

Requirements for ASAPS endorsement of Aesthetic Surgery Fellowships

This document outlines guidelines for ASAPS endorsement of Aesthetic Surgery Fellowships. It is likely that some fellowships will not meet every criterion. Fellowships will be considered for endorsement on a case-by-case basis.

Core Curriculum & Criteria:

I) Fellowship Design

- a. The fellowship should ideally be 12 months in length. If the fellowship has a focused interest (breast, oculoplastic, massive weight loss) a 6 month curriculum is acceptable. .
- b. The fellowship should be under the direction of a plastic surgeon certified by the American Board of Plastic Surgery who is also a member of The American Society for Aesthetic Plastic Surgery.
- c. The fellowship should ideally have an affiliation with an ACGME approved plastic surgery training program. If there is no program affiliated, the fellowship should have arrangements for the fellow to participate in academic enrichment, lectures, grand rounds, and research. Fellowships that are no more than an apprenticeship in a plastic surgeon's office will not receive endorsement.
- d. The fellow should be required to design and execute at least one clinical study or research project with the ultimate goal of submission to a national meeting or peer-reviewed journal. Publication in the form of case reports, book chapters or editorials is highly encouraged.
- e. Applicants for fellowships must have completed plastic surgery training in the United States or in their own countries. Applicants trained outside of the United States shall have taken and passed their USMLE exams prior to applying.

II) Responsibility of the Fellowship Director

- a. The primary goal of the fellowship must be to provide advanced clinical education in cosmetic surgery. It is recognized that some responsibilities of the fellows will be “service” to the fellowship director, his/her associates and the patients but this must not be the primary purpose of the fellowship. Therefore, the emphasis must be placed on teaching and direction.
- b. Fellowship directors must agree to the following:
 1. Malpractice insurance must be provided to the fellow.
 2. Some form of financial support (be it housing stipend, salary or housing assistance) must be provided.
 3. The fellowship director agrees to provide periodic opportunities (weekly or monthly) for lectures, discussion of clinical cases or formalized education. The fellowship director must have a written curriculum outlining the educational goals and service responsibilities of the fellowship.
 4. The fellowship must provide exposure to pre- and post-op patient care in the office or clinic setting.
 5. The fellowship should ideally provide a graduated clinical responsibility for the fellow(s). This should provide opportunities for autonomous operating and patient management with appropriate staff supervision, depending upon the technical skills and level of training of the fellow. An example of such an opportunity would be an “Aesthetic Clinic” managed and directed by the fellow.
 6. The fellow must complete a case list in a standardized format. At the conclusion of the fellowship, this case list should be signed by the fellowship director as evidence of competency in aesthetic surgery.
 7. The fellowship director should provide the fellow with a diploma at the conclusion of the fellowship indicating that the fellowship was completed in good standing and that all requirements were met.
 8. The fellowship director agrees to participate in SFMatch Program starting with 2019 fellowships.

III) Design of the Core Curriculum

- a. The committee recognizes that although our fellowships are designed to provide advanced education in aesthetic surgery, not all fellowships, surgeons or programs perform exclusively cosmetic surgery. In fact, integration of reconstructive surgery within the fellowship is an asset. Aesthetic cases should however compromise no less than 70% of the fellows experience as documented by the case list.
- b. Categories: The training programs should ideally be broad-based and comprehensive, providing exposure to all aspects of aesthetic surgery. Exposure should be through direct patient contact. If significant patient exposure is lacking in a given area, the fellow should be given the opportunity for directed self-study and evaluation in the area of concern. An emphasis should be placed on patient safety with the use of reliable, reproducible techniques within the following categories:

IV) Proposed Curriculum for Post Graduate Training in Aesthetic Surgery

- a. Facial Aesthetic Surgery
 - i. Aesthetic principles of the face
 1. Facial Anatomy
 2. Facial Analysis
 3. Skin care
 - a. Daily
 - b. Pre-operative/pre-procedural
 - c. Post-operative
 - ii. Upper Face
 1. Brow analysis
 2. Brow Lifting Techniques
 - a. Non-invasive

- b. Endoscopic
 - c. Open
 - i. Direct
 - ii. Hairline
 - iii. Coronal
 - iii. Upper Eyelid
 - 1. Upper eyelid analysis
 - 2. Blepharoptosis evaluation and treatment
 - 3. Upper Blepharoplasty techniques
 - a. Non-invasive
 - b. Surgical
 - iv. Lower Eyelid
 - 1. Lower eyelid analysis and pre-operative evaluation
 - 2. Lower blepharoplasty techniques
 - a. Non-invasive
 - b. Skin only
 - c. Orbicularis repositioning
 - d. Canthopexy techniques
 - e. Canthoplasty techniques
 - v. Midface/ Cheek
 - 1. Midface/Cheek analysis
 - 2. Midface lift techniques
 - a. Open
 - b. Endoscopic
 - 3. Non-invasive volumetric augmentation
 - vi. Face and Neck

1. Analysis
2. Pre-operative planning
3. Operative techniques
 - a. Neck lift
 - b. Chin implant
 - c. Platysmaplasty
 - d. Facelift
 - i. Subcutaneous
 - ii. SMAS plication
 - iii. SMASectomy
 - iv. Sub-SMAS

vii. Rhinoplasty

1. Analysis
2. Structural considerations
3. Techniques
 - a. Open vs. closed
 - b. Incisions
 - c. Grafts
4. Primary rhinoplasty
5. Secondary rhinoplasty
6. Cleft lip nasal deformity
7. Airway obstruction
 - a. Surgical management
 - b. Non-surgical management
 - c.

viii. Alopecia/ hair transplantation/restoration

1. Principles
 2. Surgical techniques
 3. Clinical applications
 4. Complications and management
- ix. Deformities of the ear
1. Analysis
 2. Operative techniques
- b. Aesthetic breast
- i. Analysis and examination techniques
 1. Congenital Breast Disorders
 2. Gynecomastia
 3. Mammary ptosis
 4. Mammary hypoplasia
 5. Revision aesthetic breast surgery
 - ii. Mammary hypertrophy
 1. Indications and contraindications of surgical techniques for Reduction Mammoplasty.
 2. Surgical therapy
 - a. Liposuction
 - b. Nipple pedicle
 - i. Central
 - ii. Superior
 - iii. Superior medial
 - iv. Inferior
 - v. Bipedicle
 - vi. Free nipple graft
 - c. Vertical skin technique
 - d. Wise-type skin excision
 3. Complications and their management
 - iii. Mammary hypoplasia
 1. Indications and contraindications of surgical techniques
 2. Breast Augmentation Techniques
 - a. Implant type
 - i. Saline
 - ii. Silicone
 - b. Surgical incision
 - i. IMF
 - ii. Periareolar
 - iii. Transaxillary
 - c. Breast plane
 - i. Subpectoral

- ii. Subglandular
 - 3. Complications and management
 - 4. Capsular contracture-prevention and management
 - 5. Revision breast augmentation
 - 6. Long term problems and their evaluation with non-invasive methods
- iv. Mammary ptosis
 - 1. Indications and contraindications
 - 2. Surgical procedures for correction:
 - a. Mastopexy
 - b. Mastopexy-augmentation
 - 3. Complications and their management
- v. Male gynecomastia
 - 1. Indications and contraindications
 - 2. Surgical procedures for correction:
 - a. Liposuction
 - b. Excisional techniques
 - 3. Complications and their management
- vi. Congenital breast deformities
 - 1. Inverted nipple
 - 2. Tubular breast and constricted breast
 - 3. Breast asymmetry

c. Body Aesthetic Surgery Techniques

i. Liposuction

- 1. Including understanding the basic uses of standard, ultrasonic assisted and alternative liposuction modalities.
- 2. Liposuction techniques including wetting solutions
- 3. Appreciation of the physiologic effect of tumescent fluid, its pharmacological composition and the symptoms, effect of lidocaine toxicity.
- 4. Techniques and instrumentation
 - a. Suction assisted
 - b. Power Assisted
 - c. Ultrasonic Assisted
 - d. Other
- 5. Clinical application
- 6. Complications and management

- ii. Abdominoplasty
 - 1. Analysis
 - 2. Surgical techniques
 - a. Mini-abdominoplasty
 - b. Endoscopic plication
 - c. Lipoabdominoplasty
 - d. Abdominoplasty
 - e. Extended and circumferential technique
- iii. Body contouring and massive weight loss techniques
 - 1. Analysis
 - 2. Bariatric surgical techniques
 - 3. Pre-operative management
 - 4. Operative techniques
 - a. Brachioplasty
 - b. Upper trunk contouring
 - c. Lower body lift procedures
 - d. Thighplasty (medial/lateral)
- iv. Combination surgery
 - 1. Perioperative planning

d. Cosmetic Medicine

- i. A demonstration of regional facial nerve blocks associated with non-surgical facial rejuvenation.
- ii. Botox
- iii. Soft-tissue fillers including collagen-based, hyaluronic acid-based and permanent fillers.
- iv. Non-surgical rejuvenation such as chemical peels

- v. Laser treatment of skin for rejuvenation
 - 1. Biophysics
 - 2. Instrumentation – varieties of lasers for rejuvenation
 - 3. Clinical applications
 - 4. Techniques of use
 - 5. Aftercare
 - vi. Complications and management
 - vii. Skin care including preoperative prepping for laser rejuvenation and chemical peeling.
- e. The practice of aesthetic surgery
- i. Outpatient office/clinic management
 - ii. ICD-9 coding
 - iii. CPT coding
 - iv. Medical photography
 - v. Outpatient operating facility
 - 1. Equipment
 - 2. Laboratory evaluation
 - 3. Patient records
 - 4. Patient monitoring during surgery
 - 5. AAAAPSF standards
- f. Medicolegal and psychological aspects of aesthetic surgery
- i. Principles of informed consent
 - ii. Risk Management
 - iii. The medical record
 - iv. Psychological aspects of aesthetic surgery
 - v. Evaluation of the patient for aesthetic surgery
 - vi. The psychology of deformity
 - vii. Management of the dissatisfied patient