Dr. Ivo Pitanguy: Memories and Tributes

Dr. Ivo Pitanguy, one of the world’s best known plastic surgeons, died on August 6, 2016, the day after carrying the Olympic torch in Brazil. Catering to Rio’s rich and famous, Dr. Pitanguy used his surgical talents and marketing savvy to make a name for himself, in Rio and beyond, becoming one of the best known surgeons in the field of plastic surgery. In particular, his marketing skills set him apart from the herd, the curve.

The ASAPS Board of Directors joins the entire specialty in mourning his loss, ever grateful for his many contributions to plastic surgery. His full obituary, as reported in the New York Times, can be found at http://nyti.ms/2cAEZH Y. Below, colleagues and friends remember the man who helped put a face to the specialty and whose ideas and marketing expertise helped transform the work we all do.

Memories of Ivo Pitanguy

“Ivo Pitanguy will long be remembered as the father of modern plastic surgery in Brazil, as the Professor who trained almost every plastic surgeon in his own country, and also influenced many others in the rest of the world by his innovative and creative solutions to correct congenital and traumatic deformities, and improvements of form and function in aesthetic problems. I revered him from the first time I met him as a young plastic surgeon and he became one of my mentors and a close personal friend throughout the years. I have been to Brazil over 15 times and have shared my experience in plastic surgery with all of my good friends who live and practice there, by participating in various symposia and meetings held in many different cities. Ivo was always a participant in the same programs, held in high esteem by all who attended, and always called ‘Professor.’ We often operated together in the live surgical demonstrations, and discussed all aspects of plastic surgery while on panels in various programs. I had the great opportunity to know him socially as well. We flew together as he piloted his own aircraft, scuba-dived together in the Cayman Islands, and in the waters surrounding his island in Brazil, when I visited there. I was also a guest in his home in Rio, where he expounded on the fine art on display, on the philosophies of the multiple authors of the books in his library, and the legacy of the great men of the world who have had a lasting influence on civilization. Without question Ivo was a man to be included as one of them, a man among men. Now that he is gone we must make a concerted effort to make sure that all of those who come after us learn about Dr. Pitanguy, who he was, what he taught us, and the many ways in which he has improved life and living for all mankind.”
—Jack A. Friedland, MD, FACS

Continued on Page 7
ZO® MEDICAL 3-STEP PEEL™

The essential peel for a wide range of skin disorders

Developed by Dr. Zein Obagi, this robust, stimulating and exfoliating peel is ideal for patients with acne, hyperpigmentation, melasma, sun damage, fine lines, rough texture or large pores that want impressive results with minimal downtime. In addition, the 3-Step Peel™ can be repeated monthly, or as often as needed.

DELLVERING EXCEPTIONAL RESULTS

ZO SKIN HEALTH INC
BY ZEIN OBAGI MD
zoskinhealth.com | 888.893.1375
ASAPS Calendar
ASAPS Jointly Provided & Endorsed Symposia

**October 6 – 8, 2016**

**Experienced Insights: Breast & Body Contouring**

An ASAPS Symposium

The Westin Chicago River North

Chicago, IL

562.799.2356

www.surgery.org/breastandbody2016

**November 11 – 13, 2016**

**OMP’s Twelfth Annual Aesthetic Surgery Symposium**

Renaissance Chicago Downtown Hotel

Chicago, IL

314.878.7808

www2.qmp.com/meeting/Aesthetic-Surgery-Symposium/2/details

**December 1 – 3, 2016**

**The Cutting Edge 2016 Aesthetic Surgery Symposium**

The Waldorf Astoria Hotel

New York, NY

212.327.4681

www.nypsf.org

**December 8 – 11, 2016**

**Florida Plastic Surgery Forum**

Naples Grand Resort

Naples, FL

904.693.1799

www.FPSF.org

---

**February 9 – 11, 2017**

**51st Annual Baker Gordon Educational Symposium**

Hyatt Regency Downtown Miami, FL

905.859.8250

www.bakergordon_symposium.com

**February 24 – 27, 2017**

**9th American-Brazilian Aesthetic Meeting**

Park City Marriott

Park City, UT

435.901.2544

www.americanbrazilianaestheticmeeting.com

**April 7 – 8, 2017**

**7th Body Lift Course**

Dr. Jean-François Pascal

Marriott Hotel Cité Internationale

Lyon, France

contact@docteur-pascal.com

http://meeting.docteur-pascal.com

**April 25 – 28, 2017**

**SPSSCS 23rd Annual Meeting**

Hilton San Diego Bayfront

San Diego, CA

562.799.2356

www.spsscs.org/meeting2017

**April 27, 2017**

**The Rhinoplasty Society Annual Meeting 2017**

Hilton San Diego Bayfront

San Diego, CA

904.786.1377

www.rhinoplastysociety.org

**July 21 – August 1, 2017**

**The Aesthetic Cruise 2017**

North Sea Cruise

Southampton, England

562.799.2356

www.surgery.org/cruise2017
TissuGlu® Surgical Adhesive provides you the opportunity to liberate your abdominoplasty patients from cumbersome drains, so they can get back to their normal routine sooner. Find out more about the scientifically elegant alternative to drains at www.tissuglu.com today.

IMPORTANT SAFETY INFORMATION

Indication

TissuGlu® Surgical Adhesive is indicated for the approximation of tissue layers where subcutaneous dead space exists between the tissue planes in abdominoplasty.

Contraindications

Do not use in patients with known or suspected allergies to urethane-based or isocyanate-containing products.

Warnings

- Do not use TissuGlu® Surgical Adhesive in patients who have had prior exposure to TissuGlu®. Immunological response associated with repeat TissuGlu® exposure has not been studied.
- The effectiveness for the treatment of patients with BMI > 28 has not been established. Higher BMI patients have a propensity for fluid accumulation and may have an increased risk of seroma formation.
- Effectiveness was not observed in weight loss patients undergoing abdominoplasty. Weight loss patients have a propensity for fluid accumulation and may have an increased risk of seroma formation and aspiration.

Safety Information

For full safety information please visit www.tissuglu.com/clinicians/dfu/, or call Cohera Customer Support at 1-800-641-7458.
As we enter our busy fall season, I extend to you and yours my best wishes. The Aesthetic Society has many exciting new projects under development and I am pleased to share just a few with you today, as they will each help move our specialty forward and make it stronger.

**ANN’s Promise**

As an aesthetic surgeon in private practice, there’s no question that I and others in my situation enjoy a degree of freedom and creativity unheard of among our hospital-based colleagues. We can set our own clinical course, specializing in a specific aesthetic procedure or acting as a generalist since we, as ASAPs members, have the skill and education to do all of them. We can determine our reimbursement mix, whether it be completely fee for service or include a percentage of reimbursable procedures, such as breast reconstruction. We can open med-spas, invest in equipment, market as much or as little as necessary—the list is virtually endless.

However, our independence has a price. Physicians working in institutional settings can often take advantage of technologies and infrastructure that are both costly and time consuming for the solo or small group practitioner to take on. A prime example is the collection and use of data.

Lord knows, we are all acutely aware of the power useful and well collected data holds. It can help us streamline our practices, track medical errors, establish benchmarking with other practices, provide ammunition for scope of practice or other advocacy issues—and so much more.

The problem is how to get it. Many of us are already spending considerable staff time importing information to an electronic medical record, doing it twice is not appealing. We also have been thoroughly indoctrinated into the horrors of HIPAA violations, systems security breaches, maintaining patient confidentiality—it’s enough to make you want to go back to paper records or keep them if you haven’t changed over yet.

But the clinical and business advantages of having validated, data-based reports cannot be denied.

Imagine having a centralized business and practice intelligence system that is able to give new insights into your business: increasing revenue, reducing cost, determining ROI—as well as providing new insights into how your practice compares with peers.

That’s the Promise of ANN, an acronym for the Aesthetic Neural Network and our newest collaboration with AnzuMedical, the group that brought us the RADAR Resource.

The difference between this and other software solutions is the Neural—simply put, a sophisticated piece of technology that can “pull” data from a medical record without actually disturbing the record itself. Inspired by the way biological nervous systems, such as the brain, process information, the neural is a form of artificial intelligence composed of a large number of highly interconnected processing elements working in unison to solve specific problems. ANN will only look for the data points in an existing medical record that it is programmed to find. Patient information remains untouched and private.

The result? An ability to collect data without your having to input it returning that data to you in understandable and validated business reports.

We have developed a Data Collection Task Force to help us craft the product and see if ANN’s promise can become a reality. Chaired by Jennifer Walden, MD, six practices will be testing the solution to see if ANN’s got what it takes. I will keep you aware of our progress.

**ASAPS Education**

As our organization continues to lead in terms of the level of education we provide, I would like to thank chair Sal Pacella, MD and co-chair Gary Tuma, MD on the success of the recent ASAPS Symposium for Residents, The Business of Launching Your Practice. We had over 50 Residents join us in Dallas, and those with whom I spoke gained much insight into their future path as a result of our education. Our thanks to our entire faculty for their expertise and time.

October 6–8 marks the inaugural ASAPS Breast & Body Symposium, Experienced Insights. Jeff Kenkel, MD and Bill Adams, MD have put together a stellar faculty and a program which offers optimal attendee interaction, and I hope you’ve made plans to attend.

It is my sincere hope that future leadership in both organizations continues to operate with such positive intent.

**Independent and United**

As we are all aware, the long and storied history between The Aesthetic Society and ASAPS has had both great successes and many challenges. I’m happy to report that recently ASAPS President David Song, MD asked me to attend their member business meeting in Los Angeles and it was my pleasure to do so. David and I first met during Pathways to Leadership, and I cannot stress enough how our continued interaction has helped to build a relationship on a foundation of trust and common concern. It has been our approach to look for the win-win in any situation and this approach has served us well. During this time, we’ve been able to move the ball substantially down the field. This positive interaction is helping to lay the groundwork for more cooperation between the two societies, and I couldn’t be more pleased. It is my sincere hope that future leadership in both organizations continues to operate with such positive intent. We certainly have more commonalities than differences with our fellow plastic surgeons and I am happy to report that the two organizations have worked very hard to overcome any differences and work in harmony. We as a specialty are stronger together and I look forward to a more united front.

In closing, while aesthetic education is the cornerstone of our great organization, I deeply appreciate my interactions with members and colleagues. It is my great pleasure to serve as your President and I value your ideas and input. Working together, we can continue to enhance our Society and our specialty, providing our patients with improved outcomes and greater satisfaction, from which we all benefit.

Daniel C. Mills, II, MD, is an aesthetic plastic surgeon in Laguna Beach, CA, and serves as President of The Aesthetic Society.
Dr. Ivo Pitanguy: Memories and Tributes
Continued from Cover

“From the very earliest years of my interest in plastic surgery, I had been hearing about Dr. Ivo Pitanguy. Finally, in 1984, I had the opportunity to visit him in Rio and observe him in his clinic and in surgery. I will never forget making rounds with him as he went from room to room speaking fluent English, French, Spanish, Italian, and of course, Portuguese. We discussed not only plastic surgery but art, music, and even Greek mythology! He was a true Renaissance man who so many of us found fascinating—unique in medicine! I visited with him on numerous occasions over the next thirty years even spending a weekend on his island and learned about his interest in preservation of biologic species at risk for extinction. He filled up his life with such a wide range of interests. In everything he did, he dreamed big and lived larger. He has had enormous influence on our specialty and left a lasting imprint on me personally.”
—James C. Grotting, MD, FACS

“The passing of Dr. Pitanguy is a great loss to plastic surgery of the world. He was instrumental in making aesthetic plastic surgery a respected subspecialty. He accomplished this objective because of his exemplary professional ethics, because he delivered on what he said, and particularly because he unselishly was willing to teach young and established professionals.

“Dr. Pitanguy probably trained more plastic surgeons from throughout the world than any other person. Some of our elders criticized him because of his publicity. His answer: eloquent silence if the criticism was unjust, and articles in referred journals demonstrating his creativity and excellence. We should learn from his example.”
—Luis O. Vasconez, MD

“In 1981 while a senior resident at the Massachusetts General Hospital and at the recommendation of John Constable, I invited Ivo Pitanguy to be the Kazanjian Visiting Professor at Harvard. At the time, the two most famous people in Brazil were Pele and Pitanguy, and not necessarily in that order. He accepted with pleasure. For some reason, this weekend professorship led to an extraordinary friendship between the two of us. Thus began a 35-year relationship of trust, mentorship and collaboration.

“Although a bigger than life personality, Ivo actually was a very private person who immensely enjoyed the company of younger, engaged minds. Whether it be over dinner with me and my family or on his island in Angras dos Reis which I frequented often, Ivo was a giving and gracious host. I was blessed to be a regular invitee to Brazil and whether he be in Rio or Sao Paulo, Ivo would often grab me, summon his helicopter, and in an hour we would be on his island paradise. There surrounded by birds and wildlife in its natural setting, he would regale me with stories of his life and share the wisdom that his journey had wrought over a Caipirinha and cigar. Ivo was a true renaissance man and was as comfortable communicating in English, French and Italian as he was in his native Portuguese. His life experiences were enormous. He led a privileged life but never forgot the common man. Family was always most important to him and he loved spending time with his children and grandchildren both in Rio as well as on his island retreat.

“What I admired most about Ivo was that although undeniably a true giant and pioneer in aesthetic surgery, right up until the end of his life he continued to see and treat patients from the public hospital for reconstructive problems. Ivo came from a simple background and he never forgot the poor and downtrodden of his beloved Brazil. He very much believed that the best cosmetic surgeon was the one who also did work reconstructively. As I look back on those plastic surgeons that I consider the greatest of the 20th Century, ALL continued to challenge themselves with reconstructive surgery. Whether it be the great Fernando Ortiz-Monasterio, Daniel Marchac, Ralph Millard and our beloved Ivo Pitanguy—all were great surgeons who continued to challenge themselves dealing with the poor and underserved.

“I will greatly miss this man—he was a bigger than life personality. I was fortunate to get to know him and his family and I am pleased that one of his grandsons, Antonio Paulo, will continue in the giant plastic surgical footsteps of Ivo Pitanguy.”
—Bryant A. Toth, MD

“With the passing of Ivo Pitanguy, certainly a legend in his own time, many of his friends, colleagues, students and scholars of plastic surgery will have many beautiful and touching words to bring forth validation of his immense profile. My contributions would only add space to what others will say.

“Instead I want to add something different…something that implanted into my brain a concept that has made me a better and happier man.

Continued on Page 7
“We first met when I went to Brazil in 1972 as a replacement for Dr. Conin at Brazil’s national meeting, and Cronin arranged for me to meet with Ivo. It turned out my wife and I were invited to a dinner at his home with four others, all distinguished people in the international business world. Throughout the evening Ivo would ask my opinion of something or ask confirmation of something he’d said. He made me feel important.

“The next day, in his clinic, he performed several operations and took me to lunch in his private office (black beans and rice). During that time he asked me many questions regarding various techniques. I left remembering some but not all he’d said to me… but remembering how he made me feel.

“In the ensuing 42 years I’ve made 43 trips to Brazil and in most of these spent some time with Ivo (most recently last fall when I interviewed and videoed him for our Plastic Surgery Videopedia). In addition we’ve met in Europe, Asia and the U.S. And, as always, he wanted to know all I was doing, and, as always, gave me words of encouragement… which made me feel good.

“Since my first visit with Ivo in 1972 I’ve had my own share of visitors… mostly young and talented but most with modest mileage… and I’ve remembered how Ivo treated me and have tried the same. I think it has been a small light of pleasure to my visitors… but it has always made me feel better.

“Over the years I’ve found this method of dealing with people, ALL people family, friends, colleagues…unknown workers (ALL PEOPLE) tremendously rewarding… TO ME… and I suspect to those others as well. To make it short I’ve added to my ‘List of Sayings.’ People may forget what you tell them… but will often remember how you made them feel.’

“Ivo made me a better man.”
—Tom Biggs, MD

“Most know Ivo Pitanguy as one of the greatest aesthetic surgeons that ever lived—a leader of the specialty not only in Brazil but the entire World. In reality he was a pioneer in many areas including his own training, his teaching abilities, his pioneering in many aesthetic procedures and perhaps most importantly, his vision in marketing in plastic surgery throughout his amazing life.

“His training in the late 50s was quite unique for a young Brazilian Plastic Surgeon—he sought training in plastic & reconstructive surgery in the US and specialized in burn surgery in Cincinnati. He then had fellowships in England in head & neck surgery and in hand surgery in France.

“He returned to Brazil and established his training program in Rio de Janeiro at his Private Clinic and Santa Casa Hospital where he served the underprivileged. In the early 60’s the tragic fire at Circus of Niteroi helped to project his name and skills as a burn reconstructive surgeon throughout Brazil, and that was just the beginning of an amazing life!

“Dr. Pitanguy trained more plastic surgeons than any other person in the world. I experienced it myself when I spent a few weeks visiting him immediately after I finished my training at University of Alabama. His surgical and teaching skills were unmatched and his ability to make me feel “at home” unsurpassed. Since we had many scientific and social encounters and he was always the kind man that I first met in 1990 even including me at many social events like I was a member of his own family. In 2012, I returned to Rio to spend a day at the famous Pitanguy Clinic as the ASAPS International Visiting Professor. I found a much older and more reflective man that despite a recent illness and still under a lot of pain spent the entire day with me and his many fellows reviewing many aspects of his life and his eternal passion for our Specialty. That day he shared many of his great feelings for America and for The Aesthetic Society—a day I will never forget!

“What has always impressed me the most was the professor vision for the Specialty and his relentless pursuit of perfection in his procedures, his books and his personal life and business. It always amazed me how aggressive he used marketing & publicity as a piece of information to colleagues and patients which helped Aesthetic Surgery to be known what it is today in Brazil and the World. Once I asked him how he dealt with the early criticism for his aggressive marketing & publicity? He smiled, held my both hand and said in typical “carioca Portuguese”— Renato, where are the critics now?”

“He will be missed but the legacy will always be here among the many he touched in so many different ways.

“To Gisela, Antonio Paulo and his entire family my sincere condolences. To the many students, colleagues and friends I share your loss but also the privileged and honor to know and learn from such a man like Ivo Pitanguy. Rest in peace, Professor.”
—Renato Saltz, MD
Experience the Global Gathering of Aesthetic Innovators and Experts as We Celebrate the 50th Anniversary of The Aesthetic Society

50 YEARS OF AESTHETICS

The Aesthetic Meeting 2017

April 27–May 2, 2017

EXHIBITS OPEN APRIL 29–MAY 1, 2017

San Diego Convention Center
San Diego, CA

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

www.surgery.org/meeting2017
The Aesthetic Society Turns 50

It gives me great pleasure to serve as the President of The Aesthetic Society, especially during such a joyous time as our upcoming 50th Anniversary. This year will mark 50 years since our founders first gathered together in Venice, Italy’s famous Harry’s Bar and jotted down notes on a cocktail napkin. Those thoughts led to the formation of our Society, and we’ve gone from scrappy newcomer to established and respected in a very short 50 years. On April 27–May 2, 2017, we’ll be joining together once again for our annual Aesthetic Meeting in San Diego, CA, at which we’ll be celebrating this special milestone.

Colleagues and friends will reconnect, exceptional education will be offered, and many surprises await you as we gather to celebrate and learn. Exhibit dates are April 29–May 1. Registration will open in December and I hope you’ll make plans to join us.

In particular, I hope to see you at the Presidential Welcome Celebration as we toast 50 Years of the Art of Aesthetics. It promises to be a wonderful evening, full of food and fun, and Jan and I look forward to seeing you there.

The Aesthetic Meeting is our annual opportunity to reconnect, hone our skills, and learn more about this exciting specialty. Make plans to attend and look for more details, coming soon, at surgery.org/meeting2017. Here’s to our next 50 years of aesthetics!

Daniel C. Mills, II, MD is an aesthetic plastic surgeon practicing in Laguna Beach, CA, and serves as President of The Aesthetic Society.
ASAPS LAS VEGAS 2017
FACIAL SYMPOSIUM
50 YEARS OF AESTHETICS

January 13-15, 2017
The Cosmopolitan of Las Vegas
Las Vegas, NV

Chair: Charles Thorne, MD
Co-Chair: Louis Bucky, MD

WE ARE AESTHETICS.

♦ Intimate Learning Environment
♦ Exceptional Education
♦ Cadaver Labs Available

The American Society for Aesthetic Plastic Surgery (ASAPS) designates this live activity for a maximum of 25.5 AMA PRA Category 1 Credits.™

www.surgery.org/face2017
Dr. Louis Bucky and I are extremely pleased to announce that registration is now open for the incredibly popular ASAPS Las Vegas 2017 Aesthetic Symposium: Practical Tips and Revolutionary Concepts in Facial Surgery, Injectables and Rhinoplasty, January 13–15, at The Cosmopolitan of Las Vegas. We have planned an exciting program in an intimate learning environment, with some of the best minds in aesthetic plastic surgery as faculty.

We'll be covering such topics as aging concepts, anatomical landmarks and deviations, aesthetic evaluation, fat grafting, fillers (including a live demonstration), and much more.

**Rhinoplasty Meeting**

In addition to our face program, this year's symposium will once again feature a special rhinoplasty session. This session will be geared to a small, intimate group of doctors who will enjoy a full day of didactic learning. Limited space will be available for this unique opportunity. The entire program can be found at www.surgery.org/lasvegas2017 and beginning on page 12 of this issue of Aesthetic Society News.

**Our Cadaver Labs Sell Out Every Year!**

On Sunday, January 15, plan to attend the cadaver anatomy labs focused on techniques in rhinoplasty (morning lab) and facial aesthetics (afternoon lab). These popular labs offer attendees a great opportunity to learn from some of the best in the field, where you can practice what you've learned in the didactic sessions the day prior.

**Exciting Venue: The Cosmopolitan of Las Vegas**

All meeting functions will be held at The Cosmopolitan of Las Vegas, a luxury resort casino and hotel, located on the Las Vegas Strip. The resort was named to the 2015 Conde Nast Travelers Gold List as one of the “Top Hotels in the World.” The hotel has a wide variety of inspired, world-class restaurants.

Make your online reservation now, go to www.surgery.org/lasvegas2017 and click on hotel.

Call center numbers: 702-698-7575 (local) or 855-435-0005, Reservation Code: SAPAS7.

The cutoff date for hotel reservations is December 19, 2016. Reservations made after the deadline, or after the room block fills, are subject to space and rate availability. Deposit and cancellation penalties will apply. Please confirm these details when making your reservations.

**CME**

The American Society for Aesthetic Plastic Surgery (ASAPS) designates this live activity for a maximum of 25.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

To earn the maximum of 25.5 AMA PRA Category 1 Credits™, you must also attend the optional facial cadaver lab on Sunday afternoon, without which the maximum is 21.5 CMES. 12 of the 25.5 credits have been identified as Patient Safety Credits.

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

**Register Today**

If you’re looking for expert education in a dynamic and personal setting, look no further. We hope you’ll register and attend this exciting symposium. Remember, cadaver labs sell out in advance, so register today! The ASAPS Las Vegas 2017 Facial Symposium registration brochure follows this article in its entirety, or you can find more information online at www.surgery.org/lasvegas2017. See you in Las Vegas!

Charles Thorne, MD, is an aesthetic plastic surgeon practicing in New York City. He currently serves on the ASAPS Board of Directors as Treasurer.
ENGAGING AND INTERACTIVE AESTHETIC EDUCATION IN ONE OF THE WORLD’S MOST DAZZLING CITIES!

Interactive Education on All Aspects of Facial Aesthetics
- Aging Concepts
- Anatomical Landmarks and Deviations
- Aesthetic Evaluation
- Surgical Options
- Fat Grafting
- Fillers—Live demonstration
- Complications
- Rhinoplasty

Special Sessions Dedicated to Improving Your Skills
- Concurrent Face and Rhinoplasty Sessions—Saturday, January 14
- Rhinoplasty Cadaver Lab—Sunday Morning, January 15
- Facial Cadaver Lab—Sunday Afternoon, January 15

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

PROGRAM GOALS AND LEARNING OBJECTIVES

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

Learning Objectives
- Summarize advanced techniques and science in structural fat grafting
- Discuss advanced concepts in aesthetic surgery of the face, nose and neck to achieve optimal outcomes
- Manage surgical complications with an emphasis on patient safety
- Define and analyze advanced techniques for facial rejuvenation to include:
  - Aging concepts
  - Anatomical landmarks and deviations
  - Aesthetic evaluation
  - Surgical options
  - Fat grafting
  - Fillers
  - Marketing
  - Resurfacing
  - Lasers
  - Complications with emphasis on patient safety

WHO MAY ATTEND?
The ASAPS Las Vegas 2017 Aesthetic Symposium is open to Domestic and International Members and Candidates of:
- The American Society for Aesthetic Plastic Surgery
- The American Academy of Facial Plastic and Reconstructive Surgery
- The American Society of Plastic Surgeons
- The International Society for Aesthetic Plastic Surgery (ISAPS) or documentation of membership in a national plastic surgery society acceptable to the Board of Directors
- ASAPS Affiliate Program (Must be enrolled through the Australasian Society of Aesthetic Plastic Surgery)
- Residents and Fellows participating in an approved plastic surgery residency program (with letter of verification)
- Office/Ancillary Personnel of qualified surgeons

DESIGNATION
The American Society for Aesthetic Plastic Surgery (ASAPS) designates this live activity for a maximum of 25.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

To earn the maximum, 25.5 CMEs, you must also attend the optional facial cadaver lab on Sunday afternoon, without which the maximum is 21.5 CMEs.

A of the 25.5 credits have been identified as Patient Safety Credits.

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

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

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

FOR MORE INFORMATION PLEASE VISIT: WWW.SURGERY.ORG/FACE2017
FRIDAY JANUARY 13
6:30AM – 5:00PM
Exhibits Open
Includes: Includes Continental Breakfast, Coffee Break, Luncheon and Wine and Cheese Networking Break.

7:20AM – 7:30AM
Welcome
Charles Thorne, MD and Louis Bucky, MD

7:30AM – 9:05AM
WHAT IS PERCEPTION AND WHAT IS REALITY?
Moderator – Louis Bucky, MD
Discussants – Joseph Hunstad, MD and Richard Warren, MD

7:30AM – 7:43AM
Practical Implications of Facial Perception Studies: Are the Belgians Missing It, or Are We?
Francisco Bravo, MD

7:43AM – 7:56AM
The Art of Cosmetic Surgery (Unifying Theory of Beauty)
Steven Dayan, MD

7:56AM – 8:09AM
What Really Happens When We Age?
Val Lambros, MD

8:09AM – 8:22AM
Sleep Wrinkles: Facial Aging and Facial Distortion During Sleep
Goessel Anson, MD

8:22AM – 8:35AM
3D Imaging, 3D Printing, and Virtual Reality: Science Fiction or Real Way to Improve Your Practice?
Oren Tepper, MD

8:35AM – 8:48AM
Photography: True and False
Val Lambros, MD

8:48AM – 9:00AM
Discussion/Audience Q&A

9:00AM – 9:05AM
Pearls and Ponderings
Richard Warren, MD

9:05AM – 10:30AM
WHY DON’T WE HEAR ABOUT RESURFACING ANYMORE? WE JUST LIFT AND FILL?
Moderator – Charles Thorne, MD
Discussants – Steven Dayan, MD and Val Lambros, MD

9:05AM – 9:25AM
Is The Skin Just for Dermatologists?
What Plastic Surgeons Should Know
Aaron Kosins, MD

9:25AM – 9:45AM
What Plastic Surgeons Don’t Know About Lasers/Light Devices but Must Learn ASAP
John Hoopman, CMLSO

9:45AM – 10:00AM
Dermabrasion: Old Dog or New Trick?
Steven Levine, MD

10:00AM – 10:15AM
When to Peel, When to Laser and When to Do Both
Aaron Kosins, MD

10:15AM – 10:25AM
Discussion/Audience Q&A

10:25AM – 10:30AM
Pearls and Ponderings
Val Lambros, MD

10:30AM – 11:00AM
Coffee Break in Exhibits

11:00AM – 11:20AM
Anatomic Targets in Facial Injections
Christopher Surek, DO

11:20AM – 11:40AM
Where Should I Be Afraid to Inject?
Steven Dayan, MD

11:40AM – 11:55AM
Discussion/Audience Q&A

11:55AM – 12:00PM
Pearls and Ponderings
Mario Pelle-Ceravolo, MD

12:00PM – 1:00PM
Lunch in the Exhibits

1:00PM – 2:00PM
LIVE INJECTIONS WITH FILLERS: LEARN FROM THE MASTERS
Moderator – Charles Thorne, MD
Discussants – Steven Dayan, MD and Val Lambros, MD

1:00PM – 1:10PM
Demonstration: Advanced Indications and Technique for Filler Injections I
Goessel Anson, MD

1:10PM – 1:25PM
Discussion/Audience Q&A

1:25PM – 1:30PM
Pearls and Ponderings
Steven Dayan, MD

1:30PM – 1:40PM
Demonstration: Advanced Indications and Technique for Filler Injections II
Goessel Anson, MD

1:40PM – 1:55PM
Discussion/Audience Q&A

1:55PM – 2:00PM
Pearls and Ponderings
Val Lambros, MD

Program and Faculty Subject to Change
2:00PM – 3:00PM
MISSING LINKS: WHY DO SOME PEOPLE HAVE BUSY INJECTABLE PRACTICES?
Moderator – Louis Bucky, MD
Discussants – Francisco Bravo, MD and Goesel Anson, MD

2:00PM – 2:15PM
Lips are for More Than Kissing
Steven Dayan, MD

2:15PM – 2:30PM
Malar Fillers Do Not Influence the Nasolabial Fold
Val Lambros, MD

2:30PM – 2:45PM
Filler or Fat?
Steven Dayan, MD

2:45PM – 2:55PM
Discussion/Audience Q&A

2:55PM – 3:00PM
Pears and Ponderings
Goesel Anson, MD

3:00PM – 3:30PM
Networking Reception in the Exhibits

3:30PM – 5:15PM
LEFT FOR DEAD: WHY THE BROW LIFT IS BACK BUT THE ENDOSCOPE IS DEAD
Moderator – Charles Thorne, MD
Discussants – Val Lambros, MD and Mario Pelle-Ceravolo, MD

3:30PM – 3:50PM
Brow Aesthetics: Ideal Eyebrow Shape and Configuration
TBD

3:50PM – 4:10PM
My Algorithm for Forehead/Brow Lifting
Richard Warren, MD

4:10PM – 4:30PM
Superficial Lateral Brow Lift with Deep Temporalis Fascia Fixation
Francisco Bravo, MD

4:30PM – 4:50PM
My Approach and Experience with Temporal Brow Lifting
Joseph Hunstad, MD

4:50PM – 5:10PM
Discussion/Audience Q&A

5:10PM – 5:15PM
Pears and Ponderings
Mario Pelle-Ceravolo, MD

5:15PM – 6:15PM
STARTING A PRACTICE: MARKETING AND ADVICE
Moderator – Oren Tepper, MD
Discussants – Christopher Godek, MD and Aaron Kosins, MD

5:15PM – 5:30PM
What Devices Must I Have, What’s Optional & What’s Nonsense?
John Hoopman, CMLSO

5:30PM – 5:45PM
How to Start an Aesthetic Practice: Lessons Learned Since Residency
Steven Levine, MD

5:45PM – 6:00PM
The Cosmetic Consultation: Like Dating All Over Again
Steven Dayan, MD

6:00PM – 6:10PM
Discussion/Audience Q&A

6:10PM – 6:15PM
Pears and Ponderings
Christopher Godek, MD

SATURDAY JANUARY 14, 2017

6:30AM – 5:00PM
Exhibits Open
Includes: Continental Breakfast, two Coffee Breaks and Luncheon

7:30AM – 8:45AM
TREATMENT OF THE AGING UPPER ORBIT
Moderator – Louis Bucky, MD
Discussants – Joseph Hunstad, MD and Richard Warren, MD

7:30AM – 7:50AM
Peri-Orbital Fat Grafting: A New Paradigm for Rejuvenation of the Eyelids
TBD

7:50AM – 8:20AM
Autoaugmentation Upper Blepharoplasty
Francisco Bravo, MD

8:20AM – 8:30AM
Upper Blepharoplasty: Excision Still has a Role
Glenn Jelks, MD

8:30AM – 8:40AM
Discussion/Audience Q&A

8:40AM – 8:45AM
Pears and Ponderings
Richard Warren, MD

8:45AM – 9:25AM
WHAT’S THE DIFFERENCE BETWEEN FESTOONS AND MALAR BAGS AND IS THERE A TREATMENT?
Moderator – Charles Thorne, MD
Discussants – Francisco Bravo, MD and Louis Bucky, MD

8:45AM – 9:00AM
Definition and Treatment of Malar Bags and Festoons
Glenn Jelks, MD

FOR MORE INFORMATION PLEASE VISIT: WWW.SURGERY.ORG/FACE2017
9:00AM – 9:15AM
Treatment of Lower Eyelid Festoons
Christopher Godek, MD

9:15AM – 9:20AM
Discussion/Audience Q&A

9:20AM – 9:25AM
Pears and Ponderings
Louis Bucky, MD

9:25AM – 9:35AM
ASAPS Update
Daniel Mills, II, MD – ASAPS President

9:35AM – 10:05AM
Coffee Break in Exhibits

10:05AM – 11:40AM
DOES ANYONE UNDERSTAND LOWER BLEPHAROPLASTY? ALWAYS THE BIGGEST CONTROVERSY
Moderator – Charles Thorne, MD
Discussant – Christopher Godek, MD

10:05AM – 10:25AM
When and How to Do Fat Transposition for a Deep Tear Trough
Richard Warren, MD

10:25AM – 10:45AM
Video Presentation – Compartmenatal Fat Grafting to Lid-Cheek Junction
Glenn Jelks, MD

10:45AM – 11:05AM
Use of Spacers in the Lower Eyelid: When and How
Mario Pelle Ceravolo, MD

11:05AM – 11:25AM
Transconjunctival Fat Removal, Skin Pinch and Laser: Low Risk, Short Recovery, Dependable Results
Louis Bucky, MD

11:25AM – 11:35AM
Discussion/Audience Q&A

11:35AM – 11:40AM
Pears and Ponderings
Christopher Godek, MD

11:40AM – 12:30PM
POINT COUNTERPOINT: HOW AND WHEN TO DO A CANTHOPEXY
Moderator – Louis Bucky, MD
Discussant – Steven Dayan, MD and Francisco Bravo, MD

11:40AM – 11:55AM
Cantohpexy: Anatomic/Technical Considerations
Mario Pelle-Ceravolo, MD

11:55AM – 12:10PM
Cantohpexy: How and When I Do It
Glenn Jelks, MD

12:10PM – 12:25PM
Debate/Audience Q&A

12:25PM – 12:30PM
Pears and Ponderings
Francisco Bravo, MD

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

1:30PM – 3:10PM
FACELIFTING: WHEN TO DO WHICH TECHNIQUE OR ARE THEY ALL THE SAME?
Moderator – Charles Thorne, MD
Discussants – Mario Pelle-Ceravolo, MD and Joseph Hunstad, MD

1:30PM – 1:50PM
Concealed Incision Facelift: Planning Incisions to Avoid Hairline Displacement, Visible Scars, and Evidence of Surgery TBD

1:50PM – 2:10PM
SMASectomy and Plication: Simple and Effective
Steven Levine, MD

1:50PM – 2:10PM
Different Faces, Different Facelift Technique
Richard Warren, MD

2:10PM – 2:30PM
Reduction Rhytidectomy
Francisco Bravo, MD

2:30PM – 2:50PM
Tumescent Infiltration with Blunt Undermining
Louis Bucky, MD

2:50PM – 3:05PM
Discussion/Audience Q&A

3:05PM – 3:10PM
Pears and Ponderings
Joseph Hunstad, MD

3:10PM – 3:40PM
Coffee Break in the Exhibits

3:40PM – 4:40PM
COMBINING FACELIFTING WITH RESURFACING: NO LONGER CRAZY
Moderator – Charles Thorne, MD
Discussants – Val Lambros, MD and Louis Bucky, MD

3:40PM – 4:00PM
Facelift Combined with CO2 Laser
Christopher Godek, MD

4:00PM – 4:20PM
Facelift Combined with TCA Peeling
Steven Levine, MD

4:20PM – 4:35PM
Discussion/Audience Q&A

4:35PM – 4:40PM
Pears and Ponderings
Louis Bucky, MD
**SUNDAY JANUARY 15, 2017**

**4:40PM – 5:40PM**
**COMPLICATIONS IN AESTHETIC SURGERY OF THE FACE: AVOIDING AND TREATING THEM BECAUSE THEY ARE ALWAYS LOOKING FOR YOU**
Moderator – Louis Bucky, MD
Discussants – Joseph Hunstad, MD and Goesel Anson, MD

**4:40PM – 4:55PM**
**Avoiding Injury to Marginal Mandibular Branch**
Mario Pelle-Ceravolo, MD

**4:55PM – 5:10PM**
**Avoiding Common Complications in Facelift**
Steven Levine, MD

**5:10PM – 5:25PM**
**Managing Complications in Aesthetic Surgery**
Christopher Godek, MD

**5:25PM – 5:35PM**
**Discussion/Audience Q&A**

**5:35PM – 5:40PM**
**Pears and Ponderings**
Goesel Anson, MD

**5:40PM – 6:10PM**
**DON’T GO TO DINNER YET! WHAT YOU NEED TO KNOW ABOUT LASER PHYSICS, LASER SAFETY**
Moderator – Charles Thorne, MD
Presenter – John Hoopman, CMLS

---

**9:30AM – 10:00AM**
**Coffee Break in the Exhibits**

**10:00AM – 12:00PM**
**SAVING THE BEST FOR LAST -- IMPROVING YOUR RESULTS IN THE NECK: SORRY, GUYS, BUT IT IS ALL SUBPLATYSMAL**
Moderator – Louis Bucky, MD
Discussants – Richard Warren, MD and Francisco Bravo, MD

**10:30AM – 10:50AM**
**Deep Layer Problems: Defining Anatomical Problems and Applying Logical Solutions**
TBD

**10:50AM – 11:10AM**
**LSD Technique for Anterior Neck without Submental Incision**
Mario Pelle-Ceravolo, MD

**11:10AM – 11:30AM**
**Combined Treatment Options in the Difficult Neck**
Joseph Hunstad, MD

**11:30AM – 11:45AM**
**Submandibular Gland Reduction: Making it Easier and Safer**
Mario Pelle-Ceravolo, MD

**11:45AM – 12:00PM**
**Discussion/Audience Q&A**

**11:55AM – 12:00PM**
**Pears and Ponderings**
Francisco Bravo, MD

**1:00PM – 5:00PM**
**OPTIONAL FACIAL CADAVER LAB (additional fee)**
Plan to attend the facial cadaver anatomy lab. This popular hands-on lab offers participants a great opportunity to try what you learned during the meeting with expert guidance readily available to help.

---

*Program and Faculty Subject to Change*

Claim Your CME Credits Electronically at [WWW.SURGERY.ORG/EVAL](http://WWW.SURGERY.ORG/EVAL)

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

FOR MORE INFORMATION PLEASE VISIT: [WWW.SURGERY.ORG/FACE2017](http://WWW.SURGERY.ORG/FACE2017)
SATURDAY JANUARY 14, 2017

RHINOPLASTY MEETING FACULTY
Rollin Daniel, MD – Chair
Jay Calvert, MD – Chair
Aaron Kosins, MD – Co Chair
Oren Tepper, MD – Co Chair
Rick Davis, MD
Christopher Godek, MD
Val Lambros, MD
Ali Sajjadian, MD

7:20AM – 7:30AM
Welcome
Rollin Daniel, MD and
Jay Calvert, MD - Chairs

OVERVIEW – RHINOPLASTY
Session Moderator – Rollin Daniel, MD

7:30AM – 7:50AM
Patient Evaluation for Rhinoplasty
Ali Sajjadian, MD

7:50AM – 8:10AM
Operative Planning & Analysis
Aaron Kosins, MD

8:10AM – 8:30AM
Standard Open Rhinoplasty Technique Video
Oren Tepper, MD

8:30AM – 9:00AM
Open Rhinoplasty Personal Technique
Rick Davis, MD

9:00AM – 9:15AM
Discussion

9:15AM – 9:45AM
Coffee Break in the Exhibits

MASTERING THE NASAL TIP AND ALA
Session Moderator – Jay Calvert, MD

9:45AM – 10:05AM
New Nasal Anatomy
Rollin Daniel, MD

10:05AM – 10:25AM
Comparison of Open Tip Suture Techniques
Aaron Kosins, MD

10:25AM – 10:45AM
Tip Surgery – The Decision Tree
Jay Calvert, MD

10:45AM – 10:55AM
Discussion

10:55AM – 11:15AM
Functional Factors & Operative Planning
Ali Sajjadian, MD

11:15AM – 11:35AM
The Aging Nose
Val Lambros, MD

11:35AM – 11:55AM
The Plunging Tip
Aaron Kosins, MD

11:55AM – 12:15PM
Tip Surgery for the Asymmetric Tip
Christopher Godek, MD

12:15PM – 12:30PM
Discussion

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

DORSAL AESTHETICS
Session Moderator – Oren Tepper, MD

1:30PM – 1:50PM
New Techniques for Dorsal Refinement
Rick Davis, MD

1:50PM – 2:10PM
Dorsal Reduction & Osteotomies
Ali Sajjadian, MD

2:10PM – 2:30PM
Discussion

2:30PM – 2:50PM
Thick Skin – The Role of Ultrasound Assessment and Accutane
Aaron Kosins, MD

2:50PM – 3:10PM
Applying Cleft Rhinoplasty Techniques in Aesthetic Patients
Oren Tepper, MD

3:10PM – 3:30PM
Discussion

3:30 – 4:00PM
Coffee Break in the Exhibits

DIFFICULT AND SECONDARY RHINOPLASTY
Session Moderator – Aaron Kosins, MD

4:00PM – 4:20PM
The Difficult Primary Rhinoplasty - Analysis & Operation
Rick Davis, MD

4:20PM – 4:40PM
How to Approach the Crooked Asymmetric Nose
Rollin Daniel, MD

4:40PM – 5:00PM
Tip Support: Lessons Learned from Secondary Rhinoplasty
Jay Calvert, MD

5:00PM – 5:20PM
Ethnic Rhinoplasty
Aaron Kosins, MD

5:20PM – 6:00PM
PANEL: KEYS TO BUILDING A RHINOPLASTY PRACTICE, SOCIAL MEDIA & BEYOND
Moderator – Oren Tepper, MD
Jay Calvert, MD, Ali Sajjadian, MD, Aaron Kosins, MD

6:00PM – 6:15PM
Summation: The Rhinoplasty Revolution
Rollin Daniel, MD

SUNDAY JANUARY 15, 2017

8AM – 12 NOON
OPTIONAL RHINOPLASTY CADAVER LAB (additional fee)
Plan to attend the rhinoplasty cadaver anatomy lab. This popular hands-on lab offers participants a great opportunity to try what you learned during the meeting with expert guidance readily available to help.

REGISTER ON OR BEFORE NOVEMBER 23, 2016 FOR EARLY BIRD SAVINGS
ASAPS LAS VEGAS 2017 AESTHETIC SYMPOSIUM
Hotel Information

Meeting functions will be held at:

THE COSMOPOLITAN OF LAS VEGAS
3708 Las Vegas Boulevard South, Las Vegas, Nevada 89109

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

CALL CENTER NUMBERS
702-698-7575 (local) or 855-435-0005
Reservation Code SAPAS7 Cut off date is 12/19/2016
Reservations made after the deadline, or after the room block
fills, are subject to space and rate availability. Deposit and
Cancellation penalties will apply. Please confirm these details
when making your reservations.

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

FRIDAY JANUARY 13
Exhibits Open 6:30AM – 5:00PM
Includes: Continental Breakfast,
Coffee Break, Luncheon and Wine
and Cheese Networking Break.

SATURDAY JANUARY 14
Exhibits Open 6:30AM – 5:00PM
Includes: Continental Breakfast,
two Coffee Breaks and Luncheon

SUNDAY JANUARY 15
Exhibits Open 6:30AM – 11:00AM
Includes: Breakfast & Coffee Break

ASAPS Las Vegas 2017
Facial Symposium Faculty
Charles Thorne, MD – Chair
Louis Bucky, MD – Co-Chair
Goessel Anson, MD
Francisco Bravo, MD
Jay Calvert, MD
Rollin Daniel, MD
Rick Davis, MD
Steven Dayan, MD
Christopher Godek, MD
John Hoopman, CMLSO
Joseph Hunstad, MD
Glenn Jelks, MD
Aaron Kosins, MD
Val Lambros, MD
Steven Levine, MD
Mario Pelle-Ceravolo, MD
Ali Sajjadian, MD
Chris Surek, DO
Oren Tepper, MD
Richard Warren, MD

World Class City.
Exceptional Education.
And You!

REGISTER ONLINE AT WWW.SURGERY.ORG/FACE2017
REGISTRATION

ASAPS Las Vegas 2017 Aesthetic Symposium
50 YEARS OF AESTHETICS

January 13–15, 2017 • Sponsored by: ASAPS

First Name ___________________________________________ ASAPS ID # __________

Last Name ___________________________________________

Badge Name (if different from above) ____________________

Street Address _______________________________________

City _________________________________________________ State __________

Zip/Postal Code __________________________ Country __________

Phone __________________________ Fax __________

Email Address _______________________________________
(Used to communicate Symposium updates)

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

☐ Audio  ☐ Visual

Symposium Registration

21.5 AMA PRA Category 1 Credits™

<table>
<thead>
<tr>
<th>On or Before November 23, 2016</th>
<th>On or After November 24, 2016</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASAPS or AAFPRS Active Member</td>
<td>$1,450</td>
<td>$1,650</td>
</tr>
<tr>
<td>ASAPS Candidate for Membership</td>
<td>$1,600</td>
<td>$1,900</td>
</tr>
<tr>
<td>International Affiliate Program (Australasian)</td>
<td>$1,600</td>
<td>$1,900</td>
</tr>
<tr>
<td>Guest Plastic Surgeon</td>
<td>$1,850</td>
<td>$2,050</td>
</tr>
<tr>
<td>ASAPS Life Member/Resident</td>
<td>$500</td>
<td>$600</td>
</tr>
</tbody>
</table>

(Relationships must provide letter of verification from chief of plastic surgery)

Allied Health Personnel/Office Personnel | $800 | $900 |

(Must provide letter verifying employment by an ABPS-certified plastic surgeon)

Optional Rhinoplasty Cadaver Lab
(8:00am – 12:00pm, Sunday, January 15)
4 AMA PRA Category 1 Credits™

| $850 | $995 | $  |

Optional Facial Cadaver Lab
(1:00pm – 5:00pm, Sunday, January 15)
4 AMA PRA Category 1 Credits™

| $850 | $995 | $  |

TOTAL ENCLOSED $__________

PAYMENT

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

Account Number __________________________________________
Expiration Date __________________________ Security Code __________ Billing Zip Code __________

Card Holder Name __________________________ Signature __________________________

SEND PAYMENT TO:
The Aesthetic Society (ASAPS) • 11262 Monarch St., Garden Grove, CA 92841 USA • Fax: 562.799.1098 • Phone: 562.799.2356

REGISTER ONLINE AT WWW.SURGERY.ORG/FACE2017
We Deliver Real Patient Insights...

Enabling increased leads and revenue by leveraging the shift in patient buying habits.

RealPatientRatings™ is a state-of-the-art online review delivery system that achieves 10 times more patient reviews for plastic surgeons than any other method or program.

We specialize in helping healthcare providers increase patient satisfaction, grow revenue, maximize potential and enhance their online presence by:

- Providing 100% verified and trusted patient reviews, enabling patients and practices to make informed decisions
- Generating enhanced online visibility, lead generation and business growth
- Delivering real-time, dynamic feedback directly to the practice and its website

Our staff of experts will analyze the anonymous insights that we gather from your patients, and generate a report of recommendations and best practices to help you grow and reach your potential.

Call or Click to Sign Up Today
800-267-1228 ext. 5 | therealratingsgroup.com

Marie B.V. Olesen
Founder & Chief Patient Experience Officer

Are you ready to find out how to turn credible reviews into practice revenue?
Are You Using This Essential Member Benefit? My CME Record

One of the top requests from ASAPS Members has been that The Society create its own CME tracking system. We’re happy to report that now ASAPS has, and we welcome you to explore “My CME Record,” exclusively for ASAPS Members. This valuable ASAPS online tool is ready to maintain all your CME records for you.

The Ease Of The New “My CME Record”
The ASAPS My CME Record notification options inform you when a cycle’s requirements have been satisfied, or when your cycle is nearing its end and there are credits that you need to acquire, or when your record has had CME credits added—all without having to log in to the site and verify that the credits are there.

How Does It Work?
Step One: Navigate to asaps.org
Step Two: Log-in. The log in name is always “first name”-“last name.” Please note that if you use an initial as your first name, that “initial”-“last name” will be your log in. Use “Forgot your password” to generate a new password.
Step Three: Select the top right-hand site choice, “MY CME Record,” which allows you to see all credits on file with ASAPS from January 2012 to this date.
You may add your other CME activities as well as create specific cycles for your credentialing and licensure CME requirements. To create specific cycles, simply select “Add Custom Cycle,” enter the cycle dates, give it a name, enter the credits required, and let My CME Record do the rest. If there is a missing meeting on your My CME Record, it is easy to add it. Click “Submit CME Activity” at the bottom left-hand side of the page. Follow the simple steps and your record will be updated.

Other Meetings & Calendar Function
Aside from ASPS meetings, all other national, regional and state aesthetic surgery meetings will have their attendee credits added to your record automatically. If you need to know of upcoming aesthetic meetings, there is a calendar complete with meeting dates, locations and typical amount of CME provided—just find the link on the “Plastic Surgery Meeting page,” embedded in the first paragraph on the home page.

Your Feedback
As ASAPS continually strives to improve its member services, please let us know your thoughts on this new tool, designed to make it easier on you and your staff to track and know where you stand with your CMEs. If you have additional comments or suggestions on this new tool, please contact Darlene Oliver at darlene@surgery.org.

Attention
Residents And Fellows!
Are You Looking for Funding to Attend The Aesthetic Meeting 2017 in San Diego, California?
Download the Application and Apply Today!
www.surgery.org/professionals/residents-and-fellows/aserf-resident-travel-scholarship

ASERF Resident Travel Scholarship to The Aesthetic Meeting 2017 Criteria

SUBMISSION DEADLINE: NOVEMBER 1, 2016

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

Uses: Scholarship funds must be used to offset the costs of travel, hotel, and other expenses associated with attending The Aesthetic Meeting 2017.

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

- Must be enrolled and in good standing in an approved plastic surgery training program
- Submit a letter of recommendation from the resident or fellow’s program director
- Submit a Curriculum Vitae
- Submit an essay explaining the importance of attending The Aesthetic Meeting 2017
- 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
THE AESTHETIC CRUISE 2017
50 YEARS OF AESTHETICS

July 21–August 1
Don’t Miss the Boat! Book Your Cabin Now.

North Sea Cruise
England, Scotland, Norway

Chair: W. Grant Stevens, MD
Co-Chair: Melinda J. Haws, MD

Endorsed by

www.surgery.org/cruise2017
Join colleagues for a learning experience like no other on The Aesthetic Cruise 2017, as we celebrate The Aesthetic Society’s 50 Years of Aesthetics by visiting Scotland and Norway, July 21–August 1, 2017 on Oceania’s Marina. With a luxurious ship, intriguing ports-of-call, and world-class educational offerings, The Aesthetic Cruise 2017 will be an unforgettable and enlightening adventure. Chair, Dr. W. Grant Stevens and Co-Chair, Dr. Melinda J. Haws, are putting together an exciting program with exceptional faculty, and the intimate cruise setting offers participants the opportunity to exchange ideas, network and learn from some of The Aesthetic Society’s brightest minds. Reservations are being taken now for cabins, so book today! For more information, please go to www.surgery.org/cruise2017.

Amazing Ports!
Southampton, England (Departure Port)
Newhaven (Edinburgh), Scotland
Kirkwall, Scotland
Bergen, Norway
Flåm, Norway
Geiranger, Norway
Alesund, Norway
Stavanger, Norway

The Finest Cruise Experience on Oceania’s Marina:
- Finest cuisine at sea, served in a variety of distinctive open-seating restaurants, all at no additional charge
- Gourmet cuisine curated by world-renowned Master Chef Jacques Pépin
- Epicurean enrichment programs, including immersive Culinary Discovery Tours™ in the world’s most fascinating destinations
- Award-winning itineraries featuring over 330 alluring destinations
- Spectacular port-intensive voyages featuring overnight visits and extended evening port stays

Testimonials
“Family and I have been on several of The Aesthetic Cruises and I love them.”
Al Aly, MD, ASAP S Active Member since 2003

“I had the pleasure of meeting and learning from Karen Zupko on The Aesthetic Cruise to Alaska in 2013, and had more terrific interactions on The Aesthetic Cruise 2015, from Barcelona to Lisbon.”
Frederick G. Wenerger, MD, ASAP S Active Member since 2011

“The Aesthetic Cruise offers stellar education in a unique and intimate learning environment. My family and I look forward to these chances to be together with colleagues and explore the world at the same time.”
Jeffrey M. Kenkel, MD, ASAP S Active Member since 2001

“While enjoying The Aesthetic Cruise 2013, I participated in courses focused on practical changes I could apply to my business management and marketing which would ensure my practice thrive. I’m pleased to report that in just the first six months of implementing these ideas, my practice revenue increased substantially—over 35%! As you can imagine, I look forward to what I might learn on my next Aesthetic Cruise!”
Mark A. Codner, MD, ASAP S Active Member since 2001

Don’t Delay! Staterooms are Already Selling Quickly!

ISAAPS Endorses ASAPS Aesthetic Cruise 2017
We at the Aesthetic Society are delighted that ISAAPS is endorsing our Aesthetic Cruise 2017. The Aesthetic Cruise offers a great learning experience, the opportunity to build new friendships and reconnect with old colleagues, and a fabulous ship and itinerary. In-coming ISAAPS president Renato Saltz, MD and ASAPS president Daniel C. Mills, II, MD encourage all ISAAPS members to consider this remarkable opportunity.
Important Safety Information

**Indication:** Restylane® Silk is indicated for submucosal implantation for lip augmentation and dermal implantation for correction of perioral rhytids in patients over the age of 21.

Restylane Silk contains traces of gram-positive bacterial protein and is contraindicated for patients with allergies to such material or for patients with severe allergies that have required in-hospital treatment. Restylane Silk should not be used by patients with bleeding disorders, with hypersensitivity to amide-type local anesthetics, such as lidocaine, under the age of 22, or by women who are pregnant or breastfeeding. Restylane Silk should not be injected anywhere except the dermis or lip submucosa. Use of Restylane Silk at the site of skin sores, pimples, rashes, hives, cysts, or infection should be postponed until healing is complete. The most commonly observed side effects are swelling, tenderness, bruising, pain, and redness at the injection site. These are typically mild in severity and resolve in 2-7 days after treatment. Serious but rare side effects include delayed onset infections, recurrence of herpetic eruptions, and superficial necrosis and scarring at the injection site. Do not implant into blood vessels. Use with caution in patients recently treated with anticoagulant or platelet inhibitors to avoid bleeding and bruising. Treatment volume should be limited to 1.5 mL per lip per treatment and 1.0 mL for perioral rhytid correction, as greater amounts significantly increase moderate and severe injection site reactions. The safety or effectiveness of treatment in areas other than lips and perioral rhytids has not been established in controlled clinical studies. Restylane Silk is only available through a licensed practitioner. Complete Instructions for Use are available at [www.RestylaneSilk.com](http://www.RestylaneSilk.com).
Want lips that don’t scream fake? Silk them.

Restylane® Silk gives you the subtle lip enhancement you’ve always wanted, but never thought you’d get. It’s the first and only FDA-approved filler specifically designed to smooth lines around the mouth while delivering fuller, smoother lips that feel natural. So you can still look and feel like you. There’s only one lip and line filler.
The second annual ASAPS’ symposia exclusively focused on Residents, “The Business of Launching Your Practice—The ASAPS Gift of Expert Advice,” was held in Dallas, TX, on September 9–11, 2016. Co-chair Gary Tuma, MD and I were so pleased to welcome 53 Residents from around the country for this complimentary symposium dedicated toward helping them map out a plan for success after graduation. Our faculty included attorneys, marketing specialists, practice management consultants, accountants, practice managers, and physicians who shared personal experiences about how to avoid common pitfalls on the path for success.

Building on the success of last year’s inaugural symposium, we wanted to focus as specifically as we could on how to be successful, regardless of whether one is starting a solo practice, joining a group, or working in a hospital or educational setting. As we all know, residency programs do an excellent job teaching students the necessary skills for positive patient outcomes, but residents rarely get access to the business and marketing expertise necessary for success. Our goal at this symposium was for them to learn from the experts what to do—and what not to do—to ensure they’ve established a solid platform on which to grow.

To do so, we assembled a first-rate team of experts who shared with the participants’ tips and practical suggestions for success. Gary and I would like to thank our faculty, as their valuable insight helped motivate and inspire those in attendance:

- Bob Aicher, Esq.—ASAPS Legal Counsel; Pasadena, CA
- Mark Codner, MD—Plastic Surgeon; Atlanta, GA
- Helen Daniell—Practice Manager; Atlanta, GA
- Lawrence Keller—Insurance Agent and Certified Financial Planner; Woodbury, NY
- Jon Kurlkian, MD—Plastic Surgeon; Fort Worth, TX
- Joseph Matheson—CPA Medical Professional; Whippany, NJ
- Ryan Miller—Online Marketing Specialist; San Luis Obispo, CA
- Michelle Spring, MD—Plastic Surgeon; Kalispell, MT
- Alex Thiersch, JD—Attorney and Founder of the American Med Spa Association (AmSpa); Chicago, IL
- Karen Zupko—Practice Management and Reimbursement Solutions Advisor; Chicago, IL

Lastly, our sincere thanks to our sponsors, Allergan, Merz Aesthetics, and NexTech, whose support is greatly appreciated.

We look forward to building on this success in the future. By creating an ongoing symposium which addresses the concerns and challenges that our residents face, not only can we assist in providing them with a recipe for success, but we can help ensure that the future of our specialty continues to be strong so it can flourish.

Salvatore Pacella, MD, MBA is an aesthetic plastic surgeon practicing in Del Mar, CA.

2016 Participant Testimonials

“Words cannot express how valuable this course is.”
—Kevin Shultz, MD

“This meeting is great. It’s giving you the answers to the questions you didn’t even think to ask”
—Brad Hill, MD

“The Resident Symposium is a cannot-miss meeting for learning the essentials of what to do, and more importantly what NOT to do, when starting your solo, group, or academic plastic surgery practice.”
—Sammy Sinno, MD

Continued on Page 27
Residents’ Symposium faculty receive their teaching certificates from Chair Sal Pacella, MD. Left to right, top to bottom, Chair Sal Pacella is pictured with Michelle Spring, MD; Co-Chair Gary Tuma, MD; Lawrence Keller; Alex Thiersch, JD; Karen Zupko; Bob Aicher, Esq.; Joseph Matheson, CPA; and Ryan Miller.
The all new 7th generation VISIA

FASTER Capture
FASTER Analysis
FASTER Conversions
Aesthetic Surgery Journal Update

Latest Issue of ASJ

Read the September issue of Aesthetic Surgery Journal here: https://goo.gl/rdv518 and Foad Nahai’s Editor’s Choices here: https://goo.gl/z0gg8O

Impact Factor Soars

We are thrilled to share the news that the #1 journal in aesthetic surgery has a new and improved Impact Factor of 2.502, ranking it 53/199 in Surgery, according to Thomson Reuters. This constitutes a 36% increase! We appreciate the efforts of all of our editors, authors, and reviewers. This new score is a reflection of our global team effort and we thank you on behalf of the entire ASJ team.

Have you signed up for your Aesthetic Surgery Journal eTOC and Advance Access alerts yet?

Be among the first to read the newest articles moments after they publish and receive alerts when each new issue publishes. Click here to set your preferences: http://asj.oxfordjournals.org/rss

EBM Hub

Have you been keeping up with our co-Section Editors Achilles Thoma and Monte Eaves? Check out the playlist of videos here for the latest updates on evidence-based medicine in aesthetic surgery: https://goo.gl/Wi1bN7. The next installment is coming soon, so stay tuned for another great educational analysis based on an ASJ article.

Peer Review Video Series

Have you had a chance to watch our 5-part video series on peer review? The playlist is here: https://goo.gl/WLjy4q for your perusal

and key topics include preparing your manuscript, proper image formatting, publication ethics, international submissions, and using social media to promote your work.

Submit Today to ASJ

Are you ready to submit your next manuscript to the Aesthetic Surgery Journal? We’re looking for Review Articles, Long-Term Outcomes, Technique Articles, and Translational Research. We welcome all other submissions and technique video accoutrements. All submissions are subject to peer review with no guarantee of acceptance. Submit here today: https://goo.gl/UMyt8R.
FLORIDA PLASTIC SURGERY FORUM
ANNUAL MEETING AND EDUCATIONAL PROGRAM
NAPLES GRANDE - NAPLES, FLORIDA - DECEMBER 8-11, 2016

Proudly presented by
FLORIDA SOCIETY OF PLASTIC SURGEONS
60th Anniversary Meeting

Fun, Sun, Beaches, Golf, the 5 star Naples Grande resort, CME from top speakers -
the FSPS Florida Plastic Surgery Forum has it all!
PLUS the new module on business management for the Young Plastic Surgeon!

Plan your December get-away in sunny Florida now!

Featured Faculty:
Foad Nahai, MD (Keynote address)
Dan Mills, MD (ASAPS President)
Debra Johnson, MD (ASPS President)
Lorne Rosenfield, MD
Joseph Gryskiewicz, MD
Neal Reisman, MD, JD
Steven Jacobson, MD
Frank Lista, MD (ASAPS Traveling Professor)
Dennis Hammond, MD

Roger Khouri, MD
Enrique Fernandez, MD
Richard Gregory, MD
Adam Katz, MD
Randy Miller, MD
Onelio Garcia, Jr, MD
Christopher Nuland, Esq.
Jennifer Walden, MD

For more information, contact us...

Jointly provided by

www.FSPS.org
FSPSoffice@gmail.com
(904) 693-1799

ENDORSED BY
AMERICAN SOCIETY OF PLASTIC SURGEONS®
Your favorite (or soon to be!) research tool and professional network is now available anytime and anywhere on tablets, smartphones, and the web. RADAR continues to deliver the very best in aesthetic education and is constantly evolving to meet your needs.

New Features
The RADAR search function has been integrated with advanced search capabilities and equipped with filters and subfilters. These new filters will allow you to navigate through content by selecting one or more of the new filter options:

- Authors
- Anatomical Areas
- Article type
- Content type
- Image gallery
- Procedures and Sub-Specialty

NEW Content
Aesthetic Surgery Journal
The following issues of the Aesthetic Surgery Journal are now available in the RADAR library: Aesthetic Surgery Journal > 2016

New Issues:
• October 2016
• September 2016
• July/August 2016

COMING SOON: The November/December 2016 issue will be available on RADAR on October 18th!

Aicher’s Legal Pad
Bob Aicher, Esq., General Counsel to ASAPS, discusses online pharmacies and the issues associated with them. Check out additional content from Aicher’s Legal Pad in the RADAR library under: ASAPS > Practice Management > Legal > Aicher’s Legal Pad

Topics include:
• Marketing
• Patient Safety
• Practice Management
• And much more

ALCL Case Update
ASAPS and ASPS, in collaboration with industry, have produced a joint statement on breast implant-related ALCL.

This document contains clinically up-to-date information and a treatment algorithm, should you suspect you have a patient with ALCL and is continually updated as new information become available.

This document can be viewed in the RADAR library under Cases > Patient Safety > ALCL.

Don’t Have Radar Yet?
iPad App: Search ‘ASAPS’ in the App Store and install the free app
Responsive Web Version: Go to www.radarresource.org from the web browser on your smartphone, tablet, or computer!

MORE QUESTIONS? Contact Alicia Potochniak, Alicia@Surgery.org

Tracy Pfeifer, MD, is an aesthetic plastic surgeon practicing in New York, NY. She serves as the Chair of the ASAPS RADAR Resource Editorial Committee.

Learn from the Finest Minds in Aesthetic Plastic Surgery

Finished with an international residency?* Apply to The Aesthetic Society’s International Fellowship Program by January 9, 2017. Two winners will receive the opportunity to visit and observe experts in the specialty, including reimbursement for food, housing, and transportation of up to $7500 for one year. Apply today!

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

*Residents from the U.S. and Canada are not eligible for this program.
everyone’s skin is unique

Your retinol solution should be too

Introducing R-OH retinol solutions

Maximize results and minimize irritation with our reinvented retinol formulations targeting your unique skin concern. The patented OmniSome delivery technology is proven to carry essential condition-specific ingredients deeper into the skin for dramatic improvement. Find your perfect retinol solution.

Dramatically reduce discoloration and skin yellowing.

Crucial to reduce signs of aging and improve texture.

Vital to reduce and prevent mild to severe acne breakouts.

Trusted by physicians and skin health professionals around the world for 25 years. Visit pcaskin.com to find us in your area.
The Aesthetic Surgery Education and Research Foundation has been chugging along for 20 years now, but a recent member survey suggests that we haven’t been doing a good job keeping you in the loop on our activities, and many members don’t know what we actually do. That’s about to change.

ASERF has a significant corpus and invites any board certified plastic surgeon to apply for an ASERF grant. I pledge to do a better job of informing you of research opportunities and letting you know on a regular basis what is going on with studies in progress.

Our work over the past several years has had a seminal effect on how we approach procedures, view clinical complication and contribute to the armamentarium of aesthetic surgeons.

One grant that had a demonstrable impact on our work was awarded last year to Dr. Marshall Kadin at Boston University. This funding directly led to the publication in AJSG of Biomarkers Provide Clues to Early Events in the Pathogenesis of Breast Implant-Associated Anaplastic Large Cell Lymphoma. This study by Dr. Kadin changed our understanding on the precursor cells that are responsible for this disease. The research is ongoing and now funds a collaboration between Boston University, McQuarie University, and MD Anderson Cancer Center, and has made recent headway into understanding how BIA-ALCL interacts with the body.

Outside of this work, ASAPS and ASPS released a joint statement on BIA-ALCL diagnosis and treatment recommendations in June. This treatment algorithm has subsequently been adopted by plastic surgery societies in Canada, UK, Sweden, South Africa, and Australia.

My friend and colleague Mark Clemens, MD, has been asked to be a co-author for the official recommendation to all oncologists worldwide that is called the National Comprehensive Cancer Network. He confirms that the ASAPS/ASPS algorithm forms the basis for NCCN guidelines to be released Spring 2017. And personally attests that the efforts of ASERF had significantly progressed our understanding of the disease and defined how we diagnose and treat this rare condition.

Not all ASERF work involves awarding of grants; some of our work is done in traditional committees and task forces similar to ones found in ASAPS. Recently, after several disturbing reports in the media, we formed the Gluteal Fat Grafting Task Force to learn more about morbidities and mortalities that may occur with the highly popular procedure.

The Task Force is Chaired by Mark Mofid, MD and includes members from both the United States and abroad. They include: Denis C. Astarta, MD; Lazaro Cardenas Camarena, MD; Sydney Coleman, MD; Ashkan Gharavi, MD; Constantino Mendieta, MD; Arturo Ramirez-Montanana, MD; Moises Salama, MD; Lakshmanan Sathyavagiswaran, MD; Daniel Suissa, MD and myself. The data is still being readied for submission to the Aesthetic Surgery Journal. An advisory on its findings has been sent to all members of ASERF and ASAPS.

These are just a couple of recent examples of how we help you improve patient safety and give every member an opportunity to participate in clinical research: not always available for those of us in solo practice.

ASERF is, to my knowledge, the only purely aesthetic research organization out there where 100 percent of your donations go directly to research, not to administrative or other fees.

If you’re looking for funding, please visit www.aserf.org/calls-for-research-applications/interim-grant-application.

We strongly encourage your ideas and suggestions for research projects that will make our specialty stronger and give our patients a safer experience and outstanding outcome.

Dr. Teitelbaum is in private practice in Santa Monica, CA and he is president of ASERF
There is only ONE CosmetAssure—the GOLD STANDARD in complications insurance.

EVERY surgery carries a RISK of a COMPLICATION. RECOGNIZING that complications WILL OCCUR is the first step towards REDUCING their frequency.

Protect your PATIENT. Protect your PRACTICE.
Show Your Patients You Are a Member of ASAPS

Alerting your patients that you’re a member of one of the most distinguished medical societies focused on higher learning is easy! Simply use our complimentary logos on your website, stationery, business cards, brochures, and advertising to let prospects know that you’ve achieved the distinction of membership. Logos can be found here: www.surgery.org/members/member-resources/asaps-members-logo

For information on how logos can be used, please review: www.surgery.org/members/member-resources/asaps-members-logo/logo-usage-guidelines

Meet the Staff!

Erika Ortiz-Ramos

A valued member of the ASAPS staff, Erika Ortiz-Ramos, Exhibits Manager for The Aesthetic Society, will have worked for ASAPS 15 years in November. In her role, she oversees the sales of Aesthetic Marketplace space to our exhibitors, providing them with excellent customer service, and ensuring that The Aesthetic Meeting has a sold out exhibit floor. Erika says that what she enjoys most about her work is “The people. I love the interaction with the staff, surgeons and exhibitors. I love that ASAPS is family oriented.” In her spare time, Erika enjoys spending time with her family and friends, having themed BBQ’s, dancing and party planning.

ASAPS Mourns the Passing of Jeffrey Lang, MD

The Aesthetic Society is sad to report the September 5, 2016, passing of Dr. Jeffrey Lang, a past ASERF President and member of The Aesthetic Society since 1984. He served in many volunteer roles and was probably most well-known for his long-term service as a member of the ASAPS Finance & Investment Committee. Dr. Lang rarely missed an annual meeting or a Board meeting during the time of his membership. He will certainly be missed by staff and those who knew him well.

Dr. Lang received his undergraduate training at New York University and his medical degree from the University of the State of New York, Downstate Medical Center. He served a residency in general surgery at Albert Einstein Medical Center in New York and did his plastic surgery residency at Montefiore Medical Center, Albert Einstein Medical Center (New York) and their affiliated hospitals. Dr. Lang had been in practice since 1972 and was the first board-certified plastic surgeon in the Ft. Meyers area, where the readers of the Fort Meyers News Press voted Dr. Lang “Best Cosmetic Surgeon in Southwest Florida” eleven years in a row.

In addition to serving as a Past President and Trustee of the Aesthetic Surgery Education and Research Foundation (ASERF), Dr. Lang also served on the Board of Directors for the American Society for Aesthetic Plastic Surgery (ASAPS) and as a Past President of the Florida Society of Plastic and Reconstructive Surgeons.

He is survived by his wife, Vivian, and two daughters. The Aesthetic Society appreciates his years of volunteerism and service to the specialty. While, at Dr. Lang’s request, there was no funeral and no obituary to share with all of you, his passing was deeply felt, and we are pleased to share some remembrances from his colleagues.

Colleagues Remember Dr. Lang

“Jeffery Lang was dedicated to and loved to contribute his abilities to The Aesthetic Society. His contributions were generational and of great value to the society. His financial wisdom was profound and provided a safe pathway for the leadership to follow. As a man and a surgeon he was kind, giving and modest. The society will miss his talents and his many friends are saddened by his demise.”

—Simon Fredricks, MD

“Dr. Lang and his wife, Vivian, epitomized the friendly, welcoming spirit of ASAPS. The members should also know that in his various society leadership positions he was always the voice of fiscal responsibility and made damn sure that each member dollar spent benefited our members. He not only contributed to the financial stability, growth and strength of our great society but also to the shear enjoyment of membership. We will miss him.”

—Leo R. McCafferty, MD

“Jeff Lang was a good friend and a very loyal member of ASAPS. His uninterrupted attendance at our annual meetings was a testament to his ongoing quest for professional improvement. I did not consider the annual meeting to be complete unless I had a chance to chat and catch up with Jeff. Jeff served on the F&I committee for many years and I really appreciated his support and keen insight when I served as chair. He had the uncanny ability to efficiently cut through smokescreen and get to the heart of the matter. Accordingly, I never hesitated to call him for advice especially since I knew he always had our Society’s best interests in mind. ASAPS is a much better organization because of many unselfish soldiers like Jeff. I consider it an honor to call him my friend.”

—Clyde Ishii, MD
ASSI® Gluteal Remodeling Instrumentation

The ASSI Gonzalez Detacher, is shaped like a duck’s bill with curved branches. It opens and closes as it moves forward, to suit the implant’s size and shape making detachment easier.

Gonzalez Gluteal Retractor 1
ASSI®-AG17726

Gonzalez Detacher w/Duckbill
working end
ASSI®-AG18126

Gonzalez Gluteal Retractor 2
ASSI®-AG17926

Gonzalez Straight Blade 1
ASSI®-AG18226

Gonzalez Straight Blade 2
ASSI®-AG18326

Designed by:
Dr. Gonzalez, Associate Professor of Plastic Surgery,
University of Ribeirao Preto (UNAERP) Medical School, Brazil

accurate surgical & scientific instruments corporation
300 Shames Drive, Westbury, NY 11590
800.645.3569  516.333.2570  fax: 516.997.4948  west coast: 800.255.9378  www.accuratesurgical.com
The Aesthetic Society is thrilled to report that our social media efforts are paying off.

In the past few months, we’ve seen a 50% increase in reach and engagements on ASAPS’ Facebook page—and total actions are up 50% as well. We made a significant impact for ASAPS on Twitter too, with 219,000 impressions for ASAPS content alone.

Smart Beauty Guide has also made significant strides, with a 50% increase in reach and page likes on Facebook, along with a 40% increase in engagements. In other words, we’ve got people talking.

And, we’ve just begun to scratch the surface.

We recently launched a member marketing video featuring animation highlighting how one goes about becoming an ASAPS member. That video has been among the most popular of late, viewed more than 3,000 times since it was posted.

We will soon be launching a digital consumer campaign that will serve as a marketing tool to educate consumers about how to find a board-certified plastic surgeon in a fun, engaging and modern manner. We can’t wait to show it off. It’s under wraps for now, but stay-tuned for developments in the fairly near-future.

In the meantime, help us spread the word! If you’re not doing so already, please share our posts, like them, retweet them via whichever channel you fancy. We make it easy for you. Just look for the “Ignite Your Social Media” newsletter in your inbox, click on the links and voila.

And, if you’re so inclined—our communications team is always looking for content for Smart Beauty Guide. If you have an idea for a blog or video that you’d like to share, please let us know by contacting us via email: media@surgery.org.

What’s in it for you, you ask?

Well, contributors are highlighted in the content, with a link to your profile on Smart Beauty Guide and a mention of where you practice. You will also be tagged in our social channels when we share your content across them! It’s great for your own SEO and adds credibility to your press portfolio as an expert of ASAPS!

Emails From The Aesthetic Society

One of the commonly heard suggestions from those associated with The Aesthetic Society is that the Society reduce the number of emails. As we understand the many demands on your time, 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. While we occasionally send out emails on behalf of our industry partners, please keep in mind that our partnerships with them enable us to keep membership dues as low as possible.

Please be assured that we never loan or sell our email lists.

Email is our most cost-efficient way of communicating with a large number of people, and we’d rather not spend membership dues on unnecessary printing.

Unfortunately, our current email system doesn’t allow people to select what type of email they receive; it is either all or nothing. If a person “unsubscribes” from an Aesthetic Society email, whether intentionally or not, that unsubscribes him or her from all communications from The Aesthetic Society.

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 call our office at 1.800.364.2147 or 1.562.799.2356 and ask to be re-subscribed to our communications list. Alternately, you can send an email alerting us to re-subscribe you to asaps@surgery.org.

We value your support of The Aesthetic Society, and we hope you’ll read those emails which appeal to you and simply delete those messages you don’t wish to read. Thank you!
DO NOT invest ANY more money in Cosmetic Patient Marketing UNTIL you read this FREE White Paper!

Set Up Your Own Reliable and Predictable Marketing Plan

Hello,

I appreciate you taking time out of your busy schedule. That tells me you are open to practice growth.

My NEW White Paper is well worth the read IF…

• You’re tired of figuring out what to do to bring in more patients and revenue;
• Sick of the revenue roller coaster and worried about covering your overhead;
• If you are frustrated with so much to do and not enough time to do it; and
• You want a better plan that gives you more time, more money and more certainty.

In only 10 minutes, you will discover how to:

• Generate more consistent revenues you can count on month after month
• Increase the lifetime value of your current cosmetic patients
• Encourage them to return more often and spend more at each visit
• Generate more word-of-mouth referrals – organically
• Make it a system you can measure and count on for consistent revenues

Image knowing you’re bringing in revenues because your promotions are on auto-pilot. That gives you the mental freedom from constantly worrying about your practice’s financial stability, doesn’t it?

You will eliminate the “scramble mode” during your down months that create worry and angst. You get the unfair advantage over your competitors because the most successful plastic surgeons do the things that unsuccessful plastic surgeons won’t do.

READ THE ENTIRE WHITE PAPER NOW AT:
www.ProfitablePatients.com

This white paper gives you the “playbook” to succeed ALL year long –

Catherine Maley, MBA
Author, Your Aesthetic Practice
President, Cosmetic Image Marketing
Patient-Attraction Specialist
(877) 339-8833
Media Notes & Quotes

According to the American Society for Aesthetic Plastic Surgery (ASAPS), there were an estimated 305,856 breast augmentations in 2015 and 5,390,873 since 1997, when the organizations first started tracking the surgeries.

Implants will likely have to be replaced or removed eventually. “I tell all of my patients they’re going to last 10 years,” says Dan C. Mills, president of the American Society for Aesthetic Plastic Surgery. “I believe the more cohesive ones [called ‘gummy bears’] are going to last longer than that, but we won’t know that until they’ve been in longer.” This means going under the knife again someday.

Mills says there is debate about whether women should consider replacing their implants preemptively or only after they’ve broken, something that may have to be confirmed through a scan if the implants are silicone. Surgery tends to be less complicated if it’s done before an implant breaks.

Men’s Journal
(http://tnjm.ag/2hiHPQw)
Are Breast Implants Safe?
August 17, 2016

It isn’t often that the top minds from around the world in breast rejuvenation gather in one place to discuss cutting-edge ideas about what’s next in shape, size and texture related to breast implants. It happened recently at ASAPS, the American Society for Aesthetic Plastic Surgery convention in Las Vegas at a first-of-its kind breast symposium. The best of the best mulled over what’s on the horizon for the breast.

Experts say women are often willing to repeat an implant surgery to achieve a fuller look, if the first surgery didn’t deliver the big, bold look a woman wanted. It’s clear that around the world, women know what they want, but it differs depending on where a woman a lives and her lifestyle. One thing is certain—breast rejuvenation is in demand around the globe and experts say the future will bring breakthroughs. ASAPS member, Dr. Brad Calobrace notes to keep an open mind to what the future will bring in breast rejuvenations and reconstruction. Breast surgeons around the world say it is an exciting time for any woman considering breast implants because of new developments on the horizon, and cutting edge procedures currently on the market that offer a more natural look, less scarring, and more choices in implant shape.

Plastic Surgery Channel
(http://bit.ly/2b6n65Tr)
What’s On The Horizon For The Breast
August 9, 2016

“Sleep wrinkles form in response to distortion created when the face is pressed against any sleep surface,” Goezel Anson, a plastic surgeon and lead author of a new review published in the Aesthetic Surgery Journal, said in a release. “They tend to worsen over time due to repetition combined with thinning of the skin and decreased elasticity as we age.”

Sleep wrinkles, the researchers say, appear on different parts of the face than what they call “expression wrinkles”—or the lines you might see where you normally smile or frown. They’re most commonly found on your forehead, lips and cheeks.

So how are you to sleep at night when you’re worried about forming lines on your face?

“One way to minimize sleep wrinkles is to limit facial distortion during sleep. If you can stay on your back, that’s ideal,” Anson said.

Huffington Post
(http://huff.to/2aljkes)
This Common Nighttime Habit Is Giving You Wrinkles, Study Says
August 3, 2016

Women may choose between saline and silicone implants, depending on individual needs. From a safety perspective, in Mills’ opinion, “there’s not much difference between saline and silicone—until it breaks.”

The longer you have breast implants, the more likely it is that complications will occur and you will need to have them removed,” it says.

Mills urges women who have implants, whether silicone or saline, to get them checked on a consistent basis. He recommends changing one’s implants about every 10 years.

HealthLine
(http://bit.ly/2aEs0DK)
Should Women Have Their Breast Implants Removed?
July 28, 2016

The rise of social media and the developing transparency and acceptance within the cosmetic industry has caused popularity of plastic surgery among Millennials to grow. According to the American Society for Aesthetic Plastic Surgery (ASAPS), Millennials in 2015 made up 26.8 percent of surgical procedures and 15.9 percent of non-surgical procedures—making up 17.5 percent of the total procedures performed.

Among this group the most popular surgical procedures are breast augmentations, rhinoplasty and liposuction, with Botox, injectables and non-invasive sculpting procedures topping the non-surgical list. ASAPS President, Dr. Daniel C. Mills notes that breast enhancements are not the only surgical procedures that Millennials favor.

“We have always seen seasonal trends. In the spring we see a lot more breast augmentation procedures and liposuction as people get ready for the summer,” he notes. “Yearly trends we have seen a much bigger trend towards nonsurgical, but it’s stayed relevantly consistent between liposuction and breast augmentation as the biggest number of procedures performed.” Millennials make up 27.9 percent of liposuction patients, but many are starting to opt for non-surgical procedures due to their ability to permanently reduce 20 to 25 percent of fat in the waistline with mild side effects and no downtime.

JustLuxe
(http://bit.ly/1Q0CkbR)
Need a Nip or Tuck? These are the Top Plastic Surgery Trends for Millennials
June 13, 2016
Build Your Social Media Base and Expand Your Reach. New Tools from The Aesthetic Society.

Easy-to-Use Tools for ASAPS Members!

Take control of your online presence with the help of the new ASAPS.org member portal. Just log in and you’ll be able to:

- Manage Membership Information
- Answer Consumer Questions
- Submit Before and After Photos to the Photo Gallery
- Access the Message Center
- View Your EPP Statistics (for those members with EPPs)

If you have questions about these new features, please contact our webmaster, Lisa Orozco, at lisa@surgery.org or by calling 800.364.2146 or 562.799.2356.

Social Media Content is Just a Click Away!

With the new ASAPS Social Media Newsletter, you have instant access to ASAPS-vetted content to share with your patients on Facebook, Twitter, Google+, and LinkedIn. Delivered by email twice monthly, directly into your inbox, simply click on the social media icons next to each entry and share:

- Videos
- Blog posts
- News
- And More!

Add your practice or marketing manager to the social media newsletter distribution list by entering their info at asaps.org!
Do I have to be a member of ASPS to be a member of The Aesthetic Society?

No. Membership in ASPS is NOT required to be an Aesthetic Society member.

How do I begin the membership process?

To begin the membership process, please complete the Active Member Checklist at www.surgery.org/checklist and submit to the Membership Manager at Marissa@surgery.org or by fax to 562.799.1098 attention Marissa.

Who may sponsor me for membership?

Any Active or Life Member of The Aesthetic Society, who is not a family member, an associate and/or partner in the same practice may sponsor you for Active membership.

What are the deadlines for submitting a membership application?

The two deadlines are January 5 and July 1.

When will my application be voted on?

Applicants who submit materials for the July 1 deadline are eligible for election at the end of the year. Applications submitted by the January 5 deadline are eligible for election in the Spring.

Do I need to be a member of a professional organization in order to obtain CME?

No. Earning CME credits is not associated with any Society membership.

What will fulfill the meeting attendance requirement?

The following meetings are exclusively organized by The Aesthetic Society, and qualify:

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

What are the fees and when should they be paid?

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

- Membership dues for Active Members are $1,198
- Membership dues for International Active Members are $940

How many sponsors will I need to have ultimately?

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

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

---

Share Your Stories!

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

The Aesthetic Society’s partnership program provides collaborative opportunities between industry and ASAPS's members, in support of our mission to advance the science, art, and safe practice of aesthetic plastic surgery and cosmetic medicine.

As a partnership program benefit, Premier and Alliance partners are provided the opportunity to provide valuable information for ASAPS members including key updates, and information on products, promotions, and discounts. ASAPS is driven to provide visibility and support for our partners.


coolsculpting by ZELTIQ

With over 29 million people interested in CoolSculpting and a robust Direct to Consumer campaign, ZELTIQ Aesthetics is proud to be your true partner in body contouring. Millions of CoolSculpting treatments have been performed in over 3,000 practices worldwide. Proven safe and efficacious with over 60 peer reviewed clinical publications, the CoolSculpting system has a wide range of applicators to provide truly customized patient treatments and results.

Please visit CoolSculptingHCP.com or contact your local ZELTIQ representative for more information.

ZO SKIN HEALTH inc

ZO Skin Health, Inc maintains a strong focus in advancing our skincare technology to provide our physician partners with the most effective solutions available. Our breakthrough ZO® Post Procedure Recovery System is designed for use following laser resurfacing procedures, chemical peels, or any combined ablative treatment. This patent approved system minimizes scabbing, inhibits inflammation, and reduces healing time by up to 60%.

Contact us at CustomerService@zoskinhealth.com to receive a complimentary ZO® Post Procedure Recovery System. Offer valid through November 30th, 2016.

MERZ AESTHETICS™

Merz Aesthetics is a division of Merz North America, a specialty healthcare company that is dedicated to delivering a better total experience in aesthetics, dermatology and neurosciences. In the aesthetics space, Merz provides a full portfolio of treatment options, including Device, Injectables and Skincare, that enables physicians to treat a broader range of patients and concerns with Merz technologies.

To learn more about Merz Aesthetics and their full U.S. product portfolio, please visit www.merzusa.com/aesthetics-otc.


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

For more information, visit Allergan’s website at www.Allergan.com.

GALDERMA

Dating back to 1961, Galderma is now present in 100 countries with an extensive product portfolio to treat a range of dermatological conditions. The company partners with health care professionals around the world to meet the skin health needs of people throughout their lifetime. Galderma is a leader in research and development of scientifically-defined and medically-proven solutions for the skin, hair and nails.

Strategic brands in the U.S. include Epiduo® Gel, Epiduo® Forte Gel, Oacea® Capsules, Globox® Spray, Differin® Gel, Mirvaso® Gel, MetroGel® Gel, Soolantra® Cream, Vectical® Cream, Tri-Luma® Cream, Cetaphil®, Benzac® Acne Solutions, Restylane®, Restylane® Silk, Restylane® Lyft, Dysport® (abotulinumtoxinA) and Sculptra® Aesthetic.

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

All trademarks are the property of their respective owners.

ZO SKIN HEALTH inc

ZO Skin Health, Inc maintains a strong focus in advancing our skincare technology to provide our physician partners with the most effective solutions available. Our breakthrough ZO® Post Procedure Recovery System is designed for use following laser resurfacing procedures, chemical peels, or any combined ablative treatment. This patent approved system minimizes scabbing, inhibits inflammation, and reduces healing time by up to 60%.

Contact us at CustomerService@zoskinhealth.com to receive a complimentary ZO® Post Procedure Recovery System. Offer valid through November 30th, 2016.

Special ASAPS Member Offers

New Industry Partner Products to Check Out!

Founding Premier Partner: Sientra

Sientra, a leader in the plastic surgery industry and known for bringing innovation to the market, recently announced an update on their progress towards establishing a long-term manufacturing solution to provide uninterrupted availability of their breast implant products. Sientra has entered into a services agreement with Vesta, a Lubrizol LifeSciences company, to establish a U.S.-based, best-in-class supply chain to meet the needs of board-certified plastic surgeons and their patients. Sientra offers a wide range of breast implants and aesthetic products, including bioCorneum®, the first quick-drying silicone gel scar treatment.

Learn more at Sientra.com.
Take advantage of an exclusive offer for ASAPS members. AMS RRG recognizes the high level of professionalism and practice of ASAPS members. That’s why we are pleased to extend members a 7.5% premium discount for board-certified plastic surgeons applying to the Preferred Aesthetics program.

Experience the difference
www.amsrrg.com

VECTOR® 3D now includes automated circumferential measurements and sectional volume calculations for body contouring. This feature was enthusiastically received by ASAPS members at the Aesthetic Meeting in April. Providing accurate, touch free measurements for pre-treatment assessment and multiple time point comparisons, this capability was previously available only with specialized, multi-pod 360° capture systems. Now, with a simple software upgrade, a standard VECTOR XT face and body system can stitch a front and back view into a single 360° image and apply the measurement feature. The number and location of circumferential bands is selectable. Measurements of the abdomen, thighs, buttocks and breasts are possible. The measurements greatly improve clarity and patient education in consultations, and provide an objective metric for the results of body contouring treatments.

For information visit our website at www.canfieldsci.com

Since 2003, CosmetAssure, the Gold Standard in complications insurance, has been supporting board-certified plastic surgeons by extending a financial safety net to patients undergoing elective aesthetic surgery. Our primary goal for your practice is to remove the stress and uncertainty involved with the unexpected medical expenses due to post-surgical complications. CosmetAssure works to help preserve the doctor patient relationship through the difficult times when complications delay recovery.

The following are exclusive features of CosmetAssure:
• ASAPS Members Automatically Qualify for Enrollment
• No Application Required
• New Tiered Pricing Structure Based on Volume of Cosmetic Patients

For more information about CosmetAssure or to learn how to become a participating surgeon visit www.cosmetassure.com or call (855) 874.1230 today.

NeoGraft®, the global leader in hair restoration, provides the most advanced and comprehensive program in the industry. Our plastic surgeon partners experience:
• High income per case
• Low cost disposables
• Over 95% patient satisfaction
• Industry leading marketing programs that profoundly impact revenue.

By becoming a NeoGraft partner, we’ll reserve a spot for you to attend our upcoming hair transplant preceptorship with Dr. Jack Fisher, NeoGraft CMO and former ASAPS President. Because 90% of NeoGraft physicians have no prior hair transplant experience, the program will ensure that you are equipped with industry knowledge and valuable resources to help seamlessly integrate NeoGraft into your practice.

There is limited space, so please contact Jason Raser at (610) 416-0581 or jraser@neograft.com to learn how NeoGraft’s unique business model can help grow your practice revenue substantially.

Continuing as a Founding Alliance Partner, Rosemont Media provides exclusive web marketing and design services for the aesthetic practice. We work to ensure the success of our clients by taking a highly personalized approach to creating all-encompassing strategies, including Custom Web Design, SEO, PPC, Social Media, Patient Reviews and more. When you choose Rosemont Media, a Google Premier Partner, you get a team of professionals dedicated to creating an effective marketing plan tailored to the unique needs of your practice.

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

Thermi™, an Almirall company, is a leading developer and manufacturer of thermistor-regulated energy systems for plastic surgery and dermatology applications. The company currently offers three devices: ThermRF®, Therm250®, and Thermiva®. Thermis technology offers the first InjectableRF®, which combines precision temperature control with advanced real-time temperature monitoring; a temperature controlled radiofrequency which emits at 470kHz, the most studied RF radiofrequency in aesthetic medicine; and non-surgical vulvovaginal rejuvenation, which gently heats tissue to reclaim, restore, and revive feminine wellness. The company continues to focus on the worldwide distribution of its products as it introduces new treatments and partners throughout its growth.

To learn more about Thermi and the full list of treatments provided through each device, please visit www.thermi.com.

Aesthetic Society News • Fall 2016
The Aesthetic Society's Industry Partnership Program

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

The following companies are either new ASAPS industry partners, or are existing partners that have agreed to continue their strategic partnerships into 2017.

The Aesthetic Society recently welcomed NeoGraft and Thermi as its two newest Alliance partners. In addition, Alliance partners AMS and CosmetAssure will both continue their collaborative partnerships into 2017, and Zeltic/Coolsculpting became a Premier partner, moving up from an Alliance partner level. All will benefit from ASAPS’ strategic partnership program.

**ASAPS Premier Partners**

ZELTIQ® has been an ASAPS Alliance partner since 2014, and recently moved up to the Premier industry partner level, taking the partnership into 2017. As a leader in the non-invasive fat reduction category, ZELTIQ is continually bringing to market innovative technology with proven results along with robust practice support.

ZELTIQ’s flagship technology, CoolSculpting®, continues to lead the way in the non-invasive fat reduction market with its latest innovation: the new CoolAdvantage™ applicator. This revolutionary technology delivers shorter treatment times (treats in nearly half the time), offers greater patient comfort, and treats more tissue.

But proven technology is only part of the ZELTIQ story. ZELTIQ is re-shaping success in the practice by also providing full support for its practitioner partners. New CoolSculpting providers have access to best-in-class training, such as CoolSculpting University, that ensures a quick ramp-up. Established practices benefit from vast resources aimed at practice growth led by a dedicated Practice Development Manager (PDM) who can tailor a marketing and business development plan to meet the unique needs of the practice. The PDM together with a $45M national Direct-to-Consumer (DTC) campaign ensure that CoolSculpting practices are setup to capitalize on the millions of consumers searching for CoolSculpting. As added benefits, ZELTIQ also provides and industry leading warranty and pricing solutions to protect your CoolSculpting investment.

"ZELTIQ is very appreciative of the contributions our plastic surgeon customers have made to the overall success of CoolSculpting. In particular, their early adoption of the Treatment to Transformation™ protocol helped us to realize the value of addressing all potential treatment areas and the need for global patient assessments to deliver high patient satisfaction," said Mark Foley, ZELTIQ President and Chief Executive officer. "And so we happily seized the opportunity to become a premier partner with ASPS and look forward to continuing work with plastic surgeons and their practices in more meaningful ways."

Find out more about ZELTIQ and growing your practice with CoolSculpting at CoolSculpting.com/HCP

**ASAPS Alliance Partners**

The Aesthetic Society welcomes Alliance Partner, Applied Medico-Legal Solutions Risk Retention Group, Inc. (AMS RRG) for another year of partnership. Since 2003, AMS RRG has been providing medical liability insurance to a growing number of physicians across a broad range of specialties, and today is one of the nation’s premier physician risk retention groups with over 2,500 members.

Since the launch of Preferred Aesthetics™ in 2012, AMS RRG has offered medical liability coverage specifically for plastic and aesthetic surgeons with an underwriting process that is physician-led by ASAPS member Harry K. Moon M.D. Under Dr. Moon’s leadership, AMS RRG is able to offer accurate risk assessments and customized insurance programs with the guidance of a practicing Aesthetic Plastic Surgeon.

AMS RRG has demonstrated its commitment to ASAPS and their Alliance Partnership by offering all members a 7.5% premium discount. “As a member I well know the training, qualifications and standards to become a member of The Aesthetic Society. It is because of these high standards that we are able to extend a premium discount to all ASAPS members. We encourage you to take advantage of this unique member benefit,” stated Harry K. Moon, MD FACS.

Additionally, AMS RRG’s risk retention group models to ensure physician-owner interests are aligned with the company’s interests, and the organization’s continued financial strength enables AMS RRG to reward shareholders with tangible benefits. And all member claims assistance and defense is provided by a staff of in-house attorneys. “Our team puts our covered physicians first and foremost in navigating today’s world of medical liability,” added Richard B. Welch, CEO.

For more information, visit www.amsrug.com.

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

Continued on Page 47
MERCHAND ADVOCATE is the country’s leading merchant services consultant, saving clients over $25 Million. With over two decades of experience and knowledge, their trusted advisors have achieved unparalleled cost savings for thousands of clients. Through proven negotiation and account optimization, Merchant Advocate can reduce the cost of processing credit cards WITHOUT having to switch your current processing relationship. Fast, simple and easy. Our average practice saves over 35%!

telephone (888) 890-8822
http://merchantadvocate.com/asapsmembers

ZALEA’s mission is to change the way consumers explore, discover and share news and information in the world of aesthetic procedures and treatments. ZALEA has created comprehensive cosmetic procedure content from multiple credible sources delivering curated fair balanced and expert fact checked content.

Joining ZALEA allows a current news feed to be delivered directly to a member’s website, with a goal of increasing traffic to the site. ZALEA exclusive participation also empowers physicians to integrate practice credentials into a new dimension of a practice brand. As an ASAPS Advantage Provider ZALEA offers members special pricing.

telephone (877) 533-5590  |  (949) 288-6830
www.zalea.com

REAL PATIENT RATINGS is a state-of-the-art online review delivery system that achieves 10 times more patient reviews for plastic surgeons than any other method or programs. Those reviews are the single strongest tool to power your website and all of your marketing.

telephone (800) 267-1228
www.realpatientratings.com

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

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

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

WE ARE AESTHETICS.

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

REALPATIENTRATINGS™
CosmetAssure first became an ASAPS Alliance partner in 2013, and will continue the partnership into 2017.

Since 2003, CosmetAssure has been supporting board certified plastic surgeons by extending a financial safety net to patients undergoing elective aesthetic surgery. As the Gold Standard in complications insurance, the primary goal of the program is to remove the stress and uncertainty involved with the unexpected medical expenses due to postsurgical complications. CosmetAssure works to help preserve the doctor patient relationship through the difficult times when complications delay recovery.

CosmetAssure has accumulated the largest prospective database on aesthetic surgery complications that is available and is committed to increasing patient safety by educating plastic surgeons about the risks associated with elective aesthetic procedures.

“CosmetAssure is proud to be an Alliance Partner of ASAPS, working together to add value to the practices of board certified aesthetic plastic surgeons. We remain focused on patient safety, assuring and preserving the doctor patient relationship through the surgical process even when complications arise. Our data has been valuable to the specialty of plastic surgery to document, and in some cases, decrease the incidence of complications following aesthetic procedures.”

ASFG, owner of CosmetAssure.

CosmetAssure is continuously evolving to provide surgeons with streamlined processes and excellent customer service. Last year, they announced a simplified process for ASAPS members to become participating surgeons. As a reminder, ASAPS members are automatically qualified to enroll and are not required to complete an application. This year, they launched a unique and innovative 3-tiered pricing structure based on monthly volume of cosmetic patients—in essence, the more surgery that participating surgeons perform, the lower the premium cost per patient.

For more information about CosmetAssure or to learn how to become a participating surgeon visit www.cosmetassure.com or call (855) 874.1230 today.

NeoGraft recently joined The Aesthetic Society’s strategic partnership program becoming one of its newest Alliance partners. The missions of both NeoGraft and ASAPS are closely aligned, as each organization strives to achieve the highest standards of excellence and education for both physicians and patients.

“We are delighted and honored to work with The American Society for Aesthetic Plastic Surgery and its esteemed members,” said Glenn Normoyle, President of NeoGraft. “We consider this a great step forward not only for us, but for the entire field of hair replacement and hair restoration,” continued Mr. Normoyle.

NeoGraft is the gold standard, global leader in hair restoration solutions, providing hair loss solutions and products for men and women who desire a thicker, fuller head of hair. NeoGraft’s commitment to hair health is unwavering and it is important to note that they are not simply a device company offering a single option for you and your patients. Through their HairMedica products and NeoLTS low-level light therapy system, patients have a spectrum of options to restore and maintain excellent hair health.

Simply put, the NeoGraft suite of products offers you the opportunity to customize treatment plans for each patient and positively impact your bottom line.

NeoGraft’s commitment to continual clinical and business education ensures you and your staff are equipped with advanced industry knowledge and valuable resources that can help to successfully integrate hair restoration into your practice.

Please contact Jason Raser at jraser@neograft.com or visit neografdocs.com to learn how NeoGraft’s unique business model can help grow your practice’s revenue and find out how to attend an upcoming hair transplant preceptorship with former ASAPS President and current NeoGraft Chief Medical Officer, Dr. Jack Fisher.

Thermi™ is a leading developer and manufacturer of thermistor-regulated energy systems for plastic surgery and dermatology applications. With temperature as the clinical endpoint, Thermi is offering solutions for patients using SmartTip™ technology which enables cosmetic physicians to harness “the science of heat.”

Thermi offers three devices: ThermiRF®, Thermi250®, and ThermiVa®. ThermiRF, the first InjectableRF®, is a platform technology which combines precision temperature control with advanced real-time temperature monitoring to enable a myriad of soft tissue applications such as ThermiTight®, ThermiSmooth Face®, ThermiDry®, ThermiRase®, and ThermiVa®.

Thermi250, temperature controlled radiofrequency, emits at 470 kHz, the most studied RF radiofrequency in aesthetic medicine. This platform is designed with a unique feature set and user-friendly graphic interface, which enables maximum versatility for targeting cellulite from eyes to thighs. Thermi250 supports the ThermiSmooth Body application.

ThermiVa, non-surgical vulvovaginal rejuvenation, is used for non-surgical dermatological applications in aesthetics and other medical specialties. ThermiVa treatments use radiofrequency energy to gently heat tissue to reclaim, restore, and revive feminine wellness, without discomfort or downtime. The ThermiVa device supports ThermiVa and ThermiSmooth Face treatments.

The company was founded on a philosophy of engaging the physician owner in the advancement of the exciting field of aesthetic medicine. Every customer is invited to participate in the Thermi Clinical Advisory Council (CAC). The CAC is a collegial body, which encourages a free exchange of ideas. CAC member participation helps to accelerate learning and maximizing of both clinical and financial success.
Physicians are easy targets for employee theft. A Medical Group Management Association (MGMA) survey revealed that 83 percent of practices have experienced from $250 - $250,000 in employee theft.

Given the cash-based nature of aesthetic surgery, your practice is at even great risk than other specialties. Use these 11 proven practices to tighten cash controls. An ounce of prevention is worth a pound of cure.

1. Conduct background checks for all new hires that will handle money.
   For less than $100, a background check provides valuable insight into potential employees.
   You’d be amazed at how many candidates are up to their ears in debt, or who have been convicted of a crime. Both are clues that the candidate should not be hired to handle money.
   Had one been conducted during the recruitment process, a background check would have prevented a Chicago practice from hiring a thief, who took off with $250,000 in practice receipts. The employee with sticky fingers had previously been convicted of embezzlement, and a background check would have exposed this.
   Trusted Employees www.trustedemployees.com is a company that provides this service at reasonable rates. The time to conduct the background check is before you hire. Asking employees who handle money to submit to a background check is considered discriminatory.

2. Don’t give employees check-signing authority.
   No one but physician owners should sign checks. Not the manager. And not the trusted patient care coordinator who has been with you for more than ten years. This rule protects both the practice and your honest employees. In fact, smart employees will refuse the privilege of signing checks. They know the risk.
   To ensure you know what you’re signing for, insist on detailed back up information for every check. Such as the invoice and purchase order stamped PAID, with a check number and a date.

3. Perform a proper “daily close” to balance charges, collections, and discounts.
   This is standard operating procedure in any retail store or restaurant and should be your standard operating procedure too. The basic premise is to make sure that all amounts collected match the amounts posted to the computer system, less any discounts or write-offs. The goal is to balance to the penny every day. Key steps in this process include:
   • Assign a staff person who does not post payments into the practice management system to add up payments from cash, checks, and credit cards using an adding machine tape to document the work. Compare the tape totals to what the practice management system’s daily journal shows was collected and posted into the system. They must match.
   • After deposits are made, compare the bank receipt to daily adding machine tapes to ensure the right amount was deposited.
   • Compare actual deposits in the checking account (and accounting system) to computer system reports at the end of the month. The two totals should match, except for deposits in transit.

Finally, file each day’s ‘close’ documentation by date. Each day’s close should include: computer-generated reports and journals, bank deposit slip and receipt, adding machine tapes, credit card machine close out, check copies.

Let me reiterate the importance of balancing all amounts collected against the computer-generated report of payments posted that day. After the manager of an aesthetic client was let go recently, we discovered a spreadsheet she had used to “balance” daily receipts for the accountant. The spreadsheet totals did not match the payment categories or the amounts posted to the practice management system. Although we could not prove theft beyond a reasonable doubt, the obfuscated way that the former manager built the spreadsheet, and the fact that it was never reconciled against payments posted to the computer system, was very suspicious.

4. Use the computer system’s encounter form reconciliation feature.
   Closely related to the daily close is accounting for all the day’s scheduled visits, add-ons, and walk-ins. This practice reduces the possibility that an employee could pocket a consultation or visit fee.

Continued on Page 49
11 Ways to Reduce Employee Embezzlement

Continued from Page 48

First, create an appointment for all patients seen—including those who schedule same-day appointments or walk in. Second, use the practice management system’s encounter form reconciliation feature to verify that an encounter form was generated for all patients on the schedule, and that the form was “closed” after collecting and posting a payment. Don’t leave any encounter forms “open” at day’s end. An open ticket report will list all encounter forms that have yet to be closed. Hold staff accountable for tracking down, posting, and enclosing all of them.

5. Implement cash counting oversight and verification.

It’s not uncommon for aesthetic patients to pay in cold hard cash. I’ve been in more than one practice where a patient hands the staff a wad of big bills. During one client engagement, a patient showed up for her pre-op with a duffel bag full of $7,000 in $20 bills. The manager in one aesthetic practice proudly showed us how she fanned the bills from cash paying patients to show each one’s dollar amount. She then photocopied the bills and put the copy in the patient’s chart. We happened to notice that her fanning system did not display each bill’s serial number, leaving open the possibility of copying the same bills over and over again. Not to mention the fact that it is illegal to copy U.S. currency.

Here’s a better idea: Make sure all large cash payment are counted, verified, by two different employees. These counts should be documented in writing by the employees, then verified and initialed by the manager and included in the daily close.


The person who opens the mail should not post payments or write checks. The person who collects deposits and balances from patients prior to surgery should not prepare and make the bank deposit. The person who orders skin care products and fillers should not be the one to receive the shipments and put them on the shelf. Contact your accountant to review your current procedures and make sure they are air tight.

7. Provide patients computerized receipts.

The staff person who collects the consultation fee, product purchase, or copay at the front desk should also post it into the computer system and issue a computerized receipt to the patient. Hand-written receipts compromise internal controls. Eliminate them from your practice.

8. Keep a close watch on discounts and write-offs.

Dishonest employees can cover up their embezzlement by collecting cash then writing off the account balance to a discount or other adjustment category. This is particularly easy for them if you have not developed detailed categories that describe what the discount was for. A practice in the West used a category called “Doctor’s Discretion,” into which staff could write-off everything from coupons to revisions to waived consult fees when the physician was running late. $120.254 was posted to this category over the course of one year; an easy hiding place for staff looking to take home a few hundred extra dollars each month. Especially since the surgeon never reviewed the amounts written off to this category. Trade vague “bucket” categories like this one for detailed categories, and ask questions about the amounts written off to them each month. Employees will respect what physicians regularly inspect.

9. Use remote deposit capture (RDC) or lock box services.

RDC is bank service that scans and converts paper checks to direct deposits. It reduces embezzlement risk and saves staff time since there is no deposit slip to prepare or bank run to make. A lock box is a service that receives and processes mailed in checks through a special post office box instead of your practice address. Bank employees retrieve checks from the box, process them, and deposit the funds directly into your account. Both services are especially useful if you receive reimbursement checks from insurance companies.

8. Keep a close watch on discounts and write-offs.

Dishonest employees can cover up their embezzlement by collecting cash then writing off the account balance to a discount or other adjustment category. This is particularly easy for them if you have not developed detailed categories that describe what the discount was for. A practice in the West used a category called “Doctor’s Discretion,” into which staff could write-off everything from coupons to revisions to waived consult fees when the physician was running late. $120.254 was posted to this category over the course of one year; an easy hiding place for staff looking to take home a few hundred extra dollars each month. Especially since the surgeon never reviewed the amounts written off to this category. Trade vague “bucket” categories like this one for detailed categories, and ask questions about the amounts written off to them each month. Employees will respect what physicians regularly inspect.

9. Use remote deposit capture (RDC) or lock box services.

RDC is bank service that scans and converts paper checks to direct deposits. It reduces embezzlement risk and saves staff time since there is no deposit slip to prepare or bank run to make. A lock box is a service that receives and processes mailed in checks through a special post office box instead of your practice address. Bank employees retrieve checks from the box, process them, and deposit the funds directly into your account. Both services are especially useful if you receive reimbursement checks from insurance companies.

10. Encourage patients to pay their portion of the bill online.

Whether through a patient portal, PayPal, or other online payment option, allowing patients to pay online adds an additional control by eliminating the opportunity for employees to interact with the transaction at all.

11. Prohibit staff from making credit card refunds.

Making refunds to one’s own credit card, or that of a friend, is a common fraud scheme. Monitor the credit card machine’s daily reports to ensure no refunds have been made. If a refund is required, issue the patient a check—signed by the physician, of course.

We recognize that physicians and managers are busy. But when it comes to managing the people and systems that impact money, there is no amount of busy that should get in the way of common sense. Establish internal controls and monitor them regularly. As an extra precaution, speak with your insurance broker about employee dishonesty coverage.

Karen Zupko, President of Karen Zupko & Associates, Inc., is an internationally sought-after speaker, author, and practice management consultant. For more than 30 years, she has been advising and educating plastic surgeons on management and marketing issues, including personnel, billing, technology, coding, and practice expansion.

“A Medical Group Management Association (MGMA) survey revealed that 83 percent of practices have experienced from $250–$250,000 in employee theft.”
Strength and Beauty. Inside and Out.

GalaFLEX®
Scaffold
A Biodegradable Surgical Scaffold

Bioresorbable
Monofilament
Biologically Derived

Indications for Use
GalaFLEX scaffold is indicated for use as a transitory scaffold for soft tissue support, and to repair, elevate, and reinforce deficiencies where weakness or voids exist.

Important Safety Considerations
Possible complications following implantation of GalaFLEX scaffold include infection, seroma, pain, scaffold migration, wound dehiscence, hemorrhage, adhesions, hematoma, inflammation, extrusion and recurrence of the soft tissue defect. Consult the Instruction for Use for further information regarding the risks and use of GalaFLEX scaffold.

Long-Term Repair Strength in a Preclinical Model

For more information on elevating your surgical procedure with GalaFLEX scaffold, visit www.galateasurgical.com.
In today’s competitive marketplace, it is nearly impossible to ignore the marketing of your practice. Websites, TV, radio, social media, SEO, PPC, billboards, microsites, direct mail, and yes, let us not forget the phone book. For both the veteran surgeon with years of competitive marketing experience, or the bright eyed young plastic surgeon about to endeavor out on his or her own, today’s marketing can be overwhelming and complex. Marketing over the years has evolved, and today requires more time, attention, and true strategic forethought. Not just the decision TO COMPETE must be made, but you must also ask yourself HOW DO I COMPETE, and do so effectively.

Knowing that marketing is imperative, we are going to evaluate, analyze and understand what needs to be done to hold your agency accountable. Accountability at its core is critical to making sure you are striving to attain your practice goals. Without holding your agency accountable, you will never be able to analyze and assess.

Below, we will outline, step by step, what you need to understand how to prepare yourself to be successful and maximize the relationship you have with your existing or prospective agency.

Do I Even Need A Marketing Agency?

This is an interesting question to ask, as most of your, without pause would answer Yes. The simple answer, however, is “maybe.” As with skills, experience and specialties, no two surgeons are alike. Alas, your marketing needs will be just as potentially different. Understanding if you even need a marketing group is your first step.

Yes! Sign me up today.

There are a multitude of reasons why you may end up choosing an agency, but most rationale really comes down to just two things - time and expertise. Let me explain. First off, agencies have a broad skill set that can many times be a one stop shop for so many of the marketing needs it takes to be successful in the marketplace. By maximizing fractional shares of time and expertise, you get an expertise you either do not understand or do not have time to implement yourself. Additionally, having an agency allows for this broad skill set to be more cost effective, since bringing several people in house with various niche specialties can be cost prohibitive.

Secondly, many physicians just decide to turn to an agency because they no longer have the time to be heavily involved in the day to day running of their campaign. The more time that is spent coordinating and managing a marketing campaign, the less time you get with patients and performing procedures. This also potentially means decreased revenue.

No! I will pass.

There are just as many reasons why hiring an agency may be a bad idea for you—many you have never really given much thought to. You have always just assumed it was the best coarse of action. The first reason has more to do with the personality it takes to be successful with an agency. Some physicians can not let go, and do not allow for the marketing agency to do their job. Seeing this characteristic takes a great deal of personal reflection, and is not easy to conclude. Additionally, you may be at a point where marketing is not a priority. Some just elect not to market because they are at capacity without it, or do not need the brand consistency. These are great problems to have.

I have decided to hire an agency—what do I need to know before I sign?

You have decided to make the leap and you have found an agency with relevant experience. You have made it through the vetting process, and you believe they have your best interests at heart. But before you sign your marketing life away, ask these questions to set up your framework for accountability:

• What is owned, and by whom? Many times the fine print will list out “proprietary software” or that you are “leasing” content or assets being produced. It is critical that anything you have contracted to have done on your behalf, you own. This includes design work, branding, website creation, domain names, and video. On a literal daily basis, I hear of another physician who finds out that they do not own their website in full, or that it was built with software they cannot utilize.

• What am i paying for exactly? This almost goes without saying, but you need to know exactly what you are paying for and where time will be allocated when you are dealing with large retainers. Understanding your agency fee structure should be resolved BEFORE you sign anything.

• What do you expect to achieve in the next 3, 6, 12 months? Setting specific expectations is the toughest conversation to have before anything is signed. Agencies do not want to be held to something they cannot predict, since there are so many variables. But regardless of results, identify what will be worked on, and by what timeline.

• Can I cancel at any time? Although you should never plan to fail, you should know your options and what is required of you in case things do not work out. In most agreements, the term for service is negotiable, and your flexibility and freedom should be negotiated to the lowest term possible.

Results, Results, Results. Measure everything to get the most out of your agency.

It is imperative that you measure everything. You will have no idea where you are going, the effectiveness of your campaign, and most importantly, how to improve, if you do not measure the work that is being done. Most marketing agencies will want to meet on a monthly basis to go over a standardized report or discuss KPIs. You should welcome this opportunity to track results that matter! This is your time to hold them accountable for the work they have done. Although not an exhaustive list, this would include contact inquiries on your website, tracked phone calls to your website, visitors to the website (by channel/medium), SEO performance, and key social metrics such as fan engagement and direct leads.

If you do not keep focused, it is easy to get sidetracked. A common agency misdirection that is failing to perform, is to highlight metrics that are not useful or do not lead to success. For example, a marketing agency may talk about a “spike” in traffic, but not
SELECTING A QUALITY DIGITAL MARKETING AGENCY
Look for the Premier Google Partner Badge

What it Means to Be a Premier Google Partner

The Google Premier Partner status is a signal of quality in the marketplace. The Premier Partner badge was created by Google to recognize leading agencies that are higher-spending and meet advanced certification and company performance requirements.

Rosemont Media was selected among just 3% of agencies in North America to receive this prestigious badge.

Our Specialties
PPC • SEO • Strategy Takeover • Responsive Web Design • Advanced Tracking • Social Media

Team up with the right partner. Contact us today: (800) 491-8623 or www.rosemontmedia.com/asaps
How to Hold Your Marketing Agency Accountable

Continued from Page 51

mention that 30% of the traffic came from overseas, which ultimately, would do you know good.

During these same meetings, you should be working collaboratively to set expectations for what you are looking to achieve over the next month until the next meeting is held. This way, both parties understand what they are striving for, and what will be specifically discussed. Creating the plan in advance means that ambiguity cannot creep into the framework, and everyone stays on task. This will maximize the relationship and get the most out of your time.

Lastly, set up an internal checks and balances system to make sure that the information you are getting from your agency is accurate. Unfortunately, every profession has its share of unscrupulous vendors, and marketing is no different. To counter this, you should have your own internal system for checking the math. This can be as simple as a shared spreadsheet internally, or a complex report from your practice marketing software. Monitor the leads that are coming through to compare those with the numbers you are getting from the Agency. Make sure you have real time access to your website analytics, and be able to at least decipher the very basics. Do your homework. You want to know if something is not adding up—sooner rather than later.

Here come the Red Flags

Before any relationship sours, there are always signs. These red flags are usually very apparent, if you know what to look for. Your relationship with your marketing company is no different. Here are some of the most common:

- The phone stops ringing. New patient inquiries are declining, and your ultimate metric is decreasing. Things will ebb and flow, so do not immediately panic. But a prolonged decrease in quality traffic is a sign that something needs to be adjusted.
- Monthly reports and strategic advice is coming sporadically or is missed altogether. Unfortunately this is a sign that you have been missed or forgotten. This could also mean that something has happened that the marketing agency is reluctant to share.
- All communication starts to dry up. Response emails goes from hours, to days to weeks to respond. Simple requests take an exceptionally long amount of time to be completed, if even at all.
- You are being asked for ideas. The strategy has flattened out, and there is no direction. Innovation is not happening, and ideas, when presented, feel stale and not based on your unique position and value add to the market.
- There is massive turnover with your primary point of contact. As a small business owner yourself, you are aware that turnover happens. It is unavoidable. But when it happens frequently, and repeatedly, you are much more susceptible to having to “start over” again with the new person, who is just learning about the position, and you as a client.

If you have a good relationship with your agency, and the signs of trouble present themselves, you need to proactively reach out and deal with it head on. The relationship can still be potentially salvaged. If you agency has provided you great results in the past, this rough patch may just be an anomaly. Deal with things head on, and try to realign expectations. This will always be a better solution than immediately jumping ship.

The writing is on the wall—what do I do to prepare?

It may be inevitable that the relationship will fail, or it has become clear that they are not able to deliver on what was promised during the sales process. Your mind is made up, and it is time to transition away from the Agency. What do I need to do? How do I protect my assets? Do I have to go through the daunting process of finding another agency again? Many of these questions will run through your mind.

First things first, do an inventory to make sure you have login and password information for all your properties. You need access to your website, social media channels, and have the direct relationships in place with TV, radio and traditional media. This should have been a part of the original negotiation before you even signed on with the agency. If something is missing, get it!

Now that you have access to all the assets, understand your contract’s cancellation provision. Do you have to give 30, 60, or 90 days notice? Is there another 6 months left on the initial term? This all needs to be understood, before you make the decision to terminate the relationship.

When you do decide to move on, and just like in any relationship, it should be done in the best of terms. Regardless of fault or the failure to provide services, you should thank them for their efforts, and let them know that you have decided to move on. It needs to be clear that the decision is final, and there is no room to negotiate - that ship has sailed. If you have already lined up another Agency, it is fine to connect you with them so that the transition can be handled smoothly.

Conclusion

Working on your marketing is not easy. As with many other facets of your practice, it takes work. You should work hard at holding your agency accountable—but it does not stop there. You must also hold yourself accountable. Make sure you are providing input, following up on deliverables, and working at getting better constantly. A great agency will want you to take marketing seriously, and it is what will ultimately make the relationship so much more special. Be special, and be engaged, but mostly, have fun—this is marketing. After all, it’s not brain surgery!

Samuel E. Peek, JD serves as the Incredible Executive Officer for www.incrediblemarketing.com.
When I first moved from Louisiana to San Francisco just under three years ago, I took over an existing plastic surgery practice. The previous doctor had about 200 email addresses in his database. I knew if I wanted to build a bigger practice, I would need a bigger database of email addresses. I really had no medical marketing budget so I needed to be creative. How would I get more leads and email addresses?

I quickly realized that encouraging consumers to enter their contact info when visiting my website would require a large “carrot.” Leaving your identity behind on some strange doctor’s website can be scary. Come to find out, the incentive they needed was the carrot of pricing information.

1. Lead Generation using Pricing Info as the “Carrot”

Everyone wants to know the cost of whatever they’re buying. It doesn’t make them a price shopper necessarily but price is clearly the ultimate pain point in the decision making process, especially plastic surgery. I’m not suggesting that consumers aren’t worried about things other than price—of course, they’re worried about the doctor’s credentials, the vibe, if they can get time off work, what procedure they’re a candidate for (by the way, with so many non-surgical options, everyone is a candidate for something)—but the only absolute pain point is whether it’s affordable or not.

So I installed a Price Estimator into my website. With this type of price estimator, the consumer scrolls down a list of the various procedures and services I offer in my practice, adds procedures of interest to a “wishlist” and then submits that wishlist for pricing. The automated nature of the price estimator allows pricing information to be downloaded and immediately sent to the consumer in an email with a breakdown of costs for the procedures they selected. At the same time, I receive an email with their contact info. Every patient is contacted by my front office staff to see if they’d like to come in for a consultation.

In my first year, without a discernible marketing budget, I received 412 wishlists from 208 patients. 17.8% of those consumers came in for a consultation and 62% of them booked a procedure. When compared to patients that came in for a consultation that were not price-aware (i.e. they had not submitted a wishlist for pricing info), the price-aware patients were 41% more likely to book a procedure than non-price aware patients. With more serious patients and the avoidance of sticker shock, the consults were more productive and patients weren’t wasting their time on a 45-minute consultation that went nowhere because they found out the procedure was out of their budget.

And by the way, once I started paying for marketing in the way of TV advertising during my second year in practice, I received 4,156 wishlists from 2,164 consumers! I’m not sure of the correlation but I found that of the price-aware consumers that came in for a consultation, 75% of them booked as opposed to the 62% of consumers in the pre-marketing days.

2. Other Carrots for Lead Generation—Online Scheduling

While providing pricing information is by far the most effective carrot for lead generation, there are other ways to capture a patient. Patients don’t always think of calling the office for an appointment during work hours. So make it easier for them. By using true online scheduling software like STX (not ZocDoc—this software doesn’t provide true online scheduling), the patient can schedule anytime they think of it. As you will see in my “results” section below, online scheduling can be a powerful additional tool to lead generation. FYI, I have no financial interest in the scheduling software I recommended above.

3. Online Purchasing

Selling products on your website may be obvious, but why not sell non-surgical services on your site as well?! Patients that aren’t new to Botox or fillers know what they want just like they know what skin care products they want. Using an ecommerce widget on my site, consumers can purchase any non-surgical services I choose to sell online. Don’t think consumers will purchase?

In the two years that I’ve provided this service on my website, I’ve had 292 online purchases that totaled over $70,000! And when you start selling services on your site, taking part in Cyber Monday after Thanksgiving isn’t out of the question! During the 24-hour Cyber Monday shopping period, we sold $13,600 in non-surgical services through our online portal. So aside from capturing a lead, we captured a tech-savvy patient!

4. Clever Use of Social Media

You will start to hear the term “influencer” much more in the world of marketing. The idea is to get away from spending large sums of money on advertising and instead, get someone that has a lot of followers on social media, an “influencer,” to promote your product or practice. While you may provide them with a discount on your services that discount pales in comparison to how much you would have spent on advertising. (see image below)

In this Instagram example, when patients come in for Botox or fillers, we have them stand in front of our “I got stuck at PHPS” neon sign—complete with a neon face with “11’s” in between the brows that is a clear reference to the brow wrinkles typically

Continued on Page 55
“In the two years that I’ve provided (online purchasing) on my website, I’ve had 292 online purchases that totaled over $70,000!”

5 Ingredients in the Secret Sauce of Medical Marketing!
Continued from Page 54

“Constant Contact, MailChimp, Campaign Monitor—they all have the ability to collect all sync them to your email database. Then, once per month, create a monthly newsletter with their very user-friendly software, and send it out to your rapidly and passively growing email database. Check out my most recent email newsletter here as an example.

Measuring Your Medical Marketing Results: How it all comes together!

Once you’ve built your database through any of the methods described above, you can test your medical marketing by evaluating the response you get from your monthly email newsletter. After sending out my April email newsletter to 4,388 clients at 5:05pm on Thursday evening, March 31st, I had a pretty impressive response that any marketing team would kill for! Here are the high points within the first 12 hours after sending out the eblast:

- Four online bookings
- 29 wishlists from 17 unique individuals, of those
- Three of the people that submitted wishlists were brand new to the practice and somehow got a copy of the email newsletter
- 14 of the people that submitted wishlists were former patients that are now re-engaged!
- Of the 4,388 emails sent, ZERO were marked as spam suggesting the recipients realized they had signed up for this email at some point
- 44 emails bounced (0.96%) suggesting that far and away, most consumers submitting wishlists are submitting real email addresses
- 19 people unsubscribed (0.42%)
- Overall, there was a 20.73% open rate and a 15.82% click rate within the first 12 hours (in case you don’t know how this compares, it’s good… REALLY, REALLY GOOD!)

Now that you have the keys to the kingdom, or the ingredients to the secret sauce, these five steps are actionable and relatively inexpensive to implement. So stop reading and get to work!

Jonathan Kaplan is an ASAPS member based in San Francisco, CA and founder/CEO of BuildMyBod, an online marketplace for healthcare services.

Understanding and Managing the Risk of Injectables
By J. Brian Boyd, MD

Plastic surgeons should be aware of the significant risk they assume when they ‘supervise’ physician extenders or clinics where facial filler injection is carried out in their name.

Increasing use of facial fillers by surgeons, estheticians and nurse practitioners has left a scanty but scary caseload of blistering and tissue necrosis. Arteries accidentally cannulated result in the product running anterograde into an end vessel occluding an entire tissue bed. The commonest sites for this are the nose and the nasolabial fold. It occurs in as many as 3 cases per 1000 patients. Prompt injection of hyaluronidase into the affected tissues can minimize tissue death and disfigurement when the product is HA based. Massage, aspirin, steroids, warm compresses and nitro paste may also help.

Worse can happen when the product is forced retrograde, back into the internal carotid, then carried forward, when normal blood flow resumes, into the retinal artery. Blindness caused by filler ‘malposition’ in this way is absolute, all but irreversible and can occur with injections virtually anywhere on the face. Most injectables, including autologous fat, have been incriminated and, although very rare, over 30 cases have been reported in the literature. Emergency treatment with ocular massage, anterior chamber decompression, Timolol drops, diuretics, aspirin, anticoagulants, hyperbaric oxygen, and steroids have all been advocated. An ophthalmology consultation is mandatory.

Outcomes are poor.

A full and complete informed consent with itemized risks and benefits should be obtained, proper technique adhered to and a ‘rescue kit’ available should the unforeseen occur. Proper technique includes the use of a blunt tip cannula when possible; drawing back before injection; avoidance of known vessels; correct depth positioning; low pressure injection of small aliquots and continuous withdrawal of the cannula while injecting. A rescue kit should include hyaluronidase, aspirin, nitro paste, prednisone and warm compresses.
Experience the Global Gathering of Aesthetic Innovators and Experts as We Celebrate the 50th Anniversary of The Aesthetic Society

△ 50 YEARS OF AESTHETICS

The Aesthetic Meeting 2017

April 27–May 2, 2017

EXHIBITS OPEN APRIL 29–MAY 1, 2017

San Diego Convention Center
San Diego, CA

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

www.surgery.org/meeting2017
A popular saying in business is, “The Money is in the Metrics” and it’s as true for the aesthetic practice as it is for the Fortune 500 company.

Here’s what I mean. You most likely ask yourself often what is the best way to grow your practice? Is it SEO? PPC? Directories? Social Media?

There are pros and cons to each of these and they are not for the faint-hearted. They can drain your bank account, waste a ton of your time and leave you and your staff feeling overwhelmed.

Then you need to determine if what you are spending on these patient-attraction strategies are giving you the results you want.

All of this leads to ONE of the two following outcomes:

• You don’t do anything (because you’re confused about the “best” way to grow your practice and that means you remain stagnant but we all know if you’re not growing, you’re dying OR…
• You do everything and chase every shiny object—buying into the hype and false promises of slick marketers who sell you the latest gimmick but does it really help you get cosmetic patients who pay, stay and refer?

Looking at these options it seems that you can’t win… or can you? Of course you can—with the right strategies!

The first step is to get off the hamster wheel, take a deep breath and take a look at your practice from the outside.

It’s about identifying the gaps.

Here’s an analogy, as a plastic surgeon…

Do you recommend a breast augmentation to every patient who calls? Of course not.

You meet with the patient for a thorough consultation and recommend what’s right, but when have you done that for your practice?

If your bucket has holes (e.g. converting issues), then pouring in more leads is a waste of time and money.

But that is what most surgeons want: more leads… more leads…. more leads.

If you don’t know the holes in the bucket, you can’t fix them and that’s costing you dearly in new patients, new referrals and a lot of lost revenues.

Because once you start looking at your practice marketing efforts from a 10,000-foot view, you will discover that in fact there are only 5 ways to grow your cosmetic practice and here they are:

**Number of Leads**

Obviously, this is one of the most important ways to grow your practice. If your phone doesn’t ring, you won’t get any appointments, consultations and procedures. But as you will see, busy phone lines are not necessarily a guarantee for profits.

**Number of Appointments**

How well does your receptionist convert callers into appointments? It’s great if your phone is ringing off the hook, but if your receptionist doesn’t convert these callers into appointments, it doesn’t really matter. Your receptionists conversion rate will have a dramatic impact on your bottom line. So its vital to your success to keep an eye on this part of your practice.

**Number of Consultations**

How many of the prospective patients who booked an appointment are actually showing up? You and your patient coordinator block time for a consultation, and if your prospective patients are not showing up for their appointments, your valuable time is wasted not to mention the wasted time your staff is now standing around getting paid for unproductive time.

**Number of Paid Procedures**

How well do you and your patient care coordinator convert consultations into procedures? Everything that happened until this point is just “pre-marketing”. You don’t get paid for consultations. You only get paid if you can successfully convert a consultation into a paid procedure. Therefore, this step has the biggest impact on your bottom line. The better you convert consultations into procedures, the more revenues you’ll make for your practice.

**Number of Patients Returning**

If your patients are NOT returning, they most likely are still getting aesthetic rejuvenation. They are just not getting it from you. Ouch!

You might have heard that its up to 16x cheaper and easier to sell to an existing cosmetic patient than to attract a new patient. And the best part is that it costs only a fraction to convince an existing patient to come back for another procedure. So having “patient retention systems” in place will dramatically reduce your marketing cost and therefore increase your profits.

So, as you can see, making the phone ring and focusing on more leads is only one part of running a profitable aesthetic practice. But that’s the wrong approach if you don’t have the other processes in place to convert.

Because if you have holes in your processes and don’t convert callers into appointments, or consultations into procedures, then all the calls you receive are worthless.

**Small Improvements Make a Big Difference**

A more rational approach to the right fix is to increase some of the variables above by only 10% because small tweaks can make a huge difference to your bottom line. Here are easy ways to make 10% increases:

• Give your receptionist scripts to credential you to help convert more callers;
• Make a pre-call to the cosmetic patient to help ensure they show up for their consultation;
• Present a lot more social proof during the consultation so the new patient is more likely to choose you; and
• Institute a loyalty program for your current patients to return.

But first, you must know your numbers so you know which area(s) you need to focus on to take your practice to the next level.

The point is to start thinking more about quality than quantity.

Catherine Maley, MBA is Author of “Your Aesthetic Practice/What Your Patients Are Saying” and President of Cosmetic Image Marketing. She uses creative patient-attraction and staff-training strategies to get you more patients and more profits. Catherine can be reached at (877) 339-8833 or visit her Website at www.CosmeticImageMarketing.com for a Free Marketing Checklist and (5) Phone Fixes Guide.
As investment advisors to hundreds of physicians throughout the U.S. and lecturers to thousands more, we have seen a sharp increase in the last few years of questions about how investment firms, including ours, make money from advising their clients. Physicians are not alone. A recent survey by Cerulli Associates and Phoenix Marketing International found that nearly two out of every three investors in the survey were confused about how they were paying their advisors.1

The issue made headlines again when a high-ranking Goldman Sachs employee resigned publicly through an Op-Ed piece in the New York Times, citing corporate culture as the primary reason for his departure. The employee stated “the interests of the clients continue to be sidelined in the way the firm operates and thinks about making money.”2

If this occurs at Goldman Sachs, whose clients include the most sophisticated financial firms in the world, it can certainly also occur at any physician’s chosen investment firm.

In the first piece of this two-part article, we will provide two questions to ask your investment advisor. The intent is to help you gain a better understanding of how they make money from advising you and how they work for, or potentially against, you.

Question #1: Does your advisor owe you a fiduciary duty as a client… or are they held only to a “suitability” standard?

Most physician investors are not aware of the fact that brokers and investment advisors are held to different standards when it comes to the duty they owe clients. Registered Investment Advisors such as OJM Group are held to a “fiduciary standard.” This means we are required to make recommendations that are in a client’s best interest. Contrast this duty to the suitability requirement that dictates that brokers are simply required to make recommendations that are suitable based on the facts at the time of the interaction. On the surface, this may seem like a subtle difference; however the end result can have a substantial impact on the client.

Example: Client A contacts his broker and expresses an interest in investing $50,000 in U.S. growth stocks. The broker invests the client assets in Fund XYZ which charges a sales load of 5.75 percent with operating expenses of 0.68 percent annually. The client will immediately pay a one-time fee of $2875 on the trade. This client pays his RIA a management fee of 1 percent of the assets, which equates to $500 per year on $50,000. The advisor has met the fiduciary standard. In our very realistic example, the front loaded fees paid by client A are significant enough that it would require a commitment of approximately nine years to this fund family before that commission is equal to the sum of advisory fees paid by client B.

Question #2: Can your advisor provide a detailed explanation of how they are compensated?

Do they receive commissions on any of the investments they will be recommending? Beyond “commissions,” compensation can come from sales charges on mutual funds or from a higher operating expense on a specific class of funds. A registered investment advisor such as OJM typically has access to an institutional class of funds that will charge a lower expense than the retail shares commonly offered by brokers. Private equities, structured notes, hedge funds, and non-traded REITs can offer various fees arrangements that may not be transparent. These investments may have a higher point of entry for an investor under the brokerage model in order to compensate the sales person facilitating the transaction. A Registered Investment Advisor operating under the fiduciary standard may be able to offer the same investment at a lower cost simply due to the fact that they are not taking a cut before your money goes to work for you.

Example: Client A is approached by his broker to invest in a non-publicly traded real estate investment trust. The client sends in a check for $100,000, and the security is priced at $10 per share, thus the client receives 10,000 shares. The broker receives a 7 percent commission from the real estate investment trust sponsor. Client B is approached by his RIA to invest $100,000 in the same privately held REIT. The advisor charges a 1 percent management fee and does not accept compensation from the REIT sponsor. In this scenario, the commission is returned to the RIA client in the form of a reduced purchase price for the shares. Client B receives a discounted price of $9.30 from the sponsor and is able to purchase 10,752 shares of the same REIT with his $100,000 investment. Client A would be required to hold the investment for approximately seven years before his 7 percent commission matches the sum of fees paid by client B to his advisor.

This is not a complete list of the questions you should be asking your current or prospective advisor. One of our objectives in this article was to help you identify the potential conflicts of interest in a traditional brokerage relationship. A registered investment advisor such as OJM Group typically charges a fee that represents a percentage of the assets managed and does not receive compensation from the investments that are recommended. Our hope is that by asking the questions above, investors will have a greater understanding of the potential factors that may influence the recommendations of their advisor.

In part II of this article we will provide three additional questions to help you assess the nature of your relationship with your financial professional.

David B. Mandell, JD, MBA, is an attorney and author of five national books for doctors, including For Doctors Only: A Guide to Working Less & Building More, as well as a number of state books. He is a principal of the financial consulting firm OJM Group www.ojmgroup.com, where Andrew Taylor, CFP® works as an investment advisor. They can be reached at 877-656-4362 or mandell@ojmgroup.com.

Continued on Page 59
Is Your Investment Advisor Working for You?

Continued from Page 58

SPECIAL OFFERS: To receive a free hardcopy of For Doctors Only: A Guide to Working Less & Building More, please call 877-656-4362. Visit www.ojmbookstore.com and enter promotional code ASAP20 for a free ebook download of For Doctors Only or the shorter For Doctors Only Highlights for your Kindle or iPad.

Disclosure:

OJM Group, LLC. (“OJM”) is an SEC registered investment adviser with its principal place of business in the State of Ohio. OJM and its representatives are in compliance with the current notice filing and registration requirements imposed upon registered investment advisers by those states in which OJM maintains clients. OJM may only transact business in those states in which it is registered, or qualifies for an exemption or exclusion from registration requirements. For information pertaining to the registration status of OJM, please contact OJM or refer to the Investment Adviser Public Disclosure website www.adviserinfo.sec.gov.

For additional information about OJM, including fees and services, send for our disclosure brochure as set forth on Form ADV using the contact information herein. Please read the disclosure statement carefully before you invest or send money.

This article contains general information that is not suitable for everyone. The information contained herein should not be construed as personalized legal or tax advice. There is no guarantee that the views and opinions expressed in this article will be appropriate for your particular circumstances. Tax law changes frequently, accordingly information presented herein is subject to change without notice. You should seek professional tax and legal advice before implementing any strategy discussed herein.


How to Tell Your Story to the Media

By Megan Driscoll

M y agency represents multiple pharmaceutical companies and aesthetic brands, so my team and I work with doctors every day. In our years of prepping doctors for media activities and interviews, we have come away with several key insights. While many of you have a great deal of experience working with media, I find that more often than not plastic surgeons struggle to differentiate themselves from the pack and tell the story they want to get across—as opposed to the story the media wants to spin for them.

It may seem like an impossible task, but you can get your story out to the media and generate interest for your work despite such hurdles. The most important thing to remember is a media interview is an opportunity for you to get your messages to your audience. You are in control of the interview and the information conveyed.

For our clients at EvolveMKD, we spend a lot of our time not only talking to media and understanding the media coverage landscape, but also thinking through the story (or series of stories) we want to share. That piece of the puzzle is critically important—it’s great to have deep relationships, but if you haven’t thought through what you are bringing to the reporter in terms of content that is both interesting and appropriate for their outlet, the relationship can’t make a difference.

That being said, there are a few tried and true tips that help with both creating a story and cultivating a strong relationship with the media. They are:

• **Know what you want to say.** Media outlets are always looking for hard news or trend pieces. You want your message to be important and communicate an element of hard news in order to grab their attention. Be sure that what you have to say breaks new ground, changes the game, or alters perceptions. Offer a unique perspective and you will turn heads in your direction.

• **Be real.** Those two words say it all. Bring yourself to the story. People don’t want to read a dry press release or watch a professor teaching a science lesson. They want to connect with what they are reading or seeing. When you are in a room with a group of friendly faces, you connect with them directly on a human level. Bring some of that to the story you want told. It will draw a reporter’s attention.

• **Find your audience.** You need to know who your audience is. Try to develop an understanding of the audience by reading what they read, watching what they watch. Learn what they are interested in and set your agenda accordingly.

• **Get a reporter’s attention.** Target the news media outlets that your audience follows, and reach out to those reporters. Don’t just carpet-bomb the media with press releases about your story. Word gets around about practices like that, and not good words, either. Find specific reporters and get to know their beat. It is worth looking up the journalist’s publication on the internet, following them on social media, or watching an episode or two of their show. Read some articles they have written, so you can understand their style, and get to know their work before reaching out.

• **Be timely and courteous.** All journalists work on a deadline, so find out what their deadline is and set a time to contact them. And be kind to them and respectful of their schedule. Reporters are stretched notoriously thin, so they will not appreciate multiple calls and incessant follow-up messages. Just know that if they like your story, then they will find the time to bring it to their readers.

• **Manage your expectations.** You can’t ask to see the questions or the story in advance. And you cannot change your quotes or edit the story after the interview, so choose your words carefully the first time. More often than not, the journalist will be interviewing other people to ensure the story has a balanced view, so do not expect to be the only person interviewed or quoted.

The best stories that find a voice in the media and resonate with your audience share new information, offer a human angle, and stir a conversation. Put something together that does that, and you can find a reporter who will want to hear what you have to say.

Megan Driscoll is CEO and founder of EvolveMKD, a marketing communications agency specializing in beauty and aesthetics.
5 Things We Can Learn from Donald Trump About Working with the Media
By Wendy Lewis

Wendy Lewis Investigates the Many Perils of Attacking the Messenger

DISCLAIMER: Let me preface this article by stating that it is intended to be an unbiased and non-partisan discussion using Donald Trump’s behavior to illustrate these points. All quotes and facts have been accurately referenced from Twitter and other major news outlets.

The Media It Is A Changin’

Here are three main types of media: print media (newspapers, magazines), broadcast media (TV, radio), and digital media (online, blogs, social media outlets). These distinctions are morphing into one big pool because most segments aired on network television will end up on YouTube, and articles in print will also show up online or condensed to 140 characters, often simultaneously. Many TV news segments are follow-up stories that first appeared in papers like the New York Times and the Washington Post. Print media used to generate more reporting than most other news sources, but that is certainly changing with the advent of social media channels that generate news in real time.

“Being a reporter is as much a diagnosis as a job description.”
—Anna Quindlen

1. Extreme Vetting

The purpose of the press is to report the news in (hopefully) a balanced way, which means that unless a journalist is writing an editorial, column or otherwise opinion piece, his or her reporting must contain facts rather than mere assumptions or just plain guesswork. Although the “fact-checker” and “sub editor” are on the endangered species list, most major news outlets and serious journalists still follow at least some semblance of professionalism by interviewing more than one expert to avoid any bias and confirming facts, dates, names, statistics, etc. with an official and respected source (i.e., not Wikipedia).

Journalists have an obligation to get it right. Most outlets will insist on writers signing a contractual agreement that demands compliance with a set of rules, like the work must be original, references should be noted, etc. Melania Trump would have been unceremoniously fired for plagiarism if she were a reporter and not a candidate’s wife giving a speech. If they get it wrong, there can be dire consequences. Similarly, board certified plastic surgeons are held responsible for their own words, and what is written in a press release that bears their name, even if a 22-year-old intern at your PR firm wrote it.

A prime example of this distinction is when Donald Trump said/tweeted that President Obama and Hillary Clinton were the “founders of ISIS,” whether he was being “sarcastic” as he later claimed or not. It was widely reported that there was no evidence to support that theory. In fact, Peter Bergen, a CNN National Security Analyst, wrote this in response: “The founder of ISIS is Abu Bakr al-Baghdadi, a shadowy Iraqi cleric who President Obama is doing everything in his power to kill.”

Trump tweeted—Ratings challenged @CNN reports so seriously that I call President Obama (and Clinton) ‘the founder’ of ISIS

What we can learn from this gaffe and others, is that when it comes to the media, there is no do over. You will not have the opportunity to say you were just kidding. If you make blanket statements to a reporter or editor, you don’t get to take it back a few hours or days later after it rears its ugly head, gets tweeted, Facebooked, Snapchatted, etc. It just doesn’t work that way. Once you put it out there, it takes on a life of its own.

Mind your words of they will come back to haunt you.

2. Earned Vs. Paid For

Donald Trump now blames his campaign frenzy and slashing poll numbers on the media. What is wrong with this strategy? Well, the media does not owe Trump (or any plastic surgeon or public figure or source) anything. They will cover him because he is newsworthy and because what he is doing and saying is of interest to their readers and listeners, but they are not under any obligation to take his words and make them sound better. Therein lies the difference between PR generated ad/a earned media coverage and plain old garden-variety advertising.

As stated by Philip Bump (yes that is his real name) in the Washington Post, one of the media outlets that Donald Trump has banned from attending his rallies and interviewing him; “Trump has the same ability as any other candidate to say precisely what he wants to any voter in any state: by advertising. He can buy ads in swing states and run 30- or 60-second spots making whatever case he wants in any language he chooses. He can send mail, he can knock on doors. He can, in other words, run a campaign. But he’s not.”

Despite using a teleprompter or reading from your notes, you do not get to control the message with media. You can be easily misinterpreted, misunderstood or misquoted, and aside from asking/begging for a retraction or correction, there is really no recourse. That is a risk every plastic surgeon who speaks with the media must be willing to take. Despite Trump’s threats of lawsuits and winning “lots of money,” it is not practical or reasonable to sue national media conglomerates that have armies of white shoe law firms.

In the U.S., we have something called free press.

The best sound bite or off color remark is usually what will get picked up. If you insist on controlling your message, the only way to really do that effectively with any degree of certainty is to buy an ad, adversatorial, or sponsored content.

3. The Pen Is Mightier Than The Sword

It should come as no surprise to anyone that using words like (air quotes) Disgusting and corrupt, and (air quotes) The lowest form of life/humanity, is ill advised when referring to members of the media, who basically hold your private parts in their proverbial hands.

In the now infamous New York Times article, the writers had this to say; “Long a vehement critic of the political news media,
Mr. Trump has increasingly organized his general-election effort around antagonizing the press. He dedicates long sections of his speeches and innumerable tweets to savaging individual outlets, and claiming that media bias could effectively “rig” the election for Hillary Clinton.”

Trump went on a tirade about this article, thereby only continuing the conversation and blowing it up across all networks and beyond borders. In essence, by calling so much more attention to a message he did not like, he himself was responsible for amplifying it. The moral of this story is to exercise restraint and just let negative stories die. “…And the Trump campaign, which for months has kept a list of outlets barred from receiving press credentials to cover his events, has now taken to putting out regular emails that attack newspapers and websites for alleged bias. The emails feature lengthy denunciations of the offending outlet, accompanied by an image of the publication with a red or yellow stamp over it reading: “Media bias offender.”

Donald Trump’s response to the New York Times exposé was to threaten the entire publication with “taking them off our list of accredited press.”

Banning select members of the press access to an event or calling them out by masthead or name is never a good idea. Please avoid this, unless of course you too have a global business empire to fall back on if you can no longer practice plastic surgery when you get crucified on Buzzfeed.

Just like Republicans often complain about the liberal media, there is an inherent media bias toward plastic surgeons and plastic surgery in general. Now it’s not exactly one big conspiracy theory, but it is rather a matter of basic economics and a generation gap. In the first place, most outlets rarely cover plastic surgery stories anymore. They will, however, cover non-surgical, non-invasive treatments instead that are more affordable and accessible to a larger proportion of their readers and listeners who actually buy their publications and the products/services their advertisers want to sell. And if they do cover plastic surgery, it is not always a positive story. Good news is really, well, not always very newsworthy. They prefer to cover “botched lipo” and “death by facelift,” or regale about the sorrowful details of deaths and disasters from offshore clinics. Beauty writers most specifically tend to skew younger—think millennials—who have yet to spy their first forehead crease and don’t really get why anyone needs to get a toxin injected.

4. #MANYPEOPLEARESAYING

The ubiquitous phrase turned hashtag—many people are saying—is another case in point. This tactic of insinuating a fact that is really just a guess or an opinion without verification backup, is commonly used to deflect attention or blame from the user and onto the crowd. So, it is like stating: “I’m not saying this is true myself, but other people are saying it, so maybe it is, and something is definitely going on…”

What is inherently wrong with this thinly veiled manipulation that unnerves the media is that they will actually check because it is their job to check. So, if you say something like, “Many people are saying (insert brand name here) is a disaster,” or “XYZ laser has been banned in the US,” it better be true because someone is likely to investigate further. Another rule of working with the media is building relationships based on trust. You want to position yourself as a credible, reliable source so the media will keep coming back to you first time and time again for advice and quotes.

Another word of caution: never fall into the trap of being seduced by media or flattered by their attention and compliments. The media are not your friend. They too have a job to do. In fact, hard news journalists and producers are always looking for their next big story and can turn out to be adversaries. Remember that nothing is ever off the record. Think of it this way: Do not say or email or write anything that the media will have access to that you would not want to see on the cover of the Times.

5. There Is Such Thing As Bad Press

Once upon a time when print ruled the world, many believed that all press was good, even if it was bad, because it generated attention and elevated an individual or brand’s profile. A scathing description in a newspaper, a less than ideal passage in a book, or an incorrect quote in a glossy magazine appeared, was read by some but not by all, and then disappeared for the most part. Perhaps it ended up tossed in a desk drawer, or was used to line a pet hamster’s cage or start a bonfire to toast marshmallows.

Then along came a little thing called the Internet and all bets were off. Today, your best and worst comments, actions and missteps can be immortalized for your great grandchildren to see. There is no such thing as totally burying a story anymore. Google has pretty much crushed that for all of us.

Suffice it to say that deep down even Donald Trump probably regrets at least some of the comments he has made to the press, over a PA system, or tweeted in the past year or two. And yes, there is definitely such a thing as bad or not good press. Just ask HRC.


NEWBEAUTY Pro

a suite of marketing tools and services to elevate your practice

AS A NEWBEAUTY DOCTOR YOU’LL RECEIVE

Presence in NewBeauty with a 2-page profile and inclusion in the National Directory

A digital profile on newbeauty.com with a before-and-after gallery, online spotlight feature and semi-annual social posts

Access to NewBeautyPRO’s daily social media content stream

Bi-monthly interactive training webinars

Office amenities that include a profile counter card, magazines, bookmarks, social business cards and more

Expert Beauty Guides for your practice

1.2 million people visit newbeauty.com each month looking for an expert for their next cosmetic enhancement treatments and/or procedures.

Were you one of them?

If so, we congratulate you, but if not, find out how you can start reaching your future patients now.

Reach out to elite@newbeautypro.com to learn more today.
Many of you have received e-mails from Amazon Medica (www.amazonmedica.com) claiming:

Amazon Medica is Great Britain’s #1 Parallel Importer. Through our affiliated pharmacy, you are able to purchase authentic Allergan Botox directly through one of Allergan UK’s licensed pharmaceutical wholesalers at a greatly reduced price point.

This claim is accurate, yet misleading. And don’t be fooled by their name. Amazon Medica is an online-only retailer, operating with an unlisted cell phone, a supposed “satellite office” (without a suite number) in the Los Angeles Union Bank Plaza, and a website anonymously registered by proxy www.whois.com/whois/amazonmedica.com. Amazon Medica likely wishes to traffic in Amazon, Inc.’s good name, but there is no business connection between these two companies.

Despite the anonymity and subterfuge employed by Amazon Medica, the Botox you receive may well be authentic and cheaper than buying through your local Allergan representative. But note that the product comes from Great Britain through something called “parallel importing” which, frankly, sounds as dangerous as riding in a motorcycle sidecar. To sort out what’s legal and what’s illegal with Amazon Medica’s offer, let’s start with the product itself, Botox. How can it be authentic if it is coming from the United Kingdom?

The fact is, although Allergan, Inc. is based in Irvine, California, all Botox is manufactured by its subsidiary, Allergan Pharmaceuticals Ireland. Why, you may ask? The US corporate tax rate is 12.5%. As of 2015, more than 700 US companies have moved their manufacturing to Ireland. This isn’t rocket science.

Back to Allergan. Their Irish plant is FDA inspected. Allergan distributes its product worldwide from that location. So in actuality, all Botox is Irish Botox, and it’s all genuine product, which is why you don’t hear about Irish Botox imported from Canada or the UK resulting in patient harm. So what is parallel importing?

Parallel importing is when a non-counterfeit product is imported without paying any royalties to the intellectual property rights holder. That’s a big irritation for watch manufacturers and DVD retailers who sell their products abroad for significantly lower prices and work hard to stop unauthorized imports of their products. It was also a big irritation for pharmaceutical manufacturers when, in April 2001, the South African government legislated to allow parallel importation of medicines to treat HIV/AIDS since they couldn’t afford the prices they were being charged.

Fast forward to 2013 when the United States Supreme Court clarified that parallel importing is legal if the product is genuine and has been previously sold. The case, Kirtsaeng v. John Wiley & Sons, Inc., involved a USC graduate student, Supap Kirtsaeng, who asked his family to buy English language textbooks in bookstores in Thailand and to send them to him in the United States. He resold over 600 copies, mostly on eBay, for about $1.2 million of which half was profit because Wiley & Sons sold its textbooks in Asia at much lower prices than in the United States. Wiley & Sons claimed copyright infringement.

The Supreme Court disagreed and determined that once the textbooks were first printed and sold in Thailand (the “first sale doctrine”), they could be imported to the United States and resold without paying any further royalties to Wiley & Sons. The justices even adopted eBay’s motto: “If you bought it, you own it, and you have a right to sell it.”

This is what Amazon Medica is doing. They are buying Botox in the UK at prices substantially lower than available in the US, and reselling that Botox to you via now-legal importation channels. For you as the consumer who wants to pay less for Botox, that, unfortunately, isn’t enough to make your purchase legal. The problem is the packaging, or more precisely, the package insert.

The packaging artwork won’t help you. Could you or your nurse tell which packaging is for the US market, and which for the UK market?

Continued on Page 65
Grow Your Practice with the Most Advanced & Comprehensive Program: NeoGraft®

Capture Your Share of the $2.5 Billion Dollar Hair Restoration Market with NeoGraft®

- **New & Significant Revenue Stream**: Allows your practice to attract a new demographic of patients and activate existing patients.
- **Ripple Effect**: New patients who seek a NeoGraft procedure often convert into additional procedure and product revenue for your practice.
- **Expert Clinician Staff**: NeoGraft’s highly trained and seasoned clinicians are available at your disposal to assist throughout the procedure.
- **Product Offering For Any Patient**: NeoGraft’s suite of products offers you the opportunity to customize treatment plans and positively impact your bottom line.
- **Exceptional Support**: NeoGraft’s team is dedicated to the success of your business and practice, providing clinical and educational training, as well as marketing support to drive patients to your practice.

**Contact us today** to find out how you can attend our upcoming hair transplant preceptorship with Dr. Jack Fisher. **Space is limited – reserve your spot today!**

**Dr. Jack Fisher**, NeoGraft Chief Medical Officer and Former ASAPS President

To hold a spot in our upcoming preceptorship and learn more about **NeoGraft**, contact Jason Raser at (610) 416-0581.
Parallel Importation of UK Botox

Continued From Page 63

If you look closely at the side of the boxes and the last words in the inserts, however, you will notice this difference.

The US packaging states:
Manufactured by Allergan Pharmaceuticals
Ireland
a subsidiary of: Allergan, Inc.
2525 Dupont Drive
Irvine, CA 92612

The UK packaging states:
Manufacturer:
Allergan Pharmaceuticals Ireland
Castle Bar Road
Westport
County Mayo
Ireland

Marketing Authorisation Holder:
Allergan Ltd.,
Marlow International,
The Parkway, Marlow,
Bucks,
SL7 1YL,
UK

As for the package inserts, the usages and indications are virtually identical, the difference being that in the UK, all indications are covered in one package insert, whereas in the US, the package insert for Botox Cosmetic only covers the glabellar and lateral canthal lines areas, with Botox covering all other indications. These differences in wording, however, though seemingly minor from a medical perspective, are precisely the problem.

For the US market, the specific wording in the package insert has been approved by FDA. For the UK market, the package insert wording has been approved by the European Medicines Agency (EMA), FDA’s equivalent for the European Union. Brexit notwithstanding, Botox imported from the UK, even though genuine and arriving legally through parallel importation, will be considered by FDA to be mislabeled and, therefore, illegal, if it contains an EMA-approved UK package insert.

Is there a problem with adulteration, i.e., contamination or loss of potency, when Botox isn’t imported by Allergan? Hard to say. Allergan recommends that unopened vials of Botox be stored in a refrigerator at 2–8 degrees Celsius, so the product is shipped on dry ice. There is nothing to suggest that Amazon Medica won’t follow the same recommendations.

Nevertheless, even if the Botox is genuine, legally imported and arrives on dry ice, it’s still UK product with a UK package insert. Several of our members have been contacted by investigators from the US Attorney’s office, the enforcement arm of FDA. The investigators haven’t been interested in prosecutions of late, merely wanting to educate our members to not purchase UK Botox and to discard any offending product in their refrigerators. If our members didn’t feel so foolish believing the internet ads to which they responded, and so scared and mortified at having to meet with federal investigators downtown, I would have them provide first-person reports, all of which seem to begin with the investigator walking into the office and saying, “Good morning, Doctor. I’m an investigator with the US Attorney’s office. Is there some place we can talk?”

Amazon Medica has a very slick video which you can see here:
www.amazonmedica.com/buying-allergan-botox-internationally I believe the video is true when it says that FDA has not prosecuted any doctors for using misbranded Botox. So far, FDA only asks doctors to discontinue purchasing and using such product:

On July 11, 2013, FDA sent approximately 250 letters to medical practices that purchased medications from “Online Botox Pharmacy,” “Onlinebotox.com,” and “Onlinebotx,” that sold fraudulent versions of Botox. The medication’s outer carton was counterfeit, while the vial inside was labeled as a foreign version of Botox not approved by the FDA for sale in the United States.

Even if doctors aren’t yet in FDA’s crosshairs, FDA does like to criminally prosecute distributors and office managers over foreign Botox:

www.fda.gov/ICECI/CriminalInvestigations/ucm457630.htm (2015, Canadian distributor of Turkish Botox);
www.fda.gov/ICECI/CriminalInvestigations/ucm400384.htm (2014, US distributor of Botox Cosmetic-UK);
www.fda.gov/ICECI/CriminalInvestigations/ucm377426.htm (2013, clinic manager purchased Turkish Botox);

Is the price difference worth having a federal investigator darken your doorstep? The fact is, our United Kingdom members enjoy a price controlled environment, and we do not. Accordingly, our UK members pay less for Botox and we pay more, but parallel importing of UK Botox won’t save you from a mislabeled package insert investigation. It also won’t save you from a breathtaking medical malpractice premium increase if your carrier finds out what you’ve been doing.

Bob Aicher is General Counsel to ASAPS and has represented The Society for 27 years. He lives in Pasadena, California, and can be reached by phone at 707-321-6945 or by email at aicher@sbcglobal.net.
Dear DS,

You were from when you emailed me this question. You may be asking about the same ENT physician whom Bob Aicher, ASAP S General Counsel, wrote about in his most recent ASN Legal Update column. (See the end of my answer, below) If so, it doesn’t sound like this physician will be around much longer for you to worry about. This is not the Dr. Patterson case which Mr. Aicher reviewed, then I would gather as many objective “facts” as you can discover. You might want the patients to sign an affidavit proving they have first-hand knowledge the doctor is using Chinese implants. Then I would submit that proof to your state medical board for them to investigate.

You can also file a complaint with FDA at http://www.fda.gov/Safety/ReportaProblem/ucm059315.htm. Even if you don’t know where the Chinese implants are coming from, you can use the Problem or Concern About This Equipment block who is using a foreign, Botox-like product and placing Breast implants that are from China.

What are the ramifications and what do I tell his patients, several of whom have come to me very concerned?

Sincerely, D.S.

---Original Message---

July 31, 2016

Subject: What is “Parallel Importation” & Why it Can Legally Increase Your Profits by up to 40%  
Reply-To: Joseph Stone <joseph@amazonmedica.com>

Dear Physicians,

What is parallel importation of pharmaceuticals and how can this help my practice increase profits by up to 40%, absolutely legally?

Let’s take Allergan Botox, for example. Actavis completed their acquisition of Allergan on March 17th, 2015, making Allergan officially an Irish company. Allergan is no longer an American company and their U.S. sales representatives are no more than local marketers for an Irish company.

What is the definition of parallel importation? “Parallel imports” refer to branded goods that are imported into a market and sold there without the explicit consent of the owner of the trademark in that market.

The trademark owner of “Botox” is Allergan Inc., the US distributor of Actavis. Botox is produced and sold from Ireland, as stated on every Botox package. Just take a look.

When you’re buying “Botox” outside of the US, you are parallel importing it because you are buying it without the explicit consent of Allergan Inc., the owner of the “Botox” trademark.

Is this legal?

Yes, as long as you follow federal law and the FD&C act.

The only “regulation” you are breaching is Allergan Inc.’s internal rule that prohibits the buying of “Botox” from any other source than… Allergan, Inc. This has the same legal effect as opening a Facebook account with a fictional personal name, as this is technically prohibited by the Facebook terms and conditions—you are not breaking any federal laws. The same goes with buying “Botox” not from Allergan, Inc. but from an international wholesaling pharmacy, as long as some criteria are met:

1. The product must be FDA approved and manufactured in the official FDA approved facility.
2. The product must be unaltered once released from the FDA approved facility. The pedigree must be documented and it also must have a monitored cold chain certification.
3. Every vial must go through FDA monitored Customs channels. This is the only way to legally parallel import genuine pharmaceuticals like Botox.

Start increasing your profits up to 40% by buying from Amazon Medica, Great Britain’s #1 Parallel Importer, experienced by almost a decade in the parallel importation pharmaceutical marketplace. Please call us to answer all your questions regarding legalities, technical procedures, quality standards and more on our direct line (323) 443-2445 Ext. 2.

Best regards,

Joseph Stone, Amazon Medica (323) 443-2445 Ext. 2

PS: As a small appreciation of your time we offer each caller a special welcome-price of $335 per 100IU vial (Our regular price: $395) for your first order of Allergan Botox. This offer is valid for the first 5 callers and only if you haven’t purchased from us before. Just call our direct line that is reserved for your questions and claim your special discount (323) 443-2445 Ext. 2.

Sent from my iPhone

Continued on page 67
The Straight & Narrow
Continued from Page 66

I have shared with you one of the deals on Amazon Medica this week whereby you get Botox for $150 off of your current retail price. This is a pushy email. It makes everything sound hunky-dory. This is very tempting, especially if you’re just starting a practice. It states that the product has authentic Allergan labeling. As a matter of fact, it does, but only for the United Kingdom as approved by MHRA, not the United States as approved by FDA. That means the Botox is mislabeled and illegal.

Of course, you want to see your name in the media. How about for a criminal conviction for buying UK versions of Botox and Juvederm? www.fda.gov/iceci/criminal investigations/acm400384.htm

If you inject a lot of Botox each year, you’re going to save thousands of dollars. However, at the same time, thinking in terms of minimizing your risk in your practice—especially as you get out in years, this could be looked into if a patient did have an adverse reaction. You could even be involved in a lawsuit for this adverse reaction. In turn someone could come sniffing around and look more closely at where your Botox came from. They might discover that your Botox was from the Internet and from Canada. Now you’ve got a real situation on your hands. I would strongly advise you, “Buyer beware.” I always ask myself, “If this sees the light of day, will things be OK?” If it doesn’t pass the sniff test and it’s not going to look good by the light of day, then I would avoid it!

Once again, neurotoxins and implants from other countries are not approved by the FDA for sale in the United States. DON’T BE FOOLED. Mr. Aicher gave lots of tips for spotting fakes, so take a look at his column: Aesthetic Society News, Volume 20, Number 3, Summer 2016, page 79, Legal Update: Chinese Implants = Federal Lawsuit.

Purchasing from unknown sources carries greater risk than the benefit of saving a few dollars.

Question:
Dear Joe,
I have a question for you that I am wrestling with. Every few days I receive email promotions from 1–3 worldwide distributors outside the USA. The ads pitch very, very low cost neurotoxins and fillers. They claim the products are identical to those sold in the US. Some claims state these products are the same ones they already manufacture for Allergan, Merz, etc. I asked a few colleagues. Several said, “Why not? Go for it!” But a couple other trusted colleagues cautioned me. My sense is that this could get me in hot water, but I hate to pass up a good deal, and besides I could pass this savings on to my patients. This could grow my practice. I need a definitive answer. What’s the bottom line?

Answer:
Don’t be silly. Don’t break the law. Why would you risk your livelihood and reputation to save a few bucks? I realize you want to save money… who doesn’t? But don’t even go there! Don’t take the bait; there’s a hook hidden inside called “jail time.” Yes, that’s right. Several BC PS have actually spent time in jail after being caught using nasty neurotoxins and fraudulent fillers. To save money in my practice, we look for quarterly or annual specials that our U.S. reps offer. You can save a lot by buying volume at the right times.

Here is an even more important concern than money: Do you care about your patients’ safety? Or is that a stupid question? You have no way of knowing if foreign products are manufactured under appropriate conditions of quality control. A million things can go wrong during manufacturing, sterilization, labeling, packaging, storage, temperature control and shipping. So put safety first, and the higher cost might be easier to swallow.

The FDA recommends obtaining medicines exclusively from legal sources in the US. For more information, go to: http://www.fda.gov/Drugs/DrugSafety/ucm170594.htm. Importing a pharmaceutical or biologic into the USA is illegal. According to the United States Federal Food, Drug, and Cosmetic Act (FDCA), drugs that are imported are considered unapproved, misbranded, and adulterated (21 U.S.C. 331). This includes drugs that are foreign versions of FDA-approved medications, which have not been manufactured in accordance with and pursuant to FDA approval. Sure, in the US we have to pay top buck to these established 800 pound gorillas, but bite the bullet and keep paying. It will keep you out of trouble with the FDA. It will keep you in business. It will keep your patients safe!

Joe Grysiewicz, MD, is an aesthetic plastic surgeon practicing in Burnsville, MN, and Clinical Professor University of Minnesota (Craniofacial-Cleft Palate Clinics). He serves on the ASAPS Judicial Council and is Chair of the ASERF Research Committee. Disclaimer: Dr. Joe’s opinions aren’t those of the Ethics Committee or the Judicial Council.

Don’t take the bait; there’s a hook hidden inside called “jail time.”

Once again, neurotoxins and implants from other countries are not approved by the FDA for sale in the United States. DON’T BE FOOLED.

Fast Track Your ROI: ASAPS Webinar Now Available!

Karen Zupko (President of Karen Zupko and Associates) and Marie Olesson (Founder of Real Patient Ratings) recently conducted an informative, complimentary ASAPS webinar entitled “Success Principles for Non-Surgical Services,” which shared strategies, tactics, and data on how to grow your non-surgical service revenue. This popular webinar is now available for viewing at www.surgery.org/professionals/publications/webinars.
Childbirth and the natural aging process cause changes which may affect feminine wellness. A particularly strenuous vaginal childbirth, multiple births, and the effects of menopause can cause physical changes which can rob women (and their partners) of their sense of well-being and happiness.

How it Works

ThermiVa® treatments use radiofrequency energy to gently heat tissue so that women can reclaim, restore, and revive feminine wellness without discomfort or downtime. The patented ThermiVa electrode is designed to treat the internal and external anatomical features of the vagina.

To learn more visit Thermi.com
Your Patient Safety Committee has two great offerings in this edition of the ASN: Dr. Rios has composed his thoughts having just participated as a representative of ASAPS in a collaborative meeting of The Joint Commission, formerly JCAHO, and the CDC about the future of infection control and prevention in the outpatient setting. We, as a Society, have certainly been, as Dr. Rios stated, ahead of the curve with regard to these issues, but it would be prudent for us all to take notice of the fact that The Joint Commission’s focus has shifted to the outpatient arena where most of us live!

In addition, we have another enlightening and utilitarian “Scissors on the Seam” on the topic of opioids and their management in the aesthetic patient. Considering the recent New York Times front page headlines related to this topic in general, Dr. Culbertson’s article could not be more timely. So please take advantage of these articles and do not hesitate to contact me personally about anything you are willing to add to these topics or any other: I am always looking for great information for us all to share!

Lorne Rosenfeld, MD, is an aesthetic plastic surgeon practicing in Burlingame, CA, and serves as chair of the ASAPS Patient Safety Committee.

Patient Safety Updates: Safety Matters!
Lorne King Rosenfeld, MD

Hot Topic in Safety
Gary R Culbertson, MD, FACS; ASAPS Patient Safety Committee Vice Chair

Over prescribing of opioids & deaths related to overdosing on prescription medications have been on the rise for the past decade. Currently on average 78 Americans die every day from an opioid overdose. Great attention has been focused on the prescribing of opioids for the chronic pain patients following the recent release of new guidelines from The Centers for Disease Control (CDC) in 2016 www.cdc.gov/mmwr/volumes/65/nrr/rr6501e1.htm & at The Surgeon General’s “TurnTheTide Campaign” to raise awareness about opioid addiction www.surgeongeneral.gov/priorities/opioids/index.html. There has been a quadrupling of prescriptions for opioids since 1999. Studies have shown that vast majority of these prescriptions are provided by Family Practice and Internal Medicine physicians who manage these chronic pain patients.

Every aesthetic surgeon will eventually be faced with a chronic pain patient on opioids. Managing these patients is different from your regular cosmetic patient. Special consideration needs to be given to not only their medication history but possible cross reactivity that can occur with other peri-operative medications and/or anesthetic agents. These patients present with a unique set of risk factors that can be safely maneuvered. Here are some recommendations that could assist in their peri-operative management:

- Ask the pain specialist what one medication they might recommend during the peri-operative to assist in this patient’s pain control.
- Obtain an understanding that you are requesting assistance from the patient’s pain specialist in the management of the patient’s pain in the peri-operative period.
- Let your cosmetic patient know the plan & consider suggesting to your patient that their pain specialist could be the best individual to assist in controlling their pain in the peri-operative period since they are most familiar with their condition & what works for them.
- Have an understanding that there will be a limited the number of prescriptions and types of narcotics that will be provided in the peri-operative period.
- Ensure that you both understand that their pain specialist will be there for them with breakthrough treatment if necessary.

These steps are in the best interest of the safety of your chronic pain patient to prevent opioid overdosing & managing their peri-operative pain.

Many states have instigated a central register for opioid prescriptions. These prescription drug monitoring programs are designed to help stop the abuse of opioid painkillers. It is advisable to gain access to such a register & obtain documentation of your aesthetic patient’s opioid prescription history. Most programs will provide you with prescription history data for the past two years and some provide data on adjoining states. More information on these prescription drug monitoring programs can be found at the National Alliance for Model State Drug Laws www.namsdl.org.

There are some “Red Flags” that should alert the surgeon that something has possibly gone awry:

- Patients who lose their narcotic prescriptions.
- Patients who request narcotic prescriptions for minor office procedures.
- Patients who request that the narcotic prescriptions be written for other members of their family.
- Family members who call in requesting narcotic prescriptions for patients. Request to see your patient or have them evaluated by another practitioner before another narcotic prescription is provided.

Chronic pain patients can sometimes be a bit manipulative to obtain the medications they are seeking. They may attempt to intimidate or threaten your aesthetic practice should their demands not be met. Consider taking a second look at these patients by obtaining data on their opioid prescription history through your state-sponsored prescription drug monitoring program, obtaining assistance from their pain management specialists and setting limits that are well understood before their surgery is performed. These suggestions should assist in navigating your chronic pain aesthetic patients through the peri-operative period and prevent opioid overdosing.

Dr. Culbertson is in private Aesthetic practice and Director of the Iris Surgery Center in South Carolina.
Breakthrough in post-procedure care

Stratacel®  
film-forming wound dressing for sensitive skin

Stratamed®  
advanced film-forming wound dressing

Strataderm®  
scar therapy gel

Stratacel and Stratamed, applied immediately post-procedure, speed up the healing process resulting in a reduced downtime and improved aesthetic outcome.¹

Strataderm is a medical product for the professional management of both old and new scars.

Stratacel®  
Stratamed®  
Strataderm®

For more information please contact: customerservice@us.stratpharma.com

Manufactured by:  
Stratpharma AG, Centralbahnplatz 8  
CH-4051 Basel, Switzerland

1. Data on file. Stratpharma AG  
ASAPS: Leading the Way in Infection Control and Prevention

By Luis M. Rios, Jr., MD

Introduction

On July 20th, I had the pleasure of presenting ASAPS at the headquarters of The Joint Commission, formerly known as JCAHO, in Oakbrook, Illinois for its new program titled ADOPT. ADOPT, funded by the CDC, in conjunction with The Joint Commission, is evaluating existing infection control and prevention programs in the outpatient setting. The CDC acknowledges that most of its past efforts have focused on the hospital setting. There is a recognized need to begin to focus on the ambulatory setting. To that end, ASAPS and other organizations were invited to participate.

The Problem

It is estimated that three-quarters of surgical procedures occur in the outpatient setting. In addition, there were over 1.2 billion outpatient visits last year. The new impetus to study outpatient settings is the result of recent outpatient breaks in sterility. These highly publicized occurrences include outbreaks in hepatitis C during endoscopy, contamination of vaccines for children, and mycobacterial infections during liposuction to name a few. Since the CDC has mostly concentrated on the hospital settings, it does not have an effective system for gathering data from the outpatient setting. In addition, it does not have any currently accepted guidelines for outpatient infection control or prevention.

Goal

The ADOPT program is approaching the problem at a rudimentary level. CDC and The Joint Commission have begun gathering infection control and prevention materials from ASAPS and other organizations. Once the CDC has reviewed the materials, it will develop some guidelines that will be disseminated by October 2017. The goal is not to mandate infectious disease surveillance programs. Instead, the goal is to begin to establish reasonable guidelines for the ambulatory setting in order to address the issues of infection prevention and control in the outpatient setting.

ASAPS and ADOPT

As reflected by our culture of safety, ASAPS is in the forefront of establishing outpatient infectious prevention and control programs. Materials were submitted that represent our commitment to patient safety such as our Physicians Coalition for Injectable Safety and PAUSE campaigns, numerous articles, position papers and safety courses such as “Preventing Surgical Site Infections” by Leroy Young, MD. As I sat at the round table with more than fifty representatives from 12 other organizations, it became obvious that the other participants, along with the CDC and The Joint Commission, were very impressed with the ASAPS bylaws which require members to only operate in accredited facilities. Joseph F. Perz, Dr.P.H.,M.A., CDC Team Leader for ADOPT, stated “I was pleased to learn that facility accreditation had been made a prerequisite for ASAPS membership. This is a great example for other organizations and offers a good platform to build on.”

ADOPT: Relevance and Future for ASAPS Members

After considering the goals of ADOPT, I wondered about the relevance of ADOPT on ASAPS membership. After all, our members are Board Certified and perform their procedures in accredited facilities with strict infectious prevention and control programs. What could ADOPT teach our current membership? At this moment, we will probably be leading more than learning from ADOPT. But as the CDC continues to address the issues involving ambulatory settings, one only has to look at the requirements CMS has placed on hospitals to see what the future may hold for us. I believe that ASAPS members will be called upon to examine several issues in their practice. I believe we will be asked to examine our use of antibiotics in the surgical and outpatient setting. Antibiotic resistance is a real problem in the United States and all specialties will be asked to examine their practice for the greater good of society. Also, with the push for the use of evidence-based medicine, I can foresee a time when practices will have to integrate infectious disease surveillance programs in order to help guide their practices. In addition, all specialties will be asked to recognize the CDCs definition of surgical site infections in their data, reports and literature (Figure 1 and Table 1). This will help standardize how we compare and discuss surgical site infection data.

Summary

In essence, ADOPT is CDC’s initial foray into the arena of the ambulatory setting. Although its goal may be rudimentary and not too relevant for our membership now, I think it signals a more ominous agenda the CDC has for the ambulatory setting. At this time, ASAPS is ahead of the curve and that is something we should be proud of. However, we will need to continue to set high standards for our membership. The quest for data collection, the practice of evidence-based medicine, and the outcomes that it proves, adds to the ever-present challenge of expecting the best from ourselves. If we accept these challenges, we will continue to maintain our leadership in patient safety for the aesthetic patient. As such, we are in a good position to accommodate any new regulations given to us by the CDC or any other agency.

Dr. Rios is in private practice in Edinburg, TX and is a member of the ASAPS Patient Safety Committee.
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. When a surgeon puts safety first, patients are better satisfied, resulting in more referrals, which ultimately impacts your bottom line.

“Primum non nocere”—First do no harm
Scissors on the seam!

Information you can use right now!

Cut This Page Out and Keep in Your Practice or Download at www.surgery.org/downloads/private/Managing-the-Chronic-Pain-Cosmetic-Patient-to-Prevent-Opioid-Overdosing.docx

A note from your Safety Committee

Please take a moment to read another valuable, practical and most importantly, “turn-key” Scissors on the Seam safety article. You can either clip and keep this protocol, or use the link to download and customize the word document according to your practice’s needs. I would highly encourage all ASN readers to feel free to submit their own safety ideas, directly to me, to help us all realize better, safer results.

Lorne Rosenfield, MD
Chair, ASAPS Patient Safety Committee
Drr@DrRosenfield.com

THE AMERICAN SOCIETY FOR AESTHETIC PLASTIC SURGERY, INC.

Brought to You by the ASAPS Patient Safety Committee
Managing the Chronic Pain Cosmetic Patient & Prevention of Opioid Overdosing

When faced with a chronic pain patient on opioids, give special consideration to the patient’s medication history and possible cross reactivity that can occur with other peri-operative medications and/or anesthetic agents. The following actions are helpful in navigating your chronic pain aesthetic patient through the peri-operative period and preventing opioid overdosing:

1. Request a list of their current medications.

2. Consider obtain documentation of your aesthetic patients’ opioid prescription history through a state or regional Prescription Drug Monitoring Program (http://www.namsdl.org).

3. Obtain a pre-operative Consult from the patients Pain Specialist for:
   a. Assistance in the management of the chronic patient’s pain in the peri-operative period.
   b. Determine what one medication they would recommend during the peri-operative to assist in this patient’s pain control.
   c. Management of breakthrough pain treatment/management if necessary.

4. Post-operative patients should be evaluated by a practitioner before additional narcotic prescriptions are provided.

RED FLAGS FOR CHRONIC PAIN PATIENTS

- Are not being managed by a Pain Specialist.
- Claim they have lost their narcotic prescriptions.
- Request narcotic prescriptions for minor office procedures.
- Request that the narcotic prescriptions be written for other members of their family.
- Calls from family members requesting narcotic prescriptions for patients.

*Disclaimer: The preceding methods are not required. They are recommendations from the ASAPS Patient Safety Committee and do not establish a standard of care. You may download this document at www.surgery.org/downloads/private/Managing-the-Chronic-Pain-Cosmetic-Patient-to-Prevent-Opioid-Overdosing.docx to tailor to your specific practice.
You’re listening to patients. We’re listening to you.
Now we’re introducing an expanded suite of products, procedures and support to help you address a full range of patient and practice needs for the face, neck, décolletage, hands and more.

Learn more at merzusa.com