



Urgent Warning to Surgeons Performing Fat Grafting to the Buttocks (*Brazilian Butt Lift* or “BBL”)

By Daniel C. Mills, II, MD, J. Peter Rubin, MD, and Renato Saltz, MD



This urgent advisory is in response to the alarming number of deaths still occurring from the Brazilian Butt Lift (BBL).

The Multi-Society Task Force for Safety in Gluteal Fat Grafting (ASAPS, ASPS, ISAPS, IFATS, ISPRES), representing board-certified plastic surgeons around the world, recently released a practice advisory. Additionally, the Task Force is conducting anatomic studies to develop specific technical safety guidelines.

Since the release of the practice advisory, deaths from this procedure continue to be reported. The unusually high mortality rate from this cosmetic procedure is estimated to be as high as 1:3000, greater than any other cosmetic surgery.

The cause of mortality is uniformly fatal fat embolism due to fat entering the venous

circulation associated with injury to the gluteal veins. In every patient who has died, at autopsy, fat was seen within the gluteal muscle.

In no case of death has fat been found only in the subcutaneous plane.

The Task Force has therefore concluded that: **fat should never be placed in the muscle. Fat should only be placed in the subcutaneous tissue.**

If the desired outcome might require another procedure, then manage the patient's expectations and discuss the possibility of staging (as often done with fat injections, hair transplants, etc.)

It is easy to unintentionally enter the muscle during subcutaneous injection.

Therefore, stay mentally focused, alert, and

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BIA-ALCL Advisory Update

The following advisory represents a collaborative effort between ASPS and ASAPS to produce biannual updates on recent disease developments, government regulatory communications, and consensus recommendations.

Q: What is BIA-ALCL?

A: BIA-ALCL (Breast Implant-Associated Anaplastic Large Cell Lymphoma) is an uncommon lymphoma that has only been

reported in patients with a history of a textured breast implant device. When caught early, it may be curable in most patients. BIA-ALCL is not a cancer of the breast tissue itself, but of the scar envelope that the body naturally forms around a breast implant—called the capsule. All government authorities and oncology organizations currently classify BIA-ALCL as a lymphoma.* However, BIA-ALCL consists of a spectrum of disease that

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Cultivating a More Diverse, Healthy Society

By W. Grant Stevens, MD

This year seems to be racing along—I can't believe that we have already moved into autumn! As we enter the fall season, I think of this as a time for reflection. As a relatively younger Society, we have achieved so much over the course of our lifetime, and yet there is still a great deal to accomplish.

I have made it my priority as your President to showcase our Society's ever-growing diversity, and it is my goal to bring in even more voices during my term. I'm very proud of the strides we have made with women and younger aesthetic surgeons. Not only do we have the Women Aesthetic Surgeons' symposium each year during The Aesthetic Meeting, but this past year featured a private lactation suite as well. We have increased the female presence in leadership positions, and it won't be too long now before we finally have a female president. And our efforts to attract younger surgeons as Residents and Candidates for Membership are in full swing. Residents receive RADAR Resource free and it continues to be a key asset to them. We have also removed a barrier to entry for Candidates for Membership

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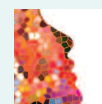
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4th Annual Residents'
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Quarterly Newsletter of the American Society for Aesthetic Plastic Surgery

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These Meeting are exclusively organized and managed by The Aesthetic Society. These meetings fulfill the Society's Active Member application requirements or Active Member maintenance requirements.

October 18 – 20, 2018

Experienced Insights: Breast and Body Contouring—An ASAPS Symposium

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



January 31 – February 2, 2019

ASAPS Las Vegas Facial & Rhinoplasty Symposium

The Cosmopolitan of Las Vegas
Las Vegas, NY
562.799.2356
www.surgery.org/face2019



May 16 – 21, 2019

The Aesthetic Meeting 2019

New Orleans Convention Center
New Orleans, LA
www.surgery.org/meeting2019



June 23 – July 4, 2019

The Aesthetic Cruise 2019

Italy, Malta, Greece, Montenegro, Croatia and Slovenia
www.surgery.org/cruise2019

April 23 – 28, 2020

The Aesthetic Meeting 2020

Mandalay Bay Hotel & Resort
Las Vegas, NV

April 29 – May 3, 2021

The Aesthetic Meeting 2021

Boston Convention and Exhibition Center
Boston, MA

This Meeting is exclusively organized and managed by The Aesthetic Society. No CME Provided.



December 7 – 9, 2018

4th Annual Residents' Symposium

(no CME)
Launching Your Practice—
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SHIELD Center
New York City, NY
Email: asaps@asaps.org
www.surgery.org/residents2018

The meetings below are jointly vetted, ASAPS provides CME—Registration is not done through ASAPS, nor do they fulfill The Society's Active Member application requirements or Active Member maintenance requirements.

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

November 2 – 4, 2018

2018 NCSPS Annual Meeting

North Carolina & South Carolina Societies of Plastic Surgeons Annual Meeting
The Sanctuary
Kiawah Island, SC
www.ncsps.com/2018-annual-meeting

November 29 – December 1, 2018

The Aston Baker Cutting Edge Aesthetic Surgery Symposium

New York Hilton
New York, NY
www.nypsf.org

December 2, 2018

QMP Mastering Endonasal Rhinoplasty in One Day!

Paley Center For Media
New York, NY
aberger@qmp.com
www.qmp.com/meeting/Mastering-Endonasal-Rhinoplasty-in-One-Day/114/details

February 7 – 9, 2019

53rd Annual Baker Gordon Symposium on Cosmetic Surgery

Hyatt Regency Downtown Miami
Miami, FL
www.bakergordonsymposium.com

February 14 – 18, 2019

2019 American-Brazilian Aesthetic Meeting

Park City Marriott
Park City, Utah
<https://americanbrazilianaestheticmeeting.com>

February 16 – 20, 2019

57th Annual Scientific Meeting of the Northwest Society of Plastic Surgeons

Hapuna Beach Resort
Kamuela, Hawaii
503.421.8955
<http://nwsps.org/annual-meeting>

May 16, 2019

The Rhinoplasty Society Annual Meeting 2019

New Orleans, LA
904.786.1377
www.rhinoplastysociety.org/meetings

The Meetings below are endorsed by ASAPS (may or may not have CME through another provider, none through ASAPS). Registration is not done through ASAPS, nor do they fulfill The Society's Active Member application requirements or Active Member maintenance requirements.

October 11 – 14, 2018

The 6th St. Petersburg Live Surgery and Injections Course

Advanced Aesthetic Face, Breast and Body Contouring 2018
Corinthia Hotel (Nevsky Palace)
St. Petersburg, Russia
www.aasurgery.ru/en

January 18 – 20, 2019

Atlanta Breast Surgery Symposium

InterContinental Buckhead
Atlanta, GA
<https://sesprs.site-ym.com/default.aspx>

March 20 – 21, 2019

Dallas Cosmetic Surgery and Medicine Meeting

The Westin Galleria Dallas
Dallas, Texas
781.793.0088
<http://dallasrhinoplastyandcosmeticmeeting.com>

March 22 – 23, 2019

Dallas Rhinoplasty Meeting

The Westin Galleria Dallas
Dallas, Texas
781.793.0088
<http://dallasrhinoplastyandcosmeticmeeting.com>

October 25 – 26, 2019

The 3rd Norwegian American Aesthetic Meeting (NAAM3)

Oslo, Norway
Contact: Ellen Thrap Aspeggen
osloaestheticmeeting@gmail.com
<https://osloaestheticmeeting.hostmotel.no>



Hurry and Register Today for Experienced Insights!

October 18–20, 2018

www.surgery.org/breastandbody2018

Cultivating a More Diverse, Healthy Society

Continued from Cover

I have made it my priority as your President to showcase our Society's ever-growing diversity, and it is my goal to bring in even more voices during my term.

by offering candidacy for free for the first two years, thanks to a generous grant from Allergan.

I also want to grow our international membership and we are doing outreach and advertising to these key colleagues, highlighting their recent dues reduction. Already, we have seen an increase in applications. Additionally, we have formed a group of regional vice presidents and ambassadors to better reach out to the international community.

We all benefit from a diverse, inclusive membership; the more voices and points of view, the better!

Article in the *Annals of Surgery*

As you are likely aware, an article was published online in the *Annals of Surgery* in mid-September, "US FDA Breast Implant Postapproval Studies: Long-term Outcomes in 99,993 Patients," and it will appear in the December print issue as well. There have been numerous concerns around this article, both around its methodology and assumptions, and the potential impact on our patients and practices. The Aesthetic Society was on the forefront in preparing a response to this article, and I urge you to read about our efforts on Page 15 of this issue of *Aesthetic Society News*.

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Meet Me in San Francisco for the Ultimate in Interactive Education!

I'll be attending Experienced Insights 2018: Breast & Body Contouring, October 18–20, in San Francisco, and I hope to see you there.

This is not a symposium where you simply sit back and listen. Here, you are encouraged to interact with the specialty's thought leaders, ask questions and challenge their thinking. You will return to your practice energized and enlightened! Register today and I'll see you there! You can learn more at surgery.org/breastandbody2018.

Join Your Colleagues on the Aesthetic Neural Network (ANN)

By now, you've probably read about ASAPS' Aesthetic Neural Network—or perhaps you've heard from your colleagues who are already using ANN. ANN offers a new way to make your data work for you by giving it meaning and context, and it provides two unique things in the aesthetic surgery market.

ASAPS is covering the cost of ANN's hardware for a limited time to eligible Active Members using Nextech, Patient Now, and Intellipract software, so once you've read this message, don't wait!

First, ANN's data Dashboards showcase a "deeper dive" into the numbers you see in your Electronic Medical Record (EMR) and/or Practice Management (PM) system. Second, ANN showcases collective data by which you can both benchmark your own numbers and—perhaps more importantly—evaluate trends for procedures and technologies you don't yet offer.

These features, unavailable anywhere else, harness the power of your own data to let you analyze your practice and peers' practices in a safe, private, and secure environment.

ASAPS is covering the cost of ANN's hardware for a **limited time** to eligible Active Members using Nextech, Patient Now, and Intellipract software, so once you've read this message, don't wait! Contact Melissa Schmidt, ANN Product Manager, for more information, at melissa@surgery.org.

Surveys to ASAPS Members—Please Participate!

ASAPS members may have noticed an increase in surveys recently. While we fully appreciate how busy you are, your participation in these surveys is essential. Your contributions assist in aesthetic plastic surgery research, and often the results of that research ends up as articles in the *Aesthetic Surgery Journal (ASJ)*. This research benefits us all, and I hope you'll take a moment to respond to each ASAPS Survey. In fact, please join me in taking this survey on Medical Tourism now, at surveymonkey.com/t/ZLB95WZ.



Meet Julio Garcia, MD, President of ASERF

Colleagues, if you don't already know my friend Julio Garcia, President of the Aesthetic Surgery Education and Research Foundation (The Aesthetic Society's charitable foundation), please make an effort to do so. ASERF offers funding for your research project. If you are interested, apply by completing the application at www.aserf.org. While on the site, you can also peruse some of the previous proposals that were funded.

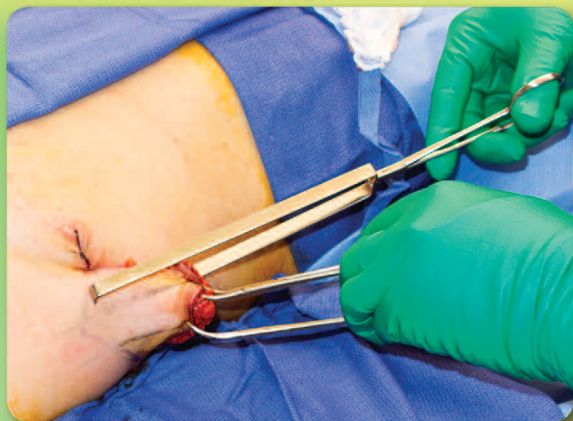
Julio and I look forward to seeing your grant proposal submission. We are working hard to bring more awareness to the important work ASERF does in advancing our field and you'll be hearing much more from Julio and ASERF in the months ahead.

In Conclusion

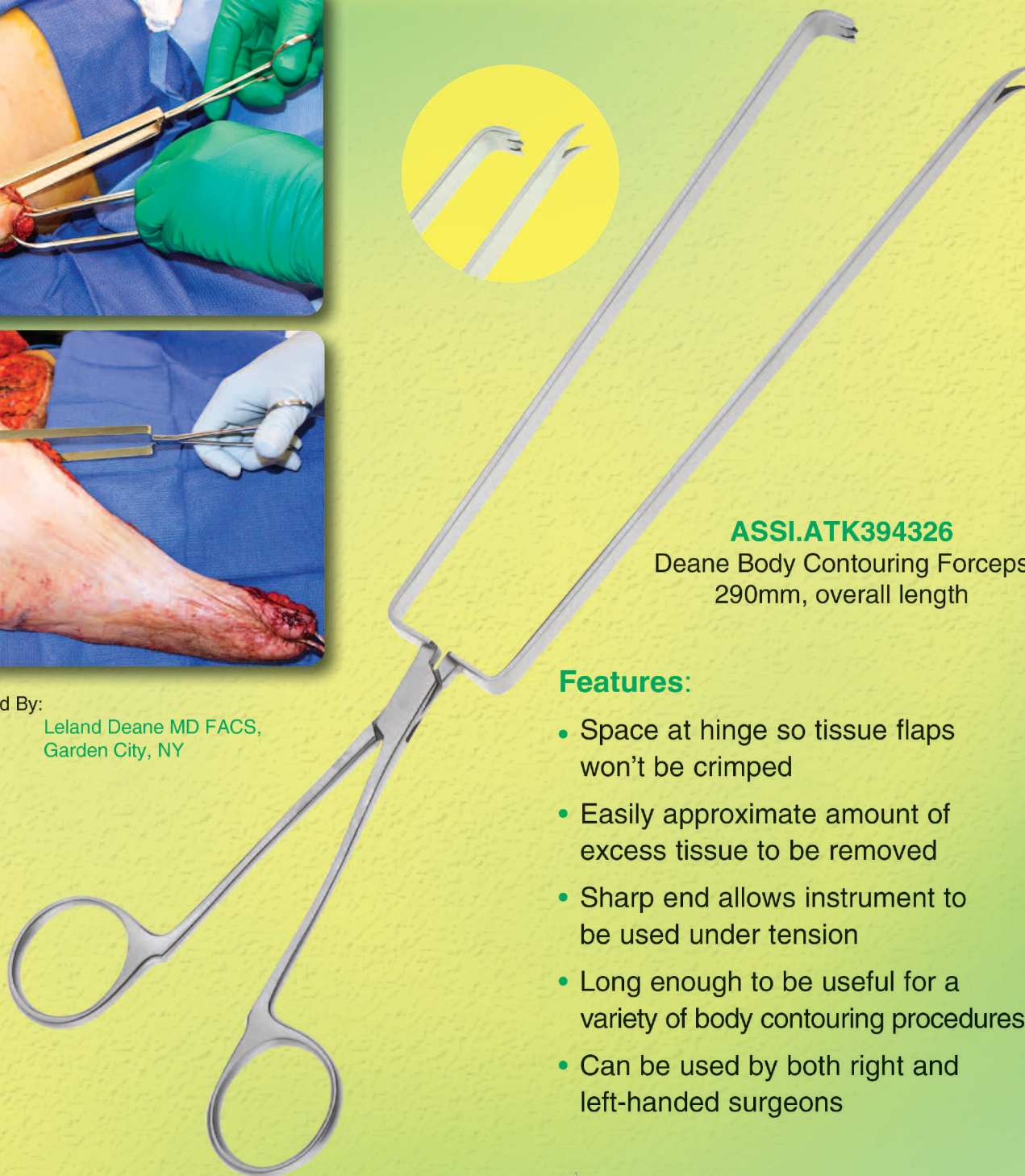
I am so enjoying my tenure as your President, getting to know so many of you and hearing your challenges and opportunities. We want to ensure that you value your Society membership and that you feel the Society listens to and acts on your feedback. As always, if you have suggestions on how to better improve your Aesthetic Society experience, I welcome your feedback.

W. Grant Stevens, MD, is an aesthetic plastic surgeon practicing in Marina Del Rey, CA, Clinical Professor of Surgery at USC–Keck School of Medicine in the Division of Plastic Surgery, and serves as President of The Aesthetic Society.

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Urgent Warning to Surgeons Performing Fat Grafting to the Buttocks (Brazilian Butt Lift or “BBL”)

Continued from Cover

aware of the cannula tip at every moment; be vigilant about following the intended trajectory with each stroke and feel the cannula tip through the skin. Consider positioning that can favor superficial approaches, such as table jackknife. Use cannulas that are resistant to bending during injection and recognize that Luer connectors can loosen and bend during surgery.

The risk of death should be discussed in your informed consent process, along with alternative procedures (such as gluteal implants or autologous flap augmentation).

No published series of BBLs done with intramuscular injections is large enough to demonstrate it can be done without the risk of fat embolism.

The subcutaneous plane has not been linked to pulmonary fat embolism. Until and unless data emerges that intramuscular injections can be done safely, the subcutaneous plane should remain the standard.

Fat injected into the subcutaneous space cannot cross the superficial

gluteal fascia and migrate into the muscle; therefore, any intramuscular fat found at autopsy can be concluded to be the result of injection into the muscle.

Surgeons wishing to continue performing this procedure should strictly adhere to these guidelines. The Task Force is actively performing anatomic studies and more specific technical guidelines will be forthcoming. We need to dramatically improve patient safety with this procedure through careful technique, or reconsider whether the procedure should still be offered. Patient safety is the number one goal of board certified plastic surgeons across the globe.

Sincerely,



Daniel C. Mills, II, MD



J. Peter Rubin, MD



Renato Saltz, MD

Co-Chairs Multi-Society Task Force for Safety in Gluteal Fat Grafting

* The information in this Advisory Statement while setting forth the strong recommendations of the Task Force, should not be considered inclusive of all methods of properly performing buttock augmentation with fat transfer or as a statement of the standard of care or as a mandate to strictly follow the recommendations of the Task Force.

This Advisory Statement is not intended to substitute for the independent professional judgment of the treating plastic surgeon nor for the individual variation among patients.

The Members of the Multi-Society Task Force and the participating societies assume no responsibility or liability for injury arising out of any use of the information contained in this Advisory Statement.

** The Inter-Society Gluteal Fat Grafting Task Force represents leading clinical plastic surgery societies, including the American Society for Aesthetic Plastic Surgery (ASAPS), the American Society of Plastic Surgeons (ASPS), and the International Society of Aesthetic Plastic Surgeons (ISAPS). Additionally, two scientific societies, the International Society of Plastic & Regenerative Surgeons (ISPRES) and the International Federation for Adipose Therapeutics and Science (IFATS) are represented and provide scientific support. The efforts of the Task Force build upon a foundation of important work by the Aesthetic Surgery Education and Research Foundation (ASERF), the American Society of Plastic Surgeons (ASPS) Regenerative Medicine Committee, and the International Society of Aesthetic Plastic Surgery (ISAPS) Patient Safety Committee. The Task Force is an unprecedented collaborative effort to address a major patient safety concern, investigate factors that lead to increased risk with gluteal fat grafting, perform scientific studies to improve safety, and educate plastic surgeons.

July 2018

FDA Warning About Laser Devices for ‘Vaginal Rejuvenation’

By Megan Brooks

The US Food and Drug Administration (FDA) is cracking down on manufacturers marketing the use of laser or other energy-based devices for “vaginal rejuvenation” which manufacturers claim will treat conditions and symptoms related to menopause, urinary incontinence, or sexual function.

“The procedures use lasers and other energy-based devices [such as radiofrequency] to destroy or reshape vaginal tissue. These products have serious risks and don’t have adequate evidence to support their use for these purposes. We are deeply concerned women are being harmed,” FDA Commissioner Scott Gottlieb, MD, said in a statement.

The FDA has cleared laser and energy-based devices for destroying abnormal or precancerous cervical or vaginal tissue, as well as condylomas (genital warts) and other serious conditions.

But the safety and effectiveness of these devices have not been evaluated or confirmed by the FDA for “vaginal rejuvenation,” Gottlieb stressed.

It notes that “vaginal rejuvenation” is an “ill-defined” term; however, it is sometimes used to describe nonsurgical procedures intended to treat vaginal symptoms and/or conditions including, but not limited to,

vaginal laxity, vaginal atrophy, dryness or itching, pain during sexual intercourse, and decreased sexual sensation.

Marketing to Cancer Patients, Reports of Serious Harm

In some cases, these devices and procedures are even being marketed to women who have completed breast cancer treatment and are experiencing symptoms caused by early menopause.

“The deceptive marketing of a dangerous procedure with no proven benefit, including to women who’ve been treated for cancer, is egregious,” said Gottlieb.

He said the FDA is aware of “numerous” reports of vaginal burns, scarring, pain during sexual intercourse, and recurring or chronic pain following “vaginal rejuvenation” procedures. The “full extent of the risks is unknown. But these reports indicate these procedures can cause serious harm.”

“Today, we’re warning women and their healthcare providers that the FDA has serious concerns about the use of these devices to treat gynecological conditions beyond those for which the devices have been approved or cleared,” he urged.

FDA Will Tackle “Bad Actors”

The FDA has cited seven device manufacturers for inappropriate marketing of their devices for “vaginal rejuvenation” procedures. They are Alma Lasers, BTL Aesthetics, BTL Industries, Cynosure, InMode, Sciton, and ThermiGen.

The companies have 30 days to address the FDA’s concerns. “If our concerns are not addressed, then the FDA will consider what next actions, including potential enforcement, are appropriate. This matter has the full attention of our professional staff,” Gottlieb asserted.

He added that the FDA will continue to take action against “bad actors who unfortunately take advantage of unsuspecting consumers by marketing unapproved, deceptive products that may pose safety risks and violate the trust of American consumers.”

Health providers are asked to report adverse events related to these devices to MedWatch, the FDA’s safety information and adverse event reporting program.

FDA also refers healthcare providers to a May 2016 position statement on fractional laser treatment of vulvovaginal atrophy by the American College of Obstetricians and Gynecologists.

FDA Warning About Laser Devices for ‘Vaginal Rejuvenation’—Medscape—Jul 31, 2018.

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BIA-ALCL Advisory Update

Continued from Cover

ranges from indolent CD30+ fluid collections within the capsule, to capsular tumors, to lymph node involvement and rarely distant metastases. Ongoing research continues to strive to better understand and define BIA-ALCL.

**Lymph cells are part of the body's immune system that helps to protect and rid the body from noxious agents. A lymphoma is cancer of the lymph system. Lymph nodes are glands in many locations in the body that are part of the lymph system. Indolent refers to a cancer that is slow to progress.*

Q: What are the symptoms of BIA-ALCL?

A: The most common presenting symptom of BIA-ALCL is a swelling of the breast that develops over several years (average 8 years, range 2 to 28 years) after the insertion of textured breast implants. The disease can also present as a lump in the breast or the lymph node in the armpit.

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

A: In March 2018, the FDA issued a report stating that it has received 414 adverse event reports of BIA-ALCL, and nine disease-related death reports. However, the FDA warns this data may have duplicates and unverified cases. The ASPS/FDA PROFILE Registry reports 230 unique U.S. cases to date. For a frame of reference, both the American Society of Plastic Surgeons and the American Society for Aesthetic Plastic Surgery report that approximately 300,000 breast augmentations and 150,000 breast reconstructions are performed annually in the United States. Approximately 12 percent of these patients receive textured implants.

The lifetime risk of developing BIA-ALCL, from previous epidemiological studies and implant sales data from the U.S., Canada, Netherlands and Australia, ranges from 1:1000 to 1:30,000 people with textured implants. There appears to be some variability in risk depending on the type of texturing used on the implant. The risk is higher with textured implants that have greater surface area, such as the Biocell and polyurethane coating*, compared to those that have less surface areas. However, BIA-ALCL has been identified in patients with all types/brands of

texturing. At this time there are no reported cases of a patient who has only had a smooth implant developing BIA-ALCL.

**Polyurethane sponge covered implants have not been available in the U.S. since the early 1990s.*

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

A: The FDA's March 2018 statement recognizes BIA-ALCL is an uncommon and highly treatable condition and emphasized that most cases are in patients who have had textured implants. The FDA also acknowledged and agreed with the World Health Organization's classification of BIA-ALCL as a lymphoma, and the National Comprehensive Cancer Network (NCCN) treatment guidelines.* The FDA noted surgical management for the majority of patients, and recommends all confirmed BIA-ALCL cases be reported to the PROFILE registry for detailed tracking of cases. The statement also affirmed that if a breast implant patient is not experiencing symptoms then there "is no need to change your routine medical care and follow-up."

In October 2017, the European Commission's Scientific Committee on Health, Environmental, and Emerging Risks (SCHEER) released a scientific advice report on BIA-ALCL where it stressed the importance of future research and reporting to prospective patient registries.

In June 2018, the French regulatory body National Agency for Medicines and Health Products Safety (ANSM) released a report on biocompatibility testing of textured implants, and recommended no changes to current device approval.

Both ASPS and ASAPS are funding research focused on determining the cause of this cancer and finding a solution to the disease.

**The National Comprehensive Cancer Network (NCCN) is an alliance of 27 cancer centers in the United States which establishes consensus diagnosis and treatment recommendations for the majority of known cancers. NCCN established evidence-based guidelines for BIA-ALCL in 2016, which are updated annually.*

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

A: The 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 ASPS and ASAPS 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: All patients should be advised of the risk of BIA-ALCL. Although the incidence is uncommon, any procedure that may lead to the death of a patient must be considered a major concern, and patients should be made aware of it prior to undergoing breast implant surgery. As of July 30, 2018, the PROFILE registry* has received 230 unique cases of BIA-ALCL in the U.S.: 56 percent had a history of cosmetic breast augmentation; 44 percent had a history of post-mastectomy reconstruction. Worldwide, 570 unique cases have been reported, which includes 16 disease-related deaths.

ASAPS and ASPS provide online patient education tools that help breast implant patients put this disease in perspective. The relative risk of capsular contracture versus BIA-ALCL is approximately 100 to 3000 times higher in any given patient. Though the risk is small, patient safety is the primary focus of the plastic surgery community, and we strive to educate and inform our members and the public about the symptoms and risk of BIA-ALCL.

**The National Comprehensive Cancer Network (NCCN) is an alliance of 27 cancer centers in the United States which establishes consensus diagnosis and treatment recommendations for the majority of known cancers. NCCN established evidence-based guidelines for BIA-ALCL in 2016, which are updated annually.*

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

A: Although it is uncommon, BIA-ALCL appears to develop exclusively in women who have or have had textured implants. There is a higher incidence of BIA-ALCL in higher surface area/roughness devices. To date, there has not been a documented case of BIA-ALCL

Continued on Page 11

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BIA-ALCL Advisory Update

Continued from Page 9

in a patient with only smooth implants. Suggested theories of the cause of BIA-ALCL include textured implant particulate, chronic allergic inflammation, and/or response to a biofilm. Research is ongoing in all these areas.

In both the US and the worldwide reported cases of BIA-ALCL, there does not appear to be a difference in risk in silicone versus saline-filled implants, nor between reconstructive or cosmetic use of breast implants.

Q: How does this impact those with breast implants?

A: ASPS, ASAPS and the FDA advocate that all women, including those with breast implants follow their normal routine medical care and follow up, including mammography when appropriate. Patients should immediately contact their physician if they sense any abnormalities within the breast or notice any significant changes. There is no recommended BIA-ALCL screening for patients without symptoms. Fluid collections around implants within the implant capsules can occur and are usually not malignant. However, if the fluid collection around the implant is present one year or more after implantation, it should be considered suspicious and MUST be aspirated and the fluid tested with CD30* immunohistochemistry and cytology. *CD30 refers to a cell membrane protein that occurs normally on activated T-cell lymphocytes and abnormally in some lymphomas. CD30 immunohistochemistry is the screening test for BIA-ALCL and should be performed on all fluid collections developing more than one year after implantation. If CD30 is negative, BIA-ALCL is excluded. If CD30 is positive, it may or may not be BIA-ALCL and cell block cytology and flow cytometry are required to make the diagnosis.

Q: What about those considering breast implants?

A: Physicians should include BIA-ALCL in breast-implant patient education materials and during the informed consent process, so that patients can determine the right procedure for them. Breast implants have established as well as ongoing long-term safety data 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 ASPS and ASAPS websites). Current recommendations for the treatment of BIA-ALCL call for total capsulectomy, removal of the breast implant, as well as excision of any associated lumps or masses. Cases have been reported where both breasts are affected, and therefore surgeons may consider removing both implants and capsules. All cases of BIA-ALCL with disease limited to the scar tissue around the breast capsule and treated with complete surgical excision have been cured to date. The majority of early-stage patients treated with total capsulectomy require no additional treatment. Chemotherapy is required for unresectable disease, lymph node spread or distant metastases.

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 implants 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 cases in patients with only smooth-walled implants.
- 2. Genetics.** There have been two published reports that there may be a genetic predisposition (germ line mutations in JAK1 and STAT3 genes). Further investigation is required.
- 3. Inflammation.** Chronic inflammation triggered by an allergic response, bacteria, another as yet unknown factor, or some combination has been implicated.
- 4. Time.** BIA-ALCL typically presents several years (average 8 years, range 2–28 years) after the implants were placed.

Q: Should healthy patients have their implants removed prophylactically?

A: The FDA does not suggest additional screening or removal of implants for women that are not having symptoms.

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

A: The FDA advises that 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 see her surgeon and undergo examination, imaging, and fluid testing if present.

Q: What causes BIA-ALCL?

A: The ASPS, PSF, ASAPS, ASERF and the FDA are studying BIA-ALCL. * Bacterial contamination, long-term allergic inflammation and/or irritation from implant texturing, and genetic factors have been theorized and are undergoing further study. Research is ongoing and cases are being monitored. 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.

*American Society of Plastic Surgeons (ASPS), The Plastic Surgery Foundation (PSF), American Society for Aesthetic Plastic Surgery (ASAPS), The Aesthetic Surgery Education and Research Foundation (ASERF), United States Food and Drug Administration (FDA).

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

A: The FDA confirms that all breast implants carry a reasonable assurance of safety when used as indicated. Best practice requires plastic surgeons to discuss the known risks and potential complications associated with any procedure. It is important for the patient and her surgeon to frankly discuss all treatment options available, along with the risks that include 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. If the surgeon's evaluation deems equivalent results from both a smooth or textured implant, the use of a smooth implant may prove prudent.

Continued on Page 13

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BIA-ALCL Advisory Update

Continued from Page 11

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 been reported in Australia, Brazil, France, Netherlands, New Zealand, Sweden, United Kingdom and the United States. In the 16 known deaths from the disease, all patients either received chemotherapy/XRT alone, died of the treatment itself, had incomplete capsule removal, or disease spread prior to treatment (metastatic disease). These reports 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 BIA-ALCL?

A: Diagnosis of BIA-ALCL follows international recommendations by the National Comprehensive Cancer Network (NCCN).^{*} 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 sampled with a needle through the skin (aspirated percutaneously). A minimum 20ml and ideally as much fluid available should be sent for:

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

CD30 testing is critical to direct pathologists and efforts should be made to

establish a diagnosis prior to any surgical intervention.

**In July 2016, ASPS and ASAPS issued a joint “Tear Sheet” describing the recommended clinical treatment for patients presenting with symptoms that could be a sign of BIA-ALCL which ultimately was the framework for NCCN guidelines. For a copy of the ASPS/ASAPS Tear Sheet please go to: www.surgery.org/professionals.*

Q: How is BIA-ALCL diagnosed?

A: Diagnosis should be made by fluid sampling (aspiration) in a clinic or by interventional radiology prior to any surgical intervention. Diagnosis requires very specific findings: large anaplastic cells on cytology, CD30+ immunohistochemistry, and clonal expansion on flow cytometry.

Mammography is not useful in diagnosing BIA-ALCL. In confirmed cases, PET and CT scanning is performed to help stage the disease, evaluate for associated capsule masses, lymph node metastasis or organ metastasis. Once the diagnosis is confirmed, oncologic consultation should be obtained prior to any surgical intervention.

Q: Should patients that have textured implants in place be contacted about the risk of BIA-ALCL?

A: Physicians can provide preoperative disclosure and maintain adequate patient records and operative reports. Patient education resources are available to surgeon members from ASPS^{*} and ASAPS.^{**}
^{*}Available at www.plasticsurgery.org/alcl or
^{**}www.surgery.org/professionals

Q: Should patients with implants in place be followed on a routine basis, i.e., annually?

A: There are no current screening recommendations for BIA-ALCL. The FDA recommends patients be screened post-operatively with MRI to diagnose implant rupture but this may or may not detect BIA-ALCL. Periodic clinical examination for implant patients is recommended, as one would do to screen for implant complications such as capsular contracture. Patients should also undergo age-appropriate breast cancer screening with mammography and be encouraged to perform monthly self-examination.

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 in the Medical Professionals section of www.surgery.org as well as by searching “ALCL” on RADAR Resource.

Reporters seeking information or plastic surgeons contacted by a member of the media are encouraged to forward inquiries to:

- Leigh Hope Fountain at leigh@surgery.org or Sarah Lilburn at sarah@surgery.org or 562-799-2356.
- Adam Ross at aross@plasticsurgery.org or 847-228-3361.

This information represents the data known as of July 30, 2018. Updates to this document will be provided as warranted and as more information is known.

Please visit the organization’s websites for additional info:

ASAPS
surgery.org/professionals

ASJ
academic.oup.com/asj

RADAR Resource (search “ALCL”)
radarresource.com

FDA
fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/BreastImplants/ucm239995.htm

ASPS
plasticsurgery.org/alcl

Plastic and Reconstructive Surgery
journals.lww.com/plasreconsurg/pages/collectiondetails.aspx?TopicalCollectionId=45

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~ Heideh Arbabzadeh, MD
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The Aesthetic Society: Poised to Respond

By W. Grant Stevens, MD, and Julio Garcia, MD

By now you've likely heard about the article entitled "US FDA Breast Implant Postapproval Studies: Long-term Outcomes in 99,993 Patients," by Christopher J. Coroneos, MD, MSc; Jesse C. Selber, MD, MPH; Anaeze C. Offodile II, MD, MPH; Charles E. Butler, MD; and Mark W. Clemens, MD. This appeared online in the *Annals of Surgery* in mid-September and is expected to appear in the print version in December. Like many of you, we share your concerns about the article's accuracy and its potential to sow unfounded concern among our patients.

The article is based on data aggregated from multiple large post-approval studies (LPAS) that are available on the FDA web site, and multiple groups have already noted limitations of the paper, including the combination of studies of different devices, methods and populations as well as inconsistent reporting mechanisms.

Our mission as a society of practicing surgeons is to make sure our patients have the most accurate information possible to guide and inform decisions related to surgical choices and satisfaction. Unfortunately, there is no information in this paper that serves to further our mission. The authors themselves acknowledge that multiple well-powered studies and organizations, including The Institute of Medicine, have confirmed that there is no evidence to support an association between breast implants and systemic diseases.

Aside from these concerns, as Presidents of the American Society for Aesthetic Plastic Surgery and the Aesthetic Surgery Education and Research Foundation, we can assure you that our organizations were well-prepared for this article's publication and have done everything to be prepared, should this gain unwarranted traction in the media.

As you can imagine, multiple meetings were held around this topic, and varying opinions as to whether this would merely be a "blip on the radar," given the "science" behind it, or if this would indeed attract media attention. Regardless, our common goal was clear: provide the public and our patients with the **facts**.

To that end, our teams crafted a media response statement, talking points for interactions with the media, and prepared

Op-Ed pieces and Letters to the Editor for use should there be excessive hype on this issue.

One other message, of which we are very proud, is the creation of videos, submitted by women plastic surgeons, many of whom have implants themselves, sharing their personal stories. Dr. Melinda Haws spearheaded this effort, and the resulting videos are very powerful. These surgeons know the facts about implants, and feel comfortable recommending them for their mothers, sisters, friends, patients and self. It is an empowering message, and you'll be seeing more such videos in the months to come. (Learn more about these videos below.)

It is our hope that this article will not generate unnecessary concern among your

patients. But in the event that this does gain traction, we feel confident that our organizations are poised to respond, if needed. We are the best-trained plastic surgeons in the world, and we know the science. Stay informed, empower your patients with the facts, and our focus on patient safety will see us through.

W. Grant Stevens, MD, is an aesthetic plastic surgeon in Marina Del Rey, CA, Clinical Professor of Surgery at USC—Keck School of Medicine in the Division of Plastic Surgery, and serves as President of The Aesthetic Society (ASAPS). Julio Garcia, MD, is an aesthetic plastic surgeon in Las Vegas, NV, and serves as President of the Aesthetic Surgery Education and Research Foundation (ASERE).

Powerful Video on the Safety of Breast Implants and a Woman's Options

By Drs. W. Grant Stevens and Melinda Haws



Look for ASAPS' Women Aesthetic Surgeon videos on YouTube.

We wanted to share a new video collaboration with you that we created for social media. In it, several board-certified plastic surgeons discuss the safety of breast implants, how they follow the science, as one of the most studied medical devices in history, how many of these women have implants themselves and would recommend them to their mothers, sisters and daughters, and how women should have the option to select implants for any reason—be it reconstruction after cancer or purely cosmetic.

We feel this content makes a strong statement about women being given options when it comes to their own aesthetic preferences and as importantly, the safety of breast implants. We sincerely hope that you will consider sharing this content on your own social channels.

Thank you all in advance and thank you to all of the wonderful doctors who helped bring this video to life.



Registration is now open: ASAPS' "Experienced Insights in Breast and Body Contouring" —October 18–20, 2018 in San Francisco, CA

By William P. Adams, Jr., Education Commissioner and Chair

We are pleased to announce that you can now register for the 2018 ASAPS' "Experienced Insights in Breast and Body Contouring!" Join us October 18–20, 2018, at the InterContinental Mark Hopkins, San Francisco, CA. Join us at this year's Experienced Insights for three relaxing days, where our faculty of experts will present and challenge advanced concepts encompassing breast augmentation, body contouring, and much more. The program is segmented into easily digestible sessions, leaving ample time to interact with faculty and colleagues!

What to Expect

This dynamic, intimate gathering will be chaired by myself and Daniel Del Vecchio and is your opportunity to learn from some of the foremost experts in the specialty. Our goal is to interactively discuss the most current and innovative clinical insights in breast and body contouring. These will be delivered in a unique learning environment through interactive analysis and debate to ultimately achieve optimal aesthetic outcomes while addressing challenges and emphasizing patient safety. The faculty will be using extensive video to highlight their technique and the format will allow for discussion on alternatives to the highlighted presentation/session. Register now to insure your place in this educational offering from ASAPS!

CME Details

The American Society for Aesthetic Plastic Surgery (ASAPS) designates this live activity for a maximum of 17.75 AMA PRA Category 1 Credits™. Physicians should only claim the credit commensurate with the extent of their participation in the activity.

7 of the 17.75 credits have been identified as Patient Safety Credits.

Registration

We hope that you'll register and join our faculty in San Francisco this October! The registration brochure for the symposium follows this article in its entirety, or you can find more information online at www.surgery.org/breastandbody2018.

Faculty

Don't miss this opportunity to learn, ask questions, gain insight, and interact with this exceptional faculty.



William P. Adams, Jr., MD
Chair



Daniel Del Vecchio, MD
Vice Chair



Jamil Ahmad, MD



Paco Canales, MD



Lázaro Cárdenas
Camarena, MD



Craig Creasman, MD



Heather Furnas, MD



Caroline Glicksman, MD



Barbara Hayden, MD



Jeffrey Kenkel, MD



Julie Khanna, MD



Kiya Movassaghi, MD



David Sieber, MD

What Past Attendees' Are Saying

"Experienced Insights is timely, comprehensive and succinctly summarizes patient safety nuances for breast and body contouring."

—Lavinia Chong, MD

"I experienced lots of practical discussions with honest presentations of ideas & solutions to difficult patient problems. I came home with a number of great ideas that I want to implement."

—Art Foley, MD

"This is one of the best meetings of recent memory. I found the dialogue amongst the panel members was most enlightening."

—Marc J. Salzman, MD

"The whole symposium was an honest and informal exchange between experts with a great deal of "pearls" revealed during discussions. Perfect for an "old dog" still trying to learn new tricks!"

—Miguel A. Yáñez, MD

Register Today!

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Breast and Body Contouring

Thursday, October 18 –
Saturday, October 20, 2018

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www.surgery.org/breastandbody2018



EXPERIENCED
INSIGHTS
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INTERACTION. INVOLVEMENT. INSPIRATION.

To maintain an interactive atmosphere, registration *is very limited*.

Register now to insure your place in this educational offering from ASAPS!

ASAPS' "Experienced Insights in Breast and Body Contouring," will take place October 18–20, 2018, at the InterContinental Mark Hopkins, San Francisco, CA. This dynamic, intimate gathering chaired by Doctors William P. Adams, Jr. and Daniel Del Vecchio is your opportunity to learn from some of the foremost experts in the specialty.

LEARNING OBJECTIVES

Summarize and evaluate advanced techniques, science and outcomes in structural fat grafting.

Present and challenge advanced concepts in breast augmentation, including patient analysis, implant selection, reshaping options and support to achieve optimal long term outcomes.

Present and challenge advanced concepts in body contouring, including liposuction, gluteal reshaping and labial rejuvenation to achieve optimal outcomes.

Discuss and review important safety considerations during breast and body contouring procedures.

Identify methods of minimizing surgical complications to enhance patient safety.

Support interaction with audience participation in sharing complications.

Our goal is to interactively discuss, using video and debate, the most current and innovative clinical insights in breast and body contouring.

WHO MAY ATTEND?

Experienced Insights in Breast and Body Contouring Symposium is open to Domestic and International Members and Candidates of:

The American Society for Aesthetic Plastic Surgery (ASAPS)

The American Society of Plastic Surgeons (ASPS)

The International Society for Aesthetic Plastic Surgery (ISAPS) or documentation of membership in a national plastic surgery society acceptable to the ASAPS Board of Directors.

Residents and Fellows participating in an approved plastic surgery residency program (with letter of verification) — Limited Availability

DESIGNATION

The American Society for Aesthetic Plastic Surgery (ASAPS) designates this live activity for a maximum of 17.75 *AMA PRA Category 1 Credits™*. Physicians should only claim the credit commensurate with the extent of their participation in the activity.

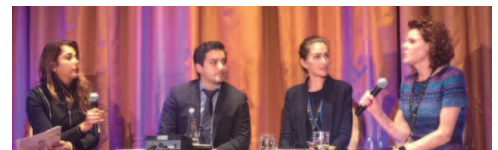
▲ of the 17.75 credits have been identified as Patient Safety Credits.

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.



"Overview of emerging surgical techniques, honest critiques of noninvasive therapies, review of international patient safety studies and surgical pearls from our specialty's experts in a small personal setting makes this one of the best meetings of the year."

– Pat Pazmino, MD

"The whole symposium was an honest and informal exchange between experts. A great deal of "pearls" were revealed during the discussion. For an old dog still trying to learn new tricks the course was priceless!"

– Miguel A. Yanez, MD

THURSDAY, OCTOBER 18

4:00PM – 8:30PM
Registration Open
Peacock Foyer

5:00PM – 6:00PM
Meet & Greet Reception
Peacock Foyer

6:00PM – 6:15PM
Welcome and Introduction
William P. Adams, Jr., MD

6:15PM – 8:30PM
**THE SURGERY LOUNGE
DISCUSSIONS**

1. Implant Gel Cohesivity
Is There a Difference? How
Do I Sort Them All Out?
William P. Adams, Jr., MD
2. Mastopexy—Do You Need STS?
Caroline Glicksman, MD
3. VTE Prophylaxis in Aplasty
What's the Standard?
Jeffrey Kenkel, MD
4. Textured Implant—Do I Use
Them and Why or Why Not?
Julie Khanna, MD
5. BBL—Where Did It Go
Wrong? Should I Offer This
Procedure?
Daniel Del Vecchio, MD

FRIDAY, OCTOBER 19

7:00AM – 6:30PM
Registration Open

7:00AM – 8:00AM
Breakfast with the Exhibitors

8:00AM – 9:20AM
**FAT GRAFTING IN AESTHETIC
BREAST SURGERY—WHY,
WHEN AND HOW**

Experienced Insight:
Daniel Del Vecchio, MD
Analyst: Julie Khanna, MD
Pundit: William P. Adams, Jr., MD
Audience Moderator:
Jamil Ahmad, MD
Panelists: Barbara Hayden, MD and
Jeffrey Kenkel, MD

9:20AM – 10:50AM
**BACK TO THE FUTURE—BREAST
POCKET IRRIGATION—WHATS
NEW, WHATS CHANGED AND
WHAT DO I NEED TO KNOW?**

Experienced Insight:
William P. Adams, Jr., MD
Analyst: Caroline Glicksman, MD
Pundit: David Sieber, MD
Audience Moderators:
Daniel Del Vecchio, MD and
Jeffrey Kenkel, MD
Panelists: Jamil Ahmad, MD,
Craig Creasman, MD and
Heather Furnas, MD

10:50AM – 11:20AM
Break with the Exhibitors

11:20AM – 12:30PM
**IMPLANT MALPOSITION—HOW
IN THE WORLD DO I FIX THIS?**

Experienced Insight:
Kiya Movassaghi, MD
Analyst: Jeffrey Kenkel, MD
Pundit: Julie Khanna, MD
Audience Moderator:
Daniel Del Vecchio, MD
Panelists: Craig Creasman, MD, and
Barbara Hayden, MD

12:30PM – 1:15PM
BIA-ALCL UPDATE
Controversies and US Update:

William P. Adams, Jr., MD
Canadian Update: Julie Khanna, MD
Analyst: Caroline Glicksman, MD
Audience Moderator:
Craig Creasman, MD
Panelists: Jamil Ahmad, MD, Daniel Del
Vecchio, MD, and Heather Furnas, MD

1:15PM – 2:15PM
Lunch with the Exhibitors

2:15PM – 2:45PM
**RAPID FIRE SESSION:
SOFT TISSUE SUPPORT IN BREAST
REDUCTION AND MASTOPEXY**

Rapid Fire Insight:
Caroline Glicksman, MD
Rapid Fire Analyst: Jeffrey Kenkel, MD
Rapid Fire Pundit: Kiya Movassaghi, MD
Audience Moderator:
Jamil Ahmad, MD

2:45PM – 4:15PM
**AESTHETIC BREAST
RECONSTRUCTION—PEARLS
FOR SUCCESS**

Experienced Insight:
Barbara Hayden, MD
Analyst: Jeffrey Kenkel, MD
Pundit: Caroline Glicksman, MD
Audience Moderator:
David Sieber, MD
Panelists: Jamil Ahmad, MD,
Julie Khanna, MD and
Kiya Movassaghi, MD

4:15PM – 4:45PM
Break in the Exhibits

4:45PM – 5:40PM
QUICK HIT HAPPY HOUR

1. The New Infra-Mammary Fold
Incision—How Do You Plan It?
Quick Hit Presenters:
William P. Adams, Jr., MD,
Caroline Glicksman, MD
and Jeffrey Kenkel, MD
Analyst: Craig Creasman, MD
2. Round Vs. Anatomic—Does It
Matter?
Quick Hit Presenters:
Jamil Ahmad, MD,
Barbara Hayden, MD and
Julie Khanna, MD
Analyst: Kiya Movassaghi, MD

5:40PM – 6:30PM
EXPERT FORUM

1. My Top 5 Technical Tips in
5 Minutes
 - a. Breast Augmentation
Caroline Glicksman, MD
 - b. Augmentation Mastopexy
Craig Creasman, MD
2. My Worst Complication and
How I Fixed It
 - a. Breast
Julie Khanna, MD
 - b. Body
Daniel Del Vecchio, MD
 - c. Buttock
Lazaro Cardenas-Camarena, MD

PROGRAM continued

SATURDAY, OCTOBER 20

7:00AM – 4:00PM
Registration Open

7:00AM – 8:00AM
Breakfast with the Exhibitors

8:00AM – 9:10AM HIGH DEFINITION LIPOSUCTION

Experienced Insight:
Daniel Del Vecchio, MD
Analyst: Jamil Ahmad, MD
Pundit: Jeffrey Kenkel, MD
Audience Moderator:
Heather Furnas, MD
Panelists: Paco Canales, MD,
Jeffrey Kenkel, MD and
Kiya Movassaghi, MD

9:10AM – 10:30AM FEMALE GENITAL REJUVENATION WHERE HAVE WE BEEN AND WHERE ARE WE GOING?

Experienced Insight:
Heather Furnas, MD
Analyst: Paco Canales, MD
Pundit: Julie Khanna, MD
Audience Moderators:
Craig Creasman, MD, and
Daniel Del Vecchio, MD

Panelists: Jamil Ahmad, MD,
Caroline Glicksman, MD and
Barbara Hayden, MD

10:30AM – 11:00AM
Break with the Exhibitors

11:00AM – 11:15AM ASAPS UPDATE

11:15AM – 12:00PM
**QUICK HITS: PEARLS OF
UMBILICOPLASTY**
Experienced Insight:
Jeffrey Kenkel, MD
Analyst: William P. Adams, Jr., MD
Pundit: Daniel Del Vecchio, MD
Audience Moderators:
Jamil Ahmad, MD and Julie Khanna, MD
Panelists:
Paco Canales, MD and
Kiya Movassaghi, MD

12:00PM – 1:00PM 3D IMAGING—HOW DOES IT FIT INTO THE PRACTICE?

Experienced Insight:
Craig Creasman, MD
Analyst: Kiya Movassaghi, MD
Pundit: Heather Furnas, MD
Audience Moderator: Julie Khanna, MD
Panelists: Paco Canales, MD,
Caroline Glickman, MD, and
Barbara Hayden, MD

1:00PM – 2:00PM
Lunch with the Exhibitors

2:00PM – 3:35PM **BBL: HOW I DO IT AND WHY? INSTRUMENTATION AND TECHNIQUE FROM TUMESCENCE TO GRAFTING— RATIONALE FOR THE CHOSEN METHOD**

Experienced Insight:
Daniel Del Vecchio, MD
Analyst: Julie Khanna, MD
Pundit: Jeffrey Kenkel, MD
Audience Moderator:
Caroline Glicksman, MD
Panelists: Jamil Ahmad, MD,
Paco Canales, MD,
Lazaro Cardenas-Camarena, MD and
Barbara Hayden, MD

3:35PM – 3:50PM **SPECIAL PRESENTATION BUTTOCK AUGMENTATION— HOW TO KEEP IT SAFE**

Lazaro Cardenas-Camarena, MD

3:50PM – 4:30PM **THE KITCHEN SINK—“RAP IT UP”** Attendee Case Discussions and Q&A – All Faculty

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

HOTEL INFORMATION

Meeting functions will be held at:

INTERCONTINENTAL MARK HOPKINS —A San Francisco Hotel

999 California Street, San Francisco, CA 94108 • Phone 415 392 3434

**With a local legacy and grand
architectural character that make
it one of the most celebrated
luxury hotels in San Francisco.**



CLIMATE/ATTIRE

The average October temperatures for the San Francisco area are in the mid 60s during the day and mid 40s in the evening. Business casual attire is appropriate for the meeting.

TRANSPORTATION

The InterContinental Mark Hopkins is located approximately 10 miles from San Francisco International Airport.

Room rates are \$299 +Tax

Hotel reservation cut-off date:
September 27, 2018
(or until the block is sold out)

Taxis: Fare from the airport is approximately \$35–\$40.

Shuttle: Varieties of shuttle/limousine and Uber services are available from the airport.

Hotel Parking: Valet parking is \$62 plus tax, daily/overnight rate.

*“If Aesthetics is your passion, and you desire to learn from the very best inspiring
“pioneers” of our time...this is The Meeting NOT to miss!”*
– Suzanne M. Quardt, MD

ASAPS Experienced Insights in Breast and Body Contouring

October 18–20, 2018 • Sponsored by: ASAPS

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 Last Name: _____
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 Street Address: _____
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 Phone: _____ Fax: _____
 Email: _____
 (Used to communicate Symposium updates)

- Check here if, under the American Disabilities Act, you require specific aids or devices to fully participate in this symposium
 Audio Visual

Symposium Registration

	On or Before Sept 19, 2018	On or After Sept 19, 2018	Subtotal
18.25 AMA PRA Category 1 Credits™*			
ASAPS Active Member	\$1,450	\$1,650	\$ _____
ASAPS Candidate for Membership	\$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>	\$700	\$800	\$ _____
Allied Health Personnel <i>(Must provide letter verifying employment by an ABPS-certified plastic surgeon)</i>	\$1,000	\$1,200	\$ _____
		Total Enclosed:	\$ _____

By registering for this event: You will be receiving additional communications about this event. Non-EU/UK registrants will also be receiving information about future events and/or products and services.
For EU/UK registrants: Pursuant to the GDPR, do you wish to receive information about future events and/or products and services? Yes No

Payment

Check Payable to ASAPS (US Funds ONLY) is enclosed MasterCard Visa American Express

Account Number: _____
 Expiration Date: _____ Security Code: _____ Billing Address Zip Code: _____
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Send Payment to:

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 Refunds not considered unless a written request is emailed to Victoria@surgery.org by September 19, 2018, or mailed to the ASAPS Central Office and postmarked by September 19, 2018. Refunds made on or before 10/10/18 will be subject to a 15% administrative fee.
 No refunds after 10/10/18.
 *Program and hours subject to change.

Ask Us About Membership



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~ Susan Lovelle, MD
ASAPS member since 2006

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at 562.799.2356

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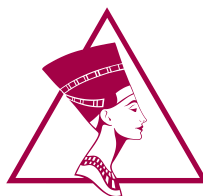
4th Annual Residents' Symposium

Chair: Gary Tuma, MD
Co-Chair: Nolan Karp, MD

WE ARE
AESTHETICS.

December 7–9, 2018
SHIELD Center, New York City

www.surgery.org/residents2018



American Society for Aesthetic Plastic Surgery
11262 Monarch Street, Garden Grove, CA 92841-1441 • 800.364.2147 • 562.799.2356

PROGRAM

FRIDAY, DECEMBER 7

12:30pm – 4:30pm

Galderma Resident Education: A Hands-on Learning Experience— A Corporate Satellite Symposium

Faculty: Dr. Dave Sieber, Dr. Chris Surek

Nestle SHIELD Center

Lunch will be served at 11:30am.

Must register separately for this event at the link below.

www.cvent.com/d/sgqchg

**This event is not sponsored or endorsed by ASAPS/ASERF*

4:00pm

Residents' Symposium Registration Opens

5:00pm – 5:10pm

The Business of Launching Your Practice
Welcome

Gary Tuma, MD

5:10pm – 5:20pm

ASAPS Update

5:20pm – 5:50pm

MED Talk—Personal Experience

Mark Codner, MD

5:50pm – 7:00pm

Networking Reception

SATURDAY, DECEMBER 8

7:00am – 8:00am

Registration and Breakfast

8:00am – 8:05am

Opening Remarks

Gary Tuma, MD

Contracts and Employment

Moderator: Mark Codner, MD

8:05am – 8:20am

Do's and Don'ts of Launching Your Practice

Mark Codner, MD

8:20am – 8:35am

The Contract and Interview: Mastering the
Meet and Greet

Gary Tuma, MD

8:35am – 8:50am

Contract: What You Need to Know:

5 Key Details

Bradford Adatto, Esq.

8:50am – 9:05am

Employment and Leasing Contracts:

Devil in the Details

Robert Aicher, Esq.

9:05am – 9:20am

Discussion

9:20am – 9:50am

MED Talk—Personal Experience

Salvatore Pacella, MD, MBA

Finance and Accounting

Moderator: Nolan Karp, MD

9:50am – 10:05am

Top Ten Financial Planning Mistakes Plastic
Surgeons Make and How to Avoid Them

Lawrence Keller

10:05am – 10:20am

Tax and Retirement Strategies

Lawrence Keller

10:20am – 10:35am

Life Insurance and Disability Insurance—
Your Best Bet

Lawrence Keller

10:35am – 10:45am

Discussion

10:45am – 11:00am

Networking Break

Marketing I

Moderator: Salvatore Pacella, MD, MBA

11:00am – 11:20am

Google's Back Door—4 Shortcuts to
Google's First Page

Ryan Miller

11:20am – 11:40am

The Patient Experience—Managing and
Fulfilling Expectations

Ashley Gordon, MD

11:40am – 12:00pm

Online Marketing Tips for the Start-Up
Surgeon

Ryan Miller

12:00pm – 12:15pm

Discussion

12:15pm – 12:45pm

Lunch

12:45pm – 1:30pm

Panel: Pearls and Pitfalls of Practice

Gary Tuma, MD; Nolan Karp, MD; Salvatore Pacella, MD,
MBA; Ashley Gordon, MD; Trent Douglas, MD;
David Sieber, MD

Finance and Accounting II

Moderator: Trent Douglas, MD

1:30pm – 1:55pm

Office Accounting and Reporting

Ashley Gordon, MD

1:55pm – 2:20pm

Dr. Thrifty V. Dr. Spendalot

Salvatore Pacella, MD, MBA

2:20pm – 2:35pm

Discussion

Legal and Regulatory

Moderator: Ashley Gordon, MD

2:35pm – 2:50pm

Introduction to Ethics

Robert Aicher, Esq.

2:50pm – 3:05pm

Setting up a Corporation

Bradford Adatto, Esq.

3:05pm – 3:20pm

HIPAA—When It Applies, When It Doesn't

Robert Aicher, Esq.

3:20pm – 3:35pm

Corporate Compliance in Medicine—
What Does it Mean?

Bradford Adatto, Esq.

3:35pm – 3:45pm

Discussion

3:45pm – 4:00pm

Networking Break

Human Resources

Moderator: Nolan Karp, MD

4:00pm – 4:15pm

SMART Goals

Ashley Gordon, MD

4:15pm – 4:30pm

How to Handle Disgruntled, Disruptive
Employees

Bradford Adatto, Esq.

4:30pm – 4:45pm

Best Hiring Practices

Karen Zupko

4:45pm – 5:00pm

Discussion

5:00pm – 6:00pm

Happy Hour Reception

SUNDAY, DECEMBER 9

7:00am – 8:00am

Breakfast

Billing and Compensation

Moderator: Gary Tuma, MD

8:00am – 8:15am

Working with Health Insurance:

The Ins and Outs

Nolan Karp, MD

8:15am – 8:45am

Top Ten Reimbursement Strategies
for Plastic Surgeons

Karen Zupko

8:45am – 9:05am

Plastic Surgeons and RVUs; Understanding
Compensation

Salvatore Pacella, MD, MBA

9:05am – 9:20am

Discussion

9:20am – 9:50am

MED Talk—Personal Experience

Gary Tuma, MD

Marketing II

Moderator: Salvatore Pacella, MD, MBA

9:50am – 10:10am

Building Your Aesthetic Practice

Karen Zupko

10:10am – 10:30am

Don't Spend Recklessly! Your Online
Marketing Investment Strategy

Ryan Miller

10:30am – 10:40am

Discussion

10:40am – 10:55am

Networking Break

Starting Your Own Practice

Moderator: Ashley Gordon, MD

10:55am – 11:10am

How to Make It Happen: Things You Don't Know

Trent Douglas, MD

11:10am – 11:25am

Writing a Business Plan and Securing a Business Loan

David Sieber, MD

11:25am – 11:40am

Securing Space, Employee Handbooks and Social Media

Trent Douglas, MD

11:40am – 11:55am

Where Do I Start Looking for a Job?

David Sieber, MD

11:55am – 12:10pm

Discussion

12:10pm – 1:10pm

Lunch

Program and Faculty Subject to Change

Institutional Group Practice

Moderator: Trent Douglas, MD

1:10pm – 1:25pm

Institutional Employment

Nolan Karp, MD

1:25pm – 1:40pm

Understanding the MGMA

Gary Tuma, MD

1:40pm – 3:15pm

Mentor Discussion Groups

Moderators: Gary Tuma, MD and Nolan Karp, MD

How to Get Sued: Learn from the ASAPS Legal Counsel about real life experiences and how you can avoid these costly mistakes.

Facilitator: Robert Aicher, Esq.

Financial Statements: Continue the conversation regarding essentials for your practice finances and reporting.

Facilitator: Ashley Gordon, MD

Asset Building and Protection: Discuss disability insurance, convertible term insurance, whole life insurance, home in spouse's name, concept of self-insurance, retirement plan, business write offs, and charitable contributions.

Facilitator: Lawrence Keller

Marketing—Internal and External: Discuss social media, patient attraction, competition, strategies, specials, reputation protection, and direct to consumer marketing.

Facilitator: Ryan Miller

Practice Launch Logistics: Discuss solo vs. group vs. multispecialty group vs. hospital employee: in network, referral sources, debt acquisition, salary guarantee and partners.

Facilitators: Trent Douglas, MD and David Sieber, MD

Contracts and Employment: Discuss the legal pitfalls of contracts and human resources.

Facilitator: Bradford Adatto, Esq.

Closing the Deal—Did You Drop Something?: Discuss the importance of patient leads, improving your patient coordinator's closure rate and giving the right impression.

Facilitator: Karen Zupko

What Industry Can Do for You: Explore industry insight into patient programs, training on product use, keeping you up to date on the real facts, what are your colleagues using and why.

Facilitator: Industry Representative

3:15pm

Adjourn

FACULTY

Chairman: Gary Tuma, MD—Plastic Surgeon; Pennington, NJ

Co-Chair: Nolan Karp, MD—Plastic Surgeon; New York, NY

Bradford Adatto, Esq.—Healthcare Lawyer; Dallas, TX

Robert Aicher, Esq.—ASAPS Legal Counsel; Pasadena, CA

Mark Codner, MD—Plastic Surgeon; Atlanta, GA

Trent Douglas, MD—Plastic Surgeon; San Diego, CA

Ashley Gordon, MD—Plastic Surgeon; Austin, TX

Lawrence Keller—Insurance Agent and Certified Financial Planner; Woodbury, NY

Ryan Miller—Online Marketing Specialist; San Luis Obispo, CA

Salvatore Pacella, MD, MBA—Plastic Surgeon; San Diego, CA

David Sieber, MD—Plastic Surgeon; San Francisco, CA

Karen Zupko—Practice Management and Reimbursement Solutions Advisor; Chicago, IL



Free for Residents & Fellows

The Business of Launching Your Practice



CLIMATE/ATTIRE

The average December temperatures for the area are 44°F for the high and 32°F for the low. Business casual attire is appropriate for the meeting.

TRAVEL/HOTEL

The following hotels are a short walk, Uber or Lyft ride to the SHIELD Center.

Park South Hotel
(0.5 miles from SHIELD Center)
124 E. 28th St, New York, NY 10016

Courtyard Soho
(2.8 miles from SHIELD Center)
181 Varick St, New York, NY 10014

Hyatt Union Square
(1.3 miles from SHIELD Center)
134 4th Ave, New York, NY 10003

The Marcel at Gramercy
(0.7 miles from SHIELD Center)
201 E. 24th St, New York, NY 10010

ASAPS has no negotiated rates for these hotels. For more information on the hotels listed, please visit the Meeting website at www.surgery.org/residents2018.

The Aesthetic Society, along with industry support from Allergan, Galderma and Merz allows us to offer complimentary meeting registration. Travel and hotel are not included.

SPECIAL ASSISTANCE

If, due to a disability, you require any special assistance while in attendance at this meeting, please contact Kathleen McClemmy at 562.799.2356 or email kathleen@surgery.org.

Who?

Plastic Surgery Residents & Fellows in approved programs in the US and Canada

What?

“The Business of Launching Your Practice—The ASAPS Gift of Expert Advice”

Where?

The SHIELD Center—430 E. 29th St. New York, NY 10016

When?

December 7–9, 2018
Program begins Friday evening at 5:00pm and ends Sunday at 3:15pm

From?

The American Society for Aesthetic Plastic Surgery

Free of charge to qualifying attendees, this exciting weekend chaired by Gary Tuma, MD and Nolan Karp, MD addresses the common business concerns of residents and fellows: “What comes next after graduation?”

REGISTRATION

The Business of Launching Your Practice
The ASAPS Gift of Expert Advice

Residents' Symposium

December 7–9, 2018 • SHIELD Center, New York City, NY

Registration is open to Plastic Surgery Residents & Fellows in approved programs in the United States and Canada. If you are a current Resident or Fellow you must be enrolled in our Residents & Fellows Program. If you have already completed your residency and/or fellowship and are not yet enrolled in our Candidate Program, additional verification may be required to complete your registration. Registration is complimentary, as The Aesthetic Society's gift to you. This includes registration and provided meals. All travel costs are the responsibility of the attendee. There is no CME available for this symposium. Registration Deadline: November 5, 2018 OR until maximum capacity is met. A credit card deposit of \$100 is required to register. You will not be charged unless you cancel after November 5, 2018.

First Name _____ Last Name _____

Street Address _____

City _____ State _____

Zip/Postal Code _____ Country _____

Phone _____ Fax _____

Contact Email _____

For current senior Residents & Fellows:

Residency: Integrated Independent PGY _____

Fellowship: Aesthetic Breast Craniofacial Hand Microsurgery Other

Program Completion Date (MM/YY) _____ Program Name _____

For recent graduates:

Practice type: Private Small Group Large Group Academic Other

Program Completion Date (MM/YY) _____ Program Name _____

Check here if, under the American Disabilities Act, you require specific aids or devices to fully participate in this symposium.

Audio Visual

Liability Waiver—Please read and check box. I agree and acknowledge that I am undertaking participation in the ASAPS Residents' Symposium events and activities as my own free and intentional act and I am fully aware that possible physical injury might occur to me as a result of my participation in these events. I give this acknowledgement freely and knowingly and that I am, as a result, able to participate in ASAPS Residents' Symposium events and I do hereby assume responsibility for my own well being. I also agree not to allow any other individual to participate in my place.

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THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC.

ASAPS LAS VEGAS 2019 FACIAL & RHINOPLASTY SYMPOSIUM

January 31–February 2, 2019
The Cosmopolitan of Las Vegas
Las Vegas, NV

Chair: Louis Bucky, MD
Vice Chair: Charles Thorne, MD

WE ARE
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 - ◆ Exceptional Education
 - ◆ Optional Cadaver Labs

CME Available

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ENGAGING AND INTERACTIVE AESTHETIC EDUCATION IN ONE OF THE WORLD'S MOST DAZZLING CITIES!

Interactive Education on All Aspects of Facial Aesthetics

- Aging Concepts
- Anatomical Landmarks and Deviations
- Aesthetic Evaluation
- Surgical Options
- Fat Grafting
- Fillers—Live Demonstration
- Complications
- Rhinoplasty

Special Sessions Dedicated to Improving Your Skills

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- Rhinoplasty Cadaver Lab
- Facial Cadaver Lab

Connect with the World's Leading Surgeons.
Improve Your Techniques. See Your Practice Thrive.

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 2019 Facial and Rhinoplasty 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
- 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.

12 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.

THURSDAY, JANUARY 31, 2019

6:45AM – 6:00PM
Registration Hours

9:00AM – 5:00PM
Exhibits Hours

7:00AM – 7:30AM
Breakfast in the Foyer

7:30AM – 7:45AM
Welcome
Louis Bucky, MD

**BUILDING YOUR PRACTICE –
HOW TO BEGIN: THE CONSULT**
Moderator – Charles Thorne, MD

7:45AM – 8:00AM
Perception Studies in Facial
Rejuvenation
Francisco Bravo, MD

8:00AM – 8:15AM
The Comprehensive Consult
Louis Bucky, MD

8:15AM – 8:30AM
Consult Pearls: Connecting
with Our Patients
Gerald O’Daniel, MD

8:30AM – 8:45AM
The Rhinoplasty Consult –
Considering Patients’ Desires –
The Millennial Method
Oren Tepper, MD

8:45AM – 9:00AM
Consult Concepts for
Injectable Patients
Jackie Yee, MD

9:00AM – 9:15AM
Invited Commentary & Discussion
Richard Warren, MD

**EYELIDS – SHOULD WE
REMOVE OR REPLACE?**
Moderator – Louis Bucky, MD

9:15AM – 9:30AM
Upper Lids—My “Go To” Procedure
Christopher Godek, MD

9:30AM – 9:45AM
Ptosis—What Should We Do?
Richard Warren, MD

9:45AM – 10:00AM
Non-Incisional Endoscopic Upper
Lid Rejuvenation
Chia Chi Kao, MD

10:00AM – 10:15AM
Invited Commentary & Discussion
Francisco Bravo, MD

10:15AM – 11:00AM
Networking Break in the Exhibits

**LOWER LIDS: SIMPLIFY OR
COMPLICATE?**
Moderator – Charles Thorne, MD

11:00AM – 11:15AM
Nasojugal Groove—What Should
We Do? The Anatomy Dictates
the Treatment
Chris Surek, DO

11:15AM – 11:30AM
Lower Lid Management—
My “Go-To” Algorithm
Richard Warren, MD

11:30AM – 11:45AM
Key Points in Correcting Aging
Lower Eyelids
Francisco Bravo, MD

11:45AM – 12:00PM
Extended Lower Lid
Blepharoplasty, The Rx of
Festoons, Malar Bags and More
Christopher Godek, MD

12:00PM – 12:15PM
Three Secrets to Achieve Excellent
Results From Canthoplasty
Mario Pelle-Ceravolo, MD

12:15PM – 12:30PM
Invited Commentary & Discussion
Gerald O’Daniel, MD

12:30PM – 1:30PM
Lunch in the Exhibits

SPECIAL PRESENTATION

1:30PM – 1:50PM
THIRTY YEARS BUILDING
A FACELIFT PRACTICE
Moderator – Louis Bucky, MD
Presenter – W. Grant Stevens, MD

1:50PM – 2:00PM
Discussion

2:00PM – 3:15PM
INJECTIONS—INTERACTIVE
LIVE DEMONSTRATION
Moderator – Louis Bucky, MD
Injector – Jackie Yee, MD
Commentator – Christopher
Godek, MD

Program and Faculty Subject to Change

FRIDAY, FEBRUARY 1, 2019

3:15PM – 4:00PM

Networking Break
in the Exhibits

BROW LIFTING—OPEN VS ENDO VS MINI VS MAXI—WHAT TO DO?

Moderator – Charles Thorne, MD

4:00PM – 4:15PM

Brow and Temple Anatomy:
Let's Get It Straightened Out
Chris Surek, DO

4:15PM – 4:30PM

Direct Excision
Mario Pelle-Ceravolo, MD

4:30PM – 4:45PM

The Ponytail Lift: Rethinking
the Endoscopic Brow and
Midface Lift
Chia Chi Kao, MD

4:45PM – 5:00PM

Lateral Brow—Great Results
with Limited Incisions
Richard Warren, MD

5:00PM – 5:15PM

Gliding Brow Lift: A New Minimal
Incision Subcutaneous Brow Lift
Gerald O'Daniel, MD

5:15PM – 5:30PM

Invited Commentary & Discussion
Dino Elyassnia, MD

6:30AM – 5:30PM

Registration Hours

9:00AM – 5:00PM

Exhibits Hours

6:45AM – 7:15AM

Breakfast in the Foyer

ANCILLARY TECHNIQUES—DO THEY WORK?

Moderator – Louis Bucky, MD

7:15AM – 7:30AM

The XACT Device—A Surgeon's
Thread Lift that Actually Works!
Christopher Godek, MD

7:30AM – 7:45AM

Philtrum Accentuating Upper
Lip Lift
Francisco Bravo, MD

7:45AM – 8:00AM

Chin Implants: Icing on the Cake
Jay Calvert, MD

8:00AM – 8:15AM

Fat Grafting to the Face With
and Without Surgery
Ashkan Ghavami, MD

8:15AM – 8:30AM

Surgical Management of the
Overfilled Face
Chia Chi Kao, MD

8:30AM – 8:40AM

Invited Commentary & Discussion
Charles Thorne, MD

RHINOPLASTY—PREOPERATIVE ANALYSIS & SURGICAL PEARLS FOR EXPOSURE

Moderator – Jay Calvert, MD

8:40AM – 8:52AM

3D Facial Analysis and Planning
Derek Steinbacher, MD

8:52AM – 9:04AM

Opening the Nose in Five Minutes
or Less
Oren Tepper, MD

9:04AM – 9:16AM

Surgical Pearls for Exposure in
Closed Rhinoplasty
Geoffrey Keyes, MD

9:16AM – 9:28AM

Columellar Strut vs Septal
Extension Grafts
Jason Roostaeian, MD

9:28AM – 9:45AM

Invited Commentary & Discussion
Charles Thorne, MD

9:45AM – 10:30AM

Networking Break
in the Exhibits

SHAPING THE NOSE—MIDDLE VAULT, TIP AND THE ALAR BASE

Moderator – Oren Tepper, MD

10:30AM – 11:00AM

Tackling the Tip—Preservation,
Modification or Reconstruction
Jay Calvert, MD

11:00AM – 11:15AM

Achieving Position, Rotation and Projection in Closed Rhinoplasty

Geoffrey Keyes, MD

11:15AM – 11:30AM

Tip and Alar Grafts—SEG vs Columellar Strut, Alar Contour

Jason Roostaeian, MD

11:30AM – 11:45AM

Ethnic Rhinoplasty

Ashkan Ghavami, MD

11:45AM – 12:00PM

Invited Commentary & Discussion

Mario Pelle-Ceravolo, MD

RHINOPLASTY—DORSAL MODIFICATION—CLASSIC APPROACHES VERSUS THE NEW REVOLUTION

Moderator – Oren Tepper, MD

12:00PM – 12:15PM

Dorsal Preservation Rhinoplasty – Should We Push Ourselves to Learn the Pushdown?

Dino Elyassnia, MD

12:15PM – 12:30PM

Dorsal Augmentation Rhinoplasty –Key Steps to Success with Diced Cartilage and Fascia

Jay Calvert, MD

12:30PM – 12:45PM

Peri-nasal Adjunctive Procedures to Enhance Your Rhinoplasty Results

Derek Steinbacher, MD

12:45PM – 1:00PM

Invited Commentary & Discussion

Ashkan Ghavami, MD

1:00PM – 1:45PM

Lunch in the Exhibits

SPECIAL PRESENTATION

1:45PM – 2:20PM

CAREER PERSPECTIVES ON FACIAL REJUVENATION

Moderator – Charles Thorne, MD

Presenter – Richard Warren, MD

2:20PM – 2:30PM

Discussion

ESSENTIALS AND PEARLS FOR BUILDING A PRACTICE

Moderator – Louis Bucky, MD

2:30PM – 2:45PM

Living in a Review World—Managing Your Reputation

W. Grant Stevens, MD

2:45PM – 3:00PM

Optimizing Social Media in Your Practice

Ashkan Ghavami, MD

3:00PM – 3:15PM

Subscription Plans for Building a Non-Surgical Practice

A. Jay Burns, MD

3:15PM – 3:30PM

Invited Commentary & Discussion

Richard Warren, MD

3:30PM – 4:15PM

Networking Break in the Exhibits

NECKS—GO DEEP OR GO HOME

Moderator – Sammy Sinno, MD

4:15PM – 4:30PM

The Male Neck Lift

Dino Elyassnia, MD

4:30PM – 4:45PM

The Tale of Two Neck Lifts: A Comparison of Central vs Lateral Techniques

Gerald O’Daniel, MD

4:45PM – 5:00PM

My Journey to Reliable Neck Lifts

Mario Pelle-Ceravolo, MD

5:00PM – 5:15PM

Dilute Fat for Optimal Neck Rejuvenation

Louis Bucky, MD

5:15PM – 5:30PM

Reduction Neck Lift

Francisco Bravo, MD

5:30PM – 5:45PM

Invited Commentary & Discussion

Charles Thorne, MD

PROGRAM

SATURDAY, FEBRUARY 2, 2019

6:45AM – 12:45PM
Registration Hours

7:15AM – 11:00AM
Exhibits Hours

7:15AM – 7:45AM
Breakfast in the Exhibits

7:45AM – 8:15AM
PANEL: BUILDING AND OPTIMIZING THE PRACTICE NURSE INJECTORS AND SKIN CARE SPECIALISTS—HOW WE USE THEM

Moderator – Louis Bucky, MD
Panelists –
A. Jay Burns, MD
Chia Chi Kao, MD
W. Grant Stevens, MD
Richard Warren, MD

8:15AM – 8:30AM
ASAPS Update
W. Grant Stevens, MD
ASAPS President

SPECIAL PRESENTATION

8:30AM – 9:15AM
LASERS AND SURGERY—WHAT WORKS AND WHAT DOESN'T

Moderator – Louis Bucky, MD
Presenter – A. Jay Burns, MD

9:15AM – 9:30AM
Discussion

9:30AM – 10:15AM
Networking Break
in the Exhibits

FACE—MY “GO-TO” PROCEDURES (FEATURING VIDEO)

Moderator – Charles Thorne, MD

10:15AM – 10:30AM
The 3D Journey of the Facial Nerve: Pearls for the Facelift Surgeon
Chris Surek, DO

10:30AM – 10:50AM
Facelift with CO2 Laser Resurfacing
Christopher Godek, MD

10:50AM – 11:10AM
Facelifts—Completing My Anatomic Journey
Mario Pelle-Ceravolo, MD

11:10AM – 11:30AM
Matching the Optimal Facelift Technique with the Patient's Aesthetic Goals
Gerald O'Daniel, MD

11:30AM – 11:50AM
Combining Facelift and Fat Grafting
Dino Elyassnia, MD

11:50AM – 12:10PM
The Ponytail Facelift: Minimally Invasive Multi-Modality Pan Facial and Neck Rejuvenation
Chia Chi Kao, MD

12:10PM – 12:30PM
The Marionette Facelift
Francisco Bravo, MD

12:30PM – 12:45PM
Invited Commentary & Discussion
Louis Bucky, MD

1:00PM – 5:00PM
Customize Your Experience by Choosing One of These Optional Labs:
• **FACIAL CADAVER LAB**
• **RHINOPLASTY CADAVER LAB (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. Space is limited.

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.

HOTEL INFORMATION

ASAPS LAS VEGAS 2019 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/SASAP9>

The Cosmopolitan is a residential style luxury resort casino and hotel, located on the Las Vegas Strip. Dining includes one of a kind restaurant collections featuring world class chefs. The hotel is part of the Marriott Autograph collection.

TERRACE STUDIO

A resort fee of \$25 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 30 \$229

Thursday, January 31 \$229

Friday, February 1 \$229

CALL CENTER NUMBERS

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

Reservation Code SAPAS9 Cut off date is 12/30/2018

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.

SAVE THE DATES:

EXCITING EDUCATIONAL OPPORTUNITIES FROM THE AESTHETIC SOCIETY!

MAY 16 – 21, 2019

The Aesthetic Meeting 2019

New Orleans Convention Center
New Orleans, LA

APRIL 23 – 28, 2020

The Aesthetic Meeting 2020

Mandalay Bay Hotel & Resort
Las Vegas, NV

APRIL 29 – MAY 3, 2021

The Aesthetic Meeting 2021

Boston Convention Center
Boston, MA



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 JANUARY 31

7:00AM – 7:30AM

Breakfast in the Condessa Foyer

9:00AM – 5:00PM

Exhibits Open

Includes: Coffee Breaks and Luncheon

FRIDAY FEBRUARY 1

6:45AM – 7:15AM

Breakfast in the Condessa Foyer

9:00AM – 5:00PM

Exhibits Open

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

SATURDAY FEBRUARY 2

7:15AM – 7:45AM

Continental Breakfast in the Exhibit Hall

7:15AM – 11:00AM

Exhibits Open

Includes: Coffee Breaks and Luncheon

SUNDAY FEBRUARY 3

Super Bowl Sunday

COMING SOON:

The official interactive mobile app for the ASAPS Las Vegas 2019 Facial & Rhinoplasty Symposium!

REGISTRATION

ASAPS Las Vegas 2019 Facial and Rhinoplasty Symposium

January 31 - February 2, 2019 • Sponsored by: ASAPS

First Name _____

Last Name _____

Badge Name (if different from above) _____

Street Address _____

City _____ State _____

Zip/Postal Code _____ Country _____

Phone _____ Fax _____

Email Address _____

(Used to communicate Symposium updates)

Check here if, under the American Disabilities Act, you require specific aids or devices to fully participate in this symposium. Audio Visual

Symposium Registration

19 AMA PRA Category 1 Credits™*

	On or Before December 3, 2018	On or After December 4, 2018	Subtotal
ASAPS or AAFPRS Active Member	\$1,450	\$1,650	\$ _____
ASAPS Candidate for Membership	\$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 2) 4 AMA PRA Category 1 Credits™	\$850	\$995	\$ _____
Optional Facial Cadaver Lab (1:00pm – 5:00pm, Saturday, February 2) 4 AMA PRA Category 1 Credits™	\$850	\$995	\$ _____

TOTAL ENCLOSED \$ _____

By registering for this event: You will be receiving additional communications about this event. Non-EU/UK registrants will also be receiving information about future events and/or products and services.

For EU/UK registrants: Pursuant to the GDPR, do you wish to receive information about future events and/or products and services? Yes No

PAYMENT

Check Payable to ASAPS (US Funds Only) is enclosed MasterCard Visa American Express

Account Number _____

Expiration Date _____ Security Code _____ Billing Zip Code _____

Card Holder Name _____ Signature _____

SEND PAYMENT TO:

The Aesthetic Society (ASAPS) • 11262 Monarch Street, Garden Grove, CA 92841 USA • Fax: 562.799.1098 • Phone: 562.799.2356
Refunds not considered unless a written request is emailed to Victoria@surgery.org by January 29, 2019, or mailed to the ASAPS Central Office and postmarked by January 29, 2019. Refunds will be subject to a minimum 15% administrative fee.

No refunds issued after January 29, 2019.

*Program and hours subject to change.

Learn from the Finest Minds in Aesthetic Plastic Surgery



Finished with an international residency? Apply to The Aesthetic Society's International Fellowship Program by January 11, 2019. Two winners will receive the opportunity to visit and observe experts in the specialty, including reimbursement for food, housing, and transportation of up to \$10,000 for one year. Apply today!

www.surgery.org/professionals/international/international-fellowship-program-application

Supported By



*Residents from the U.S. and Canada are not eligible for this program.



THE AMERICAN SOCIETY FOR AESTHETIC PLASTIC SURGERY, INC.

Attention Residents And Fellows!

Are You Looking for Funding to Attend The Aesthetic Meeting 2019 in New Orleans, LA?

Download the Application and Apply Today!

www.surgery.org/professionals/residents-and-fellows/aserf-resident-travel-scholarship



ASERF Resident Travel Scholarship to The Aesthetic Meeting 2019 Criteria

SUBMISSION DEADLINE: NOVEMBER 16, 2018

Purpose: ASERF established the Resident Travel Scholarship to benefit residents and fellows by providing financial support for travel expenses associated with attending The Aesthetic Meeting. Currently, this scholarship program has been made possible by a grant from The Allergan Foundation. We will be awarding 25 grants, in the amount of \$2,000 each to the residents and fellows selected.

Uses: Scholarship funds must be used to offset the costs of travel, hotel, and other expenses associated with attending The Aesthetic Meeting 2019.

Qualifying Criteria: ASERF Resident Travel Scholarship applicants must meet the following criteria:

- Must be enrolled and in good standing in an approved plastic surgery training program
- Submit a letter of recommendation from the resident or fellow's program director
- Submit a Curriculum Vitae
- Submit an essay explaining the importance of attending The Aesthetic Meeting 2019
- Agree to attend the entire educational session during the meeting
- Agree to accept the scholarship funding after the annual meeting for which the scholarship was provided (to ensure attendance)
- Agree to write a short article about their most important learning experience during the meeting, which may be used in an issue of *Aesthetic Society News*



Keeping Up with the Specialty: ASAPS Updates Membership Requirements

By W. Grant Stevens, MD

I'm just as pleased as you are that the aesthetic surgery specialty is flourishing, in large part because of such dedicated ASAPS Active Members such as yourselves. We continually push forward, encouraging innovation and improved patient care, safety and satisfaction. However, despite such an ever-changing specialty, oftentimes our societies are slower to make such changes or offer innovations. Happily, The Aesthetic Society is at the forefront of the specialty and is making improvements to our application process, which everyone agrees has been onerous.

To encourage younger, qualified surgeons to apply, we streamlined our application process, removing some of the hurdles that proved daunting to many. Why does The Aesthetic Society need to encourage growth? Quite simply, by encouraging new and younger members, ASAPS can maintain our Society's prestige, relevance, and encourage successful growth and revenue streams that will benefit the specialty as a whole.

Many of our membership requirements harken back to the exclusionary days when the aesthetic procedures in our specialty did not have the respect that they do today. In order to remain vibrant, some of the Society's more stringent requirements had to change.

What is Changing?

Case Requirements. Case requirements clearly demonstrate one's devotion to aesthetics and, as such, are not being eliminated. However, instead of cataloging a

set number of cases, applicants will be asked to list the number of cases performed in each category, which the Application Review Committee will review at their discretion. The requirements to complete a plastic surgery residency program and become certified by the ABPS are more comprehensive than ever before. The RRC now requires a total of 150 major aesthetic cases be performed during residency, a significant increase compared to past requirements. This makes our requirement redundant.

Aesthetic CME Requirement. As all prospective members are required to attend an ASAPS meeting prior to applying, at which meetings they receive CME, the CME requirement itself will be eliminated.

Optional Personal Statement. While the steps above have been streamlined, we are adding one additional new optional step: the inclusion of a Personal Statement. Our primary goal is ensuring that in addition to aesthetic surgical skills, ASAPS acquires new members excited about and dedicated to the specialty. We want enthusiastic surgeons who will take up the cause of patient safety and improved patient care and satisfaction, as new ASAPS Members can help fortify and grow our specialty long into the future.

Revised ASAPS Member Requirements

As always, The Aesthetic Society only seeks the best-of-the-best for its membership. Any applicant for Active and International Active Membership will be required to submit the following:

- **US and Canadian applicants:** Must be Board-certified by the American Board of Plastic Surgery (ABPS) or the Royal College of Physicians and Surgeons of Canada (RCPSC)
- **International applicants:** Must be a member of their country's national plastic surgery society (must be a society acceptable to the ASAPS Board of Directors) or a member of the International Society of Aesthetic Plastic Surgery (ISAPS)—
- Must have attended The Aesthetic Meeting or an ASAPS Symposium exclusively

Continued on Page 39

The Value of Membership

There are so many reasons to become an ASAPS Active Member. Here are just a few benefits of membership:

Superior Aesthetic Education

Subscriptions. Receive complimentary print and online subscriptions to *Aesthetic Surgery Journal (ASJ)*, the #1 journal in all of aesthetic surgery and *Aesthetic Society News (ASN)*.*

RADAR Resource. Access to a complete medical library and private professional network, featuring all issues of ASJ, educational videos, discussion forums, and more.

Meeting Discounts. Take advantage of significant savings on registration for The Aesthetic Meeting and ASAPS' Symposia.

Essential Tools & Services

My CME Record. Track and manage your CME online at asaps.org

Legal Counsel. Receive complimentary one-on-one legal advice from ASAPS legal counsel.

Expand Your Reach. ASAPS offers essential advice on Search Engine Optimization (SEO), public relations, and social media, including assistance with blogging and media interviews. Plus, use ASAPS' annual procedural statistics to promote your practice locally.

Aesthetic Neural Network (ANN). ANN offers real-time data, allowing you to benchmark your practice, with no data entry by your staff.

Surgeons as Consumers (SAC). ASAPS' own version of Yelp!, SAC is a members-only review system of 510K devices, such as light and laser, allowing you to read and write reviews before you make a big product investment. Visit asaps.org.

Promotion to Prospective Patients

ASAPS Logo and Certificate. Distinguish yourself from your competition by using

Continued on Page 39

Candidate/International Candidate Requirement Change

Through a Bylaws change, ASAPS recently removed the meeting attendance requirement to join the Candidate or International Candidate Program. This means that all residents who complete their training and obtain ABPS admissibility (or the equivalent Internationally) now qualify to apply for the Candidate Program, regardless if they have attended an ASAPS meeting or not.

For more information on the Candidate Program, please go to www.surgery.org/professionals/candidate-program

Are You Our Next Member?



WE ARE
AESTHETICS.



THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC.

562.799.2356 www.surgery.org

Keeping Up with the Specialty: ASAPS Updates Membership Requirements

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organized and managed by the Society within the last 4 years

- Complete a questionnaire telling us about their plastic surgery training and history
- Complete a summary of surgical cases from the last 12 months
- Provide Two (2) sponsors that are ASAPS Active or Life Members. One must be within their geographical area, while the other can be located anywhere within the U.S. or Canada
- Provide information on all malpractice cases, if any
- Provide verification of accreditation of any surgical facilities that are used
- Provide a listing of their websites and any social media platforms, including print marketing
- Agree to abide by the Society's Bylaws,

Conflict of Interest Policy, and Code of Ethics

- Optional—Submit a personal statement, telling us about themselves and why they want to be an Active Member of ASAPS

Together, united by knowledge, superior education, and a dedication to patient safety, The Aesthetic Society members will continue to form a solid foundation for the specialty. We appreciate your ongoing support as we ensure the Society remains vital and relevant. For those interested in becoming ASAPS Active Members, there are two applications deadlines annually, January 5 and July 1 (*extended to August 15*). I encourage you to apply today!

W. Grant Stevens, MD, is an aesthetic plastic surgeon practicing in Marina Del Rey, CA, and serves as President for The Aesthetic Society.

The Value of Membership

Continued from Page 37

the ASAPS member logo on your website and marketing materials, and receive a membership certificate to display in your office.

Smart Beauty Guide. Patient referral opportunities are available through a complimentary "select a surgeon" listing, by answering patient questions via "ask a surgeon," and through linking to Smart Beauty Guide (SBG) using our SBG logo on your personal website. Further increase your visibility by purchasing an Enhanced Practice Profile (EPP), allowing patients to more easily find you.

Products. Receive discounts on essential products for your practice, as well as Smart Beauty Guide marketing materials, exclusively for ASAPS members.

Social Media. Receive complimentary twice-monthly digital content for use on your social media accounts and website.

Maximize Your Presence in the Specialty

Networking Opportunities. Enjoy the opportunity serve on committees, and influence change within the aesthetic specialty. ASAPS Active members are also eligible to vote and hold office. Make an impact today!

Interested in learning more about ASAPS Active Membership? Please visit <http://bit.ly/2pfqxNj>

For ASAPS Candidate for Membership, please visit <http://bit.ly/2tQppV1>

For ASAPS Residents Program, please visit <http://bit.ly/2FWqEqB>

**International Members receive online-only subscriptions*



Allergan + LifeCell
Plastic and Regenerative Medicine

Free ASAPS Candidate for Membership Enrollment, Supported by Allergan Plastic & Regenerative Medicine

By Clyde Ishii, MD and Chad Tattini, MD

Hurry and Apply, as Space is Limited!

If you've been thinking about joining our ASAPS Candidate for Membership Program but the enrollment fees have been holding you back, we have some good news! We are proud to announce that The Aesthetic Society is offering complimentary enrollment in the Candidate for Membership Program for 2018, supported by Allergan Plastic & Regenerative Medicine. This program is available to recent graduates practicing in the United States, and will be given on a first come, first served basis.*

If you are interested in joining, don't wait! Complete the Candidate for Membership Application today as space is limited! www.surgery.org/professionals/candidate-program

We hope you'll take advantage of this generous program.

*You are considered a recent graduate if you have completed your plastic surgery training within the last 3 years. Applications must be complete in order to be considered, including the sponsorship form and any accompanying documentation such as your ABPS admissibility letter. The Aesthetic Society cannot guarantee that every applicant will receive complimentary enrollment.

Clyde Ishii, MD, is an aesthetic plastic surgeon practicing in Honolulu, HI, and serves as Past President of The Aesthetic Society. Chad Tattini, MD, is an aesthetic plastic surgeon practicing in Bloomington, IL, and serves as Chair of the Young Aesthetic Plastic Surgeons Committee.



ASAPS Implements a “Call for Nominations” Process

By Michael C. Edwards, MD

I'm pleased to announce that the ASAPS Board of Directors formed a Nominations Task Force, which I chaired, with the purpose being to evaluate and make a recommendation to the Board regarding possible implementation of a “Call for Nominations” process for all open positions on both the ASAPS and ASERF Boards of Directors as well as other “voted” positions (Application Review Committee, Judicial Council, Ethics, and Trustees). Fellow Task Force Members include Melinda Haws, MD; Michael R. Lee, MD; Daniel C. Mills, II, MD; and Marissa Tenenbaum, MD.

Upon considering this charge, this Task Force recommended implementation of the following process to allow for more transparency and to promote a culture of inclusivity to the membership about board service/leadership options and how to get involved to serve both ASAPS and ASERF.

1. Membership awareness of volunteer opportunities:

- a. Solicitation for committee volunteers began at the annual Member Business Meeting and will include year-round promotion in ASN.
- b. The president-elect makes appointments early in the calendar year in preparation for his/her presidential year of service.

2. Call for Nominations:

- a. In September, the membership was invited to be nominated (including self-nomination) for an elected position. The deadline to complete the application is October 3, 2018.
- b. Positions open for the Call for Nominations process include:
 - 1. ASAPS Member-At Large
 - 2. Application Review Committee
 - 3. Judicial Council (prior experience on an ethics committee required)
 - 4. Ethics Committee
 - 5. ASERF Director and Lay Directors
- c. The open positions were communicated to the membership and included a clear explanation of position qualifications, time/travel required, length of term, etc.

- d. Members need to complete a Nomination Form (including self-nominations) by October 3, 2018.
- e. Nominees need to submit the required “Consent to Serve” application and include the following:
 - 1. Contact Information
 - 2. Year became an ASAPS/ASERF Member
 - 3. ASAPS/ASERF Committee/Volunteer service to date
 - 4. Statement about why they want to serve
 - 5. Other leadership experience to include committee service to other organizations
 - 6. Personal CV to include publications and research projects
 - 7. Letter of recommendation from another member

3. Nominee Review Process:

- a. Any incomplete submissions will automatically be removed from consideration and the nominee will be notified.
- b. Complete nominee forms will be reviewed by the Nominating Committee and depending on the volume received, may choose to:
 - 1. Narrow the field of nominees based on the applications.
 - 2. Divide the nominees among the Nominating Committee members to perform phone interviews for those desiring voting board positions. Two members of the committee will participate in each interview and a standard list of questions will be asked.
 - 3. Nominating Committee members will report back to the Committee about their assigned interview results and make recommendations.
 - 4. Nominees for other positions (non-voting board) will be evaluated based on their applications only and at the discretion of the Nominating Committee, may be contacted for additional information and/or an interview.

...this Task Force recommended implementation of the following process to allow for more transparency and to promote a culture of inclusivity to the membership about board service/leadership options and how to get involved to serve both ASAPS and ASERF.

- 5. The Nominating Committee will determine the slate of candidates for all open positions.
- 6. The nominees will be contacted to reconfirm their desire to serve.
- 7. The respective slate of candidates will be presented to the ASAPS and ASERF Boards of Directors for approval.

4. The slate of nominees will be presented to the memberships and voted on during the annual Member Business Meeting.

We believe implementation of this recommendation will improve the transparency of our process, promote a culture of inclusivity, and encourage members to get more involved in both ASAPS and ASERF.

Michael C. Edwards, MD, is an aesthetic plastic surgeon in private practice in Las Vegas, NV, and serves as Chair for the Nominations Task Force. He is also a Past President of The Aesthetic Society.



For the First Time!

ASAPS/ASERF Call for Nominations—Deadline to Respond: October 3, 2018

By Richard J. Warren, MD—Chair, ASAPS/ASERF Nominating Committee

I'm pleased to announce that the 2019 Call for Nominations process is now open for positions on both the ASAPS and ASERF Boards of Directors (Members at Large and Directors) as well as other voted positions (Application Review Committee, Judicial Council, Ethics, and Trustees). Our goal is to promote a culture of inclusivity and we would like to encourage qualified members to apply for board service/leadership opportunities to serve the membership and our specialty.

Interested members can nominate themselves or a colleague (please first confirm your colleague is willing to serve). The completed Call for Nominations Form must be received **no later than October 3, 2018 to be considered.**

Please go to this link to complete the Nomination Form: bit.ly/2NN1Im1

Completed nominee forms will be reviewed by the Nominating Committee and each nominee will be contacted regarding next steps, including the potential to be interviewed via phone by members of the Nominating Committee.

The slate of nominees is subject to approval by the ASAPS and ASERF Boards of Directors with the final vote of the membership during the Member Business meeting at The Aesthetic Meeting 2019 in New Orleans.

The open positions for the 2019 Slate of Nominees are:

ASAPS:

- Board of Directors: Members at Large (Three positions each with a 3-year term)
- Trustee (One position with a 3-year term)
- Application Review Committee
 - One representative from Florida (3-year term)
 - One representative from Southern California (3-year term)
 - One representative from the Northwest (3-year term)
- Ethics Committee
 - One representative from the Far West (3-year term)
 - One representative from the Southeast (3-year term)

- Judicial Council
 - One representative from the West (3-year term) – Must have previous Ethics Committee experience

ASERF:

- Board of Directors
 - Plastic Surgeon Directors (Two positions each with a 2-year term)
 - Lay Directors (Two positions each with a 1-year term)
- Trustee (One position with a 2-year term)

We look forward to your nomination(s) for both ASAPS and ASERF leadership roles as we work toward a bright future for our organizations and our specialty.

Richard J. Warren, MD, is an aesthetic plastic surgeon in Vancouver, B.C., Canada, and serves as Chair of the ASAPS/ASERF Nominating Committee.

Nominate Yourself or a Colleague Today!

The completed Call for Nominations Form must be received no later than **October 3, 2018** to be considered.

Please go to this link to complete the Nomination Consent to Serve Form:
bit.ly/2NN1Im1

Leadership. Volunteerism. Networking.



Connect with
Your Peers
and Strengthen
Our Specialty!

ASAPS offers an array of opportunities to give back and get involved through committee volunteerism. It is in these committees that valuable contributions are made, often originating as suggestions from committee members themselves. And committee work is where those desiring to become leaders of the Society gain experience and make connections.

- Improve the ASAPS Member Experience
- Grow through Professional Development and Training
- Strengthen Your Ties with Other Members of the Aesthetic Society as a Leader



Interested in Joining an ASAPS Committee?
Please email Shelly Faucett at shelly@surgery.org
for more information.



Give Back to the Specialty: Join an Aesthetic Society Committee

By Charles H. Thorne, MD

Members often ask me, what more they can do to give back to the specialty. My response is always the same, “get involved with The Aesthetic Society!” ASAPS offers an array of opportunities to give back and get involved through committee volunteerism. It is in these committees that valuable contributions are made, often originating as suggestions from committee members themselves. And committee work is where those desiring to become leaders of the Society gain experience and make connections.

Why should you join an ASAPS Committee?

- Opportunity to have input and direction for the future of the Aesthetic Society
- Build a foundation for advanced leadership skills
- Professional development and training
- Strengthen your ties with other members of the Aesthetic Society as a leader

What ASAPS expects of you as a Committee member:

- Participate on scheduled conference calls and attend committee meetings
- Complete the tasks/projects for which you volunteer to do for your committee
- Show your support by attending the programs in which your committee is involved

What's in it for me as a member to volunteer my time at ASAPS?

- Utilize your unique talents to advance ASAPS as the premier professional aesthetic plastic surgery society
- The professional distinction of being involved in activities that can position you as a leader in aesthetic surgery.

Committee members are selected each year. Some committee positions have a 3-year term. The final selection of appointed committee members is determined by the President-Elect with the help of each Committee Chair, always attempting to match interests, expertise and special qualifications. Information on the committee responsibilities is available in the Society's Bylaws which are online in the members-only area of www.surgery.org.

For more information, please go to www.surgery.org/join-an-aesthetic-society-committee. It is through your involvement and ideas that ASAPS can ensure we keep our society and our specialty both strong and vital. Thank you!

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

Show Your Patients You Are a Member of ASAPS



THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC.

Do your patients know that you've had more training and experience than other surgeons? Show them you do by hanging an Aesthetic Society Membership Plaque or your Membership Certificate on your waiting room wall. Both can be found at surgery.org/shop!

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.



Meet the Staff

Josh Orozco

Josh Orozco has worked at ASAPS for 4 years now. Serving as Office Tech/Warehouse Manager, Josh handles Society shipping and office maintenance. “I love the family/team atmosphere here at ASAPS,” he says. “Outside of work, I enjoy audio engineering and video editing. Creating is my life force! I enjoy my physical fitness time and also being centered with nature.”



Have You Mistakenly Unsubscribed?

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!

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The Aesthetic Meeting 2018 Education on Demand

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Louis Bucky, MD

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Sheila Nazarian, MD

206 Use of Internal Support Devices to Enhance Outcomes in Breast Surgery
Bruce Van Natta, MD

209 Keeping Your Body Contouring Patients Safe: Twenty Tips to Better Contouring Strategies and Safer Surgeries
Henry Mentz, MD; Chris Patronella, MD; German Newall, MD; Raul Morales, MD; Kristi Hustak, MD; Paul Fortes, MD

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Joseph Hunstad, MD and J. Peter Rubin, MD

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609 Intelligent Choices in Injectables: Complications, Strategies and Combination Therapy
Brian Kinney, MD and Z. Paul Lorenc, MD

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Jonathan Kaplan, MD

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How One Small Gesture Transformed a Surgeon into a Hate-Crime Fighting Humanitarian

By Leigh Hope Fountain

Gary S. Branfman, MD, FACS, a longtime member of The Aesthetic Society, woke up one morning to the news of a fire in his small town of Victoria, Texas. The fire had already engulfed the city's only mosque and he could see the flames from his living room window. Dr. Branfman didn't hesitate. He grabbed his keys and drove over to the home of friend, fellow surgeon, and president of the mosque, Shahid Hashmi, MD and did what he thought was the right thing to do—hand over the keys to Temple B'Nai Israel, at which he is a member and serves on the Board of Directors.

Dr. Branfman hadn't asked permission of his fellow temple Board members to do this. He figured he'd ask forgiveness of them later if necessary. Little did he know that that one small gesture would create a domino effect of lasting positivity and establish an ongoing campaign against racism and discrimination that Dr. Branfman would become an integral part of.

Requests quickly came in from all around the world for Dr. Branfman to speak about racism and prejudice, which he explains, he had to become an overnight expert on.

"All I did was offer our temple to use while their mosque was being rebuilt," Dr. Branfman explained. "To me, it was a very small gesture. I wasn't qualified to be a professional speaker on racism or discrimination—but that is what people wanted, and so I did my homework and became as well-versed on the subject as possible," he continued.

Dr. Branfman served a two-year term on the Board of the Anti-Defamation League and took advantage of the resources they have available to educate himself about racism, discrimination and hate crimes. He also sought out resources from the Southern Poverty Law Center, utilizing their blog Hatewatch, and the websites of the Federal Bureau of Investigation and the U.S. Bureau of Justice Statistics to obtain as much information as possible about how prevalent hate crimes are in the United States alone.

Calls from media continued to pour in for Dr. Branfman. CNN, Al Jazeera, CBS... numerous news programs wanted to interview him to ask about the inspiration behind what he had done and his thoughts on what had happened to the mosque. Dr. Branfman still was surprised that such a small gesture was

having such a large impact—especially as it wasn't the first time that members of the mosque and temple had gotten together. Years prior, they had spent many weekends learning about each other's faiths, along with local churches, which also offered their places of worship to the displaced members of the mosque. They represent the true spirit of community.

While this event took place more than a year ago, Dr. Branfman is still being asked to speak at various events. He was part of a documentary about racism and discrimination funded by Mass Mutual, he has been an honored guest and speaker at a Houston Muslim Annual Banquet and was a keynote speaker on racism for the Royal Canadian Mounted Police's annual symposium.

Just a few weeks ago, a 26-year-old man was found guilty of a hate crime along with federal arson and explosives charges. He was the man responsible for burning down the mosque. This was also not the first time the mosque was the target of such hate. It had been targeted several years prior and was burglarized one week before the fire destroyed it. Dr. Branfman's temple had also been the target of racism and hate, when swastikas, Heil Hitler, and various offensive slogans were painted on its walls a decade ago.



Gary S. Branfman, MD, FACS has established an ongoing campaign against racism and discrimination.

Dr. Branfman hopes that his ongoing efforts to educate others about the detrimental effects of racism and prejudice will help to curtail the number of pointless crimes such as these. As he aptly states, "You cannot cure racism with more racism."



Cooking Lessons

By Robert H. Aicher, Esq.

“Seriously? I have to follow Bob?”

That’s what my fellow contestant in the national Build a Better Burger (BBB) semifinals, a woman named Janée, said after the emcee asked me why my burger should win the competition. I explained to the crowd that it could be made year round and it featured ingredients like olives, figs, and herbs that grow between the 35th and 45th parallels—along the same latitudes where wine grapes are grown. The emcee was wowed. “I like Bob!” he exclaimed. “Bob is TV-ready!”

On August 24, 2018, I competed in the 28th annual BBB competition after my wife, Jill, came up with a recipe she named The Parallel Burger. After she read it to me and I thought it sounded good, she asked if I’d be willing to grill it in competition if it were chosen (such teamwork is permitted). Jill is a food and wine editor, so I don’t know why I didn’t think I’d be called upon to really do it, but that’s what happened. Out of hundreds, maybe thousands, of entries, our submission made it through to the regional finals. One evening an email informed me that the cook-off would take place twelve days later at a tailgate party outside AT&T Park in San Francisco, immediately preceding a Giants and Rangers baseball game. “#*@&,” I grumbled. “I’m free that day.”

I practiced making The Parallel Burger four times at home. Six couples came to three practice sessions on our patio. Wearing an ASAPS apron with the Nefertiti logo, I chopped, stirred, and grilled by a stopwatch, trying each time to shave minutes off my preparation time, because contestants have just one hour to fix six burgers and present them to judges. Two days before leaving for San Francisco, I had it down to fifty-five minutes.

One neighbor lent me her grill pan for cooking the bacon that tops The Parallel Burger. I packed that and a dozen other supplies, including a jar of Williams-Sonoma roasted garlic purée and five empty Talenti gelato containers whose contents I consumed because I wanted the jars, which don’t leak. We bought the rest of my food supplies the morning of the competition. Whole Foods had the right brioche buns. Chives were in short supply, for some reason, but I found what I needed at the fourth supermarket I tried.

It has been seven years since Jill and I left the North Bay Area for the warmer climate of Pasadena. The day of the cook-off, it all came back to me—the bone-chilling San Francisco summers, the fog, the wind off the bay—as I fired up the Weber gas grill and went to work. I wore an apron supplied by BBB, a red nylon



thing with a hole for a beer bottle, even though the contest is sponsored by Sutter Home Winery. Owned by the Trinchero family, several of whose wine brands are high end, Sutter Home first conceived of the contest as a way to induce beer drinkers to try entry-level wines with grilled burgers.

I didn’t win the semifinals. That honor went to a guy from Portland, who will compete in the Build a Better Burger finals next spring in Napa Valley. The winner will take home \$25,000. His burger was as tall as my iPhone Plus and was topped with one thick slice of unripe tomato and another of raw onion. Later, it was strongly hinted to me that my burger had been the tastiest. One judge thought the recipe was difficult. She had not noticed that, of the four contestants, I was the first to finish cooking, and by a full five minutes.

Lessons learned and re-learned: It’s never too late to try something new. No matter who your competitors are, be friendly and helpful, because you never know how it may come back to you. Use high-quality ingredients. Practice. Don’t forget the bacon. Follow the recipe exactly. Have fun!



Continued on Page 47

The Parallel Burger—Wine Pairing: Pinot Noir

INGREDIENTS

Burger

6 Brioche burger buns

Glaze

½ Cup fig preserves

1 ½ Tablespoons verjus

Patties

4 Ounces ground pork removed from the casing of andouille or other fresh, seasoned sausage

2 Pounds 80/20 ground beef (80 percent lean meat and 20 percent fat)

2 Teaspoons garlic purée, roasted

1 Teaspoon salt

12 Slices honey-cured bacon

6 Ounces Taleggio cheese, sliced thinly into 6 equal portions

Olive Spread

¼ Cup mayonnaise

¼ Cup pitted Kalamata olives, finely chopped

2 Teaspoons roasted garlic purée

1 Teaspoon lemon juice

¼ Teaspoon original-flavor tabasco

Soft-Herbs Topping

Zest of 1 medium-size lemon (about 1 tablespoon)

Juice of 1 medium-size lemon (2 1/3 tablespoons)

3 Tablespoons extra virgin olive oil

¾ Cup parsley leaves

¼ Cup basil leaves, finely chopped

¼ Cup chives, finely chopped

¼ Cup arugula, finely chopped

1 Tablespoon vegetable oil, to brush on the grilling rack

3 Paper towels

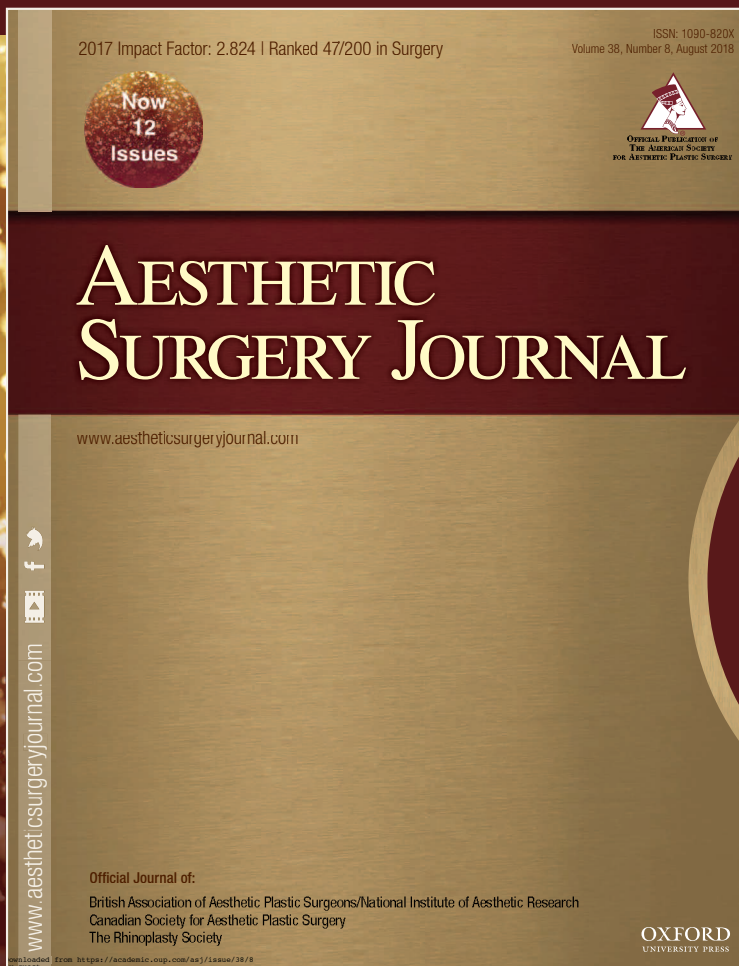
Heavy-duty aluminum foil

INSTRUCTIONS

1. Heat a gas grill to medium-high.
2. Make a glaze by stirring together the fig preserves and verjus in a small bowl.
3. Make the patties by combining the ground pork, ground beef, roasted garlic, salt, and 3 tablespoons of the fig-verjus mixture in a large bowl and working ingredients together only until they are combined.
4. Set aside the rest of the fig-verjus mixture for the time being.
5. Shape the meat mixture into 6 patties—the diameter of each burger should be about the same as that of the bun.
6. To prevent the patties from mounding as they cook, press on the top middle of each one with your thumb, enough to leave an imprint.
7. Heat a large fireproof frying pan on the grill.
8. While it heats, place a double thickness of paper towels on a large plate and set aside.
9. Cook the bacon 10 minutes or until crisp.
10. Drain the bacon on the paper towels, blotting slightly with a third paper towel. Wrap the bacon in aluminum foil and set aside for the time being.
11. Make the olive spread by mixing the mayonnaise, olives, roasted garlic cloves, lemon juice, and tabasco in a small bowl. Cover and refrigerate until ready to use.
12. Make the soft-herbs topping by mixing the lemon zest, lemon juice, olive oil, parsley leaves, basil, chives and arugula in a medium-size bowl. Set aside for the time being.
13. Brush the grill rack with the vegetable oil.
14. Place the patties on the grill rack, cover, and turn once to cook for a total of about 10 minutes—for medium done.
15. Immediately divide the cheese equally on top of the patties, then transfer them to a plate. Tent the plate with aluminum foil, not letting it touch the cheese, and set aside for the brief time before you assemble the burgers.
16. Place the buns, cut-side down, on the outer edges of the grill.
17. Toast lightly for 1 to 2 minutes, watching constantly to avoid letting them burn.
18. Transfer the toasted buns, cut sides up, to a large sheet pan to assemble the burgers.
19. Working as quickly as possible, spread the olive spread equally onto the tops and bottoms of all 6 buns.
20. Place burgers on the bottom halves of the buns.
21. Top each one with an equal amount of the soft-herbs topping and 2 slices of bacon.
22. Drizzle the remaining fig-verjus mixture over the bacon, add the top buns, and serve right away.

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Aesthetic Surgery Journal Update

To read the current issue of the *Aesthetic Surgery Journal*, visit: <https://goo.gl/2wBc1u>

Impact Factor on the Rise

We are thrilled and honored to announce ASJ's increased Impact Factor score of 2.824 ranking it 47/200 in the category Surgery. The Journal continues to be #1 in aesthetic surgery thanks to your contributions as editors, authors, and reviewers.

A Renewed Commitment



We are pleased to share the important news that ASJ has renewed its agreement with Oxford University Press (OUP) for another publishing term, which includes the impending new launch, *ASJ Open Forum*. We are especially grateful to the Publications Committee and the ASAPS Executive Board for their support throughout the process. OUP has been a valuable technical publishing partner in helping to grow ASJ and make its content more discoverable.

ASJ Open Forum

You heard about it in New York City at The Aesthetic Meeting 2018, and plans are now well underway for its launch. Our brand-new Open Access journal, *ASJ Open Forum*, will begin

publishing in early 2019. It will be an online-only journal offering an extension of the ASJ brand and a new publication resource for ASAPS members and global authors. ASAPS members will receive a discounted rate for article processing charges (APC) which authors pay to publish in *ASJ Open Forum*. The website will be ready soon and the new ScholarOne site is now live and we are accepting submissions here: <https://mc.manuscriptcentral.com/asjof>. If you submit to ASJ and the manuscript is not accepted, please consider *ASJ Open Forum* as your next submission choice. For questions, contact: journal@surgery.org.

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Here we've collected more than 50 ASJ OA articles that can be accessed by your colleagues and by your patients for reference. These articles include current articles that authors paid to make OA as well as ASERF-funded research, which through ASERF's generosity are always OA. The topics range from micro-needling to fat grafting/gluteal fat grafting, blepharoplasty, and more, and can be read here: <https://goo.gl/C933sK>. Please share this link and help promote ASJ. If you're interested in learning more about OA, watch our video series here: <https://goo.gl/Jkjo8V>

More Is More, Faster Is Better

To date we've published 9 monthly issues this year and the response to our frequency increase has been very positive. If you've published an article this year, you're likely to have noticed that before it was published in final form, the accepted manuscript appeared

online within approximately one week of acceptance. We believe in the importance of rapid publication and ensuring new techniques and science reach our readership as soon as possible. We hope you will always consider ASJ first for your new submissions.

How Sustainable Are ASJ Articles?

Of the five current Most Read articles shown below, two are 5 and 10 years old, respectively, and they are still "in the news" on the ASJ website, proving that when you publish in ASJ your work continues to be valued, read, and cited many years after it publishes online or in print. Submission growth has been strong year over year and we thank all our authors for their support.



Aesthetic Surgery Journal Wins Two APEX Awards!

Congratulations to *Aesthetic Surgery Journal* (ASJ) for winning two recent APEX Awards, which are an annual competition for publishers, editors, writers, and designers who create print, Web, electronic and social media. ASJ won one award for its Twitter account (overseen by Executive Editor Phaedra Cress and Managing Editor Hunter Alexander), and another for its medical illustrations by Bill Winn.

How Can We Improve?

All that we do is to serve the readership—our ASAPS membership. Your feedback is critical to our continued success. Do you want to shoot 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.

Most Read ASJ Articles as of August 20, 2018

Most Read Ranking	Publication	Year of Title/Author	Link to Article
1.	2014	Complications of Injectable Fillers, Part 2: Vascular Complications	https://goo.gl/rSocmR
2.	1998	Seroma: How to Avoid It and How to Treat It	https://goo.gl/daepCG
3.	2014	Malar Mounds and Festoons: Review of Current Management	https://goo.gl/Cu3ner
4.	2013	Retaining Ligaments of the Face: Review of Anatomy and Clinical Applications	https://goo.gl/WjPBPH
5.	2014	The Effect of "Single" vs "Double" Eyelids on the Perceived Attractiveness of Chinese Women	https://goo.gl/uagUvt



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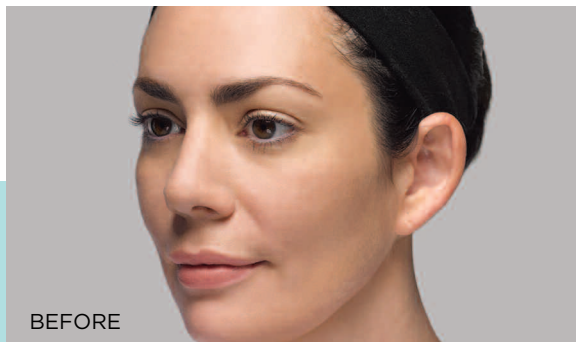
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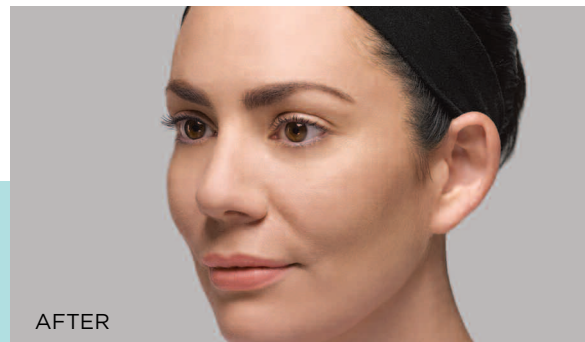
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Restylane Lyft with Lidocaine should not be used by people with severe allergies, particularly to microorganisms known as gram-positive bacteria, or by people with serious allergies to drugs that have previously required in-hospital treatment. This product should not be used by people with bleeding disorders and should not be injected anywhere except just under the skin. Restylane Lyft with Lidocaine should not be used in people with a known allergy to lidocaine.

The most common adverse events after initial treatment include bruising, redness, swelling, pain, headache, tenderness, and itching. Use at the site of skin sores, pimples, rashes, hives, cysts, or infection should be postponed until healing is complete. In these instances, product use could delay healing or make skin problems worse.

This product should not be injected into the blood vessels as it may cause vascular occlusion, infarction, or embolic phenomena.

Restylane Lyft with Lidocaine is available only through a licensed practitioner.

Complete Instructions for Use are available at www.RestylaneUSA.com.



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Media Notes & Quotes

Fast Company:

Can this “Drybar of Botox” disrupt the cosmetic injectables biz?

<https://bit.ly/2tAuYEq>

Excerpt: For example, at no point was I briefed on what could go wrong: If fillers are accidentally injected into a blood vessel, one could not only have a cosmetic deformity, but also risk permanent blindness or a stroke, explains Dr. Grant Stevens, president of the American Society for Aesthetic Plastic Surgery (ASAPS).

“If you look to [unregulated] China and look at the patients, you’d be horrified,” says Stevens.

Bloomberg:

Wanted: Wrinkled Men Not Afraid of Needles for ‘Brotox’ Revival—Allergan steps up effort to promote top-selling drug to men.

<https://bloom.bg/2MbM5DE>

Excerpt: At Marina ManLand in the Los Angeles area, plastic surgeon Grant Stevens is injecting Botox into men as never before. He advertises his sports bar-esque practice with the image of a man on a leather couch, drinking a highball and smoking a cigar. It’s working.

“I’m doing more male surgery than ever before in my entire career,” Stevens said.

ManLand is emblematic of a trend that’s sweeping the medical aesthetics industry as the distributors of drugs such as Botox, Dysport and Xeomin step up their efforts to sell cosmetic drugs to men. None may be more prominent right now than Allergan Plc’s push to market what the media has dubbed “Brotox.” In April, the drugmaker rolled out print, television and social media ads in attempt to lure male customers, running them during baseball games and the Stanley Cup finals.

The Huffington Post:

Brazilian Butt Lifts Are Resulting In An Alarmingly High Mortality Rate

<https://bit.ly/2vKkT8Z>

Excerpt: As with any surgical procedure, there are risks. But BBL patients have an alarming mortality rate: As many as 1 in 3,000 people who undergo the procedure die, or

0.033 percent, compared with 0.002 percent for all office-based cosmetic procedures, according to a 2016 study published in *Aesthetic Surgery Journal*. That has raised red flags in the plastic surgery community. And the cause of these deaths is disturbing: Fat that’s injected too deep can enter your circulatory system, possibly leading to a pulmonary embolism.

Popular Science:

Carbon dioxide injections might seem better than liposuction—but there’s a catch

<https://bit.ly/2MN8bNg>

Excerpt: Carboxytherapy isn’t a short-term commitment. Zdinak recommends 6 to 12 treatments, followed by touch-ups every 6 months. Sachin Shridharani, a New York-based plastic surgeon and member of the American Society for Aesthetic Plastic Surgery, says “it’s a lot of treatment for mild improvement.”

“We’re getting temporary improvement at best in these patients. We also don’t know the long-term effects of putting that much carbon

dioxide constantly in your skin,” says Shridharani. “It has potential, but it’s not something I’d sign my patients up for.”

Allure:

Life in Plastic: A Complete Guide to the “Mommy Makeover”

<https://bit.ly/2mnw1Up>

Excerpt: And 2017 stats from the American Society for Aesthetic Plastic Surgery show that nearly 47 percent of all breast augmentations, 55 percent of labiaplasties, and 20 percent of tummy tucks were had by this subset of patients.

Medically speaking, their age is an advantage: “The younger you are [at the time of surgery], the better your skin quality will [likely] be—and the more elastic your skin, the better your results,” says New York City plastic surgeon Z. Paul Lorenc.

2.824
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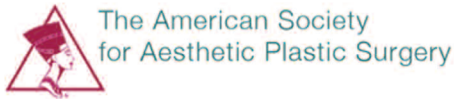
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A new and improved Member Portal for many of our web-based member services is now available at <https://members.surgery.org>.

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We strongly advise you to keep this article and retain it for your future reference.

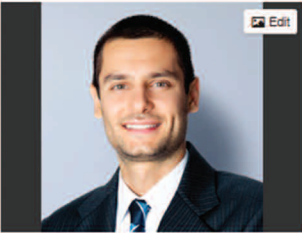


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Update on ASERF

By Julio Garcia, MD

One of the goals I set forth for my Presidency was to continue to expand upon the excellent work the ASERF Board of Directors and Scientific Research Committee have done supporting innovative studies in aesthetic plastic surgery. The results of these studies have contributed to the evolution of our specialty and positively impacted patient outcomes and safety. This endeavor is consistent with ASERF's Mission as we strive to broaden the opportunities available to fund more quality research.

Scientific Research Grant Applications

Since May of this year, we have received numerous Scientific Research Grant applications on a multitude of topics. All applications are reviewed by members of our Scientific Research Committee, who meet quarterly via conference call to determine which studies meet the criteria for ASERF funding. The Committee is comprised of

aesthetic plastic surgeons and PhDs with valuable experience in the field of research. Each application received is discussed at length, and Committee members are expected to take the time to fully understand the goals of the research—going as far as obtaining additional information from applicants when needed. Once this process is complete, all studies approved for funding then go to the ASERF Board for final approval.

Every completed ASERF-funded research study is given the opportunity to be published in *Aesthetic Surgery Journal* and presented during Premier Global Hot Topics and the Research and Innovative Technology Luncheon during The Aesthetic Meeting each year. This enables all ASAPS and ASERF Members to have full access to the results.

I encourage anyone interested in being considered for an ASERF Scientific Research Grant to view the application at



www.aserf.org/research/blog or contact Kerry Moradkhani at kerry@surgery.org for details on applying.

ASERF Annual Fund

ASERF Members should have received their renewal notices for annual Foundation dues. Every year, these dues payments are what drive our ability to support this vital aspect of our specialty. Thank you in advance for continuing to contribute and keeping aesthetic surgery procedures on the cutting edge of safety and effectiveness for our patients!

Dr. Julio Garcia is an aesthetic plastic surgeon practicing in Las Vegas, Nevada, and serves as President of ASERF.

Mollenkopf Aesthetic Breast Reconstruction Fund—Gratitude From Its Newest Recipient!

Earlier this year, ASERF announced that the Mollenkopf Aesthetic Breast Reconstruction Fund, which aids uninsured and underinsured breast cancer patients in completing their aesthetic breast reconstruction journey, would be available to eligible patients of ASAPS and ASERF members nationwide.

Formed in 2016 with the support of Susan and Steve Mollenkopf and the Qualcomm Foundation, the Fund was originally limited to the San Diego, California area before it was expanded with the blessing of Susan Mollenkopf.

This summer, Christina Dickerson, a resident of St. Petersburg, Florida and patient of ASAPS and ASERF member Dr. Robert Rehnke, became the first beneficiary of the Fund in 2018.

"Receiving the phone call that a grant was available to assist with my procedure was truly a godsend," said Christina. "I was in between jobs at the time and had no idea when I would be getting my next paycheck."

The grant allowed for Dr. Rehnke to perform an autologous fat grafting procedure

on Christina using a mesh scaffold—a surgery that was not covered by her medical insurance. "Sadly, our major health insurance carriers in Florida deny coverage for this transformational innovational surgery on the grounds that it is 'experimental,'" said Dr. Rehnke.

The procedure was a success, and Dr. Rehnke does not anticipate any additional surgeries for Christina moving forward.

"Finding out that I had breast cancer was truly a shock," added Christina. "This past year has been such a rollercoaster and I can't express in words the gratitude I feel for Dr. Rehnke. He is truly an artist, and I could not be more pleased with my results. I feel a confidence that I never dreamed was possible after having a full mastectomy. I am truly thankful for this gift I have received from the Mollenkopf Fund."

To date, the generosity of the Mollenkops and Qualcomm has made possible the availability of more than 60 grants—of up to \$5,000 each—to eligible patients like Christina. The grant application, which includes



This summer, Christina Dickerson, a resident of St. Petersburg, Florida and patient of ASAPS and ASERF member Dr. Robert Rehnke, became the first beneficiary of the Fund in 2018.

guidelines and requirements, can be found on the ASERF website at www.aserf.org/Mollenkopf.

Both doctor and patient are thankful to the Fund for what Christina calls "the gift of life."

Dr. Rehnke agreed, "We are extremely grateful to the Mollenkops and ASERF for allowing our patients to 'get back to me.'"



The Aesthetic Society's Industry Partnership Program



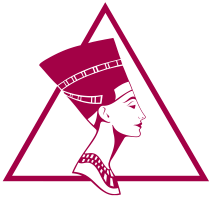
Founding Premier Partner: Sientra



Founding Alliance Partner: Rosemont Media

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
Next Deadline January 5, 2019

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.

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. Sponsorship forms are included within the application.

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.

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 and Rhinoplasty Symposium
- The Biennial Aesthetic Cruise
- ASAPS Breast and 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 information on the full application process, visit the Membership section of surgery.org.

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



By Tracy Pfeifer, MD

Education on Demand is now available on RADAR!

There was so much happening at The Aesthetic Meeting 2018 in New York—debates in the Scientific Sessions, more intimate Teaching Courses, and the city itself—and you couldn't be everywhere at once. If you happened to miss a course or lecture, you're in luck because Education on Demand is now available for purchase on RADAR!

Over 30 sessions and courses were professionally recorded during The Aesthetic Meeting 2018 and are available on RADAR. There's a wide array of content offered, including surgical tips from the experts, practice management solutions, social media advice, and so much more. The best part about having Education on Demand on RADAR is that you can take it anywhere! Access Education on Demand on RADAR on your smartphone, tablet, or laptop to view exceptional video content whenever you want, wherever you want.

Watch. Learn. Advance.
The Aesthetic Meeting 2018 Education on Demand
Learn from the masters through The Aesthetic Meeting's Education on Demand, where you can view exceptional video content when you want, wherever you want.

The Aesthetic Meeting 2018 Education on Demand

In Addition to Selected Scientific Sessions, the Following Courses were Captured:

- | | |
|--|--|
| 104 Effective, Efficient, Patient Friendly Facelift Using SMAS, Fat and Tumescent Technique
Cory Brinkley, MD | 402/502 Arms, Breast, Back, Buttocks and Thigh Following Major Weight Loss
Joseph Harwood, MD and J. Peter Rubin, MD |
| 115 Social Media for Plastic Surgeons by a Plastic Surgeon
Shelba Neozon, MD | 507 Optimizing Outcomes in Breast Augmentation and Augmentatory Mastopexy
William Adams, Jr., MD and David Saeber, MD |
| 206 Use of Internal Support Devices to Enhance Outcomes in Breast Surgery
Brian Van Hecke, MD | 609 Intelligent Choices in Injections: Complications, Strategies and Combination Therapy
Brian Kinney, MD and Z. Paul Loric, MD |
| 209 Keeping Your Body Contouring Patients Safe: Ten Tips to Better Contouring Strategies and Safer Surgeries
Henry Merz, MD, Chris Parnowski, MD, Gertner Noveck, MD, Paul Morales, MD, Kristi Husak, MD, Paul Fortes, MD | 711 How Snapchat and Instagram Stories Transformed my Practice (and Don't Even Have a Ton of Followers)
Jonathan Keston, MD |
| 302 Technical Refinements of the Vertical Mammaplasty: A Modified Latiss Approach
Steve Willich, MD | 713 Cultivating Authority Online: Where Reputation and Rankings Intersect
Ryan Miller |
| 303 Pre-Pectoral Breast Augmentation and Reconstruction
Helen Becker, MD | |

Purchase Today!

Individual Courses—\$99 each
Selected 2018 Scientific Sessions—\$249
Selected 2018 Scientific Sessions and Optional Courses—\$899

*Program Subject to Change

WE ARE AESTHETICS.

www.radarresource.com



For a full list of filmed Educational Courses, please see the Education on Demand ad on Page 44 of this issue of *Aesthetic Society News*.

Have a RADAR-related question or concern? Contact Hunter Alexander at hunter@surgery.org

Tracy Pfeifer, MD, is an aesthetic plastic surgeon in New York, NY, and serves on the ASAPS Board of Directors and as Chair of the RADAR Resource Task Force.




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.

Allergan's success is powered by our global colleagues' commitment to being Bold for Life. Together, we build bridges, power ideas, act fast and drive results for our customers and patients around the world by always doing what is right.



Galatea Surgical offers a Collection of Surgical Scaffolds constructed of monofilament fibers from its proprietary P4HB™ biopolymer, and indicated for soft tissue support to repair, elevate and reinforce deficiencies in plastic and reconstructive surgery. Galatea offers the first and only 3-dimensional scaffold for plastic and reconstructive surgery. GalaSHAPE™ 3D and GalaFORM™ 3D are designed to uplift the body's natural shape, provide easier placement and reduce procedure time. Galatea scaffolds provide excellent strength retention, elasticity, and biocompatibility designed for long-term support. For more information, visit www.galateasurgical.com.



 In May 2018, Galderma announced that the U.S. Food and Drug Administration (FDA) approved the use of the hyaluronic acid (HA) dermal filler Restylane® Lyft for the correction of age-related volume loss in the back of the hands for patients over the age of 21. Restylane Lyft is the first and only FDA-approved, hyaluronic acid injectable gel that helps restore the signs of volume loss in aging hands. It is also the first-ever hyaluronic acid dermal filler to receive FDA approval for an area other than the face.

To learn more about Galderma's portfolio of products, please visit www.galdermausa.com and www.restylaneusa.com.



Bringing advanced wound care expertise to plastic surgery, KCI, an Acclivity Company, the world's largest advanced wound care company, is committed to developing innovative healing solutions for customers and patients across the care continuum that generate proven clinical outcomes while decreasing the overall cost of care. We have built upon our pioneering market leadership in negative pressure wound therapy and revolutionized advanced wound care, providing solutions for both wound healing and surgical management.

We applied our proprietary technology to develop the most comprehensive incision management portfolio with PREVENA™ Therapy, supported by more than 80 clinical papers demonstrating the ability to help surgeons manage surgical incisions.




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



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



 With a 67% increase in hair transplant surgeries from 2014–2016 (ISAPS Global Survey Results), we invite you to participate in one of the fastest growing segments in the aesthetic market. With the purchase of the NeoGraft 2.0, 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. The program will ensure that you are equipped with industry knowledge and valuable resources to help seamlessly integrate NeoGraft into your practice. There is limited space & availability, so please contact marketing@neograft.com for more information.

*Must acknowledge ASAPS ad to receive preceptorship offer. Offer expires 11/15/18.



 Sientra, an innovative leader in the medical aesthetics industry, recently announced full commercialization of breast implants from its U.S. manufacturing facility. The company offers a diversified portfolio to the industry:

- OPUS™, the only brand of silicone gel breast implants and tissue expanders exclusively for board-certified plastic surgeons, manufactured solely in the United States.
 - Sientra Platinum20™ Product Replacement and limited Warranty Program, the most comprehensive protection, longest length of coverage, most financial assistance, and least amount of warranty restrictions in the industry.
 - BIOCORNEUM®, the physician's choice for advance scar treatment, completing the scar healing process through FDA-cleared Silishield™ technology.
 - miraDry®, the only FDA-cleared device to reduce underarm sweat, odor and permanently reduce hair of all colors.
- Learn more about Sientra at sientra.com



Special ASAPS Member Offer

New Industry Partner Products to Check Out!

Founding Premier Partner: Sientra



A Medical Liability
Insurance Company

★ AMS RRG, Inc. an innovative medical malpractice liability company can help you with your insurance needs. In addition to our standard policies our fellowship policy allows you to rotate your fellows on and off your policy in a convenient and cost-effective way.

Do you have a unique practice that needs individualized underwriting? Give us a call and we can find a solution for you too.

ALL ASAPS MEMBERS RECEIVE A 7.5% PREMIUM DISCOUNT!

Christopher Edge—cedge@amsrrg.com or 866-461-1221



Canfield Scientific is the global leader in developing 2D and 3D imaging systems for the medical and skin care industries.

- IntelliStudio®, the fully-automated total body mapping system with 50MP camera, video options and programmable zoom, captures studio-quality non-polarized and cross-polarized 2D and 3D images quickly and easily.
- VECTRA® 3D technology offers powerful assessment and simulation tools for face, body and breast procedures, including the handheld H1 ideal for facial aesthetic procedures, the XT with 360° body stitching, circumferential measurement, and ultra-high resolution color image capture, and ground-breaking WB360 whole body surface imaging system.
- VISIA® delivers a powerful skin care consultation with fast, easy, reproducible photo documentation and surface and subsurface skin conditions analysis.

Learn more at www.canfieldsci.com.



CareCredit is a health, beauty and wellness credit card dedicated to helping millions of patients get the care they want and need for over 30 years by offering special financing options. Now accepted at more than 200,000 healthcare provider and merchant locations nationwide, the CareCredit credit card allows cardholders to make convenient monthly payments for 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. Learn more about CareCredit by visiting carecredit.com/asn or call 855-860-9001.

*Subject to credit approval. Minimum monthly payments required.



★ Celebrating 15 Years! 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 provide a superior product to surgeons and patients. CosmetAssure is easy to implement in your practice.

Exclusive program features include:

- Automatic enrollment for ASAPS Members
- Available in all 50 states
- Tiered Pricing Structure
- Capsular Contracture Coverage
- Online Claims Submission

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 (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.




An emerging biotechnology leader in aesthetic medicine and therapeutic specialties, Revance® is actively pursuing new ways to advance the neuromodulator product category. They are currently developing the first new neuromodulator product in nearly 30 years: DaxibotulinumtoxinA for Injection (RT002).

RT002 unites a highly purified botulinum toxin type A molecule with a patented peptide excipient to produce the first potentially long-acting injectable neuromodulator. This investigational product has already achieved positive results in the treatment of glabellar lines: two pivotal Phase 3 trials of RT002 in this indication met all primary and secondary endpoints. An open-label, long-term safety study is currently underway, with potential approval anticipated in 2020.

Continued on Page 62

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.




 Proud to be the Founding Alliance Partner of ASAPS, Rosemont Media has been in business for over a decade, working with aesthetic practices from all around the world. We are innovative thinkers striving to discover unique, yet effective opportunities to grow your practice through our all-encompassing strategies which include:

- Custom Website Design
- Strategy Takeovers
- Sustainable SEO
- Google Adwords Premier Partner
- Social Media Marketing

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

New Alliance Partner



 SENTÉ® is a privately held aesthetic company leveraging its expertise and foundation in biotechnology to deliver unique, novel and science-based skincare products. The SENTÉ® research and discovery plan focuses on the science of Sulfated Glycosaminoglycans (GAGs), master molecules that control skin health, aging, extracellular matrix formation and integrity as well as wound healing.

SENTÉ products are available through its exclusive network of physicians and medically supervised spas. Key products include: Dermal Repair Cream, Bio Complete Serum, Illumine Eye Cream and NEW Dermal Contour Pressed Serum.


Further information may be found at www.sentelabs.com.



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



 Leverage the science of heat and the beauty of control to bring out the best in your patients and practice with the new ARVATI™ system, powered by Thermi®. With its EPIC Technology, ARVATI offers: emission of continuous radiofrequency waves, powerful RF with an enhanced 50-watt capacity system, intelligent software with electrode recognition, and a control algorithm, offering the speed you want and the control you need for various modalities (ThermiTight®, ThermiRase®, ThermiSmooth® Face, ThermiVa®).

With its advanced temperature-controlled radiofrequency EPIC Technology, ARVATI is a state-of-the-art platform offering more versatility to treat more body areas and grow your practice.

To learn more, visit www.Thermi.com or call 833-ONE-RF4U.

ZO® SKIN HEALTH

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.

To learn more about ZO Skin Health, please visit zoskinhealth.com.

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 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 our strategic partnerships with Premier Partner, Galderma and Alliance Partners Revance and Thermi.

Premier Industry Partner



Galderma, Nestlé Skin Health's medical solutions business, began as an ASAPS Premier partner in 2015. In May the company announced that the U.S. Food and Drug Administration (FDA) approved the hyaluronic acid (HA) dermal filler Restylane® Lyft for the correction of age-related volume loss in the back of the hands for patients over the age of 21. Restylane Lyft is the first and only FDA-approved, hyaluronic acid injectable gel that helps restore the signs of volume loss in aging hands. It is also the first-ever hyaluronic acid dermal filler to receive FDA approval for an area other than the face.

"This new indication demonstrates Nestlé Skin Health's mission to deliver a stream of innovative aesthetic solutions that help bring new patients into the market," said Alisa Lask, General Manager and Vice President, U.S. Aesthetic Business Unit at Nestlé Skin Health. "Restylane Lyft is now the first and only dermal filler with 3 FDA-approved treatment areas – the midface/cheek area, nasolabial folds, and now the back of the hands."

With over 30 million treatments worldwide and counting, the Restylane line of hyaluronic acid fillers provides natural-looking results by smoothing away facial wrinkles and folds (Restylane, Restylane Lyft, Restylane Refyne, Restylane Defyne), providing subtle lip enhancement (Restylane, Restylane Silk), smoothing the lines around the mouth (Restylane Silk), and adding lift and volume to the cheeks (Restylane Lyft), and reversing the signs of volume loss in the backs of hands (Restylane Lyft).

To learn more about Galderma's portfolio of products and our exciting healthcare provider and consumer rewards program, please visit www.galdermausa.com and www.restylaneusa.com.

Alliance Industry Partners



Revance® became an ASAPS Alliance partner in 2017. An emerging biotechnology leader in aesthetic medicine and therapeutic specialties, Revance® is actively pursuing new ways to advance the neuromodulator product category. They are currently developing the first innovative neuromodulator product in nearly 30 years: DaxibotulinumtoxinA for Injection (RT002).

RT002 unites a highly purified botulinum toxin type A molecule with a patented peptide excipient to produce the first potentially long-acting injectable neuromodulator. This investigational product achieved positive results in the treatment of glabellar lines in two pivotal Phase 3 trials of RT002. An open-label, long-term safety study is currently underway, with FDA approval anticipated in 2020.

"Our goal is to be innovative pioneers in neuromodulators. The clinical data from multiple clinical trials supports the potential for RT002 to be a differentiated injectable neuromodulator capable of delivering clinical efficacy for a median of 24 weeks. We see a growing demand from physicians and consumers for a long-acting neuromodulator, and look forward to continuing to work toward bringing to market a premium brand that is distinct from the current commercially available products."

—Dan Browne, Co-Founder, President and CEO

Combining Revance's peptide technology with active drug macromolecules such as daxibotulinumtoxinA may help address currently unfulfilled needs in aesthetic medicine and in several therapeutic indications. Given the number of indication areas in clinical development, the company's daxibotulinumtoxinA compound is often referred to as "A pipeline within a product."

In April 2018, Revance announced development plans to expand the therapeutic pipeline in upper limb spasticity and chronic migraine to add to the ongoing cervical dystonia and plantar fasciitis development programs.

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

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Leverage the science of heat and the beauty of control to bring out the best in your patients and practice with the new ARVATI™ system, powered by Thermi®. With its EPIC Technology, ARVATI offers: emission of continuous radiofrequency waves, powerful RF with an enhanced 50-watt capacity system, intelligent software with electrode recognition, and a control algorithm, offering the speed you want and the control you need for various modalities (ThermiTight®, ThermiRase®, ThermiSmooth® Face, ThermiVa®).

What are physicians saying about ARVATI?

"The ARVATI platform, with advanced instrumentation and faster procedure time, makes it easier to do treatments accurately. I can now do larger areas more effectively."

—Dr. Leonard Miller, Board-Certified Plastic Surgeon, ASAPS member.

"Thermi's new platform, ARVATI, has quickly become my favorite toy in my practice. It is very versatile and allows me to treat many different conditions. It is by far the most used machine in my practice. Worth it!"

—Dr. Stanley Okoro, Board-Certified Plastic Surgeon, ASAPS member.

To learn more, visit www.Thermi.com or call 833-ONE-RF4U.

About Thermi

Thermi, an Almirall company, is a global leader in advanced temperature-controlled radiofrequency technology. Thermi systems offer versatile modalities and safely deliver rapid results through controlled heating using RF to impact positive tissue change and naturally stimulate collagen. Clinicians use Thermi technology to help address common signs of aging and/or weight loss, which may include fine lines, post-baby body, cellulite, loose skin and intimate tissue laxity, and empower people to take control over their skin, body and intimate life.



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

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.



ASAPS.CLOUD POWERED BY RONAN SOLUTIONS

The Aesthetic Society is pleased to announce ASAPS.CLOUD—a new service brought to you by Ronan Solutions, a partnership between Anzu Medical and Iron Medical Systems. Anzu Medical is the creator of RADAR Resource, and Iron Medical Systems is the leading provider of secure private medical clouds. ASAPS.CLOUD is the first HITRUST certified, aesthetic and plastic surgery-specific cloud offering in the world.

For more information, please contact Ronan Solutions at 602.884.8330 or by email at info@ronansolutions.com.



Vizium360™ | RealPatientRatings™ doesn't just manage online reviews; our survey-based system helps your practice excel on all levels. Our doctors have an average of 243+ 5-star reviews, increasing consumer trust and online conversion rates, with an average of 94%+ patient satisfaction. In addition, our ReviewMultiplier™ program boosts content on the most popular 3rd party consumer sites and enhances your online reputation.

Vizium360™ | RealPatientRatings™ offers its reviews and feedback software at a reduced rate for ASAPS members. 800.267.1228, extension 106 • www.vizium.com

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Shaping the Future of Smart Beauty®
www.surgery.org/ems



What to Know When Starting a Private Practice

By Trent Douglas, MD FACS and Katerina Gallus, MD FACS

The Aesthetic Meeting 2018 in New York City brought together a global network of innovators and recognized experts in aesthetic plastic surgery as well as the next generation of residents and students. After having spent the last two years conceptualizing and building our new practice, we were very excited to teach our “Starting a Private Practice from Scratch—Lessons and Pitfalls” instructional course.

In the years leading up to opening our practice, we found that many of the Practice Management courses offered were geared more toward already established practices. Our course was designed to address the nuts and bolts of getting up and running, especially since many of the start-up challenges were fresh in our minds. Over the course of two hours, we discussed the fundamental aspects of creating your own practice and the details that are important to keep in mind as you move forward. Below are the top-five take home points of the course:

- **Have a vision—then make sure that vision matches with reality.** Although your dream may be owning a successful private practice, the amount of time, energy, patience and money required is not to be underestimated. Prepare yourself for more—more time, more energy, more patience and a lot more money to achieve your goal. Consider your support system—do you have a working spouse or are you single and still have outstanding student loans? Are you transitioning from a training environment or are you an established hospital employed surgeon looking for a change? We practiced plastic surgery for 11 of our 20 plus years of Naval service before moving on to open the practice. Although we were financially stable moving into private practice, we each have families and established ways of life that needed to be maintained. This was factored into our plans. We recommend setting goals with a five-year, 10-year and 20-year plan.
- **Get organized.** Don't try to move forward without getting important documents together. Update your CV, gather all your licensing and credentialing documents into one place, and obtain your last 3 years of taxes and 3 months of paystubs. Preferably

scan and upload these critical documents so that they are easily accessible when you respond to the million requests for information from the banks, your accountant, hospital credentialing, and insurance companies. By staying organized from the beginning, the stress of these requests for information will be lessened.

- **Negotiate and always take the meeting.** Shop around—never take the first offer and always get a competing quote. Even if you meet with a vendor you don't use, you will learn another angle to consider when negotiating with your primary choice. We started discussions with five banks for our small business loan. By the time we narrowed the choices to 2 banks, they were competing for our business and improved our final terms. Remember that EVERYTHING is negotiable—maybe the device can't be offered at a lower price (maybe!), but perhaps you can get additional consumables, an extended warranty or additional training days. We recommend reading *The Physician's Comprehensive Guide to Negotiating* by Steven Babitsky. This book reinforces the philosophy that we owe it to ourselves and our family to be our own best advocates. Don't be afraid to ask questions of other physicians. We learned that fellow surgeons were willing to share their experiences if they didn't live in our immediate area. If you are a looking for a reason to join and actively participate in ASAPS—look no further—national level networking can provide invaluable information and relationships.
- **Time vs. Money—the struggle is real.** Take stock of your skill set and know what you can accomplish and what you need to outsource to professional advisors. Ensure that they have medical-specific experience and that you are getting results that represent you—from the interior design of your space to how your web site looks and reads. Make sure you have a clear understanding of your contract in terms of what is included with your professional advisors' fee structure. We can still hear the “click” on the line when we would call the design team... charging us for the time it took to ask a question. You won't be able to manage everything, but by remaining engaged in

If you are a looking for a reason to join and actively participate in ASAPS—look no further—national level networking can provide invaluable information and relationships.

their performance and holding your advisors accountable, you will make certain the results measure up to your standards.

- **Hire slowly and carefully.** When it comes to hiring staff, perform your due diligence. Take the time to verify competencies and check references. Do a background check—both a formal one and a social media review. It is important that your staff represent you and your brand both at work and outside the office. Have an Employee Handbook and a Policies & Procedures Manual ready. Know your state and federal requirements for employment. Consider using an employment or compliance attorney to ensure you are meeting all state and Federal requirements.

You will make some mistakes along the way. Hopefully they are small mistakes—just learn from them and keep moving forward. We guarantee that we have made mistakes along the way we haven't fully realized. (Those will be presented at The Aesthetic Meeting 2019!)

Starting your own private practice is both exciting and terrifying. The result is a career that allows for personal autonomy, flexibility and a culture that you have created. Make plans to attend the Resident's Symposium in New York, December 7-9 to learn more from Dr. Douglas and Dr. Gallus.

Trent Douglas, MD FACS and Katerina Gallus, MD FACS are Navy veterans, board-certified plastic surgeons, and proud business owners in San Diego, CA.



The Aesthetic Society offers an Employee Handbook, Policies & Procedures Manual and Job Descriptions. Learn more at surgery.org/shop.

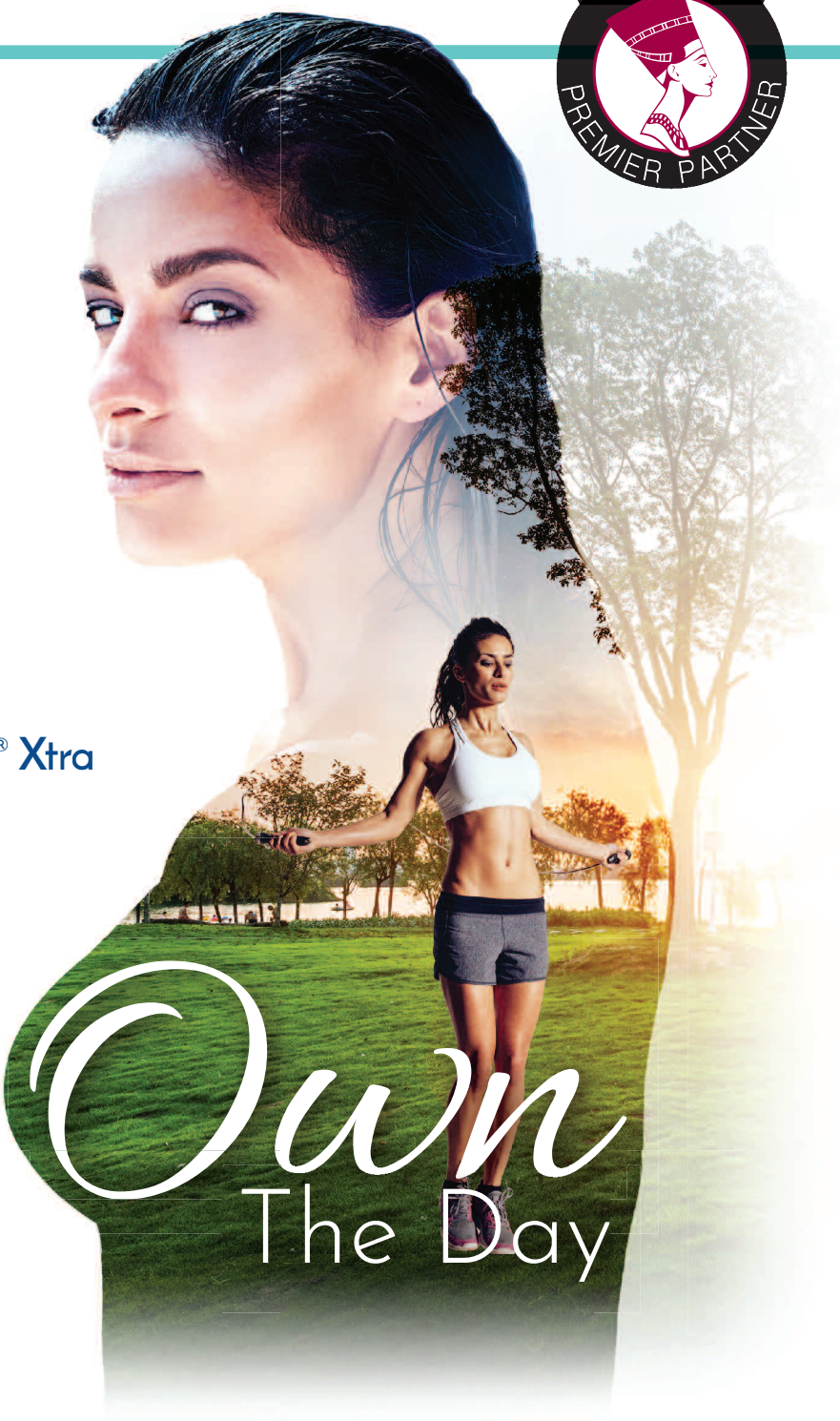


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References: 1. Worth It Ratings Data - November 2017. 2. In-person consumer survey with 452 respondents. Mentor Consumer Preference Market Research Report - July 2017. 3. When compared to MemoryGel® Breast Implants.

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.mentorwllc.com.



Why Your Website Should Have a Mobile-Friendly Design

By Peter Houtz, Vice President of Sales at Plastic Surgery Studios

Because there are over 1.2 billion mobile internet users throughout the world, transitioning to a mobile-friendly website is becoming a necessity for maintaining online visibility. While there are users who also access the web on a desktop browser, 25 percent of mobile traffic comes from individuals who only use mobile devices, and this number continues to grow every year. Google has recently begun to prioritize mobile-first criteria to enhance the experience for the expanding audience that seldom uses a desktop computer to browse the internet. There are several approaches to mobile-first design, including:

- **Subdomain:** Create a subdomain and write the redirect to send mobile users to the mobile version of your website.
- **Accelerated Mobile Pages (AMP):** Render a text-only site that lacks design elements like images.
- **Responsive Website Design (RWD):** Design your website to adapt to different screen sizes. This is the ideal approach.

Responsive Web Design

As mobile traffic increases, the demand for streamlined, mobile-friendly websites rises as well. Responsive web design (RWD) is a website design strategy that allows web pages to convert to various devices, screens, and browsers. Having one responsive site that is user-friendly for mobile, tablet, and desktop is often more cost-effective than building and maintaining two or more versions of your site to fit various devices.

There are two primary approaches to creating responsive websites: progressive enhancement and graceful degradation.

Progressive Enhancement

Progressive enhancement web design focuses on the core content of the website and then adds presentation features as the user's browser allows. While designing a web page for desktop format can result in an eye-catching interactive site, many of the design elements available on a desktop do not scale down well or simply do not function in the mobile form. With progressive enhancement, the focus is on content since that is what the user is searching for. Flashy elements and plug-ins can always be added to the desktop



As mobile traffic increases, the demand for streamlined, mobile-friendly websites rises as well. Responsive web design (RWD) is a website design strategy that allows web pages to convert to various devices, screens, and browsers.

version after a basic and efficient mobile version has been created. Enriching the content in the mobile form first enables the page to appeal to the ever-growing mobile user base and translate better to the desktop as well.

Graceful Degradation

Graceful degradation design creates a website with full functionality for desktop browsers and then reduces certain features as it is adjusted for mobile. The primary problem with graceful degradation is that when the mobile format of a given web page

is an afterthought, it cheapens the overall experience; when the initial focus is not on the mobile layout and design, the finished product may appear to be a watered-down version of the desktop site.

The Advantage of Living in the Mobile-First Index

The most significant advantage to living in the mobile-first index is that your website will consistently deliver content to your audience as quickly as they want it. Google decides what happens to your website and how valuable it is to those browsing the internet, so you should want a modern and accessible site with rich and relevant content. Mobile sites also have a faster loading speed, which is favorable for visitors as well as search engines. Focusing on the mobile format of a website means that the content will be user-focused, which will give users an optimized experience. Creating a mobile-friendly website can help your business appeal to the expanding masses of mobile users worldwide.

Peter Houtz is Vice President of Sales at Plastic Surgery Studios.

PATIENTS IN NEED?



THE AESTHETIC SURGERY EDUCATION
AND RESEARCH FOUNDATION

Mollenkopf Aesthetic Breast Reconstruction Fund Now Available Nationwide!

The Aesthetic Surgery Education and Research Foundation (ASERF) is pleased to announce that the **Mollenkopf Aesthetic Breast Reconstruction Fund**, which aids breast cancer patients in completing their aesthetic breast reconstruction journey, is now available to patients nationwide.

Made possible through generous restricted donations to ASERF by Susan and Steve Mollenkopf and matched by the Qualcomm Foundation:

- **Grants of up to \$5,000:** Assist underinsured or uninsured patients in completing a quality aesthetic breast reconstruction following breast cancer.
- **Ideal Candidates:** Women who have had breast reconstruction with unacceptable results and who are deferring surgery due to financial difficulties.
- **Use of Funds:** Ideally, doctors would donate their surgical skills and the grant money would help cover the patient's operating room fees, anesthesia, deductibles and other related expenses.

For ASERF and ASAPS member surgeons who have patients eligible for a Mollenkopf Fund grant, please view all details and download the grant request form at: www.aserf.org/Mollenkopf

**For additional information on the Fund, please contact Ivan Rodriguez at
(562) 799-2356 or ivan@surgery.org**

PATIENTS IN NEED?



THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC.



THE AESTHETIC SURGERY EDUCATION
AND RESEARCH FOUNDATION



AMERICAN SOCIETY OF
PLASTIC SURGEONS



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The American Society for Aesthetic Plastic Surgery and the American Society of Plastic Surgeons, in conjunction with the Aesthetic Surgery Education and Research Foundation and the Plastic Surgery Foundation, are pleased to offer the BIA-ALCL Patient Assistance Fund for uninsured patients diagnosed with ALCL.

Patient Fund Criteria:

- Health insurance must be either exhausted or unavailable
- No health insurance through any other source
- U.S. Patients Only
- Diagnosed with ALCL following National Comprehensive Cancer Network (NCCN) treatment guidelines

For ASAPS, ASPs, ASERF and PSF member surgeons who have patients diagnosed with ALCL, visit: www.aserf.org/BIA-ALCL, for all criteria and to download a grant request form.

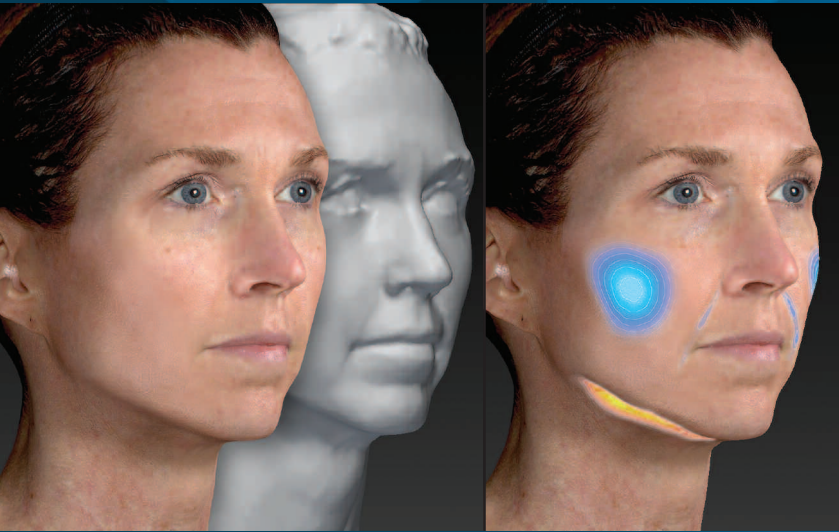
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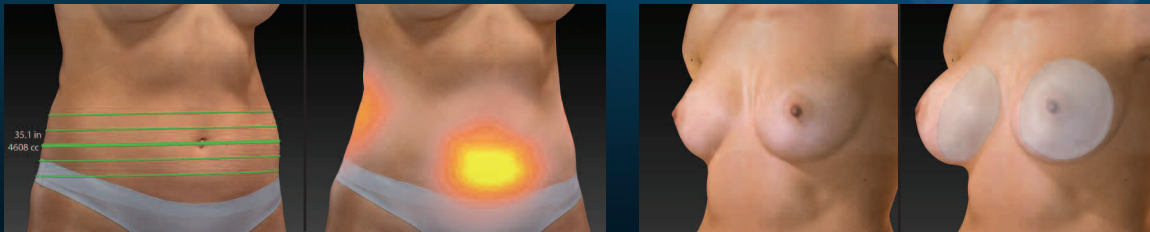
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Capturing Casual Conversations for Cash

By Karen Zupko, President of KarenZupko & Associates, Inc.

Potentially thousands of non-surgical revenue dollars are walking out your door every day.

Consider this: Keely Smith is in for a consultation about a blepharoplasty. At the end of the consult, she says to the surgeon, “Tell me about this CoolSculpting. I picked up the brochure when I was in the waiting room. Do you think it will help with this?” she says as she pinches the skin on her upper arms.

The surgeon, eager to stay on schedule, says, “Sure, ask Caroline at the front desk, she can tell you more.”

Keely meets with the patient care coordinator and receives a surgical quote but mentions nothing about the CoolSculpting because at this point she is focused again on her eyes. Says she must discuss scheduling dates with her mother, so someone is on “kid duty” after the procedure.

Caroline at the front desk collects Keely’s consult fee and waves good-bye. Which is what the practice might as well do to the CoolSculpting revenue, now that Keely is out the door without details or pricing. And most likely, none of the staff have scheduled a reminder to follow up with her—they didn’t know she was interested.

Here’s another common scenario: Janet Johnson is seen for a non-surgical service by the PA and during the appointment asks questions about fillers. The PA says, “that is a good option for you,” and hands the patient a sheet of paper with a face on it, sometimes even the patient’s own, with a handwritten treatment plan. The piece of paper may or may not include cost data. After Janet leaves, the PA files the sheet in a paper medical record or scans it into the EHR - both of which make follow up next to impossible because paper and PDF files are not easily searchable, nor can they be entered into a follow up queue.

The takeaway? Neither Keely nor Janet received a fee quote or information that memorialized the casual and informal conversation they had with staff about non-surgical procedures that interested them. The chats are irretrievable in both cases. And potential revenue is lost.

Why do we think this is such a mega revenue leak? With all the *sturm and drang* that goes on about Google rankings, key

words, and SEO—abstractions aimed at attracting strangers—it is almost unbelievable that a live, warm patient body in your office receives so little attention or service when they’ve expressed interest in an offering. This is a big mistake. They are already your client or patient. Patients inquiring about a treatment should receive a customized, non-surgical quote. And follow up must be organized and systematized.

Here are three ways to make this happen.

1. Create non-surgical service quotes that are distinctly non-surgical.

It is frustrating how many clients miss the nuance of creating non-surgical service fee quotes that are devoid of surgery terminology and artifacts. See the BEFORE example in

Figure 1., which displays words like ‘pre-op date’ and ‘total cost of surgery’—for a *photofacial treatment*. Such surgical terms should not be on the non-surgical services quote. Savvy patients notice, and your practice doesn’t look organized. Furthermore, it creates conversation churn for staff when confused patients call or email to ask: “Do I really need to come in prior to the treatment?”

Instead, customize the quote to be specific to spa or non-surgical services, like the AFTER example in Figure 2., which includes information about providers, scheduling, and downtime. You’ll look informed and organized, and patients will take home useful information about minimally invasive

Continued on Page 73

Figure 1. BEFORE—Poorly Created Non-Surgical Services Fee Quote

Aesthetic	Quantity	Practice Fees	Total
Procedure Fees			
Photofacial - Face, Neck Chest, Hands and Back – single		\$1,550.00	\$1,550.00
Product Fees			
Alg Juvederm Ultra for Lips and Nasal Folds	2	\$1,200.00	\$1,200.00
Alg Botox 50 units	50	\$1,000.00	\$1,000.00
Procedure Fee:		\$1,550.00	
Product Fees:		\$2,200.00	
Totals:		\$3,750.00	
Total Cost of Surgery:			\$3,750.00

Figure 2. AFTER—Well-Designed Non-Surgical Services Fee Quote

Today, you can achieve brighter, healthier and younger looking skin through a series of minimally invasive treatments. Our practice is pleased to offer an array of the latest technologies delivered by licensed, fully trained Physician Assistants, nurses and medical aestheticians. Treatment plans are supervised by Drs. Brooks and Rush. You expressed interest in the treatments below. Anticipate scheduling two weeks in advance. The treatments below typically do not require any downtime.

Aesthetic	Quantity	Practice Fees	Total
Procedure Fees			
Photofacial - Face, Neck Chest, Hands and Back – single		\$1,550.00	\$1,550.00
Product Fees			
Alg Juvederm Ultra for Lips and Nasal Folds	2	\$1,200.00	\$1,200.00



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Capturing Casual Conversations for Cash

Continued from Page 71



treatments that reinforces what the staff explained verbally. Have these templates teed up for use for all non-surgical service types, and train front desk and clinical staff—not just the patient care coordinator—how to generate these quotes.

2. Use your system's Notes and Task Reminder features for a powerful result.

Everyone on your team is busy. It's impossible to expect them (or you) to remember every detail about every patient conversation. Technology to the rescue! Most aesthetic office software systems have two critical sales and relationship building features for capturing conversations and taking action: Patient Account Notes and Task Reminders.

Instruct your team to log details about their patient conversations in Patient Account Notes. Notes is where you can maintain the patient's ongoing story, over time. Graduations, promotions, vacations, anniversaries. The Notes field is also excellent for logging sidebar comments and additional interests patients express. For Keely—assuming the front desk staff had provided a proper quote while she was in the office—the note might have been something like: *Pt. inquired about Coolsculpting while here for bleph consult. Gave quote. Set reminder to ask patient about Coolsculpting when she schedules date of bleph. F/up set for 1 wk.*

In addition to logging the note, direct staff to set a Task Reminder to follow up, if the patient doesn't schedule. I typically suggest it be set one week or two weeks from the date the patient was in the office. Our firm trains patient care coordinators to close their fee

quote conversation by asking the patient the best timeframe and method to follow up with them. Train your front desk and spa staff to follow this best practice too. They can simply ask, “Janet, when would you prefer I follow up with you to schedule your first filler appointment?” and “What's the best number to reach you?” Enter the responses into the Task Reminder. If your system doesn't have this feature, the Outlook Calendar works well too.

3. Generate the “Unconverted Non-Surgical Fee Quotes” report. Use it to target follow up.

Generate this report to kickstart the follow up of quotes that haven't scheduled, and for which you may not yet have set Task Reminders. Use it to target certain patients with special offers and pricing instead of blasting a “15% Off Fillers!” fee reduction to everyone in the database. Why do that? First, nuanced messages are more meaningful than an email to the masses, because the copy is related to the patient's expressed needs. We all like to feel special. Second, limited time offers for only certain treatments or certain patient types is a velvet rope strategy. It conveys, “we

Instruct your team to log details about their patient conversations in Patient Account Notes. Notes is where you can maintain the patient's ongoing story, over time.

aren't offering this to everyone. Because you are a valued client we are extending it to you and a friend.” Here's one option:

Dear Keely,

I know that you expressed an interest in CoolSculpting during your recent visit with Dr. Wonderful.

To help melt away some of that extra holiday weight, in the month of January we are offering a series of three, one-hour treatments at the special package price of \$1,500 (normally priced at \$2,100). This attractive price reduction, combined with Care Credit's 6 month, deferred interest offer, means you can experience CoolSculpting with a minimal financial outlay.

We are not posting this offer on Facebook or sending an email out—this is a special offer. Please call Caroline to schedule it; let her know I sent you this email. You may also share this offer with a friend.

Sincerely,
Patty Warsaw
Patient Care Coordinator

Discuss with your team the importance of capturing the casual conversations they are having with patients right now, as you read this article, and create a protocol for how best to integrate the ideas I've presented into practice workflow. Sanitize non-surgical services fee quotes of all surgery terms and information artifacts. And create special offers that are targeted to specific patient groups interested in the procedure or treatment, using targeted messages. You'll have a higher success rate.

All of these things can be accomplished with your existing staff, and technology that's already in your office. The return on revenue will delight you.

Karen Zupko is president of KarenZupko & Associates, Inc. She and her team have been advising and educating aesthetic practices on management and marketing issues from more than thirty years. Karen's next regional Patient Care Coordinator training workshop is October 19 in Atlanta. For details and additional workshop dates, go to karenzupko.com.

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Manual, Employee Handbook, and Job Descriptions. Simply download these Microsoft Word documents onto your computer and personalize to your specific practice needs. These tools will help keep your practice running smoothly, allowing you to focus on what you do best.

If you would like samples of the product, please email Member Marketing Manager Kergan Edwards at kergan@surgery.org.

Topics include:

- Personnel
- Risk Management
- New Hire Issues
- Infection Control
- Office Policies
- Governance
- Collection Issues
- Medical Records
- Job Descriptions

Hiring

POLICY:
###PracticeName### believes that hiring qualified individuals contributes to the overall success of the practice. All applicants will be considered on the basis of their qualifications and ability to perform the job successfully.

PROCEDURE:

1. Review the position description and update as needed.
2. Notify staff internally of the open position (word of mouth referrals are a great resource for hiring new team members).
3. Post the job ad on external job boards (i.e. Indeed, Monster, CareerBuilder, etc).
4. Review resumes, screening for candidates who meet the requirements. Look up qualified candidates on social media sites, reviewing for any inappropriate language, photos, or posts.
5. Invite top candidates for a phone/video interview. Ask about salary requirements during the initial screening.
6. Ask top candidates to complete the application form and the authorization for background and credit check. Ensure the application form has the attestation statement and that the candidate signs it.
7. Invite the top 3-5 candidates who pass the initial phone/video interview to the practice for an in-person interview with the surgeon, the manager, and other designated team members.
8. Arrange for skills testing (ex: totalheating.com)
9. Extend a job offer to the top candidate. All job offers are contingent upon completion of a successful background check.
10. Check references for all final candidates. ### (Name of agency) will be used to conduct a criminal background and credit check. Signed authorization is required for the background and credit check. The form is provided by the agency performing the background checks.
11. On an employee's start date, have the employee complete required onboarding paperwork. Refer to your state employment laws regarding required notices that must be provided to newly hired employees.

Human Resources and Office Policies

calculator, and other office equipment is also required. Employee must have normal range of hearing and eyesight to record, print, and use a computer.

Typical Working Conditions
Normal office environment. Outside of office hours.

Other

- Analyzes and updates the fee schedule annually to ensure maximum reimbursement
- Runs and prepares internet receivable, CPT frequency,
- Facilitates accounts payable
- Communicates with accountants
- Meets with surgeon monthly

Office Operations

- Ensures the office runs smoothly
- Improves, minimizes, and tracks activity
- Collects and summarizes office reports
- Keeps patient flow running
- Reviews daily reports from daily dose
- Supervises the initial sort or handling
- Maintains and suggests improvements into the computer
- Acts as the in-house "troubleshooter" to solve problems
- Manages relationship with vendors

Accounts Receivable and Finance

- Generates and analyzes accounts receivable and rejection patterns with patients who have insurance
- Speaks with patients who have insurance to arrange a payment plan
- Understands financing options

Office Manager

(In solo practices may function as part-time Patient Coordinator. This will be for early stage aesthetic surgeons. These are two distinct jobs. Asking someone to be both Patient Coordinator and Office Manager will stunt the growth of your aesthetic practice.)

POSITION: Office Manager

RESPONSIBLE TO: Surgeon(s)

JOB SUMMARY: Supervises office operations and clinic staff. Performs limited financial management. Communicates with surgeon to ensure maintenance of efficient practice site operations.

EDUCATIONAL REQUIREMENTS:

- High school diploma or equivalent
- College degree preferred

QUALIFICATIONS AND EXPERIENCE:

- Three to five years of work experience, with increased responsibility, in a surgical practice, service, hospitality, or other high end service industry
- A "can-do" attitude, shows initiative and willingness to adapt to change
- Experience filing insurance claims and understanding reimbursement requirements preferred
- Strong communication skills with staff, ancillary personnel, and surgeons
- Ability to recommend and implement new protocols
- Ability to effectively train other employees
- Comfortable using email and interacting with internet applications
- Knowledge of practice management and word processing software
- Good analytical and problem-solving skills
- Ability to prioritize work flow in a fast-paced environment
- Neat, professional appearance
- Able to handle staff questions, problems, concerns
- Able to handle stressful situations

Responsibilities include, but are not limited to:

Personnel

- Oversees all staffing needs—screens applicants, suggests hiring of office staff, and discusses final decisions with the surgeon

Job Descriptions for the Aesthetic Practice.

Governance

Administrative Structure

- Ownership: ###
- Governing Body: ###
- Medical Director: ###
- Practice Manager: ###
- Nursing Director: ###

Organizational Structure

Because of the tremendous time commitment required of the Medical Director, the practice manager is to conduct, administer, and monitor the day-to-day operations of this practice. All problems, questions, or matters, which affect the office, are to be discussed and/or brought to the attention of the practice manager. The practice manager serves as a liaison and will be the key person in any and all matters.

Complete and Essential Employee Handbook

What You Can Expect From Us

###PracticeName### strives to...

1. Operate an economically successful business, so that consistent, steady work is available.
2. Promote employees on the basis of ability and merit.
3. Review wages, employee benefits, and working conditions periodically—with the objective of providing compensation and benefits consistent with market norms.

What We Expect From You

###PracticeName### expects you to:

1. Know your duties and perform them consistently, accurately, and pleasantly.
2. Cooperate with the manager, physicians, and your fellow employees, and maintain a good team attitude.
3. Interact with fellow employees, patients, and visitors in a professional manner.
4. Perform every task to the best of your ability.
5. Grasp opportunities for personal development.

Your Initial Employment

Introductory Period

Your first 90 days of employment are considered an Introductory Period, during which time we will evaluate you and you will evaluate us to determine whether your continued employment is appropriate. If you take approved time off in excess of five workdays during the Introductory Period, the Introductory Period may be extended by that length time. Benefits accruals begin after 30 days of employment. During the Introductory Period, you are not eligible to take paid time off unless permitted by state or federal law.

New employees are expected to read and study the Policy & Procedures Manual. They will be held responsible for knowing the content relating to their responsibilities by the end of their third week of employment. New employees are also expected to read the OSHA and HIPAA manuals within the first month of their employment. Each employee classified as a 1 or 2 category (see OSHA classification) will complete a checklist which sets forth the possible exposures to injury, illness and infection control.





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Why Nutrition is Important to an Aesthetics Practice

By Jillian Bridgette Cohen, CEO & Co-founder of Virtual Health Partners™

Throughout my career in the medical device industry, I have met world-renowned surgeons who emphasize the need for both pre-and post-procedural care, whether it be for patients who are considering cosmetic, reconstructive, or bariatric surgery, or those undergoing cancer or fertility treatments. In the last few years, I have seen the need for an office to offer an ecosphere of care that combines the procedure with a holistic approach to satisfy the ever-changing needs of the consumer. Patients want to be connected, not only in the office, but throughout their day-to-day life. This has caused a trend in patients looking to their aesthetic doctors to help them look and feel better both inside and out. In response, there has been an increased need for more than just the specific procedure for which they are meeting the doctor.

While fad diets and trends come and go, the popularity of holistic healthcare seems to have a more permanent spot in the wellness field. Traditional medicine focuses on treating various parts of the physical body, while holistic healthcare emphasizes the idea of total wellness—body, mind and spirit. The holistic approach gives a more natural and toxic-free way of looking at one's current health and happiness. Along with the increase in popularity of holistic healthcare, we have seen a rise in more traditional healing modalities—like meditation, acupuncture, and nutrition, rise in popularity along with it.

Nutrition plays a crucial role in not just how our bodies feel, but how they look as well. Feeding our body well affects not just our weight, but also our skin, hair and nails. This makes nutrition an increasingly indispensable component of aesthetics practice across the board—not just for individuals who are considering a procedure. Adding nutritional programming to their existing list of treatment offerings can differentiate an aesthetic physician from the rest and enhance their patients' experience, keeping them coming back for more. With nutritional care being such a specialized field, and one that is constantly shifting, it's important to have experts in the field who are able to adapt to these changes over time.



When it comes to skin health, nutrition also plays an important role. We often first think of regimens including cleansers, serums and creams as the primary line of defense in skin care. While there are many benefits to these products, they all treat the skin from the *outside in*. With nutrition we are able to treat the skin from the *inside out*. Limiting foods like refined sugar and dairy can help keep skin clear and healthy. Unsaturated fats, such as those found in avocados, olive oil and salmon work to keep skin glowing and gorgeous. Antioxidants, abundant in foods such as berries, protect the skin by limiting the production of damaging free radicals. Vitamin C, found in many fruits and vegetables, plays a crucial role in collagen synthesis. Collagen is the main structural protein found in skin, widely used for cosmetic surgical treatments. It is not a coincidence that you will find many of these nutrients in your skin care products. With experts available to educate patients about how food impacts skin and health regimens, treatment centers can completely revolutionize, customize, and enhance patient outcomes.

The role of nutrition becomes especially important in the pre-and-post-procedure windows. Patients need to prepare their bodies for what's to come, and proper nutritional intake can help to accomplish that. Nutrition also plays a key role in the body's healing process and can at times result in an easier post-procedure experience. Over time, I've learned that food really is medicine, and it can

have a large impact on how our bodies feel, react to, and handle a variety of treatments. Proper nutrient intake at this time can also help enhance the patient's results, making them more satisfied with their experience—and thus more likely to come back for additional services, and bring their friends with them. Nutrition has quickly become an extremely profitable and unique service available to people of all different backgrounds.

Providing nutritional support and resources contributes to overall patient success and satisfaction. Research continues to show that nutrition is a key piece of our health and wellness puzzle. As the popularity of nutrition continues to grow, clinics and treatment centers need to ensure that nutritional care is brought into the spotlight.

By offering the combination of both a procedure and comprehensive nutrition program, practices are able to differentiate the program as a whole, gain new lines of monetization and also create an extension of services. Virtual nutrition offerings have become a cost-effective solution for the practice and a popular solution for the patient owing to the ease of use and on-demand nature.

Jillian Bridgette Cohen is CEO & Co-founder of Virtual Health Partners,™ a virtual wellness and weight loss company that offers a comprehensive program recommended by physicians, fitness, wellness and health experts around the world.

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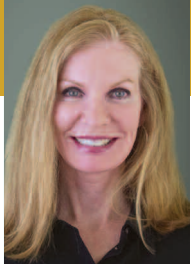
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Fastest Path to Cosmetic Patients and Profits

By Catherine Maley, MBA, President of Cosmetic Image Marketing

This article will show you who is most likely to become your “preferred” patients and where they can be found, where the fastest cash surges are and how you get new cash-paying patients quickly without breaking the bank.

But first, a mind shift is needed. Most surgeons are focusing on one thing and that is new patient leads.

Instead, I am asking you to *shift your focus to more paid procedures* instead. Because more procedures are what bring in your revenues regardless of where they came from, right?

This might surprise you but rather than focus on the latest ninja Internet tactic, I’m talking about working with your existing patient base with simple internal strategies.

Because you’re literally sitting on a goldmine this very moment, right inside your patient files. The fastest and straightest path to developing massive practice growth is to consistently nurture your past and current patients so they return and refer.

The fact is, your existing patients trust you, they have faith in your abilities, and they like you. It makes a whole lot of sense to proactively market to them. You’re going to quickly find this to be one of your easiest sources of new patients and profits using the strategies I lay out.

This means we are not talking about the fastest path to new leads from the Internet. Why? Because Internet Stranger Patients don’t know you and the majority of them will never turn into revenues for you.

They may never show up or convert because they were price shopping or just looking around or their phone call with your receptionist didn’t go well or they didn’t connect with your coordinator and on and on.

Now before you write this off, I just want you to think about how much time and how much money you’ve spent building goodwill and trust by servicing your patient base. I guarantee that it’s in hundreds of thousands of dollars and countless hours.

However, you most likely put all your effort and budget on new leads rather than on those who are most likely to say yes to you again and give you money again and refer their friends.

Your lowest-hanging fruit has always been and will always be with those who already know, like and trust you.

You know that because they said yes to you and gave you money. And they will give you more money if you nurture the relationship. Think about it... They chose you over your competitors. They trusted you to become their surgeon. And they have friends, family and colleagues who could ALSO know, like and trust you.

Don’t believe it? Pull a report from your software called “Revenues by Referral Source” and see for yourself. Count up all revenues coming from word of mouth, friends and family, patient referrals, staff referrals, physician referrals and existing patients.

Keep in mind, these are not leads that inquired about your services and never moved forward. These are actual cash-paying patients who gave you money.

The most successful mature practices get at least 65% of their revenues from current patients coming back for more as well as their word-of-mouth referrals of new patients.

By the way, these current patients and their referrals are easier to convert than “Internet Stranger Patients” because:

- They are already pre-sold on you because you came pre-framed as the best choice from someone they trust.
- They are not as price sensitive because they value your credibility from a trusted resource more than price.
- They are less likely to shop around and more likely to convert to a paid procedure and that saves you and your staff time.

And all of this leads to cheaper marketing and advertising costs.

Internet Leads come from Referrals

By the way, here’s what I find when consulting with other successful practices.

The new callers to their practice often say they found you on the Internet. However, when the patient is more comfortable with you and your staff, their story unfolds about how they really know about you.

They oftentimes were told about you from a friend or heard about you and THEN they went to the Internet to check you out.

So here are simple strategies to help your patients help you grow your practice revenues:

In-House Signage

Clearly communicate to your patients how much you appreciate their referrals. Have an eye-catching display at your check out counter. Include take-a-way cards so your patients pop a few cards in their wallet to pass along to their friends later.

You can be even more direct by including a couple of referral cards along with their receipt for the day.

As an added touch, your staff can wear lapel pins to help spread the word that you love referrals!

The point being you can’t assume your patients know to refer their friends to you... tell them directly!



Staff Lapel Pins and Check Out Referral Display



Patient Appreciation Event

Hold a fun annual event for your patients and their friends. Serve wine and food, have vendors on hand to do mini demonstrations and you can give short presentations about what’s new in the world of cosmetic rejuvenation.

You raffle off valuable vendor gift baskets and your patients get extra raffle tickets for each friend they bring along.

Continued on Page 93

Never Buy or Lease a Useless Piece of Equipment Again!

Introducing the Surgeon as Consumer Solution –
the Site Where **YOU** Write the Reviews.



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 surgery.org/surgeonasconsumer now, log-in, 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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www.surgery.org/surgeonasconsumer



THE AMERICAN SOCIETY FOR
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Importance of Interpersonal Skills in Today's Malpractice Environment

By Harry K. Moon, MD, FACS

A recent study published in the *Annals of Surgery* found that surgeons who receive poor ratings in communication and teamwork skills from their coworkers were more likely to face malpractice lawsuits from their patients. This study, done in conjunction with Ariadne Labs and four Boston hospitals suggested that “everyday negative conduct by surgeons towards their colleagues can have real implications for care, even when the surgeons are highly skilled technically.” Behaviors that were evaluated included the following: education, excellence, humility, openness, respect, service, and teamwork. “While it might seem like common sense that a surgeon

who does not treat patients and colleagues well is more likely to face medical malpractice claims, our team is the first to establish that an association between 360-review data and malpractice exists,” wrote Janaka Lagoo, MD, the lead author of the study.

One can determine from this research that a more aggressive communication style in the O.R. may not be protecting the patient and may possibly lead to more adverse events. Surgeons had a greater chance of incurring at least one claim if they scored in the top 10 percent of the category: “snapping at others when frustrated,” or the bottom 10 percent of: “being open to suggestions.

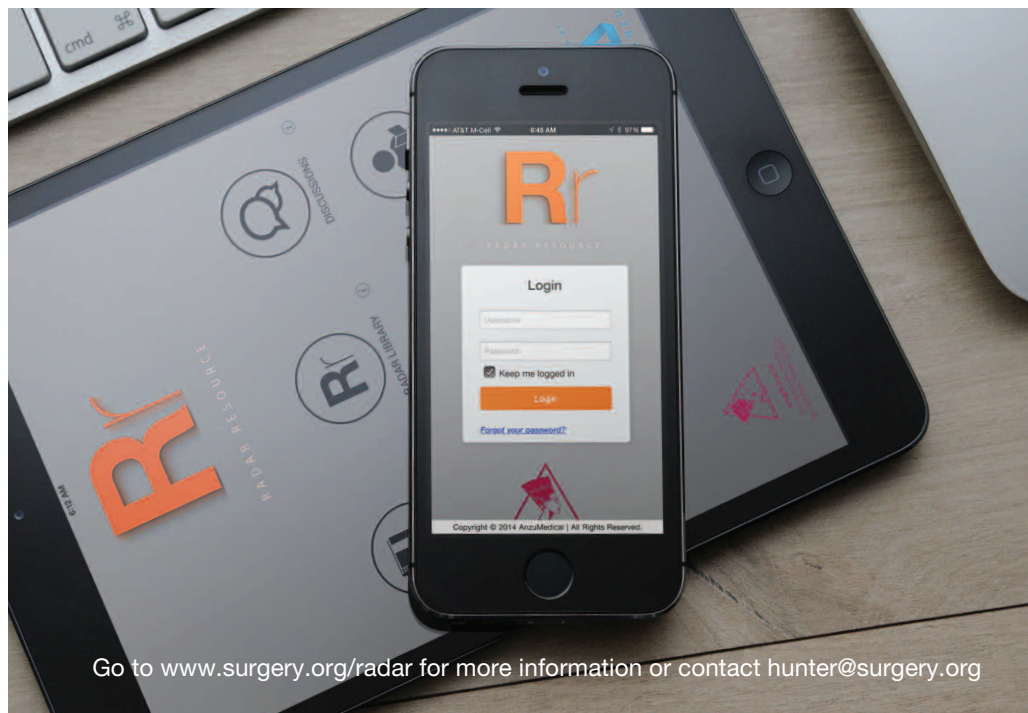
The study concludes that, although the nature of a malpractice claim is complex and multifactorial, the identification and modification of negative physician behaviors will likely mitigate malpractice risk and ultimately result in improved quality of patient care. This important study highlights the importance of interpersonal skills and self-awareness in today's malpractice environment. https://journals.lww.com/annalsofsurgery/Abstract/publishahead/Multisource_Evaluation_of_Surgeon_Behavior_is.95666.aspx

Harry K. Moon, MD is Medical Director at AMS RRG, Inc. For more information on AMS RRG, go to www.amsrrg.com.

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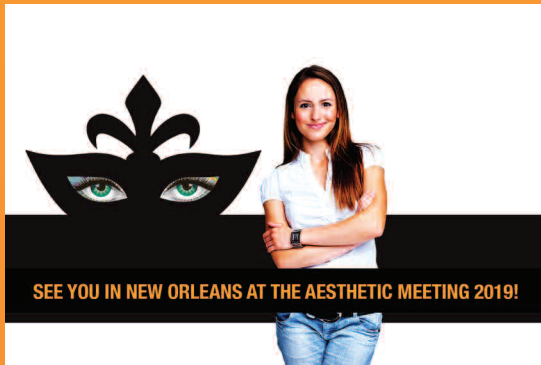
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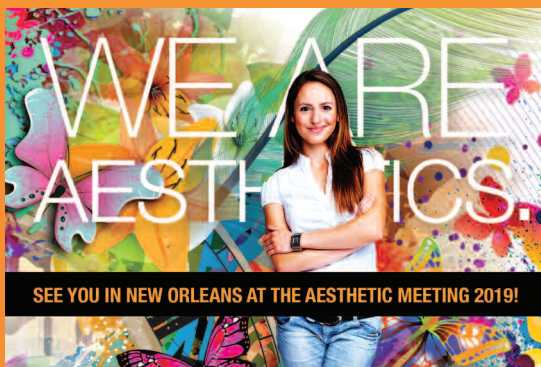
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1.



2.



3.



4.



5.



6. Professional Headshot

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STEP TWO: Select Your Props! Choose from a “We Are Aesthetics” sign, or from fun New Orleans-themed props.

STEP THREE: Take Your Photo!

STEP FOUR: Get Your Free Printed Photo and Have an Electronic Photo Emailed to You.

STEP FIVE: If Sharing on Social Media, Please Tag #ASAPS19, #WeAreAesthetics, #trustASAPS, #AestheticMtg19, #TheAestheticMeeting2019



How to Become a Social Media Expert—In a Few Easy Steps

By Nicole Gusé, Vice President of Marketing at The Live Box + LVBX Magazine

Recent social media stats indicate that Instagram users miss 70% of the content in their newsfeeds and as of 2016, a Facebook post only reaches 2% of its fan base organically. Therefore, what can do you—and what do you need to know—in order to stay ahead of the curve with your social media marketing efforts? Become a social media guru with these easy steps.

Learn to Automate

Having a social media presence is a necessity these days for any business. When you're managing several social media accounts at once, it can be a lot to handle—the best solution is to automate your posts to minimize the time it takes. Less is more, right? Sites such as Buffer and Hootsuite can help you to organize and schedule social media posts so you can spend your time creating high quality content and providing meaningful engagement with your followers. These services can also provide analytics reporting, helping you to make the most of your social media outreach efforts.

Use Hashtags to Increase Your Reach

Whether it's a Facebook or Instagram post, use relevant hashtags to ensure your content is seen across a wider audience. Spend the time researching which hashtags are most widely used and most popular, especially as it relates to your content, this way you can be more strategic in your efforts. You can find trending hashtags on Twitter and Google+.

According to Social Pilot

“Check each of the social media networks to make sure that your hashtag isn't being used for the wrong reason. Also, ensure that you don't choose something that can be interpreted in a different way. It is worth making sure that another brand isn't using the

“At the end of the day, your strongest content should never be a ‘one and done’ post, especially when resharing can do so much for your overall strategy.”



hashtag specifically for their own promotion as well. When you are using hashtags properly, they help to create online conversation, increase brand awareness and increase your sales as well.”

Be aware that Instagram does have limitations on the number of hashtags which you can use. This method will connect you with followers who share your interests, and who will want to further engage with your content.

The Art of the Reshare

When sharing content from influencers, or highlighting a specific product or service, be sure to “tag” these accounts on all of your social media accounts, linking directly to their social accounts. This gives you an opportunity for more views, likes, and shares. With the limitations placed on Facebook businesses pages which provide almost no exposure without paying to boost a particular post—remember that statistic of only 2% in organic views?—this will give you more of an organic boost. Additionally, don't shy away from resharing your own content. According to *Power Digital Marketing*, you can increase the value of your existing content by pushing it out more than once to your social accounts.

“At the end of the day, your strongest content should never be a ‘one and done’ post, especially when resharing can do so much for your overall strategy.”

You can even rebrand the content by turning it into a short slideshow or

infographic to engage an entirely new audience.

Read—Everything.

The more you know, the more you have to share. Read relevant business news, stay connected with influencers in the field, think outside the bubble—this information will not only keep you in the know, it will give you something to say, and to share on your own platforms. Knowledge is power, and your followers will appreciate connecting with a valuable, wealth of information—in many areas of interest.

Video is Viral

Did you know that statistics state that videos uploaded via Facebook have a higher—up to 10x—engagement rate than YouTube links? Looking for a new way to engage your followers? Stop their scroll with videos. Stream a live event or host a guest Q&A on Facebook, share an exciting new product or service on Instagram—video is easily the best, most effective way to garner the interest of your followers online.

To learn more about branding, selling, and staying connected with your clients in the digital age of aesthetics, visit LVBX at TheLiveBox.com.

Nicole Gusé is the Vice President of Marketing at The Live Box + LVBX Magazine, a full-service marketing agency and digital commerce platform serving the aesthetics industry. For more information, visit The Live Box.com.

10 Ways to Create Social Content Your Patients Love

Co-Authored by Keith Humes, CEO and Merylee Robbins, Web Content Writer

Mastering the art of social media marketing for your plastic surgery practice can be daunting on your own, but in many cases, a little guidance can illuminate the path to success. To help, we've developed a valuable infographic packed with our best advice on creating social content your patients will love. Ultimately, the goal for each post is to generate interest and engagement with your audience that builds relationships and fosters the success of your practice.

01 - Photos

Before-and-after photos featuring your patients—along with images that showcase your team, facility, technology, and more—can speak volumes about your practice. Great captions are always a bonus too.

02 - How-Tos

Share practical knowledge and insight that can benefit a patient's well-being, such as natural remedies, seasonal recipes, fitness tips, plastic surgery facts, short makeup tutorials, and helpful checklists that members of your audience are likely to enjoy and share.

03 - Meet the Team

Whether it's introducing a new addition to the office staff or a profile on your team member of the month, help your audience get to know the great people who make your practice special.

04 - Specials

Everyone loves and appreciates a great deal! Promoting your specials on social media can boost interest in your practice, inspire "shares," and help maximize the lead-drawing potential of each deal.

05 - Practice News

Tell your patients about the latest news at your practice to keep them connected. Announce new treatments and services, your practice or doctors in the media, awards, birthdays, events, and more.

06 - FAQs

As you know, patients ask questions all the time! Provide your social media audience with posts containing informative answers to the FAQs (frequently asked questions) you hear most.

07 - Patient Testimonials

Often the best advertisement for your services and practice is a glowing testimonial from a satisfied patient. Don't be afraid to show off how awesome your patients think you are by posting their honest experiences and opinions.

08 - Polls

Encourage your patients to interact with your practice and have their voices heard through creative polls on social media. You can ask them to vote on anything from their favorite treatments to their preferred K-cup flavors and beverages for the waiting room.

09 - Memes

Posting relatable memes and funny GIFs can reflect the positivity, humor, and personality of your practice. Entertaining memes are frequently "liked," commented on, and shared between friends, which can help expand your audience and boost brand awareness.

10 - Q&A Sessions

Go live! Set up a video Q&A session on Facebook Live between one of your doctors and your social audience of patients. Discuss a new treatment or make it a fun, informal "getting to know you" session.

Let's Talk

From social media management and website design to advanced SEO and custom content development, Rosemont Media's team of specialists delivers high-quality, state-of-the-art work tailored to your needs and marketing goals.

Contact us at www.rosemontmedia.com/asaps. Also, check out Rosemont Media's educational blog—the Rosemont Review—at rosemontmedia.com for news on all the latest topics and trends in digital marketing.

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Have You Checked Your Passwords?

By Freddy Jones, CEO of Epitomyze Inc.

Think your passwords are safe? Think again.

I recently received an unusually provocative email, sent from an old friend, brilliant software engineer and seasoned international expert in data security and the art of not being found online:

“Hi Freddy, look at the attachment [see screen grab], take care of your passwords, change them periodically, and try not to use the same ones everywhere.”

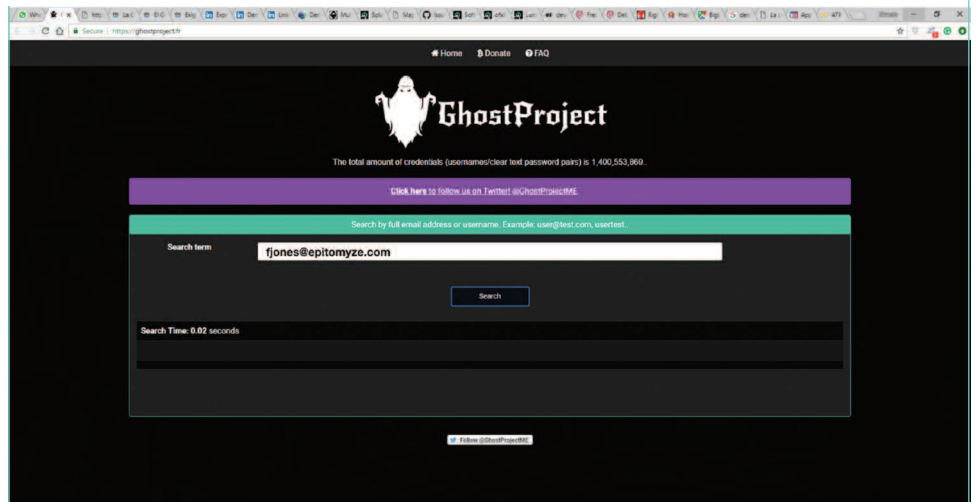
Given my relatively high level of vigilance for emails just such as this one, which make you immediately want to click on a file or link *precisely* when you should not do so, I paused:

First, to check the address that the email came from and to make sure that I was not on some “undisclosed recipients” list, before doing an independent browser search on the title of the attachment to see what I could learn about the attachment, a screen grab from “<https://ghostproject.fr>.”

And second, to examine more closely the screen grab itself, to see if it was not, in fact, just a simple screen grab, but rather another file type *disguised* as a simple screen grab (PNG, JPEG, PDF, etc.). This is a whole other topic, particularly relevant given the importance of clinical photographs in our field, which I may address in another article, but for now I would suggest a quick primer titled “Safety tips for handling email attachments and content downloaded from the Internet,” found at <https://support.apple.com/en-us/HT201675>.

Never heard of ghostproject.fr? Well, neither had I. But when I saw their FAQ page and the header, “It’s big! 1.4 Billion Clear Text Credentials Discovered in a Single Database,” I confess I was interested in learning more.

As it turned out, I was surprised to find one of my more commonly used email addresses in the massive database of exposed credentials, along with one of my—thankfully—old passwords. How it was obtained I will probably never know, but the fact that it was there, exposed for all the world to see on a public website, creeped me out much in the same way that the famous line “Have you checked the children?” did in the 1979 film



A screen grab from “<https://ghostproject.fr>.”

When a Stranger Calls. Let’s face it, most of us tend to *assume* that our usernames and passwords are all safely tucked away in their digital beds, and that there is no monster out there that really cares enough to go after them, and by extension (pun intended), us.

And for those of us that don’t sleep soundly with the wildly mistaken belief that our 5–6 character, dictionary-based passwords are sufficient to thwart the legions of reasonably intelligent digital couch potato / predators out there—those of us who suspect that some of our passwords have been compromised over the years—what are we to do? Few of, thankfully, have the knowledge, or the desire to end up on an FBI watch list, to go digging around in the rusty furnace rooms (channeling Freddy Kruger here) and unlit corridors of the dark web to find out just how much is known about us or our closely held credentials for the many, many websites to which we have given our credit card and other valuable information. And so we sit back and hope/pray that we have a) chosen strong passwords, b) only used those passwords once per site, c) carefully researched and selected sites that can be reasonably trusted to safeguard those passwords and, d) understanding that NO SITE can ever

guarantee the safety of our credentials, routinely and religiously changed our passwords.

The fact is, the problem of identity theft is getting not worse, but much worse, and yet for some reason the ever increasing drumbeat of data breaches in the healthcare industry, like the increasingly frequent and ominous phone calls from the *Stranger*, does not seem to be getting the attention of nearly enough medical professionals.

So.

Have you checked your passwords?

Freddy is the CEO of Epitomyze Inc., a team of healthcare and medical imaging experts devoted to revolutionizing the role of clinical photography in medicine. Epitomyze’s premier service is 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 its sophisticated 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.

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Why You May Need to Turn Your Marketing Upside Down

By Wendy Lewis, Founder/President of Wendy Lewis & Co Ltd, Global Aesthetics Consultancy

If your practice feels stagnant, it may be a good time to look at your marketing plan with a fresh set of eyes.

The instinctive reaction to a slowdown in new consults and sluggish procedure bookings is to rev up your marketing machine to increase your reach and spread the word to the right audiences. While that sounds intuitive, it may actually be the wrong way to go.

Here's why.

If all of the enquiries coming into your practice end up turning into longtime loyal patients, then boosting your marketing strategy and budget makes good sense. But for most aesthetic practices, that is far from actuality. While you may be doing all the right things to encourage new patients to come to your practice, you may not realize that you are also losing patients at the same time. This may be due to a variety of factors, including poor service, negative reviews, staff performance, outdated pricing strategy, increased competition in the local market, and that's just for starters.

So, before you throw more money at the problem, do some detective work to identify where the missed opportunities are coming from and fix those first.

The 80/20 Rule

I am sure you know about the 80/20 rule. In most businesses, 20% of customers generate 80% of the revenue. Aesthetic plastic surgery is no exception. We also know that it is far more cost effective to keep current patients coming back than to constantly look to attract new ones.

Focus on them by making sure they are being cared for in the best way possible. It may seem obvious, but it is easy to overlook this in a busy practice, especially where there is high staff turnover so the institutional memory slips away.

Check which patients have been in most recently, purchased more products and services, and most recently, and who actually spends the most money with your practice. Those are your 20 percent. So, focus on stopping the bleed first before you go after new patients to fill up your schedule. For example, acknowledge their birthdays, send them holiday gifts, offer them a loyalty



program, provide them with preferential appointment scheduling, invite them to a special private VIP event, etc. Start with loyal patients and address lapses in customer service and reputation first with a goal of encouraging happy patients who are loyal to have more treatments with you. This approach will force you to address areas that may need improvement from the bottom up. You may be taking your best patients for granted, but not even know it until they stop coming back for their quarterly neuromodulator sessions or take their second child to another plastic surgeon at your hospital for a rhinoplasty. The stronger the relationship you have with your rock-solid patients, the more loyal they will be to your practice, so it will be harder for a competitor to tempt them to leave.

It is so natural to want to pay attention to all of your patients. But the truth is that you don't need everyone. Your practice may actually thrive better with fewer patients spending more than the reverse—more patients spending less per visit and costing you more to get and keep happy.

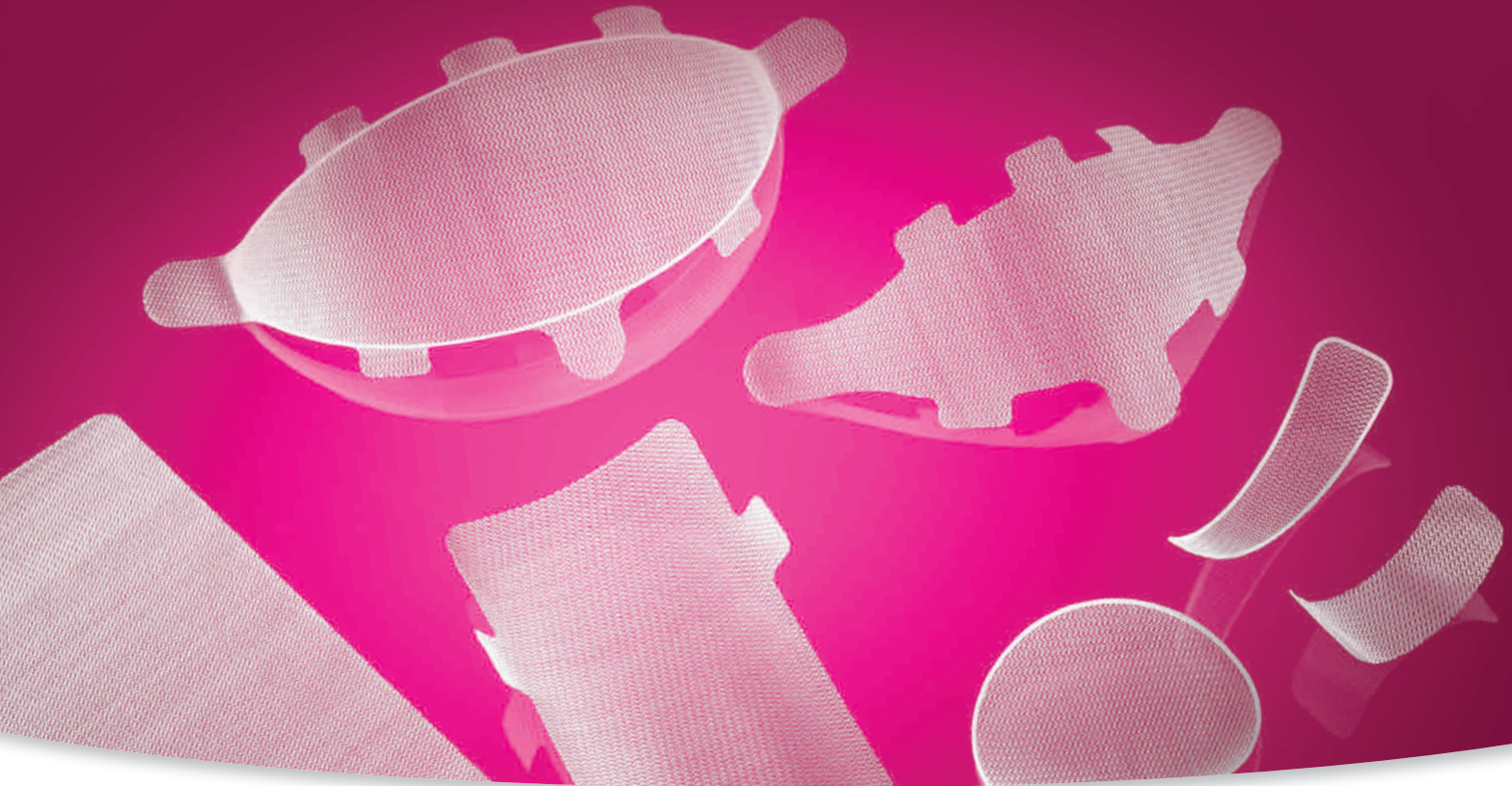
Action Plan to Dig Your Way Out of a Slump

Start by sending a 10-question survey to patients who have not been back in the last 6–12 months. Make it anonymous to encourage a response. Take any feedback you get seriously, try to find out why they stopped coming and what could potentially lure them back to you. For example, was it a billing snafu, or a scheduling conflict, or were they unhappy with a treatment? If you can turn this relationship around, it's worth a try.

Reach out and ask loyal patients for testimonials and 5-star reviews on the platforms that matter most. Don't be shy about it either. They may be happy to endorse you and tell their friends, colleagues and family, but just don't realize how important this is to your practice and to you personally. Dr. Todd Schlessinger, a dermatologist in the Carolinas, literally asks his patients for a '5-star review' in so many words. I found this so impressive that I have now incorporated this tactic into my teaching courses. Why is this so smart? Because patients may not know the impact of 5 vs. 4 stars. They may assume that

Continued on Page 89

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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.

Why You May Need to Turn Your Marketing Upside Down

Continued from Page 87

4 stars is a great review.

Talk to your patients more and more directly. Is there a product or treatment you are not offering that they are interested in? What's hot in your market? Ask them what more you can do to keep them happy.

Take patient complaints about staff members seriously. If there is an issue, deal with it head on. You don't want to risk losing a valued patient over an incident that can be easily resolved. If you get multiple complaints about an individual staff member, the true path should become obvious, unless of course it is a relative, and then you may have to suck it up.

Get rid of problem patients who drive you and your staff crazy. You know the ones I mean—like when their names show up on your patient list, your BP hits the roof and you down an antacid? One problem patient can

take his or her toll on everyone in the practice and wreak havoc, doesn't necessarily add to your bottom line. Divert the problem patients so you can free up your time to caress your relationships with the hassle-free, loyal big spenders and new patients. Note: Be gracious about dismissing any patient to avoid a negative review. All too often the ones you don't want to keep are the ones who don't want to leave.

However, even difficult patients who spend a ton of money with you can be tamed if you have the stomach for it. For example, a VIP can be assigned to one staff member to manage who has a good relationship with the patient and can keep their diva behavior to a minimum. In this way, the VIP will feel that he or she is being treated in a special way and at the same time, the rest of the staff will be

spared the drama of having to cater to her needs.

Dealing with any possible weaknesses in a bottom up order can help strengthen your practice's foundation so when you are ready to beef up your marketing program, your practice will be better positioned to reap the rewards.

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.

The Aesthetic Neural Network (ANN)—Making Your Data Work for You

The aesthetic surgery market is full of buzzwords. You hear them from your patients, from your industry representatives, from the news, from email alerts reminding you about privacy and security...and of course, from vendors promising to help you with BI.

But what is BI? Business intelligence (BI) is the term for any program or software that helps you transform your own data into *actionable intelligence*—in other words, BI tools give context that helps guide your strategic business decisions.

The Aesthetic Neural Network, an ASAPS members-only benefit, is the best BI tool our market has to offer, and it's now being used in more than 100 of your colleagues' practices.

Of course, like any BI tool, ANN lets you truly harness the power of your own data, making it work for you.

But unlike other BI tools, ANN has some special things to offer:

- ANN is now the only BI tool approved by the American Board of Plastic Surgery

(ABPS) for Continuous Certification Program credit.

According to the ABPS, "you may opt to fulfill the Practice Assessment requirements by telling us what you are already doing to improve quality within your own practice." In a recent email, the ABPS specifically cited use of ANN as an alternative for your Tracer Procedure Log.

- ANN is the only BI tool available in the aesthetic surgery market that offers cooperative data from your peers. Using this "benchmarking" data, you can see how new products and services are performing for your colleagues, evaluate gross charges and procedure trends to make decisions about new additions to your own practice. You can also compare your own gross charges and procedures to others nationally or in your own geographic area, to see how you stack up.
- ANN is the only BI tool available through a HITRUST certified Cloud.



That's the highest level of security possible today. In terms of privacy, ANN pulls basic procedural and billing information, minus patient identifiers (so there are no HIPAA concerns).

In short, your aggregated BI data in ANN can be used for practice management decisions, marketing strategy, research, advocacy, patient safety issues...the list is only restricted by your imagination.

For a limited time, ASAPS is still subsidizing the cost of ANN and offering it free to Active Members.

For more information on the Aesthetic Neural Network, please contact Melissa Schmidt, ANN Product Manager: melissa@surgery.org or 562.799.2356.

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Strategies to Reduce Volatility and Improve Tax Efficiency

By Jason O'Dell, MS, CWM, Principal of OJM Group, and Michael Lewellen, CFP, Director of Financial Planning, OJM Group

Many investors believe that the primary goal of diversification is to hedge against risk and volatility. Another fundamental goal for diversification, however, should be to increase tax efficiency—something that many investors overlook.

One simple way to achieve both of these objectives is to consider the addition of cash value life insurance to your portfolio.

Cash Value Life Insurance as an Asset Class

Life insurance may not come to mind immediately when thinking about portfolio asset classes, but it should. Several types of cash value life insurance (CVLI) exist, and some offer advantages over other asset types.

For example, certain types of CVLI offer returns that are not correlated with the stock market. That means a policy can act as a hedge against the losses of traditional investments, such as stocks, bonds and mutual funds. Further, a properly-designed CVLI policy is given preferred tax treatment, allowing cash value to grow tax-free and, if properly managed, accessed tax-free. In this way, it can also act as a tax hedge against capital gains and income tax liabilities.

Types of Cash Value Life Insurance

When considering a tool like CVLI in a portfolio, physicians should understand the different types of policies and how each of them works. We will examine two common types in this article.

Whole Life Insurance

In this type of contract, premiums are paid to the carrier, who then invests them. In return, the carrier credits policyholders with a dividend as long as the policy is in-force. This guaranteed rate gives the policy owner the benefit of a bond-like return. Whole life contract guarantees are generally better than the guarantees offered by other types of life insurance. However, a whole life policy is also less flexible, from a design standpoint, because premiums are fixed. In addition, the costs can be higher throughout the life of the policy.

Whole Life Summary:

- Dividends credited
- Average earning rate can fluctuate from company to company
- Fixed interest rates, similar to highly rated corporate bonds
- Strong guarantees, but no flexibility

Universal Life Insurance

In a pure universal life policy, the carrier declares an interest rate, and they credit that interest rate at guaranteed intervals. Premiums are flexible, and a policy can be designed to have a limited number of premium payments.

Another type of universal policy (and one investors should pay special attention to) is the *equity indexed universal life* (EIUL) policy. Like standard universal life policies, EIULs offer cash values, but they have a different way of crediting interest. Carriers with EIULs take the policy premiums and utilize them to implement a *collar strategy*. In a collar strategy, premiums are paid to the carrier. The carrier then sells call options and buys protective put options on positions they own. In return, the policy's performance is tied to an index, such as the S&P 500. Because a collar strategy is a *protective strategy*, the carrier is able to guarantee the policyholder a *floor*, or minimum return (i.e., 0%) that protects them from losses. With an EIUL, if the index the policy is tied to goes down 20 percent, the cash value will not go down. EIUL policy cash values also have a *ceiling*, or cap, on the upside (i.e., 10%), which means that if the index goes up beyond the cap, the policyholder will get a portion of the total upswing.

EIUL Summary:

- A floor to prevent losses
- Capped upside potential
- Index-tracking cash values

Improving Tax Efficiency

Tax efficiency is a facet of retirement planning that is often neglected. Yet, this should be one of a physician investor's primary concerns, since the only sure thing about the future of taxes is that it's *completely unpredictable*. When an investor cannot see what is coming, the only way to hedge against

the possibilities is to structure one's assets so that some are removed from potential tax burdens. That is the goal when using CVLI.

Potential tax exposure in retirement is often visually represented by buckets. First is the *income bucket*, which is comprised of taxable income sources—such as a 401(k), traditional IRA and/or pension. When a retirement saver contributes to these accounts, they receive a deduction and the contributions grow tax-deferred. But when they begin to take distributions, they are taxed as ordinary income. While it is advantageous to get the tax deduction on the front end, investors should hedge against future tax rate risks by not having all assets in the first bucket.

The second bucket is the *taxable bucket* or *capital gains tax bucket*. This will generally include anything that is in a taxable account or a brokerage account, such as stocks, bonds and mutual funds. Assets distributed from this bucket are taxed at a capital gains rate, which is advantageous because long-term capital gains rates are lower than income tax rates.

The third bucket is one that is often overlooked, and that is the *tax-free bucket*. This bucket includes accounts such as the Roth IRA and investments such as municipal bonds. In these accounts and investments, the contributions grow tax-free and distributions are tax-free. CVLI also fits into this bucket because, when the policy is properly designed, dollars that are put in grow tax-free, and the owners can withdraw them tax-free.

Conclusion

Physician investors should consider having a licensed advisor review their portfolios to determine if a CVLI policy could provide a hedge against market volatility and future taxes. An important goal should be to ensure the insurance contract is structured in such a way that the premiums do not exceed tax law limits, thus creating what is referred to as a *modified endowment contract*, or *MEC*, as that will prompt the loss of all the tax benefits.

Advisors should also confirm that the funds designated for payment of the EIUL premiums can be committed for the long term, so that the policy does not lapse. If the policy lapses

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REFERENCES:

1. Survey conducted online by The Harris Poll on behalf of Suneva Medical and Vance & Associates within the United States between February 26 and March 14, 2018 among 503 U.S. adults.

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Strategies to Reduce Volatility and Improve Tax Efficiency

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after funds have been distributed, the distribution can become taxable. In the same vein, since EIUL contract expenses are generally front-end loaded, a distribution plan should be designed to avoid pulling money out of the EIUL policy for roughly 10 years. Finally, advisors and investors should work with a carrier that historically has not increased charges on their active policies.

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Fastest Path to Cosmetic Patients and Profits

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Have a social media corner where they can post photos and spread the word about you to their Internet friends.

Patient Advisory Board

Successful companies have a Board of Directors that guides them with strategies to grow. You can do the same with your own Patient Advisory Board.

Invite 25 of your favorite patients to be on your new Board. These patients visit you often, have connections in the community and are loyal fans. Have them bring a friend who is not yet a patient of your practice.

Hold a Board meeting at a nice restaurant in a quiet room. Serve cocktails and a nice dinner and present a short talk on your services while showing lots of before/after photos.

Now open it up to your attendees with a question they can brainstorm such as:

"How can I grow my practice with more patients just like you?"

Have your staff write down all ideas that come out of this brainstorming session so they can follow up after the event.

Additionally, give \$100 gift cards to their friends to experience your practice and report back to you on how the patient experience can be improved upon.

Not only will this solidify your current patients' loyalty, you will grow your practice with the 25 new patients they brought to you.

That's how you grow your practice easily, quickly and cost effectively.

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.



Is It Time to Give that Useless 510K Device the SAC?

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.

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You can access SAC by logging onto www.surgery.org/surgeonasconsumer 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.**

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Blackmail

By Bob Aicher, Esq.

Why has surgeon blackmail become so popular? The answer is simple: social media.

Yelping is Cheaper Than Suing. Claiming malpractice has always been expensive. It requires proof. Only 10% of plaintiffs ever see a dime of compensation. And patients used to be reluctant to give up their medical privacy. Compare that with social media. Posting is free. Surgeons believe that negative online opinions will hurt their business. And patients are now willing to discuss their surgeries publicly.

Blackmail versus Extortion. Blackmail involves a threat to reveal private facts, whereas extortion is theft through coercion. They feel the same because they both involve you paying money under duress.

Blackmail used to refer to the practice of plundering chiefs on the Scottish border exacting from settlers a tribute, called a Black Meal, in exchange for immunity from further pillaging. We would today call that paying protection, which is likely how it feels when you give a refund in exchange for a patient's promise not to Yelp you.

Unwarranted Demand With Menaces. The United Kingdom's definition of blackmail seems to favor plastic surgeons:

The criminal act of making an unwarranted demand with menaces with a view to making a gain or causing a loss.

Does this sound about right? Your patient gets a great result, misses her follow-up appointments, and two months later calls to demand a refund to help pay for further surgery by a colleague who has told her you were incompetent. Or she presents with symptoms consistent with smoking, sun exposure, drug use, or other non-compliant behavior. Or she complains that she's no better off than before the surgery. And each time she wants a refund or free revisions. If you don't accede to her demands, she threatens you'll read about it online. That sounds to me like unwarranted demands with menaces.

What to do?

Managing Expectations. In my view, the expression "informed consent" is so overused that it is under appreciated. Rather than scrambling to review the patient's written consent, a more useful exercise would be to

ask yourself, how well did I manage the patient's expectations? Having the procedure's risks, benefits and alternatives in writing will help defense counsel, but paperwork alone will not convince your unhappy patient she shouldn't trash you online. There is more to managing expectations than getting your patient's consent in writing.

Pulling Back the Psychological Curtain. Did you confirm only that your patient was sound in body, or did you ask enough questions to confirm she was sound in mind and had pure motives for the procedure? It may be impossible to really know your patient's heart in these matters, but since she doesn't medically need what she wants, it's important to ask why is she here, who is paying, and are there influencers that should be in the room, but aren't? Wives who tell you, "I want implants so my husband will stop cheating on me," and husbands who say, "I want her implants out so she will stop cheating on me," might be rare, but if you want to avoid trouble later, the solution is to look for it now.

Avoiding Consciousness of Guilt. Did you take before and after photos? Are they good enough to ask the patient if it's ok to post them on your website? Likely your unhappy patient won't appreciate being reminded what she signed. She may pause to listen to you, however, if you show her photos and then ask if you can post them online. That isn't the behavior of a guilty surgeon, which is what you want to avoid conveying.

Free Revisions Can Be Better Than Refunds. If her result doesn't qualify as malpractice, but is still suboptimal, reminding your patient of your one free revision policy will be preferable to giving her a refund. That's because she will see a refund as proof of your malpractice. The paperwork she signs may say "no admission of fault or wrongdoing," but once you give her money, she will know you done her wrong. So be careful of refunds, and explore whether you will, in fact, be purchasing peace. Some of our members never give refunds, and swear by it.

Refund Only Part of Your Fee. When you give a patient a refund, not only are you confirming in her mind that you harmed her,

but you may be telling yourself you did something wrong, even if you have valid business reasons for settling. So first off, I don't recommend refunding facility or anesthesia fees, because then you are going out of pocket. Secondly, can you honestly say you didn't help your patient at all, and you shouldn't be paid? That's what refunding your surgical fee means. I consistently recommend refunding less than half of the surgical fee, and again, not any third-party costs. I have yet to hear of a patient refusing to accept significantly less than her initial demand, but it requires courage to believe in your skill as a surgeon and to resist the noise generated by unhappy patients.

Believe in Yourself. Residents tell me one of their hardest lessons is to transition from always saying yes to authority to standing up for themselves. Their first test comes with their employment contracts, which often are shamefully unfair. For our practicing surgeon members, however, the test often comes from bullies masquerading as patients. Why are they picking on you? Because bullies know the difference between your being risk averse, a great quality for a surgeon, and being conflict averse, which is a form of fear they can smell miles away.

Be Strong. What do bullies respect? Strength. They also respect bigger bullies, but don't become that. Just be strong. Remind yourself that you can sit calmly, give your patient a level gaze, and say, "No. Will there be anything else?" Then let the silence hang. And hang. Do not fill it with words, as I am sort of doing here. You will be surprised how such a simple technique can get bullies off their game. As she tries a new tack, stick to "no" until your patient suggests what you have already decided is reasonable.

Will these techniques ward off all blackmail? They will not. Actively managing your patient's expectations, however, will improve your chances of identifying whether she is a bully before you take her money.

Bob Aicher is General Counsel to ASAPS and has represented The Society for 27 years. He can be reached by phone at 707-321-6945 or by email at aicher@sbcglobal.net.



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Have an ethics question for Dr. Joe?
Email ethics@surgery.org.



The Straight & Narrow

By Joe Gryskiewicz, MD



Question:

Hi Joe,

Hope all is well with you in MN. I wanted to drop you a note regarding a recent event at our office. It may have some instructional benefit to our members.

One of my employees opened an email with an attachment supposedly with an invoice from one of our known vendors. The invoice was bogus and contained a trojan malware code that hijacked our contact list of 5000 plus emails and spread throughout our office network. Each of these 5,000 email recipients received a message with a bogus invoice from our office! Most of our patients were savvy enough not to open the message because they knew they had no outstanding bill with us. Many did open the attachment and their computers were infected. I had one patient call who asked me to pay for a computer expert to clean her computer at home. I would not comply with her request. Fortunately, no HIPPA protected information was obtained. Our IT people have cleared our network. Just one more thing that makes being a business owner sometimes exasperating! Do you have any advice for me? Do I need to be concerned about an ethical violation?

The invoice was bogus and contained a trojan malware code that hijacked our contact list of 5000 plus emails and spread throughout our office network. Each of these 5,000 email recipients received a message with a bogus invoice from our office!

Answer:

How painful is that? I suppose the perpetrator has an office in Lithuania, servers in China, and a website based in Switzerland! aka: "Impossible to track down." This scenario contains a lot of lessons, all too common for the trusting among us.

Our ASAPS bylaws speak to confidentiality:

1.05 Privacy and Confidentiality

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

It isn't unethical to get hacked (no ethics violation), but it's often avoidable. All of us have to be on the lookout for phishing messages. EMR safeguards and encryption are worthless if your employee simply gives the criminals access.

Spotting phishing messages isn't that difficult, but it requires you and your staff to always be skeptical. It's rare phishing messages don't contain typos, grammatical errors or other features that don't quite add up. One of the simplest ways to check whether a message is genuine is to click on the sender's address. For instance, last week Victoria from FedEx Express sent me an obscure message, but when I clicked on her e-mail address, it read: "cunninghamd@vidius.com." Sorry, that's not FedEx.com by a long shot, so I deleted it. It's also easy to pick up the phone and call the vendor.

You may want to email a heads-up notification to your patients. Hopefully the perpetrator won't demand a ransom for your contact list of 5,000. Since most of your patients were savvy enough to not open any attachment, even from your office, it looks like it's time for some employee education about why it's important to always be suspicious of e-mail. Also, be suspicious of,

and don't download updates from popups on your screen. If Adobe says you need to update your Flash Player, download it directly from the Adobe website, not from the popup window. If you download it from the popup window, you're taking a whopping chance, guaranteed.

As for paying to clean up your patient's computer, that's not your job. Don't do his/her homework. We all get phishing messages, even The Aesthetic Society Central Office, so everybody has to be in charge of their own e-mail security. It's no big deal to install a malware program, or cruise on down to the Apple store and let a geek behind the so-called Genius Bar deal with it. I got lucky: my geek downloaded a free copy of Malwarebytes onto my MacBook Air while I waited, ran the program, and voila, my fake Flash Player download malware disappeared.

You are the victim. Regardless of the cost, it'll be a lesson well-earned: be suspicious of e-mails. Also, back up your EMR and practice management systems on a server independent from your office server. That way, if you do get hacked again, you can reboot from the non-infected system without paying any ransom, but that's another story!

Joe Gryskiewicz, MD, is an aesthetic plastic surgeon practicing in Burnsville, MN, and Clinical Professor University of Minnesota (Craniofacial-Cleft Palate Clinics). He has served on the ASAPS Judicial Council, is a past president of ASERF and he has been in practice for more than 30 years. Disclaimer: Dr. Joe's opinions aren't those of the Ethics Committee or the Judicial Council.



Operating Room Checklists Improve Patient Safety

James Fernau, MD
Chair, ASAPS Patient Safety Committee



Evidence-based medicine literature reveals communication failures are common in the operating room leading to increased complications. Furthermore, use of a surgical safety checklist improves communication and decreases mortality and complications. Most scientific research has used the World Health Organization Surgical Safety Checklist (see figure 1).

Studies have shown a decrease in morbidity and mortality rates, infections and wrong site surgery. Surveys where checklists were implemented revealed 93.4% of clinicians said if they were undergoing an operation, they would want the checklist used. Regardless of checklist use, the link between team behaviors and patient safety is well documented. The use of a checklist has been proven to improve communication and teamwork. It is important to realize checklists are really not comprehensive enough to catch every possible error. Instead, proper use of the checklist may be a marker for teamwork and cooperation within the operating room.

Many thanks to Dr. Lorne Rosenfield who created a patient safety checklist specifically designed for plastic surgeons. This checklist acts as a template to be tailored by each of us

to improve communication so we do not forget or miss an important step during the perioperative period. Our work environment is becoming increasingly more technically demanding, and monthly additions and deletions to our own list will be expected. Moreover, encouraging customization of the checklist to fit the needs of the team may promote a feeling of ownership over the checklist; therefore, increasing compliance along the way. Each team and its corresponding staff must fully support the checklist to allow for changes in patient outcomes. The checklist is a tool for improving communication and safety culture. Most importantly, compliance with the checklist is most critical for the effects of patient safety to be realized.

Dr. Rosenfield's checklist is certainly comprehensive, and I have implemented it in my practice. He is to be applauded for an arduous task to put forth such a complete and meaningful checklist. One aspect I would like to emphasize is the PDMP. The PDMP stands for Prescription Drug Monitoring Program. It is a statewide electronic database that tracks all controlled substance prescriptions. These would include opiates, benzodiazepines and

stimulants. It includes information on the prescriber, the pharmacy and the name, date and quantity of drug dispensed. States do not communicate with each other on the electronic database so the inquiring physician must be cognizant of possible neighboring states where patients may be obtaining other drugs. This is important information for us to know prior to surgery. For example, I recently saw a red flag and ordered a drug screen the morning before surgery and the patient was positive for cocaine. The anesthesiologist agreed with me and surgery was canceled. I had an open and honest discussion with the patient and they agreed to stop cocaine and repeat the drug screen. For more detailed information on the PDMP, please see my article on the opioid crisis in this issue on Page 99.

Please remember the surgical checklist is not just a box to check off. If we accept a complacent attitude, the checklist will not work and in fact would become a detriment. The checklist is for the entire team to use and we must monitor the results of our patient care. By tailoring and self-monitoring our own surgical checklist we have the ability to improve patient safety.

World Health Organization		
SURGICAL SAFETY CHECKLIST (FIRST EDITION)		
Before induction of anaesthesia	Before skin incision	Before patient leaves operating room
<p>SIGN IN</p> <ul style="list-style-type: none"> <input type="checkbox"/> PATIENT HAS CONFIRMED <ul style="list-style-type: none"> • IDENTITY • SITE • PROCEDURE • CONSENT <input type="checkbox"/> SITE MARKED/NOT APPLICABLE <input type="checkbox"/> ANAESTHESIA SAFETY CHECK COMPLETED <input type="checkbox"/> PULSE OXIMETER ON PATIENT AND FUNCTIONING <p>DOES PATIENT HAVE A:</p> <p>KNOWN ALLERGY?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>DIFFICULT AIRWAY/ASPIRATION RISK?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES, AND EQUIPMENT/ASSISTANCE AVAILABLE</p> <p>RISK OF >500ML BLOOD LOSS (7ML/KG IN CHILDREN)?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED</p>	<p>TIME OUT</p> <ul style="list-style-type: none"> <input type="checkbox"/> CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE <input type="checkbox"/> SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM <ul style="list-style-type: none"> • PATIENT • SITE • PROCEDURE <p>ANTICIPATED CRITICAL EVENTS</p> <ul style="list-style-type: none"> <input type="checkbox"/> SURGEON REVIEWS: WHAT ARE THE CRITICAL OR UNEXPECTED STEPS, OPERATIVE DURATION, ANTICIPATED BLOOD LOSS? <input type="checkbox"/> ANAESTHESIA TEAM REVIEWS: ARE THERE ANY PATIENT-SPECIFIC CONCERNS? <input type="checkbox"/> NURSING TEAM REVIEWS: HAS STERILITY (INCLUDING INDICATOR RESULTS) BEEN CONFIRMED? ARE THERE EQUIPMENT ISSUES OR ANY CONCERNS? <p>HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NOT APPLICABLE</p> <p>IS ESSENTIAL IMAGING DISPLAYED?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NOT APPLICABLE</p>	<p>SIGN OUT</p> <p>NURSE VERBALLY CONFIRMS WITH THE TEAM:</p> <ul style="list-style-type: none"> <input type="checkbox"/> THE NAME OF THE PROCEDURE RECORDED <input type="checkbox"/> THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT (OR NOT APPLICABLE) <input type="checkbox"/> HOW THE SPECIMEN IS LABELLED (INCLUDING PATIENT NAME) <input type="checkbox"/> WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED <input type="checkbox"/> SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT

THIS CHECKLIST IS NOT INTENDED TO BE COMPREHENSIVE. ADDITIONS AND MODIFICATIONS TO FIT LOCAL PRACTICE ARE ENCOURAGED.

Shared with permission of the World Health Organization.

The Plastic Surgeon's Role in the Opioid Crisis

James Fernau, MD

The opioid epidemic has certainly reached the office of plastic surgeons. We must heighten our awareness of this problem because it impacts our patients with potentially devastating effects upon patient safety. Collectively, we need to take a firm stand and spread the awareness and concern while developing guidelines and protocols relative to our own situation.

The United States remains the world leader in opioid consumption, abuse and opioid related deaths, and the crisis extends well beyond our borders. Canada and the United Kingdom are two examples of countries that have witnessed rising opioid prescribing, consumption and overdose deaths in recent years. In the United States, in 2017, drug overdoses killed 72,000 people. Drug overdose is the leading cause of death for Americans under 50, now leading firearm and motor vehicle accidents. According to Centers for Disease Control and Prevention (CDC) data, 115 Americans die every day from opioid related overdose. In-depth analysis of overdose data points to a sharp rise in overdose deaths due to synthetic opioids such as illicitly manufactured fentanyl (IMF); still, about 40% of overdose deaths involve a prescription opioid, which may include methadone, oxycodone or hydrocodone.

Plastic surgeons routinely prescribe oxycodone and or hydrocodone for procedures such as breast augmentation and abdominoplasty. I interviewed many plastic surgeons who routinely would give 60 pills for one operation. In my opinion, those days are over. We must be more judicious with our pain prescriptions and prescribe on a thoughtful case-by-case basis. Most importantly, we need to review the patient's information in the Prescription Drug Monitoring Program (PDMP). This is a US state-based electronic database that tracks the prescribing and dispensing of controlled substances on every patient. In fact, more than 50% of physicians now practice in states that require them to check the state PDMP database prior to writing opioid prescriptions. If the patient's PDMP reveals a pattern of abuse, we need to make a decision whether or not to operate on the patient. These decisions are going to be based upon the patient's honesty and a review of their situation. If we

We must be more judicious with our pain prescriptions and prescribe on a thoughtful case-by-case basis. Most importantly, we need to review the patient's information in the Prescription Drug Monitoring Program (PDMP)... If the patient's PDMP reveals a pattern of abuse, we need to make a decision whether or not to operate on the patient.

do operate, it is incumbent on us to discuss a postoperative pain management plan. Alternate forms of pain control should be discussed and include the use of NSAIDs, electrical stimulation, lidocaine patches and the use of long acting local anesthetics such as bupivacaine liposome injectable suspension (Exparel) to name a few.

Additionally, another powerful alternative to decrease opioid use after surgery is ERAS which stands for Enhanced Recovery After Surgery. ERAS includes a multimodal perioperative care program. Every program of ERAS is composed of evidence-based perioperative care plans proven to be effective when all aspect are put together. This results

in substantial improvements in surgical outcomes. This program originally designed in Denmark has now been launched by the University of Pittsburgh Medical Center (UPMC) as recently as 2015. The department of anesthesia at UPMC hospitals has shown the success of ERAS by reducing length of stay by two to three days and decreasing patient-controlled analgesia by 80 percent after complex abdominal surgery. Success is achieved through evidence-based pathways used throughout the entire perioperative period, including in the preoperative patient setting. Additionally, other studies have shown a reduction in complications by 30 to 50 percent. The table below summarizes various ERAS protocols.

A concrete example would include the following care of a patient. In the preoperative area the patient would take the following oral medications 1 hour before surgery: celecoxib (Celebrex) 400mg, gabapentin (Neurontin) 200mg, omeprazole (Prilosec) 40mg, acetaminophen (Tylenol) 500mg. The patient would be well hydrated. During surgery no inhalation gases would be used. A total intravenous anesthetic would include propofol, ketamine hydrochloride, dexmedetomidine (Precedex) and midazolam (Versed). In the recovery room attention is directed to control nausea and vomiting, continue fluid hydration

Continued on Page 102

UPMC enhanced recovery program ERP department of Anesthesiology

Pre-operative interventions

- Evaluation and optimization of existing organ function
- Ensuring good nutritional status
- Improving physical fitness
- Patient education
- Minimal starvation
- Oral Carbohydrate drink
- NO mechanical bowel preparation

Operative Interventions

- Pre-operative Antibiotic, acid suppression and pro-kinetic
- Thoracic epidural analgesia
- Elective use of nasogastric decompression, urinary catheterization and abdominal drainage
- Goal directed fluid therapy
- Maintaining Normothermia
- Minimal tissue handling
- Minimize operative time
- Minimal access surgery

Post-operative interventions

- Preemptive and adequate analgesia
- Post-operative nausea and vomiting prophylaxis
- Early removal of all drains and tubes if inserted
- Early enteral nutrition
- Early enforced ambulation
- Ensure follow-up after discharge

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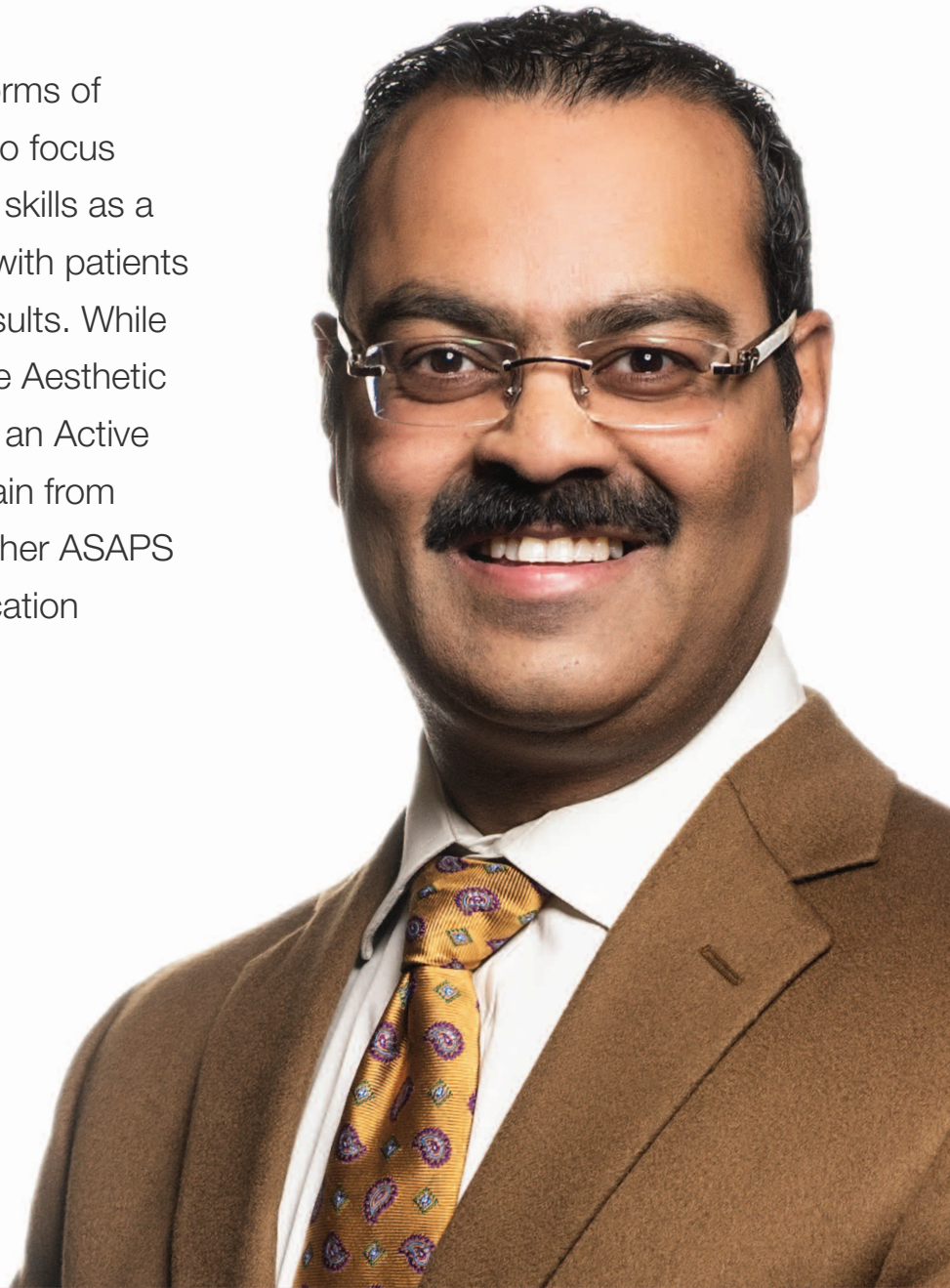
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~ Himansu R. Shah, MD
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The Plastic Surgeon's Role in the Opioid Crisis

Continued from Page 99



and pain control with agents such as intravenous ketorolac (Toradol) and intravenous acetaminophen (Ofirmev). It is important to remember when ERAS protocols are implemented post-operative opioid use is decreased by 80 percent.

As of this writing, in communication with other ISAPS National Secretaries at least twelve countries from around the world have a similar program equivalent to the American PDMP. Six other countries responded that only certain doctors in their country are licensed to prescribe addictive pain medications and this is strictly controlled by their Ministry of Health. Furthermore, in the Medical Group Management Association's 2018 opioid prescription drug policy survey representing 43 practice leaders across numerous specialties found an overwhelming number of organizations (84%) that have updated or implemented a new opiate prescription drug policy in the past three years. It is obvious that plastic surgeons must follow suit to perform our due diligence during the current opioid crisis.

Each of us can develop our own guidelines for prescribing opioids. A mandatory review of the patient's PDMP (or equivalent) and/or a review of the patient's history of pain medication use should be implemented. The office staff must be educated on these same issues. If a red flag arises, consider drug

screening, especially the day of surgery.

The following is a clinical scenario of a potential catastrophe. Patient Jane Doe is scheduled for a breast augmentation in an AAAA accredited office surgical center. Unknown to their surgeon they have been taking oxycodone for chronic back pain and are abusing their medications. They are also taking diazepam for anxiety. They willingly take more oxycodone and diazepam before the start of their surgery to avoid having pain and anxiety from the procedure. During their surgery the doctor and the anesthesiologist give the appropriate medications; however, in the postoperative recovery room the patient goes into respiratory arrest due cumulative effects of oxycodone and diazepam which were previously ingested. Narcan and Flumazenil are administered and a potential catastrophe is avoided. This entire

In one case in which I refused to operate the patient was obtaining over 500 pills of oxycodone per month from 27 different prescribers and all prescriptions came from one pharmacy! In this instance I called the state attorney general's office to review the matter.

scenario could have been avoided with a review of the PDMP and a thorough knowledge of the patient's history of possible pain medication abuse. A positive drug screen could have alerted the surgeon and the anesthesiologist to a potential problem.

Other drugs which are commonly reported on the PDMP include all benzodiazepines and stimulants such as Methylphenidate. In a review of my personal PDMP cases I found that greater than 60% of patients taking an opiate are also taking a benzodiazepine and or a stimulant. A red flag would be the patients obtaining multiple prescriptions from multiple prescribers. In one case in which I refused to operate the patient was obtaining over 500 pills of oxycodone per month from 27 different prescribers and all prescriptions came from one pharmacy! In this instance I called the state attorney general's office to review the matter.

The opioid epidemic has become an unprecedented crisis in the United States and worldwide. We need to come together to develop comprehensive solutions at all levels. Plastic surgeons are part of the frontline practitioners confronting the opioid crisis. We must educate ourselves, our staff and our patients regarding the scope of the problem and develop our own protocol to handle this growing epidemic. For those of us fortunate enough to have a PDMP or its equivalent we must use this valuable information as part of our daily practice routine. Consideration of drug screening is going to be of great importance. Honest communication between the physician and the patient is of paramount importance. With patient safety firmly ingrained in our character we can boldly step forward and confront this growing worldwide epidemic.

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James Fernau, MD, is an aesthetic plastic surgeon, practicing in Coraopolis, PA. He serves as Chair of the ASAPS Patient Safety Committee. He wrote this article under his role on the ISAPS Patient Safety Committee, and The Aesthetic Society gratefully acknowledges ISAPS President Renato Saltz, MD, and Executive Director Catherine Foss, for allowing us to reprint this timely article.



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OPERATING ROOM CHECKLIST

Courtesy of
Lorne K. Rosenfield, MD

Patient Name _____ DOB _____ AGE _____ DOS: _____
Procedure _____
Pt arrival time _____ Pt Pre-Mark time _____ Call M.D. time _____
Anesthesia Local Sedation LMA ETT

FROM THE DAY OF CONSULTATION UNTIL THE DAY BEFORE SURGERY

- Previous records requested _____ obtained _____ reviewed _____
- Medical "issues" to be cleared before surgery _____
- Findings w/review previous sed/anesth records _____
- Alcohol use: How much/often _____
- Chronic pain meds: Which and how often _____
- Tobacco use: When and How many packs/day _____
- Drug and chemical abuse: When and Which: _____
- Appropriate state(s) PDMP Reviewed _____ Red Flag? _____
- Prev anesth Px's _____ Hard vein stick _____ H.O. Carsickness _____ Eye Phobia _____
- AnesthPx's (family member) _____ H.O. Extra Local _____ P.O.N.V. _____
- Needle Anxiety _____ Claustro _____ Over Sed _____ Under Sed _____
- Anxiety Meds _____ Sleeping meds _____
- Asthma Meds _____ Diabetic meds _____
- Diet Medications _____ GE Reflux _____
- Low/High B.P. Meds _____ Psych meds _____ MAO meds _____
- ASA/Plavix Meds _____ Birth Control _____
- Bleeding sheet reviewed _____
- Antibiotic allergy _____ Rash only? _____ Anaphylaxis? _____
- Alternative antibiotics _____
- Medicinal sensitivities _____
- Iodine/shellfish allergy _____ Epinephrine sensitivity? _____
- Latex allergy? Gloves only _____ Anaphylaxis? _____
- Hx OF MRSA:Nasal Swab prn _____ I.D. Consult prn _____
- MRSA PROTOCOL: Nasal Swab prn _____ Hibiclens _____ Mupirocin _____
- Decontamination Protocol reviewed _____
- MALIGNANT HYPERTHERMIA Eval form completed _____ AUGMENT REVIS: Implant Hx form completed _____
- DVT Risk sheet completed _____ Hx of DVT _____ Hx of P.E. _____
- Anesth Assessment: Local _____ Sed _____ G/A _____
- Surg Loc Assessment: Office _____ Pen _____ Mills _____
- Hx of Glaucoma/Cataracts/Dry Eye/Lasik Surgery? _____
- Hx of sleep apnea? _____ Uses CPAP mask? _____
- Hx of prior abd surgery/lipo? _____ Hx of back pain/surgery? _____
- Confirm photos taken & in file _____ Younger Photo recorded _____ Conf pt arrival time _____
- Confirm Rx received _____ Confirm Med Clearance: H&P _____ Labs _____ EKG _____
- Confirm Staffing: RN _____ Anesth _____
- ABD: Garment Size _____ Binder Size _____ Foley _____
- LIPO: Tumesc. Liters _____ Garment Size _____ Foley _____
- BREAST: IMPLSIZES _____ CHIN/NECK Garment Size _____

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PATIENT PSYCH EVALUATION FORM COMPLETED: Score _____ /10
Sign off here > _____ / _____

DAY OF SURGERY BEFORE ENTERING THE OPERATING ROOM

- Camera in holding room with card in place and batteries replaced
 - NPO status confirmed/Non-smoking status confirmed
 - Pre op BP _____ Pulse _____ WT _____ HT _____
 - Med/Iodine Allergy noted _____ Explain _____
 - H & P reviewed (including routine meds) & Anesthesia Pre Op form reviewed
 - Screening tests reviewed (CXR, EKG, labs, drug screen, nicotine, cotinine) and Pregnancy test prn
 - Consent details reviewed
 - POSTOP FORM COMPLETED: Contacts for pickup/aftercare and post-op appt.
 - Noted: Past anesthesia problems _____
 - Noted: Smoker _____ HTN _____ ETOH _____
 - Noted: Past surgeries with operative zone _____
 - Confirm Prn Garment _____ Implants _____
 - Confirm Fluids/Equipment/Injectables available
 - PO meds given: Valium, Emend, Pepcid, Antibiotics
 - PRE-OP RM CHECKLIST COMPLETED: Monitor/Velcro/Heat/Music/Call-button
 - PRE-SURGICAL TEAM CONFERENCE—REVIEW: name/procedure/allergies/notable history: smoker, dry eye
 - Patient voided and removed all jewelry
 - "Coast Clear" confirmed before patient transfer from holding area
- Sign/Co-Sign here > _____ / _____

IN THE OPERATING ROOM BEFORE THE INCISION IS MADE

- Patient time out stated and confirmed
 - Fire safety stated and confirmed
 - IV antibiotic given 1 hour pre-incision TIME GIVEN _____
 - Steroids given
 - Consent form posted and photos displayed
 - Bovie setup
 - Monitors: EKG _____ B/P _____ O2 _____ CO2 _____
 - Insert Eyeshields
 - Compression boots _____ Bair Hugger _____
 - Pillow under knees
 - Place Foley with face abdomen
 - AUGMENTATION: Nipples marked before prep—Use Chloroprep only
 - BREAST REDUCTION: Markings scratched before prep—Use Chloroprep only
 - ABDOMINOPLASTY: Pubis shaved, Foley placed, deep clean umbilicus before prep
 - FACELIFT: Deep Clean of ear canals/postauricular creases before prep
 - BLEPHAROPLASTY: Eye drops given/lower eyelid xylocaine placed before prep—Insert Eyeshields
 - RHINOPLASTY: Local anesthesia placed before prep
 - PRE-INCISION CHECKLIST CONFIRMATION
- Sign/Co-Sign here > _____ / _____



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DURING THE OPERATION

Sign and Co-Sign below

- Call patient's family at start of surgery and q 1.0 hour _____ / _____ / _____ / _____
- Check patient's arm and leg position after every bed position adjustment _____ / _____ / _____ / _____
- Check pressure points every 30 minutes _____ / _____ / _____ / _____
- Path specimen obtained and correctly labeled _____

BEFORE THE WOUND IS CLOSED

- PRE-CLOSURE PAUSE: Consent checked/needle & sponge count confirmed/ Marcaine injected prn breast & abdomen
- Sign/Co-Sign here > _____ / _____

AFTER THE WOUND IS CLOSED

- Final IV meds given prn – (eg. Zofran, Decadron)
 - Earplugs and/or eye shield removed
 - Steroids given
 - POST-SURGICAL TEAM CONFERENCE: REVIEW any post-op issues
- Sign/Co-Sign here > _____ / _____

AFTER THE SURGERY

- Surgeon to call family/caregiver immediately postoperatively
 - D/C instructions and appointment given to patient and family
 - PO fluids given
 - Ice to operative sites applied PRN
 - PRE-DISCHARGE MEETING: Final status check & postop review
 - Narcotics drawer locked and key put away
 - Turn off monitoring equipment and oxygen and back door locked
- Sign/Co-Sign here > _____ / _____

AT DISCHARGE

- Patient bag/medications given (including narcotics from fridge)
 - Post op appointment date _____ Time _____
 - POSTOP FORM COMPLETED: Final status check & postop appt
 - Dr. Rosenfield completed discharge visit/exam
- Sign/Co-Sign here > _____ / _____

MORNING AFTER UNTIL DAY OF SUTURE REMOVAL

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

Legend: Critical Pauses Patient Coordinator Front Desk Manager Scrub Tech O.R. Nurse

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Disclaimer: The preceding methods are not required. They are recommendations from the ASAPS Patient Safety Committee as of September 2018 and do not establish a standard of care. You may download this document and any updates at www.surgery.org/downloads/scissors-on-the-seam/OperatingRoomChecklist.pdf to tailor to your specific practice. ©2018 American Society for Aesthetic Plastic Surgery. All rights reserved.

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