NEW: Practice Solutions
  • Solve Your Practice Pain Points!
  • Learn More on Page 101

NEW: Meet the ANN Suite
  • Improved Reporting with No Extra Data Entry!
  • Learn More on Page 94

WE ARE AESTHETICS.

EXPERIENCED INSIGHTS 2019
October 17–19, 2019
Live! By Loews Arlington, TX

THE AESTHETIC SOCIETY’S FACIAL AND RHINOPLASTY SYMPOSIUM
January 30 – February 1, 2020
The Cosmopolitan of Las Vegas
Las Vegas, NV

APPLY NOW! July 1, 2019 is the next ASAPS Active Member Application Deadline. Learn more at www.surgery.org/active-membership
A beautiful new look starts with a beautiful way to pay for it.

With patients taking an average of 119 days to decide to purchase a minimally invasive procedure and an average 188 days for a surgical procedure, discussing the CareCredit health, wellness and beauty credit card during the consult stage helps make it easier to move forward.

CareCredit can be used for surgical procedures, anesthesia, medical garments and prescriptions, along with minimally invasive procedures like body shaping, injectables, fillers and skin care products. The CareCredit card can also be used for deductibles and co-pays for reconstructive procedures.*

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1 CareCredit Path to Purchase research – Cosmetic Category 2018.
*Subject to credit approval.
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ASAPS Members Forum: www.surgery.org/members
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OPPORTUNITIES FOR YOUR STAFF AT THE AESTHETIC MEETING!

Create a “Memorable Customer Experience:” Learn from the Ritz-Carlton*

We all want to deliver the gold star standard in patient care, who better to learn from than the Ritz-Carlton? This is a special course you won’t want to miss!

Monday, May 20 2:30pm–5:30pm

PRACTICE SOLUTIONS

3 Easy Steps to Improve Your Practice:

1. Attend the Practice Solutions Sessions during The Aesthetic Meeting, included with registration.

2. Enjoy 15-minute, quick bite Practice Solutions Theater presentations in The Aesthetic Marketplace during breaks.

3. Dive into Practice Solutions Online in Booth #110, where you can get a free account to gain access to resources, forms, and advice from practice management experts.

Plus, The Aesthetic Meeting has informative courses for Nurses, Physician Assistants, Administrative Support, and Skincare Specialists!

www.surgery.org/forstaff

The Aesthetic Meeting 2019
May 16 – 21, 2019
New Orleans Convention Center
New Orleans, LA
www.surgery.org/meeting2019

The Aesthetic Cruise 2019
June 23 – July 4, 2019
Italy, Malta, Greece, Montenegro, Croatia and Slovenia
www.surgery.org/cruise2019

The Rhinoplasty Society Annual Meeting 2019
May 16, 2019
New Orleans, LA
904.786.1377
www.rhinoplastysociety.org/meetings

North Carolina Society of Plastic Surgeons 2019 Annual Meeting
October 11 – 13, 2019
The Umstead
Cary, NC
https://www.ncspas.com

2019 Florida Plastic Surgery Forum
December 12 – 15, 2019
The Breakers
Palm Beach, FL
www.fps.org/

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

The 7th St. Petersburg Live Surgery and Injections Course
October 24 – 27, 2019
Advanced Aesthetic Rhinoplasty and Face Contouring 2019
Corinthia Hotel (Nevsky Palace)
St. Petersburg, Russia
www.aasurgery.ru

The 3rd Norwegian-American Aesthetic Meeting (NAAM3)
October 25 – 26, 2019
Oslo, Norway
Contact: Kaisa Filvedt
oslomeeting@naam.no
www.naam.no
can’t believe that it is already spring, and I will soon be concluding my term as President of The Aesthetic Society. It has truly been an honor to have served, and I’ve valued many interactions with our members, listening and incorporating your ideas for making our Society and specialty even stronger. This has been a year of growth and I’m very proud of our achievements.

The Aesthetic Meeting 2019: Pre-Registration Closes April 29—Save Money, Register Today!

I am so looking forward to our upcoming Aesthetic Meeting in New Orleans, LA, May 16–21. I attended my very first Aesthetic Meeting in New Orleans, and it gives me such pleasure to once again be returning to New Orleans, this time as your President. I’ll be presenting an FDA update, and you can get the latest information on such hot topics as Buttocks Augmentation and Breast Implant Illness.

We are planning a wonderful Presidential Welcome Celebration on Saturday, May 18, at 6:30pm. Follow the crowd from the convention center to Generations Hall, just two blocks away, and we’ll party the night away! Learn more at surgery.org/meeting2019.

FDA Breast Implant Hearings

The FDA held routine hearings March 25–26 on breast implants, and The Aesthetic Society was honored that 20 of our members provided both written and oral testimony. It was valuable to hear from both patients, sharing their important stories, as well as surgeons, giving evidence-based response to the patients’ concerns. My thanks to the FDA Hearing Task Force, co-chaired by Drs. Laurie Casas, Mindy Haws, and Bill Adams, for their hard work in ensuring that evidence-based medicine was squarely at the center of the presentations. You can read more about the hearings on Page 6 of this issue of Aesthetic Society News.

Rebranding Task Force: New Look, Coming Soon

I’ve been incredibly pleased at the work the Rebranding Task Force has accomplished this year, working with our brand strategy and creative design firms, Untitled and Exploratory, as they have researched our patients, our Society and our specialty thoroughly, building a solid framework for a new creative look, coming soon. Please take a look at my article on this diligent group and their efforts on Page 77 of this issue of Aesthetic Society News.

Membership Applications Increase

One of my proudest accomplishments this year has been our increased focus on new members. Last year, we streamlined our application process, while still retaining our high standards, and have put into play a variety of efforts at attracting new, younger members. Already, we have seen this pay off, with a steady increase in the number of applicants, and I’m particularly proud of our efforts to increase our number of female aesthetic surgeons. Nearly half of our medical school graduates are women, yet in our specialty, that percent is dramatically lower. We must find new ways to encourage women into our specialty, and I’m glad that our Society has been doing just that, with our annual Women Aesthetic Surgeons’ Symposium, Lounge, a lactation suite, and networking events at The Aesthetic Meeting.

To attract more international members, we’ve initiated new ambassador roles, responsible for regions around the globe. And our Residents’ Program continues to be in high demand, with a variety of benefits for those participating. Together, these efforts will help lay the groundwork for a fertile Society, and I appreciate the efforts of the Membership Commission for helping us achieve our goals.

In Conclusion

We have accomplished so much this year, and I know that Charlie Thorne will be a tremendous incoming President. My sincere gratitude to the entire Society Board and our valued members for your support throughout this year. I hope you’ll join me in New Orleans at the Presidential Welcome Celebration so that we can toast our Society’s success together. As they say in the Big Easy, “laissez les bon temps rouler,” which translates to “let the good times roll,” and I know at this party we will do just that.

Again, thank you for entrusting me with the leadership of our Society. It has been an honor and a privilege, and I look forward to what next lies ahead for us. See you in New Orleans!

W. Grant Stevens, MD, is an aesthetic plastic surgeon practicing in Marina Del Rey, CA, and serves as President of The Aesthetic Society.
Dr. Grant Stevens sent the following report to members following the March 25–26, 2019 FDA Hearing on Breast Implants:

FDA recently concluded two days of hearings on the subject of breast implants, seeking panel recommendations on the issues of better data collection, informed consent, BIA-ALCL, and the rare but disturbing emergence of Breast Implant Illness or BII.

As most of you know, The Aesthetic Society has taken a leadership role in three of these concerns with the ALCL Task Force, Chaired by Drs. Brad Colabrace and Bruce Van Natta, the BII Task Force, Chaired by Dr. Melinda Haws and our Aesthetic Neural Network or ANN (data collection platform). I plan on requesting an additional Task Force be created to develop comprehensive and understandable Informed Consent documents for all members that perform breast implant surgery.

We were also well prepared for the hearings themselves through our FDA Task Force, co-chaired by Drs. Laurie Casas, Mindy Haws and Bill Adams.

This preparation served all of us well. The Aesthetic Society had 1 hour and 22 minutes of podium time, including invited testimony specific to The Aesthetic Society and ASERF’s activities.

The principal items covered over the two-day hearings included:

- The Panel advising an end to MRI screening, and replacing it with the less costly high-resolution ultrasound beginning at 5 years
- A need for ADM controlled studies in reconstruction patients
- A recommendation for further study of BII and BIA-ALCL
- A final recommendation for development of industry/physician/patient generated and shared Informed Consent checklists.
- The use of registries, the importance of capturing patient-reported outcomes and the need to strike the right balance between data collection requirements and optimizing participation in the registry.

There was a lot of discussion about the low follow-up in two manufacturers implant studies as well as discussion centered around textured implants, but in the end no change in status for any breast implant was suggested and continued data collection was emphasized.

The experts also commended both The Aesthetic Society for ANN and the National Breast Implant Registry (NBIR). This is the first time a public agency has seen the clear superiority of our patient-specific and implant-specific software product that is designed to provide ongoing data for lifetime implant data collection.

There is another very important and gratifying first that came out of this meeting. The Aesthetic Society is now recognized by the Agency as a powerful voice in aesthetic medicine and the go-to resource, particularly as it pertains to devices. Never again will The Aesthetic Society be in the shadow of any other plastic surgery organization.

There is another very important and gratifying first that came out of this meeting. The Aesthetic Society is now recognized by the Agency as a powerful voice in aesthetic medicine and the go-to resource, particularly as it pertains to devices. Never again will The Aesthetic Society be in the shadow of any other plastic surgery organization.

I feel this deserved recognition is a result of providing not only our member speakers but also providing the Panel with simple, documented and direct answers to their questions. Canned jargon was not the Society’s agenda.

The panel provided its recommendations during the meeting, a summary of which you can find here: https://bit.ly/2UIWRQs

You can hear the full two days of deliberations through the links below:

- Day 2: https://bit.ly/2TnAKU0

The full testimony presented by me during the Hearing can be viewed on YouTube at:

- https://youtu.be/95jdfR241t4
- https://youtu.be/3ol-CAMNpno
- https://youtu.be/sNe3Rys0csw

Additionally, there is a nice summary of the two-day hearings available here:


I believe you will be proud of everyone who participated on The Aesthetic Society’s task forces for FDA, BIA-ALCL and BII. Many wrote testimony for the hearings or provided oral testimony over the two days about the issues that are important to all of us. In addition to our surgeon speakers, photos of who are on the following page, I’d like to personally thank the following for all their hard work.

- Nurse Practitioner: Chelsea Hagopian
- Patients: Kristi Evans, Kerry Reavis and Cathy McClain
- ANN Representative: Kyndra Lee
- Staff: Sue Dykema, John O’Leary, Leigh Hope Fountain, Shelly Faucett, Kerry Moradkhani and a special thank you to Kathleen McClemmy for managing the logistics for our group.

Thank you and I look forward to seeing you at The Aesthetic Meeting 2019 in New Orleans!
PATIENT ADVOCATES—FDA HEARINGS

William P. Adams, Jr., MD
Co-Chair

Laurie Casas, MD
Co-Chair

Melinda J. Haws, MD
Co-Chair

Anu Bajaj, MD

Bradley Bengtson, MD

Akash Chandawarkar, MD

Bradley Calabresi, MD

Danielle DeLuca-Pytell, MD

Gloria Duda, MD

Michael C. Edwards, MD

Barry Fernando, MD

Jack Fisher, MD

Julio Garcia, MD

Mary Gingrass, MD

Caroline Glicksman, MD

Ashley Gordon, MD

Debra Johnson, MD

Marisa Lawrence, MD

Danielle Le Blanc, MD

Patricia McGuire, MD

Emily McLaughlin, MD

Kiya Movassaghi, MD

Meghan Nadeau, MD

Foad Nahai, MD

David Sanver, MD

Michele Shermak, MD

David Sieber, MD

Steven Teitelbaum, MD

Marissa Tenenbaum, MD

Bruce Van Natta, MD

Robert Whitfield, MD
Get Your Free Photo!

Show Your Dedication to the Specialty in the “We Are Aesthetics” Green Screen Photo Booth

A free printed photo awaits you in the fun “We Are Aesthetics” Green Screen Photo Booth. Simply choose your backdrop, select your desired props, and join in the fun! You’ll receive a free printed photo, as well as an electronic photo emailed directly to you. There’s no limit on photos, so take one or twenty. You can even choose a white background and refresh your professional headshot!

If Sharing on Social Media, Please Tag:
#ASAPS19 • #WeAreAesthetics
#trustASAPS • #TheAestheticMeeting

Visit The Aesthetic Society in The Aesthetic Marketplace, Booth #113
Saturday, May 18 through Monday, May 21
9:00am to 5:00pm
As Program Chair, it gives me great pleasure to announce that we are only weeks away from The Aesthetic Meeting 2019, and I hope you’ll join us May 16–May 21, in beautiful New Orleans, LA. The Aesthetic Meeting is the annual global gathering of innovators and aesthetic experts, where you’ll learn from the best and brightest minds in aesthetic plastic surgery, as they share the latest in scientific and technological advances and techniques.

Plus, with our new Practice Solutions, your office team can learn how to best run a successful practice, with three ways to learn: • Practice Solutions Sessions, ideal for your office staff, are included with your registration, and will ensure your team returns home with an array of ideas which can help your practice evolve and grow.

• Practice Solutions Theater. Learn from the experts in these quick-bite, 15-minute presentations in The Aesthetic Marketplace during breaks.

• Practice Solutions Online. This new practice management hub, launching on RADAR Resource at The Aesthetic Meeting, has essential forms, resources, discussion forums, and more. Dive into the resources and ask questions of the experts! Learn about and demo this one-stop shop, a dynamic mix of free and premium content, in Booth #110.

Full meeting information can be found at www.surgery.org/meeting2019, however I want to draw your attention to some exciting opportunities occurring at The Aesthetic Meeting 2019.

New At The Aesthetic Meeting

Mini-Symposia

Learn the most in a short amount of time with our Mini-Symposia:

• Mini-Symposium—Aesthetic Breast Reconstruction: Chair Nolan Karp, MD notes that the session includes a PrePectoral Breast Reconstruction Panel, Data-Driven/Long Range Results, Tips on How to Make Nipple-Sparing Mastectomy Results Beautiful, and more! Sunday May 19, 2:30pm–6:30pm.

• Mini-Symposium—Facial Rejuvenation: Chairs Oren Tepper, MD, and Jason Roostaeian, MD, will deliver an overview of key facial rejuvenation techniques that you can put into practice to deliver improved patient results and satisfaction. Sunday, May 19, 2:30pm–6:30pm.

• Mini-Symposium—Gender Confirmation Surgery: Chair Marissa Tenenbaum, MD, is organizing a stellar faculty for these growing procedures. Stay ahead of your peers by attending this informative symposium. Monday, May 20, 2:30pm–6:30pm.

Delivering the Utmost in Patient Care and Satisfaction: Learn from the Ritz Carlton

We all want to deliver the gold star-standard in patient care, and who better to learn from than the Ritz Carlton? This is a special course you won’t want to miss! Monday, May 20, 2:30pm–5:30pm.

Practice Your Skills with Cadaver Labs

Please note the new dates and times for our popular Cadaver Labs, and adjust your travel accordingly!

• Friday, May 17, 7:30am–1:00pm S4 Minimally Invasive Aesthetic Surgery of the Upper Face and Periorbital Region—A Cadaver Workshop (Core/Saltz)

• Friday, May 17, 2:00pm–6:00pm S11 Modern Techniques in Rhinoplasty for Everyone—A Cadaver Workshop (Gryskiewicz)

• Saturday, May 18, 1:00pm–6:00pm S14 Composite Facelifts Simplified through Modern Understanding of Deep Plane (Spaces and Ligaments) Anatomy—A Cadaver Workshop (Mendelson)

Opportunities for Staff

Tell your staff to dive into Practice Solutions to learn effective techniques to help your practice thrive. Plus, The Aesthetic Meeting has informative courses for Nurses, Physician’s Assistants, Administrative Support, and Skincare Specialists! www.surgery.org/forstaff

ASERF Silent Auction

Bid to win on an exciting array of products, services and educational experiences, with all proceeds going to ASERF (The Aesthetic Surgery Education and Research Foundation). Held during The Aesthetic Meeting 2019, the auction includes the opportunity to bid electronically, so that even those who cannot be on-site can take advantage of some terrific offers and help our specialty in the process. Details can be found at www.surgery.org/silentauction.

President’s Welcome Celebration

Plan to join us on Saturday, May 18, at 6:30pm, as we celebrate the Presidential tenure of Dr. W. Grant Stevens in the amazing city of New Orleans! Follow the crowd from the convention center to Generations Hall, just two blocks away, and enjoy a wonderful evening of food, drinks, fun, and entertainment.

The Aesthetic Meeting Essentials

Hotels

Book your room through the Aesthetic Society room block at www.surgery.org/hotels. Booking within the block helps the Aesthetic Society keeps the lowest possible room rates for attendees.

CME Credit Designation Statement

The American Society for Aesthetic Plastic Surgery designates this live activity for a maximum of 50.25 AMA PRA Category 1 Credits.” Physicians should claim only credit commensurate with the extent of their participation in the activity.

The General Sessions are designated for 20.75 credits, of which 12 are Patient Safety CME. An additional 29.5 credits are designated for special seminars and optional courses. Earn up to 50.25 CME credits by attending a course in every time frame offered and the entire General Sessions. CME credits are subject to change.

Aesthetic Meeting App

The Aesthetic Meeting 2019 will be utilizing a meeting app, on which you’ll find all of the information you’ll need for a successful meeting. As there is no Program Book this year, download the app. You’ll receive an email when the app is available.

Of course, these highlights are but the tip of The Aesthetic Meeting iceberg! For complete details please review the registration brochure, beginning on Page 10, or visit www.surgery.org/meeting2019. I look forward to seeing you all in New Orleans as we celebrate in the Big Easy!

Jamil Ahmad, MD, is an aesthetic plastic surgeon practicing in Toronto, Canada, and serves as the Chair of The Aesthetic Society Program Committee.
THE AESTHETIC MEETING 2019
May 16–21, 2019       New Orleans Convention Center

Experience
the Global Gathering of
Aesthetic Innovators and Experts

Register Today!
www.surgery.org/meeting2019
MAXIMIZE YOUR EDUCATION WITH THESE MINI-SYMPOSIA!

**Aesthetic Breast Reconstruction Mini-Symposium***
**Sunday, May 19**
2:30pm–6:30pm
Chair, Nolan Karp, MD, notes that the session includes a Pre-Pectoral Breast Reconstruction Panel, Data-Driven/Long Range Results, Tips on How to Make Nipple-Sparing Mastectomy Results Beautiful, and more!

**Facial Rejuvenation Mini-Symposium***
**Sunday, May 19**
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Chairs, Jason Roostaeian, MD and Oren Tepper, MD, will deliver an overview of key facial rejuvenation techniques that you can put into practice to deliver improved patient results and satisfaction.

**Gender Confirmation Surgery Mini-Symposium***
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Chair, Marissa Tenenbaum, MD, has organized a stellar faculty for these growing procedures. Stay ahead of your peers by attending this informative symposium.

CREATE A “MEMORABLE CUSTOMER EXPERIENCE”:
LEARN FROM THE RITZ-CARLTON*

We all want to deliver the gold star standard in patient care, who better to learn from than the Ritz-Carlton? This is a special course you won’t want to miss!

Monday, May 20  2:30pm–5:30pm

CADAVER LABS OFFER A VARIETY OF OPPORTUNITIES FOR ENHANCING YOUR SKILLS

Please note the new dates and times for our popular Cadaver Labs, and adjust your travel accordingly!

- **S4. Minimally Invasive Aesthetic Surgery of the Upper Face and Periorbital Region – A Cadaver Workshop***
  Grady Core, MD and Renato Saltz, MD
  Friday, May 17   7:30am–1:00pm

- **S11. Modern Techniques in Rhinoplasty for Everyone – A Cadaver Workshop***
  Joe Gryskiewicz, MD
  Friday, May 17   2:00pm–6:00pm

  Bryan Mendelson, MD
  Saturday, May 18   1:00pm–6:00pm

**PRACTICE SOLUTIONS**

Send your staff to these valuable practice management sessions, Practice Solutions, where they will learn effective techniques to help your practice thrive.

Plus, The Aesthetic Meeting has informative courses for Nurses, Physician Assistants, Administrative Support, and Skincare Specialists!

www.surgery.org/forstaff

*Additional Fee.*
Friday, May 17
7:30am–2:00pm
S5. Cosmetic Medicine 2019
Chair: Z. Paul Lorenc, MD. Perfect for nurses!
8:00am–12:00pm
S6. Re-Designing Your Aesthetic Practice—How to Get Beyond Today*
Co-Chairs: Mark Jewell, MD, Robert Singer, MD
Presenters:
Michael Edwards, MD, Mary Lind Jewell, RPT, Ryan Miller, Tom Seery
2:00pm–6:30pm
NEW 102/202. From Near Bankruptcy to Over $4 Million in Cosmetic Revenue: Profitability Systems Are Easier Than You Think*
Rich Castellano, MD

Saturday, May 18
9:00am–4:30pm
S12. Skills for Successful Patient Coordinators*
Karen Zupko
12:30pm–1:30pm
S306. Ten Steps to Online Marketing Success*
Peter Houtz
NEW 307. Developing Consumer Insights to Optimize the Return on Marketing*
Brooke Bower, Brian Poltonavage
NEW 308. The New Rules of Aesthetic Medical Marketing*
Dana Fox
NEW 309. Building a Bulletproof Marketing Blueprint to Grow Your Aesthetic Practice*
April Linden and Audrey Neff

Sunday, May 19
7:45am–12:00pm
PRACTICE SOLUTIONS SESSIONS (Included with Aesthetic Meeting Staff Registration)
9:00am–11:00am
S16. Patient Coordinator Alums: Overcoming Scheduling Objections*
Karen Zupko
12:00pm–1:00pm
S17. Financial Management for Spouses and Managers*
Karen Zupko
12:00pm–2:30pm
S18A. Physician Extender (RN/NP/PA) Injector Competence Training—Part 1—Understanding the Basics of Injection Techniques with Neurotoxins and Hyaluronic Acid Dermal Fillers*
Miles Graivier, MD, Z. Paul Lorenc, MD
2:00pm–4:00pm
412. 50 Pearls for Primed Practice Performance*
Luis Rios, MD
Douglas Steinbrech, MD
2:00pm–4:00pm
NEW 414. Making Meaning of the Numbers: Learn How ANN Can Turn Your Practice Data into Practical Decisions (FREE)
ANN Developers and Leadership
3:00pm–5:30pm
S18B. Physician Extender (RN/NP/PA) Injector Competence Training—Part 2—Advanced/Combination Injection Techniques With Neurotoxins and the Array of FDA-Approved Dermal Fillers*
Miles Graivier, MD, Z. Paul Lorenc, MD
12:30pm–4:30pm
S19A. Foundations of Laser and Light-Based Devices*
John Hoopman, CMLSO
4:30pm–6:30pm
S19B. Laser Safety Officer Training*
John Hoopman, CMLSO

Monday, May 20
8:00am–12:30pm
PRACTICE SOLUTIONS SESSIONS (Included with Aesthetic Meeting Staff Registration)
2:00pm–4:00pm
811. Reading Prospective Patients More Effectively and Improving Scheduling Results*
Karen Zupko
2:30pm–5:30pm
NEW S22. The Ritz-Carlton Leadership Center presents Memorable Customer Service—Designed for Leadership and Frontline Staff*
4:30pm–6:30pm
710. Doubling In-Office Booking Ratios*
Jon Hoffenberg
711. Cultivating Authority Online: Where Reputation and Rankings Intersect*
Ryan Miller
712. The Competition is Heating Up... Winning Strategies to Lead the Pack*
Diane Duncan, MD, Dana Fox, Rich Low, Marie Olesen, Neal Reisman, MD

Tuesday, May 21
8:00am–12:00pm
Excuse Me, Doctor, Would You Like to Speak to CNN?
Ashkan Ghavami, MD
Adam Rubinstein, MD
Ashley Blasse
Penny Daniels
(Included with Aesthetic Meeting Staff Registration)

For More Information and Attendance Requirements, Please Visit www.surgery.org/meeting2019

Program Subject to Change
*Additional Fee.
RESIDENTS ONLY
12:00pm–6:00pm
S1. Residents’ and Fellows’ Forum
Co-Chairs: David Kahn, MD
Kent Higdon, MD

BOD
12:30pm–6:00pm
S2. ASAPS/ISAPS Gluteal Symposium*
Co-Chairs: Ashkan Ghavami, MD
Arturo Ramirez-Montanana, MD

OTHER
1:00pm–5:00pm
S3. Women Aesthetic Surgeons’ Symposium*
Speaker: Mac Fuller “Amazing Face Reading”
Co-Chairs: Melinda Haws, MD
Heather Furnas, MD

*Additional Fee.
**FRIDAY**  
**MAY 17**

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<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tr>
<td>6:30am–6:30pm</td>
<td>Registration Open</td>
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<tr>
<td><strong>EDUCATIONAL COURSES</strong></td>
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<td><strong>FACE</strong></td>
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<td>S5. Cosmetic Medicine 2019</td>
<td>Chair: Z. Paul Lorenc, MD</td>
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<td><strong>PRACTICE MANAGEMENT</strong></td>
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<td>8:00am–12:00pm</td>
<td>S6. Re-Designing Your Aesthetic Practice—How to Get Beyond Today</td>
<td>Co-Chairs: Mark Jewell, MD Robert Singer, MD</td>
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<td><strong>RHINOPLASTY</strong></td>
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<td>8:00am–1:00pm</td>
<td>S7. Rhinoplasty Symposium 2019</td>
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<td>8:00am–5:00pm</td>
<td>S8. Medical Life Drawing &amp; Sculpture: The Human Head</td>
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<td>1:00pm–6:00pm</td>
<td>S9. Premier Global Hot Topics</td>
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<td><strong>OTHER</strong></td>
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<tr>
<td>8:00am–5:00pm</td>
<td>S10. Filler Injection Crash Course for Residents &amp; Fellows (FREE)</td>
<td>Chair: Christopher Surek, DO</td>
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<tr>
<td><strong>RESIDENTS ONLY</strong></td>
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<tr>
<td>2:00pm–4:00pm</td>
<td>S10. Filler Injection Crash Course for Residents &amp; Fellows (FREE)</td>
<td>Chair: Christopher Surek, DO</td>
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<tr>
<td><strong>RHINOPLASTY</strong></td>
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<tr>
<td>2:00pm–6:00pm</td>
<td>S11. Modern Techniques in Rhinoplasty for Everyone—A Cadaver Workshop</td>
<td>Chair: Joe Gryskiewicz, MD</td>
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<tr>
<td><strong>FACE</strong></td>
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<tr>
<td>2:00pm–6:30pm</td>
<td>4-Hour Courses</td>
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<tr>
<td><strong>PRACTICE MANAGEMENT</strong></td>
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<tr>
<td>8:00pm–12:00pm</td>
<td>S11. Modern Techniques in Rhinoplasty for Everyone—A Cadaver Workshop</td>
<td>Chair: Joe Gryskiewicz, MD</td>
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<tr>
<td><strong>FACE</strong></td>
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<tr>
<td>101/201. Facelift: Planning and Technique</td>
<td>Timothy Marten, MD</td>
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<tr>
<td><strong>PRACTICE MANAGEMENT</strong></td>
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<tr>
<td>NEW 102/202. From Near Bankruptcy to Over $4 Million in Cosmetic Revenue: Profitability Systems are Easier Than You Think</td>
<td>Rich Castellano, MD</td>
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<tr>
<td><strong>FACE</strong></td>
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<tr>
<td>103. Effective, Efficient, Patient-Friendly Facelift Using SMAS, Fat and Tumescent Technique</td>
<td>Louis Bucky, MD</td>
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<tr>
<td><strong>EYES</strong></td>
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<tr>
<td>104. Reshaping the Face and Lid-Cheek Junction</td>
<td>Richard Warren, MD</td>
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<tr>
<td><strong>BREAST</strong></td>
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<tr>
<td>105. Shaping the Breast: A Comprehensive Approach in Primary Augmentation, Revision Augmentation and Reconstructive Breast Surgery</td>
<td>Kiya Movassaghi, MD</td>
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<tr>
<td><strong>BODY</strong></td>
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<tr>
<td>106. Cosmetic Vaginal Surgery: Labioplasty and Beyond</td>
<td>Christine Hamori, MD</td>
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<tr>
<td>705. Scarpa Sparing Abdominoplasty with Concomitant Liposuction; No Drains Needed</td>
<td>Antonio Costa-Ferreira, MD</td>
<td>R. Brannon Claytor, MD</td>
</tr>
<tr>
<td><strong>PATIENT SAFETY</strong></td>
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<tr>
<td>108. Keeping Safe and Out of Trouble: A Fresh Look at the Culture of Patient Safety</td>
<td>Felmont Eaves, III, MD</td>
<td>Galen Perdikis, MD</td>
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<tr>
<td><strong>MARKETING</strong></td>
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<tr>
<td>110. Social Media Workshop—Instagram, Social Marketing, and Online Advertising</td>
<td>Alex Carr, Jesse Lau, Mark Sandritter, Tom Seery, Eva Sheie</td>
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<td><strong>KEY</strong></td>
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<tr>
<td>Surgeons</td>
<td>PA and Nurse Practitioners</td>
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<td>Spouses</td>
<td>Registered Nurses</td>
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<tr>
<td>Office Personnel</td>
<td>Residents and Fellows</td>
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</tbody>
</table>

All courses/events will be held at the New Orleans Convention Center

*Additional Fee

All attendees and exhibitors may register for any optional course unless otherwise noted with registration category requirement.

Program Subject to Change
4:30pm–6:30pm
2-Hour Courses

FACE

NEW 204. Demystifying Management of the Subplatysmal Elements in Necklift
T. Gerald O’Daniel, MD
Ozan Sozer, MD

NEW 205. Pushing the Facelift Forward: A Multimodality Endoscopic Total Facial Rejuvenation
Chia Chi Kao, MD

BREAST

NEW 206. Approach to Secondary Augmentation-Mastopexy
Bradley Calobrace, MD
Elizabeth Hall-Findlay, MD

207. Optimizing Results in Revision Breast Surgery
Caroline Glicksman, MD
Patricia McGuire, MD

BREAST

NEW 208. BBL and Butt Implant Disasters: How Did I Get Here? A Beginner’s Guide to Staying Out of Trouble
Johnny Franco, MD
Matthew Nykiel, MD

PRACTICE MANAGEMENT

210. Successful Principles for Non-Surgical Services: Fast Track Your ROI
Marie Olesen
Karen Zupko

211. Starting a Private Practice From Scratch—Lessons and Pitfalls
Trent Douglas, MD

OTHER

NEW 212. Temperament Theory: Discover Your Best Leader Within
Joslyn Vaught

The Aesthetic Marketplace

Visit The Aesthetic Marketplace and learn the latest from our valued vendors. This is the place to learn about cutting edge devices and valued services.

OPEN
Saturday, May 18 – Monday, May 21
9:00am – 5:00pm

If you’re an Aesthetic Society member and curious about what others think of those devices, makes sure to check out the reviews on Surgeon as Consumer — or write your own!
surgery.org/sac

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Asked & Answered

Just a few of the quick facts discovered using the Aesthetic Neural Network (ANN):

- A patient who has a facelift will purchase 2.60 additional procedures and generate $3.1K in gross charges for the practice; 25% of these procedures are body sculpting, 17% are breast surgery and 18% are medi spa.
- The average charge for a facelift in the Midwest in 2017 was $7181.
- The same facelift on the West Coast was 34% higher than in the Midwest, and 97% more facelift surgeries were performed there than in the Midwest.

Want a deeper dive into what ANN can bring to your practice? Ask for a demonstration!

For a limited time, ANN is free for eligible ASAPS Active Members using Nextech, Patient Now, and Intellipract for practice management. For more information or a demonstration, contact Melissa Schmidt, Product Manager, melissa@surgery.org.
SESSION BLUE
SCIENTIFIC PROGRAM

7:15am–7:30am
Welcome
W. Grant Stevens, MD
ASAPS President
Julio Garcia, MD
ASERF President
Jamil Ahmad, MD
Program Chair

Annual Meeting Awards
William Adams, Jr., MD
Education Commissioner

7:30am–8:45am
Special Presentation:
On The Cutting Edge—What We Have Learned in 80 years of Facelifting
Moderator:
Charles Thorne, MD
Presenters:
Sherrell Aston, MD
Daniel Baker, MD

8:45am–10:15am
Panel: Optimizing Shape in Augmentation-Mastopexy
Moderator:
William Adams, Jr., MD
Panelists:
Bradley Calobrace, MD
Elizabeth Hall-Findlay, MD
Craig Layt, MD
Holly Wall, MD

Audience Moderators:
Jamil Ahmad, MD
David Sieber, MD

Discussants:
Caroline Glicksman, MD
Julie Khanna, MD

10:15am–10:45am
Coffee Break in
The Aesthetic Marketplace

10:45am–12:00pm
Panel: Smoothers vs. Definers in Body Contouring: Long-Term Definition vs. Deformity
Moderator:
Jamil Ahmad, MD

Panelists:
Alfredo Hoyos, MD
Jeffrey Kenkel, MD
Douglas Steinbrech, MD
Simeon Wall, Jr., MD

Audience Moderators:
Ashley Gordon, MD
Jon Kurkjian, MD

Discussants:
Ashkan Ghavami, MD
Spero Theodorou, MD

12:00pm–12:15pm
FDA Device Hearings Update
Presenter: W. Grant Stevens, MD
Discussants: William Adams, Jr., MD
Laurie Casas, MD
Melinda Haws, MD

EDUCATIONAL COURSES*

PRACTICE MANAGEMENT

9:00am–4:30pm
S12. Skills for Successful Patient Coordinators
Karen Zupko

12:15pm–1:45pm
Lunch in
The Aesthetic Marketplace

OTHER

12:15pm–1:45pm
S13. Research and Innovative Technology Luncheon
Co-Chairs:
David Sieber, MD
Caroline Glicksman, MD

1:00pm–6:00pm
Chair: Bryan Mendelson, MD

1:30pm–3:00pm
S15. Medical Students Interested in Plastic Surgery (FREE)—For Medical Students Only
Chair: Marissa Tenenbaum, MD

BREAST

12:30pm–1:30pm
1-Hour Courses

Steven Wallach, MD

Program Subject to Change
BODY

NEW 302. Integrating High Resolution Ultrasound Into Your Practice
Bradley Bengtson, MD
Caroline Glicksman, MD
Patricia McGuire, MD

303. Labiaplasty and Female Aesthetic Genital Surgery
Gary Alter, MD

304. Oblique Flankplasty as an Alternative to Lower Body Lift
Dennis Hurwitz, MD

NEW 305. Vagina Tightening – The Surgical Approach
Lina Triana, MD

PRACTICE MANAGEMENT

306. 10 Steps to Online Marketing Success
Peter Houtz

NEW 307. Developing Consumer Insights to Optimize the Return on Marketing
Brooke Bower
Brian Poltonavage

NEW 308. The New Rules of Aesthetic Medical Marketing
Dana Fox

NEW 309. Building a Bulletproof Marketing Blueprint to Grow Your Aesthetic Practice
April Linden
Audrey Neff

PATIENT SAFETY

Lawrence Iteld, MD

OTHER

NEW 311. Benefit Planning 101: What You Need to Know to Fund Your Retirement
David Mandell

NEW 312. Introducing Wellness Into Your Practice
Gaurav Bharti, MD
Bill Kortes, MD

SESSION BLUE

SCIENTIFIC PROGRAM

1:45pm–3:30pm
Panel: Optimizing Long-Term Aesthetics and Safety in Gluteal Augmentation: Avoiding and Treating Complications
Moderator:
Jeffrey Kenkel, MD
Panelists:
Alexander Aslani, MD
Daniel Del Vecchio, MD
Hector Duran, MD
Ashkan Ghavami, MD

4:00pm–5:15pm
Panel: Video Variations: Does Technique Influence Outcome in Facelifting?
Moderator:
James Stuzin, MD
Panelists:
Francisco Bravo, MD
Bahman Guyuron, MD
Foad Nahai, MD

5:15pm–6:30pm
Global Plastic Bowl IV
Moderator:
William Adams, Jr., MD
Audience Moderator:
Jamil Ahmad, MD
North America:
Marissa Tenenbaum, MD
Oren Tepper, MD
South America:
Humberto Morelli, MD
Marcelo Da Cuhna Araujo, MD
Asia/Australia:
Tim Papadopoulos, MD
Amira Sanki, MD
Europe/Africa:
Patrick Mallucci, MD
Ewa Siolo, MD
DISCUSSANTS/JUDGES
North America:
Tracy Pfeifer, MD
South America:
Lina Triana, MD
Asia/Australia:
Craig Layt, MD
Europe/Africa:
Alexander Aslani, MD

6:30pm
Adjourn for Presidential Welcome Celebration

KEY
S Surgeons
A PAs and Nurse Practitioners
N Registered Nurses
C Spouses
O Office Personnel
RM Residents and Fellows
*Additional Fee

All courses/events will be held at the New Orleans Convention Center

*Additional Fee

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SESSION BLUE
SCIENTIFIC PROGRAM

7:30am–8:30am
Panel: Falsehoods and Realities in Injectable Fillers: Elegant Results That Don’t Astonish
Moderator:
James Stuzin, MD
Panelists:
Steve Dayan, MD
Val Lambros, MD
Christopher Surek, DO
Audience Moderators:
Steven Camp, MD
Anup Patel, MD
Discussants:
Haiden Hirmand, MD
Z. Paul Lorenc, MD

8:30am–10:00am
Panel: Video Variations: Creating Beautiful Eyes
Moderator:
Sherrell Aston, MD
Panelists:
Haideh Hirmand, MD
Salvatore Pacella, MD
Mario Pelle-Ceravolo, MD
James Stuzin, MD
Patrick Sullivan, MD
Richard Warren, MD
Audience Moderators:
Fadhi Constantine, MD
Tiffany McCormack, MD
Discussants:
Mohammed Alghoul, MD
Jason Roostaeian, MD

10:00am–10:30am
Coffee Break in The Aesthetic Marketplace

10:30am–12:00pm
Special Presentation: Improving Safety in Gluteal Fat Injections
Moderator:
Jamil Ahmad, MD
Panelists:
Daniel Del Vecchio, MD
Christopher Khorsandi, MD
Daniel Mills, II, MD
J. Peter Rubin, MD
Audience Moderators:
Mark Albert, MD
Luis Rios, MD
Discussants:
Hector Duran, MD
Simeon Wall, Jr., MD

Program Subject to Change

KEY
S Surgeons  N Registered Nurses
A PAs and Nurse Practitioners  F Residents and Fellows
G Spouses  O Office Personnel

*Additional Fee

All courses/events will be held at the New Orleans Convention Center

All attendees and exhibitors may register for any optional course unless otherwise noted with registration category requirement.
SESSiON RED
Scientifc Program
7:30am–8:30am
Panel: Aesthetic Refinements in Massive Weight Loss Surgery
Moderator:
Joseph Hunstad, MD
Panelists:
Al Aly, MD
Felmont Eaves, III, MD
Tim Papadopoulos, MD
Michele Shermak, MD
Audience Moderators:
Gaurav Bharti, MD
Kevin Small, MD
Discussants:
Camille Cash, MD
Julio Garcia, MD
8:30am–10:00am
Panel: Conquering the Challenges of Revisionary Breast Implant Surgery
Moderator:
Caroline Glicksman, MD
Panelists:
Robert Cohen, MD
Patricia McGuire, MD
James Namnoum, MD
Louis Strock, MD
Audience Moderator:
Trent Douglas, MD
Discussants:
Mitchell Brown, MD
W. Grant Stevens, MD
10:00am–10:30am
Coffee Break in The Aesthetic Marketplace

10:30am–12:00pm
Panel: How to Optimize Aesthetics in Breast Reconstruction
Moderator:
Nolan Karp, MD
Panelists:
Yoav Barnea, MD
Mihye Choi, MD
Barbara Hayden, MD
Roy De Vita, MD
Audience Moderators:
Amy Colwell, MD
Paul Smith, MD
Discussants:
John Kim, MD
Maurice Nahabedian, MD

SESSION SILVER
RAPid Fire Program
7:20am–8:30am
Scientific Paper Forum
Breast and Body 1
Moderators:
Mary McGrath, MD
Foad Nahai, MD
7:20am-7:25am
Residents & Fellows Forum Best Paper
TBA
7:25am-7:30am
In-Vivo Examination of Gluteal Vein Anatomy to Improve Safety of Gluteal Augmentation
Sergey Turin, MD,
Megan Fracol, MD, Eric Keller, MD,
Michael Markl, PhD, Jeremy Collins,
MD, Daniel Krochmal, MD and John Kim, MD
7:30am-7:35am
Single-Stage Augmentation Mastopexy: A 10-Year Review of 1217 Consecutive Cases
Jeffrey R. Claiborne, MD,
Simeon Wall Jr., MD and Holly Wall, MD
7:37am-7:42am
Augmentation Mastopexy in the Secondary Breast Augmentation Patient: Outcome Analysis of 943 Consecutive Procedures
Charles Messa III, MD
7:44am-7:49am
You Cannot Manage What You Do Not Measure: A Retrospective Study of Changes in Breast Measurements
Elisa Bolletta, MD,
Ciara McGoldrick, MD and Elizabeth Hall-Findlay, MD

First authors/presenters are bold.
7:51am–7:56am
The Aesthetically Ideal Breast: Attractiveness Ratings in a Community Sample
Devki Shukla, BS, Amy Yao, MD, Matthew Dillon, BS, Peter Taub, MD, Julie Schnur, PhD and Guy Montgomery, PhD

7:58am–8:03am
Prophylactic Nipple-Sparing Mastectomy in the Young “Previvor” Population: Examining Indications, Referral Trends, Reconstructive Techniques and Outcomes in Patient Under 30 Years of Age
Ara Salibian, MD, Jordan Frey, MD, Mihye Choi, MD and Nolan Karp, MD

8:05am–8:10am
Developing a Novel Patient-Reported Outcome Measure to Evaluate Quality of Life Changes in Transgender Women Undergoing Breast Augmentation Surgery: The Gender-Q
Adrienne Kennedy, BA, Andre Alcon, MD, Eric Wang, MD, Merisa Piper, MD and Esther Kim, MD

8:12am–8:17am
Enhancing the Process of Fat Grafting: Comparing Fat Delivery Systems for Gluteal Augmentation on Cell Viability and Adipose Derived Stem Cell (ADSC) Content
Nneamaka Nwubah, MD, James Mentz, David Farrier, Rolando Morales Jr., MD, Kristi Hustak, MD, German Newall, MD, Christopher Patronella, MD, Paul Fortes, MD, Olivier Deigni, MD, and Henry Mentz III, MD

8:19am–8:24am
High Definition Liposculpture Using the PAL System: Techniques and Results in a Prospective Study
Ahmad Saad, MD, FACS, Juan Pablo Arbelaez, MD and Javier De Benito, MD

8:24am–8:30am
Discussion

8:30am – 9:30am
Panel: Paying Attention to the Detail: Improving Patient Safety
Moderator
Lorne Rosenfield, MD
Panelists:
Clifford Clark, MD
Frank Lista, MD
Christopher Pannucci, MD

9:30am–10:00am
Coffee Break in The Aesthetic Market Place

10:00am–11:00am
Hot Topics - New Tech Quick Hits
Moderators
Oren Tepper, MD
Simeon Wall, Jr., MD

Presenters
Barry Fernando, MD
Kyndra Lee (ANN)

Audience Moderator
Paul Durand, MD
11:20am-11:25am
Closing the Loop in Blepharoplasty: Rejuvenation of the Lateral Periorbital Frame
Mohammed Alghoul, MD and Lauren Mioton, MD

11:27am-11:32am
Lateral Subcutaneous Brow Lifting: A Personal Approach
Obaid Chaudhry, MD, Anson Nguyen, MD and Charles Thorne, MD

11:34am-11:39am
Rethinking Upper Blepharoplasty: Critical Analysis of Aesthetic Outcomes and Presenting Features
Mohammed Alghoul, MD, Jonathan Bricker, BA, Vishnu Venkatesh, BA, Aakash Gupta, BA and Thomas Mustoe, MD

11:41am-11:46am
Facial Feminization Surgery: Patients Less Likely to Get Mis-Gendered
Stephen Lu, MD, Roger Cheng, MS, Marcelo Di Maggio, MD, Jordan Deschamps-Braly, MD and James Bradley, MD

11:48am-11:55am
The Top 99 Social Media Influencers in Plastic Surgery on Twitter: Who Should You be Following?
Akash Chandawarkar, MD, Daniel J. Gould, MD and W. Grant Stevens, MD

11:55am-12:00pm
Discussion

First authors/presenters are bold.
EDUCATIONAL COURSES*

PRACTICE MANAGEMENT
9:00am–11:00am
S16. Patient Coordinator Alums: Overcoming Scheduling Objections
Karen Zupko

12:00pm–1:00pm
S17. Financial Management for Spouses and Managers
Karen Zupko

COlORs MEDICINE
12:00pm–2:30pm
S18A. Physician Extender (RN/ NP/PA) Injector Competence Training—Part 1—
Understanding the Basics of Injection Techniques With Neurotoxins and Hyaluronic Acid Dermal Fillers
Miles Graivier, MD
Z. Paul Lorenc, MD

3:00pm–5:30pm
S18B. Physician Extender (RN/ NP/PA) Injector Competence Training—Part 2
Advanced/Combination Injection Techniques With Neurotoxins and the Array of FDA-Approved Dermal Fillers
Miles Graivier, MD
Z. Paul Lorenc, MD

12:30pm–4:30pm
S19A. Foundations of Laser and Light-Based Foundations
John Hoopman, CMLSO

4:30pm–6:30pm
S19B. Laser Safety Officer Training
John Hoopman, CMLSO

NEW 407. Augmentation Mastopexy: A Simplified Stepwise Approach for Improved Results and Longevity
Brian Reedy, MD

BODY
Christopher Chia, MD
Alfredo Hoyos, MD
Paolo Rovatti, MD
David Stoker, MD
Spero Theodorou, MD

Paul Fortes, MD
Kristi Hustak, MD
Henry Mentz, MD
Rolando Morales, Jr., MD
German Newall, MD
Christopher Patronella, MD

RHINOPLASTY
410. Understand Rhinoplasty in Two Hours
Mark Constantian, MD

EYES
411. Oculoplastic Surgery for the Plastic Surgeon
Mark Codner, MD

PRACTICE MANAGEMENT
412. 50 Pearls for Primed Practice Performance
Luis Rios, MD
Douglas Steinbrech, MD

OTHER
413. Secrets to an Aesthetic Practice: How to Deliver Superior Results
Lorne Rosenfield, MD
NEW 414. Making Meaning of the Numbers: Learn How ANN Can Turn Your Practice Data into Practical Decisions (FREE)  ANN Developers and Leadership

BREAST
2:30pm–6:30pm
NEW S20. Mini Symposium
Aesthetic Breast Reconstruction
Chair: Nolan Karp, MD
Faculty:
Mihye Choi, MD
Joseph Dayan, MD
John Kim, MD
Oren Lerman, MD
Albert Losken, MD
Maurice Nahabedian, MD
Jay Orringer, MD
Hani Sbitany, MD
Mark Smith, MD

FACE
2:30pm–6:30pm
NEW S21. Mini Symposium
Facial Rejuvenation
Co-Chairs: Jason Roostaeian, MD
Oren Tepper, MD
Faculty:
Richard Bensimon, MD
Francisco Bravo, MD
Louis Bucky, MD
Steve Levine, MD
Foad Nahai, MD
James Stuzin, MD
Charles Thorne, MD

4:30pm–6:30pm
2-Hour Courses

FACE
504. Optimizing the Neck Lift: Platysmaplasty, Bands and Submandibular Gland Without Submental Incision
Raul Gonzalez, MD

BREAST
505. Optimizing Outcomes in Breast Augmentation and Augmentation-Mastopexy
William Adams, Jr., MD
David Sieber, MD

506. Vertical Scar Breast Reduction and Mastopexy—State of the Art
Frank Lista, MD

NEW 507. Revisional Breast Augmentation for Dummies: The Six Most Common Problems and How to Fix Them
Karan Chopra, MD
Joe Gryskiewicz, MD

BODY
508. The Corset Body Lift: The Art of Waistline Shaping in the Massive Weight Loss Patient
Alex P. Moya, MD

RHINOPLASTY
509. Principles of Structural Rhinoplasty
Nazim Cerkes, MD

COSMETIC MEDICINE
Gordon Sasaki, MD

511. Hot Devices in 2019
Lawrence Bass, MD
Barry DiBernardo, MD
Jason Pozner, MD

512. Insider Tips from Four Socially-Savvy Plastic Surgeons: Using Online Tools to Connect With Patients
Christopher Khorsandi, MD
Wendy Lewis
Matthew Schulman, MD
Jennifer Walden, MD
Anthony Youn, MD

OTHER
513. New Advances in Hair Restoration
Alfonso Barrera, MD
Jack Fisher, MD
Carlos Uebel, MD
James Vogel, MD

Program Subject to Change

KEY
S Surgeons
A PAs and Nurse Practitioners
N Registered Nurses
G Spouses
O Office Personnel
RF Residents and Fellows
*Additional Fee

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**SESSION BLUE**

**SCIENTIFIC PROGRAM**

**SESSION BLUE**

**MONDAY**

**MAY 20**

6:30am–5:00pm
Registration Open

9:00am–5:00pm
The Aesthetic Marketplace Open

9:45am–10:15am
Coffee Break in The Aesthetic Marketplace

12:30pm–2:00pm
Lunch in The Aesthetic Marketplace

4:00pm–4:30pm
Coffee Break in The Aesthetic Marketplace

7:30am–8:30am
Panel: BIA-ALCL – What You Need to Know

Moderator: Mitchell Brown, MD

Panelists: Nicholas Carr, MD
Anand Deva, MD
Nolan Karp, MD
Patrick Mallucci, MD

Audience Moderators: Ali Qureshi, MD
Marissa Tenenbaum, MD

Discussants: William Adams, Jr, MD
Melinda Haws, MD

8:30am–9:45am
Video Variations: Lip Enhancement and Beyond

Moderator: Robert Singer, MD

Panelists: Francisco Bravo, MD
Steve Dayan, MD
Barry DiBernardo, MD
Val Lambros, MD
Rod Rohrich, MD

Audience Moderators: Eric Culbertson, MD
Maryam Sahebal-Zumani, MD

Discussants: Kiya Movassaghi, MD
Oren Tepper, MD

9:45am–10:15am
Coffee Break in The Aesthetic Marketplace

10:15am–11:15am
Panel: Key Concepts in Gender Confirmation Surgery: Facial Aesthetics

Moderator: Rachel Bluebond-Langner, MD

Panelists: Eric Bensimon, MD
Jordan Dechamps-Braly, MD

Audience Moderators: Bauback Safa, MD
Melissa Poh, MD

Discussants: Loren Schechter, MD
Cori Agarwal, MD

11:15am–12:30pm
Panel: Plastic Surgeons Bare All on Social Media

Moderator: David Sieber, MD

Panelists: Paco Canales, MD
Christopher Khorsandi, MD
Humberto Morelli, MD

Audience Moderators: Karen Horton, MD
Matthew Schulman, MD

Discussants: Clark Schierle, MD
Vardan Khachatrian, MD

*Additional Fee

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SESSION RED
SCIENTIFIC PROGRAM

7:30am–8:45am
Panel: Nuances in Aesthetic Female Genital Surgery: A 360 Degree Perspective
Moderator: Heather Furnas, MD
Panelists: Gary Alter, MD, John Hunter, MD, Lina Triana, MD
Audience Moderators: Amanda Gosman, MD, Erez Dayan, MD
Discussants: Christine Hamori, MD, Jennifer Walden, MD

8:45am–9:45am
Panel: What’s the Deal (Wo)Man? XXecuting Plastic Surgery Myths
Moderator: Melinda Haws, MD
Panelists: Mary Gingrass, MD, Amanda Gosman, MD, Elizabeth Hall-Findlay, MD, Julie Khanna, MD, Marissa Tenenbaum, MD, Holly Wall, MD
Audience Moderators: Cindy Wu, MD, Deniz Basci, MD

9:45am–10:15am
Coffee Break in The Aesthetic Marketplace

10:15am–11:30am
Panel: Judgement Day: Increasing Consistency or Controversy in Rhinoplasty
Moderator: Jamil Ahmad, MD
Panelists: Nazim Cerkes, MD, Olivier Gerbault, MD, Aaron Kosins, MD, Rod Rohrich, MD
Audience Moderators: Paul Afroz, MD, Jason Roostaeian, MD
Discussants: Jay Calvert, MD, Bahman Guyuron, MD, Ali Sajjadian, MD

11:30am–12:00pm
Special Presentation: An Open Discussion About Breast Implant Illness
Moderator: Mark Magnusson, MD
Panelists: Richard Bendor-Samuel, MD, Melinda Haws, MD, Marisa Lawrence, MD
Audience Moderators: Tracy Pfeifer, MD, Catherine Chang, MD

SESSION SILVER
RAPID FIRE PROGRAM

7:30am–8:30am
Scientific Paper Forum—Face and Cosmetic Medicine
Moderators: Jeffrey Kenkel, MD, Michael Lee, MD

7:30am-7:35am
90 Day Results of the Conform Study: Efficacy, Safety and Subject Satisfaction of Rotational Fractional Resection for the Improvement of Submental Contour
Hema Sundaram, MD

7:37am-7:42am
Prabotulinumtoxina for the Treatment of Moderate to Severe Glabellar Lines – Primary Results from a One-Year, Multicenter, Open Label, Repeat Dose, Phase II Safety Study (EV 006)
Steve Dayan, MD

7:44am-7:49am
Prabotulinumtoxina for the Treatment of Moderate to Severe Glabellar Lines – Efficacy and Safety Results from Three Multicenter, Randomized, Double-Blind, Controlled, Single Dose Phase III Studies (EV-001, EV-002 and EVB-003)
Steven Fagien, MD (Presenting – Z. Paul Lorenc, MD)

First authors/presenters are bold.
7:51am-7:56am  
Doxycycline-Coated Silicone Breast Implants Significantly Reduce Surgical Site Infection Compared to Intraperitoneal Doxycycline Injections  
Jennifer Baker, MD, Mitchell Skinner, BS, Aaron Seitz, MD, William John Kitzmiller, MD, Michael Edwards, MD, Erich Gulbins, PhD and Ryan Gobble, MD

8:05am-8:10am  
Accelerated Healing and Improved Recovery Outcomes Post Cosmetic Surgery and Non-Surgical Body Contouring Procedures in a Prospective Consecutive Series of Patients Using a Topical Treatment with Tripeptide and Hexapeptide (TriHex™)  
Laurie A. Casas, MD

8:12am-8:17am  
Expanding the Progressive Tension Suture Concept: A Study of Its Utility in Body Contouring Procedures  
Nneamaka A. Nwubah, MD and Christopher Patronella, MD

8:19am-8:24am  
Addition of Kenalog to Fat Grafts Leads to an Enriched Concentration of Adipose Derived Stem Cells (ADSCs)  
Nneamaka A. Nwubah, MD, James Mentz, David Farrier, Rolando Morales Jr., MD, Kristi Hustak, MD, German Newall, MD, Christopher Patronella, MD, Paul F. Fortes, MD, and Henry Mentz III, MD

8:24am-8:30am  
Discussion

8:30am – 9:45am  
Panel: Junior/Senior Prom – Building a Successful Aesthetic Surgery Practice
Moderator: Sal Pacella, MD

8:30am – 9:45am  
Panel: Junior/Senior Prom – Building a Successful Aesthetic Surgery Practice
Moderator: Sal Pacella, MD

10:15am – 11:15am  
Scientific Paper Forum - Breast and Body 2  
Moderators: Al Cohn, MD Terence Myckatyn, MD

10:22am-10:27am  
Understanding Critical Differences in Fat Embolism  
Hector Duran Vega Sr., MD, Lazaro Cardenas, MD, Guillermo Ramos, MD and Jorge Bayter

10:29am-10:34am  
Ultrabbl: Ultrasound Guided Bbl: Safe Gluteal Fat Grafting Under Continuous Intra-Operative Ultrasound Visualization  
Pat Pazmino, MD

10:36am-10:41am  
Clinical Implications of the Three Subcutaneous Pillars of Buttock Support in Gluteal Augmentation  
Rachel Walker, MD, Simeon Wall Jr., MD and Daniel Del Vecchio, MD

10:43am-10:48am  
Residents & Fellows Forum Best Paper  
TBA
10:50am-10:55am
Doxycycline-Coated Breast Implants Significantly Reduce Inflammation after Bacterial Infection
Jennifer Baker, MD, Mitchell Skinner, BS, Aaron Seitz, MD, William John Kitzmiller, MD, Michael Edwards, MD, Erich Gulbins, PhD and Ryan Gobble, MD

10:57am-11:02am
Characterizing the Microbiome of the Contracted Breast Capsule Using Next-Generation Sequencing
Jonathan Cook, MD, Casey Holmes, MD, Roger Wixtrom, PhD, Martin Newman, MD and Jason Pozner, MD

11:04am-11:09am
Early Experience with Posterior Vaginaoplasty with Perineoplasty for the Treatment of Vaginal Laxity
Ryan Austin, MD, Jamil Ahmad, MD and Frank Lista, MD

11:09am-11:15am
Discussion

11:15am-12:30pm
Scientific Paper Forum - Breast and Body 3
Moderators:
Laurie Casas, MD
Frank Lista, MD

11:15am-11:20am
Management of Recurrent Symptomatic Macromastia: A Single Surgeon’s Experience
Ali Qureshi, MD and W. Grant Stevens, MD

11:22am-11:27am
Understanding the Upper Lateral Breast Crease and Fold: Anatomic Study and Treatment of a Common Deformity in Aesthetic Breast Surgery
Munique Maia, MD and Lyle Leipziger, MD

11:29am-11:34am
Surgical Treatment for Capsular Contracture: A New Paradigm and Algorithm
Andrew Weinstein, MD and David Hidalgo, MD

11:36am-11:41am
Enhancing the Process of Fat Grafting: A Novel “Superstem” Technique for Enriching the Adipose Derived Stem Cell (ADSC) Concentration in Fat Grafts
Nneamaka Nwubah, MD, James Mentz, David Farrier, Rolando Morales Jr., MD, Kristi Hustak, MD, German Newall, MD, Christopher Patronella, MD, Paul Fortes, MD, and Henry Mentz, III, MD

11:43am-11:48am
An Enhanced Recovery after Surgery Protocol is Effective in Improving Outcomes in Outpatient Abdominoplasty
Clifford Clark III, MD, Kristy Baker, MD, D. Scott Rotatori, MD, Brian Joseph, MD, Etta Rich, ARNP and Brandon Foley, BA

11:50am-11:55am
Safety Considerations Surrounding the Use of FAT Grafting, Silicone Implants and Combination of BOTH for Calf Augmentation
Katarina Andjelkov, MD

11:57am-12:02pm
Dimples of Venus: Societal Interest and Early Experience in Lower Back Aesthetic Dimple Creation
Akash Chandawarkar, MD, Thomas Suszynski, MD, Daniel Gould, MD, Simeon Wall Jr., MD and W. Grant Stevens, MD

12:04pm-12:09pm
Multicenter Pivotal Study of the Safety and Effectiveness of a Tissue Stabilized-Guided Subcision Procedure for the Treatment of Cellulite - 5 Year Update
Rachel Walker, MD and Simeon Wall Jr., MD

12:09pm-12:30pm
Discussion

First authors/presenters are bold.
MONDAY
MAY 20

EDUCATIONAL COURSES*

2:00pm–6:30pm
4-Hour Courses

FACE
601/701. The Safety and Efficacy of Processed Fat, Adipose Stromal Vascular Fraction (SVF), Platelet-Rich Plasma (PRP), and Nano-Fraction in Fat Grafting to Faces/Hands and Hair Stimulation
Gordon Sasaki, MD

602/702. High Definition Liposculpture—The Next Generation of Liposuction, Abdominoplasty, and Muscle Augmentation with Fat Grafting
Barry DiBernardo, MD
Alfredo Hoyos, MD
Henry Mentz, MD
Spero Theodorou, MD

603/703. Gluteal Augmentation
José Abel de la Peña, MD
Raul Gonzalez, MD
Alejandro Najar Mendez, MD

2:00pm–4:00pm
2-Hour Courses

FACE
Steven Cohen, MD

BODY
606. Bodylifting, Mastopexy, and Brachioplasty in the Massive Weight Loss Patient: Technical Refinements to Optimize Results
Robert Centeno, MD
J. Peter Rubin, MD

607. Rhinoplasty: Optimizing Your Results
Farzad Nahai, MD

608. Advances in Primary and Revision Rhinoplasty—How to Get Better Results
Jamil Ahmad, MD
Rod Rohrich, MD

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

PRACTICE MANAGEMENT
610. Consultants, Technology and Social Media—Putting It All Together
Luis Rios, MD

611. Reading Prospective Patients More Effectively and Improving Scheduling Results
Karen Zupko
PATIENT SAFETY
612. Managing and Mitigating Aesthetic Risks
J. Brian Boyd, MD
Susan Martin, Esq.
Harry Moon, MD

NEW OTHER
2:30pm–5:30pm
S22. The Ritz-Carlton Leadership Center presents: Memorable Customer Service - Designed for Leadership and Frontline Staff

2:30pm–6:30pm
S23. Mini Symposium Gender Confirmation Surgery
Chair: Marissa Tenenbaum, MD
Faculty:
Cori Agarwal, MD
Eric Bensimon, MD
Rachel Bluebond-Langner, MD
Jordan Deschamps-Braly, MD
Melissa Poh, MD
Baubek Safa, MD
Loren Schechter, MD

4:30pm–6:30pm
2-Hour Courses
FACE
704. The Lift and Fill Facelift—Redefining a Natural Look in Facial Rejuvenation
Rod Rohrich, MD

BREAST
706. All Seasons Vertical Augmentation/Mastopexy
Eric Swanson, MD

COSMETIC MEDICINE
708. Combining Fillers and Neurotoxins for Pan-Facial Rejuvenation
Michael Kane, MD

PATIENT SAFETY
709. Cutting Edge Topics in Patient Safety with the Masters
William Adams, Jr., MD
Steven Davison, MD
Felmont Eaves, III, MD
Christopher Pannuci, MD
Luis Rios, MD

MARKETING
710. Doubling In-Office Bookings
Jon Hoffenberg

711. Cultivating Authority Online: Where Reputation and Rankings Intersect
Ryan Miller

712. The Competition is Heating Up... Winning Strategies to Lead the Pack
Diane Duncan, MD
Dana Fox
Rich Low
Marie Olesen
Neal Reisman, MD

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Program Subject to Change

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All attendees and exhibitors may register for any optional course unless otherwise noted with registration category requirement.

KEY
S Surgeons
A PAs and Nurse Practitioners
N Registered Nurses
G Spouses
O Office Personnel
RF Residents and Fellows

*Additional Fee
SESSION RED
SCIENTIFIC PROGRAM
THE BEST OF ASAPS SYMPOSIA
8:00am–9:30am
The Best of Experienced Insights in Breast and Body
Moderators:
William Adams, Jr., MD
Daniel Del Vecchio, MD
Discussant:
Jamil Ahmad, MD
9:30am–11:00am
The Best of Facial & Rhinoplasty Symposium
Moderator:
Charles Thorne, MD
Panelists:
Francisco Bravo, MD
Christopher Godek, MD
Derek Steinbacher, MD
Discussant:
Oren Tepper, MD
11:00am–12:00pm
The Best of Hot Topics
Moderators:
Jamil Ahmad, MD
Simeon Wall, Jr., MD
Discussant:
Joe Gryskiewicz, MD
12:00pm
Adjourn

SESSION SILVER
MEDIA EXPOSURE
8:00am–12:00pm
EXCUSE ME, DOCTOR. WOULD YOU LIKE TO SPEAK TO CNN?
Faculty:
Ashkan Ghavami, MD
Adam Rubinstein, MD
Ashley Lauren-Barton Blasse—VP, 5W Public Relations
Penny Daniels—3D Communications
Ever wonder why your competitors get on the local news and you don’t? It begins with how to use the media in all its forms, print, broadcast and online, to both promote your practice and respond to important aesthetic issues. This four-hour session will show you what resonates with reporters, how to present yourself and your practice in its best light, how to become a “go-to” resource in your community and how to avoid common interview traps. This interactive session is a must for anyone looking to grow their practice.
(Included with Aesthetic Meeting Staff Registration)
12:00pm
Adjourn
Each year, ASERF honors some of our specialty’s most influential surgeons and researchers with the ASERF Career Achievement Award. This year, plastic surgery icon, Robert Singer, MD, was selected to receive the award. Consider donating to ASERF to honor his contributions to the field of plastic surgery at the Registration Desk or the ASERF Lounge. The ASERF Career Achievement Award presentation will take place during the ASAPS/ASERF Member Business Meeting.

Sunda y, May 19, 12:00pm – 1:30pm

The ASERF Research and Innovative Technology Luncheon always delivers the latest in cutting-edge aesthetic research, followed by interesting conversations with colleagues.

Saturday, May 18, 12:15pm – 1:45pm

The ASERF Premier Global Hot Topics is always a lively, provocative and educational experience.

Friday, May 17, 1:00pm – 6:00pm

The Mollenkopf Breast Reconstruction Fund and the BIA-ALCL Patient Assistance Fund have grants available to assist your uninsured or underinsured patients in receiving the treatment they deserve. Visit the ASERF Lounge for the applications to apply on behalf of your patients.

Mollenkopf fund available to ASAPS & ASERF Members
BIA-ALCL fund available to ASAPS, ASERF, ASPS & PSF Members

*Additional fees apply
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Embassy Suites New Orleans – Convention Center
Omni Riverfront New Orleans
New Orleans Marriott
New Orleans Marriott at the Convention Center
Loews New Orleans Hotel
Windsor Court Hotel

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Book your hotel early to ensure your first choice of accommodations. Reservations will be accepted until April 21, 2019, after that time hotel prevailing room rates will apply. Visit surgery.org/hotels.

PRESIDENTIAL WELCOME CELEBRATION — Laissez le Bon Temps Rouler!
Saturday, May 18  6:30pm – 9:00pm  •  Generations Hall, 310 Andrew Higgins Blvd.

Join the parade, led by President, Dr. Grant Stevens, from outside the General Session at the Convention Center to walk two blocks to Generations Hall, the venue where music, dancing, food, drink, and FUN are on tap! Two stages of entertainment, featuring our own Jason Roostaean and his band “Help the Doctor” as well as Charmaine Neville, daughter of one of the highly acclaimed Neville Brothers, who will “dish out a spicy mix of the best of New Orleans music”! Business attire. No one under 21 permitted.

CHILDREN
Due to safety concerns and other issues, please note that children under 18 are not allowed in The Aesthetic Marketplace (Exhibits) at any time. Additionally, no one under 21 is allowed at the Presidential Welcome Celebration. We thank you for your cooperation.

Program Subject to Change.
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Attendees are required to log into www.surgery.org/eval and complete an electronic or online evaluation and claim form[s] to claim credits for each educational activity. Your credits are unclaimed unless you complete this process.

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To create a custom cycle for your credentialing and licensure CME requirements,

• navigate to https://members.surgery.org and log in using your ASAPS Member credentials.

• Use the “My Education Credit” link located under the “My Account Links” section of the dashboard. From there, you can access the “Add Custom Cycle” feature.

• If you have trouble logging in you can use the password recovery tool located on the log in form at https://members.surgery.org or you may contact the Central Office at 562-799-2356.

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The American Society for Aesthetic Plastic Surgery designates this live activity for a maximum of 50.25 AMA PRA Category 1 Credits™. Physicians should claim only credit commensurate with the extent of their participation in the activity.

The General Sessions are designated for 20.75 credits, of which 12 are Patient Safety CME. An additional 29.50 credits are designated for special seminars and optional courses. Earn up to 50.25 CME credits by attending a course in every time frame offered and the entire Scientific Sessions. CME credits are subject to change.

PATIENT SAFETY CME

The Aesthetic Society requires that all Active Members earn a minimum of 20 CME credits in patient safety related topics during a consecutive three-year period. Of the 20 required credits for patient safety CME, ASAPS recommends that 8 be AMA PRA Category 2 Credits™ and the remaining 12 be AMA PRA Category 1 Credits™. Attend the entire 2019 Scientific Session and you can claim 12 patient safety credits. Additional credits can be earned by attending selected optional courses where the ▲ symbol appears, up to a maximum of 11 credits. The number inside the symbol indicates the number of credits within the presentation that are applicable toward patient safety CME. See “Claim Your CME Credits” in the General Information Section on the App for how your credits will be reported.
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- Ergonomic stem design facilitates positioning and stability
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6.5cm Regular Model
ASSI.AG98226
14.5cm Long Model

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Designed by:
David A. Hidalgo, M.D.
Clinical Professor of Surgery
Cornell Medical Center, NY, NY

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Thank you to the following companies for their generous donations:

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Alastin Skincare Procedure Enhancement Products; Regenerating Skin Nectar and TransFORM Body Treatment
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Allergan, Booth: 503
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1 Case of 64 boxes of SinEcch, homeopathic Arnica dosed for post-op recovery
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Starting Bid: $225

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Starting Bid: $1,000

BiLumix Booth: 946
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Starting Bid: $475

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Vitruvian Infiltration Pump and One Box of Tubing
Starting Bid: $1,050

BTL Industries, Inc., Booth 1221
Dual Applicators for Emsculpt
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Canfield Scientific, Inc., Booth: 811
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Starting Bid: $499

DoctorLogic, Booth: 1148
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Starting bid: $45

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Environ Body Kit
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Starting Bid: $125

Galatea Surgical, Booth: 903
GalaSHAPE 3D OR GalaFORM3D
Starting Bid: $500

Healfast, Booth: 143
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Starting Bid: $125

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Starting Bid: $25

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Starting Bid: $32

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Starting Bid: $33

Leonisa, Booth: 549
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Starting Bid: $16

Leonisa, Booth: 549
Breast & Chest Compression Wrap
Starting Bid: $5

LightStim, Booth: 455
LightStim for Wrinkles
Starting Bid: $90

Marina Medical Instruments, Inc., Booth: 635
Crilewood Tungsten Carbide Needle Holder
Starting Bid: $50

Marina Medical Instruments, Inc., Booth: 635
Hi-Vac Aspiration Tubing, Box of 100 pcs.
Starting Bid: $55

Marina Medical Instruments, Inc., Booth: 635
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Starting Bid: $65

Medical Z, Booth: 227
Medical Z Elegance Zbra
Starting Bid: $95

Merz North America, Booth 421
Neocutis Kit
Starting Bid: $85

MicroAire Surgical Instruments, Booth: 727
MicroAire Pink PAL Handpiece
Starting Bid: $9,000

NewBeauty Magazine, Booth: 832
NewBeauty Regional Doctor Ad
Starting Bid: $2,000

NewMedical Technology, Inc., Booth 1127
Silagen Mommy Makeover Recovery Kit
Starting Bid: $150

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UNMASKING YOUR BEST SKIN

25TH Anniversary Meeting

May 16–19, 2019
New Orleans Convention Center
New Orleans, LA

www.spsscs.org/meeting2019
ASERF Silent Auction Donations

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OCULO-PLASTIK, INC.
Durette® III external LASER shields, with OPSoft laser mouthguard.
Starting Bid: $120

RealSelf, Booth: 563
Spotlight Credit
Starting Bid: $735

SENTE, Inc., Booth: 320
SENTE Product Gift Basket
Starting Bid: $300

Skinbetter Science, Booth: 947
Skincare Basket
Starting Bid: $315

SkinMedica, An Allergan Company, Booth: 503
SkinMedica Regimen
Starting Bid: $410

Symplast, Booth: 354
Apple Watch Series 3
Starting Bid: $95

The HydraFacial Company, Booth: 1209
HydraFacial Elite
Starting Bid: $18,900

Thieme Medical Publishers, Booth: 1326
Centrofacial Rejuvenation
Starting Bid: $128

Tulip Medical Products, Booth: 1113
The Tulip SoftBreast Kit
Starting Bid: $140

USK Under Skin, Booth: 1259
Skincare Basket
Starting Bid: $546

Viveve, Inc., Booth: 655
Apple Watch Series 4
Starting Bid: $140

Vizium360, Booth: 403
Vizium360 MedSpa Services Package
Starting Bid: $1,247

Wendy Lewis & Co. Ltd.
Aesthetic Clinic Marketing in the Digital Age
Starting Bid: $18

Wisdom Wrap LLC, Booth: 839
Thermal Therapy Care Package
Starting Bid: $26

TRAIN WITH AN EXPERT
Starting Bid: $1,000
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Michael C. Edwards, MD, FACS
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Jeffrey M. Kenkel, MD, FACS
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W. Grant Stevens, MD
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The Plastic Surgery Clinic: Frank Lista, MD, FRCS, Jamil Ahmad, MD, FRCS, Ryan Austin, MD, FRCS
Charles H. Thorne, MD, FACS
Jennifer L. Walden, MD
Simeon H. Wall, Jr., MD, FACS
and Holly C. Wall, MD, FACS

DESTINATIONS
Bali Escape Luxury Villa, Bali, Indonesia
Starting Bid: $6,625

Italian Culinary Experience of a Lifetime, Tuscany, Italy
Starting Bid: $10,125

Amazing Queenstown Villa, Lake Wakatipu, New Zealand
Starting Bid: $6,750

Sanctuary Port Douglas, Port Douglas, Australia
Starting Bid: $5,400

Lovely Riverside Condominium, Telluride, CO
Starting Bid: $580

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- and Holly C. Wall, MD, FACS

DESTINATIONS

- Bali, Indonesia
- Tuscany, Italy
- Lake Wakatipu, New Zealand
- Port Douglas, Australia
- Telluride, Colorado

*Please note: Restrictions may apply on items available for bidding. Please see onsite auction brochure for details and restrictions.
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Explore The Aesthetic Society in Booth #202 in The Aesthetic Marketplace
The Aesthetic Marketplace is Open Saturday, May 18 – Monday, May 21, 9:00am – 5:00pm

Ask About Membership Opportunities
Take advantage of The Aesthetic Society’s streamlined membership application process and learn about Allergan’s sponsorship of the Candidate for Membership Program by visiting The Aesthetic Society Booth #202. Membership Manager, Marissa Simpson, will be on-hand to answer your questions and assist you in applying.

Make Sure You Never Spend Poorly Again
Exclusively for Aesthetic Society Members, Surgeon as Consumer is a free, private portal on which surgeons can share their experiences—good or bad—with light and laser devices they’ve purchased. It’s a great way to make sure you don’t make a purchase you’ll regret.

Save Big, Like Never Before!
Aesthetic Society members can enjoy 30% savings on Smart Beauty Guide brochures, while supplies last, and take advantage of a special 20% savings on new Enhanced Practice Profiles (EPP). Visit The Aesthetic Society Booth #202 for product samples and to place your order. Or, call The Aesthetic Society at 562.799.2356 to place your order. But hurry—discounts apply only through June 15!

Where Does Your Practice Stand When Compared to Your Peers?
Have you ever wondered how your practice stands up when benchmarked against your peers? Wonder no more! The Aesthetic Neural Network (ANN) is a practice changer, allowing you to get more metrics from your EMR than ever before. Visit ANN in Booth #102 for more information and a demo!

Save Big, Like Never Before!
Aesthetic Society members can enjoy 30% savings on Smart Beauty Guide brochures, while supplies last, and take advantage of a special 20% savings on new Enhanced Practice Profiles (EPP). Visit The Aesthetic Society Booth #202 for product samples and to place your order. Or, call The Aesthetic Society at 562.799.2356 to place your order. But hurry—discounts apply only through June 15!

Surgeon as Consumer

ANN

Free Photos!
Get a free printed photo, as well as an electronic photo emailed directly to you, in the “We Are Aesthetics” Green Screen Photo Booth. Simply choose your backgrounds, select a prop, and “click!”—your photos are delivered. Visit The Aesthetic Society Booth #113 for your free photo—and bring your friends! There is no limit, so take one photo, or twenty!

Save Your Patient Info Securely—On the ASAPS.CLOUD
You’ll never have to worry about the security of your patient information again if it’s stored on the ASAPS.CLOUD. Let Ronan Solutions share with you the benefits of ASAPS.CLOUD and, as an ASAPS Advantage Partner, you’ll enjoy substantial savings. Learn more in Booth #102.

Aesthetic Surgical Journal
ASJ Open Forum
Celebrate the importance of aesthetic research by visiting the editorial team of Aesthetic Surgical Journal (ASJ) in The Aesthetic Society Booth #202. Learn all about the newly launched ASJ Open Forum (our open access journal). Come visit ASJ for these special events:
• Enjoy a champagne toast, courtesy of Galatea Surgical, Saturday, May 18 during the afternoon break (3:30–4:00pm).
• Enter to win an autographed copy of Problems in Periorbital Surgery—A Repair Manual by Foad Nahai, MD and Ted H. Wojno, MD.

Store Your Patient Info Securely—On the ASAPS.CLOUD
You’ll never have to worry about the security of your patient information again if it’s stored on the ASAPS.CLOUD. Let Ronan Solutions share with you the benefits of ASAPS.CLOUD and, as an ASAPS Advantage Partner, you’ll enjoy substantial savings. Learn more in Booth #102.

Bid to Win!
Take advantage of amazing savings and help the specialty at the same time by bidding in the ASERF Silent Auction. There are wonderful offers and products available. Visit the ASERF Silent Auction across from Exhibitor Registration for more details, or bid online at https://handbid.app.link/aserf2019. Visit the ASERF Booth, just opposite Exhibitor Registration, for more information.

*Booths may have changed after publication.
Watch. Learn. Advance.
The Aesthetic Meeting 2019 Education on Demand
Learn from the masters through The Aesthetic Meeting’s Education on Demand, where you can view exceptional video content when you want, wherever you want.

Purchase Education on Demand at the Registration Desk

In Addition to Selected General Sessions, the Following Courses will be Captured:

106 Cosmetic Vaginal Surgery: Labiaplasty and Beyond
Christine Hamori, MD

107 Comprehensive Treatment of Difficult Eyelids, Festoons and Malar Bags
Mokhtar Asaadi, MD

204 Demystifying Management of the Subplatysmal Elements in Necklift
T. Gerald O’Daniel, MD and Sadri Ozan Sozer, MD

Johnny Franco, MD and Matthew Nykiel, MD

304 Oblique Flankplasty as an Alternative to Lower Body Lift
Dennis Hurwitz, MD

309 Building a Bulletproof Marketing Blueprint to Grow Your Aesthetic Practice
Audrey Neff

404 Planning for Primary Breast Augmentation: Incision, Pocket, Implant
Frank Lista, MD

405 Transaxillary Endoscopic Breast Augmentation: Processes and Refinements to Improve Patient Outcomes
Louis Strock, MD and Grady Core, MD

507 Revisional Breast Augmentation for Dummies: The Six Most Common Problems & How to Fix Them
Karan Chopra, MD and Joe Gryskiewicz, MD

510 Advanced Micro-Needling (MN)/RadioFrequency (MNRF) with Growth Factors: Benefits, Limitations, and Complications for Skin and Hair Rejuvenation in your Practice
Gordon Sasaki, MD

606 Bodylifting, Mastopexy, and Brachioplasty in the Massive Weight Loss Patient: Technical Refinements to Optimize Results
J. Peter Rubin, MD and Robert Centeno, MD

610 Consultants, Technology and Social Media—Putting It All Together
Luis Rios, MD

706 All Seasons Vertical Augmentation/Mastopexy
Eric Swanson, MD

709 Cutting Edge Topics in Patient Safety with the Masters
Luis Rios, MD; William Adams, Jr., MD; Steven Davison, MD; Felmont Eaves, III, MD and Chris Pannucci, MD

*Program Subject to Change.

ON SITE PRICING

Individual Courses—$99 each
Selected 2019 General Sessions—$249
Selected 2019 General Sessions and Optional Courses—$899

These prices are for meeting registrants only. Check the website for other pricing.
Corporate Satellite Symposia, Lunch & Learns and Focus Groups
Not Sponsored or Endorsed by ASAPS or ASERF.

THURSDAY, MAY 16

Corporate Satellite Symposium
LUMENIS
6:30 – 10:00pm
The NuEra of Glitz and Glam
John Layke, MD and Kevin Mendell, VP of Marketing for Lumenis
Convention Center Room 229
https://information.lumenis.com/asaps-2019

FRIDAY, MAY 17

Corporate Satellite Symposium
CANDELA
6:30pm
Becoming Brand Memorable and Treatment Distinct
Panelists discuss how they leveraged their personal brand and the Profound treatment to fill a treatment gap and increase practice ROI
Hilton New Orleans Riverside, River/Port/Starboard Room
Register at: https://bit.ly/2WlHdkn

Corporate Satellite Symposium
GALDERMA
6:30 – 8:30pm
Shaping Aesthetics Together with You: An Evening with Galderma Laboratories
Join us for an exciting evening of updates on our portfolio of products and services. Food and beverage will be served.
Republic NOLA venue
228 South Peters Street
To Register: https://cvent.me/bqoAE

SATURDAY, MAY 18

Lunch and Learn
ALLERGAN COOLSCULPTING
12:15 – 1:15pm
The Changing World of Body Contouring
W. Grant Stevens, MD, FACS
Convention Center Room 220–222
To register: Pro.coolsculpting.com/asaps-2019

Focus Group
GALATEA SURGICAL, INC.
12:15 – 1:15pm
Optimizing BioPolymers for Plastic & Reconstructive Surgery
Kristin Crescenzi
Director of New Product Development
Skander Limern
Director of Product Innovation
Convention Center Room 203
To register email: K.crescenzi@galteasurgical.com

SUNDAY, MAY 19

Lunch and Learn
ALLERGAN
12:00 – 1:00pm
Is Fat Processing Important? Linking the Science and Aesthetic Applications of Fat Transfer
Adam Katz, MD, FACS and Gaurav Bharti, MD, FACS
Convention Center Room 229
Registration not required. Walk-ins accepted

Lunch and Learn
GALDERMA LABORATORIES, INC.
12:00 – 1:00pm
Shaping the Business of Aesthetics
Tiphany Lopez, PhD, MBA.
Convention Center Room 225–226
To register: http://cvent.me/9G3E7

Focus Group
KCI, AN ACELITY COMPANY
12:30 – 1:30pm
Next Generation Incision and Surrounding Soft Tissue Management: Enhancing the Care Regimen in Breast Surgery
John Apostolides, MD, FACS
DEFY Plastic, Reconstructive & Surgery Practice, San Diego, CA
Convention Center Room 229
To register: https://KCI.cvent.com/052019KCI LunchandLearn

Lunch and Learn
MIRADRY
12:30 – 1:30pm
The Future of Aesthetics: No Sweat
Convention Center Room 218/219
To register: miraDryHCP.com/ASAPS2019

MONDAY, MAY 20

Lunch and Learn
KCI, AN ACELITY COMPANY
12:30 – 1:30pm
Next Generation Incision and Surrounding Soft Tissue Management: Enhancing the Care Regimen in Breast Surgery
John Apostolides, MD, FACS
DEFY Plastic, Reconstructive & Surgery Practice, San Diego, CA
Convention Center Room 229
To register: https://KCI.cvent.com/052019KCI LunchandLearn

Lunch and Learn
VENUS CONCEPT
12:00 – 1:00pm
Complete Aesthetic Solutions for Maximum Patient Satisfaction:
NeoGraft and TriBella
Dr. Jack Fisher, Chief Medical Officer and Joey Brown, VP—Business Development, NeoGraft®
Convention Center Room 218/219
To register: www.surveymonkey.com/r/VenusLunchandLearn
A Lifetime of Achievements.
A Legacy to Last Generations.

Join ASERF as We Honor Plastic Surgery Icon

Dr. Robert Singer
Educator, Mentor and Ambassador for His Distinguished Legacy

ASERF Career Achievement Award
Sunday, May 19, 2019
12:00 pm to 1:30 pm
Room R2-5 • New Orleans Convention Center

ASAPS/ASERF Member Business Meeting

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

Pay Tribute to Our Honoree by Supporting ASERF
To make a donation in honor of the distinguished career of Dr. Robert Singer, please visit the ASERF Lounge, The Aesthetic Meeting’s registration area or go to aserf.org to make your gift online.
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*Richard C. Webber, MD
*Sidney K. Wynn, MD
*deceased

ASAPS Past Presidents & Annual Meetings

Organizational Meeting
*John R. Lewis, Jr., MD
*John R. Lewis, Jr., MD
*John R. Lewis, Jr., MD
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*John E. Alexander, MD
*Simon Fredricks, MD
*Richard B. Stark, MD
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*Clyde H. Ishii, MD
*W. Grant Stevens, MD

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Miami, FL
Atlanta, GA
Boston, MA
Caribbean Cruise
Newport Beach, CA
New Orleans, LA
Vancouver, B.C.
Atlanta, GA
Los Angeles, CA
San Francisco, CA
Colorado Springs, CO
Orlando, FL
Houston, TX
Las Vegas, NV
Los Angeles, CA
Washington D.C.
Boston, MA
New Orleans, LA
Los Angeles, CA
San Francisco, CA
Orlando, FL
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Aesthetic Surgery Education And Research Foundation—ASERF
The Aesthetic Surgery Education and Research Foundation was established in 1993 as the philanthropic arm of The Aesthetic Society.

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**Awards**
In most cases, winners from the last 3 years are listed. For a complete list of previous award winners, please visit www.aserf.org

**Tiffany Award—Best Scientific Presentation**
A Tiffany crystal prism on an onyx base is presented to the individual who provides the Best Scientific Presentation during the annual meeting of the Society. The trophy, etched with the Seal, includes a plate engraved with the name of the recipient and is presented during the subsequent annual meeting.

Heather J. Furnas, MD, Las Vegas, NV 2016
Steven R. Cohen, MD, San Diego, CA 2017
Daniel A. Del Vecchio, MD, New York, NY 2018
The Business of Launching Your Practice
The ASAPS Gift of Expert Advice

5th Annual Residents’ Symposium

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

December 7–8, 2019
Renaissance Dallas Hotel, Dallas, TX

www.surgery.org/residents2019
Listings
Continued from Page 55

Simon Fredricks Award for Best Panelist
The Simon Fredricks Award is presented to the individual who is judged the Best Panelist at the annual meeting of the Society. The award consists of an etched Tiffany crystal box.
Timothy J. Marten, MD, Las Vegas, NV 2016
Daniel C. Baker, MD, San Diego, CA 2017
Tim Papadopoulos, MD, New York, NY 2018

Peter B. Fodor Award for Best Panel Moderator
This award is presented to the individual who is judged the Best Panel Moderator at the ASAPS/ASERF Annual Meeting. This etched triangular crystal on a green marble base is made possible through a restricted fund established in 2001 by Barbara and Peter B. Fodor, MD.
William P. Adams, Jr., MD, Las Vegas, NV 2016
James M. Stuzin, MD, San Diego, CA 2017
Rod J. Rohrich, MD, New York, NY 2018

Walter Scott Brown Award for Best Video
The Walter Scott Brown Award is presented to the individual(s) presenting the Best Video at the annual meeting. This award is made possible by a fund established by Walter Scott Brown, MD (1906–1985).
Lawrence S. Reed, MD, Las Vegas, NV 2009
Daniel C. Baker, MD Montreal, Québec, Canada 2015
Arthur Swift, MD, New York, NY 2018

Raymond Vilain Award for Outstanding Scientific Presentation
The Raymond Vilain Award is presented to an International Active member or an international surgeon for an outstanding scientific presentation at an ASAPS/ASERF meeting. This award is given in the name of Raymond Vilain, MD, a Corresponding Member of the Society from 1973–1989.
Jean-François Pascal, MD, Las Vegas, NV 2016
Alfredo E. Hoyos, MD, San Diego, CA 2017
Francisco G. Bravo, MD, New York, NY 2018

Robert Singer Award for Best Hot Topics Presentation
The Robert Singer Award is presented to the individual who is judged the Best Hot Topics presenter at the ASAPS/ASERF Annual Meeting.
W. Grant Stevens, MD 2016
Henry A. Mentz, MD 2017
Barry E. DiBernardo, MD 2018

Sherrill J. Aston Award for Best Presentation by a Resident or Candidate
The Sherrill J. Aston Award was created by Dr. Sharadkumar Dicksheet’s “named fund” contribution to the Aesthetic Surgery Education & Research Foundation for the best presentation by a resident or member of the ASAPS Candidate Program. (Beginning in 1995 the criteria was limited to entries from Aesthetic Society annual meetings.)
David A. Sieber, MD, Las Vegas, NV 2016
Paul N. Africoo, MD, San Diego, CA 2017
Ali A. Qureshi, MD, New York, NY 2018

Best Journal Article
This award is for the best aesthetic surgery article published in a scientific journal.
2016 Domestic: Methodological Guide to Adopting New Aesthetic Surgical Innovations
Joel E. Pessa MD, FACS
2016 International: The Evidence Behind Noninvasive Body Contouring Devices
Ruth Graf, MD, PhD; Andre Ricardo Dall Oglio Toluazzi, MSc; Priscilla Balbinor, MD; Andre Pazio, MD; Pedro Miguel Valente, MBBS (Hons), MS, FACC, & Renato da Silva Freitas, MD, PhD
Mark W. Clemens, MD & Steven M. Horwitz, MD
2017 International: Influence of the Pectoralis Major Muscle Sling in Chest Wall-Based Flap Suspension After Vertical Mammaplasty: Ten-Year Follow-Up
Ru-Lin Huang, MD, PhD; Yun Xie, MD; Wenjin Wang, MD, PhD; Tanja Herrler, MD; Jia Zhou, MD, PhD; Peijuan Zhao, MD; Lee LQ Pu, MD, PhD; & Qingfeng Li, MD, PhD
2018 Domestic: Long-Term Safety of Textured and Smooth Breast Implants
M. Bradley Calabrace, MD; Michael R. Schwartz, MD; Kamakshi R. Zeidler, MD; Troy A. Pittman, MD; Robert Cohen, MD; and W. Grant Stevens, MD
2018 International: Effects of Thermal Protection in Patients Undergoing Body Contouring Procedures: A Controlled Clinical Trial
Jorge Enrique Bayer-Marr, MD; Lizaro Cárdenas-Camarena, MD; Héctor Durán, MD; Armando Valedon, MD; Jorge Rubio, MD; and Alvaro Andres Macias, MD

Distinguished Service Award
This award is presented to members of the Society whose dedication, service, and/or contributions to the development, wellbeing, and success of the Society have been demonstrated over many years and have exemplified action above and beyond the expected or ordinary. The award is a Tiffany crystal trapezoid on a marble base.
James M. Stuzin, MD 2015
James M. Grotting, MD 2018

Jerome R. Klingbeil Award for Teaching Excellence
The Jerome R. Klingbeil Award for teaching excellence was established in 1988 to recognize the efforts and the achievements of outstanding Teaching Course instructors and as a memorial to Jerome R. Klingbeil, MD, CAE, (1918–1988). This award was named in honor of Dr. Klingbeil’s faithful and dedicated service to the Society. Dr. Klingbeil served this organization and its membership in numerous capacities, including 1973 Local Arrangements Chairman, Chairman of the Convention Planning and Coordination Committee (1974–1984) and as its first Executive Director (1981–1985). In keeping with the high degree of emphasis Jerry placed upon quality education and professional development, this award is conferred upon Teaching Course instructors who have donated their time and expertise to furnish significant and long-term contributions to the Society and the specialty. The Aesthetic Society is proud to present a bust of Queen Nefertiti in recognition of demonstrated commitment and excellence to:
William P. Adams, Jr., MD 2017
Michael I. Kulick, MD 2017
Timothy J. Marten, MD 2017
Foad Nahai, MD 2017
Grady B. Core, MD 2018
Joseph P. Hunstad, MD 2018
Constantino G. Mendieta, MD 2018
Kiya Movassaghi, MD 2018
Mary L. Jewell, RPT 2019

Continued on Page 59
Are You Our Next Member?

WE ARE AESTHETICS.
Best Aesthetic Surgery Journal
Research Paper
The Best Research Paper award is made possible through the National Institute of Aesthetic Research (NIAR) in conjunction with the British Association of Aesthetic Plastic Surgeons.
2016 The Relationship of Bacterial Biofilms and Capsular Contracture in Breast Implants
Dragana Ajdic, PhD; Yasmina Zoghibi, MD; David Gerth MD; Zubin J. Panthaki MD; & Seth Thaller MD, DMD, FACS
2017 Adipose Stem Cell Function Maintained with Age: An Intra-Subject Study of Long-Term Cryopreserved Cells
Lauren E. Koki, PhD; Dmitry O. Traktuev, PhD; Liyong Zhang, PhD; Stephanie Merfeld-Clauss, BS; Gabriella DiBernardo, BS; Hongyan Lu, PhD; Kacey G. Marra, PhD; Albert Donnenberg, PhD; Vera Donnenberg, PhD; E. Michael Meyer, BS; Peter B. Fodor, MD; Keith L. March, MD, PhD; & J. Peter Rubin, MD
Zeeshan Arshad; Celine-Lea Halioua-Haubold; Mackenna Roberts; Fulvio Urso-Biarda, MD, FRCS; Oliver A. Branford, MD, PhD, FRCS; David A. Brindley, MEng, DPhil; Benjamin M. Davies, MD, DPhil; and David Pettitt, BSc, MD

ASERF Career Achievement Award
This award honors an esteemed plastic surgeon recognizing their significant contributions and distinguished career: dedication and commitment to aesthetic surgery training and patient safety. This award is funded by donations in his/her name from the surgeons that know him/her best and thankfully recognize his/her powerful influence on our careers and lives. Thomas J. Baker, MD & Simon Fredricks, MD San Diego, CA 2017
Scott Spear, MD, New York, NY 2018 (posthumous)
Robert Singer, MD, New Orleans, LA 2019

Leadership Award
This award is presented to an ASAPS member who shows exemplary leadership, service, creativity, and dedication to the subspecialty of Aesthetic Surgery, advancing the organization in the pursuit of its stated mission. The Award is presented at the discretion of the Board of Directors to recognize a superior contribution to the Society and its members. The award is a small, covered Tiffany box.
Mark L. Jewell, MD 2015
Jack Fisher, MD 2016
Leo McCafferty, MD 2017

Special Merit
The Award of Special Merit commemorates the paramount contributions to the success and wellbeing of the Society which, in the judgment of the Society, was above and beyond the expected and ordinary. The recipient need not be a member of the Society. This award was originally in the form of a document suitable for framing. In 1887, an engraved silver bowl was adopted as this award.
Joan Kron 2015
Barry Fernando, MD 2016
Robert Singer, MD 2018

In Chul Song Award for Philanthropic Service
This award is made possible by a generous contribution to the Aesthetic Surgery Education and Research Foundation by Shandikumar Dicksheet, MD. This award is bestowed upon a plastic surgeon whose philanthropic plastic surgery efforts best exemplifies humanitarian service.
Julio L. Garcia, MD 2011
Larry Weinstein, MD 2012
Raj N. Lalla, MD 2013

Community Service Award
Tolbert Wilkinson, MD, Las Vegas, NV 2009
Gang Tattoo Removal Program of Texas
Jack F. Demos, MD, New York, NY 2013
Founder, Surgicorps, Inc.
Joe M. Gryskiewicz, MD, Montréal, Quebec, Canada 2015
Volunteer Services to the Children of Ecuador, Guatemala, and Peru

Gaspar W. Anastasi Award
The Gaspar W. Anastasi Award is presented to the highest rated resident and/or fellow scientific papers at the Residents & Fellows Forum during the annual meeting of the Society. The award consists of a check for $250 and the opportunity to present the paper to the full Scientific Session of the annual meeting.
Chris Surek, Las Vegas, NV 2016
Matthew Orgel, Las Vegas, NV 2016
Erica Bartlett, San Diego, CA 2017
Paul N. Afroz, San Diego, CA 2017
Jennifer Baker, MD, New York, NY 2018
Kevin Shultz, MD, New York, NY 2018

ASERF Research Award
The ASERF (Aesthetic Surgery Education & Research Foundation) Research Award is conferred in those extraordinary circumstances when the results of research projects have a profound and monumental effect upon the specialty of Aesthetic Plastic Surgery and the quality of service provided to our patients.
V. Leroy Young, MD 2004
Vancouver, B.C. Canada

Ted Lockwood Award for Excellence in Body Contouring
This award was created to recognize Dr. Ted Lockwood’s visionary contributions to aesthetic body contouring. The recipient of this award is a plastic surgeon who demonstrates a dedication to research, clinical excellence, patient safety and peer education in all aspects of body contouring as demonstrated by publication in scientific journals, clinical presentations, and by ongoing innovation in body contouring techniques.
Ewaldo de Souza Pinto, MD, Washington, D.C. 2010
Osvaldo Saldanha, MD, Boston, MA 2011
Alfredo E. Hoyos, MD, New York, NY 2018

A full list of awards from all years can be found at www.aserf.org
EXPERIENCED INSIGHTS

BREAST AND BODY CONTOURING

OCTOBER 17-19, 2019
LIVE! BY LOEWS
in Arlington
DALLAS, TX

CHAIR: William P. Adams, Jr., MD
VICE CHAIR: Daniel Del Vecchio, MD

CME WILL BE AVAILABLE

INTERACTION INVolVEMENT INSPIRATION

SURGERY.ORG/BREASTANDBODY2019
Charles Thorne, MD and I were so pleased to see the reaction to this year’s Aesthetic Society Las Vegas Facial & Rhinoplasty Symposium, which took place January 31–February 2, 2019, at the Cosmopolitan of Las Vegas. We had the pleasure of hosting an interactive setting with 121 surgeons participating. Our goal for this symposium was to create an educational experience featuring some of the leading experts in face and rhinoplasty. Participants were encouraged to share ideas and ask questions, returning to their practices with many pearls of wisdom.

Charlie and I would like to offer our sincere thanks to our outstanding faculty, including Jay Calvert, MD (Rhinoplasty Co-Chair); Oren Tepper, MD (Rhinoplasty Co-Chair); Mark Albert, MD; Francisco Bravo, MD; A. Jay Burns, MD; Dino Elyassnia, MD; Ashkan Ghavami, MD; Christopher Godek, MD; Chia Chi Kao, MD; Geoffrey R. Keyes, MD; Gerald O’Daniel, MD; Mario Pelle-Ceravolo, MD; Jason Roostaeian, MD; Sammy Sinno, MD; Ran Stark, MD; Derek Steinbacher, MD; W. Grant Stevens, MD; Christopher Surek, DO; Richard Warren, MD; Stelios Wilson, MD; and Jackie Yee, MD.

We would also like to thank our 37 vendors who joined us in the exhibit hall. We enjoyed the opportunity to meet one-on-one with them.

We are already busy planning the 2020 Aesthetic Society Facial and Rhinoplasty Symposium, January 30–February 1, 2020. Please keep an eye out for more details soon at surgery.org/face2020 and I hope to see you all next year.

Louis Bucky, MD, is an aesthetic plastic surgeon practicing in Philadelphia, PA, and serves as Chair of The Aesthetic Society Las Vegas Facial and Rhinoplasty Symposium.

Cadaver labs are one of the most successful and efficient ways to practice skills you’ve learned in the symposium, side-by-side with the experts.

Dynamic presentations by Jackie Yee, MD, and others created a platform for diverse discussions.


Chair Lou Bucky, MD and Vice Chair Charles Thorne, MD kept the panelists and audience on their toes with provocative questions.
The American Board of Plastic Surgery (ABPS) is excited to launch its new Self-Assessment Activity this April as a part of the new ABPS Continuous Certification Program. With this new testing format, the Board is focusing on improved learning year to year rather than a high stakes exam. Diplomates will answer 30 questions in their chosen module each April for eight of ten years within their Continuous Certification cycle.

All diplomates participating in Continuous Certification will receive information and instructions to participate in this year’s Self-Assessment. The Board encourages all diplomates to start this year in 2019 in order to accrue the amount of self-assessments needed to satisfy the Knowledge Assessment component of Continuous Certification by the end of their current cycle. These self-assessments will ultimately take the place of the 200-question high stakes exam.

**Diplomate convenience is key to us!**

No more testing centers. All Continuous Certification assessments are now online. With convenience in mind, the assessment is designed so diplomates are able to log in as many times as necessary throughout the month of April to complete the questions. You do not have to take hours away from a busy clinical day to travel to a testing center for your appointment. Instead you can complete as many or as few questions as you’d like during multiple sessions; in between patients, during downtime, or while you eat lunch.

**Focused on Learning**

After answering each question, you will be directed to a short rationale containing pertinent information about the question. This engages the diplomate and places the focus on learning. If the response was incorrect the first time, you will receive a second opportunity to answer the question, applying this newly acquired information.

Scoring is based on the final response, however, the first response will help to identify your “baseline knowledge gaps.” An integral part of the new assessment is a robust results page which will identify gaps in your individual baseline knowledge and link you directly to resources to address any weak areas. If you answered a question incorrectly, the item and reference will be provided to you. Adult learning research demonstrates that repeated exposure to information helps the learner retain information. This new format was created to monitor and provide additional questions on weak topics in subsequent test offerings. The ABPS looks forward to working with both national and regional societies by sharing aggregate performance reports to help develop more relevant CME activities. The testing-educating-learning-improvement cycle among the Board, related societies, and diplomates will now become a shared experience benefitting all.

**Credit for Quality Improvement Activities**

The ABPS would like to highlight another important change in the new Continuous Certification program concerning the Practice Improvement activity, previously satisfied by the Tracer Procedure Log three times during the 10-year certification cycle. The Board has responded to feedback from diplomates and made this activity more relevant to individual practices with a wider selection of options and by reducing the amount of data points collected overall. Additionally, this activity will be required only twice in a 10-year cycle: in Year 3 and Year 6.

The Board recognizes that if you are a diplomate of the ABPS, you are passionate about safe and ethical plastic surgery and are committed to a lifetime of learning and improvement. Because of this dedication to the profession, many of you may already be regularly participating in activities that assess and improve the quality of care for your patients. The Board recognizes this, and has provided alternate options for diplomates to satisfy the current Practice Improvement requirement.

Starting in 2019, you may opt to fulfill the Practice Improvement requirement by participation in a society registry, authoring a publication based in Quality Improvement (QI), or developing and completing a QI Project in your practice. Applications to submit your activity with additional details are posted to your ABPS Tracking Page.

**Feedback is welcome!**

The Board would like to actively engage its diplomates in the ongoing improvement of Certification and Continuous Certification as a whole. Please share your thoughts so we may consider during the next Board Meeting in early May. Send inquiries and/or suggestions to us at staff@abplasticsurgery.org.
I began my career doing all forms of plastic surgery, and decided to focus on aesthetics as it best fit my skills as a surgeon and I enjoy working with patients who are pleased with their results. While I began as a Candidate of The Aesthetic Society, I decided to become an Active Member as the education I gain from The Aesthetic Meeting and other ASAPS sources was superior to education I received elsewhere.

~ Himansu R. Shah, MD
ASAPS Member since 2014
In Kabbala philosophy the number 3 signifies harmony, to the Chinese the number 3 is considered lucky and in Christian lore the number 3 represents divine wholeness, completeness and perfection, hence the Latin phrase Omne Trium Perfectum, everything that is 3 is perfect. Three though has a practical significance as well in a modern world and in particular to students of aesthetics. It starts first by understanding the “Rule of 3,” an intuitive concept illustrating how and why packets of information are preferred when they are delivered within a natural cadence of three notes. Three being the least number of individual entities necessary to form a pattern. And as any medical student can attest, information is better digested and retained when it is placed in a pattern. The pattern of threes is known in all fields: from writing to advertising, public service announcements to sporting events, and stand-up comedy to deducting reasoning. The rule of three is ever-present for everyone, everywhere, every day.

Literature
“Life, liberty and the pursuit of happiness”
“Blood, sweat and tears”
“I came, I saw, I conquered”

Fairytales
Three blind mice
The three bears
Three little pigs

Music
“When will you still need me, will you still feed me, when I’m sixty-four?”
“Sex, drugs, and rock-n-roll”
Mozart’s Magic Flute is threaded with patterns of three

Public service announcements
“Stop, look and listen”
“Stop, drop and roll”
911

Science
Airway, Breathing, Circulation
Past, Present, Future
Id, Ego, Superego

Sports
3 strikes and you’re out
3 downs and out in football
Gold, Silver and Bronze

Marketing/Advertising
Location, location, location
Introducing the iphone as three products in one: an ipod, phone and internet device
iPad 2 introduced as “thinner, lighter, faster.”

Hope
On the count of three
Third time is a charm
3 wishes

Comedy
In comedy the first two elements make sense but the third or the punchline is out of sort.
“Human sacrifice, dogs and cats living together, mass hysteria”
“A Scot, Irishman and Englishman enter a bar”
“The giants, tigers and teamsters”

Philosophy
Aristotle’s Ethos, Pathos, Logos
Epics, three rules to a happy life: Friends, Freedom, Self-understanding
Plato’s three parts to the soul Logos (reason) thymos (spirit) and epithymos (appetitive)

Speeches
“Victory at all cost, Victory in spite of terror, victory however long and hard the road may be…”
“Thank God Almighty, we are free at last!”

Religion
Mind, body and spirit
Father, son, holy ghost
Brahma, Vishnu and Siva

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Neuro-psychological conventional wisdoms support that information absorbed within a pattern is less taxing on the brain. The neural circuits don’t have to work as hard to retain the learned material. Less thinking, less energy and less ATP is expended. And all living species tend to favor the pathway of least resistance, conserving energy whenever possible. And as much as this hypothesis is intuitive the science is hazy at best. Therefore perhaps there is more to the number 3. Allow me to offer another perspective, a journey in logical reasoning revealing the everyday benefit of the number 3 in communication, ideation and aesthetics.

It starts at the very beginning, three a number pregnant with potential for Mother Nature’s numerical manifestation for fertility. Fertility, both figuratively and literally.

Figuratively
Let me draw your attention to the two points of a triangle base that unify to a single apex, out of two you get one. Mother-Father, child. A triangle thusly and cogently stands as a symbol for fertility. The triangles association with fertility has repeated relevancy in gender designation. A pointed down triangle is the international feminine symbol and a pointed-up triangle is the masculine. If the two triangles are superimposed upon each other, a union of the masculine and feminine forms a 6-point star. A symbol that has had an enduring spiritual significance for 1000s of years to millions of people.

But even beyond the interpretive triangle shape derived from 3 points, the Hindu-Arabic derived form for the number 3 also can be oriented to signify fertility Arabic numerals have their origin in the 7th Century reaching Europe in the 10–12th Century via North African traders and the infamous Italian mathematician Leonardo Fibonacci, a scholar and mystic, who recognized the divine nature of patterned sequences. Although not a Fibonacci recognized deduction, but perhaps a sensible reasoning that Professor Robert Langdon of Da Vinci Code fame would appreciate, the symbolic shape of the number 3 also can be seen as fertility when looked at sideways. If the number 3 is rotated 90 degrees its deeper meaning is brought forth. For your consideration see two number threes rotated 90 degrees and superimposed. They from the symbol of infinity or also known as eternal fertility.

Ideation
In the world of human culture, all significant advancement occurs where three different fields of thought overlap to birth a new movement, initiative or idea. This concept whether consciously or not is the method by which most of history’s greatest thought-leaders have advance science,
business and the arts. It is at the intersection between the three overlapping circles where fertile ideas congregate, consort and are conceived.

Elvis didn't create rock and roll music but when he combined genres of:
• Rhythm and Blues,
• Good ole boy values
• Hip shaking sexual overtones
...his music found an audience of millions.

Steve Jobs didn't create a better computer, but he combined:
• Superior electrical engineering,
• Attractive and creative design
• Fantastic user experiences
...birthing arguably the world's most valuable company, Apple computers.

Martin Luther King didn't create a better protest movement but when he combined:
• Non-violent civil disobedience,
• Religious themes
• “All men are created equal”
...an all-encompassing, highly effective civil rights movement transcending himself and the vehicle it came in on was birthed, adopted and supported.

Einstein famously combined:
• Energy
• Mass
• Speed of light
...to bring forth one of the most important scientific discoveries of all time. The lesson in this reasoning is if wanting to give life to a new idea, business initiative or movement there is a greater likelihood of success if combining 3 different fields of thought. Don’t just make a better toaster oven but combine it with a cream cheese spreader and a microwave to develop something new and previously unknown.

**Aesthetics**

Let's look at the power of three in aesthetics. Dividing the face into thirds as part of facial analysis is nothing new. Whether it is the frontal thirds of the face or the nasal tripod aesthetic cannons have always relied on threes to describe ideal proportions.

But let’s dive a bit deeper into patterns of threes hidden within the face. Too often in aesthetics, attention is focused on one feature without regard for its context and its relationship to other nearby facial features. But understanding that patterns of three are critical to processing and retaining information should prompt us to offer considerations to the threes when evaluating two cheeks balanced by chin, two eyes balanced by a nose or two ears balanced by a mouth. Each feature of the face is only as important as how it is perceived in relation to two other features of the face.

Based on this concept, it is not a coincidence that our desire for patterns of three would be evident in facial recognition abilities. In a hundredth of a second, unknown faces are scanned and characterizing features identified and interpreted for health, safety and familiarity. There is an evolutionarily cultivated survival mechanism embedded deep within the archaic brain that scans and confirms a would-be associate as beneficial to our well-being. Therefore, humans have become incredibly adept and skilled to recognize safe and familiar faces. And once again patterns of three are relied upon. One or two features gives us a clue to who a person maybe but it is after we see a third feature our confidence in who we are recognizing becomes obvious.

**Triangle of Beauty**

For the female, facial features perceived and situated with a 3-pointed inverted triangular shape anchored by a wider upper third narrowing down to a thinner lower third is considered to be ideally beautiful by many prestigious sources. And this innate concept is why many young women intuitively prefer to take selfie photos with the camera situated from above. It accentuates and favorably distorts the eyes to be bigger while narrowing the chin and lower third of the face. Mother Nature doesn’t make mistakes and a triangular facial shape is favored because it is an appearance common to fertility and youth.

Three = Fertility = Beauty

All that is fertile is beautiful in nature. There are many definitions of beauty but it has been this author's premise that beauty is the rawest form of communication, universally consistent and evolutionarily preserved throughout all living species. Beauty projects a message that says, “I am healthy, well and I have good genes.” And anything in nature that approaches fertility is perceived as beautiful. It is how a flower messages to a bee that it ready for pollination, just as a female’s Macaques genital swelling messages ovulation to a ready male. Beauty is just nature’s language indicating health and fertility. And since beauty as a primitive force is critical to procreation and survival, it is found in all species including the phylogenetically primitive. Its impact has been evolutionarily preserved and perceived in the most primitive corners of the subconscious human brain. Beauty is not to be confused with attraction which is defined differently. Attraction is consciously perceived requiring a projector of beauty and a receiver of beauty. And while beauty is biologically predetermined and genetically coded for… attraction is not. Attraction is malleable, dynamic and can be altered, enhanced and augmented by adornment, make up, hair styles, clothing, posture, scents and more. Attraction is specific to individual cultures, prejudices and tastes.

And here in lies where the numerological philosophy behind the number 3 merges to be one in the same with fertility and beauty. The number three is the numerical manifestation of the primordially preserved attributes of beauty and fertility. It is how Mother Nature signifies potentiality. And it is the reason humans are subliminally drawn to patterns of three whether in communications, ideas or faces. Three equals fertility equals beauty.

While admittedly this is an abstract idea, it only has value if it serves as more than just an academic or philosophical curiosity. It has to have a practical application. So how do we harness the power and fertility of the three in everyday lives?

**Harnessing the Power of Three**

In marketing or businesses similar to Steve Jobs, offer products and or services in packages of three.

In communication similar to Churchill, Lincoln and MLK, express and illustrate ideas three different times or in three different styles for greater persuasion.

In formulating an experimental scientific idea similar to Einstein, draw from three different unrelated theorems.

In music or art similar to Elvis, Freddie Mercury or Madonna, combine three different genres.

In facial aesthetic treatments evaluate and consider harmonizing three facial features simultaneously for a more ideal outcome.

The number three is a powerful number symbolizing harmony, beauty and fertility. But
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not just in the physical. Three has a pervasive existence and profound value throughout nature. Its potency is covert and without fanfare and to profit from the power of three requires peering past the obvious. But once introduced to the influence of three its recurring pattern becomes evident everywhere. Like all of medicine and human culture the key to meaningful advancement is to open a mind to the possibilities of what could be including the mystical nature of the number 3.

Steve Dayan, MD is a Board Certified facial plastic surgeon practicing in Chicago, IL; Clinical Assistant Professor, University of Illinois; and a NYTimes and USA TODAY best-selling author.

1. https://www.theguardian.com/musci/2013/apr/05/mozart-bach-music-numbers-codes
3. Dayan SH, Ashourian N. Considerations for Achieving a Natural Face in Cosmetic Procedures. JAMA Facial Plast Surg. 2015 Sep 24-1-2. doi:
6. Dayan, Steven H. What is Beauty, and Why Do We Care So Much About It? Arch Facial Plast Surg. Vol 1. No. 13 Jan/Feb 2011

Following two successful meetings, the Norwegian Society for Aesthetic Plastic Surgery (NSAPS) and the American Society for Aesthetic Plastic Surgery are pleased to invite you to the 3rd Norwegian-American Aesthetic Surgery Meeting on October 25–26, 2019.

We are proud to welcome a stellar group of 32 faculty members, as well as participants from all over the world. The meeting will feature many educational and informative lectures for plastic surgeons of all levels of experience. We look forward to a fruitful collaboration with our international colleagues and hope that many Aesthetic Society members will consider attending.

Online Registration is now open and the full program will be published shortly. The congress hotel and dinner event are now available for booking. For further information, please visit our website www.naam.no.

This meeting is a milestone in a collaborative effort to elevate the goals of aesthetic surgery. We look forward seeing you in Oslo in October 2019!

Amin Kalaaji, MD, is an aesthetic plastic surgeon practicing at the Oslo Plastic Surgery Clinic in Oslo, Norway. He serves as chair of the 3rd Norwegian-American Aesthetic Surgery Meeting and is president of the Norwegian Society for Aesthetic Plastic Surgery (NSAPS).
Aesthetic Society Members to Vote on Slate of Candidates

Active members of the American Society for Aesthetic Plastic Surgery (ASAPS) will hear reports on Society business and elect new officers for 2019-2020 during the ASAPS/ASERF Annual Business Luncheon. All Active Members are invited to attend on Sunday, May 19, 2019 at 12:00 noon at The Aesthetic Meeting 2019 in New Orleans.

President (automatic from President-Elect)  
Charles H. Thorne, MD  
New York, NY  
Private Practice; Chairman, Department of Plastic Surgery at Lenox Hill Hospital and Manhattan Eye, Ear and Throat Hospital  
Current Board Position: President-Elect  
ASAPS Committee Work: Executive Committee, Finance & Investment Committee, Industry Policy Committee, Aesthetic Training Committee, MOC Task Force, and Conflict of Interest Committee  
National Affiliations: ASAPS, ASERF, ASPS, ACS, PSSF, ABPS  
Training: Yale College, UCLA School of Medicine, Massachusetts General Hospital Surgery Residency, Plastic Surgery; NYU, Craniofacial Surgery  
ABPS Certification: 1991

Vice President (1 year term)  
William P. Adams, Jr., MD  
Dallas, TX  
Private Practice and Associate Clinical professor and Program Director of Aesthetic Fellowship, UT Southwestern Department of Plastic Surgery, Dallas, Texas  
Current Board Position: Treasurer  
ASAPS Committee Work: Advocacy Relations Committee, Finance & Investment Committee, Industry Policy Committee, Breast Implant Illness Study Task Force, BIA-ALCL Task Force, Education Commissioner, Aesthetic Training Committee, Continuing Medical Education Committee, ASJ Editorial Board, and Past President of ASERF  
National Affiliations: ASAPS, ASERF, ASPS, TSPS  
Training: Princeton University, Vanderbilt School of Medicine, University of Texas Southwestern Medical Center, Integrated General and Plastic Surgery  
ABPS Certification: 1999

Treasurer (1 year term)  
Jennifer L. Walden, MD, FACS  
Austin, TX  
Private Practice, Clinical Assistant Professor, UT Southwestern Medical Center  
Current Board Position: Secretary  
ASAPS/ASERF Committee Work: Communications Commissioner, Finance & Investment Committee, Rebranding Task Force, BIA-ALCL Task Force, Media Relations Committee, Women Aesthetic Surgeons Committee, Industry Support Committee, ANN Task Force (Chair), Aesthetic Neural Network Business Task Force, Aesthetic Training Committee, Publications Committee, ASJ Social Media Ambassador  
National Affiliations: ASAPS, ASERF, ASPS, ISAPS, AAAASF, AWS  
Training: University of Texas, Medical Branch, Manhattan Eye, Ear and Throat Hospital  
ABPS Certification: 2005

Secretary (1 year term)  
Melinda J. Haws, MD  
Nashville, TN  
Private Practice  
Current Board Position: Member-at-Large  
ASAPS Committee Work: Conflict of Interest Committee, Industry Exhibits Committee, Industry Policy Committee (Chair), Industry Support Committee (Chair), Breast Implant Illness Research Task Force, Continuing Medical Education Committee, International Fellowship Program, Physician Wellness Task Force, Program Committee, Symposium Committee, Women Aesthetic Surgeons Committee, Teaching Course Subcommittees, and YAPS  
National Affiliations: ASAPS, ASERF ASPS, ACS  
Training: Southern Illinois University, General Surgery; Southern Illinois University, Plastic Surgery; Nashville Plastic Surgery, Aesthetic Fellowship  
ABPS Certification: 1999

President-Elect (1 year term)  
Herluf G. Lund, MD  
St. Louis, MO  
Private Practice  
Current Board Position: Vice President  
ASAPS Committee Work: Executive Committee, ANN Business Task Force, Finance & Investment Committee, Industry Policy Committee, and Publications Committee  
National Affiliations: ASAPS, ASERF, ASPS, ACS, AMA  
Training: Washington School of Medicine; University of Texas at Houston, General Surgery; Washington School of Medicine, Plastic Surgery Residency  
ABPS Certification: 1994

Jamil Ahmad, MD  
Toronto, Ontario, Canada  
Private Practice; Assistant Professor, Department of Surgery, University of Toronto; Director, Education Program in Aesthetic Plastic Surgery, University of Toronto  
Current Board Position: Member-at-Large  
ASAPS/ASERF Committee Work: Education Commission Vice Commissioner, Program Committee (Chair), Innovative Procedures Committee (Co-Chair), Industry Exhibits Committee (Past Chair), MedSIPS Committee (Past Chair), Media Relations Committee, ANN Task Force, ASERF Scientific Research Committee, ASJ Section Editor—My Way, and ASJ Editorial Board—Social Media Ambassador  
National Affiliations: ASAPS, ASERF ASPS, CSAPS, CSPS, ISAPS, The Rhinoplasty Society  
Training: Medical School, Royal College of Surgeons in Ireland; Integrated Plastic Surgery, University of Texas Southwestern Medical Center; Breast Reconstruction Fellowship, University of Toronto  
Royal College of Physicians and Surgeons: 2010

Continued on Page 69
MEMBERS AT LARGE
(3-year terms)
Continued from Page 68

Trent D. Douglas, MD
San Diego, CA
Private Practice
ASAPS/ASERF Committee
Work: Continuing Medical Education Committee, Industry Exhibits Committee, and Program Committee
National Affiliations: ASAPS, ASERF, ASPS, CSPS
Training: Emory University School of Medicine, Plastic Surgery, Naval Medical Center San Diego, General Surgery
ABPS Certification: 2007, 2017

Lorne K. Rosenfield, MD
Burlingame, CA
Private Practice, Professor UCSF and Stanford University
Current Board Position: Member-at-Large
ASAPS/ASERF Committee
Work: Judicial Council, Gluteal Fat Augmentation Workgroup, MOC Task Force, Patient Safety Committee, Symposium Committee, ASERF Research Committee
National Affiliations: ASAPS, ASERF, ASPS, AAP, ISAPS, AAAASF, ABPS, AAPS
Training: University of Manitoba, Canada; St. Mary’s Hospital, San Francisco; Baylor College of Medicine, Texas; Anderson Hospital, Texas
ABPS Certification: 1987

Marissa J. Tenenbaum, MD
(Completing term vacated by Dr. Haws until 2021)
St. Louis, MO
Associate Professor and Program Director Plastic & Reconstructive Surgery, Washington University School of Medicine, St. Louis; West County Plastic Surgeons
ASAPS/ASERF Committee Work: Administrative Vice Commissioner, Aesthetic Training Committee (Chair), MEDSIPs Workgroup (Chair), Finance & Investment Committee, Program Committee, RADAR Resource Editorial Committee, Women Aesthetic Surgeons Committee, YAPS, and ASERF Innovative Procedures Committee
National Affiliations: ASAPS, ASERF, ASPS, ACAPS, AAPS
Training: Washington University School of Medicine, USC
ABPS Certification: 2010

TRUSTEE
(3-year term)

Jeffrey M. Kenkel, MD
(3-year term)
Dallas, TX

APPLICATION REVIEW COMMITTEE
(3-year terms)

Onelio Garcia, MD
Coral Gables, FL
(Florida)

Robert W. Kessler, MD
Corona Del Mar, CA
(Southern California)

Lisa L. Sowder, MD
Seattle, WA
(Northwest)

ETHICS COMMITTEE
(3-year terms)

Francisco (Paco) Canales, MD
Santa Rosa, CA
(Far West)

Adam J. Rubinstein, MD
Miami, FL
(Southeast)

JUDICIAL COUNCIL
(3-year term)

Paul D. Faringer, MD
Honolulu, HI

Those continuing in positions:
MEMBERS-AT-LARGE

Michael A. Bogdan, MD, MBA
(until 2020)
Southlake, TX

Nolan S. Karp, MD
(until 2021)
New York, NY

Joseph P. Hunstad, MD
(until 2020 — 2nd Term)
Charlotte, NC

Tracy Pfeifer, MD, MS
(until 2021)
New York, NY

Simeon H. Wall, Jr., MD
(until 2020 – 2nd Term)
Shreveport, LA

Aesthetic Society News • Spring 2019
ASERF Members to Vote on Slate of Candidates

Active members of the Aesthetic Surgery Education and Research Foundation (ASERF) will hear reports on Foundation business and elect new officers for 2019-2020 during the ASERF Annual Business Meeting Luncheon. All Active Members are invited to attend on Sunday, May 19 at 12 noon at The Aesthetic Meeting 2019 in New Orleans, LA.

President (automatic from President-Elect)
Robert Whitfield, MD
Austin, TX
Private Practice

Vice President
Louis L. Strock, MD
Fort Worth, TX
Private Practice, Clinical Assistant Professor, UT Southwestern

Secretary
Michael A. Bogdan, MD, MBA
Southlake, TX
Private Practice, Clinical Assistant Professor, UT Southwestern Medical Center

Current ASERF Board Position: Director
ASERF/ASERF Committee work: ASERF Executive Committee, Advocacy Relations Committee, Bylaws Committee, Fund Development Committee (Chair), Mollenkopf Breast Reconstruction Fund Grant Review Committee, AAN Task Force, ANN Business Task Force, Finance & Investment Committee, Industry Exhibits Committee, and Continuing Medical Education Committee
National Affiliations: ASAPS, ASERF, ASPS, AAAASF, TSSP
Training: Harvard; Southwestern Medical School; UC Davis, General Surgery; Baylor College of Medicine, Hand Surgery; Tulane University, Plastic Surgery
ABPS Certification: 1999

Current ASERF Board Position: Director
ASERF/ASERF Committee work: Administrative Commission (Commissioner), Industry Policy Committee, Finance and Investment Committee (Vice Chair), Rebranding Task Force, ANN Task Force, ANN Business Task Force (Co-Chair), Light & Energy Based Therapies Committee, Mollenkopf Breast Reconstruction Fund Grant Review Committee
National Affiliations: ASAPS, ASERF, ASPS, ISAPS, ASPS, TSSP, ACS, AMA, TRS
Training: University of Maryland, Stanford University School of Medicine, Stanford University, Manhattan Eye, Ear and Throat Hospital, McCombs School of Business, University of Texas at Austin

Current ASE RF Board Position: President-Elect
ASERF/ASERF Committee work: ASERF Executive Committee, Advocacy Relations Committee, Bylaws Committee, Fund Development Committee (Chair), Mollenkopf Breast Reconstruction Fund Grant Review Committee, AAN Task Force, ANN Business Task Force, Finance & Investment Committee, Industry Exhibits Committee, and Continuing Medical Education Committee
National Affiliations: ASAPS, ASERF, ASPS, AAAASF, TSSP
Training: Harvard; Southwestern Medical School; UC Davis, General Surgery; Baylor College of Medicine, Hand Surgery; Tulane University, Plastic Surgery
ABPS Certification: 1999

POSITIONS:

President-Elect
(1 year term)
Luis M. Rios, Jr., MD
Edinburg, TX
Private Practice; Clinical Professor: Clinical Faculty
UTRGV Medical School

Secretary
(2 year term)
Caroline A. Glicksman, MD
Sea Girt, NJ
Private Practice; Assistant Clinical Professor of Surgery, Hakensack Meridian School of Medicine at Seton Hall

DIRECTORS
(2 year terms)

Christopher J. Pannucci, MD
Salt Lake City, UT
Huntsman Cancer Center, University of Utah Hospital

Caroline A. Glicksman, MD
Sea Girt, NJ
Private Practice; Assistant Clinical Professor of Surgery, Hakensack Meridian School of Medicine at Seton Hall

ASAP S/ASERF Committee work: Scientific Research Committee, RADAR Resource Editorial Committee, and BIA-ALCL Task Force
National Affiliations: ASAPS, ASERF, ASPS, ISAPS, AAAASF Inspector
Training: Mount Sinai Hospital; NY General Surgery; Plastic Surgery; New York Hospital, Cornell Medical Center; Memorial Sloan Kettering Cancer Center, Aesthetic Fellowship Massachusetts General Hospital and Newton Wellesley Hospital
ABPS Certification: 1994

ASAP S/ASERF Committee work: Scientific Research Committee, Breast Implant Illness Study Task Force, and Research Network Committee
National Affiliations: ASAPS, ASERF, ASPS
Training: Washington University School of Medicine, University of Michigan Plastic Surgery, University of Pennsylvania Microvascular Surgery
ABPS Certification: 2015

Continued on Page 71
Lay Directors (1 year terms)

Spencer Brown, PhD
Camden, NJ
Director of Research, Department of Surgery, Cooper University Hospital
Current ASERF Board Position: Lay Director

ASAPS/ASERF Committee work: Innovative Ideas Task Force (Chair), ASJ Editorial Board, Fund Development Committee, Research Network Committee, and Scientific Research Committee

National Affiliations: ASERF
Training: University of Pennsylvania, Baylor College of Medicine

David B. Sarwer, PhD
Philadelphia, PA
Associate Dean for Research, Director of the Center for Obesity Research and Education, Professor of Social and Behavioral Sciences, College of Public Health, Temple University
Current ASERF Board Position: Lay Director

Lee Q. Pu, MD
Burnsville, MN

Those continuing their terms:

Trustee
Joe Gryskiewicz, MD
(2 year term)

Treasurer
Mark Clemens, MD
(until 2020)

Directors

Daniel A. Del Vecchio, MD
(unt w until 2020—First Term)

Bruce Van Natta, MD
(unt w until 2020—First Term)

Join SENTÉ® in Raising Funds for Research!

SENTÉ® is once again raising funds for aesthetic surgery research, and they need your help to do it!

SENTÉ® will make a $100 donation to ASERF for each Aesthetic Meeting attendee who stops by SENTÉ® booth #320 and has their badge scanned, with the goal of raising up to $5,000!

To help ASERF receive this donation, please stop by booth #320 in The Aesthetic Marketplace, Saturday, May 18 – Monday, May 20 and help make a major impact on aesthetic surgery research.

The mission of the Foundation is to identify and pursue those issues relevant to advancing the safety and effectiveness of aesthetic medicine through independent, unbiased, directed research and groundbreaking education.
SHAPING AESTHETICS TOGETHER WITH YOU

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(held during The Aesthetic Meeting 2019 and SPSSCS meetings)

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This event is limited to invited healthcare professionals only. Galderma will not accommodate family members or other guests at the program. Galderma may be required to report the names of each HCP attendee and the value of any meal provided as required by federal and state disclosure laws. Please note that HCPs licensed in the states of Minnesota, New Jersey, and Vermont are not eligible to accept food and beverage at these events. Any attendee may opt out of receiving these in-kind benefits at the program.

This event is neither sponsored nor endorsed by ASAPS/ASERF or SPSSCS.
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The American Society for Aesthetic Plastic Surgery

To submit your manuscript, visit
mc.manuscriptcentral.com/asjof

academic.oup.com/asjopenforum
ASJ Open Forum Launches First Issue

We are pleased to announce the publication of the first issue of Aesthetic Surgery Journal Open Forum, available here: https://bit.ly/2Ib81jv. We appreciate all the support of our authors, editors, and reviewers who contributed to our newest ASAPS open access journal. Open access journals offer wide dissemination, rapid publication, and free access to all readers. We invite you to submit your next manuscript here: https://goo.gl/TqJw0J.

ASJ Journal Club Update

Have you attended the ASJ Journal Club yet? They are held on the first Tuesday of each month and are hosted by the Young Aesthetic Plastic Surgeons (YAPS) and Next Generation Editors (NGEs) on alternating months. Please contact Hunter (hunter@surgery.org) to sign up for the YAPS journal club events or Phaedra (phaedra@surgery.org) to sign up for the NGE journal club events. Special thanks to Dr. Chad Tattini and Dr. Cindy Wu for all their efforts and support. To watch the previous Journal Clubs, visit the ASJ website or Radar Resource.

Come Visit ASJ in New Orleans

Come to The Aesthetic Society booth for the ASJ-Galatea Surgical Champagne Toast on Saturday, May 18 during the afternoon break (3:30–4:00pm). Raise a glass of bubbly and network with the ASJ Editorial Team, Galatea staff and leadership, and top aesthetic surgeons in our field. Also, enter to win a free, signed copy of Problems in Periorbital Surgery—A Repair Manual by Foad Nahai, MD and Ted H. Wojno, MD.

Thematic Issues Update

Read our newest thematic issues—Where the Path May Lead: Chasing BIA-ALCL available here: https://bit.ly/2OGe6AW and Aligning Gender and Surgical Options Special Edition available here: https://bit.ly/2HVgxyS. We would like to thank Dr. Mark Clemens and Dr. Frank Lista for curating our ASJ content to offer readers the most important articles on these hot topics.

Attendees at the ASJ annual retreat, held at the Crescent Court Hotel in Dallas, Texas March 23.

Dr. Jim Grotting and Dr. Cindy Wu team up for a game of pool.

Line dancing at Dr. Jeff Kenkel’s house.

Top row: Hunter Alexander; Kyleigh Vrettos; Foad Nahai, MD; Phaedra Cress, Jeffrey Kenkel, MD; Seated: Deniz Basci, MD; Dino Mendez, MD; Abraham Pathak, MD; and Sean Devitt, MD. The ASJ team welcomed these UTSW Chiefs and Fellow during a strategic lunch in Dallas.
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Society Rebranding Update
By W. Grant Stevens, MD

I am very pleased by the hard work put forth thus far from our Rebranding Task Force, headed by Dr. Tracy Pfeifer, and our brand strategy/creative design firms, Untitled and Exploratory. To ensure that we address the needs of members, patients and the general public, they have been very diligent about their research, interviewing key stakeholders, and the findings have been very informative. While I hope to have more information to share with you soon about our creative direction, I’m happy to share some of the insights gleaned from this process thus far.

The teams were charged with creating a more meaningful Aesthetic Society brand identity and experience for both members and patients and, to do so, they needed to understand what makes The Aesthetic Society truly unique and remarkable within a complex landscape. The interviews and research the teams have done will help lay a solid foundation for our refreshed identity.

Member Interviews
They conducted 29 stakeholder interviews and key learnings focused on what make The Aesthetic Society the gold standard in the specialty, and our differentiation, which, of course, is our commitment to aesthetic surgery education and patient safety. One of my favorite quotes from their interviews was “It’s number 1, number 2, and number 3 goal is education of its members.”
And we must find a way to clear out the clutter and make ourselves heard in the marketplace. As one member shared, “We need to distinguish ourselves somehow from the frauds because right now people can’t from the internet presence and the Instagrams and the Facebooks.”

Patient Learnings
In addition to in-depth interviews with consumers, the teams incorporated key learnings gained from industry. One of the things I found most interesting is that, across the board, patients were unfamiliar with not only The Aesthetic Society or ASPS, but board certification, as well as the difference between “aesthetic” and “cosmetic.” They are looking for a plastic surgery authority but one that they can connect with. We have clear opportunities to better connect with patients, but our current set of tools may be inadequate.

Next Steps
With these many learnings, the teams are now hard at work, crafting a creative overarching vision for our Society. We plan to share more with you at The Aesthetic Meeting, and we will roll out this new brand over the next many months.

My sincere thanks to the entire Rebranding Task Force, for their tireless efforts: Drs. Tracy Pfeifer (Chair), Michael Bogdan, Francisco Canales, Akash Chandawarkar, Daniel Gould, Adam Rubinstein, Clark Schierle, Robert Singer, Jennifer Walden, and Anthony Youn.
Like you, I’m anxious to see the full vision for our Society and how we can activate a brand that elevates our members as the gold-standard of aesthetic plastic surgery.
Silhouette InstaLift is indicated for use in mid-face suspension surgery to temporarily fixate the cheek subdermis in an elevated position.

**IMPORTANT SILHOUETTE INSTALIFT SAFETY CONSIDERATIONS**

The Silhouette InstaLift device should not be used in patients with any known allergy or foreign body sensitivities to plastic biomaterial or in situations where internal fixation is otherwise contraindicated, (e.g. infection). The device should also not be used in patients appearing to have a very thin soft tissue of the face in which the implant may be visible or palpable.

After placement, patients may experience a minimal acute inflammatory tissue reaction. Symptoms may include minor pain, swelling and bruising. Material sensitivity/allergic reaction should be reported to Silhouette InstaLift Inc. Implantation of foreign materials in tissue can result in histological reaction. Other potential side effects include sensory nerve injury, asymmetry or banding.

Individual results may vary. The Silhouette InstaLift device is available only through a licensed practitioner.

Silhouette InstaLift is sourced and manufactured in the U.S.

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Natural looking results last for up to 2 years

Visit InstaLift.com to learn more about this unique dual-action procedure.

Silhouette InstaLift is sourced and manufactured in the U.S.

**References:**

USA Today:
This business helped transform Miami into a national plastic surgery destination. Eight women died.
Excerpt: For most surgeries, the number of procedures a day should be four to make sure doctors don’t get fatigued and make mistakes, said Dr. Grant Stevens, president of the American Society for Aesthetic Plastic Surgery.

Healthline:
The Skin Care Trends We’re Sticking With in 2019
Excerpt: In Korean skin care, 24K gold masks are believed to possess anti-aging and anti-inflammatory properties—but does the research stack up? Science has mixed reviews on gold’s effectiveness in skin care. A study conducted just last year found benefits when gold nanoparticles were combined with collagen and hyaluronic acid. On the other hand, the American Society for Aesthetic Plastic Surgery has suggested that this particular trend does the opposite of what it’s intended to do. Namely, that gold nanoparticles actually accelerate the aging process, while also slowing down the body’s natural wound healing process.

Modern Aesthetics:
ASAPS Releases 2019 Plastic Surgery Predictions
https://bit.ly/2Cm2Ycc
Excerpt: The coming year will herald less emphasis on celebrity emulation and more emphasis on a tailored, individual look, according to 2019 predictions from The American Society for Aesthetic Plastic Surgery (ASAPS). “Next year also promises a surge of significant technological advancements for aesthetic procedures geared at skin resurfacing, body contouring, skin tightening and more,” says Marina Del Rey, California-based plastic surgeon W. Grant Stevens, MD, FACS, President of the Aesthetic Society. “Our predictions provide foresight into new developments that fulfill the consumer’s desire for minimally invasive solutions, as well as modern techniques for the surgical gold standards, minimizing downtime, improving outcomes and reaching a broader audience.

Tattoo Removal: What You Need to Know
https://bit.ly/2ZonFUn
Excerpt: That $50 infinity sign tattoo you got on the boardwalk at spring break may wind up costing you 10 times as much if you want it removed. Dr. Del Campo estimates that each session can cost between $200 and $1,200, and a 2017 survey from The American Society for Aesthetic Plastic Surgery estimates that the average cost per treatment is $401. So, $401 times 10 treatments, well—you can do the math.

Men’s Health:
8 Things You’re Doing That Make You Look Older
https://bit.ly/2Tdh9Xlr
Excerpt: Just like death and taxes, growing older is inevitable. But aging before your time? That’s something you can control. Turns out, many everyday habits could age you prematurely. Often, these behaviors could make you physically appear much older than your years. And that’s a big problem: An aging face is one of the most common insecurities men seek to correct cosmetically through creams, peels and Botox injections, according to the American Society for Aesthetic Plastic Surgery. In 2016, more than seven million botulinum toxin injections, the ingredient in Botox and Dysport, were performed in men.

Practice Solutions Online—The New Hub on RADAR: Launching at The Aesthetic Meeting!
By Tracy Pfeifer, MD
Practice Solutions Online is a dynamic platform with new content added on a regular basis, curated especially with your practice in mind. Free demos will be available at The Aesthetic Meeting in Booth #110, so please visit us while you’re in New Orleans. There will also be a presentation on Practice Solutions Online in the Practice Solutions Theater, schedule below, and we hope to see you there! If you’re interested in more information or have any questions about this exciting new platform, email: practicesolutions@surgery.org.

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

Learn About Practice Solutions Online in The Practice Solutions Theater:
How to Create a Skill-Building Plan for Managers
Saturday, May 18
Station One: 12:20 – 12:40pm
7 Secrets to Turning a New Hire into a Great Employee
Sunday, May 19
Station One: 12:05 – 12:25pm
8 Ways to Effectively Manage Your Team
Monday, May 20
Station One: 1:30 – 1:45pm
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It is hard to believe my term as President of ASERF is ending soon, but I take great pride in what we have been able to accomplish during my term and what lies ahead. Ensuring that patient safety and effective outcomes are at the forefront of what we do has remained a goal for the research we have funded, and the projects initiated this past year that will take us into the future.

ASAPs and ASERF Members, and our breast implant patients, are facing new challenges with Breast Implant Illness (BII) and BIA-ALCL. Our ASERF BII Study Task Force was established to create a research study that we hope will shed new light on what surgeons and doctors are facing. Our Board also approved funding for the development of a new app from ANZU, the team that brought us RADAR and AN. The ASERF-funded portion of the app will allow us to greatly increase our clinical and procedural data collection capabilities from ASAPs and ASERF members and non-member plastic surgeons for studies moving forward. To get involved, visit the ASERF Lounge during The Aesthetic Meeting 2019 in New Orleans or contact Courtney Muehlebach, courtney@surgery.org.

**ASERF at The Aesthetic Meeting**

**ASERF Lounge**

Visit ASERF Members and staff in the ASERF Lounge. Located across from Exhibitor Registration on the first level of the New Orleans Convention Center, we will offer the opportunity to demo the new app, bid to win unique items in the ASERF Silent Auction (see below), and learn more about and apply for our Patient Assistance Funds and/or an ASERF Research Grant.

**Honor Plastic Surgery Icon Robert Singer, MD**

Plastic surgery icon, Robert Singer, MD, was selected to receive the 2019 ASERF Career Achievement Award. Dr. Singer is a founding member of ASERF, a Past-President of both ASAPs and ASERF; a member of the ASERF President’s Circle and continues to contribute his time and efforts to a multitude of projects for both organizations. The award will be given during the ASAPs/ASERF Member Business Meeting on Sunday, May 19, 12:00pm to 1:30pm, in Room R2-5 of the New Orleans Convention Center. Please consider donating to ASERF to honor Dr. Singer’s contributions to our specialty by visiting the Registration Desk or the ASERF Lounge or donate online at www.aserf.org.

**ASERF Silent Auction**

The ASERF Silent Auction raises valuable funds for research while offering a chance to win and save big on a wide array of products and services. A special thanks to all this year’s donors for your kindness, support and generosity! (A full list of donors can be found in this issue of ASN on Page 41.) Online bidding at https://handbid.app.link/aserf2019 begins on Monday, April 15 and concludes on Monday, May 20 at 4:30pm CST. During The Aesthetic Meeting 2019, bidding can be done online or by visiting the ASERF Lounge.

**ASERF Premier Global Hot Topics (#S9)**

Moderators Jamil Ahmad, MD, Tiffany McCormack, MD and Simeon Wall, Jr., MD will guide us through the fact-and-fiction of the latest advances and trends. Join us Friday, May 17, from 1:00pm – 6:00pm.

**ASERF Research and Innovative Technology Luncheon (#S13)**

The ASERF Research and Innovative Technology Luncheon always delivers the latest in cutting-edge aesthetic research, followed by interesting conversations with colleagues. Register to attend on Saturday, May 18 from 12:15pm – 1:45pm.

I want to express my gratitude to my fellow Board Members who have continued to provide me and the field of aesthetic plastic surgery with support and dedication. Each of you has been crucial to our efforts this past year, and I know that you will continue with the same level of passion in the years to come:

- Robert Whitfield, MD—President-Elect
- Luis M. Rios, Jr., MD—Vice President
- Louis L. Strock, MD—Secretary
- Mark Clemens, MD—Treasurer
- Michael A. Bogdan, MD, MBA—Director
- Spencer Brown, PhD—Lay Director
- Daniel A. Del Vecchio, MD—Director
- Christopher J. Panucci, MD—Director
- Lee Q. Pu, MD—Director
- David B. Sarwer, PhD—Lay Director
- Bruce W. Van Natta, MD—Director
- W Grant Stevens, MD—ASAPs President
- Charles H. Thorne, MD—ASAPs President-Elect
- Herluf G. Lund, MD—Vice President

In particular, I wish to say to my successor, Rob, I could not have suggested a more qualified and devoted person to follow my tenure. The Society is in great hands with Rob. He is a long-time comrade of mine, and I know beyond a shadow of a doubt, he will guide you through any potential rocky road that we may encounter.

Finally, to our ASAPs Members, thank you for entrusting me. I think we have moved ASERF into a new and expanding role and your support and dedication have been crucial to our efforts this past year. I know beyond a shadow of a doubt, he will guide you through any potential rocky road that we may encounter.

---

**SENTE® RAISE FUNDS FOR AESTHETIC RESEARCH**

SENTE® is once again raising funds for aesthetic surgery research, and they need your help to do it! SENTE® will make a $100 donation to ASERF for each Aesthetic Meeting attendee who stops by SENTE® booth #320 and has their badge scanned, with the goal of raising up to $5,000!

To help ASERF receive this donation, please stop by booth #320 in The Aesthetic Marketplace, Saturday, May 18 – Monday, May 20 and help make a major impact on aesthetic surgery research.
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.

Support ASAPS Industry Partners and consider using their products in your practice.
The Aesthetic Society Moums the Passing of Founding Member James B. Kahl, MD

The Aesthetic Society recently learned of the passing of Founding Member, James Bennett Kahl, MD, who died on Christmas morning, 2017. Dr. Kahl was 85 years old, and was born on June 9, 1932 in Johnstown, Pennsylvania. Dr. Kahl attended Hahnemann Medical School (now Drexel), graduating in 1958 with an internship at Lee Hospital in Johnstown and Allegheny General Hospital in Pittsburgh, PA. He went on to serve two years in the US Navy at St. Albans Medical Center in Brooklyn, NY. He took his residency in Plastic Surgery at The Christ Hospital in Cincinnati. Later he would serve as the Director of Plastic Surgery Residency Program from 1972–1985. His medical aspirations were attributed to his father and his father-in-law, James Cowan, who was the first plastic surgeon in Pittsburgh. Like them, Jim devoted hours to the care of his patients, and also like them, he loved his profession.

In 1967, he was one of the founders of The Aesthetic Society, and in the 1970s he also helped found the International Society of Aesthetic Plastic Surgery. When his grandson, Casey, was diagnosed with Niemann-Pick C (a genetic disorder), Dr. Kahl, along with Ara Parseghian, worked raising money to help find a cure.

In lieu of flowers, donations may be directed to ARA Parseghian Medical Research Foundation, University of Notre Dame, P.O. Box 802275, Chicago, IL 60680-9841, or http://parseghian.org

A complete remembrance can be found at https://bit.ly/2F6Zpr5.

Meet the Staff

Maribel Gomez

Maribel Gomez, an Aesthetic Society receptionist and registration support team member, has worked at ASAPS for a year and a half. She enjoys the family atmosphere of the Society, and especially enjoys handling any Spanish-speaker calls. Outside the Society, Maribel loves to spend time with her family, reading, karaoke with her sisters, and do-it-yourself crafts. At The Aesthetic Meeting, stop by the Registration Desk and say “hi” to Maribel.

Have You Mistakenly Unsubscribed?

The Aesthetic Society has recently become aware that some members and colleagues have mistakenly clicked “Unsubscribe” on our emails, which removes a person entirely from all Aesthetic Society email communication. Typically, a person may think that they are unsubscribing from only that particular symposium promotion, for example, but in reality they are unsubscribing from all Society emails. The Aesthetic Society makes every effort to ensure that the emails we send are relevant to you, with important Society information, educational opportunities, and member offerings. Please be assured that we never loan or sell our email lists.

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

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

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

Evolutus is a performance beauty company with a customer-centric approach focused on delivering breakthrough products. Evolutus’ primary market is self-pay healthcare. Our lead FDA approved product is a proprietary purified botulinum toxin type A formulation. For more information, go to www.evolutus.com.

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

For more information, visit www.galateasurgical.com

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

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

Bringing advanced wound care expertise to plastic surgery, KCI, an Acelity Company, the world’s largest advanced wound care company, is committed to developing innovative healing solutions for patients that generate proven clinical outcomes while decreasing the overall cost of care. Through our pioneering leadership in negative pressure wound therapy and advanced wound care, we provide solutions for both wound healing and surgical management.

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

prevena.com
10% discount—CODE: KCIASAPS for PREVENA™ Therapy through Medicalmonks.com

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

As a benefit, Premier and Alliance partners are given the opportunity to provide key updates and information on products, promotions, and discounts.

ASAPS is driven to provide visibility and support for our partners.
Founded in 1969, Mentor Worldwide LLC is a leading supplier of medical products for the global aesthetic market. The company develops, manufactures, and markets innovative, science-based products for surgical medical procedures that allow patients to improve their quality of life. The company is focused on breast and body aesthetics with a full portfolio of breast implants proudly made in the U.S.A. Mentor joined the Johnson & Johnson Family of Companies in 2009.

For more information about Mentor visit: www.mentorwwllc.com

MERZ AESTHETICS™

Merz Aesthetics is a division of Merz North America and offers a wide-ranging portfolio of treatment options including Device, Injectables and Skincare, enabling physicians to meet the needs of a broad range of patients and their skin concerns. To learn more about Merz Aesthetics and their Device offerings, please visit www.merzusa.com/aesthetics-otc.

Sientra

Sientra is an innovative leader in the medical aesthetics industry that offers a diversified portfolio of products and services:

- OPUS™, the only brand of silicone gel Breast Implants and Tissue Expanders exclusively for board-certified plastic surgeons, manufactured solely in the United States.
- Sientra Platinum20™ product replacement and limited warranty program, the most comprehensive protection, longest length of coverage, most financial assistance, and least amount of warranty restrictions in the industry.
- BIOCORNEUM®, the #1 performing, preferred & recommended scar gel among plastic surgeons*.
- miraDry®, the only FDA-cleared device to reduce underarm sweat, odor and permanently reduce hair of all colors.
- ENHANCE practice-building webinars, offering insights and expertise to plastic surgeons on practice management.

Learn more about Sientra at sientra.com

Sinclair Pharma is a global company with a rapidly expanding U.S. presence operating in the aesthetics market. Sinclair has a strong portfolio of differentiated, complementary aesthetics technologies, which are experiencing significant growth, targeting clinical needs for effective, high quality, minimally-invasive treatments. This includes, Silhouette InstaLift®, a minimally-invasive procedure that increases volume while restoring contours of the midface. Learn more at www.sinclairpharma.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.
CareCredit is a health, wellness and beauty credit card dedicated to helping millions of patients get the care they want for over 30 years. Now accepted at more than 210,000 locations nationwide, the CareCredit card allows patients to make convenient monthly payments for aesthetic procedures by offering promotional financing options. Once approved, patients can use their card again for additional procedures and services you provide.* CareCredit also gives reconstructive patients a way to pay for deductibles, co-pays and other fees not covered by insurance. Learn more about CareCredit by visiting carecredit.com/asn or call 855-860-9001.

*Subject to credit approval. Minimum monthly payments required.

CosmetAssure exclusively provides board certified plastic surgeons with a financial safety net for patients having elective aesthetic surgery. The program works to remove the stress and uncertainty from unexpected medical expenses due to post-surgical complications.

As an Alliance Partner and the Gold Standard in complications insurance, we work diligently to deliver a superior product to surgeons and patients. CosmetAssure is easy to implement in your practice.

Exclusive program features include:
- ASAPS members automatically qualify for enrollment
- No cost to enroll
- Tiered pricing based on volume of cosmetic patients
- Capsular Contracture coverage for 18 months
- Convenient online claims reporting

To learn more about this industry leading coverage or become a participating surgeon, contact CosmetAssure at 855-874-1230 or info@cosmetassure.com.

Canfield Scientific is the global leader in developing and distributing imaging and photographic systems for the medical and skin care industries. Used in medical and aesthetic practices, skin care and wellness centers, spas and medical spas, Canfield’s advanced photographic imaging solutions are an integral part of aesthetic consultations. Today, thousands of surgical and non-surgical consultations begin with images captured by Canfield’s powerful imaging tools, improving communications, aligning doctor-patient expectations, facilitating treatment planning, and highlighting results.

Revance® is developing the first innovative neuromodulator product in nearly 30 years: DaxibotulinumtoxinA for Injection (DAXI). DAXI combines a highly purified botulinum toxin type A molecule with a proprietary stabilizing excipient peptide technology to produce the first potentially long-acting neuromodulator formulated without human serum albumin.

In the Phase 3 SAKURA clinical trials, DAXI achieved unrivalled efficacy, including a median 24-week duration of effect in treating glabellar lines. Revance is creating a new neuromodulator category and will redefine the value of enduring results that resonate with today’s consumer.

Revance anticipates commercial launch in 2020 upon FDA approval.
Proud to be the Founding Alliance Partner of ASAPS, Rosemont Media has been in business for over a decade, working with aesthetic practices from all around the world. We are innovative thinkers striving to discover unique, yet effective opportunities to grow your practice through our all-encompassing strategies which include:

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

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

Founded by biotech entrepreneurs and scientists, SENTÉ® is driven by a sense of wonder and scientific discovery. Our mission is to challenge beliefs and the status quo within the skincare industry. As one of the fastest growing physician dispensed-only skin care lines within the U.S., SENTÉ® offers consumers through an exclusive network of physicians the opportunity to experience patented Sulfated Glycosaminoglycan (SuGAG) analog technology clinically proven to deliver rapid skin rejuvenation in its products.

To discover more and register with the company, please visit sentelabs.com.

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

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

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

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.
Achieve Clear, Acne-Free Skin Rapidly Without Dryness

Purifying Spot Gel
Statistically significantly superior to prescription clindamycin/benzoyl peroxide in lesional erythema, elevaton and diameter* Shadowbox

lesion elevation Improved by 84.8%

Rapid Results
Blemish-clearing treatment combines key active sulfur plus resorcinol monoacetate to get results without irritation in adult skin

Discover the benefits of Epionce for your patients and your practice
info@epionce.com | epionce.com | (866) 374 6623

*Individual results may vary. 84.8% mean change at Day 6. Clinical study data on file. Epionce, Inc.
What are the fees and when should they be paid?
There is a $250 Application Fee that must be paid along with your completed application. Once voted in, you will be required to pay your annual membership dues:
- Membership dues for Active Members are $1,198
- Membership dues for International Active Members are $470

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

For information on the full application process, visit the Medical Professionals section of surgery.org.

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

Myth-Busters

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

Myth: ASAPS’ streamlined application process means that we are somehow lowering our membership standards.
Fact: Our Society will continue to accept only the best and brightest surgeons, with a major focus on aesthetic surgery and cosmetic medicine. We want the best trained people, and those high standards will never change. That is how we differentiate ourselves from the crowd. Only the process has been streamlined.

Myth: The ASAPS Candidate for Membership fee is expensive.
Fact: Our Candidate for Membership category is currently free for up to two years of enrollment for recent graduates, courtesy of a generous grant from Allergan + LifeCell Plastic & Regenerative Medicine. Apply today, and maintain your access to the Aesthetic Surgery Journal and RADAR Resource!

Myth: One must be a Candidate for Membership in order to apply for Active Membership in The Aesthetic Society.
Fact: As long as a surgeon meets our application requirements, they can apply for Active Membership immediately.

What questions about the Society or membership do you have? What myths can we help dispel? If you have questions about anything related to our Society, simply email asaps@surgery.org and you’ll get an answer to your question!

Show Your Patients You Are a Member of ASAPS

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

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

We thank all our Industry Partners for their ongoing support and are proud to have recently welcomed Evolus as one of our newest Premier partners. In addition, we thank Mentor for their ongoing support as they continue their Premier partnership into 2021.

We’d also like to thank and acknowledge industry leaders Canfield Scientific Inc., CareCredit, Revance, Suneva Medical, and ZO Skin Health as they each continue their Alliance partnerships. And we welcome one of our newest Alliance partners, InMode.

Premier Industry Partners

New Premier Partner

Evolus recently joined our elite group of Premier partners. Evolus is a performance beauty company with a customer-centric approach focused on delivering breakthrough products. Evolus’ primary market is self-pay healthcare and lead FDA approved product is a proprietary purified botulinum toxin A formulation.

Evolus CEO, David Moatazedi explains, “As a company, we’re taking a fresh approach to the aesthetic market and placing a greater focus on our customers, frictionless commerce and a commitment to transparency in the way we conduct business.” He continues “We are committed to providing physicians and their patients expanded choices in medical aesthetic treatments and are pleased to be a premier partner with the American Society of Aesthetic Plastic Surgery.”

For more information, go to www.evolus.com.

Mentor® continues as a 2019 ASAPS Premier industry partner and is excited to have recently launched Memory Gel® Xtra Breast Implants worldwide, which provides increased projection, fullness and firmness without losing the soft, natural feel patients desire.

In a blinded comparison, Memory Gel® Xtra Breast Implants were chosen by 9 out of 10 consumers as feeling more like natural breasts than another major brand.* Surgeons also chose Memory Gel® Xtra more often as the product they would use for their practice in the blinded brand comparison.

In the Supplement to the October 2018 issue of Plastic and Reconstructive Surgery, David Caplin, MD used the concept of “Strain Energy” to explain the performance of Memory Gel® Xtra Breast Implants.

“Early clinical usage suggests these implants have an exceptional ability to efficiently store Strain Energy and define the breast shape while also offering patients a very appealing and natural softness.”

“The resistance of these implants to deformation in the face of external soft-tissue pressure has made them not only a great choice for primary augmentations and reconstructions, but also favorable choice in more challenging revision cases.”

MENTOR® is committed to meaningful innovation and is proud to offer surgeons and patients Memory Gel® Xtra Breast Implants, ARTOURA™ Smooth Breast Tissue Expanders and CPX® Smooth Breast Tissue Expanders. For over 30 years, more than six million women worldwide have trusted MENTOR® Breast Implants, backed by the industry’s best and most comprehensive warranty.


Follow Mentor on Facebook and Instagram @BreastImplantsbyMentor!

Alliance Industry Partners

Canfield’s Alliance partnership with The Aesthetic Society began in 2013. The partnership has helped Canfield remain the gold standard in imaging and consultative systems for aesthetic and reconstructive practices. Canfield’s engineers and scientists continue to innovate and develop the most advanced imaging solutions that anticipate the challenges that plastic surgeons may face. Ultimately, this expertise allows us to provide state-of-the-art devices to help doctors improve the patient experience.

“We are grateful to the Aesthetic Society members for their valuable knowledge, trust and friendship over the years.” said Canfield founder Doug Canfield. “Their insight and contributions help us create the most advanced imaging solutions possible for our clients.”

Today, thousands of surgical and nonsurgical consultations begin with images captured by VISIA® and VECTRA® systems. Paired with centralized storage using the Mirror® database, practices have access to advanced 3D, 2D and multispectral imaging across networks and workstations. These powerful tools improve communications, align doctor-patient expectations, facilitate treatment planning, and highlight results. Additionally, iPad® support and the ViewMyConsult® patient web portal extend the influence of imaging throughout the medical practice and into the patient’s home. Learn more about how the power of clinical imaging can transform your practice at www.canfieldsci.com.
Industry Partners Continue Their Support

Continued from Page 90

CareCredit began their Alliance partnership in 2017. CareCredit is a health, wellness and beauty credit card dedicated to helping millions of patients get the care they want and need by offering promotional financing options. Now accepted at more than 210,000 locations nationwide, the CareCredit credit card allows cardholders to make convenient monthly payments for aesthetic procedures that help them achieve the look they want. Once approved, patients can use their card again for additional procedures and services you provide. *CareCredit also gives reconstructive patients a way to pay for deductibles, co-pays and other fees not covered by insurance.

“CareCredit is thrilled to announce its continued collaboration with ASAPS as an Alliance Partner. CareCredit offers flexible payment options for out-of-pocket health and wellness expenses, allowing patients to move forward with their treatment they want and need at their convenience. CareCredit has over 30 years of experience with patient financing helping to remove the payment hurdle from the decision-making process,” said Jill Frattalione, General Manager, CareCredit Specialty—Cosmetic and Spa.

Patients can pay their pre-surgical deposits online up to 30 days in advance with CareCredit’s Pay My Provider. With Pay My Provider, patients can pay their deposits or outstanding balance online anytime from anywhere using their CareCredit credit card. *

Start accepting online payment:

• Get your practice’s custom payment URL and share it with all your patients in statements, emails or social media.
• No extra fee for your practice. Processing rates are the same online as in the office.
• Receive payment in 2 business days. A simple and convenient solution that can help your patients schedule without delay.

Learn more about CareCredit by visiting carecredit.com/asn or call 855-860-9001.

*Subject to credit approval. Minimum monthly payments required. See carecredit.com for details.

New Alliance Partner

InMode is one of the newest industry Alliance partners joining ASAPS elite group last year. InMode is reshaping the industry with innovative new technologies. InMode has just launched the AccuTite, the smallest device on the market for skin contraction. AccuTite is revolutionizing minimally invasive in-office procedures, making focal RF contraction without excisional surgery the new standard in cosmetic medicine. Hard to reach areas are now possible with pinpoint accuracy via an invisible needle size entry point for the face and body. With AccuTite, accuracy is everything, and physicians are now able to offer patients with precision fat reduction or skin contraction under local anesthesia, in less than 15 minutes.

In addition, InMode’s offerings include the BodyTite platform—powered by directional RFAL, Radio-Frequency Assisted Lipolysis, resulting in tissue remodeling through fat coagulation and volumetric heating. On this platform, FaceTite offers a complete contouring solution for the face and small areas of the body. The latest introduction, EmbraceRF offers a solution for patients in the treatment gap category—those not ready for a facelift or that show signs of aging without underlying fat concerns—through a combination of powerful technologies that treat subdermal adipose tissue of the face.

InMode is a proud partner of ASAPS and ASERF with shared objectives of advancing both safety and efficacy of treatment options in the plastic surgery community. Additionally, InMode is honored to be recognized as a Diamond Sponsor of The Aston Baker Cutting Edge Global Aesthetic Symposium, supporting the ongoing training programs in the USA and worldwide, granting plastic surgery residents throughout the United States free access to live surgical procedures with current thought leaders in a fully interactive and immersive experience.

For more information visit www.inmodemd.com.

Revance® became an ASAPS Alliance partner in 2017. Revance® is currently developing the first innovative neuromodulator product in nearly 30 years: DaxibotulinumtoxinA for Injection (DAXI). DAXI is the first product to combine a highly purified botulinum toxin type A molecule with a proprietary stabilizing excipient peptide technology to potentially produce the first long-acting injectable neuromodulator that is also formulated without human serum albumin.

In the largest-ever aesthetic neuromodulator Phase 3 program, DAXI achieved unrivalled efficacy and duration of effect in the treatment of glabellar lines. Positive results in over 3,800 treatments demonstrated it took a median time of 24 weeks for patients to return to moderate or severe glabellar line severity, potentially allowing for two or fewer treatments per year. With this new long-lasting neuromodulator, Revance is creating a new category of treatment and will redefine the value of enduring results that resonate with today’s consumer.

“The market is demanding meaningful innovation, and DAXI delivered in the Sakura clinical trial program. DAXI demonstrated a favorable safety profile, high response rates and long-lasting effects that address the number one unmet need for physicians and consumers. We are confident that DAXI will set a new standard in aesthetics and look forward to regulatory approval in 2020.” —Dustin Sjuts, Head of Commercial, Aesthetics & Therapeutics

Inform ed by well-trained, knowledgeable injectors, DAXIs exclusive formulation promises to be seamlessly integrated into clinical practice. Additionally, DAXIs enhanced treatment profile and prolonged efficacy have the potential to provide important advantages for both physicians and consumers.

For more information on Revance, visit www.revance.com.

Continued on Page 93
Are You Making the Most of the ASAPS Advantage Provider Program?

The Advantage Provider Program was created to provide members with pre-negotiated special pricing on products and services, to enhance practice performance.

Each ASAPS Advantage Provider is rigorously vetted, carefully selected and has agreed to uphold our strict ethical standards.

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

ASAPS.CLOUD POWERED BY RONAN SOLUTIONS

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

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

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

Vizium360™ I RealPatientRatings™ offers its reviews and feedback software at a reduced rate for ASAPS members. 800.267.1228, extension 106 • www.vizium.com
Suneva Medical continues their Alliance partnership into 2020. Shaping the future in regenerative aesthetics, Suneva Medical announced the addition of two new innovative products to their portfolio following the success of Bellafill, their flagship biostimulatory product coined the longest lasting dermal filler on the market.

In partnership with Healeon Medical, Inc and Puregraft, LLC, Suneva Medical is positioned as a leader in regenerative aesthetics. Healeon’s proprietary, cutting-edge PRP technology, features an innovative high platelet capture design arriving to the aesthetics market mid-2019. Bimini offers a distribution relationship with targeted markets for their proprietary Puregraft fat grafting system. Devoted to developing fat-based technology, Puregraft will be used within the regenerative skin and body care industry, scheduled to launch in early to mid-year 2019.

“As a strong first step into a regenerative aesthetics positioning for Suneva Medical, we are confident our new product partnerships will only further our success within the industry,” says Patricia Altavilla, Chief Operating Officer at Suneva Medical. “We look forward to continuing to bring innovation and revolutionary technology to the market.”

For more information on Suneva Medical’s new position in the regenerative aesthetics market and their two new products, please visit www.SunevaMedical.com.

ZO Skin Health, Inc. continues its strategic partnership with The Aesthetic Society into 2019. The partnership provides ongoing benefits and visibility throughout the year, and at The Aesthetic Meeting.

2018 was a year of incredible growth for ZO and in 2019 we expect to continue with a strong growth trajectory. We will continue to focus on restoring and strengthening the relationship between patients and physicians, incorporating both retail + digital innovation efforts in the upcoming year.

ZO Skin Health, Inc. offers medical grade, luxury skincare inspired by Dr. Zein Obagi’s passion for skin health restoration. We have many customers—our physician and account partners, the patients who use our product and the international teams who deliver our message throughout the globe. Each one of our customers is critical to our success and we strive to find new opportunities for our physician and international partners to profitably run their physician-dispensed business.

As part of our efforts to protect our customers and physicians here at ZO Skin Health, we execute effective restrictions on third-party internet sales and diversion. Our anti-diversion efforts ensure that all customers are confident that the products they purchase from our partners or via zoskinhealth.com are not counterfeit or adulterated.

To carry on Dr. Zein Obagi’s legacy and his passion for teaching, we strive to provide industry-leading training and education for all of our customers—ensuring all ZO® patients achieve superior results. We continue to engage with our customers via digital and social media, using all platforms to provide training, information and to engage with patients across all forums. For more information, visit www.zoskinhealth.com.

The Aesthetic Society’s Robust CME Tracking System—Greater Control and Accuracy of Credits

With the implementation of the American Society for Aesthetic Plastic Surgery’s (ASAPS) new technologically-advanced membership and online CME tracking systems, ASAPS will no longer be reporting credits to the American Society of Plastic Surgeons (ASPS).

The new CME tracking system ensures greater security of your CME profile and provides increased control of your CME credits to ensure consistency with the number of credits for programs that are more closely aligned to aesthetic plastic surgery. Advanced features include the ability to:

• Create multiple credit cycles and date parameters which is useful for licensure in multiple states.
• Self-report credits for activities not directly or jointly provided by ASAPS.
• Print a transcript of your CME activities using multiple data filters conveniently at any time.

For programs or activities that ASAPS provides directly or jointly provides with other organizations, your credits will be maintained within the system. You and/or your staff can still self-report credits to ASPS.

ASAPS’s new system enhancements are designed specifically to better assist you in meeting changing credentialing needs.
The Aesthetic Neural Network: A Revolutionary and Evolutionary Product

The concept of aesthetic surgeons sharing their aggregated, unidentified patient and practice data to the collective in order to benchmark themselves against their peers through a series of key performance indicators (KPIs) is unique in concept and execution. The next steps in product evolution require an approach involving both technology features, capability updates, and an educational component provided by The Aesthetic Society. Working collaboratively with The Aesthetic Society and incorporating feedback from the current set of users, here are the proposed technological updates which will be ready to deliver at the upcoming national meeting in May (spoiler alert):

<table>
<thead>
<tr>
<th>My Practice Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>The most frequently requested item is the desire to access and analyze individual practice data. There is complexity due to a broad distribution of practice types in aesthetic surgery. Here are some examples:</td>
</tr>
<tr>
<td>1. Single doctor practice</td>
</tr>
<tr>
<td>a. With or without physician extenders providing non-surgical treatments</td>
</tr>
<tr>
<td>2. Single doctor practice</td>
</tr>
<tr>
<td>a. With surgeon/physician employees</td>
</tr>
<tr>
<td>b. With physician extenders employed at a Medi Spa</td>
</tr>
<tr>
<td>3. Multiple Doctor Practice</td>
</tr>
<tr>
<td>a. Aesthetic Surgeons</td>
</tr>
<tr>
<td>i. Partners</td>
</tr>
<tr>
<td>ii. Employees</td>
</tr>
<tr>
<td>b. Non-Aesthetic Surgeons</td>
</tr>
<tr>
<td>i. Partners</td>
</tr>
<tr>
<td>ii. Employees</td>
</tr>
<tr>
<td>c. Medi Spa with physician extenders that provide services to the entire practice</td>
</tr>
</tbody>
</table>

Alongside ANN’s 4 original benchmarking Dashboards, we will be providing all ANN users with this new set of KPI data reports specific to their practice, so they’ll now have a full contingent of both internal and external data analysis. The new reports will feature Key Performance Indicators that bring even more evidence to your evidence-based business efforts.

Continued on Page 95

Figure 1: Example of “Top 10 Procedures” report through ANN KPIs
The ANN Suite: A Sneak Preview of a Major Update
Continued from Page 94

Learn All About ANN at The Aesthetic Meeting 2019
Sunday, May 19
2:00pm – 4:00pm
414 Making Meaning of the Numbers: Learn How ANN Can Turn Your Practice Data Into Practical Decisions (Free)

Meet the ANN Suite of Products in ASAPS Booth #102!

Performance Indicators that bring even more evidence to your evidence-based business efforts such as:
1. Rolling 3- and 6-month production metrics
2. Year to date and quarter to date production metrics
3. Top 10 procedures by count and gross charges
4. Fastest growing procedures by count and gross charges

The new reports will also provide the ability to filter productivity based on the provider distribution noted previously. Visibility of these types of production metrics can be customized to the user based on specific practice requests.

Figure 1 demonstrates an example of a report, showing the “Top 10 Procedures” in a practice. The user can filter that report by multiple different time intervals looking at gross charges, procedure counts and gross charges per procedure.

This type of report and many more will be incorporated into a new ANN landing page. This landing page will provide one stop access to the ANN Dashboards and My KPI reports, and multiple other features.

Additional reports will be added based on user feedback. The Aesthetic Society will be supplementing these reports with educational resources.

Coming Soon: ANN Mobile
Access to a practice schedule is an essential component of every aesthetic surgeon’s daily routine.

The forthcoming ANN Mobile will provide a practice calendar with a user-friendly interface to view and rapidly filter your schedule by procedures, consults and appointments.

This simple framework facilitates a host of other sophisticated capabilities including:
1. Procedure specific educational content including articles and videos from RADAR delivered at precise events on the calendar.
2. A direct link to RADAR.
3. An implant label scanner which will automatically generate implant registration forms and create a digital implant library.

Visit the ANN booth at The Aesthetic Meeting in New Orleans to learn more and join the network that has more than 200 surgeons, 720K patients, 3.5M procedures, and $3.6B in gross charges.

4. Data entry specific to a procedure event with the ability to create a surgical “how I do it” profile that can be used for internal procedure analysis and future presentations and publications.

There are many more exciting features that are beyond the scope of this “sneak preview.” You can learn more about these at The Aesthetic Meeting in May in New Orleans.

Conclusion
As you can see from this sneak preview, the additions we’re making to the Aesthetic Neural Network and the forthcoming ANN Mobile represent significantly expanded support for your practice management and growth. The Aesthetic Society and its technology partners are committed to providing cutting-edge technology products that help you meet your practice goals and push our specialty forward. The ANN Suite truly brings “Evidence-Based Business” to you.

“We are continuing to add new practice management systems and EMRs to the list of those that are “ANN Compatible” or “ANN Optimized.” It is our hope that every Aesthetic Society member recognizes the power that the community can provide to the individual.

Visit the ANN Booth #102 at The Aesthetic Meeting in New Orleans to learn more and join the network that has more than 200 surgeons, 720K patients, 3.5M procedures, and $3.6B in gross charges.
ANN WILL REVOLUTIONIZE HOW YOU LOOK AT YOUR PRACTICE...WITH NO EXTRA DATA ENTRY.

By automatically combining your anonymized data with a network of other members, you can gain incredible insight into your past performance, learn how to optimize your pricing, and hyper-target your marketing strategies.

Gain deeper insights into your practice patterns
ANN shows you Key Performance Indicators (KPIs) like the correlation between initial and subsequent procedures, which gives you the Lifetime Value of your patients.

Optimize your purchasing with comparative data
ANN is the only Business Intelligence tool in our market that lets you access cooperative data from your peers.

Hyper-target your marketing
Seeing your data on ANN helps you make more insightful Evidence-Based Business decisions – when to buy a new product, when to market a new offering, or which service combinations could be most profitable.

ANN BY THE NUMBERS
ANN is currently home to more than 150 aesthetic practices, which gives you access to cooperative data from 218 sources - including surgical and medi-spa numbers - $3.5B in gross charges, 3.5M procedures, and 731K patients. These numbers grow every day!

150 Practices
218 Sources
731K Patients
3.5M Procedures
$3.5B Gross Charges

Visit the ANN booth #102 in New Orleans to learn about new Key Performance Indicator (KPI) reports being added for free!
The modern Aesthetic Surgery practice should be data driven. The buy/sell nature of our unique medical specialty, groups it with other retail businesses, a market that’s already saturated with data analysis. Understanding business metrics is an essential component of all businesses. One of the more fascinating aspects of data analysis is predictive analytics (PA).

Predictive analytics is an extension of advanced analytics techniques which are used to make predictions about future events. PA is not predictive of what will happen in the future, but instead what may happen with some acceptable level of reliability; it provides the probabilities of outcomes occurring. Predictive analytics models use a combination of structured and unstructured data looking for trends, identifying risks and finding opportunities. A variety of different data analytics techniques are used including, predictive modeling and machine learning.

As a retail business, a practice should be most interested in how their decisions appear to influence consumers’ actions; understanding aesthetic medicine market trends, patient behavior, product and procedure trends, and trends in an aesthetic surgery practice can provide valuable insights in making an informed business decision. These include decisions made on procedures that are offered to patients, products purchased by a patient, and capital equipment purchases made by a practice. In addition, a practice needs to be able to evaluate the effectiveness of an existing marketing campaign. PA allows for the evaluation of the campaign before it hits the market (not afterwards like traditional campaign assessments) and provides the analysis to make better decisions to target marketing efforts to the correct product, procedure or consumer. (This is also a great way to get in front of the hard-to-reach millennial crowd!)

Interpreting the results of a Predictive Analytics Model might seem daunting to those without a mathematical background, but luckily, the visualization tools available today make it incredibly easy to physically see predictions in action. These tools provide interactive graphs and dashboards allowing for the “dissection” of the analysis from different angles. Therefore, visualization and analysis of an aesthetic practice data will help in understanding previous and current market trends.

In January, we launched a very exciting data project with the SMU Cox School of Business. We were given a team of Masters of Science students (and their professor) in the Business Analytics Department that were tasked with building some functioning models around the data from ANN. Our request was to build a predictive analytics platform around the concept of the lifetime value of the aesthetic surgery patient and provide this capability to the practicing aesthetic surgeon to evaluate their practice. Though we are in the early stages of this project, the concept is very exciting. This is being built around the Amazon model: If you purchase an item on Amazon, you are presented with an entire group of other items that you may like to purchase. These choices are gleaned from the use of predictive analytics. Our plan is to provide the user with the ability to choose a “first procedure” that a patient comes in for and associated demographics (age group, gender, etc...) and the system will predict with the percentage probability the most likely procedures that they will purchase in the future. This type of information will be of immense value for targeted marketing and a better understanding of patient behavior. ANN currently has over 3.5M procedures, and as the network grows, this predictive capability will continue to improve. Collective data aggregation from the participating surgeons can provide significant value to the individual participant.

Avery Camp is currently a Master of Science in Business Analytics (MSBA) student at SMU’s Cox School of Business. She graduated Magna Cum Laude from Wake Forest University School of Business in 2018 with a Bachelor of Science in Business and Enterprise Management concentrating in Marketing.

Barry Fernando, MD, is an aesthetic plastic surgeon practicing in Phoenix, AZ, and is the founder and CEO of Anzu Medical.
Mollenkopf Aesthetic Breast Reconstruction Fund
Now Available Nationwide!

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

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

- **Grants of up to $5,000:** Assist uninsured or uninsured patients in completing a quality aesthetic breast reconstruction following breast cancer.

- **Ideal Candidates:** Women who have had breast reconstruction with unacceptable results and who are deferring surgery due to financial difficulties.

- **Use of Funds:** Ideally, doctors would donate their surgical skills and the grant money would help cover the patient’s operating room fees, anesthesia, deductibles and other related expenses.

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

For additional information on the Fund, please contact Ivan Rodriguez at (562) 799-2356 or ivan@surgery.org
For Uninsured Patients, Utilize the BIA-ALCL Patient Fund

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

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

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

Made Possible By Generous Contributions From

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For additional information on the Fund, please contact Ivan Rodriguez at (562) 799-2356 or ivan@surgery.org
Looking to Improve Your Practice? Practice Solutions Offers Insight from the Experts, Advice, Forms, and Connections with Fellow Colleagues to Help Solve Your Practice Pain Points

- Tools and how-to guides shared by thought leaders.
- Checklists and templates that save staff time and money.
- Hand-picked webinars that feature national experts.
- Curated practice management videos from Aesthetic Society meetings.
- Peer-to-peer and expert-moderated discussion forums.
- Dozens of articles from ASN’s Practice Solutions section.

The New Practice Management Hub on

practicesolutions.surgery.org

For more information:
800.364.2147 or 562.799.2356
www.surgery.org
Is your practice as efficient and financially successful as you want it to be? Terrific—stop reading and go celebrate.

But if you think your practice is in need of some improvements, keep reading: The Aesthetic Society has a new practice management portal on RADAR that you and your staff need to know about.

Would your practice benefit from checklists and templates to speed the implementation of practice improvements? Could on-demand education be a solution to developing your practice manager’s and staff skills? Would practical resources for starting and building an aesthetic practice benefit you?

Meet Cheryl Toth and Learn About Practice Solutions at The Aesthetic Meeting.

How to Create a Skill-Building Plan for Managers
Saturday, May 18
Practice Solutions Theater, Station One
12:20 – 12:40pm

7 Secrets to Turning a New Hire into a Great Employee
Sunday, May 19
Practice Solutions Theater, Station One
12:05 – 12:25pm

8 Ways to Effectively Manage Your Team
Monday, May 20
Practice Solutions Theater, Station One
1:30 – 1:45pm

What You’ll Find in Practice Solutions Online on RADAR at Launch

Here’s a peek at what we’ve cultivated for the Practice Solutions Online kick-off. Plans call for adding content regularly, as it’s shared or developed.

- Curated videos from Aesthetic Meeting Business Sessions and our annual Resident’s Symposiums.
- Tools, templates, and how-to guides shared by thought leaders and consultants.
- Hand-picked webinars featuring national experts and consultants.
- Fresh perspectives on legal and compliance issues from Bob Aicher, The Aesthetic Society’s legal counsel.
- Discussion forums moderated by Bob Aicher and national thought leaders.
- Peer-to-peer discussion about issues facing practices.
- Aesthetic Society products such as “Policies & Procedures, Employee Manual, Job Descriptions,” and Cycle of Care.
- Dozens of marketing and management articles selected from ASN’s Practice Solutions section.

Whether you are just beginning your career, or looking to transition, The Aesthetic Society’s Practice Solutions Online offers a one-stop resource on RADAR for physicians and practice leaders to access tools, on-demand education, discussion forums, digital products, and other content designed to help aesthetic practices thrive. Practice Solutions will support success at every stage of practice—from start up, to growth management, to the transition toward retirement.

Practice Solutions Online will deliver essential practice management content, including how-to guides, business and marketing tools, videos from The Aesthetic Meeting and Resident’s Symposiums, webinar recordings, resources from national experts, articles from Aesthetic Society News’ Practice Solutions section, guidance from Society counsel Bob Aicher, and discussion forums—where you can interact with experts as well as colleagues. You’ll also be able to purchase Society products such as the “Policies & Procedures Manual, Employee Handbook, Job Descriptions,” and Cycle of Care all of which are essential for any aesthetic practice.

Practice Solutions is on RADAR

Practice Solutions Online will be a vital new portal within RADAR Resource, offering documents, videos, and discussion forums in topic areas such as personnel, marketing, consult process, non-surgical/medspa, legal and compliance, and start up. Both practice managers and staff will be eligible to register for their own individual accounts, which will provide access only to Practice Solutions Online content and features.

Guided by Practice Managers and Physicians

To make sure Practice Solutions delivers the right content and features, a Practice Management Advisory Team (PMAT) has been created. Some of their most common requests:

- Short training videos and scripts that teach telephone answering, customer service, sales skills, how to discuss fees, and how to handle patient objections.
- Hiring and personnel management resources.
- How-to guidance for social media and online reputation management.

Continued on Page 103
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THE AESTHETIC MEETING 2019
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Booth 502

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Whether you are just beginning your career, or looking to transition, The Aesthetic Society’s Practice Solutions Online offers a one-stop resource on RADAR for physicians and practice leaders to access tools, on-demand education, discussion forums, digital products, and other content designed to help aesthetic practices thrive.

- A way to connect with managers and staff of other practices to learn from each other.
- Checklists, samples, and templates that help managers turn ideas into action.
- Tools for staying on top of HIPAA and other regulatory training.

Get a Demo and Get Registered: Visit Booth 110

This new resource will be invaluable to aesthetic practices, and that’s why we need you and your team to review it and give us feedback.

If you’re planning to attend The Aesthetic Meeting, come to Practice Solutions (Booth #110) to get a personalized tour and tell us what you think. Or, attend one of my talks in the Practice Solutions Theater, all of which will include screen shots and an overview of Practice Solutions Online. (Check out the schedule onsite, as times might change.)

While ASAPS members already have access to RADAR and the new Practice Solutions hub, practice managers and staff are welcome to register for a free account in Booth #110.

If you’re not planning to attend The Aesthetic Meeting, but want more information, please have your practice manager contact practicesolutions@surgery.org to begin the registration process.

An array of useful resources is in store for you and your team at practicesolutions.surgery.org. We can’t wait to introduce you to Practice Solutions Online, and listen to your suggestions as we build and enhance it.

Cheryl Toth, MBA is Director of Content Development for KarenZupko & Associates, Inc., and is collaborating with Society staff to develop and launch Practice Solutions Online. Cheryl will be giving demos and registering users in Booth #110 at The Aesthetic Meeting.

NEW: Solve Your Practice Pain Points With Practice Solutions Online

Launching at The Aesthetic Meeting

Continued from Page 101
ELEVATE YOUR SKINCARE
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ZO® SKIN HEALTH | BOOTH 413
Understanding a Glossary of Insurance Terms

By Harry K. Moon, MD, FACS

The complexity and expense of managing an aesthetic surgery practice is ever increasing. What we once referred to as medical malpractice insurance has today become medical liability insurance. Clearly the courts today look increasingly at the degree of one’s liability in caring for a patient as opposed to what was classically “malpractice.”

The glossary of terms in liability insurance forms and their definitions are important for us to understand as we decide the scope and extent of our medical liability coverage.

What follows is the first in a series of short articles by Preferred Aesthetics to help you understand what can be a confusing and unfamiliar glossary of insurance terms (“Glossary of common legal and insurance terms,” 1998):

- Malpractice—professional negligence
- Risk retention group (RGG)—A group of similarly situated persons or entities that are permitted under federal law to organize across state lines for the purpose of pooling their liability risk and self-insuring.
- Commercial carriers—For profit insurance companies, also known as traditional or traditional-line insurers. Commercial carriers are regulated by state laws and must qualify financially to do business in a state.
- Claims made insurance policy—An insurance policy that provides coverage for claims arising from incidents that both occur and are reported to the insurance company while the policy is in force.
- Occurrence Policy—A type of professional liability insurance policy in which the policy holder is covered for any incident that occurs during the term of the policy, regardless of when a claim arising from the incident is made.
- Limits of Liability—The maximum amount an insurer will pay out under the terms of a policy. Professional liability policies typically specify both a per-occurrence limit and an aggregate limit for all claims incurred during the term of the contract. Example: $1 million (per occurrence)/$3 million (aggregate).
- Endorsement—An addition to an insurance policy that changes the original policy in some manner
- Exclusion—a component of the insurance policy that sets forth the circumstances under which the physician will not be covered.

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


8 Tips for Improving Patient Satisfaction

By Tanya Babitch, TMLT Manager, Risk Management

A patient’s perception of the care they receive from a physician’s practice is influenced by many factors, including what they see and experience before they ever meet with the physician.

Create A Positive, Open, and Comfortable Office Space

The is the first thing a patient sees in an office is the reception area or waiting room. Ask that your staff walk through once or twice a day to tidy up or reorganize furniture. Make sure signs look professional and the fonts large enough to read.

Manage Your Public Facing Staff Members

Make sure your staff is friendly and welcoming in person and on the phone. A negative patient/staff encounter can poorly reflect upon the practice.

Always Acknowledge a Patient’s Arrival

Ask staff to pause and take a moment to greet patients when they walk in the door. Acknowledgement creates a feeling of importance and value. Failure to do so may lead to frustration.

Ensure That You Have Adequate Seating to Accommodate All Patients

Always put your patient’s needs first. Make sure that you have adequate seating to accommodate patients of all ages, shapes, and sizes. Arrange furniture to ensure patients with disabilities can easily navigate your office without barriers.

Use Compassion to Show You Care

To truly relate and resonate with patients, it’s better to show warmth, patience, and understanding about their concerns and challenges. This will make patients feel more comfortable which will earn their trust and loyalty.

Keep Private Conversations Between Patients and Staff Truly Private

Every communication and interaction is a chance to make patients feel valued. Designate a private area for sensitive conversations with patients. Personal conversations between staff members, or staff members and patients, especially a disagreement, should never be held in a place where other patients can overhear.

Evaluate Your Practice

Ask a colleague or friend to evaluate your practice from beginning to end including scheduling an appointment, interacting with staff, and paying for the visit. Ask for strengths and weaknesses and act on their feedback.

Compliment Your Staff

Recognize employees who go out of their way to make patients feel valued and comfortable. Providing positive feedback encourages the team and keeps morale high resulting in a happy and healthy work environment. Ultimately, establishing loyal patients and repeat customers.

Tanya Babitch, TMLT Manager, Risk Management, is with Texas Medical Liability Trust, Lone Star Alliance Inc., A Risk Retention Group. P.O. Box 160140, Austin, TX 78716-0140
Indications for Use
Galatea scaffold is indicated for use as a bioresorbable scaffold for soft tissue support and to repair, elevate, and reinforce deficiencies where weakness or voids exist that require the addition of material to obtain the desired surgical outcome.

Important Safety Considerations
Possible complications include recurrence of the soft tissue defect, infection, seroma, pain, scaffold migration, wound dehiscence, adhesions, hematoma, inflammation and extrusion. Important, additional safety and risk information is located at www.galateasurgical.com.

Consult the Galatea Instructions for Use for complete prescribing information, including its indications for use, warnings and precautions.

1. Preclinical data on file; results may not correlate to clinical performance in humans.

Strengthen from within.

- Complete bioresorption by approximately 18-24 months1,3
- 3-4 times stronger than native tissue1,2
- New vascularized collagen plane approximately 2 mm thick1

Digital marketing is continually changing to reflect the evolution of the consumer and explosion of new technologies in the promotion of virtually all commercial and service industries. By combining various online tools, digital marketers can amplify their efforts and gain specific insights into what audiences desire. Looking back on the latest digital marketing developments of 2018, we can expect to see the application and advancement of some familiar tools that will enhance the user experience across an array of channels and platforms in 2019.

The Rise of Voice Search

Voice search is a digital tool that helps consumers find information online with ease and perform daily tasks using technologies that recognize and understand human speech. The speed and convenience of voice search have blossomed in recent years, allowing people to multitask and obtain precise answers to their questions quickly. These programs have only become better over time, and they open a range of possibilities for both marketers and consumers alike.

Types of Voice Programs

- Virtual assistants (Alexa, Siri, Google Assistant)
- Voice search

What This Means for Marketing

- SEO strategies will need to be modified to appeal to voice search users
- Emphasis on spoken rather than written phrasing
- Search phrases should be written in more conversational terms

Live Video Communication

The use of live video continues to grow in popularity over all major social platforms, including Facebook, Instagram, and YouTube. Visual mediums have always taken preference over text, so it comes as no surprise that audiences lean toward video communication. As streaming capabilities become more advanced, delivering clearer real-time feed, the demand for live video only increases.

What This Means for Marketing

- Emphasis on social media campaigns that include live video streaming
- Connect consumers with services using video

Video and Interactive Ads

Customer service programs, such as video and interactive ads, offer immediate support for consumers and potential clients. These tools are frequently refined to accurately simulate human interaction and satisfy the needs of the target demographic. They can be used to provide pre-written answers to data-related questions with a personalized touch, and they also glean information about the user to be applied toward a continuously changing marketing strategy. Visual platforms, like Instagram, capitalize on video advertisements, and the number of viewers only grows over time.

Types of Video and Interactive Ads

- Chatbots
- Videos beyond gifs

What This Means for Marketing

- Videos can be incorporated into emails, web pages, social media, etc.
- Encourages visual creativity to attract target audiences
- Using these in marketing gives the audience what they are looking for and helps collect information to optimize the campaign strategy

A Deeper Understanding of User Intent

Artificial intelligence (AI) and marketing algorithms are becoming more sophisticated than ever before, making 2019 an exciting year for digital marketing. Machine-learning programs allow for more efficient and thorough user analysis, producing an optimal route to convert consumers. Marketers have the opportunity to create highly personalized content and customer support (machine over manual), freeing up valuable time and energy that can be placed in other areas of their campaign. They can utilize machine-learning algorithms to develop individualized user experiences in real time based on trends and audience behavior, opening up the field to nearly endless possibilities.

Peter Houtz is the Vice President of Sales for Plastic Surgery Studios, a full-service online digital marketing agency serving the aesthetics industry since 1998. Peter is a frequent presenter at The Aesthetic Meeting and can be reached by phone at (909) 738-8320 or by email at peter.houtz@plasticsurgerystudios.com.
Never Buy or Lease a Useless Piece of Equipment Again!

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

How many of us have been approached to buy or lease the latest 510K device, only to find it later serving as a very expensive coat rack? While the ones that live up to their promise are a big hit with patients and practice—what about the ones that don’t live up?

Society members have long asked for help, and here it is! The Surgeon as Consumer Solution (SAC) is a closed site, accessible only through ASAPS.org and only for active ASAPS members. It uses a simple star rating system to rank equipment on everything from clinical efficacy to ROI.

Visit surgery.org/surgeonasconsumer now, log-in, and you have fellow surgeons’ device reviews at your fingertips—and the ability to share your views with others. All completely free—an ASAPS benefit of membership!

Learn More in ASAPS Booth #202

Be Informed. Be Smart. And Share Your Experiences!

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www.surgery.org/surgeonasconsumer
Aesthetic Society News • Spring 2019

PrACTICe SoluTIONS

Strategies and Scripts for 4 Common Objections

By Karen Zupko

After decades of educating and advising aesthetic practices, I can tell you that the topic of how to handle objections is as de rigueur today as it was twenty years ago. Whether you are a new patient care coordinator (PCC), a seasoned aesthetic surgeon, or a patient services team manager with ten years of experience, refreshers and new ideas for handling objections are always in style.

During our firm’s regional workshops, attendees work in groups and interact as patient and PCC to practice new ways of responding to patient objections. This article covers five that generate a lot of enthusiastic conversation around the table.

Before we get to the specific strategies and script ideas, there are two foundational conversation techniques that practice teams must adopt. Each is essential to handling objections.

The first is, **talk less and listen more.** The best patient care coordinators we observe during the fee quote discussion don’t go into “tell mode.” They let patients talk. And the more patients talk the more your staff will learn about their situation, their needs, and the issues that are leading them to push back.

The second is, **ask open-ended questions.** These are questions that can’t be answered with a “yes” or “no.” Open-ended questions start with what, who, where, why, or how and they get patients talking and sharing in ways you can’t get at if you ask yes/no questions. You’ll notice that all the suggested scripts that follow are open-ended questions.

Combining these two conversation techniques with the following strategies and scripts for handling objections will result in tailored conversations that get more patients to say yes and schedule.

**Objection 1: “Let me ask you something... I really want to schedule. And I will if you give me a 15% discount.”**

This is an objection disguised as a faux yes. Before handing out a rash discount to book the case, staff needs to understand the patient’s real budget. Here’s a good technique:

“Holly, are you saying the $10,000 fee is too expensive for the three procedures, or that you don’t want to spend more than $8,500?”

This question gets at the patient’s motivation. Does she really understand the value of the proposal, or can she not afford $10,000? If it’s the former, the PCC should reiterate the surgeon’s skills and the benefit of doing the three procedures together— which saves her both financially and in recovery time. Reviewing the before and after photos again may help. The PCC can add this question to that conversation:

“What needs to happen, Holly, to show you the value of the surgery price I quoted you?”

If the patient doesn’t want or truly can’t afford to spend more than $8,500, consider reducing the surgical plan or offer financing options such as deferred interest programs with CareCredit.

If the patient isn’t satisfied with any of these options, and you offer a seasonal discount during slower months, ask if the patient’s schedule is flexible to accommodate waiting until then.

**Objection 2: “It costs too much.”**

The first thing to do after hearing this one is: pause. Then stay silent for three to five seconds. There are two effective questions a savvy PCC can then try:

“I appreciate you sharing that, Bonnie. How ‘too much’ are we?”

“Ben, what were you planning on investing in your procedure?”

After asking each question, the PCC should pause. Remember the conversation technique of talk less, listen more. Use the power of silence. Patients will want to fill the conversational void. And it’s surprising the type of honest feedback they provide.

Once you drill down to the real objection—which may not be cost, even when the patient leads with that—you’ve got something to work with. Fine-tune the conversation around that to solve the patient’s real issue. Using finances as an objection is a graceful way for a patient who may not have liked the doctor, to leave.

Meet Karen Zupko at The Aesthetic Meeting 2019

Karen is teaching six staff sessions at the Aesthetic Meeting in New Orleans. Her all-day, Saturday, May 18, session, Skills for Successful Patient Coordinators (S12) covers strategies for handling objections in an interactive and fun way. On Monday May 20, Karen will also be presenting in the Practice Solutions Sessions.

Continued on Page 111
PRODUCT PORTFOLIO

Suneva Medical is redefining the practice of Regenerative Aesthetics with a product portfolio that is designed to deliver innovative technologies to grow and enhance our partner’s practices.

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**BellAllo**

BellAllo is indicated for the correction of nasolabial folds and moderate to severe, atrophic, discolored, atrophic acne scars on the cheek in patients over the age of 21. Patients who have had a positive reaction to the BellAllo Skin Test, have a history of severe allergies, have known boustie collagen allergies, are allergic to lactadicer, have bleeding disorders or are prone to skin scar formation and/or excessive scarring should not receive BellAllo. The safety of BellAllo for use during pregnancy, breastfeeding, or in patients under 21 has not been established. You may experience temporary swelling, redness, pain, bruising, lumps/bumps, itching, and discoloration at the treatment site. These side effects are usually transient and typically resolve within 1-7 days. You may experience lumps/bumps/grafts that may occur more than one month after injection and that may persist. Less common side effects include rashes and itching more than 48 hours after treatment, persistent swelling or redness, lumps/bumps, pain, and increased sensitivity at treatment sites. Inhaurately, granulomas may occur and may be treated by your licensed physician provider. Be sure to call your licensed provider immediately if you notice any unusual skin reactions around the treatment area. Based on the 5-year Post-Approval Study of nasolabial folds with 1,000 patients, long-term safety of BellAllo for up to 5 years has been established.

**PureGraft**

This product is certified as a medical device in the European Union under the Medical Device Directive 93/42/ECC by SGS CE/00, exclusively for the indication of autologous fat transfer. Other non-medical uses associated to this device such as aesthetic body contouring are not within the scope of CE certification, and users should be aware product performance and/or safety has not been evaluated by SGS for those purposes.

**HD PRP**

REGULATORY STATUS: FDA-cleared 510k. Class II medical device. HD PRP is designed to be used for the sole and rapid preparation of autologous platelet-rich plasma (PRP) from a small sample of peripheral blood at the patient point of care. The PRP is mixed with autograft and/or xenograft bone prior to application to a bony defect for improving handling characteristics.
Strategies and Scripts for 4 Common Objections
Continued from Page 109

Objection 3: “What if he only does fat grafting in two areas? Would that bring the price down?”

Many patients don’t understand that picking and choosing certain elements of the surgical plan is not like picking and choosing options on a new car. It’s the surgeon and staff’s job to educate the patient so he or she can make an informed decision.

Here’s a question your team might use for that:

“Jill, we can’t graft two areas and achieve the facial symmetry that is so important. Let me show you how Dr. Nice achieves that in these photos…”

Once a patient understands which procedures cannot be subtracted from the plan, and they are still uncertain about the price, patient financing might serve their needs.

“Perhaps using CareCredit can help you feel better about making the investment in the look you want.”

Objection 4: “Ok, well I just want to think about it.”

When you hear this one, you probably haven’t drilled down to the real objection yet. The patient is still harboring something. Only when you know the reason the patient wants to “think about it” can you strategize about what to do next. Here are two scripts for digging a bit deeper:

“Having surgery is a big deal. I’m glad you are taking this seriously and want to make a careful decision. Sometimes there are questions that patients hesitate to bring up. Can you tell me which aspects of moving forward you need to think more about?”

“Sometimes when patients tell me that, they need to talk over the surgical plan with someone. Is this true in your case?”

Discuss these ideas in an upcoming staff meeting and adapt them to your practice culture and style. Ask staff to list other common objections they hear and create specific scripts and strategies for handling them. Conduct role-playing with your team before implementing these, to review what works well and what doesn’t, and fine-tune the conversation points.

Karen Zupko is president of KarenZupko & Associates, Inc. The firm has been advising and educating aesthetic plastic surgeons and their staff for more than 30 years.
LIVE PATIENT HAIR RESTORATION
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Hair restoration is one of the most requested aesthetic procedures among men and is on a steep rise with women. Join us for a SmartGraft FUE Live Surgery Educational Workshop to learn from an experienced Hair Restoration surgeon:

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Recently I was talking to a friend who, knowing that my company is in the clinical photography business shared with me that she was interested in getting breast implants and, in the course of researching potential plastic surgeons was asked to upload photographs of herself to his website for evaluation. She asked me if I thought this was a good idea. I responded by asking her to pull up the website where she would be uploading the photos.

To my complete astonishment, the website—for a pretty well known surgeon—was using nothing more than a basic WordPress file upload manager to provide patients with the ability to upload their sensitive, protected health information. Even more appallingly, directly underneath the File Upload button was the following disclaimer:

“Communications through our website or via email are not encrypted and are not necessarily secure. Use of the internet or email is for your convenience only, and by using them, you assume the risk of unauthorized use. Emailing and messaging do not create a physician/patient relationship and cannot replace in person communication/examination.”

In other words, “Send me images through a channel that I know is not protecting your personal health information. We don’t give a crap about data security—ours or yours—so use at your own risk.”

Doctors, just like any other business, should be deeply concerned about, and responsible for, the security of the data they collect and hold. However, I want to also remind patients that they need to be thoughtful, and very careful, about the information that they share—and how they share it—with doctors or anyone else, particularly online.

I have written here before about the importance of data security from the doctor’s point of view. And this is no exception. Doctors, just like any other business, should be deeply concerned about, and responsible for, the security of the data they collect and hold. However, I want to also remind patients that they need to be thoughtful, and very careful, about the information that they share—and how they share it—with doctors or anyone else, particularly online. Remember, just because a medical practice has policies in place to comply with HIPAA regulations does not mean that their email, texts or website—which is almost always hosted by a third party—are HIPAA compliant or secure. It is easy to forget that the path from your phone or computer to the phone, computer or website of a doctor is rarely completely secure, and sometimes is downright “out in the open” for people that want to collect that information. All you need to do is search “man in the middle attack” to get a sense of the seriousness of this problem.

And so, a message to patients, doctors and anyone else in the business of collecting, transmitting or holding protected health information (including you, webmasters!). You don’t have to be completely up to date on all of the dirty tricks that hackers use to get your valuable data, you just need to reduce as much as possible the attack surface. Use strong passwords. Make sure that you keep your operating systems and applications up to date. Use firewalls for your websites. Only use software from sources that you know to be trusted and make sure that all hosted data is encrypted.

About the Author: Freddy is the CEO of Epitomize Inc., a team of healthcare and medical imaging experts devoted to revolutionizing the role of clinical photography in medicine. Epitomize’s premier service is Epitomize Cloud™, a state-of-the-art, and secure, cloud-based digital-asset storage and management solution for sharing images and related data. The service can be accessed through secure credentials from any device, and can be paired with its sophisticated Epitomize Capture™ app.

Freddy is passionate about the subject of digital imaging in medicine and the role that clinical photography can play in improving the quality of care for patients. Follow him on Twitter: @epitomize.
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Note from Catherine:  
"Nobody else that I know of in the industry has 18 years of solid sales experience like I do and 19 years of experience working with plastic surgeons and staff to convert more consultations."
Who you think you are can be quite different than how you are perceived by cosmetic patients so bringing the two together to become congruent will get you better results.

Now most surgeons don’t want to hear the negativity because they are already drowning in everyday problems as it is. While that is totally understandable, there is a cost to not knowing.

We all know unhappy patients are all too excited to “share” their unhappiness with you via bad reviews. One of the reasons this happens is because they didn’t feel heard and understood so a patient survey can help.

And, for the one who complained, there are many more who did not. They just went away never to be seen or heard from again. But they still bad-mouthing you and telling their story every time the topic comes up with their friends and family.

That very information can be what is stopping your growth. You don’t know what you don’t know so a patient survey will enlighten you.

And while you may think you already know the pitfalls of your practice, there are always a few things you were not aware of that are costing you patients. For example, a patient survey offers a quick path to discovering hidden issues such as:

- A rogue aesthetician is hurting your patient retention.
- Your office is in need of a cleanup and facelift.
- The consultation process is turning patients off.

Patient satisfaction surveys in your practice can give you exceptional insight into how to improve the patient experience and referral rates.

It’s easier than ever to conduct a survey and it can be an eye-opening practice builder that becomes a cash surge to boot.

What you learn from the survey will be invaluable to you since whatever it is that needs improving is a lot cheaper to fix than losing revenues from patients and their referrals.

Who to Ask

You are looking for candor not just from your fans who love you and forgive you for your missteps, but from everyone who has come in contact with your practice… good or bad. For example:

- Those who came in for a consult and were never heard from again.
- Those who came in once for a small procedure and then never returned.
- Those who had a procedure but never came back for their follow up.

How to Ask

Once again, technology has made it easier than ever to conduct a patient survey and get responses fast.

There are many platforms available today with Survey Monkey being one of the most popular because they are so easy to use.

You simply decide what questions to ask and send it to your email list and the platform compiles the responses and feedback.

What to Ask

Before you jump right in, you need to ensure your survey is equipped to provide helpful feedback in as few questions as possible. Above all, this means writing good questions that are focused and easy to understand.

Here are a few sample survey questions that give you great feedback:

Went the telephones answered professionally and was it easy to make an appointment?

This is important to know because if the caller doesn’t have a good experience on the initial phone call, they are never going to meet you and your staff so you want to be sure this first step is handled.

Were you treated courteously by my staff?

Patients might be satisfied with the appearance of your cosmetic practice, but if they don’t have a good experience with your staff, they won’t be back. Aesthetics is personal. Nobody NEEDS cosmetic rejuvenation so this is “feel good” health care.

The cosmetic patient with a credit card is looking for a connection with a practice that makes them feel special and cared about.

By the way, if the same staff person’s name comes up more than 3x in a negative way, it’s time to either retrain that person in customer service or free them to work elsewhere where they are not hurting your practice.

It’s too competitive to have to deal with staff that is not anything but professional, engaged and eager to help you succeed because the alternative is costing you a fortune in bad will and lost revenues.

Would you refer your friends and family?

Word of mouth referrals are the lifeblood of a cosmetic practice. But you won’t get many if patients aren’t happy with their overall experience.

Every touch point in your processes can leave a lasting impression.

Conclusion

Patient surveys can be initiated as the patient is leaving your office or emailed to them later or you can survey your entire email list once a year.

The point is to find out how patients feel before it’s too late and the damage is done.

Want a Free Cosmetic Patient Survey?

I am happy to conduct a cosmetic patient survey for you to help you identify the practice gaps most affecting your bottom line. To get started, simply email me at Catherine@CatherineMaley.com or visit www.CatherineMaley.com.

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.
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Would you ever advise someone to select a plastic surgeon based on price alone? Sure, cost can certainly factor into the ultimate decision between two physicians, but you’d most likely counsel a prospective patient to first delve deeper into exactly why one doctor’s fee is higher than another. Perhaps one surgeon is board-certified and the other isn’t. Maybe one completed distinguished training that sets them apart. Or could it be that one has several more years of experience and is widely renowned for their skill and expertise in the particular procedure(s) of interest?

All of these variables can play a role in establishing—and justifying—treatment pricing, as each directly impacts the overall level of care (and possibly even results) provided. Consequently, a patient can expect to pay more for the services of a board-certified plastic surgeon who is extensively trained and experienced in breast augmentation than they would for a surgeon with inferior credentials. In doing so, they can have the peace of mind of knowing they’re paying a premium fee for premium treatment.

As in many realms of business, this concept of “you get what you pay for” also holds true for buying a plastic surgery website. One digital marketing company may charge less for a new site design than another, and on the surface both products might seem comparable, but what’s driving the discrepancy in price?

To help you better understand plastic surgery website pricing, Rosemont Media has highlighted several elements that can greatly influence cost—perhaps even justifying a price point you initially thought too high.

5 Factors to Consider When Assessing Website Costs

Today, the cost of plastic surgery websites can range anywhere from $1,000–$20,000, sometimes even more. With such a great disparity in pricing, it’s important to consider the following factors to determine what you’re actually getting for the money you invest.

Template vs. Custom Design

While a template design can be customized to a limited degree, the perks generally end there. With most template designs, you don’t actually own the website, requiring you to pay an annual fee that adds up over time. In addition, these sites are often coded poorly, which can result in suboptimal performance on search engines.

In contrast, all components of a truly custom website design—including layout, imagery, taglines, content, and more—can be tailored to meet your specific desires (both now and in the future), promoting your practice in a truly unique light. Furthermore, coding and various other behind-the-scenes elements can be implemented properly, providing an excellent foundation for online success.

Time Dedicated

How much time is going to be spent on creating your website? When it comes to designing and building websites, cost is often a good indication of the hours put into bringing your practice to life online. Some sites can be built by plugging your logo here and throwing your content there to fit a predetermined template or semi-customizable layout, which is quick and relatively inexpensive—but the final product and ultimate online performance reflect just that. It’s critical to understand that developing a custom site properly takes time, which is factored into pricing; think of it as paying for the hours of effort and dedication put into your personalized website as opposed to simply a price point for a mass-produced commodity anyone else can purchase.

Beyond the Homepage

The homepage of a website often steals the show, but a great design shouldn’t stop there. Internal landing pages are where patients will likely spend most of their time on your site, so outfitting them with memorable features—such as imagery and visual details that complement written content—goes a long way in reinforcing your brand and mirroring your commitment to an exceptional patient experience.

Mobile Readiness

It’s 2019—not everyone browses the web on desktop computers anymore. Though the majority of new websites are built to adjust for viewing on smaller tablet and smartphone screen sizes, this is only part of the equation. In addition to automatically reformattting to fit mobile devices, your site should offer a seamless user experience for streamlined mobile browsing and one-touch contact, which means not every element built into your website’s desktop version should necessarily be included on your mobile version. If careful thought isn’t put into what works on mobile and what doesn’t, you risk sacrificing mobile compatibility, user-friendliness, or both.

Technology & SEO

In an ever-evolving digital landscape, future-proofing your website is a must. This includes building your site on a platform...
At least part of the global popularity of social media stems from the capability to share our stories and daily experiences with friends, families, and colleagues. We are able to express ourselves in this medium through written posts, photos, images, GIFs, and videos to offer a snapshot of our lives through our feeds and more recently, through stories.

Snapchat changed the way we consume social media content with their stories, which gave way for Instagram to embrace this trend and quickly dominate it. Its parent Facebook shortly followed suit and together this integrated dual platform has emerged as the world leader. As of 2018, according to TechCrunch, 2.5 billion people used at least one of its apps: Facebook, Instagram, WhatsApp or Messenger. In 2018, Instagram hit the milestone of having 1 billion users worldwide. Two important social channels are often overlooked by plastic surgeons and deserve consideration. YouTube owned by Google is a hub for reaching millennials through original video content, is the world’s second largest search engine and third most visited site after Google and Facebook, so you need to have a presence on it. Pinterest, a photo sharing app which skews heavily female, has grown in popularity and is currently eyeing an IPO valued at $12 billion with a ‘B’.

Social media is ever changing which underscores the importance of staying on top of the trends, according to Course Director Dr. Tony Youn in Michigan. “Yesterday’s darling platform can be in tomorrow’s digital dustbin (MySpace or Google Plus, anyone?). Surveys are showing that more and more people are seeking their plastic surgeon via social media. In the 90s it was the Yellow Pages, in the 2000s it was a good website, and today it’s all about social media. I have at least a patient every day tell me that he or she follows me on Instagram. It seems that most plastic surgeons have navigated towards Instagram as their platform of choice. So, is Facebook dead? I will share how to maximize the impact on Facebook. I will share tips on engaging with your Instagram audience and actionable tips for how to monetize all of that.”

Once considered taboo, social media has come into its own in the world of aesthetic plastic surgery, says Dr. Matthew Schulman in New York City. “Just a few years ago, we were discussing why plastic surgeons should be incorporating social media into their practices. Only a few short years later, plastic surgeons have begun to accept that social media plays a key role in marketing, branding, patient satisfaction, and overall revenue. Now, in 2019, we are no longer trying to convince people that social media is the wave of the future. It is now the present. Instead, we are discussing ways to optimize the use of social media in the plastic surgery practice. In this course, we will discuss how to create effective posts that build engagement and how to efficiently use resources to maximize your return on your social media strategy.”

Dr. Chris Khorsandi in Las Vegas, NV says, “Social media has undergone an evolution over the last five years and continues to be an important factor in modern society. The questions remain; can legitimate plastic surgery practices exist without a social media presence? What are the pitfalls and the potential gains for engaging in this form of marketing? This interactive course is an opportunity to learn from surgeons who have pushed the limits of plastic surgery marketing on social media, and determine where your place in the world of social media can be or should be.”

The challenge for plastic surgeons is how to get more eyes on their content, and best ways to convert their followers to consults to actual patients. As Dr. Jennifer Walden in Austin, TX points out, “Today, consumers’ attention is spread out across multiple social platforms and apps, as well as other distractions online, which makes it harder to hold their interest. Thus, we need to follow what platforms our patients are active on, how they are utilizing..."
The Evolving Rules for Social in 2019
Continued from Page 118

Putting a real, human face to your brand is a key strategy to make your practice seem more relatable and to build loyalty among patients. Be careful not to reveal more details than you are comfortable with. Remember that once you put it online, it is almost impossible to take down.

As trends evolve on social media, so must the way plastic surgeons market their practices online. Think quality over quantity and try to be creative. Prospective patients may react by unfollowing you or overlooking lackluster content or misdirected messaging that does not engage them. To have an impact, be purposeful and targeted to reach your intended audiences. For example, if you are targeted millennials, create content that is visually enticing and use language they can relate to. Similarly, if you are trying to attract more men for neurotoxins, the tone, look and feel of your posts should be quite different from what you may use to get interest from the mommy makeover category of patients.

Using less frequent posts with stronger content that is well thought out may be more likely to have greater impact than a stream of uninspired content that turns your audience away.

Storytelling can inspire audiences to get excited about your brand and your practice. It can feel more real, in the moment, and personal. However, it also demands more creativity, video, images and graphics, that can be time-intensive and expensive for busy plastic surgeons. In the current climate, plastic surgeons may need to step up their game when it comes to social media advertising. Almost every platform now offers tools to filter your audience when you opt for paid advertising by geography, age, gender, interests, etc. To get your content seen and seen by the right audience, an ad budget has become an essential component of practice marketing. All too often, plastic surgeons get understandably frustrated when they don’t see their Instagram followers growing fast enough. To put it in perspective, Facebook, for example, is the #2 ad platform, second only to Google.

The selfie culture continues to thrive on social media and shows no sign of slowing down. Selfie photos and videos are eliciting interest among users, and this trend has clearly had an impact on how patients see themselves. Beware of rising incidents of dysmorphia and distorted expectations as patients are using filters to edit their selfies and may come into your practice wanting to look like the altered images they see on their phones.

Plastic surgeons also need to take care to choose how much of their personal lives and lifestyle they want to share in a public forum, which is a very individual decision. As Dr. Walden says, “The human element in social media is critical. Putting a real, human face to your brand is a key strategy to make your practice seem more relatable and to build loyalty among patients. Be careful not to reveal more details than you are comfortable with. Remember that once you put it online, it is almost impossible to take down.”


What Is the Cost of a Plastic Surgery Website in 2019?
Continued from Page 117

supported by today’s (and tomorrow’s) best browsers, as well as equipping it with SEO elements that stand the test of time. Powerful platforms like WordPress are streamlined to allow for continual updates to be made to your site as technologies and online strategies advance, ensuring you are able to remain ahead of the curve while not getting stuck with a site that can’t be refined to meet modern standards.

Bottom Line on Website Pricing
As stated previously, you get what you pay for when it comes to your website. While lower quotes may seem inviting, failing to do your research into what’s actually included in the price may cost a fortune down the road—far surpassing what you would’ve paid by doing things right from the start.

If you have any questions about website design and digital marketing, or if you would like to speak with an experienced industry professional to discover how you can improve your current online strategy, please contact Rosemont Media, LLC at www.rosemontmedia.com/asaps. Also, check out Rosemont Media’s educational blog—the Rosemont Review—at rosemontmedia.com for the latest on how to position yourself for success in the world of SEO.

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

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In our work with more than 1,000 physicians across the country, we have observed that the #1 financial goal for nearly all physicians, including aesthetic plastic surgeons, is to get to a financially secure retirement on their terms, including each doctor’s unique timeline and lifestyle goals. It is not surprising that data from national physician surveys confirm this as the top financial objective.

What is surprising (to us anyway) is how many plastic surgeons attempt to reach this goal using just one of the tools at their disposal—qualified retirement plans (QRPs)—while so many are completely unaware of another tool they could be using—non-qualified plans (Non-Q Plans). In this article, we will briefly describe these two types of plans that can have a significant impact on retirement.

**Qualified Plan Basics**

The term “qualified retirement plan” (QRP) means that the plan meets the definition of a retirement plan under Department of Labor and Internal Revenue Service rules created under the Employee Retirement and Income Security Act (ERISA). A QRP may be in the form of a defined benefit plan, profit sharing plan, money purchase plan, 401(k), or 403(b). Properly structured plans offer a variety of benefits: you can fully deduct contributions to a traditional QRP, funds within the QRP grow tax-deferred, and (if non-owner employees participate) the funds within a QRP enjoy superior asset protection. Despite the benefits traditional QRPs can offer, there are a host of disadvantages that physicians should understand:

- Mandated maximum annual contributions for defined contribution plans
- Mandatory participation by employees
- Potential liability for management of employee funds in the plan
- Controlled group and affiliated service group restrictions
- Penalties for withdrawal prior to age 59½
- Required distributions beginning at age 70½
- Full ordinary income taxation of distributions from the plan
- Full ordinary income taxation AND estate taxation of plan balances upon death (combined tax rates on these balances can be over 70%)

Despite these numerous disadvantages, in our experience, most aesthetic plastic surgeons participate in traditional QRPs. The tax deduction is a strong lure that often cannot be resisted. For many surgeons, however, the cost of contributions for employees, potential liability for mismanagement of employee funds, and the ultimate tax costs on distributions may outweigh the current tax savings offered by QRPs. If not giving pause, these drawbacks at least suggest that it would make sense to investigate another type of plan (that hedges the QRP) as an additional savings vehicle.

This is especially true if you believe that income tax rates, especially the higher marginal rates, will go up over the coming decades. When you use a traditional QRP, you trade today’s tax rates on your contribution for the tax rates in the future when you withdraw the money from the plan. If rates rise in the future, the QRP might prove not to be a good deal at all. While none of us know what the future will bring, we do know that, historically, tax rates were much higher than they are today for most of the second half of the 20th century. Thus, the QRP tax rate bet is one that should be hedged against, using retirement savings alternatives.

One alternative to consider is a Roth QRP. Many practices sponsor 401(k) plans which give participants the option of making salary deferrals into either a traditional 401(k) or a Roth 401(k). While traditional contributions, as mentioned above, are a tax deduction today and are taxed upon distribution at the tax rates in effect at that time, their Roth counterparts are after-tax contributions today. Thus, the participant pays tax at today’s rates, but the funds grow on a tax deferred basis and are tax free upon withdrawal assuming they stay in the Roth account for at least five years after the account is opened. Only the salary...
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Using Both Qualified and Non-Qualified Plans
Continued from Page 121

deferral portion of a contribution can go into a Roth plan. Any profit sharing or match must go into a traditional account.

SEP-IRAs
SEP-IRAs are not officially QRPs; they are custodial accounts that are similar in many ways. Both SEP-IRAs and QRPs have the same tax restrictions on annual contribution amounts, penalties for early withdrawals, mandatory withdrawal rules, and taxation on distributions and plan balances at death. One big difference is that a SEP-IRA may not have the same level of asset protection under state law that a QRP enjoys.

Many aesthetic plastic surgeons who use traditional QRPs, Roth QRPs or SEP-IRAs as a substantial part of their retirement planning should understand that such plans alone may not be enough to achieve their retirement goals. Either because of annual contribution limits, or the taxation of distributions as ordinary income, the simple fact is that most doctors need another savings vehicle to reach their retirement goals. This is where Non-Qualified Plans could play a significant role.

Non-Qualified Plan Basics
Non-qualified plans (Non-Q Plans) are not used by physicians nearly as much as by corporate executives. This is unfortunate, as they could be valuable retirement tools for many plastic surgeons. Because these plans are not subject to QRP rules, Non-Q Plans do not have to be offered to any employees. Further, even within the physician-owners, there is total flexibility. For example, one practice owner can contribute a maximum amount, the next partner could contribute much less, and a third physician could opt out completely.

The main drawback to Non-Q Plans is that contributions are never tax deductible. However, they can be structured for tax-free growth and tax-free access in retirement, like a Roth IRA. Ask yourself: how much would you put in a Roth IRA if there were not funding limitations? If you think you would fund such a vehicle, then a Non-Q Plan could be very attractive to you.

One alternative to consider is a Roth QRP. Many practices sponsor 401(k) plans which give participants the option of making salary deferrals into either a traditional 401(k) or a Roth 401(k). While traditional contributions, as mentioned above, are a tax deduction today and are taxed upon distribution at the tax rates in effect at that time, their Roth counterparts are after-tax contributions today. Thus, the participant pays tax at today’s rates, but the funds grow on a tax deferred basis and are tax free upon withdrawal assuming they stay in the Roth account for at least five years after the account is opened.

In fact, a Non-Q Plan can be an ideal long-term tax hedge against a QRP. Beyond these general ground rules, there is tremendous flexibility and variation with Non-Q Plan designs. Consider that they have the following attributes:

- No limitations on contributions as with QRPs
- Can be implemented in addition to any QRP such as a 401k or profit-sharing plan
- Owners/partners can vary how much if they participate
- Employee participation is not required
- No tax deduction on contributions, but funds can grow tax-free and be accessed tax-free upon withdrawal
- Top asset protection in many states

Conclusion
The #1 financial goal of nearly every aesthetic plastic surgeon is a retirement on their terms, and both Qualified Plans and Non-Qualified Plans can play important roles in achieving this goal. If building your retirement wealth is an important goal for you, we highly recommend you work with an experienced advisor to investigate both types of retirement plans for your practice.

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David B. Mandell, JD, MBA, is an attorney and author of more than a dozen books for physicians, including “For Doctors Only: A Guide to Working Less and Building More.” He is a partner in the wealth management firm OJM Group (www.ojmgroup.com), where Carole C. Foos, CPA is also a partner and lead tax consultant. They can be reached at 877-656-4362 or mandell@ojmgroup.com

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Sometimes local events get eclipsed by the national intensity of Fox, CNN and PBS, yet small stories can be important to our industry. Here are a few of what I call Quiet Headlines.

DEA Scam

On January 22, 2019 one of our members received a call from a DEA agent. The caller ID said Department of Justice with a 202 area code. The agent gave his caseworker ID number, and asked if our member had any idea why he was calling. He said a large shipment of Oxycodone tied to the member’s DEA number with his signature and thumbprint on multiple Rx forms was intercepted by US Customs at the Southwestern border. The agent asked whether our member was willing to cooperate, as that was the only way to avoid all his assets being frozen. Our member said yes.

The DEA agent then called our member on his cell phone so he could patch the call to the FBI. Our member’s caller ID displayed the Washington number for the DOJ, so he answered. He listened to the FBI menu [“report a crime to the FBI press 1, to speak to an agent press 2…”], at which point an FBI agent came on the conference call and had a conversation with the DEA agent confirming the drug trafficking allegations.

Our member was feeling sick to his stomach and was about to collapse, but then the FBI agent said something about notifying the local newspaper. Our member asked for a number to call them back, and when they refused, our member realized this was a stressful and elaborate scam, and he hung up before they asked for money.

Why This Matters. Government agencies don’t demand that money be wired to settle claims. Be skeptical. This scam started over a year ago. Our colleagues in California issued this alert to their members: bit.ly/2vIF2UcF.

DEA Scam

Yelp Wins. Again.

On January 22, 2019 the US Supreme Court denied review of a California Supreme Court case, which said judges cannot order a non-party, Yelp, to remove a defamatory post. bit.ly/2HhsBQ

It all began in 2012 when a law firm represented a client for three weeks, then withdrew. The client gave the law firm a 1 star review, describing the firm as incompetent and advising others to steer clear. The firm sued the client, Ava Bird, for libel, but the firm did not sue Yelp. When Ava Bird didn’t respond, the firm took a $550,000 default judgment, and the judge ordered Ava Bird and Yelp to remove her review. The court of appeal upheld the judgment, but the California Supreme Court reversed, noting that websites have federal protection against lawsuits over defamatory posts by third parties.

Why This Matters. Yelp says they can do pretty much whatever they want with posts, and courts have consistently agreed with them. One of our members asked Yelp to remove a post where the patient said she took the plastic surgeon to court and won, when in fact she had lost. Yelp refused to pull the post and said, “We don’t care if it’s false.” Nice.

GDPR Fines Google €50m

That’s right, a $57 million fine. Why? May 25, 2018 was the day the European Union’s new General Data Protection Regulation (GDPR) took effect. It was also the day a lawsuit was filed against Google for failing to have a valid legal basis to process user data for ad personalization (targeted ads). Such a legal basis could be provided by consent, but the French data regulator CNIL said Google’s “information on processing operations for the ads personalisation is diluted in several documents and does not enable the user to be aware of their extent.” https://www.bbc.com/news/technology-46944696

Why This Matters. Doctors have always been careful about patient privacy, but now, personal privacy has become the stuff from which lawsuits are made, especially for aesthetic practices and their associated social media promotion. Being an EU law, the GDPR seems oceans away, but states are getting on board. California just passed a Consumer Privacy Act, which contains many model provisions of the GDPR. To prepare, review your consent forms, patient by patient, so you aren’t caught with your back to the waves.

BIA-ALCL Lawsuit Dismissed

12/24/2018 Order Dismissing Plaintiffs’ Amended Complaint: GRANTED. That’s what happened https://www.druganddevice lawblog.com/wp-content/uploads/sites/30/2018/12/Cashen.pdf to Renee Cashen when she sued Johnson & Johnson over her MemoryGel Breast Implants she received in 2008. In 2016 she was diagnosed with ALCL; she had six infected lymph nodes removed, and in 2017, she began chemotherapy. She sued in April 2018.

The court found that her Ohio state law claims were common law product liability claims abrogated under the Ohio Products Liability Act which were federally preempted. J&J successfully argued that plaintiffs may not use state law to “impose requirements concerning the safety and effectiveness of the product that are different from, or in addition to, the requirements imposed by the FDA [under the Medical Device Amendments of 1976 Act].”

Why This Matters. BIA-ALCL and BII concerns are on the rise, hence the March 25–26, 2019 FDA hearings on breast implant safety. FDA has seen what happens when fear-mongering outpaces science, so FDA is being cautious. Judges limiting state law claims over FDA-regulated devices also keeps the conversation where it should be, namely in federal court. And if the claim is BIA-ALCL, an issue now only a few years into its recognition and investigation, all the better. As the surgeon, you are the intermediary between the manufacturer and the patient who is expected to be learned, so look for more research on this topic from ASERF and published in ASJ.

For the latest updates on BIA-ALCL from The Aesthetic Society, go to www.surgery.org/ medicalprofessionals

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THE AESTHETIC SOCIETY’S
FACIAL AND RHINOPLASTY SYMPOSIUM
JANUARY 30 – FEBRUARY 1, 2020
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The American Society for Aesthetic Plastic Surgery
Misleading Photos

Question:
Dear Dr. Joe, A competitor in my town is using misleading photos in his advertising. He is changing the lighting, the pose and the expression. He is also showing very early postop photos. What options do I have to rebut this unethical practice?

Answer:
I can tell this is aggravating you. I’m assuming by “competitor” you mean one of your Aesthetic Society colleagues who is advertising with photos. You seem to object to these photos. You don’t specifically state this is trick photography. I apologize, but your question/complaint is a little vague for me to chew on. Here is some information and concrete advice, which may clarify this practice from our ASAPS Ethics Code (Published on The Aesthetic Society website—www.surgery.org) under:

3.01 Unethical Publishing
(b) Examples of unethical publishing include, but are not limited to:

2. Manipulating photographs, whether by lighting, posing, image software applications or any other means so as to misrepresent the appearance of the preoperative condition or the medical outcome.

So, if your concern plugs into any part of the above, I would recommend you type a complaint. Quote the exact Code of Ethics article, include actual photos, and submit by written letter or email to: ASAPS in c/o Mr. Robert Aicher, Esq. (ASAPS Counsel) aicher@sbcglobal.net.

If a violation is found, the member may be given a chance to immediately rectify his unethical practice, or it may be elevated to our Judicial Council.

Mr. Aicher and the Chair of The Aesthetic Society’s Ethics Committee will determine if an investigation of your complaint is warranted. If they believe an investigation of your colleague’s practice is warranted, then the chair of our Ethics Committee will start an investigation by him/herself or by assigning the case to a member of the committee. If a violation is found, the member may be given a chance to immediately rectify his unethical practice, or it may be elevated to our Judicial Council.

Before you fire off your e-mail, the ASAPS Code of Ethics does expect you to contact the colleague and try to work it out:

2.09 Unethical Conduct of Other Members
(a) A member who believes that another member has acted unethically should seek resolution by discussing his or her concerns with the other member when feasible and when such discussion is likely to be productive.

From the tone of your question, I am inferring your esteemed colleague may not be open or grateful for your valuable, ethical insights or in your quoting of our code of ethics to him/her!! I would recommend you try. Fyi, if your colleague rebuffs your advice, and you ultimately do submit a complaint, even though your identity would be normally kept confidential, your colleague will readily know it was you who was the complainant.

Finally, it could be your competitor isn’t a member of The Aesthetic Society. If not, your first step will be to determine if s/he is a member of any state or national society, including ISAPS. If so, use their complaint process. If your competitor isn’t a member of any society, your last option will be to file a complaint with your state medical society. They won’t be particularly sympathetic toward advertising complaints between competitors, but if the violation is serious enough, they may take the time to call and recommend that s/he raise the bar a bit.

Good luck and I hope this helps!!

Joe Gryskiewicz, MD, is an aesthetic plastic surgeon practicing in Burnsville, MN, and Clinical Professor University of Minnesota (Craniofacial-Cleft Palate Clinics). He has served on The Aesthetic Society Judicial Council, is a past president of ASERF and has been in practice for more than 30 years. Disclaimer: Dr. Joe’s opinions aren’t those of the Ethics Committee or the Judicial Council.

If your competitor isn’t a member of any society, your last option will be to file a complaint with your state medical society.
Is it Time to Use Tranexamic Acid to Enhance Patient Safety?

James Fernau, MD
Chair, The Aesthetic Society Patient Safety Committee

Recently I have been attending many conferences and noted plastic surgeons mentioning the use of tranexamic acid. For example, Dr. Bahman Guyuron uses it in rhinoplasty and Dr. Timothy Martin uses it in facelifts and Dr. Rod Rohrich uses it in many applications of plastic surgery. I have been using tranexamic acid over the past year with very good results. The purpose of this article is to raise awareness among plastic surgeons regarding the potential benefits of using tranexamic acid. In this article you’ll find a summary of the basic clinical guideline dosing advocated by plastic surgeons. This drug is in no way meant to stop the formation of a hematoma. For our specialty, it is going to be used primarily for a more clean surgical field and to decrease bruising, redness and inflammation after surgery. It should be used as an adjunct to strong surgical principles of precision dissection and meticulous hemostasis.

Tranexamic acid is widely accepted in the fields of orthopedic surgery, cardiac surgery and trauma surgery as a means to minimize blood loss. In fact, there are trauma protocols specifically written for tranexamic acid. More specifically, in plastic surgery wide use of tranexamic acid has been limited to craniomaxillofacial and orthognathic surgery. Last year Rohrich and Cho cited the safety and efficacy of tranexamic acid in rhinoplasty, facelift and breast surgery and Rohrich described his early experience in facelifts, blepharoplasty, rhinoplasty, abdominoplasty and breast augmentation. He observed reduced bleeding, bruising and swelling in over 150 patients. Similarly, Brown et al. cited decreased blood loss in facelifts, rhinoplasty, liposuction and breast reduction. In rhinoplasty, Brown et al. specifically cited the positive effects of decreased intraoperative bleeding, improved visibility of the operative field and decreased periocular edema and ecchymosis. Tranexamic acid is an anti-fibrinolytic agent. It is a synthetic lysine analog that competitively inhibits the activation of plasminogen to plasmin thus temporarily avoiding degradation of fibrin clots by plasmin. The characteristics of tranexamic acid are listed in figure 1.

It can be given orally, intravenously and/or topically. In fact, it has been mixed and used as tumescent fluid in facelift and liposuction surgery. The oral dose of tranexamic acid has been described as 1000mg or 1250mg 3 times a day taken 5 days before surgery. Intravenous dosing includes an initial bolus of 10 mg/kg or quite simply anesthesia will administer 1000 mg or 1 gram intravenously before incision. Since the half-life of tranexamic acid is 3.1 hours a second dose of tranexamic acid can be given after 4 hours. Intravenous infusion should be performed slowly over 30 minutes to avoid hypotension. Topical dosing includes a 3% solution which is 3 grams of tranexamic acid in 70 ml normal saline (total 100ml). It is either irrigated or placed on surgical gauze. Recently, topical tranexamic acid has been showing at least as effective as intravenous dosing and has a safer profile. Tranexamic acid has been found to significantly decrease blood loss, during the following surgeries: cardiac, orthopedic, spinal, craniofacial, sinus, obstetric, thoracic, orthognathic, neurologic, and trauma surgery. In the United States, the approved indication for tranexamic acid is extremely limited and therefore all use of tranexamic acid is off label in the United States. Higher doses of tranexamic acid 50mg/kg – 100 mg/kg have been associated with seizures but not thromboembolic events. Tranexamic acid has been shown effective in cosmetic surgical procedures including rhinoplasty, rhytidectomy, liposuction and reduction mammoplasty.

In a Brazilian study of liposuction patients who used tranexamic acid showed 37% less bleeding during surgery. The study was a clinical, prospective, double blind, non-randomize study of 20 patients who received tranexamic acid compared to 20 patients who received saline. In another liposuction study where tranexamic acid was given intravenously, the volume of blood loss for every liter of liposaspirate was 56.2% less in the tranexamic group compared with the control group. Tranexamic acid can be taken orally or given intravenously or used topically and some surgeons are even placing it in their local infiltration. It has been used in a 1% concentration in local anesthesia during rhinoplasty. It has been used in tumescent anesthetic solution at a concentration of 0.075% for cosmetic facial surgery. They observed significant decrease in intraoperative bleeding and postoperative bruising. Others have found decreased post-operative edema and ecchymosis after rhinoplasty.

The primary use of tranexamic acid in major surgical procedures such as orthopedic and cardiac procedures is to reduce blood loss and subsequent blood transfusion. The use of tranexamic acid in aesthetic procedures is different. The topical application provides a clean and clear surgical field required for precision surgery such as rhinoplasty. The primary benefit of using tranexamic acid in aesthetic procedures would be to reduce swelling and bruising by inhibiting the formation of plasmin. Plasmin stimulates the production of cytokines and facilitates the inflammatory cascade. When tranexamic acid blocks the formation of plasminogen into plasmin, it becomes a very important anti-inflammatory agent which decreases swelling. Tranexamic acid was shown to decrease periocular swelling after rhinoplasty.

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Furthermore, tranexamic acid also inhibits neovascularization induced by basic fibroblast growth factor, leading to decreased erythema. Plasmin plays the key role in this process. The effects of plasmin are as follows:
1. Degrades fibrin clots allowing them to be dissolved (fibrinolysis)
2. Stimulates cytokines, inducing inflammation
3. Stimulates fibroblast growth factor inducing neovascularization.

A summary of the benefits of tranexamic acid in aesthetic surgery are as follows:
1. Reduce bleeding, bruising and swelling
2. Anti-inflammatory reduction of swelling
3. Inhibition of neovascularization reduces erythema
4. Clearer surgical field

Tranexamic acid has been shown effective in major cardiothoracic and orthopedic surgery. It’s recent use in plastic surgery is encouraging. In my practice I give one gram intravenously before incision in all major body contour procedures (liposuction, abdominoplasty, BBL, breast augmentation, mastopexy, breast reduction) and in all cosmetic head and neck procedures including facelifts and rhinoplasties. For rhinoplasty, the topical application is one vial or 10ml in 23ml of saline, (33ml total solution). For major body contour procedures and facelifts the topical application is 3 vials or 30ml in 70ml of saline (100ml total solution). Dr. Bahman Guyuron administers one gram intravenously prior to rhinoplasty. Dr. Rod Rohrich uses the 3% topical application. Dr. Timothy Marten uses tranexamic acid during subcutaneous flap tumescent injection during facelifts. His formula is 1 vial or 1 gram of tranexamic acid in 500 ml of 1/10% lidocaine with 1 to 1,000,000 epinephrine. Additionally, he places one gram or one vial in one liter of triple antibiotic solution and uses this for irrigation of facelift flaps.

Tranexamic acid is supplied in 10ml vials containing 1,000mg or 1 gram of tranexamic acid per vial. It is supplied as 10 vials per package. See figure 2

Intravenous tranexamic acid is known as Cyklkapron (average $30 – $50 per vial) and oral tranexamic acid is known as Lysteda (average $7.50 per a 650mg pill).

I used to routinely give DDAVP before incision in all rhinoplasmy cases. The cost of DDAVP averages $85.80.00 for a 10ml vial or one dose. Comparatively, the cost of tranexamic acid averages $53.20. Consequently, I have now substituted tranexamic acid for DDAVP in rhinoplasty surgery and tranexamic acid has less possible side effects than DDAVP.

This product is being used with great safety and efficacy in other specialties. The efficacy and safety of topical tranexamic acid is safe and effective. Remember, it will not stop or prevent a hematoma! Tranexamic acid will never substitute for precision dissection and meticulous hemostasis. When used with common sense judgment tranexamic acid can provide a clear and clean surgical field which is always safer than a bloody surgical field. It should never be used in a patient with known clotting disorder or a history of a clotting disorder. A sound knowledge of clotting disorder is a requirement. For example, I would not use it in a patient with atrial fibrillation or a history of stroke. The topical application is extremely safe and as previously stated has had no known side effects and possible superior surgical hemostasis than the intravenous solution. Both topical and intravenous tranexamic acid are currently being used in the major fields of surgery. In aesthetic surgery we are just gaining an awareness into the potential advantages of tranexamic acid. Overall, I think the topical application is extremely safe and has great potential to enhance patient safety.

REFERENCE:
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/scissors-on-the-seam/
TranexamicAcid.pdf
Tranexamic Acid for Patient Safety

Tranexamic acid inhibits fibrinolysis and promotes clotting; it inhibits inflammation and it inhibits neovascularization; therefore tranexamic acid is effecting at . . .

Reducing bleeding, bruising, swelling, inflammation and erythema

Adverse effects include headaches, back pain, nasal sinus problem, abdominal pain, diarrhea, fatigue, anemia

Never bolus intravenously; always give 1 vial (10ml = 1 gram) of tranexamic acid in 250 ml saline intravenously over 10 minutes to avoid hypotension; a standard oral dose is 1,300mg (two 650mg tablets) three times per day (3,900mg/day) for a maximum of 5 days. The maximal intravenous dose in normal adults is 40mg/kg/day.

Elimination of tranexamic acid is 95% renal; adjust the dose based on creatinine level.

Xeric is an ecological term used to describe anywhere extremely dry and this is the goal for the surgical field to improve clarity in facelifts, rhinoplasties, and other meticulous cosmetic procedures – topical tranexamic acid provides a dry surgical field!

Allow topical tranexamic acid to work for 5 minutes for optimal efficacy

Mix 1 vial (10ml = 1 gram) of tranexamic acid with 23ml saline to make 33ml of 3% topical tranexamic acid solution for smaller cases such as rhinoplasty; mix 3 vials (30ml = 3 grams) of tranexamic acid with 69ml saline to make 99ml (100ml) of 3% topical tranexamic acid for larger cases such as breast augmentation, breast reduction and abdominoplasty. The maximal topical dose is unknown and it has been suggested that no more than 6 vials be used topically as a 3% solution.

Interactions include prothrombic concentrates (human), anti-inhibitor coagulant complex, factorial x, factorial x (recombinant), defibrotide, mestranol

Contraindications include acquired defective color vision, subarachnoid hemorrhage, active intravascular clotting, hypersensitivity to tranexamic acid

Disclaimer: The preceding methods are not required. They are recommendations from The Aesthetic Society Patient Safety Committee as of April 2019 and do not establish a standard of care. You may download this document and any updates at www.surgery.org/downloads/scissors-on-the-seam/TranexamicAcid.pdf to tailor to your specific practice. ©2019 American Society for Aesthetic Plastic Surgery. All rights reserved.
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MENTOR® MemoryGel® Breast Implants are indicated for breast augmentation in women at least 22 years old or for breast reconstruction. Breast implant surgery should not be performed in women with active infection anywhere in their body with existing cancer or pre-cancer of their breast who have not received adequate treatment for those conditions or are pregnant or nursing.

Breast implants are not lifetime devices and breast implantation is not necessarily a one-time surgery. The most common complications with the MemoryGel® Breast Implants include reoperation, capsular contracture, asymmetry, and breast pain. A lower risk of complication is rupture. The health consequences of a ruptured silicone gel-filled breast implant have not been fully established. MRI screenings are recommended three years after initial implant surgery and then every two years after to detect silent rupture.

Patients should receive a copy of Important Information for Augmentation Patients about MENTOR® MemoryGel® Silicone Gel-Filled Breast Implants or Important Information for Reconstruction Patients about MENTOR® MemoryGel® Silicone Gel-Filled Breast Implants. Your patient needs to read and understand the information regarding the risks and benefits of breast implants, with an opportunity to consult with you prior to deciding on surgery. For detailed indications, contraindications, warnings and precautions associated with the use of MemoryGel® Breast Implants. Please refer to the Product Insert Data Sheet provided with each product, or online at www.mentorwllc.com.

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