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AESTHETIC SOCIETY NEWS

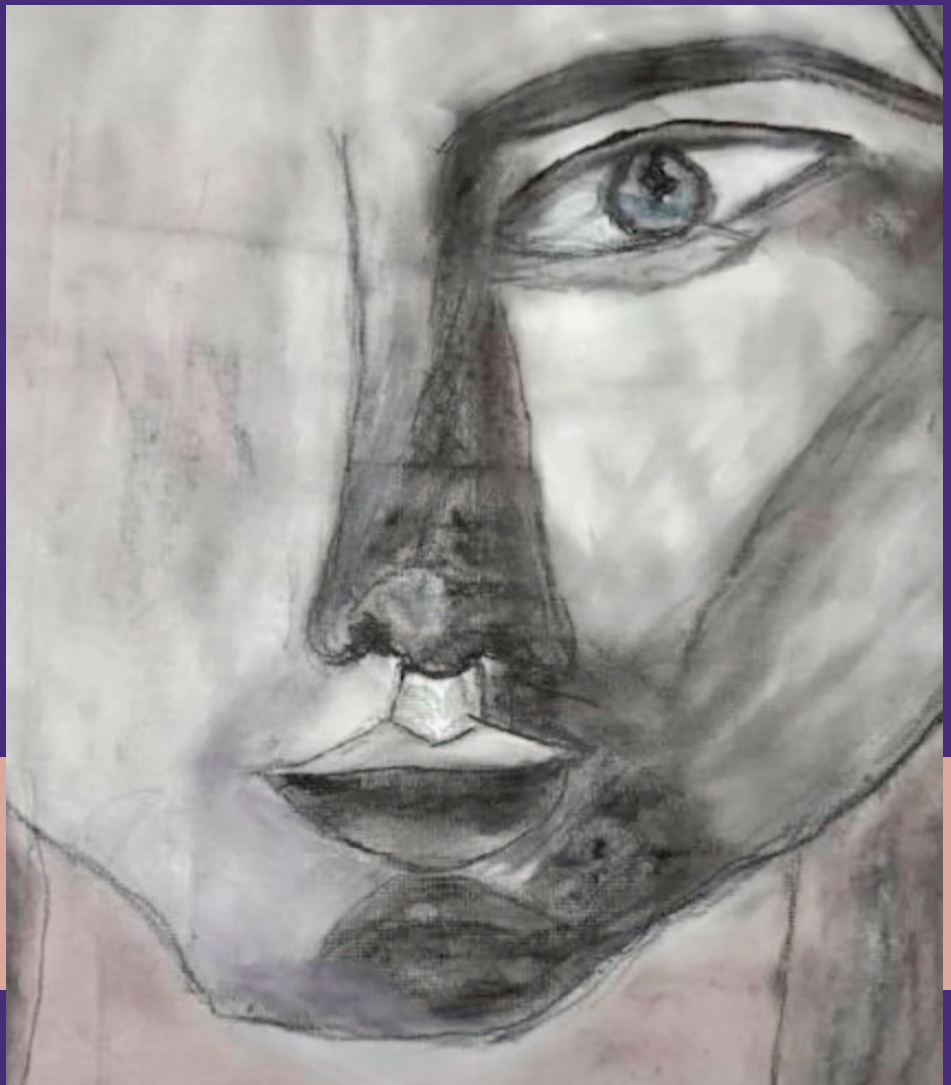
—
Experienced Insights in
Breast and Body Contouring
Symposium 2022—
Now on Demand!

—
ASJ and *ASJ Open Forum*
Receive Awards of Excellence

—
BII Heavy Metals
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—
Tribute to Founding Member,
Dr. Gil Gradinger

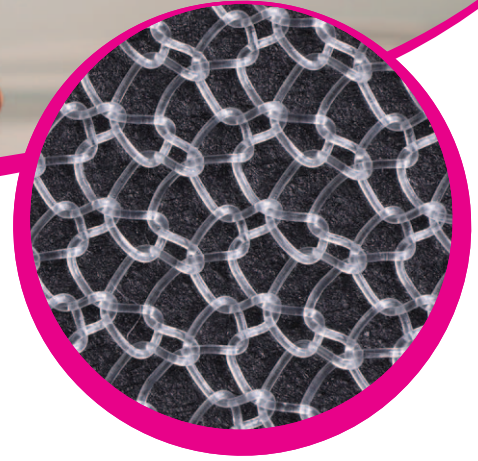
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 The Aesthetic Society®

Art by: Steven R. Cohen, MD

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For complete safety information, consult the GalaFLEX LITE Instructions for Use, which can be found at 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 the mechanical strength, resorption properties, and histologic characteristics of a fully absorbable material (poly-4-hydroxybutyrate--PHASIX mesh) in a porcine model of hernia repair." ISRN Surgery. 2013.
3. Data on File at Tepha.

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Aesthetic Society News

Quarterly Newsletter of The Aesthetic Society

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MEETINGS CALENDAR

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THE BUSINESS OF LAUNCHING YOUR PRACTICE

8TH ANNUAL RESIDENTS' SYMPOSIUM

December 2–4, 2022

Seaport Hotel
Boston, MA

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Nolan Karp, MD

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FACIAL AND RHINOPLASTY SYMPOSIUM

January 12–14, 2023

Virgin Hotels Las Vegas
Las Vegas, NV

Co-Chairs: Christopher Surek, DO
and Jason Roostaean, MD

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The Aesthetic Meeting 2023

Miami Beach, FL

Miami Beach Convention Center

April 19–23, 2023

Exhibits: April 21–23

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8th Annual Residents' Symposium
December 2–4, 2022
Seaport Hotel
Boston, MA

Facial and Rhinoplasty Symposium
January 12–14, 2023
Virgin Hotels Las Vegas
Las Vegas, NV

The Aesthetic Meeting 2023
April 19–23, 2023
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2022 Florida Plastic Surgery Forum
December 8–11, 2022

The Breakers—Palm Beach, FL
fspspayment.com/annual-forum

35th Hawaii Plastic Surgery Symposium
January 21–23, 2023

Honolulu, HI
panpacific.org

Baker Gordon Educational Symposium
February 9–11, 2023

Miami, FL
bakergordonsymposium.com

Northwest Society Of Plastic Surgeons—61st Annual Scientific Meeting
February 18–22, 2023

Whistler, BC
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Virtual Rhinoplasty Webinar Series—Logical and Effective Strategies for Nasal Tip Shape, Valvular Function, and Projection
November 7, 2022

bit.ly/RhinoWebinar-11-7-22

Beauty Through Science NY
December 1–3, 2022

New York, NY
bts-newyork.com/new-york-home

Virtual Rhinoplasty Webinar Series—Optimize the Airway in Every Operation
January 16, 2023

bit.ly/RhinoWebinar-1-16-23

3rd Annual SESPRS/ISAPS Periorbital and Facial Symposium
January 26, 2023

Atlanta, GA
sesprs.org/page/2023Peri

38th Annual Atlanta Breast Surgery Symposium
January 27–29, 2023

Atlanta, GA
sesprs.org/page/2023BSS

Dallas Cosmetic Medicine & Surgery and Rhinoplasty Meeting
March 10–13, 2023

Dallas, TX
dallasrhinoplastyandcosmeticmeeting.com

5th Norwegian-American Aesthetic Meeting
October 27, 2023

Oslo, Norway
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By Jennifer L. Walden, MD

In this issue of *ASN*, I'd like to thank Alex Thiersch, Esq. of AmSpa (The American Medical Spa Association) for contributing content. This past month, I sat down with him for a podcast on *Medical Spa Insider* on why plastic surgeons are particularly well-suited to own and run medical spas. Although the term 'medspa' has in the past carried a negative connotation associated with noncore providers, we use it as a means of communicating the business of nonsurgical aesthetics.

The non- and minimally-invasive arena of aesthetics is growing rapidly, and it's up to us to keep our stake in this natural extension of the aesthetic plastic surgery practice. Last month began the first in a multi-part series Alex and I have developed that is devoted to topics focused on building the noninvasive part of your practice along with relevant legal and compliance application, tips for its success, and how to market yourself positioned at the top of the aesthetics industry heap and navigate the sea of non-core ancillary providers promoting themselves as experts in the medspa and injector arena. Alex and his team, who are some of the best in the industry, will be contributing regularly for this as well as offering two new teaching courses at our Miami meeting in the spring. Alex's column in this edition of *ASN* is *The Secret to Med Spa Success: Three Things Every Plastic Surgeon Must Know To Run a Successful Medical Spa*.

If you have any questions on this topic, please email me at drwalden@theaesthetic.society.org, and Alex and I will do our best to answer them!

On another note, I'd like to send my condolences on behalf of The Aesthetic Society to the Furnas family upon the passing of a legend, Dr. David Furnas. I was about to perform an otoplasty the next morning when friend and colleague Dr. Heather Furnas, sent me a message that that her legendary father had passed on and was peacefully at rest on August 15, 2022. Dr. Furnas was epic and the pioneer of the techniques we use in otoplasty, or ear surgery, today.

Here's a little about Dr. Furnas:

He trained at Cornell/New York Hospital under Dr. Herb Conway, and he followed with a fellowship in Scotland with Dr. Jack Mustarde, who introduced him to the idea of bending cartilage with suture. As an assistant



Dr. Walden performing an otoplasty using the Furnas suture technique on August 16, 2022.

professor at the University of Iowa, a physician brought in his two boys with prominent ears. Dr. Furnas explained his idea to do a conchomastoid suture; the father and his sons were game, and they loved the result!

In 1969, he founded the Division of Plastic and Reconstructive Surgery at University of California. He loved teaching the residents, and all aspects of plastic surgery. He visited Tessier and started craniofacial surgery at UCI. He wrote a microsurgery book with Harry Buncke, and also loved congenital hand surgery. He was passionate about anatomy and looked at facelifts as an anatomic feast, describing facial nerve branches early, orbital festoons, and the retaining ligaments of the face.

In Kenya, he was in his element, working in bush hospitals, some with dirt floors lit with Land Rover lights. He took care of lion maulings, spear injuries, and hyena bites. For Dr. Furnas, plastic surgery merged beauty, precision, and function, but touching the soul of his patients was his greatest gift according to Heather. Dr. Furnas and his wife returned to Kenya every year for 26 years, and he loved

collaborating with local doctors on difficult craniofacial cases.

Dr. Furnas joined the Flying Doctors of East Africa for one year in 1972. The Flying Doctors were founded in 1957 by Sir Archibald McIndoe, Dr. Tom Rees and Sir Michael Wood.

David was also a self-taught, talented musician with a preference for jazz and blues. While he played mostly the piano and the flute, he delighted in telling people he also played for Cal in the Rose Bowl. Being 6'4" people assumed he was a football player. When asked what position he played at Cal, Dave would simply say "I played the piccolo!"

He fell in love with a beautiful auburn-haired dietetic resident when he was a surgical intern at UCSF, and together they raised two sons and my dear friend who is also an amazing plastic surgeon, Dr. Heather Furnas (married to another awesome plastic surgeon and Aesthetic Society member, Dr. Paco Canales). We have lost a great contributor to our specialty, and he is home, but he will never be forgotten.



FACIAL AND RHINOPLASTY SYMPOSIUM

January 12–14, 2023

Virgin Hotels Las Vegas
Las Vegas, NV

Co-Chairs: Christopher Surek, DO
and Jason Roostaeian, MD

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Join us at the Facial and Rhinoplasty Symposium

Co-Chairs: Christopher Surek, DO and Jason Roostaeian, MD

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- Live Facial and Rhinoplasty Cadaver Labs—Apply What You Learn with and from the Experts!
- Live Full Face Filler and Neurotoxin Injections

Keynotes



How Modern Concepts in Facial Aging are Disrupting Our Traditional Approach to Facial Rejuvenation

Chris Surek, DO and Dino Elyassnia, MD



Success in Facelift Consultation—Step by Step

Louis Bucky, MD



My 30 Year Evolution in Eyelid Surgery

Glenn Jelks, MD



The Re-Birth of the Phenol Croton Oil Chemical and How to Integrate it into Your Practice

Richard Bensimon, MD



The Greatest Advancements in Facial Aesthetic Surgery in My Career and How it Changed My Practice

Steven Cohen, MD

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The Business of Launching Your Practice

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Who?

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

What?

“The Business of Launching Your Practice”

Where

Seaport Hotel
Boston, MA

When

December 2–4, 2022
The Program begins
Friday evening at 6:00pm
and ends Sunday at 3:30pm

From?

The Aesthetic Society

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

Have you completed a study or developed a new idea you would like to present at The Aesthetic Meeting 2023?

On behalf of The Aesthetic Society's Program Committee, we invite you to submit an abstract for The Aesthetic Meeting 2023. The application deadline is **Friday, November 11, 2022**.

The Aesthetic Meeting is the premier global gathering of aesthetic plastic surgeons. Submit an abstract and join us in Miami Beach!



Scan the QR code to submit your abstract or visit the link below:



theaestheticsociety.org/medical-professionals/meetings/call-abstracts



The Aesthetic Meeting 2023

April 19–23, 2023
Exhibits: April 21–23

Miami Beach, FL
Miami Beach Convention Center

Experienced Insights in Breast and Body Contouring—An Intimate Gathering

Chair: Caroline Glicksman, MD, MSJ • Vice Chairs: Patricia McGuire, MD and David Sieber, MD

Always a great meeting, and this year was no exception! Drs. Caroline Glicksman, Pat McGuire, and David Sieber led a stellar faculty through a weekend of education focusing on the latest in Breast Surgery and Body Contouring. The unique format of the meeting with Experienced Insight Presenters, Pundits, and Analysts provided multiple views and opinions of each topic.

A meeting highlight was the first High Resolution Ultrasound course offering a certificate of completion. Attendees had the opportunity to participate in a short didactic session followed by hands-on experience with phantoms, implants, and live patients.

This meeting offered the best opportunity to interact with the faculty during the session as well as after. If you came with questions, they were probably answered.

Y'all should be there next year!



The Aesthetic Society President, Dr. Jennifer Walden giving the Society Update to attendees.



Symposium Chair Dr. Caroline Glicksman—
“I learn as much as I teach at this meeting!”



Dr. David Sieber sharing his thoughts with program participants.



Dr. Strock made sure his team was all there! Left to right: Drs. Victor Chang, Joe Kelling, Danielle LeBlanc (faculty), Lindsay Tavakolian, Meg Ferguson, Louis Strock, Sam Cummins and Alex Cheah.



Dr. Louis Strock, just one of the outstanding faculty members.



Attendees and Exhibitors enjoyed the beautiful setting at the Hotel Crescent Court in Dallas, Texas. Exhibits were busy during this meeting!



BOOK TODAY!

THE AESTHETIC CRUISE 2024

July 11–23, 2024

Chair: Tim Papadopoulos, MD

Vice Chair: Kristi Hustak, MD

OCEANIA CRUISES — *Vista*

- Barcelona, Spain
- Palma de Mallorca, Spain
- Saint Tropez, France
- Florence/Pisa/Tuscany (Livorno), Italy
- Olbia/Porto Cero (Sardinia), Italy
- Rome (Civitavecchia), Italy
- Naples/Pompeii, Italy
- Messina (Sicily), Italy
- Istanbul, Turkey
- Bozcaada (Troy), Turkey
- Athens (Piraeus), Greece

CME Available

The Aesthetic Cruise 2022



War and a global pandemic did not stop our members from joining us in the Baltic for the 2022 Cruise. The intimate group and shared experiences truly bonded everyone who attended.



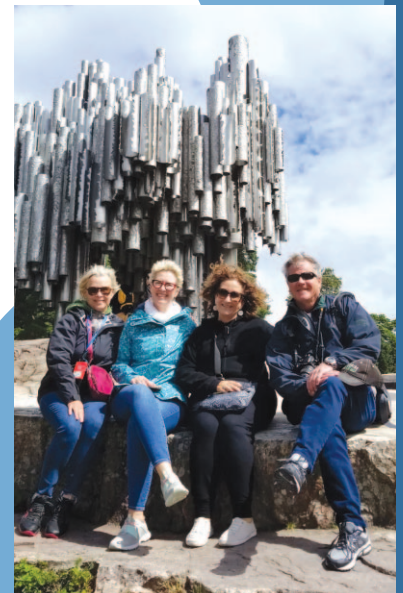
Dr. Dan Krochmal appearing very perplexed!



2024 Aesthetic Cruise Chairs— Drs. Tim Papadopoulos and Kristi Hustak.



Dr. Bahman Guyuron thanking the faculty for an outstanding job.



Cyndie Lund, Sue Dykema, Debi Toombs and Dr. Herluf Lund enjoying Sibelius Park in Helsinki Finland. The art sculpture "Passio Musicae" created by artist Eila Hiltunen is a kinetic, musical sculpture—600 steel tubes that capture the wind like a pipe organ.

We travel because we need to, because distance and difference are the secret tonic of creativity. When we get home, home is still the same, but something in our minds has changed, and that changes everything. —Jonah Lehrer



Architecture in Riga was phenomenal! These buildings told a story.



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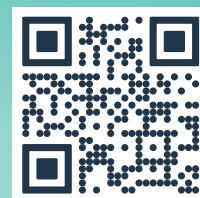
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Aesthetic Care Team... Here's a Podcast Just for You!



The Aesthetics Staff Bootcamp podcast is an educational podcast designed for newer staff to serve as a source of essential information about a variety of popular aesthetic procedures.

THE FIRST SEASON COVERS:

- Breast Augmentation
- Liposuction
- Rhinoplasty
- Abdominoplasty
- Injectables

This podcast is meant to be a helpful supplement to the surgeon's unique protocols.

Designed to benefit staff who are newer to the practice, the Aesthetics Staff Bootcamp podcast also serves as a refresher for established staff members. This information will be helpful for clinical and non-clinical staff as they actively engage and care for patients.

Dr. Regina Nouhan, a retired plastic surgeon with a long practice history, is your guide for this learning experience.

Each episode highlights five basic categories of information about the procedure.

These include:

- Definitions and medical terminology
- Surgical procedure and pertinent anatomy
- Consultation pearls
- Before & after care



SCAN OR CLICK BELOW TO LISTEN TO THE PODCASTS!



- Patient experience (including questions and complications)
...with other important information interspersed as needed.

The Information is organized in a user-friendly manner. You may find it's a lot to digest at one sitting, so revisit sections of each episode as often as necessary to meet your own personal needs.

AESTHETIC CARE TEAM AFFILIATE PROGRAM

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medical-professionals/aesthetic-care-team](http://www.theaestheticsociety.org/medical-professionals/aesthetic-care-team)

Statement on Patient Safety During Gluteal Fat Grafting

FROM THE AMERICAN SOCIETY OF PLASTIC SURGEONS (ASPS), THE AESTHETIC SOCIETY, THE PLASTIC SURGERY FOUNDATION (PSF), AND THE AESTHETIC SURGERY EDUCATION AND RESEARCH FOUNDATION (ASERF)



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President
The American Society of Plastic Surgeons



Jennifer Walden, MD, FACS
President
The Aesthetic Society
The American Society for Aesthetic Plastic Surgery



Bernard T. Lee, MD, MBA, MPH
President
The Plastic Surgery Foundation



Bruce W. Van Natta, MD
President
The Aesthetic Surgery Education and Research Foundation

BACKGROUND

Gluteal fat grafting, commonly known as “Brazilian Butt Lift” or BBL, has seen an increase in popularity in recent years. It is well-recognized that this procedure carries significant risk compared to other elective aesthetic surgical procedures^{1,2} and as a result, its increased popularity has resulted in deeply concerning levels of patient harm and mortality. While statistics are difficult to obtain, there is no question that gluteal fat grafting patients are experiencing abnormally high levels of complications and that fatalities from fat embolisms^{3,4} are occurring with disturbing frequency.

In 2018 and 2019, two multi-society safety advisories raised awareness of the risks associated with gluteal fat grafting and called on our members and the public to approach the procedure with extreme caution.^{5,6} Following those advisories, the Florida Board of Medicine mandated new standards of care for gluteal fat grafting that sought to reduce patient harm by requiring that fat be injected only into the subcutaneous space, above the gluteal fascia. Recently, Florida instituted additional emergency rules limiting gluteal fat grafting procedures to three per day and requiring the use of ultrasound to monitor the location of the tip of the cannula while fat is injected. Our Societies support these patient

safety measures and believe that they are likely to save lives and reduce morbidity. We hope that further scientific study will demonstrate that the measures adopted in Florida achieved their intended purpose, but we stand ready to do more and reconsider approaches if they do not.

Our Societies acknowledge and commend the significant actions taken to date in Florida.

POSITIONS ON GLUTEAL FAT GRAFTING

Given the national scope of this problem, the Executive Committees of our Societies have adopted several positions with respect to gluteal fat grafting as critical to the overarching pursuit of gluteal fat grafting safety.

1. Training, Credentialing and Privileging Standards.

Gluteal fat grafting, like any plastic surgery procedure, when performed in an office-based setting, should only be performed by surgeons who have privileges to perform that surgical procedure in a state-approved or licensed ambulatory surgery center or hospital.

2. Real-Time Ultrasound-Assisted Gluteal Fat Grafting.

Public policy interventions targeting surgical gluteal fat grafting techniques are appropriate given the patient safety emergency that

currently exists. Real-time imaging during gluteal injection is a common-sense step toward ensuring that surgeons are staying above the fascia of the gluteal muscles.^{7,8} Our Societies are committed to ensuring members are appropriately proficient in ultrasound technique and will work to develop best practice guidance and educational opportunities for members related to the safe provision of gluteal fat grafting. We support mandates by official governing regulatory bodies to require the use of ultrasound to ensure delivery of the fat graft in a safe anatomic plane.

3. Pre- and Postoperative Care and Oversight.

Surgeons should be actively engaged with their patients before surgery and establish a doctor-patient relationship. Surgeons should manage both standard post-operative care and be available to manage all complications for their patients. This should be the case whether the patient is local or has traveled to undergo the procedure. Surgeons who treat patients at a distance need comprehensive pre- and postoperative clinical care protocols and should be available to directly provide care or participate in managing post-op complications.

Continued on Page 17

Statement on Patient Safety During Gluteal Fat Grafting

Continued from Page 16

4. Ethical Facility Operations.

Business operations of some facilities performing gluteal fat grafting represent an area of serious concern. Untrained or under-trained surgeons or non-surgeon operative assistants should not perform critical portions of a gluteal fat grafting procedure. Member surgeons of our Societies should not practice in facilities that engage in this conduct and should follow the specialty's position statement on concurrent surgery.⁹ Business models that endanger patients in the pursuit of profits should not be tolerated, and our Societies support those practice models that truly prioritize patient safety and quality outcomes. Concerns over a high number of cases per surgeon/per day have been raised by certain states relative to safety.

FUTURE DIRECTIONS

There is a necessity to address this clear patient safety imperative for our specialty. Gluteal fat grafting deaths are occurring across medical settings, from poorly regulated strip mall clinics to accredited surgical centers.

Our Societies will proactively investigate the safety and efficacy of various clinical approaches and will educate and train members on those approaches that are most likely to improve the safety of our patients.

We, along with key stakeholders, will sponsor additional research and/or collection of real-world evidence to validate clinical approaches scientifically. At the same time, we will endeavor to shape public policy and support state and federal regulations until the safety outcomes of gluteal fat grafting are comparable to other elective aesthetic surgical procedures. We realize the importance of real-time data in these efforts and strongly encourage surgeons to enter their data in the GRAFT registry.

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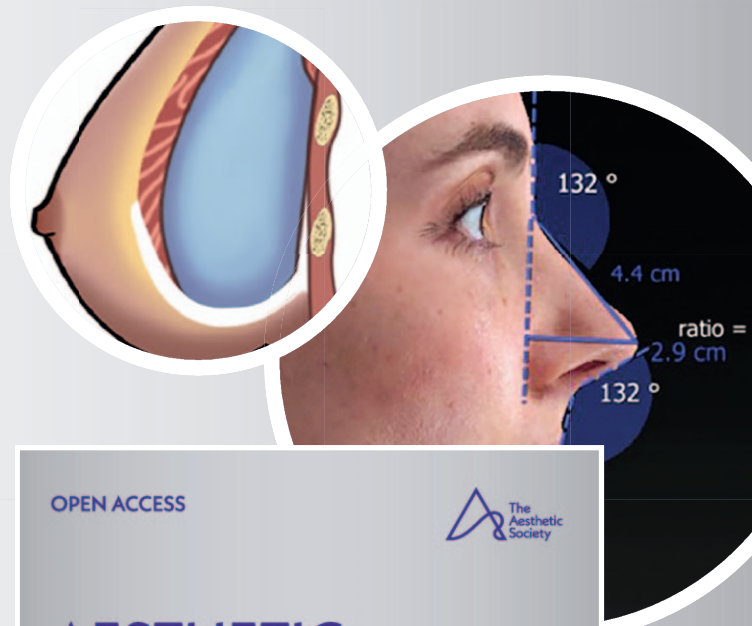
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Aesthetic Surgery Journal, Volume 18, Issue 6, November 1998, Pages 439–441, [https://doi.org/10.1016/S1090-820X\(98\)70073-1](https://doi.org/10.1016/S1090-820X(98)70073-1)

Published: 01 November 1998 [Article history](#)



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John G. Hunter, MD, MMM, FACS ✉ [Author Notes](#)

Aesthetic Surgery Journal, Volume 36, Issue 1, January 2016, Pages 71–79, <https://doi.org/10.1093/asj/sjv092>



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Nipple sensation changes	3.2%	5.9%	7.9%	5.5%	6.3%
Skin sensation changes	0.9%	1.0%	3.0%	3.9%	2.2%
Asymmetry	8.7%	16.9%	12.7%	11.5%	23.2%
Ptosis	2.0%	4.6%	5.5%	10.0%	4.9%
Infection requiring possible removal of implant	5.1%	5.1%	5.8%	2.9%	3.2%
Swelling	2.0%	1.5%	NR	1.4%	9.2%
Scarring	3.1%	4.1%	4.2%	2.0%	6.6%
Seroma	2.4%	3.6%	2.1%	2.6%	6.7%
Hematoma	0.9%	1.1%	2.8%	NR	2.1%
Tissue death of breast skin or nipple	0.4%	0.3%	0.9%	NR	2.3%
Inability to breast feed	8.0%	11.4%	1.6%	NR	30.0%
Implant removal	11.4%	39.0%	24.1%	25.9%	32.4%
Capsular contracture III/IV	8.8%	15.8%	36.9%	16.4%	28.7%
Rupture or leaking of the implant	2.5%	16.5%	43.9%	18.9%	35.4%
Wrinkling of the implant	2.4%	4.8%	7.0%	14.0%	10.2%
Visibility of the implant edges	1.0%	1.0%	NR	4.5%	6.7%
Implant malposition	5.5%	11.5%	6.7%	9.0%	13.3%
Reoperation	42.5%	56.7%	50.7%	59.7%	71.5%

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ASJ and ASJ Open Forum

Continued from Page 19

JOURNALS WIN 12 AWARDS

Our family of journals won 12 APEX awards this year, listed here. Congratulations to Editors in Chief Dr. Foad Nahai and Dr. Jeff Kenkel along with all the authors and winners. You've made us proud!

AWARDS OF EXCELLENCE—ASJ

- 1. COVID-19 MEDIA**—*Trends and Challenges of Telehealth in an Academic Institution: The Unforeseen Benefits of the COVID-19 Global Pandemic*—Christine E Wamsley, BA; Alan Kramer, MPH; Jeffrey M Kenkel, MD, FACS; Bardia Amirlak, MD, FACS

- 2. COVID-19 MEDIA**—*Can Outpatient Plastic Surgery Be Done Safely During a COVID-19 Surge? Results of a July 2020 Los Angeles Survey and Literature Review*—Steven Teitelbaum, MD, FACS; John Diaz, MD, FACS; Robert Singer, MD, FACS
- 3. Social Media/Special Purpose**—*#PlasticsTwitter: The Use of Twitter Data as a Tool for Evaluating Public Interest in Cosmetic Surgery Procedures*—Samuel A Cohen, BS; Jonathan D Tijerina, MD; Linus Amariakwa, BS; Clara Men, MD; Andrea L Kossler, MD, FACS

- 4. Campaigns, Programs & Plans/Health & Medical**—*ASJ GEMS (Global Educational Meetings): Brazilian Butt Lift: Current Safety Profile and Pearls for Plastic Surgeons*—Pat Pazmino, MD; Luis Rios, MD; Phaedra Cress, ASERF: Exclusive Supporter
- 5. Writing/Education & Training**—*A Practical Guide to Managing Patients with Systemic Symptoms and Breast Implants*—Patricia McGuire, MD; Daniel J Clauw, MD; Jason Hammer, MD; Melinda Haws, MD; William P Adams Jr, MD
- 6. Writing/How-to Writing**—*Seromas: How to Prevent and Treat Them—a 20 Year Experience*—David M Turer, MD, MS; Al Aly, MD
- 7. Writing/Editorial & Advocacy Writing (includes letters to the editor)**—*We Are the Champions: Caring for the Transgender*—Phaedra Cress
- 8. Writing/Diversity, Equity & Inclusion**—*Diversity on Journal Editorial Boards: Why It Is Important*—Foad Nahai, MD, FACS

GRAND AWARD—ASJ OPEN FORUM

- 1. Electronic Media**—*Breast Implant Illness: An Expert-Panel Discussion on Current Research*—Jeffrey M Kenkel, MD, FACS; Caroline Glicksman, MD, MSJ; Patricia McGuire, MD; Luis Rios, MD; William P Adams Jr., MD (ASERF: Exclusive Supporter)

AWARDS OF EXCELLENCE—ASJ OPEN FORUM

- 1. Electronic Media/Video Media**—*Double Loading of Breast Implants in Aesthetic and Reconstructive Plastic Surgery With the iNPLANT Funnel*—Paul Rosenberg, MD; Luis Rios, MD
- 2. Electronic Media/Video Media**—*Repair of Lower Eyelid Cicatricial Entropion With Midface Lift, Spacer Graft, and Drill-Hole Canthoplasty*—Mohammed S Alghoul, MD, FACS; Jonathan T Bricker, MD
- 3. Writing/Health & Medical Writing**—*The Combined Effect of Intravenous and Topical Tranexamic Acid in Liposuction: A Randomized Double-Blinded Controlled Trial*—Nicholas M Abboud, MD; Ayush K Kapila, MBBS, MD, MRCS; Sofie Abboud, Elie Yaacoub, MD; Marwan H Abboud, MD

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AESTHETIC SURGERY JOURNAL
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An Expert-Panel Discussion on Current Research**

Jeffrey M Kenkel, MD, FACS; Caroline Glicksman, MD, MSJ;
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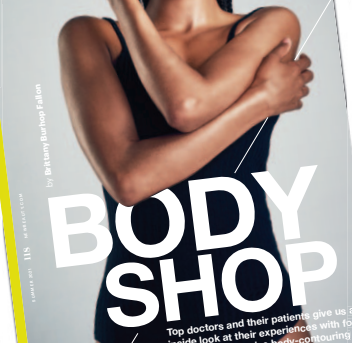
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Alert: Presidential Breast Implant Illness Advisory

This joint presidential advisory, originally sent August 15, 2022, is to alert you to the recent publication in *Aesthetic Surgery Journal* of Part Two of the largest ever ASERF-funded study evaluating the BII (Breast Implant Illness) phenomenon:

Heavy Metals in Breast Implant Capsules and Breast Tissue: Findings from the Systemic Symptoms in Women-Biospecimen Analysis Study: Part 2

Drs. Caroline Glicksman and Patricia McGuire are to be congratulated for leading this landmark, multidisciplinary study with contributions from pathologists, plastic surgeons, an immunologist, a toxicologist and a clinical psychologist. This second paper comes on the heels of the first Biospecimen Analysis Study which revealed that the type of capsulectomy: partial, complete or en bloc had no impact on the resolution of symptoms. In this second study, the authors demonstrated that all metals found were trace levels similar to what is typically found in all items foods, water et. More specifically any metals detected in implant capsules are well below safe levels of exposure and were also detected in the breast tissue of subjects without breast implants.

FINDINGS

In this study, the authors looked at tissue levels of a variety of heavy metals in 3 groups of patients:

1. Patients claiming to have symptoms caused by their implants (BII),
2. Patients who were having their implants removed or replaced and had no symptoms they attributed to their implants and
3. A control group of mastopexy patients who never had implants. The findings were very interesting in that none of the groups had any tissue or blood levels of heavy metals that exceeded EPA maximum acceptable internal exposure levels.

IMPACT OF THESE BII STUDIES

Prior research recommended en bloc capsulectomy for ALCL treatment only. Despite the lack of scientific support, social media groups and practitioner marketing campaigns began recommending exclusively en bloc capsulectomies for BII patients a practice noted as a social media phenomenon. The above ASERF studies now confirm that en bloc capsulectomies for BII patients provide symptom relief no better than

total or partial capsulectomies. This likely also includes no capsulectomy; however, in this ASERF study capsular biopsies were taken in all patients and deemed “partial capsulectomy.”

ETHICAL CONSIDERATIONS

Member surgeons are expected:

- To keep abreast of scientific knowledge (AMA Principles of Medical Ethics);
- To “only practice based upon a scientific basis” (The Aesthetic Society Code of Ethics, Section 1.02(b) and ASPS Code of Ethics, Preamble); and
- To advance “the art and science of plastic and reconstructive surgery.” (ASPS Code of Ethics, Section 1: General Principles III).

The recent studies demonstrate that promoting en bloc capsulectomy as the exclusive treatment for symptom relief for BII patients is not evidence-based and may well subject patients to needless morbidity and surgeons to needless liability. It appears a communication disconnect exists between the scientific literature and social media regarding treatment options for BII.

Glicksman and McGuire’s work helps to prevent ill-conceived social media and marketing efforts from redefining surgical nomenclature and misinforming the public. Physicians should be aware of these potential misconceptions to empathetically address patient concerns without placing profit over safety and evidence-based surgical care.

OUR RECOMMENDATIONS

Please read the studies and consider them carefully when treating BII patients. We commend and appreciate our ASERF researchers for their dedication to this very important topic. We all appreciate their hard work and commitment to patients through good science.

Sincerely,



Jennifer Walden, MD, FACS
President, The Aesthetic Society



Bruce W. Van Natta, MD
President, ASERF

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Aesthetic Society Tribute to Founding Member, Dr. Gil Gradinger, on His Passing

By Lorne Rosenfield, MD

With a heavy but full heart, these words are crafted with the passing of my partner, mentor, and friend, Gilbert Gradinger.

Throughout his exemplary career, Gil made numerous contributions and served many leadership roles within our specialty. He completed his plastic surgery residency at the University of California, San Francisco, in 1961. After serving two years as a plastic surgeon in the United States Air Force, Gil built a private practice in Burlingame, California from 1963 to 2000. But in his “retirement,” Gil went on to become a vital member of the faculty in the division of plastic surgery at the University of California San Francisco, creating and nurturing an enviable aesthetic surgery resident clinic.

In 1968, Gil was a founding member of The American Society for Aesthetic Plastic Surgery and became the president of our organization in 1979. In 1982, Gil was a Society Traveling Professor, which included speaking at Harvard University as the Kazanjian Lecturer. He was also very active within the American Board of Plastic Surgery and had the distinction of being one of only a handful of private practice surgeons to become its Chairman in 1994. His daunting command of the art and science of aesthetic surgery was demonstrated by his publications which covered the entire spectrum of aesthetic surgery. And to honor his stalwart commitment to our Society, he was bestowed the ASERF Career Achievement Award in 2015, a day he forever cherished.

But all these notable accolades and accomplishments do not fully inform one of the Gil that many of his colleagues and I were lucky enough to have experienced.

As my mentor, partner, and friend, Gil’s noble persona, disarming smile, balletic hands, daunting stature, and wondrous wit—if experienced—over many years and often, all at once—makes any thought that someone so much larger than life could ever be felled? Because Gil was just that: a great oak tree of a man—always graceful, faithfully strong, and unfailingly protective. And I was blessed to have sat under his tutelage in the operating room, to learn true finesse and alacrity, to have sat in the exam room, to witness profound grace and compassion, and to have sat in the lecture hall, to relish daunting insight and honesty.



Past Presidents 2013—Back Row: Drs. Felmont Eaves, Jeffrey Kenkel, Peter Fodor, Gustavo Colon, Fritz Barton, Dan Morello, Malcolm Paul, Robert Singer, Larry Robbins, Foad Nahai, Alan Gold, Robert Bernard, Mark Jewell, and Renato Saltz. Front Row: Drs. Sherrell Aston, Norman Cole, Gil Gradinger, Jack Fisher, Leo McCafferty, Stanley Klatsky, Jack Friedland, and Frank DiSpaltro.



To wit, after we both signed our names to seal the deal on our partnership agreement, he commanded that we put down our two pens and pick up two Dewars instead, and he toasted the event thus: “Now that we’re done with the business, let’s get back to being surgeons and have fun in the operating room!” And indeed, we did...every day...and we never had another business meeting!

For those who did not know Gil as well, he sounds too good to be true. In fact, when I first joined Gil in practice and by proxy, his beautiful wife Sally, my wife Gina and I were both frankly taken aback by—one could even say suspicious of—their almost preternatural grace and kindness. So, we waited for—as they say—the “other shoe to drop” ...and we waited, and we waited...Instead, we continued to bask in their kindness, respect, and love.

I think an illustrative anecdote or two, punctuated by classic epigrammatic “Gilisms” would help complete my feeble attempt at defining someone as ineffable as Gil:

The challenging case: I once had my young (at the time) son Michael accompany me to Gil’s home as I sought his advice and counsel about a challenging case involving the repair of an aesthetically sensitive wound on a young woman’s face. Gil scanned the picture of the patient—for what seemed no more than a nanosecond—stood up just as quickly and intoned: “Just give me a minute—and allow me to find your answer in my library.” Then when Gil had left the room and was out of earshot, Michael whispered, in his annoyingly precocious lilt: “Why do you still have to ask Gil how to close this wound? You’ve been in practice for a million years! Don’t you know how to do this surgery by now?” I explained to Michael—as I have, ever since, to every plastic surgery resident: “No matter how good you think you may be in your chosen field, always respect and seek the advice of your elders. So, let’s sit back and watch what happens next.” And just as the last word of that admonition left my lips, Gil returned with a dusty CD case in hand containing a lecture he had given at a California Society meeting many a decade ago. My son, despite my words, rolled his eyes as Gil popped this antediluvian piece of technology into the computer. And out popped—as per usual—an annoyingly brilliant solution. But in the same technological vein, I exclaimed with some urgency in my voice, “Gil, what the heck else is in your head? Because we need to

Continued on Page 27

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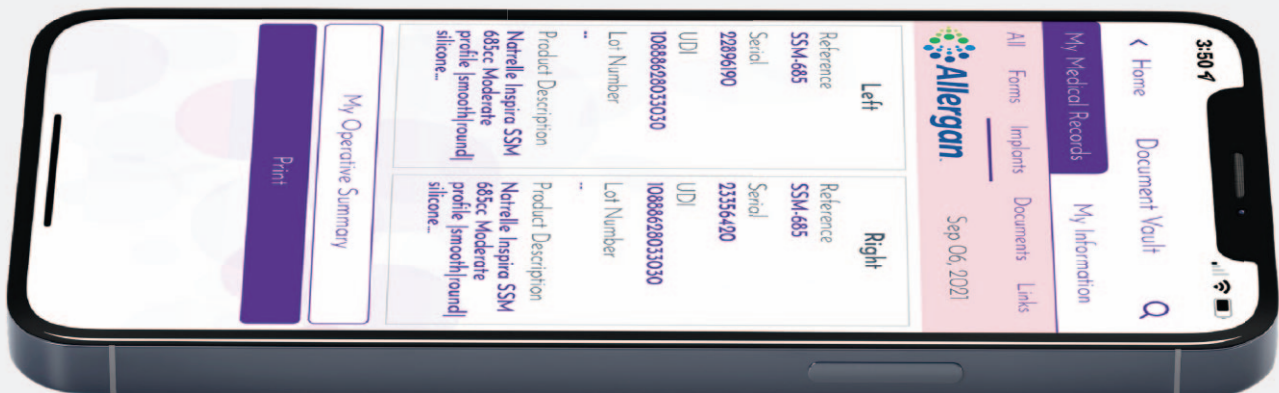
physicians saving time by ditching papers forms and faxes

20K+

implants registered with manufactures resulting invaluable research data for the FDA

11K+

patients given permanent access to their implant details





The Aesthetic One App

By Nolan Karp, MD

CHANGING THE GAME WHEN IT COMES TO IMPLANT REGISTRATION AND DATA COLLECTION

Aesthetic One participants have registered over 20,000 breast implants! We would like to thank the 550+ physicians using the app who have contributed to this milestone! Their contributions have helped empower thousands of patients with permanent access to vital information about their device.

OUR “WHY”

Aesthetic One was developed to address the concerns around device tracking and long-term implant safety. The FDA hearing in 2019 highlighted the need for better long-term implant safety data as physicians, regulators, patients, and the media examined the incidence and impact of BII and BIA-ALCL. The need for better implant tracking and data access for patients was further highlighted during the Allergan Biocell recall in 2019. As industry was trying to reach impacted patients, it was revealed that tens of thousands of implants were never properly registered, and many patients had no idea what type of implant they had. It was clear that it was time for a digital solution that would address all of these concerns.

HOW WE DEVELOPED IT.

The Aesthetic One development team worked directly with high-volume implant physicians to develop an app that not only addresses concerns about device tracking and patient safety but also simplifies the registration process for the physicians and staff. During focus groups and development meetings, physicians expressed that existing registries are time-consuming, hard to access and fail to empower patients with details of their implants and surgical procedure. It was important to ensure that we were not just creating another time consuming registry. The team also needed to create a platform that would save the office time and improve data

Register today and help us reach our next milestone using the QR code below



storage and access for the practice. Aesthetic One is a quick and easy digital implant registration option that replaces antiquated triplicate forms and faxes with a digital solution available on any device.

WHO IT EMPOWERS.

All implants registered with the Aesthetic One app are stored in a digital library permanently accessible to both the physician and patient, empowering both with on-demand access to critical data.

It's not uncommon for a patient needing a revision or replacement to go to a new physician due to a move, retirement, or other life events. Patients frequently have little information on their prior procedures, and for their new physicians, it's a guessing game when it comes to their existing implant manufacturer, fill, shell, size, or pocket location. Aesthetic One bridges the information gap by creating a nationwide network of empowered patients who are able to provide any physician involved in their care with implant details and an operative summary. Patients who barely remember a world without smartphones shouldn't be tasked with keeping a wallet size card with critical information on their implant. Aesthetic One creates permanent records that are easily accessed for the life of the patient.

All implants registered with the Aesthetic One app are stored in a digital library permanently accessible to both the physician and patient, empowering both with on-demand access to critical data.

Aesthetic Society Tribute to Dr. Gil Gradinger on His Passing

Continued from Page 25

download it all!” And over the subsequent years—and until the very end—we did indeed do just that!

This experience led me to formulate one of my enduring surgical adages about experts and their expertise vs. researchers and their published results—And I quote—myself: “If I ever have a choice between a prospective, double-blind study and Gil, I will take Gil’s advice over any paper...any day!”

The complicated case: For several painstaking hours, we had worked and reworked a difficult repair of a patient—akin to a tailor incessantly pinning and unpinning a dress. But at the end of the case, when most mortal surgeons might have employed a few choice words to reflect their raw feelings, Gil removed his mask and stated—with the aplomb of a seasoned stand-up comic—“Well, that surgery was hardly any trouble at all!”

The arduous case: I had just completed—with not a little sweat on my brow—a very challenging rhinoplasty. I gladly tore off my mask and made a beeline for Gil’s office. After hearing my tales of woe and worry, Gil paused, looked me in the eye, and intoned like a burning bush in the desert: “Lorne, stop worrying I’ve been practicing aesthetic surgery for over 35 years, and I’m still trying to figure it out!”

The successful case: After introducing Gil—purposefully, I confess—to one of my post-op patients with a particularly good result, Gil simultaneously scanned the patient and declared for all to hear: “Your result, Ma’am, looks so good, I only wish I had done your surgery myself!”

I know I am speaking for all who were lucky enough to have known and experienced Gil when I reflect that we are better surgeons, better teachers, better people because of it. Gil remains a gift in one’s heart and mind that will never stop giving; a long life—well-lived—an inimitable legacy—well-earned—an immutable influence sure to be well-remembered.

Is your team on tilt? 3 ways a payment solution can help.

A frictionless payment experience can improve the patient experience while helping you and your busy team ease stress by giving you back time in your day.



With a tight job market and high consumer demand for plastic surgery, time at your practice is undoubtedly at a premium. While more scheduled procedures can be great for your practice, an overloaded schedule

can take a toll as you and your staff race to keep up. How to cope?

One way is to help make the payment process easier for your patients and your team with the CareCredit health, wellness and personal care credit card.

Check out these three ways the CareCredit payment experience can help when your practice schedule seems overwhelming.

1. Make payment info easy to find.

Before patients arrive for an appointment, they're already thinking about how to pay for care. In fact, consumers spend more time researching payment information than the actual provider.¹

Give patients the information they're looking for with CareCredit's ready-to-use digital tools, including buttons, banners and a Payment Calculator.

These resources make it simple for you to include financing on your website, in emails and on social media. With accessible details about your payment solution upfront, patients can prepare before their appointment and your staff can spend less time explaining options.

2. Simplify team training.

Financial discussions with patients may be uncomfortable, especially if your staff feels unprepared. Get your team up to speed quickly by providing sample scripts from CareCredit to help guide their financial conversations. The scripts include tips and examples specific to cosmetic surgery on how to handle cost conversations and address patient concerns about financing. This helps save time training team members, even if they're new to your practice.

The conversation guides are free for enrolled CareCredit providers. Download them by visiting carecredit.com/providercenter/resourcescenter/cosmetic.

More time with patients



When you spend less time dealing with payments, it frees you and your staff up to spend more time with patients. This can result in greater patient loyalty as they feel more cared for. They may even move forward with additional recommended procedures as a result.

3. Streamline payment.

Reduce paperwork and processing time for your team by giving patients a way to pay on their own mobile device. CareCredit's all-inclusive digital payment experience lets patients click a custom link or scan a QR code to learn about financing, see if they prequalify (no impact to their credit bureau score), apply and pay.*

80% of consumers conduct research on payment information.¹



When selecting a provider, **49% of consumers** report it's important the provider accepts contactless, digital payment.¹

This digital payment option means they can pay* for your high-quality care in seconds.

Key takeaway.

By implementing these three ideas, you can help ease the burden (and reap the rewards) of a busy schedule. Best yet, it all leads to helping patients get the aesthetic care they want or need.

Join the CareCredit network today.

Visit carecredit.com/asn or call 855-860-9001.

Already enrolled?

Visit carecredit.com/providercenter to access exclusive tools and resources.



¹ CareCredit Path to Care, Cosmetic Care Findings, conducted by Chadwick Martin Bailey on behalf of CareCredit, October 2021.

* Subject to credit approval. See carecredit.com for details.

This insert was independently produced by CareCredit. *Aesthetic Society News* had no part in its production. The views expressed here do not necessarily reflect those of the editor, editorial board, or the publisher.



← Your artwork here!

Submit Your Artwork for *ASN*'s Next Cover!

Aesthetic Society members,

we invite you to submit a photo of

your **original art** to hello@theaestheticsociety.org. One of our

four brand pillars is artistry, so we want to **showcase** your work.

After all, many of our members are artists, not only on, but off the operating table.

In years past, we adorned the cover of *Aesthetic Surgery Journal* with

member-submitted artwork. Now is a perfect time to return to that tradition, but for the cover of this publication, ***Aesthetic Society News***.

So please, show us what you've got;
we would love to feature your creations!



Have You Mistakenly Unsubscribed from Aesthetic Society Emails?

The Aesthetic Society has recently become aware that some members and colleagues have mistakenly clicked “Unsubscribe” on our emails, which removes a person entirely from all Aesthetic Society email communication. Typically, a person may think that they are unsubscribing from only that particular symposium promotion, for example, but in

reality they are unsubscribing from all Society emails. The Aesthetic Society makes every effort to ensure that the emails we send are relevant to you, with important Society information, educational opportunities, and member offerings. Please be assured that we never loan or sell our email lists.

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

Thanks to You—We Are on Our Way!



Join the AMA

www.ama-assn.org

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

When politicians debate legislation impacting the practice of medicine, they seek input from a trusted source—typically the AMA. Since we have regained our delegate representation, we now have a voice and will be present to advocate for our patients or specialty when legislation is being debated.

**THANK YOU FOR HELPING US
REGAIN OUR SEAT AT THE TABLE!**

These companies GO BEYOND with us...

The Aesthetic Society's Industry Partnership Program



**Allergan
Aesthetics**
an AbbVie company



GALDERMA
EST. 1981



MERZ AESTHETICS™



NEWBEAUTY

sientra.

Founding Premier Partner: Sientra



Senté

SKINUVA®



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

FASHIONISTA

As Aesthetic Tastes Change, Cosmetic Surgery Reversals Are Trending

Plastic surgeons hope the recent wave of reversals serves as a cautionary tale for future generations.

Excerpt: As with the BBL, a hike in breast implant removals doesn't necessarily signal that boob jobs are on the decline. There's a similar yin-yang dynamic occurring in this realm. To wit, there were 364,753 breast augmentations performed in 2021, according to The Aesthetic Society. During that same period, 147,684 women had their implants removed and replaced (up 32% from 2020) and 71,284 had their implants removed but not replaced (a 47% jump).

FORBES

Revance Shares Jump 18% After FDA Approves Botox Rival Daxxify

Excerpt: Shares of Revance Therapeutics surged 18% Thursday after the company announced the Food and Drug Administration had approved Daxxify, a facial injection drug

that Revance hopes will challenge Botox's long domination of the aesthetics market. More than \$14.6 billion. That's how much the U.S. aesthetics procedures market was worth in 2021, according to the Aesthetic Society, a group of professional plastic surgeons.

INSIDER

Software engineers from big tech firms like Google, Amazon, Microsoft, and Meta are paying at least \$75,000 to get 3 inches taller, a leg-lengthening surgeon says.

Excerpt: The stigma around plastic surgery for men has begun to fall away in recent years. Cosmetic procedures performed on men went up 325% from 1997 to 2015, according to the American Society for Aesthetic Plastic Surgery. And within Silicon Valley, plastic surgery has increasingly become a way for male tech workers to reach their physical goals in recent years.

NEWBEAUTY

Florida Sets Limit For Plastic Surgeons Who Perform BBLs to Three Surgeries a Day

Excerpt: According to NBC6 in South Florida, the board ruled to limit the number of BBLs a surgeon can perform each day to avoid fatigue, which some surgeons have advocated for in an effort to reduce risk. BBL risks include fat embolism which can occur when the fat used to reshape the butt enters the bloodstream. Louisville, KY plastic surgeon M. Bradley Calobrace, MD says the ruling is a good step forward in addressing this concern. "I think this action is very appropriate as our role as plastic surgeons is to provide treatments, but err on the side of safety. We can't put our head in the sand. It is right to look at those things surgeons can do to minimize risks while still being able to provide the benefit. Deaths have occurred from BBLs and something must change if we want to continue to provide these treatments.



This tireless group participated in the August 25–27 Executive Retreat in San Antonio, Texas. Combining fun and hard work, equals great results and a bright future for both The Society and Foundation!

Another Successful Executive Retreat in the Books!

La Cantera Resort & Spa was the site of the 2023 Executive Retreat. *Minding Your Business* once again led a lively discussion with board members, Premier Partners, and

invited guests. This year's focus was on membership pipeline and the future of The Society's technology.

The weekend's highlight was the team

building event where six teams built boats and raced them across the large resort pool.

Happy to note that no captains were drowned in the process!



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.

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.



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 for more information on Galatea scaffolds as well as indications for use, safety considerations and reference documents.



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 to sign up for updates.

GALDERMA

EST. 1981

Galderma is the world's largest independent dermatology company, present in approximately 100 countries. Since our inception in 1981, we have been driven by a complete dedication to dermatology. We deliver an innovative, science-based portfolio of sophisticated brands and services across Aesthetics, Consumer Care and Prescription Medicine. Focused on the needs of consumers and patients, we work in partnership with healthcare professionals to ensure superior outcomes. Because we understand that the skin we're in shapes our life stories, we are advancing dermatology for every skin story. For more information: www.galderma.com/us



For more than 30 years, Mentor has been trusted and respected by surgeons and their patients, with over eight million women worldwide choosing Mentor® Breast Implants for their breast augmentation and breast reconstruction journeys. Introducing the latest innovation in the MENTOR® MemoryGel® Breast Implant Portfolio! MENTOR® MemoryGel BOOST™ Breast Implant provides the natural feel patients desire with increased form stability to shape the breast.

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!

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 Premier Partner

Establishment Labs is a global medical technology company dedicated to improving women's health through FemTech solutions, with an initial focus on breast health, reconstruction and wellness. The company offers a number of technologies marketed under its Motiva® brand. Over 2 million Motiva Implants® have been delivered to market in more than 80 countries since 2010. The company recently released two-year interim data from its Motiva Core pivotal study, an ongoing US clinical trial of investigational medical devices under an FDA-approved Investigational Device Exemption (IDE). While no conclusions should be drawn based on interim data, preliminary clinical results are encouraging.



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, LipoGrafter 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.

sientra.

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.



The CareCredit health, wellness and beauty credit card dedicated to helping millions of patients get the care they want or need by offering promotional financing options. Now accepted at more than 260,000 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 or skin care products 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 or call 855-860-9001.

*Subject to credit approval. Minimum monthly payments required.



◆ CosmetAssure is a proud Alliance Partner of the Aesthetic Society, and our coverage is an exclusive benefit to member surgeons. Developed in 2003, to help patients reduce or eliminate out-of-pocket medical expenses related to treating a complication following aesthetic surgery. Our coverage converts consults into clients and is an excellent way to distinguish your practice from competitors.

To learn more or become a participating surgeon, contact us today at 855.874.1230 or 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.cynosure.com/myellevate/.



New Alliance Partner

◆ PatientFi is the friendly way to pay over time for aesthetic procedures and treatments. By removing the cost barrier, patients can pay for procedures on a friendly monthly plan. PatientFi offers zero-interest promotional financing and fixed-rate options with APRs as low as 6.99%. As part of PatientFi's Alliance Partnership with The Aesthetic Society, we offer *exclusive special pricing* to all members—which means significant savings on financing fees for your practice and in turn, helps more patients afford the treatments they desire. To learn more visit patientfi.com or call 949-441-5484.



◆ 3M is dedicated to leveraging our differentiated technologies into effective solutions that improve health care outcomes and economics for providers and patients.

3M is proud to showcase 3M™ Prevena™ Therapy, the FIRST medical device cleared to aid in reducing the incidence of seroma and superficial surgical site infections in Class I and Class II wounds for high-risk patients*.

We are pleased to offer you a complimentary e-book: https://engage.3m.com/Spears_Breast_Surgery

**The effectiveness of Prevena Therapy in reducing the incidence of SSIs and seroma in all surgical procedures and populations has not been demonstrated. For limitations and safety information regarding Prevena Therapy, please refer to 3M.com.*



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 to learn how Juven can help your patients. 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 Opol™ Relational Commerce Platform.

Senté

◆ Senté announces the launch of *Cysteamine HSA Pigment & Tone Corrector* to safely and effectively target pigmentation in all skin tones.

This product brings together two powerful, proven technologies – Senté patented Heparan Sulfate Analog (HSA) to control inflammation that fuels hyperpigmentation, along with Cysteamine HCl, to restore a visibly even complexion to all skin tones without risk of excessive lightening. The hydroquinone-free formula is safe for long-term use and gentle enough for all skin types including dry or sensitive skin.

In a randomized, double-blind clinical trial of 35 subjects with moderate to severe hyperpigmentation, *Senté Cysteamine HSA Pigment & Tone Corrector* demonstrated a 71% overall reduction in dark spots, while 94% of subjects showed improvement in hyperpigmentation at 16 weeks.

For more information regarding this new innovation from Senté, or to become a Senté partner, contact us at info@sentelabs.com.

Thank you!

SKINUVA®

New Alliance Partner

◆ Skinuva is a physician developed, solutions driven, and clinically supported line of products that was developed to provide physicians the most advanced products for their patients. Skinuva products are currently sold in physician's offices *across the US and globally* and are recommended as their #1 scar product (*Skinuva Scar*) and skin brightening product (*Skinuva Brite*). 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. The newest product in the Skinuva line, Skinuva Bruise, is a pharmaceutical grade, post recovery homeopathic supplement that helps reduce bruising, swelling, and pain from surgeries, cosmetic procedures, and injuries. For more information, please visit www.skinuva.com.



Since its creation by a plastic surgeon with an adjoining medical spa, Symplast EHR has focused on mobile technology that changes the way providers present their services and the way that patients manage their health care. Using cutting-edge cloud technology, Symplast's tools are available on computers, tablets, and smartphones, creating a necessary work-life balance for doctors as they access the clinical, financial, and operational data of their business at any time, from any place. We support clients by presenting them with their data, enabling their practice to make informed decisions and provide smarter care. Empowering both practice and patient to know, manage, and engage with one another, Symplast is disrupting the aesthetic industry and transforming the way healthcare is delivered. Our mission is to continue to provide intuitive and innovative tools and solutions that will adapt to meet the ever-changing landscape of healthcare and the needs of today's aesthetic patient. Symplast knows that your workflows become their patient experience.

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

Contact

Jackie Nunn at jackie@theaestheticsociety.org

for more information

about partnership

opportunities.



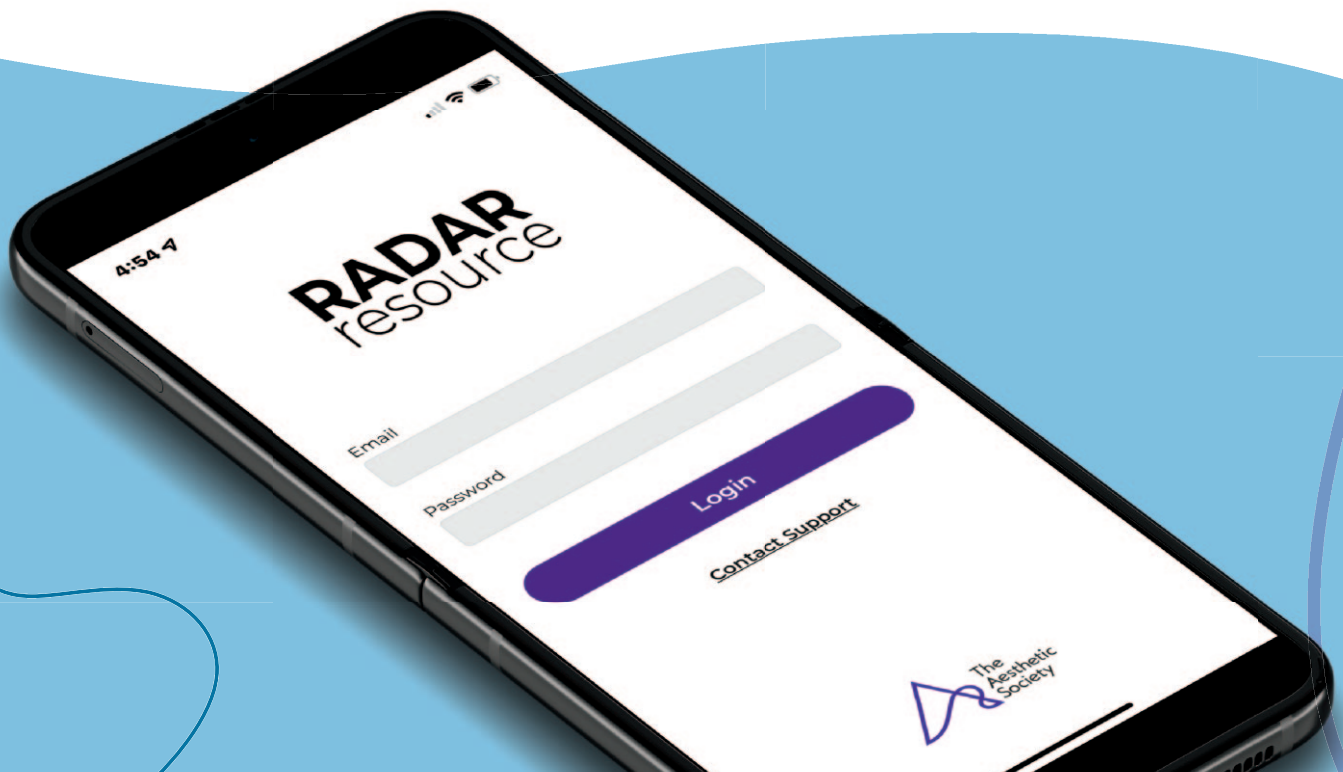
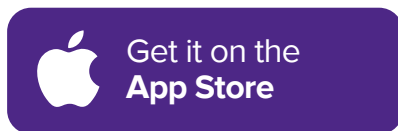
New Products to Check Out!

Special Offers for
Aesthetic Society Members

Introducing the **NEW RADAR**

We've taken RADAR to the next level with a new mobile app – offering all the content you love right at your fingertips. Enjoy a fresh design and enhanced features across all platforms! Access to your favorite content is just a few taps away.

Download the iOS or Android app(s) by searching “RADAR Resource” in the store.



Industry Partners Support The Aesthetic Society's Mission

The 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. 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 Alliance Partner Abbott for their continued support.

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



THE ROLE OF NUTRITION TO OPTIMIZE SURGICAL HEALING

Beth Besecker, MD, MBA and Herluf Lund, Jr., MD, FACS

I sat down with Dr. Herluf Lund, to discuss the impact of nutrition on surgical healing. Dr. Lund is a board-certified plastic surgeon and past president of The Aesthetic Society. He comments, *"As a surgeon, I think it important to recognize surgery places significant physiologic stress on the body including increased metabolic activity and catabolism which can lead to elevated energy and amino acid needs. If the patients' needs are not met, nutrient deficiencies and loss of lean body mass may occur. Both can result in impaired wound healing, including surgical incisions, and increased risk for infection. The risk for post-surgical healing complications increases in patients who are obese, malnourished, older, or who have diabetes. Therefore, in my practice, I find it is important to screen for and manage any modifiable risk factors to optimize the patient's response to the stress of surgery and for improving outcomes. Proper nutrition and hydration are two of the most important modifiable factors to consider in any patient needing to heal a wound or surgical site incision."*

When providers think about nutrition in the context of wound healing, there are some specific nutrients identified as key in this process which include: arginine, glutamine, collagen, HMB, and micronutrients such as Vitamin C. Arginine and Glutamine may become depleted during times of increased stress and hypermetabolism and thus are considered conditionally essential amino acids. Arginine is a precursor of Nitric Oxide (NO) which plays a role in vasodilation and increased blood flow to the wound and has antimicrobial affects. Glutamine provides energy to rapidly proliferating cells and helps support the immune system. Collagen and Vitamin C helps support the building of new collagen during times of tissue repair and HMB, a metabolite of leucine, has been shown to slow protein breakdown and enhance protein synthesis.

Juven is a therapeutic nutrition powder with a unique blend of arginine, glutamine, collagen protein, HMB, and micronutrients that helps support the wound healing process. Juven supplements these key nutrients which may not be consumed in adequate quantities from the diet alone, particularly during times of stress such as recovery from surgery. When taken twice a day, Juven has been clinically shown to support wound healing by enhancing collagen formation in as little as 2 weeks.*¹²

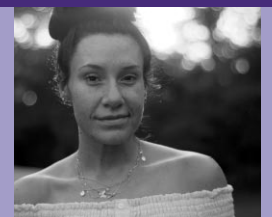
*Studied in healthy elderly and patients with diabetic foot ulcers; collagen measured by hydroxyproline levels

1. Jones MS, Rivera M, Puccinelli CL, Wang MY, Williams SJ, Barber AE. Targeted Amino Acid Supplementation in Diabetic Foot Wounds: pilot data and a review of the literature. *Surg Infect (Larchmt)*. 2014;15(6):708-712.
2. Williams JZ, Abumrad N, and Barbul A. Effect of a specialized amino acid mixture on human collagen deposition. *Annals of Surgery*, 2002;236(3):369-374.

Catch up on all episodes of our docuseries

BEYOND THE BEFORE & AFTER

featuring your patients!



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Apply for Active Membership

Application deadline is
January 5, 2023



Membership FAQs

What 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 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.

For additional information/questions, please contact our Senior Membership Manager, Marissa Simpson via email 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 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 organization in order to become an Aesthetic Society member. As long as you meet our requirements, you can apply for membership today!

Myth: One must document a minimum count of aesthetic cases to apply.

Fact: While applicants are asked to complete a case log questionnaire, there is no case minimum. Many applicants also perform reconstructive surgery. One's practice does not need to be 100% aesthetic to apply and be accepted into membership.

ONLINE APPLICATION

Complete your application from start to finish 100% online
theaestheticsociety.org/membership

Qwo[®]
collagenase clostridium
histolyticum - aaes injection
0.92mg

Together, we can help change the way you treat cellulite

Butt First, start talking to your patients about Qwo[®]

Get to know how the first and only FDA-approved injectable for moderate to severe cellulite in the buttocks of adult women could be a game changer for your practice.



Visit qwo-hcp.com to find out how to start helping your patients put their butts first.

ACTOR PORTRAYAL

INDICATION

Qwo[®] is indicated for the treatment of moderate to severe cellulite in the buttocks of adult women.

IMPORTANT SAFETY INFORMATION FOR QWO CONTRAINDICATIONS

QWO is contraindicated in patients with a history of hypersensitivity to collagenase or to any of the excipients or the presence of infection at the injection sites.

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions

Serious hypersensitivity reactions including anaphylaxis have been reported with the use of collagenase clostridium histolyticum. If such a reaction occurs, further injection of QWO should be discontinued and appropriate medical therapy immediately instituted. Advise patients to seek immediate medical attention if they experience any symptoms of serious hypersensitivity reactions.

Injection Site Bruising

In clinical trials, 84% of subjects treated with QWO experienced injection site bruising. Subjects with coagulation disorders or using anticoagulant or antiplatelet medications (except those taking ≤ 150 mg aspirin daily) were excluded from participating in Trials 1 and 2.

QWO should be used with caution in patients with bleeding abnormalities or who are currently being treated with antiplatelet (except those taking ≤ 150 mg aspirin daily) or anticoagulant therapy.

Substitution of Collagenase Products

QWO must not be substituted with other injectable collagenase products.
QWO is not intended for the treatment of Peyronie's Disease or Dupuytren's Contracture.

ADVERSE REACTIONS

In clinical trials, the most commonly reported adverse reactions in patients treated with QWO with an incidence $\geq 10\%$ were at the injection site: bruising, pain, nodule and pruritus.

Please see Brief Summary of Full Prescribing Information on the following page.

QWO™ (collagenase clostridium histolyticum-aes) for injection, for subcutaneous use

Brief Summary

For complete information, see the full Prescribing Information

INDICATIONS AND USAGE

QWO is indicated for the treatment of moderate to severe cellulite in the buttocks of adult women.

CONTRAINDICATIONS

QWO is contraindicated in:

- patients with a history of hypersensitivity to collagenase or to any of the excipients [see *Warnings and Precautions*].
- the presence of infection at the injection sites.

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions

Serious hypersensitivity reactions including anaphylaxis have been reported with the use of collagenase clostridium histolyticum. If such a reaction occurs, further injection of QWO should be discontinued and appropriate medical therapy immediately instituted.

Injection Site Bruising

In clinical trials, 84% of subjects treated with QWO experienced injection site bruising [see *Adverse Reactions*]. Subjects with coagulation disorders or using anticoagulant or antiplatelet medications (except those taking \leq 150 mg aspirin daily) were excluded from participating in Trials 1 and 2.

QWO should be used with caution in patients with bleeding abnormalities or who are currently being treated with antiplatelet (except those taking \leq 150 mg aspirin daily) or anticoagulant therapy.

Substitution of Collagenase Products

QWO must not be substituted with other injectable collagenase products. QWO is not intended for the treatment of Peyronie's Disease or Dupuytren's Contracture

ADVERSE REACTIONS

The following adverse reactions to QWO for injection are discussed in greater detail in other sections of the labeling:

- Hypersensitivity [see *Contraindications and Warnings and Precautions*].
- Injection Site Bruising [see *Warnings and Precautions*].

Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, the adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice.

In two double-blind, placebo-controlled clinical trials (Trials 1 and 2) of identical design, 424 female subjects with cellulite in the buttocks received QWO and 419 female subjects with cellulite received placebo. Enrolled subjects were adults age 18 to 78 years with moderate to severe cellulite (graded as 3 or 4 on a 0 to 4 scale) and without excessive skin laxity. The majority were White (78%) or African American (18%). Subjects completed up to 3 treatment visits separated by 21 days and were followed for up to 6 months after the last treatment visit in a separate open-label extension trial (Trial 3).

The following table shows the incidence of adverse reactions that were reported in \geq 1% of subjects who received QWO-and at a frequency greater than subjects who received placebo in Trials 1 and 2 through Day 71. Generally, adverse reactions had a duration of less than 21 days.

Adverse Reactions Occurring in \geq 1% of Subjects in Trials 1 and 2 Through Day 71

Adverse Reactions at Injection Site	QWO N=424 %	Placebo N=419 %
Bruising	84	21
Pain	48	10
Nodule	33	1
Pruritus	15	1
Erythema	9	5
Discoloration	8	1
Swelling	8	1
Warmth	3	0

Pooled terms:

- Bruising - injection site bruising, injection site hematoma, and injection site hemorrhage (refers to verbatim term injection site ecchymosis)
- Pain - injection site pain, injection site discomfort, and injection site dysesthesia
- Swelling - injection site swelling, injection site edema, injection site induration
- Discoloration - injection site discoloration
- Nodule- injection site mass and injection site nodule

Four hundred seventy-nine (479) subjects from Trials 1 and 2 completed a 6-month observation phase in the ongoing open-label safety extension (Trial 3). No long-term safety signals have been identified.

Immunogenicity

As with all therapeutic proteins, there is potential for immunogenicity. The detection of antibody formation is highly dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody (including neutralizing antibody) positivity in an assay may be influenced by several factors including assay methodology, sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies in the studies described below with the incidence of antibodies in other studies or to other products, including other collagenase clostridium histolyticum products, may be misleading. By Day 22, approximately 53% (203/383) and 26% (101/383) of subjects who completed the first treatment visit of QWO at the recommended dose in Trials 1 and 2 developed anti-AUX-I and anti-AUX-II antibodies, respectively. The majority (> 96%) of subjects developed antibodies for AUX-I and AUX-II after second and third treatment visits. Antibody titers suggested that antibodies were retained for up to 360 days after receiving the first recommended dose. By Day 71, approximately 68% and 83% of subjects developed antibodies to AUX-I and AUX-II which were classified as neutralizing, respectively.

Antibodies to AUX-I and AUX-II including those classified as neutralizing were not associated with changes in clinical response or adverse reactions at injection site.

Postmarketing Experience

Because adverse reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure. The following adverse reaction was reported during post approval use of a collagenase product:

Immune system disorders: serious hypersensitivity reactions including anaphylaxis [see *Warnings and Precautions*].

USE IN SPECIFIC POPULATIONS

Pregnancy

Risk Summary

There are no available data on collagenase clostridium histolyticum use in pregnant women to evaluate for a drug-associated risk of major birth defects, miscarriage or adverse maternal or fetal outcomes. Following subcutaneous injection, the systemic concentrations for QWO were below the bioanalytical assay limit of quantification [see *Clinical Pharmacology in the full Prescribing Information*].

In animal reproduction studies, intravenous administration of collagenase clostridium histolyticum to pregnant rats during organogenesis at doses up to 0.13 mg/rat (43 \times human equivalent dose [HED] on a mg/kg basis) revealed no evidence of harm to the fetus.

The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the US general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2-4% and 15-20%, respectively.

Lactation

Risk Summary

There are no data on the presence of collagenase clostridium histolyticum in human milk, the effects of collagenase clostridium histolyticum on the breastfed child or on milk production. Following subcutaneous injection, the systemic concentrations for QWO were below the bioanalytical assay limit of quantification [see *Clinical Pharmacology in the full Prescribing Information*]. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for collagenase clostridium histolyticum and any potential adverse effects on the breastfed child from collagenase clostridium histolyticum, or from the underlying maternal condition.

Pediatric Use

The safety and effectiveness of QWO have not been established in pediatric patients.

Geriatric Use

In two double-blind, placebo-controlled, clinical trials in subjects with cellulite (Trials 1 and 2), 24 (5.7%) of the 424 subjects who received QWO were 65 years of age or older. No overall differences in safety of QWO were observed between these patients and younger patients.

PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-approved patient labeling (Patient Information).

Hypersensitivity

Advise patients to seek immediate medical attention if they experience any symptoms of serious hypersensitivity reactions [see *Warnings and Precautions*].

Injection Site Bruising

Advise patients that injection site bruising may occur with administration of QWO [see *Warnings and Precautions*].

Manufactured by: Endo Global Aesthetics Limited Dublin, Ireland
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Based on the Prescribing Information revised 07/2020.

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EA-QW-05002/August 2020

Aesthetic Society International Fellowships

INTERNATIONAL FELLOWS AWARDED TRAVEL GRANTS, SHARE THEIR EXPERIENCES AFTER THE COVID DELAY



GEORGETTE ONI, MD

The last two years have been spent battling the coronavirus pandemic and all its challenges. However, it was on this backdrop of emerging coronavirus strains and ongoing uncertainty in provision of health care that I received a ray of light. It was with great excitement that I found out that I was to be awarded one of the 2021/2022 International Aesthetic Fellowships. As a plastic surgeon specialising in breast oncology with a heavy emphasis in my practice on oncoplastic techniques and microvascular reconstruction I had a lot to gain from this opportunity. My goal is restoration of something close to 'normal' aesthetic for my breast cancer patients. This means adaptation of aesthetic surgery techniques in my day-to-day oncology practice as well as my cosmetic practice. It was gratifying to see that the aesthetic society has included breast reconstruction within its remit and this fellowship was timely for me as someone early in her practice.

It is not often in one's professional life that you get to be a student again, absorbing the art of surgery. I was fortunate enough to observe some of the best contemporary surgeons in their field and saw a diverse range, not only of surgeons and procedures, but also types of practice. In my 7 weeks, I visited 4 states, 8 cities and several practices from academic institutions through to independent sole practitioners. The variety of operations ranged from breast, body contouring, gender affirmation, facial aesthetics to free flap reconstructions and sensation preserving mastectomies, as well as non-surgical procedures ranging from

injectables through to fractionated laser therapies. I saw new variations of techniques I use in my practice and I was able to observe no less than 3 previous past presidents (Drs Kenkel, Grant Stevens, and Adams) of the Aesthetic Society, as well as a number of renowned surgeons that are heavily involved in shaping the educational landscape for plastic surgery trainees not just stateside but internationally (Drs Haddock, Teotia, Aly, Peled, Furnas, Canales, Wong, Calvert, Alteman and Seify). I also got to share my experiences from the United Kingdom with plastic surgery residents at UCSF delivering one of their grand rounds. In summary, this was a once in a professional lifetime experience, one that has enriched my operative skills which I hope translates into improved outcomes for all my oncology and aesthetic patients.



MUHAMMAD UMAIR, MD

I was elated to be awarded the prestigious American Society for Aesthetic Plastic Surgery International Fellowship as a British Pakistani plastic surgeon. Being passionate about facial aesthetic surgery and body contouring surgery, I was delighted to have this treasured opportunity.

My fellowship had a perfect start in Dallas with Dr. Rod Rohrich at the Dallas Plastic Surgery Institute. Dr. Rohrich needs no introduction, a global authority in aesthetic plastic surgery, I was lucky to have a chance to spend time with him. My time was spent in

the OR in the morning and outpatients in the afternoon. I had a tremendous time learning about in-depth facial analysis, primary, secondary, and tertiary open rhinoplasties, blepharoplasty, lip lift, forehead lift, and facelift techniques in the OR.

I travelled onwards from Dallas to attend The Aesthetic Meeting in beautiful San Diego. The meeting was an exceptional educational value and an incredible opportunity to interact with world leaders in aesthetic surgery, as well as listen to experts on cosmetic breast surgery, facial plastic surgery, body contouring surgery and patient safety. I followed this up by a fellowship at Dr. Cohen's practice. Dr. Cohen is an extraordinary surgeon and an artist, who leads an extremely efficient and dedicated team at his FACES Plus clinic. I was warmly welcomed at his practice and had the opportunity to learn about his unique facial fat grafting technique. I was able to discuss and exchange ideas regarding facial plastic surgery and observe non-surgical treatments.

My next fellowship destination was The Wall Centre for Plastic Surgery in Shreveport. Led by Dr. Simeon Wall Jr. and Dr. Holly Wall, a pair of world-class surgeons, the Wall Centre is a hub of innovation and excellence. I spent time in the OR with Dr. Simeon Wall learning SAFELipo® technique, abdominoplasty, and gynaecomastia correction, and with Dr. Holly Wall learning about cosmetic breast surgery, specifically augmentation mastopexy.

The final port of call of my fellowship was at the Marten Clinic of Plastic Surgery, San Francisco. It was an exceptional and rich educational experience. I spent all my time in the OR with Dr. Timothy Marten and Dr. Dino Elyassnia who were incredibly generous in explaining all steps of facelift and neck lift surgeries, their rationale and answering all my questions.

I am grateful to everyone at all the practices for their generosity and hospitality, and special thanks to the amazing Pamela Diecidue for her assistance with the fellowship.



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My Experience at the Association of German Aesthetic Plastic Surgeons Meeting

By Steven Sigalove MD, FACS

I was fortunate to have been asked to represent The Aesthetic Society along with Jamil Ahmad at the Spring Meeting of the German Society of Aesthetic Plastic Surgery, held in Berlin this past May. I had never been to Germany, and I thought that this would be an amazing opportunity to share our ideas and practices with our European colleagues, as well as experience a country I had never seen.

When I arrived at the Hotel Kempinsky in Berlin, I was shocked at how impressive the hotel was as it was situated literally a stone's throw from the famous Brandenburg Gates, as well as the original Berlin Wall. I was instantly taken back to a time when life was very different, and the stability of the world was in question.

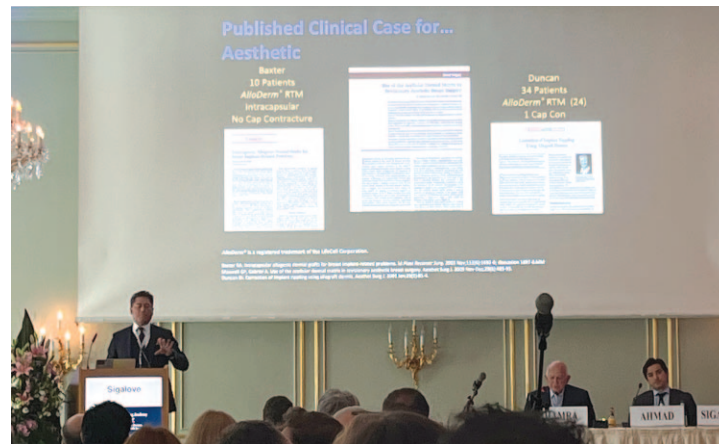
Jamil and I had been in close communication with Dr. Uwe von Fritschen, one of the organizers of the meeting, who allowed us to speak on any topic we wanted. We both represented The Aesthetic Society, championing camaraderie and collegiality with our European colleagues; attempting to create connections and close ties with the hope that many of them might come to our meetings here in the United States, further creating bonds, trading ideas, and forging relationships with friends from around the world... ultimately, sharing knowledge to maximize patient outcomes on both sides of the pond.

The meeting itself was fantastic, and we got to hear European perspectives on topics such

as BII, current facelift techniques, as well as breast and body contouring. It was a true honor to present to our European colleagues, and I think/hope that it was as well-received as I was excited to present.

The German Aesthetic Society was kind enough to provide us with amazing food morning, noon, and night. They also arranged fabulous tours in Berlin, as well as a cool driving tour of the city in historic German automobiles.

All in all, my experience in Berlin was incredible. We made new friends who I am confident will come see us in return at our Aesthetic Society meetings. I would like to thank The Aesthetic Society for supporting us and giving us this amazing opportunity.



It was a true honor to present to our European colleagues, and I think/hope that it was as well-received as I was excited to present.



Save the Date!
**Association of German
 Aesthetic Plastic Surgeons
 (VDÄEPC)**

Berlin
 May 5–6, 2023



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- The only nipple areolar marker that accurately represents masculine nipple size and shape
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Update on ASERF

By Bruce W. Van Natta, MD



The Aesthetic Society
Education and
Research Foundation

It has been my pleasure to work closely with Aesthetic Society President, Dr. Jennifer Walden, during my time so far as President of ASERF. I appreciate our collaborative efforts for the benefit of our respective members and their patients. In late August, The Foundation and Aesthetic Society Board of Directors, along with Committee members, other volunteers at various stages of their plastic surgery careers, and staff met in San Antonio, Texas for the annual Executive Retreat. Outcomes and goals for ASERF from the retreat will be shared with membership once the final report is completed.

I want to be sure you are aware of a few joint statements Dr. Walden and I have sent in recent months:

1. On August 15, we sent an alert regarding the landmark BII study from Drs. Caroline Glicksman and Patricia McGuire, which continues to yield results published in *Aesthetic Surgery Journal*, with three papers now available. This work has also received some scrutiny via social media for our ASERF researchers. The Boards of The Foundation and The Aesthetic Society support evidence-based research and continue to share the outcomes of this important work so that our members are equipped to address patient concerns. I encourage you to read each paper on the ASJ website.
2. The Presidents of ASERF, The Aesthetic Society, ASPS, and PSF sent a joint advisory on gluteal fat grafting in August stating the position adopted by the Executive Committees of our respective societies that we feel is critical to the pursuit of safety of gluteal fat grafting procedures. This advisory can be found at: theaestheticsociety.org/medical-professionals/patient-safety/gluteal-fat-grafting-safety-advisory.
3. On September 8, the FDA released a safety communication about squamous cell carcinoma (SCC) and various lymphomas (not including BIA-ALCL) detected in the capsule surrounding breast implants. With the support of Drs. Bill Adams, Caroline Glicksman, Marshall Kadin, and Patricia McGuire, Dr. Walden and I sent an alert to membership on September 13. The alert can be found here: theaestheticsociety.org/medical-professionals/patient-safety/breast-implant-associated-squamous-cell-carcinoma-a-bia-scc and includes talking points to use with your patients and recommendations from the FDA.

ASERF EXTERNSHIP PROGRAM

A sincere thank you to those Aesthetic Society members who have signed up to mentor externs through our new program. Because of you, medical students selected to participate will be envied by their peers for the educational value, hands-on opportunities, regular access and conversations with a mentor, and a \$3,000 scholarship to assist with costs to participate in the program. Our pilot launch of the Program will allow for 6 extern scholarships with the goal of expanding in future years. Stay tuned for more updates to come and special thanks to Task Force Chair, Dr. Camille Cash and Task Force members.

RESEARCH STUDIES RECENTLY APPROVED FOR ASERF FUNDING

- “ASF (Anterior Septal Fat)” \$27,000—Mokhtar Asaadi, MD
 - “Public Perception Versus Patient Preference of Ideal Breast Size Following Reduction Mammoplasty and Oncoplastic Reduction” \$17,000—Orr Shaully, MD
- Learn more about these and other ASERF funded studies at aserf.org.

ASJ OPEN FORUM VIDEO ARTICLE AND ASJ ARTICLE FUNDED BY ASERF

“Fat Transfer for Gluteal Augmentation: An Expert Panel Discussion”—Drs. Jeffrey M. Kenkel, Daniel Del Vecchio, Simeon Wall Jr., and Patrick Pazmino

Watch the video article now on the ASJ *Open Forum* website at: doi.org/10.1093/asjof/ojac053.

“A Randomized, Placebo-Controlled Trial Evaluating the Single and Combined Efficacy of Radiofrequency and Hybrid Fractional Laser for Nonsurgical Aesthetic Genital Procedures in Post-Menopausal Women”—Christine Wamsley, BA; Mikaela Kislewitz, MD, BSN, RN; Nicole R. Vingan, BS; Sydney Oesch, MD; Karen Lu, MD; Jennifer Barillas, BS; John Hoopman, CMLSO; Yucel Akgul, MD, PhD; Deniz Basci, MD; Kimberly Kho, MD, Phillippe E. Zimmern, MD; and Jeffrey M. Kenkel, MD, FACS

Read the article now on the ASJ website at: doi.org/10.1093/asj/sjac202.

Congratulations to ASJ and ASJ OF for winning 12 APEX awards including two for Video Roundtables supported by ASERF:

- Grand Award for Electronic Media—“Breast Implant Illness: An Expert-Panel Discussion on Current Research” Jeffrey M. Kenkel, MD, FACS; Caroline Glicksman, MD, MSJ; Patricia McGuire, MD; Luis Rios Jr., MD; and William P. Adams Jr., MD (*ASJ OF*)

Watch now on the ASJ *Open Forum* website at: doi.org/10.1093/asjof/ojab027.

- Award of Excellence in Campaigns, Programs, & Plans—Health & Medical—“ASJ GEMS: Brazilian Butt Lift: Current Safety Profile and Pearls for Plastic Surgeons” Pat Pazmino, MD; Luis Rios Jr., MD; and Phaedra Cress (*ASJ*)

Watch now on the *Aesthetic Surgery Journal* YouTube page: www.youtube.com/watch?v=wyElf-d-ma3g.

Bruce W. Van Natta, MD is an aesthetic plastic surgeon practicing in Indianapolis, Indiana, and serves as President of ASERF.

The Boards of The Foundation and The Aesthetic Society support evidence-based research and continue to share the outcomes of this important work so that our members are equipped to address patient concerns. I encourage you to read each paper on the ASJ website.



**Aesthetic
Research
Community**

**Do you
have a great research idea?**

SHARE. CONNECT. LAUNCH.

WHAT IS THE AESTHETIC RESEARCH COMMUNITY?

- A network of Aesthetic Surgeons willing to share ideas and collaborate on research
- A source for aesthetic surgery research guidance

WHO MAY PARTICIPATE?

- Aesthetic Society and ASERF Members, Associates and Residents

HOW DO I JOIN?

- Scan the QR Code
- Complete the brief form
- A member of the ARC Committee will contact you



ASERF.ORG

ASERF Program News and Notes

THE ASERF EXTERNSHIP PROGRAM

In November, ASERF will announce its inaugural class of six externs who will spend the next year being mentored by a member of The Aesthetic Society. Through regular collaboration, the extern will learn about aesthetic plastic surgery, take part in a research project, build their network, attend The Aesthetic Meeting, and participate in a 5-day observership shadowing their mentor.

The newly launched Externship Program was specifically designed to expose underrepresented minority students enrolled in medical colleges without plastic surgery residency programs to the specialty; the aim is to increase their chances of becoming a plastic surgery resident by providing a world-class program that picks up where their education stops.

ASERF graciously acknowledges Sientra for supporting the pilot phase of The ASERF Externship Program. In the coming months, ASERF hopes to secure additional funding and expand the program by increasing the number of available Externships.

To learn more about the program, please visit cdn.theaestheticsociety.org/aserf/externship-student-applicants.html.

ASERF TO SUPPORT ASJ OPEN FORUM ROUNDTABLES

Evidence-based research is vital to the specialty and is the foundation of articles published in the *Aesthetic Surgery Journal* and *Aesthetic Surgery Journal Open Forum*. This year, ASERF has committed \$5,000 to support a series of *Video Roundtable discussions* for *ASJ OF*. Additionally, ASERF continues to support the publication with grant-funded studies in which the research

findings decrease patient risk and increase patient safety. Critical and emerging topics are elevated through a *Video Roundtable discussion* involving key opinion leaders, and ASERF is excited to collaborate with *ASJ OF* to highlight these topics for our membership.

PHYSICIAN-INITIATED RESEARCH GRANTS

Since its inception, ASERF has encouraged clinical research among members of The Aesthetic Society by providing research grants for relevant research. Thirty years later, ASERF continues to support its most successful program. The Board has budgeted \$150,000 for member-initiated research projects. To apply for a research grant please go to aserf.org/attachments/ASERF-research-grant-application.pdf.

Continued on Page 51

COMING SOON

SETA

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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.

Survey
Extraction
Transformation
Analysis

SETA (*say-tuh*)

Interested in learning more?
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for more information.

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“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

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ASERF Program News and Notes

Continued from Page 49

FUNDING THE MISSION

In short, ASERF's mission is to advance the safety and effectiveness of aesthetic medicine through research and education. Essentially, ASERF-funded research has directly impacted the way aesthetic plastic surgeons practice.

When patients' lives have been at risk, or surgical techniques were in question, ASERF provided funding for studies to assess the risk, issue white papers, and offer suggestions to improve patient safety. Some of the more notable ASERF-funded studies include large volume liposuction; retrospective study on pulmonary embolism; BIA-ALCL; gluteal fat grafting; and most recently, breast implant illness.

Supporting ASERF is an investment in your livelihood. Consider bidding during the ASERF Silent Auction; honor The Career Achievement Award winner; donate on Giving-Tuesday; make a year-end tax-deductible donation or contribution through your will or trust.

To learn more about donating to ASERF, please contact Director of Development, Tom Purcell at tom@aserf.org.

ASERF'S PRESIDENTIAL PLEDGE FOR RESEARCH

In his role as ASERF President, Bruce Van Natta, MD, will chair the 2nd Annual Presidential Pledge for Research Campaign this year. The campaign supports ASERF's major giving program and specifically focuses on securing pledges of \$50,000.

Gifts of this magnitude make it possible for The Foundation to fund its programs, and in turn, positively impact the specialty.

To make a pledge or learn more about the campaign, please contact Director of Development, Tom Purcell at tom@aserf.org.

RESEARCH CORNER

Learn about recently funded research studies, link to ASERF funded studies published in *ASJ*, and keep up to date on grant application deadlines at aserf.org.

Research studies recently approved for ASERF funding:

- "ASF (Anterior Septal Fat)" \$27,000—Mokhtar Asaadi, MD
- "Public Perception Versus Patient Preference of Ideal Breast Size Following Reduction Mammoplasty and Oncoplastic Reduction" \$17,000—Orr Shaully, MD

Q4 Research application information:

Applications Due December 1, 2022
aserf.org/attachments/ASERF-research-grant-application.pdf

ASERF, the research arm of The Aesthetic Society, has awarded grants, like those noted above, to ensure plastic surgery is safe and effective. Consider donating today to ensure research for tomorrow: aserf.org/donor-benefits/make-a-difference.

ATTENTION RESIDENTS AND FELLOWS!

Are you a resident or fellow looking for funding to attend The Aesthetic Meeting 2023?
Apply for the ASERF Resident Travel Scholarship Now!



The Aesthetic Surgery
Education and
Research Foundation

PURPOSE

ASERF established the Resident Travel Scholarship to benefit residents and fellows by providing financial support for travel expenses associated with attending The Aesthetic Meeting. We will be awarding 25 grants, in the amount of \$2,000 each, to the residents and fellows selected. Scholarship funds must be used to offset the costs of travel, hotel, and other expenses associated with attending The Aesthetic Meeting 2023.

QUESTIONS?

Email Val@TheAestheticSociety.org

SCAN THE QR CODE
TO APPLY TODAY



Application Portal Open: September 1–December 1, 2022

QUALIFYING CRITERIA

ASERF Resident Travel Scholarship applicants must meet the following criteria:

- Must be enrolled and in good standing in an approved plastic surgery training program in the US/Canada
- Submit a letter of recommendation from the resident's or fellow's program director
- Submit a Curriculum Vitae
- Must be enrolled in The Aesthetic Society's Residents and Fellows Program— **Enroll Now**
- Submit an essay explaining the importance of attending The Aesthetic Meeting 2023
- Agree to attend the entire educational session during the meeting
- Agree to accept the scholarship funding after the annual meeting for which the scholarship was provided (to ensure attendance)
- Agree to write a short article about their most important learning experience during the meeting, which may be used in an issue of *Aesthetic Society News*.

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.

For Additional Information on the Fund, Please Contact Ivan Rodriguez at:
562.799.2356 or ivan@theaestheticsociety.org



The Aesthetic Surgery Education
and Research Foundation

Bruce W. Van Natta MD Joins ASERF's Presidential Circle



Bruce W. Van Natta, MD

Bruce Van Natta, MD of Indianapolis, a 24-year member of The Aesthetic Society, and current President of ASERF, recently pledged \$50,000 to The Foundation, making him one of the newest members of ASERF's President's Circle, an honor bestowed upon ASERF's largest donors.

Dr. Van Natta has long supported The Foundation and its mission. Be it through membership dues; participating in the silent auction; donating in honor of ASERF's Career Achievement winner; or making a year-end tax-deductible donation, donating to ASERF has always been a priority to Dr. Van Natta.

His decision to become a major donor, like many, happened over time and was a natural progression. "The opportunity to belong to the specialty of Aesthetic Plastic Surgery has allowed me to pursue my passionate interests in both art and science. This amazing career opportunity has also provided financial security for my family."

"I feel an obligation to 'pay it forward' both in teaching other surgeons—sharing the knowledge I have gained through experience and contributing to the financial strength of the specialty for future generations."

Dr. Van Natta acknowledges the importance of solid research and how it affects his patient population. "The recent studies funded by ASERF regarding Breast Implant Illness have provided much needed data to answer important questions for patients regarding implant safety. I discuss these landmark studies multiple times each week with my patients."

With an eye on the future of aesthetic plastic surgery research, Van Natta noted, "The development of biologic structured alternatives to traditional breast implants, such as a scaffold structure combined with autologous fat grafting, could impact patients seeking breast implantation or reconstruction."

Dr. Van Natta has opted to pay his pledge in five annual installments, one of many options ASERF makes available to its donors.

In the next issue of *ASN*, Drs. Sherrell Aston and Douglas Steinbrech will be recognized for their gifts to ASERF.

ASERF Mission

Identify and pursue those issues relevant to **advancing the safety** & effectiveness of **aesthetic medicine** through **independent** unbiased, directed **research & groundbreaking education.**



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Joint Advisory Statement

Jennifer Walden, MD, FACS—President, The Aesthetic Society

J. Peter Rubin, MD, MBA—President, The American Society of Plastic Surgeons

The American Society of Plastic Surgeons and The Aesthetic Society Issue a Joint Advisory on Threats of Violence Against Plastic Surgeons

Leadership of the American Society of Plastic Surgeons (ASPS) and The Aesthetic Society have been made aware that some members have been subjected to threats of violence by individuals who object to the types of surgical procedures they perform or the research they conduct and present.

To alert our members of this growing and disturbing trend—and to reinforce our organizations' stance against violence of any kind against patients, physicians or anyone associated with providing medical care—ASPS and The Aesthetic Society have established resources to provide guidance for members who face acute/heightened threats. These resources include information on how to increase security measures, identify security deficiencies, contact de-escalation teams, and other tactics to decrease risk in hospitals and practices to keep staff and patients safe.

For anyone who receives a threat, the first step should be to notify local law enforcement. Whether you work in a hospital or private practice, outside security and/or law enforcement will also provide onsite basic preparedness tips, including what to do in the event of an active shooter or other threat. Other general safety measures range from being escorted to your car, parking in well-lighted places and learning self-defense tactics.

As threats are often posted on social media, you may consider changing your profile settings on various platforms (including LinkedIn) to private and potentially changing your profile name. Be cognizant of revealing your location in photos, stay vigilant and

always have an exit plan for wherever you may be. App-based security systems with video monitoring and panic or 911 emergency buttons are extremely helpful. Maintaining strong relationships with your property management company and neighborhood law enforcement are also important. In offices, hospitals and surgicenters, hold mock drills at least annually with heightened awareness of how to deal with an unruly or violent intruder. The hope is to never need to implement these strategies, but it's important to stay aware of how to protect our staff and patients when a threat materializes.

In response to increased reports of aggression, the Joint Commission, which accredits hospitals, put new **Workplace Violence Prevention Standards**—bit.ly/3Tkz4Kv—into effect in January that focus on identifying security risks, training staff in violence prevention, and collecting information about violent incidents. The standards define "violence" to include aggression that doesn't involve physical contact, such as bullying, humiliation, and sexual harassment, both in person and electronically.

In Congress, the proposed **Safety from Violence for Healthcare Employees (SAVE) Act (H.R. 7961)**—bit.ly/3rUqkIU—would increase penalties for assault and intimidation against health care workers, while a **budget bill**—bit.ly/3CDLkz7—would provide \$5 million in grants for health care provider safety and security. ASPS and The Aesthetic Society call on leaders to safeguard health professionals and others in healthcare settings from such risks, and we urge Congress to pass the bipartisan SAVE Act, which would offer statutory protections against violence and intimidation for healthcare workers and provide grants for hospital programs aimed at preventing violence in healthcare settings. Leaders across sectors should take care to prevent irresponsible commentary that

jeopardizes the lives of health professionals and the patients they treat.

A timely article documenting the rise in violence against healthcare workers and how to help prevent and respond was published in August 2022 by the AAMC and can be accessed [here](https://bit.ly/3exquct)—bit.ly/3exquct. A **joint press release**—bit.ly/3rXYLES—by AAMC and National Academy of Medicine published Sept. 30 notes: "This nation was founded upon the ideal of civil discourse and the open-minded exploration of ideas through healthy discussion, which should be our guiding force, first and foremost. As a country, we may not agree with each other on all important issues, however, we can agree that inciting violence against other human beings is never the answer."

Please stay safe. We are here for you and stand behind you.

RESOURCES AND STATEMENTS REGARDING WORKPLACE SAFETY

As a medical community, it's important to prioritize the safety and wellness of physicians and their healthcare teams. Below are some resources we have compiled for membership:

OSHA Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers adobe.ly/3MFqfbZ

Occupational Safety and Health Administration: Workplace Violence Overview bit.ly/3MzIVtv

International Association for Healthcare Security and Safety: Workplace Violence Prevention Resources (includes guidelines, policies and security assessment tools) bit.ly/3VvZzOQ

Association of American Medical Colleges: Threats Against Health Care Workers Are Rising. Here's How Hospitals Are Protecting Their Staff. bit.ly/3exquct

Association of American of Medical Colleges and National Academy of Medicine Joint Statement on Violence Against Healthcare Workers bit.ly/3rXYLES

AMA Renews Call for Gun Violence Prevention in Wake of Tulsa Shooting bit.ly/3CujepM

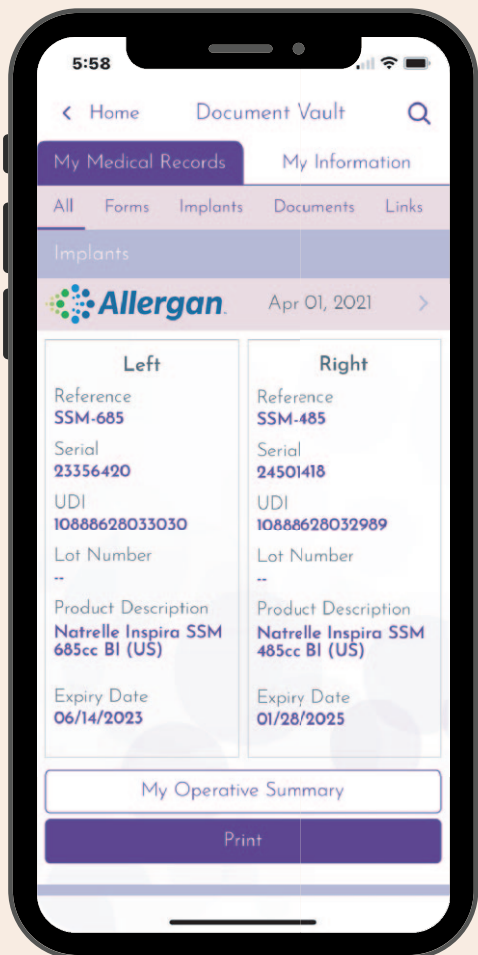
American Medical Association: Threats, Intimidation Against Doctors and Health Workers Must End bit.ly/3eB4Fc7

American Hospital Association: AHA Issues Statement in Response to Shooting at Tulsa Hospital bit.ly/3SWee4h

For anyone who receives a threat, the first step should be to notify local law enforcement. Whether you work in a hospital or private practice, outside security and/or law enforcement will also provide onsite basic preparedness tips, including what to do in the event of an active shooter or other threat.

We're Not Your Typical Registry.

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Simple Patient Financing Solutions for Maximizing Treatments

By Karen Zupko

Many aesthetic practices and spas we work with offer patient financing—but you’d never know it. Either there’s nothing mentioned on the Web site or it’s like an Easter egg hunt to find the information. When scheduling, patients raising concerns or questions about fees—are rarely told that financing is offered. Many practices wait and discuss financing only after a patient is seen and wants to schedule. It’s big mistake.

Don’t make patient financing a best-kept secret. Offer it at multiple points in the sales process and you’ll increase the chance that clients use it to purchase treatments. This marketing technique is known as *effective frequency*. It refers to the number of times a consumer must be exposed to a message before they buy a product or service or remember a brand’s message.

There are patients coming in soon who originally schedule 4, 5, 6 months ago or more. Their assumptions about their wealth, net worth, and investment portfolios are likely very different than they are today. Be ready for some to say they want to postpone surgery—not cancel—because frankly they don’t have the money. Be prepared to help.

Here are six simple *effective frequency* solutions to promote patient financing as a way to pay for that extra surgical procedure or spa treatments.

- 1. Put a button in multiple places on your Web site.** Link visitors to information, as well as an online application, and post the button on multiple pages, not just the Home page. CareCredit provides a custom link option that gives practices and spas insight into who applied, along with what their available credit is.
- 2. Include a short sentence in all email responses to Web site inquiries.** Keep it simple: “We offer financing options—CLICK [HERE](#) to learn more.”
- 3. When scheduling new client consultations, explain that you offer financing as a payment option.** Train staff to direct



Make the client’s experience simple; hand him or her an iPad with the browser open to your website, and touch the Apply Now button for them to open the application. They will have an answer in seconds and be more open to considering additional treatments if they are recommended.

patients to apply on your Web site prior to the appointment. A service-oriented way to explain this could be: “That way, Mrs. Hoffman, when you decide to schedule that laser procedure you’ll be all set up to use one of our deferred interest programs—” Patient Fi offers a payment calculator, as do Care Credit and Alphaeon. Staff should be prepared to discuss and demonstrate.

- 4. Remind patients about financing in conjunction with a special offer.** For instance, if you promote a treatment in an e-blast, mention the payment options you offer underneath the special fee: “Ask about the patient financing options that can be used with this special offer.”
- 5. Always mention patient financing in your e-newsletters.** A mention of patient financing and a link to apply online should be standard in each issue.

6. Encourage patients to apply when they check-in for their first appointment. Make the client’s experience simple; hand him or her an iPad with the browser open to your website, and touch the Apply Now button for them to open the application. They will have an answer in seconds and be more open to considering additional treatments if they are recommended.

7. Wake up to the new financial realities. If your practice is stuck in 2021 thinking, patients with post Covid money saved by not traveling or eating out or going to the theatre—times have changed. In some economic sectors there are more layoffs in selected industries and areas of the country.

The stock market, the Fed raising rates, mortgages at 6% don’t raise consumer confidence. Practice being prepared in how to handle these situations and conversations with solutions and grace.

Karen Zupko is a regular contributor to ASN who participates in the annual meeting regularly. Her firm KZA offers training for PCCs and other staff, as well as operational consultations.

Don’t make patient financing a best-kept secret. Offer it at multiple points in the sales process and you’ll increase the chance that clients use it to purchase treatments.



PRACTICE SOLUTIONS

The Secret to Med Spa Success: Three Things Every Plastic Surgeon Must Know to Run a Successful Medical Spa

By Alex R. Thiersch, JD, Founder and CEO of the American Med Spa Association (AmSpa)

A few years ago, I spoke at The Aesthetic Society Meeting about the business and compliance aspects of medical spas. I started the talk as I always do with some statistics AmSpa has collected on med spa revenue and profits: top med spas earn \$5 million–\$6 million in revenue (per location) at 25% margins; many locations are creeping up toward \$10 million a year in total revenue; and private equity firms are acquiring med spas at obscene valuations.

After my talk, several surgeons in attendance came up to me with the same comment, which I'd heard from plastic surgeons before, that went something like this: "Medical spas are terrible business models! They don't make any money, they suck up all our time, and they don't bring in surgical patients. Why would anyone open a med spa??? It's a terrible idea! What am I doing wrong???"

This is a common refrain from plastic surgeons. But the issue here is not the med spa industry itself, but rather the way that many core physicians run their medical spas. The truth is that the medical spa industry is one of the fastest growing—and most lucrative—industries in the world. Even in 2020 through the pandemic, most medical spas increased revenues by 10% or more. Medical spa owners have known for years what industry giants like Allergan and Galderma are now fully committed to: medical spas and non-surgical aesthetic treatments are the wave of the future.

The good news here is that aesthetic plastic surgeons are well-positioned to take full advantage of this market. Indeed, some of the largest single-location medical spas I've encountered are owned by, and affiliated with, plastic surgeons. When done right, a medical spa affiliated with a surgery practice can not only earn many times more than a surgery practice alone, but also create a saleable asset for the surgeon for the future.

Below are the three most important things for a plastic surgeon to know when opening a med spa.

UNDERSTAND THAT MEDICAL SPAS ARE A VERY DIFFERENT BUSINESS THAN SURGERY PRACTICES.

The business model core doctors typically understand is different from the one under which medical spas operate. Surgical practices offer big-ticket procedures that bring in cash in significant chunks. Marketing and sales techniques are important, but the ability to bring in \$10,000 and up from a single procedure means that the total number of procedures needed to break even is much smaller than what is needed for a medical spa. Fewer patients are needed when the value of each treatment is high.

Medical spas, on the other hand, are more like retail stores than medical practices. The average per-patient spend is around \$500 for the first visit, with even expensive treatments generating only a couple thousand dollars in revenue. As such, the business operations of the medical spa are as important, if not more important, than the medical results themselves. Lower treatment costs mean that more patients are needed to be profitable.

While this may sound intuitive, it is a very different—and difficult—concept for many core physicians to adopt. Higher volume and lower margins mean a busier practice with more moving parts. It also means more marketing, more sales, and more customer interaction. Business processes and efficiencies are as important as provider skill, and customer service is as important as the aesthetic result. Being good at the business side of med spas is as important as the medical results the patients receive.

PATIENT RETENTION IS THE MOST IMPORTANT METRIC TO FOLLOW

The manager of a five million dollar a year med spa once told me "New patients have no value to me." I was surprised by this at first, but it's undoubtedly true. Surgeons are accustomed to spending substantial money on marketing and PR because it's the easiest way to increase name recognition and obtain



On the latest *Medical Spa Insider* podcast, Alex Thiersch, AmSpa CEO, speaks with Jennifer Walden, MD, FACS, President of The Aesthetic Society. They discuss her journey to becoming the first female plastic surgeon President of The Aesthetic Society, how the aesthetic industry has expanded to include non-core and non-physicians, why it is important plastic surgeons continue to be key stakeholders and medical directors in medspas, and so much more!

You can visit podcast.americanmedspa.org or subscribe to Apple Podcasts, Spotify, or your favorite podcast platform to listen now. Instagram: @amspace_americanmedspa Twitter: @AmSpa1

new patients. This makes sense because every new patient might spend tens of thousands of dollars on a single procedure. But medical spas don't have that luxury. They make their money by having patients come back time and again for multiple treatments over multiple years. Money is made through loyal patients, not new patients.

Plastic surgeons running medical spas therefore need to shift their thinking from obtaining new patients to keeping current patients. This means retail processes, sales scripts, and, most importantly, training. The entire medical spa team is responsible for ensuring that the patient experience is fluid from the minute they see your Instagram post to the moment they leave the medical spa after their first treatment. Every step along the way—the front desk experience, consult, scheduling process, follow up—must be geared toward ensuring the patient has the best experience possible so that she'll come back for more.

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The truth is that the medical spa industry is one of the fastest growing—and most lucrative—industries in the world. Even in 2020 through the pandemic, most medical spas increased revenues by 10% or more.

The Secret to Med Spa Success

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PATIENT EXPERIENCE IS ALL THAT MATTERS.

Medical spas are different from surgery practices not only in their look and atmosphere, but also in the way the patient is made to feel. All of the best med spas will tell you that patient experience is by far the most important aspect of a medical spa's success (which is why, incidentally, patient retention is such an important metric—it measures patient experience in its most basic form: whether they return for another procedure).

Because patient experience is so vital, everything that goes into that experience must be thought through and practiced. It doesn't matter how many patients call your office if the front desk person isn't professional, courteous, and educated enough to ensure the patient actually books a consult. It doesn't matter how many patients come in for consultations if the providers can't educate the patient on available services so a purchasing decision can be made. And no number of new patients will make a successful

med spa if they never come back for additional treatments. Every step matters, and every step must be thought through carefully.

CONCLUSION: EMBRACE A NEW PERSPECTIVE

In order for a medical spa to create business for a surgical practice, it must first succeed on its own merits. To facilitate that, plastic surgeons typically need to let others run their medical spas. A surgeon's time is better spent performing highly profitable surgical procedures, which medical spas cannot do. If a core doctor can get an experienced businessperson to operate the med spa, they will have a much better chance to succeed. Giving up this control can be difficult for core doctors, since a lifetime of academic and financial success tends to make them think they can achieve anything. However, most doctors don't go to business school—they don't know retail and they don't understand sales. These qualities—rather than medical knowledge or surgical skill—tend to lead to medical spa success.

Alex R. Thiersch's entrepreneurial spirit has helped him create his own path in business and health care. He founded the American Med Spa Association (AmSpa), a trade group that provides legal and business resources for medical spas and medical aesthetic practices throughout the United States. With over 3,000 members, AmSpa is one of the fastest growing and most sought-after resources in the aesthetic industry, and its website receives over 30,000 visits a month.

Alex is a prolific speaker, lecturing throughout the world on aesthetic regulations and compliance issues. Alex is also now the managing partner for ByrdAdatto's Chicago office. His law practice focuses on representing plastic surgeons, medical spas, and aesthetic practices in business and compliance matters. He also contributes to a variety of industry and consumer publications and websites on medical spa legalities and medical spa best practices.

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Leveraging Structured Data for Content Enhancement Opportunities

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

We all want our content to rank on page one of search engines, and even more, we want that content to dominate on page one. However, as most businesses and practices know, success in that endeavor is often a losing battle.

A lot goes into ranking, and there is no singular approach that ensures our websites will display on the search engine results page (SERP) the way we want.

An often overlooked practice is using structured data (or schema markup) on your web pages; however, this ever-important tool is becoming more necessary as time goes on and competition grows.

WHAT IS STRUCTURED DATA?

Before you can understand how to implement structured data on your web pages, it is first important to understand what structured data is and why it is beneficial.

Structured data is a type of code (markup) that is incorporated within the HTML format of your web pages. This markup allows search engines—like Google—to better understand and interpret your content. And the better they understand what your web page is about (or selling), the better they can display your content on the SERP.

While Google and other search engines are undeniably smart, they still cannot understand written language the way we do. Because of that, we need to provide search engines with the information it needs in a language that it understands. By using schema markup, we are allowing search engine bots and readers to best identify, classify, and navigate the type of information on any given web page.

Like other pieces of metadata, users do not see the schema markup or structured data on the published page; it is simply used to communicate with the search engines.

USING STRUCTURED DATA TO BOOST RANKINGS

With schema markup, search engines learn how to best display content in the search results.

This can help you rank higher on the search engine results page and even allow you to appear in rich results (rich snippets). Rich snippets appear at the top of the results page (above traditional text results in the “zero position”) and often appear in an aesthetically pleasing box with images and key information.



By using schema markup, we are allowing search engine bots and readers to best identify, classify, and navigate the type of information on any given web page.

Pages that show more prominently on the SERP tend to have a higher click-through rate (CTR), which typically helps provide a slight rankings boost over time.

While structured data is not a direct ranking factor, you are leaving a lot of cards on the table by not using it. That being said, according to estimates, less than one-third of all websites use schema markup currently.

IDENTIFYING WHICH TYPE OF SCHEMA TO USE

There are hundreds of schema markups in existence. These different schemas help differentiate pages by type, for instance, articles, products, reviews, frequently asked questions, upcoming events, recipes, books, etc.

While this may seem overwhelming, tools and shortcuts are available to help you determine what structured data to add to your web page and how to add it.

In 2011, the primary search engines (Google, Bing, Yahoo, and Yandex) created Schema.org. This standardized, universally supported language is used across all search engines to better understand content. It is added to the HTML format of your site.

Schema.org supports many different markup formats, including JSON-LD, Microdata, and RDF.a.

ADDING STRUCTURED DATA TO YOUR WEB PAGES

There are many different ways to add structured data to your web pages. One is to use Google’s Structured Data Markup Helper. This tool allows you to identify the type of

content you have (article, reviews, events, local businesses, products, etc.).

From there, you can add your URL and start pulling out or “tagging” the needed information. This information includes the title, author, publish date, image, an article section, etc.

Google will then be able to incorporate this into your code without you having to add it manually.

By tagging these elements, you are allowing Google and other search engines to identify more important information that they can then display in search results without you needing to lift a finger.

SOME FINAL TIPS

You are missing out on a significant SEO potential if you are not using structured data. However, like many things, there is such a thing as too much.

It is important not to go overboard with your schema markup. Instead, only focus on the types that are particularly useful to your customers.

Additionally, be sure to run a full schema audit regularly to search for any schema errors.

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.

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What Is the 1-Star Review Scam?

By Keith C Humes, CEO Rosemont Media, LLC

It's no secret that patient reviews can have a big impact on your practice's success. Patients seeking plastic surgery and other cosmetic enhancement treatments are likely to read through your reviews before deciding if they want to schedule an appointment—if you have an abundance of positive reviews, they may be more encouraged to contact your practice, but they could also be dissuaded by certain negative reviews. While it is possible to turn a negative review into a positive, a new fake review scam has been complicating things for many businesses.

1-star review scams are fairly simple and can target practically any type of business. The scammer leaves a series of falsified 1-star reviews, ultimately skewing the ratings and potentially causing the business to lose customers. In the latest version of this con, the perpetrator will contact the business and blackmail them by demanding payment in the form of gift cards in exchange for removing the negative reviews. The gift cards being requested in these types of scams aren't necessarily from the business itself, but rather gift cards for other services, such as Google Play.

"Reviews have become a crucially important part of any business's overall reputation. Consistently generating good reviews needs to be integrated into the daily routine of every practice, just like answering phone calls and emails." —Keith Humes, Rosemont Media CEO



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WHAT CAN YOU DO IF YOU ARE TARGETED BY A 1-STAR REVIEW SCAMMER?

Google has been working to recognize fraudulent reviews and frequently removes them, but if your online reputation is being held ransom, you should report the fake reviews as soon as possible. If your plastic surgery practice is being attacked on a platform other than Google, you may not have

as much luck with getting the reviews taken down quickly, but in any case, you should not give in to the scammer's demands. As a last resort, you might want to attempt to respond to the reviews tactfully, if the platform is slow to remove them. Flagging the extortionists in your responses may be able to help you avoid losing actual patients.

LEAVE IT TO THE PROFESSIONALS

Still unsure how to tackle a 1-star review scammer? The experts at Rosemont Media know how to handle bad actors and have the necessary skills to craft appropriate responses to fraudulent reviews, if needed.

Contact us today at (800) 491-8623 or visit www.rosemontmedia.com to learn more about our dedication to protecting our clients' online reputations.

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.

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- KEITH HUMES

Rosemont Media CEO

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PRACTICE SOLUTIONS

Brand Building vs. Brand Busting

By Wendy Lewis

Suffice it to say that your practice brand is a lot more than just a logo, a tagline, and a color scheme. Your brand is a crucial asset that can help to shape a positive perception of your business in the minds of consumers, peers, neighbors, industry contacts, and the media.

If you get it right and stay true to your brand's principles for the long term, people will become aware of who you are and what you stand for. This will essentially crystallize your practice's key values, personality, mission, and positioning. If you fail at this important exercise by straying from your brand principles, you will be undermining all the hard work you and your staff have put into it.

Striving to build a strong brand has numerous advantages in the current competitive environment of aesthetic surgery. For example, enhanced recognition, patient loyalty, increased value to your target audience, credibility, and overall trust. A strong brand will help to generate awareness, word of mouth recommendations, and helps your practice stand out from the competition. In turn, this can translate into being able to attract new leads and convert them into long-term patients since people who share your values and mission are more likely to be interested in what you have to offer.

Another important benefit of building a brand rather than just another aesthetic surgery practice is to help you attract a dynamic team of like-minded individuals who will be on board with your mission and goals. Having a staff who genuinely support your values and principles can tend to be more loyal and committed. Hopefully, the end result is that they will stay with you for the long haul. In this competitive environment, staff turnover is a fait accompli.

We all have go-to brands for every product and service that we buy into. In some cases, consumers may recommend a favorite brand to friends and colleagues. Fortunately, in



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2022, aesthetic surgery patients are far more likely to share their experiences and mention their doctor by name to friends and followers on Instagram or TikTok than a dozen years ago when talking about your lip filler and breast implants was not always popular.

When patients come to your practice and buy into what you offer, the desired outcome is that they will love what you do and send their friends. It's important to get that not every industry has a go-to brand, like an Apple or a Tesla. In many cases, there is no clear hero brand and clients may feel just okay or indifferent to the brand they choose. In fact, they may not like it very much (i.e., doctor, staff, location, treatments, etc) but are not entirely sure where else to go for an elevated experience. This scenario can represent an opportunity. Patients who show indifference towards a brand they have a relationship with may present a window of opportunity to lure them away to your brand by offering some-

thing they have not found elsewhere in terms of state of the art treatments, long lasting results, rockstar staff, or an exquisite experience.

KEEP IT SIMPLE

One of the caveats of brand building is the basic concept of simplicity. This is an important component of developing a brand by distilling what you want to say down to a word or two, an experience, or a feeling. Think about some of the brands you admire. For example, consider 'CoolSculpting.'™ What does a consumer think when they hear that brand name? They can easily recognize and remember it perhaps by these 3 words that can be found on the home page of the consumer website; 'target,' 'freeze,' 'reduce.' Other words that may come to mind might be 'innovative' or 'effective.'

Some brands lose out by trying to be everything to everyone by drafting a complicated message that is neither ownable nor memorable. You should be able to explain your own brand in as few words as possible so it can be readily understood. A straightforward message is more likely to connect with your target audience and stay top-of-mind. Frankly, most of us have limited attention spans, so short

Fortunately, in 2022, aesthetic surgery patients are far more likely to share their experiences and mention their doctor by name to friends and followers on Instagram or TikTok than a dozen years ago when talking about your lip filler and breast implants was not always popular.

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Brand Building vs. Brand Busting

Continued from Page 64

and sweet beats hard to pronounce, tricky to spell or unrelatable every time.

If you want patients to truly connect with your brand, their feelings towards your brand need to be consistent. They should be made to feel positive when they see your logo and marketing messages. A consistent brand will go far to create a familiar emotional experience that tends to keep patients coming back. Your messaging may end up falling flat when there is no consistency around what you stand for. Different messaging means your clients may not have the same experience every time they come to see you. To avoid this, invest in your brand as early as possible in the evolution of your practice to select the right tone and repetition in your messaging.

Once you have created a consistent message and image, it will naturally evolve over time. Consistency allows your brand to grow and expand while continuing to connect

with the core audience you are eager to attract. You can't design a strong brand out of thin air. There should be a feeling of authenticity that makes patients and colleagues feel comfortable because they are familiar with the experience you deliver and know what to expect every time they come to see you.

Authenticity is a key component of effective brand building. Without that element, your brand will suffer from inconsistency and unpredictability, which is the polar opposite of what you want to convey. Your brand should pull together every aspect of your practice, and you should communicate this ethos clearly and reinforce it 365 days a year.

Wendy Lewis is the Founder & President of Wendy Lewis & Co Ltd Global Aesthetics Consultancy since 1997, a marketing communications boutique in New York City

specializing in beauty, wellness and aesthetics. Their clients include skincare, medical devices, start-ups, aesthetic practices and medspas. An award-winning writer, she serves on the Editorial Board of "Prime International Anti-Ageing Journal," and regularly contributes to "Aesthetic Society News," "Practical Dermatology," "Modern Aesthetics," and many other publications. Wendy is a frequent speaker, course instructor, and presenter at conferences and webinars in the US and globally. She is the founder of the LinkedIn group, Global Aesthetics Professionals, with over 5,000 members. Her first textbook, Aesthetic Clinic Marketing in the Digital Age (Taylor & Francis) will launch a second edition in 2023.

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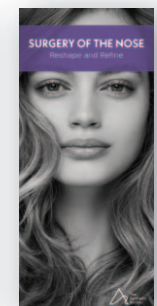
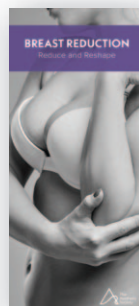
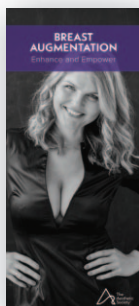
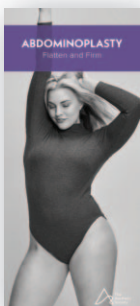


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Specialized Insurance Policy for the Ongoing Rotation of Fellows

By Christopher Edge

As you know, running your Aesthetic surgery practice comes with many challenges, including the management of your malpractice insurance policy in the most efficient and cost-effective way possible. In addition, as a practice that includes an endorsed fellowship program through The Aesthetic Society, you want to make sure you are covered appropriately for this constantly evolving practice and more importantly, not paying excessively for this exposure.

As an Alliance Partner of The Aesthetic Society, AMS RRG and its *Preferred Aesthetics*™ program can tailor medical liability coverage that suits the needs of any Plastic and Aesthetic practice. We have taken this philosophy one step further to cultivate a policy form specific to any practices that include an endorsed Aesthetic Society sponsored fellowship. *Our goal was to create a policy structure that is unique to your practice and convenient for the ongoing rotation of fellows and/or providers.* With the utilization of this specialized policy, less paperwork is necessary, making for an almost

seamless transition between fellows. Each year, the new provider will be immediately added to your policy, replacing the previous one. The policy is also structured so that any and all previous fellows will be listed on a “departed provider schedule” so that there is coverage for any incidents/claims involving these prior employees that may arise from the time they were employed by you.

Through the *Preferred Aesthetics*™ program, AMS RRG also offers all Aesthetic Society members a 7.5% discount on their medical liability coverage. In addition to favorable industry rates, an essential inclusion of our coverage provides individualized underwriting, risk management initiatives and claims management conducted by practicing plastic surgeons and attorneys with whom you have direct contact. Harry Moon, MD and J. Brian Boyd, MD, recognized leaders in Plastic and Aesthetic Surgery, have been retained by AMS RRG, Inc. to oversee this process.

Preferred Aesthetics™ has become a significant and growing component of our company, which has a long history and strong

AM Best has assigned a Financial Strength Rating of A- (Excellent) and a Long-Term Issuer Credit Rating of “a-” (Excellent) to:

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balance sheet as it is rated A' Unsurpassed by Demotech, Inc. Financial Stability Rating.

For more information, please visit our website at www.amrrg.com/solutions/preferred-programs where you can click on the “Request A Quote” link or please contact Christopher Edge at news submission@amrrg.com.

Christopher Edge is Vice President of Preferred Programs and New Business Development at AMS Management Group

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The 2020–2021 Aesthetic Plastic Surgery Databank Statistics are available for review, and feature data derived from ANN.

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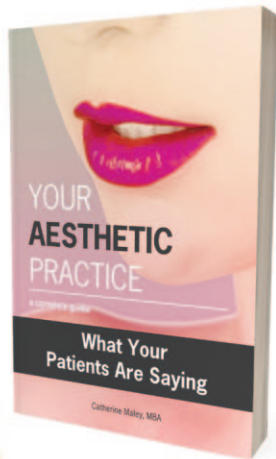
Podcast for Plastic Surgeons

This podcast was created almost 3 years ago to be a resource to **help surgeons understand the business and marketing side of plastic surgery.**

The objective is to help you **stay nimble, adaptable and competitive in quickly changing times.**

Enjoy!

—Catherine



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If you would like to be a podcast guest, please let me know and we'll set it up –

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Teaching Your Practice to Market Itself

By Catherine Maley, MBA

Some surgeons have a “one and done” mentality so they spend a fortune advertising for new patients and their staff spends a crazy amount of time working those “leads” to find the diamond in the haystack who is ready to move forward with surgery.

Other surgeons realize it’s smarter, easier, cheaper and faster to create a great experience and connect with their patients so those patients, in turn, refer them to others who also become surgical patients.

Neither is the right way; however, creating a referral-based system teaches your practice to market itself. That way, you energize your staff, attract more of your ideal patients, deepen your patients’ engagement with you and solidify your own commitment to build a practice worth talking about.

REFERRED PATIENTS = HEALTHY PRACTICE

The health and success of your practice can be gauged by this simple factor—how many patients refer you to others they know. If you don’t know the answer, pull a report called “revenues by referral source.”

I have surveyed top cosmetic practices all over the US and the average mature practice gets 45%–70% of their revenues from referrals. That’s good to know and tells you where to spend your time, money and efforts proportionate to external advertising efforts.

And, if your percentage is less than 45%, that indicates you spend a lot more time, money and effort attracting new patients to replace these “one and done” patients who are NOT bragging about you.

But here’s what we know... referred prospective patients are more likely to convert to paid procedures, and more likely be willing pay a premium for the added social proof of a referral.

That leads to lower advertising costs as well as labor costs since these are highly qualified leads that convert, and that leads

to increased staff satisfaction and morale.

Here are strategies to grow your own referral-based practice...

DEVELOP A REFERRAL MINDSET

This starts at the top. Your staff probably treats your patients about the same way you treat your staff. And, if you have a customer service mentality, then your team will likely adopt one as well.

Think about ways your everyday behavior might be affecting your practice’s ability to generate referrals and adopt this mindset, “The surgeon takes care of the staff, the staff takes care of the patients, the patients take care of the practice”.

“Braggable” Service

This starts with the right team and everyone in your practice is part of customer service. This idea must be drilled into everything you and your staff do, think and say.

Hire for Attitude, Train for Skill

You can train someone to do the tasks required; however, you can’t train them to be naturally friendly, kind, and compassionate. Hire those innate characteristics and people skills.

Never-Ending Improvement

Regularly meet with your staff to remind them of your vision and the standards of behavior you expect, and how important customer service is to your survival. Have them read your reviews, both good and bad, review before/after photos of great results and make a big deal out of thank you gifts and cards you get from your happy patients.

Give to Get Mentality

Focus on the question, “How can we serve our patients?” This question makes your mind think of how you can add value to your patients’ lives, and that changes everything. Find ways to empower your team to create, deliver, mend, and extend the total patient experience.

Exceed Expectations

Identify every potential touch point of a patient’s journey with your practice. Do a patient walk-through with one staff person focused on visual, another on smell, another on auditory and another on kinesthetics. Now brainstorm how do we make this experience with us even better?

Surprise & Delight

Everyone loves surprises, so how could you incorporate them into your practice? For example, when a patient puts down their deposit for surgery, thank them with a goody bag with pre-surgery products to help with scarring and/or faster recovery.

Be Different to Stand Out.

Look at what your competitors are doing and do the opposite. Examples include: No wait or Starbucks is on us, “We want you happy guarantee,” give patients the morphed computer print outs and anything else you can think of that would differentiate you.

Get Social to Get Referrals

All of your efforts above should be highlighted on social media since this is engaging and authentic content worth sharing and can grow your reach exponentially.

Interact with your audience and encourage them to participate by asking them questions, getting their feedback and inviting them to share their thoughts and their selfies!

Use these strategies to set up a systematic approach to generate word-of-mouth referrals so your cosmetic patients voluntarily participate in your marketing and attract new patients to you.

Catherine Maley, MBA is a cosmetic practice consultant, speaker, trainer, and blogger. She also has a podcast called Beauty and the Biz and 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 or Instagram @catherinemaleymba.

The health and success of your practice can be gauged by this simple factor—how many patients refer you to others they know. If you don’t know the answer, pull a report called “revenues by referral source. I have surveyed top cosmetic practices all over the US and the average mature practice gets 45%–70% of their revenues from referrals.



Are You Reaping the Tax-Saving Benefits of Two Common Tax-Favored Assets?

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

Nearly every plastic surgeon we have spoken to or worked with over the last two decades has noted tax reduction as one of their primary wealth planning goals. If you share this goal, you will want to take full advantage of two asset classes that have enjoyed beneficial treatment under our tax code for decades—real estate and permanent life insurance. In this article, we will discuss these two asset classes and their unique tax benefits

REAL ESTATE AND PERMANENT LIFE INSURANCE: TAX SIMILARITIES

In our book *Wealth Planning for the Modern Physician*, we discuss the similarity of real estate and permanent life insurance from a tax perspective. While our tax law changes somewhat regularly, both asset classes have enjoyed superior tax treatment for decades.

As an example, a real estate owner can deduct interest payments on home mortgages within limits and write off depreciation on business real estate. Other tax benefits include a deduction for local property taxes against federal income taxes (this was limited by the last tax code change for non-business property but could revert to more generous rules under a Biden tax act), and a capital gains exemption of up to \$500,000 on the sale of the primary home (for a married couple filing jointly).

With permanent (also called “cash value”) life insurance, one can enjoy tax-deferred growth of gains within the policy, and with proper management, access the accumulated value tax-free in retirement. In addition, policy death benefits are generally paid to beneficiaries free of income tax. For those focused on estate planning, one can even structure the death benefits to be paid estate tax free, within certain types of trusts.

Further, both asset classes offer a powerful tax benefit that few others provide: the ability to move from one piece of real estate or life insurance policy to another using a tax-free like-kind exchange. These exchanges are controlled by tax code sections 1031 and 1035, respectively.



Despite their interest in building tax-favored wealth for retirement, relatively few plastic surgeons have taken advantage of the significant tax benefits of cash value life insurance.

REAL ESTATE AND PERMANENT LIFE INSURANCE: INVESTMENT SIMILARITIES

Interestingly, from an investment and asset class perspective, these two assets are relatively long term. While there are certainly professional real estate developers or fix-up flippers who do well in the short term, most real estate buyers should think longer term when buying a home, rental, or other real estate property. Because of the real estate business cycle and the previously mentioned tax benefits, thinking longer-term is often savvier. The same is true for permanent life insurance, where the longer term allows time for the tax benefits to outweigh the upfront costs.

MOST PHYSICIANS UTILIZE ONLY ONE TAX-FAVORED ASSET WELL

Most physicians, including plastic surgeons, already utilize real estate as a significant part of their balance sheets. This is not surprising, as many plastic surgeons own a house, and it is often one of their most valuable assets. Some also own second homes, rental properties, and even raw land. In fact, it is typical for physicians to generally have anywhere from 20% to 50% of their net worth tied up in real

estate. Over the years, many have taken full advantage of some real estate tax benefits—from interest deductions and property tax write-offs to depreciation benefits and like-kind exchanges.

Further, many plastic surgery practices purchase real estate, rather than renting office space for their practices. In this sense, most plastic surgeons may not need to reevaluate their investment in real estate, as much as they should reconsider cash value insurance.

Despite their interest in building tax-favored wealth for retirement, relatively few plastic surgeons have taken advantage of the significant tax benefits of cash value life insurance. This can be an unfortunate missed opportunity, as the tax-free growth and access of this asset class fits well within a long-term “tax diversification” strategy for most high-net-worth clients. Moreover, this asset class was improved as part of a relatively new law—the Consolidated Appropriations Act 2021.

A section of this new law impacted Section 7702 of the tax code, a section which governs life insurance. Essentially, the law allows insurance companies to re-price their policies

Continued on Page 71

Are You Reaping the Tax-Saving Benefits of Two Common Tax-Favored Assets?

Continued from Page 70

using more favorable internal interest rates so that consumers will be able to contribute more to permanent policies and enjoy more tax-free growth and access. In other words, this law made an already tax-favored asset class even more favorable in the future, and possibly more attractive to physicians.

CASE STUDY: TAX ADVANTAGES OF CASH VALUE INSURANCE CREATE SIGNIFICANT WEALTH

Let's look at an example of how a cash value life policy can work as a tax-favored accumulation vehicle—even without the new law's potential impact. Pete is a 45-year-old plastic surgeon in good health who wants to invest in either a taxable investment account or a permanent life insurance policy for his retirement. Keeping rates of return equal at 6% annually, Pete wants to see what relative advantages the life policy will produce due to its favorable tax treatment.

Let's assume Pete invests \$25,000 per year for 10 years before retirement and then withdraws funds from age 65 to 84. Let's also assume Pete's tax rate on investments is 29.4% (80% coming from long-term gains and dividends, 20% from short-term gains, plus 6% state tax).

With these assumptions, if Pete invests in funds on a taxable basis, he will be able to withdraw \$27,103 per year after taxes. If he invests in cash value life insurance, he will withdraw \$46,416 per year (no taxes on policy withdrawals of basis and loans) and will still have over \$200,000 of life insurance death benefit protection at age 90. This is a substantial difference (assuming the same 6% rate of return) based primarily on the tax treatment of the cash value policy.

CONCLUSION

Real estate and cash value life insurance are two everyday asset classes that can be leveraged to optimize one's tax planning. Given possible tax increases in the future, and a new law's positive impact on cash value life insurance, it makes sense for all physicians to re-evaluate these asset classes to see how they fit in their wealth planning.

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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), where Carole Foos, CPA is a partner and tax consultant. They can be reached at 877-656-4362 or mandell@ojmgroupp.com.

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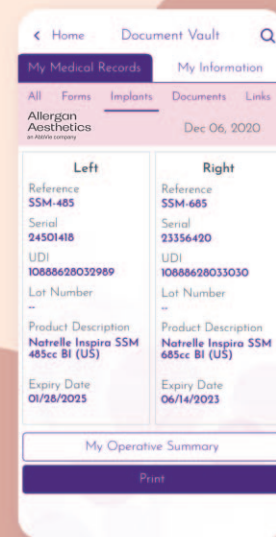
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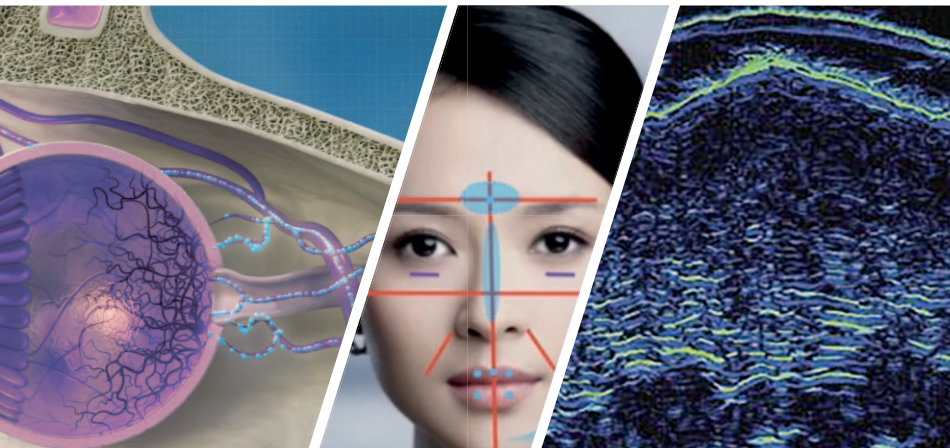
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How to Deliver a 5-Star Patient Experience in Your Aesthetic Practice

By Terri Ross, Terri Ross Consulting

We all want five-star reviews and a five-star reputation, but is your practice providing a five-star customer experience? There are seven key steps and none of them are optional. You can't just do 4–5 of them; you must master them all.

THE 7 STEPS OF THE PATIENT EXPERIENCE

Each of these steps represents a distinct opportunity to provide high quality patient care and ensure a positive, memorable customer service experience.

1. Website.

Your website is your virtual brochure. You cannot afford to skimp on creating a beautiful, informative, aesthetically pleasing website that is SEO optimized and reflects your brand and image. This is the very first impression potential clients will see after googling a particular procedure. If it is unprofessional looking, outdated, slow, hard to navigate, or does not have enough clear, concise content, clients will bounce and go to the next website link in their search results. I highly recommend you use a website development company who specializes in the aesthetics space. Make sure you have a professional gallery of before/after photos as this is the most visited page. If you are brand new, work with your vendors to get access to photos.

If you get a lead from your website, your team should respond right away. Ideally within the first hour, someone on your staff should call the client; immediately send out an email; enter the contact information into patient software; and follow up with an SMS via the patient software if you have the capability. Within 48 hours, call again as well as send another email and SMS. Within one week, call one more time and send a final email and SMS message.

2. Phone.

I cannot emphasize enough the importance of training your front desk team. It is a critical step of the patient experience. The person who answers the phone will be the first direct experience and human contact a patient has with your practice and can make the difference as to whether you gain a patient or lose one. A patient's initial experience will be determined within seconds. First impressions are the backbone of your practice and your brand.

You want these staff members to have dynamic personalities and be highly trained.

Your front desk member must be able to credential your providers as well as the practice and be able to communicate your Unique Value Proposition. They must also be well educated on the categories of services/procedures you provide. In addition, they should be converting 70% of calls into consultations. If they are not, you are leaving significant revenue on the table.

3. Entering the practice.

You want a patient's first impression upon entering your practice to be welcoming and positive. Make sure your front desk team greets each patient by name. Encourage them to stand up and shake the patient's hand as they introduce themselves. These personal touches go a long way. Treat every patient as your most important patient. Make sure your front office team follows a dress code. Honor your patient's time by encouraging your entire team to stick to a schedule and promote operational efficiency. If your provider is running behind, let the patient know and update them frequently.

4. Consultation.

Here are just a few elements of a successful consultation.

- Schedule enough time so that the patient feels heard, understood, and not rushed.
- Your providers must take an engaged approach and use the LAER Communications Model (Listen, Acknowledge, Engage, and Respond)
- Don't talk, listen. Don't tell, ask probing questions. Don't sell, solve a problem. Don't pitch, inform. Don't leave without providing a solution.
- Explain features/benefits of each treatment.
- Connect with patients so you can establish trust, understand their needs/desires.
- Asking the right questions will help uncover more about them, which gives you the ability to offer the appropriate solution based on their responses.

5. Treatment Plan.

Building and presenting treatment plans helps increase patient retention, increases the lifetime value of a patient, and produces the best possible results and outcomes.

Presenting a comprehensive treatment plan gains the patient's trust. Make sure to ask them if you have answered all their questions. Get their buy-in by asking if they are comfortable with the plan and gain a commitment.

6. The Close.

As you are closing a consultation, you will want to address and handle any objections. The most effective way to handle objections is to have pre-emptively explained the features, benefits, value, and the feeling associated with the outcome. By clearly explaining the surgery and setting proper expectations, credentialing yourself and practice as to why they should choose you, and asking open-ended questions all help to educate the patient and sell the solution.

7. Follow Up.

Did you know that 45% of patient inquiries are not followed up with at all? Mastering the follow up can set your practice apart from the competition. Some suggestions include sending a hand-written thank you note; scheduling follow up phone calls 1–2 days post procedure for a check in; scheduling a follow up call 7 days out if the patient did not schedule surgery after a consultation; tracking and measuring your conversion rates; staying in touch with patients via regular monthly newsletters; and sending hand-written thank you notes for referrals.

Again, this is just a broad-stroke overview of the patient experience. APX Platform has a comprehensive sales training course that goes into depth in these areas and is customized for each role in your practice. I invite you to schedule a discovery call to learn more about our comprehensive sales, finance, and operations courses: apxplatform.com/discovery-call.

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.

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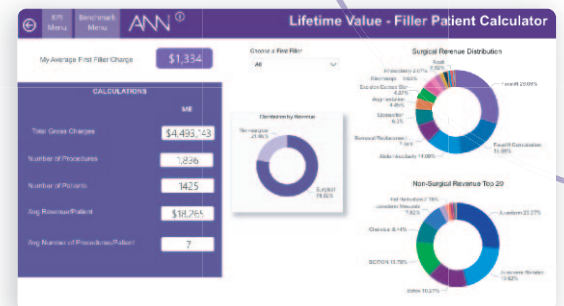
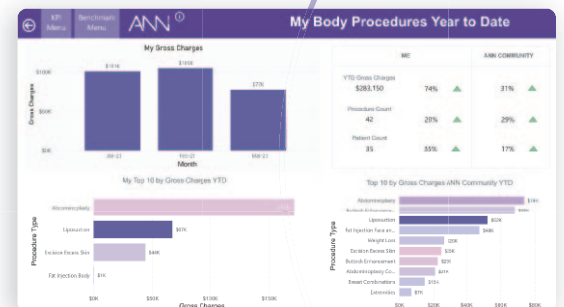
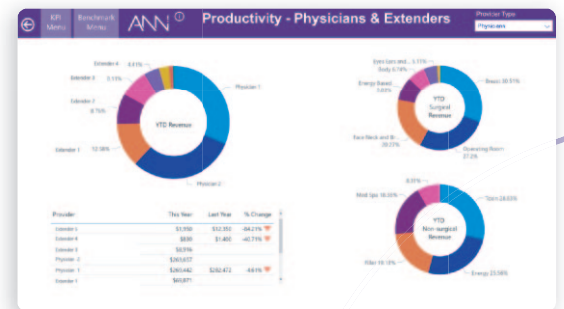
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Have an ethics question for Dr. Joe? Email ethics@theaestheticsociety.org



The Straight & Narrow

By Joe Gryskiewicz, MD

Question

Hi Dr. Joe,

Nice to see you—though briefly—at the last meeting. Today, I need your advice in your role as an ethical advisor. My former associate has decided to move out of

town. While disappointing for me, the issue I need your advice on is regarding patient photos.

As a marketing tool while he was an employee, I had him make a large 3-ring binder of “before and after” photos of work that he had performed while here, to use during consultations with new patients. The patients all signed photo consents for this particular use of the photos. These were photocopies, the originals being stored on our EMR system, with explanations of the stage of recovery. In his employment contract, all patient records and photos, and any other documents created by the employee, are deemed “property of the practice,” and are to be returned on termination.

When he packed up his office, this binder of photos disappeared. I had asked him to dispose of and delete from his camera all patient photos, but when I asked what happened to the binder, he claimed that “he took the binder and shredded the photos at home since the office didn’t have a micro shredder.” I checked the office shred bin, and there was nothing there.

I had my attorney send him a demand letter for this practice property. Much to my surprise, the binder and plastic page protectors—

without a single photo inside—was returned, indicating that he had indeed taken this 3-ring binder home. Still, I have no definitive proof whether he has the photos or whether he shredded them. (Exactly what my own attorney said.) So, I may have no recourse.

I feel that in addition to a contract violation, it is also unprofessional (theft and/or destruction of company property) and a potential major HIPAA violation. After all, the photo consents were for photos to be used within the practice, as part of the patient’s record. There is no consent for copies of them to be removed to any other location. Is this also something that I should report to the Board of Ethics? To the ABPS? To the HIPAA Office for Civil Rights?

I appreciate your thoughtful advice!

Answer

I can see why you are upset. A business divorce can be painful. The corporation owns the photos and copyright by federal law because the photos were taken by an “agent” of your corporation. You state that you have your suspicions of what happened to the photos, but that wouldn’t be enough for any sort of ethical complaint, let alone legal action. Apparently, your own lawyer said as much.

Since I have not seen the releases, it isn’t clear who else might have permission to use the photos, or how broadly the consents might have been worded. I have also never seen language in photo consents prohibiting their removal “to any other location.” Surgeons and staff frequently have photos on their cell phones or laptops, and the issue is only

whether the photos are “secure” in the eyes of HIPAA, not where the photos might be physically located.

If you do acquire your own shredder, make sure it is at least a cross-cut, preferably a micro-cut shredder, so dumpster divers can’t reassemble your documents. HHS’s HIPAA rule [hhs.gov/hipaa/for-professionals/faq/576/may-a-covered-entity-dispose-of-information-in-dumpsters/index.html](https://www.hhs.gov/hipaa/for-professionals/faq/576/may-a-covered-entity-dispose-of-information-in-dumpsters/index.html), requires “Shredding or otherwise destroying PHI in paper records so that the PHI is rendered essentially unreadable, indecipherable, and otherwise cannot be reconstructed prior to it being placed in a dumpster or other trash receptacle.”

The larger issue (more than this one employee leaving) is all the other young surgeons whose contracts force them to leave empty-handed should they leave to practice elsewhere. All of us might consider giving them copies of their patient photos, because after all, they were the surgeons, and the photos represent their work, not ours. Our Code of Ethics recognizes this and prohibits advertising work “not your own.” (Section 3.01(b)5.)

Additionally, patients control their own PHI. State laws require doctors to give patients copies of their complete medical records, including photos. If the patient wants, she can give her before and after photos to “her” surgeon, the one who worked on her, so perhaps it’s time for all of us to be a bit more collegial with our young plastic surgeon employees. After all, when they become members of The Aesthetic Society, and friends with our friends, what kind of stories do we want them to tell about their early years?

I hope my employees only have good things to say about me!

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.

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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.





Patient Safety Alert

By Eugene Strasser, MD, JD, FACS, ACLM



**CULTURE
OF SAFETY**

A 34-year-old woman with no contraindication to surgery, having just completed a two-week course of Diflucan (Fluconazole) for a gynecological infection was under general anesthesia for a septorhinoplasty. The surgeon inserted 4% topical cocaine sponges into patient's nose and, per his documentation, patient went into cardiac arrest within seconds of cocaine placement. The patient was successfully resuscitated. The operation was terminated before any incisions were made.

Instead of getting the new nose she wanted she received an ICD, an implantable defibrillator. "Every time it fires" she said "it throws me across the room."

The events described are rare, but not unpredictable. The cocaine package insert warns of the possibility due to the drug's QT interval prolongation!

In a normal EKG the QT interval is about 450 milliseconds in men, while women tend higher at 470 milliseconds. Prolonged QT is a pathophysiologic state where the QT interval of 500 millisecond or higher predisposes patients to Torsades de Pointes, an arrhythmia associated with sudden death. Estimates as high as one in 2000 patients have a congenital or acquired form of prolonged QT. If you think this is so rare you don't have to worry about it remember malignant hyperthermia, a much less common condition, and we must always be ready to treat it.

Acquired causes of prolonged QT include hypokalemia, hypomagnesemia, hypocalcemia, myocardial ischemia, polypharmacy, chronic diseases among others (D Taylor, D Parish, L Thompson, M Cavaliere Cocaine induced prolongation of the QT interval 2022)¹

Many drugs, including Diflucan (Fluconazole) cause prolonged QT. Credible meds website offers a quick search QT drugs list and therapeutic options not on the QT list. We highly recommend it!

In the present case, given the patient was a woman starting with higher normal QT interval, was under general anesthesia that also increases the QT interval, with Diflucan further increasing the QT interval and since the QT interval increases are additive, her arrest, if not predictable, should not have been surprising. Warnings about QT interval prolongations abound on the web, "Clinicians should be aware that Fluconazole, even at low doses, may



Given cocaine's high-risk profile with safer cocaine alternatives, like Afrin among others now available, we recommend permanently retiring cocaine from use in rhinoplasties. It is for our patients' safety!

cause prolongations of QT leading to Torsades de Pointes." (Pubmed.ncbi.nlm.nih.gov.)²

Even acute use of cocaine is associated with adverse cardiovascular consequences and "there is such variability in how patients respond to and metabolize cocaine that it is difficult to state what constitutes a lethal dose." (Pergolizzi et al. Cocaine and Cardiotoxicity: A literature Review 2021).³ Furthermore "the screening of new drugs for torsadogenic potential has become a significant regulatory concern and the subject of increased scrutiny in drug development and "is the most common reason for withdrawal of medications from the market." (McCauley, Darbar: A New Paradigm for Predicting Risk of Torsades de Pointes during Drug Development 2016).⁴

We highly recommend our membership familiarize themselves with the commonly used drugs that may spell danger to our patients. The list of drugs changes as new ones are added and others taken off the market. Hismanal, a QT prolonging antihistamine was removed from the market in 1999 after safer alternatives became available. Given cocaine's high-risk profile with safer cocaine alternatives, like Afrin among others now available, we recommend permanently retiring cocaine from use in rhinoplasties. It is for our patients' safety!

Should you find the science behind cocaine not convincing enough to stop using it, you might consider the potential medical legal consequences of a "cocaine accident."

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Cocaine Toxicity—Should Cocaine be Banned from the Operating Room?

By James Fernau, MD, FACS

Topical cocaine is used by many aesthetic plastic surgeons because of its excellent local anesthetic and vasoconstrictive properties. The advantage of a clean surgical field reduces the possibility of an untoward event. When looking at risk benefit analysis in the literature, some authors suggest that topical cocaine should not be used.¹ However, for rhinoplasty patients, preparations containing cocaine and adrenaline in the appropriate concentration and dosage are safe in the vast majority of patients without previous cardiac disease.² The relative benefit of using cocaine in relation to other topical analgesics and vasoconstrictors in surgery remains unproven and alternate preparations should be used when there is concern over the patient's cardiac status. Especially if a patient has a prolonged QT syndrome on preoperative EKG. Drugs which prolong the QT interval, such as Diflucan, must be reviewed carefully before surgery. Other alternative preparations include topical oxymetazoline, neo-syneprine and 3% topical tranexamic acid.³ Patient's presenting with nasal septal perforation may be addicted to cocaine and alternative topical vasoconstrictor should be considered.

INDICATIONS:

Cocaine hydrochloride topical solution contains 4% cocaine and the following inactive ingredients: citric acid; D&C yellow #10, FD and C Green No. 3, sodium benzoate, and water. It is not FDA approved but allowed for only the following indications: topical anesthesia of the mucous membranes of the oral, laryngeal, and nasal cavities.

Cocaine is supplied in 4 or 10 percent topical solution. To avoid systemic effects the maximum safe dose is 1.5 milligram per kilogram for fit adults (approximately 100 mg for a 70 kg adult). This dosage relates to cocaine applied directly to nasal mucosa as delivery from gauze is incomplete. As a general rule, do not exceed 3mg/kg or 300mg. Dosage variables include tissue vascularity, anesthetic technique and patient tolerance. The dose should be reduced for elderly or debilitated patients. Topical cocaine is administered using cotton applicators or packs, instilled into a cavity, or as a spray. It should only be applied on mucous membranes

of the mouth, laryngeal, or nasal cavities. The fatal dose of cocaine has been approximated at 1.2 grams, although severe toxic effects have been reported from doses as low as 20 mg.⁴

MECHANISM OF ACTION

Topical cocaine (half-life one hour) has an anesthetic effect similar to local anesthetics (such as lidocaine) from sodium channel blockade and interference with action propagation. This increases the risk of conduction disturbances and tachyarrhythmias. Cocaine binds and blocks monoamine (dopamine, norepinephrine, epinephrine, and serotonin) and reuptake transporters with equal affinity.⁵ Monoamines accumulate in the synaptic cleft resulting in enhanced and prolonged sympathetic effects. The principal action of cocaine on mucous membranes is anesthesia with vasoconstriction; however, significant systemic absorption may occur, this may adversely affect the cardiovascular system, after which alpha and beta one adrenal receptor stimulation results in increased heart rate, systemic arterial pressure, and myocardial contractility, which are major determinants of myocardial oxygen demand. Cocaine and its metabolites may cause arterial vessel constriction hours after use. The small coronary arteries on the epicardium are especially vulnerable to these effects. Cocaine induced platelet activation and thrombosis formation is another unique mechanism of action caused by alpha adrenergic and adenosine diphosphate mediated increase in platelet aggregation.⁶

ADVERSE EFFECTS

With mild cocaine toxicity patients may display anxiety, restlessness, and excitement. With moderate to severe cocaine toxicity, full body tonic clonic seizures may occur followed by central nervous system depression, with death resulting from respiratory failure and or asphyxiation if concomitant emesis is present. Other clinical findings include hyperreflexia, headache, mydriasis, and abdominal pain. Sympathetic stimulation and direct cardiac effects may lead to tachycardia, hypertension, and coronary or cerebral artery vasoconstriction leading to myocardial infarction and stroke.⁷ Additionally, hyperthermia may result from impaired heat loss.

CONTRAINDICATIONS

Cocaine is contraindicated in patients with the history of allergy or hypersensitivity to the drug or the components of the topical solution. Elderly patients and or patients with a history of hypertension or cardiovascular disease should not receive the drug. It is unknown whether cocaine can cause fetal harm and should be used with caution in pregnant women.

MONITORING

When using topical cocaine cardiac monitoring is essential to check for cocaine induced hypertension, tachycardia and/or dysrhythmia. The lowest dose that results in effective anesthesia should be used. The single use vial contains 4 ml of a 40 milligram per milliliter solution; thus 160 milligrams is total. Additionally, there is a multi-use vial containing 10 ml of 4% cocaine. As mucosal absorption is variable, the possibility of receiving the entire amount of cocaine is low, especially when delivered by cotton pledgets or gauze.

TREATMENT

Labetalol and benzodiazepine are the two key drugs for treatment. The mixed beta/alpha blocker liberal is safe and effective for treating concomitant cocaine induced hypertension and tachycardia. A recent AHA/ACC guideline approves the use of labetalol for cocaine and methamphetamine patients with unstable angina/non-STEMI.⁸ The primary treatment for agitated patients is benzodiazepine's, but antipsychotics such as haloperidol and olanzapine may be useful. Combination treatment with benzodiazepines and antipsychotics has been demonstrated to be more efficacious than monotherapy.⁹ Diphenhydramine is often added to enhance sedation and prophylaxis against dystonia and akathisia. An example is the "B-52" with its combination of haloperidol (5 mg), diphenhydramine (50 mg), and lorazepam (2 mg). For serious ventricular tachydysrhythmias, lidocaine and intravenous lipid emulsion have been used.¹⁰ The easiest and safest method to accomplish cooling in the office operating suite is to mist tepid water with a convection cooling fan.

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Cocaine Toxicity—Should Cocaine be Banned from the Operating Room?

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ENHANCING PATIENT SAFETY—HEALTHCARE TEAM APPROACH

Cocaine toxicity is managed by an interprofessional team that includes the surgeon, anesthesiologist, nurse anesthetist, internist and possibly the cardiologist. Medications and conditions which prolong the QT interval should be carefully considered. Some patients may require admission to the intensive care unit. If a patient receives benzodiazepine to treat toxicity, a pharmacist should carefully review the patients medication record and verify benzodiazepine dosing.

PREVENTATION

Cocaine toxicity can be prevented by careful intra-operative management. A separate Mayo stand should be used, and the topical cocaine pledgets administered after the airway is secured and the patients' physical status and electrocardiogram are evaluated. Neurosurgical pledgets with X-ray identification are preferred over cotton packed into the nose. 3 pledgets per nostril generally suffices. They should be placed prior to any injection into the nose, nasal septum and/or turbinates. It is essential the topical cocaine, pledgets, nasal speculum and nasal bayonet forceps should be placed on a Mayo stand, separate from the surgical instruments and local anesthetics on the back table. This avoids accidental syringe injection into any mucous membrane which can lead to sudden death.

SYMPTOMS OF COCAINE TOXICITY

The symptoms of cocaine overdose are mostly in the central nervous system, namely the patient becomes excited, restless, garrulous, anxious and confused. Enhanced reflexes, headache, rapid irregular heartbeat, chills rising body temperature, nausea and vomiting, and abdominal pain are noticed. In severe overdoses there may be Cheyne-Stokes respiration, convulsions, and consciousness, and death from respiratory arrest result. Acute poisoning by cocaine develops rapidly in time.

DRUG INTERACTIONS

Severe drug interactions with cocaine include the following drugs:

Eliglustat, Isocarboxazid, Ivacaftor, Lorcaserin, Phenelzine, Procarbazine, Tranylcypromine, Citalopram, Desvenlafaxine, Idelalisib, Isocarboxazid, Ivacaftor, Linezolid,

Lorcaserin, Methylene blue, Phenelzine, Procarbazine, Tranylcypromine, Vilazodone and Vortioxetine.

Cocaine has a known moderate interaction with at least 73 different drugs and it has a mild interaction with at least 32 different drugs.

The most commonly used QT prolonging drugs in medical wards include: omeprazole 25.9%, furosemide 13.8%, metronidazole 11.1%, azithromycin 4.7%, clarithromycin 4.5%, ciprofloxacin 4.1%, domperidone 3.1%, ondansetron 2.5%, moxifloxacin 2.1%, fluconazole 2.1% and metoclopramide 1.4%.¹¹

SHOULD TOPICAL COCAINE BE BANNED FROM THE OPERATING ROOM?

While I greatly respect the opinion of my co-author Dr Eugene Strasser, there simply is not enough data to warrant a broad sweeping conclusion that topical cocaine be banned from the operating room. However, in elderly patients and patients with cardiovascular disease alternatives such as oxymetazoline, neo-synephrine and 3% topical tranexamic acid should be considered. Dr Strasser's case is important to bring forth awareness of drugs which can prolong the QT interval and there should be preoperative communication between the plastic surgeon and the anesthesiologist regarding this possibility. This will greatly enhance patient safety and mitigate against potential unnecessary morbidity and mortality.

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