

**Spring 2022**  
volume 26, number 2

beauty • artistry • expertise • education

# AESTHETIC SOCIETY NEWS

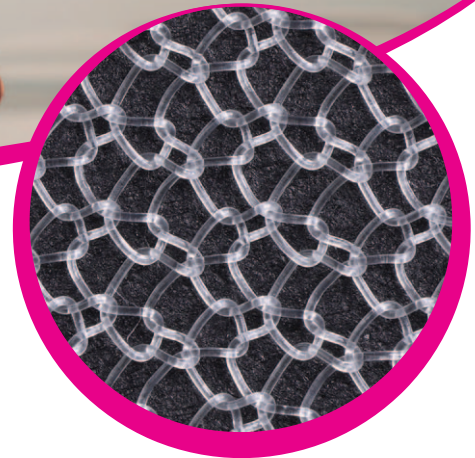
## SPECIAL ISSUE

The  
**AESTHETIC  
MEETING**  
2022

 The Aesthetic Society®

Artwork by: **Ryan Uhrich**





## Introducing GalaFLEX LITE™

### See Strength in a New LITE

We are excited to introduce GalaFLEX LITE, a lightweight, low-profile P4HB scaffold, designed for anatomical compliance, to provide predictable, restorative strength.

### Flex Your Options

GalaFLEX LITE expands your selection of P4HB scaffolds, providing more options to better suit your clinical needs and techniques in plastic and reconstructive surgery.

- Developed from P4HB™, a naturally bioabsorbable polymer
- Results in tissue that is 2X stronger than native tissue<sup>1,2,3</sup>
- Designed for anatomical compliance

### Real Strength Starts From Within™

[www.galateasurgical.com](http://www.galateasurgical.com) / +1 833 342 2073



**GALATEA**<sup>®</sup>  
SURGICAL

**Indications for Use** GalaFLEX LITE scaffold is intended to reinforce soft tissue where weakness exists in patients undergoing plastic and reconstructive surgery, or for use in procedures involving soft tissue repair, such as the repair of fascial defects that require the addition of a reinforcing or bridging material to obtain the desired surgical result.

**Important Safety Considerations** Possible complications include recurrence of the soft tissue defect, infection, seroma, pain, scaffold migration, wound dehiscence, adhesions, hematoma, inflammation and extrusion. The safety and product use of Galatea scaffold for patients with hypersensitivities to the antibiotics kanamycin sulfate and tetracycline hydrochloride is unknown. Galatea scaffolds have not been studied for use in breast reconstructive surgeries. The safety and effectiveness of Galatea scaffold in neural tissue and in cardiovascular tissue has not been established. The safety and effectiveness of Galatea scaffold in pediatric use has not been established.

**For complete safety information, consult the GalaFLEX LITE Instructions for Use, which can be found at [www.galateasurgical.com/ifu](http://www.galateasurgical.com/ifu).**

1. Preclinical data on file at Tepha Inc. Results may not correlate to clinical performance in humans.
2. Deeken, Corey R., and Brent D. Matthews. "Characterization of themechanical strength, resorption properties, and histologic characteristics of a fully absorbable material (poly-4-hydroxybutyrate--PHASIX mesh) in a porcine model of hernia repair." ISRN Surgery. 2013.
3. Data on File at Tepha.

Galatea Surgical, Inc. is now part of Becton Dickinson & Company. Galatea Surgical © 2022. 500197 Rev B





## Aesthetic Society News

Quarterly Newsletter of The Aesthetic Society

### THE AESTHETIC SOCIETY BOARD OF DIRECTORS

#### President

William P. Adams Jr., MD

#### President-Elect

Jennifer L. Walden, MD

#### Vice President

Melinda J. Haws, MD

#### Treasurer

Kiya Movassaghi, MD, DMD

#### Secretary

Tracy M. Pfeifer, MD

#### Members-at-Large

Jamil Ahmad, MD

R. Brannon Claytor, MD

Grady B. Core, MD

Trent D. Douglas, MD

Luis M. Rios Jr., MD

Lorne K. Rosenfield, MD

Douglas S. Steinbrech, MD

Marissa J. Tenenbaum, MD

Steven G. Wallach, MD

#### Parliamentarian

Steven R. Sigalove, MD

#### Immediate Past President

Herluf G. Lund Jr., MD

#### ASERF President

Louis L. Strock, MD

### ASERF BOARD OF DIRECTORS

#### President

Louis L. Strock, MD

#### President-Elect

Bruce Van Natta, MD

#### Treasurer

Onelio Garcia Jr., MD

#### Secretary

Caroline A. Glicksman, MD, MSJ

#### Directors

Nolan S. Karp, MD

Patricia A. McGuire, MD

Gabriele C. Miotto, MD

Terence M. Myckatyn, MD

Ivona Percec, MD

Lee Q. Pu, MD, PhD

David A. Sieber, MD

#### The Aesthetic Society President

William P. Adams Jr., MD

#### The Aesthetic Society President-Elect

Jennifer L. Walden, MD

#### The Aesthetic Society Vice President

Melinda J. Haws, MD

The Aesthetic Society: [www.theaestheticsociety.org](http://www.theaestheticsociety.org)

ASERF: [www.aserf.org](http://www.aserf.org)

Statements and opinions expressed in articles, editorials, and communications published in *ASN* are those of the authors and do not necessarily reflect the views of The Aesthetic Society or ASERF.

Publishing of advertisements in *ASN* is not a guarantee, warrant, or endorsement of any products and services advertised.

Send address changes and membership inquiries to:

Membership Department

The Aesthetic Society

11262 Monarch Street, Garden Grove, CA 92841

Email: [hello@theaestheticsociety.org](mailto:hello@theaestheticsociety.org)



© 2022 The American Society for Aesthetic Plastic Surgery  
All rights reserved.

- 4 Meetings Calendar
- 5 President's Message

## THE AESTHETIC MEETING

- 7 The Aesthetic Meeting 2022—Together Again in San Diego!
- 9 Industry Symposia and Lunch & Learn Industry Forums
- 11 The Aesthetic Society Booth Highlights
- 13 ASERF Silent Auction
- 16 Explore The Aesthetic Marketplace
- 18 Founding Members and Past Presidents
- 19 Thank You to Our Many Volunteers
- 20 Awards

## AESTHETIC CARE TEAM

- 25 Three Full Days of Education for Your Team at The Aesthetic Meeting 2022

## SOCIETY NEWS

- 26 The Aesthetic Society 2022–2023 Members To Vote on Slate of Candidates
- 28 ASERF 2022–2023 Members To Vote on Slate of Candidates
- 31 A Conversation on BII and Its Breaking Research
- 33 Commentary on Related Research
- 35 Bylaws Modernization—Thank you for Responding
- 37 Update on ASERF
- 39 Caroline A. Glicksman, MD, MSJ, and Patricia A. McGuire, MD Inducted to ASERF's Prestigious President's Circle
- 40 ASERF President's Circle
- 41 Thank You, ASERF Members and Donors
- 47 Beyond the Before & After Launches to your Potential Patients
- 51 *ASJ* and *ASJ Open Forum*
- 53 Membership FAQs and Membership Myth-Busters
- 55 4th Norwegian-American Aesthetic Surgery Hybrid Meeting and ISAPS Symposium
- 57 Media Notes and Quotes  
Meet the Staff: Joceline Barron
- 58 The Aesthetic Society's Premier Partners
- 60 The Aesthetic Society's Alliance Partners
- 63 Industry Partners Support The Aesthetic Society's Mission

## PRACTICE SOLUTIONS

- 64 Contemplating Fee Increases? Read This First!
- 67 Delivering Your Brand's Voice With Omnichannel Digital Campaigns
- 69 Advanced Call Tracking With Dynamic Number Insertion—Journey from Click to Call
- 70 The Social Side of Aesthetic Surgery: Staying on Brand
- 73 Know Your Insurance Carrier's Financial Strength
- 75 Marketing Trends Affecting You
- 77 Tax Diversification: Is it Missing from Your Long-Term Financial Plan?
- 81 Shifting "Upselling" to "Upping-Results"  
The Importance of Treatment Plans and Why they Matter!
- 83 No Surprises Act
- 87 The Straight & Narrow

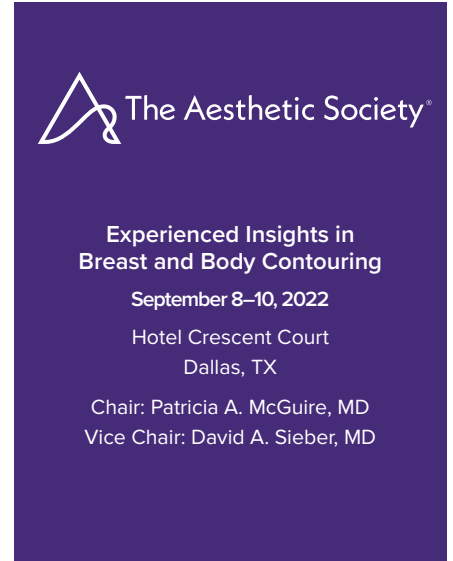
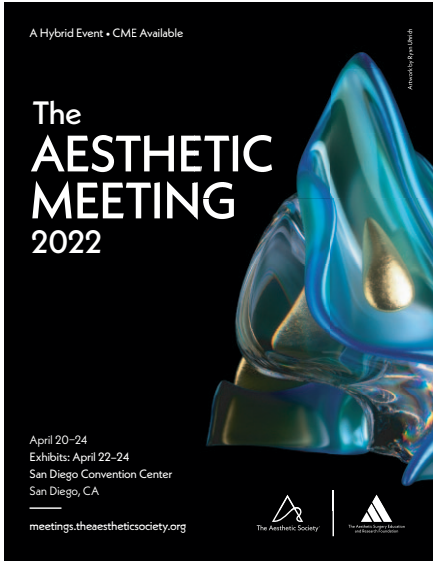
## SAFETY MATTERS

- 89 Lower Lid Blepharoplasty: The Minefield of the Face



# MEETINGS CALENDAR

Brought to you by



## The Aesthetic Meeting 2022

A Hybrid Event  
**April 20–24, 2022**  
San Diego Convention Center  
San Diego, CA  
[meetings.theaestheticsociety.org/  
the-aesthetic-meeting](https://meetings.theaestheticsociety.org/the-aesthetic-meeting)

## The Aesthetic Cruise 2022

**July 9–21, 2022**  
The Baltic  
[meetings.theaestheticsociety.org/cruise](https://meetings.theaestheticsociety.org/cruise)

Jointly provided by



**The Rhinoplasty Society  
Annual Meeting 2022**  
**April 20, 2022**  
San Diego Convention Center  
San Diego, CA  
[rhinoplastysociety.org/meetings2022](https://rhinoplastysociety.org/meetings2022)

Endorsed by



**BUILDING BRIDGES**  
**May 19–21, 2022**  
XXII. Spring Academy  
VDAEPC  
Association of German Aesthetic Plastic Surgeons  
III. GBAM  
German Brazilian Aesthetic Meeting  
Berlin  
[www.vdaepc2022.de](https://www.vdaepc2022.de)

**2022 Indie Aesthetic Surgery Summit**  
**August 28–29, 2022**  
<https://indieaestheticsurgerysummit.com>

## Non-Surgical Symposium

Organized by the Australasian Society of  
Aesthetic Plastic Surgeons  
**June 2–5, 2022**  
Gold Coast, Queensland, Australia  
[aestheticplasticsurgeons.org.au/events](https://aestheticplasticsurgeons.org.au/events)

## Anatomical Dissection and Cosmetic Procedures Workshop

Organized by the Australasian Society of  
Aesthetic Plastic Surgeons  
**June 6, 2022**  
MERF Brisbane, Queensland, Australia  
[aestheticplasticsurgeons.org.au/events](https://aestheticplasticsurgeons.org.au/events)

## Melbourne Advanced Facial Anatomy Course (MAFAC)

Organized by the Australasian Society of  
Aesthetic Plastic Surgeons  
**13–14 October 2022**  
RACS Melbourne, Australia  
[https://aestheticplasticsurgeons.org.au/  
events](https://aestheticplasticsurgeons.org.au/events)

## ASAPS Annual Conference

Organized by the Australasian Society of  
Aesthetic Plastic Surgeons  
**14–16 October 2022**  
Hotel Chadstone Melbourne, Australia  
[https://aestheticplasticsurgeons.org.au/  
events](https://aestheticplasticsurgeons.org.au/events)





## The Aesthetic Meeting San Diego 2022—It's LIVE and It's FULL THROTTLE!

By William P. Adams Jr., MD

As my year comes to a close I want to quickly highlight some of the themes in my quarterly presidential messages including:

- *It's NOT about the Destination, but rather the Journey; What is important is to Enjoy the Ride!*
- *Life Balance*—it's something only you can make for yourself
- Our "WHY" is *WE EDUCATE* and *Mentorship the Golden Pathway of the Surgeon*

These are great things to reflect upon frequently as they are keys to a fulfilling life and career. Another epiphany that became evident to me recently as I attended one of our Aesthetic Society "Vitamins" the *Face and Rhinoplasty Symposium* in Las Vegas (January 2022) as well as the *56th Baker Gordon Symposium in Miami* (February 2022) was that there is *nothing* like a *Live Meeting*.

Surgeons have sorely missed the magic of the *Live Meeting* with the past couple years of virtual meetings and symposia most of us have longed to get back to doing *Live Meetings*. Now let me be clear, our education team has found some real nuggets in some of the virtual offerings that were developed through the pandemic and we will continue to offer these in their own forms; however, *Live Meetings* are KING and offer so much more. The unique interactions between educators/ attendees/Industry is something that just cannot occur in a virtual setting.

Luckily there is a *cure* to this *malady* and it's right around the corner: *The Aesthetic Meeting 2022 in San Diego*. Held at one of my absolute favorite locations for a meeting, the 2022 annual meeting will be a *can't miss event*.

### HIGHLIGHTS INCLUDE:

- Date: April 21–24—The meeting start has been moved one day earlier so it does not bleed into the next week.
  - ▶ Pre-symposia and Cadaver labs including the ever-popular Hot Topics will be on Thursday April 21
  - ▶ Main Meeting will begins Friday April 22 and ends Sunday April 24
  - ▶ Friday night—Dress like your Favorite 80s or 90s Rocker at *New and Improved Battle of the Bands Welcome Reception*



Dr. G. Jackie Yee presents to a packed house in Las Vegas at the Facial and Rhinoplasty Symposium.



Back to Live at the 56th Baker Gordon Symposium. From left: James Stuzin, MD; David Hildalgo, MD, Bradley Calobrace, MD, William P. Adams Jr., MD, and Rod Rohrich, MD.

- *The Greatness of Aesthetic Society Education*—multiple sessions and options—your registration fee is *all-inclusive* including any teaching courses that you wish to attend
- Bring your staff to experience Our New Aesthetic Care Team program—customized to provide staff education at the meeting and throughout the year
- *Plenty of cleansing ales* and social time with your friends



Don't forget your Righteous 80s or 90s attire for the Battle of the Bands Welcome Reception in San Diego.

### JOIN US IN SAN DIEGO!

*It LIVE and it's FULL THROTTLE—Keep that Way!*  
See you soon!

*William P. Adams Jr., MD, is an aesthetic plastic surgeon practicing in Dallas, TX, and is the current president of The Aesthetic Society.*

A Hybrid Event • CME Available

Artwork by Ryan Uhrich

# The AESTHETIC MEETING 2022



REGISTER TODAY!  
Click or scan to learn more.

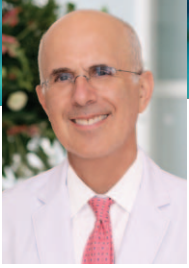


April 20-24  
Exhibits: April 22-24  
San Diego Convention Center  
San Diego, CA

[meetings.theaestheticsociety.org](https://meetings.theaestheticsociety.org)







## The Aesthetic Meeting 2022—Together Again in San Diego!

By Nolan S. Karp, MD

**A**s Program Chair, it gives me great pleasure to invite you to The Aesthetic Meeting 2022 in sunny San Diego, California!

Many of you have already registered for the meeting, and for that, we thank you. For those who have not, there's still time! Many travel restrictions have been lifted and we are excited to reconnect with our US and International colleagues.

Of course, these highlights are but the tip of The Aesthetic Meeting iceberg! Visit [meetings.theaestheticsociety.org](http://meetings.theaestheticsociety.org) for complete information. I look forward to seeing you all in San Diego, or virtually, as we celebrate the return of The Aesthetic Meeting!

### EXPLORE THE AESTHETIC MEETING

#### The Aesthetic Arena

This stage located in The Aesthetic Marketplace will be filled with educational content from sunrise to sunset. Grab a cup of coffee and listen to the Opening Keynote Lectures—short 30-minute presentations from the experts—to kick off your morning. While you are visiting the exhibitors in The Aesthetic Marketplace throughout the day, make sure to stop by the Arena to catch the Scientific Paper Presentations, Industry Presentations, and Margaritaville on Friday (rapid-fire case studies, yes, with actual margaritas)!

#### Expanded Education Opportunities

Looking for a deep dive into the latest in cutting-edge procedures? Make sure to come to San Diego early to register for a full day of optional education offerings on Thursday, April 21. These sessions are designed both for surgeons and their staff. Highlights include:

- **Four Options for Cadaver Labs**
  - ▶ Nurse Cadaver Lab  
Co-Chairs: Dino Elyassnia, MD; Jason Roostaeian, MD and David Sieber, MD
  - ▶ Composite Facelifts Simplified  
Chair: Bryan Mendelson, MD
  - ▶ Endoscopic and Minimally Invasive Techniques for Face  
Chair: Grady B. Core, MD
  - ▶ Modern Techniques in Rhinoplasty  
Chair: Joe Gyskiewicz, MD
- **Masterclass: Facelift—Planning and Technique**  
Chair: Timothy Marten, MD
- **Residents and Fellows Forum**  
Chair: Kye Higdon, MD  
Vice Chair: Al Cohn, MD
- **Medical Life Drawing and Sculpture: The Human Figure**  
Co-Chairs: Grant R. Fairbanks, MD, and Grant A. Fairbanks, MD
- **The Ritz-Carlton Leadership Center Presents: Brand Differentiating Service**

- **Premier Global Hot Topics**  
Moderators: Jamil Ahmad, MD; Tiffany McCormack, MD and Simeon Wall, Jr., MD
- **The Aesthetic Society/ISAPS Gluteal Symposium**  
Co-Chairs: Ashkan Ghavami, MD and Douglas S. Steinbrech, MD
- **Rhinoplasty Symposium 2022**  
Co-Chairs: Jamil Ahmad, MD and Jay Calvert, MD

#### ALL-INCLUSIVE EDUCATION

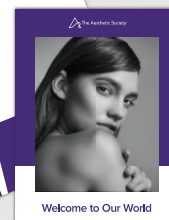
This year, Main Sessions, Sunrise Sessions and all Intensive Courses are included with your one registration fee! Attend any of the 55 Intensive Courses offered over Friday, Saturday, and Sunday at no extra charge. With deep dives into the hottest topics from gender confirmation surgery to BBL, and even practice management, there is something for every practice and every staff member. Even these six Mini Symposia are included for true in-depth training in a short amount of time!

- **Skincare:** Chairs Troy Pittman, MD and Susan Wells, RN. You and your office staff will not want to miss this deep-dive focus on what makes skincare work for you, your patients and your practice. Friday, April 22, 9:30am–12:30pm.

Continued on Page 8

## Enhance Your Practice With Updated Products!

We've worked hard to reimagine our products to align with our beautiful new brand. Expertise is everything; put it on display with these stylish and functional products.



**Reimagined Products Include:**  
Procedure Brochures, Membership Certificates,  
Membership Plaques, Consultation Folders, and more!

View all our updated products at  
[theaestheticsociety.org/shop](http://theaestheticsociety.org/shop)



# THE AESTHETIC MEETING

## The Aesthetic Meeting 2022—Together Again in San Diego!

Continued from Page 7

- **ISAPS—International Symposium:** Chair Ozan Sozer, MD. Attend this symposium to learn what our International colleagues have to share about many topics of the specialty. April 22, 2:00pm–4:00pm.
- **Facial Rejuvenation:** Chairs Christopher Surek, DO and Oren Tepper, MD will deliver an overview of key facial rejuvenation techniques that you can put into practice to deliver improved patient results and satisfaction. Saturday, April 23, 9:30am–12:00pm.
- **Aesthetic Breast Reconstruction:** Chairs Allen Gabriel, MD and Steven Sigalove, MD have delivered a program full of exciting point/counterpoint debates on some of the hottest topics in breast reconstruction, including Dual Plane vs Prepectoral Breast, Options in Soft Tissue Support in Reconstruction, and more! Saturday, April 23, 2:30pm–5:00pm.
- **Body Contouring:** Chairs David Sieber, MD and Humberto Morelli, MD have organized a stellar faculty for these growing procedures. Stay ahead of your peers by attending this informative mini symposium. Sunday, April 24, 9:30am–12:00pm.
- **Aesthetic Breast Surgery:** Chairs Kristi Hustak, MD and Jacob Unger, MD will bring you the latest in implant selection, including the use of ADM and how to manage the over-dissected pocket, while allowing

plenty of time for questions surrounding their most challenging cases. You won't want to miss it! Sunday, April 24, 2:30pm–5:00pm.

### OPPORTUNITIES FOR AESTHETIC CARE TEAM AFFILIATES

With three full days (Friday–Sunday) of The Aesthetic Care Team Session included with your registration, this meeting is ideal for you and your office staff and will ensure your team returns home with an array of ideas which can help your practice evolve and grow. To supplement, plan on arriving early to attend one of Thursday's Expanded Education Opportunities (additional fee). Options include Cosmetic Medicine, Skills for Successful Patient Coordinators with Karen Zupko, and practice management courses.

### WOMEN AESTHETIC SURGEONS' SYMPOSIUM

This special symposium will be held offsite on Wednesday, April 20, 12:30pm–5:00pm at UC San Diego Adventure Course. The program will utilize various ground based activities and a team development course to have fun, create community, offer opportunities for personal development as well as support your group dynamic skills. Attendees must pre-register.

Sponsored by: Allergan Aesthetics, Brijjit Medical Inc., CareCredit, MyEllevate by Cynosure and Revella Aesthetics.



### AESTHETIC MEETING APP

The Aesthetic Meeting 2022 will be utilizing a meeting app on which you'll find all of the information you'll need for a successful meeting. You'll receive an email when the app is available.



### ASERF SILENT AUCTION

Bid to win an exciting array of products, services, and educational experiences, with all proceeds going to ASERF (The Aesthetic Surgery Education and Research Foundation). Held during The Aesthetic Meeting 2022, the auction includes the opportunity to bid electronically, so that even those who cannot be on-site can take advantage of some terrific offers and help our specialty in the process.

Go to <https://events.handbid.com/auctions/aserf-auction-2022> for details.

### PRESIDENTIAL WELCOME CELEBRATION

Join us for a full-throttle Battle of the Bands featuring The Bone Tones and Help the Doctor. Friday, April 22, 6:30pm–9:00pm at the Convention Center, Hall E. Voting for your favorite band will benefit ASERF. Rock your favorite band look and don't forget your meeting badge for "full access."

### HYBRID EXPERIENCE

Unable to join us in person? We invite you to attend from the comfort of your home. Like many of our recent educational offerings, The Aesthetic Meeting 2022 is a hybrid event. Participate from home in selected events and experience the live program. Pitch your questions to our expert panelists and faculty in real time as you share insights with aesthetic plastic surgeons from around the globe.

One benefit of the hybrid meeting is that selected education streamed virtually will also be recorded. All attendees, whether in-person or virtual, will be able to access those recordings, free of charge after the meeting. Now you can earn CME for Annual Meeting education that you weren't able to view live!

Presidents Drs. William P. Adams Jr. and Louis Strock  
**Invite You to Rock Out** in Costume to support aesthetic research at the...

# PRESIDENTIAL WELCOME RECEPTION

FRIDAY  
APRIL 22  
6:30–9PM  
San Diego Convention Center  
Hall E

## BATTLE OF THE BANDS

To Benefit ASERF

New Wave or Grunge, Disco or Hair Metal, put your money (and costume) behind your musical taste to vote on the winning band by donating to ASERF!

**H+D** vs **The Bone Tones**

feat. Jason Roostaean, MD      feat. Joe Yaccarino  
President & CEO of MTF Biologics

Continued on Page 9

## The Aesthetic Meeting 2022

Continued from Page 8

### CME CREDIT DESIGNATION STATEMENT

**In-Person Attendance:** The American Society for Aesthetic Plastic Surgery (The Aesthetic Society) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The American Society for Aesthetic Plastic Surgery designates this live activity for a maximum of 34 *AMA PRA Category 1 Credits*.™ Physicians should claim only credit commensurate with the extent of their participation in the activity. The all-inclusive education is designated for 22.5 credits, of which 9 are Patient Safety CME. An additional 11.5 credits are designated for optional education. Earn up to 34 CME credits by participating in a CME designated activity in every time slot.

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

The American Society for Aesthetic Plastic Surgery designates this internet live course for a maximum of 31 *AMA PRA Category 1 Credits*.™ Physicians should claim only credit commensurate with the extent of their participation in the activity. The all-inclusive education is designated for 19.5 credits, of which 6 are Patient Safety CME. An additional 11.5 credits are designated for optional education. Earn up to 31 CME credits by participating in a CME designated activity in every time slot.

*Nolan S. Karp, MD is an aesthetic plastic surgeon practicing in New York, NY and serves as the Chair of The Aesthetic Society Program Committee.*

## Industry Symposia and Lunch & Learn Industry Forums

Not Sponsored or Endorsed by The Aesthetic Society or ASERF

**W**hile in San Diego plan to attend evening Corporate Satellite Symposia and daytime Industry Forums! Please see each company's registration information below and look for additional details in upcoming email blasts and on The Aesthetic Meeting App.

### THURSDAY, APRIL 21

*Industry Symposium*

#### ENDO AESTHETICS, LLC

Butt First, Uncover the Results Experts Share Their Real Experiences

**6:30pm**—Cocktails and Appetizers

**7:00pm**—Program

Location—Check the registration link for further details as they become available.

#### Featured Panel of Speakers:

- Rod J. Rohrich, MD, FACS
- Kristin A. Boehm, MD, FACS
- Johnny Franco, MD, FACS
- David Weir, MSN, APRN, NP-C

**Register here:** [www.qwo-hcp.com/endo-symposium/](http://www.qwo-hcp.com/endo-symposium/)

### FRIDAY, APRIL 22

*Lunch & Learn Industry Forum*

#### GALDERMA

GAIN Business focus on Practice Growth Drivers

**12:30 – 1:30pm**

San Diego Convention Center Level 2, Room 23

**Speaker:** Younghoon Cho, MD, PhD, MBA

Attendees will gain a foundational understanding of the Galderma growth drivers for aesthetic practices. Dr. Younghoon Cho will share insights pulling from his experience building a successful multi-specialty practice.

**To Register:** <https://cvent.me/N9P18n>

### FRIDAY, APRIL 22

*Lunch & Learn Industry Forum*

#### MTF BIOLOGICS

Renuva Live Injector Training—a new adipose matrix for volume correction

**12:30 – 1:30pm**

San Diego Convention Center, Level 2, Room 22

This training will include a didactic presentation followed by facial and body application assessment and planning on a live model.

The session will be conducted by Nima Naghshineh, MD, FACS, who practices in Beverly Hills, CA

Please RSVP to [Education@mtf.org](mailto:Education@mtf.org)

### SATURDAY, APRIL 23

*Industry Symposium*

#### SIENTRA

Crafting the Art of Plastic Surgery

**6:30pm**

House of Blues

See Sientra innovation and partnership while enjoying the art of craft cocktails, SoCal-inspired culinary experiences, and live music.

**To Register:**

<https://sientra.com/artofplasticsurgery>

*Subject to Change*

# Senté

Visit Senté® in San Diego and Raise Funds for Aesthetic Plastic Surgery Research



Senté® will make a \$100 donation to ASERF for each practicing physician who stops by their Booth #2138 and has their badge scanned, with the goal of raising up to \$5,000!

To help ASERF receive this donation, please stop by Booth #2138 in The Aesthetic Marketplace, **Friday, April 22 – Sunday, April 24.**

Your contribution will make a valuable impact on aesthetic surgery research.

**Thank you Senté!**

# Your Direct Connection to The Aesthetic Meeting

Download The Aesthetic Society App!



Browse and select your education.  
Navigate around the conference.  
Explore and contact exhibitors.  
Receive important updates.

Look for The Aesthetic Society app in your app store. Have questions? Stop by the information booth at The Aesthetic Meeting or email [hello@theaestheticsociety.org](mailto:hello@theaestheticsociety.org).





## The Aesthetic Society Booth Highlights

### DISCOVER AESTHETIC ONE



Over 10,000 breast implants have been registered with the Aesthetic One app. Has your practice joined the revolution? It's the only way to register breast implants with manufacturers and share information with patients in under three minutes. Developed by The Aesthetic Society and ASERF, with support from Allergan Aesthetics, Aesthetic One is the fastest-growing implant registration platform. Want to learn more? Visit The Aesthetic Society booth for a demo!

### EXPLORE ANN



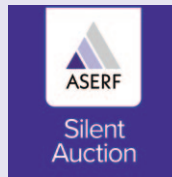
The Aesthetic Neural Network (ANN) is here to amplify the power of your eligible EMR/ Practice Management system by delivering easy-to-read dashboards that are just a click away. You and your team will have access to your practice's Key Performance Indicators (KPIs) as well as comparative data from your peers within the ANN community. Stop by to learn how ANN can empower your practice.

### AESTHETIC SURGERY JOURNAL AND AESTHETIC SURGERY JOURNAL OPEN FORUM



Celebrate ASJ and ASJ Open Forum by visiting its editorial team in our booth! They would love to chat with you about article and video ideas. Come grab the latest volume and learn all about the newly launched ASJ and ASJ Open Forum Podcast Series.

### BID TO WIN



The ASERF Silent Auction is a terrific way to support the Foundation in raising funds for research, while getting a chance to win and save big on a wide array of products and services.

Visit the ASERF auction inside The Aesthetic Society booth #2017 to bid onsite, Friday, April 22 – Sunday, April 24.

Bidding can also be done via the Handbid app from the Apple App Store or Google Play Store or online at: <https://handbid.app.link/ASERF2022> beginning Friday, April 1. Auction closes at 2:00 pm Pacific on Sunday, April 24, 2022.

### SAVE ON OUR BEAUTIFUL AND EFFECTIVE PRODUCTS



We've worked hard to reimagine our products to align with our beautiful new branding. Expertise is everything; put it on display with these stylish and functional products. Stop by our booth to browse certificates, plaques, and folders. We're happy to extend a 20% discount on all products when you place an order in the booth or call us at 562-799-2356 and mention your Aesthetic Meeting discount. But hurry—discounts apply only through June 15!

### MEMBERSHIP



We'd love to talk with you about the many benefits of your Aesthetic Society Membership. Bring a colleague who isn't a member yet and we can share with them too. If you do not yet qualify for membership, learn about our Candidate for Membership or Resident Programs. We also have a new Aesthetic Care Team Affiliate Program for your staff!

### UPDATE YOUR HEADSHOT



With our recently-launched docuseries, "Beyond the Before & After" driving traffic to your Public Profile on our new website, now is the perfect time to freshen up your headshot! Photos will be made available for personal use as well.

### "BEYOND THE BEFORE & AFTER" VIEWING LOUNGE



Speaking of our new docuseries, have you seen it yet? Visit our viewing lounge, supported by Allergan Aesthetics, an Abbvie company, just outside the Aesthetic Marketplace main entrance, under the escalators, for a (semi) private screening! Experience these uplifting stories of aesthetic plastic surgery patients, many of them just like yours. Free gourmet popcorn is included!

Visit Us in  
The Aesthetic  
Marketplace  
Booth #2017

# A Lifetime of Achievements. A Legacy to Last Generations.

---

## DR. SHERRELL J. ASTON

2022 ASERF  
CAREER ACHIEVEMENT  
AWARD HONOREE\*

---

Join ASERF as we honor world-renowned surgeon, mentor, and educator Dr. Sherrell J. Aston for his distinguished legacy.

**Saturday, April 23, 2022**

**12:00 PM to 2:00 PM**

**San Diego Convention Center**

The Aesthetic Society /

ASERF Member Business Meeting

---



## PAY TRIBUTE TO OUR HONOREE BY SUPPORTING ASERF

To make a donation in honor of Dr. Aston's illustrious career, please donate online at: [ASERF.org/AwardDONATE](https://ASERF.org/AwardDONATE)

The ASERF Career Achievement Award is presented to individuals who have made a significant impact on the field of aesthetic plastic surgery. Its honorees have spent their entire careers promoting and improving the specialty through education, communication, administration, and research while having held leadership roles with ASERF and/or The Aesthetic Society.

\*Due to the pandemic Dr. Aston's award was moved from 2020 to 2022.



The Aesthetic Surgery Education  
and Research Foundation



## Silent Auction

FRIDAY, APRIL 22–SUNDAY, APRIL 24

**T**he ASERF Silent Auction is a terrific way to support the Foundation in raising funds for research, while getting a chance to win and save big on a wide array of products and services. See page 14 for ways to bid.

### THANK YOU TO THE FOLLOWING COMPANIES AND SURGEONS FOR THEIR GENEROUS DONATIONS

#### Allergan Aesthetics, an AbbVie Company .....Booth: 1709

Three Pairs of Natrelle INSPIRA Gel Breast Implants  
Starting Bid: \$2,835

CoolSculpting® Treatment Cards (24 Cycles)  
Starting Bid: \$3,500

Two Units of REVOLVE Advance Adipose System (Two Separate Donations)  
Starting Bid: \$394

#### Alpha Aesthetics.....Booth: 2251

Pair of Gluteal Implants  
Starting Bid: \$581

#### Apyx Medical .....Booth: 1538

Two Boxes of Renuvion Handpieces and Advanced Training  
Starting Bid: \$5,250

#### BiLumix.....Booth: 2444

Gen 2 BiLumix Headlamp Package  
Starting Bid: \$475

#### Cynosure, LLC.....Booth: 1937

MyEllevate® ICLED® Light-guided Surgical Suture System, Starter Package  
Starting Bid: \$8,500

#### DefenAge .....Booth: 3102

DefenAge PRO Exclusive skincare line  
Starting Bid: \$275

#### Trent D. Douglas, MD

BOSE QuietComfort Earbuds  
Starting Bid: \$150

#### Sue M. Dykema, CAE

“Sail Away” 10"x21" Acrylic Painting by Sue M. Dykema, CAE  
Starting Bid: \$100

#### Johnny Franco, MD, FACS

Medical Media Marketing  
Starting Bid: \$500

#### Galatea Surgical.....Booth: 2325

GallaForm3D or GalaShape 3D Scaffold Any Size  
Starting Bid: \$500

#### HealFast, Inc. ....Booth: 1801

Three Pack of HealFast Complete Surgery & Injury Recovery  
Starting Bid: \$126

#### Implantech .....Booth: 2209

Three Silicone Facial Implants  
Starting Bid: \$446

#### Influx Marketing .....Booth: 2140

Apple Series 7  
Starting Bid: \$280

#### iNPLANT Funnel.....Booth: 1938

Implant Funnels (6 in each box) (Six separate donations)  
Starting Bid: \$205

#### Leonisa.....Booth: 1839

Classic Bottom Post-Surgical Firm Body Shaper—Diagonal hook-and-eye  
Starting Bid: \$30

Six Units of Post-Surgical Bras  
Starting Bid: \$95

Two Men's Firm Compression Post-Surgical Shaper Vest  
Starting Bid: \$60

#### LightStim

LightStim for Wrinkles  
Starting Bid: \$88

#### Liposales.....Booth: 1430

3000cc Type3 Fat Grafting Canister Package  
Starting Bid: \$385

#### Marina Medical.....Booth: 1829

Rhinoplasty Video Set (Online)  
Starting Bid: \$490

#### Merz Aesthetics .....Booth: 2319

Neocutis Products  
Starting Bid: \$630

#### MicroAire Surgical

Instruments.....Booth: 1722  
Endotine Drill and Instrument Kit  
Starting Bid: \$900

PAL Lipoplasty Device  
Starting Bid: \$9,500

#### Foad Nahai, MD

Problems in Periorbital Surgery: A Repair Manual  
Starting Bid: \$225

#### National Strategic Group

Marketing Research: Online Property Appraisal  
Starting Bid: \$875

#### Oculo-Plastik, Inc.

Black Durette® II Plastic Externals for Light Therapy PDT and LED's  
Starting Bid: \$28

#### RealSelf .....Booth: 1418

Professionally Produced Video Advertising  
Starting Bid: \$1,575

#### Revision Skincare .....Booth: 2531

Revox Line Relaxer + The Revision Ritual  
Starting Bid: \$193

#### Senté .....Booth: 2138

Sente Skin Regimen  
Starting Bid: \$350

#### Sientra .....Booth: 2309

Sientra Breast Implants & BIOCORNEUM  
Starting Bid: \$4,000

#### Skinbetter .....Booth: 1313

Award-winning Skincare Products  
Starting Bid: \$265

#### Surgical Innovation

Associates (SIA) .....Booth: 2401  
DuraSorb® Monofilament Mesh (Two Separate Donations)  
Starting Bid: \$1,314

#### The Aesthetic Society.....Booth: 2017

Unique Graffiti Artist Painting on Canvas  
Starting Bid: \$1,050

#### Tulip Medical Products .....Booth: 2419

Single Use SoftTouch Miller MicroFat + TNF Kit  
Starting Bid: \$162

#### Ultimate Contour.....Booth: 1345

Ultimate Contour Device  
Starting Bid: \$35,000

#### Xelpov Surgical.....Booth: 1329

Fat Re-Injection Gun  
Starting Bid: \$263

Blepharoplasty Set Basic  
Starting Bid: \$254

### TRAIN WITH AN EXPERT

Starting Bid: \$1,200

#### William P. Adams, Jr., MD

Caroline A. Glicksman, MD, MSJ

Patricia A. McGuire, MD

Kiya Movassaghi, MD, DMD

Lorne K. Rosenfield, MD

Renato Saltz, MD

Douglas S. Steinbrech, MD, FACS

Louis L. Strock, MD

The Plastic Surgery Clinic

Bruce W. Van Natta, MD



# THE AESTHETIC MEETING



## Silent Auction

Please download the Handbid app or visit Booth #2017 for full descriptions, restrictions, and limitations.

### BID TO WIN! USING YOUR SMARTPHONE

1. Download the free Handbid App from the Apple AppStore or Google Play Store (Android Market).
2. Tap Get Started, tap register now and create your Handbid account.
3. Select the ASERF Auction 2022 from the list and start bidding!

### BID TO WIN! USING THE WEBSITE



1. Go to <https://events.handbid.com/auctions/aserf-auction-2022> or click or scan the QR code above and select the bright pink REGISTER button in the Event Details Box.
2. Create Your Bidder Account by entering your user information and select Continue to log in.
3. Select to BID in this auction and start bidding!

### DON'T HAVE A SMARTPHONE?

Visit the ASERF Silent Auction Counter inside of The Aesthetic Society Booth #2017!

Thank you to the following donors for their generous contributions!

**Allergan Aesthetics**  
an AbbVie company



**Apyx**  
MEDICAL

**BiLumix**  
SHADOWLESS HEADLAMP

**MYELLEVATE**  
by CYNOSURE®

**DEFENGE**  
PRO EXCLUSIVE

**GALATEA**  
SURGICAL

**HealFast**  
Surgery & Injury Recovery

**Implantech**  
Superior Patient Aesthetics

**Influx**

**iNPLANT**

**LEONISA**

**LightStim**

**LIPO SALES**  
MEDICAL EQUIPMENT AND SUPPLIES

**MARINAMEDICAL**  
Surgeon-Focused Solutions

**MERZ AESTHETICS™**

**MICROAIRE**  
For Surgery. For Life.™

**NATIONAL STRATEGIC**  
GROUP

Continued on Page 15

OCULOPLASTIK

realign.



Silent Auction



Senté

sientra.

skinbetter SCIENCE



Tulip



ULTIMATE CONTOUR  
Two Technologies - One Amazing Result



Trent D. Douglas, MD



Sue M. Dykema, CAE



Johnny Franco, MD, FACS



Foad Nahai, MD

## TRAIN WITH AN EXPERT



William P. Adams Jr., MD



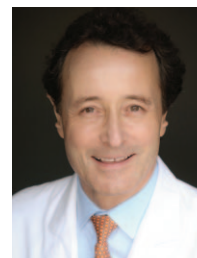
Caroline A. Glicksman, MD, MSJ



Patricia A. McGuire, MD



Kiya Movassaghi, MD, DMD



Lorne K. Rosenfield, MD



Renato Saltz, MD



Douglas S. Steinbrech, MD



Bruce W. Van Natta, MD



Louis L. Strock, MD

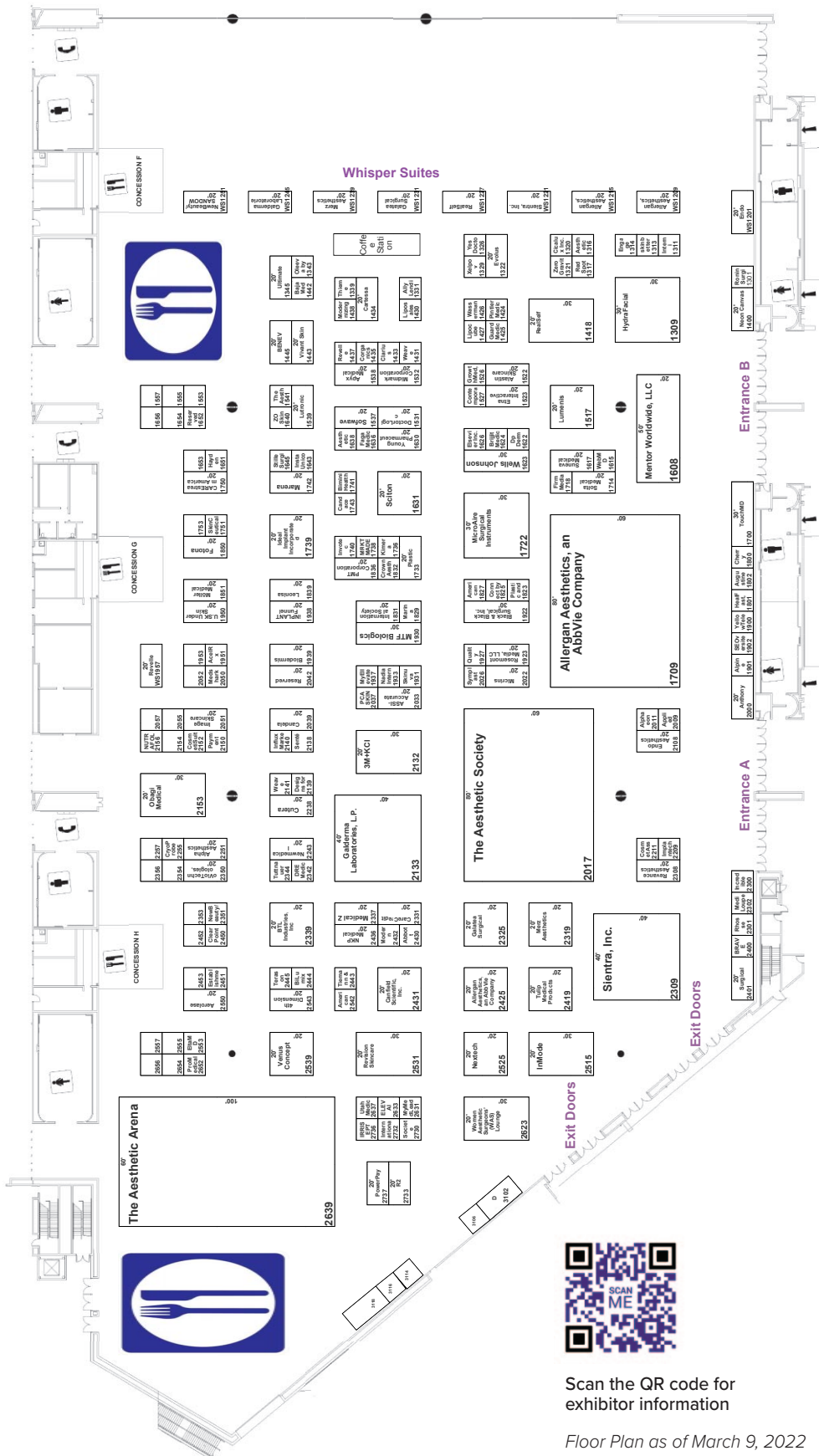


The Plastic Surgery Clinic

Donors as of March 9, 2022. For the most updated list, download the Handbid app or visit Booth #2017.

# THE AESTHETIC MEETING

Explore The Aesthetic Marketplace—Exhibit Booth Map



Company Name .....Booth Number

- 3M+KCI.....2132
- 4th Dimension EMR.....2543
- A to Z Surgical & Tiemann Surgical.....2443
- Abbott Laboratories.....2430
- Add Accurate Manufacturing, Inc.....1753
- AcelRx Pharmaceuticals, Inc.....1951
- Aerolase.....2550
- Aesthetic Brand Marketing, Inc.....1638
- Aesthetic Management Partners, Inc.....1316
- Alastin Skincare.....1522
- Allergan Aesthetics, an AbbVie Company.....1709, 2425
- Ally Lending.....1331
- Alpha Aesthetics.....2251
- ALPHAEON Credit.....2011
- Alpine Pharmaceuticals.....1901
- Alumier MD.....3114
- American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF).....2542
- American Society of Plastic Surgeons (ASPS).....1827
- Anthony Products/Gio Pelle.....2000
- Applied Medico-Legal Solutions, RRG, Inc.....2009
- Apyx Medical.....1538
- ASPS—Plastic Surgery Connect.....1825
- ASSI—Accurate Surgical.....2033
- Augustine Surgical Inc.....1802
- Baja Med Supplies.....1442
- BENEV Company, Inc.....1445
- BiLuxim.....2444
- Bimini Health Tech.....1741
- Biodermis.....1939
- Black & Black Surgical, Inc.....1922
- BRAVE Coalition Foundation.....2400
- Brijit Medical Inc.....1624
- BTL Industries, Inc.....2339
- Candace Crowe Design.....1743
- Candela.....2039
- Canfield Scientific, Inc.....2431
- CareCredit.....2331
- CAREstream America, Inc.....1750
- Cartessa Aesthetics.....1434
- Cherry Technologies, Inc.....1800
- Cicalux Inc.....1320
- Clarius Mobile Health.....1433
- ClearPoint Medical Inc.....2450

Floor Plan as of March 9, 2022

Continued on Page 17



## Explore The Aesthetic Marketplace

Continued from Page 16

Contemporary Design Inc.....	1527	Lipocube Biotechnology .....	1427	Revelle Aesthetics .....	1437
Corganics .....	1435	Liposales .....	1430	Revision Skincare.....	2531
● CosmetAssure.....	2211	Lumenis.....	1517	Rhosse Medical .....	2301
CosmetiSuite a Division of Meditab Software, Inc.....	2152	Lutronic Inc.....	1539	Ronin Surgical Corp.....	1301
Crown Aesthetics .....	1832	Marena .....	1742	Rosemont Media, LLC.....	1923
CryoProbe .....	2255	Marina Medical Instruments, Inc.....	1829	Sciton.....	1631
Cutera .....	2238	Medi Loupes.....	2302	● Senté, Inc. ....	2138
DefenAge .....	3102	Medical Z.....	2337	SEOverSite.....	1902
Designs for Vision, Inc.....	2139	Medshark Digital .....	2050	■ Sientra, Inc.....	2309
DoctorLogic.....	1531	■ Mentor Worldwide, LLC.....	1608	skinbetter science .....	1313
Dominion Aesthetic Technologies, Inc.....	3118	■ Merz Aesthetics .....	2319	SkinCeuticals.....	1751
Dp Derm LLC .....	1622	Micrins .....	2022	● Skinuva.....	1931
DRE Medical/Avante Medical Surgical.....	2342	MicroAire Surgical Instruments .....	1722	Societe Francaise des Chirurgiens Esthetiques Plasticiens.....	2730
ELEVAI Skincare .....	2633	Midmark Corporation .....	1532	Sofwave .....	1537
Elsevier Inc. ....	1626	Mission Plastics .....	3106	Solta Medical, a division of Bausch Health US, LLC.....	1714
EltaMD .....	2553	Modern Aesthetics.....	2432	Stille Surgical, Inc. ....	1645
■ Endo Aesthetics.....	2108	Modernizing Medicine, Inc. ....	1438	Suneva Medical.....	1617
Engage Aesthetics .....	1314	Moeller Medical GmbH.....	1851	Surgical Innovation Associates, Inc. (SIA).....	2401
Establishment Labs S.A.....	2451	MRKTMADÉ .....	1738	● Symplast.....	2026
Etna Interactive .....	1523	■ MTF Biologics.....	1930	Terason .....	2445
Evolus.....	1322	● MyEllevate.....	1937	The Aesthetic Arena.....	2639
Faga Medical .....	1636	MyMedLeads .....	2631	The Aesthetic Guide.....	1541
Firm Media .....	1718	Nadia International, Inc.....	1933	The Aesthetic Society.....	2017
Fotona.....	1850	Neon Canvas.....	1400	The HydraFacial® Company.....	1309
■ Galatea Surgical.....	2325	■ NewBeauty/SANDOW.....	2351	Thieme Medical Publishers .....	1339
■ Galderma Laboratories, L.P.....	2133	Newmedical Technology, Inc.....	2243	TouchMD .....	1700
GrowthMed, Inc. ....	1526	Nextech.....	2525	Tulip Medical Products .....	2419
Guard Medical Inc. ....	1425	NKP Medical Marketing, Inc.....	2436	Tuttnauer USA .....	2344
Hayden Medical Instruments.....	1651	Nutrafol.....	2156	U.S.K Under Skin.....	1950
HealFast, Inc .....	1801	Obagi Medical.....	2153	Ultimate Contour.....	1345
IC Surgical .....	1652	Oleeva by Bio Med Sciences, Inc. ....	1343	Utah Medical Products, Inc.....	2637
Ideal Implant Incorporated.....	1739	onPeak.....	3116	Venus Concept.....	2539
Image Skincare.....	2051	oVioTechnologies, Inc.....	2350	Vivant Skin Care.....	1443
Implantech Associates, Inc.....	2209	PatientFi, LLC.....	2042	Wasserman Medic.....	1426
Incredible Marketing.....	2300	Payment Technologies Group .....	2150	Weave .....	1431, 2141
Influx Marketing.....	2140	PCA SKIN .....	2037	WebMD & JustBreastImplants.....	1615
InMode.....	2515	Pintler Medical.....	1424	Wells Johnson .....	1623
iNPLANT Funnel .....	1938	Plastic and Reconstructive Surgery.....	1823	Women Aesthetic Surgeons' (WAS) Lounge.....	2623
InstaUnicorn LLC.....	1643	Plastic Surgery Studios .....	1733	Xelpov Surgical USA.....	1329
International Society of Aesthetic Plastic Surgery .....	1831	PMT Corporation .....	1836	Yellow Telescope .....	1900
International Society of Plastic and Aesthetic Nurses (ISPAN).....	2732	PowerPay.....	2737	Yes Doctor Corporation.....	1326
Interni USA/Athena Trading Inc.....	1311	ProMedical IT .....	2652	Young Pharmaceuticals.....	1630
Invotec International, Inc.....	1740	Quality Medical Publishing, Inc. ....	1927	Zero Gravity Skin .....	1321
IRRISEPT .....	2736	R2 Technologies .....	2733	ZO Skin Health.....	1640
Kimera Labs, Inc.....	1736	RealSelf.....	1418		
Leonisa .....	1839	Add RealtyMogul .....	2154		
		Red Spot Interactive.....	1317		
		● Revance Aesthetics.....	2308		
				■ Premier Industry Partner	
				● Alliance Industry Partner	

Exhibitor List as of March 9, 2022. For the most updated list of exhibitors and booth numbers, please download the meeting app.



## The Aesthetic Society Founding Members

\*John E. Alexander, MD  
 \*Thomas J. Baker, MD  
 \*Morrison D. Beers, MD  
 \*Salvador Castanares, MD  
 \*R. Allen Chandler, MD  
 \*Merrill D. Chesler, MD  
 \*Eugene H. Courtiss, MD  
 \*John F. Crosby Jr., MD  
 \*Albert Davne, MD  
 \*James F. Dowd, MD  
 \*Simon Fredricks, MD  
 \*Gilbert P. Gradinger, MD  
 \*Michael M. Gurdin, MD  
 \*James B. Kahl, MD  
 \*Bernard L. Kaye, MD  
 Donald R. Klein, MD  
 \*John R. Lewis Jr., MD  
 \*Duncan M. McKee, MD  
 \*John B. Patterson, MD  
 \*Leonard R. Rubin, MD  
 \*Walter M. Ryan, MD  
 \*Joseph Safian, MD  
 Marvin M. Shuster, MD  
 \*Richard E. Straith, MD  
 \*Kirkland W. Todd Jr., MD  
 \*Charles P. Vallis, MD  
 \*Richard C. Webster, MD  
 \*Sidney K. Wynn, MD

\*deceased

## The Aesthetic Society Past Presidents & Annual Meetings

Organizational Meeting	October 1968	New Orleans, LA
*John R. Lewis Jr., MD	February 1969	Miami, FL
*John R. Lewis Jr., MD	February 1970	Atlanta, GA
*John R. Lewis Jr., MD	May 1971	Boston, MA
*Salvador Castanares, MD	May 1972	Caribbean Cruise
*John E. Alexander, MD	March 1973	Newport Beach, CA
*Simon Fredricks, MD	March 1974	New Orleans, LA
*Richard B. Stark, MD	May 1975	Vancouver, B.C.
*Michael M. Gurdin, MD	April 1976	Atlanta, GA
*Charles E. Horton, MD	March 1977	Los Angeles, CA
*Eugene H. Courtiss, MD	May 1978	San Francisco, CA
*Gilbert P. Gradinger, MD	May 1979	Colorado Springs, CO
*Thomas D. Rees, MD	May 1980	Orlando, FL
*Bernard L. Kaye, MD	April 1981	Houston, TX
*Thomas J. Baker, MD	April 1982	Las Vegas, NV
Donald R. Klein, MD	April 1983	Los Angeles, CA
*Rex A. Peterson, MD	March 1984	Washington D.C.
George C. Peck, MD	April 1985	Boston, MA
*Frederick M. Grazer, MD	April 1986	New Orleans, LA
*Stanley A. Klatsky, MD	March 1987	Los Angeles, CA
*Norman M. Cole, MD	March 1988	San Francisco, CA
*Gaspar W. Anastasi, MD	April 1989	Orlando, FL
Peter McKinney, MD	April 1990	Chicago, IL
Jack A. Friedland, MD	April 1991	New York, NY
*Edward S. Truppman, MD	May 1992	Los Angeles, CA
*William P. Graham, III, MD	April 1993	Boston, MA
Sherrell J. Aston, MD	April 1994	Dallas, TX
Robert Singer, MD	March 1995	San Francisco, CA
*James L. Baker Jr., MD	April 1996	Orlando, FL
*Gustavo A. Colon, MD	May 1997	New York, NY
*Lawrence B. Robbins, MD	May 1998	Los Angeles, CA
John G. Penn, MD	May 1999	Dallas, TX
Fritz E. Barton Jr., MD	May 2000	Orlando, FL
Daniel C. Morello, MD	May 2001	New York, NY
Malcolm D. Paul, MD	April 2002	Las Vegas, NV
Franklin L. DiSpaltro, MD	May 2003	Boston, MA
Robert W. Bernard, MD	April 2004	Vancouver, B.C. Canada
Peter B. Fodor, MD	April 2005	New Orleans, LA
Mark L. Jewell, MD	April 2006	Orlando, FL
James M. Stuzin, MD	April 2007	New York, NY
Foad Nahai, MD	May 2008	San Diego, CA
Alan H. Gold, MD	May 2009	Las Vegas, NV
Renato Saltz, MD	April 2010	Washington, D.C.
Felmont F. Eaves, III, MD	May 2011	Boston, MA
Jeffrey M. Kenkel, MD	May 2012	Vancouver, B.C. Canada
Leo R. McCafferty, MD	April 2013	New York, NY
Jack Fisher, MD	April 2014	San Francisco, CA
Michael C. Edwards, MD	May 2015	Montréal, Québec, Canada
James C. Grotting, MD	April 2016	Las Vegas, NV
Daniel C. Mills, II, MD	April 2017	San Diego, CA
Clyde H. Ishii, MD	April 2018	New York, NY
W. Grant Stevens, MD	May 2019	New Orleans, LA
Charles H. Thorne, MD	April 2020	The Aesthetic Meeting @Home
Herluf G. Lund Jr, MD	April 2021	Miami Beach, FL
William P. Adams Jr, MD	April 2022	San Diego, CA

## Thank You to Our Many Volunteers—The Lifeblood of Our Society!

### The Aesthetic Society Board of Directors

William P. Adams Jr., MD—President  
Jennifer L. Walden, MD—President-Elect  
Melinda J. Haws, MD—Vice President  
Kiya Movassaghi, MD, DMD—Treasurer  
Tracy M. Pfeifer, MD—Secretary

#### MEMBERS-AT-LARGE

Jamil Ahmad, MD  
R. Brannon Claytor, MD  
Grady B. Core, MD  
Trent D. Douglas, MD  
Luis M. Rios Jr., MD  
Lorne K. Rosenfield, MD  
Douglas S. Steinbrech, MD  
Marissa J. Tenenbaum, MD  
Steven G. Wallach, MD  
Steven R. Sigalove, MD—Parliamentarian  
Herluf G. Lund Jr., MD—Immediate Past  
President  
Louis L. Strock, MD—ASERF President

#### TRUSTEES

Herluf G. Lund Jr., MD—Chair  
Michael C. Edwards, MD  
Jeffrey M. Kenkel, MD  
Renato Saltz, MD  
W. Grant Stevens, MD  
Charles H. Thorne, MD

#### JUDICIAL COUNCIL

Paul D. Faringer, MD  
Joe Gryskiewicz, MD  
Julie J. Khanna, MD  
Steven Teitelbaum, MD  
Sarvam TerKonda, MD

### The Aesthetic Society Committee Chairs & Representatives 2021–2022

#### ADMINISTRATIVE COMMISSION

Marissa J. Tenenbaum, MD—Commissioner  
Steven M. Camp, MD—Vice Commissioner

#### Advocacy Relations Committee

Paul J. LoVerme, MD—Chair

#### Aesthetic Neural Network Committee

Nolan S. Karp, MD—Co-Chair  
Luis M. Rios Jr., MD—Co-Chair

#### Aesthetic One App Committee

Nolan S. Karp, MD—Chair

#### Bylaws Committee

Jeffrey M. Kenkel, MD—Chair

#### Conflict of Interest Committee

Herluf G. Lund Jr., MD—Chair

#### Ethics Committee

Patricia A. McGuire, MD—Chair

#### Finance & Investment Committee

Kiya Movassaghi, MD, DMD—Chair

#### Inclusion & Diversity Committee

Anureet Bajaj, MD—Co-Chair  
Herluf G. Lund, MD—Co-Chair

#### Industry Exhibits Committee

David R. Stephens, MD—Chair

#### Industry Policy Committee

Daniel C. Mills, II, MD—Chair

#### Industry Support Committee

Tracy M. Pfeifer, MD—Chair

#### Product Development and Market Research Committee

Brian K. Brzowski, MD—Chair

#### COMMUNICATIONS COMMISSION

Melinda J. Haws, MD—Commissioner  
K. Kye Higdon, MD—Vice Commissioner

#### ASJ Editorial Board

Foad Nahai, MD—ASJ Editor-in-Chief  
Jeffrey M. Kenkel, MD—ASJ Associate Editor  
and ASJ *Open Forum* Editor-in-Chief

#### BIA—ALCL Task Force

M. Bradley Calobrace, MD—Chair

#### Breast Implant Illness Task Force

Melinda J. Haws, MD—Chair

#### Informed Consent Task Force

William P. Adams Jr., MD—Co-Chair  
Laurie A. Casas, MD—Co-Chair  
Melinda J. Haws, MD—Co-Chair

#### Media Relations Committee

Michael R. Lee, MD—Chair

#### Publications Committee

James M. Grotting, MD—Chair

#### Website Committee

Neil Tanna, MD—Chair

#### Website Task Force

Michael A. Bogdan, MD, MBA—Chair

#### EDUCATION COMMISSION

Jamil Ahmad, MD—Commissioner  
Douglas S. Steinbrech, MD—  
Vice-Commissioner

#### Aesthetic Training Committee

Kiya Movassaghi, MD, DMD—Chair

#### Continuing Medical Education Committee

Steven G. Wallach, MD—Chair

#### International Fellowship Program

Julio L. Garcia, MD—Chair

#### Patient Safety Committee

James Fernau, MD—Chair

#### Program Committee

Nolan S. Karp, MD—Chair

#### RADAR Resource Editorial Committee

Gabriele C. Miotto, MD—Chair

#### Symposium Committee

Clark F. Schierle, MD—Chair

#### Teaching Course Subcommittee

Michael R. Lee, MD—Chair

#### Traveling Professor Program

Steven G. Wallach, MD—Services Coordinator  
M. Bradley Calobrace, MD  
Michael C. Edwards, MD  
Heather J. Furnas, MD  
Caroline A. Glicksman, MD, MSJ  
John E. Hoopman, CMLSO  
Leo R. McCafferty, MD  
Patricia A. McGuire, MD  
Renato Saltz, MD  
Steven R. Sigalove, MD  
Chris Surek, DO  
Holly Wall, MD

#### MEMBERSHIP COMMISSION

Trent D. Douglas, MD—Commissioner  
Onelio Garcia, MD—Vice Commissioner

#### Application Review Committee

Michael C. Edwards, MD—Chair

#### International Committee

Peter B. Scott, MD, MD—Chair

#### Leadership Development Committee

Clyde H. Ishii, MD—Chair

#### Nominating Committee

Laurie A. Casas, MD—Chair

#### Women Aesthetic Surgeons Committee

Anureet Bajaj, MD—Chair

#### Young Aesthetic Plastic Surgeons Committee (YAPS)

Mark Albert, MD—Chair

#### Resident & Fellows Forum Workgroup

K. Kye Higdon, MD—Chair

#### ADVISORY

#### Representative to the AMA CPT/RUC Committees

Paul R. Weiss, MD

#### AMA Young Physician Section Delegate

Matthew J. Nykiel, MD

#### Representative to the AMA Women Physicians Congress

Michele A. Manahan, MD

Continued on Page 20

## Volunteer Recognition and Awards

Continued from Page 19

### Governor on the American College of Surgeons

Herluf G. Lund, Jr., MD

### Representative to the ACS Advisory Council for Plastic & Maxillofacial Surgery

Brian K. Brzowski, MD

### Representatives to the ABPS Cosmetic/Breast Advisory Council

Nolan S. Karp, MD

Daniel C. Mills, II, MD

### Liaison to the FDA

William P. Adams Jr., MD

### Legal Counsel

Robert H. Aicher, Esq.

### Executive Director

Sue M. Dykema, CAE

### Executive Director Emeritus

Robert Stanton

## Aesthetic Surgery Education and Research Foundation—ASERF

The Aesthetic Surgery Education and Research Foundation was established in 1993 as the philanthropic arm of The Aesthetic Society.

### ASERF BOARD OF DIRECTORS

Louis L. Strock, MD—President

Bruce W. Van Natta, MD—President-Elect

Onelio Garcia, MD—Treasurer

Caroline A. Glicksman, MD, MSJ—Secretary

William P. Adams Jr., MD—The Aesthetic Society President

Jennifer L. Walden, MD—The Aesthetic Society President-Elect

Melinda J. Haws, MD—The Aesthetic Society Vice President

### Directors

Nolan S. Karp, MD

Terence M. Myckatyn, MD

Patricia A. McGuire, MD

Gabriele C. Miotto, MD

Ivona Percec, MD

Lee Q. Pu, MD

David A. Sieber, MD

### Trustees

Al Aly, MD

Barry E. DiBernardo, MD

Luis M. Rios Jr., MD

Robert Whitfield, MD

### COMMITTEES & CHAIRS

#### BIA-ALCL Patient Assistance & Mollenkopf Breast Reconstructions Funds - Grant Review Committee

Luis M. Rios Jr., MD—Chair

#### Bylaws Committee

Michael C. Edwards, MD—Chair

#### Career Achievement Award (ad hoc)

Douglas S. Steinbrech, MD

#### Finance & Investment Task Force

Onelio Garcia, MD—Co-Chair

Bruce W. Van Natta, MD—Co-Chair

#### Fund Development Committee

Onelio Garcia, MD—Chair

#### Innovative Procedures Committee

Jamil Ahmad, MD—Co-Chair

Simeon H. Wall Jr., MD—Co-Chair

#### Nominating Committee

Laurie A. Casas, MD—Chair

#### Scientific Research Committee

Caroline A. Glicksman, MD, MSJ—Co-Chair

David A. Sieber, MD—Co-Chair

### ASERF PAST PRESIDENTS

Simon Fredricks, MD 1993–1997

Norman M. Cole, MD 1997–2001

Robert Singer, MD 2001–2004

Jeffrey Lang, MD 2004–2006

Alan H. Gold, MD 2006–2008

Bahman Guyuron, MD 2008–2009

Laurie A. Casas, MD 2009–2010

Geoffrey R. Keyes, MD 2010–2011

V. Leroy Young, MD 2011–2012

Joe M. Gyskiewicz, MD 2012–2013

William P. Adams Jr., MD 2013–2014

Al Aly, MD 2014–2015

Neal R. Reisman, MD, JD 2015–2016

Steven Teitelbaum, MD 2016–2017

Barry E. DiBernardo, MD 2017–2018

Julio L. Garcia, MD 2018–2019

Robert Whitfield, MD 2019–2020

Luis M. Rios Jr., MD 2020–2021

Louis L. Strock, MD 2021–2022

## Awards

In most cases, winners from the last 3 years are listed. For a complete list of previous award winners, please visit [www.aserf.org](http://www.aserf.org)

### TIFFANY AWARD—BEST SCIENTIFIC PRESENTATION

A Tiffany crystal prism on an onyx base is presented to the individual who provides the Best Scientific Presentation during the annual meeting of the Society. The trophy is presented during the subsequent annual meeting.

Daniel A. Del Vecchio, MD; New York, NY 2018

Vasilios S. Lambros, MD; New Orleans, LA 2019

Caroline A. Glicksman, MD, MSJ

and Patricia A. McGuire, MD 2021  
Miami Beach, FL

### SIMON FREDRICKS AWARD FOR BEST PANELIST

The Simon Fredricks Award is presented to the individual who is judged the Best Panelist at the annual meeting of the Society.

Tim Papadopoulos, MD; New York, NY 2018

Holly Casey Wall, MD; New Orleans, LA 2019

Steven Teitelbaum, MD; Miami Beach, FL 2021

### PETER B. FODOR AWARD FOR BEST PANEL MODERATOR

The Peter B. Fodor Award is presented to the individual who is judged the Best Panel Moderator at The Aesthetic Society/ASERF Annual Meeting. This etched crystal is made possible through a restricted fund established in 2001 by Barbara and Peter B. Fodor, MD.

Rod J. Rohrich, MD; New York, NY 2018

Nolan S. Karp, MD; New Orleans, LA 2019

G. Jackie Yee, MD; Miami Beach, FL 2021

### WALTER SCOTT BROWN AWARD FOR BEST VIDEO

The Walter Scott Brown Award is presented to the individual(s) presenting the Best Video at the annual meeting. This award is made possible by a fund established by Walter Scott Brown, MD (1906–1985).

Arthur Swift, MD; New York, NY 2018

Simeon H. Wall Jr., MD; New Orleans, LA 2019

Dino Elyassnia, MD Miami Beach, FL 2021

Continued on Page 21



## Awards

Continued from Page 19

### RAYMOND VILAIN AWARD FOR OUTSTANDING SCIENTIFIC PRESENTATION

The Raymond Vilain Award is presented to an International Active member or an international surgeon for an outstanding scientific presentation at an Aesthetic Society/ASERF meeting. This award is given in the name of Raymond Vilain, MD, a Corresponding Member of the Society from 1973–1989.

Francisco G. Bravo, MD; New York, NY 2018  
 Yoav Barnea, MD; New Orleans, LA 2019  
 Luis Humberto Uribe Morelli, MD; Miami Beach, FL 2021

### ROBERT SINGER AWARD FOR BEST HOT TOPICS PRESENTATION

The Robert Singer Award is presented to the individual who is judged the Best Hot Topics presenter at The Aesthetic Society/ASERF Annual Meeting.

Barry E. DiBernardo, MD; New York, NY 2018  
 James Fernau, MD; New Orleans, LA 2019  
 Francisco “Paco” Canales, MD; Miami Beach, FL 2021

### SHERRELL J. ASTON AWARD FOR BEST PRESENTATION BY A RESIDENT, FELLOW OR CANDIDATE

The Sherrell J. Aston Award was created by Dr. Sharadkumar Dicksheet’s “named fund” contribution to The Aesthetic Surgery Education & Research Foundation for the best presentation by a resident, fellow, or member of the Aesthetic Society Candidate Program. (Beginning in 1995 the criteria was limited to entries from Aesthetic Society annual meetings.)

Ali A. Qureshi, MD; New York, NY 2018  
 Christopher C. Surek, DO; New Orleans, LA 2019  
 Justin L. Perez, MD; Miami Beach, FL 2021

### BEST JOURNAL ARTICLE

This award is for the best aesthetic surgery article published in *Aesthetic Surgery Journal*.

**2019 Domestic:** *Update on Avoiding and Treating Blindness From Fillers: A Recent Review of the World Literature*, Katie Beleznay, MD, FRCPC; Jean D.A. Carruthers, MD, FRCSC, FRC (OPHTH); Shannon Humphrey, MD, FRCPC; Alastair Carruthers, MD, FRCPC; and Derek Jones, MD

**2019 International:** *Safe Gluteal Fat Graft Avoiding a Vascular or Nervous Injury: An Anatomical Study in Cadavers*, Filiberto Alejandro Alvarez-Alvarez, MD; Hiram O. González-Gutiérrez, MD; and César Felipe Ploneda-Valencia, MD

**2020 Domestic:** *Int Decision Making in Preservation Rhinoplasty: A 100 Case Series with One-Year Follow Up*, Aaron M. Kosins, MD, Rollin K. Daniel, MD

**2020 International:** *A Consensus on Minimizing the Risk of Hyaluronic Acid Embolic Visual Loss and Suggestions for Immediate Bedside Management*, Greg J. Goodman, FACS; Mark R. Magnusson, MBBS, FRACS; Peter Callan, MBBS, FRACS, MBA; Stefania Roberts, MA, MBBS, FRACP; Sarah Hart, MBChB, NZSCM; Cara B. McDonald, MBBS, FACS; Michael Clague, BSc; Alice Rudd, MBBS, FACS; Philip S. Bekhor, MBBS, FACS; Steven Liew, MBBS, FRACS

**2021 Domestic:** *A Practical Guide to Managing Patients With Systemic Symptoms and Breast Implants*, Patricia A. McGuire, MD; Daniel J. Clauw, MD; Jason Hammer, MD; Melinda J. Haws, MD; William P. Adams, Jr., MD

**2021 International:** *Aspiration Before Tissue Filler—An Exercise in Futility and Unsafe Practice*, Greg J. Goodman, MBBS, FACS; GradDipClinEpi, MD; Mark R. Magnusson, MBBS, FRACS; Peter Callan, MBBS, FRACS, MBA; Stefania Roberts, MA, MBBS, FRACP; Sarah Hart, MBChB, NZSCM; Frank Lin, MBBS, FRACS; Eqram Rahman, MBBS, MS, PhD; Cara B. McDonald, MBBS, FACS; Steven Liew, MBBS, FRACS; Cath Porter, MBBS; Niamh Corduff, FRACS; Michael Clague, BA

### BEST AESTHETIC SURGERY JOURNAL RESEARCH PAPER

This award is for the best aesthetic surgery research paper published in *The Aesthetic Surgery Journal*.

**2019:** *Venous Thromboembolism in Aesthetic Surgery: Risk Optimization in the Preoperative, Intraoperative, and Postoperative Settings*, Christopher J. Pannucci, MD

**2020:** *Histological Evaluation of the Skin After Fat Grafting: A Blinded, Randomized, Controlled Clinical Study*, Juan PBR Maricevich, MD; Marcel FMB Lima, MD; Ana Carolina Maricevich, MD; Marco ABR Maricevich, MD; Larissa FJ Silva, MD

**2021:** *Safety Considerations of Fat Grafting in Buttock Augmentation*, Rebecca C. O’Neill, MD; Summer E. Hanson, MD, PhD, FACS; Edward Reece, MD, MBA, FACS; Sebastian Winocour, MD, MSc, FACS

### BEST AESTHETIC SURGERY JOURNAL OPEN FORUM PAPER

This award is for the best paper published in the *Aesthetic Surgery Journal Open Forum*.

**2019:** *Management of Asymptomatic Patients With Textured Surface Breast Implants*, Patricia A. McGuire, MD; Anand K. Deva, BSc (Med), MBBS, MS, FRACS (Plast); Caroline A. Glicksman, MD, MSJ; William P. Adams Jr, MD; Melinda J. Haws, MD

**2020:** *Tranexamic Acid in Aesthetic Facial Plastic Surgery: A Systematic Review of Evidence, Applications, and Outcomes*, Garrett D. Locketz, MD; Kirkland N. Lozada, MD; Jason D. Bloom, MD, FACS

**2021:** *Breast Implant Illness: An Expert-Panel Discussion on Current Research*, Jeffrey M. Kenkel, MD, FACS; Caroline A. Glicksman, MD, MSJ; Patricia A. McGuire, MD; Luis M. Rios Jr., MD, William P. Adams Jr., MD

### BEST AESTHETIC SURGERY JOURNAL OPEN FORUM INTERNATIONAL PAPER

This award is for the best International paper published in the *Aesthetic Surgery Journal Open Forum*.

**2021:** *The Usefulness of Magnetic Resonance Angiography to Analyze the Variable Arterial Facial Anatomy in an Effort to Reduce Filler-Associated Blindness: Anatomical Study and Visualization Through an Augmented Reality Application*, Marc Mespreuve, MD, PhD; Karl Waked, MD; Barbara Collard, MD; Joris De Ranter, MD; Francis Vanneste, MD; Benoit Hendrickx, MD, PhD

### BEST AESTHETIC SURGERY JOURNAL OPEN FORUM RESEARCH PAPER

This award is for the best paper published in the *Aesthetic Surgery Journal Open Forum*.

**2021:** *The Combined Effect of Intravenous and Topical Tranexamic Acid in Liposuction: A Randomized Double-Blinded Controlled Trial*, Nicolas M. Abboud, MD; Ayush K. Kapila, MBBS, MD, MRCS; Sofie Abboud, Elie Yaacoub, MD; Marwan H. Abboud, MD

Continued on Page 22

## Awards

Continued from Page 21

### DISTINGUISHED SERVICE AWARD

This award is presented to members of the Society whose dedication, service, and/or contributions to the development, wellbeing, and success of the Society have been demonstrated over many years and have exemplified action above and beyond the expected or ordinary. The award is a Tiffany crystal trapezoid.

James M. Grotting, MD	2018
Laurie A. Casas, MD	2019
Leo R. McCafferty, MD	2021

### JEROME R. KLINGBEIL AWARD FOR TEACHING EXCELLENCE

The Jerome R. Klingbeil Award for teaching excellence was established in 1988 to recognize the efforts and the achievements of outstanding Teaching Course instructors and as a memorial to Jerome R. Klingbeil, MD, CAE, (1918–1988). This award was named in honor of Dr. Klingbeil's faithful and dedicated service to the Society. Dr. Klingbeil served this organization and its membership in numerous capacities, including 1973 Local Arrangements Chairman, Chairman of the Convention Planning and Coordination Committee (1974–1984) and as its first Executive Director (1981–1985). In keeping with the high degree of emphasis Jerry placed upon quality education and professional development, this award is conferred upon Teaching Course instructors who have donated their time and expertise to furnish significant and long-term contributions to the Society and the specialty.

Mary L. Jewel, RPT	2019
Geoffrey R. Keyes, MD	2020
Joe M. Gyskiewicz, MD	2020
Z. Paul Lorenc, MD	2020
Barry E. DiBernardo, MD	2022

### ASERF CAREER ACHIEVEMENT AWARD

This award honors an esteemed plastic surgeon recognizing their significant contributions and distinguished career; dedication and commitment to aesthetic surgery training and patient safety. This award is funded by donations in his/her name from the surgeons that know him/her best and thankfully recognize his/her powerful influence on our careers and lives.

Scott Spear, MD	2018 (posthumous)
Robert Singer, MD	2019
Sherrell J. Aston, MD	2022

### LEADERSHIP AWARD

This award is presented to an Aesthetic Society member who shows exemplary leadership, service, creativity, and dedication to the subspecialty of Aesthetic Surgery, advancing the organization in the pursuit of its stated mission. The Award is presented at the discretion of the Board of Directors to recognize a superior contribution.

Leo R. McCafferty, MD	2017
James C. Grotting, MD	2020
Michael C. Edwards, MD	2021

### SPECIAL MERIT

The Award of Special Merit commemorates the paramount contributions to the success and wellbeing of the Society which, in the judgment of the Society, was above and beyond the expected and ordinary. The recipient need not be a member of the Society. This award was originally in the form of a document suitable for framing. In 1987, an engraved silver bowl was adopted as this award.

Robert Singer, MD	2018
Daniel C. Mills, MD	2019
Richard J. Warren, MD	2019
Kevin Charles	2021

### SPECIAL AWARD

William P. Adams Jr., MD	2019
Melinda J. Haws, MD	2019
Tracy M. Pfeifer, MD	2020
Jamil Ahmad, MD	2021
Michael A. Bogdan, MD, MBA	2021
James Fernau, MD	2021
Nolan S. Karp, MD,	2021
Kathleen McClemmy	2021

### SCOTT SPEAR AWARD

The Scott Spear Award honors the Best Breast Presentation at The Aesthetic Meeting.

M. Bradley Calobrace, MD; New York, NY	2018
Roy de Vita, MD; New Orleans, LA	2019
Steven R. Sigalove, MD; Miami Beach, FL	2021

### IN CHUL SONG AWARD FOR PHILANTHROPIC SERVICE

This award is made possible by a generous contribution to The Aesthetic Surgery Education and Research Foundation by Sharadkumar Dicksheet, MD. This award is bestowed upon a plastic surgeon whose philanthropic plastic surgery efforts best exemplifies humanitarian service.

Julio L. Garcia, MD	2011
Larry Weinstein, MD	2012
Raj N. Lalla, MD	2013

### COMMUNITY SERVICE AWARD

Tolbert Wilkinson, MD	2009
Gang Tattoo Removal Program of Texas	
Jack E. Demos, MD	2013
Founder, Surgicorps, International	
Joe M. Gyskiewicz, MD	2015
Volunteer Services to the Children of Ecuador	

### GASPAR W. ANASTASI AWARD

The Gaspar W. Anastasi Award is presented to the highest rated resident and/or fellow scientific papers at the Residents & Fellows Forum during the annual meeting of the Society. The award consists of a check for \$250 and the opportunity to present the paper to the full Scientific Session of the annual meeting.

Jennifer Baker, MD; New York, NY	2018
Kevin Shultz, MD; New York, NY	2018
Christodoulos Kaoutzanis, MD; New Orleans, LA	2019
Nneamaka Nwubah, MD; New Orleans, LA	2019
Justin Bellamy, MD; Miami Beach, FL	2021
Shirley Shue, MD; Miami Beach, FL	2021

### ASERF RESEARCH AWARD

The ASERF (Aesthetic Surgery Education & Research Foundation) Research Award is conferred in those extraordinary circumstances when the results of research projects have a profound and monumental effect upon the specialty of Aesthetic Plastic Surgery and the quality of service provided to our patients.

V. Leroy Young, MD	2004
Vancouver, B.C. Canada	

### TED LOCKWOOD AWARD FOR EXCELLENCE IN BODY CONTOURING

This award was created to recognize Dr. Ted Lockwood's visionary contributions to aesthetic body contouring. The recipient of this award is a plastic surgeon who demonstrates a dedication to research, clinical excellence, patient safety and peer education in all aspects of body contouring as demonstrated by publication in scientific journals, clinical presentations, and by ongoing innovation in body contouring techniques.

Osvaldo Saldanha, MD; Boston, MA	2011
Alfredo E. Hoyos, MD; New York, NY	2018
Daniel A. Del Vecchio, MD; New Orleans, LA	2019
Douglas S. Steinbrech, MD;	2021
Miami Beach, FL	

Continued on Page 23

## Awards

Continued from Page 22

### 2020 Education Awards

#### THE AESTHETIC MEETING 20/20 @HOME

##### Best Breast Presentation

Steven R. Sigalove, MD  
*Coordination with My Breast Surgeon to make Pre-pectoral Breast Reconstruction a Reality*

##### Best Body Presentation

Michele A. Shermak, MD  
*Addressing the Extremities After Massive Weight Loss: Thighplasty*

##### Best Face Presentation

Michael R. Lee, MD  
*Platysmaplasty: Medial, Lateral or Both?*

##### Best Buttock Presentation

Douglas S. Steinbrech, MD  
*Donor Site Considerations: Why I Use What I Use and How I Use It: 5mm Basket High-Definition Liposuction*

##### Best Teaching Course

William P. Adams Jr., MD, Carolyn A. Glicksman, MD, MSJ, and Patricia A. McGuire, MD  
*Integrating High Resolution Ultrasound into Your Practice*

#### THE AESTHETIC SERIES VIRTUAL SYMPOSIA

##### Best Presentation from Experienced Insights in Breast and Body

Simeon H. Wall Jr., MD  
*Optimizing Abdominoplasty*

##### Best Presentation from Premier Global Hot Topics

Barry E. DiBernardo, MD and Jason Pozner, MD  
*Hot New Tech and Innovations: What's Here and What's on the Horizon*

##### Best Presentation from Nuances and Techniques in Injectables

David Funt, MD  
*Current Protocols in Filler Complications*

##### Best Presentation from Practical and Effective Approaches to Facial Rejuvenation

Dino Elyassnia, MD  
*Subplatysmal Surgery: What Lies Beneath?*

##### Best Presentation from Practical and Effective Approaches to Nasal Surgery

Aaron M. Kosins, MD  
*Approaches to Dorsal Preservation*

# Your data made simple.

# ANN

ANN delivers on the technological promise to help answer your questions by providing user-friendly dashboards with the most advanced data analytics for your aesthetic practice. Leveraging your data has never been easier.

ANN is a complimentary and exclusive benefit available only to Active Members of The Aesthetic Society in the US.

#### Get instant access to your data

Access procedural data, practice productivity, patients' spending patterns, and more—all in one place and faster than ever.

#### Insights you can act on

Discover ways how to optimize your practice's productivity and target marketing efforts.

#### Know your trends

Easily track the efforts and trends of your practice with newly refreshed dashboards and visuals.

#### Track your progress

See how your practice is performing now, and how it compares to previous years.



SCAN QR CODE  
TO GET STARTED



# THE AESTHETIC CRUISE 2022

July 9–21, 2022

Chair: Joseph Hunstad, MD

Vice Chair: Tim Papadopoulos, MD

This activity has been approved for *AMA PRA Category 1 credit™*

 OCEANIA CRUISES  
*Marina*

-  Portsmouth, UK
-  Skagen, Denmark
-  Kiel, Germany
-  Karlskrona, Sweden
-  Helsinki, Finland
-  Tallinn, Estonia
-  Riga, Latvia
-  Copenhagen, Denmark



## Three Full Days of Education for Your Team at The Aesthetic Meeting 2022

The Aesthetic Meeting has long been known as the pinnacle of education for aesthetic plastic surgeons. But a great aesthetic practice requires more than an exceptional surgeon, it takes an entire team that goes beyond. That's why the meeting is now the go-to destination for a surgeon's entire staff. Included with registration are three full days of aesthetic care team education, provided by the foremost experts in the practice management arena.

### FRIDAY, APRIL 22

9:30am – 11:00am

**Transitioning Your Practice—Mergers and Acquisitions**

Karen Zupko

11:00am – 12:30pm

**Transitioning Your Practice—"I've Walked Down this Road"**

Karen Zupko

2:00pm – 3:30pm

**Transitioning Your Practice—How to Find Your Match**

Amy Anderson

3:30pm – 4:00pm

**End of Career Transition**

Enrique Fernandez, MD

### SATURDAY, APRIL 23

9:30am – 10:30am

**Opening a Medi-Spa in Your Practice—Making the Plan**

Daniel Gould, MD and Alex Thiersch

10:30am – 11:15am

**Maintaining a Med-Spa in Your Practice—Making it Work for You**

Bradley Calobrace, MD

11:15am – 12:00pm

**Teamwork! Spa/Skincare/Physician**

Suzanne Rogers-Hauck, RN

**An Afternoon of ISPAN Programing**

Gerri Obi, MSN, ARNP, RN, CPSN, ISPAN – F

Kathy Morti, RN BSN, CANS, CPSN, ISPAN – F

2:00pm – 3:00pm

**"Is this Device Safe?"—Are You Using Safe and Effective Products That Have Been Registered or Cleared by the FDA?**

3:00pm – 4:00pm

**Hot Topic—"Microstamping and Micro-Injections"—A Review of Techniques and Devices Available**

4:00pm – 4:30pm

Break

4:30pm – 5:30pm

**"The Certified Aesthetic Nurse Specialist Exam" Why You Should Become CANS Certified, What You Need to Know, and What Resources are Available to Help You**

### SUNDAY, APRIL 24

9:30am – 10:00am

**Promoting the Specialty—Media Alternatives**

Troy Pitman, MD

10:00am – 10:30am

**Social Media—What Makes It Special**

Daniel Gould, MD and Erica Crawford

10:30am – 11:00am

**Employment Models and Compensation First**

Brad Attado, Esq.

11:00am – 11:45am

**Navigating the Job Market**

Matthew Vukovich

11:45am – 12:30pm

**Sales—The Life Blood of Every Successful Business**

Terri Ross

2:30pm – 3:00pm

**Making ANN and Aesthetic One Work for You—Data is King**

Kyndra Lee

3:00pm – 4:00pm

**Building Your Dream Team—Onboarding and Developing Employees for Success**

Amy Anderson and Tommi Winter

4:00pm – 5:00pm

**Culture and Leadership: How to Prevent Employee Turnover**

Terri Ross

*Program subject to change*

## AESTHETIC CARE TEAM AFFILIATE PROGRAM






# It's time.

Now your entire staff can be a part of The Aesthetic Society.

Beauty. Artistry. Education. Expertise.

To truly deliver on those pillars, your entire care team should embody them too.

### Benefits of Enrolling Your Staff:

-  Discounted registration fees for meetings and symposia, whether face to face or online, with education tailored to your staffs' needs
-  Subscriptions to RADAR Resource and *Aesthetic Society News*, filled with content tailored for your Aesthetic Care Team
-  Access to professional development and dedicated networking opportunities
-  Your practice is enrolled, so membership is transferable between staff
-  A terrific employee retention tool



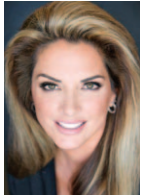
Welcome your team to  
The Aesthetic Society family.

Learn More & Enroll At:  
[theaestheticsociety.org/aestheticcareteam](https://theaestheticsociety.org/aestheticcareteam)

## The Aesthetic Society 2022–2023 Members To Vote on Slate of Candidates



**A**ctive members of The Aesthetic Society will hear reports on Society business and elect new officers for 2022–2023 during The Aesthetic Society/ASERF Annual Business Luncheon. All Active Members are invited to attend on **Saturday, April 23, 2022 at 12 noon** during The Aesthetic Meeting 2022 in San Diego, CA.



### **PRESIDENT**

*(automatic from  
President-Elect)*

**Jennifer L.  
Walden, MD, FACS**

Austin, TX  
Private Practice, Clinical

Assistant Professor, UT Southwestern Medical Center

**Current Board Position:** President-Elect

**Current Aesthetic Society /ASERF Committee**

**Work:** The Aesthetic Society Executive Committee, Conflict of Interest Committee, Finance & Investment Committee, Industry Policy Committee, Industry Support Committee (Chair), ANN Committee (Vice Chair), Aesthetic Training Committee, Patient App Task Force, Traveling Professor Program, and *Aesthetic Surgery Journal* Editorial Board Social Media Ambassador

**National Affiliations:** The Aesthetic Society, ASERF, ASPS, ISAPS, AAPS, AAAASF, and AWS

**Training:** University of Texas, Medical Branch; Manhattan Eye, Ear and Throat Hospital

**ABPS Certification:** 2005



### **PRESIDENT-ELECT**

*(1 year term)*

**Melinda J. Haws, MD**

Nashville, TN  
Private Practice

**Current Board Position:** Vice President

**Current Aesthetic Society/ASERF Committee**

**Work:** The Aesthetic Society Executive Committee, Conflict of Interest Committee, Communications Commissioner, Finance & Investment Committee, BIA-ALCL Task Force, Breast Implant Illness Task Force (Chair), Informed Consent Task Force, Continuing Medical Education Committee, International Fellowship Program, Program Committee, and Inclusion & Diversity Committee

**National Affiliations:** The Aesthetic Society, ASERF, ASPS, AAPS and ACS

**Training:** Southern Illinois University, General Surgery; Southern Illinois University, Plastic Surgery; Nashville Plastic Surgery, Aesthetic Fellowship

**ABPS Certification:** 1999



### **VICE PRESIDENT**

*(1 year term)*

**Kiya Movassaghi, MD,  
DMD, FACS**

Treasurer

**Current Aesthetic Society  
/ASERF Committee Work:**

The Aesthetic Society Executive Committee, Finance & Investment Committee (Chair), Industry Policy Committee, Industry Support Committee (Vice Chair), Aesthetic Training Committee (Chair), Publications Committee, Application Review Committee (Vice Chair), and Inclusion & Diversity Committee

**National Affiliations:** The Aesthetic Society, ASERF, ASPS, NWSPPS and OSPS

**Training:** Harvard Medical School, Harvard Dental School, General Surgery: Beth Israel Deaconess Medical Center and Massachusetts General Hospital at Harvard Medical School: Harvard Combined Plastic Surgery Program

**ABPS Certification:** 2003



### **TREASURER**

*(1 year term)*

**Tracy M. Pfeifer, MD**

New York, NY  
Private Practice

**Current Board Position:**  
Secretary

**Current Aesthetic Society /ASERF Committee**

**Work:** The Aesthetic Society Executive Committee, Industry Relations Committee (Chair), Finance & Investment Committee, Website Committee, Limitless Leaders Steering Committee

**National Affiliations:** The Aesthetic Society, ASERF, ACS, AAPS, ASPS, and ISAPS

**Training:** New York Hospital-Cornell Medical Center, Institute of Reconstructive Plastic Surgery-NYU Medical Center, Plastic Surgery of the Breast, Atlanta Plastic Surgery

**ABPS Certification:** 2001



### **SECRETARY**

*(1 year term)*

**Jamil Ahmad, MD**

Toronto, Ontario, Canada  
Private Practice; Assistant Professor, Department of Surgery, University of

Toronto; Director, Education Program in Aesthetic Plastic Surgery, University of Toronto

**Current Board Position:** Member-at-Large

**The Aesthetic Society /ASERF Committee**

**Work:** The Aesthetic Society Board of Directors, Education Commissioner, Industry Policy Committee, Continuing Medical Education Committee, Finance & Investment Committee, Inclusion & Diversity Committee, ASERF Innovative Procedures Committee (Co-Chair), ASJ Editorial Board, ASJ Social Media Ambassador, ASJ Open Forum Editorial Board

**National Affiliations:** The Aesthetic Society, ASERF, CSAPS, CSPS, ISAPS, and The Rhinoplasty Society

**Training:** Medical School, Royal College of Surgeons in Ireland; Integrated Plastic Surgery, University of Texas Southwestern Medical Center; Breast Reconstruction Fellowship, University of Toronto

**Royal College of Physicians and Surgeons:** 2010

### **MEMBERS-AT-LARGE**

*(3-year terms)*



**M. Bradley  
Calobrace, MD**

Louisville, KY  
Private Practice; Gratis Clinical Faculty, University of Louisville; Gratis Clinical Faculty, University of Kentucky

**Current Aesthetic Society/ASERF Committee**

**Work:** Aesthetic Training Committee, Inclusion & Diversity Committee, Informed Consent Task Force, Traveling Professor Program, BIA-ALCL Task Force (Chair), ASJ Editorial Board, Aesthetic Fellowship Program (Director)

**National Affiliations:** The Aesthetic Society, ASPS, ACS, ISAPS, Alpha Omega Alpha Honor Society, SSPS

**Training:** Indiana University Medical School; USC

**ABPS Certification:** 1999, 2008

Continued on Page 27



## MEMBERS-AT-LARGE

(3-year terms)

Continued from Page 26



### Trent D. Douglas, MD

Greenbrae, CA  
Private Practice

**Current Board Position:**  
Member-at-Large

**Current Aesthetic Society  
Committee Work:** The

Aesthetic Society Board of Directors, Membership Commissioner, Membership Task Force, Finance & Investment Committee, Continuing Medical Education Committee, Industry Exhibits Committee, Program Committee

**National Affiliations:** The Aesthetic Society, ASPS, and CSPS

**Training:** Emory University School of Medicine, Plastic Surgery 2003-06; Naval Medical Center San Diego, General Surgery 1999-2003

**ABPS Certification:** 2007, 2017



### Lorne K. Rosenfield, MD

Burlingame, CA  
Private Practice, Professor UCSF, Stanford and Duke University

**Current Board Positions:**  
Member-at-Large

**Aesthetic Society/ASERF Committee Work:** The Aesthetic Society Board of Directors, Industry Support Committee, Patient Safety Committee, Symposium Committee, ASJ Editorial Board, ASERF Research Committee

**National Affiliations:** The Aesthetic Society, ASPS, AAPA, ISAPS, AAAASF, and ABPS

**Training:** University of Manitoba, Canada, St. Mary's Hospital, San Francisco, Baylor College of Medicine, Texas, Anderson Hospital, Texas  
**ABPS Certifications:** 1987



## TRUSTEE

(3-year term)

### Mark L. Jewel, MD

Eugene, OR

## APPLICATION REVIEW COMMITTEE

(3-year terms)



### Allen Gabriel, MD

Vancouver, WA  
(Northwest)



### Salvatore J. Pacella, MD

San Diego, CA  
(So. California)



### Effie P. Politis, MD

Tampa, FL  
(Florida)

## ETHICS COMMITTEE

(3-year terms)



### Al B. Cohn, MD

Vestavia Hills, AL  
(Southeast)



### Tiffany McCormack, MD

Reno, NV  
(Far West)



## JUDICIAL COUNCIL

(3-year term)

### Francisco "Paco" L. Canales, MD

Santa Rosa, CA  
(Far West)

Those continuing in positions:

## MEMBERS-AT-LARGE



### R. Brannon Claytor, MD

(until 2024)  
Bryn Mawr, PA



### Grady B. Core, MD

(until 2024)  
Birmingham, AL



### Luis M. Rios Jr, MD

(until 2023)  
Edinburg, TX



### Douglas S. Steinbrech, MD, FACS

(until 2023)  
New York, NY



### Marissa J. Tenenbaum, MD

(until 2024)  
St. Louis, MO



### Steven G. Wallach, MD, FACS

(until 2023)  
New York, NY

## ASERF 2022–2023 Members To Vote on Slate of Candidates



The Aesthetic Surgery  
Education and  
Research Foundation

**A**ctive members of the Aesthetic Surgery Education and Research Foundation (ASERF) will hear reports on Foundation business and elect new officers for 2022–2023 during the ASERF Annual Business Meeting Luncheon. All Active Members are invited to attend on **Saturday, April 23, 2022 at 12 noon** during The Aesthetic Meeting 2022 in San Diego, CA.



### **PRESIDENT**

*(automatic from  
President-Elect)*

#### **Bruce W. Van Natta, MD**

Indianapolis, IN  
Private Practice, Clinical  
Associate Professor of Plastic  
Surgery, Indiana University School of Medicine

**Current ASERF Board Position:** President-Elect

#### **Current Aesthetic Society/ASERF Committee**

**Work:** ASERF Executive Committee, ASERF Finance & Investment Task Force (Co-Chair), and BIA-ALCL Committee

**National Affiliations:** The Aesthetic Society, ASERF, ABPS, and ACS

**Training:** Indiana University School of Medicine, Indiana University Hospital

**ABPS Certification:** 1991



### **PRESIDENT-ELECT**

*(1 year term)*

#### **Caroline A. Glicksman, MD, MSJ**

Sea Girt, NJ  
Private Practice; Assistant  
Clinical Professor of Surgery,  
Hackensack Meridian School of Medicine

**Current ASERF Board Position:** Secretary

#### **Current Aesthetic Society/ASERF Committee**

**Work:** ASERF Executive Committee, Traveling Professor Program, *ASJ* Editorial Board, *ASJ Open Forum* Editorial Board, ASERF Finance & Investment Task Force, Informed Consent Task Force (Co-Chair), ASERF Scientific Research Committee (Co-Chair), Aesthetic One App Task Force, RADAR Resource Editorial Committee, and ASERF Membership Committee (Chair)

**National Affiliations:** The Aesthetic Society, ASERF, ASPS, ISAPS, AAAASF

**Training:** Mount Sinai Hospital: NY General Surgery; Plastic Surgery: New York Hospital, Cornell Medical Center, Memorial Sloan Kettering Cancer Center, Aesthetic Fellowship Massachusetts General Hospital, and Newton Wellesley Hospital

**ABPS Certification:** 1994



### **VICE PRESIDENT**

*(1 year term)*

#### **Onelio Garcia Jr., MD**

Miami, FL  
Private Practice; Vol. A.  
Professor, Division of Plastic  
Surgery, University of Miami,  
Miller School of Medicine

**Current ASERF Board Position:** Treasurer

#### **Current Aesthetic Society/ASERF Committee**

**Work:** ASERF Executive Committee, ASERF Finance & Investment Task Force (Co-Chair), Application Review Committee, and Gluteal Fat Grafting Task Force

**National Affiliations:** The Aesthetic Society, ASERF, ASPS, ISAPS, SESPRS, and FSPS

**Training:** University Hospital, Jacksonville, University of Florida

**ABPS Certification:** 1986



### **TREASURER**

*(2 year term)*

#### **Patricia A. McGuire, MD**

St. Louis, MO  
Private Practice

**Current ASERF Board  
Position:** Director

#### **Current Aesthetic Society/ASERF Committee**

**Work:** ASERF Board of Directors, Ethics Committee, BII Task Force, Informed Consent Task Force, Traveling Professor Program, and ASERF Scientific Research Committee

**National Affiliations:** The Aesthetic Society, ASERF, AMWA, ASPS, and AWS

**Training:** St. Louis University, University of Missouri, Kansas City; Washington University; St. Louis University

**ABPS Certification:** 1993



### **SECRETARY**

*(1 year term)*

#### **Gabriele C. Miotto, MD**

Atlanta, GA  
Private Practice; Adjunct  
Assistant Professor of Plastic  
and Reconstructive Surgery,  
Emory University

**Current ASERF Board Position:** Director

#### **Current Aesthetic Society/ASERF Committee**

**Work:** ASERF Board of Directors, RADAR Resource Editorial Committee (Editor), *ASJ* Editorial Board

**National Affiliations:** The Aesthetic Society, ASERF, ISAPS

**Training:** Federal University of Rio Grande do Sul, Emory University School of Medicine, Atlanta, GA; University of Illinois at Urbana, Champaign, IL.

**Brazilian Medical Board:** 2001

*Completing term vacated by Dr. Glicksman*



### **DIRECTOR**

*(1 year term)*

#### **Rafael A. Couto, MD**

San Juan, PR  
Private Practice

**Current Aesthetic  
Society/ASERF Committee**

**Work:** Program Committee, Inclusion & Diversity Committee, Young Aesthetic Plastic Surgeons Committee

**National Affiliations:** The Aesthetic Society (Candidate), ASERF, ASPS (Candidate), PRSPS, Alpha Omega Alpha Medical Honor Society

**Training:** Cleveland Clinic Foundation, Aesthetic Society endorsed Aesthetic Surgery Fellowship, University of Texas Southwestern Medical Center

**ABPS Certification:** 2021

*Completing term vacated by Dr. Pat McGuire*

Continued on Page 29

## DIRECTORS

Continued from Page 28

## DIRECTORS

(2 year terms)



**Thomas G. S. Fiala, MD, MBA**

Altamonte Springs, FL  
Private Practice; Voluntary Faculty, College of Medicine, University of Central Florida

**Current Aesthetic Society/ASERF Committee Work:** Leadership Development Committee, Finance & Investment Committee, Patient Safety Committee, *ASJ* Clinical Editor

**National Affiliations:** The Aesthetic Society, ASERF, ASPS, ACS, Royal College

**Training:** University of Michigan, Massachusetts General Hospital, University of Massachusetts, Amherst

**ABPS Certification:** 1999, 2009, 2019

**Royal College of Physicians & Surgeons of Canada:** 1997



**Allen Gabriel, MD**

Vancouver, WA  
Private Practice

**National Affiliations:** The Aesthetic Society, ASERF, ASPS, ACS, CSPS

**Training:** Loma Linda University Medical Center, University of Nevada School of Medicine

**ABPS Certification:** 2009



**David M. Turer, MD**

Montclair, NJ  
Private Practice; Assistant Professor of Plastic Surgery, University of Pittsburgh

**Current Aesthetic Society/ASERF Committee Work:**

Patient Safety Committee, Program Committee, Breast Implant Illness Task Force, ASERF SETA Task Force, ASERF Scientific Research Committee, ASERF Aesthetic Research Community Task Force

**National Affiliations:** The Aesthetic Society, ASERF, ASPS

**Training:** University of Michigan; University of Pittsburgh; Aesthetic Fellowship UT Southwestern

**ABPS Certification:** Board Eligible



**Salvatore J. Pacella, MD**

San Diego, CA  
Private Practice

**Current Aesthetic Society/ASERF Committee Work:** *ASJ* Clinical Editor, *ASJ Open Forum* Clinical Editor, ASERF

Aesthetic Research Community Task Force

**National Affiliations:** The Aesthetic Society, ASERF, ISAPS, ASPS, CSPS

**Training:** University of Michigan Health System: Ann Arbor, Michigan

**ABPS Certification:** 2009



**TRUSTEE**

(2 year term)

**Joe Gryskiewicz, MD**

Burnsville, MN

## Those Continuing Their Terms:

## DIRECTORS



**Nolan S. Karp, MD**

(until 2023)

New York, NY



**David A. Sieber, MD**

(until 2023)

San Francisco, CA

## Thank You ASERF President's Circle Members!

William P. Adams Jr., MD

Mark T. Boschert, MD

M. Bradley Calobrace, MD

Sharadkumar Dicksheet, MD

Sepehr Egrari, MD

Dr. and Mrs. Julio Luis Garcia

Caroline A. Glicksman, MD, MSJ

Dr. and Mrs. Joe Gryskiewicz

Daniel A. Hatef, MD

Dr. and Mrs. Jeffrey M. Kenkel

Luis López Tallaj, MD

Patricia A. McGuire, MD

Dr. and Mrs. Daniel C. Mills II

Susan and Steve Mollenkopf

Dr. and Mrs. James Payne

Qualcomm

Dr. and Mrs. Luis M. Rios Jr.

Dr. and Mrs. Robert Singer

Dr. and Mrs. Louis L. Strock



Join your colleagues and support aesthetic surgery research and education.

Scan the code above to donate to ASERF today!

**Who will be next?**





JOIN THE AESTHETIC INDUSTRY'S  
TOP DOCTORS

# NEWBEAUTY Pro

Align with NewBeauty & increase your visibility as part of our prestigious Top Doctor network.



BECOME A  
NEWBEAUTY  
TOP DOCTOR

THE NEWBEAUTY READER IS  
A TREATMENT SEEKER

7 <sup>OUT</sup> OF 10

NewBeauty readers are planning an in-office treatment in the next 6 months

75%

Are more likely to consult a doctor featured in NewBeauty



## A Conversation on BII and Its Breaking Research



Melinda J. Haws, MD  
Interviewer



Patricia A. McGuire, MD  
Interviewee



Caroline A. Glicksman, MD, MSJ  
Interviewee

**MH:** Thank you so much, Pat and Caroline, for joining me today! I'd love to talk to you about the 'big paper,' the one that you two spearheaded and I was lucky enough just to contribute patients to. Let's start from the beginning. What's the background? Why did you decide now is the time we needed a breast implant illness paper, in particular a prospective data paper?

**PM:** I started seeing increasing numbers of patients around 2016, right when BIA-ALCL was recognized by the WHO as the fourth form of anaplastic large cell lymphoma. They weren't just concerned about ALCL, they were also concerned about a variety of symptoms they had developed since they had implants placed. Increasingly they had specific requests for en-bloc removal for non-malignancy. They wanted pictures of the implants, pictures of the capsules, and they wanted pictures of the pocket to be sure the entire capsule had been removed. I was skeptical, but then after explanation, many of them got better. At the device hearings in March of 2019, we heard some very compelling testimony from these women. They had real symptoms and some of them got better when their implants were removed, so I started thinking 'what are we missing?' They say it's the most studied medical device of all time, but then why do we still see this much distrust and concern?

**MH:** That concern worried me too. I was worried about increasing distrust of plastic surgeons, especially when I started to hear about some surgeons taking advantage of patients, having them spend incredible amounts of money, and saying that only select surgeons could perform capsulectomies correctly.

**CG:** The next step was to design a study that would be prospective, blinded and include two cohorts of patients with breast implants, one that self-reported systemic symptoms that they attributed to their implants and a second cohort that had implants and systemic symptoms that they did not attribute to their implants as well as a control group that never had any implanted medical device. The study design included run in two parts. We wanted to look at biospecimens which included the capsules for the presence of bacteria, pathology, and to identify any heavy metals. We also took blood from all three cohorts on the day of surgery. For the second part of the study, we included a detailed psychosocial investigation. Many of the reported symptoms included anxiety, depression, cognitive impairment, sleep disturbances—that have not been fully studied prospectively. We also needed to collect enough specimens to be statistically significant. We knew this was required to answer questions the FDA, patients, and surgeons. Our first question was whether the type of capsulectomy performed at the time of implant removal made a difference in symptom improvement.

**PM:** Yes, I want to emphasize that point. The previous papers have been retrospective, had few case studies, had no control groups, and had no long-term follow-up. There was one that got a lot of press, but 48% of the patients were followed for less than 30 days and there was no control group. Our study is the first prospective, blinded study with controls

**MH:** Why wasn't there a group where there was no capsule taken at all? I have heard it asked 'well why is it just partial capsulectomy or total capsulectomy?'

**CG:** We really needed to collect specimens on all the patients as the capsule tissue was necessary for pathology, heavy metals testing, and testing of microbes. We needed enough specimens to be able to obtain statistically significant data, so we did not have a group of patients with no capsulectomy.

**PM:** More than just a tiny biopsy was required in order to do the heavy metals testing. The lab required approximately 10 grams of tissue to perform the metals analysis. Some of the capsules were very thin, so even the partial capsulectomy resulted in more than just a small piece of tissue removed, and was why all patients were at least a partial capsulectomy.

**MH:** You have presented this data in a lot of different formats to a lot of plastic surgeons. What are the biggest questions or comments that are you're getting?

**CG:** The Aesthetic Society's and ASERF's presidents just came out with a joint position statement, an alert, reiterating the findings of this study which is that the type of capsulectomy makes no difference in symptom improvement. I've received a great deal of feedback from plastic surgeons, both in the United States and around the world, who had been waiting for data to address these issues with some surgeons in their communities who may be taking advantage of these women. What I'm hearing so far is an appreciation for this data so they can inform patients that they may not need such aggressive procedures to feel better. Now, we don't yet completely understand why some patients get better, but they do not appear to need so much surgery that they're left with unnecessary serious complications.

**PM:** The other question I received was whether there were enough patients to achieve statistical significance. Before we started, we knew these biospecimen analyses were going to be expensive: we did peripheral blood for CBC, thyroid function, vitamin D levels, we looked at 12 different cytokines, CRP, heavy metals testing, routine pathology, next-generation DNA sequencing... it was going to be expensive! So we needed

Continued on Page 32



## A Conversation on BII and Its Breaking Research

Continued from Page 31

to know the minimum number that we could analyze and reach statistical significance.

Prior to beginning the study we talked to an experienced biostatistician who told us with 50 subjects in each cohort we could achieve statistical significance. According to our statistician, this does reach statistical significance, even with multivariate analysis, the p-value could have been raised and we still would have reached statistical significance.

**MH:** Let's talk about the funding, too, because unlike nearly every other big study done on breast implants, this had no industry funding. How did you get funding?

**CG:** This is an issue primarily for aesthetic plastic surgeons, largely in private practice. We need to make sure that our patients trust us. Our first thought when designing the study and creating the budget was to approach ASERF. When we submitted the grant application, the Scientific Research Committee came back asking us to include further analysis and offered even more funds which was really exciting. This was the largest grant ASERF ever awarded! We were so happy to complete this study, especially during a COVID year, thanks especially to all of our collaborating surgeons around the country. And remember, many laboratories had shut down to divert research to COVID. It's very hard for private practice plastic surgeons to collect this level of data but we have the full support of the aesthetic community.

**PM:** We went back for additional funding to do an analysis that was beyond reproach. We used the statistician who's been used on FDA studies, who knew what they were looking for, and that was not cheap to do. But it wasn't just about the funding, it was about the support, encouragement, and ideas that pushed us across the finish line.

**MH:** So the study is out, we've seen the big bombshell that, number one, the patients do feel better after implant removal, and number two, it doesn't matter what kind of capsulectomy, total or partial, is done. Give us an idea of what we can look forward to as this research progresses.

**PM:** The second paper will be on the heavy metals analysis of the capsule, which is one I believe everyone is looking forward to, and we're in the process of writing. For example, we found heavy metals in the capsules, but we also found metals in breast tissue of women who never had any implanted medical device. So it will analyze the differences and potential sources and consequences of metals in tissue.

**CG:** Yes, I think it will be very interesting. We tracked everything from diets, to smoking, to tattoos, to cities for sources of drinking water. You have to remember that when we have a metals discussion we don't live in a bubble, we have environmental toxins that we are exposed to over time, which is why we also took normal breast tissue from women who were never exposed to any medical device to compare whether or not heavy metals are present in the breast and how they got there.

The third paper will look at the capsule histology, the patient's cytokines, and all of the peripheral blood work that was taken in the three cohorts. Specimens were also sent to Johns Hopkins for enterotoxin analysis looking to see if there is any evidence of possible superantigens. We tried to conduct a study that would address all past and recent theories related to the potential systemic effects of breast implants.

**MH:** I've heard about how multidisciplinary the analysis is in the upcoming papers. Could you talk a bit about who was included?

**PM:** Yes it is! We included Dr. Wixtrom, a PhD toxicologist, who's as experienced as anybody with medical devices and potential toxicity. Dr. Marshall Kadin is the pathologist who described cutaneous ALCL. He's done a lot of work with breast implant-associated ALCL. He had theories on what he thought might be going on with these patients. He was the one who got us involved with Dr. Robert Hamilton who is a PhD immunologist at Johns Hopkins, which is where we sent the enterotoxin studies. Dr. James Sung, who's a pathologist at Brown University, didn't know a lot about breast implant illness, but now he's completely fascinated by it and is excited to

have been included. Also included was Jill Newby in New South Wales, who's a clinical psychologist for our patient-reported outcome data from the PROMIS surveys. We're not psychologists and we really needed someone with a PhD in psychology to interpret the data.

**MH:** That's such good information, and a lot to digest! But I'm sure you have more on the horizon. Future studies: where do you see yourselves going from here?

**PM:** Of course there's more! The next thing we'd like to study is removing implants without any capsulectomy to see if we have the same symptom improvement.

**CG:** There is also a new study being designed on the Aesthetic Society's SETA platform which will be able to collect prospective breast implant data and Patient Reported Outcome Measures. We have the funding and are just putting the pieces in place. This study will collect data over a couple of years, looking at possible symptoms before and after surgery.

**PM:** One thing that also requires more study is the fact that we found significantly more anxiety and depression in our BII cohorts than our control groups, and it poses a chicken or egg question.

**MH:** How about the angle of saline implants? At least in the patients that I enrolled, there was a higher percentage of saline implants which, I believe, make up less than ten percent of total implants placed nationally. Yet saline implants seemed to be disproportionately represented in BII cases.

**PM:** 60% of our BII patients had saline implants and 90% were smooth, but what we have seen around the world is that the most common implant involved is the most common implant used in any geographical location. It's important we saw predominantly saline implant patients and this shows it was not a dose response to silicone, which would have been higher in silicone gel implants. Also, the length of time the implants were in place was statistically the same between the BII and non-BII implant cohorts.

Continued on Page 33





## Commentary on Related Research

Kent K. Higdon, MD, FACS

## A Conversation on BII

Continued from Page 32

**MH:** Were there any interesting findings in demographic data? I think I've heard you talk about smoking between BII and non-BII, or body surface area of tattoos, or any other specific things?

**PM:** Yes, the BII patients had statistically lower educational levels, were more likely to smoke tobacco or smoke marijuana, they were more likely to take non-steroidal anti-inflammatory agents, anti-anxiety and anti-depression medications.

**CG:** The patients in the BII cohort were seven times more likely to be on a gluten-free diet, which is predominantly rice-based with potentially considerable arsenic content. They also took more nutritional supplements. Some of these confounders may be in part due to the fact that we conducted our study during the COVID pandemic while patients were taking more supplements, like zinc for instance. Patients in the BII cohort also had a statistically higher number of tattoos. We looked at the colors of the tattoos because some have cadmium, chromium, zinc, arsenic, lead, and mercury in tattoos. Also, the non-BII cohort had a lower BMI than the other two cohorts.

**MH:** Anything I've missed? I think we've covered a lot of fascinating ground.

**PM:** The bottom line is that these women have real symptoms, they are not hypochondriacs, and their symptoms get better when their implants are removed. We don't know why yet, but that's why we're continuing with this research.

**"Impact of Capsulectomy Type on Post-Explantation Systemic Symptom Improvement: Findings From the ASERF Systemic Symptoms in Women-Biospecimen Analysis Study: Part 1"** can be found in the December 2021 *Aesthetic Surgery Journal*.

*Caroline A. Glicksman, MD, MSJ is an aesthetic plastic surgeon practicing in Sea Girt, NJ.*

*Melinda J. Haws, MD is an aesthetic plastic surgeon practicing in Nashville, TN.*

*Patricia A. McGuire, MD is an aesthetic plastic surgeon practicing in St. Louis, MO.*

**C**apsulectomy can be performed for a variety of reasons after implant-based breast surgery. The heightened public attention around Breast Implant Illness (BII) has raised awareness of and increased the rates of capsulectomy in the US. Yet the literature around the safety of capsulectomies is quite limited. My fellow authors and I utilized the CosmetAssure™ database, a robust and powerful prospective dataset tool, to analyze the safety of the capsulectomy procedure among board-certified and board-eligible plastic surgeons from all types of plastic surgery practices and across all regions of the US over a 2½ year period, which included 76,128 patients in all. Our study defined major complications as those that required hospital admission, takeback to the OR, or ER visits within 45 days of the incident surgery.

We found capsulectomy, as compared to all other procedures, to have a higher rate of major complications. In fact, 2.8% of patients in this dataset undergoing capsulectomy had at least one major complication. Compared to patients who underwent only implant replacement without capsulectomy, the patients who had capsulectomy had a higher rate of any major complication (2.8% vs 1.9%,  $P < 0.05$ ), as well as nearly double the risk of a hematoma (1.6% vs 0.9%,  $p < 0.05$ ). A majority of the hematomas occurred on postoperative day 1 and 0 (46.9% vs 38.1%).

Complications within the capsulectomy group were found to be in descending order: hematoma, infection, suspected or confirmed VTE, and pulmonary dysfunction. ASA Classes III and IV predicted risk for any type of complication. Body Mass Indices (BMI) over 30, as well as procedures performed in Office-Based Surgical Suites, as compared to Ambulatory Surgery Centers and Hospitals, had a higher risk for major infectious complications.

In order to make an assessment of the possible influence of social media on

capsulectomy rates, our study chose to compare capsulectomies performed before and after January 6, 2019—a date from Google and Twitter trend analyses performed by Adidharma et al. These authors found a spike in Google searches and trends for breast implant illness during the week of January 6, 2019, coinciding with a YouTube® influencer's public interview sharing her experience with breast implant illness. Similarly, within the CosmetAssure™ database, capsulectomy rates significantly rose and nearly doubled from an average of 2.7/day to 5.2/day from that January 6, 2019 date. A similar peak in Google trends for BII was observed the week of February 3, 2019 following an FDA letter raising awareness of BIA-ALCL. Unfortunately, some of the public appear to associate the two entities of BII and BIA-ALCL.

We are grateful to share our data on the safety of capsulectomy. When performed by board-certified/board-eligible plastic surgeons, the absolute rate of complications is relatively low. But severe complications can and do occur. Our data demonstrates the relative risk of complications is higher than other cosmetic procedures. As capsulectomies continue to increase, the overall incidence of complications can be expected to also increase, underscoring the importance of understanding and sharing the risks of capsulectomy so that patients can make a truly informed decision for treatment.

**"Incidence and Preoperative Risk Factors for Major Complications After Capsulectomy: Analysis of 3,048 Patients"** can be found in the January 2022 *Aesthetic Surgery Journal*.

*Kent K. Higdon, MD, FACS is an aesthetic plastic surgeon practicing in Nashville, TN.*

# SKINUVA®

*Solutions Driven,  
Clinically Proven,  
Physician  
Developed*

**Evolving skincare's gold standards by introducing physician developed, clinically tested, science backed formulations.**

Skinuva products use highly selective synthetic Growth Factor technology and are backed by 6 published clinical studies, providing our physicians, patients, and consumers safe and effective products.



SKINUVA® **scar**

**2X**

**more effective**

*than regular silicone cream, proven in a published clinical study in the Aesthetic Surgery Journal.*

SKINUVA® **brite**

**30%**

**more effective**

*than hydroquinone (HQ4%), proven in a published clinical study in the Journal of Cosmetic Science.*

For more information, visit [skinuva.com](http://skinuva.com) or contact us at [orders@skinuva.com](mailto:orders@skinuva.com).



skinuva



@skinuva



## Bylaws Modernization—Thank you for Responding

Jeffrey M. Kenkel, MD—Chair, Bylaws Committee

**A**ctive Members, thank you for voting on the Bylaws updates, which were approved! Modernization of Bylaws paves the way for a bright future for our Society.

We received a few questions about the changes, which warrant a response:

### **Q: WHY REMOVE THE MEETING ATTENDANCE REQUIREMENT WHEN WE NOW HAVE A LIVE-STREAMING VIRTUAL OPTION?**

**A:** Hybrid meetings are expensive, and it has not been determined that the Society will extend the option indefinitely. Unlike years ago, we recognize that aesthetic surgery education is available from a variety of sources today, so we are committed to ensuring our

educational offerings are the gold standard. That quality will drive the desire to attend as CME is required for state licensure.

### **Q: HOW WILL ACTIVE MEMBERS STILL HAVE A VOICE WHEN IT COMES TO VOTING IN NEW MEMBERS OF THE SOCIETY?**

**A:** Active Members will be solicited to provide comments on all who apply for membership. These comments are critical to the Application Review Committee as they evaluate each individual. Over the years, it has become clear that this is the most crucial step where our member's voice is heard, and the Committee responds. Only those who meet the highest standards will be recommended to the Board for membership.

### **Q: WHY SHOULD THE SOCIETY REQUIRE ME TO REGISTER BREAST IMPLANT DEVICES WITH THE MANUFACTURER?**

**A:** Much like the Society's requirement that all members operate in an accredited facility, this aligns with our mission of patient safety. Members will be asked to annually attest on their dues statement when their payment is provided. No additional work is required on the part of members as device registration with the manufacturer should already be part of the practice workflow. The Society is not requiring that members participate in a registry.

To view the full version of the Bylaws, visit our new website, [theaestheticsociety.org](http://theaestheticsociety.org), and click on "About The Aesthetic Society" at the bottom of the home page.

## Members, We Need Your Help!



Join the AMA  
so we can regain our  
seat (voice) at the table!

[www.ama-assn.org](http://www.ama-assn.org)

**Why?** The Aesthetic Society needs to regain our seat (voice) at the AMA House of Delegates, so we have input into the decisions that impact us and our patients.

### **How do we regain our seat?**

At least 20% of our membership must also be members of the AMA. We are currently 70 members short of meeting the criteria to regain our seat.

### **How does this affect me?**

When politicians debate legislation impacting the practice of medicine, they seek input from a trusted source—typically the AMA. Since we no longer have representation at the AMA House of Delegates, we no longer have a voice. If we aren't present to advocate for our patients or specialty when legislation is being debated, we lose, and our patients lose.

### **This is important! How can I help?**

Sign up NOW so that The Aesthetic Society will regain our seat—and voice! Dues start at just \$60.



# 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 available to patients nationwide.

Made possible through generous restricted donations by Susan & 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 issues.

### 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.

The Aesthetic Society and ASERF member surgeons who have patients eligible for a Mollenkopf Fund grant, please view all details and download the grant request form at [aserf.org/Mollenkopf](https://aserf.org/Mollenkopf).

---

For Additional Information on the Fund, Please Contact Ivan Rodriguez at:  
**562.799.2356** or [ivan@theaestheticsociety.org](mailto:ivan@theaestheticsociety.org)



The Aesthetic Surgery Education  
and Research Foundation



## Update on ASERF

By Louis L. Strock, MD



The Aesthetic Surgery  
Education and  
Research Foundation

As my term as President of ASERF comes to an end, I am thankful for my fellow Board members and our members and donors who have all been pivotal in helping us achieve new goals for The Foundation. I would like to highlight several achievements of ASERF over the past year...

The first is the introduction of SETA (Survey, Execution, Transformation, and Analysis), the Foundation's electronic data capture system, first proposed by my predecessor Luis Rios. This technology is in development for the first study to utilize its unique capabilities, a prospective study on Breast Implant Illness. SETA will allow ASERF to develop and maintain multiple clinical studies and expand its research efforts, including offering CRO services to industry. For ASERF member surgeons, clinical researchers, and industry partners, this technology will be a game changer for aesthetic research. And, many

thanks to Mentor for their generous funding in support of SETA!

Another remarkable event for ASERF this year is the ongoing work of Drs. Caroline Glicksman and Patricia McGuire on their ASERF-funded study, "Systemic Symptoms: Biospecimen Analysis Study," with the first of four planned papers published in *Aesthetic Surgery Journal*, and in January, an alert from Aesthetic Society President, Dr. Bill Adams, and me, that was emailed to membership regarding the impactful results of this study. Most notably, this research has shown that, in self-reported symptomatic BII patients, symptom relief is based on device removal with no relationship to the type or degree of capsulectomy that was performed. *This has confirmed that there is no benefit to what some call an "en bloc" capsulectomy.* I encourage you to read the entire article in ASJ titled "Part 1: Impact of Capsulectomy

Type on Post-Explantation Systemic Symptom Improvement: Findings From the ASERF Systemic Symptoms in Women-Biospecimen Analysis Study". As the title suggests, this article is just the first of more articles to come resulting from this landmark study.

I am also happy to report that Camille Cash, MD has recently accepted the appointment to serve as Chair of the ASERF Externship Program Task Force. Dr. Cash and her colleagues will build an innovative project that is expected to meet the needs of students who do not otherwise have access to plastic surgery training at their respective colleges. The program is experiential in nature and will provide exposure and access to plastic surgeons in both private practice and the university settings. Externships are expected to enhance both ASERF and The Aesthetic

Continued on Page 38

# COMING SOON

# SETA



The Aesthetic Surgery  
Education and  
Research Foundation

## In 2022, ASERF Will Introduce SETA, A New Electronic Data Capture (EDC) System

- Empowers ASERF member surgeons, clinical researchers, and industry partners to extract prospective and retrospective data from The Aesthetic Society's technology platforms, ANN and Aesthetic One.
- Captures data points directly from research participants.
- Offers a fully configurable design portal meeting the exact needs of the study, trial, clinician, or end user.
- Enables ASERF to develop and maintain multiple clinical studies and expand its research efforts, including offering CRO services to industry.
- Profits from the CRO offerings will be used to support ASERF's mission: identify and pursue those issues relevant to advancing the safety and effectiveness of aesthetic medicine through independent, unbiased, directed research, and groundbreaking education.

Powered by AnzuMedical

**S**urvey  
**E**xtraction  
**T**ransformation  
**A**nalysis

SETA (*say-tuh*)

Interested in learning more?  
Email [contact@aserf.org](mailto:contact@aserf.org)  
for more information.

The SETA platform is supported by



## Update on ASERF

Continued from Page 37

Society membership pipelines by exposing medical students to research opportunities, offering free registration to the Annual Meeting, and the chance to find mentors in our members. ASERF has committed \$10,000 to launch the program and is discussing the concept with several industry representatives who have shown interest.

Dr. Bill Adams and I have met with the FDA on multiple occasions to discuss the expanded use of Aesthetic One to register breast implants. We continue to advocate for this technology as a seamless way for surgeons to register their placed implants with manufacturers and provide patients with a digital implant record and operation summary. It is important for the FDA to recognize Aesthetic One and the efforts of both The Aesthetic Society and ASERF to develop and refine this tool for both surgeons and patients to have immediate access to breast implant

registration information and a checklist procedure note, all in a digital form to improve access for future needs.

I have had the good fortune of having a great group of colleagues who have served on the Board of Directors this year and appreciate their hard work and enthusiasm as we have all worked to build upon the work of my predecessors who have served as ASERF President. I appreciate the close working relationship and collaboration of my longtime friend and Aesthetic Society President Bill Adams, helping make this year both enjoyable and productive, with a very close alignment of ASERF with The Aesthetic Society. I also very much appreciate our staff, most notably Courtney Muehlebach, Tom Purcell, and Sue Dykema for their hard work and dedication to ASERF.

I am also happy to report that everyone has worked together to help ASERF to evolve,

with the ongoing development of new benefits for our members and new projects that serve its Mission. The Foundation has awarded just under \$28,000 in funding for grants this past year. The Foundation will also continue to support member surgeons, residents, and fellows interested in aesthetic surgery research by providing research grant funding, our most active program.

I would like to thank all of you for the honor of serving as ASERF President over this past year. ASERF will be in great hands under the leadership of my longtime friend and colleague, ASERF's next President, Bruce Van Natta.

*Louis L. Strock, MD is an aesthetic plastic surgeon practicing in Fort Worth, Texas, and serves as President of ASERF.*

## Engage With ASERF at The Aesthetic Meeting 2022



### ASERF CAREER ACHIEVEMENT AWARD SHERRELL J. ASTON, MD

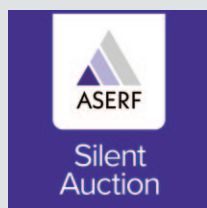
Well-known surgeon, educator, mentor, and member, Sherrell J. Aston, MD, will be receiving the ASERF Career Achievement Award during The Society and Foundation Annual Member Business Meeting Saturday, April 23, 12:00 PM – 2:00 PM at the San Diego Convention Center. Honor his contributions to our specialty by donating to ASERF at [aserf.org/awarddonate](http://aserf.org/awarddonate).

### ASERF PREMIER GLOBAL HOT TOPICS (#S14)

Recognized as a "must-see" program each year, Premier Global Hot Topics is expected to draw in the crowds again in

San Diego with Co-Chairs Drs. Jamil Ahmad, Tiffany McCormack, and Simeon Wall Jr. Challenged with limited time, world-renowned surgeons advocate for or against new technologies and surgical procedures which shape the future of the specialty. Ticket required for this optional education on Thursday, April 21, from 1:30pm – 6:30pm.

### ASERF SILENT AUCTION— BID TO WIN!



Bid on unique products and services in support of aesthetic research at the 9th annual auction! A full list of donors can be found in this issue of *ASN* on page 13. Online bidding opens Friday, April 1, and onsite bidding at The Aesthetic Meeting 2022 begins Friday, April 22. All bidding concludes at 2:00 PM Pacific on Sunday, April 24. Download the Handbid app, use the website <http://events.handbid.com/auctions/aserf-auction-2022>, or visit Handbid representatives at The Aesthetic Society booth #2017 to bid. Thank you to the

companies and surgeons who have donated to the auction and made it a success for so long.

### ASERF SPOTLIGHT ON RESEARCH

Get the latest information on research projects funded through the ASERF grant program, which is made possible through dues and donations to The Foundation. Watch your peers present their current progress or results on Friday, April 22, from 12:45pm – 3:15pm in The Aesthetic Arena, led by our Scientific Research Committee Co-Chairs, Drs. Caroline Glicksman and David Sieber. A ticket is not required.

### VISIT US IN SAN DIEGO

Stop by the ASERF lounge located within The Aesthetic Society booth #2017. Learn more about our recently funded projects, ask about available funding for you and your patients, inquire about SETA, and if you are a member, pick up your FREE thank you gift!



## Caroline A. Glicksman, MD, MSJ, and Patricia A. McGuire, MD Inducted to ASERF's Prestigious President's Circle



The Aesthetic Surgery  
Education and  
Research Foundation

Louis L. Strock, MD, ASERF President, is pleased to announce Caroline A. Glicksman, MD, MSJ of New Jersey and Patricia A. McGuire, MD of Missouri are the latest members to be recognized for their individual \$50,000 gifts to become the newest members of ASERF's President's Circle.

These donations demonstrate their commitment to ASERF's mission "to identify and pursue those issues relevant to advancing the safety and effectiveness of aesthetic medicine through independent, unbiased, directed research and groundbreaking education."

### CAROLINE A. GLICKSMAN, MD, MSJ

Caroline Glicksman, MD, MSJ currently serves on the ASERF Board as Secretary and chairs the Scientific Research Committee. Participating on numerous committees throughout the last two decades, she has advocated for increased oversight of grant funds. As Chair of the Scientific Research Committee, she helped introduce policies and procedures that fast-track the grant application process and the awarding of research funds. Grants are conferred quarterly producing a quick turnaround for investigators and higher quality research all for the purpose of improving aesthetic surgery research outcomes.

"I belong to and am active in many professional, philanthropic, and charitable organizations; however, as someone who has been immersed in both laboratory and clinical research for over 30 years, ASERF has become a passion project. I volunteer



alongside peers and colleagues whom I like and admire. Our goal is to affect positive change that supports my chosen profession."

"I enjoy being a part of the ASERF community and especially my role as Chair of the Scientific Research Committee. Both experienced researchers and young aspiring plastic surgeons are wanting to make a difference

through novel research. Knowing that I am a part of the grant review process and helping them reach their goals is rewarding. With four kid's college tuitions behind me, and their post-graduate education almost complete, I felt it was a good time to support The Aesthetic Society and ASERF. By donating to ASERF I can support The Foundation, invest in my profession, and ensure ASERF continues to fund novel physician-initiated research through their grant process."

### PATRICIA A. MCGUIRE, MD

Patricia McGuire, MD has been actively involved with both The Aesthetic Society and ASERF serving as a member of the Ethics Committee, an *ASJ* editorial Board Member, a Traveling Professor, Informed Consent Task Force member and most recently Vice Chair of the BII Task Force and an ASERF Board member. Her decision to donate was based on ASERF's fiscally sound financial practices and her firsthand account of having had a grant funded by the organization.

"Like my colleagues, I am asked to make donations all the time. From local charities to my medical school to my current hospital affiliations. However, at this point in my life and career, I opted to make a significant donation to ASERF."

"Strong scientific data is needed to support or refute current practices, improve patient safety and quality of care for our aesthetic patients. As a volunteer Board



Member, and recent grant recipient I can attest to ASERF's rigorous standards. ASERF funds research that affects our practices, bringing actual science into the aesthetic surgery realm. The Scientific Research Committee carefully reviews each grant application funding only the best and ensures funds are used responsibly, research is appropriately performed as well as documented."

"Dr. Glicksman and I recently published a Breast Implant Illness paper which was funded through an ASERF research grant. The first-ever prospective blinded study with control groups studying women with systemic symptoms they attribute to breast implants. This paper, unlike other papers on the subject was prospective, with control groups and has long term follow up, which set this study apart. So far, the response has been amazing the world over. This is what I mean when I say ASERF is bringing Science into the aesthetic surgery realm."

**ASERF is a 501(c)(3) charitable organization and donations are tax-deductible. Cash, equities, intellectual property as well as real property can be donated in any amount. ASERF can also be listed as a beneficiary in your trust and/or last will and testament. To inquire about ASERF's President's Circle or other donor levels contact Director of Development Tom Purcell, CAE at [tom@aserf.org](mailto:tom@aserf.org).**

# ASERF MEMBERS AND DONORS

## ASERF President's Circle

THESE MEMBERS HAVE DONATED \$50,000 OR MADE A \$100,000 PLANNED GIFT TO ASERF



William P.  
Adams Jr., MD



Mark T. Boschert, MD



M. Bradley  
Calobrace, MD



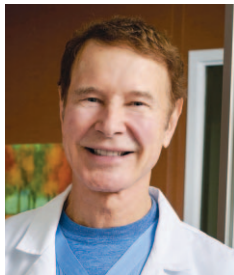
Sepehr Egrari, MD



Dr. and Mrs.  
Julio Luis Garcia



Caroline A.  
Glicksman, MD, MSJ



Dr. and Mrs.  
Joe Gyskiewicz



Daniel A. Hatef, MD



Dr. and Mrs.  
Jeffrey M. Kenkel



Luis López Tallaj, MD



Patricia A. McGuire, MD



Dr. and Mrs.  
Daniel C. Mills II



Susan and Steve  
Mollenkopf



Dr. and Mrs.  
James Payne



Dr. and Mrs.  
Luis M. Rios Jr.



Dr. and Mrs.  
Robert Singer



Dr. and Mrs.  
Louis L. Strock

Will You  
Be Our Next  
President's  
Circle Member?

Contact Tom Purcell, CAE  
tom@aserf.org for more information.

# ASERF MEMBERS AND DONORS

## Thank You, ASERF Members and Donors, for Your Dedication to Helping Aesthetic Plastic Surgery Thrive!

Hamid Abdollahi, MD	John A. Ayala, MD	Gary S. Berger, MD	Jennifer B. Buck, MD	George P. Chatson, MD
Ahmed Abdullah, MD	Nebil Bill Aydin, MD	Saul R. Berger, MD	Louis P. Bucky, MD	Stephen Chen, MD
Tim Abou-Sayed, MD, MBA	Nagi Tanius Ayoub, MD	R. Laurence Berkowitz, MD	Brian R. Buinewicz, MD	Madhukar G. Chhatre, MD
Stefan Adair, MD	Bret R. Baack, MD	Anthony C. Berlet, MD	W. John Bull Jr., MD	Jeremy Robert Chidester, MD
Todd W. Adam, MD	Russell Babbitt, MD	Jonathan R. Berman, MD	Ross E. Bunch, MD	Younghoon R. Cho, MD, PhD
William P. Adams Jr., MD	Eric P. Bachelor, MD	Mario F. Bernier, MD, FRCSC	Juris Bunkis, MD	Eric Choe, MD
Anthony A. Admire, MD	Olga S. Bachilo, MD	Vijay K. Bindingavele, MD	Michael R. Burgdorf, MD	Mihye Choi, MD
Ghada Y. Affi, MD	Anureet Bajaj, MD	Carrie E. Black, MD	Elisa A. Burgess, MD	Lavinia K. Chong, MD
Nadia S. Afridi, MD	Stuart Baker, MD	Mark F. Blake, MD	Robert W. Burk III, MD	Karan Chopra, MD
Aric Aghayan, MD	Todd A. Baker, MD	Gregory F. Bland, MD	Renee Burke, MD	Niki A. Christopoulos, MD
Mouchammed Agko, MD	Mehdi Balakhani, MD, DDS, MS	Matthew West Blanton, MD	Carlos D. Burnett, MD	Carrie Kai-Cheng Chu, MD
Frank Agullo, MD	Joseph C. Banis Jr., MD	Keith M. Blechman, MD	Jason Buseman, MD	Chia Jen (Lynn) Chung, MD
Jamil Ahmad, MD, FRCSC	Haven J. Barlow Jr., MD	Darryl J. Blinski, MD	Michael J. Busuito, MD	Johnny Chung, MD
Marguerite Aitken, MD	Yoav Barnavon, MD	Steven P. Bloch, MD	Daniel R. Butz, MD	Kirk A. Churukian, MD
Mustafa Akyurek, MD	Andrew Barnett, MD	Craig Blum, MD	Emilio Cabrera, MD, PhD	Robert C. Ciardullo, MD
Alastin Skincare	Joseph R. Barnhouse, MD	Michael A. Bogdan, MD, MBA	Rafael C. Cabrera, MD	Christa Clark, MD
Mark G. Albert, MD	Frank E. Barone, MD	Michael F. Bohley, MD	M. Bradley Calobrace, MD	Clifford P. Clark III, MD
Amy Alderman, MD	Michael Barood, MD	Jennifer E. Boll, MD	Steven M. Camp, MD	Steven A. Clark, MD
David R. Alfonso, MD	Scott K. M. Barr, MD, FRCSC	Louis A. Bonaldi, MD	Francesco E. Campanile, MD	Steven J. Clark, MD, DMD
Mohammed Alghoul, MD	Kenneth R. Barraza, MD	Robert G. Bonillas, MD	Earl A. Campbell, MD	Mark A. Clayman, MD
William E. Alison Jr., MD	Alfonso Barrera, MD	Daniel Bortnick, MD	Francisco L. Canales, MD	R. Brannon Claytor, MD
Kaveh Alizadeh, MD	Daniel Barrett, MD	Mark T. Boschert, MD	Orlando Canizares, MD	Mihail Climov, MD
Gary Alter, MD	Samuel V. Bartholomew, MD	Lohith P. Bose, MD	Lucie Capek, MD	Brian S. Coan, MD
Robert Gil Altman, MD	Richard A. Bartlett, MD	David A. Bottger, MD	Peter J. Capizzi, MD	Dana Coberly, MD
Ashley N. Amalfi, MD	Ralph W. Bashioum, MD	John Brian Boyd, MD	David A. Caplin, MD	Stephen F. Cocco, MD
Miliind K. Ambe, MD	Patrick Louis Basile, MD	James F. Boynton, MD	Raymond A. Capone Jr., MD	Jennyfer Faridy Cocco, MD
Atul K. Amin, MD	Adam L. Basner, MD	Timothy M. Bradley, MD	Philippe A. Capraro, MD	Robert Cohen, MD
Robert G. Anderson, MD	John W. Bass, MD	Robert W. Bragdon, MD	Aaron M. Capuano, MD	Al B. Cohn, MD
Troy Andreasen, MD	Michael A. Baumholtz, MD	Brian M. Braithwaite, MD	Laura C. Cardenas, MD	Stephen Colbert, MD
Jeff O. Angobaldo, MD	Harold C. Bautista, MD	Gary D. Breslow, MD	Robert C. Caridi, MD	Jana K. Cole, MD
Gregg Anigian, MD	Richard A. Baxter, MD	Stephen D. Bresnick, MD	Wayne W. Carman, MD, FRCSC	Lawrence B. Colen, MD
Jeffrey R. Antimarino, MD	Semira Bayati, MD	Amy Hill Brewster, MD	Martin J. Carney, MD	Donald R. Collins Jr., MD
Alfred R. Antonetti, MD	Richard C. Baynosa, MD	Davis L. Bronson, MD	Steven Carp, MD	Mark Colone
Anuja K. Antony, MD	Evan W. Beale, MD	Glen S. Brooks, MD	Robert J. Carpenter, MD	Craig W. Colville, MD
Alexander D. Anzarut, MD	Stephen P. Beals, MD	Juan A. Brou, MD	Nicholas Carr, MD, FRCSC	Amy S. Colwell, MD
David J. Applebaum, MD	Harold E. Beam, MD	Benjamin J. Brown, MD	Larry V. Carson, MD	Jeffrey Colyer, MD
Hedieh Arbabzadeh, MD	Michael E. Beasley, MD	Daniel Brown, MD	Laurie A. Casas, MD	Matthew J. Concannon, MD
Chandran Arianayagam, MD	Daniel Oliver Beck, MD	Emile N. Brown, MD	Todd Case, MD	John P. Connors, MD
Patricia R. Arledge, MD	Harald Beck, MD	Mitchell H. Brown, MD	Lisa B. Cassileth, MD	Matthew H. Conrad, MD
Bryan S. Armijo, MD	Joel B. Beck, MD	Richard J. Brown, MD	Walter H. Caulfield III, MD	Fadi C. Constantine, MD
Brian H. Arslanian, MD	Michael S. Beckenstein, MD	W. Lorne Brown, MD	Michael G. Cedars, MD	John Q. Cook, MD
Kenneth R. Arthur, MD	Ksenija Belsley, MD	Wilfred Brown, MD	Robert F. Centeno, MD	Jason S. Cooper, MD
Salman Ashruf, MD	Jeremy Benedetti, MD	Michael J. Brucker, MD	Charles P. Chalekson, MD	Jeffrey G. Copeland, MD
H. Daniel Atwood, MD	Bradley P. Bengtson, MD	Robert Brueck, MD	Carolyn Chang, MD	Michelle Copeland, MD
Adam C. Augenstein, MD	Francis G. Beninger, MD	Mark A. Brzezienski, MD	Christopher C. Chang, MD	Steven E. Copit, MD
Ryan E. Austin, MD, FRCSC	Richard H. Bensimon, MD	Brian Keith Brzowski, MD	David S. Chang, MD	Grady B. Core, MD
William Troy Austin, MD	Samuel J. Beran, MD	Dallas R. Buchanan, MD	Suzie H. Chang, MD	John Corey, MD
Mariam Awada, MD	Joseph C. Berardi, MD	Robert T. Buchanan, MD	Lawrence J. Chase, MD	

Continued don Page 42



# ASERF MEMBERS AND DONORS

## Thank You, ASERF Members and Donors

Continued from Page 41

Bryan J. Correa, MD  
Christopher R. Costa, MD  
Thomas F. Crais, MD  
John Clayton Crantford, MD  
Cameron Craven, MD  
David M. Creech, MD  
Mark E. Crispin, MD  
Kimball M. Crofts, MD  
Courtney Crombie, MD  
Joseph Cruise, MD  
David Csikai, MD  
William T. Cullen, MD  
Luke J. Curtsinger, MD  
Jenna G. Cusic, MD  
Louis C. Cutolo Jr., MD  
Sumer L. Daiza, MD  
Richard A. D'Amico, MD  
Lynn Damitz, MD  
Tancredi F. D'Amore, MD  
Lee B. Daniel, MD  
Mark A. Daniels, MD  
Alain Danino, MD, PhD, FRCSC  
Jeffrey M. Darrow, MD  
Robyn D. Daugherty, MD  
Christopher J. Davidson, MD  
Drew J. Davis, MD  
Jared M. Davis, MD  
Steven P. Davison, MD, DDS  
Richard A. de Ramon, MD  
Michelle De Souza, MD  
Leland M. Deane, MD  
Michael E. Decherd, MD  
David M. Deisher, MD  
Gabriel Del Corral, MD  
Joseph B. Delozier III, MD  
William F. DeLuca Jr., MD  
Danielle DeLuca-Pytell, MD  
Kenneth D. Dembny II, MD  
Brad D. Denney, MD  
Brian M. Derby, MD  
Jordan Deschamps-Braly, MD  
Richard DeSplinter, MD  
Michael N. Desvigne, MD  
John F. Diaz, MD  
Michael Diaz, MD  
Gregory O. Dick, MD  
Kenneth E. Dickie, MD, FRCSC  
Brian P. Dickinson, MD

Ryan S. Diederich, MD  
Christine A. DiEdwardo, MD  
Cynthia L. Diehl, MD  
Lisa DiFrancesco, MD  
Alexander G. Digenis, MD  
Sean T. Doherty, MD  
Jeffrey Donaldson, MD  
Vaishali B. Doolabh, MD  
Brian K. Dorner, MD  
William G. Doubek, MD  
Trent D. Douglas, MD  
Susan E. Downey, MD  
Natalie Driessen, MD  
Gloria Duda, MD  
Frederick J. Duffy Jr., MD  
Diane Irvine Duncan, MD  
Marc C. DuPere, MD, FRCSC  
Sophie Dupere, MD  
Alan Durkin, MD  
Charles L. Dyas, MD  
Steven A. Earle, MD  
Felmont F. Eaves III, MD  
Mark A. Eberbach, MD  
James Economides, MD  
Michael C. Edwards, MD  
Sepehr Egrari, MD  
Richard J. Ehrlichman, MD  
Deborah K. Ekstrom, MD  
Dina A. Eliopoulos, MD  
Andrew I. Elkwood, MD  
Mark S. Elliott, MD  
Marco F. Ellis, MD  
Warren Ellsworth, MD  
Raghu G. Elluru, MD  
Yassir Eltahir, MD  
Dino Elyassnia, MD  
Lars P. Enevoldsen, MD  
Scott J. Engel, MD  
Lawrence Scott Ennis, MD  
Mark D. Epstein, MD  
Michael A. Epstein, MD  
Alexander Q. Ereso, MD  
Benjamin D. Eskra, MD  
Stephen Evangelisti, MD  
Gregory R. D. Evans, MD  
Audrey E. Farahmand, MD  
Scott T. Farber, MD  
Hana Farhang Khoei, MD

Jordan P. Farkas, MD  
Leo D. Farrell, MD  
John B. Fasano, MD  
Timothy E. Fee, MD  
J. Scott Ferguson, DO  
Steven A. Fern, MD  
Sergio Fernández Cossío, MD  
James Fernau, MD  
Frank J. Ferraro, MD  
Julius W. Few, MD  
Thomas G. S. Fiala, MD, MBA, FRCSC  
Paul M. Figlia, MD  
Zachary Filip, MD  
E. Ronald Finger, MD  
Stephan Finical, MD  
Lauren H. Fischer, MD  
Jack Fisher, MD  
Patti A. Flint, MD  
Theodore Foley, MD  
Derek Ford, MD  
Rachel S. Ford, MD  
Bryan G. Forley, MD  
Douglas L. Forman, MD  
Clay G. Forsberg, MD  
Thomas J. Francel, MD  
William C. Franckle, MD  
Johnny U. Franco, MD  
Joseph A. Franklin, MD  
Beverly Friedlander, MD  
Ronald M. Friedman, MD  
Richard H. Fryer, MD  
Juan Carlos Fuentes-Amezcuca, MD  
Candido Fuentes-Felix, MD  
Wendell L. Funk, MD  
Heather J. Furnas, MD  
Stefano Fusi, MD  
Joubin Gabbay, MD  
Allen Gabriel, MD  
Charles J. Galanis, MD  
Gustavo E. Galante, MD  
Miguel L. Gallegos, MD  
Katerina M. Gallus, MD  
Thomas J. Gampper, MD  
Brad M. Gandolfi, MD  
Henry F. Garazo, MD  
Julio Luis Garcia, MD  
Onelio Garcia Jr., MD

Paul M. Gardner, MD  
Ralph Garramone, MD  
Charles J. Gaudet, MD  
Lloyd B. Gayle, MD  
Antonio J. Gayoso, MD  
Peter D. Geldner, MD  
David Genecov, MD  
Douglas L. Gervais, MD  
Bahram Ghaderi, MD  
Ashkan Ghavami, MD  
Athina A. Giannopoulos, MD  
Janis Gilis, MD, PhD  
Paul S. Gill, MD  
Jessica N. Gillespie, MD  
Robert H. Gilman, MD  
Mary K. Gingrass, MD  
Lawrence S. Glassman, MD  
Paul M. Glat, MD  
Brian S. Glatt, MD  
Caroline A. Glicksman, MD, MSJ  
Ryan M. Gobble, MD  
Christopher P. Godek, MD  
Kimberley Goh, MD  
Alan H. Gold, MD  
Cory Scott Goldberg, MD  
Steven A. Goldman, MD  
Eduardo Gonzalez Barreda, MD  
Cynthia M. Goodman, MD  
Ashley Gordon, MD  
Aaron D. Gorin, MD  
Amanda Gosman, MD  
Robert H. Gotkin, MD  
Sutton L. Graham II, MD  
Miles H. Graivier, MD  
Lawrence N. Gray, MD  
Patrick Greaney Jr., MD  
Richard J. Greco, MD  
Scott Green, MD  
Lauren A. Greenberg, MD  
Scott A. Greenberg, MD  
Joshua Greenwald, MD  
Jennifer Greer, MD  
Richard O. Gregory, MD  
Donald Griffin, MD  
Steven M. Grosso, MD  
James C. Grotting, MD  
Sanjay Grover, MD

Meegan M. Gruber, MD  
Tiffany Grunwald, MD  
Joe Gryskiewicz, MD  
Joseph L. Grzeskiewicz, MD  
Dax Guenther, MD  
Aldo Guerra, MD  
Arturo K. Guiloff, MD  
Judith M. Gurley, MD  
Geoffrey Cash Gurtner, MD  
Karol A. Gutowski, MD  
Christian I. Guzman, MD  
Richard Ha, MD  
Jason J. Hall, MD  
Jonathan D. Hall, MD  
Elizabeth J. Hall-Findlay, MD  
Geoffrey G. Hallock, MD  
Joshua A. Halpern, MD  
Dennis C. Hammond, MD  
Christine A. Hamori, MD  
Neal Handel, MD  
Michelle Hardaway, MD  
Jennifer L. Harrington, MD  
Craig E. Harrison, MD  
Daniel A. Hatéf, MD  
Donald W. Hause, MD  
Melinda J. Haws, MD  
Barbara B. Hayden, MD  
M. Scott Haydon, MD  
Jeff Healy, MD  
Dominic F. Heffel, MD  
Brian Vassar Heil, MD  
Douglas L. Hendricks, MD  
Kimberly A. Henry, MD  
Mitchell J. Henry, MD  
John M. Hensel, MD  
Mary C. Herte, MD  
M. Catherine Hertl, MD  
Todd S. Hewell III, MD  
Karl B. Hiatt, MD  
David A. Hidalgo, MD  
Jorge E. Hidalgo, MD  
Kent Kye Higdon, MD  
Terrence Higgins, MD  
Joseph Hill, MD  
Michael E. Hill, MD, PhD  
Cassidy D. Hinojosa, MD  
Haideh Hirmand, MD

Continued on Page 43

# ASERF MEMBERS AND DONORS

## Thank You, ASERF Members and Donors

Continued from Page 42

Gisela Hobson Pontes, MD  
Sarah Holland, MD  
Scott Holley, MD  
D'Arcy A. Honeycutt, MD  
Jeffrey Horowitz, MD  
Karen M. Horton, MD  
David A. Horvath, MD  
Ari S. Hoschander, MD  
Wally Hosn, MD  
Robert T. Howard, MD  
Hampton A. Howell, MD  
Eugene C. Hsiao, MD  
Georgeanna J. Huang, MD  
Kathy Huang, MD  
Bradley A. Hubbard, MD  
Thomas J. Hubbard, MD  
Franziska Huettner, MD, PhD  
J. Benjamin Hugo, MD  
Kenneth C. W. Hui, MD  
Lisa Hunsicker, MD  
Nicholas Ramsey Husni, MD  
Kristi Hustak, MD  
Olivia Hutchinson, MD  
Richard Huy, MD  
Yngvar Hvistendahl, MD  
Peter Hyans, MD  
Clyde H. Ishii, MD  
Avinash Islur, MD  
Nicanor G. Isse, MD  
Lawrence Iteld, MD  
Arthur Dean Jabs, MD, PhD  
Megan C. Jack, MD  
Robert A. Jacobs, MD  
William M. Jacobsen, MD  
Rohit Jaiswal, MD  
Badar U. Jan, MD  
Ellen A. Janetzke, MD  
Timothy A. Janiga, MD  
David A. Janssen, MD  
Lynn L.C. Jeffers, MD  
Sam S. Jejurikar, MD  
Glenn Jelks, MD  
Lisa L. Jewell, MD  
Mark L. Jewell, MD  
Debra J. Johnson, MD  
Melissa Johnson, MD  
Larry Jonas, MD  
Mark M. Jones, MD  
Brian P. Joseph, MD  
Robert M. Kachenmeister, MD  
Bartlomiej Kachniarz, MD  
Behrooz Kalantarian, MD  
Brandon E. Kallman, MD  
Dean P. Kane, MD  
Robert H. Kang, MD  
Chia Chi Kao, MD  
Christodoulos Kaoutzannis, MD  
Jonathan L. Kaplan, MD  
Nolan S. Karp, MD  
Scott E. Kasden, MD  
Sumesh Kaswan, MD  
Susan Kaweski, MD  
Faeza R. Kazmier, MD  
Robert E. Kearney, MD  
Angela Keen, MD  
Shahrooz Kelishadi, MD  
Patrick M. Kelley, MD  
Michael Kelly, MD  
Jeffrey M. Kenkel, MD  
Erin Marie Kennedy, MD  
Elizabeth Kerner, MD  
Mahlon A. Kerr, MD  
Charles W. Kessler, MD  
Robert B. Kevitch, MD  
Geoffrey R. Keyes, MD  
Marwan Khalifeh, MD  
Kamran Khoobehi, MD  
Joseph L. Kiener, MD  
Philip C. Kierney, MD  
Paul S. Kim, MD  
Sugene Kim, MD  
Robert M. Kimmel, MD  
Brian M. Kinney, MD  
Emily J. Kirby, MD  
David S. Kirn, MD  
Alan M. Kisner, MD  
W. John Kitzmiller, MD  
David F. Klein, MD  
Kenneth Kneessy, MD  
Christopher Knotts, MD  
Robert J. Knowling, MD  
Aaron D. Knox, MD  
Todd B. Koch, MD  
Adam R. Kolker, MD  
Michele D. Koo, MD  
Joshua Korman, MD  
Andrew N. Kornstein, MD  
Bill Gus Kortesis, MD  
Christopher J. Kovanda, MD  
Ira C. Krafchin, MD  
Ary Krau, MD  
Michael L. Kreidstein, MD, MS, FRCSC  
Peter Kreymerman, MD  
Daniel J. Krochmal, MD  
Donna M. Krummen, MD  
Jon Kurkjian, MD  
Lawrence C. Kurtzman, MD  
Nicholas D. Lahar, MD  
Sanjay Lalla, MD  
Lloyd D. Landsman, MD  
Ethan E. Larson, MD  
Jeffrey D. Larson, MD  
Carl Daniel Laughlin, MD  
Michael Law, MD  
Tenley K. Lawton, MD  
Kristopher M.W. Ledding, MD  
Wayne Ledinh, MD  
Charles S. Lee, MD  
John S. Lee, MD  
Johnson C. Lee, MD  
Michael J. Lee, MD  
Michael R. Lee, MD  
Michelle Lee, MD  
Todd Lefkowitz, MD  
Craig R. Lehrman, MD  
Nathan T. Leigh, MD  
Ashley K. Lentz, MD  
Nicholas R. Leonard, MD  
Karen K. Leong, MD  
Vincent D. Lepore, MD  
Douglas M. Leppink, MD  
John L. LeRoy Jr., MD  
E. Dwayne Lett, MD  
David J. Levens, MD  
Jocelyn E. Leveque, MD  
Larry Leverett, MD  
Richard M. Levin, MD  
Ni-Jui James Liang, MD  
David A. Lickstein, MD  
Larry H. Lickstein, MD  
David L. Liland, MD  
Angeline Lim, MD  
Sheldon Michael Lincenberg, MD  
Avron H. Lipschitz, MD  
Frank R. Lista, MD, FRCSC  
Christopher K. Livingston, MD  
Adrian K. Lo, MD  
Jean Loftus, MD  
Ronald A. Lohner, MD  
JoAnne Lopes, MD  
Maria M. LoTempio, MD  
Tim R. Love, MD  
Candis M. Lovelace, MD  
Adam Lowenstein, MD  
Liana M. Lugo, MD  
Herluf G. Lund, MD  
William Glenn Lyle, MD  
Michael P. Lynch, MD  
Billy P. Lynn, MD  
Luis Macias, MD  
Donald R. Mackay, MD, DDS  
Susan Elizabeth MacLennan, MD  
Keshav T. Magge, MD  
Raman C. Mahabir, MD  
Wojciech T. Majewski, MD  
M. Vincent Makhlof, MD  
Michael Malczewski, MD  
Abdollah Malek, MD  
Marc Malek, MD  
Christopher Maloney, MD  
Daniel Y. Maman, MD  
Daniel Man, MD  
Michele A. Manahan, MD  
Brandon-Dzung Mang, MD  
Dev A. ManiSundaram, MD  
Gregory A. Mantooth, MD  
Saeed Marefat, MD  
Sandra L. Margoles, MD  
Michael D. Marion, MD  
Eric Mariotti, MD  
Milorad Marjanovic, MD  
Alexey Markelov, MD  
Bernard L. Markowitz, MD  
Andre P. Marshall, MD, MPH  
Esteban Marten, MD  
Timothy J. Marten, MD  
Kurtis W. Martin, MD  
Scot Martin, MD  
Rosendo Martinez, MD  
Mark E. Mason, MD  
Oscar E. Masters III, MD  
Alan Matarasso, MD  
James A. Matas, MD  
G. Patrick Maxwell, MD  
Gwendolyn Maxwell, MD  
Aaron J. Mayberry, MD  
Chester Mays, MD  
Leo R. McCafferty, MD  
Cindy M. McCord, MD  
Tiffany McCormack, MD  
Timothy M. McGee, MD  
Sandra N. McGill, MD  
Patricia A. McGuire, MD  
Brice W. McKane, MD  
Emily B. McLaughlin, MD  
Hugh A. McLean, MD  
James D. McMahan, MD  
Sarah E. McMillan, MD  
Ghassan Mehio, MD  
Joseph A. Mele III, MD  
Constantino G. Mendieta, MD  
Jorge L. Menendez, MD  
Wisam Menesi, MD  
Mentor Worldwide, LLC  
Henry A. Mentz, MD  
Nigel Mercer, MD  
John Mesa, MD  
Adriano Mesquita Bento, MD  
Sarah Mess, MD  
Charles A. Messa III, MD  
Rosellen Meystrik, MD  
Joseph Michaels, MD  
Archibald S. Miller, MD  
Leonard B. Miller, MD  
Stephen Blaine Miller, MD  
Daniel C. Mills II, MD  
Paul B. Mills, MD  
J. Gerald Minniti, MD  
Gabriele C. Miotto, MD  
Edward P. Miranda, MD  
Thomas F. Mitts, MD  
Roger C. Mixer, MD  
Cynthia L. Mizgala, MD  
Nana Mizuguchi, MD  
Joseph M. Mlakar, MD  
Brent Moelleken, MD  
M. Mark Mofid, MD  
Steven J. Montante, MD  
Dennis T. Monteiro, MD

Continued on Page 44

# ASERF MEMBERS AND DONORS

## Thank You, ASERF Members and Donors

Continued from Page 43

Harry Moon, MD  
John R. Moore, MD  
Benjamin L. Moosavi, MD  
Robert Clark Mooty, MD  
Rolando Morales Jr., MD  
Christopher J. Morea, MD  
Donald J. Morris, MD  
Rex Moulton-Barrett, MD  
Timothy Mountcastle, MD  
Kiya Movassaghi, MD  
Donald S. Mowlds, MD  
Alexander P. Moya, MD  
J. Bart Muldowney, MD  
Terence M. Myckatyn, MD  
Maurice Nahabedian, MD  
Farzad R. Nahai, MD  
Yukihiro A. Nakamura, MD  
Vincent A. Naman, MD  
Herbert J. Nassour, MD  
Amanda K. Nelson, MD  
Jeffrey M. Nelson, MD  
G. Hunt Neurohr, MD  
Adam Newman, MD  
David A. Newman, MD  
Michael K. Newman, MD  
Scott Newman, MD  
Thanh N. Nguyen, MD  
Trung Nguyen, MD  
Bao Ngoc Nhu Tran, MD  
Larry S. Nichter, MD, MS  
Nicholas R. Nikolov, MD  
Kevin T. Nini, MD  
Leif O. Nordberg, MD  
Ernest Y. Normington, MD  
William D. North, MD  
Sacha I. Obaid, MD  
John J. O'Brien Jr., MD  
Devin M. O'Brien-Coon, MD  
Joseph B. O'Connell, MD  
T. Gerald O'Daniel, MD  
Eric Okamoto, MD  
Michael Olding, MD  
Stephanie Olivier, MD  
Patrick J. O'Neill, MD  
Todd Orchard, MD  
Delio Ortegon, MD  
Juan A. Ortiz, MD  
Kitti K. Outlaw, MD  
Salvatore J. Pacella, MD  
Tim Papadopoulos, MD  
Sotirios Papafragkou, MD  
George D. Papanicolaou, MD  
Paul Papillion, MD  
Alexis L. Parcels, MD  
Frederick K. Park, MD  
Paul M. Parker, MD  
Shaun D. Parson, MD  
Behzad Parva, MD  
Enrique A. Pasarell, MD  
Nirav B. Patel, MD, JD  
Parit A. Patel, MD  
Christopher K. Patronella, MD  
Nathan W. Patterson, MD  
Malcolm D. Paul, MD  
Simona V. Pautler, MD  
Pat Pazmino, MD  
John C. Pedersen, MD  
Anne G.W. Peled, MD  
Manuel M. Pena, MD  
Ivona Percec, MD  
Jaime Perez, MD  
Victor M. Perez, MD  
Joseph M. Perlman, MD  
Wayne R. Perron, MD  
Charles Wayne Perry, MD  
Robert J. Perry, MD  
Craig M. Person, MD  
Kendall Peters, MD  
Brian D. Peterson, MD  
Marcus L. Peterson, MD  
Stacy L. Peterson, MD  
Christine A. Petti, MD  
Tracy M. Pfeifer, MD, MS  
Bao L. Phan, MD  
Michael T. Philbin, MD  
Linda G. Phillips, MD  
John M. Pierce, MD  
Mark A. Pinsky, MD  
Troy Allen Pittman, MD  
Michelle J. Place, MD  
Otto J. Placik, MD  
James M. Platis, MD  
J. Vicente P. Poblete, MD  
Lori G. Polacek, MD  
Effie P. Politis, MD  
Larry H. Pollack, MD  
Robert Bruce Pollack, MD  
Todd Pollock, MD  
Charles G. Polsen, MD  
Alain Polynice, MD  
George H. Pope, MD  
Stanley G. Poulos, MD  
Jeffrey Poulter, MD  
Stephanie M. Power, MD  
Patrick Pownell, MD  
Jason Pozner, MD  
B. Aviva Preminger, MD  
Carl I. Price, MD  
G. Wesley Price, MD  
Gary J. Price, MD, MBA  
Patrick J. Proffer, MD  
Randy D. Proffitt, MD  
Bryan H. Pruitt, MD  
Landon S. Pryor, MD  
Mark F. Prysby, MD  
Jeffrey J. Ptak, MD  
Alejandro J. Quiroz, MD  
Ariel N. Rad, MD  
Talmage J. Raine, MD  
Joyesh Raj, MD  
Smita R. Ramanadham, MD  
Jose Roberto Ramirez Gavidia, MD  
Babis Rammos, MD  
Laura Randolph, MD  
David Rankin, MD  
Samir Rao, MD  
David P. Rapaport, MD  
Norman H. Rappaport, MD  
Elsa M. Raskin, MD  
Greg Ratliff, MD  
Jeffrey F. Rau, MD  
Todd C. Rau, MD  
Brian Reagan, MD  
David B. Reath, MD  
Larry E. Reaves, MD  
Benjamin P. Rechner, MD  
Rukmini S. Rednam, MD  
Lawrence S. Reed, MD  
Brian K. Reedy, MD  
Robert D. Rehnke, MD  
Dustin Reid, MD  
Scott M. Reis, MD  
Neal R. Reisman, MD  
John Renucci, MD  
Remus Repta, MD  
Brian C. Reuben, MD  
Donald R. Revis Jr., MD  
Richard D. Reynolds, MD  
Susie Rhee, MD  
E. J. Ricciardelli, MD  
Emily B. Ridgway, MD  
Jeffrey R. Ridha, MD  
Steven L. Ringler, MD  
Kaye Hemmer Riolo, MD  
Luis M. Rios Jr., MD  
Lucian Rivela, MD  
Carlos M. Rivera-Serrano, MD  
Murtaza Rizvi, MD  
Benjamin Rodriguez, MD  
Leif L. Rogers, MD  
Rod J. Rohrich, MD  
James Romanelli, MD  
Matthew L. Romans, MD  
Stephen J. Ronan, MD  
Jason Roostaeian, MD  
Donovan Thomas Rosas, MD  
Allen D. Rosen, MD  
Rick Rosen, MD  
Paul H. Rosenberg, MD  
Nachman Rosenfeld, MD  
Lorne King Rosenfield, MD  
Arthur R. Rosenstock, MD  
James Rosing, MD  
Jay H. Ross, MD  
Sylvia Rotemberg, MD  
Douglas A. Roth, MD  
Kenneth O. Rothaus, MD  
Leonard A. Roudner, MD  
Millicent O. Rovelov, MD  
John M. Rowley, MD  
Ernesto J. Ruas, MD  
Adam J. Rubinstein, MD  
Randal Rudderman, MD  
Gregory L. Ruff, MD  
Paul G. Ruff IV, MD  
C. Cayce Rumsey III, MD  
R. Scott Runnels Jr., MD  
Ahmad Saad, MD  
William Sabbagh, MD  
M. Zakir Sabry, MD  
Alireza Sadeghi, MD  
Maryam Saheb-Al-Zamani, MD  
Hakim K. Said, MD  
Alexander Sailon, MD  
Ali Sajjadian, MD  
Hector Salazar-Reyes, MD  
Lori H. Saltz, MD  
Renato Saltz, MD  
Michael J. Salvino, MD  
Marc J. Salzman, MD  
Fouad J. Samaha, MD  
Julene B. Samuels, MD  
George H. Sanders, MD  
Thomas T. Sands, MD  
John M. Sarbak, MD  
Larry A. Sargent, MD  
Konrad Sarosiek, MD  
Andres G. Sarraga, MD  
Gordon H. Sasaki, MD  
Erika A. Sato, MD  
Thomas Satterwhite, MD  
Nirav B. Savalia, MD  
Kamal Sawan, MD  
Adam Schaffner, MD  
Michael J. Schenden, MD  
Jack F. Scheuer, MD  
Clark F. Schierle, MD, PhD  
Dennis K. Schimpf, MD  
Benjamin Schlechter, MD  
S. Larry Schlesinger, MD  
Robert P. Schmid, MD  
Alexandra C. Schmidt, MD  
Steven C. Schmidt, MD  
Robert H. Schnarrs, MD  
Drew E. Schnitt, MD  
Mark Schoemann, MD  
Wesley G. Schooler, MD  
Kenton Schoonover, MD  
Jeffrey E. Schreiber, MD  
Brian L. Schulman  
Warren P. Schutte, MD  
Mark H. Schwartz, MD  
Michael R. Schwartz, MD  
Peter L. Schwartz, MD  
Richard G. Schwartz, MD  
Hisham M. Seify, MD  
Douglas M. Senderoff, MD  
Alexandre Senra, MD  
SENTE, Inc.

Continued don Page 45



# ASERF MEMBERS AND DONORS

## Thank You, ASERF Members and Donors

Continued from Page 44

Bharat Shah, MD	Armando C. Soto, MD	Donna G. Tepper, MD	Robert M. Wald Jr., MD	Andrew Wolfe, MD
Bivik Shah, MD	Sam Speron, MD	Richard E. Tepper, MD	Jennifer L. Walden, MD	Andrew M. Wolin, MD
Himansu R. Shah, MD	Aldona J. Spiegel, MD	Sarvam P. TerKonda, MD	Kathleen A. Waldorf, MD	Wendy W. Wong, MD
Manish H. Shah, MD	Robert J. Spies, MD	Jeffrey N. Thaxton, MD	Jimmy Lee Waldrop Jr., MD	Amnart Wongworawat, MD
Daniel I. Shapiro, MD	Henry M. Spinelli, MD	Richard H. Tholen, MD	Holly Casey Wall, MD	Benjamin Wood, MD
Samuel Shatkin Jr., MD	David Heath Stacey, MD	Rudolf Thompson, MD	Simeon H. Wall Jr., MD	Janet Woodyard, MD
James M. Shaw, MD	Nicola Standoli, MD	Charles H. Thorne, MD	Steven G. Wallach, MD	Cindy Wu, MD
Lawrence W. Shaw, MD	Ran Y. Stark, MD	Joseph J. Thornton, MD	Jules A. Walters III, MD	Bose Yalamanchi, MD
Dan H. Shell III, MD	Isaac Starker, MD	Lee K. Thornton, MD	Josh T. Waltzman, MD, MBA	Wayne I. Yamahata, MD
Dan H. Shell IV, MD	Matthew H. Steele, MD	Ben J. Tittle, MD	Dinah Wan, MD	Miguel A. Yanez, MD
Michele A. Shermak, MD	Michael M. Stefan, MD	William D. Tobler Jr., MD	Stewart P. Wang, MD	David C. Yao, MD
Kris B. Shewmake, MD	Douglas S. Steinbrech, MD	Robert M. Tornambe, MD	Richard J. Warren, MD	Steven Yarinsky, MD
David A. Shifrin, MD	Paul M. Steinwald, MD	Ali Totonchi, MD	Ronald M. Warren, MD	R. Scott Yarish, MD
Kimberly K. Short, MD	David R. Stephens, MD	Timothy A. Treece, MD	Richard J. Wassermann, MD	Michael D. Yates, MD
Bernard A. Shuster, MD	Leslie H. Stevens, MD	Jon Paul Trevisani, MD	Otto Weiglein, MD	York J. Yates, MD
Kenty U. Sian, MD	Michael B. Stevens, MD	Thomas P. Trevisani, MD	Jonathan E. Weiler, MD	Sara Yegiyants, MD
David A. Sieber, MD	W. Grant Stevens, MD	Suzanne A. Trott, MD	Adam Weinfeld, MD	Marshall Ross Yellen, MD
Robert K. Sigal, MD	David A. Stoker, MD	Scott L. Tucker, MD	Jonathan C. Weinrach, MD	Randall Yessenow, MD
Steven R. Sigalove, MD	Tracey H. Stokes, MD	Steven Turkeltaub, MD	Andrew L. Weinstein, MD	Anthony Youn, MD
Jeremy A. Silk, MD	John P. Stratis, MD	Gregory A. Turowski, MD	Larry Weinstein, MD	Levi J. Young, MD
Ody Silveira, MD	Rachel E. Streu, MD	Ivan M. Turpin, MD	Barry Martin Weintraub, MD	Patty K. Young, MD
Andrew G. Silver, MD	Louis L. Strock, MD	John Paul Tutela, MD	Arno W. Weiss Jr., MD	Jordan S. Youngerman, MD
Terri Silver, MD	James M. Stuzin, MD	Hanif Ukani, MD	Paul R. Weiss, MD	Leonard T. Yu, MD
Robert Singer, MD	Samir M. Sukkar, MD	Marcelo H. Uriarte, MD	Marlene Welch, MD	Sergio M. Zamora, MD
Robinder P. Singh, MD	Patrick K. Sullivan, MD	Hakan Usal, MD	Alyson Wells, MD	George P. Zavisanos, MD
Margaret Skiles, MD	Kenneth Sumida, MD	John J. Vaccaro, MD	Henry G. Wells Jr., MD	Richard L. Zeff, MD
Nicolas Slenkovich, MD	Chris Surek, DO	Richard Thomas Vagley, MD	Karen E. Wells, MD	Kamakshi R. Zeidler, MD
Eugene E. Sloan, MD	Michael Suzman, MD	Stanley M. Valnicek, MD	Frederick Weniger, MD	Linda L. Zeineh, MD
Kevin H. Small, MD	Steven Svehlak, MD	Bruce W. Van Natta, MD	Jane S. Weston, MD	Richard J. Zienowicz, MD
Kenneth R. Smart Jr., MD	Linda Swanson, MD	Todd M. Van Ye, MD	Deborah J. White, MD	Terry Zimmerman, MD
Andrew Smith, MD	Jennifer A. Dixon Swartz, MD	Douglas L. Vander Woude, MD	Steven J. White, MD	Sergey V. Zorin, MD
Bruce K. Smith, MD	Iliana E. Sweis, MD	R. Douglas Vanderpool, MD	Steven K. White Sr., MD	Robert Zubowski, MD
Darren Michael Smith, MD	Lukasz Swistun, MD	Paul F. Vanek, MD	David M. Whiteman, MD	Joshua D. Zuckerman, MD
Dell P. Smith, MD	Roxanne Sylora, MD	Bhupesh Vasisht, MD	Robert Whitfield, MD	Mark Zukowski, MD
Kenneth A. Smith, MD	John D. Symbas, MD	Susan D. Vasko, MD	Thomas C. Wiener, MD	Alexander Zuriarrain, MD
Rick J. Smith, MD	Stefan M. Szczerba, MD	Victoria L. Vastine, MD	Irvin M. Wiesman, MD	Michelle J. Zweifler, MD
Steven J. Smith, MD	Raad M. Taki, MD	Steven D. Vath, MD	Mark D. Wigod, MD	Michael Zwickbauer, MD
John D. Smoot, MD	Shruti Chudasama Tannan, MD	Ted R. Vaughn, MD	Joel Alfred Williams, MD	
Mary C. Snyder, MD	Diya H. Tantawi, MD	Michele Verga, MD	John V. Williams, MD	
Ned Snyder, MD	Michael B. Tantillo, MD	Luis A. Vinas, MD	Richard B. Williams, MD	
Mark P. Solomon, MD	Chad D. Tattini, MD	M. Dean Vistnes, MD	David G. Williamson, MD	
Hooman T. Soltanian, MD	Ellis Tavin, MD	Paul Vitenas Jr., MD	J. Scott Williamson, MD	
Raluan G. Soltero, MD	Anne Taylor, MD	Robert V. Vitolo, MD	Timothy Wilson, MD	
Ravi K. Somayazula, MD, DO	Lisa Taylor, MD	Joshua Vorstenbosch, MD	Wesley G. Wilson, MD	
Nicole Z. Sommer, MD	Thomas Taylor, MD	Steve T. Vu, MD	Gary F. Wingate, MD	
David H. Song, MD	Steven Teitelbaum, MD	David Wages, MD	Julian S. Winocour, MD	
Aditya Sood, MD	Traci Temmen, MD	Douglas S. Wagner, MD	Garrett Wirth, MD	
Evan Sorokin, MD	Marissa J. Tenenbaum, MD	Lois Wagstrom, MD	Gregory Wittpenn, MD	



Join your colleagues and support aesthetic surgery research and education.

Scan the code above to donate to ASERF today!

# Senté

Dermal Repair Ultra-Nourish

# Indulge Your Skin in Nourishing Repair



**HSA**  
+ LIPIDS

Heparan  
Sulfate  
Analog

Visit us at the Aesthetic Meeting  
Booth #2138



Replenish and repair for deeply hydrated, nourished skin.

Senté® Dermal Repair Ultra-Nourish combines patented repairing molecule **Heparan Sulfate Analog (HSA)** and a unique blend of lipids, to nourish and smooth dry, sensitive skin.

PATENTED REPAIRING

**HSA**

Hydrates deeply as it supports the skin's natural ability to repair itself.

UNIQUE BLEND OF

+

**LIPIDS**

Mimic the components of the skin barrier and restore its function, preventing the evaporation of water.

# 100%

of subjects in a clinical study agreed

**THEIR SKIN  
felt NOURISHED**  
at 8 weeks

# 90%

of subjects agreed that it provided long lasting

**HYDRATION &  
MOISTURIZATION**  
at 8 weeks


# 79%

of subjects agreed it made

**FINE LINES & WRINKLES  
LESS VISIBLE**  
at 8 weeks

Learn more at [sentelabs.com](http://sentelabs.com) or  
contact us at [info@sentelabs.com](mailto:info@sentelabs.com).

 [senteskincare](https://www.facebook.com/senteskincare)

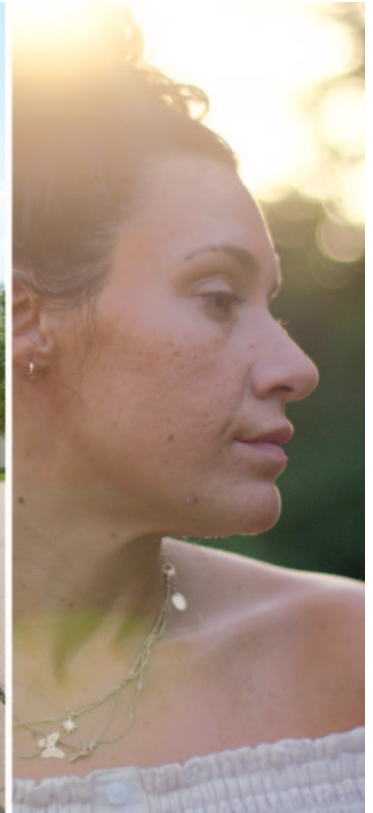
 [@senteskincare](https://www.instagram.com/senteskincare)





## Beyond the Before & After Launches to your Potential Patients

By Laura Leatherberry



**T**he Aesthetic Society recently launched *Beyond the Before & After*, a four-part film series that documents the transformative journey and life after plastic surgery. This docuseries aims to tell unique patient stories from real people who have undergone aesthetic plastic surgery. Whether for breast reconstruction, surgery post weight-loss or a total transformation, people seek plastic surgery to make positive changes in their lives and empower confidence in themselves.

The debut series seeks to provoke a new understanding of how aesthetic plastic surgery positively impacts people’s lives, beyond the superficial. In this series, The Aesthetic Society gives patients the platform to tell their untold stories of how plastic surgery helped transform their lives, not just physically but emotionally as well—with the goal of helping others feel more empowered in their own lives.

### BE PART OF THE STORY

We are promoting the series to consumers via a partnership with NewBeauty and support from Allergan Aesthetics, an AbbVie Company, and will be driving potential patients to your profile.

Your prospective patient could be a film away and you don’t want to miss the opportunity! *Be prepared and update your public profile* on our newly launched website, [TheAestheticSociety.org](http://TheAestheticSociety.org).

*Laura Leatherberry is a branding consultant who has worked with The Aesthetic Society for three years, rebranding the organization. Her latest contributions include creating the “Beyond” creative campaign, writing content for the new website, and producing the “Beyond The Before & After” docuseries.*

Supported by

**Allergan  
Aesthetics**  
an AbbVie company

Click or scan the code below to view the series.





# Managing finances in the digital world.

**Now more than ever, practices and patients are shifting to digital standards to streamline safe and efficient healthcare.** Digital solutions can offer both patient satisfaction and increased continuity of care for practices committed to their patients. In many instances, digital options have now become expected, and financing is one example.

Patients want a payment solution that works wherever they are. The CareCredit health, wellness and beauty credit card can streamline the financial process for both practices and patients searching for a seamless digital payment solution. At practices that accept the CareCredit credit card, patients have an easy way to learn about CareCredit, apply and pay for their care over time.\*

**79%** of cardholders surveyed said they consider having a CareCredit account very important under the current circumstances.<sup>1</sup>

## It's not only a solution patients love, it's:

### Reliable

Patients can count on CareCredit to offer a convenient way to pay for cosmetic care they want or need that insurance doesn't cover. This includes everything from:

- Plastic surgery including prescriptions
- Non-invasive procedures
- Skincare products
- And more!

### Flexible

Though enthusiastic about pursuing a treatment, sticker shock may prevent patients from pursuing your complete recommendation. CareCredit makes paying for aesthetic aspirations more attainable with convenient monthly payments that may fit more comfortably into a patient's budget. Patients can take advantage of promotional financing on purchases of \$200 or more.

### Contactless

With CareCredit, patients can independently access their complete financing experience anytime, anywhere from their smart device. This means a more empowering experience for patients and greater efficiency for practice staff. Contactless payment options allow your staff to spend less time and energy on payment so they can focus on what matters: patient care.

CareCredit cardholders have a **6.6x** higher average ticket than spending on a typical general purpose credit card.<sup>2</sup>

## CareCredit offers digital ways to help your patients and practice.

- **Online Payment Calculator** allows you to share estimated monthly payments and disclosures with patients. Understanding how a procedure will fit into their budget can help patients feel more confident moving forward with the treatment you recommend.
- **Digital marketing tools & resources** such as patient-conversation scripts and ready-to-use templates help your practice and staff easily and efficiently engage with patients digitally.
- **Social media support** offers ready-to-use posts, tweets and videos to help educate patients on flexible ways to pay for care.
- **Custom link contactless payment & application solution\*\*** lets patients learn about financing, apply from their own device and pay your practice using their CareCredit credit card. This patient independence simultaneously opens up time for staff.
- **Get paid quickly & easily.** With CareCredit, you get paid in 2 business days.

**77%** overall provider satisfaction from the Provider Satisfaction Report.<sup>3</sup>



CareCredit provides many digital tools and resources that greatly benefit both patients and practices. By making access to dermatologic care more convenient through digital tools, like those provided by CareCredit, patients are able to become more engaged in their treatment plans.

This can have long-term benefits for patients and your practice as a whole. Learn more about how to give patients an easy, digital way to learn, apply and pay for the aesthetic care they want or need.

**Join the CareCredit network today.**  
**Visit [carecredit.com/asn](https://carecredit.com/asn) or call 855-860-9001.**

**Already enrolled?**  
**Visit [carecredit.com/providercenter](https://carecredit.com/providercenter) to access exclusive tools and resources.**



\*Subject to credit approval. Minimum monthly payments required. See [carecredit.com](https://carecredit.com) for details.

\*\*The pay option will only appear on your custom link if you have selected to accept online payments.

<sup>1</sup>CareCredit, Healthcare Behaviors During the Coronavirus Pandemic, June 2020.

<sup>2</sup>CareCredit 2020 Analytics and The Nilson Report – February 2021 ed., 50 Largest U.S. Visa & Mastercard Credit Card Issuers data table.

<sup>3</sup>Provider Satisfaction Study, June 2021, conducted for CareCredit by Chadwick Martin Bailey.

# PUBLISH YOUR RESEARCH WITH AESTHETIC SURGERY JOURNAL

## OPEN FORUM

*ASJ Open Forum* is the premier open access journal in aesthetic surgery. Fund your publications with our open access initiatives.

### GLOBAL ASSISTANCE PROGRAM

Authors from developing countries qualify for open access fee waivers or discounts.

Find out more:

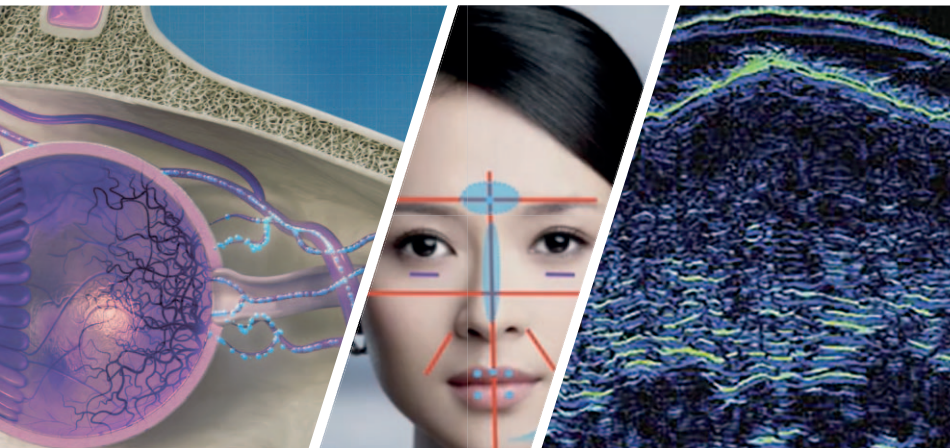
<http://bit.ly/ASJOFGlobalAssistance>

### READ & PUBLISH

Academic publishing is evolving and now authors can publish in open access journals without cost, if their institutions participate.

Find out if your institution participates:

<http://bit.ly/ASJOFReadandPublish>



INDEXED IN PUBMED CENTRAL AND DOAJ



[asjopenforum.com](http://asjopenforum.com)

[@ASJrnl](https://twitter.com/ASJrnl) [@asj\\_openforum](https://www.instagram.com/asj_openforum)

OXFORD  
UNIVERSITY PRESS





## ASJ and ASJ Open Forum

Read the April issue of ASJ is live here:  
<https://academic.oup.com/asj/issue/42/3>

### ASJ AND ASJ OPEN FORUM ANNUAL RETREAT



**ASJ Editorial Board Members and ASJ Open Forum Contributing Editors met in Las Vegas to review past accomplishments and plan for the years ahead.**

### ASJ GEMS

If you missed a recent ASJ GEMS webinar, use these links to watch them at your leisure on RADAR Resource at the links below. You can register for all ASJ webinars by writing to: [anastasia@theaestheticsociety.org](mailto:anastasia@theaestheticsociety.org). If you're interested in participating as a guest lecturer, write to: [phaedra@theaestheticsociety.org](mailto:phaedra@theaestheticsociety.org).

- An expert panel of Latino rhinoplasty surgeons led by Dr. Hector Duran discussed Rhinoplasty in Latinos by Latino American Surgeons: <https://bit.ly/3rzY4SU>
- Dr. Louis Strock lectured on Transaxillary Breast Augmentation: How to Maintain Technical Control from a Remote Incision: <https://bit.ly/3Jg9zon>
- Dr. Amaka Nwubah and Dr. Roy Kim discussed Post-Pandemic Social Media in Plastic Surgery: What We Can't Live Without: <https://bit.ly/3HCaFut>
- Dr. Pat McGuire lectured on BII: Understanding the Science and Recommendations for Patients: <https://bit.ly/3HAQcPW>

The editors, leadership, and editorial staff of both journals met in Las Vegas to review past accomplishments and plan for the years ahead. The group discussed innovations and strategy that will help grow our family of journals. We also formally announced that Dr. Jeffrey M. Kenkel will succeed Dr. Foad Nahai as Editor in Chief of *Aesthetic Surgery Journal* in January 2024 when his term is completed. Congratulations, Dr. Kenkel!



ASJ's Editor in Chief Dr. Foad Nahai presented at the Atlanta Breast Symposium in February on chemosis avoidance and management.

### ASJ JOURNAL CLUB

If you missed a recent ASJ Journal Club webinar, use this link to watch them at your leisure on RADAR Resource here: [www.anzumedical.com/Login/home/login/radar#/dashboard/radar](http://www.anzumedical.com/Login/home/login/radar#/dashboard/radar).

Stay tuned for details about the next ASJ Journal Club on Tuesday, April 12. You can register for all ASJ webinars by writing to: [anastasia@theaestheticsociety.org](mailto:anastasia@theaestheticsociety.org). If you're interested in participating as an author lecturer or guest discussant, write to: [phaedra@theaestheticsociety.org](mailto:phaedra@theaestheticsociety.org).

### ASJ OPEN FORUM PODCASTERS

We are excited to introduce our new team of podcasters who will conduct interviews promoting articles published in the Journal. We welcome four new hosts, Dr. Mark Albert, Dr. Deniz Sarhaddi, Dr. Ryan Austin, and Dr. Maryam Zamani. Look for new episodes regularly here: <https://bit.ly/3CaueYQ>.



### ASJ OPEN FORUM: VOLUME 4 (2022)

Now that the Journal has implemented a continuous publication model, you can read Volume 4

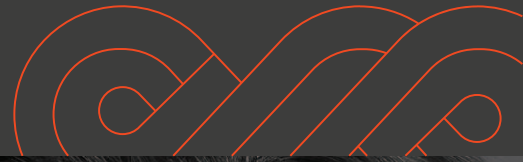
throughout 2022 as new articles publish. Through the developing countries initiative, authors in developing nations can take advantage of discounted publication fees which in some cases may be free. Right now, we are offering a 50% discount on the publication fees for brand new submissions to *ASJ Open Forum* (does not include submissions cascaded from *ASJ*). Submit to *ASJ Open Forum* in the next 30 days to take advantage of a 50% discount. Simply mention the code FIFTYOFF in your cover letter and it will be applied prior to publication.



### A WARM WELCOME

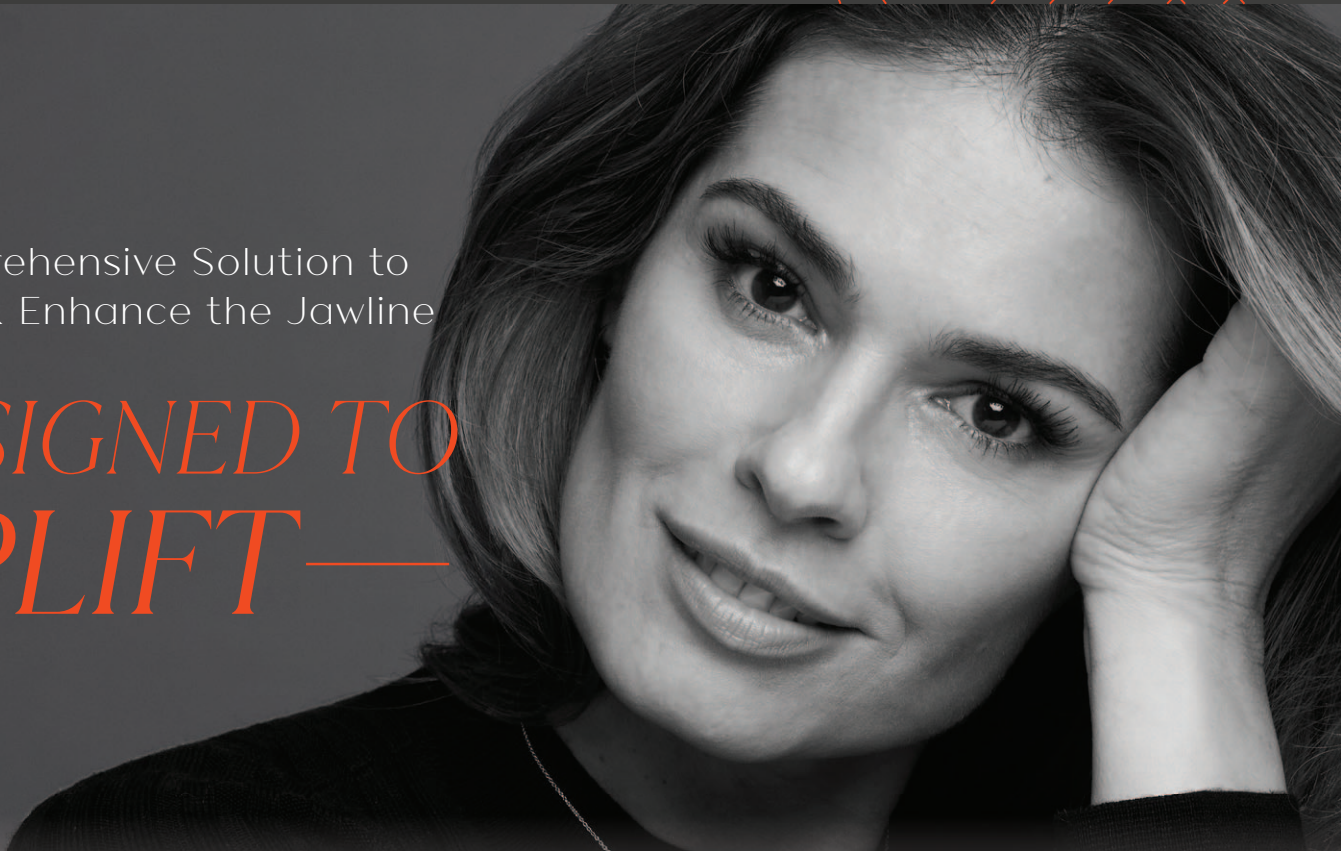
Team ASJ welcomes a new Assistant Managing Editor, Anastasia Cyzewski.

MYELLEVATE<sup>®</sup>  
by CYNOSURE<sup>®</sup>



A Comprehensive Solution to  
Define & Enhance the Jawline

*DESIGNED TO  
UPLIFT—*



**ICLED<sup>®</sup>**   
Surgical Suture Technology

**ELEGANTLY ENGINEERED  
FOR PERFORMANCE,  
STREAMLINED  
FOR EFFICIENCY**

Accurate suture suspension maximizes  
hold with benefits for 5+ years

Unmatched surgical precision with  
Suturod<sup>®</sup> 360° light-guided device

Clean puncture technique speeds  
up recovery

Simple continuous permanent  
suture optimizes productivity

Outlasts other procedures with  
results lasting for 5+ years

**For more information, please visit [cynosure.com/myelevate](https://cynosure.com/myelevate)**

© 2022 Cynosure, LLC. All rights reserved. Cynosure, LLC owns exclusive rights to photography. Use of photography without written permission of Cynosure is prohibited. Cynosure, MyEllevate, ICLED and Suturod are registered trademarks of Cynosure, LLC.

Like all medical procedures, not all patients are suitable for the treatment. A qualified practitioner is solely responsible for evaluating each subject's suitability to undergo treatment and for informing those being treated about any risks involved with the treatment, pre-and postoperative care, and any other relevant information. Individual results may vary and are not guaranteed. Models are for illustrative purposes only and are not real patients. DTC\_5314



Apply for Active Membership  
Application Deadlines are  
January 5 and July 1



## Membership FAQs

**W**hat questions about The Aesthetic Society or membership do you have? What myths can we help dispel? If you have questions about anything related to our Society, simply email [membership@theaestheticsociety.org](mailto:membership@theaestheticsociety.org) and you'll get an answer to your question!

### HOW MANY SPONSORS WILL I NEED?

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 Aesthetic Society Active/Life Member that knows you well. Each sponsor will need to complete the sponsorship form on your behalf. International applicants must have one Aesthetic Society Active/International Active or Life Member sponsor, and the other must be a member in a national plastic surgery society acceptable to The Aesthetic Society, or from an ISAPS member in their country.

### 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.

### HOW LONG WILL IT TAKE FOR MY APPLICATION TO BE REVIEWED?

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 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 \$1,275
- Membership dues for International Active Members are \$545

For information on the full application process, visit the Medical Professionals section of [theaestheticsociety.org/membership](http://theaestheticsociety.org/membership).

For additional information/questions, please contact our Membership Manager, Marissa Simpson via email [membership@theaestheticsociety.org](mailto:membership@theaestheticsociety.org) or at 562.799.2356.

### 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.

## Membership Myth-Busters

**Myth:** One must attend an Aesthetic Society meeting to become a member.

**Fact:** This used to be the case. However, in order to streamline the application process, this requirement was recently removed!

**Myth:** One must be a Candidate for Membership in order to apply for Active Membership in The Aesthetic Society.

**Fact:** As long as a surgeon meets our application requirements, they can apply for Active Membership immediately.

**Myth:** One must be a member of ASPS to be a member of The Aesthetic Society.

**Fact:** Many Society leaders and members are not members of ASPS. The Aesthetic Society is the premier aesthetic society, dedicated solely to aesthetic education, and we don't require membership in any other in order to become an Aesthetic Society member. As long as you meet our requirements, you can apply for membership today!

**Myth:** The Aesthetic Society's streamlined application process means that we are somehow lowering our membership standards.

**Fact:** Our Society will continue to accept only the best and brightest surgeons, with a major focus on aesthetic surgery and cosmetic medicine. We want the best trained people, and those high standards will never change. That is how we differentiate ourselves from the crowd, only the process has been streamlined.

### NEW: ONLINE APPLICATION

Complete your application from start to finish 100% online  
[theaestheticsociety.org/membership](http://theaestheticsociety.org/membership)



**NEW!**

# Breast Reduction Compression Device from ASSI®

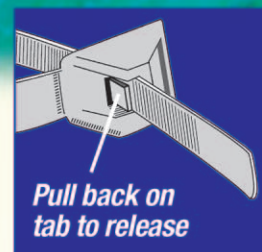


**The proven compression device that  
facilitates breast reduction surgery.**

**How to use:**

1. Wrap the Breast Reduction Compression Device around the base of the breast and put the band into a loop.
2. Tighten the breast by contracting the band.
3. Release the Breast Reduction Compression Device by pulling back the small plastic tab at the head.

**STERILE – ITEM SINGLE USE ONLY**



**ASSI.BRC5**  
Standard size for an approximate  
500-800 gram reduction.  
5 pcs. per set

**ASSI.BRC5XL**  
Extra large size for an approximate  
1300 gram reduction.  
5 pcs. per set

**assi®**   
ACCURATE SURGICAL & SCIENTIFIC INSTRUMENTS®  
*For diamond perfect performance®*

accurate surgical & scientific instruments corporation  
800.645.3569 516.333.2570 fax: 516.997.4948 west coast: 800.255.9378  
Info: [assi@accuratesurgical.com](mailto:assi@accuratesurgical.com) • Orders: [orders@accuratesurgical.com](mailto:orders@accuratesurgical.com)  
[www accuratesurgical.com](http://www accuratesurgical.com)

Not all ASSI products shown in our literature or on our website are available for sale in Canada

©2022 ASSI®



## 4th Norwegian-American Aesthetic Surgery Hybrid Meeting and ISAPS Symposium

By Amin Kalaaji, MD, PhD, Meeting Chair



**D**ear friends and colleagues,

The 4th Norwegian-American Aesthetic Surgery meeting and ISAPS symposium (NAAM4) on October 29, 2021, was phenomenally successful: more than 170 attendees participated from 25 countries and 5 continents! Happily, this turnout was more than expected in these complicated times.

After the success of the 1st, 2nd, and 3rd Norwegian-American Aesthetic Surgery meetings in Oslo, in 2015, 2017, and 2019, the Norwegian Society for Aesthetic Plastic Surgery (NSAPS) and The Aesthetic Society were pleased to invite you to the 4th Norwegian-American Aesthetic Surgery Meeting. This time, we combined NAAM4 with the 1st Norway ISAPS Symposium (International Society of Aesthetic Plastic Surgery, or ISAPS). Because of the COVID-19 pandemic, we held this joint meeting in hybrid format.

We are astonished that we were able to adapt and ultimately succeed in delivering a genuine hybrid meeting with worldwide participation. We should never forsake education and should adjust to the here and now, this time, when traveling was hindered. We should not let that deter us for any reason. One thing is for sure, this hybrid form will be a new standard for our meetings as much as possible. As something new for this meeting, we shared a link in separate correspondence after the meeting to highlight the exhibitors' activity, as some exhibitors participated virtually.

We are proud to announce that we assembled 13 distinguished colleagues for the faculty:

William P. Adams Jr., USA; Timothy Marten, USA; Nazim Cerkes, Turkey; Elisabeth Hall-Findlay, Canada; Francisco Gomez Bravo, Spain; Mark Jewell, USA; Ruth Graf, Brazil; Kent K. Higdon, USA; Amin Kalaaji, Norway; Kjersti Ausen, Norway; Gudjon Gunnarsson, Norway; Mary Jewell, USA; and Bjørn Tvedt, Norway

Many lectures and courses were presented at this educational meeting, starting Friday at 08:30 CEST and finishing the same day in the late afternoon. As in the past, we divided the program into seven sessions:

- Rhinoplasty
- Breast 1, including the latest on breast implant illness
- Patient Safety and Practice Management
- Breast 2, including the latest on ALCL and updates on recent innovations
- Regenerative Surgery and Fat Grafting in Body Contouring, including BBL
- Face: Face Lift, Neck Lift, Fat Grafting, and Ancillary Procedures
- Intimate Surgery

The preliminary program was published online at [www.naam.no](http://www.naam.no). There, you can scroll down to view the program.

Rather than simply presenting a limited number of topics, we covered as many aspects of aesthetic surgery as possible within these seven sessions. This time, using a compact continuous format, we had various topics and numerous lectures on the faculty's related

topics. We believe, as does the faculty, this enhanced critical thought stimulated discussion, allowing our colleagues to reflect on the discussions and discover new ways of thinking.

The in-person fees were low, and the virtual fees were reduced further for all members of the IASPS, the NSAPS, and The Aesthetic Society, as well as for select other societies.

Even in the hybrid format, for those who preferred to travel to Oslo, the beautiful capital of Norway, with its fjords and natural surroundings, the weather was partially sunny and chilly, about 16° C (60° F).

I thank all of you—faculty, moderators, exhibitors, and delegates—for your support and participation.

Remember to pencil in the date for the 5th Norwegian American Aesthetic Surgery and ISAPS Meeting (NAAM5) October 27, 2023. Follow the updates at [www.naam.no](http://www.naam.no).



The Norwegian Society for Aesthetic Plastic Surgery recently published a free digital book outlining its history! We invite you to read it, and hope you will find it interesting and educational. Click or scan the code to read.



## Have You Mistakenly Unsubscribed from Aesthetic Society Emails?

**T**he 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 [hello@theaestheticsociety.org](mailto:hello@theaestheticsociety.org), and ask to be re-subscribed to our communications list. We value your support of The Aesthetic Society. Thank you!

These companies GO BEYOND with us...

# The Aesthetic Society's Industry Partnership Program



**Allergan  
Aesthetics**  
an AbbVie company

 **endo**<sup>™</sup>

  
**GALATEA**<sup>®</sup>  
SURGICAL

**GALDERMA**  
EST. 1981

 **MENTOR**<sup>®</sup>  
PART OF THE Johnson & Johnson FAMILY OF COMPANIES

**MERZ AESTHETICS**<sup>™</sup>

  
Plastic & Reconstructive Surgery

**NEWBEAUTY**

**sientra.**

Founding Premier Partner: Sientra



**3M + KCI**<sup>™</sup>

 **Abbott**

  
*A Medical Liability  
Insurance Company*

  
Making care possible...today.

  
We Cover Complications.

**MYELLEVATE**<sup>®</sup>  
by CYNOSURE<sup>®</sup>

 **REVANCE  
AESTHETICS.**

**Senté**

**SKINUVA**<sup>®</sup>

 **symplast.**

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 our Industry Partners and consider using their products in your practice.



## Media Notes and Quotes

### ALLURE

#### Inside the Rise of Misleading Plastic Surgery Before-and-After Photos

**Excerpt:** *Less common is Kate's poor outcome. A 2018 retrospective published in Plastic and Reconstructive Surgery looked at over 26,000 outpatient plastic surgeries between 1995 and 2017, and found that complications occurred in less than 1 percent of cases. The most common issue? Hematomas, which are essentially very bad bruises. There still isn't great data on minimally invasive treatments as a whole, which include injectables and lasers, but a 2013 review published in the "Aesthetic Surgery Journal" estimated that the incidence of severe complications after soft-tissue filler injections is .0001 percent, for example.*

### INSTYLE

#### Everything You Need to Know About "Baby" Brazilian Butt Lifts, the New Plastic Surgery Trend Taking Over Behinds Everywhere

**Excerpt:** *According to The Aesthetic Society's president, Dr. William P. Adams, the Brazilian butt lift procedure, otherwise known as BBLs, has seen a whopping uptick of 90.3% from 2015 to 2019, likely due to social media and celebrities (secretly) getting the surgery done. While the cosmetic procedure—which involves using liposuction to harvest fat from other areas of the body to be transferred to the buttocks, hips, or thighs—may seem to be appealing to many, not everyone is a candidate, especially those with low BMI. The fat, after all, has to come from somewhere.*

*"We are all accustomed to signing consents and releases, whether to enroll in an exercise class or to update the operating system on our phones.... (this checklist) will help patients make more informed decisions, but the reality is that no one inclined to get an implant chooses not to do so when you show them the paperwork," he says. "Most patients getting implants today have extensively researched implants online, and by the time they are ready to sign the consent, they have already made up their mind." But here's where patient and doctor relationships become more important: "What patients pay attention to is how the doctor explains each of the issues in their own words. A patient is probably inclined to trust the perspective (though which) their chosen surgeon describes the issues."*

### NEWBEAUTY

#### Here's What Top Plastic Surgeons Want You to Know About the New FDA Breast Implants Guidance

**Excerpt:** *While La Jolla, CA plastic surgeon Robert Singer, MD explains that professional surgical societies such as The Aesthetic Society, Aesthetic Surgery Education and Research Foundation and the American Society of Plastic Surgeons gave testimony at prior FDA hearings that led up to this draft guidance document, it didn't deliver any significant new information "except modification of recommendation of ongoing screening of patients with gel implants and the role and frequency of ultrasound and MRIs."*

*"All of these societies represent fully trained, ethical plastic surgeons who are concerned about the safety and welfare of our patients," Dr. Singer stresses. "And they have all advocated fully informed consent—which includes not only the benefits, but potential problems of the surgical procedures as well."*



Meet the Staff:  
**Joceline Barron**

I have been working at the Aesthetic Society as the Digital Marketing Specialist for a year now, and I have been so grateful to be a part of a fantastic team. In that time I have been managing our social media platforms like Instagram, Facebook, LinkedIn, and Twitter. If you have seen our socials, gotten a comment, or a like on your posts, you have seen my work!

Working in social media had always caught my eye, but I never thought it would be my career. I attended California State University, Northridge, becoming the first in my family to attend college and obtain a degree. I have a Bachelor's Degree in Journalism, because I love to write, and a minor in Central American Studies, as a way to learn more about my ancestors, so social media was not something I had intended to do. I had internships writing scripts for news anchors and writing articles for the local newspaper, so I had my mindset on being a journalist through most of my years in college. However, my mind changed when I landed an internship doing social media and realized how fun it could be.

Once out of college, I worked in social media for different industries like entertainment, e-commerce, lifestyle, and high-end home decor. Designing, using, and learning about all the platforms has been a learning experience, making it a never dull journey. In my free time in previous years, I did some tutoring at my local high school in partnership with UCLA.

I am a Los Angeles native, and I love that I grew up in a city diverse in people and scenery. And being a Latina here, it is never a dull moment with my family and friends, and of course, I could never forget the fantastic foods I have grown up with, like tamales and flan.

In my spare time, other than spending it with family and friends, I love to play video games, read books, learn about astronomy, and write poetry. I also have a massive love of coffee and love to try new ways to make it or venture out to a new coffee shop!

## Update Your Aesthetic Society Logo!

The logo and guidelines for its use can be found at  
**[theaestheticsociety.org/logo](https://theaestheticsociety.org/logo)**





The Aesthetic Society®

Premier Partners

The Aesthetic Society's partnership program provides industry with strategic benefits and opportunities to collaborate with Aesthetic Society members in support of our mission.

As a benefit, Premier and Alliance partners are given the opportunity to provide key updates and information on products, promotions, and discounts. The Aesthetic Society is driven to provide visibility and support for our partners.

For information on the products and services offered by industry, please contact the companies directly, and let them know you are an Aesthetic Society member!

## Allergan Aesthetics

an AbbVie company

At Allergan Aesthetics, an AbbVie company, we develop, manufacture, and market a portfolio of leading aesthetics brands and products. Our aesthetics portfolio includes facial injectables, body contouring, plastics, skin care, and more. With our own research and development function focused on driving innovation in aesthetics, we're committed to providing the most comprehensive science-based product offering available. For more information, visit [www.AllerganAesthetics.com](http://www.AllerganAesthetics.com).



Endo Aesthetics is pushing the boundaries of aesthetic artistry by designing bold solutions that address unmet needs—starting with Qwo® (collagenase clostridium histolyticum-aaes) the first and only FDA-approved injectable for the treatment of moderate to severe cellulite in buttocks of adult women. Endo Aesthetics is a part of Endo International plc, a company grounded in over two decades of pharmaceutical and scientific excellence. Endo is headquartered in Malvern, PA. Learn more at [EndoAesthetics.com](http://EndoAesthetics.com) to sign up for updates.



Real Strength Starts from Within.™ We are thrilled to announce that Galatea Surgical is now part of the BD family, following more than 10 years of collaboration. Our collection of GalaFLEX™ surgical scaffolds, constructed from the biologically derived P4HB™ polymer, provides BD with an innovative platform to transform soft tissue repair, reconstruction, and regeneration in plastic and reconstructive surgery procedures.

All GalaFLEX scaffolds are indicated to support, repair, and reinforce soft tissue in plastic and reconstructive surgery.

Because no two patients are alike, the collection of GalaFLEX scaffolds now includes a lightweight, low-profile P4HB scaffold, adding more options to complement your technique and your patients. GalaFLEX LITE™ is designed to enhance anatomical compliance while providing predictable, restorative strength.

Visit [www.GalateaSurgical.com](http://www.GalateaSurgical.com) for more information on Galatea scaffolds as well as indications for use, safety considerations and reference documents.

## GALDERMA

EST. 1981

Galderma, the world's largest independent global dermatology company, was created in 1981 and is now present in about 100 countries with an extensive product portfolio of prescription medicines, aesthetics solutions and consumer care products. The company partners with health care practitioners around the world to meet the skin health needs of people throughout their lifetime. Galderma is a leader in research and development of scientifically-defined and medically-proven solutions for the skin. For more information, please visit [www.galderma.com/us](http://www.galderma.com/us).



Mentor is committed to supporting you, your practice and your patients.

Mentor customers receive exclusive benefits from strategic partner companies, including Galderma who provides participating ASPIRE Galderma Rewards members with additional opportunities to create value when performing breast augmentation surgery with Mentor Breast Implants. For more information, please reach out to your Mentor Sales Representative.

## MERZ AESTHETICS™

At Merz Aesthetics, we are family-owned since 1908 and treat customers, patients and employees like family. It drives our unique connection with healthcare professionals, and it's what makes their success our success. For us it's personal—listening, advising, supporting and celebrating them as we pursue a shared vision to help the world look better, feel better and live better.

We are a leading, global aesthetics company, and our award-winning portfolio of injectables, devices and skincare products helps health care professionals fuel confidence through aesthetic medicine.



New Products to Check Out!

Special Offers for  
Aesthetic Society Members



MTF Biologics is a global nonprofit organization that saves and heals lives by honoring donated gifts, serving patients and advancing science. For over 30 years, we have been dedicated to advancing patient outcomes by focusing on innovative, biologic solutions that support and enhance tissue healing. Today, we offer a comprehensive portfolio of aesthetic medicine solutions for providers and patients worldwide including FlexHD Acellular Dermal Matrix, Renuva Allograft Adipose Matrix, LipoGraft Fat Transfer System, Profile Costal Cartilage and MESO BioMatrix Acellular Peritoneum Matrix. These represent surgical and nonsurgical solutions for soft tissue support, rhinoplasty, and volume restoration treatments for patients seeking a healthy and youthful lifestyle.

## NEWBEAUTY®

### New Premier Partner

NewBeauty is the authority on beauty and the trusted resource for the most affluent and influential beauty consumer. The only magazine dedicated 100% to beauty with more than 5x the beauty editorial of any other magazine, NewBeauty dives deep to provide valuable information, founded in research and vetted by experts, empowering women to make better beauty decisions.

With almost 20 years as the leaders in the aesthetics industry, NewBeauty provides board-certified plastic surgeons with the ability to reach their ideal, treatment-seeking patients through a proven 360-degree marketing platform of print, digital, social media and press opportunities. Visit [newbeauty.com](http://newbeauty.com).



Sientra offers leading transformative treatments and technologies focused on progressing the art of plastic surgery and making a difference in patients' lives. With unrivaled safety, state-of-the-art science and exceptional service; paired with unparalleled partnerships with plastic surgeons, the Sientra portfolio of proprietary innovations radically advances how plastic surgeons think, work and care for their patients. The company's core breast products segment includes its state-of-the-art Sientra breast implants and its ground-breaking dual-port breast tissue expander, AlloX2®. In addition, the Sientra portfolio also includes BIOCORNEUM® the #1 performing, preferred and recommended scar gel of plastic surgeons (data on file).

## Thank you Industry Partners!

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

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

A special thank you to  
Founding Premier Partner,  
Sientra.





The Aesthetic Society®

Alliance Partners



A Medical Liability  
Insurance Company

◆ Applied Medico-Legal Solutions Risk Retention Group, Inc (AMS RRG), a medical liability company, has recently been assigned a rating of A- (Excellent) by AM Best. AMS RRG's financial strength, operations, business profile and risk management all played significant roles in the rating. For more information about AMS RRG please contact Christopher Edge 609-737-1154 ext 301.



CareCredit is a health, wellness and beauty credit card dedicated to helping millions of patients get the care they want and need by offering promotional financing options. Now accepted at more than 250,000 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/asaps](http://carecredit.com/asaps) or call 855-860-9001.



We Cover Complications.

◆ CosmetAssure exclusively provides board-certified plastic surgeons with a financial safety net for patients having elective aesthetic surgery. Every surgery carries the risk of a complication, including aesthetic surgery. Our program works to remove the stress and uncertainty by covering out-of-pocket medical expenses related to post-surgical complications. As the Gold-Standard in complications insurance, we remain committed to patient safety and steadfast in our focus to deliver a superior product to the plastic surgery industry. Exclusive program features include automatic enrollment for Aesthetic Society Members, Capsular Contracture coverage for 18 months, and convenient online claims reporting.

To become a participating surgeon or learn more about our industry leading coverage, contact us at 855.874.1230 or [info@cosmetassure.com](mailto:info@cosmetassure.com).



◆ The MyEllevate® innovation is a minimally invasive facial rejuvenation solution that offers natural and long-lasting results. It can be used as a standalone procedure or combined with energy-based skin tightening technologies. The MyEllevate® technique utilizes the ICLED® Suturod®, the first and only patented light-guided technology for facial cosmetic procedures, to accurately place sutures without incisions. It takes approximately one hour to perform with a one-time use disposable system. The MyEllevate® solution offers fast recovery and restores a youthful appearance with long-lasting results. For more information, please visit [www.MyEllevate.com](http://www.MyEllevate.com).



◆ 3M is one global team deploying differentiated technologies into effective solutions that deliver improved health care outcomes with better economics. 3M is proud to showcase 3M™ Prevena™ Therapy, which is the FIRST medical device shown to aid in reducing the incidence of seroma, and in high risk patients, aids in reducing the incidence of superficial surgical site infections in Class I and Class II wounds. For limitations and safety information regarding Prevena Therapy, please refer to [3M.com](http://3M.com).

We are pleased to offer you a complimentary e-book: *Spear's Surgery of the Breast Principles and Art*. [https://engage.3m.com/Spears\\_Breast\\_Surgery](https://engage.3m.com/Spears_Breast_Surgery)



Abbott Nutrition is making an everlasting impact on human health as one of the world's leading authorities in science-based nutrition nourishing every stage of life. As your lifelong nutrition partner and advocate, we invite you to learn more about Juven, our therapeutic nutritional powder for wound and surgical incision healing. Visit [Juven.com](http://Juven.com) to learn how Juven can help your patients. [Juven.com](http://Juven.com) provides product information, clinical research, delicious recipes and more. *Learn more about Juven and Abbott Nutrition today.*

For information on the products and services offered by industry, please contact the companies directly, and let them know you are an Aesthetic Society member!



◆ Revance is a biotechnology company focused on aesthetic and therapeutic offerings, notably its next-generation investigational neuromodulator product, DaxibotulinumtoxinA for Injection. DaxibotulinumtoxinA for Injection combines a proprietary stabilizing peptide excipient with a highly purified botulinum toxin that does not contain human or animal-based components and is manufactured exclusively in the U.S.

Beyond DaxibotulinumtoxinA for Injection, Revance has a portfolio of products and services for aesthetics practices designed to transform the physician and patient experience. These prestige offerings feature the RHA® Collection of dermal fillers for the correction of dynamic facial wrinkles and folds and the Opu!™ Relational Commerce Platform.

## Senté

◆ Senté developed the first and only skincare line that includes patented Heparan Sulfate Analog (HSA). This breakthrough technology targets the underlying causes of chronic inflammation and helps improve the appearance of redness, wrinkles and discoloration. In addition to daily use, Dermal Repair Cream and Dermal Repair Ultra-Nourish are both proven safe and effective after non-ablative laser and microneedling treatments.

Online skincare sales help to build patient loyalty for your practice while also enhancing the visibility of your practice to new and existing patients. We created our Affiliate Program to support product sales, enabling you to sell Senté to your patients to keep them engaged between visits, while your practice earns commission on every sale.

Register now to take advantage of the exclusive members offer. Email [affiliate@sentelabs.com](mailto:affiliate@sentelabs.com) to register today!



### New Alliance Partner

◆ Skinuva® is a physician-developed and clinically tested line of formulations that was developed to provide physicians the most advanced products for scars (Skinuva Scar) and hyperpigmentation (Skinuva Brite) for their patients. Skinuva is evolving skincare's gold standards by introducing solutions-driven and science-backed formulations. Skinuva products are currently sold in physician's offices *across the US and globally*, and are recommended as their *#1 scar product and skin brightening product*. Skinuva Scar's and Skinuva Brite's patented formulations use highly selective synthetic Growth Factor technology and are backed by several published clinical studies, providing our doctors and patients safe and effective products.



Providing the #1 All-in-One Mobile EHR/ Practice Management platform for aesthetic businesses, Symplast delivers 21st century service and solutions that clinics and med spas have been waiting for! Symplast's suite of tools includes conversion dashboards, HIPAA-compliant messaging (text, images, and photos), revenue cycle management, virtual appointments, lead management and follow up, digital intake, appointment reminders, e-prescription and more!

From check-in to charting, scheduling to marketing, Symplast's platform enables you to run your business from anywhere in the world, on any device, at any time! With expert data migration, unlimited support, and no hidden fees, Symplast is the right choice for your practice!

Is Your Company  
Ready to Fully  
Engage with  
The Aesthetic  
Society?

Contact

Jackie Nunn at [jackie@theaestheticsociety.org](mailto:jackie@theaestheticsociety.org)

for more information  
about partnership  
opportunities.



New Products to Check Out!

Special Offers for  
Aesthetic Society Members

# RADAR resource



The Aesthetic  
Society's medical  
education platform.



Accessible  
via smartphone,  
tablet and  
web browser!

## WITH RADAR YOU CAN

[surgery.org/RADAR](https://surgery.org/RADAR)

- Read all issues of *ASJ*
- Watch didactic and operative videos
- Download customizable tools, checklists and forms for your practice
- Build a personalized medical library
- Review articles from *ASN's* Practice Solutions and Safety Matters sections
- New! COVID-19 Emergency Webinar Series



## Industry Partners Support The Aesthetic Society's Mission

**T**he Aesthetic Society is pleased to partner with industry in support of The Society's mission to advance the science, art, and safe practice of aesthetic plastic surgery and aesthetic medicine among qualified plastic surgeons.

*"The Aesthetic Society's ongoing partnership with industry is vital to the advancement of aesthetic plastic surgery. The Aesthetic Society especially acknowledges industry's support during the very trying time of COVID. Ultimately, industry support helps The Aesthetic Society unleash the power of science and education to advance outcomes and safety for our patients."* —Dr. Tracy Pfeifer, Industry Relations Chair.

We'd like to thank and acknowledge our newest industry partners, Premier Partner NewBeauty and Alliance partner Skinuva for their support.

The Aesthetic Society values our industry partners and we thank all our partners for their meaningful contributions.



## NEWBEAUTY

### NEW PREMIER PARTNER

#### NewBeauty Continues to Remain at the Forefront of Relevant Industry Topics

Since its inception, NewBeauty has been the only magazine committed to educating millions of readers on making the best beauty decisions with in-depth, trusted information that is vetted by a panel of top experts in their respective fields. Throughout its 17-year history, the media brand's primary goal has been to deliver the most trusted, scientifically accurate information and research on health, wellness, beauty, and cosmetic enhancement treatments and procedures.

In the past year, their editors, Brain Trust members, and top doctor partners made up of the "Core Four" specialists and experts, have helped create engaging and informative content on the latest trends, important surgical

safety findings, and the importance of choosing a board-certified specialist with the proper qualifications.

Leading the way as The Beauty Authority, NewBeauty recently partnered with its esteemed network of board-certified plastic surgeons—using data obtained from the Aesthetic Neural Network and The Aesthetic Society—to help pinpoint projected trends for the upcoming year.

*"Due to our incredible relationships with individual plastic surgeons and the most prestigious societies in the country, NewBeauty is the most credible consumer resource for all things when it comes to aesthetic enhancement,"* says chief brand and content officer, Steffanie Attenberg. *"It only makes sense that we would most accurately predict the trends before they happen."*

NewBeauty's commitment to reader education extends to the relationships it has with trusted top doctor partners. As the aesthetic field continues to grow and expand, it's more important than ever to have a trusted voice that remains steadfast in delivering the right information to make informed and educated decisions.



## SKINUVA®

### NEW ALLIANCE PARTNER

#### Introducing The Aesthetic Society's Newest Alliance Partner, Skinuva

The Skinuva line of solutions-driven products was founded by Dr. Christopher Zoumalan, an Oculoplastic Surgeon. Inspired by his passion for science and medicine, he has dedicated the past several years to researching wound-healing, hyperpigmentation, and other top aesthetic issues to develop the most advanced skin care products for his patients and physician colleagues.

*"Since the introduction of silicone cream in the late 1990s, there have been limited advancements in topical scar creams. Clinical*

*studies evaluating such formulations were also lacking, while the cost of purchasing scar creams to provide to my patients continued to rise. As a physician-scientist, I wanted to develop the most advanced scar cream using science-backed ingredients, and clinically tested to the highest standards."*

—Christopher Zoumalan MD, Founder & CEO

Skinuva® Scar was developed out of a desire to find a scar treatment clinically superior to ordinary silicone-based products. Backed by 5 published clinical studies and clinically proven to be more effective than regular silicone cream, Skinuva Scar contains not only silicone but also ingredients like synthetic Growth Factors, Centella Asiatica, Hyaluronic Acid, Vitamin C, and Aloe Vera.

*"We are thrilled to share our clinical findings on Skinuva Scar with the Aesthetic Society community's members and their patients. Our goal is to provide better patient outcomes through advanced solutions-driven products backed by science. We can't wait to get Skinuva Scar into the hands of more patients around the country."*

—Josh Carter, COO

The Skinuva brand grew in 2020 with the launch of our second product, Skinuva® Brite. Brite is a non-hydroquinone (HQ) formulation for hyperpigmentation that uses synthetic growth factors and other medically backed ingredients such as Tranexamic Acid. Not only is it safe for long-term, daily use but Skinuva Brite was also clinically studied and proven more effective than HQ4% in treating hyperpigmentation in a recently published clinical study.

Our Skinuva team is adding to our innovation pipeline with new products launching throughout 2022. Stay tuned to [skinuva.com](http://skinuva.com) and our social media outlets to keep up to date all on the latest Skinuva news.

For more information on Skinuva products, visit [www.skinuva.com](http://www.skinuva.com).

Thank you  
Industry Partners!



## Contemplating Fee Increases? Read This First!

By Karen Zupko

**J**ust because Chanel increased the price of their small classic flap bag three times in 2021 doesn't mean you should.

According to a recent article in the *Wall Street Journal*, the bag went from \$5,200 in 2019 to \$8,200 in November of 2021 (a 57.7% increase). It is said that luxury companies have been taking big advantage of "surging demand."

We are in an inflationary environment unlike anything the US consumer has experienced since the 1980s. In such environments, wages and other costs increase. Companies across the board, from luxury retailers such as Chanel to consumer package goods companies must deal with cost increases to maintain margins. Some, like Chanel, pass cost increases along to customers. Others hold nominal pricing stable and use other means (such as reducing portion size) to offset increased costs.

Many sellers take advantage of the wage-price spiral to increase prices until



Quality outcomes are paramount in surgery. The value of successful surgery that achieves expected outcomes is inestimable. Price is a common proxy for quality. Therefore, from a marketing perspective, commanding a premium price can translate into the commanding heights of perceived quality.

### Meet Karen Zupko at The Aesthetic Meeting 2022

**APRIL 21, 2022**

**Course S9 Skills for Successful Patient Coordinators**

8:00am – 2:00pm

**Course S19 Patient Coordinator Alums: Overcoming Scheduling Objections**

4:30pm – 6:30pm

**APRIL 22, 2022**

**Course 109 Successful Principles for Non-Surgical Services: Fast Track Your ROI**

2:00pm – 4:00pm

**Aesthetic Care Team Session: Transitioning Your Practice**

9:30am – 12:30pm

**APRIL 23, 2022**

**Course 308 Relationship Marketing: What It Means and How to Put It in Action**

2:00pm – 4:00pm

**Course 408 Staff: Your Biggest Expense or Your Biggest Asset?**

4:30pm – 6:30pm

what economists call the price elasticity of demand reduces volume. Once they reach the limit of their pricing power, they roll back prices or at least leave them unchanged from higher levels.

What should you do?

In part, it depends on your patient base and how they view your services. Another economic concept comes into play: Veblen goods.

Named after American economist Thorstein Veblen, these are goods for which demand paradoxically increases as the price increases. Veblen goods are status symbols wherein scarcity and unobtainability confer status on the select few. The Chanel brand is a perfect example—their customers are willing to spend their precious dollars *on* their purse rather than tucking them safely away *in* their purse.

Are your services Veblen goods? Can you raise prices by 60% without adding value? Arguably not, but some less dramatic fee increases are indicated.

However, like money, price talks. Fees communicate the quality the buyer expects. Customers expect high-priced goods and services to provide exceptional value.

Quality outcomes are paramount in surgery. The value of successful surgery that achieves expected outcomes is inestimable. Price is a common proxy for quality. Therefore, from a marketing perspective, commanding a premium

price can translate into the commanding heights of perceived quality. In addition, pricing commensurate with your high-quality services is prerequisite to delivery. Value pricing enables you to hire the staff and invest in the many goods and services it takes to provide safe, effective care. Savvy customers know this and are willing to pay the price for quality care.

The fee influences what patients expect, perceive, and—most importantly—experience. They're not just buying a more youthful face or larger breasts—they are buying an experience. So, if your practice hasn't been asking patients to rate their total experience, I would urge you to do so before raising fees.

In a conversation with one client, I asked "After you raise your surgery fees by 15% what are you going to do to elevate the patient's experience?" Silence. No thought had been given to how service, scheduling, or results might be improved. Staff training was not on the agenda. No amenity—such as complimentary lymphatic drainage pre and post op for facial rejuvenation patients—had been contemplated.

Let's look at a few other areas where a tune up might be useful in your practice.

- **Free consults should stop.** When surgeons are booked out for months, why would you

Continued on Page 65

## Contemplating Fee Increases? Read This First!

Continued from Page 64

offer a free consult? In fact, some practices have discovered that by increasing consultation fees, they have achieved a better patient acceptance rate for surgical procedures (aka conversion rate). The more serious patients weren't put off by the \$175 fee. Scheduling fewer "shoppers," frees surgeons to spend more quality time with "buyers."

This is also an area where you can add value. For example, one surgeon added an ultrasound exam to his breast practice consult to gain insight into the anticipated scope of the procedure. Not only does this enable better fee estimates, but it also helps impart a sense of urgency in certain situations that improves patient acceptance.

- **Coach your staff on how to handle fee changes.** Remember, many of them hired amidst the pandemic may lack experience dealing with fee increases.
- **Incremental price increases are far easier to implement** than jarring, double digit

hikes. Remember, many referred patients come into a consult with an expectation of a certain price level they have heard from a friend.

- **Consider bundling** certain aspects of your services—a global fee leaves the patient with one easy decision rather than opening multiple negotiations on each separate line item.

The bottom line? As in most important business decisions, there is no one size fits all solution, any more than there is a generic surgical treatment plan for all patients. Your practice is unique. So, before you raise prices, do your homework, and lay the groundwork. Get input from your team. Gather intel about your competitive landscape. What are your peers doing? Gauge the state of your local economy. Is your patient base prospering? That may dampen their price sensitivity. Conversely, hard times create hard bargainers.

Given the stakes for your practice, it may make sense to make your decision with the

benefit of experienced, expert, objective counsel with insight into similar practices nationwide.

Whatever you decide, it's usually best to test the waters. Start with incremental adjustments to a limited number of service fees. Depending on the receptiveness of your patient base and the impact on patient volume, failure to schedule, and cancellations, proceed accordingly. A data-driven approach will ensure that you maximize revenue, patient lifetime value, and referrals—not just price.

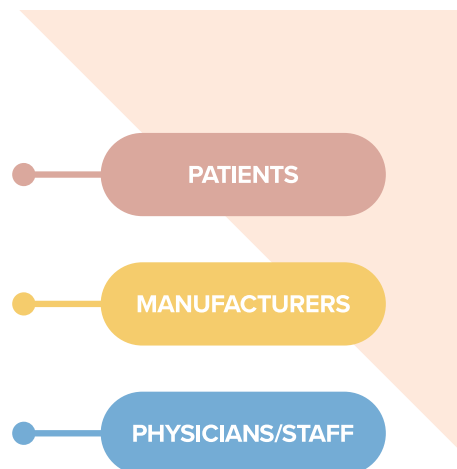
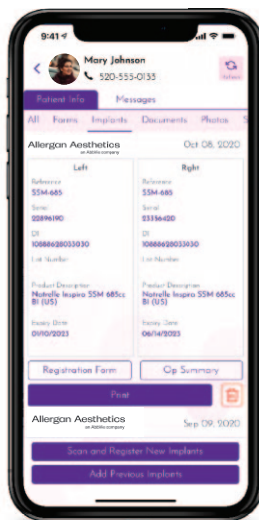
*Karen Zupko, President of Karen Zupko and Associates, is an internationally recognized thought leader and speaker who advises physicians and healthcare managers about the challenges and trends impacting the practice of medicine.*

*She can be reached at 312.642.5616, or [information@karenzupko.com](mailto:information@karenzupko.com).*



# Register. Inform. Empower.

Aesthetic One brings simplicity to the implant registration process. One scan, and registration details are sent to your patient, the manufacturer, and are easily accessible in your digital implant library.



Supported by:  
**Allergan Aesthetics**  
an AbbVie company

**Scan the QR Code or Text "A1 ASJ" to 418418 to Learn More/Register for Aesthetic One.**

Account activation typically requires 1-2 business days.

Available to physicians in the US.





# MAKING THE MOST OF THE ADVANTAGE PROVIDER PROGRAM

The Aesthetic Society®  
Advantage Program

The Advantage Provider Program provides members with pre-negotiated special pricing on products and services to enhance practice performance. Each Advantage Provider is rigorously vetted and has agreed to uphold our strict ethical standards.

## THE AESTHETIC SOCIETY CLOUD

Powered by **RONAN SOLUTIONS**

The Aesthetic Society is pleased to announce The Aesthetic Society Cloud, a 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. The Aesthetic Society Cloud is the first HITRUST certified, aesthetic and plastic surgery-specific cloud offering in the world.

For information please contact Ronan Solutions at:  
**602.884.8330 or email [info@ronansolutions.com](mailto:info@ronansolutions.com)**



## Delivering Your Brand's Voice With Omnichannel Digital Campaigns

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

As technology advances, so do people's expectations and desires. Now, men and women want customized experiences in everything they do, including their digital searches. And, as digital marketing is the cornerstone of most aesthetic practices' marketing strategies, adapting with the times is essential to staying relevant in such a competitive industry.

Gone are the days when customers would spend hours actively searching you out. Today, people visit many different online platforms (including various social media platforms). They rely on these channels to help them make informed decisions on purchases, such as aesthetic and plastic surgery treatments.

There are a lot of touchpoints in the marketing funnel, and depending on one strategy (such as your website) isn't enough anymore. Because of this, you need to take advantage of multiple channels to reach your preferred target audience. This may include digital outreach, social media campaigns, Google Ads, and video marketing to deliver a consistent and identifiable brand voice.

### UNDERSTANDING OMNICHANNEL DIGITAL MARKETING STRATEGIES

Omnichannel marketing strategies create a cohesive, consistent, and integrated brand experience across multiple channels. This all-encompassing, personally curated marketing strategy helps identify potential consumers and guides them through the sales funnel, making it easier and more likely for them to make a conversion.

The goal of omnichannel marketing is to enhance the user experience by creating a seamless transition between all of their various channels and platforms (web, social, email, etc.).

### MULTI-CHANNEL VS. OMNICHANNEL: HOW ARE THEY DIFFERENT?

For years, many companies have incorporated multi-channel digital marketing tactics, and while the multi-channel approach has some similarities to the new omnichannel model, it also presents limitations.

A multi-channel marketing approach advertises on two or more channels—such as a website and social media (Instagram, Facebook, Twitter, TikTok, etc.) While a

company/practice is using various channels to reach a broader audience, these platforms (and the information provided on them) are not related. Instead, each channel functions as its own entity, not communicating with other platforms.

Omnichannel marketing takes this up a notch by connecting and sharing all the information collected between various channels. This allows for a more cohesive approach that listens and reacts to consumers' interests and goals.

For instance, with an omnichannel marketing strategy, if someone interacts with a social media post regarding breast augmentation, they will then see a social media ad about breast augmentation. If they click on that ad, they will then be directed to your website's breast augmentation page. With this type of campaign, that first engagement puts an entire personalized marketing strategy into motion.

With omnichannel marketing, everything is linked, and information is automatically shared between platforms. Here, customers create what is essentially an online profile of their interests without knowing that they are doing so. This allows for a more targeted advertising approach and enables a better user experience.

### HOW IS OMNICHANNEL MARKETING BOOSTING A BETTER USER EXPERIENCE?

Consumers are bombarded with advertisements constantly (on their email, phone, social media, etc.). It's easy for consumers to become overwhelmed with all of these messages, particularly when they do not apply to them (or their interests) specifically.

Omnichannel strategies offer a consumer-centric approach. It allows the consumer to guide what types of ads and information they want to see, tailored to their interests.

Because this approach builds on previous interactions, it helps consumers to better

navigate through the sales funnel. This makes the entire process simpler for the consumer, and studies show that the easier it is for a person to find the information they need, the more likely they will be to convert.

### CONSISTENCY IS KEY

Omnichannel practices are all about creating a seamless, cohesive brand strategy across your channels. This starts with creating a consistent and easily identifiable voice, tone, and look that is carried throughout all platforms. You need to ensure that your consumers know exactly who you are and have this messaging presented continuously.

### KNOW YOUR AUDIENCE

A large part of a successful omnichannel approach is knowing who your target audience is. While you may only have one specific target audience, you may more likely have several (based on age, gender, or your geographical locations).

As plastic surgeons, you can likely relate to this. You know firsthand that the target age demographic for facelift or brow lift surgery may be vastly different from the audience looking at certain non-surgical medspa services.

Omnichannel strategies allow you to target these specific niches of your target audience with curated ads and messages. This customization helps put the consumer first—and that is exactly where the consumer wants to be.

### REAP MORE FROM YOUR DIGITAL MARKETING WITH AN OMNICHANNEL APPROACH

Technology is becoming increasingly integrated into our daily lives. Because of this, the advancements in technology cannot be forgotten about in your marketing approach.

*Peter Houtz is the Vice President of Sales for Plastic Surgery Studios, a full-service online digital marketing agency serving the aesthetics industry since 1998. Peter is a frequent presenter at The Aesthetic Meeting and can be reached by phone at 909.758.8320 or by email at peter.houtz@plasticsurgerystudios.com.*

Meet Peter Houtz at The Aesthetic Meeting 2022

APRIL 22, 2022

Course 208 Ten Steps to Online Marketing Success

4:30pm – 6:30pm

# Results **Delivered,** Relationships **Built**

“attention to detail  
is outstanding”

“available, personable, and most  
importantly, knowledgeable!”



“motivated professionals  
with great, vibrant energy”

“really are experts  
in their craft”

“exceptional”

“delivered everything they  
have promised and more”

“BEST media and marketing  
company we ever worked with!”

## Our Services



WEB DESIGN



PAID ADS



SEO



SOCIAL MEDIA



CONSULTING

**RM** ROSEMONT  
MEDIA

📞 800.491.8623

[www.rosemontmedia.com](http://www.rosemontmedia.com)

Stay up-to-date with all the latest  
news in digital marketing:

[www.rosemontmedia.com/blog](http://www.rosemontmedia.com/blog)

THE AESTHETIC MEETING 2022 >> FIND US AT BOOTH #1923





## Advanced Call Tracking With Dynamic Number Insertion—Journey from Click to Call

By Keith C. Humes, CEO Rosemont Media

**Y**ou've invested significant capital into digital marketing services and it seems to be paying off—that's the eighth prospective patient to call and schedule a consultation this month. But how are these people finding you? Are your social media and Google Ads campaigns initiating contact or are organic search results driving all eventual phone calls? And once a visitor reaches your site, did they place their call without navigating elsewhere or did they end their browsing session and return at a later time or date before dialing your number?

In the past, we've discussed how UTM parameters (URL tracking codes) can be used to help answer some of these questions by tracking information about click-throughs to your website. Today, we're revealing how to take things a bit further with an innovative call tracking feature called Dynamic Number Insertion.

### WHAT IS DYNAMIC NUMBER INSERTION?

*Dynamic Number Insertion, or DNI, is a component of call tracking that displays a unique phone number to people visiting your website based on the source from which they originally came (e.g. Facebook, Google Ads, Google organic search, etc.).*

So, for example, let's say you're running a Google Ads campaign targeting the term "Plastic Surgeon Philadelphia." Once a patient clicks through to your site, the DNI feature of your call tracking service will assign a distinctive phone number—different from your practice's main number—to the ad for "Plastic Surgeon Philadelphia" when it appears in someone's search results.

Now let's say a prospective patient types this targeted keyword phrase into their Google search bar and sees your ad at the top of the results page. Should they click on your listing, they will be directed to the landing page of your website linked to the ad, but instead of seeing your practice's main telephone number, the unique number generated by DNI will appear on their screen (in the same location(s) your number normally appears).

### WHAT'S SO GREAT ABOUT A UNIQUE PHONE NUMBER?

The beauty of DNI is that once someone visits your website via a search result, Facebook post, Google Ads, etc., the distinctive phone number assigned to the source they initially clicked on will remain the same for that



Phone calls are the best leads coming into the practice, and 99% of the time, they considerably outpace email leads. If you're tracking the origin of the phone call leads, it gives you a much better understanding of your total marketing efforts and how to allocate your precious marketing budget.

individual throughout their consumer journey. When a patient first accesses your site from one device and then ultimately uses a different device to take action (e.g., make a purchase, schedule a consultation, or contact the practice with a question), it is called cross-device conversion. It can be tricky to keep track of these types of patients, but DNI can be a helpful tool when it comes to monitoring cross-device conversions. *In the event a patient who found you online eventually calls your practice, you'll know the exact source that originally led them to you—regardless of whether they call immediately upon reaching your website, navigate away from and back to your site numerous times, use a different device to take action, or go dark for several days before finally calling.* What's more, you'll be able to see how many times they visited your website before placing a call, view which specific pages they accessed while browsing, and actually listen to a recording of the conversation they had with whomever answered your phone.

*"Phone calls are the best leads coming into the practice, and 99% of the time, they considerably outpace email leads. If you're tracking the origin of the phone call leads, it gives you a much better understanding of your total marketing efforts and how to allocate your precious marketing budget."*  
—Keith Humes, Rosemont Media CEO

### HOW IS TRACKING A PATIENT'S CONSUMER JOURNEY BENEFICIAL TO ME?

In short, *the ability to pinpoint the origin of a patient's journey—beginning with a click and ending with a call to your practice—enables*

*you to identify the channels that bring you the most conversions, as well as evaluate the overall success of various endeavors making up your online marketing strategy.* (For instance, if you are interested in measuring social media marketing ROI, you can view the number of calls made by people who initially clicked through to your website from your Facebook page to better quantify the efficacy of your social efforts.)

Ultimately, with the information made available by DNI, you can better fine-tune your online marketing strategy to more aggressively target what's currently working—as well as improve what's not—to put your practice in the best position for success.

### HAVE MORE QUESTIONS? NEED HELP?

At Rosemont Media, our consultants are always happy to assist in any way they can. If you would like more information on Dynamic Number Insertion—or anything Internet marketing-related—please don't hesitate to visit [www.rosemontmedia.com](http://www.rosemontmedia.com) to learn more, or reach out to us today at 800.491.8623.

*Keith Humes is Founder/CEO of Rosemont Media, LLC, a San Diego-based digital marketing agency. As the founding Aesthetic Society Alliance Partner, the firm has helped numerous members successfully navigate the rapidly evolving digital marketing landscape with innovative and effective SEO strategies, social media optimization, and customized website development.*



# PRACTICE SOLUTIONS

## The Social Side of Aesthetic Surgery: Staying on Brand

By Wendy Lewis

### WILL THE METAVERSE HYPE CHANGE THE WAY YOU PRACTICE?

### IS TIK TOK CONQUERING COSMETIC SURGERY?

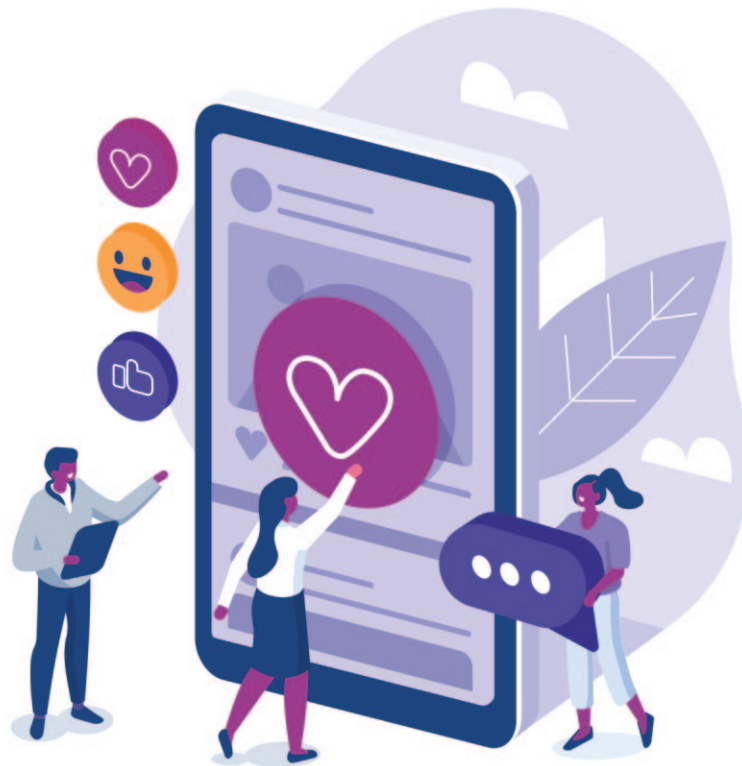
### WHAT'S THE SECRET SAUCE FOR GETTING MORE FOLLOWERS ORGANICALLY ON INSTA?

These and other trending topics will be discussed in San Diego with a panel of your peers, moderated by yours truly.

"Social media has created a disruption in how plastic surgeons interact with their patients and potential clients. You cannot have your head in the sand when it comes to these online interactions. It is critical that your business reflects who you are and your mission. In today's world that is done through social media channels," says La Jolla based Steven R. Cohen.

Karen Horton in San Francisco agrees. "If you're not on social media, patients are not finding you. They are finding your colleagues however, who may not be Board Certified Plastic Surgeons! You need to 'play the game' to stay relevant. Not everyone will attempt or master the latest social media platforms, but find one that you feel comfortable posting on daily, sharing what makes YOU unique."

According to Ashley Gordon in Austin, TX, "Like it or not, social media is how many potential patients are finding their plastic surgeons. Using the platform to educate patients about what you do and what makes you unique can be very helpful in connecting with your 'ideal' patient. And you don't need a ton of followers for it to have an impact on your practice. I personally think this is an activity that shouldn't be outsourced. You must be in control of the content and you'll get



According to Ashley Gordon in Austin, TX, "Like it or not, social media is how many potential patients are finding their plastic surgeons. Using the platform to educate patients about what you do and what makes you unique can be very helpful in connecting with your 'ideal' patient."

much more engagement when your account has an authentic voice."

Some plastic surgeons get stuck because they aren't sure what kind of content they should post. In that case, play it safe and write on what you are most passionate about. "Talk about interesting topics in plastic surgery. Educate and explain why your followers need to know what you are talking about. Be respectful of your patients, and, of course, pretend the Ethics Committee of The Aesthetic Society is following your account," says Dr. Gordon.

Patients and potential patients want to connect in a more convenient way, says Dr. Pittman in Washington DC. "Studies have shown that people don't even want to read texts anymore. Social media helps to engage potential patients in a way that fits into their daily routine. Everything from before and after photos to "I wonder what my surgeon is having for dinner," are ways to engage patients and keep your practice at the top of their mind," he adds.

Social media success also means different things to every surgeon and every practice. Avoid feeling the pressure to be everywhere and try whatever you see others doing. Rather, choose the platforms and formats that fall into your personal comfort zone and ace those first. First, consider who your target audience is. For example, if you want to do more face and necklifts, your desired patients probably don't live on TikTok right now. They are more likely to be on Facebook and Instagram primarily. Dr. Pittman relates, "My 70 year old mother is calling me and asking if I saw the latest plastic surgery reel on Facebook. Everyone is a content consumer now."

Drs. Horton and Gordon are not on TikTok (yet) and neither am I, although I talk and write about it frequently. I see many dermatologists, nurses and aestheticians promoting skincare and non-invasive treatments and seem to be enjoying the lighter, more fun-loving quality to the channel. More than any popular channel today, TikTok users demand authenticity, which can be tricky for busy plastic surgeons

### Meet Wendy Lewis at The Aesthetic Meeting 2022

APRIL 23, 2022

Course 309 Insider Tips from Socially Savvy Plastic Surgeons  
2:00pm – 4:00pm

Continued on Page 71

## The Social Side of Aesthetic Surgery: Staying on Brand

Continued from Page 70

who spend hours in the OR. Don't even try to recycle Instagram Reels snippets to TikTok. TikTok has a tone of its own and your content needs to follow suit.

The ability to connect with the surgeon and the practice on a deeper level has a lot of prospective patients flocking to social channels, particularly Instagram which has long been the place to be for aesthetic treatments. Dr. Horton shares that her most popular posts are personal; "Images of me with my twin daughters, training with my office team for Symplast software, my excitement for my new office operating room were recently top posts. I don't mind sharing images of what I do outside of surgery, and patients appreciate getting to know me as a real person even before their consultation."

It is important to maintain consistency between what you post online and what you deliver in your practice. For example, if you promote your brand as offering optimal luxury and 5-star service, and you fall short in real life, your followers may call you out on it. Dr. Pittman adds, "The challenge for all of us is creating a strong brand with a powerful 'why' and then sharing it across multiple platforms. Once you nail your brand story, it will be easier to apply those principles to any medium. First find your voice and then promote it."

"Potential patients are very interested in the 'journey' aspect of procedures. They love to see the before picture, the actual treatment or surgery being performed, and then progression photos from early post-op to final result," Dr. Gordon says. The best ways to treat patient photos will be a hot topic of discussion as well. We are fortunate in the

US to be able to post images of before and after results, whereas some countries restrict physicians, which puts them at a supreme disadvantage. Patients today want to see examples of your results before scheduling a consult.

We have all learned by making mistakes along the way, especially as a newbie trying to find your way through the social media maze. If you're taking a leap into a new platform or trying out a different form of content, you may need some pro advice to guide you. If you do make a blunder, you can delete the content or image, but chances are that some of your followers will have already seen it.

Dr. Horton adds, "Don't post when you're tired, annoyed or not feeling your best. Think about what your biggest skeptic would think about your posts. Remember that even deleted posts can be screenshotted or recovered, and that "the internet is written in ink."

Join us at The Aesthetic Meeting on Saturday, April 23, 2–4 pm PST for: Course #309, Insider Tips from 6 Socially Savvy Plastic Surgeons, featuring Drs. Steve Cohen, Ashley Gordon, Karen Horton, Troy Pittman, Alfredo Hoyos, Jay Calvert and me. Hope to see you there!

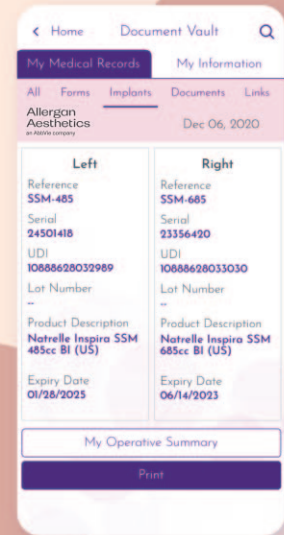
*Wendy Lewis is the Founder & President of Wendy Lewis & Co Ltd, Global Aesthetics Consultancy since 1997, a marketing communications boutique in New York. An award-winning writer, she serves on the Editorial Board of Prime International Anti-Ageing Journal, and contributes to Practical Dermatology, Modern Aesthetics, and many other publications.*

*Wendy is a frequent speaker, course instructor, and moderator at conferences in the US and internationally. Her first textbook, Aesthetic Clinic Marketing in the Digital Age (CRC Press) will launch a second edition in 2022. <http://Wendylewisco.com>*

If you promote your brand as offering optimal luxury and 5-star service, and you fall short in real life, your followers may call you out on it. Dr. Pittman adds, "The challenge for all of us is creating a strong brand with a powerful 'why' and then sharing it across multiple platforms.



## THREE REASONS You'll Love Aesthetic One



1

Patients feel Aesthetic One is easy to use and appreciate quick access to their records.

2

The breast implant library provides a summary of cases and registration status of breast implants.

3

Enjoy peace of mind knowing implant registration is complete with the manufacturer and the records are always just a few taps away.

Scan or text A1 ASN to 418418 to learn more/ register for Aesthetic One\* or visit <https://bit.ly/3pCfmOI>.

\*Available to physicians in the US.



Supported by:

**Allergan Aesthetics**  
an AbbVie company



# CosmetAssure<sup>®</sup>

We Cover Complications.

Coverage  
that converts  
consults into  
clients

The Aesthetic  
Meeting 2022  
San Diego  
Convention Center  
April 20-24, 2022  
Booth 2211

Contact us to  
become a  
Participating Surgeon.





## Know Your Insurance Carrier's Financial Strength

Harry K. Moon, MD, FACS

An insurance companies' financial stability is important to consider when selecting your medical liability carrier as they are responsible for claims that occur not only today but over a period of time which may encompass several years. In the event that a liability carrier is unable to fulfill that obligation, you as the physician may become liable. Independent ratings agencies evaluate the financial stability of insurance companies. Financial Stability is an evaluation of an insurance company to meet all current and future insurance obligations.

Rating companies typically focus on balance sheet strength, operating performance, business management and risk management when evaluating the financial stability of a liability carrier. There are many factors that influence all four categories however three key indicators are net income, combined ratio and policyholder surplus. Net income is a company's total earnings and is calculated by subtracting total expenses from total revenues. If the number is a positive, there is profit and if the number is a negative, there is a loss. Combined ratio is a measure used by

insurance companies to help determine their profitability. The ratio is calculated by taking the total of both losses and expenses and then dividing them by the premium. To make it a bit easier to understand, all you really need to know is that a ratio below 100 percent indicates the company is making an underwriting profit while a ratio above 100 percent means the company is paying out more in claims than the premiums it is accumulating. Policyholder surplus is the difference between an insurance company's assets and its liabilities. In the simplest of terms, it's an insurance company's net worth.

In trying to navigate your way through an insurance companies' financial strength you could consider how they are rated by any of the following: A.M. Best Company, Finch Investors Service, Moody's Investor Service, Standard & Poor's, Weiss Research, Inc. and Demotech, Inc. Ultimately if you do have questions about your insurance carrier's financial strength your carrier or our broker should be able to provide their rating information to you.

For any questions, your claims "team" is here to assist.

For more information, please visit our website at [www.amsrrg.com/solutions/preferred-programs](http://www.amsrrg.com/solutions/preferred-programs) where you can click on the "Request A Quote" link or please contact Christopher Edge at [news submission@amsrrg.com](mailto:news submission@amsrrg.com).

*Christopher Edge is Vice President of Preferred Programs and New Business Development at AMS Management Group.*

**AM Best** has assigned a Financial Strength Rating of A- (Excellent) and a Long-Term Issuer Credit Rating of "a-" (Excellent) to **Applied Medico-Legal Solutions Risk Retention Group, Inc. (AMS RRG)** (Phoenix, AZ). The outlook assigned to these Credit Ratings (ratings) is stable. Read the full press release at [www.amsrrg.com](http://www.amsrrg.com). Click on "In the News" at the top.

## AESTHETIC CARE TEAM AFFILIATE PROGRAM






# It's time.

Now your entire staff can be a part of The Aesthetic Society.

Beauty. Artistry. Education. Expertise.

To truly deliver on those pillars, your entire care team should embody them too.

### Benefits of Enrolling Your Staff:

-  Discounted registration fees for meetings and symposia, whether face to face or online, with education tailored to your staffs' needs
-  Subscriptions to RADAR Resource and *Aesthetic Society News*, filled with content tailored for your Aesthetic Care Team
-  Access to professional development and dedicated networking opportunities
-  Your practice is enrolled, so membership is transferable between staff
-  A terrific employee retention tool



Welcome your team to  
The Aesthetic Society family.

Learn More & Enroll At:  
[theaestheticsociety.org/aestheticcareteam](http://theaestheticsociety.org/aestheticcareteam)

# WHY RETENTION SHOULD BE YOUR #1 FOCUS TO GROW YOUR COSMETIC REVENUES

Dear Plastic Surgeon,

Every time you lose a cosmetic patient, it hurts. It hurts your bottom line, your growth and **your profits**.

But **keeping patients** year after year, purchase after purchase... well, that means **more money in your pocket**, more time on your calendar and more growth for your practice.

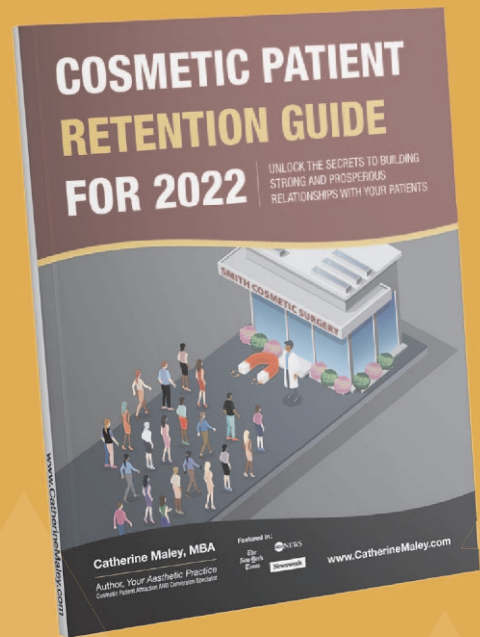
Recent research has shown that **loyalty programs** are one of the most powerful ways to **build lifetime value** from your patients and I want to help you with that!

To start, download my new **FREE Retention Guide** to understand why retention should be your **#1 focus to grow your cosmetic revenues**.

Then, let me share how the **KiSS Loyalty Club** **boosts your brand recognition and profit margins exponentially!**

Download your free copy today -

*Catherine*



## FREE

### Instant Download

[www.CatherineMaley.com/Retention-Guide](http://www.CatherineMaley.com/Retention-Guide)



**Catherine Maley, MBA**

Cosmetic Patient Attraction AND Conversion Specialist  
Author | Podcaster | Consultant | Trainer | Speaker

Cell/Text: (415) 851-0172

Featured in:

The  
New York  
Times

abc NEWS

Newsweek





## Marketing Trends Affecting You

By Catherine Maley, MBA

If what you're doing to grow your cosmetic practice is not working anymore or working as well as it used to, you're not alone.

The world of consumer demand, technology and marketing continues to change so it behooves you to adapt.

The following are marketing trends affecting your efforts to build your presence and brand, while attracting more quality cosmetic patients to your practice.

### TREND: SEO IS POPULAR AGAIN

For a while we were hearing SEO is dead because Google was giving the top spots to big authority websites such as The Aesthetic Society, ASPS, WebMD, etc.

And now that Google answers popular questions on the first page of search rankings, that makes it less likely for consumers to click to your website.

The bottom line is Google will continue to make it more difficult for you to be found organically (aka—Free) so you have to get more creative to be found online.

At least, be sure your Google My Business profile is complete and updated, and good consistent content still works so keep reading.

### TREND: CONTENT MARKETING

Create *valuable, relevant and consistent* content that attracts the right audience who cares about cosmetic rejuvenation. The good news is you have limitless built-in content just by being a plastic surgeon.

For example, you have patient stories from their first consultation with you, pre-surgical patients excited about their upcoming surgery, surgical patients recuperating, post-op surgical patients returning for their follow-up appointments, and ecstatic patients fully recovered and loving their results.

Each patient has a different story at each phase of their journey. That's a lot of content!

The secret is to distribute that content on numerous different social media platforms prospective patients frequent.

### TREND: PRIVACY RULES INCREASE ADVERTISING COSTS BY 30–80%

Privacy issues are killing your plans for attracting new patients to your practice.

So much is happening behind the scenes with Apple, Google and FB trying to dominate consumer data capture, so they are no longer sharing data with each other or advertisers like before.

This is going to make it difficult for you to attract new PREFERRED patients when you can no longer target specifically to certain audiences. And that means ad results will become incomplete and inaccurate because you now have only 10% of the data that used to be 100% available.

So that will force you to increase your advertising budget substantially and HOPE the broader, less targeted audience is interested in cosmetic rejuvenation.

### TREND: SOCIAL MEDIA PLATFORMS ARE STRANGLING YOUR AUDIENCE

Social Media has become the most influential virtual space available today to help you grow your practice.

However, you are only renting those followers from the social media platforms, so they are, in essence, your landlord.

That means they can raise the rent, kick you out and close down your account at a push of a button, so you lose your data you've spent years collecting.

They also decide who sees your organic content. These platforms continually strangle your list to force you to "pay to play" by buying more advertising.

*The latest stats show only 5.2% of your followers actually see your organic content so*

you have this false sense of security thinking you're reaching your followers when, in fact, it's drying up right before your eyes. Yikes!

### TREND: ACQUIRE YOUR OWN DATA!

Take back your power by owning your audience data! You can no longer trust that audiences you have built on social media platforms will be or stay available to you in the future.

You want to build up your own list of anyone who is or could be interested in cosmetic rejuvenation.

So, use landing pages to capture your followers' name, email and cell phone so you can stay in touch with these would-be patients no matter what happens.

### TREND: USER GENERATED CONTENT (UGC)

This is currently the holy grail of social media marketing.

*Your greatest asset is enthusiastic patients willing to rave about you online and share your content with their own followers as well as yours.*

This not only provides credible social proof for your services, but it is also a great way to boost your SEO.

For example, asking questions, conducting surveys, and running contests are great ways to go back and forth with your audience.

### TREND: INFLUENCER MARKETING

It's human nature for prospective patients to do what they see others do, especially *experts, friends, celebrities, and influencers.*

There are plenty of influencer marketing platforms (just Google it). However, be very clear what they will do for you to market your practice and what they expect back in return. And be sure they and their followers match your brand and values.

Your next best influencers are your own patients with a strong social media following. Encourage them to do a Q&A session with you and you both can post it on your multiple platforms.

### TREND: PERSONALITY MARKETING IS HOT

You can no longer hide behind a surgical mask and only be the surgeon. That's a great start but you also need to be seen as a human

Your greatest asset is enthusiastic patients willing to rave about you online and share your content with their own followers as well as yours. This not only provides credible social proof for your services, but it is also a great way to boost your SEO. For example, asking questions, conducting surveys, and running contests are great ways to go back and forth with your audience.

Continued on Page 79

# AMS RRG, INC.

your medical liability  
risk management partner

*Experience the Difference*



“As an Alliance Partner of The Aesthetic Society, AMS RRG and its Preferred Aesthetics™ program carefully tailors malpractice insurance coverage and premium for Plastic and Aesthetic practices. They were able to assist me in streamlining a malpractice insurance policy that was distinctive to my practice’s needs in addition to reducing my premium costs.”

– Daniel C. Mills, M.D., F.A.C.S. Past President of the American Society for Aesthetic Plastic Surgery



Contact: Christopher Edge, 609-737-1154 ext. 301

AMS RRG, INC • 23 Route 31 North • Suite A-10 • Pennington, NJ 08534 • 866-461-1221



## Tax Diversification: Is it Missing from Your Long-Term Financial Plan?

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

Consider the question: What tax rates will be in place during your retirement, which may last ten to thirty years or more? Obviously, you do not know, even if you are already retired, and neither do we. Because nobody knows what the tax rates, rules on deductions, and other tax-related laws will be in the future, it is essential for holistic wealth management to include a long-term *tax diversification* strategy.

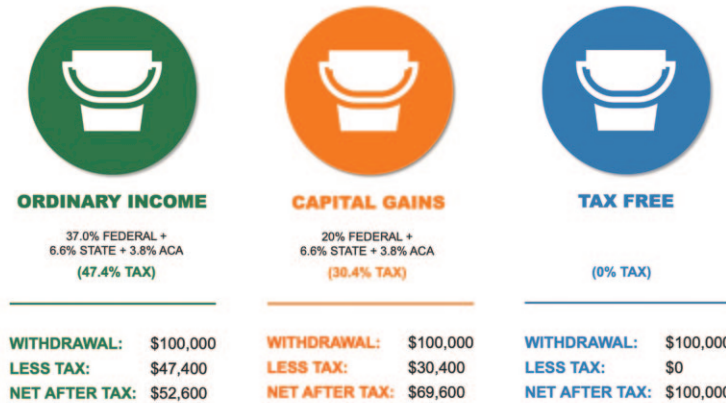
### TAX DIVERSIFICATION DEFINED

*Tax diversification* means building up wealth in three “buckets,” assets subject to ordinary income tax rates upon distribution in retirement, assets subject to capital gains rates, and assets not subject to any tax upon distribution. While many physicians have heard of asset class diversification in the context of investing, we believe it is fundamental to direct additional attention to diversifying your wealth according to tax rate exposure.

The visual above may help you to see the value of having differently taxed “buckets” to draw on when you reach retirement. As the retirement/wealth distribution phase may last for many years, or even multiple decades, being diversified across three tax buckets puts you in a position of strength and gives you options for withdrawing income depending on the tax rates then in effect.

In the diagram above, we assume a marginal top tax bracket since many physicians will be in the top two or three tax brackets in retirement and the current rate of 37% is not close to an all-time high. We also assume a 6.6% state income tax, although many states, such as California and New York, have rates far exceeding this.

The benefit of being well-diversified from a tax perspective is that, once in retirement, one can examine tax rates each year and pull from



In this diagram, we assume a marginal top tax bracket since many physicians will be in the top two or three tax brackets in retirement and the current rate of 37% is not close to an all-time high. We also assume a 6.6% state income tax, although many states, such as California and New York, have rates far exceeding this.

the appropriate “bucket” to maximize after-tax income. If, at the beginning of a physician’s retirement, income tax rates are high and capital gains taxes are relatively low, then it may be best to draw from Bucket #2 (orange). If the opposite is true, Bucket #1 (green) may be targeted for “overweight” distributions. Bucket #3 (blue) provides the highest level of flexibility, as it can be accessed in any tax environment. An ideal retirement plan calls or physicians to have a significant percentage of their wealth in each bucket; yet in our experience, most physicians have too little wealth in Bucket #3.

### CASE STUDY: AESTHETIC PLASTIC SURGEON ANNE AND GASTROENTEROLOGIST GARY

Let’s look at the examples of aesthetic plastic surgeon Anne and gastroenterologist Gary. Anne, Gary and their spouses are all 45 years old and plan on retiring at age 65. At this point, both couples have a joint life expectancy of age 91, meaning that, according to the actuaries, at least one spouse in each couple should live until age 91. With a planned retirement age of 65, these couples will need to rely on their assets and other sources of income (for example, social security) to provide them with income for 26 years.

While numerous financial, investment and planning factors are essential for Anne and Gary, let’s concentrate on just the tax planning issue here. Both couples will begin drawing down assets in 20 years and stop doing so 46 years from now. During that period of time, tax

rates may be very different than they are today and may change several times.

Let’s assume that Anne and Gary have the same overall net worth, but their asset mix is very different. Anne has her net worth in all three buckets—some in a qualified retirement plan (QRP), some in after-tax brokerage accounts and real estate, and some in a Roth IRA and a permanent life insurance policy. Gary has nearly all his net worth in his home and 401(k) QRP. They both qualify for social security.

Anne is much better positioned than Gary to maximize her post-tax retirement income. Most of Gary’s retirement income will come from his QRP and social security, both of which are subject to ordinary federal and state income tax. If income tax rates are high, Gary has little flexibility to take income from other sources unless he is willing to sell his home, which he may be reluctant to do. (Also, he can’t sell only part of his home, like Anne can do with her brokerage accounts, and it may be difficult for him to get favorable loans against his home equity in retirement when he will have no income.)

Anne, on the other hand, is well positioned if income tax rates are high. She can draw down her brokerage account if capital gains taxes have remained lower than income taxes. Moreover, she can take income from her Roth IRA or access life insurance cash values, both completely tax free.

Continued on Page 79

Meet David Mandell at  
The Aesthetic Meeting  
2022

APRIL 22, 2022

Course 108 Tax Reduction for  
Aesthetic Practices: Best Ideas in  
2022

2:00pm – 4:00pm



# Your data made simple.



ANN delivers on the technological promise to help answer your questions by providing user-friendly dashboards with the most advanced data analytics for your aesthetic practice. Leveraging your data has never been easier.

## Get instant access to your data

Access procedural data, practice productivity, patients' spending patterns, and more—all in one place and faster than ever.

## Insights you can act on

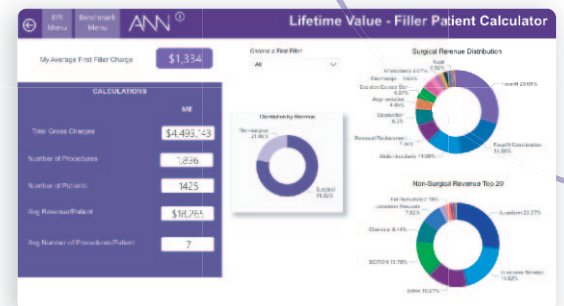
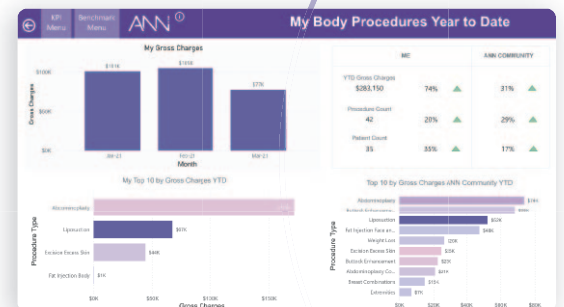
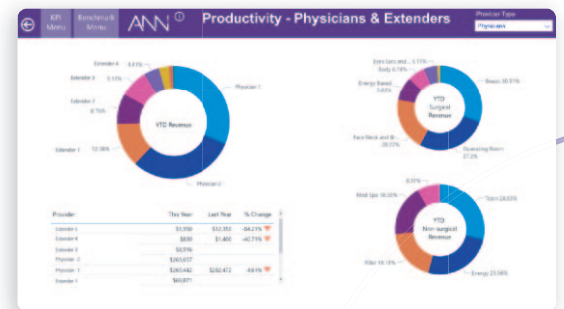
Discover ways how to optimize your practice's productivity and target marketing efforts.

## Know your trends

Easily track the efforts and trends of your practice with newly refreshed dashboards and visuals.

## Track your progress

See how your practice is performing now, and how it compares to previous years.



Scan QR Code to Get Started



Cloud-based PatientNOW and 4th Dimension EMR systems, are ANN Optimized, meaning that they partner with us to seamlessly and accurately provide the appropriate data when a practice joins the ANN Community.

ANN also integrates with Intellipract, ModMed, NexTech, NexCloud, and Sympplast systems.

## Tax Diversification

Continued from Page 77

Regardless of the planning tools a physician employs to save for retirement, one of the fundamental pillars of any retirement plan should be flexibility to withstand changes in tax rates, income, market performance, and personal health.

Anne is much better positioned to alter her income plan if tax rates change during her retirement, while Gary does not have this flexibility. It is not difficult to understand that, despite their equal net worth, Anne may net out significantly more after-tax retirement income than Gary. Because of tax diversification in her long-term planning, Anne is in a more secure position in her retirement.

### LONG TERM PLANNING REQUIRES FLEXIBILITY

Regardless of the planning tools a physician employs to save for retirement, one of the fundamental pillars of any retirement plan should be flexibility to withstand changes in tax rates, income, market performance, and personal health. Here, we focused only on flexibility with regard to taxes and the importance of tax diversification. While always an important concept, tax diversification is especially relevant today, as many aesthetic plastic surgeons are seeking ways to minimize the negative impact of potential tax increases in 2022 and beyond.

**SPECIAL OFFERS:** To receive free print copies or ebook downloads of *Wealth Planning for the Modern Physician* or *Wealth Management Made Simple*, text ASAPS to 844.418.1212, or visit [www.ojmbookstore.com](http://www.ojmbookstore.com) and enter promotional code ASAPS at checkout.

Note: Look for David Mandell's Course "Tax Reduction for the Aesthetic Practice: Best Ideas for 2022" at The Aesthetic Meeting in San Diego on Friday, April 22 at 2:00 PM.

*David Mandell, JD, MBA, is an attorney and author of more than a dozen books for doctors, including "Wealth Planning for the Modern Physician." He is a partner in the wealth management firm OJM Group ([www.ojmgroupp.com](http://www.ojmgroupp.com)), where Carole Foos, CPA is also a partner and tax consultant. They can be reached at 877.656.4362 or [mandell@ojmgroupp.com](mailto:mandell@ojmgroupp.com).*

### Disclosure:

*OJM Group, LLC. ("OJM") is an SEC registered investment adviser with its principal place of practice in the State of Ohio. SEC registration does not constitute an endorsement of OJM by the SEC nor does it indicate that OJM has attained a particular level of skill or ability. OJM and its representatives are in compliance with the current notice filing and registration requirements imposed upon registered investment advisers by those states in which OJM maintains clients. OJM may only transact practice in those states in which it is registered or qualifies for an exemption or exclusion from registration requirements. For information pertaining to the registration status of OJM, please contact OJM or refer to the Investment Adviser Public Disclosure web site [www.adviserinfo.sec.gov](http://www.adviserinfo.sec.gov).*

*For additional information about OJM, including fees and services, send for our disclosure brochure as set forth on Form ADV using the contact information herein. Please read the disclosure statement carefully before you invest or send money.*

*This article contains general information that is not suitable for everyone. The information contained herein should not be construed as personalized legal or tax advice, or as a recommendation of any particular security or strategy. There is no guarantee that the views and opinions expressed in this article will be appropriate for your particular circumstances. Tax law changes frequently, accordingly information presented herein is subject to change without notice. You should seek professional tax and legal advice before implementing any strategy discussed herein.*

## Marketing Trends Affecting You

Continued from Page 75

being and a great boss, a devoted family man, a fitness buff, dog lover, philanthropist, weekend pastry chef, or anything else your patients would be interested in knowing about you.

This helps them build an emotional bond with you, so they choose you over the competition.

### TREND: THERE ARE NO MORE SILVER BULLETS, ONLY MARGINAL GAINS.

Insane competition and advanced digital marketing tactics make it harder to stand out, so marketing is now about "marginal gains" from many different marketing channels.

It's also about improving your marketing results by making incremental improvements in your processes that add up to big wins overall.

So, rather than focus on new leads only, you also improve your lead response time, your phone conversions to appointments, your consult conversions and patient retention.

Improving these key metrics and adapting to these marketing trends is how you win in this changing world.

*Catherine Maley, MBA is a cosmetic practice consultant, speaker, trainer, blogger and podcaster. Her popular book, *Your Aesthetic Practice/What Your Patients Are Saying* is read and studied by plastic surgeons and their staff all over the world.*

*She and her team specialize in growing plastic surgery practices using creative patient attraction, conversion, follow up and retention strategies as well as staff training to turn team members into converting rock stars.*

*Visit Catherine for Free resources at [www.CatherineMaley.com](http://www.CatherineMaley.com) or Instagram @catherinemaleymba.*



## Questions about Management of Patients with Difficult Breast Implant Problems?

Ask The Expert!  
This time, **YOU** get  
the consult.



**The Aesthetic Society is pleased to announce a NEW service**  
for members, candidates, and residents: Ask The Expert!

Need help or have a question about a treatment or management challenge regarding a breast implant patient? Tap into The Aesthetic Society's community of experts to assist.

### HOW IT WORKS:

1. Text your question to 833-629-0163 or email [hello@theaestheticsociety.org](mailto:hello@theaestheticsociety.org)
2. Do NOT include any PHI or patient photos (not HIPAA compliant)
3. Acknowledgement and an initial response will be provided within 60 minutes by staff (if received Monday through Friday, 8:00 AM to 5:00 PM Pacific Standard Time)
4. Questions will be circulated to our pool of experts for comment.
5. Complex questions may require a conversation vs. text response.

**DISCLAIMER:** Information we provide to you, a plastic surgeon member of The Aesthetic Society, through our "Ask The Expert!" service, is made possible by an educational grant from Allergan. Our brief, generic and informal communications with you do not create a treatment relationship with your patient. Since our communications lack PHI, patient contact, chart review, patient-specific advice, care plan participation, charting of assessments, plans, recommendations and orders, and billing, they are not a substitute for you or your patient seeking a formal medical consultation with a qualified surgeon.

*Made possible by an  
educational grant from  
Allergan Aesthetics*





## Shifting “Upselling” to “Upping-Results” The Importance of Treatment Plans and Why they Matter!

By Terri Ross, Terri Ross Consulting

I have taught my sales training course to thousands of plastic surgery practices across the country both onsite and virtually. Time and time again, one of the biggest areas of missed opportunity for revenue is failure to develop long-term treatment plans for clients.

Surgeons typically have the mindset that the consultation should focus on the surgery itself. Oftentimes, they do not focus on the pre-op and post-op and have someone else discuss this with the patient—instead of taking a few moments to develop a comprehensive treatment plan.

As a patient, I come to you, the surgeon, to be educated on everything you think I need to achieve the best outcome versus breaking the continuity of care and having someone else tell me.

Treatment plans help build long-term retention and increase the lifetime value of the client. They provide clients with solutions, options, and possibilities to yield the best results.

What I hear a lot from surgeons is they don't want to appear pushy, salesy or feel uncomfortable about the “upsell,” so they focus only on the problem the client specifically comes in for. Most often, it is our own bias getting in the way. I've heard excuses such as, “Patients won't spend the extra money.” Or “They are not going to buy it; it is not what

they came here for. Or, “They can't afford that.” Or “I just pass them to my aesthetician or nurse, and they'll do it.”

That is not up to you to judge or decide. Your only obligation is to inform the client of all their options and possibilities for best outcomes. It is up to THEM to decide. If we don't see and believe in the value of what we recommend, how will they?

I want to encourage you to shift your mindset away from “Upselling” to “Upping Results.” Here's why:

- Short-term and symptom-focused treatments may work but won't build *long-term patient retention*.
- Combining different modalities over *multiple visits* provides the patient with a better outcome and strengthens the *relationship and trust* with the provider (or in the case of plastic surgery, pre-op preparations and post-op care).
- You'll gain opportunities to cross promote by using *combination treatments*, which will yield more revenue (revenue for skincare is typically at 100% markup).

When patients have their skincare built into their treatment plan, they will:

- Use the best products for their skin that you know will yield the *best possible outcomes*.
- Be more likely to *practice home care compliance*.
- Experience *increased convenience* as they can purchase them at the same time as they book their treatment appointments
- Be delighted by experiencing something new (How many of you have patients who come to you as an expert and ask, “What's new?”), so *pairing your new products with procedures* is a solid strategy.

Did you know the amount spent on *skincare is 3x more compared to services or procedures?* Every procedure should have a *product and additional procedures to augment*. With this revenue strategy, retail should be 20% of your total revenue.

**Example:** Full Facelift (\$20,000) + Laser Resurfacing pre-op (\$1,500) + Retinol and Antioxidant (\$200) + post-op Vascular laser (\$75) + HydraFacial (\$250) = \$22,025  
More than 10% Increase in revenue

When a surgeon builds skincare and or other treatment modalities into their treatment plan (pre-op and post-op care), they will experience these benefits:

- **Volume.** Comprehensive treatment packages increase sales
- **Margins.** Comprehensive treatment packages can lower the cost of goods sold and increase your profit margins
- **Exposure.** Comprehensive treatment packages offer new opportunities and exposure to additional services and treatments

### HOW MUCH REVENUE ARE YOU LEAVING ON THE TABLE?

According to a recent survey by the New York Post, the average female consumer spends \$313 per month on products for her face and men spend \$244. The survey states that 82% of men now are using skincare. If even 20 patients spent that on your products you recommend versus buying over-the-counter products, that would be an extra \$6260 per month of revenue generated by women and \$4880 for men.

Let's take a little deeper dive into patient expectations versus reality.

- 86% of patients expect physicians to recommend a pre-treatment skincare regimen yet only 14% of patients were recommended at home care.
- 91% of patients expect physicians to recommend a post-care skincare regimen, yet only 30% of patients were prescribed post-care products.

So, you can see the clear gaps in the industry and how comprehensive treatment plans can increase your revenue opportunities and create better results for your patients.

### WHAT SHOULD BE INCLUDED IN THE TREATMENT PLAN?

When developing your treatment plan, it is best to keep it simple and clear in terms of the procedures/services and products you recommend. Include a short description about what each procedure does, the cost, the downtime, products you recommend, a step-by-step plan on their regimen to follow as well as any personalized notes. I recommend having your treatment plan template branded to match the branding of your practice.

Continued on Page 85

## Meet Terri Ross at The Aesthetic Meeting 2022

**APRIL 23, 2022**

**Course 310 Maximize Your Revenue: How Knowing the Two Most Important KPIs Can Give You a Leg Up**  
2:00pm – 4:00pm

**APRIL 24, 2022**

**Aesthetic Care Team Session Panel: Sales—The Life Blood of Every Successful Business**  
11:45am – 12:30pm

**Aesthetic Care Team Session Panel: Culture and Leadership: How to Prevent Employee Turnover**  
4:00pm – 5:00pm



# EXPERT LEGAL ADVICE

Absolutely free. Who else can offer that?

---

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

For more information, please contact

**Bob Aicher: 707-321-6945 • [aicher@sbcglobal.net](mailto:aicher@sbcglobal.net)**





## No Surprises Act

By Bob Aicher, Esq.

**Why It's The Law.** “The No Surprises Act provides Federal protections against surprise billing and limits out-of-network cost sharing under many of the circumstances in which surprise bills arise most frequently. Surprise billing occurs when an individual receives an unexpected medical bill from a health care provider or facility after receiving medical services from a provider or facility that, usually unknown to the participant, beneficiary, or enrollee, is a nonparticipating provider or facility with respect to the individual's coverage” (page 55981). Since the No Surprises Act impacts four separate federal departments, the best single source for the actual regulations is the Federal Register.<sup>1</sup>

**Aesthetics Aren't The Problem.** Aesthetic procedures were not the impetus for the No Surprises Act. The Act states that 39% of emergency department visits resulted in an out-of-network bill, often from non-contracted, private equity-owned anesthesiology, emergency medicine, family practice, and dermatology physician groups (page 54046). Pathology, radiology, behavioral health/psychiatry, and cardiovascular specialties, plus air ambulances, were additionally identified as significant out-of-network billers.

**Why Does the NSA Include Aesthetics?** They shouldn't have been, because our members use written contracts where all third-party costs are typically included. A written contract takes precedence over an estimate, but CMS wanted even the uninsured/self-pay patient to be able to “shop for the care that is best for them and increase competition in the health care market.”<sup>2</sup>

**Fighting the NSA.** If you're feeling defiant, arguments on your side are that the words, “aesthetic” and “cosmetic” do not appear in the Act. Instead, there are 36 references to “medically necessary” services; the Act cites a February 18, 2021, article in *Plastic and Reconstructive Surgery* which used CPT codes for calculating the number of monthly

patients (estimated at 4,297,850) receiving “nonemergency elective procedures;” and Good Faith Estimates request diagnosis codes using CPT, HCPCS, DRG, NDC or ICD code sets, none of which exist for purely aesthetic procedures.

**In The Meantime, You're Still Stuck.** The Act was worded broadly, so, until clarifying language has been enacted, the Act will apply to all your patients, whether in-network, out-of-network, or aesthetic. Some commentators have suggested the Act doesn't apply to aesthetic procedures performed in the office, because one's office doesn't meet the definition of “facility” in the Act, i.e., it is neither a hospital nor a licensed ASC. I believe offices weren't discussed because offices don't generate independent surprise billings, but physicians do, so performing services in your office won't save you from the Act.

### THREE WAYS YOUR PRACTICE IS AFFECTED.

**First**, with respect to in-network insurance work, you will be required to send your prices to the carriers, which the carriers will then provide to the patient, typically in their advanced explanation of benefits. Enforcement of this portion of the Act is being deferred, however, until the Departments have established standards for the data transfer between providers and facilities as well as the necessary infrastructure to do so. That means your in-network insured patients are not entitled to Good Faith Estimates from you, because they will receive your pricing as part of their yearly Explanation of Benefits.

**Second**, your out-of-network patients will be entitled to Good Faith Estimates, and your prices will be presumptively reduced to the median price paid for in-network patients. However, non-emergency patients can consent in writing to pay more, provided they are mentally competent, medically stable, you disclose your precise cost, and the patients have a provider option besides you.

**Third**, uninsured patients (those who don't have insurance for the procedure) or self-pay patients (those who have coverage but are choosing to not make a claim) will be entitled to Good Faith Estimates. This would include your aesthetic patients as well as anyone else who simply wants to pay cash.

**Required Notices.** You will need to post 2 notices on your wall and your website: Your Rights and Protections Against Surprise Medical Bills<sup>3</sup> and You have the right to receive a “Good Faith Estimate” explaining how much your health care will cost.<sup>4</sup> CMS also provides an online-fillable Good Faith Estimate template.<sup>5</sup>

**Good Faith Estimate Form.** Any template provided by your EMR provider will likely not satisfy CMS. The required details are set forth verbatim from the Act (pages 56018–56019). Note that providers are required to obtain from co-providers the same information about their expected charges, so that the patient may know all charges they can expect to receive. The template also requires extensive explanations of patient rights, as well as disclaimers, including that there may be additional charges not included in the GFE, that it is only an estimate, that patients have the right to initiate a federal Individual Dispute Resolution arbitration, and that the GFE is not binding and patients may receive services wherever they wish. Best to use the form provided by CMS so you can prove you provided the mandated language.

**How quickly must GFEs be provided?** A Good Faith Estimate for all costs and services by you and any co-providers must be provided within 3 days for unscheduled procedures (patients who are price shopping); within 1 day for procedures scheduled at least 3 days out; and within 3 days for procedures scheduled at least 10 days out. Any patient discussion about price is deemed a request for a Good Faith Estimate. Walk-ins may be treated without providing a Good Faith Estimate. Additionally, those scheduling for the next day and the next day after that may also be treated without providing a Good Faith Estimate.

**Using the GFE Against You.** To avoid the Act being weaponized, be certain to note on the Good Faith Estimate any qualifications to

Continued on Page 85

A Good Faith Estimate for all costs and services by you and any co-providers must be provided within 3 days for unscheduled procedures (patients who are price shopping); within 1 day for procedures scheduled at least 3 days out; and within 3 days for procedures scheduled at least 10 days out.



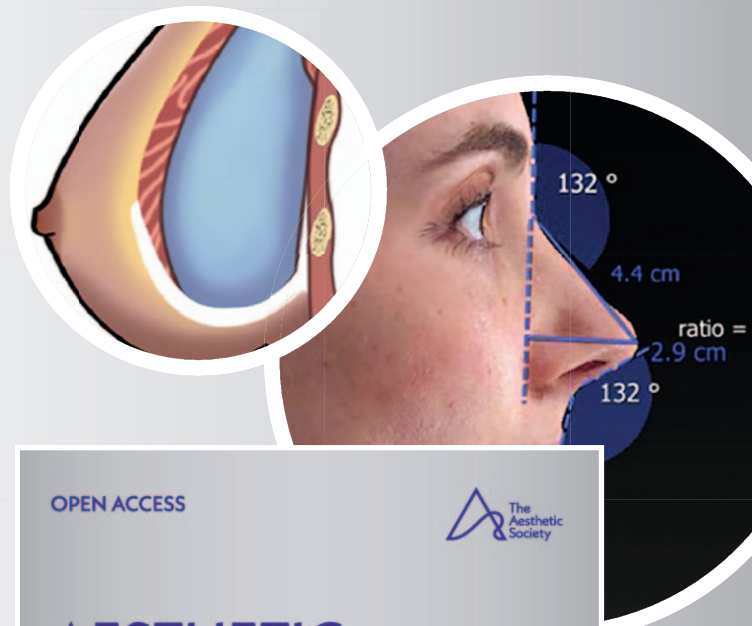
# AESTHETIC SURGERY JOURNAL

 OPEN FORUM

INDEXED IN PUBMED CENTRAL AND DIRECTORY OF OPEN ACCESS JOURNALS

Publish your work in the premier open access journal in plastic surgery.

As part of The Aesthetic Society's family of journals, *ASJ Open Forum* offers high-quality clinical content, digital and video innovations, and educational resources for practicing aesthetic surgeons. Your work is published rapidly and disseminated globally.



[asjopenforum.com](http://asjopenforum.com)  
@ASJrnl @asj\_openforum

OXFORD UNIVERSITY PRESS

## Shifting “Upselling”

Continued from Page 81

Hopefully all of you are using some form of a Cosmetic Interest Questionnaire (CIQ) that can help spark discussion around other areas of interest to them. Here is a sample script for those who may be uncomfortable or unsure how to bring a treatment plan up during a consultation:

*Hi Pam. My name is Dr. Smith. Thank you so much for coming in today. Our consultation will be around 30–45 minutes where my goal is to get to know you, focus on understanding your needs, and discuss all the viable surgical and non-surgical options, along with the best skin care regime that will help you achieve the best results.*

Based on my assessment, to get you the outcome you are looking for, I am going to recommend the following:

- Facelift
- Pre-op HydraFacial to clean your skin and pores to prep for surgery
- Laser skin resurfacing to help with overall pigmentation and texture
- Retinol and Antioxidants
- Post-op recovery kit
- Vbeam

To recap, treatment plans increase the lifetime value of your clients, help clients to achieve better results, increase revenue, and improve patient retention.

If this is an area you need help with, I invite you to schedule a discovery call with our team so we can learn more about you, and show you how APX Platform can help increase operational and employee efficiency as well as profitability for your aesthetics practice, visit [apxplatform.com/demo](http://apxplatform.com/demo)

*Terri Ross, an official partner and trainer for AmSpa, offers distinct programs to help you launch or grow your medical aesthetic or plastic surgery practice. She and her team bring a combined 30 years of experience achieving over 600% growth with clients in the most competitive markets in the world, in addition to launching over 40 new medical practices across the country.*

## No Surprises Act

Continued from Page 83

your price, such as the absence of medical records, lab work, or required clearances from other specialties, and if the patient circles back and requests yet another Good Faith Estimate, be certain to note all medical changes and any different patient requests since the last visit. The Good Faith Estimate includes a disclaimer that it is not a contract, but there will be patients who will insist it creates enforceable expectations, so make sure your Good Faith Estimate reads exactly as your defense counsel would hope. Ideally, your final contract price should be lower than or equal to the Good Faith Estimate. If it isn't, make sure your contract identifies the services which match the Good Faith Estimate, then include another section for “Additional services not included in the Good Faith Estimate.”

**IDR Process.** The Federal independent dispute resolution (IDR) process has two aspects: insurer/provider arbitrations to set rates, and provider/patient arbitrations to settle billing disputes where the patient bill is at least \$400 higher than the Good Faith Estimate. Parties will initially be expected to attempt a voluntary resolution, and if not, then they will submit their settlement offers to a certified IDR entity, through a yet-to-be-developed CMS portal.

Emergency services furnished by non-participating providers or facilities, and non-emergency services furnished by non-participating providers at certain participating facilities, must be priced based upon the All-Payer Model Agreement under Social Security, or if none, then based on state law, and if none, then the qualifying payment amount (QPA), which is the median contracted rate paid to in-network providers and facilities. IDR arbitrators are prohibited from considering “usual and customary rates” or public payer rates, such as Medicare or Medicaid. The winner will be whoever’s settlement offer is closest to the formula above (called “baseball-style” arbitration). The lawsuits below believe the QPA will always be the median contracted rate paid by health plans for in-network medically necessary services (page 56011).

The IDR process is not well-suited for resolving aesthetic service complaints. Even where patients have received a Good Faith Estimate, they will have signed a contract, and

non-existent CPT codes cannot form the basis for arbitrating the price of an aesthetic procedure.

**Legal Challenges.** So far, there have been six federal lawsuits, all challenging the IDR process. For example, On December 8, 2021, the AMA and AHA, along with two health plans and two MDs filed suit in the Federal District of Columbia, combined with a second case by the AAMS filed in the same court, challenging the IDR process for relying exclusively upon the QPA. Plaintiffs quote the drafting legislators, which stated arbitrators could consider all relevant price factors, not simply the QPA. Both parties filed motions for summary judgment in January. All cases are expected to proceed rapidly.<sup>6</sup>

**Next Steps.** Although 5 lawsuits are challenging the IDR process, only 1 lawsuit is challenging the very constitutionality of the entire NSA. The IDR process may be tweaked, but Good Faith Estimates are likely here to stay, so post your notices, figure out a system to streamline handing out Good Faith Estimates, and prepare for price transparency advertising from your colleagues.

*Bob Aicher is General Counsel to The Aesthetic Society and has represented The Society for 28 years. He can be reached by phone at 707.321.6945 or by email at [aicher@sbcglobal.net](mailto:aicher@sbcglobal.net).*

1. [www.govinfo.gov/content/pkg/FR-2021-10-07/pdf/2021-21441.pdf](http://www.govinfo.gov/content/pkg/FR-2021-10-07/pdf/2021-21441.pdf)
2. [www.govinfo.gov/content/pkg/FR-2021-10-07/pdf/2021-21441.pdf](http://www.govinfo.gov/content/pkg/FR-2021-10-07/pdf/2021-21441.pdf), page 55983
3. [www.cms.gov/files/document/model-disclosure-notice-patient-protections-against-surprise-billing-providers-facilities-health.pdf](http://www.cms.gov/files/document/model-disclosure-notice-patient-protections-against-surprise-billing-providers-facilities-health.pdf)
4. [www.cms.gov/regulations-and-guidance/legislation/paperworkreductionact/1995pra-listing/cms-10791](http://www.cms.gov/regulations-and-guidance/legislation/paperworkreductionact/1995pra-listing/cms-10791)
5. CMS-10791 (ZIP)
6. [www.healthaffairs.org/doi/10.1377/forefront.20220216.824139/](http://www.healthaffairs.org/doi/10.1377/forefront.20220216.824139/)



The Aesthetic Society®



The Aesthetic Surgery Education  
and Research Foundation



AMERICAN SOCIETY OF  
PLASTIC SURGEONS®



THE PLASTIC SURGERY  
FOUNDATION™

# BIA-ALCL Patient Assistance Fund

## Let Your Patient Focus on Recovery

The Aesthetic Society 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 to 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 Aesthetic Society, ASPS, ASERF and PSF member surgeons who have patients diagnosed with ALCL, visit: [aserf.org/BIA-ALCL](http://aserf.org/BIA-ALCL), for all criteria and to download an application.

For Additional Information on the Fund,  
Please Contact Ivan Rodriguez at:  
**562.799.2356** or [ivan@theaestheticsociety.org](mailto:ivan@theaestheticsociety.org)

Thanks to Generous Contributions From:

**Allergan  
Aesthetics**  
an AbbVie company

**MENTOR®**  
PART OF THE **JOHNSON & JOHNSON** FAMILY OF COMPANIES

**sientra.**





## The Straight & Narrow

By Joe Gryskiewicz, MD

### Question

Dear Dr. Joe,  
First of all, Happy New Year! I have a question regarding an ethical issue that I am involved with and would like your opinion.

I was asked by a local hospital credentialing committee to review the application for plastic surgery privileges by a provider not certified by the American Board of Plastic Surgery. The provider is certified by the American Board of Otolaryngology but is requesting to have privileges to do breast surgery, body contouring, body contouring including brachioplasty, and abdominoplasty. The applicant completed a transgender surgery fellowship in which he claims he performed these operations as a basis for his credentialing. The provider claims that he competed a "fellowship" with the local plastic surgeon and is certified by the American Board of Cosmetic Surgery, American Board of Facial Plastic and Reconstructive Surgery, and the American Board of Otolaryngology. His request is supported by a local board-certified plastic surgeon with whom he is in practice in our local community and with whom he claims to have completed a "cosmetic breast and body surgery fellowship." The local plastic surgeon supports his application stating that he observed the applicant competently performing the requested procedures in his office and that this should serve as validation for his credentials.

Is the advocacy by a board-certified plastic surgeon for a non-plastic surgery certified surgeon a violation of the ethics of the

American Board of Plastic Surgery or American Society of Plastic Surgery? I appreciate your opinion on this and would also look forward to talking over the phone regarding this.

### Answer

Personally, I would stay out of it (take a "pass") or I would simply vote no. You could also truthfully say that you feel uncomfortable making a decision because you don't have the observational data to make a valid judgment.

Your situation has been plaguing The Society for 25 years. At one of our annual meetings decades ago, when we were criticizing the ABPS for merely observing the incursion of non-ABPS providers into the plastic surgery space, Simon Fredericks complained, with theatrical understatement, "I feel like I'm drowning, and I don't even know how I got into the water."

ABPS credentialing and endorsed aesthetic fellowships may well be regarded as the gold standard of plastic surgical education, but our own members recognize, even if reluctantly, that surgical expertise exists within other specialties. On occasion, we even invite them to participate in scientific panels and to provide teaching courses. To your immediate question, not only is it ethical for plastic surgeons to promote non-plastic surgeons, but we would be remiss as a Society if we excluded from consideration non-ABPS educators when they offer superior training.

We also have seen harm befall patients at the hands of our members, even death, requiring us to admit that ABPS certification is not a guarantee of surgical success. Rather

Have an ethics question for Dr. Joe? Email [ethics@theaestheticsociety.org](mailto:ethics@theaestheticsociety.org)

than focus upon a hospital privileges applicant's credentials, or perceived lack thereof, the goal should be to preserve patient safety.

An applicant's education and training are critical considerations to this inquiry, but so too are his/her experience and results, when confirmed by trusted sources, and claims history. Other members of your credentialing committee may feel augmentations are out of scope for an ABFPRS diplomate, yet every MD's certificate says "Physician and Surgeon," so it is all the legal practice of medicine.

To avoid a claim of "certification bias," your committee will have to look behind the framed certificates and diplomas to determine what skills and personal values the surgeon actually brings to your hospital, and whether s/he, to a reasonable certainty, will "do no harm." If every aspect of your evaluation is driven by patient safety, your ultimate decision will be unassailable, thereby protecting you and your hospital from claims of professional prejudice or competitive protectionism.

Margaret Mitchell's 1936 *Gone with the Wind* was rejected by 40 publishers before it became a Pulitzer Prize winning novel in 1937. I suggest you present simultaneously an impartial and scrutinizing, yet appreciative demeanor, just in case you have a non-ABPS patient safety winner on your hands.

I hope this helps.

*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 Aesthetic Society 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.*

Your situation has been plaguing The Society for 25 years. At one of our annual meetings decades ago, when we were criticizing the ABPS for merely observing the incursion of non-ABPS providers into the plastic surgery space, Simon Fredericks complained, with theatrical understatement, "I feel like I'm drowning, and I don't even know how I got into the water."



# CULTURE OF SAFETY

## Putting Patient Safety First Benefits Everyone

The Aesthetic Society's Patient Safety Committee would like to remind you that an increased focus on patient safety leads to enhanced surgical performance and efficiency which ultimately impact your bottom line.





## Lower Lid Blepharoplasty: The Minefield of the Face

By Grady B. Core, MD and James Fernau, MD, FACS

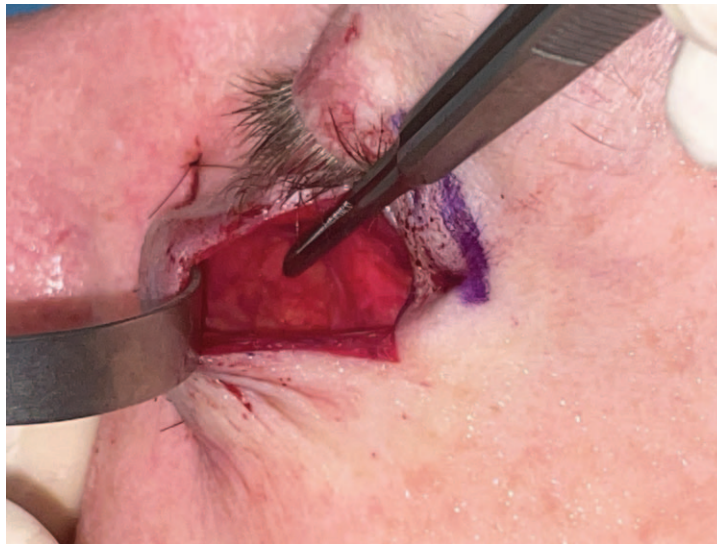


**CULTURE  
OF SAFETY**

One of the things I learned in my early experience with lower blepharoplasty was that lid malposition was a dreaded complication that was easily noticed and very hard to fix. I have since termed the lower lid the “minefield” of the face since the degree of problems it causes for the patient, both functional, social, and work related, cannot be underestimated.

A full treatise on lower lid surgery, patient selection, and complications are beyond the scope of this article so we will try to summarize current risks and highlight aspects of techniques which may help surgeons stay in the safe zone. Complications of lower eyelid blepharoplasty other than lid malposition, which ranges from mild scleral show to severe ectropion, include injury to the lid margin, canthal laxity, webbing, corneal abrasion, dry eyes, chemosis, hematoma, infection, as well as injury to the inferior oblique or the globe itself. All of these are less common than lid malposition issues.

While current literature in plastic surgery mostly attributes central lamellar cicatrix as the root cause of lower lid malposition, this has been questioned and others suggest that the primary cause is due to scarring affecting multiple lamellar layers. Our experience corroborates this since only the middle lamella (septum) is breached in our preferred method, and we have not had scleral show since adopting it in 2007 (*Plast Reconstr Surg.* 2013 Oct;132(4):843-844). In addition to cicatrix, excessive skin removal, as well as resection of supportive orbicularis muscle, can be contributing factors. While older concepts involved subtractive techniques, assuming the problem was excess skin and/or fat, we now know the issue to be varying degrees of contour irregularities, skin quality issues, volume deficiencies, laxity, and anatomic variations all of which considered together determine patient selection and procedure selection.



Based on the benefits of muscle lifting and the downside risks of transgressing functional muscle in the anterior and posterior approaches, our preferred approach is a “lateral access only” approach (LAO), performed through a small lateral (2.5 cm) incision extending only short distance medially past the canthus.

**(FIG 1)**

Fat pad resection, while still commonly performed, has been challenged by concepts that tend to preserve and recontour or even add fat, thus blending the lid cheek junction. While fat grafting seems attractive and some early results encouraging, and we have used it in certain cases where vascularized fat has been removed prior, transposing viable vascularized fat into areas of needed volume would seem more reliable rather than introducing a graft where the eventual take and volume may be variable. Fat grafting has been shown to have the risk of vascular occlusion, the same as injectable filler, and there is always the possibility of fat necrosis and nodules in a very unforgiving area. Necrotic fat can also cause a desmoplastic reaction affecting adjacent untraumatized tissues and worsen surrounding cicatrix.

Current transconjunctival techniques, although most commonly subtractive in regards to fat, have also been combined with fat transposition techniques. Both subperiosteal

and supra periosteal fat repositioning have been described for recontouring methods via the transconjunctival approach, and both seem to give good results. The transconjunctival approach can also be somewhat restrictive for fat transposition methods due to the overlying lid margin since it prevents the wider field of view offered by the more open anterior approach.

Key points for those surgeons who prefer the transconjunctival approach are that they need to use corneal shields, insulated Desmarre retractors, use accurate incision placement between the fornix and the tarsus, minimize retractor division, avoid the internal oblique, and not over resect fat. Meticulous technique, with complete hemostasis is critical.

Key points for the skin muscle flap approach with a subciliary incision are, keeping the skin incision high under the lashes so as to be inconspicuous, leaving a 3mm strip of muscle on the tarsus before transecting orbicularis, and not resecting too much skin or muscle, as well as good hemostasis and avoiding inferior oblique injury. The decision regarding fat removal versus translocation is based on the individual situation.

The concept of muscle lifting for lower lid support and recontouring for the anterior approach was introduced in 1972 by Hinderer and gained popularity along with canthal

Complications of lower eyelid blepharoplasty other than lid malposition, which ranges from mild scleral show to severe ectropion, include injury to the lid margin, canthal laxity, webbing, corneal abrasion, dry eyes, chemosis, hematoma, infection, as well as injury to the inferior oblique or the globe itself.

Continued on Page 90



## Lower Lid Blepharoplasty: The Minefield of the Face

Continued from Page 89

support with 30% of surgeons using canthal support routinely. Muscle lifting techniques over and above canthal support techniques are attractive due to the powerful impact on lower lid contour and support resuspending the orbicularis as well as helping to improve the midface. Indications for canthal support are based on laxity of the lateral canthal ligament and lid laxity, and may need to be modified based on regional anatomic variations such as malar hypoplasia, prominent or deep-set eyes, and age. Canthopexy versus formal canthoplasty with lid shortening are also determined based on the above issues.

Based on the benefits of muscle lifting and the downside risks of transgressing functional muscle in the anterior and posterior approaches, our preferred approach is a "lateral access only" approach (LAO), performed through a small lateral (2.5 cm) incision extending only short distance medially past the canthus. Thus there is no cutting at all of anterior or posterior functional muscle in the central lid area. We feel this is critical in preventing anterior and posterior lamellar cicatrix. After entering the avascular sub orbicularis space laterally, we perform a bloodless dissection opening the space, and using 4.5 X loupes and a head light, we visualize and release the orbitomalar ligament and the orbicularis retaining ligament along with some of the medial nasal attachment of the orbicularis to create space for fat transposition. We then release vascularized post septal fat and transpose the intact fat pads one at a time beginning medially over the orbital rim for blending with the mid-face fat. Only where there is a large excess of fat is partial resection required. Once transposed over the orbital rim (Fig 1), it is held in place in the nasojugal groove and upper central midface with transcutaneous sutures of 6-0 nylon for 7 days. The lateral fat pad is also transposed if prominent but is secured internally with 5-0 vicryl. After fat recontouring is completed, canthal support and muscle lifting is performed, if indicated, in that order. Canthopexy is performed using a single 6-0 pds suture lifting the lateral canthus to the orbital rim periosteum just above the horizontal midline of the orbit in normal vector patients. Variations in local anatomy and vectors may impact this position of fixation. The muscle lift is done by creating an orbicularis muscle flap pedicle from lateral to medial 3mm wide which is medially based and connected to the

### LATERAL ACCESS ONLY LOWER BLEPHAROPLASTY (FIG 2)



Incisions shown, Left side completed. Right side ready for muscle lift. Transcutaneous sutures holding fat pads shown



Muscle lift completed through upper lateral lid incision with recontouring of lower eyelid.

### (FIG 3)



Preoperative  
55 year-old with lower lid contour deformity.



Post Operative 2 Years  
Lateral access only recontouring with canthopexy and muscle lift.

orbicularis at the level of the lateral canthus. The entire skin muscle flap is then lifted vertically and slightly lateral with this pedicle and it is sutured to the lateral temporal fascia just posterior to the orbital rim and secured with 6-0 pds suture through the lateral upper lid incision before it is closed (Fig 2).

This approach allows for complete recontouring of the lid with filling of the nasojugal folds, minimal or no skin resection, and also avoids the long subciliary scar and provides excellent support (Fig 3).

In summary, proper patient selection, meticulous technique with atraumatic dissection, familiarity with the anatomy, regardless of preferred method, will protect most patients from the dreaded minefield of facial aesthetic surgery.

*Grady B. Core, MD, is a board-certified plastic surgeon practicing in Birmingham, AL, and the Director of the Grandview Aesthetic Surgery endorsed Aesthetic Fellowship.*

*James Fernau, MD, FACS, is an aesthetic plastic surgeon practicing in Pittsburgh, PA, and is Chair of the Safety Committee of The Aesthetic Society.*



Scan or click the QR code above for video examples provided by Dr. James Fernau.

# SCIENCE DRIVES US. IT'S A BEAUTIFUL THING.

See us at  
The Aesthetic Meeting  
in San Diego

**April 22-24, Booth #1930**



To see our full range of aesthetic offerings, visit [mtfbiologics.org/the-aesthetic-society](http://mtfbiologics.org/the-aesthetic-society)






Your Trusted Partner  
Then, Now & Into the Future



#1 US  
Brand\*

OVER  
30 YEARS  
in Breast  
Aesthetics

NEARLY  
7 MILLION  
  
Women with  
MENTOR® Breast Implants



FOLLOW US



@breastimplantsbymentor



#mentorbreastimplants  
#bradayeveryday  
#mentorcares

\*Mentor WW Share Q1 2021 - Data on File.

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 chance of developing complications increases over time. 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. Breast implants are also associated with the risk of breast implant-associated anaplastic large cell lymphoma (BIA-ALCL), an uncommon type of lymphoma. An individual's risk of developing BIA-ALCL with MENTOR® Breast Implants is low based on the incidence of worldwide cases. 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 Instructions for Use (IFU) provided with each product, or online at [www.mentorwwllc.com](http://www.mentorwwllc.com).