. This issue would also contain the Journal's first ASAP 99th Anniversary "Cross" article and observation under the able leadership of David Krutz, MD, as well as a review article focused on faculty by Thomas D. Rees, MD.



WE ARE AESTHETICS.

1995 continued

The first issue of the newly named *Aesthetic Surgery Quarterly: Clinical Journal* was published with Mickey Hark.

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SCRAPBOOK

2010's

A collage of photographs from the 2010s, including:

- Cadaver Lab Participants at The Aesthetic Meeting, 2016
- Aesthetic Meeting attendees, 2016
- Dr. Cynthia Goodman in the We Are Aesthetics photo booth, 2016
- Dr. Janet and Agneta Armas, 2016
- Participants at ASAPS Las Vegas Symposium, 2016
- Dr. Stanley Kinsky and Al Aly, 2016
- ASAPS Leadership Skills Training participants, 2016
- ASAPS Las Vegas Facial and Fitzrology Symposium, 2016
- Dr. Constantine Mendras, 2016
- Dr. Mark B. Constant and Jeffrey B. Marcus, 2016
- Jan and Dan Mills, MD, show their dedication to Aesthetics, 2016
- Dr. and Dr. Alan Sook, 2016
- Dr. Laure-Clara, Jack Fisher, Jennifer Vlastin, and Mariah Hays, 2016
- ASAPS staff with image of Jan and Dan Mills during photo booth, 2016
- ASAPS Staff Members Josh and Lisa Orsico, 2016
- ASAPS Las Vegas Facial & Fitzrology Symposium participants, 2016
- ASAPS Las Vegas Facial & Fitzrology cadaver symposium, 2016
- ASAPS promises to provide the best of aesthetic resources for members ongoing. - Lawrence Teng, MD
- Dr. Laurence Teng shows his commitment to Aesthetics, 2016
- First Presidents at the 10th Daner Gordon Symposium: Drs. Tom Baski, Stan Kinsky, Steven Rubin, Jim Baker, Jim Guban, Hedi Nings, and Jeff Hedges, 2016
- Dr. Daniel G. Mills and James G. Gochring, 2016
- Customer Lab at ASAPS Las Vegas Symposium, 2016
- Dr. Joe Gryniewicz and Geoffrey Hayes, 2016
- Dr. Lawrence Teng shows his commitment to Aesthetics, 2016
- Allen Dene Sorek, The Future of ASAPS, 2017



Norwegian-American Aesthetic Meeting Continues to Grow

By Amin Kalaaji, MD

I'm happy to report that the second Norwegian-American Aesthetic Surgery Meeting, held on October 27–28, 2017, in Oslo, was a resounding success. We had an exciting meeting, with 157 delegates from 30 countries. We were proud to have a stellar group of 31 faculty members. The information in the 73 given lectures was informative for plastic surgeons of all levels of experience. Additionally, we had nine distinguished international companies were also present: Allergan, Braun, CoolSculpting, Mentor, Motiva, Office Management, Polytech, Thieme and Tulip.

I specifically want to mention the great efforts of our dear colleague and friend, ASAPS Past President Dr. James Grotting, who with his presence, flexibility, and high-quality talks made this meeting educational and memorable. We were also honored to have five American and Canadian ASAPS lecturers and moderators who came here of their own volition. We are so proud of them. Our thanks to all of our faculty:

Frode Amland—Norway
 Katarina Andjelkov—Serbia
 Anadi Begic—Norway
 Rana DAS-Gupta—UK
 Fredrik Gewalli—Sweden
 James Grotting—USA
 Gudjon L. Gunnarsson—Norway



Georg Huemer—Austria
 Mark Jewell—USA
 Mary Jewell—USA
 Amin Kalaaji—Norway
 Bouraoui Kotti—Tunisia
 Guy Magalon—France
 Alessandra Marchi—Italy
 Maurizio Bruno Nava—Italy
 Igor Niechajev—Sweden
 Timo Pakkanen—Finland
 Andreas Pintzlau—Denmark
 Michel Rouif—France
 Carlos Roxo—Brazil
 Frode Samdal—Norway
 Birgit Stark—Sweden
 Jørn Bo Thomsen—Denmark
 Patrick Tonnard—Belgium
 Angelo Trivisonno—Italy
 Bjørn Tvedt—Norway
 Shailesh Vadodaria—UK
 Luis O. Vasconez—USA
 Dennis Von Heimburg—Germany
 Richard J. Warren—USA
 Jan Wieslander—Sweden



Our Norwegian-American collaboration has revived our Norwegian Society, and we've noticed increased interest in membership this year. Seven new members joined, which is huge for a society of 60 people. As a result, our collaboration and involvement with ASJ is increasing because we have a group subscription to the journal for all our members.

The proposed dates of the 3rd Norwegian American Aesthetic Surgery Meeting (NAAM3) in Oslo are October 25–26, 2019. We look forward to further fruitful collaboration with the members of our two societies, and hope that ASAPS members will save the dates and consider attending the next Meeting.

Dr. Amin Kalaaji, MD, is an aesthetic plastic surgeon practicing at the Oslo Plastic Surgery Clinic in Oslo, Norway. He served as chair of the second Norwegian-American Aesthetic Surgery Meeting.



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Aesthetic Surgery Journal Update

To read the current issue of the *Aesthetic Surgery Journal*, visit: <https://goo.gl/G8RmAH>



Editorial Manager Hunter Alexander checks in with Editorial Board Member/Social Media Ambassador Dr. Clark Schierle.

ASJ Goes Monthly!

We were pleased to formally announce that *ASJ* will be increasing its frequency to 12 issues per year beginning in 2018. The announcement was promoted at a recent meeting in Orlando, FL. The *ASJ* editorial staff had an opportunity to visit with authors, reviewers, editors, and friends to begin the celebration. We're also pleased to share our new cover (shown above) promoting the frequency change. We would like to thank all ASAPS members for their continued support and submissions to *ASJ*, our authors, reviewers, editorial board, and our publisher, *Oxford University Press*, without whom this success would not have been possible. We hope you enjoy the extra two issues per year and faster time to publication.

To read the current issue, click here: <https://goo.gl/G8RmAH>



A Warm Welcome to Kyleigh Vrettos, New Editorial Assistant

Kyleigh Vrettos joined the *Aesthetic Surgery Journal* team in August of 2017. She assists with the peer review process and works on special projects. Her previous experience includes editorial assistant at the Society of Critical Care Medicine, library



Executive Editor Phaedra Cress; Editorial Board Member/Social Media Ambassador Daniel J. Gould, MD; Breast Section Editor Mark Clemens, MD; and Editorial Manager Hunter Alexander caught up in the booth at a meeting in Orlando, FL.

intern at the Country Music Hall of Fame, and K-12 librarian at the University School of Nashville. In her spare time, Kyleigh enjoys taking yoga classes, hiking outside, reading, and spending time with friends and family. Originally from the Midwest, she and her husband currently live in Mount Juliet, Tennessee, a suburb of Nashville.

Concerned About Predatory Publishing?

Many of you receive invitations to author or join the editorial boards of newly developed journals and present at conferences. But how can you be sure they are legitimate and not predatory? *ASJ* has published several articles on this topic, available at the following links:

<https://goo.gl/3aLMYG>

<https://goo.gl/nGH8ga>

<https://goo.gl/dV9QV6>

<https://goo.gl/1kjgNG>

We also encourage you to consider these words of caution from David Crotty, PhD, Editorial Director, Journals Policy for *Oxford University Press*: "Don't submit your paper to a journal you don't (or wouldn't) read." We feel this could be expanded to include journals for which you review. We also encourage you to consult the Think-Check-Submit website



Hyuma Leland, MD; Anna Howell, MD; Daniel J. Gould, MD; and Ido Badash, MD visited the *ASJ* team in the booth, excited to learn about the move to monthly publication.

here: <http://thinkchecksubmit.org/>. This website offers valuable resources for authors who are unsure about where to submit. Of course, we hope *ASJ* will always be your first choice for submission, but becoming more familiar with red flags and potential pitfalls is always a good idea. As always, we are available to answer any questions at: journal@surgery.org.

Reader Survey Completed

Thank you to all who completed the *ASJ* Reader Survey. We received a high number of responses and are pleased to share this data point that includes the top factors influencing authors' decisions to submit to *ASJ*: 1) Reputation of Journal; 2) Quality of Peer Review Process; 3) Impact Factor; 4) Color in Print Version. We thank you for your time.

Read Up, School Up with ASJ

Here are some must-read articles you may find useful in your daily practice:

Most Cited:

- Fat Injection to the Breast: Technique, Results, and Indications Based on 880 Procedures Over 10 Years: <https://goo.gl/ogixCe>

Continued on Page 43



THE AESTHETIC CRUISE 2019

www.surgery.org/cruise2019

Oceania Cruises—Riviera

Chair: Melinda Haws, MD

Co-Chair: Joseph Hunstad, MD

CME Available

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Aesthetic Surgery Journal Update

Continued from Page 41

- Natrelle Style 410 Form-Stable Silicone Breast Implants: Core Study Results at 6 Years: <https://goo.gl/Ah9aym>
- Abdominoplasty With Progressive Tension Closure Using a Barbed Suture Technique: <https://goo.gl/F9EzMn>
- Complications Following Injection of Soft-Tissue Fillers: <https://goo.gl/QbNhC4>
- Use of the Acellular Dermal Matrix in Revisionary Aesthetic Breast Surgery: <https://goo.gl/kQZFJ9>

Most Read:

- Cosmetic Surgery National Data Bank Statistics: <https://goo.gl/Ety6GW>
- Preliminary 3-Year Evaluation of Experience With SilkSurface and VelvetSurface Motiva Silicone Breast Implants: A Single-Center Experience With 5813 Consecutive Breast Augmentation Cases: <https://goo.gl/y8c2CV>
- Are Predatory Conferences the Dark Side of the Open Access Movement?: <https://goo.gl/xwnAQ1>
- Incidence and Risk Factors for Major Surgical Site Infections in Aesthetic Surgery: Analysis of 129,007 Patients: <https://goo.gl/8SNEJE>
- Personal Evolution in Thighplasty Techniques for Patients Following Massive Weight Loss: <https://goo.gl/RwpxSa>

Highest Altmetrics Score:

- (594) Sleep Wrinkles: Facial Aging and Facial Distortion During Sleep: <https://goo.gl/P8kLw>
- (593) The Impact of a Plastic Surgeon's Gender on Patient Choice: <https://goo.gl/VjKZDE>
- (579) Body Hair Transplant by Follicular Unit Extraction: My Experience With 122 Patients: <https://goo.gl/yiJSzG>
- (510) Patient Perceived Benefit in Facial Aesthetic Procedures: FACE-Q as a Tool to Study Botulinum Toxin Injection Outcomes: <https://goo.gl/iHBjE8>
- (505) A Primer on Social Media for Plastic Surgeons: What Do I Need to Know About Social Media and How Can It Help My Practice?: <https://goo.gl/3B4FmD>
- (504) Report on Mortality from Gluteal Fat Grafting: Recommendations from the ASERF Task Force: <https://goo.gl/MhFr9e>
- (471) What's Your Micromort? A Patient-Oriented Analysis of Breast

Implant-Associated Anaplastic Large Cell Lymphoma (BIA-ALCL): <https://goo.gl/AedxN3>

- (466) Plastic Surgery-Related Hashtag Utilization on Instagram: Implications for Education and Marketing: <https://goo.gl/peXkmy>
- (390) Origami Model for Central Wedge Labiaplasty: A Simple Educational Model with Video Tutorial: <https://goo.gl/eXufzz>

Free-to-Read Editor's Choice Articles from 2017:

- Incidence and Risk Factors for Major Surgical Site Infections in Aesthetic Surgery: Analysis of 129,007 Patients: <https://goo.gl/8SNEJE>
- Is Office-Based Surgery Safe? Comparing Outcomes of 183,914 Aesthetic Surgical Procedures Across Different Types of Accredited Facilities: <https://goo.gl/gRoV98>
- A Retrospective Study of the Psychological Outcomes of Labiaplasty: <https://goo.gl/sXYSJp>
- Adipose Stem Cell Function Maintained with Age: An Intra-Subject Study of Long-Term Cryopreserved Cells: <https://goo.gl/TSGRCB>
- Age as a Risk Factor in Abdominoplasty: <https://goo.gl/VNZHzR>
- Cosmetic Liposuction: Preoperative Risk Factors, Major Complication Rates, and Safety of Combined Procedures: <https://goo.gl/bwi4ca>
- CD30+ T Cells in Late Seroma May Not Be Diagnostic of Breast Implant-Associated Anaplastic Large Cell Lymphoma: <https://goo.gl/7iMR5R>
- What's Your Micromort? A Patient-Oriented Analysis of Breast Implant-Associated Anaplastic Large Cell Lymphoma (BIA-ALCL): <https://goo.gl/AedxN3>



Phaedra Cress and Dr. Foad Nahai at Oxford Journals Day in Cary, NC.

- Mechanical Supplementation With the Stromal Vascular Fraction Yields Improved Volume Retention in Facial Lipotransfer: A 1-Year Comparative Study: <https://goo.gl/QyoYny>
- Incidence and Risk Factors for Major Hematomas in Aesthetic Surgery: Analysis of 129,007 Patients: <https://goo.gl/hFDDVC>

Oxford Journals Day

Each year our publisher, *Oxford University Press*, holds a gathering of the minds to educate society partners and we are always honored to attend.

How Can We Improve?

All that we do is to serve the readership—our ASAPS membership—so receiving your feedback is critical to our continued success. Do you want to create a video or become active with our social media team? If you have ideas for improvement or suggestions for innovations, please drop us a line here: journal@surgery.org and as always, we appreciate and thank you for your support.

“Innovation distinguishes between a leader and a follower.” —Steve Jobs

We are excited to announce our latest innovation. We have begun publishing accepted (non-copyedited, not typeset) versions of manuscripts in *ASJ*. This allows new research and clinical techniques to enter the marketplace faster, offering *ASJ* readers a head start on implementing techniques in their practices that will benefit patients and improve outcomes. Typically within one week, most accepted manuscripts will publish online via Advance Access, which can be found here: <https://goo.gl/HV36Bo>.

We are also pleased to lead the way by publishing Visual Abstracts for select articles, both in print and online. These are a visual snapshot of the key takeaways of an article and supplement the lengthier written abstract. Readers can now analyze and digest the impact of an article more quickly, which we believe will result in increased readership and altmetrics scores, and potentially citations.

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Media Notes & Quotes

The ASAPS Communications Team is excited to announce that the recent launch of its Facebook Live series, “Cutting Remarks” and its Instagram Takeovers have been quite successful, securing plenty of new followers and successfully educating the public at-large about patient safety and the importance of finding a board-certified plastic surgeon. If you are interested in participating in upcoming chats or takeovers, please reach out to our communications team: leigh@surgery.org or alicia@surgery.org

We are also pleased to report that our social media followings have been growing at a rapid rate. In the past 6 months alone, we have seen our Instagram following nearly double, (from 4,300 followers to 7,600 today). Our Twitter and Facebook followings have also increased significantly, by 10% and 15% respectively with nearly 30,000 followers on each of those channels!

In addition to spreading the word on social media, ASAPS’ Communications Team has been securing traditional media coverage as well, some of which featured key studies in *ASJ*, including three of the articles cited below.

Cosmetic Surgery Turf Wars

The Aesthetic Channel

<http://ow.ly/e7ka30hc1JH>

A study published August 30, 2017 in the *Aesthetic Surgery Journal* about how people use hashtags on Instagram for terms like #plasticsurgery, #facelift and #boobjob has unleashed a flurry of articles in the consumer press about the cosmetic surgery turf war.

“With cosmetic surgery there is money to be made outside of the constraints of insurance reimbursement so the field is attracting many non-plastic surgeons and even lay people,” Dr. Ishii tells *The Aesthetic Channel*. “It truly is like the Wild West out there with no end in sight. Also, there are no regulations on how people market themselves unless one belongs to organizations like the... ASAPS or the American Society of Plastic Surgeons (ASPS). These two organizations have strict codes of ethic for members.”

Non-plastic surgeon doctors should limit their practice according to their scope of training, according to Dr. Ishii, who practices in Honolulu, Hawaii.

Taking Selfies Can Help Plastic Surgery Patients Heal, Study Finds

Allure

<http://ow.ly/kfGk30hcJ82>

According to a recent study published in the *Aesthetic Surgery Journal*, a peer-reviewed clinical publication of the American Society for Aesthetic Plastic Surgery (ASAPS), researchers found that 96.2 percent of patients who sent in selfies of themselves to their surgeons during the first few days following their procedures reported a higher quality post-op experience.

Plastic surgeon James E. Zins, who is one of the authors of the study and from the department of plastic surgery at the Cleveland Clinic Foundation in Ohio, tells Allure the inspiration behind the study was simple: It came from a practice he already has set in place with his patients. “I was already contacting my cosmetic surgery patients several days postoperatively by telephone to assure their post-operative course was going as planned, and on occasion, a patient would send me a photograph to detail a postoperative issue,” he says. “It then became clear to me that a protocol was in order.”

ASERF Offers Recommendations for Safer Gluteal Fat Grafting

Modern Aesthetics

<http://ow.ly/fOm030hcVXD>

Recently, the Aesthetic Surgery Education and Research Foundation (ASERF) formed the Gluteal Fat Grafting Task Force to investigate the risks associated with this increasingly popular procedure.

The Task Force, comprised of board-certified plastic surgeons, identified factors that either added risk or proved to be protective and/or preventative techniques associated with the procedure.

These findings were published in the *Aesthetic Surgery Journal*

4 Plastic Surgeries Guys are Getting to Look More Manly

Men’s Journal

<http://ow.ly/46Z830hcLj8>

And while you may not be exploring your options, lots of other men are. In 2015, more than 1.2 million cosmetic procedures were performed on male patients—an increase of more than 325% since 1997, according to the American Society for Aesthetic Plastic Surgery. Women still dominate the customer base, but men make up almost 10% of patients for both nonsurgical procedures (like dermal fillers, shown above) and surgical procedures.

If You Don’t Like Botox Then Don’t Have It—But Don’t Judge People Who Do

Metro

<http://ow.ly/bnWV30hcKUG>

The unstoppable rise of Botox procedure has come a long way since the tell-tale stretched and swollen faces of the 90s, and results now tend to be a lot subtler—and a lot more popular. According to The American Society for Aesthetic Plastic Surgery, Botox was the most popular non-surgical procedure in 2015, with 4,267,038 people opting to have the treatment.

ASAPS is utilizing
Instagram Takeovers
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Update on ASERF

By Barry DiBernardo, MD



Any first-year medical student will confirm the importance of clinical research to patient care: it fact, it's so obvious that it usually goes without saying. However, there are few organizations dedicated exclusively to aesthetic research, and I am proud to say ASERF is one of them. It's also an organization where the vast majority of donations go directly to research, not administration, fundraising or other superfluous concerns.

Most members are aware of the existence of ASERF but many of us don't know its structure or what it actually does for us at the practice level. It's my pleasure to pull back the curtain show you the great work we actually do.

ASERF, like ASAPS, is governed by a Board of Directors and Executive Committee, most of whom have direct experience in both conducting and overseeing clinical studies. This year, I serve as ASERF President, along with the following thought leaders serving on the Board of Directors:

Julio Garcia, MD, MD—President-Elect
 Robert Whitfield, MD—Vice President
 Luis M. Rios, Jr., MD—Treasurer
 Louis Strock, MD—Secretary
 Michael Bogdan, MD—Director
 Spencer Brown, PhD, MBA—Lay Director
 Mark Clemens, MD—Director
 Daniel Del Vecchio, MD—Director
 Michael T. Longaker, MD—Director
 Christopher J. Pannucci, MD—Director
 David B. Sarwer, PhD—Lay Director
 Clyde H. Ishii, MD—ASAPS President
 W. Grant Stevens, MD—ASAPS President-Elect
 Charles H. Thorne—ASAPS Vice President

Our main tasks involve the oversight of the Foundation, the distribution of research funds based on the recommendations of our Research Committee, ensuring that our fundraising efforts keep the organization strong and healthy and most of all, making sure that our work is relevant of members.

Research Relevant to Your Daily Practice

BIA-ALCL

Who among us hasn't heard of the disturbing condition known as Breast Implant-Associated ALCL (BIA-ALCL)? This

rare and baffling event has affected a very small percentage of patients but, of course, one is one too many.

ASERF has been at the forefront of helping you learn about this issue, providing you and your staff with information for patients, and creating opportunities for all members to be involved in ongoing research.

A proposal Dr. Marshall Kadin is working on, entitled "Clonal Evolution of T cells in the Pathogenesis of ALCL," shows exciting preliminary results but needs additional specimens of late seromas (clinically benign or malignant) to obtain significant confirmatory data. More information can be found at www.surgey.org/professionals.

Fat Transfer to the Buttock

One of the fastest growing procedures for aesthetic surgeons is buttock augmentation. Credit the Kardashians, J-Lo and other celebrities with starting the trend and aesthetic surgeons with providing their patients with the look they want.

However, in 2016, disturbing reports of patient mortality started to emerge for those receiving fat injections to the buttock. ASERF was a first responder to the issue, rallying a task force and producing research studies published in *ASJ* and a joint advisory with ASAPS.

Our most recent entry to the literature, "Making Fat Transfer to Buttocks Safer," was published in the November 2017 issue of *Aesthetic Surgery Journal* and authored by ASERF members Robert M. Whitfield, MD, FACS; Luis M. Rios Jr, MD; and me. It offers practical guidance for increasing the safety of the procedure and has also garnered a healthy amount attention in the consumer press. This is important as it positions our members, ASAPS members and *ASJ* as an authority in the field and champion for safety. Access the full article at <https://doi.org/10.1093/asj/sjx185>.

Recently Funded Studies:

The ASERF Board of Directors met via conference call in late November 2017. Among the business conducted was the approval of several new research grants. Among them are:

- Dr. Narayanan Nair—*Genomic Profiling to Understand the Pathogenesis of BIA-ALCL*

- Dr. Ross Sayadi—*New Innovation for Projected Flap Design*
- Dr. William Adams, Jr.—*Biofilms and Breast Implants—Scientific Guidance (for) Prevention and Treatment*
- Dr. Marshall Kadin—*Pathogenesis of BIA-ALCL*

Completed research is generally presented as abstracts during The Aesthetic Meeting and/or submitted for publication to *ASJ*.

On the Horizon

Many of you have expressed interest in becoming involved with research but, as practicing clinicians, primarily seeing patients, you aren't sure where to start. To fill this need, ASERF is developing a course for The Aesthetic Meeting 2018 titled: Research Bootcamp "So You Want to do Research?" and taught by Drs. Brown, Clemens, Pannucci, Sarwer and me. Our suggested course outline includes key elements such as:

- The need for a dedicated research staff, dedicated time, and a physical space for the research.
- Having the factors necessary for conducting a study such as:
- The necessary staff and equipment
- Having an adequate study population, budget and the contract
- Have the time to devote to study activities
- Adequate billing and research billing
- Staff to handle the data quality and integrity, data management, etc.

Our course is still in development but we will be sure to include all the necessary steps to get you involved in the fascinating world of aesthetic research.

In Conclusion:

ASERF is your organization. It's a dynamic, forward-thinking Foundation listening to your clinical concerns and helping you address them. We rely on members and donations for our survival. Thank you for your contributions.

Dr. Barry DiBernardo is an aesthetic plastic surgeon practicing in Monclair, New Jersey, and serves as the President of ASERF.

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Making the Most of ANN The Aesthetic Neural Network Premieres its first Dashboards to Members

If you attended last year's Aesthetic Meeting 2017, have read the previous issue of *Aesthetic Society News* or received our blast emails, you might be familiar with our newest member service, the Aesthetic Neural Network (ANN.)

No one has to tell you that most aesthetic surgeons, even those with reconstructive components to their practice, operate as independent business people, competing not only with other aesthetic surgeons but with many other specialists trying to enter one of the last bastions of fee for service medicine.

ANN was designed to help you with this competitive environment. Using the power of cutting edge technology, ANN automatically pulls de-identified patient data from your current system, allowing you to benchmark your practice against other ASAPS members, determine the ROI of promotional efforts, track patient conversions and perform a myriad of other analysis to help you keep your practice strong and healthy—all without the need for additional staff time to input data.

Since launching the product in May, our technology partners, headed by ASAPS member Barry Fernando, MD, and his colleagues at Ronan Solutions, have been diligently working behind the scenes to onboard practices that signed up for the

service, ensure that reports are useful and easy to analyze, and develop a common nomenclature among procedures (known as “mapping”) that allows you to compare apples to apples. Along the way, they continue to refine the product and develop different ways to slice and dice the data.

So far, they have discovered some fascinating information from this sample of ASAPS practices. For example:

- More than 60 members have been onboarded between May and October 2017
- These 60 members alone represent 1,136,113 procedures, and \$1,114,746,477 gross receipts going back to the year 2000.
- Although we have always instinctively known the value of aesthetic surgeons in the aesthetic marketplace, this is the first time we have been able to accurately document the size and power of our specialty.

ANN was created so you can do a deep-dive into your practice, using ANN in conjunction with your current practice management system.

For example, let's look at breast augmentation, consistently ranked as the number one or two procedure according to the ASAPS Annual Statistics.

Using the power of cutting edge technology, ANN automatically pulls de-identified patient data from your current system, allowing you to benchmark your practice against other ASAPS members, determine the ROI of promotional efforts, track patient conversions and perform a myriad of other analysis to help you keep your practice strong and healthy—all without the need for additional staff time to input data.

With ANN, you can see how you stack up with other aesthetic surgeons in terms of number of procedures. So far, so good. But you can also:

- Look at gross receipts in a detailed and perhaps revolutionary way. For example, you know the pricing you've established for a breast aug is \$6,000. However, ANN is saying, although you performed five procedures last month, the total is only \$4200. Is someone providing discounts without your knowledge? Is the bill correct? You now have the tools to find out.
- Or how about that practice open house you gave last month... Did surgical or noninvasive procedures increase? Decrease? Stay the same? ANN allows you to look at the cost of a particular promotion and determine the ROI in a granular, detailed level.

The Society is in the process of developing both a user manual and videos to walk you through how to use the ANN dashboards.

Haven't signed up for ANN yet? Now's the time. Don't let this opportunity—exclusive to ASAPS members—slip through your fingers. For more information, please contact sales@ronansolutions.com.



EPSTEIN ABDOMINOPLASTY RETRACTOR

As the trend in today's abdominoplasties is towards less upper lateral undermining, the upper tunnel has become narrower. During the dissection of this tunnel, it is difficult to maintain countertraction with available instrumentation. The Epstein Abdominoplasty Retractor was designed to assist in the performance of the dissection of the upper abdominal tunnel. The ergonomic handle is easily held by the surgical assistant. It is available in several blade lengths so as to best fit the anatomy of the patient: whether the tunnel is long or short, there is a retractor to provide the best mechanical advantage in yielding exposure and reducing fatigue. The widened, curved working end spreads the tissues of the upper skin flap apart as the teeth gently hold them in place without slippage. The leading edge of the dissection is easily seen and maintained, facilitating effortless cautery elevation of the skin flap from the muscle fascia. The retractor is also extremely helpful in elevating the abdominal skin flap over the narrow tunnel so that the underlying muscle fascia can be plicated.

- Designed to assist in the performance of the dissection of the upper abdominal tunnel
- The wide curved working end spreads and holds the tissue of the upper skin flap apart
- Facilitates cautery elevation of the skin flap from the muscle fascia
- Extremely helpful in elevating the skin flap over the narrow tunnel for muscle fascia plication

ASSI.ABR31726

Epstein Abdominoplasty Retractor
80x27mm blade with 60mm
wide working end with teeth and
ergonomic handle

ASSI.ABR31826

Epstein Abdominoplasty Retractor
110x27mm blade with 60mm
wide working end with teeth and
ergonomic handle

ASSI.ABR32026

Epstein Abdominoplasty Retractor
140x27mm blade with 60mm
wide working end with teeth and
ergonomic handle

ASSI.ABR31926

Epstein Abdominoplasty Retractor
160x27mm blade with 60mm
wide working end with teeth and
ergonomic handle

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Designed By:
Mark D. Epstein,
M.D., F.A.C.S.,
Stony Brook, NY

Show Your Patients You Are a Member of ASAPS



THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC.

Alerting your patients that you're a member of one of the most distinguished medical societies focused on higher learning is easy! Simply use our complimentary logos on your website, stationery, business cards, brochures, and advertising to let prospects know that you've achieved the distinction of membership. Logos can be found here: <http://bit.ly/1aldLq0>

For information on how logos can be used, please review: <http://bit.ly/2y10Yr6>

Is it Time to Give that Useless 510K Device the SAC? Let us know before you do!

Ah, 510K devices. "No downtime." "Cash Cows." "No adverse events." "The one thing that will have patients lining up at the door." All wonderful claims.

Of course, many of these devices do live up to their promotion and hold an important place in your armamentarium. Patients love noninvasive options. And often these procedures can turn a one-time visit into a regular and loyal patient.

But, let's face it, many of these pieces of equipment don't live up to their promises. For years members have searched for guidance, before leasing or purchasing equipment. Now, thanks to the Surgeon as Consumer product (SAC), you have it.

Based on a simple star rating system, SAC was created by members, for members. It lets you review your 501K device in a password protected, safe environment. You can even submit a review anonymously.



You can access SAC by logging onto www.asaps.org and entering your user name and password. There you will find reviews from other members and be able to submit your own. **Remember, SAC is a service exclusively for use by Aesthetic Society members.**

Help yourself and help others by reading and writing device reviews today!

Are You Making the Most of the ASAPS Advantage Provider Program?



ASAPS.CLOUD POWERED BY RONAN SOLUTIONS

The Aesthetic Society is pleased to announce ASAPS.CLOUD—a new service, brought to you by ANZU®—the creators of RADAR Resource, and Iron Medical Systems®—a leading provider of secure private medical clouds. As the newest

ASAPS Advantage Program provider, ASAPS.CLOUD is the first HITRUST® certified, aesthetic and plastic surgery-specific cloud offering in the world.

For more information, please contact Ronan Solutions (partnership of Anzu & Iron Medical Systems) at 602.884.8330, or by email at sales@ronansolutions.com.



REALPATIENTRATINGS™ Reviews are the single strongest strategy to power your website and

all of your marketing. RealPatientRatings generates dozens of 100% verified reviews fast. Powerful content marketing boosts rankings, increases traffic and enhances your online reputation. Patient feedback and actionable data increase revenue, retention, and referrals.

RealPatientRatings offers its patient rating services at a reduced rate for ASAPS members. 800.267.1228, extension 106 • www.realpatientratings.com



The Advantage Provider Program was created to provide members with pre-negotiated special pricing on products and services, to enhance practice performance. Each ASAPS Advantage Provider is rigorously vetted, carefully selected and has agreed to uphold our strict ethical standards.

When you purchase a product from an Advantage Provider, you are also helping The Aesthetic Society offset costs, which helps keep your membership fees as low as possible.

The American Society for Aesthetic Plastic Surgery
Shaping the Future of Smart Beauty®
www.surgery.org/ems

WE ARE
AESTHETICS.



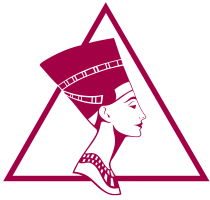
The Aesthetic Society's Industry Partnership Program



Founding Premier Partner: Sientra

Working together to advance the science, art, and safe practice of aesthetic plastic surgery and cosmetic medicine through education, research, and innovation while maintaining the highest standards of ethical conduct among qualified plastic surgeons.

Support ASAPS Industry Partners and consider using their products in your practice.



Apply for Active Membership
for the July 1, 2018 deadline!

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?

To begin the membership process, please complete the online Pre-Application Checklist at www.surgery.org/checklist. Here you will be required to answer a few questions and upload a CME report for verification. Once the information is verified and requirements to apply are met, you will receive the full application.

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 the membership vote on my application?

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 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 qualify:

- The Aesthetic Meeting (ASAPS Annual Meeting)
- The ASAPS Las Vegas Facial & Rhinoplasty Symposium
- The Biennial Aesthetic Cruise
- ASAPS Breast & Body Symposium

What are the fees and when should they be paid?

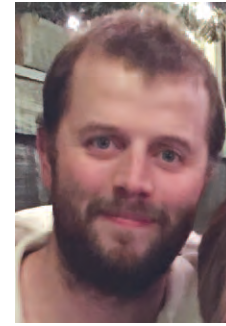
There is a \$250 Application Fee that must be paid along with your completed application. Once voted in, you will be required to pay your annual membership dues:

- Membership dues for Active Members are \$1,198
- Membership dues for International Active Members are \$470

How many sponsors will I need to have ultimately?

You will need at least two (2) sponsors. U.S. and Canadian applicants must have one sponsor that is in your geographical location while the other can be any ASAPS Active/Life Member that knows you well. Each sponsor will need to complete the sponsorship form on your behalf (the forms will be included with the application). International applicants must have one ASAPS Active/International Active or Life Member sponsor, and the other must be a member in a national plastic surgery society acceptable to ASAPS, or from an ISAPS member in their country.

For additional information/questions, please contact our Membership Manager, Marissa Simpson via email Marissa@surgery.org or at 562.799.2356



Meet
the
Staff

Hunter Alexander

Hunter Alexander has worked at The Aesthetic Society for over 7 years, and is currently the Editorial Manager for *Aesthetic Surgery Journal (ASJ)*. In this capacity, Hunter manages ASJ's peer review process. Among other tasks, he is responsible for processing all new and revised submissions to the journal; for ensuring that all submissions move through the system in a timely manner; for coordinating all invited articles, commentaries, reviews, and response letters; for reviewing the first version of all proofs created by ASJ's publisher (Oxford University Press); and for ensuring that all figures published in the journal meet ASJ's specifications.

As Hunter says, "I enjoy working with ASJ's authors, editors, and reviewers. Authors care deeply about their work, and it's our job to treat it respectfully, even if it's rejected after undergoing peer review. Our editors and reviewers donate their time, energy, and expertise to the journal, so I enjoy doing possible to make their lives easier when it comes to anything ASJ- or ASAPS-related. I enjoy meeting new members at each Aesthetic Meeting and also catching up with surgeons I haven't seen in a long time. But most of all, I enjoy working with ASJ's Editor-in-Chief, Dr. Foad Nahai. He's an inspiring leader and I have a great deal of respect for him both personally and professionally."

In his free time, Hunter and his family (wife, Jessie, and two daughters, 5 and 7) recently moved from Atlanta to Asheville and enjoy exploring their new city. Hunter relates, "I like hiking on the many nearby trails, playing disc golf, and trying the many excellent restaurants and breweries in the area." Thank you for your 7 years at ASAPS, Hunter!



ASAPS PREMIER PARTNERS



★ Allergan recently announced the FDA approval of BOTOX® Cosmetic for its third indication, the temporary improvement in the appearance of moderate to severe forehead lines associated with frontalis muscle activity in adults. This approval makes the brand the first and only neurotoxin indicated for three facial treatment areas—forehead lines, crow's feet lines and glabellar lines.

Allergan plc (NYSE: AGN), headquartered in Dublin, Ireland, is a bold, global pharmaceutical company and a leader in a new industry model—Growth Pharma. Allergan is focused on developing, manufacturing and commercializing branded pharmaceutical, device, biologic, surgical and regenerative medicine products for patients around the world. Visit www.Allergan.com.



Galatea Surgical offers a Collection of Surgical Scaffolds constructed of mono-filament fibers from its proprietary P4HB™ biopolymer, and indicated for soft tissue support to repair, elevate and reinforce deficiencies.

Galatea scaffolds provide excellent strength retention, elasticity, and biocompatibility designed for long-term support. Once implanted, the scaffold resorbs by hydrolysis and is eliminated as carbon dioxide and water.

At The Aesthetic Meeting 2017, Galatea launched the first and only 3-dimensional scaffold for plastic and reconstructive surgery. These 3D scaffolds are designed to uplift the body's natural shape, provide easier placement and reduce procedure time. For more information, visit www.galateasurgical.com.



★ Restylane® Refyne and Restylane® Defyne were recently approved by the U.S. Food and Drug Administration (FDA) for the treatment of nasolabial folds (NLF) or “laugh lines,” in patients over the age of 21. Restylane® Refyne was approved for the treatment of moderate to severe facial wrinkles and

fold, such as NLF, and Restylane® Defyne for the treatment of moderate to severe, deep facial wrinkles and folds, such as NLF. These scientifically-advanced gels are manufactured with XpresHAn Technology™, creating gels that offer a range of flexibility and support for varied patient needs.

For more information, please visit www.galdermausa.com and www.galderma.com.



Founded in 1969, Mentor Worldwide LLC is a leading supplier of medical products for the global aesthetic market. The company develops, manufactures, and markets innovative, science-based products for surgical medical procedures that allow patients to improve their quality of life. The company is focused on breast and body aesthetics with a full portfolio of breast implants proudly made in the U.S.A. Mentor joined the Johnson & Johnson Family of Companies in 2009. For more information about Mentor visit: www.mentorwwllc.com

MERZ AESTHETICS™

Cellfina® is the only FDA-cleared, minimally invasive procedure proven to improve the appearance of cellulite with results that last at least three years—the longest FDA-cleared duration for a cellulite treatment. With just a single procedure, Cellfina precisely and consistently treats the primary structural cause of cellulite dimples for the smooth look many women have been seeking for years. We're so confident in the procedure's results, they're backed by our CYA (Cellfina® Yearlong Assurance) Guarantee. For more details, visit Cellfina.com

NeoGraft®

New At Premier Partner Level

★ With a 67% increase in hair transplant surgeries from 2014–2016 (ISAPS Global Survey Results), NeoGraft invites you to participate in one of the fastest growing segments in the aesthetic market. With the purchase of the NeoGraft 2.0 PLUS Package, we'll reserve a spot for you to attend our

upcoming clinical and business preceptorship with Dr. Jack Fisher, NeoGraft CMO and former ASAPS President.

Because 90% of NeoGraft Physicians have no prior hair transplant experience, the program will ensure that you are equipped with industry knowledge and valuable resources to help seamlessly integrate NeoGraft into your practice. Please contact jraser@neograft.com for more information.



NewBeautyPRO Special Rates for ASAPS Members!

It can be challenging to stand out in an ever-growing, crowded cosmetic marketplace. Over the last 10 years, no other company has done more to educate millions of women about cosmetic enhancement than award-winning NewBeauty. Today, that expertise is available to your practice through NewBeautyPRO, a full-service marketing platform that can elevate your practice effectively and efficiently.

To start reaching your future patients, contact us today at elite@newbeautypro.com and don't forget to ask us about our special rates for ASAPS members!

sientra.

★ Sientra, a leader in the plastic surgery industry and known for bringing innovation to the market, continues to evolve their product portfolio:

- AlloX2®, Dernaspan™ and Softspan™ expanders, offering the most innovative designs for optimal results
- Breast Implants with High-Strength Cohesive Silicone Gel, sold exclusively to board-certified and board-eligible plastic surgeons
- BIOCORNEUM, the physician's choice for advance scar treatment, now with a new look
- MiraDry, the only FDA-cleared device to reduce underarm sweat, odor and permanently reduce hair of all colors

Sientra also offers ENHANCE practice-building webinars; designed to offer insights and expertise to plastic surgeons and their staff on practice management.

Learn more about Sientra at sientra.com



Acelity™

Acelity L.P. Inc. is pleased to introduce the PREVENA DUO™ Incision Management System. This system is the first single use negative pressure wound therapy (NPWT) system designed specifically for the simultaneous management of two closed surgical incisions in bilateral procedures. “We are finding that surgeons around the world are adopting PREVENA™ Therapy as standard practice to provide care for their post-operative patients,” said Ron Silverman, M.D., Chief Medical Officer, Acelity.

Learn more at www.prevena.com



*A Medical Liability
Insurance Company*

AMS RRG, Inc., a medical liability insurance company, would like to invite you to explore how you can “Experience the Difference” in medical malpractice insurance.

Benefits include a 7.5% premium discount for all ASAPS members, risk management strategies and personalized doctor to doctor correspondence.

For additional information please contact, Chris Edge at 609-737-1154 x302 website www.amsrrg.com.



**Special ASAPS
Member Offer**

**New Industry Partner
Products to Check Out!**

**Founding Premier Partner:
Sientra**

IMAGING EXCELLENCE FROM
CANFIELD

Canfield Scientific is the global leader in developing imaging systems for the medical and skin care industries. Used in medical and aesthetic practices, Canfield's advanced photographic imaging solutions are an integral part of aesthetic and medical consultations. Today, thousands of consultations begin with images captured by Canfield's powerful imaging tools.

- VECTRA® 3D technology offers powerful assessment tools for face, body and breast procedures.
- VECTRA® XT features 360° body stitching, circumferential measurement, and ultra-high resolution color image capture.
- The lightweight, handheld VECTRA® H1 camera is ideal for facial aesthetic procedures.
- VISIA® Complexion Analysis System delivers fast, accurate image capture with high image resolution to document surface and subsurface skin conditions.

Learn more at www.canfieldsci.com.

CareCredit
Making care possible...today.

For nearly 30 years, CareCredit has provided millions of patients with financing options for the health, beauty and wellness care they want or need. Now accepted at more than 200,000 healthcare provider and merchant locations nationwide, the CareCredit healthcare credit card allows cardholders to make convenient monthly payments for all types of aesthetic procedures that help them achieve the look they want. Once approved, patients can use their card again for additional procedures and services you provide. * CareCredit also gives reconstructive patients a way to pay for deductibles, co-pays and other fees not covered by insurance. *Subject to credit approval. Minimum monthly payments required.

To find out more about CareCredit, visit www.carecredit.com or call 800-300-3046.

CosmetAssure®
We Cover Complications.



CosmetAssure exclusively provides board-certified plastic surgeons with a financial safety net for patients undergoing elective aesthetic surgery. The program works to remove the stress and uncertainty involved with unexpected medical expenses due to post-surgical complications.

As an Alliance Partner and the Gold Standard in complications insurance, we work diligently to deliver a superior product to surgeons and patients.

- Tiered pricing based on volume of cosmetic patients, the most comprehensive Capsular Contracture coverage available, convenient online claims reporting, and more.
- CosmetAssure is easy to implement in your practice
- ASAPS members automatically qualify for enrollment
- No cost to enroll

To become a participating surgeon, contact CosmetAssure at 855.874.1230 or info@cosmetassure.com.

CYNOSURE
A Hologic Company

Cynosure, A Hologic Company (Westford, Mass.) is a global leader in advancing and innovating medical devices for aesthetic procedures and precise surgical applications. Its non-invasive and minimally invasive technologies enable plastic surgeons, dermatologists and other medical professionals to address skin revitalization, body contouring, fat removal, cellulite, scarring, tattoo removal, gynecologic health, unwanted hair, excessive sweating, and vascular and pigmented lesions. Cynosure also markets radiofrequency technologies for facial plastic and general surgery, gynecology; ear, nose and throat procedures; ophthalmology; oral and maxillofacial surgery; podiatry; and proctology. Established in 1991, Cynosure sells its products globally under the Cynosure, Palomar, ConBio and Ellman brand names.

Continued on Page 56

For information on the products and services offered by ASAPS Industry Partners, please contact the companies directly, and be sure to let them know you are a member of The Aesthetic Society. Click on the company logos on www.surgery.org to link to the company websites.




Revance, a Silicon Valley-based biotechnology company, is committed to the advancement of remarkable science. The company is developing a portfolio of products for aesthetic medicine and underserved therapeutic specialties.

Revance's initial focus is on developing daxibotulinumtoxinA, the company's highly purified botulinum toxin, for a broad spectrum of aesthetic and therapeutic indications, including facial wrinkles and muscle movement disorders. The company's lead drug candidate, DaxibotulinumtoxinA for Injection (RT002), is currently in development for the treatment of glabellar lines, cervical dystonia and plantar fasciitis with the potential to be the first long-acting neuromodulator.

More information on Revance may be found at www.revance.com.



 Proud to be the Founding Alliance Partner of ASAPS, Rosemont Media provides exclusive web marketing and design services for the aesthetic practice. We work to ensure the success of our clients by taking a highly personalized approach to creating all-encompassing strategies which include:

- Custom Website Design
- Search Engine Optimization including Strategy Takeovers
- Social Media Marketing
- Google Premier Partner level Pay-Per-Click Advertising
- Patient Review Generation

To inquire about market availability, please call 800-491-8623 or visit www.rosemontmedia.com/asaps.



Privately-held aesthetics company, Suneva Medical develops, manufactures and commercializes innovative products, including flagship brand, Bellafill®. Available in the U.S., Canada, Hong Kong, Korea and Mexico, Bellafill is the only dermal filler approved by the FDA for treating nasolabial folds and facial acne scars. For more information, visit www.sunevamedical.com.

- Bellafill® (U.S.) is the only dermal filler established safe and effective for the correction of nasolabial folds through 5 years
- Bellafill® (U.S.) is the only dermal filler indicated for the correction of moderate to severe, atrophic, distensible facial acne scars on the cheek in patients over the age of 21 years old



an  Almirall company

Thermi®, an Almirall company, is a leading developer and manufacturer of temperature controlled radiofrequency devices. The company currently offers three devices: ThermiRF®, Thermi250®, and ThermiVa®.

- ThermiRF: A platform technology which combines temperature control with advanced real-time temperature monitoring to enable a myriad of non- and minimally-invasive soft tissue options.
- Thermi250: A high powered, temperature regulated, radiofrequency system emitting at 470 kHz that offers patients temporary reduction in the appearance of cellulite.
- ThermiVa: A non-invasive radiofrequency device that heats vulvovaginal tissue.

To learn more about Thermi and what its technology can offer, please visit www.thermi.com.



We value your relationship with your patients. ZO® has a zero-tolerance policy on product diversion. Our commitment to you extends to protecting not only you as an account partner, but also our brand and our patient customers, from fraudulent or diverted products. Our Brand Protection team finds, identifies and shuts down diversion quickly and effectively. In addition, the sole authorized e-commerce site is zoskinhealth.com, where all purchases are credited to our physician partners.

For information on the products and services offered by ASAPS Industry Partners, please contact the companies directly, and be sure to let them know you are a member of The Aesthetic Society. Click on the company logos on www.surgery.org to link to the company websites.



Special ASAPS
Member Offer

New Industry Partner
Products to Check Out!

Founding Alliance Partner:
Rosemont Media

Industry Partners Continue Their Support

The Aesthetic Society News is pleased to partner with industry in support of ASAPS mission to advance the science, art, and safe practice of aesthetic plastic surgery and cosmetic medicine among qualified plastic surgeons.

We are thrilled to continue strategic partnerships with Merz Aesthetics, Acelity, Canfield, CosmetAssure, Cynosure and ZO Skin Health, and we are very pleased to have recently welcomed Mentor as a Premier Partner and NeoGraft from an Alliance to a Premier partner!

ASAPS Premier Partners



Mentor continues as an ASAPS Premier industry partner into 2018. The program provides a strategic reach to ASAPS members throughout the year.

Mentor recently launched MemoryGel® Xtra Breast Implants in the United States, the first market globally to have access to the new product.

The Mentor team is proud to offer a unique breast implant which provides increased projection, fullness and firmness¹ without losing the soft, natural feel patients desire.² The product has already begun shipping to a broad range of very happy customers.

"I'm excited to provide my patients with the latest breast implant option from MENTOR," said Dr. Louis Strock,* American Board of Plastic Surgery, Diplomate. "MemoryGel® Xtra Breast Implants offer a rare combination of a more tight feel while maintaining an overall natural softness."

In a recent blinded brand comparison, nine out of 10 consumers chose MemoryGel® Xtra implants as feeling more like real breasts.³ Surgeons also chose MemoryGel® Xtra implants as the product they would use more often at their practice.⁴

"We're always looking for ways to advance our products and meet the ever-evolving needs of our patients," said Dr. John Canady, Franchise Medical Leader, Johnson & Johnson Medical Devices. "The meaningful innovation of MemoryGel® Xtra not only increases options for patients but also

reinforces the MENTOR® global leadership position in breast aesthetics."

MENTOR® MemoryGel® Xtra Breast Implants were approved by the U.S. Food & Drug Administration in April 2017.

For additional information go to www.mentorwwllc.com

MERZ AESTHETICS™

Merz is entering its sixth year as an ASAPS Premier partner, taking the partnership into 2018.

Since our founding in 1908, the development of Merz products has been based on our commitment to providing innovative medical approaches that earn the trust of patients, physicians and partners worldwide. Merz Pharma Group is a privately owned company headquartered in Frankfurt, Germany with a global focus on aesthetic medicine and neurotoxins.

Merz North America, an affiliate of Merz Pharma Group, is proud to continue as an ASAPS premier partner in 2018. Our award-winning portfolio of complementary face and body products is designed to be a resource and a solution for our customer's aesthetic practices. Our thoughtfully curated product portfolio includes: Xeomin®, Radiesse®, Belotero Balance®, Ultherapy®, Cellfina™, Neocutis®, Asclera® and DeScribe®. Merz is dedicated to the development and marketing of innovative and high-quality products for physicians and patients across the United States and Canada.

"At Merz, we work hard every day to understand the unique needs of physicians and patients and develop breakthrough products and treatments that deliver meaningful results," said Bob Rhatigan, Merz North America CEO. "Our product portfolio is supported by outstanding clinical education, product training and in-office promotion to ensure patient satisfaction and practice growth."

It is our ultimate goal to help people live better, feel better and look better.

Visit www.merzusa.com for more information.

NeoGraft®

New At Premier Partner Level

NeoGraft® will continue its Premier partnership into 2018 and is committed to utilizing The Aesthetic Society platform for enriching partnerships with industry leaders, educating top aesthetic surgeons and consumers, and supporting the Society's initiatives.

Last year at NeoGraft®, we launched NeoGraft® 2.0, which combined next generation surgical techniques with decades of data, allowing the NeoGraft® 2.0 system to be more than just a device—we are now true partners. Our industry-leading innovations and outstanding patient outcomes earned us the reputation as one of the most trusted names in hair restoration.

Unlike other medical device companies, NeoGraft® is one of the only comprehensive programs to combine a novel business model, high patient satisfaction and superior corporate support.

"When evaluating medical equipment, I look for a few consistent features, high patient satisfaction, high revenue per procedure, the ability to delegate, low consumable cost and patient demand. The NeoGraft® device checked every box and provided my practice with top notch customer support from day one. It's one of the best investments I've made in my practice to date," said Dr. Stephen Ronan of Blackhawk Plastic Surgery.

NeoGraft® is excited to continue driving the importance of hair replacement and hair restoration in the aesthetic marketplace.

For inquiries, please e-mail info@neograft.com or visit neograftdocs.com.

Continued on Page 58

Industry Partners Continue Their Support

Continued from Page 57

ASAPS Alliance Industry Partners



Acelity, an ASAPS Alliance partner for two years, is a global advanced wound care company that leverages the strengths of Kinetic Concepts, Inc. and Systagenix Wound Management, Limited. The company's mission is to change the clinical practice of medicine with solutions that advance the science of healing, create economic value and improve patients' lives.

Available in more than 90 countries, the innovative and complementary ACELITY™ product portfolio delivers value through solutions that speed healing and lead the industry in quality, safety and customer experience. As global pioneers in advanced wound care, Acelity leads the industry by identifying and helping address unmet clinical needs, beginning with the introduction of groundbreaking negative pressure wound therapy.

The PREVENA™ Incision Management System, launched in 2010, is the first disposable negative pressure system designed specifically for the management of closed surgical incisions. The system covers and protects the incision from external contamination, while negative pressure removes fluid and infectious material from the surgical incision. Acelity recently launched the PREVENA DUO™ Incision Management System, the first single use negative pressure therapy (NPT) system designed specifically for the simultaneous management of two closed surgical incisions.

Acelity has best-in-class product offerings, demonstrated by clinical data, and a robust customer service infrastructure. By offering a range of complementary solutions that are used across multiple care settings, Acelity is able to address patients' needs throughout the healing process and offer healthcare providers a single source for clinical solutions.

Acelity is headquartered in San Antonio and employs nearly 5,000 people around the world.

For additional information please go to www.acelity.com



Canfield Scientific became an ASAPS Alliance partner in 2013 and is very involved in the partnership program with ongoing collaboration with our members, industry partners, and exhibitors.

Automated 3D Markerless Tracking—Reveal the Changes: The use of 3D photography for evaluating the effectiveness of surgical and non-surgical treatments has become increasingly important. Until now, existing methods to assess treatment effectiveness were either qualitative and lacked detailed information about the subtle changes in skin surface movement, or were time consuming and used markers placed directly on a subjects' skin. Canfield Scientific's 3D Markerless Tracking system is specifically designed for easy and automatic assessment of the skin surface between time points. Using computer-vision technology to build a dense mesh of corresponding features between pairs of 3D images, the system enables the observation of precise skin changes related to movement and shape.

3D Markerless Tracking uses a quantitative approach to assess changes in soft tissue. Compared to previous tracking methods, which measured discrete distances between selected landmarks, 3D Markerless Tracking uses a continuous real-time three-dimensional map of soft tissue changes that illustrates stretch and compression, while also objectively evaluating lift, tightening and volumization. 3D Markerless Tracking advances the ability to evaluate age-related changes and validates subjective assessments with objective evidence.

In addition, 3D Markerless Tracking assists in the education of patients and can encourage the continuation of treatments by providing the patient with objective confirmation of initial treatment results. In addition, tracking patient outcomes will help clinicians better understand the results of their procedures.

For information please go to www.canfieldsci.com



CosmetAssure continues to utilize strategic benefits from the Alliance industry partnership program to reach ASAPS members with exclusive offerings, as they enter the fifth year of the partnership.

CosmetAssure exclusively provides board certified plastic surgeons with a financial safety net for patients undergoing elective aesthetic surgery. The program works to remove the stress and uncertainty involved with unexpected medical expenses due to post-surgical complications.

"CosmetAssure is proud to be an Alliance Partner, working together to add value to the practices of board certified aesthetic plastic surgeons. As the first and most experienced company to bring complications insurance to plastic surgery, CosmetAssure continues to be the gold standard in the industry. We remain focused on patient safety, assuring and preserving the doctor patient relationship through the surgical process even when complications arise. Our data has been valuable to the specialty of plastic surgery to document, and in some cases, decrease the incidence of complications following aesthetic procedures." ASFG, owner of CosmetAssure.

The program is continuously evolving to provide a superior product to surgeons and patients. Last year, they announced innovative program enhancements including coverage for Capsular Contracture, reduced premiums, and online claims reporting.

CosmetAssure understands that patient safety is a surgeon's top priority. They are committed to increasing patient safety by providing the most current statistics to educate surgeons about the risks of complications associated with aesthetic procedures. The *Aesthetic Surgery Journal* has published many articles based on studies from their comprehensive data such as preoperative risk factors, major complication rates, safety of combined procedures, and common postoperative complications.

CosmetAssure is easy to implement in your practice since ASAPS members automatically qualify for enrollment. There is no cost to enroll and no application required; just one page for you to review and sign. Policy premiums are

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Industry Partners Continue Their Support

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tiered based on volume of cosmetic patients. The more patients registered, the lower the premium.

To learn more about this industry leading coverage or become a participating surgeon, contact CosmetAssure at 855.874.1230 or info@cosmetassure.com.



Cynosure, a Hologic Company, became an ASAPS Alliance Industry partner in 2016 and has been receiving strategic benefits from the program ever since. Hologic, Inc. is an innovative medical technology company primarily focused on improving women's health and well-being through early detection and treatment.

In September 2017, Hologic, Inc. (Nasdaq: HOLX) announced that the U.S. Food and Drug Administration (FDA) granted an expanded FDA 510(k) clearance for Cynosure's non-invasive body contouring product, SculpSure®. The state-of-the-art body contouring laser treatment is now cleared to treat a double chin, also known as the submental area, marking the product's sixth cleared body treatment area. SculpSure® is also cleared to treat the abdomen, love handles (flanks), back, and inner and outer thighs.

SculpSure® is an advanced, non-invasive body contouring treatment that helps patients achieve a natural-looking, slimmer appearance. The fully customizable treatment uses a laser to raise the temperature of body fat to precisely disrupt and destroy fat cells under the skin. The fat cells are then naturally eliminated over time and do not return. Each treatment lasts approximately 25 minutes and requires no surgery or downtime.

"We are encouraged that our chin treatment was proven effective on patients with a body mass index (BMI) up to 43, while our competition in the non-invasive arena is only FDA-cleared to treat patients with a BMI up to 30," said Kevin Thornal, Divisional President of Cynosure at Hologic. *"We are excited to provide our customers with a competitive advantage that can further widen their patient communities."*

For more information on Hologic, visit www.hologic.com.

ZO SKIN HEALTH INC — BY ZEIN OBAGI MD —

ZO Skin Health, Inc. continues its strategic partnership with The Aesthetic Society into 2018. The partnership provides ongoing benefits and visibility throughout the year, and at The Aesthetic Meeting.

2017 was a year of incredible growth for ZO® and in 2018 we expect to continue with a strong growth trajectory, driven by strategic partnerships with both societies such as ASAPS as well as industry partner HydraFacial™. We will continue to focus on restoring and strengthening the relationship between patients and physicians, incorporating both retail + digital innovation efforts in the upcoming year.

ZO Skin Health, Inc. offers medical grade, luxury skincare inspired by Dr. Zein Obagi's passion for skin health restoration. We have many customers—our physician and account partners, the patients who use our product and the international teams who deliver our message throughout the globe. Each one of our customers is critical to our success and we strive to find new opportunities for our physician and international partners to profitably run their physician-dispensed business.

As part of our efforts to protect our customers and physicians here at ZO Skin Health, we execute effective restrictions on third-party internet sales and diversion. Our anti-diversion efforts ensure that all customers are confident that the products they purchase from our partners or via zoskinhealth.com are not counterfeit or adulterated.

To carry on Dr. Zein Obagi's legacy and his passion for teaching, we strive to provide industry-leading training and education for all of our customers—ensuring all ZO® patients achieve superior results. We continue to engage with our customers via digital and social media, using all platforms to provide training, information and to engage with patients across all forums.

For more information, visit www.zoskinhealth.com.

Thank you ASAPS Industry Partners!

The Aesthetic Society thanks all our industry partners for their ongoing support and collaboration.

The Aesthetic Society's partnership program provides industry with strategic benefits and opportunities to collaborate with ASAPS's members. Working together to support our mission to advance the science, art, and safe practice of aesthetic plastic surgery and cosmetic medicine through education, research, and innovation.

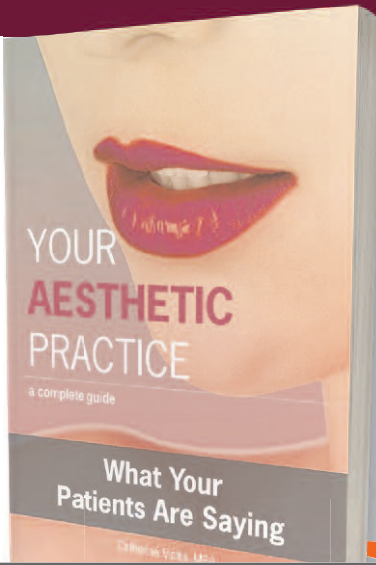
A special thank you to Founding Premier partner Sientra, and Founding Alliance Partner Rosemont Media.

FREE BOOK + TRAINING OFFER

For ASAPs Members

You make more money when you KNOW what your patients are saying about you...

Free Book
+
Training Offer
While Supplies
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\$24.95 Value...Free



When you order my free book, you automatically get free training where I show you a simple way to get a **786% - 1,133% PROVEN ROI** on Your Marketing Efforts Without:

- Redesigning your website...again
- Spending more on SEO to get ranked
- Throwing money at PPC ads
- Hiring more staff

Catherine Maley, MBA
Author, *Your Aesthetic Practice*
Cosmetic Patient Attraction & Conversion Specialist

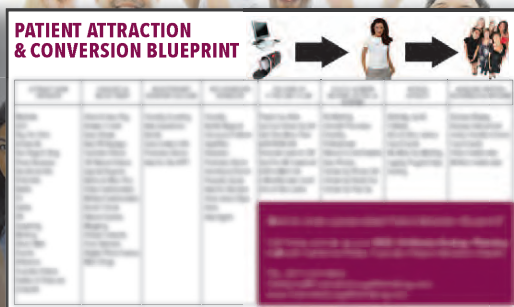


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Social Media's Impact On ASAPs' Code of Ethics

By Jennifer L. Walden, MD

Recently, a great deal of media attention involving our industry has been cast upon social media—specifically posting patient-related imagery and live video within the operating room. Maintaining patient privacy, respect and decorum have been at the forefront of these discussions and several papers in peer-reviewed journals were recently published on the topics. Dr. Heather Furnas wrote an insightful counterpoint discussion¹ to the article that came out in the October 2017 issue of *The Journal of Plastic and Reconstructive Surgery* by Fine et al.² about the ethics of video use in social media in our industry—the authors called for major oversight and society ethical censorship based upon the four main tenets of medical ethics.

Media picked up this one as well as Schierle et al.'s article in *The Aesthetic Surgery Journal*³ showing at the time that ASAPs-eligible board certified plastic surgeons are underrepresented on Instagram compared to non-core physicians claiming to be plastic surgeons. Results of their hashtag key-word analysis revealed that nearly a quarter of the uploads came from doctors who marketed themselves as cosmetic surgeons, but were not board-certified in the specialty by the American Board of Plastic Surgery or the Royal College of Physicians and Surgeons of Canada. More than half of the posts were uploaded by doctors based outside of the US and Canada. Dentists were responsible for four of the top posts; spas accounted for another four. One was even posted by a hair salon.

As you may know, ASPs' Code of Ethics was updated several months ago to include the word “and images” in one line to broaden and capture social media in its scope. Although the change to the ASPs code was minor, i.e., adding “and images,” their code uses a catch-all general principle as shown below:

V. In their public and private communications with or concerning patients and colleagues made in a professional capacity or environment, Members shall strive to use accurate and respectful language and images.

Since ASPs separately defines “communications” to include Electronic Media which is defined as including all forms of social media, with this small change, the ASPs Code of

Ethics effectively and forthrightly deals with social media and poor taste.

For this reason, in an effort align our Codes and encompass online imagery and video promotion within our ASAPs Code of Ethics, the following changes were reviewed with our legal counsel, Robert Aicher, Esq. The following changes were adopted to the ASAPs Code of Ethics after the Board of Directors approved it unanimously on November 6, 2017:

3.08 Conduct Demeaning to the Profession

(b) A member may not participate in or benefit from advertising campaigns or communications of any kind, including oral, written or electronic, including social media, that are in poor taste, inaccurate, disrespectful, crude, offensive, vulgar, undignified, or demeaning to patients or the profession.

Understandably, good taste is hard to regulate as one person's perception of poor taste may be fine with another; for example, younger millennials are often more accepting with certain verbiage and images in online posts and ads. On the other extreme, some physicians may protest and not even participate in social media at all. Given that it would be difficult to police good taste as cultural norms in traditional and social media are constantly evolving (or devolving, however you look at it), we feel that the current changes to the Code of Ethics are broad enough to serve our membership well into the digital future. In fact, the Code of Ethics for ASAPs was written to be broad and encompassing (just as the US Constitution was), so that frequent changes would be unnecessary.

I also thought it would be useful to have more of a standardized informed consent for our patients on social media, given rise in popularity of plastic surgery-related content on these channels. With respect to a unified social media informed consent, a modifiable template of what the Social Media Task Force and Mr. Aicher recommend our members use is available in the “Member Resources” section on Surgery.org, and can be found on Page 63 of this issue of *Aesthetic Society News*. In order to uniformly protect our members, legal counsel recommends the default to be the more onerous protections of HIPAA, which

require the release to identify:

1. The health information being released (photos, videos, quotes),
2. To whom (not just the doctor, but the doctor's assigns, such as ASAPs for website use),
3. For what purposes (aesthetic methods and results),
4. For how long (in perpetuity unless limited or revoked), and
5. That refusing to give consent won't affect the patient's access to health care (these are the HIPAA-required clauses).

We also have included, to avoid doubt:

1. The patient expects to be recognized from her photos or quotes,
2. The permitted purposes might be deemed educational, scientific or commercial (undermines privacy claims),
3. Transfer of all rights in the photos, videos or quotes (undermines claims of ownership),
4. Waiver of payment for using the materials (undermines claims for compensation).

The resulting consent looks reminiscent of a standard HIPAA-compliant PHI release, just tweaked for aesthetic surgeons using social media.

To read ASAPs' full Code of Ethics, please visit <https://www.surgery.org/professionals/about-asaps>.

Jennifer L. Walden, MD, ASAPs Commissioner of Communications, member Board of Directors, Chair of Social Media Task Force

References:

1. Furnas, Heather, Discussion: *The Ethics of Sharing Plastic Surgery Videos on Social Media* <https://goo.gl/qGiCce>
2. Dorfman, Robert G.; Vaca, Elbert E.; Fine, Neil A.; *Plastic & Reconstructive Surgery*. 140(4):825-836, October 2017 *The Ethics of Sharing Plastic Surgery Videos on Social Media: Systematic Literature Review, Ethical Analysis, and Proposed Guidelines*
3. Robert G Dorfman, MSc Elbert E Vaca, MD Eitezaz Mahmood, BA Neil A Fine, MD, FACS Clark F Schierle, MD, PhD, FACS *Plastic Surgery-Related Hashtag Utilization on Instagram: Implications for Education and Marketing* <https://goo.gl/U2gYU7>



Put Your Best Face (and Breasts and Body) Forward *How to Showcase Your Surgical Results with Clinical Photography*

By Amy Boyer, MBA

Every plastic surgeon knows that photography is an essential part of a cosmetic surgery practice. Early in practice you probably created a photo consent form and instructed your staff to get before-and-after surgery photos of every patient. You may have purchased special photo storage software, and at some point someone assembled the best photos to put on the practice website and in a book to be viewed in the office.

You did these things, because you understand that photos are a powerful tool for showing prospective patients the realistic results one can anticipate in the care of your skilled hands. In a survey by RxPhoto, 42.9% of consumers said that the photo gallery is the first page they visit on a practice's website. Additionally, they serve as an important component of the medical record, documenting the surgical changes and providing a defense against allegations of improper or inadequate surgery.

If photos play such an important role, why are there so many photo galleries with dark or poorly framed images of patients posed in variable undergarments? Why are patients not asked to remove jewelry or instructed to position their hair in a consistent manner? Despite the readily available published photographic standards, a recent review of plastic surgeons' websites showed that only 66.3% of photos adhere to those standards.

Furthermore, some offices still have primitive photo books put together with a binder and plastic sleeves, reminiscent of a middle school history project. If photos are a major factor when selecting a surgeon, it's time to upgrade the quality of images and how they are presented.

Let's discuss a few of the common issues with clinical photography and how to easily correct them.

Problem 1: Inconsistent lighting, positioning, and framing of the patient

Maintaining consistent lighting, positioning, and framing is essential to ensure valid comparison of pre- and post-operative images. This means that a post-op patient needs to stand or sit in the exact same spot, at the exact same angle, at exactly the same distance from

the camera, under the exact same lighting as he or she did during the pre-op photo. This is not an easy accomplishment to achieve in practice, but it is very important.

Inconsistent angles can make it difficult to see the improved nasal contour following a rhinoplasty. Feet together versus feet slightly apart can make it nearly impossible to see the true results of liposuction on medial thighs. Poor lighting in the post-op photo can make it difficult to appreciate the patient's refreshed look after a blepharoplasty. Improperly framed images that crop out a patient's shoulders make it difficult to fully appreciate the newly positioned breasts after a mastopexy. Likewise, a different hairstyle, distracting jewelry, and variable clothing or undergarments take away from what you are trying to showcase—your first-class surgical results.

How to Fix It

If you've not read Dr. Barry DiBernardo's article "Photographic Standards in Plastic Surgery," now is the time to do so. The article details optimal lighting and recommended equipment, and clearly illustrates appropriate patient positioning. While the technology has changed—moving from film to digital—the advice regarding the quality of medical photography stays the same.

Schedule an in-service with staff to review how to prepare and position patients for photos. Canfield Scientific has a free clinical photography webinar each month. Make viewing a mandatory exercise for all staff members who take photos, and include in new employee orientation.

First, prepare the patient. For facial photos, hair should be pulled off of the face, and jewelry and eyeglasses should be removed. Minimal makeup is ok, unless the upcoming treatment is dermabrasion, laser, or chemical peel; then all makeup should be removed. For body photos, gown and clothing should be completely removed. The patient should wear a photo garment when applicable.

Position the patient in front of a backdrop, preferably sky blue, with no background distractions. While it is easier to eliminate distractions in a dedicated photo room, many surgeons are tight on space and must take photos in the exam room. Consider hanging a

retractable backdrop that can be pulled down over artwork or a full-length mirror, offering versatility to the room. Do not use the closed exam room door as the backdrop, because the hinges and handle are distractions.

Use a camera flash or studio lighting to evenly illuminate the patient without casting shadows. Take note of natural lighting that may change throughout the day and from season to season, because it will affect the color in the images. For help selecting a camera and flash, consult with a local photographer.

To maintain consistent posing, purchase a positioning mat or put markings on the floor to indicate where the patient is to place his or her feet when facing forward, facing to the sides, and at the oblique angles. Another option is to use photo software with a ghosting feature that allows the photographer to superimpose the pre-op photo onto the screen to ensure the patient is in the exact same position for the post-op photo.

Problem 2: Lack of patient diversity in photos

When viewing before-and-after photos, prospective patients are looking for anatomical features that resemble their own. For example, a relatively small-framed woman at ideal body weight with a small abdominal pouch after pregnancy does not want to see only photos of women who had an extended abdominoplasty after significant weight loss. A man seeking rhinoplasty wants to view the results of other men who have had the procedure. An Asian woman seeking a more defined eyelid fold wants to see results of other Asian blepharoplasty procedures. Patients want to see images of people who look similar to themselves so that they can get a realistic idea of how they will look after surgery.

How to Fix It

It takes time to develop a repertoire of diverse patients for your photo gallery. Make it a priority to review the gallery and add photos at least quarterly. Over time, the gallery will grow to include a variety of different body types, genders, and ethnicities. Then, you can point out photos of patients with similar physical characteristics during the consultation, helping the prospective patient

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Put Your Best Face (and Breasts and Body) Forward

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further visualize how he or she may look after surgery.

Problem 3: No context for the photos

Many photo galleries simply label the photos as “Before” and “After.” Sometimes the post-op photo will indicate how many days/weeks/months it was taken after surgery. Occasionally the size and type of implant used in breast surgery will be listed. But most galleries are completely devoid of any personalization that may influence potential patients researching surgeons online.

How to Fix It

Write a short description for each set of before-and-after photos that details the patient’s goals for surgery and any relevant medical history.

For example, consider the 38-year-old mother of two who lost upper pole volume after breastfeeding both children. She elected breast augmentation to replace the lost volume, taking her from a small B-cup to a full C-cup and giving her a very natural look. This is a story that countless other women can relate to, but only if the story is told.

Or think of the 55-year-old businessman who feels that the age difference between him and his colleagues in their 40s is made more evident by his heavy brow and eyelids. Telling the story helps potential patients connect and see that others “just like me” are having this procedure.

Problem 4: Sloppy Photo Books

We consult with practices that choose to showcase surgical results in cheap binders filled with photos printed in the office and shoved into plastic sleeves. The patient’s experience with these cheap, poorly created items is out of context in a setting where he or she expects to be impressed.

It’s like dining at a high-end restaurant and being handed a menu printed on copy paper that’s slightly crinkled, and has clearly been handled by countless others. Or, it’s like visiting a luxury car dealership to ask about a soon-to-be released new model, and the sales agent hands you a plastic binder with literature that was printed in-house. Experiences like these create a disconnect in the customer’s mind.

PATIENT PHOTOGRAPHIC AUTHORIZATION AND RELEASE

I, the undersigned patient, consent to the following photographs and/or videos of me to be used by Dr. _____ and his/her licensees and assigns (hereinafter “my Doctor”):

I consent to such photographs, videos and any associated quotes by me being edited and published by my Doctor and/or any party acting under my Doctor’s license and authority in any print or electronic form, including but not limited to posts on social media, for the purpose of informing the medical profession or the general public about aesthetic procedure methods and results, surgical and non-surgical, and whether or not such settings are regarded as educational, scientific or commercial.

I expect to be recognized from my likeness or quotes.

I understand that I have the right to revoke this authorization in writing at any time, but if I do so it will have no effect on any actions taken prior to my revocation. If I do not revoke this authorization, it will exist in perpetuity from the date written below. I understand that I may refuse to sign this authorization and such refusal will have no effect on the medical treatment I receive from my Doctor.

I understand that the information disclosed, or some portion thereof, may be protected by state law and/or the federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

I release and discharge my Doctor and all parties acting under my Doctor’s license and authority from all rights that I may have in the photographs, videos or quotes and from any claim that I may have relating to such use in publication, including any claim for payment in connection with distribution or publication of these materials in any medium. I certify that I have read the above Authorization and Release and fully understand its terms.

Patient Signature

Witness/Physician

Patient Name

Date

I have read the above Authorization and Release. I am the parent, guardian or conservator of the patient, a minor. I am authorized to sign this consent on the patient’s behalf.

Parent/Guardian/Conservator Signature

Date

Parent/Guardian/Conservator Name

Sample photo release available to ASAPS members on www.surgery.org

How to Fix It

One of the easiest and relatively inexpensive things a practice can do is use an online platform to create printed and bound photo books; just like the books you make after a family vacation. Upload the photos to the website (ensuring there is no PHI in the file names), drop the photos into a book, insert text to tell the patient’s story, and within about a week a professionally bound book will be delivered to the office. And, when it’s time to update or add to the book, the template is saved online in your profile, making it quick and easy to revise the book and order an updated one.

Offices that are more tech savvy may consider creating a digital photo gallery that is displayed on a tablet or touchscreen monitor. Digital galleries are part of the TouchMD platform or can be created using good editing software.

And speaking of photo galleries, don’t forget about photo consents. “The consent for photos must be in writing,” says Robert Aicher, attorney for ASAPS. A verbal okay is not sufficient. As Samuel Goldwyn is credited for saying, “A verbal contract isn’t worth the paper it’s written on.” Patients should have options as to how their photos are used— in-office photo books, online gallery, social

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Introducing
MENTOR[®] MemoryGel[®] Xtra
Breast Implants



The soft, natural feel your patients desire* with increased projection, fullness and firmness.^{†1}



* As compared with saline-filled breast implants

† When compared to MemoryGel[®] Breast Implants.

1. Product Dimensions for MemoryGel[®] and MemoryGel[®] Xtra Breast Implants and Mentor R&D Compression Benchtop Testing - July 2017.

IMPORTANT SAFETY INFORMATION

MENTOR[®] MemoryGel[®] Breast Implants are indicated for breast augmentation in women at least 22 years old or for breast reconstruction. Breast implant surgery should not be performed in women with active infection anywhere in their body with existing cancer or pre-cancer of their breast who have not received adequate treatment for those conditions or are pregnant or nursing.

Breast implants are not lifetime devices and breast implantation is not necessarily a one-time surgery. The most common complications with the MemoryGel[®] Breast Implants include reoperation, capsular contracture, asymmetry, and breast pain. A lower risk of complication is rupture. The health consequences of a ruptured silicone gel-filled breast implant have not been fully established. MRI screenings are recommended three years after initial implant surgery and then every two years after to detect silent rupture.

Patients should receive a copy of Important Information for Augmentation Patients about MENTOR[®] MemoryGel[®] Silicone Gel-Filled Breast Implants or Important Information for Reconstruction Patients about MENTOR[®] MemoryGel[®] Silicone Gel-Filled Breast Implants. Your patient needs to read and understand the information regarding the risks and benefits of breast implants, with an opportunity to consult with you prior to deciding on surgery. For detailed indications, contraindications, warning and precautions associated with the use of MemoryGel[®] Breast Implants. Please refer to the Product Insert Data Sheet provided with each product, or online at www.mentorwwllc.com.





Playing It Smart in the Online Advertising Game

By Ryan Miller

There's a good chance you are increasingly reliant on a small number of online channels to reach potential patients, and they are increasingly demanding that you "pay to play." As the cost to connect with new patients online climbs, so does the risk of reckless spending. Smart practices will develop a disciplined approach to paid online advertising.

Readers of *Harvard Business Review* will have seen the recent article titled "Managing Our Hub Economy."¹ In it, authors Marco Iansiti and Karim R. Lakhani assert "The global economy is coalescing around a few digital superpowers... The very same technologies that promised to democratize business are now threatening to make it more monopolistic."

Which online monopolies stand between you and prospective patients?

Alphabet/Google dominates web search, local search, and video search (YouTube). Social media powerhouse Facebook also owns Instagram. And we can see small monopolies even within our own niche; RealSelf arguably "owns" the online aesthetic conversation.

Each of these "hubs" are testing new ways to monetize their monopolies. Google already makes more than \$75 billion each year from their AdWords platform and is testing new advertising formats for local and video. In 2013, Facebook modified their algorithm to hide your business posts from approximately 98% of your followers—unless you pay to "boost" them (similar changes are coming on Instagram). And most recently RealSelf launched their Premier program that confers special benefits on advertisers spending more than \$1500 monthly.

The bottom line is that paid advertising is already an important online marketing channel and it will become more important in coming years. Rather than throwing money haphazardly at the program *du jour*, you need to understand how to select the right paid channels, the appropriate budget, and deploy the tools to measure your return.

Where Should You Advertise Online?

There's no easy way to answer where you should advertise online. You need to consider your goals, market, history, and budget. While you should trust the strategic recommendations of your digital agency, we generally find that:

- **Search engine marketing (SEM)**, which encompasses pay-per-click advertising on sites like Google and Bing, can be a cost-effective way to attract surgical patients.
- **Social media advertising**, including both post amplification and social ads, can be consistently and profitably applied to generate nonsurgical inquiries.
- **RealSelf Spotlights**, when combined with active participation on the forum and a healthy body of patient reviews, has shown a strong return for some of our clients.

Whichever channel you choose for your online advertising, it is critical that you understand the intricacies of the channel and then model your investment and measure for an optimal return.

PRO TIP: Quality counts! Did you know that the top-ranked AdWords ads are not necessarily paying the top price? Google rewards high-quality campaign configuration with lower costs per click. And social platforms often deliver favorable circulation rates to certain ad formats.

How Much Should You Budget for Online Advertising?

You're leading with the wrong question, likely because the question that matters most is awkward and uncomfortable. What you must answer is "How much are you willing to pay for your next [insert procedure] patient?"

Answering that question requires that you understand your overhead and perhaps even the lifetime value of that patient. It may even require a kind of moral calculus. Regardless of whether you are dealing with real or emotional math, any investment in online advertising is reckless without an understanding of your allowable customer acquisition cost.

Together with your agency, you can model the performance of many online advertising channels before you ever spend a dollar. Those models can predict whether the campaign will result in attracting new patients at an acceptable acquisition cost.

PRO TIP: Most paid advertising programs do not work well on a small budget (<\$800 monthly). Only a small fraction of those who see your ads will click. Fewer than 10% of those who click will call or complete a form. A

fraction of those who initiate contact will schedule a consult. And not all consults will result in treatment.

Deploy the Tools to Measure Your Return

Unlike e-commerce, where return on advertising investment can be measured programmatically, plastic surgery transactions happen, for the most part, offline. Responsible practices ensure that they can identify the inquiries resulting from paid advertising and commit to tracking the resulting revenue.

It's easier than it sounds. Most agencies will use both call tracking and landing page forms to isolate the leads originating from paid channels. When you monitor how those inquiries mature, you provide yourself with valuable investment return data and your agency with insights that can be used to optimize campaign performance.

The Future Calls for Paid Advertising Acumen

In a 2016 study, Infusionsoft found that only 38% of small businesses believe their marketing is effective.² Nearly 50% of respondents had no idea whether their marketing was working at all. Their findings bring to mind the John Wanamaker quote, "Half the money I spend on advertising is wasted; the trouble is, I don't know which half." And while Mr. Wanamaker is thought of as the father of modern advertising, his quaint quote represents 100-year-old thinking.

Times have changed and the internet provides us with tools to plan and measure paid advertising which John Wanamaker could never have imagined. Practices today can, and should, select advertising channels that support their goals, model campaign performance before they spend, and monitor that performance to both optimize their campaigns and ensure an appropriate rate of return.

As CEO of the online marketing firm Etna Interactive, Ryan Miller has more than 15 years of experience leading digital strategy hundreds of aesthetic practices across North America.

1. <https://hbr.org/2017/09/managing-our-hub-economy>
2. 2016 Small Business Marketing Trends Report Infusionsoft.com | Leadpages.net



Practical Data Security for Medical Professionals

By Freddy Jones

As the number of stories about data security breaches in the medical field increase, providers and their colleagues—particularly those in smaller medical practices without the dedicated support of IT and data security professionals—must regularly review and update their policies and procedures to ensure that their patients' data is secure.

Just recently, *The Daily Beast* reported (<http://thebea.st/2hZPhEO>) that a prominent plastic surgeon in London had been hacked by a group known as The Dark Overlord, who stole clinical photographs from the surgeon's office network and threatened to post them online. *Healthcare IT News* has published 40 of the largest (not the only) healthcare breaches that have occurred thus far in 2017 (<http://bit.ly/2mswelb>), further illustrating both the increasing frequency and costs associated with medical data breaches.

For those practitioners who found any of the recent hacks to be a wake-up call, here is some practical advice and some—not all—tips to help keep your patient data and clinical images secure.

The Human Factor:

This is by far the weakest link in data security. Think here about staff members writing their passwords on stickies attached to their monitors, sharing account passwords, using simple dictionary passwords or the same password for multiple accounts. If this sounds familiar to you, make this the time you commit to stop doing it. Unfortunately, the only cure for this is vigilance, training (for your team) and audits.

But the human factor also includes issues such as others guessing your passwords, others stealing your or your colleague's user credentials and impersonating you, internal attacks (by disgruntled employees, for example), over-the-shoulder password "surfing"—(<http://bit.ly/2AUPK3U>)—and so on. Remember, hackers are people too! And if they feel that you are a valuable enough target there is nothing preventing them from setting up a consultation solely for the purpose or opportunity to see if they catch you typing in your username or password into a computer or mobile device.



The best, if not the only way, to manage these kinds of attacks is with user training, and the best place to start is with two words: Password Strength. Here are some tips on how to increase the strength of your passwords: (<http://bit.ly/1paRLLH>). Next, don't leave your devices (mobile phones, tablets or computers) unattended, be aware of who might be watching you type in your passwords, and be sure to logout after you are done, especially if you have certain devices that you share with others.

Data Security

Encrypt Your Data

Whether you are storing data on your own network or using third-party firms to host your data, ensure that data at rest and data in transit is always encrypted. You can do this by checking with your data storage/cloud services provider to be sure that they encrypt data at rest (in storage) and data in transit. It is simple to verify that data is encrypted in transit for web-based applications: make sure the web address displayed in the web browser begins with "https:" and that web browser displays a "Secure" indicator next to the web address.

Authentication

Require that every request to your network or your providers is authenticated, and locks out a user for some period of time (at least a few hours or more) if they try unsuccessfully to log in for a given number of attempts (no more than 3 or 4 attempts, to be on the safe side). This will help to protect you against so-called "denial-of-service attacks" (DoS

attacks), where hackers try to prevent you from accessing your computers or network by bombarding you with unnecessary requests that overload your system.

Encrypt Usernames and Passwords

Make sure that you and your providers store usernames and passwords in an encrypted format and confirm that passwords are never decrypted. If passwords are stored unencrypted by your service provider or an application you use, they will be exposed during data breach. It is also a good idea to have audit logs that track who logs into the system and also tracks the requests made by any user. This can help you to identify if one of your employees is doing something that they shouldn't be doing, and also helps to identify the source of a data leak if an employee's user credentials turn out to have been used by someone else.

Data Security Cyber Insurance

Consider purchasing data breach insurance, which can protect you and support you with things like covering the cost of a ransomware attack, forensic investigations, and support for affected customers, among others. And you should ensure that your providers, if they are storing patient data for you, have (and can show you if asked) data breach and cyber liability insurance policy as well.

Audit Third Party Vendors

Confirm with application vendors and service providers that they do not store any PII (personal identifiable information) or PHI

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ANN

AESTHETIC NEURAL NETWORK

Meet ANN!

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ANN can be a game changer for your practice.



ANN harnesses data to allow you to make better practice business decisions – and it's available exclusively for ASAPs members. ANN is the power of comparison unleashed. Benchmark yourself against other practices and see how you stack up – (and this is revolutionary) in "real-time."

Why ANN?

Developed by ASAPs as a member benefit, ANN is the only tool available to benchmark your practice with your colleagues. ANN is critical business information made easy. There's no drain on time to enter data. And it's designed to enhance your ROI.

- Analyze which practice areas are most profitable.
- Balance surgical vs. non-surgical offerings.
- Optimize pricing strategies by comparing to your peers.
- Develop a strategic marketing program by understanding patient demand.
- Focus future marketing efforts on highest value areas.



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How do I use ANN?

ANN is like having an in-house business consultant. It provides a user-friendly dashboard showing your practice performance vs. your peers. ANN makes it easy to visualize your business, providing many “Wow, I never knew that” moments for you.

With ANN you Benchmark. Strategize. Grow.

- Easy to sort and analyze top performing and underperforming surgical procedures.
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- See if projected revenue goals have been met on new equipment purchases or leases.
- Compare your ROI in virtually all practice areas.

How does ANN get its information?

ANN is easy to join and offers the highest security available today. Essentially plug and play, the collective information is de-identified, mapped and integrated into ANN.

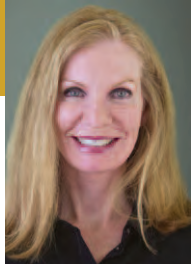
- No data entry required.
- All information is de-identified and HIPPA compliant.
- Data transmission and storage via a HITRUST®-certified private cloud. Quite simply, the most secure system available.
- ANN offers “real-time” reporting. You can benchmark performance last year or last month.
- ANN works in conjunction with leading EMR/PM platforms.

Where can ANN take us?

ANN will have significant positive impact on the future of our specialty. It was developed with a considerable investment from ASAPS for the betterment of its members and to improve the profession. Participating surgeons will benefit immediately. The information in aggregate will provide future guidance for ASERF clinical research directed towards pressing issues like ALCL. And industry partners will drive future innovation in aesthetics based on the rich data in ANN. ANN’s data will strengthen the position of ASAPS as the leading repository of national data, which is extremely helpful when dealing with regulatory and other governmental issues.

ANN is the key to the future optimization of ASAPS member practices. You can learn more about ANN by contacting sales@ronansolutions.com.





Your Practice Gaps Can be Fixed With the Right Scripts

By Catherine Maley, MBA

You lose patients and profits every day and don't even know it because it's so subtle.

What I mean is you and your staff may not be doing anything overtly wrong; however, what you are doing is not getting you closer to a YES.

There is a saying that goes, "small hinges swing big doors" and that is as true in the aesthetic industry as anywhere else.

In this case, the small hinges are the words you are NOT saying to help you get to the next step in the patient process.

Strategic scripts said at the right time with the right voice inflection make the difference between "I gotta think about it" to "Yes, I'm ready to move forward!"

Let's break this down so you see where practice gaps exist in cosmetic practices and how easy a solution it can be to fix with the right script.

Convert the Caller to an Appointment

It doesn't matter how high-tech and gorgeous your Website is if your receptionist can't convert a caller to an appointment. What does matter is them asking for the appointment in a strategic way that encourages the caller to book a consultation.

It's quite common for the receptionist to be polite but allow the caller to control the call and that's never a good idea. The way to control a call is with your own questions so a good mantra for your staff to remember is "Ask a question with a question" so when the caller asks, "Do you do X?" and you don't because you use Y technology, your receptionist says,

"Yes Karen, Dr. Smith did a lot of research on the various fat reduction technologies and while he found X to be good, he found Y to be even better. He can explain the differences to you and show you the results during your consultation. I see we have an opening this Thursday at 4pm or would a morning appointment be more convenient for you?"

Answer the Price Question Strategically

Or what happens when the caller asks the dreaded question, "How much is it?" It's not a good idea to withhold that information from a caller because they will hang up and call your competitors to get a straight answer so be prepared with a strategic answer.



Have your receptionist first pre-frame you as the best choice with logical reasons and then answer the pricing question strategically like this,

"Well Connie, Dr. Smith would have to see you to determine exactly what needs to be done and quote you an exact fee. But here's an idea of what you can expect. The fee would include his surgical fees, the operating room costs, the anesthesiologist's fees, the necessary lab work and the post-operative garments. That could range from \$3,500 - \$5,000 or start at \$90 per month if you use our easy pay plan option. How does that sound?" or,

"I can tell you we are price competitive with the 'other' board certified plastic surgeons in the area."

Or, at least have your staff pre-frame you as the best choice BEFORE the price is given:

"Sara, just to give you a little more background about Dr. Smith, he's performed more than 3,500 of these procedures and he's even trained other surgeons so you'll be in excellent hands. The fees start at \$2,500 and vary depending on many factors. Let's go ahead and schedule some time for you to meet with Dr. Smith so he can give you more details. I've got one opening left this week on Thursday at 2pm or would next week be better for you?"

Avoid No-Shows

The biggest reason you experience no-shows is because the new prospective patient doesn't know you so they don't feel any personal obligation to show up for their appointment.

Charging a consultation fee helps a lot. However, the approach taken in presenting it results in very different responses. There can be no confusion about money at any point during the patient process, so here's a sample script to make it clear:

Consultation Fee

"Karen, let me explain our process. The consultation includes an initial consultation with Peggy, our patient care coordinator. She will learn about your concerns and tell you more about the procedure and Dr. Smith. Dr. Smith will then examine you and talk with you personally about your concerns as well as solutions. You will then return to Peggy to go over any other questions you may have and, at that time, she will discuss financial options with you as well as possible procedure/treatment dates

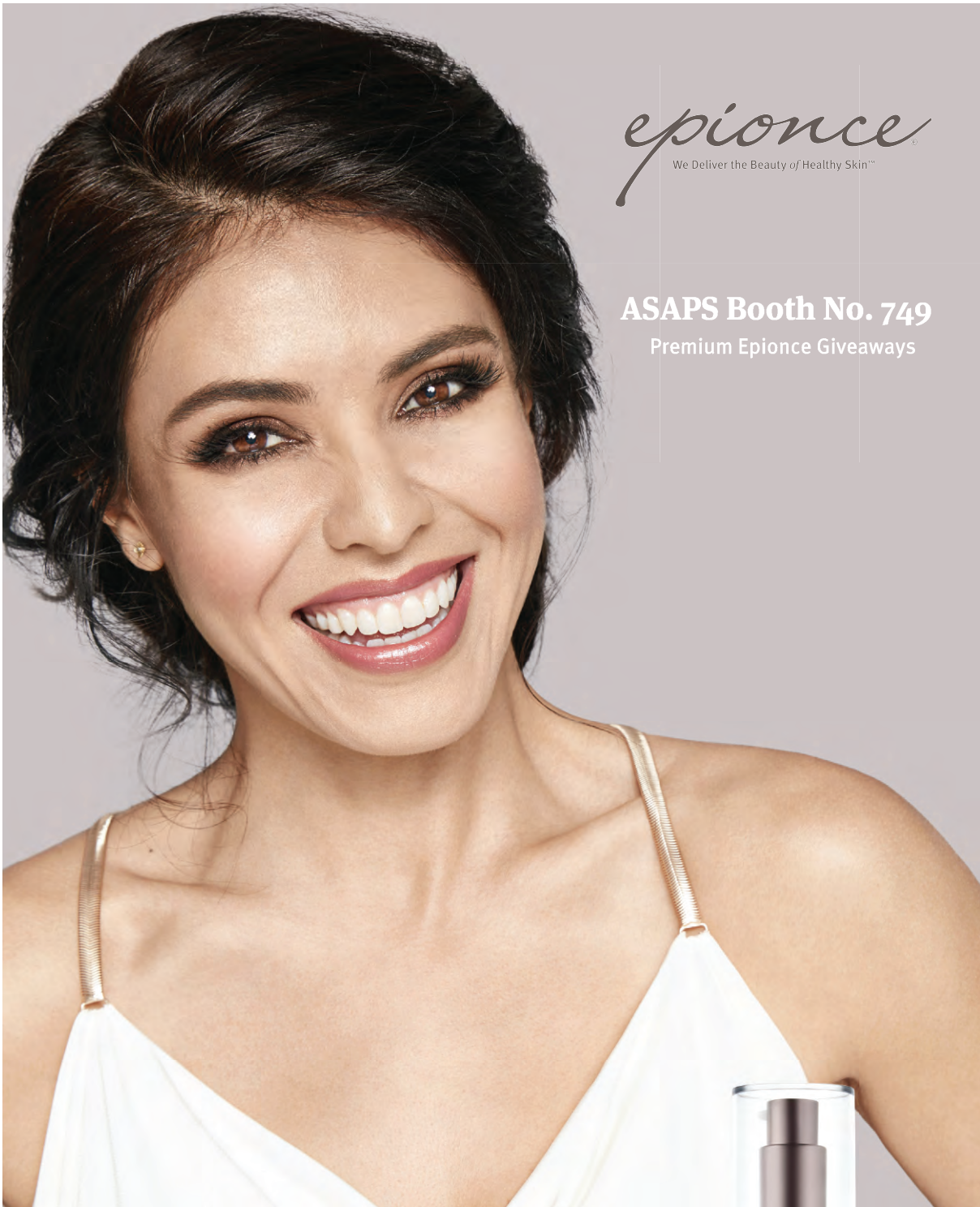
Now the entire consultation process takes from 45-60 minutes and costs \$150. By the way, the \$150 goes toward your procedures when you book within 30 days. Shall I look for a certain day and time for you or just give you our next available appointment?"

However, if you are hesitant to charge a consultation fee because your competitors don't, you can present a hybrid script like this:

Reservation Fee

"Ok Karen, you are all set for Tuesday at 3pm and I will need to get a credit card from you to hold your spot. We don't charge your card as

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Put Your Best Face (and Breasts and Body) Forward

Continued from Page 63

media, etc.—and have the legal right to withdraw their consent at a later date. According to Aicher, “The consent should state that although the patient’s name will not be included, the patient acknowledges that he/she may be recognized by other identifying features, such as tattoos and birthmarks.”

For aesthetic surgery, high quality before and after photographs are an expectation of patients seeking surgery. Invest in equipment and staff training to improve the quality, consistency, and presentation of clinical photography. And put your best face (and breasts and body) forward.

Amy Boyer, MBA is a consultant with KarenZupko & Associates, Inc. who advises aesthetic surgeons on practice management and marketing issues. Amy is the former Service Line Administrator for Plastic Surgery at Indiana University Health Physicians.

Practical Data Security for Medical Professionals

Continued from Page 66

(personal healthcare information), documents, reports, or images on computers and devices that utilize their services. If a device is compromised, hackers will gain access to this information.

On a final related note, it should be mentioned that whenever you disclose protected health information (PHI) to a vendor—such as a cloud storage company or even a mobile app that handles PHI for you—a Business Associate Agreement (“BAA”) is needed to ensure compliance with HIPAA and to help protect the information you are disclosing. If you are in the United States, ask your service and app providers to sign a BAA. If they are unwilling to do so, this should be an immediate red flag.

Remember, while the topic of data security often conjures up notions of obscurity and complexity, there are clear, simple steps that you can take to make it harder for a bad actor to gain access to your data. Given the number

of relatively easy targets that are out there, just raising the bar on the level of security that you provide by a few steps is enough to send the bad guys looking elsewhere.

Freddy Jones is the CEO of Epitomyze Inc., a team of healthcare and medical imaging experts devoted to revolutionizing the role of clinical photography in medicine. Our premier service is Epitomyze Cloud™ (<https://epitomyze.com/epitomyze/epitomyze-cloud/>), a state-of-the-art cloud-based, digital-asset storage and management solution for image data. The service can be accessed through secure credentials from any device, and can be paired with our sophisticated Epitomyze Capture™ app (<https://epitomyze.com/epitomyze/capture-app/>).

Freddy is passionate about the subject of digital imaging in medicine and the role that clinical photography can play in improving the quality of care for patients. Follow him on Twitter: @epitomyze.

Using The CosmetAssure Database To Make Your Practice Safer

By CosmetAssure

We all know that health insurance does not cover aesthetic surgery, but it is also important to realize that most health policies either don’t mention or specifically don’t cover complications of aesthetic surgery when they occur. When the CosmetAssure program was rolled out in 2003 to cover complications from aesthetic surgery, we began collecting data on the types and incidence of complications associated with specific procedures and combinations of procedures. Approximately 17 studies have been peer reviewed and published in the *Aesthetic Surgery Journal* and others. These studies have been carried out independently by researchers under Dr. Kent Higdon at Vanderbilt University.

The most feared complication from aesthetic surgery is the occurrence of venous thromboembolic events. One such study¹ looked at 129,007 consecutive patients undergoing all types of cosmetic surgery over a five year period, the following observations were made:

1. Major complications in aesthetic surgery are rare with a rate of 1.9%.
2. The rate of venous thromboembolism among the entire cohort was 0.09%
3. Combined procedures had a significantly overall higher rate of VTE compared to solitary procedures (0.20% vs 0.04%, P<.01)
4. Significant risk factors for VTE are body procedures such as abdominoplasty or lower body lift, combined procedures, increasing BMI, and age
5. Interestingly, the study did not find any significant increased risk for VTE based on gender, smoking history, diabetes, or where the procedure was performed.

CosmetAssure has covered costs associated with VTE when it occurs in patients who are enrolled in the CosmetAssure program. Make sure your patients know that VTE can occur following any aesthetic procedure. Do a risk assessment on every patient and document that you have considered VTE with an entry in the medical record. Consider

chemoprophylaxis especially in combined procedures when one of the procedures is abdominoplasty or lower body lift.

Keep in mind that the majority, if not all, of the cost associated with complications is NOT covered by patients’ major medical insurance. Hematoma following breast augmentation is the most common complication that results in a CosmetAssure claim. Adding to the fact that many patients will pay for cosmetic surgeries with credit, there is an added risk for financial loss to the patient, which has the potential to be placed back on the surgeon. Covering yourself and your patients from risks of complications is an important step in managing the overall risks of aesthetic surgery practice. For additional information go to www.cosmetassure.com

1. Winocour J, Gupta V, Kaoutzanis C, Hanyuan Shi, BA R. Bruce Shack, MD, James C. Grotting, MD, and K. Kye Higdon, MD Venous Thromboembolism in the Cosmetic Patient: Analysis of 129,007 Patients. *Aesthet Surg J.* 2017;37(3):337-349.

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How many of us have been approached to buy or lease the latest 510K device, only to find it later serving as a very expensive coat rack? While the ones that live up to their promise are a big hit with patients and practice—what about the ones that don't live up?

Society members have long asked for help, and here it is! The Surgeon as Consumer Solution (SAC) is a closed site, accessible only through ASAPS.org and only for active ASAPS members. It uses a simple star rating system to rank equipment on everything from clinical efficacy to ROI.

Visit asaps.org now, log-in, click on “Surgeon as Consumer,” and you have fellow surgeons’ device reviews at your fingertips—and the ability to share your views with others. All completely free—an ASAPS benefit of membership!



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Is Everything All About You?

By Robin Keyser

This might be a question that you have come to expect from your spouse or maybe from your staff—if walls have ears—but it is a bit unexpected from an article about marketing. Should everything be all about you in order to effectively market your practice?

Plastic surgeons are at a distinct advantage concerning marketing because unlike other specialties, the demographic profile for aesthetic patients is not anything anyone has to wonder about. We know who they are. You know who they are.

They are Women.

Smart. Fascinating. Complex. Beautiful. Amazing. Interested. Women.

Maybe everything is all about them. Maybe everything is all about her.

She cares about you. She's your biggest fan. She likes your Facebook Page. She follows you on Instagram. She likes the post about your newest laser, she likes the pictures from your staff birthday party and she will like your post on the 50%-off special on Botox that you will post next week—just don't expect her to share any of your posts with her friends.

She probably won't. She should be your biggest cheerleader, but she's not.

She will share articles and photos and videos about relationships and children and work and travel and fashion and art and hotels and the newest restaurant down the street and yoga and fitness and healthy recipes and timesavers and yes, sometimes, the newest beauty products and make-up.

But she doesn't like to post about plastic surgery, therefore she will not share about you, no matter how much she likes you.

Plastic surgery is personal. The relationship between a woman and her plastic surgeon is a personal relationship. Facebook is a social network—not a personal one. She likes you, but she really doesn't want to talk about you.

So, what does this mean to you and to your social media plan?

Unfortunately, more than you might think—especially where Facebook is concerned.



On Facebook Business Pages:

“Organic reach has been steadily declining from well over 100% on some pages (back pre-2012), to an average of 1–6% starting in 2014”
—Mari Smith

Organic = free. This means either Pay to Play or post content that your audience will SHARE.

SHARING is rapidly becoming your only hope for reach without a significant ad budget. When your patients share anything from your Facebook Business Page to their personal pages you are connected to their friends and family—your future clients.

Remember, you are going to need to post content that is interesting to her, something she will want to share—something consistent with your brand but not specifically about your products and services.

In this instance, everything IS all about you. You are ideally suited to post content that is interesting to her.

Plastic surgeons are the artists and architects of surgeons. Art and beauty and design are an expected foundation for your

branding. It should also be an expected part of your marketing plan. Consider your social media posts like pages of a luxury magazine— aesthetic treatments and procedures and skin and body but also places and people and art and books and all things beautiful. Share a post about a hotel with design elements that you admire. Add a beautiful healthy recipe to your monthly newsletter. Tweet an article on an exotic travel destination. Post images to Instagram that inspire your work.

Let the women in your practice know that you care about what interests them. Let them know that these are things that interest you as well. Share content that they will want to share with their friends.

It is all about you being all about them.

Robin Keyser is the Editor-In-Chief of LVBX Magazine and Co-Founder of The Live Box Network. LVBX Magazine is personalized for each individual practice with shareable lifestyle content for use across all social channels.

www.thelivebox.com/lvbxmag

HOW YOUR SOCIAL MEDIA PRESENCE CAN BOOST SEO

While a large majority of healthcare practices have begun branching out into social media marketing to expand and diversify their online presence, many may be unsure as to how their social media posts can have a positive influence on organic SEO rankings. To help clarify the often fuzzy relationship between creating engaging social media content and improved SERP (search engine results page) positioning, we have developed an easy-to-follow diagram.

We can't emphasize enough that success begins with carefully cultivated social media content that's designed to captivate the audience, inspire sharing and interaction, and work hand-in-hand with a planned content marketing strategy. We also suggest incorporating powerful social media promotion tools like Facebook Ads and Instagram Ads, which can also play a significant role in helping doctors achieve their social media and SEO goals more efficiently. The more targeted Facebook and Instagram users that come in contact with compelling website-linked content, the more followers, visibility, sharing, interaction, and website traffic a practice is likely to receive as a result.

Ultimately, Google's algorithm doesn't include social signals (such as "likes"); however, it does account for greater brand awareness and interaction through numerical increases in traffic and backlinks. These factors—combined with the website's user experience and others—all come together to determine SERP positioning. Although it's not necessarily considered a direct relationship, our diagram helps demonstrate how social media and SEO are closely aligned.



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APR
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Co-authored by Rosemont Media CEO Keith Humes and Merylee Robbins, Staff Writer



What Good Communications Can— And Cannot—Do for You

By Megan Driscoll

When a potential client comes to me, it's often because they want to get their name out there. They have done all they can on their own, and they want to get to the next level. They seek more customers, more media coverage (positive coverage, of course), or they want to establish themselves as a thought leader among their peers. Sometimes it's all three. A big part of making all this happen is providing them with a good communication strategy.

The trouble is that some people misinterpret what this means, and for that matter, what good communications can accomplish. I sometimes find that I have to manage expectations with clients who believe that one well-placed story or one quality media event will achieve all their goals. This is not, nor has it ever been, the case.

If you believe your practice could use a good communications strategy, then you should keep a few things in mind.

There is nothing mythical or magical about a good communication strategy. It requires hard work, skillful execution, and dedicated follow-through. When these pieces are in place, good communications can be a benefit to your practice.

Good communications can tell your story in a way that resonates with your audience. It can help you frame your message and focus on the details that need to be shared. When your message is focused, you have a better chance of reaching a broader group of people. It can help raise awareness of your practice and draw attention to your work in a crowded media environment. This can lead to more patients and maybe even some positive media coverage.

There are things however that a good communication strategy cannot do for your practice. It cannot turn a failing practice into a successful one. If you find your practice stumbling for what could be any of a number of reasons, good communications will not help you right the ship. You need to focus on management and the fundamental issues of your business. You certainly don't want to put out stories that draw attention to you with your practice in a precarious state. That will only make things worse.

Good communications will not eliminate the competition. Your practice will still exist in a competitive marketplace, and you will still have to work hard to bring in new patients. You will still have to be mindful about what your competition is doing and act accordingly.

A good communication strategy is not a suit of armor. It will not protect your practice from malpractice suits or negative developments with pharmaceutical partners or vendors. It may help ease the pain of such events but only if you help yourself. This means planning for the worst even when times are good. Develop contingencies for worst-case scenarios that could affect, or maybe even end, your practice. Think of it as taking on more insurance beyond what is required by law.

Good communications will not eliminate the competition. Your practice will still exist in a competitive marketplace, and you will still have to work hard to bring in new patients. You will still have to be mindful about what your competition is doing and act accordingly.

Good communications can help enhance your practice and make it grow. But you must have the fundamentals of a good practice from the start, including a solid reputation, satisfied customers, and a record of achievement in your field. The best communications campaign in the world cannot give you these things. And if anyone promises you they can, you should walk away.

Make an assessment of your practice before reaching out for professional help. Take an honest look at where you are, the strength of your practice and your reputation. If you are confident in what you see, and know where you want to go, then a good communicator can help you reach the next step.

Megan Driscoll is CEO and founder of EvolveMKD, a marketing communications agency specializing in beauty and aesthetics.

Your Practice Gaps Can be Fixed With the Right Scripts

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long as you give us 48-hours notice should you need to change your appointment. Would you like to use your VISA, Master Card or AMX?"

Convert the Consultation

After working with patient coordinators for 17 years, here is the #1 reason they don't convert patients. They don't ASK FOR A DECISION!! They very politely present the facts and then wrap it up by saying something like, "Ok, I'm sure you need time to think this over so please don't hesitate to call me with any questions that come up."

NO!!! The coordinator must have the confidence to ask for a decision right now, face-to-face, because that could be just the nudge the cosmetic patient needed to make a decision. A lot of patients don't have the confidence in their own decision-making skills so they turn to the coordinator as their aesthetic advisor to help them decide. And it doesn't need to be pushy. Here are strategic ways to move the prospective patient to a decision:

"Connie, since you want to look fantastic for the Holidays, we need to get you on the calendar, so do you have a date in mind or should I just tell you our next available?"

"Sara, did you want to move forward with the 0% Interest Free Easy Pay Plan I showed you or just use your own credit card?"

The easiest way to implement the converting tips above is to write them out on index cards and review them every day until they become second nature because it's not just WHAT you say but HOW you say it.

The more conversational and caring you sound using the scripts, the more consult conversions you will enjoy!

Catherine Maley, MBA is Author of "Your Aesthetic Practice/What Your Patients Are Saying" and President of Cosmetic Image Marketing. She uses creative patient-attraction and staff-training strategies to get you more patients and more profits. Catherine can be reached at (877) 339-8833 or visit her Website at www.CosmeticImageMarketing.com for a Free Marketing Checklist and (5) Phone Fixes Guide.

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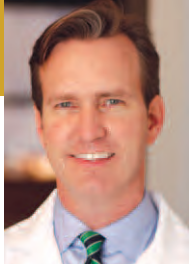


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Ensuring Your Purchase Leads to Positive ROI

By Douglas Steinbrech, MD

Like many—or even most—of you, I too have made ill-advised purchases, based on the enthusiasm of someone in my practice or by the salesperson's promises. Too often, it is easy to be taken in by the elevator pitch, only to find out later that the product does not meet up to the hype. In order to better assess my potential purchases, I developed the following questionnaire, which our practice thoroughly completes prior to any purchase. I offer it to you, in the hopes that it assists your practice in making fully-considered purchasing decisions.

Additionally, now that ASAPS has developed the Surgeon as Consumer tool, offering members the opportunity to read and write reviews on devices, your practice should be able to better assess devices, prior to purchase, than ever before. To access Surgeon as Consumer, simply login to asaps.org and click on the Surgeon as Consumer tab. Make sure to leave your reviews as well, as only by having a comprehensive set of reviews can we best determine if the potential purchase is a wise one.

Used together, these tools should ensure that any device you purchase is worth the investment and working to provide you with the best patient results possible.

Steinbrech's Cost/Benefit Analysis of New services or products (injectables, lasers, or non-medical operational practice services) Business Evaluation Sheet

Basic Information:

- Date
- Product/Service
- Type of Technology?
- Company
- Other Products which dovetail with practice from same company
- Previous bad device/service purchased by same company or rep?
- Company Rep card, Phone, Email
- Project Manager
- Exploration Phase Date: ___ to ___

Claims:

- Determine effectiveness, longevity, validation of claims?
- What results/claims does this product or service make?
- Are result/claims valid? Legitimate science behind it?
- Does rep have peer review studies??

- Names of respected colleagues happy I can speak with? Are they shareholder or stakeholder? City/Phone
- Determine usefulness into practice Do Cost Benefit Analysis
- Do projection as a separate cost center if applicable.
- Is this limited to Plastic Surgery FPS and derms? or other non-core offices?
- Trial Phase Date
- Company allow free trial?
- Use it on a few patients, Get patient feedback

Payment:

- How to pay?
Reduction for purchase at meeting, in multiples, for upfront full purchase vs. financing or lease?
- If a supply that needs to be reordered, who does it? Who keeps the inventory?
- Are there costly disposables/accessory items/services/supplies that need to be purchased as well? Are those recurring supplies and who tracks those??

Practical Information:

- Where will it be stored? Do we have space? Is it attractive? Distracting? Collect dust?
- Is Device Movable?
- Where will service be rendered? OR, Exam room, Consult room, Aesthetcian room, Medical Spa
- Do other items/lasers/obsolete equipment have to be moved around to accommodate above?
- Who is qualified to perform technique or service? MD, RN, PA, NP, MA, Aesthetcian, Consultant, Anyone
- What is standard patient follow up?
- Who sees Follow up? MD, RN, PA, NP, MA, Aesthetcian, Consultant, Anyone
- If an instrument, how is it or can it be sterilized? N/A?, Autoclave, Solution
- Do others need to be trained to provide the service as a multiplier? In services?
- Quality Assurance. How determine persistent quality?

Income:

- How is it priced? Per session? Per number of facial/body areas? Per disposable? Per click? Suggested individual pricing range? \$ to \$ Suggested ways to package?
- Create payment sheet if applicable. Per/week, Per/month, Per/year

- What is the ROI (goal is 10 to 1 for GPS)
- Enter into Nextech As Procedure, As Billable item Into the scheduler matched with certain visit types/purposes Put information into the procedure hyperlinks.
- Consent forms needed? Documentation form? Is there one already made by the company?

Marketing:

- Company provide "Promo Box" for office use?
- Any co-op advertising?
- Company Email Blast?
- Brochures to mail or place in office?
- Where do the before and after pictures come from?
- What is the supporting campaign for this service?
- Name of company's PR firm?
- Media/print/Social Media Presence? Website- SEO Doctor Finder? DTC campaigns in mag/web/blog Celebrity spokesperson? web/mag/blog/ TV show daytime Commercials national or local? What is real self rating of this? Is this on Zwivel, Instagram, SnapChat, Facebook?

Final Assessment

- Will our office believe, sell and be all into this, organize an effective 360 degree campaign?
- Is there enough buzz out there where the public is aware of this?
- Do we already have something similar in house that we can divert to?
- Do we need this as "747 strategy" to maintain market share for other services?
- Will this be an office distraction from a more pressing issue or campaign?
- How many other places are doing in NYC? Google/Secret Shop for low ball competition? (Don't want a new tech that ALREADY low price point in the area) Past the wave?

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New Year, New Marketing Plan—Strategies for Success in 2018

By Wendy Lewis

The gifts have all been given, the ornaments are packed up for next year, and you toasted on New Year's Eve, so what's next? It's time to face January head on with a smart, strategic and creative marketing strategy to sail through 2018.

Every year, as the holidays roll around, it is important to take a hard look at your marketing plan to see where you stand. Did you meet or exceed your expectations, stay on track, and grow your practice? Are your marketing efforts getting you closer to where you want to be?

Every practice should do an objective review of what worked and what did not work for the year, so you can refocus your marketing budget in the most effective way and avoid making the same mistakes year after year. It is also the ideal time to think outside of the box and put some fresh strategies in place to expand your outreach for the new year.

The adage, 'If you build it they will come,' no longer applies to aesthetic plastic surgeons largely due to stiff competition from non-core specialties, physician extenders, medspas and spas, and national clinic chains like Ideal Image offering medical treatments. For the first time in 2017, Canyon Ranch Tucson launched CR Aesthetics featuring injectables to capitalize on the lucrative medical aesthetics opportunity.

So, what are you going to do differently in 2018?

First consider where you are in your practice life cycle; just starting out, mid-career, or mature and looking towards an exit strategy. This matters a lot when considering your short and long term goals and the budget to set aside to achieve these goals.

For example, if you are just starting out in practice, you need to plow through the start-up phase and develop marketing strategies to establish a patient base quickly to keep the lights on. The challenge is that you may not have the requisite budget to do so. The most cost effective marketing strategy today for young plastic surgeons is to build a presence across social media channels. Setting up a business page on Facebook, business profile on Instagram, Snapchat, and Twitter, plus a

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branded YouTube channel can catapult a savvy plastic surgeon into early success. Young plastic surgeons are also clued into how web marketing works and are more able to do some of it themselves without investing heavily with external vendors.

Once you have been out 5 to 10 years or more years and are thriving, you may want to shift gears to grow your patient base through robust lead generation that requires a different menu of marketing tactics. For example, email marketing, Facebook and Instagram ads, e-books, consumer book, sponsored content, influencer campaigns. Public relations can move the needle if you practice in a media hub like LA, New York or Miami, or a good sized metropolitan market, such as Atlanta, Chicago or Tampa.

As you become seasoned and are entering the 'mature cycle' of your practice (20 years plus), you may decide to build your marketing efforts around your brand to position your practice for expansion. You will be better able leverage your competitive advantage; for example, your reputation, history, and position in the market which are key differentiators from all the newbie competitors entering the market. At an advanced stage, you may also be looking at the future with a different set of eyes. For many senior plastic surgeons in solo practice, it may be time to start thinking about winding down, bringing in an associate or two, joining a group practice, merging with another like-minded practice, or even selling your practice to investors or management organizations.

Every aesthetic surgery practice, regardless of the stage you are in, should be continually researching and building on their marketing strategies and tactics to stay on top of market shifts, and ahead of the competition. The global aesthetics market is constantly evolving, especially with the impact of technological advancements and telemedicine. You need to invest sufficient resources into marketing to ensure that you build and sustain your business.

Marketing Objectives

These objectives should be based on an in-depth understanding of your strengths and weaknesses, and should also be linked to your overall business strategy. Focus on the main target segments that you want to market to. Your marketing plan should include key performance indicators to evaluate the results you want to achieve for your practice. Align your strategies and implementation with measurable goals and objectives. For example, how many new patients did you get through personal referrals? How many patients come through your website per month? How many calls or emails did you get after appearing on the 6:00 news?

Keep track of your marketing strategies, programs and tactics and measure results against these activities. Focus on the tactics that produce the best results and devote less time, energy and money on activities that may feed your ego but aren't really driving revenue.

SWOT Analysis

Your situation analysis details the context for your marketing efforts. Take a closer look at the internal and external factors that will influence your marketing strategy.

A SWOT analysis will help you focus on how market shifts are going to affect your practice. Consider your practice's Strengths first. Your strengths may include high profile, reputation in your community, convenient location, and superior results. Then look at your Weaknesses, such as an older facility in need of an upgrade, insufficient space for growth, high staff turnover, or limited spending power of the current patient base. Next, think about where the Opportunities

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New Year, New Marketing Plan

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may be for your practice in terms of potential partnerships, cross-referrals, mergers, acquisitions, satellite offices, etc. Lastly, keep track of potential Threats inside or outside your market. An example of a threat might be a negative news story flooding the networks of a cosmetic surgery disaster or a grand opening of a top-notch group practice around the corner with investors to boost their marketing spend.

Competitive Analysis

Determine what your competitive advantages are and be as specific as possible. This exercise will help you to formulate the key messages that will drive your marketing strategy. Review your top competitors by evaluating their websites, marketing activities and profile in the local market. Look at the treatments, products and services they offer, and determine if you have any holes. Enlist a mystery shopper to find out what your competitors are charging for the same services you offer. Ask your local sales reps and practice development partners from the vendors you deal with, as they will know what other practices are charging in your local market.

Market Segmentation

There is no such thing as a 'one size fits all' marketing plan.

It is unrealistic to think that you can attract everyone, and why would you want to? Segmenting your target audience will serve to guide you on where to devote your resources and what promotional methods and key messages to run with. For example, growing a Facebook fan base to a healthy number of users from outside of the U.S. who are never going to become actual paying patients won't really help you achieve your goals.

Plan to target your market by the process of market segmentation. Segment your target audience so you can better target them with your offer. Identify the target audience(s) to reach out to find new groups of potential patients. For example, men, millennials, skin of color patients, hair restoration candidates, women's health candidates, etc. You can also segment patients by demographics (age, gender, ethnicity, marital status) and/or by psychographics (lifestyle, values, needs, wants).

Try to determine and separate the characteristics of each market segment to identify the most viable market for your services. Select the best primary, secondary, and tertiary markets based on this analysis and then choose the optimum marketing tactics to reach each of those audiences.

Best Strategies

Strategies are action steps that detail how the marketing variables of product, price, place, and promotion are used to attain the marketing plan's objectives and overall strategies. Your marketing mix should serve as the basis for your plan. Define every treatment, product and service you offer in terms of what it is, what it does, advantages, benefits, and solutions. Set pricing for each line item on your plan based on the competitive analysis.

Next, determine how you will promote each treatment, product and service. Keep in mind that you will probably not have sufficient budget to aggressively promote every treatment you offer, so prioritize the most lucrative procedures first. For example, you can generate more revenue from big ticket surgeries over injectable treatments. To determine exactly what your profit margins are, you will need to itemize all associated costs including surgeon and staff time, supplies, overhead, office visits, consumables, after care, and marketing to attract more surgical patients.

Setting Clear Goals

To ensure that you choose the best tactics to meet your marketing goals, get clear about what those goals are. Consider both short term and long term goals. What do you need marketing to deliver in the next quarter or the year? Are you trying to expand your presence, generate more leads, attract more patients interested in having surgery, build up your injectables and laser practice, or drive interest in spa services, or break into a new market? Perhaps you plan to add a new energy based system in the next quarter. Start planning early by designating steps leading up to launching the treatments and marketing to your existing patients first.

Plan regular brainstorming sessions with your whole staff and marketing team to review your key messages and timelines. Evaluate

how you are planning all your marketing tactics, including monthly specials and offers, events, health fairs, blog posts, and a social media content calendar. Plan your key messages based on the services you offer and then decide how to differentiate them from your competition.

Tracking & Evaluating

If you are not tracking, you are not marketing effectively.

You need to know what is really working year over year so you can devote more time and energy into those tactics, and weed out the tactics that fall short. Tracking is essential to monitor the effectiveness of each marketing activity and to evaluate your overall plan. This is where digital tactics add substantial value. It is more efficient to track results from web traffic, Google ad words, Facebook ads, and e-blasts than from print ads, media mentions, and billboards, for example. Any tactic that requires manual tracking adds staff time and measurement will not be exact. You may include a dedicated phone line or code in a print ad to track how many responses come in, but someone must be on the ball to take notice and calculate that manually. In a busy aesthetics practice, that may not happen 100% of the time.

If don't have enough staff or the right staff to dedicate the requisite time needed to design a plan and stick with it, you have two basic choices; you can either hire a marketing manager within the practice or enlist the services of an external specialist to help guide you through the process. In a perfect world, you need both a dedicated staff member aided by experienced vendors who can help execute your marketing plan.

Wendy Lewis is Founder/President of Wendy Lewis & Co Ltd, Global Aesthetics Consultancy, a marketing communications boutique in New York City since 1997. She is also Founder/Editor in Chief of Beautyinthebag.com, and the author of 12 books, including Aesthetic Clinic Marketing in The Digital Age (CRC Press) published in January 2018. She is a prolific contributor to many publications, websites and trade journals in the US and Europe, and a frequent presenter at national and international conferences.

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10 Things You Should Know About Autoresponders (and why you shouldn't create one)

By Scott Harvey

By now, everyone's heard of "autoresponders" (like MailChimp®), but we've found that most physicians don't really understand how powerful they can be. They especially don't understand just how they work, or how to implement one, or if they really need one.

The answer is yes, you really need one, unless you're as busy as you want to be, and your prospective patient database is growing, not shrinking, and you're getting all the referrals, phone calls, and consults you want.

Here's a quick overview, then a list of 10 things you ought to know about them.

Conceptually, an autoresponder is pretty simple. It's just a sequence of email messages written once, then sent out automatically by the autoresponder software, based on rules you set up. Those rules typically relate to actions that people on your contact list take or don't take.

For example, (this will be very abbreviated and simplified, just to give a sense of the process) everyone who opts in to your offer of your "Guide to Choosing a Plastic Surgeon" gets a "Welcome, and Thanks for Requesting..." message.

A couple of days later, they receive an email on why [some specific topic] matters.

Maybe three days after that, another helpful message about how something you do solves some problem.

And then a couple days later, an email addressing safety. And another with some testimonials.

Maybe the day after that (to keep them guessing on the interval between emails), more details on the same topic, or you share a story or a short case study, or even a set of before-and-after pictures.

And so forth. Different messages, at different intervals. Even different messages to different people, depending on how they've interacted with you, demographics, interests, stage of life, etc.

Susan read a particular blog post—she starts getting a different series of emails than does Vicki, who attended one of your open houses. This is called "segmenting" your list, and it's powerful stuff.

What you don't do is bombard your prospects with "Ten Percent Off on Botox,®" or

any other sales pitch over and over. One good rule of thumb is that you only make an offer about every fifth message, softly, remembering that this project is about getting people to know, like, and trust you, not about selling discounted services. (And you don't want to compete on price, anyway.)

The idea is to create campaigns that can run by themselves over an extended period of time—maybe a year, maybe forever. You gradually lower the frequency from every 2 days, to every 3–4 days, to maybe once a week, for example, but you keep it up, and you feel good about it, because you're providing relevant information, and you're giving value.

Don't send one email a month. Or even two emails a month. Just don't bother if you're planning on doing that, because it rarely does ANY good. Many studies show that you're much more likely to get flagged as spam or complained about, by sending *less* frequently than *more* frequently. Really.

You think through what you want to accomplish, write the emails, load them into the autoresponder software, and your silent email robot takes over, and persistently, but nicely, reminds your prospects that you're there for them when they're ready.

This email robot is taking a substantial amount of your staff time back, where they can focus this found time on thrilling current patients, or providing personal attention to your *hot* prospects—not the ones who are 6–12–18 months out.

10 things to know about autoresponders:

1. Email is the most powerful advertising and marketing medium—when it's done right. People don't mind frequent emails that are relevant, interesting, and specific to their needs.
2. People buy from those they know, like, and trust. Your autoresponder sequence will help you become known, liked, and trusted.
3. Research has shown that although open and click-through rates will tail off over time, the increasing value of long-term subscribers more than makes up for that. People who keep reading are interested in what you offer. Doesn't get much better than that.

4. Don't worry about people unsubscribing. It'll be a small percentage—and those people were never going to become patients anyway.
5. When you consistently provide useful and relevant information, and she doesn't schedule a consult, she may just not be ready yet. Keep it up. An autoresponder campaign should be a long, continual process that provides value, regardless of where she is in her lifecycle. After all, you've already done the writing work—just once!—and the sequence just happens with no further effort or cost. No reason not to keep it up.
6. Use a little personality and humor, at least occasionally, and offer some glimpses into who you are and what you stand for. This helps with the "know, like, and trust" part.
7. Don't stress about the mechanics. After the emails are written, the software does all the work.
8. Remember to make the email messages about her, not about you. You want to address her interests, needs, concerns, and fears.
9. The subject line of your messages is critically important. Its goal is get her to open the email, so it needs to be interesting or intriguing or curiosity-inducing, and relevant. Just Google "email subject lines" for lots of tips about writing subject lines that get your messages opened.
10. Bottom line: An autoresponder series allows you to build trust and stay top-of-mind, so when she's ready, *you're* the one she calls.

And why shouldn't you create an autoresponder series?

Because you, the surgeon, should be doing consults and procedures, not writing emails and handling the mechanics of implementing an autoresponder. And your PCC should be PCC'ing. And your practice manager should be managing.

Creating an effective autoresponder series is serious marketing. It requires thought and planning, the use of time-tested marketing principles, and excellent copywriting.

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1. Data on file at Tephra, Inc. 2. Deeken, CR., Matthews BD. "Characterization of the Mechanical Strength, Resorption Properties, and Histologic Characteristics of a Fully Absorbable Material (Poly-4-hydroxybutyrate-PHASIX Mesh) in a Porcine Model of Hernia Repair." *ISRN Surg.* 2013;2013:238067.

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10 Things You Should Know About Autoresponders

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And, yes, I said it's all on auto-pilot once the emails are written—but that's from your viewpoint. Behind the scenes, someone needs to be paying attention and monitoring the responses, and split-testing one message against another to see which one gets better results.

They also need to be creating and modifying landing pages so that she picks up the phone, or downloads the report or takes the next step, whatever that may be.

Someone thoroughly grounded in marketing and copywriting and analytics and website design should be doing all that, so you can focus on talking to prospective patients, doing consults, and doing procedures.

So here's #11:

If you've got a marketing person on staff that has those skills, first, give them a raise, then get busy working on the below.

If not, when you find a consultant you trust to handle your autoresponder, it is, is, IS, worth a couple of hours of your time to work with him or her to plan it out.

We often find that it's difficult to get busy surgeons to give up that quality time—even when it's a “do it once and let it work forever” proposition. You're busy, yes, but those two or three hours of what we call “\$10,000 an hour work” will be well worth your time.

That time will help your consultant write in your voice, understand you and what you want (and what you need—which may be

different from what you want), and craft compelling email messages that get you the added business you want.

And it won't be painful at all.

Your autoresponder expert will know pretty much where to go and how to get there. You just need to give him or her some detail and some color and some stories. Stories are extremely important—hint hint.

Scott Harvey is the Co-Founder of Cosmetic Funnels, LLC, an aesthetics-only marketing agency, and author of “Plastic Surgeons: Are You Getting Your Share?”

For a sample 16-email planning template that you can use to help jumpstart your autoresponder efforts—visit <http://CosmeticFunnels.com/email-asaps>

Navigating Risks Associated with Social Media

By NAS Insurance Services

Social media is a powerful tool for building your reputation, sharing your work, and promoting your practice. But by posting photos of your patients, your office, or even your colleagues, you could be putting yourself and your practice at risk. Consider this scenario:

A plastic surgeon performed a successful rhinoplasty on a patient. About a year after the procedure, the patient sent a Facebook message and a photo to the surgeon expressing pleasure with the results of the procedure. When the surgeon's marketing manager replied to the message, she asked for permission to post the image on the surgeon's Instagram page and the patient consented. A few hours after the photo was posted, the patient demanded her photo be removed from Instagram after it received some unfavorable comments. Even though the surgeon removed the photo immediately, a few weeks later he received a demand letter from the patient's attorney alleging violation of right to privacy, negligence, breach of fiduciary duty, breach of contract and infliction of emotional distress. Defense counsel determined that while the patient's privacy claim was weak, there was

liability because the authorization sent by the patient via Facebook message was not HIPAA compliant. Settlement and legal fees exceeded \$10,000.

This real-life example illustrates the risks your practice could face with the use of social media, and the importance of implementing a concrete plan for obtaining proper consent when sharing photos online.

When using photos or social media, here are a few things to consider to help protect your practice:

- **Learn what constitutes a HIPAA violation on social media.** This includes sharing photos or information about a patient without authorization, even if the patient is unnamed, without written consent.
- **Get consent.** As evidenced by the example above, all written consent is not equal in the eyes of HIPAA. Consult an attorney to draft a consent form that includes all details required by HIPAA and state or local regulations.
- **Double-check file names.** Remember to save your photos with generic file names so you don't accidentally post confidential patient information.

- **Check your surroundings when posting images online.** Visible notes or patient files in the background of a photo are a problem.

In addition to these, set aside some time to monitor your social media platforms closely. Check for photos, comments, or reviews left by patients that could contain sensitive information. If you see something that could be problematic, consult your attorney for the best way to proceed.

While it may take some getting used to, these tips will help you keep your practice safe, HIPAA compliant, and ultimately, allow you to make the most of social media to grow and promote your business.

For additional information on protecting your business please contact Chris Edge at cedge@amsmanagementgroup.com or 866-461-1221x301.

NAS Insurance Services can be reached via www.NASinsurance.com



Investment Alternatives to Reduce Portfolio Risk

Jason M. O'Dell, MS, CWM and Andrew Taylor CFP®

Most investors have concerns about the global economy. We are almost a decade removed from the 2008 financial crisis and have witnessed the S&P 500 index appreciate in excess of 250 percent as of the time of this article. Interest rates remain low by historical standards, and the threat of increasing rates presents the potential for bonds' returns to disappoint investors interested in reducing equity exposure.

Central banks and governments throughout the globe have implemented an array of measures to stimulate growth in their respective local economies. The United States financial markets have responded favorably to a multi-year trend of government spending. However, the days of artificial stimulus from the Federal Reserve appear to be coming to an end. In 2014 the Fed announced the end of its long running bond purchase program, and in 2015 the FOMC raised short term interest rates for the first time in nearly a decade. Most economists anticipate the Fed will announce a series of increases to the Federal Funds rate through 2018 after a single rate hike in 2016 and two additional increases in 2017. Removing the market's safety net may amplify the volatility of equities and force the U.S. economy to stand on its own. Investors with a desire to reduce risk face a dilemma. A rising interest rate environment is typically not favorable for traditional bond investments, as bond prices and interest rates have an inverse relationship. For these reasons and many others, it is crucial that well-informed investors, including physicians, adjust their investment behavior accordingly.

Investment Theory for Physicians

Savvy doctor-investors understand that portfolio diversification is a key consideration to reducing some of the risk of loss. In historically volatile markets, mitigation of loss has not been a luxury; it is a necessity. Most educated investors who assumed they were *adequately diversified* still lost nearly half their portfolio value in 2008 and 2009. How did this happen? Most investors were diversified *within* the stock market with holdings in various sectors. What these investors suffered



was *market risk*. The entire market came crashing down, and so did all investors within the market.

Affluent individuals should approach investing with the goal of diversifying risk through non-correlated assets, allowing their funds to compound over time by achieving positive returns net of taxes and inflation with reduced volatility. This strategy does not suggest opportunity should be ignored, it simply states that risk must be properly managed and allocated. Generally, this strategy is suitable for physicians of all ages for different reasons. An established physician less than ten years from retirement has likely accumulated significant assets and now needs to limit the range of possible outcomes for his or her established wealth. A young or middle-aged physician's greatest asset is their ability to generate future earnings. A higher risk tolerance is appropriate for a doctor in this demographic, because the income earned will be significant enough throughout their career. With proper savings and risk management, the younger physician has no need to participate in speculative investments. Consistent after-tax returns and proper planning will be sufficient to allow a young physician to retire comfortably and maintain an appropriate standard of living.

What you should understand is that diversification need not be limited to securities like traditional stock and bond investments or bank deposits. Proper diversification must be across investment classes and not just *within* a class (such as securities or real estate)—especially in volatile markets that return periodically throughout an individual's lifetime. A balance of domestic and foreign securities, real estate, small businesses, commodities, and other alternative investments would prove to be much less volatile than holding most of your investments in real estate and securities (which is what most doctors do).

Most doctors who contact our team are either affluent and want to fine tune their planning, or they are getting more involved in their financial planning and want to know the secrets of the more financially successful. Subsequently, many of our physician clients have taken a more active interest in surgery centers, medical office buildings and other healthcare related real estate. This strategy contradicts the idea of achieving portfolio diversification, by having a disproportionate amount of capital dependent upon the success of a single industry. One strategy of portfolio diversification for doctors is to avoid all

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Investment Alternatives to Reduce Portfolio Risk

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healthcare related investments. The theory is that doctors already have a large portion of their income related to healthcare.

Alternative Investments

According to results of a 2016 world wealth report,¹ the allocation of the world's high net worth individuals is expected to include a 15 percent allocation to alternative investments. A key benefit of alternative investments is the low correlation to broad equity markets. Non-traded alternative investments can provide a variety of roles in a physician's portfolio.

In the past, certain categories of alternatives have successfully served as a hedge in client portfolios. In 2008 when multiple stock indices declined by nearly 50 percent from their peak values, most managed futures strategies offered positive returns. Past performance does not provide assurance of future success. However, a hedging technique that helped minimize damage during the worst financial crisis most of us have experienced in our lifetime certainly warrants consideration. Master limited partnerships, business development companies, long/short strategies, and certain hedge funds are additional examples of vehicles that have demonstrated a low correlation to traditional stocks and bonds.

For doctors who cannot build or participate in surgery centers or other profitable healthcare investments, a popular investment strategy is to take advantage of different investment programs that are not traded on a public exchange. Non-Traded Real Estate Investment Trusts (REITs), and Business Development Companies are a few examples. As with any investment, there are pros and cons for each type of offering.

Given recent market conditions, many physician investors have been attracted to non-traded programs because they offer a sense of stability. Most of these programs are available to investors at a flat price, for example \$10 per share, during the offering period. An advantage to these programs is that their performance is not correlated with any particular market or index, making them an additional form of diversification. Holding non-correlated offerings may help reduce the

"volatility rollercoaster" of a traditional portfolio. They should be an additional allocation in your portfolio, not a substitute for proper allocation.

Private investments generally offer a premium for the lack of liquidity. If proper due diligence is performed, an astute investor can identify these opportunities and will be compensated in the form of enhanced yield. Alternative investments provide physicians access to strategies not available to the retail investor, investments that have traditionally been reserved for large endowments and institutions.

Word of Caution

It is important to note that one of the advantages of a non-traded offering is also a disadvantage. There is typically no market for shares of these programs. As an investor, you are expected to hang on to the security for the life of the investment, which can be as long as four-to-ten years. This makes your investment illiquid. In addition, these programs are not without risk. Your hedge fund could use a high degree of leverage, have a concentrated strategy, and actually add to the volatility of your larger portfolio. Like any other investment class, some offerings are more aggressive than others, and none make any guarantee about future performance. As with any investment, make sure you understand the investment and associated ancillary costs and fees, along with how it fits within your portfolio before committing to the strategy.

The Time is Now

There has never been a better time to focus on investment risk management and tax reduction planning. For physician-investors seeking ways to diversify traditional stock and bond portfolios and reduce portfolio volatility while possibly reducing unnecessary taxes, non-traded investments are an attractive alternative. Please contact the authors to see if alternative investments or other planning strategies might possibly reduce your investment risk, reduce your taxes and increase the total after-tax return of your portfolio.

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Sexual Harassment: Do You Have a Secret?

By Bob Aicher, Esq.

Every week another celebrity, government official or business leader finds himself charged with sexual harassment. This is a gender specific issue and exclusively involves accusations against male behavior. Plastic surgeons are not immune.

Take the January 30, 2017 report in the New York Post (<http://nyp.st/2j2cZ4m>) regarding Michael E. Jones, an ABFPRS and ABO plastic surgeon, whose personal assistant, Tiffany Loring, has filed suit after being fired for “rebuffing the Columbia-educated doctor’s sexual advances.”

Or the October 25, 2017 report in The Courier Mail (<http://bit.ly/2ADiGOv>) regarding Dr. Elamurugan Arumugam, an Australasian plastic surgeon who has pled not guilty to 10 charges of sexual assault “arising from his conduct during full-body examinations for skin cancers.”

Or the April 27, 2017 report from news.com.au (<http://bit.ly/2ACJlIx>) regarding Cesidio Colagrande, an Australasian cosmetic surgeon found guilty in 2015 of sexually assaulting a stripper during a consultation. After 2 years, Dr. Colagrande regained permission to again see female patients, but only with non-employee paid nurse chaperones present. The judge stated, “Colagrande’s assault, while brief and unplanned, was a serious breach of the trust a patient places in a medical professional.”

If you think you are above this kind of conduct, great, but consider the member who called about a nurse who complained of ribald comments by him and his staff during surgeries. The hospital HR department ordered sensitivity training, humiliating the member over what he considered non-offensive “blowing off steam.” Our member didn’t see it coming, a common male condition.

Consider the undated post by a California plaintiff’s law firm (<http://bit.ly/2zblqhJ>) announcing a \$350,000 settlement with three patients who all claimed sexual abuse. The plastic surgeon claimed all three relationships were consensual, but his medical malpractice policy contained a coverage exclusion for sexual acts. To get settlement money from the carrier, the plastic surgeon had to admit to



other, non-sexual acts of medical malpractice, all because he didn’t anticipate that having sex with three patients might not turn out well.

There’s a cartoon of two fish in a bowl. One says to the other, “What water?” That’s how oblivious most harassers are to their own behavior, and only when they’re drowning do they even wonder how they got in the water. One member, concerned about the recent headlines of sexual harassment, and afraid of patients targeting plastic surgeons for easy settlements, asked me whether it would be legal to videotape patient consultations. Aside from whether state law permits videotaping, and whether doing so sets the wrong tone for your office, I told him no. At least the member was trying to be proactive.

There is a theme here, and it is not rocket science. All of these headlines involve abuse of a power imbalance.

There is nothing inherently wrong with power imbalances. Adults have power over children, but if used for sexual purposes, it is called pedophilia or trafficking. Bosses have power over employees, but if used for non-consensual sexual purposes, it is called harassment, or assault, and often, wrongful termination or a civil rights violation. And doctors have power over patients, but if used for sexual purposes, it is called abuse, exploitation, unethical behavior, unprofessional

conduct, loss of certification and/or licensure, and often, divorce. Talk about expensive.

It is impossible to anticipate every scenario which might go wrong, but I recommend a 3-part exercise to set the right tone in your office.

Take a moment, right now, and think about what you have done with patients or staff that you hope remains a secret. Whatever you just pictured in your mind, don’t do that, ever again. Additionally, envision how each situation arose in the past, and resolve to behave differently in the future.

Next, ask your most trusted female employees how you can make them and your patients feel more comfortable around you. When you have emotionally recovered from that exercise, ask your wife for her feedback as well. Don’t worry; an honest personal assessment will not diminish you in their eyes, especially if you emerge less misogynistic, more respectful of yourself, and a champion to the women around you.

Assuming, of course, you want your good name to stay out of the tabloids and off the court dockets.

Bob Aicher is General Counsel to ASAPS and has represented The Society for 27 years. He lives in Pasadena, California, and can be reached by phone at 707-321-6945 or by email at aicher@sbcglobal.net.

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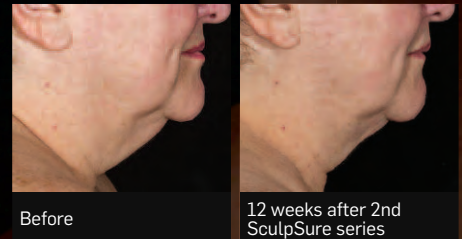
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Have an ethics question for Dr. Joe?
Email ethics@surgery.org.



The Straight & Narrow

By Joe Gryskiewicz, MD

Question

I am chairman of a residency program. My former fellow is posting patient photos of cases done exclusively by me even from past years when he wasn't even my fellow. He didn't even scrub in on these cases! Isn't this unethical? I'm peeved.

Answer

I assume you didn't give your fellow(s) permission to use your personal patient photos. In contradistinction my former chief generously gave me *carte blanche* permission to use any and all of his personal photos from any point in time for education or to promote my budding practice. That was then, but this is now because our code of ethics reads you can only post photos of work done by you:

3.01 Unethical Publishing

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

2. *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.*

Based on the above it is also important to look at the patient consent to see if the patient gave consent to the practice and/or the surgeon to post their photos. When the patient has given permission to the practice to use her/his photos, then there isn't a problem here from the patient's point of view. If she/he only gave permission for the surgeon per se, (whether or not the former fellow scrubbed in), then this is yet another grave reason your former fellow shouldn't be posting the photos.

Here is another relevant quote from our ASAPS code of ethics:

2.09 Unethical Conduct of Other Members

(a) A member who believes that another member has acted unethically should seek resolution by discussing his or her concerns with the other member when feasible and when such discussion is likely to be productive.

Give your former fellow a buzz! Call him out on this. Remind him you did not grant permission in the first place to use these photos. Ask him to remove these photos immediately. If he doesn't immediately remove them, then I would send a complaint to ASAPS in c/o Mr. Robert Aicher, Esq. (ASAPS Counsel) aicher@sbcglobal.net. Mr. Aicher and the Chairman of the ASAPS Ethics Committee will determine if an investigation of your complaint is warranted. If they believe an investigation of your colleague's practice is warranted, then the chair of our ethics committee will start an investigation by him/herself or by assigning the case to a member of the committee. If a violation is found, the member may be given a chance to immediately rectify his unethical practice, or it may be elevated to our Judicial Council.

Question

My former residency chairman is posting patient photos of cases done by me in our resident clinic when I used to be his fellow. My chief didn't even scrub in on these cases! What gives?

Answer

Our code of ethics says you can only post photos of work done by you. It is also important to look at the patient consent to see if she gave consent to the practice and/or the surgeon to post her photos. When the patient has given permission to the practice to use her photos, then there isn't a problem here. If she only gave permission for the surgeon, and the chief didn't even scrub in, then your former residency practice shouldn't be posting the photos. If that's the case, if you can, ask the patient to request her photos be pulled. Please study the answer above which may guide you also.

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.**

Joe Gryskiewicz, MD, is an aesthetic plastic surgeon practicing in Burnsville, MN, and Clinical Professor University of Minnesota (Craniofacial-Cleft Palate Clinics). He serves on the ASAPS Judicial Council and is Chair of the ASERF Research Committee. Disclaimer: Dr. Joe's opinions aren't those of the Ethics Committee or the Judicial Council.



My View on the Prevention of Implant Contamination—Towards Better Outcomes in Breast Implant Surgery

By Anand K. Deva MD



A note from your Safety Committee

“The hospital, the operating rooms and the wards should be laboratories, laboratories of the highest order...The physician should prosecute original investigations and to keep in close touch with the work in surgical pathology, bacteriology...and physiology. It remains with the teachers of medicine and surgery to make them so.”

When Halsted penned those words in 1901, he forever raised the bar for us all: to aspire to become a “surgeon-scientist.” Well, Dr. Deva, in this issue of ASN, would make Dr. Halsted proud. He has clearly, with deliberate effort, attempted to bring guiding science within his surgical experience. And therein lies the rub: despite these kinds of valiant efforts, until we have ALL the data, now called “big data,” this article has been purposefully placed under the “My View” byline. Regardless, Dr. Deva’s thoughtful suggestions to improve outcomes in our breast implant surgery and the accompanying bulleted summary in the form of the invaluable “Scissors on the Seam” provides us with another practical protocol towards better safety!

Please free free to contact me with any ideas or suggestions for future articles by your Safety Committee.

Lorne King Rosenfield MD
Chair, Patient Safety Committee

There has been much recent attention on the role of bacteria in the possible genesis of BIA-ALCL^{1,2,3} Whilst we are working on elucidating the likely causative factors, the importance of preventing bacterial attachment to breast implants at the time they are deployed has been a subject of much clinical and laboratory research over the last 10 years^{4,5} Bacteria do play a major role in capsular contracture and preventing bacterial contamination of any implant, whether it be smooth or textured, simply represents good antiseptic surgical practice.⁵ We have previously published the 14 point plan⁴ and it would a

good time to summarize the evidence behind these strategies so that individual surgeons are able to make their choice on incorporating some or all of these steps into routine clinical practice. I am not going to be prescriptive because I have to concede that experience and outcomes in breast implant surgery depends on more than just the use of bacterial minimization strategies. Some of us have been operating with good results for a long time and the balance between experience and evidence is something that needs to be struck. I see these strategies continuing to evolve as more evidence and clinical outcomes either support or refute individual steps in the plan. There is also work on newer anti-bacterial technologies that will one day, be incorporated into “smart” implants. These and other future developments may well tackle the issue of device-associated infection once and for all.

Summary of evidence for the 14-point plan

Step 1: Use intravenous antibiotic prophylaxis at the time of anesthetic induction (1st generation cephalosporin) 15 minutes prior to skin incision. The use of vancomycin in addition may be supported based on community acquired MRSA rates.

Reference: Stafansdottir et al *acta orthopaedica* 2009; 80(6): 633-638.

Evidence: Ideally antibiotics are administered 15–45 minutes prior to skin incision to ensure adequate circulating concentration.

Step 2: Avoid perioareolar/transaxillary incisions.

References: Wiener T, Relationship of incision choice to capsular contracture *Aesthetic Plastic Surgery* 2008; 32(2): 303-306.

Jacobson JM, Gatti ME, Schaffner AD, Hill LM, Spear SL Effect of incision choice on outcomes in primary breast augmentation *Aesthetic Surg J* 2012;32(4): 456-462.

Evidence: Perioareolar and transaxillary incisions result in higher rates of contracture. This makes anatomic sense as you are dissecting through breast tissue in order to reach your pocket.

Step 3: Use nipple shields.

Reference: Wixtrom RN, Stutman RL, Burke RM, Mahoney AK, Codner MQ, Risk of breast implant bacterial contamination from endogenous breast flora: prevention with nipple shields and implications. *Aesthetic Surg J* 2012; 32(8): 956-963.

Evidence: Manipulation of the breast results in heavily contaminated fluid emanating from breast ducts. The use of a nipple shield minimizes the risk of this contaminating implant/surgical pocket.

Step 4: Perform precise atraumatic dissection with direct vision, minimize blunt dissection.

Step 5: Perform careful hemostasis.

Step 6: Avoid dissection into the breast parenchyma.

Step 7: Use a dual plane pocket.

References: <http://saferbreastimplants.org/doctors/further-reading/>

Evidence: Many clinical studies have shown protective effect of muscle against capsular contracture.

The latest risk factor analysis by McGuire, *PRS* 2017 Jan 139(1): 1-9 has identified sub glandular placement, periareolar incisions as significant risk factors for contracture and no betadine pocket irrigation as a significant risk factor for contracture in reconstruction patients.

Step 8: Perform pocket irrigation with antibiotics/betadine in correction concentrations.

References: <http://saferbreastimplants.org/doctors/pocket-irrigation-formulas/>

Note: This relates to pocket irrigation rather than implant soaking. The FDA does not contraindicate the treatment of the pocket with betadine to reduce contamination. It is analogous to preparation of the skin. If surgeons are still worried about residual betadine coming into contact with the implant, they can follow betadine irrigation with saline.

Continued on Page 91

My View on the Prevention of Implant Contamination

Continued from Page 90

Step 9: Minimize skin-implant contact using a funnel, barrier, glove or betadine impregnated barrier.

References: Mladick RA, "No touch" submuscular saline breast augmentation technique *Aesthetic Plast Surg* 1993; 17(3): 183-192.

Flagstad NA, Panzer JN, Baxter RA, et al. Does implant insertion with a funnel decrease capsular contracture? A preliminary report *ASJ* 2016;46(5): 550-556.

Step 10: Minimize the time of implant opening, repositioning and replacement,

Step 11: Change surgical gloves prior to handling the implant and use new or cleaned instruments for implant placement,

References: <http://saferbreastimplants.org/doctors/further-reading/>

Note: These two points relate to evidence generated in the orthopedic literature, which shows increasing contamination of gloves/instruments and implants by bacteria after 1 hour of procedure time.

Step 12: Avoid use of a drainage tube (in primary cases).

References: The classic study of drains and entry point of infection was published back in 1970.

Cerise et al *Annals of Surgery* 1970, Vol 171(5) p764-767.

More relevant to breast implant surgery is this study:

Dower R, Turner ML, Pilot study of timing of biofilm formation on closed suction wound drains *Aesth Plast Reconstr Surg* 2012; 130(5):1141-1146.

Note: Many surgeons currently use drains in primary augmentation. This is best left to individual surgeon's experience and own evaluation of technique and evidence.

Step 13: Use a layered closure.

Step 14: Use a recommended antibiotic prophylaxis for subsequent breaches of skin/mucosa (e.g. oral amoxicillin 2.0g one hour prior to the procedure and oral amoxicillin 1.0g six hours after the procedure, for penicillin allergy, the use of oral cefuroxime, clindamycin and clarithromycin can be substituted).

Advice on ongoing breast implant surveillance and informing patients of clinical risks of medium/long term complications.

Note: There is split recommendation between orthopaedic associations (for) and American dental association (against). The treating surgeon currently makes the decision for prophylaxis.

References

1. Kadin ME, Morgan J, Xu H, Glicksman CA. CD30+ T Cells in Late Seroma May Not Be

Diagnostic of Breast Implant-Associated Anaplastic Large Cell Lymphoma. *Aesthet Surg J*. 2017;37(7):771-775.

2. Hu H, Johani K, Almatroudi A, et al. Bacterial Biofilm Infection Detected in Breast Implant-Associated Anaplastic Large-Cell Lymphoma. *Plast Reconstr Surg*. 2016;137(6):1659-1669.

3. Kadin ME, Deva A, Xu H, et al. Biomarkers Provide Clues to Early Events in the Pathogenesis of Breast Implant-Associated Anaplastic Large Cell Lymphoma. *Aesthet Surg J*. 2016;36(7):773-781.

4. Deva AK, Adams WP, Jr., Vickery K. The role of bacterial biofilms in device-associated infection. *Plast Reconstr Surg*. 2013;132(5):1319-1328.

5. Tamboto H, Vickery K, Deva AK. Subclinical (biofilm) infection causes capsular contracture in -a porcine model following augmentation mammoplasty. *Plast Reconstr Surg*. 2010;126(3):835-842.

For further reading please go to <http://saferbreastimplants.org/doctors/further-reading/>

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Prevention of Implant Contamination

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These are proven strategies for surgeons to employ in the OR to reduce the risk of bacterial contamination of breast implants:

- Use intravenous antibiotic prophylaxis at the time of anesthetic induction (1st generation cephalosporin) 15 minutes prior to skin incision.
- Avoid perioareolar/transaxillary incisions, but otherwise, apply protective (betadine impregnated) nipple shield/barrier
- Perform precise atraumatic dissection, minimize blunt dissection, insure strict hemostasis, and use a layered closure.
- Perform pocket irrigation with antibiotics/betadine in correct concentrations
- Minimize implant contact with skin and breast tissue by changing surgical gloves prior to handling the implant, using new or cleaned instruments for implant placement, and utilizing a funnel-like device to assist implant insertion.
- Minimize the time of implant opening, repositioning and replacement
- If possible, avoid the use of a drainage tube (in primary cases)
- Consider the use of recommended antibiotic prophylaxis prior to subsequent breaches of skin/mucosa (e.g., dental procedures, etc.)

Disclaimer: The preceding methods are not required. They are recommendations from the ASAPS Patient Safety Committee as of January 2018 and do not establish a standard of care. You may download this document and any updates at www.surgery.org/downloads/private/preventionimplantcontamination.doc to tailor to your specific practice. © 2017 American Society for Aesthetic Plastic Surgery. All rights reserved.



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